

This programme is brought to you by the American People. The Pan African Business Coalition (NBCs) has been awarded funding by USAID through PACT/SA that allows it to support BizAIDS training through a selected number of southern African NBCs during 2010.

Internationally, the vast majority of working people are employed in micro/small/informal businesses. As a result this sector plays a crucial role in economies and in the efforts of people who the formal economy is unable to absorb, to meet their basic needs and for whom social support systems are grossly inadequate. It is therefore crucial that NBCs act to support this sector.

To achieve this, the PABC sought out a suitable programme and the funding to support the implementation of this programme through NBCs.

Its research identified the BizAIDS programme as the preferred methodology for NBCs working with micro/small/informal businesses throughout the African continent. The BizAIDS programme combines the simple business skills, health and legal information needed by those involved in very small businesses. Also, its overall methodology is easily adapted to local conditions.

PABC (Pan African Business Coalition on HIV/AIDS)
11th Floor South
Edura House
41 Fox Street
Marshalltown
Johannesburg
South Africa
Registration number 2008/021099/08

email: daryl.wearne@imagnet.co.za

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1. INTRODUCTION

This guide contains comprehensive instructions that will enable you to train a facilitator to the level expected for presentation of the BizAIDS Workshops. The material in the Facilitator and Participant Guides is written in a way that allows each facilitator to adapt the methodology to suit the understanding of attending participants, and to change certain aspects to reflect the culture and local conditions throughout the many regions in which the workshop is presented. Please give all the information contained in this Master Trainer Guide to the facilitators that you are training.

PLEASE TAKE TIME TO READ IN DETAIL THE FACILITATOR GUIDE AND THE PARTICIPANT WORKBOOK BEFORE THE TRAINING SESSION. IT IS VITAL THAT YOU ARE FAMILIAR WITH THE CONTENTS OF THE PROGRAMME BEFORE YOU TRAIN A FACILITATOR.

The BizAIDS programme combines the simple business skills, health knowledge and legal information needed by those involved in very small businesses. Training is anticipated to take three days assuming the facilitators have some experience in workshop presentation.

2. BACKGROUND

The BizAIDS course content and methodology was developed by the International Executive Service Corps (IESC) of America to create awareness of the impact of disease, especially HIV/AIDS, on micro and small businesses. It provides basic business training while introducing the concepts of HIV/AIDS prevention, testing and treatment, in a non-threatening, integrated manner. This encourages participants to speak freely among themselves and with their facilitator about how HIV is impacting their business, employees, their husbands/wives, families and themselves. The stigma of HIV is reduced in this setting, and results have shown that there is a renewed sense of confidence in participants, empowering them to acknowledge the impact of illness and how to help themselves, their employees and families deal in a practical manner with the consequences of disease.

Although the workshop contains a substantial amount of information about HIV/AIDS and encourages participants to go for voluntary HIV counselling and testing (HCT), it must be noted that wellness is, in any event, central to the survival of a small business. However, it is extremely important that the workshop is not marketed as yet another AIDS programme. It is primarily a business resource geared towards the needs and interests of small business men and women and aims to provide basic training in business management skills in order to decrease unemployment and increase small business sustainability by supporting income generating activities. We have also added information about tuberculosis and malaria, as TB is an indicator of HIV disease, and malaria, though preventable and treatable, is responsible for more deaths in southern Africa than AIDS-related diseases.

In 2004, a pilot programme was initiated in Gauteng to address the needs of very small urban entrepreneurs. This proved so successful that it has been adapted for rural businesses, and is being presented throughout South Africa as well as in other countries in sub-Saharan Africa.



3. FUNDING

BizAIDS is funded by the American People. The Pan African Business Coalition (PABC) was awarded funding by USAID through PACT/SA in order to support BizAIDS training through a number of southern African business coalitions.

Internationally, the vast majority of working men and women are employed in micro/small/informal businesses. As a result, these small businesses make a crucial contribution to a strong economy. Small businesses help those people whom the formal economy is unable to employ, to meet their basic needs, especially where social support systems are inadequate.

4. PABC VALUES

PABC VISION

To be proactive in the mobilisation of the private sector fighting against HIV, TB and malaria across the African continent.

MISSION

To support sustained profitability and economic growth by establishing a knowledge network that contributes high quality information and best practices, and to build partnerships with the private sector and other stakeholders on the African sub-continent.

PROJECT GOAL

To build the capacity of micro-enterprises in southern Africa, increasing their long term sustainability.

PROJECT OBJECTIVES

- To build the organisational and training capacity of national business coalitions (NBCs) through implementing the BizAIDS programme in seven target countries in southern Africa.
- To support NBCs in training trainers to become BizAIDS facilitators.
- To increase the knowledge of a minimum of 650 micro-business owners each year by providing assistance, information, skills and tools on basic business skills, management, health and legal matters, making it possible for the business to continue operating and to generate income in the face of disease and unforeseen risks.
- To support access to HCT for programme participants, their families and employees.

PROJECT OUTCOMES

- Increased organisational and training capacity of NBC partners to roll out BizAIDS workshops.
- Identification of suitable Master Trainers and increase the number of those qualified to teach facilitators.

- Increased number of skilled facilitators able to present BizAIDS workshops in target countries.
- Increased knowledge among informal and micro-business owners regarding running a successful and sustainable business.
- An increase in the number of people opting to undergo HCT and make healthy lifestyle choices.

5. PURPOSE OF THE WORKSHOP

The purpose of the workshop is linked to the goals mentioned above. The outcomes expected of the participants are listed below in more detail. These outcomes are directly linked to the quality of training provided by the facilitator. The duty of a facilitator is to:

- Impart knowledge, competence and skills.
- Build capacity.
- Meet all training obligations.
- Deliver high quality training.
- Observe the ethical standards set by BizAIDS.
- Understand the dimensions of diversity in small business ownership.
- Recognise and appreciate the dual role that women play in the family and in business.
- Give small business owners the support they need.
- Give small business owners basic information on TB and malaria.
- Encourage participants to undergo HCT.

NOTES

Gender

Edition Two has been revised to ensure that there is fair gender representation. This refers particularly to the role of women in business, who are often faced with more challenges than men. Please remind facilitators to include women in the information they present.

Regional Changes

These notes are to help the local facilitator make the workshops more relevant to the participants in his/her region. The Facilitator Guide and Participant Workbook were originally designed for South African conditions, some of which are not applicable in other regions.

Advise the facilitators that you are training to make changes to their Facilitator Guides and Participant Workbooks as indicated below. If there are other changes that will make the workshop better understood, ask them to make these as well.

	Page
<i>Role Play: Income and Expenses</i>	
Change all references to South African money to your local currency.	12

Case Studies

Change the names of the people mentioned in case studies to names that are known in your region.

For example: Mrs Chauke to Mrs Chipo. If necessary, change the occupations of the people mentioned in the case studies. For example, a welder can become a painter or a builder.

Mrs Chauke	15
Mr Shezi	28
Mrs Kekana	35
Mr Legodi	47
Mrs Marumo	54
Mr Phiri	55
Mrs Sibiya	59
Mr Ndala	61
Mr Zwane	68
Mr Dlamini	68
Goodness	98
AIDS Help Line	121
Change this telephone number to one in your region or area.	
<i>Resources: Where to go for Help</i>	118
A separate list of resources is provided for each region	
Add to this if you know of other resources in your region.	
Find out where free antiretroviral, malaria and STD medicines are available.	
<i>HIV Counselling and Testing (HCT and Voluntary Counselling and Testing (VCT)).</i>	139
Check what facilities are available locally and what services they provide.	
<i>Inheritance Laws – How to make a will</i>	52
Check what your local laws are regarding inheritance and the legality of a will. Change the example of a will if necessary.	
<i>Workplace HIV and AIDS Policy</i>	75
Check that the South African policy is applicable to your region.	
Check local health and safety regulations, for example, sick leave regulations. Check your local Occupational Health and Safety Act.	
<i>HIV/AIDS Legal Issues</i>	78
Check the that the legal regulations are applicable in your region, particularly in respect of HIV confidentiality.	
<i>Nutrition and HIV</i>	95
Check that the foods listed are available in your area.	
Change the names of food to reflect local terminology.	
Add local foods if necessary.	
<i>Goodness and Traditional Beliefs</i>	98
Replace any traditions and customs mentioned here with your own traditions, for example, dowry or lobola.	
<i>Condoms</i>	99
Check availability of free condoms and of female condoms.	
<i>Action Plans and Worksheets</i>	103
Check these for relevance to your region and omit or add actions and questions	

The BizAIDS Business Workshop will help owners and managers of micro-enterprises address business, health and legal issues in order to become more profitable and to lessen the economic impact of illness, disablement or death, particularly when faced with HIV and AIDS. The necessary skills, training and shared experiences will help participants make strategic business decisions that allow their businesses to generate income in a variety of ways, providing a supportive base for family, employees and the owner.

By the end of the BizAIDS workshop, participants will be able to:

- Understand how to start and run a successful business.
- Know the value of assets and liabilities.
- Understand the truth about HIV and apply practical measures to reduce risk.
- Create an HIV/AIDS policy for the workplace.
- Understand how HIV affects men and women, the family, the business and the community.
- Find community service providers for health, legal matters and business resources
- Protect family and business assets by making sure to save for a rainy day.
- Use practical resources and develop a plan of action to protect the future of the business.
- Appreciate the role that women play in small businesses.
- Understand how the death or illness of the owner or manager of a small business impacts on the business and how income, expenditure and other costs are affected.
- Understand how illness or death impacts on the ownership of a business and its assets.
- Know the rights of employers and employees if they become ill or are unable to work.
- Identify the value of a business when planning for change of management or ownership.
- Prepare personal and business action plans to manage risk and increase profits.
- Develop good marketing practices.
- Keep good business records.
- Write a will and make arrangements for the sharing of their estate after death to protect family and business assets.
- Understand the basic facts about HIV/AIDS, testing, stages of infection and the legal issues, and the basic facts about tuberculosis and malaria.
- Live a healthy and positive life.



6. THE FACILITATOR-IN-TRAINING

The facilitators you will be training will probably have the knowledge and skills covering small business management, HIV and an understanding of the general legal requirements of running a business. Before the Master Trainer Workshops, give the attendees all the material necessary to run a workshop. This includes the Facilitator Guide, Participant Workbook and all handouts. They are expected to be familiar with the programme content before this training workshop. He or she will have undergone a fairly stringent selection process before being appointed as a facilitator for BizAIDS, and may well be an experienced trainer in other fields.

- BizAIDS trainers/facilitators are individuals responsible for maintaining the fidelity of the BizAIDS workshop on which they have received training and to provide a broad transmission of BizAIDS methodology via their own training/business networks.
- BizAIDS trainers/facilitators are skilled business management facilitators who are comfortable working in the HIV/AIDS area and prepared to train participants in legal/community issues related to HIV/AIDS and the succession of assets. They are the only ones vetted and approved by the NBC to conduct BizAIDS training.

The core of this project consists of training BizAIDS facilitators, and cooperatively upgrading them with continuous coaching from the NBC and partners. Future facilitators undergo the following process:

- Facilitator selection process
- Three-day methodology training
- Contract with NBC to deliver training
- Pilot training workshops.

Thereafter the training courses will run at regular intervals with coaching and review support from the NBC and external experts, and be optimised according to experience and feedback.

An example of the questionnaire to gather details of the facilitator's background and experience is given overleaf:



Facilitator Application Form

PABC Email :	Fax :	Facilitator application form
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Part-time facilitation of small business type training

Personal Information	
Full Name	
Postal address	
Residential address	
Telephone numbers (with area codes)	
Email address	
Sex	Female <input type="checkbox"/> Male <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify.	

Details of experience

Number of years as a trainer / workshop facilitator	
Number of months / years in delivering business management training	
Number of months / years delivering HIV/AIDS awareness training	
Number of months / years delivering legal / life skills training	

Select the areas in which you have had experience

SMALL BUSINESS MANAGEMENT	HIV/AIDS COMPETENCIES	LEGAL COMPETENCIES
€ Developing a credit control policy.	€ Explaining HIV/AIDS.	€ HIV/AIDS and disability.
€ Developing and implementing the marketing plan.	€ Describing what behaviour is safe and what behaviour carries the risk of HIV/AIDS transmission.	€ Rights at work of employers and employees.
€ Developing and implementing the sales plan.	€ Interpreting data and trends on HIV/AIDS, malaria and TB in order to explain the potential impact on a community, an enterprise and a business sector.	€ Awareness of appropriate community-based resources available to small business.
€ Developing the contribution of people to the business.	€ Investigating the guidelines and assistance that are available to support workers affected by HIV.	€ Customary law and women's rights.

SMALL BUSINESS MANAGEMENT	HIV/AIDS COMPETENCIES	LEGAL COMPETENCIES
€ Exporting products and services.	€ Explaining the implications of the HIV pandemic on the community, the economy, an organisation and a specific workplace.	€ The law and accidents at work.
€ Obtaining finance for the business.	€ Describing modes of transmission of the virus.	€ Welfare grants and support
€ Obtaining and managing business premises.	€ Explaining "The window period".	€ Contracts of employment
€ Planning the finances of the business.	€ Promoting and demonstrating the correct and consistent use of male and female condoms.	€ Overview of Occupational Health and Safety and other employment legislation relating to small business.
€ Purchasing products and services.	€ Advising the "worried well" and how to manage their concerns.	€ Registration as an employer and company registration.
€ Determining the legal and financial requirements for setting up and operating the business.	€ Advising on antiretroviral treatment centres, counselling and clinic services in the local community.	€ Family law relating to death and inheritance.
€ Generating the business proposal.	€ Service providers conducting HIV counselling.	
€ Planning the business operation.	€ Safer sexual practices and methods of negotiating these.	
€ Determining the requirements for monitoring and controlling business operations and quality.	€ Understanding of the Code of Good Practice – HIV.	
€ Evaluating and developing own practice.	€ Explaining the impact of terminal and chronic illnesses such as HIV, TB and malaria on a company's ability to develop	
€ Planning the marketing strategy for the business.	€ Explaining how elements in their country's legal framework around terminal and chronic illnesses in the workplace affect employees and employers	

SMALL BUSINESS MANAGEMENT	HIV/AIDS COMPETENCIES	LEGAL COMPETENCIES
€ Business valuation.	€ Identifying positive measures taken to promote a non-discriminatory work environment with special reference to HIV and terminal and chronic illnesses. (The concept of a business as going concern and the profit motive).	
€ Communications skills.	€ Describing attitudes towards HIV and AIDS in the workplace.	
€ Competitor analysis.	€ Identifying factors influencing attitudes towards HIV and AIDS.	
€ Data management / record keeping .		
€ Market research.		
€ Communication and negotiation skills .		
€ Production planning.		
€ Promotion / marketing and understanding of market forces.		
€ Selling.		
€ Stress management .		
€ Team building .		
€ Writing a business plan .		
€ Writing a marketing plan.		
€ Industrial relations and human resources management – including aspects of on-the-job training and succession planning.		
€ The operating environment for woman entrepreneurs.		



Experience in delivering trainings specific to development of small business. Add extra sheets if necessary.

Dates of trainings	Course / workshop titles

Experience in delivering trainings specific to HIV/AIDS and other chronic diseases in workplace programmes. Add extra sheets if necessary.

Dates of trainings	Course / workshop titles

Experience in delivering trainings specific to life skills. Add extra sheets if necessary.

Dates of trainings	Course / workshop titles

What languages do you use for training your target groups?

What is your understanding of the English language?

☐ Excellent
 ☐ Good
 ☐ Fair

Who do you normally train/support?

- ☐ Potential entrepreneurs
☐ Owners/managers of small businesses
☐ Income generating activities
☐ Medium or larger scale businesses
 Others – please specify

What experience do you have in adult education?

- ☐ Planning courses (logistics, choice of venue, equipment, etc.)

- € Organizing courses (selection, training needs analysis)
- € Conducting courses (teaching, training and/or facilitation)
- € Evaluation of courses (appreciation, performance, impact)

Have you run your own business?

€ Yes, for _____ years

€ No

Describe your business experience:

List two people we could contact for a professional reference:

NAME	ORGANISATION	POSITION	TELEPHONE NUMBER	PERIOD YOU WORKED WITH THIS PERSON / ORGANISATION

Signature:	Date:
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6. PRESENTATION METHODOLOGY

Encourage facilitators to follow both participatory and action-oriented methodology. The personal experiences of participants are a major source of information, from which the facilitator can draw examples that provoke interactive discussions that may prove more applicable to a particular region than the case study examples in the Facilitator Guide. It also creates a bonding of the group, since many will probably have encountered the same problems. BizAIDS training methodology has a strong focus on action learning. During the training, participants will be learning-by-doing with the help of exercises, assignments, discussion, case studies, role plays etc.

Worksheets, action plans and questionnaires are designed to create variety in the training as well as to integrate theoretical learning. There are also homework assignments that allow participants to think about their goals and assess their business and family arrangements, and to share information with family. It is part of the facilitator's duties to review these assignments and to provide additional material or correct concepts that are wrong.

Brainstorming also forms a critical part of training methodology. Its main objective is to stimulate participants into finding different ways to address a given problem. In this regard, a facilitator poses a problem or question which can be tackled in different ways. Participants provide alternative solutions/answers and then discuss the advantages and disadvantages of each suggested response.

7. FACILITATOR SKILLS

Below are some of the skills a facilitator needs to conduct a successful workshop.

Presentation style

Discourage facilitators from adopting a lecturing or didactic presentation style. This does not stimulate interaction during sessions and hence creates a *back-to-school* atmosphere where participants are treated as passive recipients of information, rather than as mature adults.

Trust

Establish an environment of trust and openness where everyone feels safe to speak openly and honestly and where differences of opinion are respected.

Sensitivity to the feelings of individuals.

Create and maintain an atmosphere of tolerance and respect. This requires an awareness of how participants are responding to both the topics under discussion and the opinions and reactions of others. Most people will not show their discomfort, hurt feelings, or anger, instead, they silently withdraw from the discussion and often from the group. Sensing how people are feeling and understanding how to respond to a particular situation is a critical facilitation skill.

Ensure that everyone feels included and has an opportunity to participate.

Sensitivity to the feelings of the group

Group chemistry or energy generally reflects shared feelings: eagerness, restlessness, anger, boredom, enthusiasm, suspicion or even silliness. Perceiving and responding to the group dynamic is essential.

Sensitivity to diversity

Different groups of people are likely to have very different educational, training and employment backgrounds. Women and people with disabilities may have very specialised training needs, for example, learning how to negotiate more effectively. Encourage your facilitators to notice differences between various people regarding attitudes; motivation and confidence; skills and knowledge. Ensure that the timing, duration, flexibility and location are acceptable to all participants.

Ability to listen

One way the facilitator learns to sense the feelings of individuals and the group is by acute listening, both to the meaning of words and their tone. Facilitators often speak less than anyone in the group, concentrating rather on presenting information, summing up or responding directly to what others have said.

Interactive learning

Collaborative or interactive learning, where the responsibility for learning rests with the group is far more powerful than the traditional role of a teacher instructing and leading. However, it can occasionally be frustrating, and the facilitator needs to be committed and willing to adhere to the principles of interactive learning, and willing to share facilitation with others in the group rather than taking on a dominant role.

Tact

Sometimes the facilitator has to take uncomfortable actions or say awkward things for the good of the entire group. This should be done carefully and with kindness. In dealing with emotional situations, the facilitator requires a firm but tactful manner.

A sense of timing

The facilitator needs to develop a 'sixth sense' for time: when to bring a discussion to a close, when to change the topic, when to cut off someone who has talked too long, when to let the discussion run over the allotted time, and when to let the silence continue a little longer.

Flexibility

Facilitators must work to a programme plan, but they must also be willing to change this in response to a particular situation. Often the group will take a session in an unforeseen direction or may demand more time to explore a particular topic.

A sense of humour

A facilitator's ability to laugh at his/herself and to share the laughter of others enhances the experience for everyone.

Resourcefulness and creativity

Each group is as different as the individuals who are involved. A good facilitator needs an overall programme goal but can adapt it to fit changing conditions and opportunities. For example, the facilitator may call on the talents and experiences of people in the group and the community, or participants may suggest alternative resources.

8. PARTICIPANTS

Most workshops train approximately 15 - 20 participants. The participants are men and women who own informal and micro-businesses. These businesses may or may not be formally registered; they may be cooperatives and associations formed by local communities. Their knowledge of good business practices may be limited, and in many cases, their education level is low. Nevertheless, these are people who, despite the hardships they endure and the poverty that often surrounds them, have made the courageous choice to better their lives. They should be treated with the greatest respect, for they are the people who are at the vanguard of uplifting the nation. For many participants, this is the only chance they will ever have to learn about business and how it works. A facilitator may well need patience to explain the most basic facts to them, so a positive and understanding attitude is essential. It is surprising the amount of common sense and ambition that these participants have, which often reveals itself in the interactive discussions. By paying attention to their needs, the facilitator will be rewarded by knowing that he or she has enriched their lives and made it possible for them to reach greater heights.

EVALUATION

Each participant group will differ, depending where the training takes place. The facilitator should evaluate the group, and try and assess each individuals' strengths and weaknesses. The interaction and participatory training methodology will help here.

For a more formal evaluation and assessment of how much knowledge has been transferred, a pre-workshop and post-workshop questionnaire is delivered to the participants. Comparing the two allows measurement of individual progress. It also serves as a check for the facilitator to gauge how well he or she has communicated the training content.

9. WORKSHOP OUTLINE

Duration: three full days from 08h00 to 16h00. (8am to 4pm). Break for lunch, morning and afternoon tea, and break for ten minutes or so every now and again so that participants remain alert. Keep in mind that people taking ARVs need regular food breaks.

There are a number of case studies that illustrate learning concepts. These can be changed to suit local conditions as can the names featured in the stories. Counsel the facilitators to use their imagination to make up other case studies relevant to their market. Participants' own experiences are helpful here.

Case study learning outcomes

It may appear that learning outcomes are not clearly obvious in certain case studies. This is because we are utilising a slightly different methodology in this programme. Our learning outcomes are a combination of recognisable situations and the different facets that are used to illustrate the points we want to get across. The case study "story" is in itself, not the only ingredient of the overall learning outcome. It is used to encourage the participants to make their own cognitive connections.

PRACTICAL TRAINING PROCEDURE

The most practical and results-orientated way in which to train facilitators in presenting the workshop is:

- Allocate each facilitator a session during which he/she presents the training material to the peer group – they take the role of participants.
- Gather feedback from the peer group.
- Analyse the performance of the facilitator. Ask questions such as:

What did the facilitator do? List these on the flipchart.

Refer to the facilitator's actions and ask: For what reason did he/she do that?

Allow the facilitator as well as members of the group to give answers.

(Typical answers will be, for example 'to get the participants' verbalising; to start a discussion; to correct a point of confusion or misunderstanding' etc.).

- Conduct a general discussion as to what type of presentation was most effective, less effective, good or bad training methodology, correct or incorrect attitude, knowledge of training material etc.
- Each member of the group individually assesses the facilitator on the evaluation sheet and the group gives joint feedback.
- The master trainer completes a separate evaluation on a facilitator's performance.

Group Evaluation Form

- 1 = Not observed, did not demonstrate behaviour
 2 = Behaviour occasionally observed
 3 = Behaviour adequately observed
 4 = Demonstrates good use of this behaviour
 5 = Excellent grasp of this behaviour

	Names of BizAIDS facilitators. Apply rating 1 - 5									
Criteria										
Confidence										
Acts in an assured manner										
States views clearly, relaxed manner										
Total										
Creates Productive Climate										
Encourages participation										
Asks questions to stimulate discussion										
Draws learners out effectively										
Open, puts people at ease, respects others										
Builds consensus and cohesion										
Manages any tensions and/or conflict										
Total										
Focus on the Purpose										
Clear purpose of each exercise										
Sets norms/ ground rules										
Maintains group norms/ rules subtly throughout										
Keeps discussion on track										
Keeps a good pace										
Motivates/ Energetic										
Keeps focus on goals/ objectives of the section										
Does not go off the point, links to purpose										
Total										
Displays Listening Skills										
Empathy, shows understanding of others' feelings										
Paraphrases ideas after learner input										
Asks questions to clarify										

	Names of BizAIDS facilitators. Apply rating 1 - 5									
Criteria										
Summarises points										
Brings in quiet members										
Encourages equal participation										
Total										
Leadership/ Group Process										
Flexible, open to feedback										
Assertive										
Notifies group and individual needs										
Sensitive to group dynamics										
Addresses group dynamics appropriately										
Total										
Knowledge										
Understands the topic										
Able to answer/address group questions										
Builds on existing group knowledge										
Everyday examples used										
Adds useful knowledge to topic at hand										
Able to put knowledge across in everyday /simple language										
Total										
Body Language										
Facial expression										
Tone of voice										
Gestures										
Eye contact with whole group										
Use of Equipment										
Uses flip chart, posters										
Uses handouts or workbook effectively and imaginatively										
Able to use equipment to enhance learning										
Makes abstract or difficult concepts visual										
Total										

Master Trainer Evaluation Form

	Name of Facilitator									SCORE 1 - 5	MAX
	Facilitation behaviours										
1	Establishes a collaborative relationship with participants, in which the facilitator is 'first among equals', but responsibility for learning rests with the whole group.	None of the time		Some of the time		Most of the time		All of the time			
2	Helps to create and sustain an environment of trust and openness where everyone feels safe to speak honestly and where differences of opinion are respected.	None of the time		Some of the time		Most of the time		All of the time			
3	Ensures that everyone feels included and has an opportunity to participate.	None of the time		Some of the time		Most of the time		All of the time			
4	Provides a structure for learning, which might include setting and observing meeting times, opening and closing sessions, and keeping to an agenda.	None of the time		Some of the time		Most of the time		All of the time			
5	Makes sure the 'housekeeping' is done, such as preparing materials, setting up the meeting space, notifying participants, and seeing that necessary preparations are made.	None of the time		Some of the time		Most of the time		All of the time			
6	Sensitivity to the feelings of individuals: Creating and maintaining an atmosphere of trust and respect requires an awareness of how people are responding to both the topics under discussion and the opinions and reactions of others.										
7	Sensitivity to the feeling of the group: In any group, the whole is greater than the sum of the parts, and group chemistry generally reflects shared feelings: eager, restless, angry, bored, enthusiastic, suspicious, or even silly.										
8	Sensitivity to diversity: Different groups of people are likely to have very different educational, training and employment backgrounds. Women and people with disabilities may have very specialised training needs. Does the facilitator notice differences between various people regarding attitudes; motivation and confidence; skills and knowledge?										
9	Ability to listen: One way that the facilitator learns to sense the feelings of individuals and the group is by acute listening, both to the explicit meaning of words and also to their tone and implicit meaning.										
10	Tact: Sometimes the facilitator must take uncomfortable actions or say awkward things for the good of the group. The ability to do so carefully and kindly is critical.										
11	Commitment to collaboration: Collaborative learning can occasionally seem frustrating and inefficient, and at such times every facilitator feels tempted to take on the familiar role of the traditional teacher and to lead, rather than facilitate. However, a genuine conviction about the empowering value of cooperative learning will help the facilitator resist taking a dominating role. Likewise the facilitator needs to be willing to share facilitation with others in the group.										
12	A sense of timing: The facilitator needs to develop a 'sixth sense' for time: when to bring a discussion to a close, when to change the topic, when to cut off someone who has talked too long, when to let the discussion run over the allotted time, and when to let the silence continue a little longer.										

13	Flexibility: Facilitators must plan, but they must also be willing to jettison those plans in response to a situation. Often the group will take a session in an unforeseen direction or may demand more time to explore a particular topic. The facilitator needs to be able to evaluate the group's needs and determine how to respond to them.		
14	A sense of humour: As in most human endeavours, even the most serious, a facilitator's appreciation of life's ironies, ability to laugh at one's self, and to share the laughter of others enhances the experience for everyone.		
15	Resourcefulness and creativity: Each group is as different as the people who make it up. A good facilitator needs an overall program and goals but may also adapt them to fit changing conditions and opportunities. For example, the facilitator may call on the talents and experiences of people in the group and the community, or participants may suggest resources.		
Maximum Score			

EVALUATION GUIDELINE

An evaluation guideline to assess the practical sessions is provided below. You can draw up your own set of evaluation guidelines based on these if you would like to.

WORKSHOP INTRODUCTION

1. Did the facilitator correctly interpret and record the goals of the participants for the workshop?

☐ None of the time
 ☐ Some of the time
 ☐ Most of the time
 ☐ All of the time

2. Were the BizAIDS Workshop goals presented in a way that participants appeared to understand?

☐ Yes
 ☐ No

3. Was the use of the BizAIDS Workbook presented in a way that participants appeared to understand?

☐ Yes
 ☐ No

4. Was the Baseline data for client form presented in a way that participants appeared to understand?

☐ Yes
 ☐ No

BASIC MANAGEMENT SKILLS

5. Was the topic of planning a business presented in a way that participants appeared to understand?

☐ Yes
 ☐ No

6. Was the facilitator able to effectively answer questions on the topic of good record keeping practices?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

7. Was the facilitator able to demonstrate appropriate knowledge of the topic of business and family risks and have confidence in the material?

☐ Yes

☐ No

8. How much did the facilitator rely on the Facilitator Guide to teach the topic of basic management skills ?

☐ Never referred to it

☐ Referred to it freely in presenting the topic

☐ Read directly from it all or most of the time

9. Was the facilitator able to effectively adapt the topic of basic management skills to the participants through the use of relevant examples?

☐ Yes

☐ No

GROWING THE BUSINESS

10. Was the topic of SWOT/Marketing 5 Ps presented in a way that participants appeared to understand?

☐ Yes

☐ No

11. Was the facilitator able to effectively answer questions on the topic of SWOT/Marketing 5 Ps?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

12. Was the facilitator able to demonstrate appropriate knowledge of the topic of SWOT/Marketing 5 Ps and have confidence in the material?

☐ Yes

☐ No

13. How much did the facilitator rely on the Facilitator Guide to teach the topic of SWOT/Marketing 5 Ps?

☐ Never referred to it

☐ Referred to it freely in presenting the topic

☐ Read directly from it all or most of the time

14. Was the facilitator able to effectively adapt the topic of SWOT/Marketing 5 Ps to the participants through the use of relevant examples?

☐ Yes

☐ No

15. Did the facilitator present the Shezi case study group discussions instruction in a way that participants appeared to understand?

☐ Yes

☐ No

16. How well did the facilitator handle interactions among the class during the Shezi case study group presentations?

☐ Poorly ☐ Acceptably ☐ Very well ☐ Not applicable

17. How useful was the additional information provided by the facilitator during the Shezi case study group presentations to understanding the topic?

☐ Not at all ☐ Somewhat ☐ Very ☐ Not applicable in this situation

18. Was the facilitator able to effectively answer questions during the Shezi case study group presentations?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

19. Was the facilitator able to effectively include the participants in the action plan discussion?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Not appropriate to this topic.

20. Was the facilitator able to effectively reinforce the key learning points of the topic through the discussion of the action plan?

☐ Yes ☐ No

21. Was the facilitator able to effectively answer questions during the action plan discussion?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

22. How well did the facilitator handle interactions among the class during the discussion about the action plan?

☐ Poorly ☐ Acceptably ☐ Very well ☐ No interaction

HEALTH AND SAFETY

23. Was the facilitator able to effectively include the participants in the HIV/AIDS malaria and TB knowledge discussion?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Not appropriate to this topic.

24. Was the facilitator able to effectively reinforce the key learning points of the topic through the discussion of HIV/AIDS, malaria and TB knowledge?

☐ Yes ☐ No

25. Was the facilitator able to effectively answer questions during the HIV/AIDS, malaria and TB knowledge discussion?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

26. How well did the facilitator handle interactions among the class on the material discussed about HCT ?

☐ Poorly ☐ Acceptably ☐ Very well ☐ Not applicable

27. Was the facilitator able to effectively include the participants in the HCT discussion?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Not appropriate to this topic.

28. Was the facilitator able to effectively reinforce the key learning points of the topic on HIV testing and disclosure ?

☐ Yes ☐ No

PLANNING FOR PROPERTY

29. Was the topic of inheritance laws presented in a way that participants appeared to understand?

☐ Yes ☐ No

30. Was the facilitator able to effectively answer questions on the topic of inheritance laws?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

31. Was the facilitator able to demonstrate appropriate knowledge of the topic of inheritance laws and have confidence in the material?

☐ Yes ☐ No

32. How much did the facilitator rely on the Facilitator Guide to teach the topic of inheritance laws?

☐ Never referred to it ☐ Referred to it freely in presenting the topic ☐ Read directly from it all or most of the time

33. Was the facilitator able to effectively adapt the topic of inheritance laws to the participants through the use of relevant examples?

☐ Yes ☐ No

34. Was the facilitator able to demonstrate appropriate knowledge of the topic of a basic will and have confidence in the material?

☐ Yes ☐ No

35. How much did the facilitator rely on the Facilitator Guide to teach the topic of a basic will?

☐ Never referred to it ☐ Referred to it freely in presenting the topic ☐ Read directly from it all or most of the time

36. Was the facilitator able to effectively adapt the topic of a basic will to the participants through the use of relevant examples?

☐ Yes ☐ No

37. Was the trainer able to effectively include the participants in the action plan discussion?

☐ None of the time
 ☐ Some of the time
 ☐ Most of the time
 ☐ All of the time
 ☐ Not appropriate to this topic.

38. Was the facilitator able to effectively reinforce the key learning points of the topic through the discussion of the action plan?

☐ Yes
 ☐ No

39. Was the facilitator able to effectively answer questions during the action plan discussion?

☐ None of the time
 ☐ Some of the time
 ☐ Most of the time
 ☐ All of the time

40. How well did the facilitator handle interactions among the class during the discussion about the action plan?

☐ Poorly
 ☐ Acceptably
 ☐ Very well
 ☐ No interaction

41. Was the facilitator able to effectively include the participants in the Marumo case study discussion?

☐ None of the time
 ☐ Some of the time
 ☐ Most of the time
 ☐ All of the time
 ☐ Not appropriate to this topic.

42. Was the facilitator able to effectively reinforce the key learning points of the topic through the Marumo case study?

☐ Yes
 ☐ No

43. Was the facilitator able to effectively answer questions during the Marumo case study discussion?

☐ None of the time
 ☐ Some of the time
 ☐ Most of the time
 ☐ All of the time

44. How well did the facilitator handle interactions among the class on the material discussed in the Marumo case study?

☐ Poorly
 ☐ Acceptably
 ☐ Very well
 ☐ Not applicable

PREPARING FOR TEMPORARY AND PERMANENT BUSINESS CHANGES

45. Did the facilitator present the Sibiya/Ndala case study discussion instructions in a way that participants appeared to understand?

☐ Yes
 ☐ No

46. How well did the facilitator handle interactions among the class during the Sibiya/Ndala case study presentations?

☐ Poorly
 ☐ Acceptably
 ☐ Very well
 ☐ Not applicable

47. How useful was the additional information provided by the facilitator during the Sibiya/Ndala case study presentations to understanding the topic?

☐ Not at all
 ☐ Somewhat
 ☐ Very
 ☐ Not applicable in this situation

48. Was the facilitator able to effectively answer questions during the Sibiya/Ndala case study presentations?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

HEALTHY LIFE, HEALTHY BUSINESS

49. Was the facilitator able to effectively answer questions on the topic of Understanding the words HIV and AIDS?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

50. Was the facilitator able to demonstrate appropriate knowledge of the topic How HIV is spread and have confidence in the material?

☐ Yes ☐ No

51. How much did the facilitator rely on the Facilitator Guide to teach the How HIV is spread ?

☐ Never referred to it ☐ Referred to it freely in presenting the topic ☐ Read directly from it all or most of the time

52. Did the facilitator present the Goodness case study in a way that participants appeared to understand?

☐ Yes ☐ No

53. How well did the facilitator handle interactions among the class during the topic Living positively with HIV topic?

☐ Poorly ☐ Acceptably ☐ Very well ☐ Not applicable

54. Was the facilitator able to effectively answer questions during the condom use demonstration?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

55. How well did the facilitator handle interactions among the class during the condom use demonstration, including sensitivity to participant discomfort?

☐ Poorly ☐ Acceptably ☐ Very well ☐ No interaction

GENERAL OBSERVATIONS ON THE TRAINING DAYS

56. How well did the facilitator establish a friendly and approachable presence with the participants?

☐ Not very friendly ☐ Appropriately friendly ☐ Overly friendly – interfered with the role of a facilitator

57. How well did the facilitator establish a comfortable learning environment for the participants?

☐ Not very well ☐ Somewhat well ☐ Very well

58. In general during the days, was the facilitator able to effectively answer questions on the learning topics?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

59. In general , was the facilitator able to effectively use the teaching tools (flip chart, workbook) to assist in learning the material?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

60. In general , was the facilitator able to effectively manage the group discussion and exchanges toward achieving the workshop goals?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

61. In general , did the facilitator effectively use the Facilitator Guide in achieving the workshop goals?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

62. In general , was the facilitator able to effectively add useful information towards achieving the workshop goals?

☐ None of the time ☐ Some of the time ☐ Most of the time ☐ All of the time

WORKSHOP CONCLUSION

63. How well did the facilitator review and address the goals of the participants for the workshop?

☐ Not very well ☐ Somewhat well ☐ Very well

64. Was the Workshop evaluation form presented in a way that participants appeared to understand?

☐ Yes ☐ No

65. Was the KAP Survey form presented in a way that participants appeared to understand?

☐ Yes ☐ No

66. Did the facilitator thank the participants for their participation?

☐ Yes ☐ No

10. TRAINING CONTENT

During the delivery of a BizAIDS *Train the Facilitator* session, it is important to cover both the administration (logistics and completion of required documents) and the practical information contained in the Facilitator Guide. The Facilitator Guide underpins the entire workshop.

Facilitator Guide

This contains all information the facilitator requires to present a full workshop, with detailed instructions and schedules. References are made in text to the relevant page numbers in the Participant Workbook. It contains Action Plans and Worksheets, some of which are required to be completed as homework.

Participant Workbook

The Participant Workbook contains similar material to that in the Facilitator Guide, with the exception of the facilitator's instructions and schedules. It also contains all Action Plans and Worksheets. It should be handed out to the participants at the start of the workshop, it is theirs to keep.

11. LOGISTICS

Pre-workshop Preparation

Administration

The facilitator should:

Sign a contract with NBC.

Liaise with NBC Programme Manager on aligning and modifying the training materials where necessary to meet local requirements.

Marketing

Alerting potential participants to an upcoming workshop requires marketing. Sources which can help include:

- Municipalities who work with Street Committees.

- Churches.

- Chambers of Commerce.

- Small enterprise development agencies.

- Building partnerships with other organisations and associations.

- Small business organisations and forums.

- Women entrepreneur associations.

- Disabled persons' organisations.

- Local and national government departments.

- Community and district leaders, mayors etc.

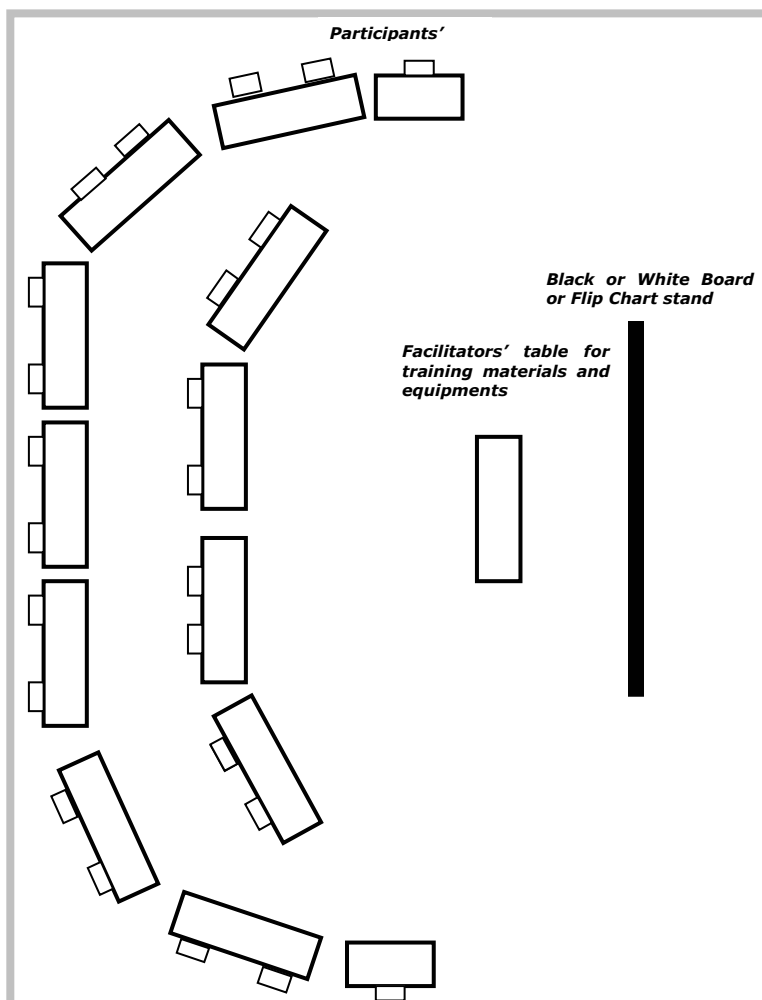
Training venue selection

This is one of the first steps in preparing for a BizAIDS workshop. Depending on where the training takes place - and it might vary from sitting under a shady tree to a well appointed

conference venue! Look around for a suitable venue in that region which is cost-effective. Church halls, schools, municipalities or Chambers of Commerce often have reasonably priced venues.

The venue should have the following:

Location:	The venue should be within easy reach of all participants, by foot or transport, to ensure full attendance and timely arrival. The venue should be accessible to wheelchair users; this includes the bathrooms. The facilitator should personally inspect the facility.
Training room: Layout:	Space should be adequate for the group to function effectively. Must have good lighting, ventilation, low level of noise and free from external interruption while the sessions are in progress. The ideal seating arrangement is shown below.



Service providers

The facilitator should contact all service providers for necessary resource materials or other forms of help. These include:

Department of Health.
Legal organisations.

HCT organisation to administer tests during the workshop.
Obtain quotes and arrange catering for lunch and tea.
Disability aids if needed, for example, sign language interpreters for deaf participants.

Inform participants

The facilitator must inform participants about the dates, time, venue etc. at least one week before the workshop so that they can make arrangements to attend. He or she must ensure commitment to the workshop training schedule. Facilitators are remunerated for participants who attend all training sessions.

Equipment and training materials

Note: Both the Facilitator Guide and Participant Workbook have been created in Microsoft Word, thus changes can easily be made on an electronic copy if required. These changes must be submitted to PABC for clearance before the workshop is presented.

Facilitator requirements

Flip chart and paper or whiteboard and eraser.
Marker pens.
Stationary: paper, pens, stapler, paper punch etc. Note if any other props are required, like fruit, money etc. used in role plays.
Promotional materials – USAID posters, BizAIDS posters, HCT posters etc.
Condoms and condom demonstrators (sufficient for each workshop participant and the facilitator).

Be aware that people with visual impairment may not be able to access the above materials in the same way as sighted participants.

Participant requirements

Stationary: paper, file, pens, pencils, erasers etc.
Name tags.
Handouts.

12. PREPARATION AND TRAINING SCHEDULE

Activity	Check	Details and comments
TWO WEEKS BEFORE THE WORKSHOP		
Set the Workshop dates.		
Book the venue.		
Arrange the catering.		
Advise participants of dates, venue, duration, costs.		
Collect the Facilitator Guide from BizAIDS and study it.		

Activity	Check	Details and comments
Liaise with HCT Centre.		
ONE WEEK BEFORE THE WORKSHOP		
Confirm participant attendance and collect the booking fee and participant basic data. Create a 'waiting list' for those interested but unable to attend.		
Collect workbooks, participant surveys, attendance register, certificates and teaching materials from the Business Coalition.		
Collect appropriate leaflets available in your region on AIDS legal issues and testing for HIV, such as AIDS Law Project materials: ' <i>Living and Dying – Legal issues made simple.</i> ' ' <i>Your rights in the workplace.</i> ' ' <i>Testing for HIV – Know your rights.</i> ' and ' <i>Privacy and confidentiality</i> '. Collect Consent Forms.		
DAY BEFORE THE WORKSHOP		
Gather supplies: flip chart, pens.		
Write agenda on flip chart.		
Collect materials such as condoms, condom demonstrators, money, fruit etc.		
Prepare name cards.		
Gather your business cards.		
Gather workbooks and teaching materials.		
WORKSHOP DAYS		
Deliver the training!		
Hand out and collect attendance registration form.		
Administer and collect the pre-workshop questionnaire.		
Collect Participant Baseline Data form.		
Collect KAP questionnaire.		
Collect the Workshop Evaluation form.		
Complete the Facilitator Feedback form.		
Administer the post-workshop questionnaire.		
WEEK FOLLOWING THE WORKSHOP		
Deliver all questionnaires and other forms to BizAIDS Programme Coordinator at the Business Coalition.		
Submit receipts and invoices for payment.		
Pay bills for catering, venue and training.		
Issue certificate of attendance to participants who complete workshop.		

13. CONDUCTING THE TRAINING

Typically, the workshop will follow the following schedule:

THREE DAY WORKSHOP AGENDA

Topic Number	Topic	Timing, excluding tea and lunch breaks	Total training minutes	Training hours
1	Introduction	40	40	
2	Basic Management Skills	115	155	
3	Growing the Business	60	215	
4	Health and Safety	95	310	
5	Protecting your Family: Planning for Income	40	350	5.45
	Day 2			
6	Protecting your Family: Planning for Property	85	435	
7	Preparing for Temporary and Permanent Business Changes	60	495	
8	Preparing for Changing Management or Ownership	55	550	
9	Looking Toward the Future	40	590	4.00
	Day 3			
10	Healthy Life, Healthy Business	275	865	
11	Conclusion	90	955	6.15

Opening Session

This is the most important session of the workshop. It's vital to establish a friendly and relaxed atmosphere that is conducive to learning.

- Distribute all relevant training materials for Day One to the participants.
- Participants sign the Attendance Register.
- Welcome participants and other invited guests.
- Facilitator introduces him/herself.
- Each participant introduces him/herself giving their name and a brief background.
- Facilitator introduces BizAIDS training programme, gives overall goals and objectives and the contents of the training programme. The facilitator MUST give the information regarding funding by USAID.
- Participants fill in the required forms.
- Facilitator writes down the goals of each participant on flip chart or white board.

DAY ONE

Topic Number	Topic	Methodology	Minutes scheduled	Total session time
1	Introduction			40
1.1	Establish the learning environment.	Interactive exchange.	15	
1.2	Explain BizAIDS goals	Information delivery.	5	
1.3	How to use the Workbook.	Information delivery.	5	
1.4	Collect Attendance Register & Baseline Data forms. Give Pre-workshop questionnaire.		15	
2	Basic Management Skills			115
2.1	Planning a Business.	Interactive exchange. Action Plan 1.	20	
2.2	Good Record Keeping Practices.	Worksheet 1 and 2. Role play. Interactive exchange. Case Study.	60	
2.3	Making a Business Work.	Worksheet 3 for homework. Interactive exchange.	15	
2.4	Business and Family Risks.	Worksheet 4 and 5 for homework. Information delivery.	10	
2.5	Stages in a Developing Business.	Interactive exchange. Information delivery.	10	
3	Growing the Business			60
3.1	Tools to Grow your Business. SWOT and the Marketing 5 Ps.	Information delivery.	20	
3.2	Applying Tools to Grow your Business.	Case Study. Interactive exchange.	25	
3.3	Action Plan 2.	Interactive exchange.	15	
4	Health and Safety			95
4.1	Maintaining a Safe Workplace.	Information delivery.	5	
4.2	How HIV Affects Business.	Information delivery.	5	
4.3	HIV and your Employees. Accessing Community Resources.	Case Study. Discussion.	25	
4.4	Introduction to HCT.	Information delivery. Group discussion.	10	
4.5	What is HCT?	Information delivery.	5	
4.6	HIV Testing and Disclosure	Group work. Discussion. Interactive exchange.	20	
4.7	Confidentiality and the HCT Process.	Information delivery.	10	
4.8	Consent Forms.	Hand out Consent forms. Information delivery.	15	
5	Protecting your Family: Planning for Income			40
5.1	Ways to Involve your Family.	Information delivery. Case Study. Interactive exchange.	10	
5.2	Sharing Information with your Family.	Worksheet 6 as homework.	10	
5.3	Developing an Action Plan.	Individual participants, Action Plan 3. Preparation and sharing with the group. Information delivery.	20	345 minutes (5.4 hours)

DAY TWO

Topic Number	Topic	Methodology	Minutes scheduled	Total session time
	Open Topics for Day Two.	Homework review. Consent forms. First decision to test. (In order to determine number of counsellors/testers for the following day).	15	30
		Open forum for questions relating to HIV section.	15	
6	Protecting your Family: Preparing for Property.			55
6.1	Reviewing Ways to Involve your Family.	Information delivery.	5	
6.2	Applying Inheritance Laws.	Interactive exchange.	10	
6.3	A Basic Will.	Worksheet 7. Individual participants. Case Study. Information delivery.	20	
6.4	Developing Action Plan 4A and 4B.	Action Plan 4A and 4B. Individual participants: preparation and sharing with the group. Information delivery. Distribute AIDS Law Project Leaflet.	20	
7	Preparing for Temporary and Permanent Business Changes.			60
7.1	Preparing for Business Interruptions.	Worksheet 8. Information delivery. Interactive exchange	40	
7.2	Developing Action Plan 5 and 6.	Action Plan 5 and 6. Individual participants: preparation and sharing with the group.	20	
8	Preparing for Changing Management or Ownership			55
8.1	The Value of your Business.	Worksheet 8 for homework. Interactive exchange.	15	
8.2	Preparing for Changes in Business Management or Ownership.	Case Study. Interactive exchange.	20	
8.3	Developing Action Plan 7.	Action Plan 7. Individual participant preparation. Discussion and presentation to the group.	20	
9. Looking Toward the Future				40
9.1	Selling a Business.	Small group discussions. Prepare and share with group. Information delivery.	30	
	Close Topics for Day. Homework reminder: Worksheet 7.		10	240 minutes (4 hours)



DAY THREE

Topic Number	Topic	Methodology	Minutes scheduled	Total session time
10	Healthy Life, Healthy Business			275
	Open topics for Day 3. Collect homework Worksheet 7 and any extra Consent Forms.		20	
10.1	HIV Knowledge and Awareness.	Interactive exchange.	30	
10.2	The Workplace HIV Policy.	Hand out Worksheet 9. <i>A Basic HIV Policy</i> . Information delivery. Interactive exchange.	20	
10.3	HIV Legal Issues.	Information delivery. Worksheet 10 Questionnaire: <i>Common questions about confidentiality</i> . Individual participants: completion. Questions and answers.	30	
10.4	Understanding the Two Words: HIV and AIDS.	Worksheet 11. Questionnaire: <i>Common questions about HIV and AIDS</i> . Individual participant completion. Questions and Answers.	20	
10.5	How HIV is Spread.	Worksheet 12 Questionnaire. <i>How HIV is spread?</i> Individual participant completion. Question and Answer.	20	
10.6	Sexually Transmitted Infections, Tuberculosis and Malaria.	Information delivery	15	
10.7	HIV Testing and the Window Period.	Information delivery.	10	
10.8	Stages of HIV Infection.	Information delivery.	10	
10.9	Antiretroviral Therapy (ART).	Information delivery.	20	
10.10	Living Positively with HIV.	Information delivery. Interactive exchange.	30	
10.11	The role of the Traditional Health Practitioner.	Information delivery. Case Study. Group discussion.	15	
10.12	Correct Condom Use.	Demonstration and practise. Information delivery.	20	
10.13	Develop Action Plan 8.	Individual participant preparation and sharing with group.	15	
11	Conclusion			105
11.1	Answering Questions and Reviewing Expectations.	Interactive exchange.	20	
11.2	Workshop Evaluation.	Individual participant completion of questionnaire.	15	

Topic Number	Topic	Methodology	Minutes scheduled	Total session time
11.3	KAP Survey.	Individual participant completion of questionnaire.	15	
11.4	Post-Workshop Questionnaire.	Individual participant completion of questionnaire.	10	
11.5	Facilitator Feedback.	Facilitator completion of questionnaire.	15	
	Hand out Certificate of Attendance.		15	380 minutes (6.30 hours) Total: 16 hours 15 minutes
	HCT testing.			

Closing Session

- Summarise the main learning points of the training.
- Assess whether the expectations of the participants were met.
- Clarify how BizAIDS will follow up with participants.
- Award Attendance Certificates. (Note: only those participants who have attended every day are eligible for certificates).



The funding received for BizAIDS originates from USAID. They have particular views on condoms and the promotion of condom use.

Your attention is drawn to the following factsheet which has been re-produced in the BizAIDS material and it should be highlighted when the subject of condoms is presented.

The United States Agency for International Development (USAID) Condom Use: How It Relates to HIV and STI Prevention

Introduction
The Effectiveness of Condoms in Preventing HIV and Sexually Transmitted Infections
HIV
Other STIs
USAID's Development Approach to Condom Promotion
A Whole Market Approach for Improved Access
Female Condoms
Dual Protection
Seeing Results

INTRODUCTION

The U.S. Agency for International Development (USAID) has been a leader in HIV prevention and is fully committed to a combination of strategies targeting the sexual prevention of HIV transmission, some of which include abstinence, being faithful/partner reduction, and correct and consistent condom use (ABC approach). Condom use can significantly reduce the risk of HIV infection and, in conjunction with other behaviour changes such as delayed sexual initiation and partner reduction, is a key component of effective HIV prevention programs.

HIV prevention efforts are complicated by the fact that the global pandemic is rooted in different causes in different settings. To prevent the sexual transmission of HIV, the U.S. Government, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), supports the ABC approach because it can be used to target the sources of most of the new infections in a given population while still being tailored to meet the specific needs of the most-at-risk and vulnerable individuals.

THE EFFECTIVENESS OF CONDOMS IN PREVENTING HIV AND SEXUALLY TRANSMITTED INFECTIONS

Abstinence from sexual intercourse or maintaining a mutually monogamous relationship between partners known to be uninfected is the surest way to avoid HIV and other sexually transmitted infections (STIs). Outside of those conditions, the use of condoms has been an important and successful intervention in many places for sexually active people, particularly when targeted at commercial and other casual sexual encounters. While no barrier method is 100 percent effective, correct and consistent use of latex condoms can reduce the risk of transmission of HIV, some other STIs, and unintended pregnancy.

Correct and consistent use of condoms can aid in the prevention of HIV, other STIs, and unintended pregnancy.

HIV

While laboratory research has demonstrated that latex condoms provide an essentially impermeable barrier to particles comparable in size to or smaller than STIs, including HIV, studies have shown that correct and consistent use is essential to realize the full benefits provided by condoms in reducing the risk of HIV infection. The body of research demonstrating the effectiveness of latex condoms in reducing sexual transmission of HIV is both comprehensive and conclusive.

Scientific studies of sexually active discordant couples, where one partner is infected with HIV and the other partner is not, have demonstrated that the correct and consistent use of latex condoms reduces the likelihood of HIV infection by 80 to 90 percent. However, failure to use condoms correctly with every act of intercourse or, to some extent, slippage or breakage of the condom, has been shown to increase the risk of HIV transmission. In fact, some studies have shown that inconsistent condom users may face the same risks of HIV infection as non-users.

OTHER STIs

Condoms serve as a barrier that can protect both genders from exposure to genital secretions that transmit HIV and STIs. Gonorrhoea, Chlamydia, and trichomoniasis, like HIV, are transmitted by genital secretions. Scientific studies do provide evidence that latex condoms, when used consistently and correctly, can reduce the risk of gonorrhoea and Chlamydia infections in both women and men.

Genital ulcer diseases (such as genital herpes, syphilis, and chancroid) and human papillomavirus (HPV), which is the main cause of cervical cancer, are transmitted primarily through contact with sores/ulcers or with infected skin in areas that may or may not be covered by a condom. Recent studies have shown that correct and consistent condom use reduces the risk of herpes and HPV.

Correct and consistent use of latex condoms reduces the risk of chancroid and the other genital ulcerative diseases only when the infected area or site of potential exposure is protected.

Additional research is needed to assess more accurately the degree of risk reduction latex condoms can provide to women and men for trichomoniasis and other STIs transmitted by genital secretions as well as whether and to what degree latex condoms may reduce the risk of acquiring the few types of HPV that are associated with cervical cancer.

Providing Condoms Worldwide Through USAID's Commodity Fund

USAID has provided commodities for family planning and reproductive health activities since the mid-1970s and for HIV prevention since the 1980s. Since then, contraceptive and condom use rates around the world have increased, thanks to USAID and other international donors. However, the need for foreign assistance continues to grow, and in fiscal year 2008, USAID continued to respond to this need by providing family planning, reproductive health, and HIV commodities to countries in the Agency's five regions: Africa (AFR), Asia, Europe & Eurasia (E&E), Latin America/Caribbean (LAC), and Middle East (ME).

USAID has developed an operational plan for its HIV/AIDS strategy. One aspect of this plan includes a Commodity Fund to centrally finance male and female condoms for non-focus PEPFAR countries' HIV/AIDS programs and ensure their expedited delivery to countries. Through this fund, USAID has made condoms available to dozens of countries at little or no cost. USAID provides male condoms at 2–5¢ a condom and female condoms at 57–86¢ a condom.

In fiscal year (FY) 2008, the value of USAID contraceptive and condom shipments worldwide reached \$70.2 million. Shipments reached 57 countries in USAID's AFR, Asia, E&E, LAC, and ME regions. Male condoms represented 28 percent of the total shipments, and female condoms represented nine percent.

USAID'S DEVELOPMENT APPROACH TO CONDOM PROMOTION

Private sector advertising and commercial distribution are important approaches to make condoms more accessible. These programs distribute high-quality condoms at affordable prices through traditional outlets, such as health clinics and pharmacies, and through non-traditional outlets such as kiosks, bars, hotels, and brothels.

Such programs combine condom sales with social marketing that uses culturally appropriate educational messages to promote condom use and other forms of risk reduction. USAID projects assist governments and organizations in logistics management, including purchase, storage, and distribution, in order to ensure an adequate supply and efficient distribution of condoms.

It is not sufficient to provide condoms without support for how they will be distributed. Attention needs to be paid to the different target audiences, such as high-risk populations. USAID funds programs that promote condom use and provide support to condom programming.

Although it is imperative that USAID address the extraordinary health risks for society associated with prostitution and intravenous drug users by promoting the adoption of safer behaviours and encouraging condom use with casual and high-risk partners, this does not mean that USAID in any way endorses or supports prostitution or drug use.

A WHOLE MARKET APPROACH FOR IMPROVED ACCESS

A whole market approach for commodity security considers the entire market for commodities and services in a country or region to ensure the needs of all clients are best met. In order to achieve a whole market approach, USAID partners with NGOs and public and commercial sectors in order to properly maintain delivery and distribution services and continue meeting demand.

A coordinated approach helps provide condoms for the entire market, which includes everybody from those who receive free condoms to those who pay. A whole market approach can lead to sustainability, increased demand and supply of condoms, an increased number of individuals with access to condoms, and a better allocation of resources. A coordinated effort also helps avoid unnecessary duplication and an inefficient use of resources.

FEMALE CONDOMS

The female condom, a woman-initiated contraceptive, was first launched by the Female Health Company (FHC) in 1993 as the FC1, or the Reality FC. Since then, it has undergone changes, and covers both internal and some parts of the external genitalia. Men may also find it more comfortable because there is less of a decrease in sensation than with the male latex condom. FHC created the FC2 from synthetic nitrile, as opposed to polyurethane like the FC1, to reduce cost and maintain effectiveness. In many parts of the world, the original FC was found to be too costly, and the FC2 is 30 percent less expensive. A more affordable female condom allows for increased accessibility. However, it is still 15–20 times more expensive than the male latex condom.



In studies, the FC2 was found to be essentially the same as FC1 in preventing HIV, STIs, and unintended pregnancy. The FC2 has been reviewed by many agencies and, in 2006, the World Health Organization (WHO) recommended the FC2 be purchased by U.N. agencies. Since then, more than 22 million FC2s have been distributed in 77 countries. Three years after WHO approved the purchase of the FC2, it was approved by the Food and Drug Administration for U.S. and international distribution, which is likely to increase to meet growing international demand.

Increasing Health Impact Through Targeting of Condom Sales in Malawi

Background

The HIV epidemic has taken its toll on Malawi. UNAIDS estimated an 11.9 percent HIV prevalence rate among adults in 2007. Currently, there are roughly 930,000 adults and children living with HIV/AIDS in Malawi. The country's most at-risk population is female sex workers; 69 percent are affected.

The primary mode of HIV transmission is through heterosexual unprotected sex. The face of the HIV/AIDS epidemic in Malawi is a female one, with almost 60 percent of infected individuals being women. In 2007, the prevalence of HIV in youth (15–24 years) was much higher in females than in males, 8.4 percent and 2.4 percent, respectively. It is well known that the young women in Malawi are infected primarily by older men, whose HIV rate is higher, so the HIV rate in young men is comparatively lower than their female peers.

Chishango

Chishango, meaning "shield" in the local language, is the premiere brand of condoms in Malawi due to the social marketing campaign of a USAID-funded partner, Population Services International (PSI). Chishango sales increased from approximately 1 million in 1994 to around 9.5 million in 2007. This growth occurred simultaneously with an increased distribution of free condoms, which barely existed in the 1990s, to more than 22 million in 2007.

Hot Zones

Through research, 18 "hot zones" were identified in Malawi to focus the exclusive sale of Chishango. These hot zones were areas where the most at-risk populations could be found. Outlets included bars, hotels, lodges, and night clubs. The sales coverage of these popular spots operating in targeted zones nationwide increased from 72 percent in 2006 to 82 percent in 2007. Because of USAID-funded programming, the number of high-risk outlets reached and the number of condoms sold in high-risk outlets increased by more than 300 percent from FY 2006 to FY 2007. Chishango became the preferred brand of condoms.

Changed Behaviour

Not only did condom sales increase, but the message of correct and consistent condom use began to resonate with the different populations in Malawi. With the help of USAID, the increase in reported condom use with non-cohabitating partners was significant between 2000 and 2006. In a survey for youth, only 34 percent of males used a condom with a non-cohabitating partner in 2000, and that number increased to 60 percent in 2006. Females had a lower condom use rate, with 32 percent using a condom in 2000 and 40 percent in 2006.

An example is Carol, a 21-year-old mother who turned to commercial sex work in order to earn money to survive. Now, she protects herself. She refuses to sleep with any man who does not wear a condom. "I have a responsibility to look after my daughter. So, I need to make money, but I cannot sacrifice my life. Besides, Chishango condoms give me peace of mind," she said.



DUAL PROTECTION

Male and female condoms are the only products currently available that protect against both HIV/STIs and unintended pregnancy; however, even though more than four-fifths of HIV infections are due to sexual transmission, many people still do not use condoms and continue to put themselves at risk. Data from USAID Demographic and Health Surveys in 18 African countries (132,800 women) showed that condom use for pregnancy prevention increased significantly in 13 of 18 countries between about 1993 and 2001. Additionally, more than half (58.5 percent) of condom users used a condom to prevent unintended pregnancy.

With more women turning to condoms for contraception, there is an opportunity to promote condoms as a form of dual protection against unintended pregnancy and HIV/STI prevention. Dual protection is beneficial because the collaboration of efforts between sexual and reproductive health programs can help to leverage scarce resources, addressing the complexity of peoples' needs.

Given sustained high rates of HIV infection in southern Africa, in conjunction with continuing challenges in microbicide and vaccine development, it is necessary to reassess current condom promotion strategies. The international community, led by UNAIDS and the United Nations Population Fund (UNFPA), has advocated for widespread scale-up of combination prevention, which includes structural, behavioural, and biomedical interventions. Therefore, condom promotion must be re-conceptualized as one component of a larger package of services that address partner reduction, monogamy, STI treatment, circumcision, and the promotion of correct and consistent use of condoms for dual protection against unintended pregnancy and HIV/STI infection.

SEEING RESULTS

Thailand

The potential impact of condom promotion on the spread of HIV has been demonstrated in Southeast Asian countries where prostitution has contributed substantially to new HIV infections. In recent years, several countries have succeeded in increasing consistent condom use among prostitutes and their clients. For example, Thailand slowed its explosive HIV epidemic by promoting "100 percent condom" use in brothels. As a result of this policy and an accompanying public information campaign, as well as improved STI treatment services, condom use among prostitutes increased to more than 90 percent; reported visits to prostitutes by men declined by about half; HIV infection rates among military recruits decreased by about half; and the cases of five other STIs decreased by nearly 80 percent among brothel workers.

Madagascar

Population Services International (PSI) in Madagascar worked with the USAID-funded health clinic network, Top Réseau, to provide high-quality reproductive health services to youth and prevent HIV/STIs and unintended pregnancy. In 2003, a survey was taken of youth (15–24 years) to learn about their sexual activity, their level of HIV/STI knowledge, and their condom behaviour. After three years of youth-targeted communication interventions, social support, and condom campaigns, a second survey was taken in 2006. The second survey showed an increase in the percentage of youth who had never engaged in sexual activity, from 65.8 percent in 2003 to 82.1 percent in 2006. The survey also showed a significant increase in condom use among youth. In the 2003 survey, 24.8 percent of youth said they used a condom the last time they had sex; that number rose to 29.1 percent in 2006. Finally, youth who had medium or high exposure to the campaign had an even higher percentage of condom use (31 percent and 32 percent, respectively). After youth were exposed to condom campaigns, they were more willing to use condoms with their sexual partners.



The U.S. Agency for International Development works in partnership with the U.S. President's Emergency Plan for AIDS Relief.

Source:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html

14. HANDOUTS REQUIRED FOR EACH DAY

Day One

PARTICIPANTS

Participant Workbook
Baseline Data for Clients
Pre-workshop Questionnaire
HCT Consent Forms
Any other leaflets on AIDS legal issues, HIV testing etc.

FACILITATOR

Attendance Register

Day Two

PARTICIPANTS

HCT Consent Forms
AIDS and the Law information (as applicable)

FACILITATOR

Attendance Register

Day Three

PARTICIPANTS

Post-workshop questionnaire
Participant Workshop Evaluation
Certificate of Attendance

FACILITATOR

Attendance Register
Certificate of Attendance
Facilitator Evaluation Form



15. CONCLUSION

FACILITATOR ADMINISTRATION

Post-Workshop

Submit all data and survey forms and invoices to the NBC for verification and payment.
Compile a Facilitator invoice with supporting receipts / invoices from service providers.
Participant survey forms.
Account processing.
Feedback to the NBC on things that worked well, and recommendations regarding any improvements to the programme.

