PROBLEMS ON THE EFFECTIVENESS OF INCOME GENERATING ACTIVITIES

(A CASE STUDY ON BIRUH FANA PLHIVS ASSOCIATION IN DANGILA TOWN)

A RESEARCH PAPER SUBMITTED IN THE FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF BUSINESS ADMINSTRATION (MBA)

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NOVEMBER - 2013

CERTIFICATE OF ORIGINALITY

This is to certify that the project report entitled

PROBLEMS ON THE EFFECTIVENESS OF INCOME GENERATING ACTIVITIES

(A CASE STUDY ON BIRUH FANA PLHIVs ASSOCIATION IN DANGLA)

Submitted to **Indira Gandhi National Open University** in the fulfillment of the requirement

for the award of the degree of **MASTER OF BUSINESS ADMINISTRATION (MBA),** is

Original work carried out by Mr. HAWLTU ALEMU BIRU

With enrolment no. 109100917 under my guidance.

The matter embodied in this project is genuine work done by the student and has not been

Submitted whether to this University or to any other University / Institute for the fulfilment of the

requirement of any course of study.

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Acronyms

IGA - Income Generating Activities

PLHIV: - People Living with HIV

PLHWA- People Living With HIV Association

HIV - Human Imino Virus

AIDS - Acquired Imino Deficiency Syndrome

HAPCO - HIV/AIDS Prevention & Control Coordinating Office

NGOs - Non- Governmental Organizations

OVC - Orphan Vulnerable Children

PMTCT - Prevention of Mother to Child Transmission

STI - Sexually Transmitted Infections

MARPs - Most At Risk Populations

MSM - Male Sex will Male

SPM - Strategic Plan for intensifying Multi-sectoral HIV/AIDS response

HCT - HIV Counseling and Testing

CC - Community Conversation

ART - Anti Retro viral Therapy

BCC - Behavioral Change Communication

GF - Global Fund

SPSS - Statistical Package for Social Science

KCCC- Kamwokya Christian Caring Community Savings

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Summary

The response to the HIV/AIDS epidemic in Ethiopia is a collective effort by the government, multilateral and bilateral donors, national and international non-governmental organizations, community-based organizations, faith-based organizations, the private sector, civil societies, associations of PLHIV and individuals. The response has been guided by the national policy issued in 1998. The National AIDS Prevention and Control Council established in 2000 was charged with directing and overseeing the multi-sectoral response. The Council, chaired by the President of Ethiopia and comprising members from government, NGOs, religious bodies, and civil society, has declared HIV/AIDS a national emergency. In June 2002, the National HIV/AIDS Prevention and Control Office (HAPCO) were established by proclamation to coordinate and lead the multi-sectoral response. As indicated in the proclamation, the mandates of HAPCO are three; coordination, resource mobilization and monitoring and evaluating the multi-sectoral HIV response. *(Source: SPM-II)*

Problem statement• Economical support is one of the elements for the proper Prevention of HIV/AIDS using the right management and utilization of the resources in order to achieve the targeted Goals.

Biruh Fana PLHIV association members have been supported different amount of money (Startup capital) for running their Income generating activities (IGAs) from different sources.

Most of their IGAs have not been seen outstanding or have not been increased their capital.

Therefore; what about the performance of these IGAs and the problems faced on it? The Biruh fana PLHIV association, HAPCO and other supporting organizations are the coordinating bodies of the PLHIVs towards their effectiveness on their income generating activities.

To what extent these bodies support the PLHIVs so as to effective on their IGAs and what are the problems faced by the PLHIVs that makes them not to be profitable or not effective. This study attempts to assess the major problems that are faced on their IGA activities and find out how the problems are affecting their IGAs of PLHIVs towards their effectiveness.

Most PLHIV associations in Awi zone were supported in the last years by Global Fund and other donors through HAPCO. Excess amount of budget was donated in order to establish and run income generating activities with the intention of improving livelihood of PLHIVs; however, according to HAPCOs yearly report, most of them were not effective, i.e. they have been faced loss; they did not expand and scale up their IGAs. Therefore, this study will assess the problems faced on those PLHIVs' income generating activities against profitability expansion.

In addressing this gap, this study is also significant as it examines and evaluates the IGA effectiveness of PLHIVs. Moreover, the finding will be an input for the HAPCO /Global fund/ and other donors and PLHIVs themselves in order to design new or effective systems of support. As there are no researches made pertaining to this topic the study will be used as a baseline for those who are interested to study on this topic.

Objectives: This research serves as the base line for care and support through IGA under taken at Biruh fana PLHIV association. The study has been assessed the problems occurred on the effectiveness of income generating activities of the PLHIVs at Biruh Fana PLHIV association.

Methods: PLHIVs that are 18 years of age and those supported by HAPCO /Global fund/ care and support program through income generating activities/ IGA either individually have been eligible for the study. There are 330 PLHIVs included in the Biruh Fana PLHIV association.

Results: Types of income generating activities which are selected and run by the beneficiaries are: Trade, Farming, animal breeding and others like hand crafts, sewing cloths, carpeting etc. Of which the highest number of the respondents (68.6%) have selected trade which is buying and selling of different goods like fabricated goods and crops (retailers) for their income generating activities; secondly they have selected vegetable farming (25.6%) of the respondents and the least number of the respondents have selected other income generating activities like hand crafts and carpeting that is 3.5%.

Effectiveness represents not only the profitability of the IGA; it includes in addition to profitability of the business, expansion of the business or scaling up of the business with the profit, changes on the PLHIVs lives that means what are the critical changes on their living standards, and the sustainability of the business.

Even if some PHIVs have gotten profit from their IGAs, they were not effective which means their business was not expanding as well as there is no change on their lives. Based on the findings the following table shows the effectiveness of the respondents.

Generally as presented on the finding 43% of the respondents were effective that is their IGAs are expanded with different amounts by the profit they have gotten, and as they said their lives have been changed because of the IGAs businesses they have run. These respondents have changed their living styles and live better lives relatively what they have been before they start income generating activities.

As they said they fulfill their basic needs by the profit they have gotten from their IGAs. Whereas 57% of the respondents more than the effective respondents have been ineffective that is their IGAs have not been expanded , and most of their IGAs' capital is less than what they have had at the beginning of the business or startup capital; they have been faced loss, and even if some of them have gotten some profit they were not effective because they have not well managed the business like lack of saving money, not expanding the business with the profit, in contrast they have abused and mismanaged their profit

Conclusion: According to the data analysis and discussion, it is possible to conclude using the following points about the care and support program specifically the income generating activities of the PLHIV associations. The amount of fund transferred to the PLHIV associations through Amhara HAPCO from each of the sources of fund is describing that global fund takes the lions share in the amount of money disbursed.

About 86 respondents have been sampled from Biruh Fana PLHIV association members; majority of the respondents are females; and the average amount of capital given for PLHIVs initially is birr 2, 213.77.

The main problems for majority of the PLHIVs that have been faced when they were running their IGAs are: - lack of skills, lack of customers, lack of self-commitments, capital shortages and the likes. Based on this finding most of the respondents were not effective because their businesses were not profitable, they did not increase their capital and expand the IGAs volume rather some respondents' businesses capital is less than the start-up capital, and most of them did not change their living styles.

Unit One

Introduction

1.1. Back ground

Even though Ethiopia is in the stage of a generalized epidemic, it is very important to focus on special target groups to rapidly curb the epidemic and mitigate its impact. This will improve effective use of resources. Priority should be given to the segments of the population who are infected and affected most and who are highly vulnerable to infection. The youth population between the ages of 15 – 29 years is highly affected by the epidemic. A large number from this age group are in schools, therefore, targeted behavioral change communication and integration of HIV/AIDS prevention issues in the curriculum and in civic education can effectively control the spread of HIV among the youth and the school community. In addition, youth out of school need to be targeted appropriately. Due to deep-rooted poverty, there is a rapid increase in the number of commercial sex workers, especially in urban settings, resulting in rapid transmission of the virus. Comprehensive and tailored packages of interventions should be in place to address their special need.

Long distance truck drivers, migrant laborers, and uniformed people, should also be addressed with targeted interventions focusing on their mobile nature.

HIV/AIDS is gradually but steadily spreading into the rural areas where 85% of Ethiopia's populations live, therefore mainstreaming of HIV/AIDS prevention and control programs in our rural development and the health extension programs is a strategic step to avoid the rapid spread of the epidemic in rural community. The active involvement of people living with HIV/AIDS has to given a central place in our response Orphans and other vulnerable children must deserve to be targeted form care and support point of view as well as prevention and reduction of vulnerability.

(Source: Ethiopian strategic plan for intensifying multi-sectoral HIV/AIDS response /2004-2008/ p-11)

Ethiopian HIV epidemic:

According to the single point estimate, the national adult HIV prevalence was estimated to be 2.4% in 2010. With over 1.2 million people living with HIV, Ethiopia carries one of the largest HIV disease burdens in the world. While the epidemic is generalized, available data reveals marked heterogeneity across sex, residence and region. In 2010, HIV prevalence is estimated to be 2.9% among females and 1.9% among males. Similar differentials by sex were found across all regions as well as urban and rural areas. The strongest contrasts were found between urban and rural areas. Urban HIV prevalence was estimated to be 7.7% I 2010, compared to 0.9% rural HIV prevalence. Urban areas accounted for 16% of the total population but 62% total people living with HIV (PLHIV) in the country. Strong regional differences were also observed in both urban and rural areas. Urban HIV prevalence ranged from 2.4% in Somali region to 10.8% in afar region, with substantial variation between the large regions as well (Oromia 6.1% SNNP 7.2% Amahara 9.9% and tigray 10.7%).

Similarly rural HIV prevalence ranged from 0.4% in Somali region to 1.5% in Amhara region. Small towns were becoming hotspots with potential to spread the epidemic further into rural settings. Addis Ababa and four regions Amhara, Tigray, Oromia, and SNNPR account for 93.4% of the total PLHIV population in the country. Such marked demographic and geographic contrasts in exposure to HIV clearly points to the need for HIV prevention interventions to be targeted and tailored to a wide range of different contexts within the same country.

The strategic plan for intensifying multi sectoral HIV and AIDS response in Ethiopia II (SPM II) identifies female sex workers, uniformed force, long distance drivers, never married sexually active females, discordant couples, migrant laborers, migrant groups (especially those in small towns), cross border populations and in school youth (particularly at tertiary education) as most at risk populations (MARPs) for HIV infection.

However, ability to accurately measure epidemic spread to these groups and their potential role in passing infection on to others has been limited by gaps in available data. For example information about men who have sex with men (MSM) is only know from small scale qualitative studies, while systematic even among more established MARPs much remains to be learned about risk behaviors and prevention responses to HIV.

(Source: MARPS and vulnerable groups study 2008 p-8)

A patchwork of studies and anecdotal evidence indicate that low level of comprehensive knowledge about HIV/AIDS, low level of perceived risk and threat of HIV AIDS, increased population migration, high prevalence of unprotected sex through concurrent multiple partnerships, intergenerational and transactional sex, high prevalence of sexually transmitted infections (STIs), alcohol abuse and chat chewing, gender inequality and poverty may be some of the drivers of the epidemic. A particular challenge for prevention strategic has been the emergence of “hotspots” as an unintended byproduct of accelerated development schemes. Examples of these “hot spots” include large-scale commercial farms infrastructure developments (such as road construction sites), hydroelectric power stations, factories, trade routes and new industrial zones. These “hotspots” attract mobile groups, money and opportunities for sex trade the key ingredients know to foster epidemic spread.

(Source: MARPS and vulnerable groups study 2008 p)

Care and support activities are those that alleviate or ease illness, and lessen the burden of disease on patients and their families. These, too, cover a range of activities and include:

Home and community based care and support for PLWHA that addresses patients’ psycho social, medical, spiritual, nutritional and economic needs.

Comprehensive (psycho-social, educational, medical, and nutritional) support for orphans and vulnerable children (OVC) and their caregivers, including income generating activities that reduce the economic burden of HIV/AIDS on families. People living with HIV/AIDS have a tremendous power and influence to teach about HIV/AIDS from their personal and social experience.
They can also be trained to provide care and support. The involvement of PLWHA in the fight against HIV/AIDS has been quite encouraging and has contributed a great deal towards openness, and a reduction of stigma, denial and discrimination. The continued involvement of PLWHA as guiding principle should significantly contribute to the reduction of the spread of HIV/AIDS and improvement in the quality of people living with the virus.

(Source: PEPFAR Ethiopia small grants program, Program guideline and Application; Ethiopians and Americans in partnership to HIV/AIDS.-2010)

Strengthening care & Support:

Mitigating the devastating impacts of HIV/AIDS is essential to improve the livelihood of the infected and affected segment of population. Care and support services will be provided to OVC and PLHIV in their familial networks with the active involvement of local communities. Efforts will be made to reduce dependency by scaling up income generation activities to the needy OVC and PLHIV through enhanced partnership, service mapping and institutional support.

(Source: Strategic plan for intensifying multi-sectoral HIV and AIDS response in Ethiopia II (SPM II) 2009 - 2014 P-12 by Federal HIV/AIDS Prevention and Control Office Federal Ministry of Health, Addis Ababa, Ethiopia)

Strengthen income generation activities: Income generation activities will be strengthened to sustain care and support services with the view of creating self-reliance through:

Provision of training on how to carryout and manage income generation activities

Provision of seed money for income generating activities

Mentor IGA activities and create links to markets

Strengthen public private partnership

(Source: Strategic plan for intensifying multi-sectorial HIV and AIDS response in Ethiopia II (SPM II) 2009 - 2014 P-44 by Federal HIV/AIDS Prevention and Control Office Federal Ministry of Health, Addis Ababa, Ethiopia

1.2. Statement of the Problem

Economical support is one of the elements for the proper Prevention of HIV/AIDS using the right management and utilization of the resources in order to achieve the targeted Goals. Biruh Fana PLHIV association members have been supported different amount of money (Startup capital) for running their Income generating activities (IGAs) from different sources.

Most of their IGAs have not been seen outstanding or have not been increased their capital. Therefore; what about the performance of these IGAs and the problems faced on it? The Biruh fana PLHIV association, HAPCO and other supporting organizations are the coordinating bodies of the PLHIVs towards their effectiveness on their income generating activities.

To what extent these bodies support the PLHIVs so as to effective on their IGAs and what are the problems faced by the PLHIVs that makes them not to be profitable or not effective. This study attempts to assess the major problems that are faced on their IGA activities and find out how the problems are affecting their IGAs of PLHIVs towards their effectiveness.

1.3. Rationale of the study

Most PLHIV associations in Awi zone were supported in the last years by Global Fund and other donors through HAPCO. Excess amount of budget was donated in order to establish and run income generating activities with the intention of improving livelihood of PLHIVs; however, according to HAPCOs yearly report, most of them were not effective, i.e. they have been faced loss; they did not expand and scale up their IGAs. Therefore, this study will assess the problems faced on those PLHIVs' income generating activities against profitability expansion. In addressing this gap, this study is also significant as it examines and evaluates the IGA effectiveness of PLHIVs. Moreover, the finding will be an input for the HAPCO /Global fund/ and other donors and PLHIVs themselves in order to design new or effective systems of support. As there are no researches made pertaining to this topic the study will be used as a baseline for those who are interested to study on this topic.

1.4. Objectives of the study

This research serves as the base line for care and support through IGA under taken at Biruh Fana PLHIV association. The study will assess the problems occurred on the effectiveness of income generating activities of the PLHIVs at Biruh Fana PLHIV association.

Specific objectives of the study are: -

Specifically, the study aims at the following objectives:

- To determine the activities of IGAs undertaken in Biruh fana PLHIV association.
- To identify / indicate the problems faced towards IGA effectiveness.
- To identify the changes of IGAs in their Lives.

1.5. Scope of the study

This study has given due focus in examining and evaluating problems on IGA effectiveness undertaken in Biruh fana PLHIV association.

Unit Two

Literature Review:

The economic impact and consequences of HIV/AIDS on households and communities:

HIV/AIDS is costly to most households and communities. During periods of illness, medical costs rise, work and incomes are disrupted, family members are drawn away from work to provide care and in some instances children have to work to supplement household incomes. After death, funerals can be costly, sometimes more than the amount previously spent on medical care. The loss of an adult undermines a family's income generating abilities, adding to the work burden of surviving family members, including children.

AIDS affected families may experience rapid transition from relative wealth to relative poverty. For poorer and rural households, the ability to cope with external shocks, such as drought or increases in the prices of staple products, will be reduced further. What stands out from numerous studies over the past decade is how HIV/AIDS induces impoverishment of many (but not all, and how many in a particular community or region is unclear) affected households. Income is lost and assets are sold or rented in order to get cash. Widespread disinvestment of assets appears to be occurring as households spend their savings and wealth to cope with HIV/AIDS. This section sets out some of the economic conditions that follow HIV/AIDS.

(Source: Economic Commission for Africa/the impacts of HIV/AIDS on families and communities in Africa /index no. CHGA-B11-0001 P-15)

Loss of Income:

The economic impact of HIV/AIDS is significant and often dramatic in terms of changes in come, asset wealth and longer term prospects for economic security. A study in KWa Zulu - Natal, South Africa, found that households that had experienced a death in the previous 12 months (not only from HIV/AIDS, it needs to be pointed out), had a mean monthly income equal to only 64 per cent of households that had not experienced a death.

Another South African study in the Free State province found that HIV/AIDS affected households tended to have monthly incomes one third less than non-affected households. In the cote d'lvore, the income of affected families was half that of total average household income. The burden of care giving can deepen the poverty of households, moving some households into destitution.

A household study in southern Zambia found households with very high dependency ratios of three to five times national averages, primarily, but not exclusively, due to the caring burdens created by HIV/AIDS. In these households labor that might contribute to household necessities or income simply did not exist. Children in these households are likely to have to work in order to survive. Efforts are made to draw on resources from wherever possible, utilizing existing family and social networks.

A study based on household data in Rakai, Uganda, one of the earliest networks. A study based on household data in Rakai, Uganda, one of the earliest centers of the HIV/AIDS epidemic, showed that extended family members, community members, and NGOs provided from 40 to nearly 70 per cent of the medical and burial costs experienced by affected families.

In summary, the economic impact of HIV/AIDS on households and communities is far reaching and is likely to worsen over the coming decade. In the absence of significant subsidies for medical and drug care, households will be spending a significant portion of their incomes on health care.

To pay for health care, assets will be sold, further impoverishing many households. Extended family and community members will find increasing demands on their resources to assist affected households. Some households will be better able to cope with these changes and will recover economic stability after several months or years. Others, however, will become economically worse off. Poverty will intensify. What proportion of all affected households will be most adversely impacted remains speculative, but given the prevalence of poverty in many African countries, it is reasonable to suggest that at least half of HIV/AIDS affected households will experience long term economic distress.

With national services and community and household resources already strained, it is difficult to foresee quick fixes that will alleviate the economic and social impacts of HIV/AIDS. Rather, a development based orientation is needed. Elements of a development response will include large scale job creation and youth job training, infrastructure re- building, and substantial subsidies for local development initiatives. Whether it is through targeted initiatives or broad, national scale program, developments efforts must be designed and implemented that minimize the impoverishment and inequalities that are occurring in the wake of the HIV/AIDS epidemic.

(Source: Economic Commission for Africa/the impacts of HIV/AIDS on families and communities in Africa /index no. CHGA-B11-0001 P-15)

As the impact of the epidemic has deepened and broadened, however, new evidence has been gathered that suggests these broad generalizations about the impact of HIV/AIDS must be supported with credible evidence and qualified in particular circumstances. The slow evolution of the impact of HIV/AIDS does disguise the immediate general affects, but the cumulative affects registered over several years or one or two decades is already producing, and will continue to produce significant changes across society.

The need for a degree of caution in assessing the impact of HIV/AIDS on households and communities is because other factors are at work at the same time. Dramatic economic changes in sub Saharan Africa over the past several decades, for example, have left some households more exposed to the impact of HIV/AIDS then others.

Households and communities already suffering conditions of poverty are, usually, must harmed by the loss of adult members to illnesses, including HIV/AIDS. Female and elderly headed households' are likewise least able to cope with the economic, labour and social losses arising from HIV/AIDS.

Thus, if we want to know whether households are coping with the impact of HIV/AIDS, we need to include the wider socioeconomic context in the analysis and identify who is affected, and within that group, who is most affected. Differentiation of date by gender, age, and socioeconomic status is critical.

(Source: Economic Commission for Africa/the impacts of HIV/AIDS on families and communities in Africa index no CHGA-B-11-0001)

Another parallel change to the prevailing poverty in many societies, more directly associated with structural adjustment induced reforms, is the greater cost and difficulty in accessing basic social services, including education and health care by many families. Again, these costs have been most deeply felt by lower income groups. The additional costs arising from medical care for people with HIV/AIDS and related illnesses can readily deplete household savings and assets. Economically stressed families may withdraw girls and boys from school to reduce expenses, assist in the care of ill relatives and free up an adult (usually a woman) to seek work. Households with more assets, more adults able to contribute their labor for productive activities or care, and greater wealth are usually better able to absorb the expenses of treating HIV/AIDS and related illnesses and the loss of one or more family members. Three broad statements do seem reasonable at this stage in the pandemic.

The presence of HIV/AIDS in a household quickly results in depletion of household income earning capacity and of household savings and assets. Many households quickly move into conditions characterized by poverty: very little income or wealth, debt, reduced access to services, and fewer than ever options for attaining socioeconomic security. Women and girls, in particular, and likely to be most affected.

HIV/AIDS exacerbates and is exacerbated by prevailing economic conditions. HIV/AIDS is not a stand-alone condition, but exists within a wider socioeconomic context that deepens the vulnerability of households, communities and nations.

The economic costs of HIV/AIDS, the stigma surrounding the disease that leads to discrimination and withdrawal, and the ability to access social services combine to expand socioeconomic inequalities in society HIV/AIDS in not only killing people, it is further dividing national societies.

(Source: Economic commission for Africa /the impacts of HIV/AIDS on families and communities in Africa /index No. CHGA-B-11-0001)

The Burden of Care

Women and girls tend to provide most of the care for sick individuals, but men do play an important (albeit less full) role, especially in the care of other men. Also, the differences in the time spent on care between women and men may not be as great as sometimes assumed, although the evidence is incomplete. A survey of households affected by HIV/AIDS in several provinces of South Africa found that in more than two thirds of household's women or girls were the primary caregivers. Almost a quarter of caregivers (23 per cent) were over the age of 60 and just less than three quarters of these were women. Similar findings were seen in Zimbabwe.

There, must people caring for children orphaned by HIV/AIDS were over 50 years of age. Of those, over 70 percent were 60 years of older. The stress of care giving was clear. Caregivers report regular concerns about adequate food and clothing, the high cost of medical fees, and inability of pay school fees for orphans. Indeed, the health of the older caregivers and deteriorated as a result of the physical and emotional stress of assisting the children.

(Source: Economic commission for Africa /the impacts of HIV/AIDS on families and communities in Africa /index no. CHGA-B11-0001 p-8)

Vulnerability factors and drivers of the epidemic:

There are individuals, socio cultural, structural and institutional factors that influence and contribute to the spread of HIV in the country. These are: Lack of adequate knowledge and skills to protect one, Socio Cultural norms, Inaccessible and inadequate basic HIV service Coverage, including information and education, Poverty, Gender inequality.

Lack of adequate knowledge and skills to protect one: According to the DHS 2005, 55.3% of the in school youth knew the three HIV prevention methods for sexual transmission of HIV and 26.6% had comprehensive knowledge about HIV and AIDS. On the top of the low level of the comprehensive knowledge, there is also knowledge variation by sex.

Socio Cultural norms: Harmful traditional practices such as female genital mutilation, abduction, women inheritance, acceptance of premarital and extramarital sexual practices, etc are some of the beliefs and practices that may be fueling the spread of the epidemic.

Inaccessible and inadequate basic HIV service Coverage, including information and education. PMTCT services and STI control and prevention services are not widely available in all health facilities.

Poverty: Poverty is widespread in Ethiopia, and poor people generally lack good nutritional status, access to health care and information and education. Women disproportionately bear the burden of poverty due to low control over resources.

Due to extreme poverty young women engage in transactional sex with older men, while many women are forced to support their family by selling sex, which puts them at greater risk of HIV infection.

Gender inequality: Women are at greater risk of HIV infection as they are often not in a position to make decisions on matters affecting their own health including sexual relations due to their socio-cultural and economic positions. Women increasingly bear the burden of AIDS resulting in higher stigma, discrimination and poorer access to services.

(Source**:** Federal Ministry of health, Single point prevalence estimate, 2007.HIV/AIDS prevention and control office, Addis Ababa, Ethiopia.)

Policy and programmatic response to the HIV/AIDS epidemic

The government of Ethiopia is making tremendous efforts towards containing the epidemic. As part of this endeavor, the government put in place a national HIV/AIDS policy in 1998 to create an enabling environment to fight the pandemic.

Overall support and commitment in relation to HIV and AIDS has increased over the years, and progress has been made in the development of specific HIV/AIDS related legislation and revising the HIV policy to promote and protect human rights.

Moreover there have been some encouraging efforts to enforce the existing policies, laws and regulations. Civil society involvement in the process of planning, monitoring and evaluation of HIV/AIDS responses at various levels are improving

(Source: Report on progress towards implementation of the UN Declaration of commitment on HIV/AIDS 2010, federal democratic Republic of Ethiopia)

National HIV Prevention response and challenges:

Key interventions already in place or scaling up rapidly as part of the national HIV prevention response include community conversation (CC), HIV counseling and testing (HCT), prevention of mother to child transmission (PMTCT), infection prevention (IP), post exposure prophylaxis (PEP), condoms promotion and distribution, sexually transmitted infections (STI) prevention and control and provision of anti-retroviral treatment (ART) service to more than half of HIV infected individuals individual access to information and services supporting risk reduction and behavior change has all grown dramatically, but challenges remain.

These include inconsistency of messages, inability to contextualize behavior change and communication (BCC) materials, weak linkages between messages and service and UN coordinated approaches between different implementing partners. Other HIV prevention services may be too limited in scale to be effective, inaccessible to their intended audiences or inadequate in terms of scope of services and linkages between them. Mapping prevention activities and documenting behavioral outcomes remain core activities for a responsive MARPs HIV prevention programming at regional and district levels. The need to strengthen the sense of shard ownership over prevention agendas between the public, private and community sectors is also recognized. Without ownership, HIV prevention efforts will struggle to reach the scale, effectiveness and sustainability needed to curb the epidemic.

(Source: HIV prevention package (MARPs and Vulnerable groups) federal HIV/AIDS prevention and control office (FHAPCO) January 2011, Addis Ababa, Ethiopia)

Impacts of AIDS:

Estimated number of total annual deaths due to HIV/AIDS in 2008 was 58,290 (33,084 females and 25,206 males). The estimated death was 99,360 (56,364 females and 42,997 males) in 2005. The decline in AIDS related deaths is mostly due to the wide availability of free ART program in the country since 2005, initiated by the government in collaboration with development partners. As sexually and economically active segment of population, 15-49 years old, are highly affected by HIV/AIDS, it results in considerable productivity loss due to recurrent illnesses and deaths with loss of skilled labor across the sectors posting challenge to socio economic development. Besides reducing household productivity and income, AIDS disrupts the families who are the building blocks of society increasing orphans and vulnerable children. It is estimated that the number of orphans from HIV in 2008 was 886,820.

(Source: Federal Ministry of Health, Single point HIV prevalence Estimate, 2007 HIV/AIDS prevention and control office, Addis Ababa Ethiopia)

The response to the HIV/AIDS epidemic in Ethiopia is a collective effort by the government, multilateral and bilateral donors, national and international nongovernmental organizations, community based organizations, and faith based organizations, the private sector, civil societies, associations of PLHIV and individuals. The response has been guided by the national policy issued in 1998. The national AIDS prevention and control council established in 2000 was changed with directing and overseeing the multi-sectoral response.

The council, chaired by the president of Ethiopia and comprising members from government, NGOs, religious bodies and civil society has declared HIV/AIDS a national emergency. In June 2002, the national HIV/AIDS prevention and control office (HAPCO) was established by proclamation to coordinate and lead the multi sectoral response.

(Source: Strategic plan for intensifying multi-sectoral HIV and AIDS response in Ethiopia II (SPM II) 2009 - 2014 by Federal HIV/AIDS Prevention and Control Office Federal Ministry of Health , Addis Ababa, Ethiopia)

Support to income generating programs

According to Namukose Esher research Study findings in Uganda revealed that KCCC provides support to income generating activities in order to empower the beneficiaries financially. Other responses from the FGDs indicated that KCCC established a Savings and Credit Organisation (SACCO) to enable clients to save and borrow money to start and expand their income generating activities.

Study findings revealed that a credit facility (Kamwokya Christian Caring Community Savings and Credit Co-operative Society) was established to help boost the incomes of those affected and infected with HIV/AIDS, after discovering that many people had lost their jobs due to being on and off duty because of various illnesses, and that some could not cope with the job related challenges given their weak health. They are allowed to access loans with a very low interest rate. The majority of the respondents were in support of the existence of the credit facility, and its role in improving their household incomes.

(Source: the role of faith based organizations in HIV/AIDS prevention care and support in Uganda. A case study of LKamwokiya caring community (KCCC) , 2003, bu Namukose Esther Isabirye)

IGA support to PLHIVs by Amhara region HAPCO

In 2009 in Amhara region HAPCO has transferred birr 13,853,922.40 to 130 PLHIV associations established in each zones, found in the region for their IGAs establishments. Budget transferred to PLHIV associations in Amhara region by 2009

S.no.	Name of Zone	No of associations	No. of PLHIVs in the associations			Money transferred
			male	female	Total	
1	Bahir Dar	5	580	825	1405	496,275.00
2	South Gonder	12	560	929	1489	1,120,040.00
3	North Gonder	16	795	1208	2003	1,623,480.00
4	North Wollo	11	984	1329	2277	1,844,347.40
5	Waghmira	4	51	142	193	344,675.00
6	South Wollo	21	40	900	961	1,794,000.00
7	Oromia	4	340	270	614	482,355.00
8	North Shewa	15	349	695	1059	1,694,193.00
9	Est Gojam	14	1686	1040	2726	1,619,340.00
10	West Gojam	14	320	902	1422	1,505,936.00
11	Awi	8	170	383	553	735,270.00
12	Region level	3				1,090,286.00
	Total		5839	8623	14462	13,853,922.40

Source: Annual report, Amhara region Hapco, 2009

CHAPTER - 3

3. Research design and Methodology

3.1. The study area

Dangila town is one of the towns from Awi Zone, Amhara region with population size of 44,717 and situated at 478 kilometer from Addis Abeba on the high way to Bahir Dar through Deber Markos. In the town there are different health institutions like one government health center, four different medium private clinics and drug shops.. Generally the town is categorized as one of hot spot area for HIV AIDS. Biruh Fana PLHIV association where the study conducted is one of PLHIV association found in Dangila wereda.

3.2. Study design

Descriptive cross-sectional study design has been employed to undertake the study.

3.3. Source of Data

All respondents were PLHIVs, who were involved in income generating activities by global fund care and support program found in Dangila wereda.

3.4. Study Population:

PLHIVs that are 18 years of age and those supported by HAPCO /Global fund/ care and support program through income generating activities/ IGA either individually or in group are eligible for the study. There are 330 PLHIVs included in the Biruh Fana PLHIV association.

3.5. Inclusion Criteria

PLHIVs that are 18 years old and above who have been within the association were included in the study.

3.6. Exclusion criteria:

PLHIVS that are disabled and not voluntary to give the information were excluded from the selected population.

3.7. Sampling technique and tools:

Simple random sampling technique has been used. The number of PLHIVs that were involved in IGA individually has been sampled. Out of nearly 344 of population, 86 (25%) of them were selected as a sample size. This is because of most PLHIVs in the association perform similar income generating activities and have similar living style; hence taking 25% sample can represent the population. The already determined sample size was selected randomly from the population of 344 members. All the respondents were alphabetically ordered and numbered from 001 to 336. Then a random numbers table or lottery system has been used so as to select 86 participants that fall between 001 and 336.

The study subjects was contacted through consultation with woreda HAPCO and the Biruh Fana PLHIV association Leaders/committees/.

Semi structured interview questionnaire has been used as a tool to collect the data. The questionnaire was open ended and induced questions on demographic and explanatory variables/characteristics.

The questionnaire was drafted in English and translated into Amharic language; moreover, the questionnaire was pretested on 9 PLHIVs of Eninoralen Gena PLHIV association; who have participated in IGA activities. The voluntary Anti-Aids Promoters were used to collect the data.

3.8. Study Variables

Demographic variables:-

- ✓ Age, Sex, religion, marital status, educational status , occupation,

Explanatory /exposure/ variables:

- ✓ Way of IGA support
- ✓ Amount of IGA support
- ✓ Type of IGA /Business
- ✓ IGA training /business startup training
- ✓ Difficulties on IGA

Outcome variables: Effectiveness of respondents on their IGA.

3.9. Operational Definitions

- Effectiveness – it refers the established IGAs which are generating income /profitable/ and solves the economic problem of PLHIVs.
- Ineffectiveness on IGA – it refers IGAs which are not generating income.
- Type of IGA – it refers to identify whether the established IGA is individually or in group.

3.10. Data Analysis

I have used SPSS version 20.0 /statistical package for social science/ for statistical analysis. After the data are cleaned, coded and entered, chi square(X^2) and P-value were computed to identify sociated factors. The results are displayed in absolute figures and percentages, using charts graphs and tables. Narration and interpretation has been also done accordingly.

3.11. Dissemination of the result

Findings of the study after getting academic approval from Indira Gandhi National Open University Council of Management Research; It will be disseminated to the study setting Amhara National Regional State HAPCO /ANRS HAPCO/ and Awi Zone HAPCO and Dangila Wereda HAPCO.

3.12. Limitations of the study

Since most PLHIVs who have been supported through IGA are illiterate, there was a limitation of using self-administered structured questionnaire. Besides to this, since it is the first study, there is no enough supporting data /documented data/. In order to fill this gap interview based questionnaire was used by the data collectors.

Because of the disagreements and the lack commitments for group working; the group IGA is already not functional. Therefore; no organized data was not collected at the time of data collection concerning group IGA. Because of this reason all the respondents that are included in the data collection are PLHIVs; who have taken startup capital for their individual income generating activities.

Chapter - 4

Study Findings and Interpretations

4.0 Introduction:-

This chapter describes the main issue of the actual findings which are based on the startup capital support, performance, effectiveness and other related issues of PLHIVs' income generating activities and the changes on their lives. The findings are organised in relation to the objectives of the study. The findings are discussed and interpreted inter-alia. The data is presented using frequencies, percentages and narratives Lastly, conclusions are drawn and recommendations that will be useful to all stakeholders are presented.

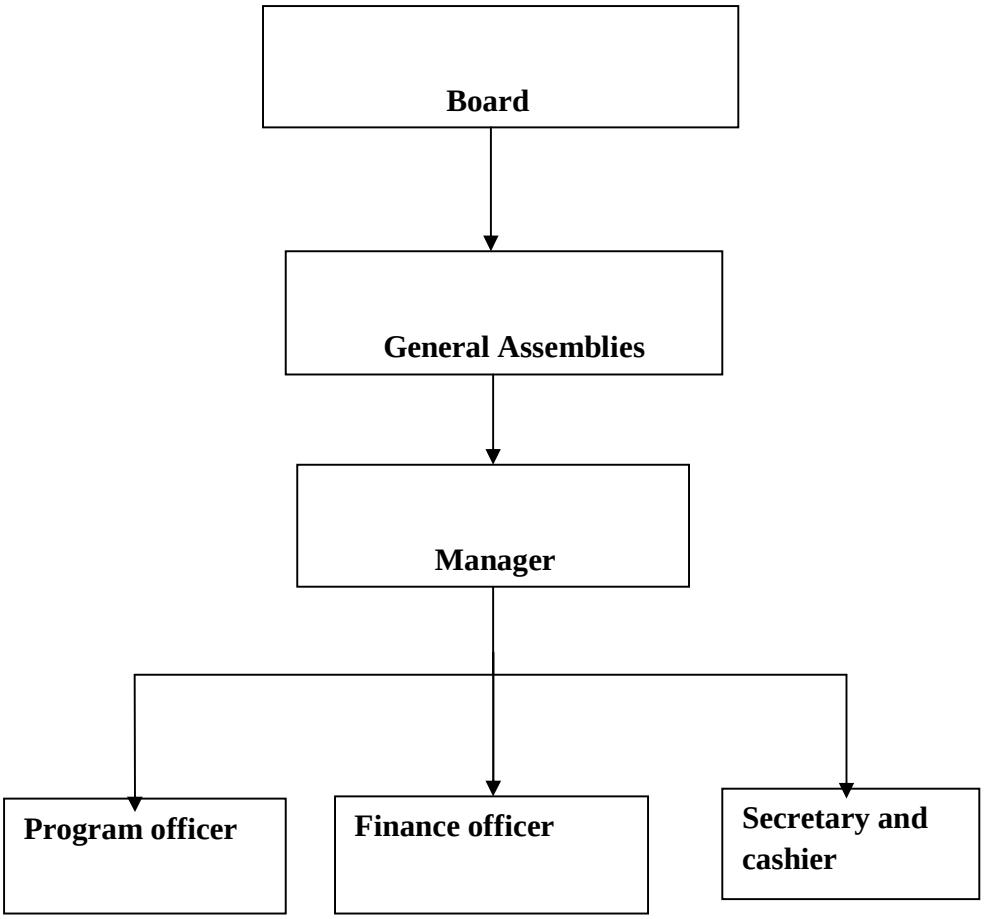
Organizational structure of Biruh Fana PLHIV Association

The organizational structure of the PLHIV associations in Ethiopia is the same since 2009; which is set by the federal Charities and associations controlling agency. The organizational skeleton of the associations is presented below

As shown in the figure below the board members of the associations have been selected from the government sectors heads. They are about 5 to 7 members including the general manager and he has been assigned and acting as the board secretary. The manager should be selected from the PLHIV association members.

There are also other committee's members who have been selected from the association members and have different responsibilities within the association

Fig 4.0, Organizational Structure of Biruh Fana PLHIV association



Source: Guideline of Biruh fana PLHIV association - 2010

4.1 Socio-Demographic Status of study participants:

Some of the socio-demographic characteristics that the study took into consideration included; age, gender, marital status, educational level, religion, and Occupations of the respondents.

Table 4.1 Socio - Demographic Characteristics of Study Respondents N=86

Characteristics	Variables	Frequency	Per cent
Age	20 -30 years	23	26.8 %
	31-40 years	37	43.02 %
	41-50 years	19	22.10 %
	>=51 years	7	8.1 %
Gender	Male	18	20.9 %
	Female	68	79.10 %
Marital status	Married	32	37.20 %
	Unmarried	16	18.6 %
	Divorced	29	33.7 %
	Others	9	10.6 %
Religion	Orthodox	80	93 %
	Muslim	4	4.7 %
	Protestant	2	2.3 %
Educational Background	Literate	42	48.8 %
	Illiterate	44	51.2 %
Occupation	Trade	58	67.4 %
	Vegetable farming	4	4.7 %
	Animal breeding	5	5.8 %
	Labourer	18	20.9 %
	Others	1	1.2 %

Source –Filled data-

4.1.1. Age

The age of the respondents was another important factor considered in the study. Descriptive statistics revealed that the mean age of the respondents was 37.26 years with a Standard deviation of 8.6, while the Inter Quartile Range was 39. The 25th and 75th percentile was 30 and 43 respectively.

As presented in the above table 26.74% of the respondents found between the age of 20 to 30 years, 43.02 % of them found in the age range of between 31 to 40 years, 22.09 % of the respondents are found in the age range between 41 to 50 years and the rest 8.14 % of them are 51 and above years.

Based on the data most respondents; who are PLHIVs are found between the ages from 31 to 40 years and they are relatively better effective on their IGAs where as the next higher number of the respondents are found between the ages from 20 to 30 years ; who are generally less effective on their IGAs .

4.1.2. Gender of the respondents:

The table 4.1 above shows that female respondents, 79.10 % were more than male respondents, 20.9 % of them were male. This does not only imply that females are more effective than males, but also reveals the fact that females have been affected more by HIV/AIDS than males.

4.1.3. Marital status of the respondents

The marital status of the respondents was taken in to account in order to examine its influence on the utilization of prevention, care and support services. It is assumed that married couples have greater access to be effective than those that are single, widowed, or separated .

As we see from the above table the marital status of the respondents of which 37.2% are married, 18.6 % of them are unmarried, 33.7% of them are divorced and 9 % of them are others which means their partners were dead, and separated with different reasons.

4.1.4. Religion of the respomdents:

The above table presents the religion distribution of the respondents ; majority of the respondents that is 93 % are orthodox christians, 4.7% of the respondents are muslims and the rest 2.3% are protestants.

4.1.5. Educational Status of the respondents

The above table shows the educational background of the respondents which is 48.8% of them are literate at different educational levels where as 51.2 % are illiterate.

4.1.6. Occupation of the respondents

As it is presented in the above table with regard to occupation of the respondents, majority of the respondents that is 67.4 % of them are involved in trade before selecting and joining the income generating activities, 4.7% of them were running vegetable farming , 5.8% were running animal breeding , 20.9% are labourers and the rest 1.2% of them were others including joblessness and other activities.

4.2, Nature, categories and performance of income generating activities:

While HIV/AIDS crosses all socio-economic groups, its economic impacts are greater on the poor, powerless and marginalized (Grant & Palmiere, 2003:213). People Living with HIV/AIDS (PLWHA) may suffer from considerable stigmatization in their homes, communities and workplaces when their HIV+ status is known.

This may lead to various forms of social and political discrimination/exclusion including reduced chances for employment and in some cases dismissal from work, and insensitive and biased institutional policies. Lau & Wong (2001) have found that almost 20% of companies in their study would dismiss HIV+ employees to avoid anxiety and unrest among the rest of the staff. They further found that HIV+ employees would be transferred to other posts/positions against their will once their HIV+ status is known. This indicates that stigmatization may impact on the financial resources of the household that could otherwise be generated through formal employment.

4.2.1, IGA support:

According to the findings all the respondents (PLHIVs) have gotten IGA support with different amounts and different income generating activities. In addition to this all the respondents have been given startup capital for IGA individually.

At the time of this data collection the group IGA is not well organized; because of the disagreements and the lack commitments for group working; the group IGA is already not functional. Therefore; no organized data was not collected at the time of data collection concerning group IGA.

Because of this reason all the respondents that are included in the data collection are PLHIVs; who have taken startup capital for their individual income generating activities.

Table 4.2.1 Descriptive Statistics

Characteristics	N	Minimum	Maximum	Mean	Std. Deviation
Amount of given Capital	86	900.00	4,000.00	2,213.77	803.04

Source: filled data

The minimum amount of the startup capital is birr 900.00 and the maximum amount of startup capital which is given to the PLHIVs is birr 4000.00, the mean of the amount of the given startup capital is 2, 213.7. This implies that the average amount of which has been given the PLHIVs for their IGAs is around birr 2200.00; which is not enough for their working capital in order to run their income generating activities to change their lives.

4.2.2, Types of Income generating Activities

Table 4.2.2 Types of IGAs started

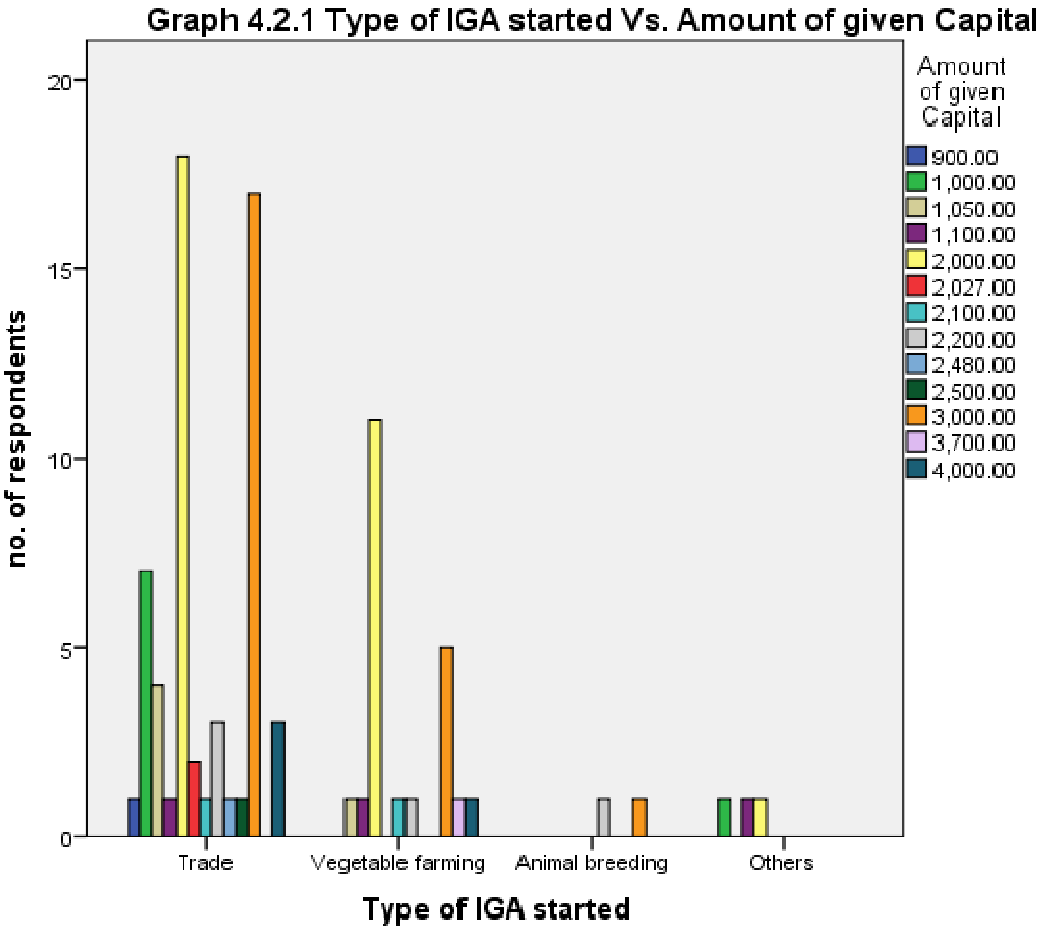
Types of IGA	Frequency	Percent
Trade	59	68.6
Vegetable farming	22	25.6
Animal breeding	2	2.3
Others	3	3.5
Total	**86**	**100%**

Source: filled data

Types of income generating activities which are selected and run by the beneficiaries are: Trade, Farming, animal breeding and others like hand crafts, sewing cloths, carpeting etc.

Of which the highest number of the respondents (68.6%) have selected trade which is buying and selling of different goods like fabricated goods and crops (retailers) for their income generating activities; secondly they have selected vegetable farming (25.6%) of the respondents and the least number of the respondents have selected other income generating activities like hand crafts and carpeting that is 3.5%.

Graph 4.2.1 Type of IGA started vs. Amount of given Capital



Source: filled data.

The above bar graph presents the type of IGA that the beneficiaries have selected and the amount of startup capital they have taken.

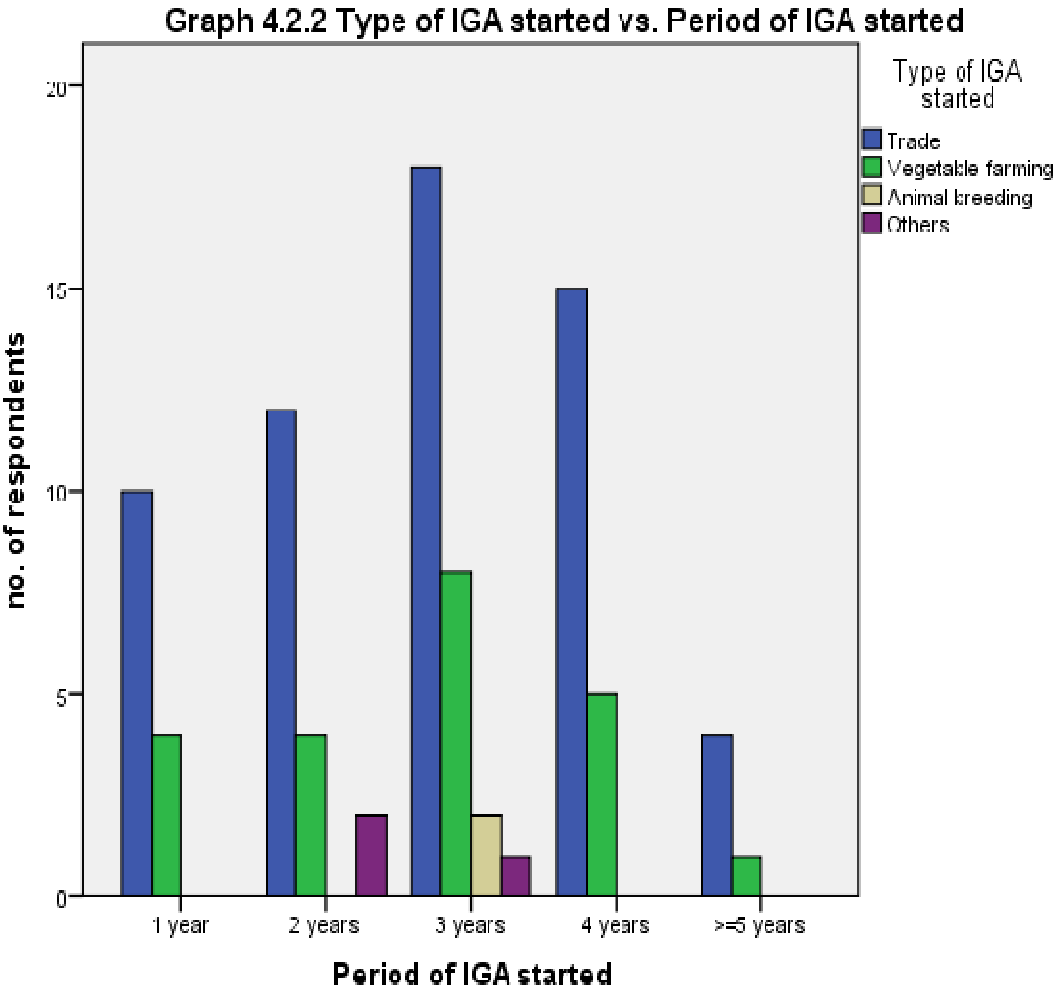
Most respondents have chosen trade type income generating activities 68.86% (59 PLHIVs); from those respondents 30.51% have taken birr 2000.00 and 28.81% of them have taken birr 3000.00 and 11.86% of the respondents who have chosen trade have taken birr 1000.00, for their startup capital for running their income generating activities.

25.58% of the respondents have chosen vegetable farming and from those selected vegetable farming 50% (22 respondents) have taken birr 2000.00 startup capital for running their IGAs and 22.72% of them have taken birr 3000.00 for running their vegetable farming and two respondents have selected animal breeding and have taken birr 2200.00 and 3000.00 respectively. The rest 3 respondents have chosen others activities like carpeting and handcrafts, have taken birr 1000.00, 1100.00 and 2000.00.

4.2.3, Period of IGA:

It is long time (about ten years) that care and support for PLHIV associations specifically for Income generating activities have been started by Global fund program through HAPCO and by other donors. According to the findings it is presented on the below bar graph.

Graph 4.2.2 Type of IGA started vs. Period of IGA started shown next page



Source: filled data

As shown in the above bar graph from those who have selected trade type income generating activities 18 respondents' IGA have counted the period of 3 years, 15 respondents' IGA has counted 4 years, and 4 respondents have counted >=5 years .

From those who have selected Vegetable farming 8 respondents' IGA have counted 3 years, 5 respondents' have counted 4 years,, and only one respondents ' IGA has counted >=5 years. From the respondents sampled 2 respondents have selected animal breeding type income generating activities have counted 3 years old.

Therefore; based on the findings some respondents are effective within shorter period than others who have run their IGAs for longer period of years regardless of their personal consumptions where as some others are not effective even if they have been counted for few years.

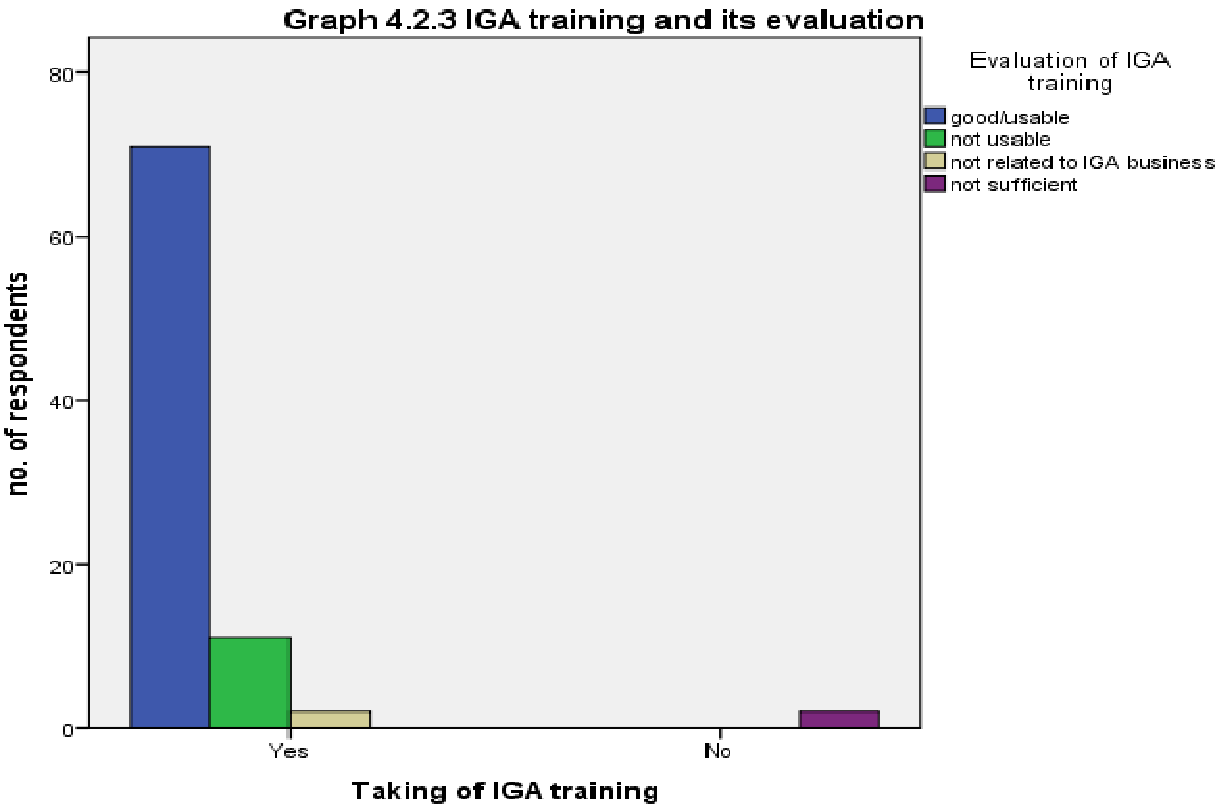
According to the findings from 14 respondents who have run their IGAs for a year; 50% are effective where as half of them (50 %%) are not effective. From 18 respondents who have run their IGAs for 2 years; only 27.78% have been effective where as 72.22 % were not effective. 29 respondents who have run their IGAs for 3 years and form those 51.72% of them are effective where as 48.28% of them are not effective. 20 respondents of the sampled PLHIVs have run their IGAs for 4 years from those only 40% of the respondents are effective whereas 60% of them are not effective and the rest 5 respondents have run their IGAs for 5 years and above; from these respondents 60% are effective where as 40% of them are not effective.

As we have conclude from these findings most PLHIVs have not been effective even if they have run their IGAs for a various period of time (from a year to more 5 years); as they said they have used money for their personal consumption from the income that they have gotten from the IGAs they have run. Some others have expanded their IGAs with their profit and use the remaining profit for their personal consumption and changed their living style.

4.2.4, IGA Training:

IGA training is the very essential thing that helps the beneficiaries to learn and develop their knowledge and skills about the business what they have selected and run by the given startup capital. The findings concerning the IGA training is presented below.

Graph 4.2.3 IGA training and its evaluation



Source: filled data

The above bar graph presents whether the respondents have taken IGA training or not and how did they evaluate this training in related to their income generating activities. Therefore; according to the findings 97.7 % which is about 84 respondents have taken IGA training before they received the startup capital where as 2.3% , that is 2 respondents have not taken the IGA training. They simply took the startup capital and run their IGA.as they said the reason for not taking the training is that they have been replaced instead of other formerly selected for the support; who were absent from the training after they have been called.

From those respondents who have taken IGA training 71 respondents, which is 82.6% of them have said the given IGA training is necessary and usable for the running of their business, and 2 respondents have said the given IGA training was not sufficient for their business running; as they said the volume and the number of training days should be increased; whereas 11 respondents that is 12.8% have said the given IGA training was not usable for their business. Their reason for not usable was that

- the IGA training was not related to their business,
- since their educational level is low and illiterate; the training was beyond their educational capacity; they did not understand the training easily.

4.2.5, Performance of IGA:

It represents the profitability status of the income generating activities of the PLHIVs.

Table 4.2.3 Performance of IGA:

Characteristics	Frequency	Percent
Profitable	54	62.8%
Loss /not profitable	29	33.7%
Others	3	3.5%
Total	**86**	**100%**

The above table shows that the performance of the income generating activities based on the response of the beneficiaries. Based on the findings 62.8% the respondents have said their IGAs were profitable, where as 33.7% of the respondents have said their businesses were not profitable, which were faced loss.

4.2.6, Effectiveness of IGA based on their Profit and Loss:

Effectiveness represents not only the profitability of the IGA; it includes in addition to profitability of the business, expansion of the business or scaling up of the business with the profit, changes on the PLHIVs lives that means what are the critical changes on their living standards, and the sustainability of the business.

Even if some PHIVs have gotten profit from their IGAs, they were not effective which means their business was not expanding as well as there is no change on their lives. Based on the findings the following table shows the effectiveness of the respondents.

Table 4.2.4 Effectiveness of IGA

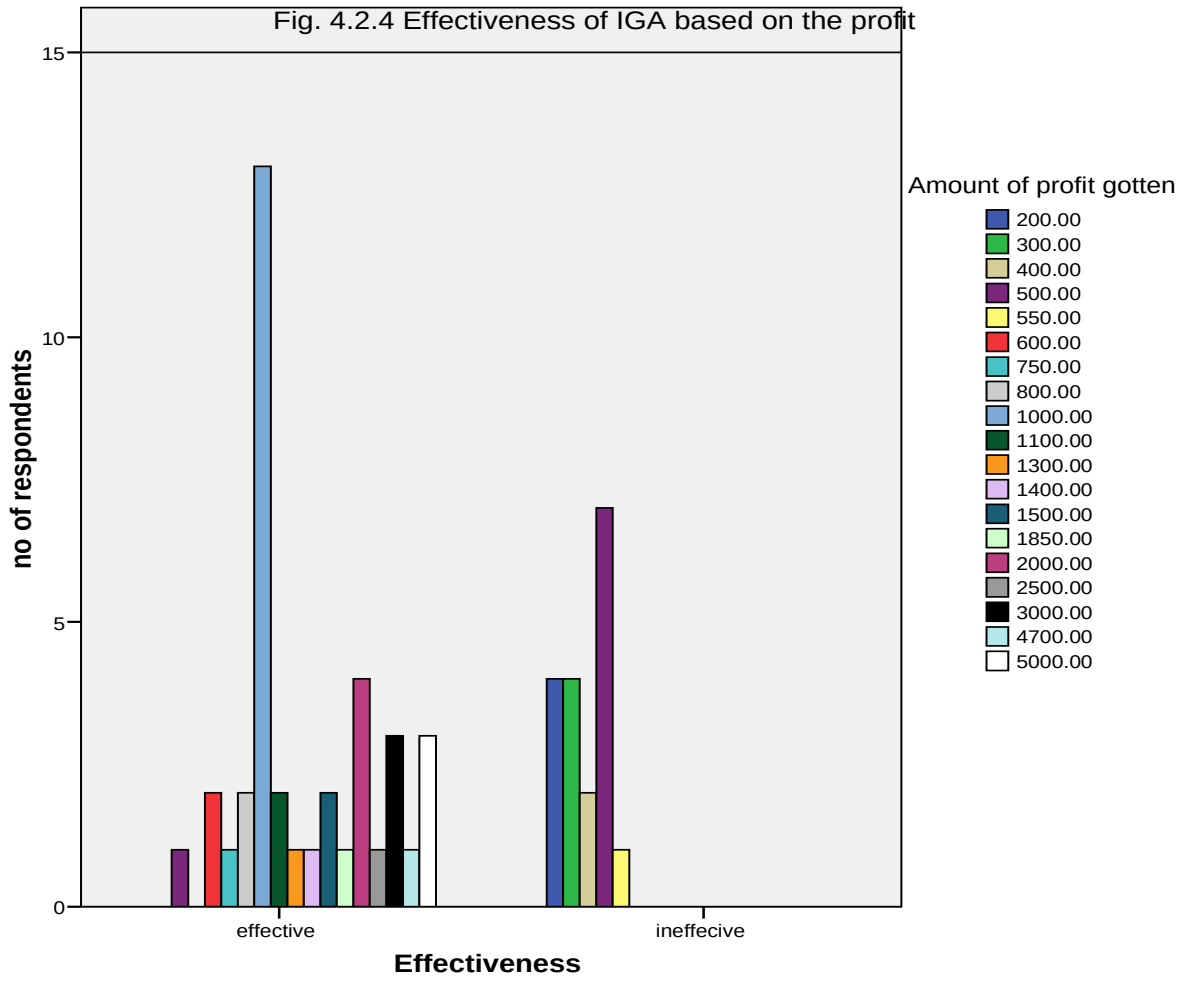
Characteristics	Frequency	Percent
Effective	37	43%
Ineffective	49	57%
Total	**86**	**100%**

Generally as presented on the table above 43% of the respondents were effective that is their IGAs are expanded with different amounts by the profit they have gotten, and as they said their lives have been changed because of the IGAs businesses they have run. These respondents have changed their living styles and live better lives relatively what they have been before they start income generating activities. As they said they fulfill their basic needs by the profit they have gotten from their IGAs.

Whereas 57% of the respondents more than the effective respondents have been ineffective that is their IGAs have not been expanded , and most of their IGAs' capital is less than what they have had at the beginning of the business or startup capital; they have been faced loss, and even if some of them have gotten some profit they were not effective because they have not well managed the business like lack of saving money, not expanding the business with the profit, in contrast they have abused and mismanaged their profit.

They have used it for purchasing of temporary things like home furniture, jewelries, and the like things which were not change their lives sustainably. The following findings shows the effectiveness of the PLHIVs based on the profit they have gotten.

Graph 4.2.4 Effectiveness of IGA based on the profit shown below



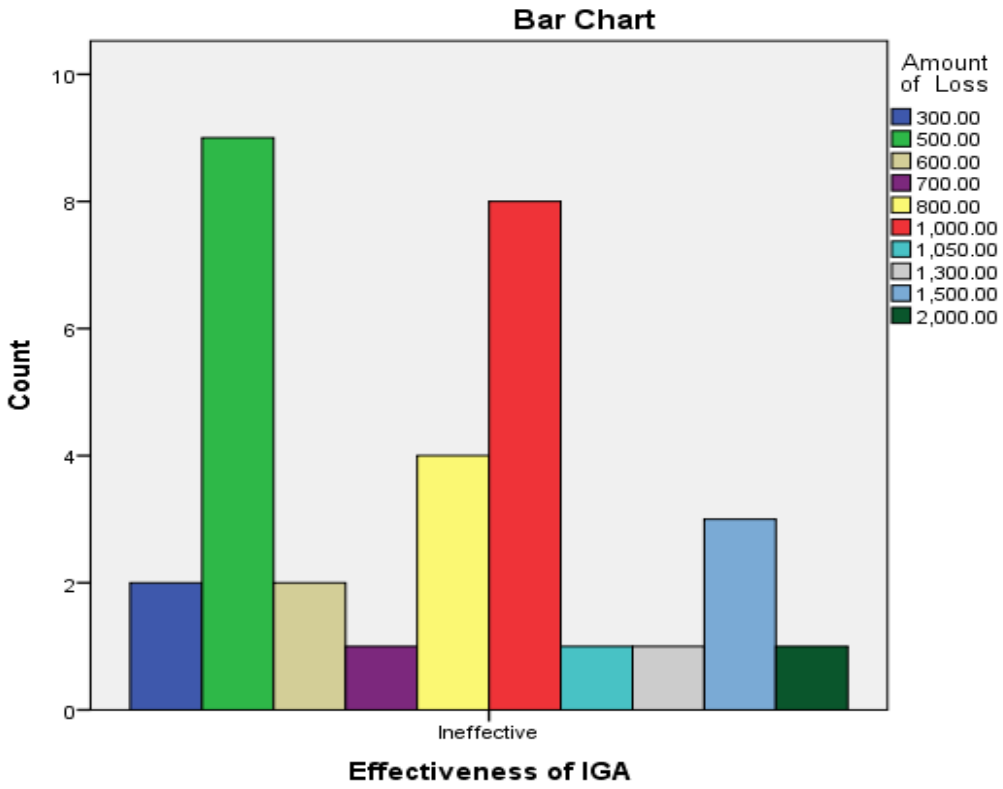
Source: filled data

As presented in the graph the effectiveness and the ineffectiveness of the income generating activities of the PLHIVs; according to the findings from the respondents; the minimum amount of profit they have gotten was birr 200.00 whereas the maximum amount of the profit they have gotten was birr 5000.00 with different periods of the starting income generating activities. Generally 54 respondents that are 62.79 % of the respondents have gotten profit from their income generating activities.

From these 54 respondents 37 of them have been effective which means they have expanded their IGAs, have changed their lives with profit they have gotten and have gotten other advantages like psychological and social benefits. Whereas 17 respondents of them have not been effective even if their IGAs were profitable. Because their IGAs have not been expanded, they have no change on their lives, and they used the money for other temporary purpose because of their mismanagement. Whereas 32 respondents that is 37.21% of the respondents have been faced losses of their income generating activities.

The following graph shows the ineffectiveness of IGAs which have been faced loss.

Graph 4.2.5. The ineffectiveness of IGA based on their Loss



Source: filled data

As shown on the above graph the minimum amount of loss is birr 300.00 and the maximum amount is birr 2000.00; which is a big loss since the average amount of the given capital for PLHIVs is about 2200.00. Therefore; Most of them were below a performance of their start-up capital; the status of their IGAs are below the amount of their starting capital or the given capital.

They have lost their capital because of different reasons. As they said the reasons for their loss were: the disagreement between their husband and wives then they divided the start-up capital into two, which reduces the purchasing power of the capital, the second reason was they consumed the start-up capital before they started the selected IGAs, they also use the capital for purchasing of other personal goods, home furniture in contrast to run their income generating activities.

4.2.7, Effectiveness of IGAs based on the age category of the respondents:

Age is the basic demographic factor that has direct relationship with the effectiveness of the income generating activities. Because human beings have various needs at different age levels; their utilization of money and other resources have also different based on their age levels. According to the findings the effectiveness of IGA at different age category has presented in the following table.

Table 4.2.5: effectiveness of IGA versus age category

Effectiveness	**Age Category**				**Total**
	20 - 30 years	**31 - 40 years**	**41 - 50 years**	**>=51 years**	
Effective	8	17	9	3	37
Ineffective	15	20	10	4	49
Total	**23**	**37**	**19**	**7**	**86**

Source: filled data

As shown in the above table majority of respondent i.e. 37 respondents are found between the ages category 31 to 40 years. From this age group 17 respondents are effective whereas 20 are ineffective. Because of the highest number of respondents are between this age group; the highest number of both effective and ineffective respondents are found in the same age group. When we compare both figures within the same age group 45.95% of the respondents are effective and 54.05% are ineffective.

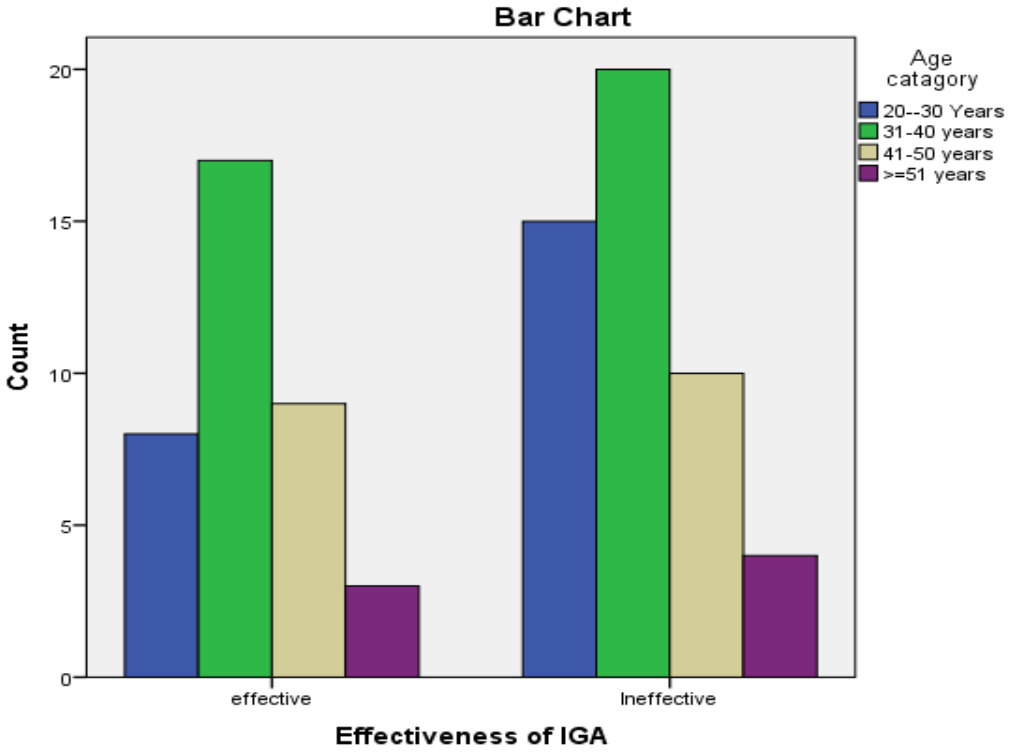
When we see other beneficiaries 23 respondents are found between 20-30 years age range; and from these 8 respondents which is 34.78% are effective but 15 respondents which accounts 65.22% are ineffective.

When we see the age group of 51 years and above 7 respondents are found in this age group; from those 3 respondents that is 42.86% re effective whereas 4 respondents i.e. 57.14% are ineffective.

Based on the findings within the given age groups the highest number of respondents which 65.22% of ineffective are found within the age group of 20-30 years. This is because most of them are youths and uses the given capital for their personal uses like purchasing of cloths, beauty materials like jewelleries, and other things. They have full commitment to run the proposed income generating activities for their sustainable lives.

In addition to this most of them are not stable they are mobile, they stop running their IGAs and move to other places. Graphically the effectiveness of IGA Vs. different age category is presented as follows.

Graph 4.2.6 Effectiveness based on age category:



Source: filled data

The chi - square (x^2) test of goodness of fit is used to test whether a significant difference exists between the observed number of responses and an expected number based on the null hypothesis in each category or class.

The Chi-Square Goodness-of-Fit Test can also tell us whether the proportions of all the groups are equal or whether the proportions of each category are equal to specific values.

(Source: Research Methodology for management decision, text book (ms-95), block-3, p-17

According to the findings the effectiveness of the respondents within the given age groups. Therefore; χ^2 test can be used to test the hypothesis that PLHIVs ineffective for any particular age group. Under the null hypothesis of the ineffectiveness of the respondents with in any age group is shown below.

Table 4.2.7 Chi-square tests

characteristics	value	P-value (2-sided)
Chi square	.913	.822

Source: filled data

As shown in the above table the calculated value of the chi-square is greater than the critical value, the null hypothesis is accepted. Thus the effectiveness of the respondents is different at different age groups.

4.5.8, changes on PLHIVs lives because of IGA support:

Table 4.2.7 Changes on their lives b/c of IGA

Characteristics	Frequency	Per cent
Job opportunity	33	38.4%
Makes to live better lives	32	37.2%
Structural change in income	5	5.8%
No changes	15	17.4%
Others	1	1.2%
Total	86	100%

Source: filled data

As we can see from the above table what are the changes that the respondents had gained because of the IGA supports. According to the findings 38.4% of the respondents have said that the IGA support has created job opportunities since most of them had not fixed jobs.

Now they have running their IGAs permanently in order to increase their income so as to upgrade their living standards.

37.2% of the respondents have said that the IGA supports have made them to live better lives than what they had lived before. As they said the IGA supports removes their capital problems and creates a favourable situations to rub properly their business in order to make a profit.

This leads to make structural change based on their income so as to upgrade the business level, by expanding the IGAs using the profit.

Whereas 17.4% of the respondents have said that the given IGA support has no any change on their lives. As they said no job opportunity, no better life, no income. Most of these respondents have consumed the given capital before they started the proposed income generating activities.

4.2.9, Problems faced during running of IGA:

PLHIVs have faced different problems at the time of running of their income generating activities. Some of the problems faced were

- lack of skills
- lack of customers
- lack of self-commitments
- capital shortages and the likes

Table 4.2.8 Problems of IGAs

Characteristics	Frequency	Percent
Lack of skills	25	29.10%
Lack of Customers	33	38.4%
Lack of self-commitments	6	7.0%
Lack of capital	22	25.6%
Total	**86**	**100 %**

Source: filled data

According to the findings 38.4% of the respondents have said that they have been faced lack of customer shortages during the running of their IGAs. Most of these respondents have selected trade type income generating activities and faced customers' shortage to buy their goods and services.

On the other hand 29.10% of the respondents have been responded that they have been faced the lack of skills; that was knowledge limitation about the running business to compete with other competitors in order to make profit.

From those respondents 25.6% of them have said that they have been faced capital deficit or shortage of capital; as they said the given capital for the selected IGA was not sufficient. Their reason for this is since the given capital is small average given capital was about birr 2, 213.77; since the market price of every goods have been up every day; the given amount of capital can't buy sufficient amount of goods for resale and to run the income generating activities at all.

4.2.10, Findings versus Literature reviews:

According to Namukose Esher research Study findings in Uganda revealed that a credit facility which arranged by Kamwokya Christian Caring Community (KCC) Savings and Credit Co operative Society) was established to help boost the incomes of those affected and infected with HIV/AIDS (PLHIVs) , after discovering that many people had lost their jobs due to being on and off duty because of various illnesses, and that some could not cope with the job related challenges given their weak health.

They are allowed to access loans with a very low interest rate. The majority of the respondents were in support of the existence of the credit facility, and its role in improving their household incomes.

Whereas based on this finding PLHIVs in Amhara region and we can say in Ethiopia have received money or capital from HAPCO or other partners in order to run the income generating activities as the gift ; but not as loan or a credit , when we compare the two respondents i.e PLHIVs in Uganda on credit (loan) and in Ethiopia as a gift basis ; have gotten capital for their IGA running . After they have received the capital whatever the way Uganda's PLHIVs should have saved from their profit in order pay their loan besides to their consumption and expanding their IGA where as PLHIVs in our country specifically in Amhara region should have saved from their profit for their consumption and to expand their IGA; no more loan here is.

As Namukose Esher research Study findings in Uganda the PLHIVs have changed their lives because of the establishment of this credit system by KCCC to PLHIVs who had been stigmatized, jobless; lost their jobs because of their illness and faced other social problems; in order to establish their IGAs.

Based on this research findings in Ethiopia specifically in Amhara region most of the PLHIVs have not been effective even if they have been gifted capital for their IGAs; majority of them used the gifted capital itself for their personal consumptions before they have not started their IGAs and others have been faced loss even if they started because of different reasons.

Chapter -5

Conclusions and Recommendations:

5.1 Conclusions:

This study serves as a baseline survey for the targeted IGA program for PLHIVs and provides valuable insights into the lives of PLHIVs in the Amhara region, as well as direction for project preventions.

Amhara HAPCO and other non-governmental organizations have been working in HIV/AIDS prevention, care and support for a number of intervention areas such as awareness creation, PMTCT and VCT services, distribution of condoms, mainstreaming activities, and etc. It allocates and finds resources for prevention, care and support of HIV/AIDS. The HIV/AIDS intervention areas are implemented in the region by governmental and non-governmental organizations, PLHIV associations, civic societies, religious organizations, and other interested groups.

According to the data analysis and discussion, it is possible to conclude using the following points about the care and support program specifically the income generating activities of the PLHIV associations. The amount of fund transferred to the PLHIV associations through Amhara HAPCO from each of the sources of fund is describing that global fund takes the lions share in the amount of money disbursed.

About 86 respondents have been sampled from Biruh Fana PLHIV association members; majority of the respondents are females; and the average amount of capital given for PLHIVs initially is birr 2, 213.77.

The main problems for majority of the PLHIVs that have been faced when they were running their IGAs are: - lack of skills, lack of customers, lack of self-commitments, capital shortages and the likes. Based on this finding most of the respondents were not effective because their businesses were not profitable, they did not increase their capital and expand the IGAs volume rather some respondents' businesses capital is less than the start-up capital, and most of them did not change their living styles.

Even if most of the respondents have not process their IGAs successful and sustainable activities some of the respondents were effective and successful; they have worked properly based on the rules and regulation of the donors and coordinating offices so as to achieve the targeted goals.

In addition to this based on the respondents suggestions and answers the given start-up capital is not enough since everything's market price is rising every day.

5.2, Recommendations:

This section suggests various recommendations to policy makers, coordinating offices, (HAPCO other government offices), service providers in the field of HIV/AIDS, to PLHIV associations, to donors, and to future researchers.

To the donors

The startup capital should be increased, because the market price increment (inflation) and their working capital is not sufficient; they cannot run their business properly.

Since the given startup capital has shown changes most of PLHIVs lives; the IGA capital support shall be continued supporting other PLHIVs who have not gotten IGA support before by considering the market value of the capital and the amount of the given startup capital since everything's price is up because of inflation. Therefore sufficient capital should be given, which enables the beneficiaries to do at least small scale works.

:

To the coordinating Offices and the Government administrators:

The PLHIVs who need IGA support should be properly screened based on the right criteria

Sufficient and valuable training should be given so as to have enough skills about the selected activities.

Continuous monitoring and evaluation system should be set by the coordinating offices and by the association's leaders so as to evaluate the progress and performance of the income generating activities. Unless proper monitoring and evaluation should be established; beneficiaries have abused the given working capital for other personal uses like purchasing of clothes, home furniture, jewelries and other temporary personal purposes.

Since most Beneficiaries faced working place problems; by discussing with the respected government administration groups; sufficient and proper places should be given to the beneficiaries.

The feasibility of the business also should be properly assessed, because the selected business is beyond their skills and have no any knowledge about it and it is not marketable and have no demands; they will be faced loss.

Since most of them are illiterate and the rest have limited education level (not beyond elementary education), they have knowledge limitations, therefore, occasional experience sharing program and refreshment training shall be established so as to upgrade their business making knowledge and to promote the profit making beneficiaries and to support the others who were facing problems and loss.

HAPCO is also recommended to have strong fund mobilization skills and need to provide necessary training to implementing sectors to build their capacity. Having such skill will bring available financial resources, increase skilled manpower and implementation.

Other government sectors like small scale trade expansion coordinating office and the women and children affairs offices should support and monitor the PLHIVs associations by screening their problems. Especially small scale trade office can create favourable situations to PLHIVs who have been faced lack of customers and lack of skills. It is better to create network systems between them including credit associations so as to avoid the existing problems.

To the Beneficiaries

The PLHIVs should work strongly with the given capital rather than they consume it; and they shall make a profit and use the profit besides to expand their income generating activities.
The selected income generating activities should be based on the capacity, the skills and knowledge of the PLHIVs. I.e. they knew the selected work properly and have enough know how and sufficient skills.

To all Partners

The whole partners including the community itself should give positive response and support the PLHIVs and the associations who have different problems to lead their lives.

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Annexes

Annex$_1$ - Indira Gandhi National Open University Questionnaire for the collection data for the study in title of "problems on the effectiveness of IGA" /A case study on Biruh Fana PLHIV association/. First I will thank you for your time and voluntariness to fill this questionnaire. N.B the questionnaire is used for only this study/.

Questionnaire no. ----------

Demographic survey

1, Name of the association you belonged to ---------- address ----------

2, Age _____

3, Sex

1. M ☐
2. F ☐

4, Marital status

1. Married ☐
2. Unmarried ☐
3. Divorced ☐
4. Other, specify ----------

5, Religion

1. Orthodox ☐
2. Muslim ☐
3. Protestant ☐
4. Other, specify----------

6, Educational back ground

1. Literate ☐
2. Illiterate ☐

7, Occupation, ----------

8, Have you gotten supports /Financial or other support in kind/ for IGA from HAPCO /GF/?

1. Yes ☐
2. No ☐

8.1 If yes; how - individually ☐How much money did you get_____

Or - In group ☐ow much money did you get_____

9, What type of IGA /business/ did you start /run/ with the support you have gotten?

1. Trade ☐
2. Animal breeding ☐
3. Vegetable farming ☐
4. If others Specify ----------

10, When did you start your business/ IGA/?

1. 1 year ☐
2. 2 years ☐
3. 3 years ☐
4. 4 years ☐
5. 5 years and above ☐

11, Have you taken IGA training about the business that you have selected /run/ year are running?

1. Yes ☐
2. No ☐

11.1, If yes how do you see /evaluate/ the training in related to the business /IGA/ you have selected to run?

1. It was good (usable) ☐
2. Not sufficient ☐
3. Not related to the business ☐
4. If other ☐ specify ----------

12, How do you evaluate the business /IGA/ performance?

1. Profitable ☐
2. Not Profitable /loss/ ☐
3. Other ☐ Specify ----------

12.1, If profitable how much profit did you get ----------

12.2, Did you upgrade /expand/ your business with the profit?

1. Yes ☐ if Yes; by how much increase your capital, specify_____
2. No ☐

12.3, If loss how much you have loss and why? Specify the amount and the reason----------
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13. What are the changes occurred in your life b/c of IGA support?

1. Job opportunity ☐
2. makes to live better life ☐
3. Structural change in income ☐
4. No change ☐
5. If Others specify ----------

14, what difficulties you have been faced during IGA business?

1. Lack of customer demand ☐
2. Lack of skill ☐
3. Lack of commitment ☐
4. Lack of capital ☐
5. If Other specify ----------

15, What do you suggest/recommend in the future about the IGA support in general ----------
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Thank you!!

Signature of investigator----------

Name of investigator----------

Date ----------

Annex2- ••••• ••• •••• ••• •••••• ••• •• ••••• ••• ••••• ••• ••
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