AIDS and HIV Infection: Information for United Nations Employees and Their Families

Orientation Session

Facilitation Guide

Developed by the UNDG Sub-Group on Training and Personnel
November 1999
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Organization

1. Involve and brief the Head of the Office prior to the orientation session. In country, make sure that you involve the UN Theme Group on HIV/AIDS. They will be able to help you in organizing such activities and assessing future needs. The UN Theme Groups on HIV/AIDS are currently operating in approximately 150 countries. Whenever possible, involve also the UN Resident Coordinator. Involve local community/people living with HIV/AIDS as co-facilitators.

2. Selection of Facilitators:

Consider the following profile when selecting the main facilitator:
- good communication/listening skills;
- excellent training skills and experience, including instructional design;
- knowledge of HIV/AIDS;
- knowledge of regionally specific HIV/AIDS information;
- knowledge of UN personnel policy;
- knowledge of HIV/AIDS programme work within the region;
- cultural awareness/sensitivity;
- knowledge of local cultures, customs, religions, governments, etc.;
- ability to talk openly about sexuality;
- approachability, humour, willingness to meet with participants after the session;
- ability to read the needs of the group and respond accordingly;
- ability to adapt the proposed orientation session method and materials to local circumstances/culture;
- balance of gender, cultural background, age, in the training team;
- doesn't hurt if expertise in HIV/AIDS, but not necessary.

3. Facilitation tips

- Opening in country: Representative and/or member of the UN Theme Group on HIV/AIDS;
- Head of Office should join the orientation session, but should behave in the same manner as the other participants, and he/she should support the facilitators by asking them questions, rather than by interpreting what they wanted to say;
- Facilitator should use simple language;
- Use the transparencies only as a framework but build in the examples;
- Use an ice-breaker at the beginning of the orientation session;
- If possible, use himself/herself as an example (if I had HIV/AIDS...). If that is absolutely unacceptable, use examples from a point of view: “any of us”, or “the Rep” (with previous approval), or “a colleague”;
- Frequently pose questions to the staff and encourage feedback as per the following examples:
  a) do you have any comment?
  b) can you hear what I am saying? and/or
  c) am I speaking in an understandable way? - not do you understand what I'm saying?
4. **Venue**

A conference room that is comfortable enough to accommodate the participants and allow easy moving around of the chairs. Large conference rooms create too much distance between the participants and allow for decreased participation. Smaller conference rooms are not appropriate either. If there is no appropriate space in the office, a hotel conference room may be required. Seating should not be arranged in the “traditional” classroom style, but in a way where participants can see and easily interact with one another.

5. **Time required**

3-4 hours with coffee break

6. **Necessary materials:**

- overhead projector or Power Point;
- flipcharts;
- markers;
- transparencies and pens for this purpose;
- evaluation forms, pens;
- box of condoms (male and female);
- suggestion box (optional);
- paper for writing comments (optional).

7. **Audience**

Maximum size of audience is 35 persons. In small groups (size less than 35), the role plays are suggested; in larger groups, watching a video and discussing the key points might be a better option.

8. **Cultural sensitivity**

Women and men might want to have separate orientation sessions.

9. **Evaluation**

All participants will be asked to evaluate the orientation session (see Annex I).

The organizer will also be asked to evaluate the approach and appraise future needs including consolidation of the individual session evaluations (see Annex II).
# SCHEDULE

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
<th>Methods</th>
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<tbody>
<tr>
<td>Session 1: Introduction</td>
<td>00:00 - 00:10</td>
<td>5 min</td>
<td>Opening by Head of the Office</td>
<td>Presentation by Head of the Office</td>
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<td></td>
<td></td>
<td>5 min</td>
<td>Objectives of the session</td>
<td>Presentation by Facilitator</td>
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<td></td>
<td></td>
<td>total 10 min</td>
<td>Content of the session</td>
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<td>Organization of the session</td>
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<tr>
<td>Session 2: Ice-breaker</td>
<td>00:10 - 00:20</td>
<td>5 min</td>
<td>Participants' introductions</td>
<td>Participants introducing themselves</td>
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<td></td>
<td></td>
<td>5 min</td>
<td>Creating a conducive environment</td>
<td>Brief group (?) activity</td>
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<td>total 10 min</td>
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<tr>
<td>Session 3: The booklet</td>
<td>00:20 - 00:55</td>
<td>5 min</td>
<td>History of the booklet</td>
<td>Presentation by facilitator and/or co-facilitator</td>
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<td></td>
<td></td>
<td>30 min</td>
<td>Contents of the booklet</td>
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<td></td>
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<td>total 35 min</td>
<td>Chapters 1-7</td>
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<td>ACC HIV/AIDS personnel policy</td>
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<tr>
<td>Session 4: Group work</td>
<td>00:55 - 01:20</td>
<td>5 min</td>
<td>How can the information in the booklet be used?</td>
<td>Instructions for group work by facilitator</td>
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<td></td>
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<td>20 min</td>
<td>Instructions/task</td>
<td>Small group activity</td>
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<td>total 25 min</td>
<td>Group work</td>
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<tr>
<td>Coffee break</td>
<td>01:20 - 01:40</td>
<td>20 min</td>
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<tr>
<td>Session 4: Continues: Plenary</td>
<td>01:40 - 03:05</td>
<td>20 min per group</td>
<td>How can the information in the booklet be used?</td>
<td>Small group presentations; role-play, reporting back on group discussion, etc.</td>
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<td></td>
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<td>5 min</td>
<td>Reporting back to plenary</td>
<td>Facilitated and summarized by facilitator and/or co-facilitator</td>
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<td>total 85 min</td>
<td>Summary</td>
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<tr>
<td>Session 5: Closing and Evaluation</td>
<td>03:05 - 03:45</td>
<td>10 min</td>
<td>Confidentiality</td>
<td>Presentation by the facilitator</td>
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<td>10 min</td>
<td>Emergency situations</td>
<td>Discussion</td>
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<td></td>
<td></td>
<td>5 min</td>
<td>Introduce follow-up</td>
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<td>total 30 min</td>
<td>Inform where more information/local Facilities could be found</td>
<td>Individual work</td>
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<td>To obtain feedback on the orientation session and the booklet itself</td>
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SESSIONS 1 AND 2: INTRODUCTION AND ICE-BREAKER

Background

UN agencies have decided to combine their efforts in dealing with HIV/AIDS issues in the workplace. As part of this initiative, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has updated the booklet on AIDS and HIV Infection and the UN (Secretary General) has called for a systematic information campaign to be aimed at reaching UN staff and their families.

Purpose of the Orientation session

The purpose of today's orientation session is two-fold:

• to introduce the booklet that will be distributed to all UN staff as part of the joint effort to raise awareness about HIV/AIDS, including its effect on the medical and social aspects of UNICEF’s staff's work and daily lives; and
• to further promote, within the UN system, a culture of tolerance and understanding toward the HIV/AIDS pandemic.

This orientation session is a first step towards achieving this purpose. As part of this effort, similar orientations are taking place in many other offices worldwide at about the same time. Following the orientation session, there will be additional opportunities to continue the process of sharing information and discussing the questions that remain unanswered.

Session objectives

Upon completion of this session, participants will be able to:

• understand the HIV/AIDS epidemic and its impact on the UN workplace;
• access and share information about additional sources of help for themselves, colleagues or families affected by HIV/AIDS, including knowing what to do in case of accidental exposure to HIV during work (e.g. rape, car accident, etc.); and
• identify work-related and other risk factors for themselves, their colleagues and their families.

Suggested Approaches

Organizers and facilitators for this orientation session may select from the various scenarios presented below based on particular situations at the various duty stations.
SESSION 3: THE BOOKLET

1. INTRODUCTION - TOTAL 10 MIN

Opening of the orientation session - 5 min

Involve the Chair/a member of the UN Theme Group on HIV/AIDS or any other suitable person in the opening of the orientation session. Suggested talking points for the opening:

• We have all known and talked about HIV/AIDS and its effects in the past years. However, we have not talked loud enough about it.

• We have tried different approaches when it comes to how it affects us (do not say our staff) in the UN workplace. UN agencies have decided to combine their efforts on this issue in order to not only raise the awareness of staff, but also to:
  
a) increase the understanding of HIV/AIDS and its effect on the medical and social aspects of one’s life; and

b) increase tolerance towards affected colleagues.

• This orientation session, which is organized to introduce the booklet, is only a first step in our efforts to achieve the above goals. Similar meetings are taking place today/this week in many other UN offices worldwide. However, we will continue, even after this meeting, to address this important subject, and we all should contribute to this process. We all need to comment on additional information we would like to receive and also on other questions that are still unanswered. After this meeting, I would like you to think about any comments and questions you still may have which I would ask you to write down anonymously on the papers which we all have in front of us (show) and place them in the Suggestion Box located outside this conference room.

• Thank you and let’s hear what’s going to happen next!

Objectives of the orientation session – 5 min

Session objectives: Upon completion of this session, participants will be able to:

• Understand the HIV/AIDS epidemic and its impact on the UN workplace;
• Access and share information about additional sources of help for themselves, colleagues, or families affected by HIV/AIDS, including knowing what to do in case of accidental exposure to HIV during work (e.g. rape, car accident, etc.); and
• Identify work-related and other risk factors for themselves, their colleagues and their families.
Content/organization of the orientation session: The facilitator announces **what is going to be done** in the next couple of hours or so. Suggestions:

- history and power of the booklet;
- content of the booklet;
- group work - task;
- coffee break;
- group work - discussions
- group work - presentations - feedback;
- discussion; and
- questions on the sheets of paper.

2. PARTICIPANTS INTRODUCTION AND ICE-BREAKER- 10 MIN

3. THE BOOKLET - TOTAL 35 MIN

History of the booklet - 5 min

- who has written the booklet;
- who guaranties the information validity;
- how much power does the booklet have (e.g. pg. 7-9 on Human Resources Policy) etc.

The content of the booklet (already distributed to participants) - 30 min

A short presentation by chapter, highlighting major, eye- and ear catching points on the transparencies (to be done also). The facilitator should at all times use the page references.

**Foreword:**

- The SG emphasises clearly that the UN is committed to providing a supportive workplace for its employees, regardless of their HIV status;
- We still need to work a lot on that commitment and this meeting is one of our tools.

**Chapter 1 - The Facts:**

- What is AIDS?
- How is HIV transmitted?
- How is HIV is not transmitted?

**Chapter 2 - Preventing HIV Transmission:**

- Preventing sexual transmission of HIV;
- Preventing transmission of HIV via blood and blood products;
- Preventing transmission of HIV via contaminated needles; and
- Protecting children.
Chapter 3 - Being tested:

Very much feared issue:
• How does the test work?
• Testing and employment; and
• Testing and pregnancy.

Chapter 4 - Living with HIV and AIDS:

• Coping with confirmed HIV infection - different areas of impact; and
• Mother to child transmission.

Chapter 5 - A Global Overview of the Epidemic:

Map on the transparency and perhaps some numbers on global and local rates of incidence- UNAIDS could provide on request. They are also available on the following web sites:

• http://unaidso rg/highband/document/epidemio/index.html

Chapter 6 - The UN response to AIDS talks about:

UNAIDS as the UN's response to helping the world prevent and cope with HIV/AIDS.

HIV/AIDS Human Resources Policy talks about:

• the rights and obligations of the staff members in relation to information, education and other preventative health measures related to HIV/AIDS;
• voluntary testing, counselling and confidentiality;
• terms of appointment and service; and
• health insurance benefits programmes.

Chapter 7 - Staying informed and getting help:

Gives a list of web sites which can be used to acquire additional information. Where can these be accessed (directly from each computer in the office?), internet cafes, home stations, schools, libraries...more web site addresses will be added).
SESSION 4: GROUP WORK OR VIDEO AND DISCUSSION

You have two suggested options to choose from depending on the size of your group and cultural factors.

<table>
<thead>
<tr>
<th>Option 4(a)</th>
<th>Option 4(b)</th>
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<tbody>
<tr>
<td><strong>Group Work</strong></td>
<td><strong>Video and discussion</strong></td>
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<tr>
<td>For groups less than 35</td>
<td>For larger groups</td>
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<tr>
<td>people</td>
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Option 4(a): Group work - total 130 min

This option is suggested for groups with less than 35 participants. Small-group work should be limited to 8-10 people/group. The goal is to facilitate interaction of people naturally quiet in a larger environment. Select which scenarios presented below would be most appropriate to the context.

Task/theme: How can the information in the booklet be used?

Instructions - 5 min

Apart from reading it by ourselves, we'd like to see how applicable it really is. So, I'd like you to divide into an X number of groups (randomise). Each group will be given a scenario in which a situation of a staff member will be presented. You will discuss the scenario in your group and prepare a role-play or any other form of presentation. Some of the key issues that need to be focussed on in a scenario are indicated below it. The booklet you have can be used as a resource.

The groups may choose their working space as they wish. The time for the group work is 20 min. I shall be moving amongst the groups but I won’t be interrupting. If you'd like to ask me any questions, you are free to do so.

Work in small groups (20 min)

Back to plenary - presentation (20 min per group with discussion)

- read the scenario and describe the task;
- role play;
- how helpful was the book, what was still missing;
- feedback from other group members; and
- feedback from other participants.
Possible Scenarios for Group Work

The idea is that each group takes one theme. See suggested scenarios below to choose from.

1. **Situation in the office: (one of)**
   - a colleague is visibly affected by something and everybody thinks its HIV but nobody knows for sure;
   - a colleague is confiding in another one saying that he/she has HIV/AIDS and asking what to do, that he/she is very afraid to lose the job and so on;
   - a manager in the office is trying to get rid of a staff member with HIV/AIDS;
   - a staff member suffers from HIV/AIDS and is being harassed by the colleagues (anonymously); or
   - a staff member is HIV + - how can the work site provide a positive and supportive environment; how could the workplace benefit from the staff member's experience (greater involvement of people living with HIV/AIDS).

2. **Situation in the family: (one of)**
   - a spouse finds a HIV/AIDS booklet at home and accuses a staff member that he/she has HIV/AIDS and this is why the paper is at home!
   - a child finds a HIV/AIDS booklet at home and starts asking pointed questions; or
   - a staff member finds a child reading a HIV/AIDS booklet and the child thinks that he/she has done something wrong.

3. **Emergency situation (A):**

   Small team, men-women. Great stress, some personal danger but mostly under stress from what they are seeing and hearing. Stress management possibilities are pretty limited... Ms. T. has had a particularly frightening day, breaks down in the evening at dinner. A male colleague comforts her, someone arrives bringing alcohol and all decide a few drinks will help relax them: it’s been another 12-hour, horrible day...She is still frightened as much of the violence is at night, her colleague offers to stay with her......no one is really planning on having sex, but....

4. **Emergency situation (B):**

   Duty travel in a SE Asian country with high prevalence of HIV. The team is doing lots of travel in-country via road, visiting a number of sites scattered around the country. The are using a MoH car and driver, but there are no seat belts. The driver is often tired due to long distances travelled. Although they always plan an early departure, something always comes up and the late departure require night travel along narrow crowded roads. They have seen several accidents: one quite severe. They know the blood supply outside the capital is not screened, but....
5. **Personal Matters (A):**

A man, on duty travel to another country.. meeting with officials, business men.. dinner goes on late, much drinking as toasts are part of the culture. They are joined by several young women late in the evening. He is somewhat uncomfortable about the kinds of joking allusions that are being made, but clearly this is a custom and he is concerned that he does not offend anyone. Eventually it is made clear by one of the ministry officials that one of these young women has been arranged for him as a special gesture. They have gotten along very well during this mission, having overcome several conflicts that had arisen during an earlier mission. He has mixed feelings: he certainly doesn’t want to offend his host and the others, and doesn’t want to be perceived as ‘unmanly’ or judgmental by the group- and she is very attractive. However, he doesn’t normally travel with condoms…but surely if this woman is someone known to the official, she must be okay. After all, the official is the head of the Provincial AIDS Commission.

6. **Personal Matters (B):**

A man at a large national meeting as the key presenter, representative of a UN agency in Geneva. He is working with a local support team of young men and women. He is gay and has been very cautious about letting this be known outside of Geneva…but he has been approached by a couple of the young men who would like to be able to discuss issues of “gayness” and their own feelings with him. One of them has been particularly helpful.. and offers to introduce him to the gay social community. It becomes clear that they perceive him as a highly attractive man.. with a great deal of status, and certainly of some economic and social “power.” He finds himself a center of attraction. He did not plan on having sex, does not have condoms with him, but this is a country of low prevalence. So....

7. **Duty Travel:**

A woman at a large international meeting as the key presenter, representative of UN agency in Geneva. Her schedule includes meetings with many country representatives in the evenings after the conference sessions. She has found that her position means that she is perceived as a highly attractive woman.. with a great deal of status, and certainly of some economic and social “power.” She often finds herself a center of attraction, with many invitations for social activities after the meetings, often in her own hotel. By late in the evening, it’s too late for tennis and swimming, so a quiet drink seems a good way to relax. She does not always plan on having sex, does not have condoms with her... but....

(She did take a quick look in her WHO medical kit. After all, didn’t the UN HIV/AIDS policy say something about access to needles and condoms? In the kit she found needles, tubing.. but no condoms.. Oh well, too late now…)

8. **Family Situation:**
Woman has taken a post with UNAIDS, moving her family to a new country to assume duties. Her husband has also been able to find work, and the children are in secondary school here now. Everything is quite different, they work long hours and no one is home when the children arrive after school except a young woman who keeps house for them. Their son has made friends, but they are concerned about these friends: they seem to have a lot of money, they don’t seem to have to let their parents know where they are and one night their son came home late smelling of marijuana. The girls in this group look so grown up and talk in a way that shocks them.

Their daughter has a boyfriend and wants to spend more and more time out with him, “like all the other girls.” She is only 15 and this would not be done in their own country. They have forbid her seeing him. The other day, the school called to ask why their daughter had not been in class for two days.

Recently, the school sent home a letter saying they would be starting a sexual health and life skills class. Both parents are alarmed... why should schools be talking about sex? Their children know that these things are forbidden and shameful. Besides, this type of class is likely to give them ideas and make them think these things are ok.

9. **Personal Situation:**

A couple working for a UN agency. They have been seeing each other for the past several months and the relationship is very positive for both. They are well informed about the risks of HIV and STDs and each has previously made a decision to avoid casual sex. But this is a relationship that seems to have a future. They are perfectly aware that they are not the first partner for either, and have actually started out using a condom. As time goes by, the relationship deepens. They are both healthy, their previous partners were healthy... A condom is such a nuisance and they don’t always remember to buy them, and given the hours they work, condoms are not always easily available. They certainly don’t want to use condoms forever anyway. They talk about HIV tests, but that means time off from work and, secretly, each thinks it is somewhat frightening. It’s easy to “forget” the condom after a while.

**Summary**

Facilitator summarises key points from the group presentations.
Option 4(b): Video and discussion

Suggested video:

"Staying Alive" is a half-hour video programme, produced in collaboration with UNAIDS, the World Bank, and MTV. It features the personal testimonies of six young people living with HIV/AIDS in six different countries – Brazil, India, the Netherlands, Ukraine, USA and Zambia, together with useful, accurate information about the modes of HIV transmission.

The aim is to both educate and inform the MTV audience and encourage and inspire viewers’ participation in education, prevention and support projects in their own communities.

"Staying Alive" includes the compelling stories of:

1. Aleksey, an injecting drug-user living with AIDS in Odessa in the Ukraine, and the progressive outreach work of the organization Faith, Hope, Love that distributes clean needles, condoms and information among the drug users of the Palermo district of Odessa;
2. Kegan, an HIV-positive heterosexual female and her HIV-negative flatmate, Peggy, in San Francisco, California, USA, whose cohabitation dispels many myths surrounding the transmission of the HIV virus;
3. Henk, a man who lives in Amsterdam, the Netherlands, who works as a peer counsellor at a HIV support group, as he goes for an HIV test for the first time;
4. Matthew, a young HIV-positive Zambian man who, having lost his girlfriend to AIDS, shares his sense of loss, shock, and sadness of testing positive;
5. Gita, a sex worker in Calcutta, India, who distributes condoms and information among sex worker colleagues in the brothels of the poverty-stricken Sonagachi district; and
6. Valeria, in Brazil, an HIV-positive young woman who got infected by her boyfriend whose testimony is contrasted with those of four young men who talk about their love of sex and their unsafe sexual practices.

Each story is rich in character, contrast and visual style and reveals both the human face of HIV and the many social, economic and political factors which continue to assist the spread of this global disease.

"Staying Alive" is available in 9 different languages: English, French, Spanish, Brazilian, Portuguese, Italian, Russian, Ukrainian, Japanese and Mandarin.

UNAIDS has distributed a copy of the video to all UN Theme Groups on HIV/AIDS, UNAIDS Country Programme Advisers and Focal Points in countries.

Additional copies of the video can be obtained from World AIDS Campaign Team, UNAIDS Geneva, 20, avenue Appia, CH-1211 Geneva Switzerland, 41.22.791.4709 (phone), 41.22.791.4898 (fax), bhartim@unaids.org.

Discussion:

Key points in the video and the booklet.
SESSION 5: CLOSING AND EVALUATION

FINAL REMARKS - TOTAL 25 MIN

Before closing the orientation session, we will discuss two important issues:

Confidentiality - 10 min

Discuss pros and cons of using the booklet

Emergency situations - 10 min

Judgement of risk and protocol:

- car accident
- sexual violence
- blood exchange

Post Exposure Treatment (PET):

- what it is?
- where it is?
- in what situation it can be used?

More information on UN protocol on the Post Exposure Treatment can be found in a communication dated 11 March 1999 from the UN Medical Director to all UN Resident Coordinators.

Introduction to follow-up and information where to find more information/local facilities - 5 min

This booklet can provide us with the framework, but the rest is really up to us. We shall meet again and hopefully we'll get some feedback on what happened with it. We would also like to know how understandable…. (announcing the evaluation) and what other ways of sharing the information you would like to have. In the meantime, in case you'd like to continue this discussion, you could contact your focal points, or e-mails (in the organizations - like I'd freely give mine) or myself…..

Evaluation - total 5 min

Before you leave, please take a few moments to fill in the evaluation form (see Attachment II) placed in front of you. Thank you.
(Optional: suggestion box - 2 min)

(and, before you leave, please take a minute to give us your feedback on today, or share with us any unanswered questions, or suggestions for similar meetings. Thank you)
Annex I:  
INDIVIDUAL EVALUATION  

ORIENTATION SESSION  

AIDS and HIV Infection:  
Information for United Nations Employees and Their Families  

1. How would you rate the session overall? - Please insert a check (✓) in the relevant box.

<table>
<thead>
<tr>
<th>Content (facilitator to explain what is meant here in simple language as -from my experience- it not always understood)</th>
<th>Extremely Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Extremely Good</th>
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<tbody>
<tr>
<td>Facilitation (same as above)</td>
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2. What was the most beneficial aspect of the orientation session?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Do you have any recommendations for improving the orientation session?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Did you receive a copy of the booklet AIDS and HIV Infection: Information for United Nations Employees and Their Families?

____ YES  

____ NO
Annex II:
ORGANIZER’S EVALUATION

ORIENTATION SESSION

AIDS and HIV Infection:
Information for United Nations Employees and Their Families

1. How many sessions did you organize?

____________________________________________________________________

2. How many staff members were trained per session?

____________________________________________________________________

3. Major obstacles encountered during planning/delivery?

____________________________________________________________________

____________________________________________________________________

4. Recommendations for future actions?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature:  

Name of the Organizer:  

Date:  

Return to the Regional Human Resources/Operations Officer with copy to the UN Theme Group on HIV/AIDS or the HIV/AIDS Focal Point in your country.