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Introduction

The Training Manual is designed to assist trainers in conducting a workshop on the use of Living: Skills for Life, Botswana’s Window of Hope materials. This manual provides instruction for all of the sessions covered during the workshop. It is a step-by-step guide which should facilitate the training process for you, the Trainer. Before you move onto the different sessions, please make sure to read the Introduction and Background sections thoroughly. These sections will give you a good grasp of the Living materials project.

Your role as a trainer is to build the skills and confidence of teachers to use the Living: Skills for Life, Botswana’s Window of Hope materials, with the ultimate goal of helping learners acquire the necessary life skills to address various challenges, especially in the context of HIV. Living is a five-volume, life skills-based set of materials, with a focus on health and HIV education. The materials were developed by Batswana for Batswana. It features interactive, skill-building activities for Standard One to Form Five.

By the end of the Living workshop training, participants should be able to:

- Differentiate between skills-based and knowledge-based health education
- Explain the importance of skills-based education in the adoption of positive healthy behaviours
- Describe how the materials were developed
- Understand the objectives of the materials
- Demonstrate how to use the materials
- Understand the Teacher codes of conduct and the Bystander Model
- Understand the HIV epidemic
- Encourage teachers to be advocates of reducing drivers of HIV
- Explain their role in the monitoring process

The advent of HIV and AIDS has challenged the traditional ways of teaching. Didactic or instructive teaching and rote learning alone will not protect learners from infection or discrimination. Therefore, the focus should be on helping learners to practise healthy behaviours in a safe environment. Living, Skills for Life: Botswana’s Window of Hope marks a departure from the traditional approaches because it is interactive, participatory, and skills-based. Other key points to note:

- These materials are not only about HIV prevention. They are HIV and AIDS education materials, and as such, they talk about living positively regardless of one’s HIV status.
- These materials are not just about individual change. They are about environmental change, which includes the people in the schools and communities who can support individual healthy choices.
- The characters in the materials are relatable to learners as they develop over the years, making good decisions at some times and bad decisions at others. They are never simply bad or good in a black and white sense.
- The materials seek to challenge gender stereotypes that put learners at risk, such as the expectations that girls should be submissive, and boys should not admit to a lack of knowledge of healthy sexuality.
- The tone of the materials is about positive and healthy living. It does not talk down to learners nor use scare tactics to bring about behaviour change.
- These materials are about learning from one’s mistakes and moving forward with a positive attitude, whatever an individual’s circumstance is.

Teachers need skills and confidence to implement these materials. They will gain these with your guidance and thus be able to help themselves and their learners avoid infection. Since many people in Botswana are either infected with or affected by HIV, teachers know first-hand the devastating effects of the epidemic. It has infiltrated all aspects of people’s lives and challenged the moral and traditional fabrics that have held the culture together for centuries. Botswana has a strong tradition of community support and pride. The populace is well educated, and the leadership is committed to fostering a public will to persevere.

The Botswana Ministry of Education and Skills Development sees a “window of opportunity” because a large number of Batswana are school-age children, and infection rates are low within this group. With proper interventions and support, the Ministry believes that it can achieve an AIDS-free generation of no new infections. Schools have the ability to reach the majority of youth at an age when knowledge, attitudes, and behaviours regarding the prevention of HIV infection are developing. If the youth of Botswana can be in a school environment that is supportive and protective, as well as one that builds skills to prevent HIV infection, Botswana will achieve its goal of no new infections by 2016. This set of life skills materials is designed to access this opportunity.
Background

The materials for the *Living: Skills for Life, Botswana’s Window of Hope* training include a set of five Teacher’s Guides and five corresponding Learner Worksheets. Each volume is designed to support the Botswana Ministry of Education’s Primary and Secondary Curriculum Blueprint and covers activities for the following levels:

<table>
<thead>
<tr>
<th>Volume</th>
<th>Number of Activities</th>
<th>Number of Lessons</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard One and Two</td>
<td>24</td>
<td>32</td>
<td>16 hours</td>
</tr>
<tr>
<td>Standard Three and Four</td>
<td>54</td>
<td>75</td>
<td>38 hours</td>
</tr>
<tr>
<td>Standard Five through Seven</td>
<td>49</td>
<td>68</td>
<td>34 hours</td>
</tr>
<tr>
<td>Form One through Three</td>
<td>37</td>
<td>48</td>
<td>32 hours</td>
</tr>
<tr>
<td>Form Four and Five</td>
<td>42</td>
<td>53</td>
<td>35 hours</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>206</strong></td>
<td><strong>276</strong></td>
<td><strong>155 hours</strong></td>
</tr>
</tbody>
</table>

The stated goal of the Curriculum Blueprint for Primary and Secondary levels is to build an education system that “nurtures, promotes and sustains skills that will enable young Batswana to meaningfully participate in nation building”.

Any discussion about the future of Botswana must confront the issue of HIV. According to the third Botswana AIDS Impact Survey of 2009, (BAIS III) infection rates increase exponentially when children leave school. The alarming number of children born with HIV, the rise in the number of orphans, and the consequences of the subsequent emotional trauma are some of the resulting issues facing the nation and, in particular, schools, which have to find innovative ways of dealing with them. The data from the BAIS III underscore the importance of life skills interventions so that learners can reduce their risk and cope with the effects of the epidemic.

The materials in *Living, Skills for Life: Botswana’s Window of Hope* are unique tools in the HIV response. Many, if not all, schools have HIV education materials. However, few of the materials were specifically designed for young learners in Botswana. Most materials address HIV without providing a context for the message that is applicable to the lives of these young learners. Furthermore, most materials were made for the general public, and teachers find it difficult to adapt them for classroom use. The materials in *Living* are specific to Botswana. They were developed (1) after an extensive needs’ assessment was conducted at schools among teachers, learners, and administrators, and (2) with the input of learners from 42 schools and over 100 teachers in the form of a task team, pilot teams, and a reference committee.

Call to Action!

*Living: Skills for Life, Botswana’s Window of Hope* is a comprehensive set of materials aimed at empowering young people with the needed skills to live healthy lives, and so result in a healthy and prosperous nation by 2016. For this to be achieved, all teachers have to be trained on how to use these materials effectively for the benefit of the individual learners as well as the school community as a whole.
You, the Trainer, have the responsibility to contribute to the empowerment of young people in a significant way. You are called upon to train other teachers on how to use these materials effectively. One of the things that is being asked of teachers in using these materials is to change their mind-set from ‘telling’ learners what to do to allowing learners to ‘discover’ for themselves. This Training Manual is designed to help teachers facilitate ‘self-discovery’ in learners and get them to practise behaviours which are important in the acquisition of life skills. Your role in this is crucial as it ensures that the materials are used by every teacher in all schools in Botswana. If this strategy is going to work, we need you to take action and do the best you can to make it happen. This Training Manual is a tool to help you on the journey to EDUCATE, FACILITATE, and GUIDE other teachers.

As you move forward keep in mind the principles of Living which **PROVE** to be essential to life skills education:

- **Promote inclusion** because Living is for all people, regardless of their HIV status, to live positive and healthy lives.

- **Require** you and others **to challenge gender stereotypes** so that males and females learn to protect themselves and others.

- **Organise** your training and class around **learner-centred and participatory methods** so that learners can practise developing skills.

- **Validate learners’ self-discovery** so that they can apply positive healthy behaviours to their own unique lives.

- **Encourage mutual respect** in the training and classroom so that learners can express themselves without fear of being shamed.
Training Preparation Checklist

Before conducting the training, use the information below to prepare for the workshop:

- **Participants:**
  - Decide who to invite
  - Organise a spokesperson for the HIV and AIDS Question and Answer Session
  - Send invitations
  - Confirm final numbers
  - Ask teachers to bring their own syllabus for the appropriate levels

- **Location:**
  - Secure adequate meeting space (room to accommodate all the participants in plenary as well as space for the breakout sessions)
  - Make arrangements for tea and lunch breaks

- **Materials:**
  - Secure adequate copies of the Living materials
  - Secure projector and computer if needed
  - Secure flipcharts, markers, and adhesives (tape or Bostik)
  - Secure adequate copies of the following surveys:
    - Pre- and Post-Training Survey: This will be given twice: once at the beginning of the training and again at the end of the training.
    - Final Participant Feedback Survey
  - Secure a box for the HIV/AIDS question session
The Workshop Opening
Ground Rules

Background

Establishing ground rules at the beginning of the training session is critical to the success of the workshop. These rules have to be agreed upon by all the participants so as to foster a safe space for everyone and to ensure an open, respectful dialogue and maximum participation. The main ground rules are confidentiality and time management, which you should add if either are left out by the participants in the following activity.

Activity

a. Ask participants to generate their own ground rules.
b. Note all ground rules on a flipchart.
c. Post the ground rules where they are easily visible to all participants in the room.
d. Please refer back to these rules when necessary throughout the course of the workshop.
Expectations for the Workshop

Background

Participants are coming to the training with their own experiences, concerns, and contexts. For the training to be effective, participants will need to adapt the new information to their situations. Asking participants to share their expectations for the workshop is one way for you to open up the dialogue from the beginning of the training, then incorporate these expectations into the training. While incorporating expectations may be a challenge for you, it will make the training more effective.

Activity

a. Introduce the concept of expectations and invite participants to generate their own for the workshop.

b. Note all expectations on a flip chart and post them on the wall. You can also take a poll through open discussion or by anonymous written submissions to find out what participants expect.

c. Explain to participants that the expectations will be revisited at the end of the workshop to see if they were addressed during the training. For the ones which were not addressed, you will give guidance on how they can be addressed.

d. Explain that the Ministry expects all trainers to help teachers develop confidence and skills in HIV and life skills education and, specifically, to use the volume of Living appropriate to the age they teach.
Objectives of the Workshop

Background

As the Trainer, you should generate the objectives of the workshop before it begins and then present them after the discussion on participants’ expectations. Depending on the group of people to be trained, the objectives of the workshop are usually as follows:

1. To introduce participants to the life skills and HIV prevention materials developed by the Department of Curriculum Development and Evaluation
2. To introduce participants to the skills-based health education methodologies used in the materials
3. To train participants on how to use the materials
4. To train participants on how to train other teachers in the use of the Living materials (See the following note).

Note: The last objective is included if the group that is being trained will train other teachers in the use of the Living materials.

Activity

a. Write the objectives of the workshop clearly on a flip chart or manila paper before the workshop.

b. At the time of the workshop, present the objectives using the flip chart or manila paper. If possible, you can present them as PowerPoint slides using an LCD projector.
Pre-Training Survey

Background

The Pre and Post Training Survey is a set of statements for participants to respond to and is administered at the beginning of the workshop (please refer to the Annex for a copy of the survey). The survey has three sections—opinion statements, confidence measures, and comments—and each has a specific goal:

- **Section I, Opinion Statements**: Seeks to find out the opinions of the participants on issues related to HIV, including the classroom setting.
- **Section II, Confidence**: Aims to assess the confidence levels of teachers in using interactive teaching methods in the context of HIV education.
- **Section III, Comments**: Allows participants to voice their ideas, concerns, and requests.

This information will help you customise the workshop based on survey data that indicates the level of knowledge and confidence of the participants.

Activity

The survey is located in the Annex of this Training Manual.

a. Administer the survey twice during the course of the workshop: The first time is after the Participants’ Expectations session, and the second time at the end of the workshop after all major activities have been completed.

b. Distribute a copy of the survey to each participant and ask them to fill it out without putting their names on it. Anonymity will make it easier for participants to respond freely. This is an individual task which does not require any collaboration with others. Make sure to instruct them that each question should be answered based on their existing knowledge without having to refer to any materials.

c. Allow participants about 10 minutes to respond. Ask participants to turn the page over when complete. Scan the room, and when you see most surveys are completed begin to collect them.

d. During the next break, review the responses to the statements, confidence levels, and comments so that you can have a responsive training. On statements where there are several incorrect responses (see answers below), be sure to discuss the correct answers in the following sessions. Revisit the issues throughout the training when appropriate, including during the Question and Answer Session with the medical professional towards the end of the week. On items where there is low confidence, be sure to create time in the training to discuss concerns and provide opportunities for participants to practise so that they have the opportunity to leave the training with confidence. Finally, look over the comments to address any outstanding issues.
Answer Key

1. HIV is mainly present in semen, blood, vaginal fluid, and breast milk.  
   **Agree.** These are the four body fluids that transmit HIV.

2. You can always tell by looking at someone if he or she is infected with HIV.  
   **Disagree.** People with HIV can look perfectly healthy. In fact, many people who are HIV positive do not know they are infected. HIV can live in the human body for more than 10 years without causing symptoms even though the virus is reproducing inside the person. People living with the virus can transmit it to others even if they are not yet showing any symptoms.

3. Condoms break too often to be safe.  
   **Disagree.** Studies show that condoms are very safe and effective when used correctly and consistently. Most condom breaks occur because of improper use, such as opening a package with fingernails or teeth; not storing them in a cool, dry place; unrolling them incorrectly; or using them after their expiration date.

4. If you test negative for HIV, it is safe to have unprotected sex.  
   **Disagree.** If you test negative for HIV, you are still at risk of getting HIV from your sexual partners. In addition, tests sometimes produce a false-negative result, which means the virus was not detected in the blood, but it is present. Unprotected sex always puts you at risk for HIV infection.

5. Worldwide, the age group in which the most people are newly infected is 15–24.  
   **Agree.** While people can get infected at any age, the age range with the largest number of people newly infected with HIV is 15 to 24.

6. Girls and women in many countries are more vulnerable to getting HIV and AIDS than boys and men.  
   **Agree.** Girls and women have a greater risk of getting HIV and AIDS than boys and men. Biological, social/cultural, and economic factors; discrimination; and gender-based violence make females more vulnerable to the HIV infection.

7. Only people with multiple partners contract HIV.  
   **Disagree.** While people who have sex with many partners are more likely to get HIV, the virus can infect anyone. You can get infected from a single partner if he or she is HIV positive, and you did not use a condom during sex. You can get infected from a partner if he or she is not being faithful, even if you have been faithful.

8. If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus.  
   **Disagree.** Although HIV can be transmitted from an HIV-positive mother to her baby during pregnancy, labour, delivery, and breastfeeding, this does not always occur. In addition, there are special medications (anti-retrovirals) that can help prevent this transmission.
9. There is no point in getting tested for HIV because there is no cure.  
**Disagree.** If you keep your CD4 count up, keep your viral load down, take your HIV meds properly, and live a healthy life, there's no reason to think that your life will be any shorter with HIV than it would have been without it.

10. Male circumcision is nearly 100% effective at protecting against HIV infection.  
**Disagree.** There is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men (only) by approximately 60%. WHO/UNAIDS recommendations state that male circumcision provides only partial protection, and therefore should be only one element of a comprehensive HIV prevention package which includes the following:

- Provision of HIV testing and counselling services
- Treatment for sexually transmitted infections
- Promotion of safer sex practices
- Provision of male and female condoms and promotion of their correct and consistent use
Introduction to the Training Manual

**Note to the Trainer**

*If you are training Master Trainers or Trainer of Trainers, i.e. people who are going to train other teachers, please do this section. If you are running a school-based workshop, you do not need to do this section.*

**Background**

The Training Manual is designed to assist you in conducting a *Living* workshop. The manual contains all the sessions you will cover during the workshop. Provide participants with the Training Manual at the start of the workshop to allow them to follow the activities. This will enhance their understanding as they will be able to see the sessions unfold.

**Activity**

a. Hand out copies of the Training Manual to participants.

b. Explain that all of the sessions which you will be discussing and covering during the workshop are found in the Training Manual.

c. Give participants time to read the introduction to the Training Manual.

d. Stress the need to read the Training Manual before conducting a *Living* workshop.

e. Make reference to the ground rules, expectations and the pre- and post survey which have already been covered.

f. Draw attention to the style used in the Training Manual to explain each item in the agenda.
Introducing the Question Box on HIV and AIDS

Background

Information about HIV and AIDS is changing all the time. For example, prevalence rates are changing, policies are changing, and therapy is changing. In some cases, myths have replaced facts. Teachers need to be confident in their own knowledge if they are to teach others. It is important in this training to provide teachers with an opportunity to ask questions so that they are confident with the subject of HIV and AIDS. Introducing the Question Box on HIV and AIDS prepares for a session later in the training where participants ask questions related to HIV and AIDS issues of a health officer or a representative from an organisation of persons living with HIV and AIDS. You will have to arrange for this spokesperson in advance of the workshop. This person will address the questions with the group later during the training.

Activity

Before the Workshop

- Invite a spokesperson from the health profession to address the questions asked by the participants. It is very important to advise the spokesperson:
  
  i. On the purpose of the workshop and who his or her audience will be, as the answers should mostly be tailored to what takes place in the school environment.
  
  ii. To give a brief overview of where he or she works and the types of services provided by his or her organization.
  
  iii. To invite questions or comments after completing the presentation.

Day 1 of the Workshop

a. Ask participants to write their questions on a piece of paper without indicating their name. This should occur during the first two days of the workshop.

b. Make available a box or any other container at the beginning of the workshop and place it at the back of the room for participants to place their questions in. This allows for anonymity, which is important for people who do not want others to know what their concerns are.

c. Collect all the questions, eliminate repeats, and consolidate themes to make it easier for the spokesperson to answer. Though some questions may seem self-evident to you as a trainer, it is best not to assume that they are obvious to all participants, and they should be answered by the spokesperson.
Day 2 of the Workshop

a. Give the questions to the spokesperson well before the actual session since some questions may require further research by the health personnel.

b. Inform the spokesperson about the nature of the session. Emphasize that the session is interactive, and there are likely to be more questions during the session than those they have received.
Workshop Development Part 1
Discussion on the Status Quo

Background

*Status quo* is the condition or state of affairs that currently exists. A discussion of the status quo in schools allows participants to talk about their experiences with HIV and AIDS education in schools. It may cover experiences inside and outside the classroom, dealing with infected and affected children, etc. This discussion may take over an hour because there are many issues happening locally that need to be addressed before teachers are ready to engage with the materials. Common issues that arise are as follows:

**Successes**

- All schools are involved in HIV and AIDS education.
- Education is at both the classroom level and school level.
- In the classroom, education is through infusion of HIV and AIDS into the various subjects, AIDS corners, and guidance and counselling lessons.
- At the school level, there are AIDS clubs, the Talk Back programme for teachers, PACT, orphan support programmes, drama groups, 4B clubs, health clubs, the Guidance and Counselling programme, art projects, poster competitions, agriculture projects, etc.
- Motivation of many learners and teachers is high.

**Constraints**

- Lack of resources (funds, relevant materials)
- Lack of time
- Low confidence levels of teachers to address HIV and AIDS education
- Lack of training in guidance and counselling issues
- Poor role modelling
- Negative attitudes of colleagues due to information fatigue regarding HIV and AIDS
- Lack of support
- AIDS education not taken seriously because it is not examinable and is done on a voluntary basis
- Low motivation of teachers
- Poor coordination of existing programmes
- Issues related to confidentiality regarding the HIV status of the children
- The need to know whether children are on ARVs or not, as this poses problems on school trips
The purpose of this session is:

- To share ideas by first understanding where the participants are coming from
- To allow participants to offer ideas on how to address certain challenges in the schools
- To learn about best practices in the schools
- To identify gaps in HIV education and to see the need for the materials in the schools

**Activity**

You can achieve a worthy discussion on the status quo in schools through a guided discussion at the beginning of the training.

a. Using flip chart paper, note and organise participants’ suggestions along the categories of *Successes* and *Challenges*. In this way, you can minimise duplication and draw attention to the wide range of issues at the school level.

b. In noting down points, you may find it useful to group them under the following categories:
   - Clubs and activities
   - Standard classroom instruction
   - Infusion in the classroom
   - Guidance and counselling activities, beyond the classroom, TCB, BTV activities, etc.
   - Other activities

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**Note to the Trainer**

*Of these constraints, the most controversial are those that deal with teachers’ confidence in guidance and counselling and confidentiality.*

*As regards teachers’ confidence, it is apparent that not all teachers are trained in Guidance and Counselling. Teachers should be reassured that the materials are designed to make it easy for teachers trained in the use of Living to address issues of guidance and counselling. However, there will be issues that learners will bring up that may require referral to the Guidance and Counselling teacher.*

*Regarding confidentiality, it should be made clear to the teachers that information given to them regarding the health of a child, including any emotional problems, can only be disclosed to a third party with the child’s consent. For cases in which parents have disclosed information to a school, it should be established that the child knows that the information has been disclosed.*
c. In conducting this session, ensure that the atmosphere is open and inviting so as to allow participants to air their views in an honest and frank manner. This discussion should not be seen as an attack on policymakers or school managers. As the Trainer, you should be prepared to hear ideas that might not be favourable.

d. As participants come up with points on the situation of HIV Education in their schools, note all these points on flip chart paper, which will stay on the wall for the remainder of the workshop. This will remind participants of the importance of the materials.

e. Refer to the points raised in this session when discussing how the materials should be used.
Background to the Project

Background

Most participants of the workshop will have heard something about the Living materials but may have questions about why, where, and how they were developed and their role in HIV Education in schools. The background to the project gives participants information which can contribute to their enthusiasm to use the materials in their settings. To that end, highlight the following aspects about the background of the project.

Project Ownership and Support

- The project was initiated and led by the Ministry of Education and Skills Development through the Department of Curriculum Development and Evaluation. This was after the realisation that while the school curriculum called for HIV Education, there were no materials for use by both teachers and learners for this purpose.
- BOTUSA, a partnership between the U.S. and Botswana governments, contributed to the funding of the project.
- Education Development Center, Inc. (EDC), a non-profit organisation which is based in Boston, Massachusetts, USA, provided technical assistance in the development of the materials.
- EnCompass LLC, a consulting company based in the USA, provided technical assistance to MoESD to build capacity to scale up the implementation and the monitoring and evaluation of Living from 2008-2010. EDC was a sub-contractor for the project focused on supporting the training cascade.

Level of Participatory Involvement

The development of the materials was a highly participatory process and involved a lot of stakeholders from the Ministry of Education and Skills Development as well as other government Ministries and the civil society. The following groups were set up to support the materials development process:

- A reference committee comprising of 15 members from various stakeholders who guided the development process. These were representatives from the Ministry of Education, and Skills Development in Department of Curriculum Development and Evaluation, Department of Primary Education, Department of Secondary Education, Department of Teacher Training and Development, Department of Non-Formal Education and Division of Special Education; Ministry of Labour and Home Affairs in the Department of Social Services; Ministry of Health in the Department of HIV/AIDS Prevention and Care and the Department of Public Health; National AIDS Coordinating Agency; Botswana Examinations Council; Botswana College of Open and Distance Learning; University of Botswana in the Faculty of Education.
A Task team comprising 28 members, who were Primary and Secondary School teachers and Education Officers, was established to refine the objectives and generate the activities. These members were selected by the Departments of Primary and Secondary Education and were representative of all the regions in Botswana.

A Project Team comprising seven members from the Department of Curriculum Development & Evaluation (CD&E), BOTUSA, and EDC designed, developed, and finalised activities for the Teacher’s Guides and Learner Worksheets.

- This team has now evolved to 11 Project Officers from the Department of Curriculum Development and Evaluation who coordinate the implementation of the project.

- 80 teachers piloted materials at both Primary and Secondary School levels.

- Monitoring and evaluation tools and processes were developed through participatory stakeholder workshops and piloting of tools in 2009.

Justification for the Project

- To understand the extent of the need for HIV Education materials, the Project Team conducted a needs assessment in 23 primary and secondary schools in the eastern and western parts of the country.
  - At each school, the team held focus group discussions with groups of school administrators, AIDS Coordinators, Guidance and Counselling teachers, Family Welfare Educators and nurses from nearby clinics.

- Separate focus group discussions were conducted with learners in both primary and secondary schools.

- After visiting the schools, the team continued the needs assessment by holding a stakeholders’ meeting, which was attended by government officials from all the regions in the country as well as members of the civil society.

- The results of the needs assessment showed that there was a need to develop materials on life skills which would help learners prevent HIV infection. The materials also had to include information on sexuality, HIV, and other related health issues.

The Materials Development Process

The materials development process itself was highly participatory and cyclical. Listed below are the general steps that were followed:

- The Project Team started the process by generating topics and general objectives for the materials.

- The Project Team then worked with the Task Team to generate specific objectives and activities for the materials. Members of the Task Team worked with a specific level – Lower Primary, Upper Primary, Junior Secondary or Senior Secondary.
The work done by the Task Team was taken to the Reference Committee for approval or suggestions.

The Task Team revised the work according to the Reference Committee guidelines.

The Project Team refined, edited, and designed the first draft of the materials.

**Piloting of the Materials**

The first draft of the materials was piloted in 42 schools in all regions of Botswana. The pilot process was as follows:

- Teachers selected to pilot the materials were trained on how to use them.
- Schools were allocated four chapters to pilot. This ensured that feedback would be received on all chapters of the materials.
- The pilot period extended over two school terms.
- Each school was visited twice during the pilot period and the following were conducted:
  - Interviews with each of the teachers who were piloting the materials
  - Learner focus group discussions with learners from the classes where the materials were being piloted
  - Observations of classes of teachers who were using *Living*
- At the end of the pilot, an evaluation workshop was conducted which brought together all the teachers who were piloting the materials. This is where teachers shared their experiences and consolidated recommendations to improve the materials.
- Findings were used to review, edit, and design the final materials which are now in the schools.

The material development process took place between 2002 and 2005, after which time, they were ready for printing.

**Printing and Distribution of the Materials**

- In 2006, the first batch of materials was printed and sent to Principal Education Officers Inspectoral with further support from BOTUSA. The printing and distribution of materials took place as follows:
  - 2006: Standard 3 and 4 materials were printed by Heinemann Publishers and distributed by the Department of CD&E to all Inspectoral Area Offices.
  - 2007: Standard 5–7 materials were printed and distributed by Printing and Publishing Company Botswana to all Inspectoral Area Offices.
  - 2008: Forms 1–3 materials were printed and distributed by Heinemann Publishers to all Junior Secondary Schools.
  - 2008: Forms 4 and 5 materials were printed and distributed by Printing and Publishing Company Botswana to all Senior Secondary Schools.
o 2010: Standard 1 and 2 materials were printed and distributed Printing and Publishing Company Botswana to all Inspectoral Area Offices.

Training of Teachers and Monitoring of the Project

- In 2006, the Ministry of Education and Skills Development began the training cascade by training several hundred teachers. The training proceeded as follows:
  - 2006 and 2007: Training of Master Trainers at Primary School level in all regions. These were to train selected teachers at every school as Trainer of Trainers.
  - 2008: Training of Master Trainers at Secondary School level in all Junior and Senior Secondary Schools. These were to train all teachers in their schools.
- Support for monitoring and the training cascade was provided by EnCompas, LLC and Education Development Center, Inc. in 2008–2010
- BOTUSA will continue to provide support to the project by funding technical assistance partners for training, monitoring, and evaluation through 2016.

Activity

a. Select important points from the information given under the Background and prepare a presentation on a flip chart or with PowerPoint slides. You do not need to use all of the information given in this Training Manual during the presentation, but you can make reference to it during discussion time.

b. Present what has been prepared to the group. Note that this section focuses on giving information, and participants have to listen. This may be boring for most of them, so it is advisable to focus on the main points only and to be as lively as possible.

c. After the presentation, ask if participants have any questions or comments to make.

d. Use the information in this manual to respond to the questions. If you do not know the answer, it is okay to say so and guide the participants to where the answer may be obtained.
Introduction to Skills-Based Health Education

Background

This section will introduce the concepts of life skills and skills-based health education to participants by drawing on the definitions and frameworks of the United Nations agencies concerned with school health, principally the United Nations Educational Scientific and Cultural Organization (UNESCO).

Life Skills

The following text comes from the UNESCO website:

Experience in the field of health education has demonstrated that children need another group of skills that are now generally referred to as “life skills.” Although life skills have been closely linked to health related topics, life skills are not confined to a domain or subject, but represent cross-cutting applications of knowledge, values, attitudes and skills which are important in the process of individual development and in lifelong learning. The World Health Organization has defined life skills as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.” In particular, life skills are a group of cognitive, personal and interpersonal abilities that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner.

The skills referred to in the skills-based approach to health education include both the practical skills associated with specific health behaviours and life skills. A suggested framework for skills-based programmes could therefore aim at developing competencies in the four following areas: knowledge and critical thinking skills (learning to know), practical skills (learning to do), personal skills (learning to be) and social skills (learning to live together). The practical skills are the manual skills under learning to do, and the psycho-social life skills are the skills under learning to know, to be and to live together. A life skills approach to education is one that teaches an essential combination of skills needed in a particular and specific context, both practical and life skills.

The following are some examples of life skills used in *Living*.

### Examples of Life Skills

<table>
<thead>
<tr>
<th>Social Skills</th>
<th>Cognitive Skills</th>
<th>Emotional Coping Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Learning to live together)</td>
<td>(Learning to know)</td>
<td>(Learning to be)</td>
</tr>
<tr>
<td>• Communication skills</td>
<td>• Decision-making/problem-solving skills:</td>
<td>• Stress Management</td>
</tr>
<tr>
<td></td>
<td>o Understanding the consequences of actions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Determining alternative solutions to problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Critical-thinking skills (to analyse peer and media influences)</td>
<td></td>
</tr>
<tr>
<td>• Negotiation/refusal skills</td>
<td></td>
<td>• Management of feelings, including anger</td>
</tr>
<tr>
<td>• Assertiveness skills</td>
<td></td>
<td>• Self-management and self-monitoring (Increasing internal locus of control)</td>
</tr>
<tr>
<td>• Interpersonal skills (for developing healthy relationships)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cooperation skills</td>
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<td></td>
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</tbody>
</table>

These three skill categories are not exhaustive, meaning there are additional skills under each category. Nor are they mutually exclusive as they overlap and reinforce one another. For example, a programme aimed at promoting interpersonal competence (social skills) in children would teach ways to think about and determine alternatives for handling a potentially violent situation (cognitive skills); to communicate feelings about the situation and get help from others, if needed (social skills); and to manage personal reactions to conflict (emotional coping skills).

**Skills-Based Health Education**

The following text also comes from the UNESCO website:

Major threats to the health of school age children and youth today include HIV/AIDS and other sexually transmitted infections, early pregnancy, violence, tobacco use and substance abuse. In these areas, individual choices, social and peer pressure, cultural norms, and abusive relationships may all contribute to the adoption of unhealthy behaviours and lifestyles. Studies have shown that young people need more than information and facts to avoid these kinds of health risks. In fact, experience in the field of health education has led to the conclusion that knowledge is necessary, *but not sufficient*, to guarantee the adoption and maintenance of health-promoting behaviour.

Skills-based health education is education that helps individuals develop the knowledge, attitudes, and *especially skills* needed to make and carry out positive health decisions. Simply stated, skills-based health education goes beyond ensuring that people *know* things, to ensuring that people *do* things. As more and more health education programmes are evaluated, there is increasing evidence that the skills-based approach to health education works, and that it is more effective than approaches that focus on increasing knowledge alone.
The focus on knowledge, attitudes, and skills, *all together and with an emphasis on skills*, distinguishes skills-based education from other ways of educating about health issues. Skills-based health education relies on **relevant** and **effective** content and **participatory** or **interactive** teaching and learning methods.

Interactive or participatory teaching and learning methods replicate the natural processes by which children learn behaviour. These include observation, modelling, and social interaction. Listening to a teacher describe skills or read or lecture about them does not necessarily enable young people to master them. Skills are learned best when students have the opportunity to observe the skills being practiced and then use the skills themselves. Participatory teaching methods for building skills and influencing attitudes include the following:

- class discussions
- brainstorming
- demonstration and guided practice
- role play
- small groups
- educational games and simulations
- case studies
- story telling
- debates
- practising life skills specific to a particular context with others
- audio and visual activities, e.g., arts, music, theatre, dance
- decision mapping or problem trees

Effective programmes balance these participatory and active methods with information and attitudes related to the health issue addressed. Research has shown that programmes aimed at developing young people’s life skills in a generic context are less effective than those that focus explicitly on the specific health choices and behaviours to which the skills are to be applied.

(Activity)

a. Ask participants what they understand by skills-based health education.

b. Based on their responses, lead a discussion on the importance of life skills in addressing HIV prevention among young people. This discussion should include examples of life skills that are important for HIV prevention.

c. Ask participants to brainstorm on learner-centred teaching methodologies that they know of.

d. Lead a discussion on how the learner-centred methodologies enhance the acquisition of life skills.

e. Explain that you are going to involve them in an activity that will illustrate how learner-centred methods are effective in the acquisition of life skills to address HIV prevention.

f. Conduct the activity below.)
Would You Take That Risk?

**Purpose:** To encourage participants to think about a time when they took a risk and how they might have a harsher judgement of others who take the same risk; to help participants recognise that different people are willing to take different kinds of risks and, therefore, it is very difficult to identify someone as more or less of a “risk-taker” than someone else.

**Skills:** Critical-thinking skills

**Materials:** Paper, pens, pencils

**Methods:** Individual reflection, sharing in pairs, brief group discussion

**Time:** 40 minutes

**Preparation:** Post three pieces of paper on the wall with one of the following phrases on each. The space between the three pieces of paper should be clear so that all participants can move freely between them. Make sure that there is clear space for participants to move around.

“Unwilling,” “Somewhat Willing,” and “Very Willing”

a. You might start this activity by saying: “We all take risks in our lives. These risks may be big risks or small. This next activity will encourage us to think about why we sometimes take risks in our lives. We will look at why we do things that we know might not have a positive outcome for ourselves, and what we might think about someone else who takes that same risk.”

b. Ask everyone to think quietly alone about a time that they took a risk, either big or small, and to think about the following questions:
   - What did you do?
   - Why did you do it?
   - What happened as a result?
   - What would you think about another person if he or she took the same risk?
     - What about a family member or close friend?
   - If something went wrong, would you judge that person harsher for taking the risk than you judged yourself?

c. Ask each participant to choose a partner and share their answers with the other person. Participants may also choose to discuss examples that they have heard about if they are uncomfortable using personal stories.

d. Bring the group back together to share thoughts. You might use these questions as guidelines for discussion:
   - How did people feel when they were taking the risk?
   - What are some of the reasons people had for doing what they did?
• Did they know it was risky at the time? If yes, why did they do it?
• How did people feel about their actions while they were doing it or afterwards?
• Did they think about the long-term consequences vs. the immediate rewards?
• Were there differences in how people said they would feel about another person who took the same risk and how they felt about themselves?

e. Continue by saying: “We tend to think that it is okay to take a risk when things turn out well. We might even be praised for our courage. But we tend to blame others if they take risks and things go wrong. We can never fully predict who is willing to take different kinds of risks. In this next exercise, we’re going to explore this idea.”

f. Post three pieces of paper on the wall with one of the following phrases on each. The space between the three pieces of paper should be clear so that all participants can move freely between them. Make sure that there is clear space for participants to move around.

| Unwilling | Somewhat Willing | Very Willing |

Ask participants to get out of their seats and come to the clear space in the room. Explain that you (or a volunteer) will now read aloud some activities or behaviours and that you would like participants to stand next to the phrase that describes whether or not they would be willing to engage in such activities. The list below has examples that you can add to or subtract from as relevant:

• Smoke cigarettes
• Ride a motorcycle without a helmet
• Ride in a car without a seat belt
• Drink alcohol
• Drive over 160 kilometers per hour
• Stand in the back of a moving van
• Have a “one night stand” (have sex with someone you just met)
• Have unprotected sex (sex without a condom) with someone whose HIV status is unknown to you
• Take a ride from a stranger

g. Ask participants to return to their seats and discuss the previous procedure by asking:

• Were you surprised at who was willing to do certain things? Why?
• Did you think you could tell who would be willing to take part in certain activities?

h. Close the activity by saying: “We usually can’t tell by looking at or being with someone what kinds of risks that person has taken or is willing to take. For this reason, it’s important to realise that we alone can protect ourselves.”
Debriefing the Session

Debrief the session by asking participants to discuss how they felt about the activity as a teaching and learning method. Specifically:

- Can they see or feel a difference between interactive and lecture methods? Mention that the activity started as individual reflection, then pair work, then group work.
- Do they see the value in this approach?

Explain that this was an activity designed for adults, but that the activities in Living are designed for learners but they use the same methods.

Note: This activity was adapted from Teachers’ Exercise Book in HIV Prevention, WHO Information Series on School Health, Document 6.1, World Health Organization, Geneva, 2004.
Workshop Development Part 2
Introduction to the Materials

Background

Most participants in the workshop are likely to have seen the *Living* materials, but they may not have used them yet. This section of the workshop is designed to familiarise participants with the *Living* materials by explaining the features, design, and the principles that guide the content of *Living: Skills for Life, Botswana’s Window of Hope*.

Key Features

The following are the key features of the *Living* materials:

1. **Interactive and not lecture based:**

   The materials help the teacher to use teaching methodologies which actively involve learners in their own learning. Examples of these methodologies are:

   - Role play
   - Debate
   - Group discussions
   - Fishbowl
   - Pair work
   - Drama
   - Storytelling
   - Case study
   - Research
   - Brainstorming

   These methods promote the following:

   - Self-discovery: The activities have been designed to provoke critical reflection rather than provide clear-cut answers and this process allows learners to discover meanings for themselves.
   - Peer learning: The activities build on the self-discovery and promote dialogue amongst learners in a constructive, non-judgmental atmosphere.
   - Reinforcement of life skills: Interactive methodologies help learners to practise skills such as communication, decision-making, assertiveness, self-awareness, stress management which build on each other.

2. **Gender balanced and sensitive:**

   The materials aim to show that both boys and girls experience similar challenges, and so they can use the same skills to deal with those challenges. Yet at the same time, the materials also recognise and, in some instances, challenge the different social expectations that shape gender.
3. Consistency in characters who learn and grow along with learners:
   
The materials have case studies and role-plays, which use the same characters at all levels. These characters are presented in such a way that learners at all levels can identify with and learn from them. These characters represent children from different regions of Botswana.

4. Use of local language, situations, names, and concepts to make it real to Batswana:
   
The materials have in some cases used the vernacular to emphasise some concepts. The names used in the materials and concepts such as ‘Botho’ are specific to Botswana, which helps both learners and teachers to relate to the materials.

Design

The materials are designed to make the materials as local as possible. All the pictures and illustrations in the materials are taken in-country using teachers and learners in Botswana. The logo used for the materials was developed using the Botswana flag.

**PROVE Principles on Which Living is Based**

The principles of life skills education upon which Living is based are explained through the acronym PROVE:

- **Promote inclusion** because Living is for all people, regardless of their HIV status, to live positive and healthy lives.

- **Require** yourself and your learners to challenge gender stereotypes so that males and females learn to protect themselves and others.

- **Organise** your class around learner-centred and participatory methods so that learners can practise developing skills.

- **Validate** learners’ self-discovery so that they can apply positive healthy behaviours to their own unique lives.

- **Encourage mutual respect** in the classroom so that learners can express themselves without fear of being shamed.

Activity

a. Write down the main points regarding the Key Features, Design and Principles of Living on the flip chart.
b. Present this to the participants while showing them the materials and allowing them to look through their own copies.

c. Make the presentation lively by showing examples from the materials of the aspects on which you are presenting. Encourage the participants to give their opinions on what they see.
Walk Through the Materials

Background

The materials have been structured in a user-friendly way for the teacher. However, it will still help the participants for you to explain the structure of the materials. The Teacher’s Guide contains everything that the teacher will need, including the Learner Worksheets. Therefore the teacher will not necessarily need to have both the Teacher’s Guide and Learner Worksheets. After taking the participants through the materials, conduct an activity that will expose participants to the different sections of the materials. Features of the materials to be reviewed are explained below:

- **Acknowledgements:** This section shows who was involved in the project. The Acknowledgements will have been mentioned before in the workshop but having participants see it in the materials helps show that this was a collaborative process.

- **Introduction:** This section gives the context in which the project came about. Be sure to mention that the statistics cited are from the Botswana AIDS Impact Survey (BAIS II) of 2004, which was the most up-to-date information at the time of writing the *Living* materials. BAIS III was released in 2009, so encourage participants to refer to the most recent statistics. This section also discusses the importance of skills-based health education in developing skills for health promotion and how the topics of the materials came about.

- **Note to the Teacher:** This section provides information for the teacher on how to use the materials. Emphasize to participants that they should read this section completely before they use the materials in the classroom or train others to do so:
  - *How to use the Teacher’s Guide:* This section gives guidance to the teacher on how and when to use the materials. There is also a discussion on the use of characters in the materials.
  - *The Structure of the Teacher’s Guide:* This section explains how the Teacher’s Guide is organised. It discusses the chapter introduction and how the activities of each chapter are structured.
  - *Infusion and Integration of HIV and AIDS:* This section explains what is meant by infusion and integration and why these methods are used. It is important to note that at this level, teachers are infusing topics into their subjects while integration is taking place at the policy level. However, teachers should be aware of what is meant by both integration and infusion. For a fuller explanation of the concept of infusion, please refer to the *Guidelines for Using Living: Skills for Life, Botswana’s Window of Hope*.
  - *Examples of how each of the chapters can be used in various subjects:* This section helps teachers develop an idea of where they can use the materials in their subjects. It should be used as a guide only. Encourage participants to be as creative as possible.
• **Testimonial:** This section gives learners and teachers an example of someone who is HIV positive and is living a healthy life. The idea is to move teachers and learners away from thinking there is no hope. They should be able to see that living with HIV is not a death sentence.

• **Chapter Introduction:**
  - **Background:** This section gives information on the topic of the chapter and has been formulated to address three questions: (1) What is the topic?, (2) Why is the topic being taught?, and (3) How is the topic being approached at that level?
  - **Purpose:** This section gives the rationale behind the chapter.
  - **Learning objectives:** These are the objectives for the chapter as whole and are achieved by means of the different activities within the chapter.
  - **Points to keep in mind:** Some chapter introductions draw attention to specific points that are distinct to these materials and require especial mention. Teachers should take note.
  - **Definition of terms:** This captures all the terms that both learners and teachers may find difficult. The definitions also show the context in which the words have been used in the chapter. Teachers should make sure they use this section as a reference point when preparing their lessons.
  - **Methods, materials, and time:** These three components are mapped out for all the activities in the chapter.

• **Activities in the Chapter:**
  - **Learning objectives:** These are the objectives to be achieved by each activity and are components of the overall objectives from the chapter introduction.
  - **Methods, materials, and time:** This is information that will be needed for one activity. They are also taken from the overall information in the chapter introduction. Point out to participants that this is a guide, especially regarding time. Depending upon the teaching style, the activity may take longer or shorter than specified.
  - **Procedures:** The activities present the procedures that the teacher can follow in conducting the activity. Encourage participants to be creative in following the procedures. They may be modified, but the gist of the activity should remain the same. That is, each activity should contribute to building the learners’ skills for healthy behaviours. (The very last procedure is important and should not be changed. This is the procedure that ensures the building of the skill by the learner).
  - **Concluding statement for each activity:** The teacher should make sure they conclude every activity that they conduct. They may use the conclusions that have been provided in the materials as is, or they can paraphrase or summarize. The teacher, not the learners, must conclude the lesson.
Activity

a. Stand in front of the participants and hold up the materials (it’s best to use the Teacher’s Guide for this activity).
   Take the participants through every single page of the front matter as well as one of the chapters.

b. Compare and contrast the Teacher’s Guide and the Learner Worksheets. Participants need to be aware that the Teacher’s Guide includes all student worksheets as well as how the Learner Worksheets have been structured. The Learner Worksheets have a chapter introduction that the learner will be able to read on his or her own. Each worksheet also has a concluding statement written at the learners’ level and may be similar to the one in the Teacher’s Guide.

Treasure Hunt

Ask participants to try to find a list of items within the book as a way to familiarise them with the contents. The purpose of the activity is to help participants discover the patterns and logic behind the materials’ design. For example:

- Ask participants to do the following:
  - Name the methods used in Activity 2.2
  - Explain the purpose of section four and describe the procedures for Activity 10.1
  - Tell you where to find a particular case study (e.g. Maonyana and Biki) or topic (e.g. Decision-making Steps)
  - Read the concluding statement from activity 12.3.

In this way, participants will discover where the information is located for each activity. You can also use this activity to highlight portions of the material requiring special attention, such as sexuality. The activity is designed to be fun and brings out an element of competition which heightens teachers’ enthusiasm for the materials.
Discussion on How to Use the Materials in the Classroom

Background

The materials are designed to be used in two main ways:

1. Using the materials ‘as is’ to build life skills

This takes place in the teaching of subjects, which lend themselves to skills-based health education (for example Guidance and Counselling, Religious and Moral Education, and Cultural Studies). It is in these subjects that the activities in the materials can be used as they have been designed. The teacher will be able to achieve the objectives of the syllabus or Curriculum Guidelines by following the procedures that have been given in the Teacher’s Guide. This is because in most cases, the objectives of the subject match the objectives of the activities in the materials.

Note to the Trainer

For Guidance and Counselling, the materials only address Personal and Social Guidance in full. There is a risk that teachers may use the Living materials exclusively. This would result in the neglect of Educational and Vocational Guidance. Teachers should make an effort to use other prescribed materials to ensure that all aspects of Educational and Vocational Guidance are covered.

2. Using the materials for infusion of life skills and HIV and AIDS issues in various subjects

Infusion entails the incorporation of HIV and AIDS issues into the content of other subjects such that they blend well with the lesson. This method allows for HIV and AIDS issues to be spread across as many subjects as possible to provide learners with frequent encounters of the issues being addressed. Infusion therefore allows for life skills and HIV and AIDS issues to be part of every aspect of the curriculum, such as programmes and instructional materials. Infusion requires the including of concepts in the class subject.

The Ministry of Education and Skills Development sees a window of opportunity among children who are of school-going age. It is for this reason that the Ministry has adopted a policy of infusion of HIV and AIDS into all subjects across the school curriculum. There are subjects such as maths, business studies, or physics which do not lend themselves completely to life skills education. However, teachers can still make use of the materials by infusing topics covered, such as HIV or sexuality, into their subjects and thereby increasing the understanding of life skills.
In this section you, as the trainer, should address the perceptions of teachers regarding materials. It is important to emphasize that while the materials address life skills, they are meant to be used in all subjects. Methods used in the activities may be applied to all subjects, so teachers should use these materials as freely as possible. Teachers will also find these materials applicable to their own lives and so can use them both inside and outside the classroom.

It should also be noted that when using the materials for infusion, the teacher uses the materials to enhance the achievement of his or her subject objectives. Through infusion, the teacher is contributing to the building of life skills as well as raising awareness on HIV and AIDS issues, but the focus is on achieving the objectives of the subject. Practising infusion of the topics in the materials may come across as difficult to some participants during the training; however, they should be encouraged to try it out.

Activity

a. Prepare a flip chart presentation on the two ways of using the materials in the classroom.

b. Before the actual presentation, ask participants to share how they think the materials may best be used in the classroom.

c. Present what you have prepared.

d. Ask participants for questions, comments, and/or suggestions on what has been presented.

e. Respond to questions using the information in this manual.

Note to the Trainer

Please note that infusion is not meant to diminish the importance of HIV and AIDS by reducing it to secondary status within the existing curriculum or co-curricular activities. Rather, this approach is meant to reinforce health education. In other words, infusion will supplement core health education activities and not supplant them. Teachers have been provided with instructions on how the materials can be used effectively under the “Note to Teacher” in the materials.
Practising the Activities in the Workshop

Background

The activities in these volumes are based on interactive, skill-building methods. This may be a departure for some teachers who are more accustomed to standing and delivering a lecture or use didactic methods.

Participants will be expected to demonstrate a lesson in front of their peers. As the trainer, you should pay special attention to the extent to which teachers use the interactive and skill-building methods. Interactive methods are important because they engage learners in ways that strict lecturing does not. Skill-building the focus of these materials, is an interactive method that facilitates classroom practising of healthy behaviours. To impart skills to help learners make healthy choices, teachers need confidence in interactive skill-building methods. Practising activities in the training setting will help teachers develop skills and this confidence—and this is the most important part of your job as a trainer.

In getting the participants to practise the activities in the materials during the training, trainers should ensure that the following methods in particular have been addressed. This is because these are the more common ones used in the materials and work very well in a classroom setting:

- Brainstorming
- Role play
- Group work
- Pair work
- Class discussion
- Guided learning
- Presentations
- Small group discussions

Activity

1st Demonstration Lesson: Using the Materials ‘As Is’ to Build Life Skills

This is the first group activity that participants engage in when practising to use the materials in the classroom. This is when they use the activities as they are and follow the procedures given. As the facilitator, you will need to ensure that the groups are able to demonstrate a variety of methods. This activity prepares participants to use the materials for subjects that lend themselves completely to life skills, like Guidance and Counselling, Religious Studies, Cultural Studies, and Moral Education.

Use the following procedure for this activity:

a. Divide participants into groups. The size of the groups will depend on the actual number of participants in the workshop. It helps to have at least 7–10 participants in each group.
b. List all the chapters of the materials on a flip chart and ask participants to choose a chapter to work with.

c. Explain to participants that they should choose an activity within the chapter and do the following:
   i. Prepare a lesson plan based on the activity. This lesson plan should identify the class it is for and the activity they are using.
   ii. Prepare a lesson demonstration based on that lesson plan.

d. After a period of 30–45 minutes, call the groups back and ask each of them to present their lesson plan and lesson demonstration.

e. During the presentations make note of the following (refer to Observation Demonstration Tool in this Training Manual):
   i. The extent to which the participant in the role of the teacher:
      - Encourages self-discovery in learners
      - Makes sure any misconceptions are addressed
      - Covers the most important material in the time allowed
      - Deviates significantly from the procedures
      - Follows the last procedure of the activity
      - Ends the lesson using the conclusion given in the activity
   ii. The life skills being developed through the lesson
   iii. Other observations

f. Allow other participants to give their comments on the presentations, either after each presentation or after all of the presentations.

g. Wrap up the activity by giving your comments on all the presentations.
2nd Demonstration Lesson: Using the Materials for Infusion of Life Skills and HIV and AIDS Issues

Participants should be asked before they come to the training to bring syllabi to work with for this activity.

This demonstration lesson is also a group activity, which addresses using the materials for infusion of life skills and HIV and AIDS issues into all the other subjects. However, they focus on the following subjects:

- Those subjects, which do not lend themselves to life skills education, but easily accommodate infusion of *Living* topics and activities. Such subjects include English, Setswana, Home Economics, and Social Studies.
- Those subjects, which do not easily lend themselves to *Living* materials. Such subjects include Math, Chemistry, Physics, and Business Studies.

Use the following procedure for this activity:

a. Divide participants into groups:
   - For Primary School Teachers: Group according to the number of participants in the workshop. The size of the groups will depend on the actual number of participants in the workshop. It helps to have at least 7–10 participants in each group.
   - For Secondary School Teachers: Group according to their subjects of specialisation.

b. For Primary School teachers: List all the teaching subjects which do not lend themselves to life skills education on a flip chart and ask participants to choose a subject to work with.

c. Explain to participants that they should choose a teaching objective within the subject that they are working with and do the following:
   i. Prepare a lesson plan based on the subject objective. This lesson plan should show which class it is for and which activity they are using.
   ii. Prepare a lesson demonstration based on that lesson plan.

d. After a period of 30–45 minutes, call the groups back and ask each of them to present their lesson plan and lesson demonstration.

e. During the presentations make note of the following (refer to Observation Demonstration Tool in this Training Manual):
   i. The extent to which the participant in the role of the teacher:
      - Encourages self-discovery in learners
      - Makes sure any misconceptions are addressed
   ii. The life skills being developed through the lesson.
   iii. Other observations.
f. Allow other participants to give their comments on the presentations, either after each presentation or after all of the presentations.

g. Wrap up the activity by giving your comments on all the presentations.

Below is an example of a lesson plan showing how the materials are used to infuse life skills:

**Mathematics**

<table>
<thead>
<tr>
<th>Subject: Mathematics</th>
<th>Standard: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic: Money</td>
<td></td>
</tr>
<tr>
<td>Objective: 1.5.1.1- Identify and name Botswana coins</td>
<td></td>
</tr>
<tr>
<td>Reference: Dipalo Workbook 1 &lt;br&gt; Living: Skills for Life, Botswana’s Window of Hope Teacher’s Guide, Std 1 &amp; 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content</th>
<th>Activities</th>
<th>Teaching Learning Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana Coins</td>
<td>1. Learners will sing the song: “Ke tswa go reka,” and the teacher will ask learners questions from the song. &lt;br&gt;2. Learners will name Botswana Coins &lt;br&gt;3. Learners will identify Botswana coins in their workbooks &lt;br&gt;4. Learners will draw their family members and give them coins by writing the amount under each member. &lt;br&gt;5. Learners will volunteer to share their drawings with the class. &lt;br&gt;6. Learners will do an exercise of matching coins with their names.</td>
<td>• Worksheet 10.1 from Living &lt;br&gt;• Coins &lt;br&gt;• A chart of family members</td>
</tr>
</tbody>
</table>

**Comment on Infusion:**

This lesson has used the worksheet on Relationships with Family Members to help learners to identify and name Botswana coins. The worksheet is used to expand on the coins they have identified in applying their knowledge by using the worksheet to allocate coins. This also helps them to show which family member they value most by the amount of money they give to them.
Workshop Development Part 3
The Bystander Model and Teacher Code of Conduct

Background

Psychological research on social-cognitive development recognises that violence, discrimination, and harassment are socially learned phenomena. This activity aims to explore how we can prevent or reduce violence by changing patterns of thought and action that lead people to become involved in violence and to help them develop problem-solving skills and new ways of responding to conflict in each of these roles. This activity was adapted from *Aggressors, Victims, and Bystanders (AVB)*, a programme by Education Development Center, Inc. AVB teaches that the key is to challenge those thinking patterns developed from people’s environment which result in aggressive behaviour. The model encourages critical analysis of these three roles:

- The Aggressor: The person who perpetrates the violence against another person
- The Victim: The person against whom the violence is committed
- The Bystander: The person or group watching the violence unfold

The focus of the model is to show that the bystander can move from not taking action to intervening in the situation in a positive way. Bystanders are usually in greater number than aggressors and victims and thus have the ability to de-escalate conflict by intervening themselves or seeking the help of others, such as police, social service workers, or community leaders.

Even when bystanders do nothing, it may contribute to the problem as the aggressors may interpret a lack of action as approval.

Discrimination, rape, and harassment (sexual or HIV related) are forms of violence, which are common but not the norm in Botswana schools. In each case, there is an aggressor and a victim. Frequently, the largest part of the population, the bystander, watches in silence. If we are going to erase the violence perpetrated through discrimination, rape, and harassment, we will have to work together as the majority to assert our influence.

For learners to uphold values and morals taught in *Living*, they must have examples to follow. Teachers can model behaviours for learners and set standards at the school, standards to be followed by faculty, administration, and learners alike. When learners observe that teachers and administrators take action in a negative situation, they are likely to imitate the same behaviours.

Activity

a. Divide participants into three groups.

b. Write down the three scenarios and questions (A, B, and C) listed below, each on their own flip chart (note these are examples, you can come up with your own if needed).

A. If I find out a colleague is having sexual relations with a student, I would say:

   “That kind of thing happens, and there is nothing I can do”

   - If you truly believe this, how might it affect the behaviour of the victim?
• If you truly believe this, how might it affect the behaviour of the aggressor?
• What do you really believe?

B. If I see a colleague harassing another colleague, I would say:

“That is not right, but it is not my business to interfere.”

• If you truly believe this, how might it affect the behaviour of the victim?
• If you truly believe this, how might it affect the behaviour of the aggressor?
• What do you really believe?

C. If I hear a colleague make jokes about another colleague who is HIV positive, I would say:

“That is not right, and I am going to do something about it.”

• If you truly believe this, how might it affect the behaviour of the victim?
• If you truly believe this, how might it affect the behaviour of the aggressor?
• What do you really believe?

c. Assign each group one of the scenarios and questions.

d. Give each group 20 minutes to discuss the scenario and the questions that follow. It is recommended that the participants act out the scenarios, which they will present to the rest of the group. However, if time does not allow for this, groups may just discuss the scenario in light of the questions given.

e. Reconvene the groups and ask them to present their scenarios through role play or discussion and responses to the questions.

f. Wrap up the discussion by summarising the main themes of the discussion and the Aggressors, Victims, Bystander model. Here are some points to keep in mind for the wrap up:

• Each group discussed different situations, but in each case, they addressed it from the point of view of the bystander.
• Everyone has a role to play in any negative situation, whether it affects us directly or not. Our beliefs contribute to whether the negative situation continues or not.
• Even when bystanders do nothing, they may be contributing to the problem as the aggressors may interpret a lack of action as approval.
• The bystander does not have to be passive.
• Bystanders frequently outnumber aggressors and victims. Environmental change can occur by empowering this group.
• We should all take an active role in stopping something from continuing. In other words, it is our business to interfere.
Key Drivers of the HIV Epidemic
Key Drivers of the HIV Epidemic

Background

In order to be able to help people understand the need for behaviour change regarding HIV and AIDS, it is important for them to know the drivers of the epidemic and put them in the context of their own lives.

Research has shown that the HIV and AIDS epidemic is driven by certain factors unique to a particular society. In Botswana, the National AIDS Coordinating Agency (NACA) had identified a number of drivers of the epidemic. The following text on the key drivers of the epidemic comes from *The Second Botswana National Strategic Framework for HIV & AIDS 2010-2016*:

1.2 Key Drivers of the Epidemic

The HIV and AIDS epidemic in Botswana is generally driven through sexual transmission. It is recognised that no one prevention effort holds the key to stemming HIV infection, and that programmes must necessarily be made up of a combination of approaches including biomedical, behavioural and community, and be tailored to a specific context. Behaviour change has been recognised as the only long-term solution to the prevention of the HIV and AIDS epidemic. The prevention interventions that have arguably the greatest potential for impact on the epidemic include those that address cultural, structural and institutional determinants of vulnerability. While they may require significantly more time to register impact, HIV cannot be successfully contained or reversed without them. Behavioural change, in this context, primarily involves sexual behaviour change and behaviour change relating to stigma and discrimination.

1.2.1. Multiple and Concurrent Sexual Partnerships

Multiple and concurrent sexual partnerships have become an increasingly important focus of prevention efforts in Botswana’s national response. It has been observed that, in general, both men and women in Africa may often have more than one sexual partner, simultaneously, that may overlap for months or even years (Halperin, D.T., & Epstein, H. (2004). Concurrent sexual partnerships help to explain Africa’s high HIV prevalence: implications for prevention. *The Lancet, 364*, 4–6.).

There are two important drivers of HIV infection within the context of multiple concurrent sexual partnerships. The first is the elevated risk that each of the members of any given group of sexual partners, what is called a sexual network, is exposed to over time. As one person may have two to three sexual partners, so too could each of those partners have sexual relations with two or three additional people. Thus, a single individual may be linked to a large number unknown sexual “partners”. While many of these partnerships are largely long term, relationships may, and often do change. With each new
sexual partner added to the network, the risk to every member is elevated due to the fact that individual infectivity during the first few weeks or months after initial infection is much higher owing to the amount of virus in one’s body. Thus, as soon as one person in the network in infected, the risk to all others is especially high (Halperin & Epstein, 2004).

The second major driver has to do with the level of condom use within the context of multiple concurrent sexual partnerships. In concurrent sexual partnerships, individuals may start out using a condom, but abandon the practice after a “sense of commitment and trust” has been established (Halperin & Epstein, 2004; SADC, 2006).

1.2.2. Adolescent and Inter-generational Sex

Adolescent sexual activity is recognised as an important driver of new HIV infections. The 2006 sero-prevalence study of pregnant mothers confirmed that about 55% of the total population was initiated to sexual intercourse by 19 years of age and around 8% have had sex by age 15. Adolescent girls are more at risk of HIV infection than boys. For example, infections are three times higher for girls than for boys aged 15-19 years; and are significantly higher at every other age group up to 24 years and beyond. Early exposure to older men with a longer sexual history is considered to have accounted for the higher infections among adolescent girls, thereby bringing into play intergenerational sexual intercourse as a significant risk factor. Studies have shown that some of the major factors that appear to drive intergenerational sexual relationships are monetary gain and material support. The greater the economic asymmetries between partners, the greater the value of a gift, service, or money exchanged for sex, and the less likely the practice of safer sex. This serves to underscore how important it is for the national response to seriously address issues of adolescent and intergenerational sex, and multiple concurrent sexual partnerships among youth, especially young women and their older partners.

1.2.3. Alcohol and High-Risk Sex

The association between alcohol and the risk of contracting HIV has been a concern in Botswana for a number of years. Several studies undertaken over the last few years have highlighted the importance of the strong linkage between alcohol consumption and elevated risk of HIV infection. Existing reports indicates that alcohol accounts for about 95% of all recreational substance use in the country. Furthermore, the misuse of alcohol and other recreation drugs have consistently correlated with a number of social and health-related problems such as gender violence, risky sexual behaviours such as multiple sexual partners, unprotected sex, and sex with high risk partners, and non-adherence to treatment for AIDS and TB for both men and women. The 2008-2010 National Operational Plan for Scaling up Prevention also points to significance of the relationship between the misuse or abuse of alcohol and other substances, and the risk of HIV infection.
1.2.4. Stigma and Discrimination

Stigma and associated discrimination are socially embedded phenomena that impact negatively on the national response as they collude to constrain the coverage and effectiveness of HIV and AIDS interventions and increase the vulnerabilities of particular groups in society. Stigma and discrimination operate at the surface of human interaction, and have become accepted elements of public health theory and practise. Beneath this surface, however, are the complex social realities and beliefs surrounding illness and disease, prevailing social inequalities and societal power structures that are much more difficult to conceptualize and articulate.

Stigma and discrimination severely constrain the ability to maximize the impact of many interventions by reinforcing existing negative social constructs, norms and practices that further disadvantage and marginalize groups of people, reducing their overall integration into the national response. They limit the delivery of, and access to relevant services thereby increasing the risk and vulnerability to HIV infection. It is a broad concern that must go beyond the current focus on societal attitudes towards people living with HIV and AIDS.

While there is limited Botswana-specific data on the extent of stigma and discrimination against children, and little research has been done regarding their short and long term effect on child welfare and development, global and regional evidence can be used to gain a better understanding of the situation as it may pertain to Botswana. More research is also needed on the negative impact of stigma and discrimination against most-at-risk populations since they seem to erect and reinforce social barriers that inhibit their health seeking behaviours.

1.2.5. Gender Violence and Sexual Abuse

The status of women, especially adolescent girls, is one of the most powerful drivers of the AIDS epidemic. Women are often caught within a vicious set of circumstances. As they tend to have little power over their own bodies, they are put at risk by a combination of tacit social acceptance of male partners having more than one sexual relationship, inability to negotiate condom use, and sexual exploitation, especially among younger girls. Thus, socially as well as biologically, they are more susceptible to HIV infection. There is also growing evidence in the region on gender violence, sexual abuse and how they could be associated with risk to HIV infections. If the national response does not begin to deal effectively with this larger reality experienced by women and girls, it cannot hope to achieve the goal of preventing new infections by 2016.
Men Who Have Sex with Men

The National Strategic Framework does not specifically speak to the issue of men who have sex with men (MSM), although it does address gender-based violence and discrimination. MSM are frequently victims of violence and discrimination and thus vulnerable to HIV infection. There is an urgent need to address MSM in a comprehensive HIV response as evidenced by the following text from the UNAIDS website on Policy, Practise, and Key Populations:

The term “men who have sex with men” - frequently shortened to MSM - describes a behaviour rather than a specific group of people. It includes self-identified gay, bisexual, or heterosexual men, many of whom may not consider themselves gay or bisexual. MSM are often married, particularly where discriminatory laws or social stigma of male sexual relations exist. Largely because of the taboo, the female partners of men who have sex with men are often unaware of their partner's other liaisons, and may therefore be exposed to additional HIV risks. Forced sex among men is not uncommon, especially in men-only environments such as prison settings.

Sex between men occurs in every culture and society, though its extent and public acknowledgement vary from place to place. Sex between men is thought to account for between 5 and 10% of global HIV infections, although the proportion of cases attributed to this mode of transmission varies considerably between countries.

Vulnerability to HIV infection is increased where sex between men is criminalized, as men are either excluded from, or exclude themselves from, sexual health and welfare agencies out of fear. The essential HIV prevention measures for men who have sex with men include consistent and proper use of condoms, including access to condoms and water-based lubricants, must be promoted. High quality HIV-related services like voluntary counselling and testing and specialized clinics must be made available as well as specific and targeted information on prevention and risk reduction strategies designed to appeal to and meet the needs of men who have sex with men. Further quality treatment for sexually transmitted infections with referral for HIV services must be made available. Legal and policy reforms to promote human rights and access to health services of men who have sex with men and transgendered people, should be undertaken, where barriers exist. There is need to respect, protect and fulfil the rights of men who have sex with men and transgendered people and address stigma and discrimination by amending laws prohibiting sexual acts between consenting adults in private; enforcing anti-discrimination; providing legal aid services, and promoting campaigns that address homophobia.

(http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/default.asp, Last visited 3 September 2010)

The Role of Life Skills Education in Addressing the Drivers of HIV and AIDS

Life skills are designed to assist people in responding to situations, emotions, and pressures in a healthy manner. The following are some of the ways that the life skills in Living can contribute
to addressing the drivers of HIV.

Self-awareness:

- Life skills training in self-awareness, goal setting, and delayed gratification can aid in the curbing of drug and alcohol abuse.
- Self-awareness skills allow people to reflect on their sexuality and choices.

Communication:

- Communication skills help people convey their feelings in a healthy way.
- Assertiveness training, building of self-worth, and in-depth self-reflection on goals and values help young people avoid intergenerational sex.
- Assertiveness training can help people manoeuvre out of coercive sexual partnerships.
- The chapter titled “Good and Bad Touches” helps young people to correctly identify sexual abuse and shows them how to react.

Decision-making:

- Decision-making, self-reflection, and building of self-worth can aid learners in deciding not to exchange sex for material goods.
- Understanding the benefits of long-term, faithful relationships can help learners avoid engaging in multiple and concurrent sexual partnerships (MCP).
- Risk reduction illustrates the decision-making process in avoiding risk.
- Decision-making skills can aid in making healthy choices about managing the disease.
- Knowing the facts and myths of HIV and AIDS can also aid in healthy decision-making.

Stress management:

- Learners who can manage stress effectively (through stress management and emotional coping skills) are less likely to turn to sex or drugs to alleviate their discomfort.
- Emotional coping skills can help people accept their status or the status of a loved-one.
- Coping skills help people cope with their sexuality and status.

Activity

The purpose of the activity is to help participants review these drivers of HIV, contextualise the topics to their school and community, and discuss how to use life skills to address each. To do this activity, use the following procedures:

a. Divide participants into 5 groups.

b. Give each group a flip chart with one of the topics below written on it:
   - Multiple and Concurrent Sexual Partnerships (MCP)
- Adolescent and Intergenerational Sex
- Alcohol and High-Risk Sex
- Stigma and Discrimination
- Gender Violence and Sexual Abuse

c. On a separate flip chart, write the following questions and present them to the whole group:
   i. What does each of these five drivers mean in the context of your school and community?
   ii. How does it contribute to HIV infection?
   iii. How can life skills education address each of the five drivers to reduce the risk of HIV infection?

d. Ask participants to brainstorm these questions in their groups and write their answers on the flip chart.

e. Ask each group to present their responses to the questions to the other participants.

f. Allow other participants to give feedback on the presentations.

g. Wrap up the activity with a summary of information on each of the drivers.

Please Note:

This activity touches upon many sensitive topics, so it is important that you remind participants of the ground rules for a constructive session. These include being open and honest, non-judgemental, and respecting the right to privacy.
Question and Answer Session on HIV and AIDS

Background

In the section of the manual titled Introducing the Question Box on HIV and AIDS, it was stated that:

Information about HIV and AIDS is changing all the time. For example, prevalence rates are changing, policies are changing, and therapy is changing. In some cases, myths have replaced facts. Teachers need to be confident in their own knowledge if they are to teach others. It is important in this training to provide teachers with an opportunity to ask questions so that they are confident with the subject of HIV and AIDS.

The Question and Answer Session on HIV and AIDS is where the questions from the box and the results of the pre-training survey are discussed in an open forum under the guidance of the health professional. The conditions for this session are that a health professional has been invited and the questions shared with him/her ahead of time.

Activity

a. Schedule this session before a break. This will serve two purposes:
   i. It will give participants an opportunity to bring up issues that they may have been intimidated to bring up in a large group.
   ii. You can offer a tea or lunch to the visiting health professional.

b. Introduce the health professional to the group.

c. Introduce the group to the health professional and give her a summary of the training.

d. Remind participants the purpose of the session: to become knowledgeable and comfortable talking about HIV and AIDS.

e. Restate the key ground rules to ensure an open, non-judgemental, safe, and confidential environment.
Monitoring and Evaluation

Background

Monitoring and Evaluation (M&E) is a process of collecting and analysing information about the progress and challenges of the implementation for the purpose of improving the Living project. It is important to help the ministry of education stakeholders understand the coverage and efficacy of the Living materials and track progress towards Vision 2016. This section explains the Living M & E process and training participant’s role in it.

In 2008, EnCompass LLC, an organization based in USA, was contracted to develop a monitoring and evaluation system for Living. EnCompass worked with Project Officers in the Department of Curriculum Development and Evaluation and involved various stakeholders such as officers in all departments in the Ministry of Education and Skills Development; NGOs working in life skills for young people and Peace Corps Volunteers. Between 2008 and 2010, EnCompass developed tools for data collection and monitoring of the usage of Living relevant for the different stakeholders. They also conducted a rapid assessment in 2008 and a process evaluation in 2010 using these tools. Below is a list of key stakeholders at the school level and their responsibility in the Living M&E process.

School Heads
- Support monitoring visits by CD&E and PEOs

Deputy School Heads
- Support ongoing monitoring and reporting of teacher implementation:
  - Distribute monitoring forms to teachers each term
  - Collect monitoring forms at the end of each term
  - Write a short report at the end of each term on the progress of implementation to accompany the teacher monitoring tools and to be sent to the RAC Office and CD&E.
- Support monitoring visits by CD&E and PEO IIs:
  - Obtain signed consent when needed
  - Identify teachers and learners for interviews, focus groups, classroom observations
  - Provide space for interviews and focus groups to be conducted

Master Trainers
- Assist Deputy Heads in their schools to distribute and collect self-evaluation forms from teachers
- Submit evaluation forms from their trainings to RAC

TOTs
- Participate in M&E at the school level as and when required
- Submit evaluation forms from the trainings to Master Trainers

Teachers
• Record best practices and challenges in implementing Living materials
• Complete the Teacher Monitoring Forms each term and submit to the Deputy School Head
• Participate in monitoring visit interviews and classroom observations when requested

Learners
• Participate in monitoring and evaluation activities

Central to the M&E process is the Teacher On-Going Monitoring Form (please see Annex One of this manual for a copy of the form). This should be used by all teachers to record their experiences in using Living. This form should be completed by the teacher and handed to the Deputy School Head at the end of each term. The Deputy School Head will then submit them to the Regional AIDS Coordinator who will then pass them on to the Department of Curriculum Development and Evaluation. Teachers should fill in this tool as and when they use the materials. The form has 2 sections; one of which is where teachers record if they have used the materials ‘as is’ and when they have used them for infusion purposes. The second section asks them to rate the changes that they have observed in learners as a result of using the materials.

It is also recommended that in a training of Master Trainers and Trainer of Trainers, participants be encouraged to conduct a session at the school level explaining the Living M&E process as a way of getting ‘buy-in’ from the teachers. This could be done as part of the school-based workshop on Living or on a separate day (afternoon) depending on the availability of time. Please use the Activity below to guide the session.

Activity

a. Explain the monitoring and evaluation system for Living as described in the Background above. You may prepare a flip chart presentation for this or discuss it verbally with participants.
b. Distribute copies of the Teacher On-Going Monitoring Form to participants (refer to Annex One of this manual for a master copy and print sufficient copies for the participants).
c. Explain to participants the reason for completing this form as well as when and who they should submit the form to.
d. Explain that there are two parts to the tool and emphasise that teachers should complete Part I each week that they use the materials and Part II at the end of each term.
e. Go through Part One and remind participants of the ‘Discussion on How to Use the Materials in the Classroom’ earlier in the training. Specifically, using the materials ‘as is’ to build life skills and using the materials for infusion of life skills and HIV and AIDS issues in various subjects. This distinction is important for completing Part 1.
f. Explain that Part 2 focuses on the change in learners that teachers observe as a result of participating in Living activities.
g. Go through the categories and rating system in Part 2.
h. Respond to any questions that participants may have.
Post-Training Survey

Background

The post-training survey uses the same document as the pre-training survey, only you administer it near the end of the training. (Please see the Annex for the Pre- and Post-Training Survey.) The ultimate purpose of administering a post-training survey is to assess the extent to which the training has been effective in increasing participants’ knowledge and confidence levels regarding HIV education and building learners’ life skills.

Activity

The survey is located in the Annex of this Training Manual.

Follow the same instructions from the pre-training survey:

a. Distribute a copy of the survey to each participant and ask them to fill it out without putting their names on it. Anonymity will make it easier for participants to respond freely. This is an individual task which does not require any collaboration with others. Make sure to instruct them that each question should be answered based on their existing knowledge without having to refer to any materials.

b. Allow participants about 10 minutes to respond. Ask participants to turn the page over when complete. Scan the room and when you see most surveys are completed, begin to collect them.

It may be a helpful review of the training if you go over each question one last time. Please refer to the answer key in the Pre-Training Survey section of this Training Manual to guide your discussion.

Please send these surveys to Curriculum Development and Evaluation (CD&E) clearly marked ‘Pre’ for the first batch and ‘Post’ for the second batch of responses.
Discussion on the Training Plan

**Note to the Trainer**

*If you are training Master Trainers or Trainer of Trainers, i.e. people who are going to train other teachers, please do this section. If you are running a school-based workshop, you do not need to do this section.*

**Background**

The discussion on the Training Plan is held on the last day of training, and it is to be done with participants who are going to mount other Living workshops. This session gives participants logistical and technical insights as to how to run their workshops. It is very important for you to remind participants to complete this plan as it will help them lobby for support when planning for their workshops. During this session, participants should sit according to their school, region, or department.

Be sure to inform participants that the Training Plan should be presented to an administrative body for approval of the training.

**Activity**

a. Introduce the session.

b. Divide the participants according to their schools, regions, or departments.

c. Hold up a copy of the Training Plan (which should already be on their tables). Say to participants that their workshops are forthcoming, and they are probably wondering where to start. Explain that a Training Plan is made available to support them in mounting their workshops as it provides logistical and technical insights.

d. Walk through the various sections of the Training Plan.

- *Names of Trainers*
  This section lists the people who will be conducting or facilitating the workshop. All Trainers should write their full names and contact information.

- *Training Strategy*
  This section addresses how to run the workshop. It allows the Trainer to state the number of days for presenting the workshop and the number of people who will be attending. (This information is especially important when requesting quotations from caterers, etc.) This section also highlights the time of day the workshop will be held. It is beneficial to consider the duration of the workshop alongside other school activities.
• **Training requirements and how you will meet them**
  This section covers logistical considerations needed for running a *Living* workshop and how to meet those requirements. It is very important to be realistic and specific in completing this section of the Training Plan. This section may be completed in collaboration with relevant administrative authorities.

• **Important dates, venues, and numbers**
  Trainers need to select a date and venue for their workshop, make appointments with management or administrative bodies to discuss the Training Plan, and present their training strategies. This section allows the Trainer to diarize all important dates and appointments.
The Way Forward

Background

From the workshop, participants will have tasks to carry out, and they will also want to know what the next step is regarding the project itself. Before you close the workshop, clarify this information for the participants. The information you give will be dependent upon which group you have just trained. Below is a breakdown of the various levels of trainees:

1. Master Trainers – Primary Schools:
   a. These will conduct workshops for trainers-of-trainers who are teachers selected from each school in every inspectoral area.
   b. They will conduct the training workshops with assistance from the Deputy School Head and the Principal Education Officer for their area.
   c. They will have to report on the workshops conducted to the Regional AIDS Coordinating Officer and send the report to Curriculum Development & Evaluation at MOESD.

2. Trainer of Trainers – Primary Schools:
   a. These will conduct workshops for all the teachers in their schools.
   b. They will conduct the training workshops with assistance from the Deputy School Head and the Head of School.
   c. They will have to report on the workshops conducted to the Regional AIDS Coordinator and send the report to Curriculum Development & Evaluation at MOESD.

3. Master Trainers – Secondary Schools:
   a. These will conduct workshops for all the teachers in their schools.
   b. They will conduct the training workshops with assistance from the Deputy School Head and the Head of School.
   c. They will have to report on the workshops conducted to the Regional AIDS Coordinator and send the report to the Department of Curriculum Development & Evaluation at MOESD.

4. All Teachers at School Level:
   a. Emphasis that teachers use the Living materials in the classrooms as often as possible. If they need additional assistance, they should seek the support of Master Trainers, Trainer of Trainers, or other resourced school personnel.
   b. Additional Living materials will be made available at the office of the Principal Education Officer.
   c. Usage of materials will be monitored by the school management and ministry headquarters officials.
Activity

a. Prepare a presentation on “The Way Forward” on a flip chart, tailored to the group that is being trained.

b. For Master Trainers and Trainer of Trainers, emphasize the need to cascade the information to their respective schools.

c. Remind Master Trainers and Trainer of Trainers to conduct their workshops within three months of the initial training.

d. If the training is for all teachers at the school level, emphasize the need to use the materials during their lessons. Remind them that they will have to report on how often they use the materials and for which subjects.
ANNEX 1. TOOLS AND SURVEYS
Annex 1 contains tools which should be used by trainers, and one tool is to be used by all teachers using the Living materials.

Observation Demonstration Tool

- The Observation Demonstration Tool is used by trainers to assess the teacher role plays and provide valuable feedback on their performance.

Pre- and Post-Training Survey and One Minute Feedback

- The Pre- and Post-Training Survey is used at the beginning and the end of the training. The One Minute Feedback is used periodically throughout the training.
- For both of these two tools, you can analyse the information with a quick tally of the responses from all the participants. Ideally, you should calculate responses as percentages each time you use the tools.
- For the Pre- and Post-Training Survey, you can draw a graph on a flip chart to make a comparison between the beginning and end of the workshop.
- The One Minute Feedback form is purely for your information to assess how the training is going.

Final Participant Feedback Form

- The Final Participant Feedback Form is to be distributed at the end of the training and the feedback should be incorporated into future trainings.

Teacher Monitoring Forms Packet

This packet is to be used by all teachers during the term as they use the materials. For example, if you are a teacher and you use the activity “Creating Bio-Poems” in the lower primary book, you would enter the number of the activity (in this case, 1.5a) and then respond to the questions about infusion, student receptivity, etc. You should do this every time you use an activity from the Living: Skills for Life, Botswana’s Window of Hope materials in your class, and instruct your trainees to do the same. Once you have used the form for several months, return it to the Deputy Head, who will forward it on to the Department of Curriculum, Development and Evaluation at the Ministry of Education. This tool will be used by EDC and the Ministry to improve the Living materials, so please do be honest in your responses.
**Observation Demonstration Lesson Tool**
Use this survey for formulating feedback for demonstration lessons during the training

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the participant (in the role of teacher):</td>
<td></td>
</tr>
<tr>
<td>Encourage self-discovery in the learners?</td>
<td></td>
</tr>
<tr>
<td>Make sure any misconceptions were addressed?</td>
<td></td>
</tr>
<tr>
<td>Cover the most important material in the time allowed?</td>
<td></td>
</tr>
<tr>
<td>Deviate significantly from the procedures?</td>
<td></td>
</tr>
<tr>
<td>Follow the last procedure of the activity?</td>
<td></td>
</tr>
<tr>
<td>End the lesson using the conclusion given in the activity?</td>
<td></td>
</tr>
<tr>
<td>What life skill is being developed through the lesson?</td>
<td></td>
</tr>
<tr>
<td>Other Observations:</td>
<td></td>
</tr>
</tbody>
</table>
Pre- and Post-Training Survey
Use this survey at the beginning and end of the training

I. Opinion Statements: Please respond to each statement by placing a tick in the appropriate column.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>1. HIV is mainly present in semen, blood, vaginal secretions, and breast milk.</td>
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<td>2. You can always tell by looking at someone if he or she is infected with HIV.</td>
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<td>3. Condoms break too often to be safe.</td>
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<td>4. If you test negative for HIV, it is safe to have unprotected sex.</td>
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<tr>
<td>5. Worldwide, the age group in which the most new infections occur is 15–24.</td>
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<td>6. Girls and women in many countries are more vulnerable to getting HIV and AIDS than boys and men.</td>
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<td>7. Only people with multiple partners contract HIV.</td>
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<td>8. If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus.</td>
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<td>9. There is no point in getting tested for HIV because there is no cure.</td>
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<tr>
<td>10. Male circumcision is nearly 100% effective at protecting against HIV infection.</td>
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</table>

II. Confidence: Please respond to each question by placing a tick in the appropriate column.

<table>
<thead>
<tr>
<th>How confident are you that you can . . .</th>
<th>Not Confident</th>
<th>Somewhat Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Talk about HIV and sexuality with your class</td>
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<tr>
<td>2. Use Interactive methods, such as role playing, in your class to build skills for HIV education</td>
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<tr>
<td>3. Help learners acquire communication, decision-making, and interpersonal skills</td>
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<td>4. Help learners acquire the skills needed to deal with emotions and stress</td>
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<td>5. Help learners acquire the skills needed to effectively communicate messages about HIV prevention</td>
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<td>6. Help learners acquire the skills needed to communicate about sexuality with peers and adults</td>
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<td>7. Help learners think critically to understand the consequences of their choices</td>
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<td>8. Help learners acquire the skills needed to refuse sexual intercourse</td>
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<td>9. Help learners maintain their personal value systems, independent of peer influence</td>
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<td>10. Train other teachers how to use interactive methods, such as brainstorming, role playing, and group discussion, for HIV education</td>
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</table>

III. Comments (please use the reverse side of this form if you need more space):
Final Participant Feedback Form
Use this survey at the end of the training.

Living, Skills for Life
Training Workshop
Final Participant Feedback Form

Optional: Name/Position: ________________________________

1. How would you rate the following? If less than “good,” please explain below.

<table>
<thead>
<tr>
<th>Excel-</th>
<th>Very Good</th>
<th>Good</th>
<th>Not Very Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication about the workshop prior to attending</td>
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<tr>
<td>2. Any special arrangements made by MoESD to support you attending the workshop (e.g. arranging transport or accommodations, communicating with your supervisor, etc.)</td>
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<td>3. Workshop facilities</td>
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<td>4. Workshop materials and resources</td>
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<td>5. Pace of the training</td>
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<td>6. Interactivity of the training</td>
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<td>7. Availability of the trainers</td>
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<td>8. Knowledge, competence and confidence of trainers</td>
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<td>9. Relevance of medical resource person</td>
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<td>10. Knowledge, competence and confidence of medical resource person</td>
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<tr>
<td>11. Training methods used in the workshop</td>
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</table>

Comments:
____________________________________________________________________________
____________________________________________________________________________
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2. How well did the workshop accomplish the following training objectives:

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<tr>
<th>Training Objectives:</th>
<th>Very Well</th>
<th>Well</th>
<th>Somewhat</th>
<th>Not at all</th>
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<tr>
<td>1. To differentiate between skills-based and knowledge-based health education</td>
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<td>2. To describe how the materials were developed</td>
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<td>3. To demonstrate how to use the materials</td>
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<td>4. To demonstrate the ability to train others the use of the materials</td>
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<td>5. To explain your role in monitoring process</td>
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Comments:

_________________________________________________________________________________
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3. What part of the workshop did you most appreciate?

4. What could have been improved?

5. Additional comments? (use another sheet if necessary)
Teacher On-Going Monitoring Form

All Teachers should use these forms to track their use of and response to Living: Skills for Life, Botswana’s Window of Hope Materials

Teacher On-Going Monitoring Form
Living: Skills for Life, Botswana’s Window of Hope

Instructions: Use this packet of forms to track your use of the Living materials in each of your classrooms. Complete Part I each week and Part II at the end of each term. At the end of each term, give the completed packet to the Deputy Head of School. He or she will send these required forms to the Regional AIDS Coordinator for your region.

Your name: __________________________________________

School: ____________________________________________

School address: ________________________________________

Contact e-mail: ______________________________________

Contact phone numbers (your school and your mobile): _____________/_______________

Standard/Subject(s) taught: __________________________________________
Part I. Tracking use of *Living*

Rating of 1 to 5: 1=Minimal, 2=Fair, 3=Good, 4=Very Good, 5=Excellent

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<tr>
<th>How have you used the <em>Living</em> activities?</th>
<th>Entire lesson</th>
<th>Used ‘As Is’?</th>
<th>Infused</th>
<th>If infused, what subject?</th>
<th>No. of times used</th>
<th>Your skills/confidence</th>
<th>Student receptivity</th>
<th>Targeted skills effectively communicated by lesson</th>
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<td>Chapter XI. Dilemmas</td>
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<td>How have you used the <em>Living</em> activities?</td>
<td>Entire lesson</td>
<td>Used ‘As Is’?</td>
<td>Infused</td>
<td>If infused, what subject?</td>
<td>No. of times used</td>
<td>Your skills/ confidence</td>
<td>Student receptivity</td>
<td>Targeted skills effectively communicated by lesson</td>
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<td>Chapter XII. Social Responsibility</td>
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<td>Chapter XIII. Healthy Living</td>
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</tbody>
</table>
### How have you used the *Living* activities?

<table>
<thead>
<tr>
<th>How have you used the <em>Living</em> activities?</th>
<th>Entire lesson</th>
<th>Used ‘As Is’?</th>
<th>Infused</th>
<th>If infused, what subject?</th>
<th>No. of times used</th>
<th>Your skills/confidence</th>
<th>Student receptivity</th>
<th>Targeted skills effectively communicated by lesson</th>
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</table>

**Comments:**
Please note any comments you have about changes made, your skills/confidence, student appreciation, behaviour change. Use extra sheets of paper if needed.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

78
Part II. At the end of the term, please rate changes in learners that you have seen as a result of *Living*.

Rating of 1 to 5: 1=No change, 2=Small change, 3=Noticeable change, 4= Evident change, 5=Significant change

<table>
<thead>
<tr>
<th>Rating 1 to 5</th>
<th>How do you relate these changes to <em>Living</em>? Examples/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td></td>
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<tr>
<td>Grooming</td>
<td></td>
</tr>
<tr>
<td>Knowledge of HIV &amp; AIDS</td>
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<tr>
<td>Positive living by those affected</td>
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<tr>
<td>Positive action by bystander</td>
<td></td>
</tr>
<tr>
<td>Talking about challenges</td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
<td></td>
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<tr>
<td>Informed decision-making</td>
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<tr>
<td>Social responsibility</td>
<td></td>
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<tr>
<td>Understanding of self</td>
<td></td>
</tr>
<tr>
<td>Rating 1 to 5</td>
<td>How do you relate these changes to <em>Living</em>? Examples/Comments</td>
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<tr>
<td>Relationship between learners</td>
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<tr>
<td>School is a safe place</td>
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<tr>
<td>Learners value abstinence</td>
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<tr>
<td>Learners value safe sexual practices</td>
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<tr>
<td>Learners believe facts about HIV and AIDS</td>
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<tr>
<td>Caring and transparent teachers</td>
<td></td>
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<tr>
<td>Increased voluntary testing</td>
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</tbody>
</table>

**Comments:**

**Did you have any challenges in presenting the materials?**

**Do you have any suggestions for improving the materials?**
Contact Information

Please contact the following persons if you need advice in carrying out your training, have set a date for conducting your training, or have monitoring feedback to provide to us:

1. Ministry of Education,  
   Department of Curriculum Development and Evaluation

   FAX: 3973842

   Postal Address:
   Department of Curriculum, Development and Evaluation
   P/Bag 501
   Gaborone

   • Mrs Nontobeko Tau
     TEL: 3647523
     E-mail: ntau@gov.bw

   • Mrs Hilda Mokgolodi
     TEL: 3647542
     Email: hmokgolodi@gov.bw
ANNEX 2. PROGRAMMES
Living: Skills for Life, Botswana’s Window of Hope
Sample: 5-Day Workshop Program

Day 1

Facilitator:
Recorder:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–10:00</td>
<td>Opening Prayer</td>
</tr>
<tr>
<td></td>
<td>Welcome</td>
</tr>
<tr>
<td></td>
<td>Introduction of the Trainers</td>
</tr>
<tr>
<td></td>
<td>Introduction of the Participants</td>
</tr>
<tr>
<td></td>
<td>Ground Rules</td>
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<td></td>
<td>Participants’ Expectations of the Workshop</td>
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<tr>
<td></td>
<td>Pre-Training Survey</td>
</tr>
<tr>
<td></td>
<td>Introduction of Question Box on HIV/AIDS</td>
</tr>
<tr>
<td>10:00–10:30</td>
<td>TEA</td>
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<tr>
<td>10:30–12:30</td>
<td>Introduction to the Training Manual</td>
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<td></td>
<td>Discussion on the Status Quo in Schools</td>
</tr>
<tr>
<td></td>
<td>Background to the Project</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00–16:00</td>
<td>Introduction to Skills-Based Health Education</td>
</tr>
<tr>
<td></td>
<td>Group Activity for Skills-Based Health Education (Risk Activity)</td>
</tr>
<tr>
<td>16:00–17:00</td>
<td>Introduction to the Materials</td>
</tr>
<tr>
<td></td>
<td>a) Walk Through Pages of Teacher’s Guide</td>
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<td>b) Treasure Hunt</td>
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<td></td>
<td>c) Discussion on How to Use the Materials</td>
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<td></td>
<td>d) Wrap-Up Discussion on How to Use the Materials</td>
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</tbody>
</table>

---------- Closure - End of Day 1 ---------

Day 2

Facilitator:
Recorder:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>8:00–8:30</td>
<td>Opening Prayer</td>
</tr>
<tr>
<td></td>
<td>Recap of Day One</td>
</tr>
<tr>
<td>8:30–10:00</td>
<td>Introduction to Group Activity 1 – Practising the Activities</td>
</tr>
<tr>
<td></td>
<td>1st Demonstration Lesson – ‘As Is’</td>
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<tr>
<td>10:00–10:30</td>
<td>TEA</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>10:30–12:00</td>
<td>Group Activity (continued)</td>
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<tr>
<td>12:00–13:00</td>
<td>Watch Talk Back on BTV</td>
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<tr>
<td>13:00–14:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>14:00–16:00</td>
<td>Presentation of Group Activity 1</td>
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<tr>
<td>16:00–17:00</td>
<td>Continue Presentation of Activity 1</td>
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<td>Debrief of Activity 1</td>
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</tbody>
</table>

**Day 3**

**Facilitator:**

**Recorder:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00–8:30</td>
<td>Opening Prayer</td>
</tr>
<tr>
<td></td>
<td>Recap of Day 2</td>
</tr>
<tr>
<td>8:30–10:00</td>
<td>The Bystander Model and the Teacher Code of Conduct</td>
</tr>
<tr>
<td>10:00–10:30</td>
<td><strong>TEA</strong></td>
</tr>
<tr>
<td>10:30–12:30</td>
<td>Question and Answer on HIV and AIDS (Medical Practitioner)</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>14:00–16:00</td>
<td>Key Drivers of the HIV and AIDS Epidemic</td>
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<tr>
<td></td>
<td>1. Multiple Concurrent Partners</td>
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<td></td>
<td>2. Alcohol and HIV/AIDS</td>
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<td></td>
<td>3. Prevention with People Living with HIV/AIDS</td>
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<td>4. Intergenerational Sex</td>
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<td>5. Stigma Towards Homosexuality</td>
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**Day 4**

**Facilitator:**

**Recorder:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00–8:30</td>
<td>Opening Prayer</td>
</tr>
<tr>
<td></td>
<td>Recap of Day 3</td>
</tr>
<tr>
<td>8:30–10:00</td>
<td>Introduction to Group Activity 2: Practising the Activities</td>
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<tr>
<td></td>
<td>2nd Demonstration Lesson – ‘Infusion’</td>
</tr>
<tr>
<td>10:00–10:30</td>
<td><strong>TEA</strong></td>
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<tr>
<td>10:30–12:30</td>
<td>Group Activity 2 (continued)</td>
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<tr>
<td>12:30–14:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>14:00–16:00</td>
<td>Presentations of Group Activity 2</td>
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<tr>
<td>16:00–17:00</td>
<td>Debrief of Group Activity 2</td>
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<td>Post-Training Survey</td>
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</tbody>
</table>

**Closure - End of Day 4**
Day 5

Facilitator:

Recorder:

08:00–10:00  Opening Prayer
Recap of Day 4
Discussion on Monitoring Activities at School level

10.00–10:30  TEA

10.30–12:30  Discussion on Training Plan
Participants’ Expectations from Training
Feedback from Pre- and Post-Training Survey
Final Training Evaluation
Closure

12:30  LUNCH

---------- Closure - End of Training ----------

If you have access to a television set and your training falls on a Tuesday, you should show the Talk Back show during your training. Talk Back very often discusses topics directly related to the Living training (such as substance abuse, confidentiality, living positively, making healthy decisions). Make sure to leave some time in the afternoon to discuss the show and apply concepts from the training to the show’s topic. You may also want to encourage your trainees to call in during the show to ask a question. The phone number to call is 3164427/28/37/38. The sms line is 71294000.
**Living: Skills for Life, Botswana’s Window of Hope**  
*Sample: 3-Day Workshop Program*

**Day 1**

**Facilitator:**

**Recorder:**

**08:00–10:00**  
Opening Prayer  
Introduction of Trainers  
Introduction of Participants  
Welcome Remarks  
Ground Rules  
Participants’ Expectations  
Objectives of the Workshop  
Pre-Training Survey  
Introduction of Question Box on HIV/AIDS  
Introduction to the Training Manual

**10:00–10:30**  
**TEA**

**10:30–11:15**  
Discussion on the Status Quo

**11:15–11:45**  
Background to the Project

**11:45–12:30**  
Introduction to Skills-Based Health Education

Group Activity for Skills-Based Health Education (Risk Activity)

**12:30–14:00**  
**LUNCH**

**14:00–16:00**  
Introduction to Materials  
  a) Walk Through Pages of Teacher’s Guide  
  b) Treasure hunt  
  c) Discussion on How to Use the Materials  
  d) Wrap-Up Discussion on How to Use the Materials

**16:00–16:30**  
Introduction to Group Activity 1- Practising the Activities  
*1st Demonstration Lesson – ‘As Is’*

--------- Closure – End of Day 1 ---------

**Day 2**

**Facilitator:**

**Recorder:**

**08:00–10:00**  
Opening Prayer  
Recap of Day 1  
Presentation of Group Activity 1

**10:00–10:30**  
**TEA**
Key drivers of the HIV and AIDS Epidemic
1. Multiple Concurrent Partners
2. Alcohol and HIV/AIDS
3. Prevention with People Living with HIV/AIDS
4. Intergenerational Sex
5. Stigma Towards Homosexuality

LUNCH

Introduction to Group Activity 2: Practising the Activities
2nd Demonstration Lesson – ‘Infusion’

--------- Closure – End of Day 2 ---------

Day 3

Facilitator:
Recorder:

Opening Prayer
Recap of Day 2
Presentation of Group Activity 2

TEA

Question and Answer on HIV/AIDS (Medical Practitioner)

LUNCH

The Bystander Model and the Teacher Code of Conduct

Monitoring Activities at School Level
Discussion on Training Plan
Feedback from Pre- and Post-Training Survey
Final Training Evaluation
The Way Forward

--------- Closure - End of Training ---------
Annex 3. Workplace Policy for HIV and AIDS
Workplace Policy for HIV and AIDS

According to the International Labour Organisation (ILO), a workplace policy for HIV and AIDS provides the framework for action to reduce the spread of HIV infection and manage the impact of AIDS, including related discrimination.

The key principles of the ILO’s code of practice for HIV and AIDS in the workplace are as follows:

- Recognition of HIV and AIDS as a workplace issue, in that the workplace (school) is part of the local community, with a role to play in the wider struggle to limit the effects and spread of HIV and AIDS
- Non-discrimination, with respect for the rights of people living with HIV and AIDS
- Gender equality, keeping in mind that women are more adversely affected by HIV and AIDS due to biology, socio-cultural norms, and economic forces
- A healthy work environment, safe from the transmission of HIV and adapted to the capabilities of workers based on their physical and mental health
- Social dialogue, with trust and cooperation between employers, workers, unions, and governments, and with the active involvement of infected and affected workers
- No screening for purposes of exclusion from employment or work processes
- Confidentiality, as there is no justification for asking applicants/workers to disclose HIV status
- Continuation of the employment relationship regardless of a worker’s HIV status, as long as persons with AIDS-related illnesses are able to work
- Inclusion of culturally sensitive prevention programs
- Care and support, including affordable health services with the same high quality provided to other workers¹

In Botswana a number of institutions have adopted policies that draw from ILO principles, and incorporated them to fit the local context. Below is an excerpt drawn from the Ministry of Labour and Home Affairs Guiding Principles on HIV/AIDS in the workplace:

6.0 GUIDING PRINCIPLES

6.1 Compassionate attitude towards individual employees

The policy aims to achieve a balance in protecting the rights of the ministry and its employees, in line with the Vision 2016 pillar on Building A Compassionate and Caring society.

A compassionate attitude will include treating employees with HIV-related illnesses, including AIDS in the same way as any other employee with a life threatening illness.

6.2 Non-discrimination
The policy recognises that there currently exists no law in Botswana that protects HIV positive employees against discrimination. Therefore, in the spirit of respect for the human rights and dignity of individual employees infected or affected by HIV/AIDS, the ministry will ensure that there is no discrimination against employees on the basis of real or perceived HIV status.

6.3 Recognition of HIV/AIDS as a Workplace Issue
The ministry recognizes that HIV/AIDS is a workplace issue. As a result, HIV/AIDS will be treated like any other serious illness or condition in the workplace. This will be necessary not only because HIV/AIDS affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the HIV/AIDS epidemic.

6.4 Promoting Healthier & Safer Working Environment
Recognising that a healthy work environment facilitates optimal physical and mental health in relation to work, the ministry will establish and maintain a safe, hazard-free and low infection-risk workplace and processes.

6.5 Greater involvement of People Living With HIV/AIDS (PLWAs)
Recognising the key role that PLWAs play in preventing new infections and mitigating impact on the infected and affected, the ministry will ensure that people living with HIV/AIDS are actively involved in planning, implementing, monitoring and evaluating all interventions that seek to address their plight.²