To ensure greater success of the HIV/AIDS workplace program, it is important to get senior management support and buy-in for the program. For example, if an HR Manager or a decision maker within the company wishes to initiate HIV/AIDS activities in the workplace, he/she should enlist the support of senior management and apprise them of developments at different stages of the process. The senior management may, in turn, allocate a budget to the initiative or make an in-kind contribution (for example, allot staff-time or meeting space).
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   - Anonymous Pre-training HIV/AIDS Questionnaire  
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7. **Module I**  
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    - Small and Medium Sized Enterprise (SME) Roadmap  
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    - Facilitator’s Manual  
    - Anonymous Post-training HIV/AIDS Questionnaire  
    - Training Evaluation Forms  
14. **Additional Resources**  
    - Slides from Training Presentation  
16. **IFC Against AIDS SME Snapshot**  
17. **HIV/AIDS and SMEs**  
18. **IFC Against AIDS External Website**  
19. **Follow-up Sessions**  
    - Summary of Follow-up Process  
    - Company Checklist for Follow-up Sessions  
    - Facilitator Reporting Document for Follow-up Sessions  

### Handout
- Good Practice Note: HIV/AIDS in the Workplace  
- Materials from presenting NGOs  
- Any local or specially developed materials
ACKNOWLEDGMENTS

We would like to thank the Netherlands’ Ministry of Foreign Affairs for providing support through the IFC Technical Assistance Trust Fund Program to pilot and implement the HIV/AIDS in the Workplace SME Training Program in Kenya, Mozambique, South Africa, and Tanzania.

We would also like to recognize the following for all their help in creating this SME Training Program and its related materials. We apologize if we have neglected anyone from this list:

All owners, managers, and staff of SMEs who participated in the training pilot in Kenya, Mozambique, South Africa, and Tanzania—your feedback and suggestions were invaluable to the development of a useful tool and program.

We appreciate the contribution of our colleagues at the African Project Development Facility, especially Issufo Caba, Khetsiwe Dlamini, Rubin Japhta, Daniel Kanyi, Jesper Kjaer, Bernadette Matheys, Carol Sewawatla Motsepe, Junia Ngondo, Mary Njoroge, and Janet Onyango.

We are grateful to the staff of the Trust Funds Department, especially Anton van Ruiten; the Federation of Kenya Employers, in particular Joel Momanyi and Jane Kabui; Chester Morris and others at the University of Manitoba/Nairobi STD/HIV Control Project; and George Wainana and his colleagues at the Kenya HIV/AIDS Private Sector Business Council.

Finally, we would like to recognize all those living with HIV/AIDS who shared their personal experiences with the training participants. Thank you for your courage in speaking out and making an impact.
FOREWORD

At a time when a growing number of businesses in many countries are feeling the devastating impact of the AIDS epidemic, it is critical that they have both the right information about the risks and the extent of the problem and also a strategy for intervention.

The AIDS epidemic has had adverse consequences for the private sector. It has disrupted supply chains, increased business costs, and diminished revenues. Small and Medium Sized Enterprises (SMEs) have been particularly affected; their viability in highly affected countries is threatened by the magnitude of the problem. When a small enterprise loses one or two employees, the consequences can be catastrophic. Many companies are struggling with increasing medical expenditures, health insurance costs, and death benefits payments for affected employees as well as higher recruitment and training expenses to replace lost personnel. Productivity is further diminished by higher absenteeism and staff turnover, declining morale, and a shrinking consumer base.

SMEs are particularly at risk because of their limited financial, clinical, and human resource capacity to proactively engage in HIV/AIDS education, prevention, and care initiatives. Building this capacity through appropriate training continues to play an important role in the agenda of IFC Against AIDS.

Our training focuses on SMEs and is designed to discredit myths about HIV/AIDS; foster understanding of its multiple impacts on businesses, employees, and communities; and impart skills to create and implement workplace programs. We are confident that businesses will use this manual to establish and implement a Roadmap for Action to stem the tide of HIV/AIDS in their workplace, and by extension, in their communities.

IFC Against AIDS:

Tish Enslin  Gillette Conner  Sabine Durier
Program Officer  Program Officer  Program Leader
FOCUS, OUTCOMES, AND CONSIDERATIONS

PURPOSE

The intent of the IFC Against AIDS training program is to work with client companies to:

1. Help participants learn about HIV/AIDS and to discredit myths about the disease
2. Raise awareness of the impact of HIV/AIDS on their businesses, their employees, and their communities by making the business case for action
3. Develop an understanding of the process that will create an HIV/AIDS program in the workplace
4. Develop a preliminary action plan for their own company and alert them to resources that are available to implement that plan

CORE MESSAGES

• Ignoring HIV/AIDS and the risks that it presents to a business or taking no action will cost a company in the short and long-term
• The costs of prevention and care interventions can offset the direct and indirect costs of HIV/AIDS
• In order to manage HIV/AIDS in their workforce, business leaders must better understand HIV/AIDS, and how the epidemic will affect their revenue, their profits, and their reputation
• Resources and good practice examples exist and can provide practical guidance and numerous options for designing and implementing prevention and care programs
• Companies are not expected to manage the HIV/AIDS problem on their own; they may collaborate with governmental or non-governmental organizations (NGOs) or with other companies

OUTCOMES

As a result of the IFC Against AIDS training program, clients will:

• Build a basic knowledge of HIV/AIDS
• Develop a better understanding of the costs of HIV/AIDS on business and the benefits of creating an HIV/AIDS program
• Assess their own vulnerability and risk factors and begin to develop the case for action against HIV/AIDS for their own company
FOCUS, OUTCOMES, AND CONSIDERATIONS

• Develop a better understanding of the process for creating a program
• Begin to develop an HIV/AIDS program or Roadmap for Action for their own company and become familiar with NGOs and other possible service providers

AUDIENCE

The ideal audience for the training program is:
• Private enterprises (50-500 employees is the ideal size company for this program)
• The manager/owner of the company and the personnel manager or the enterprise’s doctor/nurse or AIDS Coordinator
• Participants who may represent a single sector or may be chosen from multiple industries in a particular geographic area depending on client availability
• NGO representatives who participate in the workshop to nurture working relations with the participating SMEs

ASSUMPTIONS

The session will:
• Be modular
• Be interactive
• Utilize available local resources (NGOs and other service providers)
• Incorporate use of existing IFC Against AIDS tools and methodologies
• Be facilitated by an IFC/IFC-contracted facilitator or partner
• Be driven by a series of case studies and scenarios
• Encourage clients to use information and apply lessons to their own situations
DETAILED FACILITATOR NOTES: LOGISTICS AND SUPPLIES

Session Supplies:
• Blank Name Cards for the tables
• Blank Name Tags
• 2-3 Flip Charts
• Markers
• Masking Tape
• Liquid Crystal Display (LCD) or Overhead (OH) Projector
• Screen
• Copies of training slides for OH
• Laptop with PowerPoint presentation

Participant’s Manual (One per participant):
• Title page
• Table of Contents
• Acknowledgements
• Foreword
• Agenda
• Exercise: HIV/AIDS Questionnaire for Group Discussion
• Case Study: Lethosee Brands
• Reference: Unpacking a Workplace Program
• Small and Medium Sized Enterprise (SME) Roadmap
• Slides from presentation
• HIV/AIDS and SMEs
• FC Against AIDS SME snapshot
• IFC Against AIDS external website

Materials to hand out during training:
• Handout: Registration Form
• Handout: Pre-training HIV/AIDS Questionnaire
• Handout: Assessment of Existing Activities
• Handout: Four-month Action Plan Worksheet
• Handout: Post-training HIV/AIDS Questionnaire
• Handout: Training Evaluation Forms
• Good Practice Note: HIV/AIDS in the Workplace
• Materials from presenting NGOs
• Any local or specially developed materials

Facilitator’s Manual:
• Facilitator’s Manual
• Facilitator’s Reference: PLWHA Preparation Points
• Facilitator’s Reference: Co-factors for HIV Infection
• Reference: Unpacking a Workplace Program
PREPARATION FOR TRAINING SESSION

Three Weeks Prior to Training:
1. Find a venue for the training and schedule catering services. Look first for venues at the World Bank/IFC and other partners that may cost less.
2. Send out invitations and registration forms to participants with the aim of having 15-25 participants. Invitations should emphasize the need to commit to the process and goal of the program. Inform participants of the benefits that a company may expect from training; for instance, training resources, access to expertise, etc.

Two Weeks Prior to Training:
1. Call potential participants to answer their questions and to encourage their attendance in the program
2. Make sure that training manuals are available for each participant and make copies of local or specially developed resources
3. Invite one PLWHA to present at training. Obtain PLWHA’s CV, generate UPI number to pay as short-term consultant (STC) if honorarium mechanism does not work
4. Invite one or two NGOs to present at resources section of training and request a sufficient supply of materials (including condoms) for the number of participants
5. Obtain condoms to distribute to participants if not brought by NGO representatives

One Week Prior to Training:
1. Confirm the venue and inform catering service of the number of participants expected
2. Inform the PLWHA of topics to be included in his/her talk, refer to Facilitator’s Reference Document for PLWHA preparation points
3. Advise representing NGOs/providers of the type of information to be presented
4. Compile resources for participants. Refer to Logistics and Supplies above for contents of resource packets
Two Days Prior to Training:
1. Follow-up, via phone or e-mail, to confirm attendance of invited participants
2. Review registration forms with company information to become acquainted with the size and sector(s) of the participant companies
3. Put NGO contact information on corresponding powerpoint slide in the Facilitator Slides

Morning of Training:
1. Test audio visual (AV) tools - LCD projector, laptop
2. Place training manuals at each seat
3. Confirm the catering arrangements with the venue management

Post-training:
1. Send participant list to all attendees
REGISTRATION AND OPENING
REGISTRATION AND OPENING

DESCRIPTION OF ACTIVITIES

Activity 1: Registration
- Participants complete registration forms (if not filled out previously to register for the course), and make their own name tags and name cards
- Facilitator distributes course material

Activity 2: Introductions and Expectations
- Participants introduce themselves, stating: (i) their name, (ii) the company they represent, and (iii) their expectations of the program
- Facilitator, PLWHA, and NGO(s) introduce themselves

Activity 3: Course Overview
- Facilitator presents the IFC and the IFC’s work with SMEs
- Facilitator discusses the aim and structure of the one-year program

Activity 4: Logistics
- Facilitator and participants brainstorm a list of ground rules, e.g., turning off cell-phones, keeping on schedule, respecting different opinions, etc.
- Facilitator shares other logistical details, e.g., when are the breaks and lunch; what are the facilities; what is paid for and what is not, etc.
- Facilitator reviews the agenda for the day

Activity 5: Pre-training HIV/AIDS Questionnaire
- Facilitator distributes Pre-training HIV/AIDS Questionnaire for participants to complete
- Facilitator distributes Assessment of Existing Activities for participants to complete

SUPPORTING MATERIALS

- Handout: Registration form
- Blank name cards for the tables
- Blank name tags
- Slide: Title
- Slide: Agenda for One-day Training
- Handout: Pre-training HIV/AIDS Questionnaire
- Handout: Assessment of Existing Activities
### REGISTRATION AND OPENING DETAILED FACILITATOR NOTES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>What to Do or Say and Timing</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Registration and Opening (60 minutes) | To welcome participants and create context for the session | **Activity 1: Registration (5 minutes)**  
- Facilitator convenes the training and has participants fill out registration forms and make their own name tags and name cards for the table  
- Facilitator distributes course packets at this time or has already placed them on each seat prior to beginning the training (Shows slide: Title)  
**Activity 2: Introductions and Expectations (20 minutes)**  
- Facilitator introduces herself/himself  
- Facilitator asks participants to introduce themselves by stating their name, company name, number of employees and operational sites, and their expectations of the training program. (Introductions should include any NGO, PLWHA, or visiting representatives as well)  
**Activity 3: Course Overview (10 minutes)**  
- Facilitator presents IFC and IFC Against AIDS, highlighting work with SMEs  
- Facilitator introduces the training program by providing an overview of the program's agenda and the overall goals for the year-long program  
**Activity 4: Logistics (5 minutes)**  
- Facilitator solicits participants to brainstorm ground rules for the day, such as turning off cell-phones, keeping on schedule, respecting different opinions, etc. Facilitator adds any crucial rules not mentioned by participants  
- Facilitator discusses the day's agenda, including logistical details such as location of bathrooms, timing and location of breaks and lunch, etc. (Shows slide: Agenda for One-day Training) | • Registration forms  
• Blank name cards  
• Blank name tags  
• Slide: Title  
• Slide: Agenda for One-day Training  
• Handout: Pre-training HIV/AIDS Questionnaire  
• Handout: Assessment of existing activities |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>What to Do or Say and Timing</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 5: Pre-training HIV/AIDS Questionnaire (20 minutes)</strong></td>
<td></td>
<td>• Facilitator distributes pre-training HIV/AIDS Questionnaire for participants to fill out individually and anonymously. Tells them that the questionnaires will be collected, but there are no “wrong answers,” and that they should answer honestly since it is anonymous.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facilitator distributes the Assessment of Existing Activities for participants to fill out. Tell participants that this is not “graded” but meant to get a snapshot of what their companies already have in place for an HIV/AIDS program.</td>
<td></td>
</tr>
<tr>
<td>Transition: Facilitator says, “We will begin today’s training by discussing basic facts and myths about HIV/AIDS, so let’s begin.”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**REGISTRATION FORM**

1. Name of Participant

2. Name of Company
   - Address:
   - Address:
   - Telephone:  
   - E-mail:  
   - Cell Phone:  
   - Fax:

3. Business Sector

4. Location of Your Operations

5. Is Your Organization Part of a Business Consortium/Group?

6. Number of Employees

7. Number of Contractors, if any

8. What is the percentage of Men and of Women in the Workforce?
   - Men
   - Women

9. What is the Average Age Group?
   - Years

10. Do You provide Medical or Clinical Services of Any Kind for Your Employees?

11. Do You Think HIV/AIDS Is Much of a Problem in Your Business?

12. Do You Currently Have Any HIV/AIDS Activities in the Workplace?
# Agenda

<table>
<thead>
<tr>
<th>Section</th>
<th>Key Activities</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration and Opening</td>
<td>• Introductions and logistical overview • Pre-training HIV/AIDS questionnaire</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Module I: The Basic Facts and Myths about HIV/AIDS</td>
<td>• HIV and AIDS facts • Small group questionnaire and discussion • Large group debriefing • PLWHA presentation • Co-factors for HIV infection</td>
<td>105 minutes</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>15 minutes</td>
</tr>
<tr>
<td>Module II: The Impact of HIV/AIDS on Your Business</td>
<td>• The impact of HIV/AIDS on business • Case Study: Lethosee Brands-Realization of the Problem • Summation of three risk categories</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td>60 minutes</td>
</tr>
<tr>
<td>Module III: Workplace Programs-Getting Started and the Essential Elements</td>
<td>• Introduction to workplace activities • What a business can do • A workplace program • Getting started and organized • Essential programmatic elements</td>
<td>75 minutes</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>15 minutes</td>
</tr>
<tr>
<td>Module IV: Creating Your Program</td>
<td>• Resources and support tools • IFC’s role • Partnerships/NGO presentation(s) • Creating the Roadmap for Action</td>
<td>55 minutes</td>
</tr>
<tr>
<td>Workshop Closing</td>
<td>• Follow-up process: Introduction • Wrap-up and evaluations</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>
**ANONYMOUS PRE-TRAINING HIV/AIDS QUESTIONNAIRE**

This is an anonymous questionnaire to establish your knowledge and perceptions about HIV/AIDS.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV can be transmitted through blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV can be transmitted through saliva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV can be transmitted through semen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV can be transmitted through mosquito bites</td>
<td></td>
<td></td>
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<tr>
<td>HIV can be transmitted through vaginal fluids</td>
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<td></td>
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<tr>
<td>HIV can be transmitted through urine</td>
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<td></td>
</tr>
<tr>
<td>HIV can be transmitted through breast milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does having dry sex increase your chances of contracting HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you get HIV from sharing an unsterilized razor blade?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a vaccine against HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think it’s important to know your HIV status?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you get HIV from working next to an HIV-positive co-worker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does having sex with a virgin cure you of AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you contract HIV from vaginal sex without using a condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does blood mix when you have sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and girls are more vulnerable to HIV than men and boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an increased risk of getting HIV during sex if you have a Sexually Transmitted Infection (STI)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV from touching a co-worker’s blood in an accident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can a traditional healer cure HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a risk of contracting HIV if you engage in oral sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can a baby contract HIV through breastfeeding from an HIV-positive woman?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do occupational health and safety procedures need to address the risks of HIV transmission?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV by sharing eating utensils?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you contract HIV by sharing toilets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV affects the immune system by destroying the CD4 cells?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think HIV/AIDS will have a negative impact on your company’s profit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Antiretroviral Therapy (ART) cure HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a person with HIV infection more susceptible to Tuberculosis and other opportunistic infections?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
## ASSESSMENT OF EXISTING ACTIVITIES

**COMPANY NAME:** ____________________________________________________  
**COUNTRY:** __________________________________________________________  
**NAME OF PARTICIPANT:** _______________________________________________  
**DATE OF SESSION:**_____________________________________________________

<table>
<thead>
<tr>
<th>Description of action/activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Getting Started and Organized</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Management supports the HIV/AIDS Workplace Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focal Point/Coordinator is selected and appointed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS Steering Committee is established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS budget is allocated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy is adopted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy is promoted at all levels in the workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGO/Service Provider is appointed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Awareness and Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small group information sessions take place with all employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms are available and accessible to all employees</td>
<td></td>
<td></td>
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<tr>
<td><strong>Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer educators are trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Management is trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Management is trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS training is part of new employee orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voluntary Counseling and Testing (VCT)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VCT services are available in the workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of referrals is available on VCT services, health services, and support groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees have access to support groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees have access to treatment in the workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Relations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company is in partnership with local organizations to share knowledge and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring and evaluation tools are in place</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNED BY PARTICIPANT:** ________________________________
MODULE I
MODULE 1: THE BASIC FACTS AND MYTHS ABOUT HIV/AIDS

OUTCOMES

• Provide basic HIV/AIDS information and accurate data to participants
• Confront myths about HIV/AIDS
• Experience the human face of HIV/AIDS and begin to address issues of stigma and discrimination

KEY POINTS

• In order to manage the disease in their workforce, business leaders must better understand basic facts about AIDS and its transmission
• Knowing one’s HIV status empowers the individual to be proactive vis-à-vis the disease
• Stigma and discrimination are detrimental not only to individuals and their families but also to the productivity of the workplace

DESCRIPTION OF ACTIVITIES

Activity 1: Presentation: Learning Outcome for Module One
• Facilitator briefly presents the expected outcomes for this module

Activity 2: Group Work: HIV/AIDS - The Basic Facts and Myths
• Facilitator divides participants into groups of four or five. Where feasible, places males and females in separate groups
• In small groups, participants discuss HIV/AIDS based on the handout: HIV/AIDS Questionnaire for Group Discussion
• Groups record answers on flip chart

Activity 3: Large Group Debriefing: HIV/AIDS - Presentation and Discussion
• A representative from each group reports answers to the questionnaire
• Facilitator answers and rectifies any further questions and misinformation
Activity 4: Co-factors for HIV Infection
• Facilitator presents the context for the high prevalence rates of HIV/AIDS in some countries
• What are the main reasons for the high HIV/AIDS prevalence rate in certain regions, such as Sub-Saharan Africa?
• What are some developmental aspects that contribute to the spread of HIV/AIDS?

Activity 5: Presentation: PLWHA
• Facilitator introduces PLWHA to the group
• PLWHA shares his/her own experience

SUPPORTING MATERIALS
• Exercise: HIV/AIDS Questionnaire for Group Discussion
• Slide: Co-factors for HIV Infection
• Facilitator’s Reference: Co-factors for HIV/AIDS
• Facilitator’s Reference: PLWHA Preparation Points Document
### Module 1: The Basic Facts and Myths about HIV/AIDS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>Activity 1: Presentation: Learning Outcome for Module One (5 minutes)</th>
<th>Activity 2: Group Work: HIV/AIDS - The Basic Facts and Myths (30 minutes)</th>
<th>Activity 3: Large Group Debriefing: HIV/AIDS Presentation and Discussion (30 minutes)</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Basic Facts and Myths about HIV/AIDS (105 minutes)</td>
<td>To provide accurate and concise information about the disease</td>
<td>• Facilitator briefly presents the expected outcomes for the module:&lt;br&gt;- Provides basic HIV/AIDS information and accurate data to participants&lt;br&gt;- Confronts myths about HIV/AIDS&lt;br&gt;- Presents the human face of HIV/AIDS and begins to address issues of stigma and discrimination</td>
<td>• Facilitator divides participants into groups of four or five, and where feasible, places males and females in separate groups&lt;br&gt;- Facilitator asks participants to turn to the Exercise: HIV/AIDS Questionnaire for Group Discussion in the manual&lt;br&gt;- Facilitator asks participants to discuss each of the questions in their small groups and record their answers on a flip chart</td>
<td>• Facilitator asks each small group to select a spokesperson and do a round robin of the questions from the activity, asking small groups to answer the questions in succession. (Note: For greater emphasis, Facilitator may record some answers on a flip chart, but he/she must be careful not to lose the interactive nature of the discussion)&lt;br&gt;- Facilitator guides the discussion that follows or prompts discussion as needed&lt;br&gt;- Facilitator addresses any questions and misinformation (Note: This exercise can easily exceed the allotted time as the discussion can be quite productive. Facilitator must be mindful in managing time appropriately)</td>
<td>• Exercise: HIV/AIDS Questionnaire for Group Discussion&lt;br&gt;- Slide: Co-factors for HIV Infection&lt;br&gt;- Facilitator’s Reference: Co-factors for HIV/AIDS&lt;br&gt;- Facilitator’s Reference: PLWHA Preparation Points Document</td>
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<tr>
<td>Activity</td>
<td>Purpose</td>
<td>What to Do or Say and Timing</td>
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<td><strong>Activity 4: Presentation: Facilitator discusses co-factors for HIV infection that lead to the disproportionate prevalence of HIV in some countries (15 minutes)</strong> (Shows slide: Co-factors for HIV Infection)</td>
<td>Activity</td>
<td>Facilitator presents the context for the high prevalence rates of HIV/AIDS in certain regions such as in Sub-Saharan Africa. Facilitator emphasizes the following determinants (Uses Facilitator's Reference: Co-factors for HIV/AIDS to guide discussion):</td>
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<td>1. Vulnerability of women</td>
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<td>2. Vulnerability of youth</td>
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<td>• Facilitator underscores the cross-cutting issues of:</td>
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<td>• Poverty/unemployment</td>
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<td>• Lack of empowerment/decision making</td>
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<td>• Lack of knowledge of and access to health services</td>
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<td>• Cultural barriers</td>
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<td><strong>Activity 5: Presentation: PLWHA (25 Minutes)</strong> (Note: Facilitator refers to Facilitator's Reference: PLWHA Preparation Points Document)</td>
<td>Activity</td>
<td>Facilitator introduces the PLWHA to the group</td>
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<td>PLWHA shares his/her own experience</td>
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<td>1. Addresses issues of disclosure</td>
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<td>2. Emphasizes issues of stigma and discrimination</td>
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<td>3. Talks about positive living</td>
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<td>4. Indicates the importance of knowing one’s HIV status</td>
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<td>5. Discusses medical treatment and Antiretroviral (ARV) drugs</td>
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<td>6. Responds to questions</td>
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<td>Transition: Facilitator says, “Now that you have a good understanding of some basic information about HIV/AIDS, let’s explore the risks the disease poses to businesses.”</td>
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HIV/AIDS QUESTIONNAIRE
FOR GROUP DISCUSSION

Question 1:
What does HIV do to the body?

Question 2:
Explain what is meant by the “window period.”

Question 3:
Name three bodily fluids that carry a high quantity of HIV.

Question 4:
Can a HIV-positive mother give birth to a HIV-negative baby? Why?

Question 5:
Explain the term Voluntary Counseling and Testing (VCT).

Question 6:
What can a business do to prevent discrimination against a person living with HIV or suspected of living with HIV?
CO-FACTORS FOR HIV INFECTION

No simple explanations exist for a higher incidence of HIV/AIDS in certain countries than in others. Poverty, illiteracy, high rates of other Sexually Transmitted Infections (STIs), the frequency of identified risk behaviors, and the inferior position of women in society are all factors that contribute to high rates of HIV infection and transmission. HIV/AIDS cannot be separated from these broader development issues.

Concepts that are useful in understanding the epidemic are:

- **Risk**: The probability that a person may acquire HIV
- **Risk Behavior**: Either individual or group behavior that increases the chance of HIV transmission
- **Risk Environments**: Environments in which the chances of HIV transmission are increased as a result of social, economic, and/or cultural factors
- **Susceptibility**: The factors determining the rate at which the HIV epidemic is propagated at an individual, group, or societal level

Examples of susceptibility include:
- Infrastructural factors such as the development of a road that enables and encourages greater movement of people
- Environmental factors such as a drought resulting in unusual population movements
- Cultural factors such as a particular sexual practice or belief, or a change in either of these
- Economic factors such as the closure of an industry resulting in job losses or the opening of a construction site creating an influx of migrant workers
- Social factors such as civil war

- **Vulnerability**: The features of a social or economic entity that determine the likelihood that HIV and its associated morbidity and mortality will have a negative impact upon that unit
FACTORS THAT CONTRIBUTE TO THE SPREAD OF HIV/AIDS

Research has shown that a number of co-factors predispose certain groups to HIV infection. Many of these co-factors are caused by political, economic, and/or social forces, often beyond any individual’s control. Some common co-factors are:

**The Vulnerability of Women**
- In sexual relationships women have little control or say about condom use, monogamy, or childbearing decisions.
- There is a high incidence of rape and violence against women.
- Poverty often drives women to have transactional sex (sex for money or favors); in such cases, women are unable to enforce the use of condoms.

**The Vulnerability of Youth**
- Many youth are sexually active but lack the concomitant life skills to deal with sexual negotiations, particularly about safer sex.
- Sexual abuse, rape (particularly date rape), and transactional sex, often with older men, all contribute to the vulnerability of youth.
- Poverty often drives young girls to have transactional sex.
- The technicalities of putting on a condom may be particularly challenging for an inexperienced male youth.
- An urban legend in Southern Africa claims that sex with a virgin will cure AIDS. Such myths make young women particularly vulnerable.

**Inadequate Access to Health Care and Poor Health Status**
- Sexually Transmitted Infections (STIs) may not be treated as either facilities do not exist or are inaccessible.
- Poor health status, undemourishment, and susceptibility to tuberculosis all accelerate the progression of HIV disease and expedite AIDS and death.
- Access to drug therapies, particularly for pregnant women, is limited or simply not available.
High Levels of Mobility
• Many men who work away from home for long periods have a culture of purchasing sex from sex workers. Studies show that the incidence of HIV infection is higher among workers who live away from home.
• In countries with a well-developed system of transport routes, its ports and borders serve as gateways to other parts of the country and to other neighboring countries resulting in greater mobility amongst people.

Social Dislocation and War
• Often soldiers in war situations need sexual intimacy to counterbalance the violence they experience. In this scenario, soldiers often have disposable incomes, are away from home for extended periods of time, and experience a sense of invulnerability and recklessness. Condoms are usually unavailable. Commercial sex workers often gravitate toward military barracks.
• One of the manifestations of war is an increase in rape as an expression of hostility.
• Refugees have minimal access to health and education facilities. The poor and dispossessed often resort to transactional sex as their only source of income generation.

Cultural Barriers
• Cultural resistance to condom use is often cited as a barrier to HIV-prevention efforts.
• An accepted culture of silence about issues of sex and sexuality is another barrier.

Underdevelopment and Poverty
• There are insufficient health and education facilities.
• There is a lack of information about HIV/AIDS and inadequate access to condoms.
• Women are forced to engage in commercial or transactional sex work.
• For lack of recreation facilities, youth engage in sex for recreation.
• The strong correlation between education and the empowerment of women means that poor women are particularly vulnerable to sexual misuse and HIV/AIDS.
• For HIV-positive people living in poverty, tuberculosis, malnutrition, and the greater prevalence of contagious diseases may hasten the progression of AIDS.
Groups at Increased Risk
- Migrant workers and their wives
- Armed forces
- Sex workers
- Transport workers
- Women
- Youth

Summary
HIV/AIDS threatens to reverse progress in human development and the promotion of democracy and is clearly a fundamental development issue.
PERSON LIVING WITH HIV/AIDS:
PREPARATION POINTS

Note: If possible PLWHA should be a woman and her discussion should include discussion on empowerment, access to services, specific vulnerability, etc.

1. The objective is to share your own experience briefly. Be aware that some members of the group may not belong to your religion. If you refer to religion, use the word “faith” instead of “religion.”

2. Refer to disclosure: When, how, to whom, and WHY did you decide to disclose?

3. Include instances of enduring stigma and discrimination.

4. Discuss positive living:
   • Sources of Support (family, friends, support groups, etc.)
   • Healthy Living (nutrition and lifestyle; e.g., which changes have you made?)

5. Say a few words on the importance of knowing one’s HIV status.

6. Medical care: Please Note: If you are taking supplements like vitamins and NOT antiretroviral drugs (ARVs), do not use the term “drugs.” Drugs refer to prescription medication.
   • Are you taking supplements or preventative treatments – what and why?
   • Do you go for check ups?
     • How often?
     • Where?
     • What are the costs?
   • Some important information about your HIV status:
     • What is your CD4 count and viral load?
     • Why is it important to know your CD4 count?
   • ARVs: Are you taking ARVs?
     • If yes, discuss the experience and the importance of treatment compliance
     • What are the side effects, if any?
     • Where can you obtain the drugs?
     • What are the costs?
   • If you are not taking an ARV, why not?

7. Questions and answers
MODULE II
MODULE 2: THE IMPACT OF HIV/AIDS ON YOUR BUSINESS

OUTCOMES

- Assess AIDS/HIV-related vulnerability and risk factors on the business
- Define the AIDS/HIV-related costs and impact on the business, employees, and community
- Recognize the business case for action against HIV/AIDS

KEY POINTS

- In order to manage HIV/AIDS in their workforce, business leaders must better understand:
  - The epidemic’s effect on their employees
  - The impact it will have on their firms’ costs and productivity
  - The benefits of investing in HIV/AIDS education, prevention, and care interventions
  - The business case for action against AIDS addresses the type of risk to the company at the level of: its finances, its reputation, and its viability

DESCRIPTIONS OF ACTIVITIES

Activity 1: Presentation: Learning Outcome for Module Two
- Facilitator briefly presents the expected outcomes for this module

Activity 2: Discussion: The Impact of HIV/AIDS
- Facilitator creates the following scenario for participants to consider: “You, the breadwinner are involved in a car accident and end up in hospital with a broken hip.” Participants discuss the impact of this injury on:
  (a) The individual
  (b) The family
  (c) The community
  (d) The place of work
- Facilitator recreates scenario but substitutes HIV/AIDS for car accident
- Participants continue discussion for new scenario
- Facilitator summarizes the group discussion, emphasizing the three risk categories: financial, reputation, and viability
Activity 3: Case Study: Lethosee Brands-Realization of the Problem
• Participants individually read through the Lethosee Brands Case Study
• Participants gather in small groups to discuss the questions for Lethosee
• A representative from each group shares ideas with the whole delegation

Activity 4: Summation of Three Risk Factors
• Facilitator writes participants’ feedback on different flip charts according to the three cost categories: financial, reputation, and viability
• Facilitator recaps and reinforces the three risk factors, especially the issue of viability vis-à-vis SMEs

SUPPORTING MATERIALS
• Slide: Three Risk Categories
• Slide: Reputation Risk: Activist Coke Picture
• Slide: Viability of SMEs
• Slide: Financial Impact on a Business
• Case Study: Lethosee Brands – Realization of the Problem
### MODULE 2: THE IMPACT OF HIV/AIDS ON YOUR BUSINESS

#### DETAILED FACILITATOR NOTES

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| Impact of HIV/AIDS on Your Business (60 minutes) | For participants to consider the affect of HIV/AIDS on their businesses | **Activity 1:** Presentation: Learning Outcome for Module Two (5 minutes)  
- Facilitator briefly presents the expected outcomes for the module:  
  - Assesses vulnerability and risk factors with regard to HIV/AIDS  
  - Defines the costs and impact associated with HIV/AIDS on business, employees, and community  
  - Recognizes the case for action against HIV/AIDS  

**Activity 2:** Discussion: The Impact of HIV/AIDS (25 minutes)  
- Facilitator creates the following scenario for participants to consider: “You, the breadwinner are in a car accident and must be hospitalized with a broken hip.” Participants remain in the large group to discuss the impact of this injury on:  
  a. The individual  
  b. The family  
  c. The community  
  d. The place of work  
- In the above scenario, Facilitator substitutes car accident with HIV/AIDS. Participants offer responses and the Facilitator writes these down, highlighting the similarities and differences between the two scenarios  

(Note 1: It is important to emphasize that the management of HIV/AIDS should be no different than that of other diseases or medical conditions, thereby “normalizing” the issue for a business owner/manager)  

(Note 2: This exercise is unlikely to elicit discussion of the risk to reputation. Hence, the Facilitator may refer to a well-known company and the negative or positive effect of AIDS on the company’s reputation) | • Slide: Three Risk Categories  
• Slide: Reputation Risk: Activist Coke Picture  
• Slide: Viability of SMEs  
• Slide: Financial Impact on a Business  
• Case Study: Lethosee Brands - Realization of the Problem |
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<td>Activity 3: Case Study: Lethosee Brands-Realization of the Problem (30 Minutes) <strong>(Note: Facilitator may use the questions at the end of the case study for a small group exercise or to lead a large group discussion)</strong></td>
<td>Participants separate into small groups (formed previously for Module I, Activity 2: HIV/AIDS Questionnaire for Group Discussion) Facilitator distributes the Lethosee Brands Case Study to the groups Participants read case study individually Participants work within their groups to answer questions from the small group exercise Participants record group responses and select a spokesperson to share answers with the large group Facilitator collects one response from each group in a round robin and records these on the flip chart, once again separating answers into the three risk categories - financial, reputation, and viability Facilitator reviews the Lethosee Brands Case Study by: - Summarizing company risk factors - Summarizing costs and benefits</td>
<td>Transition: Facilitator says, “Now that we have a basic understanding of HIV/AIDS and a general understanding of how HIV/AIDS affects businesses, let’s begin to think through what owners or managers can do to mitigate the impact of HIV/AIDS on their businesses.”</td>
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<td>• Facilitator recaps the group discussion, emphasizing responses within the three risk categories of financial, reputation, and viability. (Shows slide: Three Risk Categories) • Facilitator discusses the risk to reputation in relation to small suppliers who want to meet standards for a large company, and large companies that want to meet the demands of a consumer public for Corporate Social Responsibility (CSR) from their vendors or stockholders (Shows slide: Reputation Risk: Activist Coke Picture) • Facilitator discusses the viability of SMEs. (Shows slide: Viability of SMEs) • Facilitator discusses the financial impact on a business. (Shows slide: Financial Impact on a Business)</td>
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CASE STUDY: 
LETHOSEE BRANDS

Lethosee Brands
Lethosee Brands is a manufacturing company based in Lusaka, the capital of Zambia. The company assembles small appliances and packages them for sale in retail outlets across the country. The company employs 200 workers in its operations, half of whom are women.

Summary of HIV in Zambia
The situation of HIV/AIDS and Sexually Transmitted Infections (STIs) in Zambia is alarming, especially in the urban areas, which attract workers from across the country. At the end of 2004, more than 16.5 percent of the adult population was estimated to be HIV-infected.

HIV/AIDS services are concentrated in the urban areas, with fewer services or education in the rural areas.

Summary of problem facing Lethosee Brands
A large influx of laborers has been drawn to Lusaka as a result of increased manufacturing activity in the city. Many people have also come from neighboring Zimbabwe to escape the political instability in that country. Approximately 25 percent of adults in Zimbabwe are estimated to be HIV-positive; previous estimates were as high as 31 percent. Overall, many of the migrant workers to Lusaka are truck drivers expecting increased job opportunities. Lethosee Brands realizes that the truck drivers it employs are separated from their families for long periods of time and are therefore considered a greater risk for HIV/AIDS infection.

The company also recognizes that it faces a risk from HIV/AIDS in its general workforce and is particularly concerned as funeral-related absenteeism has increased 15-fold over the last three years, costing the company money as production rates have decreased. Additionally, Lethosee has noticed an unusual rise in employee turnover, which has increased the training and recruitment costs for those positions, especially as some of the departing

and recruitment costs for those positions, especially as some of the departing employees were highly specialized and experienced. Training costs to replace skilled workers (direct training and lower productivity) were projected to increase fivefold due to AIDS in the next 10 years.\(^2\) Death benefits to employees (which cover a portion of the funeral costs, as well as a six-month payment as a death gratuity) have risen by 20 percent during the past year. In fact, the company found that, in the past five years, 84 percent of worker deaths were AIDS-related.\(^3\) To add to these problems, the Human Resources (HR) manager has noticed a low morale among the company’s workers and decreased productivity.

\(^2\) Based on actual evidence: National Railways Zimbabwe (April, 1997) Presentation at the Intersectoral Committee on AIDS & Employment, Jameson Hotel, Harare

**SMALL GROUP EXERCISE**

**Part I. Identifying the Risks**
In your small group, brainstorm:
1. What are Lethosee’s risks and vulnerabilities with regard to HIV/AIDS, for example, do they face increased funeral expenses? What are other increased expenses?
2. What are the risks to a smaller company, perhaps of 10-20 employees?

Write down your ideas and be prepared to share them with the larger group.

**Part II. Drawing Parallels to Your Own Workplace**
In your small group, discuss your thoughts on the following:
1. How are the risks that Lethosee faces similar to risks that you might face in your own workplace?
2. If you managed/addressed HIV/AIDS in your workplace, what kind of interventions or activities would you put in place?
3. What would you do as a business owner/manager to address HIV in your workplace?

Write down your ideas and be prepared to share them with the larger group.
MODULE 3: WORKPLACE PROGRAMS- GETTING STARTED AND THE ESSENTIAL ELEMENTS

OUTCOMES

• Participants recognize the importance of Management’s support. They know how to get started and organized for an HIV/AIDS workplace program and are aware of the essential programmatic elements that any company, regardless of size, can put in place
• Participants receive practical, detailed descriptions of the specific components of an HIV/AIDS workplace program and learn how best to procure support services

KEY POINTS

• There is an HIV/AIDS crisis, companies must accept that and design a program that is both relevant to their needs and consistent with their own structure and operation
• Resources and good practice examples exist and can provide guidance and a range of options for designing and implementing education, prevention, and care programs
• There is an established process that client companies can use to approach program creation

DESCRIPTION OF ACTIVITIES

Activity 1: Presentation - Learning Outcome for Module Three
• Facilitator briefly presents the expected outcomes for this module

Activity 2: Discussion - Elements of a Workplace Program
• Participants brainstorm elements and interventions that are necessary to create a workplace program
• Facilitator writes down participants’ suggestions

Activity 3: A Workplace Program
• Facilitator discusses getting started and organized and defines the essential programmatic elements
• Foundations of a program
  • Getting Management Support
  • Appointing an HIV/AIDS Coordinator/Focal Point
  • Assembling an AIDS Committee
  • Formulating Policy
• Essential Programmatic Elements
  • Education and Prevention
SUPPORTING MATERIALS

• Slide: Graphic of Elements of HIV/AIDS Workplace Programs
• Reference: Unpacking a Workplace Program
• Slide: AIDS Committee: Four Spheres of Action
## Module 3: Workplace Programs—Getting Started and the Essential Elements

### Detailed Facilitator Notes

#### Activity 1: Presentation - Learning Outcome for Module Three (5 minutes)
- Facilitator briefly presents the expected outcomes for this module:
  - Participants understand the essential programmatic elements that a company of any size can put in place
  - Participants will receive practical, detailed descriptions of specific elements of an HIV/AIDS workplace program and how best to procure support services

#### Activity 2: Discussion - Elements of a Workplace Program (15 minutes)
- Participants brainstorm elements and interventions that are necessary to create a workplace program (Facilitator shows slide: Graphic of Elements of HIV/AIDS Workplace Programs)
- Facilitator writes down participants’ suggestions

#### Activity 3: A Workplace Program (55 minutes)
- Facilitator discusses the essential components of launching an HIV/AIDS workplace program. (Consults Reference: Unpacking a Workplace Program).  **(Note: Facilitator does a thorough presentation of each of the following elements, providing real examples where appropriate)**

1. **Getting Management Support**
   - Facilitator discusses the importance of management support in planning and implementing an HIV/AIDS workplace program

2. **Foundations of a Program: Planning and Policy**

3. **Appointing an HIV/AIDS Coordinator/Focal Point**
   - 2.1 Facilitator discusses the importance of a coordinator, particularly in implementing a workplace program
   - 2.2 Facilitator discusses the selection process for a coordinator/focal point

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| Workplace Programs—Getting Started and the    | To provide an overview of the key components for creating and implementing an HIV/AIDS program                          | Activity 1: Presentation - Learning Outcome for Module Three (5 minutes)
| Essential Elements (75 minutes)               |                                                                         | • Facilitator briefly presents the expected outcomes for this module:
|                                               |                                                                         |   • Participants understand the essential programmatic elements that a company of any size can put in place
|                                               |                                                                         |   • Participants will receive practical, detailed descriptions of specific elements of an HIV/AIDS workplace program and how best to procure support services
|                                               |                                                                         | Activity 2: Discussion - Elements of a Workplace Program (15 minutes)
|                                               |                                                                         | • Participants brainstorm elements and interventions that are necessary to create a workplace program (Facilitator shows slide: Graphic of Elements of HIV/AIDS Workplace Programs)
|                                               |                                                                         | • Facilitator writes down participants’ suggestions
|                                               |                                                                         | Activity 3: A Workplace Program (55 minutes)
|                                               |                                                                         | • Facilitator discusses the essential components of launching an HIV/AIDS workplace program. (Consults Reference: Unpacking a Workplace Program).  **(Note: Facilitator does a thorough presentation of each of the following elements, providing real examples where appropriate)**
|                                               |                                                                         | 1. Getting Management Support
|                                               |                                                                         |   - Facilitator discusses the importance of management support in planning and implementing an HIV/AIDS workplace program
|                                               |                                                                         | 2. Foundations of a Program: Planning and Policy
|                                               |                                                                         | 2.1 Appointing an HIV/AIDS Coordinator/Focal Point
|                                               |                                                                         |   - 2.1 Facilitator discusses the importance of a coordinator, particularly in implementing a workplace program
|                                               |                                                                         |   - 2.2 Facilitator discusses the selection process for a coordinator/focal point
|                                               |                                                                         | • Slide: Graphic of Elements of HIV/AIDS Workplace Programs
|                                               |                                                                         | • Reference: Unpacking a Workplace Program
|                                               |                                                                         | • Slide: AIDS Committee: Four Spheres of Action
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<td>3. Assembling an AIDS Committee</td>
<td>3.1 Facilitator discusses the objectives of an AIDS Committee</td>
<td>3.2 Facilitator discusses the four spheres of action as one way to inform the program. The four spheres of action can serve either as a philosophy or as an actual methodology to guide the formation of an AIDS Committee. (Shows slide: AIDS Committee: Four Spheres of Action). <em>(Note: The Facilitator must decide exactly how prescriptive to be in applying the four spheres of action)</em></td>
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<td>3.3 Facilitator discusses the composition of the AIDS Committee.</td>
<td>Personnel should be drawn from the following areas: • Managerial • Operational • Medical • Community</td>
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<td>3.4 Facilitator discusses the role of the AIDS Committee.</td>
<td><em>(Note 1: Facilitator emphasizes that the Four Spheres of Action may be used as a formal planning tool to form an AIDS Committee. If the formation of an AIDS Committee is impractical, it may serve as a general framework to inform program implementation. For example, in the absence of an AIDS Committee, the program coordinator may consider a range of interventions for the workplace and envision the effects and possibilities of these activities in the four areas of action)</em></td>
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<td><strong>Note 2:</strong> Facilitator emphasizes the use of community resources in the planning and implementation of a workplace program. For example, if there is no clinical staff, a doctor or nurse from a local clinic may represent the medical community or provide advice on program implementation</td>
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4. Formulating Policy

4.1 Facilitator discusses the objectives of an HIV/AIDS policy
4.2 Facilitator discusses the promotion of the HIV/AIDS policy

- Facilitator discusses the essential programmatic elements: Awareness, Education, and Prevention. *(Note: Facilitator gives a thorough presentation of each of the following elements, providing real examples where appropriate. Additionally, Facilitator discusses logistical points to consider when procuring services, e.g. a larger time allotment for peer education)*

- Essential workplace elements

1. Education and Prevention
   1.1 Facilitator discusses various awareness activities
      - Employee-information sessions
      - Other awareness activities
   1.2 Facilitator discusses training activities
      - Senior management training
      - Managers training
      - Peer educator training
      - Follow-up sessions with Peer Educators
   1.3 Facilitator discusses prevention activities
      - Condom availability

Transition: Facilitator says, “Now that we have a common understanding of the key components involved in creating a program and other related practical details, let’s try to write our own HIV/AIDS Action Plan for the next four months.”
UNPACKING A WORKPLACE PROGRAM

FOUNDATIONS OF A PROGRAM

In the SME environment the objectives of an HIV/AIDS workplace program are mainly twofold: (i) Mitigation and (ii) Prevention.

Mitigation is the management of existing HIV infections in the company: identifying critical risks for the company, ensuring multi-tasking, planning additional training of employees, and addressing Human Resources (HR) issues and challenges that may occur.

Prevention refers to the interventions that a company would incorporate to reduce the spread of HIV/AIDS.

PLANNING AND POLICY:

1. Getting Management Support

To ensure greater success of the HIV/AIDS workplace program, it is important to get senior management support and buy-in for the program. For example, if an HR Manager or a decision maker within the company wishes to initiate HIV/AIDS activities in the workplace, he/she should enlist the support of senior management and apprise them of developments at different stages of the process. The senior management may, in tum, establish a cost center and allocate a budget for interventions including both financial and in-kind contributions (for example, allot staff-time or meeting space).

2. Appointment Of An HIV/AIDS Coordinator/Focal Point:

2.1. Why Appoint A Coordinator/Focal Point?

- To organize and ensure planned activities take place
- To serve as a link between the company management, employees, and the Service Provider/NGO(s) who will render the education, health, and other support services
- To serve as an important link between the community and the company
- To be responsible, in conjunction with the Service Provider/NGO, for the monitoring and evaluation of the interventions
2.2. How To Select A Coordinator/Focal Point?

Preferably the Focal Point/Coordinator should be the manager or a representative from the Human Resources Department. He/she should be committed to the fight against HIV/AIDS, be trusted and respected by fellow employees, and have good organizational skills.

The Focal Point/Coordinator mobilizes the company in four areas of action: Medical, Operational, Managerial, and Community. There are two possibilities for this work: (i) to work through a committee comprised of individuals from the four areas or (ii) to allow interventions to take place in each of the four areas. In this case, each area would be responsible for implementing and assisting in the process.

3. AIDS Committee

3.1. The Objectives Of An AIDS Committee Are:

- To ensure the development and implementation of the HIV/AIDS workplace program
- To oversee the implementation, monitoring, and evaluation of the program
- To prepare a budget and ensure budget allocation

FOUR POSSIBLE AREAS FOR ACTION
3.2. Why Four Areas for Action?

The main purpose is to bring together stakeholders from the private and public sectors and from civil society to establish a coordinated action plan. This is an opportunity to look at interventions across the company. Such a process allows employees to participate thoroughly, thereby fostering a sense of ownership and promoting greater understanding of their roles.

If the company is of an appropriate size to support the requisite resources, the Four Areas of Action method can formalize the process to create an AIDS Committee.

3.3. Who Should Be Part Of The AIDS Committee?

- **MANAGERIAL:**
  To address HIV/AIDS effectively, a company must have committed leadership. Senior Management may be represented by the head of the company and/or the HR Manager.

- **OPERATIONAL:**
  Individuals may be selected from the operational level of a company. Managers of different sections within the company (Manufacturing plant, Marketing, Finance, and especially the HR Manager, if he/she is not appointed as the Managerial representative).

  Additionally, this group may also include union representatives, contractors, and employees who will be trained as peer educators.

- **MEDICAL:**
  Individuals may be selected from the clinical staff, if available, such as the company doctor and/or nurse.

  The company may also consult clinical staff from public hospitals, NGOs, or local health offices.

- **COMMUNITY:**
  Representatives from the local community, e.g. non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs) and prominent community leaders may be included in the AIDS Committee.
3.4. Role Of The AIDS Committee

- To develop and implement an action/activity plan
- To develop and review policy
- To appoint experienced Service Providers/NGOs to assist with the roll out and implementation of the HIV/AIDS program
- To promote community involvement in the HIV/AIDS workplace program
- To promote company participation in community-based HIV/AIDS programs
- To promote partnerships with government, other businesses, and other stakeholders
- To develop an effective reporting, monitoring, and evaluation mechanism

4. Development Of An HIV/AIDS Policy

4.1. The Objectives Of An HIV/AIDS Policy

- To create a safe and non-discriminatory work environment
- To ensure confidentiality for those who disclose their HIV status
- To ensure and demonstrate commitment for the fight against HIV/AIDS
- To promote the rights and responsibilities of both management and employees

4.2. Promotion Of The HIV/AIDS Policy

- Articulating policy during information/small group discussion sessions
- Distributing printed copies of policy to all employees
- Condensing policy into poster format, printing, and displaying in strategic places
- Providing copies of the policy to new employees, for example, during induction
- Communicating policy by e-mail (if accessible to most)
- Disseminating policy through an internal newsletter (if available)
GUIDANCE ON AN HIV/AIDS POLICY:
ADOPTING A POLICY STATEMENT ON HIV/AIDS

INTRODUCTION

Endorsing some key principles in relation to HIV/AIDS is one of the building blocks essential for the support, credibility, and trust in a corporate AIDS program. Such principles can be included in a policy statement on HIV/AIDS.

A company's policy on HIV/AIDS can state a company's commitment to the issue, endorse key principles, and also include the company's action plan. The present document focuses on the first two elements and spells out some of the steps and principles to take into consideration when preparing a company's policy statement.

WHY A POLICY STATEMENT ON HIV/AIDS?

Due to the sensitive nature of HIV/AIDS, it is important that both staff and management have a clear understanding of how the company intends to deal with employees and prospective employees who either are, or become, infected with HIV/AIDS. The company's policy statement on HIV/AIDS would be used mainly for internal briefing and, on request, provision to third parties.

The objective of the Policy Statement is to give a gauge of transparency and commitment of the company on HIV/AIDS vis à vis existing and prospective employees.

PRINCIPLES¹ FOR A CORPORATE HIV/AIDS POLICY

There is now a large body of work including voluntary codes and guiding principles to assist businesses in addressing HIV/AIDS in the workplace. A central theme is the establishment of non-discriminatory practices in relation to People Living with HIV/AIDS (PLWA). Only when confidentiality and anti-discrimination measures are in place will people seek to learn their status and ultimately seek to modify high-risk behavior.

The following principles can be applied when considering the development of a company's statement on HIV/AIDS:

• Fair employment
• Non-discrimination
• Confidentiality
• Senior management commitment
• Communication
• Education and Prevention Information

**Fair employment** - Employment practices comply with local laws and regulation and/or the practices of the company, which ever is more rigorous and has greater applicability. The company does not require HIV screening as part of pre-employment or general workplace physical examinations, except in specified circumstances, such as the screening of blood supplies for transfusion.

**Non-discrimination** - People with HIV infection or AIDS are entitled to the same rights, benefits and opportunities as people with other serious or chronic illnesses. Through education and counseling, the company will seek to prevent stigmatization of those infected with HIV, and will not condone any form of discrimination.

**Confidentiality** - The company protects the confidentiality of an employees' medical information. An employee who contracts HIV has no obligation to inform the company but is encouraged to seek guidance from medical and counseling providers.

The issue of confidentiality is particularly important because of discrimination and stigma. Companies that will undertake actions in the area of HIV/AIDS prevention and care, including monitoring of these actions will need to carry out an assessment of how they manage the flow of information pertaining to staff medical records and insurance documents. Systems might need to be established for accessing prevention, care and support services that insure confidentiality, for example by using a number coding system in the clinic, instead of employee names.

**Senior management commitment** - Senior management unequivocally endorses nondiscriminatory employment practices and education programs or information about AIDS.
**Communication** - The company will communicate policies and practices to employees in simple, clear, and unambiguous terms.

**Information and prevention** - The company will provide employees with sensitive, accurate and up-to-date information about risk reduction in their personal lives. This will include providing workplace education addressing prevention, care and support; training on universal precautions as detailed by the World Health Organization; and regular and confidential access to condoms for all staff. The company will have in place and enforce a procedure for occupational blood exposure.
EXAMPLE:
Barclays HIV / AIDS Policy

• The Bank will not carry direct or indirect pre-employment screening for HIV / AIDS as a pre-requisite for employment.

• HIV infection, in itself, does not constitute lack of fitness to work

• All medical records will be kept as confidential documents. It is up to you to release the information concerning your HIV / AIDS status if you choose to.

• HIV / AIDS in itself shall not be considered as a basis for termination of employment.

• If one is unable to work because of an HIV / AIDS related illness, reasonable alternative working arrangements will be made where possible.

• The Bank will do its very best to protect any member of staff against stigmatization and discrimination in the workplace.

• Staff members with HIV / AIDS will enjoy health and social protection just like any other member of staff suffering from a progressive or debilitating illness.

• HIV / AIDS will be treated like any other medical condition when it comes to medical aid cover or granting of sick leave.

• Disciplinary action will be taken against any member of staff who is found to have deliberately disclosed the HIV / AIDS status of any member to a third party.

• Barclays will encourage its members of staff and their registered dependants to seek to know their HIV status and get support services at the Bank’s cost.

• Vendors for such services will be communicated to all staff and those who require medico-specific professional attention may use such.

• Reports from such vendors to the insurance which will include invoices will be on no name basis.

• Management of those who require treatment will only begin on an informed consent by the vendor.

_______________________________
Signature
Managing Director
DESCRIPTION OF ESSENTIAL HIV/AIDS WORKPLACE ELEMENTS

1. Education And Prevention

1.1. EDUCATION

EMPLOYEE INFORMATION SESSIONS

Sensitization sessions in small group discussion format have proved to be successful in the workplace, especially when all employees are not withdrawn from their duties simultaneously.

Employees should be divided into small groups (not larger than 30 employees) for 45-60 minute sessions. Employees must be exposed to the same information; however sessions may take place on different days or times. Separate sessions for female and male employees are preferable.

Topics for discussion may include the following:
- Company’s HIV/AIDS policy
- Basic facts on HIV/AIDS as well as myths and misconceptions
- The progression/stages of HIV/AIDS
- Sexually Transmitted Infections (STIs)
- Co-infections e.g. TB, malaria
- Condom usage (stress importance of correct use)
- The vulnerability of women
- Voluntary Counseling and Testing (VCT)
- The importance of knowing your HIV status (include points raised by PLWHA)
- Healthy living, including care and support for people living with HIV and those affected by HIV (the families, friends, and co-workers of PLWHA)
- Antiretroviral Therapy (ART)

OTHER EDUCATION ACTIVITIES

Information may be communicated in a variety of ways and formats. Information will be most effective if it is communicated in the local languages. In areas with low literacy rates, non-written forms of communication should be used.

Examples of mixed formats to raise awareness include written materials, posters, drama performances, videos, talks by persons living with HIV/AIDS (PLWHAs), and peer educators.
All education activities can be offered by NGOs or specialized groups, who may be invited by the company.

1.2. TRAINING

Training in this context refers to formal (classroom) training. The duration of training sessions may vary according to the type of training and the nature of the audience.

**SENIOR MANAGEMENT TRAINING (DURATION: 1-2 HOURS)**

**Purpose:** To sensitize Management on HIV/AIDS; to gain their acceptance and understanding of the company’s HIV/AIDS policy; and to ensure their buy-in and involvement in the program.

The training may include the following information:
- Global/country statistics
- Facts and predictions about HIV/AIDS
- The business case/impact on the workplace
- Interventions/activities for the HIV/AIDS program, including the HIV/AIDS policy

Senior Management sessions should be repeated at least once each year to update senior staff on the progress and challenges of the HIV/AIDS program.

**OPERATIONAL MANAGERS TRAINING (DURATION: 3-4 HOURS)**

**Purpose:** To provide information on HIV/AIDS that enables operational managers to understand the illness and better support infected and affected personnel.

The training may include the following information:
- Global/country statistics
- The business case/impact on the workplace
- Roadmap for Action
- HIV/AIDS policy, including the rights and responsibilities of the employees
- Unpacking a workplace program
- Interventions/activities for the HIV/AIDS program
  - Care and support of those affected and infected including referrals
  - Wellness management (including ART)
PEER EDUCATOR TRAINING (DURATION: 3-4 DAYS)

Peer education, internationally recognized as one of the most effective ways to educate people about HIV/AIDS, is widely used in HIV-prevention strategies.

**Purpose:** Peer educators act as information agents in the workplace. They address myths and misconceptions about HIV/AIDS, serve as liaisons between the company and the community, and are effective in condom distribution.

**Criteria for a peer educator:** (Ideal Ratio: 1:20)
- To be committed to the fight against HIV/AIDS
- To have good verbal, writing, and listening skills
- To be respected and trusted by co-workers
- To be a role model and natural leader for others

The training may include the following information:
- What is HIV/AIDS?
- What is the difference between HIV and AIDS?
- The progression/stages of the virus
- Vulnerability of women
- STIs and condom usage
- Co-infections, e.g. TB, malaria
- Care and support of PLWHAs
- VCT
- What are the different types of tests available?
- The importance of knowing your HIV status
- Wellness Management (including ART)
- The impact of HIV/AIDS on:
  - Health
  - Education
  - Workplace
  - Community
  - Families and individual
  - What is the HIV/AIDS policy of the company?

FOLLOW-UP SESSIONS WITH TRAINED PEER EDUCATORS (DURATION: 2-3 HOURS EVERY THREE MONTHS)

**Purpose:** To ensure peer educators remain committed and active; to present them with new and updated information; and to provide support where necessary.
Peer educators should also be encouraged to share experiences amongst each other and to collaborate on enhancing strategy and methods.

1.3. CONDOM AVAILABILITY

The company should ensure that male and female condoms are available to employees at all times.

**Accessibility:** Condoms should be placed where they are easily and discretely available to all staff members (for example, condom dispensers should be installed in toilets).

**Record keeping:** The Coordinator/Focal Point or another specified person should be responsible for distributing condoms; he/she should also keep a record of the number of condoms that are distributed on a monthly basis.

Usually condoms may be obtained from the local Health Department or from a public health clinic.

2. Wellness, Care And Treatment

Most companies do not provide on-site care and support services for employees affected by HIV/AIDS. However, Management should understand the basic principles of care and support for such persons and either organize on-site counseling services or establish a referral system.

**COUNSELING AS PART OF CARE AND SUPPORT**

**Definition:** Counseling is a confidential dialogue between a client and a trained counselor that enables the client to make more prudent HIV/AIDS-related decisions and to better cope with stress.

Counseling may be provided either on a one-on-one basis or through support groups.

Voluntary Counseling and Testing (VCT) consists of two types of counseling:
Pre-test counseling:
During pre-test counseling the client is prepared for the HIV test. A trained counselor discusses the nature of the virus, the client’s level of risk of having contracted HIV, the reasons for taking the test, and the different testing options available. The client may also ask questions before taking the test.

Post-test counseling:
During post-test counseling the client is informed of the test result. The counselor discusses the relevant options available to the client if they are HIV positive, and counsels those who are negative on how to remain HIV negative.

When a person is diagnosed with HIV, it is important for him/her to have immediate access to counseling services. Services may be provided in the workplace by a trained counselor. If counseling services are not available in the workplace, a list of referrals of external providers (NGOs and public health offices) should be made available. The company should inform and encourage employees to utilize the available services.

Referral services may include the following:
- Associations of PLWHAs
- Support groups
- Home-based care organizations
- VCT services (often available in hospitals and some health centers)
- Legal assistance
- Support for children orphaned by AIDS

Wellness

Definition: Wellness is a continuous and deliberate process whereby a person living with HIV/AIDS continuously improves his/her well-being.

A workplace Wellness Program may include the following:
- Health insurance (medical aid)
- Contract with stand-alone HIV/AIDS management programs
- In-house health management
A Wellness Program may include the following:

- Nutritional advice and support
- Treatment of minor ailments
- Effective pain relief
- Treatment of STIs
- Prevention of opportunistic infections
- Access to VCT
- Lifestyle education
- Support groups and counseling
- Reproductive health services
- Access to ART

If these services are not available within the company, employees should be informed of a referral list of providers. Public health or NGO representatives may be invited to present their services to employees during information sessions.

An important note:
The AIDS Committee should assign at least one individual to visit service providers and interview their representatives before including them on the company’s referral list. In this way, employees are guaranteed quality services.

3. Partnerships And Outreach

Community relations refer to both the company’s internal and external activities.

**Internally**, the company may request a community representative to serve as a liaison between the company and the community to strengthen communication and cooperation in the fight against HIV/AIDS. Further, the AIDS Coordinator/Focal Point may conduct a thorough assessment of all the services available within the specific community (for example, NGOs and the public health sector).

**Externally**, the company may embark on HIV/AIDS activities beyond its own walls; for example, peer educators may be assigned to assist in community projects.

These interactions, not only identify community-related opportunities more readily, but also encourage joint planning on specific projects.
3.1. WHY INVEST IN COMMUNITY OUTREACH PROJECTS?

• The community may be a source of expertise for the company’s HIV/AIDS program
• A company can cooperate with and influence community-based programs that deal with the HIV/AIDS epidemic
• A company can safeguard its direct commercial interests by protecting employees and their families
• A company can create and propagate a positive image of itself

Examples of community outreach projects may include the following:
• Family Day for all employees and their dependents
• Women’s Day when a company invites women from the community to a workshop on HIV/AIDS and women, which provides information on a range of related topics
• Peer educators participate in voluntary HIV/AIDS education programs within their communities in cooperation with community organizations and NGOs

3.2. PARTNERSHIPS

Definition: Partnerships are relationships in which people and organizations combine their resources to carry out a specific set of activities that, in this case, address the HIV/AIDS epidemic.

Example of partnerships: The company invites a diverse array of community members to a workshop to investigate the possibility of establishing an HIV/AIDS forum for that community. The objective is to share knowledge and resources and to work together as a team in addressing HIV/AIDS challenges.

4. Monitoring And Evaluation

An effective monitoring and evaluation strategy is an open and critically reflective communication process that measures the impact of interventions, improves practices, and makes adjustments in the company’s HIV/AIDS program.

The monitoring and evaluation tools enable the AIDS Committee and Management to evaluate the program against set objectives and to budget resources more effectively.
Examples of assessments may include the following:

- Number of condoms distributed (monthly)
- Number of education sessions
- Number of employees formally trained
- KAPB (Knowledge, Attitude, Perception, and Behavior) survey
- Anonymous questionnaires that address certain indicators
MODULE IV
MODULE 4: CREATING YOUR OWN PROGRAM

OUTCOMES

Using the established process for creating an HIV/AIDS program, participants begin a Roadmap for Action for their own companies.

KEY POINTS

• Action is possible and practical
• When implementing a program, partnerships with NGOs or government organizations can increase a company’s options
• Using low-cost creative tools will ensure sustainability and replicability

DESCRIPTION OF ACTIVITIES

Activity 1: Learning Outcome for Module Four
• Facilitator briefly presents the expected outcomes for this module

Activity 2: Presentation from NGO
• Facilitator introduces NGO, other possible service providers, and potential stakeholders
• NGO offers assistance

Activity 3: HIV/AIDS Action Plan
• Facilitator asks participants to describe the Action Plan they will implement
• Facilitator asks participants (companies) who have activities in place to describe these to the rest of the group
• Each participating company completes Handout: Four-month Action Plan Worksheet for their own company

SUPPORTING MATERIALS

• Slide: Contact Details for NGOs
• Slide: IFC Against AIDS Website
• Handout: Four-month Action Plan Worksheet
• SME Roadmap
• Materials from NGO representatives
• Condoms
# Module 4: Creating Your Own Program

<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>What to Do or Say and Timing</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Creating Your Own Program (55 minutes) | To provide an overview of the key components for creating and implementing an HIV/AIDS program | **Activity 1: Presentation - Learning Outcome for Module Three (5 minutes)**  
- Facilitator briefly presents the expected outcomes for this module:  
  - Using the established process for creating an HIV/AIDS program, participants begin a Roadmap for Action for their own companies | • Slide: Contact Details for NGOs  
• Slide: IFC Against AIDS Website  
• Handout: Four-month Action Plan Worksheet  
• SME Roadmap  
• Materials from NGO representatives  
• Condoms |
| Activity 2: Presentation from NGO (25 minutes) |  
- Facilitator introduces NGO, other possible service providers, and potential stakeholders (Shows slide: Contact Details for NGO)  
- NGO offers assistance  
  - Presentation(s) by local NGO(s) of their services and capabilities as partners to the private sector  
- Facilitator reviews the IFC’s role in implementing the one-year training program and discusses IFC resources (Shows slide: IFC Against AIDS Website) |  |
| Activity 3: HIV/AIDS Action Plan (25 minutes) |  
- Participants describe the actions they will take and the activities they will incorporate into the workplace  
- Participants (Companies) who have activities in place describe these to the rest of the group  
- All participating companies complete a Four-month Action Plan Worksheet for their own companies using the SME Roadmap and Unpacking a Workplace Program document as guides. (Note: During this exercise, the Facilitator should circulate among participants offering assistance)  
  - Participants work on their own Four-month Action Plan using the template provided; participants from the same company should work together  
  - Facilitator encourages participants to discuss their programs with others in the training session  
  - Facilitator circulates among the groups/individuals to provide guidance, suggestions, and answers to questions  
  - Facilitator reconvenes participants into larger group and asks participants to share aspects, goals, etc., of their programs |  |
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<td>Materials</td>
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</tbody>
</table>

- Facilitator encourages participants to share their Action Plans with other decision makers within their companies for implementation.

**Transition:** Facilitator says, “The work that you have done today is a great start for your HIV/AIDS program, and over the coming months you will use this as the foundation upon which you will build further action in your company’s fight against HIV/AIDS.”
# HIV/AIDS ACTION PLAN

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Telephone Number:</th>
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<tbody>
<tr>
<td>Name of Contact Person:</td>
<td>E-mail Address:</td>
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<th>Month 1:</th>
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# HIV/AIDS ACTION PLAN

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<tr>
<td>Name of Contact Person:</td>
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HIV/AIDS ACTION PLAN

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<th>Month 10:</th>
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<th>Month 11:</th>
<th>Month 12:</th>
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## Foundations of a Program

<table>
<thead>
<tr>
<th>HIV/AIDS Program - Categories of Interventions</th>
<th>Description of Interventions That have Taken Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Management Support</td>
<td>Senior Management supports the program</td>
</tr>
<tr>
<td>HIV/AIDS Coordinator/Focal Point</td>
<td>Coordinator/Focal Point is selected and appointed</td>
</tr>
<tr>
<td>AIDS Steering Committee</td>
<td>AIDS Action Committee is established</td>
</tr>
<tr>
<td></td>
<td>Committee represents the four areas/spheres for action</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS budget is allocated</td>
</tr>
<tr>
<td></td>
<td>NGO/Service Provider is appointed</td>
</tr>
<tr>
<td>HIV/AIDS Policy</td>
<td>Senior Management endorses the policy</td>
</tr>
<tr>
<td></td>
<td>Policy is adopted at the operational level</td>
</tr>
<tr>
<td></td>
<td>Policy is promoted at all levels in the workplace</td>
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</tbody>
</table>

## Education and Prevention

<table>
<thead>
<tr>
<th>HIV/AIDS Program - Categories of Interventions</th>
<th>Description of Interventions That Have Taken Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Small group information sessions take place with all employees</td>
</tr>
<tr>
<td></td>
<td>Tools for awareness, e.g., posters, written materials, talks by a PLWHA, videos, and drama performances are available or take place</td>
</tr>
<tr>
<td>Prevention</td>
<td>Condoms are available and accessible to all employees</td>
</tr>
<tr>
<td>Training</td>
<td>Peer educators are selected</td>
</tr>
<tr>
<td></td>
<td>Peer educators are trained</td>
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<tr>
<td></td>
<td>Senior Management is trained</td>
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<tr>
<td></td>
<td>Operational Management is trained</td>
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<tr>
<td></td>
<td>HIV/AIDS training is a part of new employee orientation</td>
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A ROADMAP FOR SMEs ON HIV/AIDS continued

WELLNESS, TREATMENT AND CARE

<table>
<thead>
<tr>
<th>HIV/AIDS Program - Categories of Interventions</th>
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</thead>
<tbody>
<tr>
<td>Voluntary Counseling and Testing</td>
<td>Employees have access to VCT services in the workplace, alternatively, a list of referrals is available on services rendered by NGOs or public health clinics</td>
</tr>
<tr>
<td>Treatment</td>
<td>Employees have access to treatment in the workplace; alternatively, a list of referrals is available on services rendered by NGOs or public health clinics</td>
</tr>
<tr>
<td>Care and Support</td>
<td>Employees have access to support groups in the workplace, alternatively, a list of referrals is available on NGO-sponsored support groups and other community-based services</td>
</tr>
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</table>

PARTNERSHIPS AND OUTREACH

<table>
<thead>
<tr>
<th>HIV/AIDS Program - Categories of Interventions</th>
<th>Description of Interventions That Have Taken Place</th>
</tr>
</thead>
</table>
| Partnerships                                  | Coordinator/Focal Point assesses array of community services  
Company forms partnerships with community players to share knowledge and resources |
| Outreach                                      | Peer educators are active in the community  
Company assists with community projects |

PARTNERSHIPS AND OUTREACH

<table>
<thead>
<tr>
<th>HIV/AIDS Program - Categories of Interventions</th>
<th>Description of Interventions That Have Taken Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring and Evaluation Tools</td>
<td>Monitoring and evaluation tools are in place to measure HIV/AIDS interventions, e.g., condom distribution, number of education sessions, number of employees formally trained, and Knowledge, Attitude, Practices, and Behavior (KAPB) Studies</td>
</tr>
</tbody>
</table>
WORKSHOP CLOSING

DESCRIPTION OF ACTIVITIES

Activity 1: Identifying Resources
• Through discussion with participants, the Facilitator creates a list of key resources on a flip chart page that participants can use for future planning

Activity 2: Support Network
• Facilitator discusses the benefits of networking between participants

Activity 3: Course Evaluation
• Participants complete an anonymous course evaluation

Activity 4: Closing Remarks
• Facilitator makes closing remarks and acknowledgements and invites comments from participants

SUPPORTING MATERIALS

• Handout: Post-training HIV/AIDS Questionnaire
• Handout: Evaluation Form
• Slide: Quote from Levi Strauss
<table>
<thead>
<tr>
<th>Activity</th>
<th>Purpose</th>
<th>What to Do or Say and Timing</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop Closing</td>
<td>To receive feedback on the workshop: What was effective and helpful to participants and what should be improved</td>
<td>Activity 1: Identifying Resources (10 minutes)</td>
<td>• Handout: Post-training HIV/AIDS Questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Through discussion with participants, Facilitator creates a list on a flip chart page of key resources that participants can use for future planning</td>
<td>• Handout: Evaluation Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facilitator takes the carbon copy of each company’s Four-month Action Plan worksheet for follow-up purposes</td>
<td>• Slide: Quote from Levi Strauss</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity 2: Support Network (5 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facilitator discusses the benefits of networking between participants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity 3: Course Evaluation (10 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participants complete an anonymous course evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facilitator distributes Post-training HIV/AIDS Questionnaire for participants to fill out individually and anonymously. Tells them that the questionnaires will be collected, but there are no “wrong answers,” and that they should answer honestly since it is anonymous</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity 4: Closing Remarks (5 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facilitator makes closing remarks and acknowledges and invites comments from participants. (Shows slide: Quote from Levi Strauss)</td>
<td></td>
</tr>
</tbody>
</table>
This is an anonymous questionnaire to establish your knowledge and perceptions about HIV/AIDS.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV can be transmitted through blood</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through saliva</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through semen</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through mosquito bites</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through vaginal fluids</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through urine</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV can be transmitted through breast milk</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Does having dry sex increase your chances of contracting HIV?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you get HIV from sharing an unsterilized razor blade?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Is there a vaccine against HIV?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you think it’s important to know your HIV status?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you get HIV from working next to an HIV-positive co-worker?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Does having sex with a virgin cure you of AIDS?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV from vaginal sex without using a condom?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Does blood mix when you have sex?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Women and girls are more vulnerable to HIV than men and boys</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you have an increased risk of getting HIV during sex if you have a Sexually Transmitted Infection (STI)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV from touching a co-worker’s blood in an accident?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can a traditional healer cure HIV/AIDS?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Is there a risk of contracting HIV if you engage in oral sex?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can a baby contract HIV through breastfeeding from an HIV-positive woman?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do occupational health and safety procedures need to address the risks of HIV transmission?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV by sharing eating utensils?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Can you contract HIV by sharing toilets?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HIV affects the immune system by destroying the CD4 cells?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Do you think HIV/AIDS will have a negative impact on your company’s profit?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Does Antiretroviral Therapy (ART) cure HIV/AIDS?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Is a person with HIV infection more susceptible to Tuberculosis and other opportunistic infections?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
# Evaluation Form

**Effectively Managing HIV/AIDS in Small and Medium Sized Enterprises**

**Course Location:** __________________________  **Date:** _______________

**Facilitator:** __________________________

**Rating Key:**
4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information in today’s training was presented clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facilitator was interesting and engaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The presentation by the Person Living with HIV/AIDS (PLWHA) was useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information provided by the NGO(s) was helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The training has made me think differently about this topic than I did before</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a clear understanding of the steps I need to take to implement an HIV/AIDS Workplace Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module I: The Basic Facts and Myths about HIV/AIDS provided useful information about the disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module II: The Impact of HIV/AIDS on Your Business was effective in making the business case for action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module III: Workplace Programs-Getting Started and the Essential Elements provided useful and practical information for getting a program started</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Module IV: Creating Your Program was effective in helping me develop a workplace program for my company</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the session left you with any questions on this topic that have NOT been answered?
If yes, what questions do you still have?

What was of least value to you from the training?

What was of most value to you from the training?

What would have improved this training?

What would you like to learn more about in the future? Please be specific.
ADDITIONAL RESOURCES
IFC Against AIDS
Protecting People and Profitability
<table>
<thead>
<tr>
<th>Module I</th>
<th>HIV and AIDS Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Basic Facts and</td>
<td>PLWHA presentation</td>
</tr>
<tr>
<td>Myths about HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Module II</td>
<td>Explanation of factors contributing to high prevalence</td>
</tr>
<tr>
<td>The Impact of HIV/AIDS</td>
<td>rates</td>
</tr>
<tr>
<td>on Your Business</td>
<td>The Impact of HIV/AIDS on business</td>
</tr>
<tr>
<td></td>
<td>Case Study: Lethosee Brands</td>
</tr>
<tr>
<td></td>
<td>Summation of 3 risk categories</td>
</tr>
<tr>
<td>Module III</td>
<td>Introduction to workplace activities</td>
</tr>
<tr>
<td>Workplace Programs-</td>
<td>Essential Programmatic Elements</td>
</tr>
<tr>
<td>The Essential Elements</td>
<td></td>
</tr>
<tr>
<td>Module IV</td>
<td>Resources and Support Tools</td>
</tr>
<tr>
<td>Creating your Program</td>
<td>Creating the Roadmap for Action</td>
</tr>
</tbody>
</table>
HIV and AIDS

- HIV-Human Immuno Deficiency Virus
- AIDS-Acquired Immuno Deficiency Syndrome
Disease Progression

HIV infection occurs

CD4 count decreases over time

2 YEARS
HIV well Primary Infection

4 YEARS
HIV ill Asymptomatic HIV Infection

6 YEARS

8 YEARS+
AIDS Symptomatic HIV Infection
Disease Progression

**Time**

- Onset of AIDS
- HIV+ infection occurs
- Introduction of ARVs

**Viral load**
Immune Cell in the Body

CD-4 receptor
HIV Replication in the Cell

- Attachment
- Penetration
- Reverse Transcription
- Integration
- mRNA
- SYNTHESIS of viral proteins
- Assembly
- Budding
- RELEASE and MATURATION
**HIV Transmission**

**Sexual**
- Unprotected vaginal intercourse
- Unprotected anal intercourse
- Unprotected oral sex

**Non-sexual**
- Mother to baby
  - Pregnancy/delivery
  - Breastfeeding
- Needle/sharps sharing
  - Injecting drug use
  - Tattoos/piercing/knives
- Blood transfusion with unsafe blood practices
- Accidents with contaminated blood exposure
HIV Prevention

- The ABCs
  - Sexual Abstinence
  - Being faithful
  - Consistent condom use
- ARVs to prevent mother to child transmission
- Don’t share needles/sharps; always sterilize material; single-use or auto-disable syringes
- Screened blood supply
HIV Testing

- Window period
  - Immune response to HIV
- Testing procedures
  - Types of tests
  - Pros and cons of each testing method
- Importance of knowing one’s status
  - Voluntary Counseling and Testing (VCT)
Myths about HIV Transmission

- **Myths can:**
  - Mislead us
  - Cause more infection
  - Promote ignorance
  - Cause resistance to behavior change
Co-Factors for HIV infection

- Vulnerability of women
- Vulnerability of youth
- Poverty/unemployment
- Lack of empowerment/decision-making
- Lack of knowledge about and access to health services
- Cultural barriers
The Business Case

- Reputation risk
- Financial impact
- Threat to viability, especially SME's
The Reputation Risk
A study of 209 small businesses in South Africa identified HIV/AIDS as one of the three main factors that cause nearly 80% of South African start-up SMEs to fail every year.

Source: S. Eeden et al. – 2001
Financial Impact

- Medical and other benefits costs
- Absenteeism and lower productivity
- Labor turnover, recruitment and training costs
- Loss of experienced personnel
- Affected enabling environment
- Shrinking markets
Elements of HIV/AIDS Workplace Programs

- Realize the problem
- Foundations of a program
  - Policy
  - AIDS Coordinator
  - AIDS Committee/Budget
  - HIV/AIDS Action Plan
- Education and prevention
- Wellness, treatment and care
- Partnerships and outreach
- Monitoring and evaluation
AIDS Committee: 4 Spheres

Community
Medical
Operational Committee
Managerial
Focal Point
Insert Name of NGOs here

- Contact details for NGOs on this slide
ICF Against AIDS website

Who we are:

ICF Against AIDS works with client companies to develop specifically tailored tools and advice to address workforce and community-related concerns stemming from the disease. This website provides information and resources on:

- Why it is important for IFC and its clients to address the HIV/AIDS issue.
- How companies and IFC staff can implement AIDS programs in the workplace and the community by using our tools.
- Information and research on HIV/AIDS and the private sector.

Highlights:

South Africa: IFC Boosts Chances for Economic Advancement for children infected with HIV/AIDS. South Africa, 18 August 2004 - The IFC Against HIV/AIDS program awarded a $20,000 grant from IFC’s Development Market Place Fund to Africa Loves Babies, a fledgling small business that employs parents and carers of children infected with HIV/AIDS to produce garments and fashion accessories, South Africa’s Sandton Chronicle reports.

XV International AIDS Conference in Bangkok, Thailand. The International AIDS Conference held in Bangkok in July attracted a lot of media attention from around the world. The team of the IFC Against AIDS program was present. Read our detailed report...>

Poster: The Business Case for Action Against HIV/AIDS. Times have clearly changed: the impact of AIDS on businesses is better documented, although responses remain piecemeal. The business case for action was reiterated during the XV International AIDS Conference in Bangkok through presentations, symposiums and companies’ presentations. IFC Against AIDS presented a poster on this subject.

Resources:

Printable snapshot of the IFC Against AIDS program. A description of our roles, projects, and tools.
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Fax: (1-202) 974-4343
E-mail: ifcagainstaids@ifc.org
www.ifc.org/ifcagainstaids

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Fax: +27 11 268 0074
www.ifc.org/ifcagainstaids
“It is inevitable that a firm doing business in the developing world will pay for AIDS. It is just a question of when and how much.”

Lee Smith

Former President, Levi Strauss International
**IFC AGAINST AIDS: SME TRAINING PROGRAM**

Businesses feel the impact of the AIDS epidemic most clearly through their workforce, with direct consequences for a company's bottom line. These include increased medical expenditures and health insurance costs, funeral and death benefits, as well as higher recruitment and training needs due to lost personnel. Companies experience other financial impacts as a result of higher absenteeism and staff turnover, reduced productivity, declining morale and a shrinking consumer base. While the companies' revenues shrink, their costs of doing business rise due to disruptions in the supply chain also affected. For small and medium-sized enterprises (SME), AIDS can even endanger the viability of companies.

Since 2000, the International Finance Corporation’s AIDS program—IFC Against AIDS—has worked to increase the private sector's role in fighting the epidemic.

In Africa where the SME sector often accounts for 50% or more of a country’s private sector, IFC Against AIDS has developed a training program targeting SMEs in order to build their capacity to mitigate the impact of HIV/AIDS on their businesses.

The training program is designed to achieve the following goals with participants:

- Learn the facts about HIV/AIDS and discredit myths about the disease;
- Raise awareness about the impacts of HIV/AIDS on their businesses, their employees and their communities by making the business case for action;
- Develop an understanding of the process used to create an HIV/AIDS program in the workplace;
- Develop a preliminary action plan for their company and become aware of resources available for implementation.

In the initial training (one full day), the facilitator monitors closely the module where participants establish a preliminary Roadmap for Action for their own company. At the end of the training, the plans are gathered for future follow-up.

In order for small and medium-sized businesses to become engaged in the fight against HIV/AIDS, it is necessary to undertake a networked approach with them, playing an intermediary role (i.e. identifying NGOs, and/or public services, facilitating for participants to become part of a larger network in which they can access the services that they need, etc.) and also a role of regular evaluation of progress made to ensure that the training is not just a one-off exercise. Through systematic follow-up with the participants, the program seeks to provide further guidance to participants on their plans for a period of a year.
• Follow-up #1: Half-day, four months after the initial training
Participants from the same training convene four months after the initial training to meet with the facilitator. At this meeting, participants discuss the successes and challenges of implementing their goals for an HIV/AIDS program as articulated at the initial training. Participants will get feedback from the facilitator as well as from other participants that will enable them to continue working on their HIV/AIDS program.

• Follow-up #2: At a convenient time to participants, four months after the first follow-up session

• Follow-up #3: Twelve months post-training
Participants will once again be brought together within their training cohort to discuss the progress that each of their companies has achieved in putting into place an HIV/AIDS program within their respective workplaces.

The ideal training size is 10-15 companies, with maximum 25 participants. Ideally too, participants should be from General Management and the Human Resources/personnel function, if available.

Medium sized companies (with 50-500 employees) are an ideal audience: with companies of this size, the training is likely to attract both the company’s owner/senior manager and the person responsible for personnel issues; in addition, those companies have the required basic management capacity to engage into an HIV/AIDS management strategy and implementation of interventions.

The successful trainings have shown that partnering is critical: when incorporating local partners, the learning gains local context and also lead to greater credibility. The training is greatly enriched when NGO representatives and People living with HIV/AIDS (PLWHA) participate, which provides business participants with fantastic resources and perspectives on the issue.

For more information on this program, please contact:

Tish Enslin
Program Officer
IFC Johannesburg, South Africa
Tel: +27-11-731-3062
Mobile: +27 83 297 8953
Email: lenslin@ifc.org
www.ifc.org/ifcagainstaids
As of May 2005, ninety-five percent of the people living with HIV/AIDS are in the developing countries. By far the worst affected region, sub-Saharan Africa is now home to 70 percent (29.4 million) of the 42 million people living with HIV/AIDS in the world. In six southern African countries, national adult HIV prevalence has exceeded 20 percent: Namibia, South Africa, Zimbabwe, Lesotho, Botswana, and Swaziland.

HIV/AIDS AND BUSINESS

The AIDS crisis has wide consequences for development, presenting enormous challenges to businesses that operate in the affected regions.

However, the majority of the private sector is still not meaningfully involved in counteracting this crisis that affects workers, managers, and markets. Often, even managers who have high personal awareness of HIV/AIDS, have little knowledge about how the disease impacts their specific businesses.

As part of its ongoing commitment to sustainable development, IFC works with client companies through the “IFC Against AIDS” Program to accelerate the involvement of the private sector in the fight against AIDS. IFC has a personal interest in confronting HIV/AIDS, as the disease can affect the ability of the corporation’s clients to sustain their businesses. Failure among its clients would undermine IFC’s portfolio and reduce its ability to generate new, profitable businesses. The AIDS crisis can similarly undermine IFC’s efforts in the area of SME creation and microfinance.

One of the goals of the “IFC Against AIDS” Program is to heighten awareness about the risks that the AIDS crisis presents to IFC partner enterprises. This document makes the “business case” for action by highlighting the enhanced vulnerability of SMEs due to the AIDS crisis.
SMEs are particularly at risk because they have limited financial, clinical, and human resources capacity to proactively engage in HIV/AIDS education, prevention, and care initiatives. Moreover, they experience enhanced financial risks and financial pressures; AIDS can endanger the very viability of a small company. The loss of a key employee to AIDS has far greater consequences for an SME than for a larger enterprise that employs more than one person in key positions. A recent study by the University of Port Elizabeth (UPE) on 209 small businesses in South Africa identified the disease as one of the three main factors for failure of nearly 80 percent of South African start-up SMEs every year (the other two factors are crime and inadequate management expertise). A very ill employee has a much greater overall effect in a small company than in a large one.

HIV/AIDS AND INCREASED COSTS

HIV/AIDS presents both direct and indirect costs to companies. The direct costs include increased expenditures on medical and health insurance, funerals and death benefits, as well as recruitment and training to replace lost personnel. Indirect costs arise from decreased revenues due to higher absenteeism and staff turnover, reduced productivity, declining morale, and a shrinking consumer base. These costs can be devastating to SMEs. For example, a South African sugar mill found that HIV-positive employees took, on average, 55 additional sick days during the last two years of their lives.

SMEs FAIL TO ACKNOWLEDGE HIV/AIDS AS A CRITICAL ISSUE

However, in most developing countries, SMEs are doing very little to address the issue of HIV/AIDS in their workforce. Research conducted by Deloitte and Touche Human Capital Corporation in 110 companies in South Africa found that the smaller the size of the company, the less likely it is to report any HIV/AIDS program for its workforce: Only 6.5 percent of small sized enterprises (less than 100 employees) indicated any HIV/AIDS communication with the workforce. The respective number for medium sized enterprises (between 100 and 500 employees) was 34.5 percent.
AIDS IS EVERYBODY’S BUSINESS

Contrary to common belief, growing evidence indicates that AIDS-prevention and treatment programs for SMEs can be affordable and workable. The key is to find a solution that is most compatible with a company’s particular needs, resources, and objectives. SMEs can also direct their creativity to small scale and less costly projects that are equally effective.

WHERE TO START?

A company may take precautions to prevent AIDS transmission in the workplace, but it cannot isolate itself from the reality that a large part of the problem, and its solution, lie outside the company’s operations. The vast majority of employees contract the disease outside of the work environment; therefore efforts to control the spread of HIV/AIDS must involve a wider partnership with stakeholders in the area. Identifying the resources, the efforts, and the activities that exist in the wider community can save companies both time and money and avoid a duplication of efforts. In addition, since AIDS programs are not the core business of the private sector, companies need not feel they have to undertake all the work in-house.

In addressing HIV/AIDS, SMEs can build on past efforts. There are often other resources in the wider community from which companies can benefit including NGO activities, faith-based or medical organizations, public programs undertaken by Ministries of Health, and initiatives launched by other businesses, chambers of commerce, industry, or employer associations. SMEs should, therefore, not assume that they must confront the problem on their own. Those with limited capacity may want to pool resources by partnering with other local businesses. Partnerships can help SMEs analyze risk factors, design and implement focused programs, leverage resources, and learn from others’ experience.
FOLLOW-UP SESSIONS
**SUMMARY OF THE HIV/AIDS FOLLOW-UP SESSIONS: SME TRAINING**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting started: Initial one day training</td>
<td>• Achieve basic proficiency concerning HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>• Develop a better understanding of the costs and benefits of creating an HIV/AIDS program</td>
</tr>
<tr>
<td></td>
<td>• Assess their vulnerability and risk factors and begin to build the case for action against HIV/AIDS for their own company</td>
</tr>
<tr>
<td></td>
<td>• Develop a better understanding of the process for creating a program</td>
</tr>
<tr>
<td></td>
<td>• Begin to develop a Roadmap for Action for their company</td>
</tr>
<tr>
<td></td>
<td>• Companies are not to tackle the problem on their own as they may be able to partner with non-governmental organizations (NGOs) and/or other stakeholders</td>
</tr>
<tr>
<td></td>
<td>• Resources and good practice example are available to provide practical guidance</td>
</tr>
<tr>
<td>Objective</td>
<td>Outcomes</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>First informal follow up:</strong>&lt;br&gt;First period</td>
<td>• Asses progress on action plan via e-mail or by telephone&lt;br&gt;• Provide guidance and support where needed&lt;br&gt;• Refer to resources provided and good practice examples for guidance, e.g. Good Practice note, the four areas/spheres for action and the HIV/AIDS policy</td>
</tr>
<tr>
<td><strong>First formal follow up session:</strong>&lt;br&gt;Month four</td>
<td>• Monitor action plans as provided by participants during initial training, by using the checklist for the follow up session&lt;br&gt;• Recap the Awareness, Education, Training and Prevention elements&lt;br&gt;• Participants to share experiences&lt;br&gt;• Identify gaps and challenges&lt;br&gt;• Explore and discuss possible solutions to challenges&lt;br&gt;• Provide guidance and support&lt;br&gt;• Develop an understanding of the workplace elements; Treatment, Care and Support as well as Community relations&lt;br&gt;• Develop a second action plan for their company, by using the provided form</td>
</tr>
<tr>
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<td>Outcomes</td>
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</table>
| Informal follow up: Second period | • Assess progress on action plan via e-mail or by telephone  
• If any, priority should be given to previous outstanding activities  
• Provide assistance and guidance where needed |
| • Activities of action plan should be on track  
• If applicable, express the importance of addressing long outstanding activities  
• Briefly explain the new elements again as discussed at the first formal follow up session  
• Companies should be in the process of compiling referral lists of resources and available services |
| Second formal follow up session: Month eight | • Monitor action plans as provided by participants during first formal follow up session, by using the checklist for the follow up session  
• Identify gaps and challenges  
• Explore and discuss possible solutions to challenges  
• Recap the Treatment, Care and Support, including Community relations elements  
• Provide guidance and support  
• Develop an understanding of Monitoring and Evaluation as the final element of a Workplace Program  
• Develop a third action plan for their company, by using the provided form |
| • Depending on the size of the company, most awareness, education and training activities should be completed  
• Clear understanding of Monitoring and Evaluation  
• List of referrals for available services should be in place and promoted  
• Companies should be involved with at least one community project |
<table>
<thead>
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<th>Objective</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td><strong>Third/Final formal follow up session: Month twelve</strong></td>
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</table>

- Monitor action plans as provided by participants during second formal follow up session, by using the checklist for the follow up session
- Identify gaps and challenges
- Explore and discuss possible solutions to challenges
- Provide guidance and support
- Companies to understand the importance of sustaining their HIV/AIDS program

- Companies have a good understanding of the elements of a Workplace Program
- Companies should be able to sustain, expand and continue their HIV/AIDS program on their own
- Maintaining and developing partnerships is important
- Continuous support from Management is one of the key success factors
**CHECKLIST FOR FOLLOW UP VISIT**

<table>
<thead>
<tr>
<th>Description of Action/Activity</th>
<th>No Action</th>
<th>Action in Progress</th>
<th>Action Completed</th>
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<td>Senior Management support</td>
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<tr>
<td>AIDS Steering committee established</td>
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<tr>
<td>HIV/AIDS policy statement drafted</td>
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<tr>
<td>Policy adopted at the operational level</td>
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<tr>
<td>Senior Management endorsed the policy</td>
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<tr>
<td>Policy promoted and circulated at all levels in the workplace</td>
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<tr>
<td>Budget allocated</td>
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<td>• Women's day</td>
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**Objectives for next session:**

**Signature of Participant**
### Reporting Document for Follow-Up Visit

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Facilitator: ____________________________ Sector: ____________________________
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