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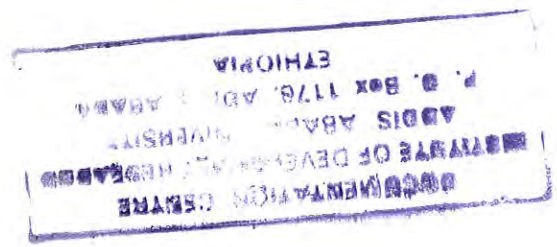
COLLEGE OF DEVELOPMENT STUDIES
INSTITUTE OF POPULATION STUDIES

Situation and Livelihood Changes of PLWHA in Adama
Town:
A Comparative Study of IGA Participants and Non-participants

BY

DINKU MEKONNEN

June, 2008



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A Comparative Study of IGA Participants and Non-participants

A thesis submitted to the School of Graduate Studies of Addis
Ababa University in partial fulfillment for the requirements for
the Degree of Masters of Science in Population Studies
(Population, Environment and Development)

By

DINKU MEKONNEN

June, 2008

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DHS
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***Situation and Livelihood Change of PLWHA in Adama Town: A
Comparative Study of IGA Participating and Non-Participants***

By
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**Institute of Population Studies
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DEDICATION

To My Father Mekonnen Korsa

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ACRONYMYS: -

- **AIDS** Acquired Immuno Deficiency Syndrome
- **ART** Anti-Retroviral Treatment
- **CSA** Central Statistical Agency
- **EOC-DICAC** Ethiopian Orthodox Church-Development and Inter-Church Aid Commission
- **FGD** Focus Group Discussion
- **IGAs** Income Generating Activities
- **HAPCO** HIV/AIDS Prevention and Control Office
- **HBC** Home Based Care
- **HIV** Human Immuno deficiency Virus
- **NGO** Non-government Organizations
- **GO** Government Organizations
- **OSSA** Organization for Social Service for AIDS
- **PLWHA** People Living with HIV/AIDS
- **SCF-USA** Save the Children-United States America
- **UNAIDS** Joint United Nations Program on HIV/AIDS
- **UNDP** United Nations Development Program

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Abstract

HIV/AIDS is the most pressing problem in the world since the last two to three decades, particularly in the third world countries. It has a devastating impact on the health and socio-economic well being of population in many parts of the developing world. Most obviously HIV/AIDS affects human health and infected people are either eventually die pre-maturely; or they are less productive due to serious of different opportunistic infections. In addition, HIV/AIDS increases poverty in the long run by diminishing assets of households including human physical, social, financial and natural capacities. It increases the relative costs of both avoiding and treating the illness and damages the financial assets.

However, to reduce the long term impacts of HIV/AIDS pandemic, the Ethiopian government formulates policies and programs to participate PLWHA in development programs like IGA. Such program are highly practiced in Adama town few years ago by different governmental and NGOs. The basic objective of this study is therefore, to examine the effectiveness of these IGA in bringing changes in the livelihoods of PLWHA in comparison to non IGA participants. It is conducted using primary source of data. The data was collected by administering questionnaire, focus group discussions and in depth interview. The study is based on both qualitative and quantitative methods. PLWHA participating in IGA and same number of PLWHA not participating in IGA are included in the study. The survey questionnaires were effectively administered to 446 (223 PLWHA in IGA and 223 PLWHA not in IGA), and six FGD and six in-depth interview were held with both IGA groups and non IGA groups. The data are processed and analyzed using the Statistical Package for Social Science (SPSS) computer software and descriptive, analytical and inferential techniques was employed to explain the comparison of PLWHAs participating in IGA and PLWHAs not participating in IGA.

The study has assessed the major household consumption needs and contribution of IGA to cover household expenses in comparison with PLWHA not participating in IGAs. Given the small amount of financial support as well as shortages of technical supports, PLWHA participating in IGA has better economic advantages to cover their household expenses as compared to PLWHA not participating in IGA. However, IGA has its own drawbacks. Based on the finding providing technical support such as training, a thorough monitoring and evaluation of the program and networking among concerned government and NGOs are major recommendations of the researcher. The effort will bring valuable change provided that there is a strong working relationship among all concerned parties; governmental, non-governmental and community based efforts.

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CHAPTER ONE -INTRODUCTION

1.1. Background of the study

HIV/AIDS was the most pressing problem in the world during the past few decades; particularly in the third world countries. It had a devastating impact on the health and socio-economic well being of population in many parts of the developing world. According to different reports in 2003 alone, HIV/AIDS caused the death of more than three million people that made it number one killer among all infectious diseases (UNAIDS: 2004). Similar sources revealed that about 40 million people were living with the virus and about 34 million (85 percent) were living in Africa, Asia and Latin America; the so called developing countries. Sub-Saharan Africa alone accounted for about two-third of the total people living with the virus (Ibid).

The number of HIV/AIDS infected in Africa particularly in Sub-Saharan Africa increases from time to time. In 2003 more than 26.5 million Africans are living with the virus and 3.2 million of whom are infected in one year only. The HIV/AIDS related deaths also increased and had reached 2.3 million in the same year. The most affected group is productive age (15-49 years) and it comprises about 26 million PLWHA in the world (Ibid).

The pandemic has manifested itself in the work places and in other social life interactions. It creates discrimination in work place, social exclusion of Peoples Living with HIV/AIDS (PLWHA), additional distortion of gender inequalities, increased numbers of AIDS orphans and increased incidence of child labour (Loewenson: 2001). It has also disrupted the performance of the informal sector and small and medium-sized enterprises. Other manifestations are low productivity, depleted human capital, challenged social security systems and threatened occupational safety and health, especially among certain groups at risk such as migrant workers and their communities and workers in the medical and transport sectors (Ibid). Clearly speaking, AIDS is no longer just a health problem only, but also it is a developmental crisis for a country especially in sub-Saharan African.

However, different international organizations and representative countries made efforts to curb the pandemic and mitigate its impact. Such efforts include providing home-

based care (HBC) to people living with HIV/AIDS (PLWHA), strengthening psychosocial support to people affected by the pandemic, providing material and financial supports to infected and affected members of the households and providing medical supports (both ART & other medicines used for opportunistic Infections) to the PLWHAs through referral systems (Ibid). There is also additional effort to participate the PLWHA directly in sustainable food security programs through income generating activities. Different international humanitarian organizations and governmental organizations are implementing IGA to build sustainable economic base of AIDS affected groups especially in sub-Saharan Africa.

Ethiopia, as one of the sub-Saharan Africa countries faces similar problem of HIV/AIDS; and similar intervention were made few years ago especially in urban areas. The income generating programs are on the implementation in Ethiopia few years ago, especially after the launching of ART services in the country.

In similar manner, the IGAs are on the implementation in Adama town starting from the 2003, especially by the initiative of NGOs and few PLWHA associations. According to the information collected from the Adama town Health Office/HAPCO, at present time seven PLWHA associations have an intended plan to work in income generating activities. Of these seven associations, three of them are begun implementing IGA. However, the program has its own constraints, especially in relation to stigma and discrimination, problem of market and other socio-economic problems impairing Adama town in general and people infected and affected by the pandemic in particular. The study therefore is made an attempt to provide information on the effectiveness of PLWHA in IGA and their livelihood changes.

1.2. Statement of the problem

HIV/AIDS caused immense human suffering in the world in recent time. The most obvious effect of this crisis has been illness and death, but the impact of the pandemic has certainly not been confined to the health sector; households, schools, workplaces and economies have also been significantly affected. Nowadays, nearly 40 million individuals are living with HIV/AIDS, and 95 percent of whom are from the developing world (UNAIDS: 2004).

The magnitude and level of sub-Saharan Africa countries are very high. According to UNAIDS reports about 70 percent of the total HIV/AIDS infections globally are in sub-Saharan Africa countries. Thus the problem of the epidemic in the region is staggering from time to time (Ibid).

Ethiopia, where HIV/AIDS is becoming the leading causes of adult morbidity and mortality is among the most affected country in sub-Saharan Africa. According to 2006 Ministry of Health report the estimated HIV/AIDS positive is 1,306,891 and it will increase to 1,319,902 by 2007 (MoH/NHAPCO: 2006). The prevalence rate is 3.3 percent in 2006. Considering urban and rural areas, its prevalence rate is 10.1 percent and 1.8 percent respectively (Ibid).

Oromiya regional state is located in the central part of the country, and it is one of the regions with the highest prevalence of HIV/AIDS and number of PLWHA. According to the MoH sixth report document, the Oromiya regional state adult HIV/AIDS prevalence rate in 2006 was estimated to be 2.4 percent (urban prevalence 8.4 percent and rural 1.4 percent) (MoH/NHAPCO: 2006)

Adama is one of the largest towns of Oromiya Regional State with complex socio-economic constraints impairing developmental efforts made from every angle. It is with heavy industries in and around the town, pool of south and east trade center, passage of international rail and high way to port Djibouti.

This in turn calls for many hotels with bedrooms, bars with various beverage alcohol, night clubs and restaurants, local alcoholic beverage selling rooms making the town the center of entertainment. People move to Adama from different parts of the country especially from Bishoftu, Addis Ababa and other nearer towns and entertain during their free time. As a result, sex workers including part time school youth and rural ladies coming to the town in search of income and better living conditions. These all contribute to the high prevalence of HIV/AIDS in Adama, and according to MoH sixth technical document report, HIV/AIDS prevalence rate of Adama town has reached 9 percent (Ibid).

Most obviously, HIV/AIDS affects human health and infected people are either eventually die pre-maturely; or they are less productive due to serious of different opportunistic infections. This is due to the fact that PLWHA are frequently unable to

work for long periods of time; it undermines food production activities and eventually creating a gap in household labour and earnings, family members are drawn away from production to care for sick relatives, and there is increased malnutrition among children in households affected by the pandemic.

These facts are all true for PLWHA living in Adama town also. The affected people living in Adama town also have less energy when they become sick and cannot participate in production in full capacity. Family heads fall victim and as they deteriorate, they lose strengths to produce food which leaves an increasing burden on children. The PLWHA's demand for food also increases although they do not have the money to purchase it.

In addition, HIV/AIDS increases poverty in the long run by diminishing assets of households including human physical, social, financial and natural capacities. It increases the relative costs of both avoiding and treating the illness and damages the financial assets of the PLWHA in Adama town. As a result assets of households at individuals, families and communities level exposed to the future shocks; children are withdrawn from school because of lack of resources to pay for school fees and educational materials; and to care for sick relatives and to generate income by participating in petty trades. In general, the livelihoods are being devastated and the food and nutrition security of millions of households are seriously undermined by the epidemic.

However, to reduce the long term impacts of HIV/AIDS, the Ethiopian government formulated policies and programs, and a special budget is allocated by both governmental and NGOs to allow PLWHAs to participate in development activities. Thus, financial support was provided either in the form of aid or in credit for the purpose of different IGAs. In the case of Adama town, aid is provided to the PLWHA to enable them access to the resources. Technical supports are also provided through skill trainings to the PLWHAs. Such income generating programs are highly practiced in Adama town few years ago by different governmental (like HAPCO) and NGOs. The program has also the advantage of creating employment opportunities. PLWHA are organized in association and financial and technical support is provided to them.

However, the IGA program on implementation in Adama town has its own drawbacks. PLWHA working IGA faces different challenges in relation to health problem, stigma and discrimination and market problem. Due to these and other related challenges the effectiveness of the IGA is under question in Adama town. Especially, the complex socio-economic constraints impairing PLWHA reduces the effectiveness of income generating activities in Adama town.

Therefore, the basic objective of this study is to examine the effectiveness of these IGAs in bringing changes in the livelihood of the PLWHA. The study is a comparative in nature dealing with and it compares the livelihood differentials among PLWHA participating in IGA and non IGA participants.

1.3. Research Questions

The study is geared to ward finding the answers to the following questions.

- ❖ How effective are the PLWHAs in IGAs?
- ❖ How are the livelihoods of PLWHA participating in IGA as compared to non-IGA participants? and
- ❖ What are the problems encountered in participating in IGAs?

1.4. Objectives of the study

The main objective of the study is to examine the livelihoods of PLWHA in IGA as compared to PLWHA not participating PLWHA not participating in IGA in Adama town.

This main objective is decomposed to the following specific objectives;

- ❖ To compare the livelihood changes of the targeted IGA group with non-IGA participants.
- ❖ To identify problems encountered in IGA.
- ❖ To suggest ways to alleviate the prevailing problem.

1.5. Rationale of the study

Detailed studies of the effectiveness and efficiency of the participation of PLWHA in IGA is not readily available. However, different governmental and NGOs provide financial and technical supports to the affected groups of the societies to solve their problems and to mitigate the impact of the pandemic. Hence, more detailed study is

needed to have a better understanding of the extent of effectiveness in attaining its designed objectives.

Therefore the researcher anticipates that, the study can make valuable contribution with regards to the effectiveness of PLWHA in IGAs and in bringing change in their livelihoods. It will provide detail information of the livelihood changes of the PLWHA participating in IGA as compared to those not participating. The study can also initiate new ideas for intermingle identify areas for future research endeavors.

1.6. Scope of the study

The study focuses on the livelihood changes of the PLWHA participating in IGAs and those not participating in IGAs in Adama town. Thus, the study is intended towards comparing the livelihood differential between both groups. PLWHA participating in IGA and same number of PLWHA not participating in IGA are included in the study. Though there are seven associations working in IGA at the time of survey; only three of them (i.e. Dawn of hope Adama town, Wogen-le-wogen Adama and Warka women living with HIV/AIDS are included in the study). Because, the remaining four associations are established very recently and not count one year since begin working IGA. The study is focused on the IGA participants of two years and above.

In similar manner NGOs such as EOC/DICAC, OSSA and SCF-USA Adama branch organize PLWHA and assist financial and technical supports. Accordingly, the PLWHA got support from these organizations and attending different income generating program to have sustainable economic bases. Thus, PLWHA incorporated in IGA by these organizations are included in the study.

1.7. Limitations of the Study

Despite the fact that efforts have been made to conduct the research; the following limitations have been encountered

- Shortages of financial and time resources were major limitation that encountered the study. However reasonable attempt was made to complete the study with a planned period of time.
- PLWHAs' livelihood strategies are wide and complex including care and support, social, medical, nutritional support, etc; that could directly and indirectly

influence the study. In addition the PLWHA have heterogeneous characteristics in occupations, migration status and assets they have. These require the consideration of background studies through conducting as many as possible qualitative method to separate and examine the effect of IGAs only. But, due to shortages of time and money the study is confined to six FGD and six in depth interviews. However, genuinely speaking given the time and financial constraints, this study has brought valuable findings on comparative livelihood perspectives between PLWHA participating in IGA and not in IGA.

- Participating PLWHA in IGA is a recent strategies in HIV/AIDS prevention and impact mitigation programs, probably after the launching of ART services in the country that counts nearly not more than five years. Thus, much was not done on the area by the scholars. Hence, there are limited materials used for review literature. However an effort was made to search for related literature to fill the gap.

1.8.Organization of the thesis

The thesis is classified in to six chapters. The first chapter is an introductory part which comprises background of the study, statement of the problem, objective of the study, research questions, and objectives of the study, rationale of the study, scope of the study and research design and methodologies. The second chapter is devoted to literature review part. The third chapter comprises the background characteristics of the study area and study populations. The fourth chapter is devoted to the situation of sampled and their livelihoods strategies. In this chapter, the situation of PLWHA in IGA and their livelihood strategies were presented in the first section. In the second section of this chapter, situation of PLWHA not in IGA and the livelihood strategies are presented.

The fifth chapter is devoted to the differential in livelihoods among PLWHA in IGA and PLWHA not participating in IGA. A detail of comparison is presented on the differential in employment, income earnings, education services of children affected by AIDS pandemic, household food expenses, housing services and household materials, IGA and change in livelihoods, and IGA and problem encountered is presented under this chapter. The last chapter is dealt with the summary, conclusion and recommendation part of the study.

1.9. Research Design and Methodology

1.9.1. Sampling techniques and source of data

The study was conducted in Adama town on three PLWHA associations and three NGOS working on IGA. The study is based on the primary source of data. In providing technical and financial support to the target groups, the governmental organization and NGOs organize the PLWHA in associations. The PLWHA that have interest to work IGA are registered; and the neediest are selected from them. The criteria were set to select the eligible member of the PLWHA that participating in IGA.

According to the information collected from the associations and NGOs representatives the criterion set to select the targeted groups were;

- Those who had no source of income,
- Those who had full interest to work IGA according to its designed objectives, and
- Those who had witness to use the financial support only for income generating programs.

The IGAs money is provided to the PLWHA in the form of aid, not in credit. Those who participated in IGA cannot get any financial and material support except ART often provided freely for people living with HIV/AIDS. Some of the members of associations also get skill training and employed in different service giving factories (like metal work, wood work, etc.).

On the other hand NGOs also provide similar support to the most need group. Therefore, the list of PLWHA registered as well as got IGA support collected from targeted associations and NGOs offices. Based on the information collected from the representatives associations and NGOs, 3287 PLWHA were registered and shows their interest to work IGA in the three associations and the targeted NGOs in Adama town. According to targeted associations and NGOs of the total PLWHA only 241 had got IGA financial support and working an IGA, and the remaining 3406 were not working in IGA.

1.9.2. Sample size determination

Since the size and list of the PLWHA in IGAs are known, it is easy to determine the sample size of the study population. Hence, the number of PLWHA working in IGA and eligible for the study were 241. Since, the study is comparative (comparing livelihood differentials between PLWHA participating in IGA and not in IGA) equal number of PLWHA not working in IGA was selected from the non-IGA group. The total study population is therefore 482 (241 PLWHA participants from IGA and 241 from not in IGA).

The list of PLWHA collected from the associations and NGOs are used as sampling frame. The census was conducted to the eligible group of PLWHA working IGA. On the other hand using systematic sampling techniques the eligible PLWHA not participating in IGA were selected.

The techniques used to select the eligible PLWHA not participating in IGA is as follows

- Number of PLWHA registered on NGOs and PLWHA associations but not participating in IGA = 3046
- Sample size of PLWHA not participating in IGA (equal to sample size of PLWHA participating in IGA) = 241
- Therefore, $3046 \div 241 = 12.6$; Thus, using the list of PLWHA registration list as sampling frame, the questionnaires were administered every 12th person to PLWHA not participating in IGA.

Among 482 PLWHA, the survey questionnaire was effectively administered to 446 (223 PLWHA in IGA and 223 PLWHA not in IGA), with non-response rate of 7.47 percent. The remaining 26 PLWHA (13 from IGA and 13 from non-IGA) were either not willing to give information at all or absent during the time of data collection.

1.9.3. Data collection instruments and procedures

The study is based on both qualitative and quantitative methods. The primary data was collected through administering questionnaires, focus group discussions and in depth interview. The data were collected from both PLWHA participated in IGA and not

participated in IGA. Thus, questionnaires were administered to the eligible groups after pre-test was conducted.

Eight enumerators and three field supervisors were recruited prior to the data collection. In the process, four informants were recruited from eligible households to facilitate the data collection process. The informants were the leaders and the representatives of the PLWHA who were organizing IGA. Training of data enumerators and field supervisors were conducted for two days (one training day on data collection of IGA group and the other day on non-IGA group). The training was consisting of classroom discussions on concepts and definitions, techniques of filling the questionnaires and field practice interview followed by general discussions and comments. Finally, questionnaires were administered to the eligible PLWHA until the desired sample size was obtained. The data collection process took four days (two day for PLWHA of IGA group and the other two days for PLWHA of non IGA group). During field data collection process close and regular supervision were undertaken to ensure that data collection activities carried out according to the given instruction.

Focus group discussions and in depth interview were used to collect qualitative data. Focus group discussions and in depth interview were held with both PLWHA in IGAs and not in IGAs. Accordingly six focus group discussions (3 to both IGA and non-IGA group each) and six in depth interview (3 to both IGA and non-IGA group each) were conducted to collected qualitative data. The focus group discussions and key informants discussions were held by migration differentials, marital status differential and by sex differential to see the variation among the group. The researcher organized and conducts the focus group discussions and in depth interview when and where it is favorable situation to the targeted groups. Electronic material (tape recorder) was used to conduct FGA and in depth interview.

In ordered to get full support from the concerned governmental and NGOs, it is a useful to advocate and lobby the necessary stakeholders at different level. Thus, frequent and continuous discussions were made with the three targeted associations leaders and OSSA Adama branch, SCF-USA Adama branch, and EOC/DICAC Adama project office. In this regard the targeted associations leaders and NGOs representatives were very cooperative starting from providing list of study population to last date of data collection process.

1.9.4. Ethical Consideration

As any scientific research in general and HIV/AIDS based studies in particular ethical consideration was made in this study. First, letter of support were written by Institute of Population Studies Research Center of Addis Ababa University, based on which the Adama town administration health office/HAPCO division served as a mediator with eligible PLWHA associations and NGOs.

Secondly, the PLWHA were informed before responding to the questions that their responses will be kept secret and not used for purposes other than the objectives of the study. They were also informed that they have full right not to participate in the study at all or not responded to any questions. Thus, based on the verbal consent the questionnaires were administered to 446 voluntary people living with HIV/AIDS. In similar manner FGD and Key informant discussion were also conducted based on the verbal consent of the eligible groups.

1.9.5. Methods of Data Analysis

The data are processed and analyzed using the Statistical Package for Social Science (SPSS) computer software and descriptive, analytical and inferential techniques was employed to explain similarities and differentials between PLWHAs participating in IGA and PLWHAs not participating in IGA.

CHAPTER TWO

LITRATURE RIVIEW

2.1. Impact of HIV/AIDS on household Livelihood Security

In both low and high prevalence setting, HIV/AIDS hinder human developments. Globally, the pandemic continues to exact a devastating toll on individuals and families. In the hardest-hit countries, it is devastating health, economic and social progress, reducing life expectation, and slowing economic growth poverty and contributing to and exacerbating chronic food shortages (UNAIDS: 2004; 41).

In high prevalence countries like sub-Saharan Africa, the epidemic has a series impact on households and communities economic development. The UNAIDS 2004 report reveals that on the macro-economic level, the sub-Saharan Africa countries lose an average of between one percent to two percent of the annual economic growth due to the presence of AIDS epidemic. On the other hand, the resulting effects on government revenue and expenditure will significantly weaken the countries capacity to mount an effect response, or indeed weaken progress towards the Millennium Development Goals (Ibid).

Thus, these countries are facing growing human capacity crises. They are already losing skilled staffs that are essential for government and the community to deliver vital public services and AIDS is exacerbating this crises. Hence, these countries can not meet social services commitments due to the pandemic.

At an individual and household level, it is now generally accepted that the HIV pandemic has multiple and complex effects on the sustainable human development. These impacts have their origins in the effects of HIV/AIDS on the growing of labour force and on the productivity of labour and capital. It is through these effects that the epidemic will reduce the rate of potential economic growth at household (Cohen: 2001). According to Cohen (2001), the effect will come through two channels. First, it creates a diversion of saving in to less productive uses (primarily in to health and related expenditures by households), so that fewer resources are available for investment which is the main instruments for achieving economic growth (securing individual and household livelihood). The second main channel where by economic growth may be reduced is through what may be described as “system failure”. These could take many

forms and have many causes. The most likely effect on the economic growth systems capacity to function will occur through the losses of human resources, which are projected on account of HIV/AIDS.

Both the economic and social systems of the household depend on the expectations that individuals function more or less normally. But there is evidences that this can no longer be assumed to be the case for all sorts reasons to do with the effects of HIV/AIDS (due to sick and do not return up of productive labour forces. These are effects compound over time, and are difficult to address through policy and program intervention particularly in Sub-Saharan Africa countries (Ibid).

2.1.1. Impacts of HIV/AIDS on household assets

The epidemic often has catastrophic impacts on the affected households. In some of the worst affected countries, where there are low standard of living even before the AIDS epidemic started having an impact; the livelihood of the poor were already deteriorating markedly. The epidemic drives these households to destitute (UNAIDS: 2004; 44). The first step is through creating shocks on the household assets.

The HIV/AIDS affected households had mostly lower annual income, had lower savings and spent more on transportation, funerals and health care, but less on housing, remittances and holds. The coping strategies adopted by HIV/AIDS affected households include selling of household assets, withdrawal of children from schools and joining community support groups (Kadiyala: 2004; 11). Therefore AIDS creates extraordinary care needs that must be met by withdrawing other household members from school or work to care for the sick. Similar study revealed that children of PLWHA take significantly more time on taking care of the sick and young children. According to Kadiyala (2004), older children of PLWHAs decline in school attendances by 28 percent and school performances by 26 percent (Ibid).

The AIDS pandemic also causes household expenditure to rise as a result of medical and related costs as well as funeral and memorial costs. The funerals have been shown to deplete resources of the afflicted and affected households (Bishop et.al 2006; 12). The cost of prolonged illness and associated loss of income may force households to sell some of assets so as to meet the additional health costs. According to Bishop etal, there are asset security differences between households that reported having household

member living with HIV/AIDS and household with non-affected groups. The household that have PLWHA changed their household assets in to cash, and the HIV/AIDS related opportunistic infection medical costs rise (Ibid).

Therefore, the pandemic has direct impacts on household assets though increasing medical and related costs. As additional health costs, funeral costs and other intermediate expenses increase, eventually they are forced to sell their assets.

2.1.2. Impacts of HIV/AIDS on household production system and income earnings

HIV/AIDS has negative impacts on the whole production system and income earning activities. The main pathway of the impact is through 1) morbidity and mortality (induced loss of productive labour), 2) loss of household assets used for production, 3) Interruption of intergenerational skills and knowledge transfer (ECA: 2006).

Deaths and illness reduce both directly through affecting productive members of the household and indirectly through diverting the productive labour to caring for the sick. An empirical findings conducted in agricultural production in Zambia in 2006 revealed that, both of these effects mean that, during the rainy period of high demand for land preparation, saving and weeding; labour demand for farm work may remain unmet as urgent domestic tasks are forced to take precedence. In Northern parts of the country, the affected households in general and female headed households in particular show reduction of total area under cultivation due to labour shortages (Ibid).

The decline in production for affected household because of HIV/AIDS related reasons include shortage of labour, lack of inputs and lack of means of production (as they are sold to cover medical and funeral expenses). These all factors lead towards reduction in income earnings. The reduction of income earnings is high if the infected individual is the sole bread winner of the household.

The wide spread loss of adults also disrupts mechanisms for transforming indigenous production method, knowledge, values and belief from one generation to the next. Particularly agricultural skills may be lost since children are unable to absorb their parents working skills. This has serious implication on the continuity of agricultural and livestock production. For instance in Swaziland, a case study on the impact of HIV/AIDS and drought on local knowledge confirmed the pandemic erodes

generational local knowledge transfer (ECA; 2006). According to this study, the death of adult man meant the disappearance of knowledge and skills related to maize and cotton production and; while the death of the women affects the household knowledge on legume production.

In general HIV/AIDS cause a steady decline in the number of economically active members of the households and forces to sell their property which are viable for production process. These are always usually followed by reduction in production and household income earnings.

2.1.3. Impacts of HIV/AIDS on household nutritional status

HIV/AIDS has significant impacts on nutrition at the level of individual, household and the community. The pandemic affect the nutritional health of an individual in three reinforcing ways. These are 1) HIV/ and AIDS changes the body's metabolism so that more energy, protein and micronutrients are demanded and utilized, 2) Individuals with HIV/AIDS often consume less food due to loss of appetite, mouth or throat sores, pain and nausea, side effects of medication or as a worsening household poverty and livelihood security, 3) HIV/AIDS impaired the absorption of nutrients consumed on account of diarrhea and vomiting, damaged intestinal cells and other effects of opportunistic infections. These three impacts can often occur simultaneously and can rapidly accelerate weight loss and malnutrition (Bishop etal: 2006).

As a result HIV/AIDS infected individuals require higher nutritional food than uninfected one that can be difficult to afford its cost. According to different researches, HIV infected individuals have higher nutritional requirements than normal, particularly with regards to protein (up to 50 percent increased), and energy (up to 15 percent increased). They are also loss of appetite, even anorexia, thus reducing dietary intake the very time when requirements are higher (Gillespie et.al: 2001; 7).

However, such food intake is difficult to cope up with for the poor; who are more likely to be malnourished prior to becoming an infected. Therefore, at an individual and household level, the pandemic essentially accelerates the vicious circle of inadequate dietary intake and leads to malnutrition. AIDS also causes chronic food shortages through asset losses and depletes family income that would normally purchase food. In

Zambia for instance, research shows the poorest economically active infected household member rely heavily on cash income for food (UNAIDS: 2004; 46).

Hence, in high prevalence countries like those of Sub-Saharan Africa, vicious circles exist between food shortage, malnutrition and HIV/AIDS. In Uganda for instance, in 1990s research demonstrate food insecurity and malnutrition were the most problem of many female headed HIV infected household. This vicious circle is exit especially in poor households in which malnourished HIV infected people progress more quickly to AIDS (Ibid).

In general, PLWHAs need more calories than uninfected individual, in which it creates additional pressure on household assets and earnings. Therefore, it disrupts household nutrition system and eventually leads towards malnutrition. Furthermore, malnourished HIV infected people progress more quickly to AIDS.

2.2. Attempts made to secure the Livelihood of PLWHA

2.2.1. IGA as means of livelihood security

For people of low per capita income countries, gaining access to resources and social amenities are often their major challenges. Indeed mobilization of human and financial resources has proven to be successful foundation from which community members gain experiences in organizing, articulating their needs, identifying resources and managing the development process.

However, broad research indicates that, poverty especially in developing countries is changing its nature from time to time (Pickering etal: 1996). On the other hand there are different attempts to empower the poor vulnerable group and addressing their income need. Development agencies now a day have made use of a range of strategies to address inadequate income levels and improve livelihoods.

These development agencies are increasing their emphasis on assisting the economically vulnerable group to secure income through their efforts. Such approaches are often categorized as “Income generating activities (IGA)” and cover initiatives as divers as small business promotion, cooperative undertaking, job creation schemes, sewing circles, credit and saving groups and youth training programs (Albee: 1994).

Hence, development agencies have sought to provide money to the poor in the form of credit or aid for investment in employment generations and micro enterprises. A further area of financial support provision is that of training. Training helps to increase the capacity of unskilled workers, thereby enabling them to earn higher wages, secure higher rates of returns and build their household financial capacity (Ibid).

For instance UNICEF provide financial and technical supports to economically vulnerable group of women in Uganda in 1980's. By the end of the decade, the evidence revealed that an increasing number of poor women were creating their own jobs in small agricultural, manufacturing, services and petty trades. Evidence also indicated that these women had got the chance of being employed by their own activities (Pickering et al: 1996).

Similar programs are on implementation here in our country Ethiopia in different circumstances. The one seen as an example is the IGA program on the implementation in Adama town few years ago by the PLWHAs. The study, therefore gears towards examining the effectiveness of these projects in bring the livelihood changes of the target groups.

2.2.2. IGA, Livelihoods and HIV/AIDS

In most cases, IGA are seen as cash transfers to vulnerability groups that allow significant investment in empowering the capacities of the beneficiaries. In this regard, the income generating projects helped stigmatized groups (HIV/AIDS affected and infected) to be self sufficient in long term food supply and to improve the nutritional status of children. This intern provided them with greater psychological empowerment and adaptability (Onyango: 2005).

For instance the improved fish farming activities implemented by PLWHA in Kenya increased the capacities and capabilities of HIV/AIDS affected group to be self standing of their livelihood (Tony et.al:2007). According to Tony et al, the benefits of fish farming activities include access to nutrition rich in proteins, access to cash resources to cover their household expenses, to reduce stigmatization in the community (Ibid).

Similar studies also revealed that linkages of PLWHA with IGA empower their household resources bases. According to Onyango, the IGA increases their production and PLWHA sold their products, thus generate extra incomes. These helped to improve

both the livelihood of families and their general long term social standing. Hence the negative attitudes and stigma toward PLWHA began to changing (Onyango: 2005)

2.2.3. Strategies for Linking IGA and HIV/AIDS impact Mitigation

The literature review revealed that there are no well tested approaches for using food aid to mitigate the impact of HIV/AIDS on the individuals and communities level. However, experience from food security programs using food and other resources provide guidance to develop models or approaches. For instance, in Senegal Dakar a serious of IGA are developed to help PLWHA to become financial and self supportive for the food and medicines and to support their families (UN: 2001).

Hence, financial and technical supports (e.g. skill trainings) are provided in the form of aid or in credit by the governmental and NGOs to the target groups. Especially, there is a strong need to increase women's living with the virus participation on such activities by creating access to financial resources. One possibility is to engage in income-generating activities where widows, or adolescent girls/boys, get together to work on a micro-project. These groups should be flexible with regards to membership so that if one person cannot show up one day, somebody else can replace them (Ibid).

Many clients use the credit and aid provided to expand petty trade activities, often in commodities of high demand. Other enterprises include hairdressing salons and drinks stores. As the income is increased clients (PLWHA) can use the funds to ensure that orphans dependents are able to stay in school and/or, in some cases, diversify in to new business enterprise (Ibid). In general, such sectors create job opportunities for the affected groups and enhance the household earnings; and hence build the capacity to self supportive of their livelihood.

In Ethiopia also, similar activities are on the implementation especially in urban areas like Adama town few years ago by different governmental (like HAPCO) and NGOs. Thus, the basic objective of this study is to examine the effectiveness of the program in bringing changes in the livelihood of the target group.

2.3. Theoretical and Conceptual Framework

2.3.1 Theoretical Framework

According to different researches, the forces of working against poverty in developing countries are now greater than ever before. This is to respond to the needs of the poor residences, and more development agencies are now working on it. There are different strategies working against poverty in developing countries.

Many of the problems associated with poverty in developing countries are related to lack of income. These are implicitly related to the resource entitlement theory. The resource entitlement theory is based on the premise that poverty is seldom resulting from straight forward lack of food in a region; rather poverty results when people lose their entitlement; that is the means of acquiring their livelihoods (Khogali and Takhar: 2001; 40).

Mitlin also expresses the relationship between lack of income and livelihood change in the following manner. According to Mitlin (2000) the poor do not have the income they need to meet their immediate basic needs for food, fuel and journeys to and from work, water, shelter and essential health services. Lack of income means that their diet is insufficient for good health and that it is difficult for families to invest in education and training which might enable them to obtain higher wages. Lack of income also means it is difficult to save and secure assets, rendering households particularly vulnerable to crises (Mitlin: 2000; 205).

In order to recover their resource entitlements; people caught up in disaster of lack of resources seek an income. The coping strategies should be planned and focused on empowering the vulnerable group regarding their economic base. Among these coping strategies in which development agencies now a days focused on is income generating programs (Ibid).

The main objective of the IGAs implemented by governmental and NGOs are to restore livelihoods and assets of PLWHA, to improve the health and nutritional status of vulnerable people especially women and children, to assist in the recovery of most vulnerable populations, to support self-reliance of people affected by HIV/AIDS and to contribute to increased primary school enrollment school and retention of children affected by the pandemic (McKay: 2003). The IGA also creates a secure environment

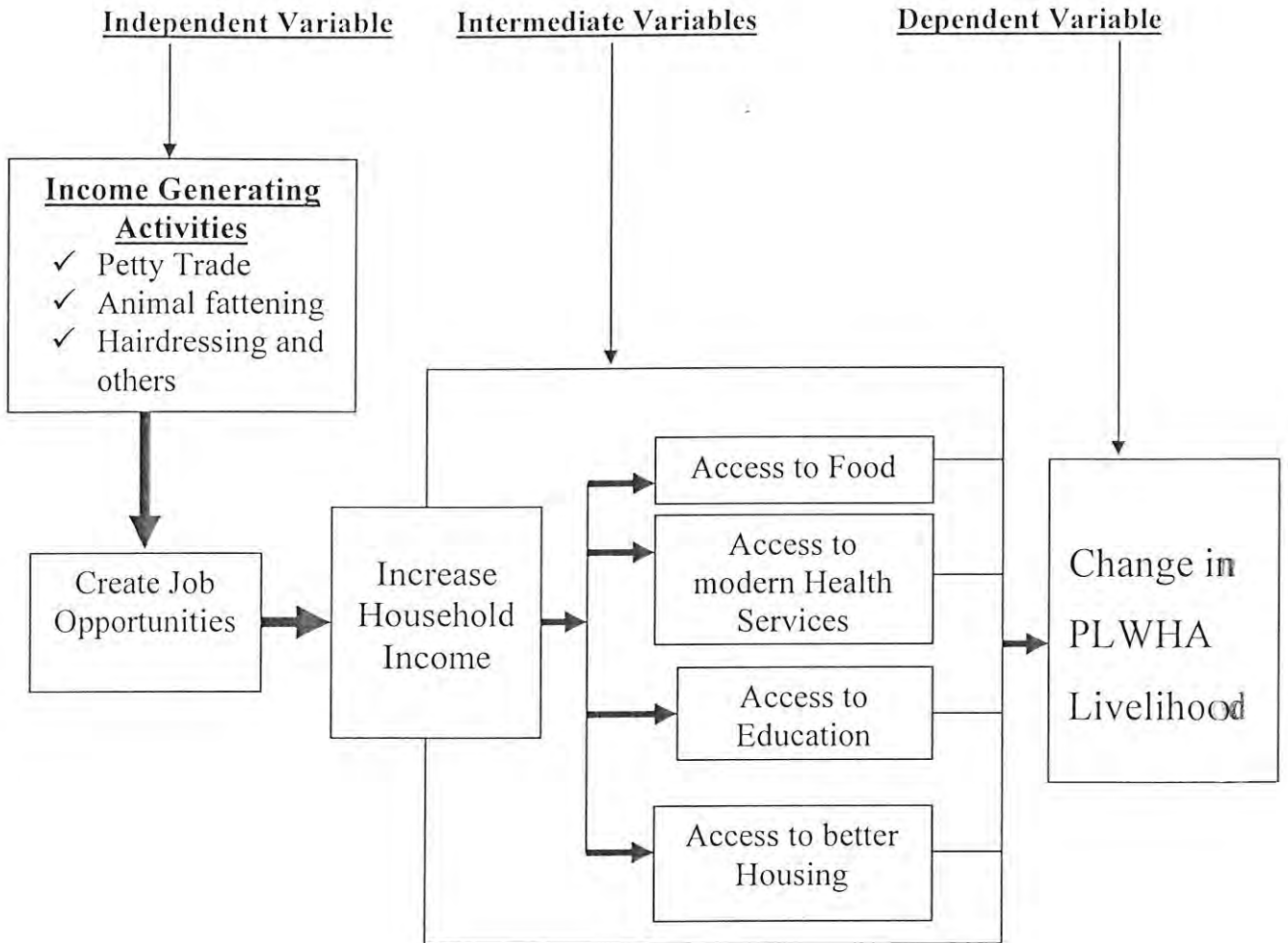
away from stigma, creates employment opportunities to the target groups, empowerment to provide important services (e.g. counseling and home based care), and often lead to treatment and other human right issues (Ibid).

The experiences highlight the need to address both immediate and long-term economic needs of people affected by AIDS. Clearly in this particularly case the development of IGA for PLWHA might have been more appropriate to form sustainable economic opportunities (White and Morton: 2005; 194). The underlining determinant to livelihood change of the PLWHA here are the financial and technical supports provided by governmental and NGOs. These supports create opportunities for the target group to participate in the IGAs.

In other words, the financial support and skill trainings enable the PLWHA to be self-employed in IGAs and hence contribute in enhancing their earnings. The increased earnings of the PLWHA at household level can have a positive effect on the livelihoods of the target groups at an individual and household level. Thus, the intervening factor that facilitates the effect of livelihood change is the increase in the level of household income earnings. This leads to the change in physiological needs (such as ensuring household food security), saving household assets, capacity to better health services, educational and change in psychological changes.

Therefore, the relationship between independent, intervening and dependent variables are seen as follows;

Figure-1: Analytical Framework



Source: *Developed by Author on the basis of literature review, 2008.*

2.3.2. Operational Definition of Terms and Concepts

- ❖ **IGAs** - for the purpose of this paper, income-generating activities' will be considered those initiatives of income creation of people through the use of economic tools such as credit and financial aid.
- ❖ **Change in Livelihoods** - for the purposes of this study, “change in livelihoods” refers to increase in household income earnings, creating job opportunity, change in ensuring household food security, creating capacity to save household assets, capacity to better health services, education and access to better housing facilities.
- ❖ **Implementing IGA properly** - for the purpose of this study, it means using IGA support money only to IGA, rather than directly using the money to cover household expenses.
- ❖ **IGA Designed Objective** - for the purpose of this study, the designed objective of IGA in short, it means making PLWHA access to the resource by providing aid and creating employment opportunities to make self supportive in their livelihoods.
- ❖ **Balanced Diet Food** - for the purpose of this study, balanced diet food means includes proteins and mineral rich foods. It includes milk, egg, fat and carbohydrates, fruits and vegetables foods.

CHAPTER THREE

BACKGROUND OF THE STUDY AREA AND STUDY POPULATION

In this chapter, the over all background characteristics of the study area and the sampled population are presented. In the first section, attempt is made to highlight the geographic and demographic characteristics of Adama town. The second section of the chapter is devoted to the presentation of the demographīc, socio-economic, and source of income of the sampled household.

3.1. Background Characteristics of the Study Area

This study is conducted in Adama town of Oromiya Regional State. Adama town is located in East Shoa Zone of Oromiya region, is found 100 km east of Addis Ababa on the main rout way of Addis-Djibouti. The town lies in a flat land like land developed probably on one of the steps of the rims of the rift valley faults. According to Adama town municipality, the town has an average altitude of about 1625 m.a.s.l.

Adama town is situated along Addis-Djibouti road where people are moving to looking for job opportunity from different part of the country. The town is also located in high market center areas and surrounded by factories and firms. Giant firms such as Awash sugar factory, and other government and private factories like flower factories are situated in and around Adama town. Beside to these there are also several bars and hotels and night club houses that attract visitors thereby accelerating the speared of HIV/AIDS.

In general, Adama town is located in the industrial zone of Oromiya Regional state and people are migrating to the town in search of better job opportunities, economic and social services. These all contributes to the high HIV/AIDS prevalence rate to 9 percent (MoH/NHAPCO: 2006). According to Central Statistical Agency, Adama branch the population size of Adama town 218,110, of which 108,990 are male population, while 109,120 are female (CSA: 1994)

3.2. Major Background Characteristics of the Study population

3.2.1. Demographic Characteristics of the Respondents

3.2.1.1. Sex-composition

The total number of people living with HIV/AIDS covered in the present study in Adama town is 446. Among the respondents covered in the survey 88.8 percent were household head and the remaining 11.2 percent were not. Considering the sex-composition 65.2 percent of respondents were female and the remaining 34.8 percent are females. Thus, about two-third of the sampled respondents were female living with the HIV/AIDS.

3.2.1.2. Household size and Age characteristics

Table 3.1 below shows the highest PLWHA concentrations were seen in the three age groups; i.e. 30-34, 25-29, and 35-39 and all together accounts 67.7 percent of the respondents. This is nearly coincides with the 2006 MoH/HAPCO national reports of HIV/AIDS in which the peak age of PLWHA in 2005 was seen in the age group of 25 - 39. (MoH/NHAPCO: 2006)

With regards to the household size, 87 percent of the respondents had household size of 1-4. Only 0.9 percent of the respondents had household size of greater than 7. The remaining 12.1 percent of the respondents has household size of 5 to 7 at the time of survey.

3.2.1.3. Marital status

As shown in the table 3.1 above, 44.6 percent of the respondents were widowed, while 25.8 percent and 18.2 percent were respectively, at marital union and divorced at the time of survey. Where as only 3.4 percent of the respondents were separated and the remaining 7.8 percent of the respondents were never married.

3.2.1.4. Migration status

As far as the migration status of the respondent is concerned 54 percent of the total respondents (both IGA participant and non-participant) were migrants, and the non migrant account 46 percent. The respondents' information on reason for migration was collected during field survey. According to field survey report, the migrant due to

economic factors and for work account 37.8 percent and 30.7 respectively. Migration due to marriage and due to other factors accounts 14.1 percent and 16.6 percent respectively. Only 0.8 percent of the migrant were in search of better education facilities.

Table 3.2.1 - Percentage distribution of sampled population by sex, age, marital status, migration and reasons for migration characteristics (in percentages)

Background Characteristics		Frequency	Percent
Sex	Male	155	34.8
	Female	291	65.2
Marital Status	Single	36	8.1
	Currently married	115	25.8
	Widowed	199	44.6
	Divorced	81	18.2
	Separated	15	3.4
Household size	1 to 4 household size	388	87.0
	5 to 7 household size	54	12.1
	Household size of greater than 7	4	.9
Age	20-24	32	7.2
	25-29	101	22.6
	30-34	140	31.4
	35-39	61	13.7
	40-44	44	9.9
	45-49	30	6.7
	50-54	10	2.2
	55-59	10	2.2
	60-64	8	1.8
	65-69	4	.9
	75 and above	6	1.3
Migration	Migrant	241	54.0
	Non-migrant	205	46.0
Reasons for Migration	For work	74	30.7
	For Marriage	34	14.1
	For searching Better Education	2	.8
	Economic factor	91	37.8
	Other	40	16.6

Source: *Field Survey, 2008.*

3.2.2. Major Socio-Economic Characteristics of Sampled Population

3.2.2.1. Ethnic Background

Considering the ethnic group of the respondents, Amhara and Oromo comprise 47.5 percent and 38.1 percent respectively. Tigraway ethnic group covers 5.4 percent and others ethnic group account 9 percent of the sampled PLWHA.

Table 3.2.2: Percentage distribution of sampled population by Ethnic, Education, grade level, source of income and health status.

Background Characteristics		Frequency	Percent
Ethnic	Oromo	170	38.1
	Amhara	212	47.5
	Tigraway	24	5.4
	Others	40	9.0
Religion	Orthodox	352	78.9
	Protestant	51	11.4
	Catholic	6	1.3
	Muslim	37	8.3
Education Status	Attended formal Educations	279	62.6
	Not attended formal Educations	167	37.4
Highest Grade Level Completed	Grade 1- 4	44	15.8
	Grade 5 - 8	137	49.1
	Grade 9 - 11	76	27.2
	Completed Grade 12	22	7.9
Enrolled in the 2000 E.C year	Registered in 2000 E.C	13	5.1
	Not registered in 2000 E.C.	241	94.9
	Total	254	100.0
Source of Income	Had regular monthly income earning	213	47.8
	Hadn't regular means of income earning	233	52.2
	Total	446	100.0
Types of Activities	Working on daily labour	153	71.8
	Not working on daily labour	60	28.2
	Total	213	100.0
NGO/GO support	Had NGO/GO regular support	163	36.5
	Hadn't NGO/GO regular support	283	63.5
Use Anti-Retroviral Therapy	Yes	300	67.3
	No	146	32.7
	Total	446	100.0
Health situation of ART users	Good health condition	217	72.3
	Face occasional illness due to opportunistic infections	77	25.7
	Face serious illnesses	6	2.0
	Total	300	100.0

Source: *Field Survey, 2008.*

3.2.2.2. Religion

Considering the religion background of the study population more than three-fourth of the sampled PLWHA (78.9 percent) was Orthodox Christian religion followers. Protestant and Muslim religion followers account 11.4 percent and 8.3 percent respectively. The other religion, Catholic accounts 1.3 percents of the respondents.

3.2.2.3. Source of Income

The information collected from the respondents during field survey revealed that, more than half of the respondents (52.2 percent) had no regular means of income earning activities. The remaining 47.8 percent have their own means of income earning activities, of which 71.8 percent were participated in daily labour activities. This indicates that the majority of the respondents' income earnings were depending on daily labour work. Considering the NGO/GO support, only 36.5 percent of the respondents had got material and financial support from different governmental and NGOs. The remaining 63.5 percent of the respondents had no support.

3.2.2.4. Health Situation of the Respondents

With regards to the health situation, 67.3 percent of the sampled respondents were ART users and the remaining 32.7 percent were not use ART during the field survey. Of the total ART users 72.3 percent of the respondents' health was good at the time of survey. 25.7 percent had occasional illness due to opportunistic infection and only 2 percent of the sampled ART users had serious health problem.

CHAPTER FOUR

THE SITUATION OF SAMPLED PLWHA AND THEIR LIVELIHOOD STRATEGIES

Before going to examining the comparison of livelihood differentials among IGA participants and non-participants PLWHA, the respondents' demographic and socio-economic characteristics are presented hereunder separately.

In the first section, attempt is made to highlight the demographic, ethnic, religion background, source of income and household materials of sampled IGA participants. In similar manner, the second section of the chapter is devoted to the presentation of demographic, ethnic, religion background, source of income and household materials of sampled non IGA participants

4.1. PLWHA Participating in IGA and their Livelihood Strategies

4.1.1. Demographic Characteristics

According to the field survey, 91 percent of the sampled PLWHA participating in IGA were household head and only 9 percent of the respondents were not household head. Table 4.1.1 shows that, 70.9 percent of the respondents were female, and the male proportion accounts 29.1 percent. With regards to the household size 87.4 percent of the respondents of sampled IGA participants had household size of 1 to 4. Only 0.8 percent of the respondents had household size of greater than seven, and the remaining 10.7 percent of the respondents of sampled IGA participants had family size of 5 to 7 at the time of survey.

As far as the marital status of the respondents concerned widowed account the highest proportions (40.8 percent). The proportions of divorced and currently at marital union respondents of IGA participants account 20.6 percent and 24.2 percent respectively during the field survey. Whereas single or never married accounts 10.3 percent and the remaining separate accounts 4 percent of the sampled IGA participants.

Table 4.1.1: Percentage distribution of sampled IGA participants by sex, age, household size, migration and marital status.

Background Characteristics		Frequency	Percent
Sex	Male	65	29.1
	Female	158	70.9
Age	20-24	20	9.0
	25-29	38	17.0
	30-34	70	31.4
	35-39	30	13.5
	40-44	29	13.0
	45-49	16	7.2
	50-54	6	2.7
	55-59	2	.9
	60-64	2	.9
	65-69	4	1.8
	75 and above	6	2.7
Household Size	1 to 4 household size	195	87.4
	5 to 7 household size	26	11.7
	Household size of greater than 7	2	.9
Migration	Migrant	125	56.1
	Non-migrant	98	43.9
Reason for Migration	For work	42	33.6
	Marriage	14	11.2
	Economic Factor	44	35.2
	Others	25	20.0
	Total	125	100.0
Marital Status	Single	23	10.3
	Currently married	54	24.2
	Widowed	91	40.8
	Divorced	46	20.6
	Separated	9	4.0
	Total	223	100.0

Source: *Field Survey, 2008*.

Considering the migration status, 56.1 percent of the respondents of IGA participants were migrants and the remaining 44.3 percent were non-migrant. During the field survey information on reason for migration were collected from the sampled respondents. According to the field survey result, the proportions of migrants due to economic reason account 35.2 percent, and followed by 33.6 percent migrant due to in search of better job opportunity. The proportion of migrants due to marriage accounts 11.2 percent. The remaining 20 percent of the migrants' respondent of IGA participants were due to other factors, which include stigma and discrimination, in search of better education and health services.

With regards to age of the respondents, large proportions of the IGA participants were found in the age groups of 25-29, 30-34 and 35-39, and constitute 17 percent, 31.4 percent and 13.5 percent respectively. Whereas the small proportions are found in the last three age groups i.e. age 60-64, 65-69 and 75 and above, constitutes 1.6 percent, 0.8 percent and 1.2 percent of the sample population respectively. Information on age distribution helps us to show the age group most affected by HIV/AIDS pandemic.

4.1.2. Ethnic and Religion Background

Table 4.1.2 - Percentage distribution of sampled IGA participants by ethnic and religion.

Background Characteristics		Frequency	Percentage
Ethnic	Oromo	92	41.3
	Amhara	94	42.2
	Tigraway	16	7.2
	Others	21	9.4
Religion	Orthodox	183	82.1
	Protestant	13	5.8
	Catholic	6	2.7
	Muslim	21	9.4

Source: *Field Survey, 2008.*

Table 4.2 shows 42.2 percent of the sampled IGA participants were Amhara and followed by 41.3 percent Oromo ethnic group. Tigraway ethnic group accounts 7.2 percent and other ethnic group of the respondents accounts 9.4 percent. With regards to religious background majority of the sampled IGA respondents, i.e. 82.1 percent were Orthodox Christian followers. Muslim, Protestant and Catholic account 9.4 percent, 5.8 percent and 2.7 percent respectively.

4.1.3. Education and Health status

As indicated in the table 4.1.3, 62.3 percent of the respondents of PLWHA participating in IGA were attended formal education, among which nearly half of them (49.6 percent) were completed second grade education level (grade 5 to 8). The proportions of the sampled IGA participants completed grade 9 to 11 were 27.3 percent during the time of field survey. Only 5.8 percent of the PLWHA in IGA were completed grade 12. The remaining 17.3 percent were completed first grade cycle education (grade 1 to 4).

The proportion of PLWHA in IGA that did not attend formal education was 37.7 percent.

Among the PLWHA that attended formal education, only 7.9 percent were enrolled to attend education in the year 2000 E.C, and 92.1 percent were dropped out their education during field survey.

Table 4.1.3 - Percentage distribution of sampled IGA participants by education status, grade level, and health situation.

Background Characteristics		Frequency	Percent
Educational Status	Attended formal Educations	139	62.3
	Not attended formal Educations	84	37.7
Grade level completed	Grade 1-4	24	17.3
	Grade 5-8	69	49.6
	Grade 9-11	38	27.3
	Completed Grade 12	8	5.8
Registered to attend education in 2000 E.C.	Yes	11	7.9
	No	128	92.1
	Total	139	100
Use ART	Yes	143	64.1
	No	80	35.9
Health Situation After ART	Good health conditions	94	65.7
	Face occasional illness due to opportunistic infections	45	31.5
	Face serious illnesses	4	2.8
	Total	143	100.0

Source: *Field Survey, 2008.*

With regards to the health situation of the sampled IGA group, 64.1 percent were ART users during the field survey; among which only 2.8 percent had frequent illness due to opportunistic infections. The proportions of the ART users that face illness occasionally due to opportunistic infections were 31.5 percent. The remaining 65.7 of the ART user health situation is good, i.e. they didn't face serious illness due to opportunistic infection.

4.1.4. Source of Income

Table 4.1.4: shows that 54.3 percent of the respondents of sampled IGA participants had regular job and means of income before joining IGA program. The remaining 45.7 percent had no means of regular income earnings. Of the total IGA participants 80.17

percent were daily labourer. Only about one-fifth (19.17 percent) of the sampled IGA participants had regular means of income other than daily labour.

Table 4.1.4: Percentage distribution of sampled IGA participants by source of income and types of IGA Support provided.

Background Characteristics		Frequency	Percentage
Has Regular Means of income	Yes	121	54.3
	No	102	45.7
Daily Labourer	Yes	97	80.17
	No	24	19.83
	Total	121	100.0
Has NGO/GO support	Yes	52	23.3
	No	171	76.7
Number of Years since join IGA	Two years	26	11.7
	Two - Three years	149	66.8
	More than Three year	48	21.5
Types of Support	Financial support	174	78.0
	Material Support	24	10.8
	Both	25	11.2

Source: *Field Survey, 2008*.

Of the IGA participants, 76.7 percent of the respondents did not have regular financial and materials support for household consumption. On the contrary, 23.3 percent of the respondents had got regular financial and material support for household consumption from different governmental and NGOs. Results of the field survey revealed that, more than two-third (66.8 percent) of the sampled IGA participants were began implementing IGA before two to three years. 21.5 percent were started IGA work before three years, and only 11.7 percent of the sampled IGA respondents were began working IGA two years ago.

Considering the types of support provided for IGA work, 78.0 percent of the sampled IGA participants had got financial support. The proportion of respondents got only material support and both material and financial support were 10.8 percent and 11.2 percent respectively.

4.1.5. Housing and Household Materials

Table 4.1.5 - Percentage distribution of sampled IGA participants by housing and household materials.

Category		Frequency	Percent
Rented House	Yes	129	57.8
	No	94	42.2
Sold Household Materials	Yes	135	60.5
	No	88	39.5
Reason to sold the household expenses	To cover Health expenses	38	28.15
	To cover Food expense	31	22.96
	To cover House rent expense	19	14.07
	To cover education expenses of children	21	15.56
	To cover other household expenses	26	19.26
	Total	135	100

Source: *Field Survey, 2008.*

Table 4.1.5 shows that, 57.8 percent of the sampled PLWHA participating in IGA were living in house rent and pay house rent expenses regularly. The remaining 42.2 percent of the sampled IGA group had no regular monthly house rent expenses. On the other hand, of the total sampled PLWHA IGA group 60.5 percent were sold part or at least one of their household properties to cover household consumptions. The proportions of PLWHA in IGA did not sold household materials to cover household expense were 39.5 percent.

According to the survey report, 28.15 percent of sample PLWHA participating in IGA were sold household materials to cover their health expenses. The proportion of PLWHA in IGA sold household materials to cover household food expenses were 22.96 percent. Whereas 15.56 and 14.09 percent of the respondents of IGA group sold the household properties to cover education expenses of their children and house rent expenses respectively. The remaining 19.26 percent were sold the household materials to cover other consumptions.

4.2. PLWHA not Participating in IGA and their Livelihood Strategies

4.2.1. Demographic Characteristics of the Sampled IGA participants

Table 4.2.1 presents major demographic characteristics of people living with HIV/AIDS not participating in IGA. According to field survey report 86.5 percent of the sampled

non-IGAs were household head. The remaining 13.5 percent were not household head. Thus, majority of the PLWHA were the bread winner of the households.

The sex distribution shows, females account 59.6 percent while the proportion of males were only 40.4 percent of the sample non IGAs PLWHA. Large proportions of the sampled PLWHA not participating in IGA were found in the age groups of 25-29, 30-34 and 35-39, and it constitutes 28.3 percent, 31.4 percent and 13.9 percent respectively. Whereas the small proportions are found in the last age groups i.e. age 50-54, 55-59 and 60-64, constitutes 1.6 percent, 0.8 percent and 1.2 percent of the sample population respectively. Unlike the PLWHA participating in IGA the last age groups of sampled non IGA was 60-64, whereas the last age group of sampled PLWHA participating in IGA were age 75 and above.

Table 4.2.1: Percentage distribution of sampled non - IGA participants by sex, age, household size, migration, and marital status.

Background Characteristics		Frequency	Percent
Sex	Male	90	40.4
	Female	133	59.6
Age	20-24	12	5.4
	25-29	63	28.3
	30-34	70	31.4
	35-39	31	13.9
	40-44	15	6.7
	45-49	14	6.3
	50-54	4	1.8
	55-59	8	3.6
	60-64	6	2.7
	Household Size	1 to 4 household size	193
5 to 7 household size		28	12.6
Household size of greater than 7		2	.9
Migration	Migrant	116	52.0
	Non-migrant	107	48.0
Reason for Migration	For work	32	14.3
	For Marriage	20	9.0
	Education	2	.9
	Economic problem	47	21.1
	Others	15	6.7
Marital Status	Single	13	5.8
	Currently married	61	27.4
	Widowed	108	48.4
	Divorced	41	18.4

Source: *Field Survey, 2008.*

The other most important demographic characteristics revealed in table 4.2.1 is the reported household size of the sampled PLWHA not participating in IGA. It can be observed that the higher percentage of the study non IGA PLWHA had 1 to 4 family sizes and it accounts 86.5 percent and only 0.9 percent of the sampled PLWHA had household size of 7 and above. The remaining 12.6 percent had household size 5 to 7 during the field survey.

Considering the marital status, nearly half (48.4 percent) of the non IGA PLWHA reported their marital status as widowed. Followed by 27.4 percent in which they were in marital union at the time of field survey. Only small proportions, 5.8 percent were reported as single. The proportions of divorced non IGA PLWHA account 18.4 percent.

With regards to migration status, 52 percent of the sampled non IGA respondents were people migrate to Adama town, and among which 21.1 percent were migrated due to economic factor. Migrant due to marriage reason and for work account 9.0 and 14.3 percent. Migrant due to educational factor accounts only 0.9 percent. The remaining 6.7 percent were migrants due to other factors.

4.2.2. Ethnic and Religion Background

Table 4.2.2 - Percentage distribution of sampled non - IGA participants by ethnic and religion.

Background Characteristics		Frequency	Percent
Ethnic	Oromo	78	35.0
	Amhara	118	52.9
	Tigraway	8	3.6
	Other	19	8.5
Religion	Orthodox	169	75.8
	Protestant	38	17.0
	Muslim	16	7.2

Source: *Field Survey, 2008.*

As indicated on the table 4.2.2 above, Amhara ethnic group accounts 52.9 percent of the PLWHA not participating in IGA, followed by Oromo which accounts 35 percent.

Tigraway ethnic group accounts 3.6 percent and the proportion of other ethnic groups were 8.5 percent.

Considering the religion background of the sampled non IGA respondents, more than three-fourth (75.8 percent) were Orthodox. Protestant and Muslim religion followers account 17 percent and 7.2 percent of the sampled non IGA PLWHA. Unlike the PLWHA participating in IGA the proportion of catholic religion followers of PLWHA not participating in IGA were none during the survey.

4.2.3. Health and Education Background

As table 4.2.3 shows, 62.8 percent of the sampled PLWHA not participating in income generating were attended formal educations. The remaining 37.2 percent of the respondents did not attended formal education. Of the total sampled non-IGA PLWHA 48.6 percent were completed grade 5 to 8, and followed by 27.1 percent which were completed grade 9 to 11. The proportions of sampled non-IGA group completed first cycle education i.e. grade 1 to 4 were 14.3 percent, and only 10 percent of the respondents of PLWHA not participating in IGA were completed grade 12.

Among non-IGA PLWHA, the proportion of respondents not registered to attend education in the year 2000 E.C. were 97.1 percent. Only 2.9 percent of the sampled respondents were registered to attend their formal education at the time of survey.

Table 4.2.3 - Percentage distribution of sampled non - IGA participants by educational status, grade level, and health status.

Background Characteristics		Frequency	Percent
Educational status	Attend formal education	140	62.8
	Did not attend formal education	83	37.2
Highest grade level completed	First cycle (grade 1-4)	20	14.3
	Second cycle (grade 5-8)	68	48.6
	Secondary level (grade 9-11)	38	27.1
	Completed Grade 12	14	10.0
	Total	140	100.0
Register to Attend education in 2000 E.C.	Yes	3	2.5
	No	119	97.5
	Total	122	100.0
Use ART	Yes	157	70.4
	No	66	29.6
Health situation of ART users	Good health conditions	123	78.3
	Face occasional illness due to opportunistic infections	32	20.4
	Face serious illnesses	2	1.3
	Total	157	100.0

Source: *Field Survey, 2008.*

Considering the health situations, 70.4 percent of the sampled PLWHA not participating in IGA were use ART, of which 70.4 percent health status were currently good. The proportions of sampled non-IGA group faced health problem sometimes were 20.4 percent. Only 1.3 percent of the non-IGA PLWHA respondents were face serious illness due to opportunistic infections at the survey time.

4.2.4. Source of Income

Table 4.2.4: Percentage distribution of sampled non - IGA participants by source of income.

Background Characteristics		Frequency	Percent
Has own regular means of income	Yes	92	41.3
	No	131	58.7
Daily labour	Yes	73	79.3
	No	19	20.7
	Total	92	100.0
Has NGO/GO support	Yes	116	52
	No	107	48
	Total	223	100.0
Amount of regular support to the PLWHA (in Birr)	240 (for three months)	68	58.6
	258 (for three months)	30	25.9
	100 (per month)	16	13.8
	200 (per month)	2	1.7
	Total	116	100.0

Source: *Field Survey, 2008.*

Table 4.2.4 shows that, 58.7 percent of the sampled PLWHA not participating in IGA did not have own regular means of earnings. The proportions of PLWHA not in IGA had regular income earning were 41.7 percent, of which 79.3 percent were daily labourers. The remaining 20.7 percent had regular earnings out of daily labour work.

From the total sampled PLWHA not participating in IGA, 52 percent had regular monthly financial and material support from governmental and non governmental organizations. The remaining 48 percent did not have financial and material support. With regards to the amount of support, 58.6 percent of the sampled respondents got 240 Birr for three month (80 Birr per month), followed by 25.9 percent which had regular financial support of Birr 258 for three months (86 Birr per month). Of the sampled PLWHA not participating in IGA and had regular support, 13.8 percent were got Birr 100 per month. And only 1.7 percent of the PLWHA had regular monthly support of Birr 200. According to FGD held with the targeted PLWHA, the variations in the amount of monthly support were depending on the financial plan of the aid organizations.

4.2.5. Housing services and Household materials

Table 4.2.5 shows that nearly equal proportion of sampled PLWHA not participating in IGA, i.e. 49.8 percent and 50.2 percent respectively were living in house rent and own house at the time of survey.

Table 4.2.5: Percentage distribution of sampled non - IGA participants by housing condition and household materials.

Category		Frequency	Percent
Rented house	Yes	111	49.8
	No	112	50.2
Sold household materials	Yes	114	51.1
	No	109	48.9
Reason to sold the household expenses	To cover Health expenses	31	27.19
	To cover Food expense	27	23.69
	To cover House rent expense	14	12.28
	To cover education expenses of children	21	18.42
	To cover other household expenses	21	18.42

Source: *Field Survey, 2008.*

Considering the household materials; nearly half of the sampled non-IGA groups (51.1 percent) were sold their household properties to cover household consumptions. The remaining 48.9 percent did not sell their household properties. Of the PLWHA not participating in IGA sold their properties, 27.19 percent were sold household materials to cover their health expenses. 23.69 percent were sold their properties to cover food expenses. The proportions of non IGA group sold their properties to cover educational expenses of their children and other expenses were equal, 18.42 percent each. The remaining 12.28 percent were sold their household materials to cover house rent expenses.

CHAPTER FIVE

DIFFERENTIALS IN LIVELIHOODS AMONG PLWHA PARTICIPATING IN IGA VIS-À-VIS NOT IN IGA

In order to measure the livelihood differentials among study population, this study depends on IGA implemented by people living with HIV/AIDS. The IGA and supports provided to the targeted group is presented in the table 5.1.1.

Table 5.1.1 - Percentage distribution of sampled IGA participants by types of IGA support, types of training and number of training days.

Background Characteristics		Frequency	Percentage
Types of support for IGA	Financial support	174	78.0
	Material support	24	10.8
	Both	25	11.2
Get training opportunity	Yes	126	56.5
	No	97	43.5
Types of training	Training on Trade	54	42.86
	Training on cattle fattening	72	57.14
Number of days of training	3 days	91	72.22
	5 days	24	19.05
	7 days	11	8.73
Training makes IGA effective	Yes	74	58.73
	No	52	41.27
Implement IGA from the beginning	Yes	203	91.0
	No	20	9.0
Drop working IGA	Yes	91	44.83
	No	112	55.17
	Total	203	100

Source: *Field Survey, 2008.*

As shown in the table 5.1.1, 78 percent of the sampled IGA participants had got financial support used for income generating programs. 10.8 percent had got only material supports, and the remaining 11.2 percent had got both material and financial support. The material supports provided to the targeted PLWHA participating in IGA were sheep for fattening and money used to feed the sheep at least for three months.

It is assumed that the training can help to implement the IGA effectively. Thus, in addition to financial support 56.5 percent of the targeted participants had attended IGA skill trainings. The proportions of sampled IGA participants did not get training opportunities were 43.5 percent. Considering the number of days; majority of the sampled PLWHA participating in IGA (72.22 percent) were attended IGA skill training only for three days. Followed by 19.05 percent which were attended training opportunities for five days. Only 8.73 percent of the IGA respondents were attended training for seven days. It is expected that the number of training has to do with the effectiveness of IGA. As the number of training days increased, there can be a possibility of getting more skills.

The types of training also matter the effectiveness of activities improvement. According to the survey report, of the total participants of IGA had got training opportunities, 42.86 percent of the respondents were attended training on trade. The proportion of trainees attending training on cattle fattening were 57.14 percent. Information on the usefulness of training to make the IGA effective was also collected at the time of field survey. Accordingly, 58.73 percent of the respondents had got skill training effective for the implementation of IGA, whereas the remaining 41.27 percent of sampled IGA respondents got training opportunities were not.

Table 5.1.2 - Percentage distribution of sampled IGA participants by amount of financial support.

Grouped data of amount of financial support for IGA (in Ethiopian Birr)	Frequency	Percentage
Less than 500	47	23.6
501 – 1000	36	18.1
1001 – 1500	15	7.6
1501 - 2000	95	47.7
2001 - 2500	2	1
2501 and above	4	2
Total	199	100

Source: *Field Survey, 2008.*

With regard to the amount of initial capital disbursed to the targeted PLWHA participating in IGA, 47.7 percent of the respondents had provided an amount of Birr

1501 to 2000 per person; followed by 23.6 percent who had got initial money of less than Birr 500 per person. The key informant discussion held with PLWHA participating in IGA indicate that the amount of money less than Birr 500 were usually additional money used for feeding sheep. The proportions of IGA participants had got financial support of Birr 2001 to 2500 and above Birr 2501 per person were 1 percent and 2 percent respectively. The remaining 18.1 percent and 7.6 percent of the sampled IGA respondents had got Birr 501 to 1000 and Birr 1001 to 1500 per person respectively. According to the FGD held with the targeted PLWHA; the amount of initial money disbursed to the income generating program depends on the budget plan of the aid organizations.

Generally speaking, the above information briefly put the efforts made before directly getting to implementation program. The focus group discussions held with the targeted PLWHA participating in IGA indicate that; the skill training conducted before the material and financial support disbursed to the targeted groups.

Of the sampled PLWHA participating in IGA, 91 percent were begun implementation at the beginning of the program. Whereas 9 percent of the sampled IGA participants were use the money for household consumption. However, of the sampled PLWHA started implementation of IGA, 44.83 percent were dropout the program due to various reasons at the time of survey. The proportions of IGA participants working income generating program at the time of survey were only 55.17 percent.

Table 5.1.3 - Percentage distribution of sampled IGA participants and benefit gained.

Category		Frequency	Percentage
Got IGA support	Yes	223	50
	No	223	50
Implement IGA	Yes	203	91.0
	No	20	9.0
Benefited from IGA	Yes	136	67
	No	67	33

Source: *Field Survey, 2008.*

Regardless of the benefit gained, 67 percent of the PLWHA implementing IGA benefited from the program. Whereas, the proportion of PLWHA implementing IGA and are not benefited were 33 percent.

5.1. Employment Opportunity

As shown on table 3.2.2, 67.3 percent of the sampled respondents were ART users and the remaining 32.7 percent were not use ART during the field survey. Of the total ART users 72.3 percent of the respondents had no frequent illness due to opportunistic infection. Only 2 percent of the sampled ART users had serious health problem. Health improvement is being highly tailored to the existing ART services.

With the improvement in health situation, PLWHA have got opportunity to attend in different employment programs. In this regard, it is expected that the first step by which PLWHA can get benefited is employment opportunities.

Table 5.1.4 - Percentage distribution of sampled IGA participants working in IGA and get employment opportunity.

Category				Frequency	Percentage
PLWHA implementing IGA properly	IGA create Employment opportunity	Yes		134	98.5
		No		2	1.5

Source: *Field Survey, 2008.* .

As shown in table 5.1.4 majority of the PLWHA (98.5 percent) that implement income generating had employment opportunities. The focus group discussions held with the target PLWHA attended in IGA indicates, IGA create employment opportunities and hence it reduce dependency syndrome. Similarly, in-depth interview held with one person working on cattle fattening expressed the IGA and employment opportunity in the following manner,

“Before joining income generating program, I had no job and I feel serious distress. In addition I was merely waiting simply for support from either governmental or NGOs or my relatives. But at this moment I am working sheep fattening. Thus, I have my own job and feel free. In this regard, by working in IGA I acquire skill on how to handle cattle fattening work. Similarly, I have experienced market system, and now I have many customers working with them.”

Generally speaking, IGA implemented by the PLWHA create employment opportunities. Thus, it attributed to the reduction of dependency syndrome, and helps the PLWHA to learn skills in their works.

5.2. IGA and Income

As shown on table 3.2.2, more than half of the sampled PLWHA (52.2 percent) had no regular means of income earning activities before joining IGA. The remaining 47.8 percent had their own means of income earnings; of which 71.8 percent of the PLWHA participated in daily labour activities. (Table: 3.2.2)

Table 5.2.1 shows the effectiveness of IGA in creating regular income earning of the household. According to the survey report, of the total sampled PLWHA participating in IGA 58.3 percent had got regular income earnings, whereas the remaining 41.7 percent of the respondents could not earn regular income from IGA. On the other hand of the sampled PLWHA not participating in IGA, 58.7 percent had no regular means of income earnings at the time of survey. The proportions of PLWHA not participating in IGA but had regular earning were 41.3 percent.

Table 5.2.1 - Percentage distribution of sampled IGA participants implementing the program and income of the household.

Category			Frequency	Percentage
PLWHA implement IGA	IGA create regular income of household	Yes	130	58.3
		No	93	41.7
PLWHA not participating in IGA	Have regular means of income	Yes	92	41.3
		No	131	58.7
Implement IGA	IGA create regular income of household	Yes	130	95.6
		No	6	4.4

Source: *Field Survey, 2008.*

Whereas, 95.6 percent of PLWHA implement IGA had regular income earnings, and only 4.4 percent of the respondent implementing IGA properly had not got regular means of income earning.

The focus group discussion held with the participants of IGA and non IGA groups indicates those implement IGA properly according the training and the program

objective they have got regular income earnings. The in depth interview held with one cart worker, and he explained the earnings gained from the IGA as follows;

“When I began the IGA work I had no regular income. The 2000 Birr I received was used directly to buy two horses; I use the remaining money to feed the horses. Then I rented cart by 180 Birr per month. At this time the income I got covered the expenses of feeding horses and cart rent. The remaining profit gained is used for my monthly household consumption. I have two children and I feed my children properly. At this time, I have more than 700 Birr at bank and sooner I will buy my own cart.”

He told me that by the time he had an appointment with me at about 10:00 O'clock he worked 20 Birr. Thus, IGA if implemented properly, it can help to have income earnings to the PLWHA. According to the key informant the basic thing that matter to the effectiveness of IGA is interest and effort of the individuals.

5.3. IGA and Health Expenses

As explained in chapter three above, the current health situation of the PLWHA shows improving. According to the survey conducted, only 2 percent of the sampled population had serious illness due to opportunistic infection during the survey. On the other hand 25.7 percent of the sampled PLWHA face health problem occasionally (Table: 3.2.2). Thus, it is expected that the IGA implemented by the PLWHA fill the gap by increasing households' income earnings.

As shown on the table 5.3.1; 86 percent of the respondents implementing IGA properly responded that the benefit gained from IGA were used to cover health expenses, and the remaining 14 percent of the sampled PLWHA implementing IGA were not.

On the other hand the proportion of PLWHA not participating in IGA has problem to cover health expenses for opportunistic infections. According to the survey report, 92 percent of sampled PLWHA not participating in IGA but had support from governmental and NGOs face financial problem to cover health expenses, whereas 8 percent of them did not face money problem to cover health expenses.

Table 5.3.1 - IGA and its contribution to cover health expenses of PLWHA Affected household (in Percentage)

Category			Frequency	Percentage
Participate in IGA	Implement IGA	Yes	203	91
		No	20	9
Implement IGA Properly	IGA cover health expenses	Yes	117	86.0
		No	19	14.0
PLWHA not participating in IGA	Problem to cover health Expenses (those had financial support)	Yes	107	92.0
		No	9	8.0
	Problem to cover health (those not got GO/NGO support)	Yes	104	97.3
		No	3	2.7

Source: *Field Survey, 2008.*

In similar manner, 97.3 percent of sampled PLWHA not in IGA and had no governmental and NGOs were faced financial problem to cover health problems. Only, 2.7 percent of PLWHA not participating in IGA and had no support had financial capability to cover health expenses. The focus group discussions held with the PLWHA indicate majority of AIDS affected households had financial problem to cover their health expenses. The key informants also indicate that they faced serious problem of money to cover their health expenses.

In general, the PLWHA participating in IGA had better financial relief than those PLWHA do not have the opportunity to join IGA to cover their household consumptions in general and health expenses in particular. Especially, if implemented properly it reduces economic burden.

5.4. Educational Services of HIV/AIDS Affected Household Children

As noted in the review literature part of this study, the coping strategy adopted by HIV/AIDS affected households include selling of household assets, withdrawal of children from schools and joining community support programs (Kadiliyala: 2004:1). According to Kadiliyala, older children of PLWHA affected households decline school attendances by 28 percent and school performances by 26 percent (Ibid). This is mainly due to the fact that HIV/AIDS affected households face financial problem to cover educational expenses of their children.

As indicated in table 5.4.1, the proportion of IGAs contributions to cover education expenses of HIV/AIDS affected were low at the time of survey. Of the PLWHA implementing IGA properly 37.5 percent were responded that, the profit gained from IGA helped them to cover educational expenses; however 62.5 percent of the PLWHA implementing income generating program were not.

The focus group discussions held with the eligible IGA participants of PLWHA indicate educational supports provided to the affected household orphans by different governmental and non-governmental organizations. Similarly, in depth interview held with one PLWHA participating in IGA confirmed that, two of his children had educational and other social support from non-governmental organization.

Table 5.4.1 - Percentage of IGA and its contribution to cover educational expenses of PLWHA Affected household children

Category			Frequency	Percentage
Participate in IGA	Implement IGA	Yes	203	91
		No	20	9
Implement IGA Properly	IGA cover educational expenses to my children	Yes	51	37.5
		No	85	62.5
PLWHA not participating in IGA	Faced Problem to cover educational Expenses to my children (those had financial support)	Yes	66	56.9
		No	50	43.1
	Faced problem to cover education expenses to my children (those had not got GO/NGO support)	Yes	53	49.5
		No	54	50.5

Source: *Field Survey, 2008.*

On the other hand, of the total sampled PLWHA not participating in IGA but had regular support from different governmental and NGOs; 56.9 percent face financial problem to cover educational expenses of their children. The remaining 43.1 percent of non-IGA group but had support do not face financial problem to cover educational expenses of their children. Considering the PLWHA not participating in IGA but had no financial and material supports from governmental and NGOs nearly equal proportion; i.e. 49.5 percent had financial problem to cover educational expenses of their children,

and the remaining 50.5 percent had no challenges to cover education expenses of their children.

Generally speaking, focus group discussions held with the PLWHA not participating in IGA indicates the majority of the HIV/AIDS affected households children were incorporated under educational and social supports of governmental and NGOs working on HIV/AIDS projects in Adama town. In a similar manner the schools also get them exempted of fee to HIV/AIDS affected household children.

The key informant confirmed that one private school in which his children attended formal education get free of fee to his children. He said that

“When the school informed that I am HIV/AIDS positive, the school exempted my child from fee. In addition, the school administration and the school community by themselves cover my child annual uniform and other expenses for educational material.”

Thus, there were less financial challenges by the PLWHA to cover educational expenses for the children.

5.5. IGA and Food Expenses

HIV/AIDS infected individuals require higher nutritional food than uninfected one that can be difficult to afford its cost especially to economically vulnerable people. As noted on the literature review part, HIV/AIDS infected individuals have higher nutritional requirements than normal, particularly with regards to the protein (up to 50 percent increased), and energy (up to 15 percent increased). They also face loss of appetite; even anorexia; thus reducing dietary intake the very time when requirements are higher (Gillespie: etal; 2001).

However, such food intake is difficult to cope up to the PLWHA who have lost their jobs and shocked their assets by the pandemic. After ART services the PLWHA feel healthy and able to work to increase their income earnings. Accessibility to the ART services makes their health situation well improved. But the anti-retroviral therapy by itself needs better feeding habits and adherence. Thus, it is expected that the IGA implemented by PLWHA can cover the nutritional expenses of the targeted group. For

instance the improved fish farming activities implemented by PLWHA in Kenya increased the capacities and capabilities of HIV/AIDS affected group to be self-standing by their livelihood (Tony et al: 2007). According to Tony et al, the benefits gained from fish farming activities include access to nutrition rich in proteins, access to cash resources to cover their household expenses and to reduce stigma in the community (Ibid).

Table 5.5.1 - IGA and its contribution to cover food expenses of PLWHA Affected household (in Percentage)

Category			Frequency	Percentage
PLWHA implement IGA properly	IGA helps to cover food expenses	Yes	136	100
		No	-	-
	IGA helps to cover balanced diet food expenses like milk, egg, and other protein and mineral rich foods	Yes	64	47.1
		No	72	52.9
PLWHA not participating in IGA, but had support	Face problem of money to cover food expenses	Yes	93	83
		No	19	17
	Face problem of money to cover balanced diet food expenses like milk, egg, and other protein and mineral rich foods	Yes	107	92.2
		No	9	7.8
PLWHA not participating in IGA (and had no support)	Face problem of money to cover food expenses	Yes	111	98.1
		No	2	1.8
	Face problem of money to cover balanced diet food expenses like milk, egg, and other protein and mineral rich foods	Yes	106	99.1
		No	1	0.9

Source: *Field Survey, 2008.*

According to the survey report, 100 percent of PLWHA implementing the program properly responded that IGA helped them to cover the household food expenses. The focus group discussion held with the PLWHA participating and implementing IGA indicates that, although the program enhance their financial capabilities to cover the food expenses, the deficit they faced from time to time leads the IGA money to household food consumptions.

On the other hand, more than half of the sampled PLWHA (52.1 percent) implementing IGA responded that, the profit gained from the program did not help them to take balanced diet food regularly (i.e. protein and mineral rich foods). The proportions of

PLWHA implementing IGA and the profit gained helped them to take balanced diet food were 47.1 percent. According to focus group discussions held with PLWHA participating in IGA; ART needs balanced diet food rich in protein and mineral (Example: egg, milk, vegetables and fruits). However, due to additional household expenses the profit gained from IGA could not be enough to take such diets rich in protein and minerals.

With regard, to the PLWHA not participating in IGA; 83 percent of the sampled respondents with NGOs support faced financial problem to cover the household food expenses. Only 13 percent of the sampled non-IGA PLWHA but had financial and material support were cover the household food expenses. The financial challenges were more serious to cover balanced diet among these groups outside IGA but had support. According to the survey report, 92.2 percent of PLWHA not participating in IGA but had support face financial shortages to cover the expenses of balanced diet food, and only 7.8 percent of them did not have financial problem to cover balanced diet food expenses. According to the survey report the minimum and maximum amount of support provided to the PLWHA in terms of money were 80 and 200 respectively (including edible oil, wheat per month, etc). (Table 4.2.4)

In more challenging way, the PLWHA not participating in IGA and had no social and financial support suffer much from shortages of money to cover the household food expenses. The field survey report revealed that, nearly 100 percent of the PLWHA not participating in IGA and had no support were faces challenges of both food expenses and balanced diet food expenses.

5.6.Housing and Household Materials

The HIV/AIDS pandemic has catastrophic impacts on the affected households. In some of the worst affected countries, where there are low standards of living even before the AIDS epidemic started have an impact. The livelihoods of the poor were already deteriorating markedly. The epidemic drives these households to the destitute (UN: 2004:44). The first step is through creating shocks on household assets.

The HIV/AIDS affected households had mostly lower annual income, lower savings and spent more on transportations, funerals and health care, but less on housing

remittances and holds. But after the interventions of anti-retroviral therapy (ART) there has seen a radical change on the health situation of PLWHA. Thus, as any other person the PLWHA were getting in to employment opportunities. It is expected that the IGA implemented by PLWHA can house cover rent expenses and reduce shocks on household expenses.

Table 5.6.1 revealed the comparison of house rent and household materials among PLWHA participating and not participating in IGA. According to the survey report, 36.8 percent of the sampled PLWHA implementing IGA properly responded that the profit gained from the program helped them to cover monthly house rent expenses, whereas the remaining 63.2 percent responded that the profit of IGA did not cover monthly house rent.

Table 5.6.1: IGA and its contribution to cover house rent expenses and to save household materials from being selling of PLWHA Affected household children (in Percentage)

Category			Frequency	Percentage
PLWHA implement IGA properly	IGA helps to cover house rent expenses	Yes	50	36.8
		No	86	63.2
PLWHA not participating in IGA (But had got support)	Face problem of money to cover house rent expenses	Yes	95	81.9
		No	21	18.1
PLWHA not participating in IGA (and had no support)	Face problem of money to cover monthly house rent expenses	Yes	80	74.8
		No	27	25.2
PLWHA implement IGA properly	IGA help to reduce Shocks on household materials	Yes	117	86
		No	19	14
PLWHA not participating in IGA (But had got support)	Sold and not replaced household materials to cover household expenses	Yes	93	83.9
		No	23	16.1
PLWHA not participating in IGA (and had no support)	Sold and not replaced household materials to cover household expenses	Yes	99	92.5
		No	8	7.5

Source: *Field Survey, 2008.*

The FGD held with sampled PLWHA participating in IGA also indicate the profit gained from IGA help to cover regular house rent expenses. The in depth interview held

with one women living with the virus and implementing IGA according to the designed objective confirmed this fact. The whole story of discussion is presented as follows

“Before I got in to IGA, i.e. nearly two to three years ago (in 1998 E.C) the organization that provided income generating support selected me to the program. I don't know the criteria how they selected me at that time from all those PLWHA had serious livelihood challenges. Then, I attended sheep fattening training for five consecutive days. After the training was completed, the organization provided me four sheep and money to feed the sheep for three months. But at that time there were shortage of food for the sheep in the market. If I bought food for the sheep at that time, the money were not enough even to feed for one month. Automatically, I sold those four sheep to nearly 1500 Birr. By lending additional money from my relatives, I bought two horses and one cart to nearly about 4000. Then I rented the cart to somebody to about 225 Birr per month. The reason why I rented the cart was because I am female. I returned the money borrowed from my relatives a year ago. At present I have no debt. I rented house Birr 60 per month and pay my house rent with out any challenges. In addition, she continued her discussion; I have two children and can properly manage my household consumption by the profit gained from IGA.”

On the other hand 83.9 percent and 92.5 percent of sampled respondents not participating in IGA but had regular social support and did not get social support face challenges to cover monthly house rent expenses respectively. The remaining 16.1 percent of sampled PLWHA had support and 7.5 percent of that had no support had no shortages of money to cover house rent. The FGD held with non-IGA group indicate that majority of the PLWHA were economically vulnerable. Thus, except PLWHA that have either owed their house or living with their relatives, others were suffered due to problem of money to pay the monthly house rent expenses.

The in depth interview held with one women living the HIV/AIDS but had no opportunity to attend the IGA, said that she had serious financial problem to cover her monthly house rent expenses. She expressed her challenges of house rent expenses as follows.

"I have got a social support of Birr 300.00 every three months from my association, i.e. an average of Birr 100.00 per month. But, I pay Birr 40.00 for house rent each month. As I think it is difficult to get house rent that costs less than Birr 40.00 per month in Adama town. Thus, the remaining Birr 60.00 is not enough to cover other household consumption. Look, for one thing I use ART which needs to take balanced diet like milk and egg and other food. Therefore, the remaining Birr 60.00 cannot cover my monthly household expenses. Thus, I have serious financial problem." I asked her by saying, "Do you think that if you were participating in IGA, would your current financial problem be solved?" Her response is fast and she said, "I want to have my own job rather than waiting for monthly support. If I get the IGA money, I hope I will have got relief for a while. Because I feel healthy and I try my best to make my work profitable."

From these responses, IGA can help to cover the house rent expense of people living with HIV/AIDS have.

Considering the household materials; 86 percent of the respondents participating in IGA and implement it properly were responded that, the program saved their household materials from being sold. The proportion of sampled IGA group that responded IGA can not help them to save household materials from being sold was 14 percent. This means though IGA can be implemented according to the designed objective, it could not save household properties from shock.

One key informant PLWHA implementing IGA agreed that, "the profit gained from IGA helped him not only to reduce the shocks on household properties but also to replace the material sold before". The interview held with him presented as follows

"I was in Chiro town, and employed in one non-governmental organization as a driver before I came to Adama. But my wife faced health problem, and I was also too. Finally, due to continuous and relapsing serious illness I was resigned my job. However, my health expenses were increasing from time to time. I had finished the money I have saved before. At last, the option that I had was to sell my property. The household materials sold at that time were two jewelries (my wife and mine), television, chair, table, bed, etc. When my wife died, I left Chiro town and came to

Adama town. At Adama hospital I made VCT services and my test result shown positive. Then, one NGO implementing HIV/AIDS project in Adama town provided me home based care services and medical support. At this time, I use ART services and my health status was also highly improved. Thus, I was embraced in income generating project implemented in one non-governmental organization before around three years. One thing that I remembered was that, the provident fund I had got from my employing agency at Chiro and the support that my relatives provided me helped to have my own house here in Adama town. In this regard, I am safe from house rent expenses. When I come to the benefit of IGA, the four sheep the NGO provided me now grown to two oxen. The profit I have got from IGA helped me not only to retain the household materials, but also to replace the properties sold before.” He said that, “in short my previous life that I had in Chiro town will be returned very soon.”

On the other hand among sampled PLWHA not participating in IGA, but had social and material support from different governmental and NGOs, 83.9 percent were sold at least part of the household properties to cover different expenses; such as health expenses, funeral expenses, food expenses etc. In similar manner 92.5 percent of the sampled non IGA group and not had support sold their household properties to cope the financial problem they had.

The Focus group discussions held with PLWHA not participating in IGA also indicate whenever they faced financial problem especially due to health problem; they sold either the household materials or borrow money from their relatives that could be paid back later by selling the households property.

5.7. IGA and Change in Livelihoods

According to different literature review, harmonizing HIV/AIDS prevention and impact mitigation program and support provided to the affected household through income generating program is a recent phenomena especially after the launching of ART services. It is agreed that accessibility to the ART services brings radical change in the health improvement situation of PLWHA.

With the launching of ART services before few years, it brought experiences to harmonize aid to HIV/AIDS affected households and livelihoods security program. For instance, in Senegal Dakar, a series of IGA are developed to help PLWHA to become financial self supportive for the food and medical support of their families (UN: 2001). The IGA program designed and on implementation in Adama town is part of such program, hence it is expected to bring life change and livelihood progress to HIV/AIDS affected households.

Table 5.7.1 indicates that 42.2 percent of PLWHA participating in IGA were happy in the program. The proportions of sampled PLWHA participating in IGA and had got the program good were 30.9 percent. The remaining 26.9 percent of the sampled PLWHA participating in IGA were not happy in the program. This means, though they had got IGA support and other technical support, from governmental and NGOs, the program did not satisfy their needs.

Of the sampled PLWHA participating in IGA and happy and had got the program good, 71.2 percent had the belief that they live better live than before participating in IGA at the time of survey, and the remaining 28.8 percent were not live better live than before they joined the program.

Table 5.7.1 – IGA participants and their feelings of IGA work and livelihood change (in percentage)

Category		Frequency	Percentage
Are you happy in participating in IGA?	Yes	94	42.2
	Of course it is good	69	30.9
	No	60	26.9
Do you think that you are living better life than before IGA?	Yes	116	71.2
	No	47	28.8
	Total	163	100
Can we say your livelihood is changed?	Yes	108	66.3
	No	55	33.7
	Total	163	100

Source: *Field Survey, 2008.*

In similar manner, data were collected on the livelihoods change of PLWHA participating in IGA. According to the survey report, of the total PLWHA members who are happy and got the program good, two-third (66.3 percent) believe that their livelihoods were changed as compared to before incorporated in IGA. The remaining one-third (33.7 percent) believe that their livelihoods were not changed, though they were happy in IGA and got the program good.

The FGD held with the IGA participant who are happy and got the program good indicate that, they believe they had better livelihood status then before participating in IGA. The in depth interview held with the direct beneficiaries of the program also shows, though there were no big variation in their livelihood status before IGA and after IGA, the latter one was better. One interview working on cattle fattening expressed the change in his livelihood as follows,

“Before I joined IGA program I had no job and I was simply feeling anxiety in relationship with the pandemic. But at present days, I am rushing here and there to be effective and gain profit in my job. Thus, I feel comfortable in my life.” He said that *“Although the profit alone is not enough to fulfill my household consumption needs it has greater contribution in my regular consumptions.”*

On the contrary, it is true that the PLWHA not participating in IGA have no such opportunity in which they can be engaged by creating their employment opportunities. Because, they did not incorporated in the program and also had no financial capability to work IGA program.

Table 5.7.2 – PLWHA not participating in IGA and their perception of IGA work and livelihood change (in percentage)

	Category	Frequency	Percentage
Reasons for not participating in IGA	Not included in IGA program by NGOs/GO	195	87.43
	Health problem	12	5.4
	Other factors	16	7.17
	Total	223	100
Do you want to participate in IGA for the future	Yes	217	93.3
	No	6	2.7
	Total	223	100
Do you think that IGA will solve PLWHA livelihoods problem?	Yes	139	62.3
	If implemented properly it is good	68	30.5
	No	16	7.2
	Total	223	100

Source: *Field Survey, 2008.*

Table 5.7.2 shows that, 87.43 percent of PLWHA not participated in IGA were not incorporated in the program due to absence of support or financial shortages for the program. This means, despite the fact that they want to join IGA and had capability to implement the program they were not incorporated by the program in non-governmental and governmental organizations. The proportion of PLWHA not included in IGA program due to health problem and other factors were 5.4 percent and 7.17 percent respectively. In addition 97.3 of the sampled PLWHA not participating in IGA have a future plan to join IGA at the time of survey, and only 2.7 percent of the non-IGA respondents do not want to participate in IGA for the future due to various reason including health problem.

Information on attitude of IGA and its benefits to change livelihood was also collected from PLWHA not participating in IGA during the survey. Accordingly 62.3 percent believe that IGA can solve the current livelihood challenges of PLWHA. 30.5 percent believe that the IGA can be good if it implemented according to designed objectives, i.e. in spite of the fact, that working IGA has its own challenges the program can solve the PLWHA livelihood problems if implemented properly. Whereas 7.2 percent of the sampled PLWHA not participating in IGA responded that the program alone could not

solve the current PLWHA livelihood problems. They believe that, beside IGA there should be other social and financial supports as well as technical support to build the financial capacity of AIDS affected households until they are economically self-dependent.

In general, the above discussions and results reveal that, income generating program can reduce the economic and livelihoods burden the PLWHA have faced at present days. In addition the information collected from sampled PLWHA not participating in IGA indicate that there is high felt need to participate in IGA if they get the financial and material resources.

5.8. IGA and Problems Encountered

Table 5.9.1 indicates that, of the total sampled PLWHA had got IGA financial and material technical support 91 percent began implementing the program and the remaining 9 percent did not. This means, though the IGA money was disbursed to them 9 percent of the targeted PLWHA could not use the money to work IGA.

On the other hand, of the total PLWHA receiving IGA money 91 percent faced different challenges in implementing the program; of which majority of them (92.1 percent) responded that the disbursed money were small to implement it according to the designed objectives. I.e. they belief that initial money distributed for IGA is not enough to be competitive in the market. Only 7.2 percent of the sampled IGA groups were responded the initial money disbursed to the targeted group is enough to work IGA.

In similar manner, 69 percent of sampled PLWHA implementing IGA face market problem. The remaining 31 percent of sampled IGA group did not face market problem in working the program. The other challenges that PLWHA face in the implementation of IGAs were health problem. According to the survey report 52.2 percent of the sampled PLWHA implementing the program were face health problem, and thus it affects the effectiveness of IGA. The proportions of PLWHA that did not face illness in working IGA were 47.8 percent.

Table 5.8.1 - IGA and problems encountered in implementing the program (in percentage).

Category		Frequency	Percentage
Did you implement IGA work at the beginning	Yes	203	91
	No	20	9
Did you face challenges in implementing IGA	Yes	203	91
	No	20	9
Do you think that the initial money is small to implement the program.	Yes	187	92.1
	No	16	7.2
	Total	203	100
Problem of market	Yes	140	69
	No	63	31
	Total	203	100
Health problem	Yes	106	52.2
	No	97	47.8
	Total	203	100
No training/not enough training	Yes	188	92.6
	No	15	7.4
	Total	203	100
Did you use IGA money to cover household consumptions?	Yes	87	33
	No	136	67
	Total	223	100
Other problems	Yes	152	74.9
	No	51	25.1
	Total	203	100

Source: *Field Survey, 2008.*

The other problem that PLWHA faced in working IGA was shortages of skill trainings. The survey report revealed that 56.5 percent of the PLWHA targeted for IGA had got the opportunity to attend skill training before the money was disturbed to them. The minimum and maximum number of training days was three and seven days respectively (Table 5.1.1).

Hence, 92.6 percent of the sampled PLWHA responded that there was absence/shortage of skill trainings in implementing the program, i.e. the skill training was not enough to run the program according to its designed objectives. Only 7.2 percent of the sampled PLWHA in IGA responded the training opportunity they attended before the disbursement of IGA were sufficient to run the program according to its designed objectives. This shows there is high felt need of IGA skill trainings.

On the other hand, 33 percent of sampled PLWHA were using IGA money to household consumptions. The FGD held with PLWHA working IGA indicate, some of

the targeted group were using the IGA money directly to the household consumptions. This is done due to the fact that majority of the targeted PLWHA were economically vulnerable. Furthermore, 74.9 percent of the sampled PLWHA implementing an IGA were facing other challenges.

The key informant discussions also indicate that, those had no regular means of income before joining IGA had the possibility of using the money to cover their regular household expenses. This is due to the fact that they lost their assets and other source of earnings by the pandemic before they were incorporated in IGA. One key informant who began the IGA program but drop implementing it at the time of data collection expressed her challenges as follows,

“When I joined IGA, I had no means of regular earning. I have three children and I should feed them. But, I bought four sheep by part of the money and feeding for them. Still I had the remaining money and I use it for household consumptions. But, at that time the food for sheep were so expensive. What makes my problem much serious was the sheep that I bought had their own short comings. I did not make market search before I bought them. Thus, they are not demanded in the market. Hence, the only option that I had at that time is to sell my sheep, and I did it. Finally I used the money for my consumptions.”

I asked her if she can began other types of IGA for instance shopping and selling “Enjera”, she responded me as follows

“In Adama town there is high stigma and discriminations, especially in buying HIV/AIDS positive products that used for consumption like Enjera. First I disclose my self and I am working in prevention program by teaching people in different public events. Thus, people know not only me but also my family as a whole. So, no one can take such consumer products from me. She said, the only option of us (for PLWHA) in working IGA are participating in cattle fattening, woodwork, metalwork and other related works.”

The other problem encountered IGA was lack of organized effort of governmental organizations and NGOs. For instance in this study three PLWHA associations and three NGOs were directly implementing IGA at the time of survey in isolation.

However, if they form networking in their implementation they reduce effort duplication and their efforts were enhanced.

An example of less networking in governmental and non-governmental organizations working in IGA in Adama town, is observed in relation to woodwork machine planted to Wogen-le-wogen PLWHA association Adama branch. According to the association representative, the woodwork machine was not functioning starting from the last one and half years. But, the woodwork machine was served the association members by creating employment opportunity before one and half years.

The in depth interview held with one member of Wogen-le-wogen association and previously working in the woodwork machine indicate that, working in the machine were benefited him more than the current IGA program. According to him, he was incorporated in IGA and had got Birr 2000. In addition he was attending a three days IGA skill training conducted by the association. But in comparison with the benefit gained by the time he was recruited in woodwork machine there was big differences.

I want to quote him as the following,

“When I was working in the woodwork machine of Wogen-le-wogen, I learned the skill, I had regular monthly salary, and it had multiple uses even to the association. But now our machine is not functioning, the association and the association members can not benefited from it.” I asked him how much money it costs to maintain the woodwork machine. He responded me “once in the near past the professional in the area saw the woodwork machine, and he estimated that, it costs more than Birr 200,000.00 to maintain it.”

The young man is skilled in woodworking, he is healthy and is eager to work, but at the time of discussion he had no job.

I was eager to know the last destiny of the giant woodwork planted to the Wogen-le-wogen PLWHA association and I went to the office of the association. The association coordinator told me the following surprising story,

“At about April 1998 E.C. the present Oromiya regional state President, Ato Abadula Gameda visited the Wogen-le-wogen association activities and the

woodwork machine. At that time the machine was functioning and the President was happy. But, at this time the machine was not functioning and no responsible bodies visited us and our machine. Of course, the previous association coordinator died before one and half years ago, and there might be many questions to be answered on the budget usage of the association in relation to him. But, at this time whatever the case, it is good if our machine has got maintenance and begins functioning.” She said “before about one year one governmental organization provided Birr 40,000.00 money support to our association to 20 members PLWHA (a Birr 2000.00 per person). We (the association members) also made discussions to use the money for machine maintenance, but according to the skilled professional in the area Birr 40,000.00 was not enough to cover the maintenance expenses”

She again confirmed the young man labeled above saying, “and the professionals were estimated the cost of maintaining the machine to about 200,000.00. In this regard the associations had no financial capacity for the maintenance of the machine and are searching for help.”

When I come to my real observation, the woodwork machine and the association shelf that had the financial and material usage was locked by the external auditor, (according to the association coordinator). According to the present association coordinator, the case had relation with the previous association coordinator and the cashier/secretary (both are not alive at present.)

Regarding the association and the woodwork the coordinator showed me the written promise of Ato Abadula Gameda, the present President of Oromiya Regional state that he wrote on the association recommendation note at April 1998 when he visited the association and the woodwork machine. The promise was written in Afan Oromo and had the president signature. I want to write the Presidents promise as I had observed in Afan Oromo.

The president promise is written hereunder word by word

“Waaldaan Waagan-le-waagan damee Adaamaa aka naanoo keegnatis ta'ee aka guutu biyyaleessatit hundee barumsaa hojjii IGA isaa goonaa. Waaldan biiraatilee kakamusaa keesan kana arguun muuxaanoo guddaa fudhaataanii aka kayoo duulaa

HIV/AIDSiiratii mootuummaa nanoo Oroomiyyaafi uumaata keegnaa galmaan gahaan goona. (Quoted form Wogen-le-wogen Adama Branch Recommendation Note).

The above statement is directly translated in to English language as follows,

“The efforts of Wogen-le-wogen on HIV/AIDS prevention and IGA are very encouraging in Oromiya Regional state and in the country as a whole. We can make the association of Wogen-le-wogen the role model to other associations working in similar area in the region. The association shares its experiences to other associations that are working in IGA and enhanced the efforts of the Oromiya regional state and the community in HIV/AIDS prevention and impact mitigations.”
(Quoted form Wogen-le-wogen Adama Branch Recommendation Note).

According to Wogen-le-wogen PLWHA association, the above official statement was really golden saying. But at the time of data collection, huge woodwork machine that huge money were spent on it and had much hope for the Wogen-le-wogen association in general and the association members in particular were not functioning. According to association representative, they feel fade up in searching resource for the maintenance of the woodwork machine. They also dispersed here and there in search of livelihoods in general and support for their daily and monthly households consumptions. When I was in Wogen-le-wogen office, I had got the opportunity to observe the product of woodwork machine that were produced during the good day of the machine. In my observation the products were quality made and attractive.

This all story is to raise the question “what effort was there in creating net-working and integration among the governmental and NGOs in implementing IGA?” The three associations (Wogen-le-wogen Adama, Dawn of Adama branch and Warka women living with HIV/AIDS) and three NGOS (OSSA, SCF-USA, and EOC-DICAC) were working HIV/AIDS prevention in general and IGA in particular. However, huge resource was spent and counts deprecation value in Adama town.

In general, though the IGA had possibility of building the PLWHA economic base, it has its own drawbacks. Thus, it needs well organized efforts among all parts to be more fruitful in the area from all parties, including governmental, NGOs and the community at large.

CHAPTER SIX – SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1. Summary

Different attempts are made in the past, and the efforts are still going on HIV/AIDS prevention and impact mitigation programs. Development agencies nowadays have made use of a range of strategies to create self sustaining economic base for the economically vulnerable groups of PLWHA. These development agencies are increasing their emphasis on assisting the economically vulnerable group to secure income through their efforts. Such approaches are often categorized as IGA and cover initiatives as drivers as small business promotion, cooperative undertaking, job creation schemes, sewing circles, credit and saving groups and training programs.

This study thus has touched up on the major household consumption needs and contribution of IGA to cover household expenses in comparison with PLWHA not participating in IGAs. In addition, an attempt has been made to compare the livelihood differentials of PLWHA participating in IGA. In order to examine the livelihood changes, data on changes in livelihoods and means of income earnings were collected from 223 PLWHA participating in IGA. In similar manner, data on livelihoods coping strategies and challenges faced as a result of financial constraints were collected from 223 PLWHA not participating in IGA. In addition six focus group discussions (three to IGA group and three for non-IGA group), and six in depth interview (three to IGA group and the remaining three for non-IGA groups) were held with both PLWHA participating in IGA and PLWHA not participating in IGA. As equal as quantitative data qualitative data is used, and descriptive, analytical and inferential techniques was employed to explain similarities and differentials among IGA and non-IGA group.

In this study, the benefit gained from IGA that determined the livelihoods change of PLWHA were examined, in comparison with PLWHA not participating in IGAs. A further comparison was made to observe the livelihood difference among IGA group implementing the program properly and PLWHA not participating in IGA but had regular monthly NGOs and governmental organizations support. An attempt is also made to articulate the major problems PLWHA participating in IGA faced in implementing the program. Based on the findings recommendations was also provided

6.2. Conclusions

The finding depicts that, the distribution of household by age and sex shows that, majority of the sample PLWHA were found in the age group of 30 to 39, and 65.2 percent of the respondents were females. Of the sample PLWHA, 88.8 percent were the household heads. As far as the migration status was considered, 54 percent of the sampled PLWHA (both IGA participants and non-participants) were migrants.

With regards to the occupational and means of income earnings, 52.2 percent of the sample respondents had regular means of income earnings. On the other hand 36.5 percent of the sampled PLWHA had regular financial and material support for household consumptions.

As far as the IGA are concerned, of the total sampled PLWHA not participating in IGA, 87.43 percent want to join the program but not included in the program. In addition 97.3 percent sample PLWHA not participating in IGA at the time of survey, have plan to join the program for the future if they have got the IGA financial and technical support.

Considering PLWHA participating in IGA, 78 percent of the respondents had got financial support, 10.8 percent had got only material support and the remaining 11.2 percent had got both financial and material supports. Again of the PLWHA of IGA groups, 56.5 percent were got training opportunity, of which 42.86 percent 57.14 were attended training on trade and cattle fattening respectively.

Of the total PLWHA who had got the opportunity to join IGA, 91 percent began working in the program at the initial period. But, at the time of survey, 44.83 percent were dropped out working IGA. Considering the amount of money for IGA, nearly half (47.7 percent) of the sampled PLWHA participating in IGA had got an amount of Birr 1501.00 to 2000.00 for the program support. Regardless of the benefit gained from IGA; 67 percent benefited from the program, which was found to be statistically significant.

The finding of the study revealed that PLWHA participating in IGA and implement the program properly have better economic capabilities than PLWHA group not participating in IGA but had monthly financial and material support.

On the other hand, the finding depicts that PLWHA not participating in IGA faced financial constraints to cover their household expenses in comparison with those participating in IGA. The challenges were more serious to PLWHA not participating in IGA as well as had no regular financial and materials support from governmental and NGOs.

Given the small amount of financial resources as well as inadequate technical supports, IGA have reduced the economic burden of PLWHA of those implementing the program according to its designed objectives as compared to the PLWHA not participating in IGA. Even the comparison of PLWHA participating in IGA, and PLWHA not in IGA but had regular support from governmental organizations and NGOs, the former had economic advantages to cover household consumptions than the latter one.

More specifically, though there are so many problems and constraints impairing the IGA, implementing the programs has the following benefits as compared to those not participating in IGA.

- The IGA creates the employment opportunities by which PLWHA expects regular earnings and gets relief from distresses of HIV/AIDS pandemic and its complication effects.
- As revealed on the analysis part of the study, more than half (58.3 percent) of PLWHA participating in IGA and implementing the program had got the opportunities to get regular income earnings.
- As can be inferred from the study, the IGA plays great role in covering health expenses of the HIV/AIDS affected household expenses. The study depicts that, 86 percent of sampled PLWHA participating in IGA and working the program properly had the capacity to cover the health expenses they face. On the other hand 92 percent of PLWHA not in IGA but had support from governmental organizations and NGOs, and 97 percent of PLWHA not in IGA and had no support faces financial problem to cover their health expenses. Thus, as indicted in the study the PLWHA participating in IGA had economic advantages to cover their health expenses as compared to the PLWHA not participating in IGA.

- Considering the of IGA and its contribution to cover educational expenses of children affected by HIV/AIDS pandemic, given the educational support provided by the governmental and NGOs, it creates difficulties to clearly split whose group (PLWHA in IGA or PLWHA not in IGA) have economic advantages to cover the educational expenses of their children. The study revealed that, only 37.5 percent of the PLWHA participating in IGA and implement the program had capacity to cover the educational expenses of their children. On the other hand, 43.1 percent of PLWHA had financial and material support from governmental organizations and NGOs had capabilities to cover educational expenses of their children. Where as 50.5 percent of PLWHA not in IGA and had no support have economic capabilities to cover educational expenses of their children. Generally speaking, the effect of educational support provided to HIV/AIDS affected households by governmental and NGOs influences the result of the study to clearly examine the effects of IGA.
- Considering the contribution of IGA to cover food expenses, it can be inferred that the PLWHA participating in IGA had economic advantages to cover the food expenses of households as compared to the PLWHA not participating in IGA.
- In similar manner, we can conclude that sampled PLWHA in IGA and implementing the program had economic advantages to cover the house rent expenses as compared to the PLWHA not participating in IGA. Even when comparing the PLWHA in IGA and PLWHA not in IGA but had support from governmental and non governmental organizations, the former had better economic advantages to cover house rent expenses than latter one. In addition, the study depicts that, PLWHA participating in IGA had economic advantage to save the household materials from shock in comparison with the PLWHA not participating in IGA.
- As inferred from the study, PLWHA participating in IGA and implementing the program according to its designed objectives had better economic livelihoods status as compared to the PLWHA not participating in IGA. The study depicts nearly three-fourth of PLWHA participating in IGA were either happy in the program or got the program good to them in general, which implies the IGA are reliable to PLWHA to attend it.

In general, the PLWHA participating in IGA and implementing the program according to designed objectives had economic advantages to cover most of household expenses as compared to PLWHA not participating in IGA. The study also made genuine comparison between PLWHA participating in IGA and PLWHA not participating in IGA but had support from government and non-government organizations. The study depicts that, the PLWHA in IGA had better economic capabilities to cover their household expenses as compared to PLWHA not participating in IGA but had regular financial and material support from governmental organizations and NGOs. Because, the regular monthly financial and material support provided to PLWHA not participating in IGA is inadequate to cover their household expenses.

6.3.Recommendations

The study has made attempts in comparing the livelihood differentials of PLWHA participating in IGA and PLWHA not participating in IGA. A further comparison was made among PLWHA participate and implement IGA and PLWHA not participating in IGA but had monthly financial and material support at the time of study. As equal as quantitative data qualitative data were used to compare the livelihood differentials among both groups; i.e. PLWHA participating in IGA and PLWHA not participating in IGA. The study examined the problem encountered in implementing IGA. Based on the findings, the following recommendations are forwarded;

- A research based on the felt need of PLWHA should be conducted before the IGA support is provided to the eligible groups. The research is based on the type of activities PLWHA want to work, occupational background of the targeted groups and other similar areas. Otherwise, PLWHA selected to participate in IGA can use the money to cover their household expenses rather than implementing IGAs.
- Providing financial and material support (e.g. medical support, nutritional support, etc) to those vulnerable groups participating in IGA until they are economically capable to cover their household consumptions. If not the targeted PLWHA use the money to cover household expenses rather than investing in IGA.
- Providing technical support like IGA skill trainings to the targeted group to enhance the effectiveness of the program.

- Increasing the amount of money for IGA program. This may include incentives to those implementing the program as designed and bring change in their livelihoods. The other way of increasing the initial capital is through establishing groups. The grouping should be based on the interest and full willingness of the target groups. Hence, the initial capital can grow and they become more competitive in the market. The grouping should have rules and regulations that each and every member would agreed on it to reduce conflict that may arise and protect form abuse or misuse.
- Organized efforts among concerned governmental and NGOs could bring effective use of resources. Thus, it is advisable if there is networking among those implementing similar activities in the area. Networking helps to build solidarity, in which duplications of effort and in appropriate of resource use could be avoided.
- A thorough monitoring and evaluation of the targeted groups also plays pivotal role in making the program effective. Close monitoring of the program helps to take corrective measures, in which the program can achieve its designed objectives. The close monitoring helps to reduce the dropout rate of the IGA participant, guide the program in a way it can be more fruitful and take corrective measure before the activities are deviated from the designed objectives.

Generally speaking, the finding has got the current efforts in securing the PLWHA economic bases through IGA are encouraging as compared to PLWHA not in IGA. However, risks were also identified in which reduced the efficiency of the program. Thus, by working on the gap seen the program may build the PLWHA sustainable livelihoods base. Last but not list, the researcher advice that, helping the HIV/AIDS affected people through IGA is more advisable than simply providing monthly financial and material support. Because, the former initiate the targeted group to find a channel in which they become self standing by their economy, but the later will open lops to dependency syndrome. However, the effort will bring valuable change if and only if there is a strong working relationship among all concerned parties; governmental organizations, non-governmental organizations and community based efforts.

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Annex-I. Questionnaires: -

My name is _____ (data collector name). The reason why I want to have appointment with you is, Ato Dinku Mekonnen a graduate student of AAU, at present is on research work. His title of thesis is «**The Situation and Livelihood Change of PLWHA in Adama Town; A Comparative Study of IGA Participants and non-Participants.**” I have few questions with you. It takes an approximate of 20 to 30 minutes. The, information collected is kept secret and used only for research work. Thus, would you mind to have few minutes and give me the necessary information? If you have question needs to be clarified please ask me? If you are not agreeing by the question you can stop me at any level? Can I continue asking you? (Please, start asking the questions only if the interviewer keen to do so.)

Section - I) General Informations: -

- 1.1. Town _____ Woreda/District _____ Kebele _____
- 1.2. Interviewers name _____
- 1.3. Date of interview: _____
- 1.4. Time: Starting time _____ Finishing time _____

Section-II) Demographic Characteristics' of the Household: -

- 2.1. Name (Optional): _____
- 2.2. Are you the head of the Household? 1) Yes _____
2) No _____
- 2.3. Sex: Male _____ Female _____
- 2.4. Age (in complete year): _____
- 2.5. Marital Status; 1) Single _____ 2) Currently married _____ 3) Widowed _____
4) Divorced _____ 5) Separated _____
- 2.6. Educational level: 1) Illiterate (no formal education) _____ 2) Can read and write (informal education) _____ 3) Formal education (specify grade level) _____
- 2.7. Ethnic background 1) Oromo _____ 2) Amhara _____ 3) Tigraway _____
4) Others _____
- 2.8. Religion: 1) Orthodox _____ 2) Protestant _____ 3) Catholic _____
4) Muslim _____ 5) Traditional belief _____ 6) Others _____

Section-III) Detail Educational Background Information of the IGA Participants: -

- 3.1. Have you attended formal education? 1) Yes _____ 2) No _____
(if your answer is No. 2. Go to section-IV)
- 3.2. Have you completed your education 1) Yes _____ 2) No _____
(if the answer is yes go to section-IV)
- 3.3. If the answer for Q. No. 3.2. is no, specify the grade level _____
- 3.4. If the answer to Q. No. 3.2 is no, can you tell me the reason for you dropout your education
1. Illness
 2. Because of work
 3. To help my family
 4. To care for my sick relatives at home
 5. I have no interest to continue my educational
 6. Problem of money to cover educational costs.
 7. Food shortage so that, it is a must to work.
 8. Due to marriage
 9. Unwanted pregnancy.
 10. Others: _____

_____.
- 3.5. Are you registered to attend your education this year? 1) Yes _____ 2) No _____

Section-IV) Questions on Household materials: -

- 4.1. What household assets do you have?
1. Television set _____
 2. CD player _____
 3. Telephone (mobile phone) _____
 4. Watch _____
 5. Bed _____

6. Radio/Tape recorder _____

7. Jewellery (such as gold, silver, etc) _____

8. Table/chair _____

9. Sofa set _____

10. Fridge _____

11. Others _____

4.2. Did you sold these assets to cover your household expenses? 1) Yes _____

2) No _____

4.3. Can you tell me the sold items:

1. Television set

2. CD player _____

3. Telephone (mobile phone) _____

4. Watch _____

5. Bed _____

6. Radio/Tape recorder _____

7. Jewellery (such as gold, silver, etc) _____

8. Table/chair _____

9. Sofa set _____

10. Fridge _____

11. Others _____

4.4. For what purpose do you sold these materials

1. To cover my daily food expenses

2. To cover my health expenses

3. To cover funeral expenses

4. To cover my educational expenses

5. To cover house rent expenses

6. To cover educational materials and school fees for my children

7. Others (specify) _____

Section-V) Means of Income Earnings: -

5.1. What economic challenges do you face as a result of HIV/AIDS

1. My monthly expenses due t

5.2. What is your source of income

1. I am full employee

2. I am participating in daily labour work (handcraft, building, etc)

3. I have my own business center (like shop, tele center, etc)

4. I have my own farmland in my birth place.

5. My relatives living elsewhere (in country & abroad) send me remittance.

6. Income from house rent.

7. Government and/or NGOs financial and material support.

8. I have no regular means of income

9. Other (specify) _____

Section- VI) IGA Information for Individuals Participating in IGA:

- 6.1. Are participating in IGA? 1) Yes _____ 2) No _____
- 6.2. When did you start the IGA program 1) Less than one year _____ 2) Two years ago _____ 3) More than two years _____
- 6.3. What aid/support is provided to you 1) Financial support _____ 2) Material support _____.
- 6.4. If your answer to Q. No.6.3. is financial support how much initial money is provided to you at the beginning (specify it in cash) _____.
- 6.5. Have you got additional money 1) Yes _____ 2) No _____.
- 6.6. If your answer to Q.No.6.5. is yes, how much money (specify in cash) _____
- 6.7. If your answer to Q.No. 6.3 is material support, what materials are provided to you?
1. Computer and printer _____.
 2. Photocopy machine _____.
 3. Room for the shop _____.
 4. Ox for fattening (how many oxen) _____.
 5. Metal workshop _____.
 6. Wood workshop _____.
 7. Sewing machine _____.
 8. Hair dressing _____.
 9. Other (specify) _____

- 6.8. Who provided you these materials and financial support (please specify)

_____.
- 6.9. In what income generating activities are you participating (please specify) _____

_____.

6.10. Have you got skill training for the operation of IGA? 1) Yes _____

2) No _____ (if the answer is no go to Q. 6.13)

6.11. If your answer to Q. 6.10 is yes, in what training program are you participating? (please specify)

1. _____ for how many days/months _____

2. _____ for how many days/months _____

3. _____ for how many days/months _____

4. _____ for how many days/months _____

5. _____ for how many days/months _____

6. Other (specify) _____

6.12. Do you think that these training(s) are help you to be more effective in IGA?

1) Yes _____ 2) No _____

6.13. Do you think that you are benefiting in participating in IGA? 1) Yes _____

2) No _____ (if your answer is no go to Q. 6.15.)

6.14. If your answer to 6.13.is yes, what benefits have you got in participating in IGA? I have got financial capacity

1. To secure my daily food consumption at least twice in a day.

2. To secure my daily food consumption as I want.

3. To get additional food like protein (milk, egg, etc) and minerals whenever I need it.

4. To attend health services for other opportunistic infections

5. To rent better house and I can pay my house rent on regular base without any financial problem.

6. To continue my education.

7. To cover school fee and other educational expenses to my children.

8. Not to sell my household properties.

9. To buy additional household assets (TV, radio, bed sofa, table/chair, deck, etc)

10. To replace my jewellery that I have sold before

11. To buy new jewellery.

- 12. It creates job opportunity to me.
- 13. I earn monthly income regularly.
- 14. My monthly income increased from time to time.
- 15. Other (specify) _____

6.15. If your answer for Q.6.13. No, can you tell me the reason (please specify).

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

6.16. What problems are you facing in working in IGA?

- 1. Shortage of money or the money is not enough to run the business effectively.
- 2. Problem of market to sell the products/ a declining price of products.
- 3. Sometimes I faced health problems and certainly my business center was closed.
- 4. Management problem in our association impacts negatively on my business.
- 5. Inadequate skill upgrading and refresher training to handling the IGA work.
- 6. Other (specify) _____

6.17. What suggestion can you forward to make the IGA program more fruitful for the PLWHA?

- 1. Increase initial capital.
- 2. Provide additional skill and refresher training to upgrade the capacity of the participant.
- 3. Finding market to the products.
- 4. Increase working cooperation within and out of the association members.
- 5. Other (specify) _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

10. _____

6.18. Generally are you happy in participating in IGA? 1) Yes I am really very happy _____
2) Of course, it is good _____ 3) I am not happy _____. (If the
answer is 3, go to Q. 6.21)

6.19. If your answer for Q. 6.18. is 1 or 2, do you think that these all help you to live better life
than before you are not participating in IGA? 1) Yes _____ 2) No _____

6.20. Thus, can we say your livelihood is changed as compared to the time you are not in IGA?
1) Yes _____ 2) No _____

6.21. If your answer for Q.6.18 is 3, can you tell me the reason why you are not happy?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

6.22. Other comments that you want to say _____

Section- VII) Specific Questions for PLWHA not participating in IGA: -

- 7.1. Now you are not participating in IGA, can you tell me the reason why you are not participating in IGA?
1. I don't want to participate in IGA
 2. I don't have initial money for IGA
 3. Though I want to participate in IGA, my association can't include me in the program.
 4. I have serious health problem due to opportunistic infections.
 5. Other (specify) _____
 6. _____
 7. _____
 8. _____
- 7.2. Is there any regular monthly financial and material support you have got from GOs/NGOs at present time 1) Yes _____ 2) No _____
- 7.3. If your answer to Q. 8.3. Yes, what supports are provided for you?
1. Financial support (specify the amount in cash) _____
 2. Material support (specify) _____
- _____
- _____
- _____
- 7.4. Do you have any additional source of income? 1) Yes _____ 2) No _____
- 7.5. Do you think that these source of income (both support & additional means of income) are enough to you 1) Yes _____ 2) No _____
- 7.6. If your answer to Q. 8.5. is no, what economic challenges can you face on your household consumption
1. Problem of money to cover my daily food consumption
 2. Shortage of money to use balanced diet food (like protein, vitamin, mineral)
 3. Problem of money to cover my health expenses for opportunistic infections.
 4. Problem of money to cover educational expenses for my children
 5. Problem of money to cover my house rent
 6. Problem of money to buy household property (like TV, radio, etc)

- 7. Other (specify) _____
- 8. _____
- 9. _____
- 10. _____

7.7. Do you think that IGAs are reliable to create the sustainable economic base for PLWHA?
1) Yes _____ 2) No _____ 3) Actually it is good if it is properly implemented.

7.8. Do you have future plan to participate in IGA? 1) Yes, if I have got money _____
2) No, I don't want to participate in IGA _____

7.9. If your answer to Q. 8.8. is no2, why?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

7.10. What other comments do you have on IGA?

Section-XIII: Information about ART Service: -

8.1. Do you start taking ART service: 1) Yes _____ 2) No _____

(If your answer is no thank you for your kind coordination)

8.2. If your answer to Q. 9.1 is yes, when did you start taking ART services

1) One year ago _____

2) Two years ago _____

3) Three years and above _____.

8.3. Who provide you ART services,

1) Health Bureau provide me freely _____

2) Other NGOs provide us freely (specify the name of the NGO) _____

3) I buy the ART and use it _____

8.4. How is your health situation now?

1) My health status is very good _____

2) Sometimes I am seek due to opportunistic infection _____

3) My health status at the moment is very challenging due to continuous and relapsing opportunistic infection _____

8.5. If your answer to Q. 9.3. is 1, can you tell me the reason

1) It is due to ART service _____

2) The IGA help me to take balanced diet food _____

3) Both ART service and change in my economic status due to IGA help me _____

Thank you!

Checklist/Guideline for Focus Group and Key Informant Discussions: -

1. What major livelihood shocks could you face as a result of HIV/AIDS?
2. What are your coping strategies?
3. Trends or initiatives to join IGA
4. IGA supports to provided to the target group
5. What benefits have you gained as a result of IGA?
6. What problems are you encountered in IGA implementation?
7. What measures have you taken to solve the problem and lessons learned?
8. What will be done to make IGA more effective?

Thank you!

Declaration

The thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been duly acknowledged.


Dinka Mekonnen
Student


Signature

23 July 2008
Date

I confirmed that this thesis has been submitted with my approval as the supervisor of the same.

Reube Degefa
Advisor


Signature

23 July 2008
Date