Preventing HIV/AIDS through Microeconomic Development:

Structural approaches to reducing the environment of risk

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IDS Thesis
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Acronyms

AIDS  Acquired immune deficiency syndrome
CAPAIDS  Canada-Africa Partnership for AIDS
CIDA  Canadian International Development Agency
HAPCSO  Hiwot HIV/AIDS Prevention, Care and Support Organization
HIV  Human immunodeficiency virus
IGA  Income generating activity
IEC  Information, education, communication
NGO  Non-governmental Organization
PLWHAs  People Living with HIV/AIDS
STI  Sexually transmitted infections
UNICEF  United Nations Children's Fund

Executive Summary

Economic empowerment projects, including those that focus on vocational
training, income generation, and micro-credit initiatives, have added a new tool to the
medley of approaches used against the HIV/AIDS pandemic. The opportunity provided
by this approach lies in its potential to address the underlying causes of HIV --
powerlessness, inequality, and marginalization. This approach is based on a set of
understandings around vulnerability and poverty as it relates to HIV/AIDS, which are
examined within this paper.

Specifically, this paper focuses on a case study of the Canada-Africa Partnership
on AIDS (CAPAIDS) Safe Livelihoods for Orphan-Headed Households project operating
in Addis Ababa, Ethiopia. The project works to reduce the vulnerability of adolescent
orphan heads-of-households by providing vocational training and micro-finance, with the
particular goal of providing alternatives to commercial and transactional sex work. The
study uses this case to fulfill the following objectives: to understand HIV/AIDS
programming within resource poor contexts from a socio-structural perspective by
considering whether microeconomic development projects can be viewed as structural level interventions against HIV/AIDS; to evaluate economic empowerment projects as a tool for HIV/AIDS prevention including determining in what ways they result in structural change and how this impacts vulnerability; to situate the CAPAIDS Safe Livelihoods for Older Orphans project within a socio-structural framework as well as considering where it has the most impact and whether this corresponds with expected outcomes and goals of the project; to provide recommendations for future microeconomic development projects to better target the environment of risk by determining how the project could have a greater impact.

Data was collected using several qualitative methods with a particular reliance on interviews with project participants, and a framework of structural risk factors of HIV was developed based on the work of several studies available in the literature. The resulting study examines indicators in three categories of structural vulnerability – economic, social and physical.

This case study suggests that microeconomic development projects can increase income and income security, provide alternatives to risky employment, increase independence, reduce community stigma, improve social networks, and raise self-esteem for participants. This, in turn, contributes to the reduction of the environment of risk linked to the multiple vulnerabilities of gender, adolescence, orphanhood and poverty faced by participants in the CAPAIDS Safe Livelihoods project. Sustainability of project outcomes, the impact of microeconomic development projects on HIV incidence at community and national levels, the opportunity to decrease the marginalization of participants in other areas of HIV/AIDS programming, and the impact of persistent sexual violence must be examined further.
The research presented here serves the purpose of informing both practical and academic understandings of the role of economic empowerment as a tool against HIV/AIDS, with the direct goal of informing future CAPAIDS projects.

**Introduction**

Slipping between two corrugated iron walls, down a narrow pathway, I find myself in the two-room house of Makeda Girma\(^1\). She invites me in, greeting me through the rough translation provided by the CAPAIDS project officer and volunteer that accompany me. I am meeting with Makeda because she is a participant in the CAPAIDS Safe Livelihoods project that I am in Ethiopia monitoring over a period of ten months. As she sits on the bed, she hugs a young girl to her, who I later find out is her four year old daughter. At 18, Makeda is responsible for her daughter, as well as her younger sister and brother, since the death of her mother from AIDS three years ago. She does not know her father, as he was a client of her mother, not a husband.

Where does Makeda fit into the context of the HIV/AIDS pandemic that is ravishing the African continent? She is not living with HIV herself, nor does she fit into the category of ‘orphan’, a group that receives significant attention as generations of AIDS victims leave their young children behind. Yet Makeda holds a distinctive place within the milieu of HIV/AIDS. She is ‘affected’ by the pandemic through the loss of her mother, but is not infected. As an adolescent, a female, an unlikely guardian, and a slum dweller, what are her chances of remaining HIV negative?\(^2\) What are the crucial factors

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\(^1\) Name has been changed.

\(^2\) Makeda joined the project as someone affected by but not infected with HIV, though she did not indicate whether or not she was aware of her own status.
that play a role in maintaining her current status? Is there an opportunity to address these factors in such a way that Makeda will be able to continue through life uninfected?

It is possible to look at Makeda as inhabiting four overlapping spaces of vulnerability, through her gender, age, orphanhood and low socio-economic status. As more knowledge is gained about the global HIV pandemic, the profile of vulnerability is becoming clearer: “one common feature in both the rich and poor world is that HIV spreads among people at the margins of society, the poor and dispossessed”.

Acknowledging the acute risk of those inhabiting these vulnerable spaces makes specific, targeted action necessary.

It is external structural factors that influence individual behaviour that have the biggest influence on ones ability to resist HIV infection, a number of barriers to protective behaviour that make up what Simmons, Farmer and Schoepf call the “environment of risk”. Vulnerability, in this sense, is lacking the tools to act on knowledge to resist HIV infection. From this broad understanding of HIV risk, the potential for HIV prevention through the reduction of vulnerability has emerged. This paper examines the opportunities for HIV/AIDS prevention arising from microeconomic development for vulnerable groups. Using a case study of adolescent orphans engaged in the CAPAIDS vocational training and micro-finance project in Addis Ababa, Ethiopia, I argue that economic empowerment projects have the potential to reduce the economic, social and physical vulnerabilities of HIV-affected adolescents in resource poor settings. This is achieved through improving income stability and ownership of labour, creating income alternatives, improving independence, decreasing stigma, promoting self-esteem,

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and developing social networks. The impact, extent and sustainability of these improvements would be enhanced by addressing other structural and systemic vulnerabilities, such as gender-based violence, the lack of safe space for female agency, and marginalization from HIV/AIDS programming.

This paper is composed of six sections: 1) justification and research rationale; 2) discussion of vulnerability as it relates to CAPAIDS project participants; 3) examination of the existing frameworks for understanding structural barriers to HIV prevention; 4) case study of the CAPAIDS Safe Livelihoods project; 5) methodology; 6) presentation and analysis of data; and 7) discussion of opportunities for growth of microeconomic development for HIV prevention.

**Research Problem and Rationale**

Paul Simmons, Farmer and Schoepf suggest that “poverty is the most pernicious and least studied risk factor of AIDS. Through myriad mechanisms, it creates an environment of risk”⁵. This view of HIV/AIDS risk is one that emphasizes a number of factors outside the control of individuals that can make them more or less vulnerable to HIV infection, regardless of biological susceptibility. It is social, economic, and environmental structures that make individuals more or less able to protect themselves against HIV/AIDS.

The application of a structural perspective of HIV risk to the analysis of grassroots economic empowerment projects has so far not been encountered in the existing literature, despite the fact that this approach has been gaining considerable strength within NGO practice. As well, it has also been proposed as a possible structural

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intervention by several academics. Poverty and HIV/AIDS have been linked in a cause and effect relationship, which leads to the assumption that by reducing poverty, it is possible to reduce HIV/AIDS. While this is a reasonable assumption, it is largely unstudied, especially in relation to microeconomic development initiatives directed towards reducing vulnerability among particular at risk groups. However, as popularity of the application of microeconomic development models to HIV/AIDS prevention grows, it is important that this practice is backed up by empirical research. Towards this goal, this paper asks these questions: is it true that improved income at an individual or household level can lead to a lower incidence of HIV at a macro level? If we want to lower vulnerability, how do we know that we have? What are the links between grassroots microeconomic development projects and reducing vulnerability to HIV/AIDS?

At present, this economic empowerment approach to HIV prevention is to some degree displacing other prevention initiatives that have been the focus of non-governmental service organizations in the past. Information, education and communication (IEC) campaigns about HIV/AIDS have dominated the focus of prevention programs over the last 20 years. These approaches are based on the assumption that knowledge about HIV/AIDS is the most important factor in promoting protective behaviours. They are popular because of the relative ease at which they can be scaled up and monitored, and are often targeted at adolescents. However, despite extensive implementation of IEC initiatives around the globe, cases of HIV/AIDS are still

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rising. Some attribute this to the fact that the IEC approach does not seek to address the environment of risk and does not provide the tools necessary for individuals to act on the knowledge they gain. For example, in their discussion of structural programmatic approaches, de Guzman and Parker both suggest that IEC approaches to prevention can be improved by working to reduce the environment of risk.\(^8\) Given that there is finite funding for prevention activities, however, it is crucial to make sure that any new prevention initiative is succeeding in reducing HIV incidence. In practice, the application of the microeconomic development approach to HIV prevention means that the finite funding available for prevention activities is redistributed to accommodate another type of project. If prevention is a fundamental part of halting the HIV pandemic, and there is only a limited amount of resources available to engage in prevention, it is vital that we ensure that the programs that are funded from the prevention account do indeed work to prevent the spread of HIV/AIDS. In general, those who have sought to understand HIV/AIDS risk through a structural perspective have made a call for more research in the area, and specifically into interventions that work to reduce structural barriers, and create structural facilitators, to HIV prevention.\(^9\)

So, if we understand that the economic empowerment approach to HIV prevention is taking resources from the prevention pot, but continues to be based on a logical though unproved assumption about the cause and effect of HIV vulnerability and poverty, the need for research in this area becomes clear. However, evaluations of

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microeconomic development projects tend to focus on economic outcomes, rather than the effect of these outcomes on the environment of risk, which is what the research presented here seeks to do. As a result, this paper attempts to fill a gap within the existing literature on the intersection between economic empowerment projects and vulnerability to HIV/AIDS.

Unlike most studies of microeconomic development initiatives against HIV/AIDS, this research has worked to look beyond the economic outcomes to focus on the project’s wider impact on the environment of risk. By providing a better understanding of the impact of economic empowerment on the environment of risk, this paper also works to inform funding choices for HIV/AIDS prevention, improvement of programs seeking to use economic empowerment to address structural causes of HIV/AIDS, and develop a framework through which changes in structural vulnerability can be assessed at a grassroots level. As well, it makes recommendations for future CAPAIDS projects.

Specifically, it seeks

- To understand HIV/AIDS programming within resource poor contexts from a socio-structural perspective by considering whether microeconomic development projects can be viewed as structural level interventions against HIV/AIDS.
- To evaluate economic empowerment projects as a tool for HIV/AIDS prevention including determining in what ways they result in structural change and how this impacts vulnerability.
• To situate the CAPAIDS Safe Livelihoods for Older Orphans project within a socio-structural framework as well as considering where it has the most impact and whether this corresponds with expected outcomes and goals of the project.

• To provide recommendations for future microeconomic development projects to better target the environment of risk by determining how the project could have a greater impact.

Background and Context

As of December 2007, 33.2 million people worldwide are living with the HIV/AIDS. An estimated 2.8 million people have died from AIDS already, and 2.5 million more were infected in 2007. Sub-Saharan Africa, located at the “global epicenter” of the pandemic with an estimated 18.8 percent of adults infected bears the largest burden. The East African country of Ethiopia, with a population of 73 million, shoulders its share of that burden, with an estimated 1.5 million people living with HIV/AIDS. It is estimated that prevalence rates reach as high as 12.6 percent in Ethiopia’s urban areas, with a countrywide prevalence of 4.4 percent. Prevalence rates this high place Ethiopia 16th highest in the world. Within the country, the highest

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11 Ibid.
disease burden is within the 15 to 24 age group, reflecting trends throughout the rest of Africa.  

A ‘structural’ understanding of AIDS is one that includes the broad context surrounding HIV/AIDS, with an emphasis on the different factors that act as facilitators or barriers to protection against the disease by individuals. Next I examine concepts and realities of vulnerability as it relates to participants in this project, with a particular focus on poverty, gender, orphanhood and adolescence.

Vulnerability

The Oxford English Dictionary defines vulnerability as “expos[ure] to being attacked or harmed”\(^\text{16}\). Several attempts to dig deeper in to notions of vulnerability have been made, and also the development of a specific understanding of vulnerability as it relates to HIV/AIDS has emerged. Within this general understanding of vulnerability to HIV/AIDS, a structural perspective makes it possible to break it down into several types. From there, one is able to investigate the different ways in which this vulnerability can be lessened -- in the case of this research, through NGO-led microeconomic development programming – and begin to understand the link between reducing vulnerability and preventing HIV.

During my review of the literature on the structural perspectives of HIV risk, I became aware of the significant differences between the relevant structural issues faced by the Global South versus the rest of the world in relation to HIV/AIDS. Prevalence


rates, risk groups, and opportunities to respond to the pandemic all differ greatly between countries, but especially between resource poor countries and those in the North. The overarching structural issue of poverty plays an important role in both situations, with those of relatively low socio-economic status playing an important role in the pandemic. It remained important to find research and frameworks that could apply specifically to developing countries. As such, during the following literature review, I make note of where conceptual frameworks of vulnerability and structural factors of HIV/AIDS relate to the North or the South.

Concepts of vulnerability

De Guzman has chosen to look at vulnerability as the opposite of empowerment in what he calls the “social vulnerability perspective”¹⁷. He argues against the notion that HIV/AIDS is a democratic disease, but rather is “concentrated in population groups that were already marginalized, stigmatized and discriminated against within society”¹⁸. In downplaying the proximal cause of infection through specific individual behaviours, he focuses on more remote factors: gender relations, earning power, and low social status. Two groups he identifies as vulnerable are sex workers and adolescents.

Empowerment, in de Guzman’s view, “is the ability to make a decision regarding behaviour change and being able to enact that decision.”¹⁹ He goes on to provide a framework to guide reducing vulnerability with a focus on both individual and societal level vulnerability: empower individuals and mobilize community. Examples of interventions at the societal level include reducing the stigma and isolation of PLWHAs,

¹⁸ Ibid.
¹⁹ Ibid.
and at the individual level may include improving access to information, provision of
gender education, and initiation of income-generating schemes.

Delor and Hubert also arrive at the notion of vulnerability as being the opposite of
empowerment, but not before revisiting what they term the first and second stages of
construction of HIV/AIDS risk. By extension, they indicate that vulnerability is a
construction that changes over time. In the case of HIV/AIDS risk, initially vulnerability
was seen as membership in specific groups (such as homosexuals, Haitians, etc.), and
then as a product of specific practices or individual behaviours (such as anal penetration).
The current stage “stresses the importance of taking into account the characteristics of the
relationships and interaction in which risk takes place.”\textsuperscript{20} Delor and Hubert propose
regarding vulnerability to HIV/AIDS as the overlap of several ‘spaces of vulnerability,’’\textsuperscript{21}
including age, racial discrimination and poverty. While their framework is useful in
understanding the dynamism of conceptualizing vulnerability and risk, Delor and Hubert
tend to focus on Western situations of risk, and do not provide any insight into ways to
reduce vulnerability.

Structural perspectives of vulnerability

According to Sumartojo, “structural barriers create vulnerable populations.”\textsuperscript{22}
More specifically, there exist a number of types of structural barriers – physical, social,
cultural, organizational, community, economic, legal and policy – that “impede or
facilitate persons’ effort to avoid HIV infection.”\textsuperscript{23} These she divides into micro

\textsuperscript{21} Ibid.
\textsuperscript{23} Ibid.
(individual), intermediate (policy) and macro level factors (society), which seems to suggest that there is not opportunity for addressing HIV/AIDS between the level of the individual behaviour and that of widely-applied policy changes. As such, she skips over the type of project, which attempts to empower individuals to make decisions that will minimize their chance of infection. Perhaps this comes as a result of Sumartojo’s focus on structural issues that form the basis of HIV risk in Northern contexts, including intravenous drug use and incarceration, rather than those in resource poor settings. Despite this omission, her categorization of structural barriers to empowerment has largely formed the basis of my analysis.

Sweat and Denison also reject overly individualized perspectives of HIV vulnerability. Like Sumartojo, they choose to examine vulnerability through factors operating at different levels: “four levels of causation have been identified, comprising of superstructural, structural, environmental and individual levels.” They suggest that while we are beginning to understand HIV as it relates to these factors, at the time there was little in the way of a programmatic response. Finally, they cite three sets of social forces that are increasingly important in the study of HIV vulnerability, including economic underdevelopment and poverty; migration, urbanization and family disruption; and war and civil disturbances. Understanding the different levels of causation proves useful for teasing out exactly where the influence of projects like the one undertaken by CAPAIDS begin and end.

Parker seems to form the basis of structural understandings of vulnerability to HIV/AIDS because of his early insight into the “complex social, cultural, political and

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economic forces shaping the epidemic.”

He emphasizes the link between social injustice and increased vulnerability to HIV infection. Within his notion of social injustice are prejudice, discrimination, oppression, exploitation and violence. Like de Guzman, Parker requires that we “move beyond information, education and communication campaigns in order to guarantee diverse forms of structural change and to promote enabling strategies in order to equip vulnerable communities more adequately with tools necessary to address their own vulnerability.”

In a word: empowerment. However, where de Guzman seems to focus on economic forms of empowerment within the current system, Parker seems to be more interested in challenging existing power structures.

Tawil, Verster and O'Reilly differentiate between prevention approaches that attempt to “persuade” individuals to undertake behaviour change and those that “enable change to occur.”

They emphasize the need to change “the decision maker” in relationships, suggesting a close link between lowering women’s economic dependency on their spouse and the ability of these women to negotiate condom use with their partners. Most importantly, perhaps is the authors’ acknowledgement that structural interventions should not replace IEC models of prevention, but accompany them.

According to Mabala, “in sub-Saharan Africa, HIV/AIDS is very gender and age specific.” In his view, backed up by statistics, young women between the ages of 15-24 are the face of AIDS, which comes as a direct result of their location “on the edges” of

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26 Ibid.
29 Ibid.
current HIV/AIDS programming. “It is inequality both in terms of income… and unequal power relations, as well as the lack of social cohesion, which are the prime causes of the spread of HIV/AIDS.” Mabala suggests a response that focuses on providing access to meaningful livelihoods and creating safe spaces. Because his analysis comes directly out of his role working with youth and HIV/AIDS at UNICEF in Ethiopia, Mabala’s is the most relevant discussion of structural issues and HIV infection for the purposes of this paper.

Several others have provided insights into conceptualizing structural factors and programmatic approaches to reducing HIV/AIDS vulnerability. O’Leary and Martins have focused on women’s vulnerability to HIV/AIDS as a product of “missed opportunities” to prevent infection at several stages in their life course, emphasizing child abuse, drug addiction, homelessness, sex work, and incarceration as risk-promoting steps. Rotheram-Borus has focused on adolescent risk in the North, citing sexual activity and substance use as HIV’s primary entry points among this group. She posits that access to testing, decreasing poverty, improving social skills and promoting community service are all important components in HIV prevention for adolescents. Her research suggests an opportunity for adolescent-oriented economic empowerment projects in both the North and South.32

30 Ibid.
Poverty

Simmons, Farmer and Schoepf work to link low-socio economic status and risk, where relative poverty contributes to creating an environment of risk. Substantial empirical evidence has been presented to give strength to this argument. Alan Whiteside has noted in his study of HIV sub-epidemics that a common characteristic in both the rich and poor world is that HIV spreads among people marginalized within society, particularly “the poor and dispossessed.” According to Fenton, it is possible to see the positive correlation between poverty and HIV prevalence at a global level, whether it is measured by gross domestic product per person, income inequality or the Human Poverty Index. Gillies, et al worked to situate national HIV/AIDS prevalence within a number of macro-level health indicators and found little correlation, but when he examined indicators of poverty and prevalence found more of a link. As I discuss in more detail in the sections to come, individuals’ experience of poverty can make it difficult to protect themselves for HIV/AIDS, especially if survival strategies include trading sex for material goods. As well, poverty has strong links with powerless, marginalization and injustice, which also affect an individuals’ ability to resist HIV infection. Next, I introduce adolescence, orphanhood, and gender as conditions that contribute to and are exacerbated by poverty and powerlessness, before going on to paint a vivid picture of structural vulnerability in the environment of risk.

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Adolescence

The burden of new infections of HIV/AIDS throughout Africa is concentrated in the group 15-24 age group. It has also been suggested that those diagnosed later in life have often been infected during this period of their lives. Yet, this in-between age -- “a critical phase of life between childhood and adulthood when young people prepare for the productive and reproductive roles they will assume as adults,” -- lacks a definition. The characterization of adolescence, according to the literature, varies widely between ages 10 to 30, despite the fact that the data shows that there is something particular about location in the 15-24 age group that makes people especially vulnerable to contracting HIV. As well, broad definitions of adolescence do not account for differing experiences, as it is unlikely that a 10-year-old and a 25-year-old face the same issues surrounding HIV/AIDS. This is the period of life when individuals become sexually active, enter the work force, and become independent from their parents. It is often a period of instability and transition, especially in areas of concentrated low socio-economic status. Mabala focuses on the “invisibility” of adolescents, despite their majority: 60 percent of Africans are under 24. He argues that this group is particularly un-empowered and “often have neither place nor space in their societies, in governance, in community affairs, in civil society and faith-based organizations – and they have little or no access to livelihoods and resources.” Vulnerability, then, comes from the lack of opportunity, choice, and

38 Mabala, Richard. 2006. From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas. Environment and Urbanization 18, (2) (October 1): 407-32
39 Ibid.
agency faced by adolescents. As the CAPAIDS participants noted, this group can also face stigma because of the negative community perceptions of youth.

In many cases when orphanhood and adolescence overlap, these individuals become the guardians of their younger brothers and sisters. One study of AIDS orphans in Addis Ababa noted orphan-headed households made up 20 percent of the total households within the study area. The sudden responsibility of caring for younger siblings often puts severe economic strain on the adolescent orphan. This group, despite their vulnerability to the virus, tends to be marginalized from HIV/AIDS programming as they do not fall into conventional categories of orphans or other traditionally vulnerable groups. As well, when they are included in projects, if there is no differentiation between them and younger children or older adults, programming may not be tailored to their particular needs and outcomes are not sufficient.

Orphanhood

One of the results of the HIV pandemic is a generation of children orphaned by HIV/AIDS, including individuals that have lost one or both of their parents. Orphans are generally considered to be under the age of 17, and when we think of the orphan crisis, we imagine young children left without guardians in already strained communities. Most studies and reports tend to look at this group as homogenous, not accounting for variation within it. In fact, there are varying experiences of orphanhood among those of different socio-economic status, gender, and age. One very important distinction to make is the difference between adolescent and child orphans.

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No statistics exist regarding the number of adolescent orphans in Ethiopia, though the most recent *Aids in Ethiopia* report suggests there are 4.5 million orphans under 18 living in the country, and of those 539,000 are AIDS orphans. Erulkar suggests that 40 percent of girls living in slums in Addis Ababa are orphans. Individuals that fall into the category of adolescent orphans can face several challenges in their attempts to survive without parents that may put them in the path of HIV/AIDS, especially if they are become the guardians of younger siblings. Orphanhood can contribute to poverty if orphans are not entitled to make claims on household resources, if they have dropped out of school to care for sick parents and lack the skills or education to earn an income, and if they are unable to gain support from family or community because of stigma associated with their age or proximity to AIDS. As well, if they are not attending school or isolated from community groups, they might miss out on HIV/AIDS education. In a study of orphans in Ethiopia, Tesfaye noticed a decline in well-being after the death of parents, including reduced income, diminished access to food, health care, education and housing, and a high level of child abuse. Further, as proposed by Hallman, orphanhood can “confer added risk for unsafe sexual behaviour,” making them vulnerable to infection. The economic and social pressures on adolescent orphans can lead them to engage in dangerous activities, such as commercial or transactional sex, in order to make ends meet.

Younger orphans in orphan-headed households can also be called on to help generate income, even when very young. In the case of the CAPAIDS participants, prior

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to the project their younger siblings often helped contribute to the household income through petty trading in the streets of Addis Ababa, putting them at risk of sexual violence and exploitation, and also affecting their education. In general, orphanhood manages to exacerbate the environment of risk.

**Gender**

Women’s position in society in relation to men is acutely visible in gender disaggregated HIV/AIDS statistics. Globally, infection rates among women have surpassed those of men, and within the 15-24 age group, women are three times more likely to be infected than men. A number of factors can contribute to this gender disparity in infection, including “the status of women in society; cultural and social norms and practices related to sexuality; and women’s biology.” Geeta Gupta sums up the relatively low economic and human development status of women:

“*Most of the world’s women are poor and most of the world’s poor are women. Women make up almost two thirds of the world’s illiterate people and are often denied property rights or access to credit. They earn 30-40% less than men for the same work, and most of those who are working are employed outside the formal sector in jobs characterised by income insecurity and poor working conditions.*”

Simmons, Farmer and Schoepf speak of the macro factors that affect women’s economic power in African societies. He suggests that women have experienced the effects of structural adjustment, with low employment pushing them to pick gender-

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45 Ibid.
segregated jobs in the informal sector, often the lowest-paying and sometimes degrading. He also states that women have also born the brunt of caring for the sick within the AIDS crisis, but have been marginalized from health systems despite their high proportion of infection.  

Zierler and Krieger echo that HIV/AIDS statistics are linked to gender and socio-economic status, emphasizing the role of power in causing this link. They suggest that women experience “public forces on private moments” affecting women’s ability to seek protective behaviours. In their eyes, women’s HIV risk is determined by gendered social inequalities, rather than individual behaviour.

The Environment of Risk

In concrete terms, vulnerability, or the “environment of risk” manifests itself in many ways. To better understand the “environment of risk,” I will highlight risky income-generating activities, sexual violence, power in relationships, economic dependency, social isolation, community stigma, and self-esteem, as factors that make individuals more or less able to protect themselves from HIV infection.

Lack of access to income, employment, and basic needs can lead individuals to engage in dangerous activities as a survival strategy. In relation to HIV/AIDS, this is referred to as “prioritizing risk” as the immediate needs of food and shelter come before protecting oneself against HIV infection. This often means working in the insecure informal sector, or in the case of women, trading sex for material goods such money,

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50 Mabala, Richard. 2006. From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas. Environment and Urbanization 18, (2) (October 1): 407-32
shelter, food and clothing. As well, lack of income can mean living in insecure communities and housing which put individuals at risk of sexual violence. According to a recent study among adolescents living in slum areas of Addis Ababa, two-thirds of women reported being scared of someone in their neighborhood, and over half reported having fear of being raped.\textsuperscript{51}

Both sexual violence and participation in the sex trade are dangerous realities of participants in the CAPAIDS project. A third of the women who were interviewed acknowledged that they had experienced rape or participated in the sex trade. One woman explained that both her and her younger brother had been raped by men in their community, indicating that it is not only women who are affected by sexual violence. Because direct questions about experiencing sexual violence and participation in the sex trade were not explicit in the surveys or interviews, it is likely that more participants have been affected than those who volunteered information.

Beyond sexual relationships that are forced or paid for, risk of HIV infection is also a part of marriage and other monogamous relationships. Here, the interplay between trust, fidelity and condom use intersect with economic dependency and power. In relationships where both partners are expected to be monogamous, demanding condom use can be seen as distrustful or indicative of infidelity. When one’s spouse is relied on for economic stability, the cost of ending the relationship can be higher than the risk of HIV infection if a condom is not used.\textsuperscript{52} Further, in societies where marriage is seen as an economic relationship, women of low socio-economic status are likely to enter relationships with men who are older. This age differential has implications for the


power dynamics of the relationship, and also makes it more likely that the husband has had more sexual partners and is HIV positive. One project participant recounted her experience of marrying a significantly older man after the death of her father, the family’s main breadwinner. It was only after she had been married for some time that the father of her new husband told her that his son’s previous wife had died from AIDS. She has been tested and has found out that she is also HIV positive. Thus, power and especially the ability to negotiate condom use (or HIV testing) within monogamous relationships plays an important role in whether or not individuals are able to actively protect themselves from the disease.\textsuperscript{53}

While the effects of social isolation, community stigma, individual agency and self-esteem on HIV risk are less obvious than those to do with sexual relationships, studies have shown that they play an important role in affecting an individual’s ability to resist infection. Social isolation, a direct outcome of orphanhood and living away from family, is associated with forced sex, earlier sexual debut, exploitative working conditions, and unwanted marriage which all put individuals at higher risk for HIV.\textsuperscript{54} Individuals who are isolated from their communities are also less likely to have access to information about HIV/AIDS.\textsuperscript{55} Community stigma can affect adolescent orphans as a result of both their affiliation with AIDS and their age; approximately half of the research participants indicated that they experienced stigma. Negative community perceptions can lead to social isolation and make it difficult to seek material or social support from


\textsuperscript{54} Mabala, Richard. 2006. From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas. \textit{Environment and Urbanization} 18, (2) (October 1): 407-32

neighbors at a time when it is most needed.\textsuperscript{56} Stigma can also affect individuals’ self-perceptions.\textsuperscript{57} Self-esteem is related to HIV risk in a number of ways, though it needs to be better understood. Zierler and Krieger note that feelings of powerlessness and low self-esteem are associated with sex without condoms.\textsuperscript{58} Valdiserri writes that low self-esteem can diminish motivators for self-protection.\textsuperscript{59} Hallman notes further, “low self-efficacy has been associated with feeling a lack of control over ones sexual health and is surmised to lead to higher risk taking behaviours.”\textsuperscript{60}

As we can see there are several ways in which issues of poverty and powerlessness can put individuals at risk of HIV/AIDS that are embedded in the structures of power relations, inequality, sexual violence, and economic survival strategies. The three overlapping experiences of adolescence, orphanhood and gender, combined with poverty and powerlessness, succeed in creating an acutely vulnerable group. According to the World Bank, vulnerable children are “those whose safety, well-being and development are, for various reasons, threatened.”\textsuperscript{61} Although this study is specifically talking about children, and not adolescents, it remains useful by providing a socially contextualized definition, as opposed to a traditional biomedical one.

Considering vulnerability in this case is important, as the CAPAIDS Safe Livelihoods project seeks specifically to make a group of vulnerable adolescent orphan heads of

\begin{itemize}
\item \textsuperscript{58} Zierler, Sally, and Nancy Krieger. 1997. Reframing women's risk: Social inequalities and HIV infection. \textit{Annual Review Public Health} 18: 401-436.
\end{itemize}
households less vulnerable through their participation in vocational training and micro-
credit. In this context, vulnerability is increased susceptibility to HIV infection, in 
comparison with peers, stemming out of a quest for survival with insufficient resources.

CAPAIDS Participants’ Perceptions of Vulnerability

The adolescent orphans who participated in the first year of the CAPAIDS Safe 
Livelihoods project were included because of their particular location within this 
“environment of risk.” Implicit perspectives of vulnerability within the CAPAIDS’ Safe 
Livelihoods Project proposal suggest that vulnerability is perceived as economic 
dependency, participation in commercial and transactional sex, and difficulty negotiating 
safe sex, with a specific focus on the vulnerability of women. More specifically, 
vulnerability is when the need to survive “puts the oldest child at terrible risk of 
contracting HIV her or himself.” As part of the research for this paper, participants in 
the Safe Livelihoods project were asked about their own perspectives of vulnerability. 
Many of them found it difficult to define vulnerability, but could name several vulnerable 
groups: orphans, people who live on the street, poor people, people who cannot work, and 
people with too much work. There was a general agreement that vulnerability came as a 
result of lack of income, lack of access to basic needs, and putting oneself into dangerous 
situations to fulfill this need. Resorting to participation in the sex trade was used most 
often as an example of “dangerous situations”. However, susceptibility to HIV was never 
mentioned explicitly as a component of understanding vulnerability among participants. 
Key informants did include HIV in their discussions of vulnerability, suggesting that

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62 Perkins, Kevin. 2006. Safe livelihoods for youth who head AIDS-orphaned families proposal. Funding 
Proposal ed. Toronto.
orphans, especially teenagers and young adults, and people from poor or broken families were the most at-risk.

When asked about their own vulnerability, ten respondents of twelve reported that they were vulnerable prior to the project, and in particular they were vulnerable to drugs, sexual violence, HIV/AIDS and crime. Those that specified the cause of vulnerability, unanimously indicated that vulnerability in their own situations came from insufficient income.

The overlapping vulnerabilities associated with their age, socio-economic status, proximity to AIDS (through the death of their parents), and often gender put this group at significant risk of contracting HIV at some point during their life. Clearly, the location of certain vulnerable groups within this concept of the “environment of risk” suggests that the response by governmental and nongovernmental agencies must be one that does more than simply educates individuals about AIDS, and instead works to provide people with the tools to act on this information.

Projects

Approaches to combating the HIV/AIDS pandemic can fall into three general categories: treatment, care, and prevention. The first two types are targeted primarily to individuals who are infected with the HIV virus, and later those who have developed full blown AIDS. Often, the treatment approach is a highly medicalized one, with a focus on access to anti-retroviral treatment (ARVs). The ‘care’ component also tends to focus on the biomedical issues of HIV, including efforts to improve the effectiveness of treatment (such as helping with adherence, promoting good nutrition to those on ARV medication, or home-based care for bedridden patients, etc), but can also include assistance to family
members of those infected or counseling and psycho-social support. Prevention attempts to thwart infection among sero-negative individuals and re-infection among sero-positive individuals, such as using medical technology to prevent mother to child transmission, voluntary counseling and testing, and IEC campaigns.

Prevention is the most important level of intervention in relation to vulnerability as it seeks to ensure that individuals will not have to seek treatment and care in the future if they become HIV positive. In recent years, global prevention strategies world have focused on the IEC approach, with the intention of changing individual behaviours. The basis for this approach is the assumption that with the right information, individuals will act accordingly to have safer sex, stop sharing sharp objects, learn their status and take care to protect others if they are HIV positive.

Several studies have shown that the expected behaviour change in response to HIV/AIDS education is not necessarily taking place. According to de Guzman, “knowledge does not always lead to preventative action.”\(^\text{63}\) A specific study of Ethiopia’s response to the pandemic suggests that “efforts were made in the areas of IEC, condom promotion, surveillance, patient care, and expansion of HIV testing laboratories. Despite the above efforts, however, the interventions had little impact on the growth of the epidemic in the country.”\(^\text{64}\) In general, it is possible to say that the current approaches to prevention have not had significant enough impact to reduce the growth of new HIV infections in countries hard hit by the pandemic. It seems that in the face of powerlessness and inequality, information about HIV/AIDS is not enough to prompt


changes in behaviour towards prevention. This lack of success and a growing understanding that HIV/AIDS is concentrated in the poorest segments of society, has prompted the emergence of new programs that seek to prevent HIV infections through tackling the environment of risk. Parker sums up this new approach aptly in the following statement: “an earlier emphasis on information-based educational campaigns has given way to intervention programs aimed at enablement and empowerment in the face of the epidemic.” Of structural interventions, these approaches “aim to modify the environment in ways that promote safer behaviours.”

There are a number of popular examples of these structural level prevention interventions that have emerged in the past several years. The success of the 100 percent condom use initiative undertaken by the Government of Thailand is one important and oft-cited example as a way in which policy can enable vulnerable populations (in this case, commercial sex workers and individuals who pay for sex) to have more control over negotiating condom use. This project has resulted in a marked decrease in incidence of a number of different STIs since its inception. Another is the MPowerment Project, a community-level HIV risk-reduction intervention program that has been implemented in several North American cities with significant success in reducing unprotected anal intercourse among men who have sex with men. A third example is that of needle exchange programs around the world that attempt to reduce needle sharing among intravenous drug users by providing sterile injection equipment. Each of these

interventions works or has worked to change the environments in which HIV/AIDS is spread, either through policy or through community mobilization.

In the last few years, microeconomic development models have been identified as potential strategies in HIV/AIDS prevention because of their ability to address the underlying economic factors of HIV risk. At present, the spotlight is focused on projects “designed to expand the economic power of female sex workers as a way to extend their employment opportunities beyond sex work and increase their ability to negotiate safer sex.” More recently, actors working on HIV prevention in resource poor settings have identified other vulnerable groups that could benefit from this type of intervention.

Among them is Canada-Africa Partnership on AIDS (CAPAIDS), a Canadian non-governmental organization (NGO) working to combat the pandemic in Canada and in Africa. Recent funding from the Canadian International Development Agency (CIDA) has allowed the organization to undertaking a project which seeks to provide vocational training and micro-finance, alongside HIV/AIDS education and life skills training to a group of adolescent orphan heads of households living in Ethiopia and Uganda. The CAPAIDS Safe Livelihoods for Orphan Headed Households Project forms the basis of this study, allowing the researcher to examine in more detail the role of economic empowerment projects in the realm of HIV/AIDS prevention.

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69 Economic empowerment projects have also been implemented in HIV care strategies, such as income generation projects for PLWHAs, which enable them to gain income and support their nutritional intake.

Evaluating Projects that Target Structural Factors of HIV/AIDS

To the best of my knowledge, evaluations of economic empowerment programs seeking to reduce vulnerability to HIV/AIDS have tended to focus on whether or not the participants have been economically empowered, rather than if this economic empowerment has translated into reduced vulnerability. Several investigations by the Population Council into the effectiveness of their economic empowerment projects have gone deeper into understanding the differences in program outcomes for specific risk groups, thereby recognizing that economic empowerment projects must be tailored to their participants. For example, Erulkar et al. provided insight into the particular experience of adolescent women in microfinance projects. The authors emphasized the importance of focusing on savings and mentorship, above receipt of loans, until skills needed to leverage loans can be developed.71

In sum, there are several different ways to conceptualize vulnerability to HIV/AIDS, and a number of different factors that make one more or less vulnerable. These factors can be viewed in several different categories and at different levels, and their level of significance is different in different contexts. Overall, vulnerability in its current understanding can be seen as a lack of empowerment, and the most repeated forms of lack of empowerment fall into the categories of poverty, inequality, and social marginalization. These “spaces of vulnerability” can overlap in various ways to cause different degrees of vulnerability. To address vulnerability, then, it is necessary to remove structural barriers that impede empowerment, and promote structural facilitators

71 Erulkar, Annabel S., Judith Bruce, Aleke Dondo, Jennefer Sebstad, James Matheka, Arjmand B. Khan, and Ann Gathuku. 2006. Tap and reposition youth (TRY): Providing social support, savings and microcredit opportunities for young women in areas with high HIV prevalence. SEEDS.
of empowerment. Several indicators of empowerment exist to help determine whether or not a project is effective in its attempts to prevent HIV/AIDS through reducing vulnerability. It is from this understanding that the following research was undertaken.

**Framework for Analysis**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>Economic</td>
<td>• Income</td>
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<td></td>
<td>• Control over labour</td>
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<td></td>
<td>• Ability to care</td>
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<td>• Housing and nutrition</td>
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<td>Social</td>
<td>• Self-esteem</td>
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<td>• Social networks</td>
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<td>Physical/Environmental</td>
<td>• Migration</td>
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<td>• Dangerous occupations</td>
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<td></td>
<td>• Living conditions</td>
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The framework for analyzing the data collected was informed by a review of existing research related to the structural factors of vulnerability to HIV/AIDS, or “the environment of risk” as detailed above in the literature review. Because of the limited scope of the research and its nature as a case study, analysis of the data available requires a narrower framework than provided in the literature review. For the purpose of this research, I have adapted a framework that fits both the scope of the research and its objectives but that is somewhat narrower than undertaking a total structural assessment. Based on Sumartojo’s broad list of structural factors, I have opted to focus on the changes in social, economic and physical factors, with the category of physical expanded to include Mabala’s focus on environmental factors – specifically, ‘safe spaces’—over the course of the project. Others, including legal, organizational, policy and community level structural factors, are largely beyond the scope of the project. However, a short discussion of these remaining factors relevance to the CAPAIDS project appears at the end of the analysis.
A number of measurable indicators were developed to uncover the impact of the CAPAIDS project on the three relevant structural factors examined in the study (social, economic, and physical factors). These include knowledge and attitude towards HIV/AIDS, income, household conditions, nutrition, self esteem, community perceptions, social networks, as well as perceived vulnerability and ability to care for oneself and one’s family. These indicators were used to put questions about the structural level impacts of the project in more concrete terms for respondents, and make data collected more measurable.

Case Study: CAPAIDS Safe Livelihoods

The CAPAIDS Safe Livelihoods for Orphan Headed Households project, funded by the Canadian International Development Agency, came out of a partnership between the Canadian NGO CAPAIDS and a number of grassroots AIDS organizations operating in Uganda and Ethiopia in East Africa. To understand the impact of the specific project on HIV/AIDS, and the larger implications for HIV prevention through microeconomic development, it is important for us first to look at the nature of the relationship between the stakeholders’ involved and specific details of the project.

According to its website, CAPAIDS was founded in December 2002 “when a small group of concerned people decided that the HIV/AIDS crisis in Africa called for more action on the part of Canadians.” In the years that followed, CAPAIDS adopted the mandate to “help Africans to resist, survive and overcome the HIV/AIDS pandemic in Africa” and began to build partnerships with community-based organizations working on AIDS issues on the ground in Africa. Simply put, the organization endeavors to

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73 ibid.
provide resources to non-governmental groups already engaged in the struggle against HIV in four countries in Africa – Ethiopia, Malawi, Tanzania and Uganda -- with the specific intention to respond to the needs articulated by these organizations. As well, CAPAIDS works to educate Canadians on AIDS issues and provide “Africans with a voice here in Canada.” ⁷⁴

Since its inception CAPAIDS has undertaken projects to provide frontline HIV/AIDS workers with bicycles, improve socio-economic status of women and youth, assist midwives in gaining access to medical supplies, strengthen community relationships, deliver prevention education, and provide support to people living with HIV/AIDS through its partnerships with more than ten community-based organizations in Africa. As part of its programming in Uganda and Ethiopia, CAPAIDS has initiated the CAPAIDS Safe Livelihoods for Orphan Headed Households Project (hereafter Safe Livelihoods) in partnership with CIDA (funder), two Ugandan community based organizations, Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO, implementing organization) and Mekdim-Ethiopia (implementing organization).

This two-year project, with a total budget of $180,000 ⁷⁵, is funded primarily by CIDA to the tune of $120,000. Each year, the project enrolls 120 adolescent orphans acting as guardians to their younger siblings into vocational training programs, providing them with support and capital to form cooperative businesses upon completion of this training. The stated goals of Safe Livelihoods are: to enable at least 200 older AIDS-orphans to gain skills and employment within two years; to reduce the vulnerability of at least 180 older orphans to commercial/transactional sex work by the end of two years;

⁷⁴ ibid.
⁷⁵ ibid.
and to increase or maintain school enrollment for at least 500 school-age children in orphan-headed households by the end of two years.

According to its Ethiopia Country Development Programming Framework, CIDA has identified HIV/AIDS as a “top priority”\(^{76}\) in Ethiopia and currently has $8 million invested in the area.\(^{77}\) Ethiopia is considered one of CIDA’s “development partners”\(^{78}\). Since 2000 Canada has started to focus on HIV/AIDS issues in the country, despite the fact that Ethiopia is entering its third decade of living with the pandemic. HIV/AIDS mainstreaming makes up an important part of CIDA’s agenda in Ethiopia until 2009, partly through funding to Canadian NGOs working with grassroots HIV/AIDS initiatives in the country.

Safe Livelihoods in Ethiopia is implemented by two community-based organizations located in Addis Ababa: HAPCSO and Mekdim. After visiting an existing project of HAPCSO in which a group of older orphans were trained in carpentry, CAPAIDS became involved through providing funding for materials and a storefront to help the cooperative to market their goods. CAPAIDS decided to scale up the project within HAPCSO and by involving Mekdim and sought funding from CIDA. The ensuing proposal was written by then director Kevin Perkins before submission to CIDA. In March 2006, CIDA awarded CAPAIDS funding for the project, and in July 2006, implementation of the Safe Livelihoods project commenced.

HAPCSO, established by nurse Tibebe Maco in 1999, is a self-proclaimed “indigenous, community-based response to the HIV/AIDS epidemic.”\(^{79}\) The

^{77} ibid.
^{78} ibid.
organization’s membership currently includes 65,000 people living with, or affected by HIV/AIDS and provides a wide range of programs supported by a number of funding organizations. These initiatives include home-based care, support for orphans and vulnerable children, IEC, community capacity building and job training. Their funding comes from the Government of Ethiopia HIV/AIDS Prevention and Control Office, as well as international donors including Action Aid, Family Health International, Irish Aid, Save the Children Norway, UNAIDS and US AID/PACT. CAPAIDS is the organization’s only link to Canadian funding at the present.

Mekdim-Ethiopia has similar programs to those undertaken by HAPCSO but is distinctive because of its self-help nature. Founder Mengistu Zemene is HIV positive himself, and has worked to create a member-based organization with several HIV positive staff. Mekdim further differentiates itself from HAPCSO through its establishment of a diagnostic centre and clinic, a pharmacy with anti-retroviral distribution, and housing a World Food Program distribution centre. As well, Mekdim has tended to focus on psycho-social support for those affected and infected by HIV/AIDS. The Safe Livelihoods program is the first project undertaken within the Mekdim-CAPAIDS partnership.

The relationship between CIDA, CAPAIDS, HAPCSO and Mekdim is formally defined in the terms of the Safe Livelihoods partnership agreement, where CIDA provides funding for Mekdim and HAPCSO to implement the Safe Livelihoods project with CAPAIDS role as the liaison between the two sides. CIDA’s support is contingent on the involvement of a Canadian organization in the allocation of its grants, making CAPAIDS a crucial component of the Safe Livelihoods project partnership. In practice,

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80 ibid.
this results in CIDA utilizing CAPAIDS proximity to itself, and simultaneous access to
the community-based organizations in Africa to sub-contract the tasks of project
administration and monitoring. Therefore, the most significant operational relationship in
understanding the three tiered partnership within the Safe Livelihoods project is that
existing between CAPAIDS and HAPCSO, and CAPAIDS and Mekdim.

This agreement is operationalized on the ground via staff and volunteers of
Mekdim and HAPCSO, as well as CAPAIDS representative – the project officer. While
both community-based organizations are signators of the matching agreements with
CAPAIDS, actual project implementation varied greatly between both groups.

When the project began in July 2006, Mekdim’s project responsibilities were
headed by the organization’s Program Director. In the early stages of the project,
representatives from both organizations, including Mekdim’s Program Director came to
Canada (with some support from CAPAIDS) to attend the XVI International AIDS
Conference in Toronto. During a meeting with all project staff (Canadian, Ethiopian and
Ugandan), the Project Director reported that the project was on track. After the
conference, he remained in Canada, which significantly affected the ability of Mekdim to
adhere to the project guidelines. When the CAPAIDS Project Officer (me) arrived in
Ethiopia in September 2007, the project staff that had taken over responsibility for Safe
Livelihoods was unclear about the contents of project agreement and specific issues
around project design. In particular, the information gap caused by the Program
Director’s sudden departure led to the recruitment of project participants who did not fit
the project’s beneficiary criteria. Rather than selecting adolescent orphan heads of

81 It is important to note that while effort was made to encourage experience sharing and exchange between
the two implementing organizations, HAPCSO and Mekdim, the organizations were accountable to
CAPAIDS rather than to each other. In turn, CAPAIDS was responsible to CIDA.
households, the thirty project participants included some orphans, and some young people living with HIV/AIDS. HAPCSO, on the other hand, adhered closely with the original project parameters, perhaps because they had previous experience through their implementation of the project that served as the template for the Safe Livelihoods project. In both organizations, the beneficiaries tended to be toward the older end of the recommended spectrum.

Project activities were divided over the period of one year, and then repeated with different beneficiaries in the second year. During the first phase, each implementing organization recruited approximately 30 beneficiaries who fit certain criteria as adolescent orphan heads of households no longer in school and responsible for younger siblings. They were identified through community leaders (idir leaders) and from the offspring of members or former members. In the pilot project, some learned about the project through their role as volunteer home based care workers for HAPCSO.

Each group of beneficiaries then participated in some preliminary life skills training sessions and in some cases a needs assessment to determine what vocational training to undertake. HAPCSO offered field trips to various vocational centres to help beneficiaries decide, while the process used by Mekdim is less clear. During the first year of the CAPAIDS project, participants were involved primarily in hairdressing, but also in leatherwork. Once vocations were determined, beneficiaries were enrolled in the appropriate private training centres and began their courses, which usually lasted between three and six months. After graduation, beneficiaries were supported by project staff to establish cooperative businesses. At the time of my research, most respondents were at this stage. Most of Mekdim’s cohort had found themselves jobs within the private sector as employees at various workplaces. The staff was finding it difficult to secure a location
in which to set up the cooperative, and seemed to have largely abandoned the task when I left. HAPCSO’s group had graduated more recently and was engaged in the administrative tasks of establishing recognized cooperatives with the government. Of approximately five groups, one had already set up shop and begun production of leather goods. Pressures to recruit a new set of beneficiaries and begin the second year of the project overlapped the final stages of the first year of the project.

**Methodology**

The research presented below was undertaken over a ten-month period between September 2006 and June 2007 during weekly visits to the two participating NGOs, HAPCSO and Mekdim. My role at these meetings was two fold: as the CAPAIDS Safe Livelihoods Project Officer, and undergraduate researcher. From the beginning, I made it clear to project staff that I would be wearing these hats at different times and was careful to make it clear when I was fulfilling obligations from one role or the other. As well, when conducting interviews, I included a confidentiality clause within the informed consent form that each participant signed, and I explained (sometimes through translation) that what I heard during the research would not be used in my role as project officer. However, my position as CAPAIDS only representative within Ethiopia meant that on several occasions my project officer role went beyond monitoring and evaluation to include ensuring that project activities and spending happened in accordance with the original project agreement between CAPAIDS, CIDA and the participating NGOs. This role of donor representative likely had an affect on the willingness of respondents to discuss negative aspects of the project, especially among the project staff that made up part of my key informants.
Research Participants

A number of different groups were involved in the research, including project participants, adolescent orphans involved in other NGO interventions, and key informants. “Project participants” included individuals enrolled in the CAPAIDS Safe Livelihoods project as well as those who were part of a similar pilot project the year before. Of these project participants, not all were involved in each component of the research; some were not interviewed because of time constraints, or because they did not want to participate. These research participants were selected based on their participation in the CAPAIDS project or pilot, their interest in being interviewed, and their willingness or ability to travel to the NGO office. Despite my intention to visit each participant in their home in order to observe their housing conditions and reduce their travel burden, the NGO staff advised against this in order to minimize stigma associated with visits from foreigners. The participants were effectively pre-selected based on admission criteria to the project, which included being between the ages of 16 and 25, having completed or dropped out of school, having low or no income, being willing to participate, not being involved in similar programs and being a single or double orphan responsible for younger brothers or sisters. As well, three-quarters of participants were required to be female.82 Because of some miscommunication of project guidelines prior to my arrival, several People Living with HIV/AIDS (PLWHAs) who were not orphans were selected as project beneficiaries. These participants were not included in the study, and reduced the number of potential research participants available. As a result, some adolescent orphans

who had been involved in similar programs, but funded by different organizations, were interviewed as well.

Seven key informants were selected from staff from the implementing NGOs and local leaders from communities where the project was undertaken. They were selected based on their involvement in the CAPAIDS project or their level of experience with economic empowerment or AIDS orphan programming. The community leaders had some level of involvement with the two implementing NGOs, but not necessarily with the CAPAIDS project.

Four adolescent orphans who were acting as guardians for their younger siblings but who were not involved in the CAPAIDS projects or projects like it were also interviewed during the research process. They were chosen based on their participation in a support program implemented by Mekdim where they received material goods (such as school supplies, household goods and food) on a monthly basis to help support their family after the death of their parents who were members of the NGO. This group, while small, acts as the research control. The instruments used in the research include surveys, interviews, observation and project documents (including reports and meeting minutes).

**Surveys**

Two ‘self-esteem’ surveys were conducted during the research period as part of my responsibility as the monitoring and evaluation officer of the project. They were designed by staff in the CAPAIDS office and reflect the monitoring requirements of the project funder (CIDA). Both were completed by all 51 project participants, who were asked to indicate changes in self-esteem and perceived strengths (specifically related to improvement in business skills) on a scale provided. The surveys were administered in
December 2006 and again in June 2007, dates chosen in relation to CIDA’s reporting requirements. Because they were administered based on funding demands, rather than the specific phase of the project, and each NGO followed a different project timeline, the survey participants were at different stages of the project during each survey. For example, when the survey was undertaken in December 2006, Mekdim participants had recently completed their vocational training and were preparing to form business cooperatives, whereas the HAPCSO participants had just completed a needs assessment and life skills training and were about to begin vocational training. Thus, it is important to note that the same surveys administered at the same time by the two different NGOs must be disaggregated to account for the potentially differing attitudes of participants at different stages of the project. The project participants involved in the pilot program of the project were not involved in these surveys.

**Interviews**

Twenty-two hour-long in-depth semi-structured interviews were conducted with project participants, adolescent orphans not involved with the project and key informants between May and June 2007. Interview questions were developed with the help of two local academics and focused around several proxy indicators for vulnerability: knowledge and attitude towards HIV/AIDS, changes in economic situation, changes in self esteem, household conditions, nutrition, community perceptions and social networks. As well, they included questions about perceived vulnerability and ability to care for oneself and ones’ family. The interviews included both written (respondents were asked to list ways in which HIV could be transmitted and prevented) and oral components. Key informants
were asked slightly different questions, focusing on what they felt about the program as well as the outcomes that they observed.

Interview respondents were asked to visit the NGO offices in order to avoid the stigma of a foreigner visiting them in their home communities. Since most of the respondents had limited English, apart from a few key informants, each interview was translated with the help of one of the project staff. Each interview was conducted with the researcher, a project officer, and the respondent present in a private room. However, in one case when there was no private room available, four respondents answered questions together at the same time, each taking a turn to provide their answer to each question.

Observation

While acting as the CAPAIDS project officer, I was able to visit the vocational training centres and established cooperatives on several occasions and used these opportunities to observe the project in action. From these experiences, I created field notes, often included in reports and emails to the head office of CAPAIDS in Canada. In some cases, these observations have helped to inform my research.

Project Documents

As part of my monitoring responsibilities, I was required to prepare monthly progress reports and semi-annual narrative reports for the CAPAIDS head office and CIDA. As well, as part of following up with the implementing NGOs after our meetings, I created meeting minutes which were distributed to project staff and CAPAIDS head
office. These have also been referenced in my analysis, along with the initial proposals for funding to CIDA and the project agreements with the implementing NGOs.

Limitations

Please keep in mind throughout my analysis that my research was conducted over a very brief and specific period of the project, and thus can only provide a snapshot into the project’s outcomes in all areas. It is possible that if I were to perform the exact same research among the same participants in a year from now, the outcomes could be entirely different.

As mentioned above, my position as CAPAIDS’ representative, and the use of project staff in interview and survey translation has potentially influenced the data collected. As well, it proved difficult to contact those who had dropped out of the CAPAIDS or pilot project. According to project staff, those who no longer worked in cooperatives became very difficult to track down and none could be found for participation in the research, except for one individual who had started a vocational training program with Mekdim but had been injured and now works as a cleaner and kitchen staff at their office. Thus, it is possible that research findings are overly centred on the success stories of the project.

Through a review of the literature, it became apparent that some relevant issues relating to vulnerability were understudied in the course of my research. Sweat and Denison, Mabala, and Erulkar et al emphasize the importance of looking at migration and urbanization as components of vulnerability. It is possible that several participants might have experienced heightened vulnerability in comparison to other beneficiaries, but this was not investigated explicitly. As well, because I was unable to visit the homes of most
research participants, it has been difficult to go in depth about the changes in physical spaces (such as workplaces and homes) of the participants.

**Analysis**

This next section examines indicators of vulnerability in three categories: economic, social, and physical or environmental. As I cover each category as it relates to vulnerability in general, and in specific relation to the CAPAIDS project, I also work to evaluate the effectiveness of the program in this area and provide reasons why I have come to this conclusion.

**Economic Structural Factors and Vulnerability to HIV/AIDS**

Studies by Gillies and Whiteside have linked HIV/AIDS and poverty, suggesting that HIV infection is concentrated within sections of society with the lowest socio-economic status. Many reasons have been given for this link, including lack of access to education, healthcare and income. It is possible to conceptualize the direct affects of these deficiencies as it relates to HIV infection: without education, there is less knowledge about HIV transmission and protection, without healthcare, there is no way to know one’s status, and without income it is difficult to purchase contraceptives. But understanding the impact of low socio-economic status on these proximal factors related directly to individual behaviour does not provide the entire picture. Socio-economic status affects and reflects where one lives, what one does for a living, and the power one has in relationships. Mabala, in his discussion of vulnerability to HIV infection, shows that low socio-economic status can make it difficult to “avoid, mitigate the effects of, or

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leave unsafe relationships,” and can cause individuals to “feel unsafe in their communities.” As well, statistics have shown that people (especially women) of low socio-economic status are more likely to experience coerced sex, or exchange sex for money, gifts, food and shelter. Over and over again, the participants in this research expressed that to be vulnerable was to put themselves in dangerous situations in order to provide for themselves and their families. As Fleischman puts it, “the increased economic burdens on AIDS-affected households can often force girls to provide for themselves and their families by engaging in relationships that might heighten their risk of HIV infection.”

The economic pressures that lead to vulnerability are felt still more acutely among adolescents, especially those without parents. According to Bruce, “adolescence is the period in which most males and females begin their economic life, however properly or ill prepared they are for it.” Since poverty can affect access to education, it is likely that they are not well prepared, and in AIDS affected households, it is also quite possible that the oldest child has dropped out of school to act as a caregiver well before the death of the parent. With the addition of gender norms related to women’s employment and education, women are more likely to find themselves without the necessary skills to provide for their family.

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84 Mabala, Richard. 2006. From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas. Environment and Urbanization 18, (2) (October 1): 407-32.
85 Ibid.
Thus, there is a strong theoretical argument for the involvement of adolescent orphans in economic empowerment programs. According to Fleischman, “microfinance/economic empowerment gives women more power to avoid sexually risky or exploitative relationships.” In order to assess to what degree the Safe Livelihoods project was having an impact on the economic situations of project participants, data was collected on changes in income, household conditions, nutrition, ability to care for oneself and one’s family since the start of the project. It is important to remember, however, that the study was conducted very early in the intervention, and economic outcomes take time to materialize.

Prior to the project, individuals relied on a number of different livelihoods. Those that were involved in casual work made money through renting out a room in their house, taking in laundry, or loading and unloading. Those that were employed had worked in welding, food service, and factories. Some also received material support from NGOs.

<table>
<thead>
<tr>
<th>What were you doing for income prior to the project?</th>
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<tbody>
<tr>
<td>None- dependent on guardian</td>
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</tr>
<tr>
<td>Casual work/informal sector</td>
<td>3</td>
</tr>
<tr>
<td>Commercial sex work</td>
<td>1</td>
</tr>
<tr>
<td>Employed</td>
<td>3 (all males)</td>
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</tbody>
</table>

In response to general questions about their economic situation, six respondents indicated it improved, and five indicated that it had worsened. Of those that noticed that their income was lower than prior to starting the project, four were men who had had some sort of employment – usually informal -- before the project began. All four mentioned that they expected their income to increase as the project progressed, and they felt it was in their interest to take a pay cut in the short term to have power over their own

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labour in the long term. Those who noted an improvement in their income had different reactions to this progress: one indicated that although there was a change for the better, there still was not enough for her to live on. Three agreed that the improvement in their situation came as a result of income stability, but not necessarily an increase in income. Only one indicated that she was able to start saving money as a result of participation in the program.

When asked about changes in household conditions since participating in the Safe Livelihoods project, seven respondents indicated there had been no change, and four said that their situation had improved. Of those who noticed an improvement, the reasons given included ability to become independent from a “bad” relationship, ability to purchase material goods (such as a TV, VCR, bed, sofa, and household goods), and ability to move out of a relative’s house. Very little change was noticed in relation to changes in nutrition.

Respondents were asked to rate how they felt about their ability to care for themselves and their families both before and after participation in the project. Most significant change occurred in relation to participants’ ability to care for themselves: seven indicated an improvement, one indicated a decline, and four indicated no change. In the regards to their ability to care for their family, three respondents said it had improved, two said it had declined, three said there was no change, and four were unable to tell at that point. The significant change in respondents’ ability to care for themselves seems to indicate a degree of sacrifice for their family, which was corroborated in their explanations of why they chose the answers they did. The improvement fits with the articulated changes in self-esteem, confidence, situation in the community and relationship with peers that are discussed in the next section.
How do you feel about your ability to care for yourself and your family since the project started?

<p>| | |</p>
<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
</tr>
<tr>
<td>Changed for the Better</td>
<td>7</td>
</tr>
<tr>
<td>Changed for the Worse</td>
<td>1</td>
</tr>
<tr>
<td>No change</td>
<td>4</td>
</tr>
<tr>
<td>Your Family</td>
<td></td>
</tr>
<tr>
<td>Changed for the Better</td>
<td>3</td>
</tr>
<tr>
<td>Changed for the Worse</td>
<td>2</td>
</tr>
<tr>
<td>No Change</td>
<td>3</td>
</tr>
<tr>
<td>Unable to tell yet</td>
<td>4</td>
</tr>
</tbody>
</table>

Finally, when asked how the program had affected the respondents’ lives now and how they expected it to affect them in the long term, a majority identified benefits related to income and employment. Six suggested that the program had provided them a job that was better than their previous method of generating income (other answers included increased independence, skill development, and hope or direction). In the long term, six respondents expected the project to result in increased income and two expected it to allow them to open their own business (other answers included providing opportunity for more education, and allowing respondents to have a “better future”).

<table>
<thead>
<tr>
<th>How has involvement in the project affected your life?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Job better than previous method of generating income</td>
<td>6</td>
</tr>
<tr>
<td>Increased independence</td>
<td>2</td>
</tr>
<tr>
<td>Skill development</td>
<td>4</td>
</tr>
<tr>
<td>Given hope/direction</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

One of the most interesting patterns emerging from responses about participants’ economic situation was a division between the experiences of men and women after their vocational training and in their new careers. All four male participants had had work experience before joining the project, and in many cases had taken a pay cut to be involved. For them, the economic benefit came from having power over their own
productivity. They spoke of being exploited by employers in the past, and the insecurity of working as an informal labourer. A 20-year-old male participant, who was employed in leatherwork, explained, “An individual business is better than everything else. I am more independent through this. Before I was employed as a cook, working 16 hours a day with very low salary.”

In reference to their current productivity, male interviewees spoke of being exploited by employers in the past, and the insecurity and danger of working as informal laborers. A 25-year old male carpenter elaborated, “There is a big difference between being an employee and being self employed. With employment, you always get an agreed amount, but here I get as much as I work for. Also, I get satisfaction from knowing it is my own work.”

Another man employed in leatherwork responded, “I was a welder and it was bad for my health. Now, I do some brain work – I have made designs on my own and that makes me very happy.”

All male participants indicated the increased sense of self worth provided by being self-employed, and a confidence that while they might be earning less at the moment, they would be able to earn more in the long term through their own persistence. On the other hand, one participant and one key informant mentioned that increased disposable income among men could lead to increased vulnerability, if it was used to increase numbers of sexual partners or purchase sex. However, the participant indicated that his awareness of this problem would help him to avoid the risk it could cause.

For women interviewed involvement in the project seemed to have a more direct and visible economic impact: all except one of those interviewed indicated that their

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93 Some studies have indicated that men with disposable income are more at risk than their impoverished counterparts.
income had improved. Half indicated that the improvement came from income stability, while only one noted that she was now able to save. A 23-year-old female hairdresser stated, “I have a better economic situation because my income is stable and a little bit more. Before I could sometimes go to bed hungry.”

Prior to the project, participants had often been dependent on the support of family and the community members. Six respondents had received the support of non-governmental organizations, including all four male participants. Some women were engaged in work that is categorized under the informal sector, such as taking in laundry, or as being ‘bar girls’, local terminology for prostitutes. Being a ‘bar girl’ often increased women’s vulnerability to other problems, as a 23-year-old female hairdresser disclosed, “After my mom died I lived on the street and worked in a bar, that’s where I got my child.”

Having completed their training, female participants acknowledged increased independence, and the opportunity to stop unsafe employment. One participant emphasized that she was able to find housing of her own, outside of the home of her older siblings. Another, who had undertaken carpentry training, proudly announced that she had actually made the bed that she now sleeps in. So, along with the changes in economic situation occurring among female participants, they also shared similarity with male participants in having an increase in self-pride and confidence. A 23-year-old female carpenter, described, “Before I lived with my older brother and sister, now my younger sister and I have our own household.” Another woman of the same age

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working in carpentry, stated, “Because I have money of my own, I don’t feel dependent.”

In general, the timing of the research had a significant affect on my ability to understand the long-term economic impacts of the project. While the cumulative responses of participants indicate a general improvement within their economic situations, it is difficult to tell if this is more a product of hope and expectation than grounded in actual measurable improvement of situation.

Through discussion with key informants and as part of an experience-sharing workshop between project staff from both HAPCSO and Mekdim at the end of the project, several difficulties were articulated that would likely have implications for the long-term economic impacts of the project. Most significantly, project staff was concerned about the difficulties of forming business cooperatives and that the training provided by the project was insufficient for the participants to compete in the market.

The problem of forming cooperatives relates directly to meeting project goals, though it is unclear whether it will affect the project goals related to income. The original project agreement with CAPAIDS states “participants will plan and initiate micro-enterprise or social purpose enterprises for employment.” Both organizations interpreted this as the formation of cooperative, as is reflected in their implementation plans. This interpretation seems to come as a direct result of the Government of Ethiopia’s policy towards people living with or affected by HIV/AIDS, which includes providing support as long as affected individuals are organized into groups of ten or more. It also comes as a result of a need to maximize CAPAIDS budget, which was

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insufficient to provide start up capital for many individual enterprises, but could accommodate a few larger ones supplemented by government support. As well, staff indicated that formation of cooperatives makes long term monitoring efforts easier, as it is difficult to keep track of several individuals working in private workplaces, especially when they are reluctant to reveal their association with an HIV/AIDS organization. However, in practice, the formation of cooperatives proved difficult because of the burden of paperwork, the high rates of disintegration, and participants’ preference for working individually.

At the time of the research, two cooperatives had been formed, both by HAPCSO, including the pilot cooperative. Approximately 35 participants were still waiting to form cooperatives, delayed because of difficulty finding a location for the business cooperative (Mekdim) and the time-consuming process of paperwork for formal registration of the cooperative (HAPCSO). While waiting, most participants had found employment within the private sector in the field in which they had been trained. At this point, it is difficult to determine whether the coops will in fact be formed, whether they will be successful if they do, and if they are not, if economic outcomes will be affected by participants remaining in the private sector. Further, as the process of waiting for the project to finalize cooperatives continues, it is possible that the social impacts of the project will become weaker.

Concern about the competitiveness of the project participants after completion of vocational training is another important issue to consider in understanding the long-term economic impact of the project. The particular case of those engaged in leatherwork training was given as an example by HAPCSO staff: while participants were provided three months of training as part of the Safe Livelihoods project, the period of training for
other leatherworkers in the field is usually three years. Since the workshop had only recently opened when I visited, it is not possible yet to determine whether or not this significantly shorter training period will affect the participants ability to compete in local markets with their goods.

In sum, while respondents have indicated an improvement in their economic situation as a result of the project, concerns with the economic aspects of the project identified by the project staff leave questions about the long-term impact of the project in this area. In the next section, a detailed look at the social outcomes of the project show that it is in this area that the CAPAIDS Safe Livelihoods project has had the most impact on adolescent orphans.

Social Structural Factors and Vulnerability to HIV/AIDS

The pride and confidence expounded by project participants might seem secondary to the concreteness of increased income, but when looking at the structural risk determinants of HIV/AIDS, this and other social factors, are equally as important. While alternative employment opportunities and access to income can promote exit or abstinence from the sex trade, it is social factors such as improved self-esteem and confidence in the future that allow adolescent orphans to act on their knowledge of HIV prevention methods.

Self-esteem and Vulnerability

Self-esteem plays a crucial role in determining vulnerability to HIV infection among adolescents. Confidence improves the ability of youth to negotiate safe sex and
condom use, resist sexual violence, and actively look towards the future.\textsuperscript{99} Tied closely with self-efficacy, self-esteem empowers individuals through increasing perceived control over their lives.

Among many participants, this sense of hope and agency has made them create goals for the future, whether it is continuing their education or expanding their business. Sixty percent of respondents referred to having a new sense of purpose. A 21-year-old male participant explained, “Before, I had nowhere to go, my time was spent idle at home. Now, I have purpose.”\textsuperscript{100} Another participant, a 27-year-old female hairdresser, responded, “I’ve changed my thoughts of death to thoughts of future.”\textsuperscript{101} According to Kelly Hallman and Eva Roca, this “future-oriented attitude” helps to reduce HIV incidence as it leads to protective behavior.\textsuperscript{102} Perception of agency and, in turn, self-efficacy, can help increase confidence in negotiating safe sex and condom use as well.

As mentioned above in the section on economic structural factors impacting vulnerable adolescent heads of households, CAPAIDS Safe Livelihoods project participants indicated an improvement in their ability to care for themselves and their family, with the most significant change visible in their ability to care for themselves. Through discussion with the participants, it seems that they perceive ‘caring’ in broader terms when they are thinking about themselves than when they are thinking about their families. In the latter sense, they focus on the economics of providing food and shelter for their younger siblings, or in some way contributing to household income if they are living with other family members as well. On the other hand, when they speak of an

\textsuperscript{101} Interview by author. Minidisc recording. Addis Ababa, Ethiopia, 14 June 2007.
\textsuperscript{102} Hallman, Kelly, and Eva Roca. 2007. \textit{Reducing the social exclusion of girls}. New York: Population Council, 27.
increased ability to care for themselves, several participants suggested that they have become less dependent on other family members, community groups, and NGO services, and have ‘become stronger’.

Participants’ answers to questions about self-esteem and survey responses suggest similar improvement. When asked about changes in self-esteem in interviews, all 11 participants who responded indicated that it had improved. When broken down, the reasons behind this improvement focused around feeling a sense of purpose or having hope; pride in having a skill; increased independence; and overcoming community stigma. At two points within the project, a survey was used to collect information on self-esteem including a question about how “the program has changed your feelings of confidence.”103 Twelve of 28 respondents said they felt much more confident in the first round (seven said they feel the same amount of confidence, nine said they feel somewhat more confident), while 19 of 20 respondents indicated they felt much more confident in the second (1 said they feel some what more confident). Overall, there has been an improvement in participants’ self-esteem during the course of the project.

<table>
<thead>
<tr>
<th>How has involvement in the program affected your self-esteem?</th>
<th>11 (all)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed for the better</td>
<td>11</td>
</tr>
<tr>
<td>By providing a purpose/a dream/hope</td>
<td>5</td>
</tr>
<tr>
<td>Proud to have a skill</td>
<td>4</td>
</tr>
<tr>
<td>Overcame stigma from the community</td>
<td>1</td>
</tr>
<tr>
<td>Increased my independence</td>
<td>2</td>
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</table>

An important component of assessing the social impact of an initiative like the CAPAIDS Safe Livelihoods project requires us to look at its ability to change community perceptions of the participants. As members of households affected by HIV/AIDS and adolescents, older orphans can face stigma within their communities. Stigma can lead to

increased vulnerability in several ways, including through social isolation and affecting the self-perceptions of youth. For instance, one respondent indicated that he felt his community perceived him badly, so he isolated himself and did not seek community support after the death of his parents. His nutrition suffered as he struggled to learn how to run a household without help. Other research shows that those who are socially marginalized or isolated may have less chance to access information or services related to HIV/AIDS, and may face a higher likelihood of experiencing sexual violence. In principle then, decreasing stigma and improving social networks can help adolescent orphans seek community support, have better chance of accessing information about HIV/AIDS and decrease exposure to sexual violence.

Not all participants indicated that they had experienced community stigma prior to involvement in the CAPAIDS Safe Livelihoods program, but those who had indicated that the project had helped them to earn more respect in their communities. Specifically, five respondents suggested that they had never been stigmatized, while five had experienced stigma but were now more accepted. For example, prior to involvement in the project, one participant had been perceived as a ‘hooligan’ within his community, but as neighbours saw him attending vocational training regularly, they began to see him as an asset to the community: “Before the program, when I was jobless, even police considered me unworthy. Now they have changed their mind.” Another respondent explained that through her involvement with Mekdim she was able to take an active role in HIV/AIDS issues, helping to recruit others into income generating activities, and informally referring neighbours who might have HIV to seek treatment at community health centres. Others feared the community’s reaction if they were to contract the virus.

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### How has involvement in the project affected your position in the community?

<table>
<thead>
<tr>
<th>Experience Description</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Experienced stigma prior to the program, now more accepted/respected</td>
<td>5</td>
</tr>
<tr>
<td>Never stigmatized</td>
<td>5</td>
</tr>
<tr>
<td>Now have taken an active roll in community activism</td>
<td>1</td>
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</table>

Project staff and other key informants emphasized the importance of this type of project in reducing stigma of AIDS affected families, especially orphans. According to one respondent, the project plays an important role in helping communities to perceive affected individuals as productive and active members of the community. Another said that this is achieved through promoting a culture of work, which then helps to inspire other adolescents in the community to work on income generating activities.

**Social networks**

While reducing stigma through helping adolescents to become more positive members of their communities, the CAPAIDS Safe Livelihoods project has also seemed to improve links between orphans, informally creating peer support networks for participants. Improvements in social networks that have come about as an indirect result of the project are also important in reducing HIV risk and the project provided an entry point for participants to connect with other youth in similar situations. Interview participants indicated that the program provided a “supportive environment” because of contact with peers (3 responses) and that it provided a venue for discussion with peers (7 responses). About half of the participants had had no previous contact with orphans. In this way, the project provided an entry point for participants to connect with other youth in similar situations. One participant referred to other youth in her community as “shiny,” where she felt dull, but felt she was on the same level with other participants and
in a supportive environment. A male leatherworker commented, “Since we are orphans, we have had to struggle harder for a better life. The program creates a supporting environment among us.”105 Another male carpenter explained, “Being involved in the group means that I can freely discuss HIV with the others in the association which gives me knowledge.”106 This interaction with peers also provided opportunities for informal discussion on issues surrounding HIV/AIDS, sibling care, sex and relationships.

<table>
<thead>
<tr>
<th>How had involvement in the project affected your connection with other orphans?</th>
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<tbody>
<tr>
<td>No previous contact with orphans</td>
<td>5</td>
</tr>
<tr>
<td>Program provided a “supportive environment” because of peers</td>
<td>3</td>
</tr>
<tr>
<td>Program provided a venue for discussion with peers</td>
<td>7</td>
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Surprisingly, the organizational difficulties expressed as part of the analysis surrounding the effectiveness of the economic outcomes of the CAPAIDS Safe Livelihoods project did not seem to have as much effect on the socio-structural project impacts. While many of the respondents expressed a direct link between increased skills or income and improved confidence and community perceptions, the same link between organizational performance in economic versus social aspects of the project does not seem to be apparent. This leads me to question the sustainability of these positive outcomes in self-esteem, community perceptions and social networking. If improved self-esteem in participants is coming out of an expectation of productivity and increase in incomes, as the outcomes of the economic components of the project would suggest, then it is also possible that the seemingly strong successes in this area might weaken if those expectations are not met. In fact, it is possible that if the expectations of improvement in economic situations are not met, the ensuing slide in community and self-perception of

the project participants could have a significant affect on vulnerability. However, it is important to remember that this research was conducted at early stages of business start up.

In sum, projects like the CAPAIDS Safe Livelihoods one have the opportunity to have significant impacts on social factors that contribute to dismantling the environment of HIV risk, primarily through improving self-esteem, reducing stigma, and increasing social networks. Throughout the research, participants often referred to a shift from hopelessness to hope, and from powerlessness to agency. Among many participants, this sense of hope and agency has made them create goals for the future, whether it is continuing their education or expanding their business. This concept of a future has an impact on HIV incidence in that feelings of hopelessness and lack of future can lead to perceptions that protection is unnecessary, as there is nothing to live for anyway. Perception of agency and, in turn, self-efficacy, can help increase confidence in negotiating safe sex and condom use as well.

**Physical Structural Factors and Vulnerability to HIV/AIDS**

Considerable vulnerability to HIV infection results from living and/or working in dangerous situations, leaving individuals (especially women) at risk for sexual violence. When discussing vulnerability with project participants, working in the streets or in bars as commercial sex workers was cited most often as the representation of vulnerability. Specifically, working on the streets, either as a petty trader (men and women) or commercial sex worker (mostly women), was understood to put individuals at risk of both physical and sexual violence, and involvement in drug abuse. Working in bars, synonymous with prostitution, was another clear indication of vulnerability to HIV
according to participants, but surprisingly patronizing them was not. In his assessment of physical or environmental factors contributing to vulnerability to HIV/AIDS, Mabala focuses on migration and physical isolation.\(^{107}\) He cites a recent study by Erulkar et al about the rates of adolescent migrants leaving rural areas to come to Addis Ababa to find jobs primarily as domestic workers, leading to isolation, labour exploitation and often sexual abuse by extended family or employers.\(^ {108}\) In many ways, physical vulnerability to HIV/AIDS in slum areas in Addis Ababa blur borders between dangerous working and living situations, when housing depends on transactional sex or work as a domestic worker requires living away from home.

While the research does not include specific questions related to urban migration, several respondents indicated that they had moved from rural areas to Addis Ababa at some point during their lives. As well, specific questions regarding entrance into and exit from the sex trade were considered too sensitive to include explicitly. As a result, only one participant expressed being involved in the sex trade. Two others volunteered information on their experience with sexual violence, prompted by the acknowledgement of their children as products of rape. A broad study by Erulkar, et al. of the situation of adolescents living in slum areas of Addis Ababa suggests that one third of girls who responded to their survey reported being raped.\(^ {109}\)

Mabala’s argument around reducing vulnerability among adolescents, especially women, is provision of safe spaces within and around their communities, based on the understanding that these do not currently exist within the grasp of those that need it

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\(^{109}\) Ibid.
most. In Erulkar, et al, “two-thirds of girls reported they are scared of someone in their neighbourhood and over half are scared of being raped.” Amin, et al, conclude from their own economic empowerment projects for adolescent women that “many girls’ primary requirement is for a safe, supportive space where they can gather to interact with peers and mentors, strengthen their social networks, and enjoy freedom of expression and movement.” Acknowledging that older adolescent men most often frequent youth centres, he sees opportunity for the establishment of these spaces through livelihoods programming. During my research I observed that, while it was not explicit within project goals, the CAPAIDS Safe Livelihoods project was able to provide this “safe space” in some instances. Mekdim’s project beneficiaries were all female, and all participated in training to become hairdressers at a private vocational school run by women. Thus, each day over a six-month period, participants were able to spend time in a women-only environment away from their homes and community, alongside peers with similar experiences. Unfortunately, the research was unable to see the direct result of this potentially “safe space”. In contrast, however, when I visited the site of a recently established leatherwork cooperative with three male and one female member there was a very different dynamic. In this case, the female participant was reluctant to answer questions about her experience within the project and avoided talking about the more sensitive issues, whereas the male members were very eager to converse with me.

Though this evidence is inconclusive, it would be interesting to examine the possibility of

12 Amin, Sajeda, Judith Bruce, Erica Chong, Annabel S. Erulkar, Kelly Hallman, Barbara Mensch, and Jenefer Sebstad. 2006. *Using livelihoods initiatives to overcome adolescents' economic vulnerability and social isolation*. 17.
establishing Mabala’s safe spaces more actively as a part of this type of programming, and making sure to avoid situations where women are made more vulnerable through their involvement. This could be the case if the transportation between the vocational training facilities or workshops and home made participants unsafe, or the location of one woman among several men within a cooperative made her insecure.

Other Structural Factors and Vulnerability to HIV/AIDS

Sumartojo discusses a number of other categories of structural determinants of HIV risk not addressed above, including organizational, community, and policy factors. These have been largely excluded from the analysis either because of their overly broad scope, or because the program had less of an impact in that area. However, it is worth touching on their role within the CAPAIDS Safe Livelihoods program.

Organizational Structural Factors and Vulnerability

One of CAPAIDS explicit objectives, both in general and within the project, is to help build the capacity of the local organizations with which it works.113 This objective responds to the understanding that there are enough organizations working towards ending the HIV/AIDS pandemic in the countries where CAPAIDS works, but they can benefit from financial support and expertise. In the specific case of the CAPAIDS Safe Livelihoods, a capacity building component was included in the strategies and objectives of the project proposal. Through its networks within Ethiopia, CAPAIDS arranged two mentors (one male and one female) to work with Mekdim and HAPCSO who have extensive experience in development in Ethiopia. The role of the mentors was expected

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to assist local organizations in the area of “institutional development, community-based training, gender equality, micro-enterprise and micro-credit strategies and monitoring and evaluation,” as well as calling on their own networks for the benefit of the local NGOs.

In the Ethiopian context, this support could mean assistance with negotiating bureaucracy, advice on programmatic approaches and liaising with CAPAIDS. Support of this nature has the potential to have a direct impact on the organizational capacity of the local NGO, and as a result its broader impact on the AIDS pandemic.

Over the course of my research, the chosen mentor played a minor role. At the beginning, he was absent because of a long stay outside of the country. Upon his return, he worked to make contact with the local partners, but felt unsuccessful at making meaningful contact and decided to end his role as the mentor. It is unclear as to exactly why this mentorship relationship with Mekdim and HAPCSO did not work out, but it could be due to a number of reasons. It is possible that the local organizations did not see this opportunity for mentorship as useful, or they might not have understood clearly the opportunity that existed. In discussions about the project with staff and through interviews, there was very little said about the mentor, if anything. In Uganda, however, the mentor system worked very well. This was partly because in Uganda, CAPAIDS volunteer Director of Programs was able to recruit a number of capable mentors and partly because the partner organizations in Uganda were operating at a much more basic level – by comparison, HAPCSO and Mekdim are established, mature, well-managed organizations.

On the other hand, the financial component of the capacity building efforts of these two NGOs played an important role in the overall CAPAIDS Safe Livelihoods _______

partnership. Continuous efforts to secure funds in the face of short-term project commitments mean that entering into partnership agreements with donors is generally perceived as positive for these local organizations. However, several difficulties arose surrounding size of budget related to expected activities, freedom to modify the destination of funds, and timing of fund transfers from Canada to Ethiopia. Thus, it seems that the way in which CAPAIDS intends to contribute to the organizational capacity of groups working to combat HIV/AIDS is positive, but would benefit from a level of flexibility above what exists.

My Ugandan counterpart and I undertook a third element of the CAPAIDS Safe Livelihoods project capacity building component as project officers. Formally, this included helping to develop monitoring and evaluation tools, and improving the organizations’ capacity for results-based management. I worked to implement this through developing monitoring timelines, monthly monitoring worksheets, and a semi-annual report format, as well as implementing semi-annual surveys. The effectiveness of this initiative was mixed. It was difficult to establish a rhythm for completing the monthly monitoring worksheets and at Mekdim they were only completed when I asked for them. At HAPCSO, they were completed for each month, but there was no observable change that leads me to believe that we were not asking the right questions for that stage of the project. It is unclear if they have continued this monitoring system since my departure. On the other hand, the reporting format was copied in the second semi-annual report by both organizations, suggesting that it was useful for them.

Finally, capacity building was also facilitated through the experience-sharing workshop held at the end of the first year of the project with key staff from both HAPCSO and Mekdim present. Representatives from two organizations undertaking
similar projects but with no prior contact were able to discuss and find solutions to problems that the others faced. Though there were occasional difficulties throughout the first year of the project, the most constructive troubleshooting time was during this collaborative problem solving. At the time of my departure, there was another experience sharing workshop planned with the participation of all four community based organizations involved in the project, including those from Uganda. Overall, this seemed a very valuable component of the capacity building exercise and could be scaled up within CAPAIDS projects and others like it.

Community Structural Factors and Vulnerability

In my interviews, I asked several questions about how the project affected the community at large. The answer given most frequently was that the project worked to reduce stigma of orphans, adolescents and those affected by HIV/AIDS. I was interested to know if the community benefited from the goods and services made available by the establishment of new businesses, and whether the project contributed on a wider scale to local economies. As well, the CAPAIDS Safe Livelihoods project agreement explicitly states that the project intends to “initiate micro-enterprise or social purpose enterprise for employment,” 115 which I was interested in investigating further. Both of the businesses that had been established at the time of this research did not market their goods within the communities where they worked. The pilot carpentry cooperative brought their furniture to another location for sale, and the leatherwork group expected to make their crafts available to tourists. However, more research needs to be done to examine, in detail, the

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115 Ibid.
impact of these types of income generating activities on the larger economies in which they operate.

Policy Structural Factors and Vulnerability

It became clear through my research that the CAPAIDS Safe Livelihoods project, while it did not seek to affect policy related to HIV/AIDS directly, has had an impact on the ability of vulnerable individuals to benefit from government programs that they would not have before. The Government of Ethiopia has a program to support those infected by and affected by HIV/AIDS, through providing material support, which can only be accessed through formation of formal cooperatives of 10 or more people. This is an important opportunity for the participants in the CAPAIDS Safe Livelihoods project, as it allows them to minimize their overhead costs when they are establishing businesses. For example, the pilot cooperative of HAPCSO was able to secure a government-subsidized workshop where their carpentry production is now housed. Beneficiaries of the project benefit from the expertise of the NGO staff who are familiar with policy procedures in forming cooperatives, and the CAPAIDS Safe Livelihoods project brings together individuals that would not otherwise be able to access this government support.

In addition, in working to establish the role of economic empowerment projects within the realm of HIV/AIDS programming, CAPAIDS is effectively working to include approaches that seek to address the structural causes of vulnerability to HIV/AIDS. In short, they are helping to change policy by leading by example.
Conclusions and Recommendations

I began this paper with a discussion of vulnerability as the opposite of empowerment. To reiterate de Guzman and Parker, empowerment involves agency: the ability to act on knowledge about HIV/AIDS. Before participating in the project, a number of barriers to protection against HIV infection existed for this particular group of orphans. Even though all of them noted having prior knowledge about HIV/AIDS, either through media or personal connections, they still felt vulnerable. The CAPAIDS project has helped to empower the participants I interviewed by providing them with a set of tools – a skill set to find a safe job with more secure income; a peer network for support and discussion; capital and NGO support to start a business; access to income for shelter and other basic needs; greater self esteem; a more supportive community; and a future oriented attitude. The project has also by extension helped to empower the younger siblings of those involved by improving their ability to access education. It has been said that education is the best AIDS vaccine, and several of the siblings of project participants were able to return or continue their education as a result of household income generated.

Through my findings, it seems that economic empowerment has the potential to reduce vulnerability to HIV infection by impacting several different economic, social and physical structural risk factors. After participation in the project, nine respondents said they were no longer vulnerable, while three said that they were less vulnerable. None felt that they were still vulnerable. I have demonstrated that the CAPAIDS project has been able to affect the environment of risk surrounding a particular group of adolescent orphans who previously faced barriers to safe and gainful employment, community

membership and appropriate NGO programming. It has become clear that the link between microeconomic development and reducing vulnerability to HIV/AIDS goes beyond reducing poverty to include significant social outcomes. When the research was conducted, it was these social factors – stigma, isolation, and self-esteem – that were the most changed in participants.

This knowledge provides development practitioners information on how to maximize vulnerability-reducing outcomes of microeconomic empowerment projects and makes a case for the continuation of this application of microeconomic development models. It contributes to the literature on structural approaches to HIV/AIDS prevention by situating this particular project as a tool for reducing the environment of risk at multiple levels, but primarily at the individual and household level by addressing social and economic factors. As well, the study provides empirical evidence of the ability of microeconomic development projects to reduce HIV/AIDS vulnerability beyond narrow studies focused on their economic success.

The opportunity remains to improve the impact, extent and sustainability of these types of projects, including future manifestations of the CAPAIDS Safe Livelihoods project. Sustainability of future CAPAIDS microeconomic development projects depend on changes at a programmatic level that would work to improve communication of project goals and methodologies among stakeholders, enable more flexibility as projects take shape within implementing organizations, and ensure competitiveness of participants within their chosen vocation. As well, project monitoring should be expanded to include more of the factors investigated in this paper, including safe spaces, isolation, stigma and household safety.
In effort to maximize their contribution to mitigating the HIV/AIDS pandemic, projects of this type should continue to reduce marginalization and powerlessness that contribute to vulnerability to the virus. CAPAIDS and other NGOs must work to include referrals to other relevant services, more HIV/AIDS education and general life skills training, and explicit efforts to improve access to safe spaces for participants and their communities within microeconomic development projects. As well, efforts could be made to reach out to other vulnerable groups, such as urban migrants, that have been identified as at-risk in recent studies. As Mabala suggested, the invisibility of the particular vulnerable group involved in this study means that they have often been marginalized from HIV/AIDS service programming, which tends to focus on people living with HIV/AIDS and young orphans. The CAPAIDS project could act as an entry point for these adolescents to receive psycho-social support for the death of their parents and the new responsibility of guardianship, as well as providing voluntary counseling and testing and perhaps access to treatment if necessary. Erulkar, et al, have suggested that microeconomic empowerment projects for adolescents have had greater success if mentors are available for the youth involved. Projects like the Mpowerment project have also articulated the importance of mentors or role models in providing HIV/AIDS education, as it is better received. During a discussion with HAPCSO and Mekdim staff about project sustainability, it was suggested that the relatively short vocational training period could be supported by adding an apprenticeship component for newly formed cooperatives. I think that the opportunity for involving individuals in the role of mentors

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for vocational, business and life skills is an exciting one, and would help to sustain a number of project outcomes in the longer term.

The CAPAIDS project has not focused specifically on physical factors of vulnerability, such as improving the safety of housing for participants, ensuring that transit to and from training facilities and cooperatives is not putting individuals more at risk for sexual violence or providing “safe spaces” for women. Yet, the opportunity to influence these physical factors is present. In making this focus more explicit within CAPAIDS programming, it is possible to capitalize on the accidental safe spaces formed by all-women training facilities.¹¹⁹

Compared to global numbers of vulnerable adolescents who would benefit from microeconomic empowerment initiatives, this CAPAIDS project is operating on a very small scale. In Addis Ababa alone, for each participant who benefited from this program, hundreds more are at risk of entering the sex trade and being vulnerable to sexual violence. Rather than being confined to a temporary intervention as a two-year project, economic empowerment initiatives should be integrated into Mekdim and HAPCSOs regular programming and offered to more vulnerable adolescents each year. In scaling up a project of this type, it would be necessary to perform continuous market analysis to ensure that beneficiaries would not all undertake training in similar fields. Some other options that were articulated by HAPCSO and Mekdim staff include heavy machine operation, drivers’ licenses for taxi and truck operation, sewing and textiles, food service and recreation centres. As well, it would be important to address the concerns of staff and participants in formation of cooperatives to ensure that they are more sustainable over time. Data on the number of former participants working in private institutions in

¹¹⁹ CAPAIDS is becoming involved in this area through a partnership with CAYO in Malawi. Its initiative includes girl clubs, self-defense training, etc.
the field in which they were trained after leaving cooperatives is necessary to determine whether or not the outcomes suggested in this research are maintained after their departure. Further, while these projects are most often delivered by non-governmental service organizations at present, institutionalizing them within government youth employment programs would help to bring the capacity needed to scale them to include more participants.

The limited scope of this research seems to bring up more questions than it answers, and in general there needs to be more research done on the impact of economic empowerment projects on HIV/AIDS. In particular, we need to examine the long-term outcomes of these types of projects on all types of HIV risk factors and at a number of different levels (including community-wide). It is necessary to examine the same factors investigated here among the same participants in the years to come to evaluate the sustainability of these outcomes over time. A closer look at the social and economic outcomes of the project over time would also help to determine whether an increase in disposable income accessed through the project is stimulating risk among young men. As well, it is important to determine what happens when individuals drop out of the program, and whether or not they still benefit from reduced vulnerability. Further research to tease apart the different categories of vulnerability are necessary, with Hallman’s study of orphanhood as a good example, to determine which are the most acute: is it gender, adolescence, orphanhood or poverty that are the crucial factors in this particular environment of risk? It would also be useful to investigate the potential for microeconomic empowerment projects to influence HIV incidence on a community, national or international level, though it would be a significant undertaking. Finally,
useful research could be done to determine the impact of grassroots level income 
gerenerating activities on local economies.

Through the voices of the CAPAIDS project participants, the social impact of microeconomic empowerment is apparent. It is here that the most compelling data about the project’s results on systemic causes of HIV/AIDS become visible. When asked how involvement in the program has affected their lives, about half said that the job they secured with the help of the program was a better way of generating income. Others emphasized increased independence, skill development, and hope. In the long term, participants expected the program to help increase their income, make more education possible, open their own businesses and allow them to have a “better life.” All participants felt that they were more able to take care of themselves and their families as a result of their participation, and all felt that they were either less vulnerable or no longer vulnerable to working in dangerous conditions to make ends meet.

In working towards HIV/AIDS prevention, former UN Secretary-General Kofi Annan has called for a "deep social revolution that transforms relations between women and men, so that women will be able to take greater control of their lives--financially, as well as physically.” Microeconomic development is designed to alleviate poverty, and as this research suggests, it also presents an opportunity to impact the social factors that contribute to HIV risk. When it is pitted against HIV/AIDS, microeconomic development projects such as the one undertaken by CAPAIDS in Ethiopia can be a powerful tool for dismantling the environment of risk associated with poverty.

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**Appendix**

**Appendix 1: Informed Consent**

**Key Informants**

Researcher Information
My name is Kate Jongbloed and I am a student of International Development at the University of Toronto in Canada. I am working with two NGOs in Addis Ababa to complete my thesis research.

Your participation is your choice- voluntary participation
Participating in this study is your choice. You do not have to answer any question that you do not want to. You are free to stop your participation at any time.

The purpose of the study
The main purpose of this study is for me to learn more about income generating approaches by NGOs working with older orphan youth. I am talking to you because you either work for an NGO who is involved in older orphan IGAs, or because you are a member of a community in which these type of projects are taking place.

Study procedures
If you agree to be in this study, I will talk to you between one and three times. The questions I ask will be about the situation of older orphans, the impact of IGAs on this group, and your particular involvement in these areas.

Confidentiality
Your records will be confidential. The record of this interview will be stored in a locked cupboard. I will not share with other people from the community or NGO the things you tell me. When the results of the study are published, your name will not be used.

Contact Person
If you have any questions about this study, you can contact:
Kate Jongbloed
Researcher, University of Toronto
P.O. Box 2555, Addis Ababa, Ethiopia
0911-406-363
katejongbloed@gmail.com
Informed Consent- Older Orphans

Same as above, except:

Study procedures
If you agree to be in this study, I will perform a survey, observation, and an informal interview with you. The information I will look for is: the situation of older orphans, the impact of IGAs on this group, and your particular experience.

Appendix 2: Older Orphan Interviews

Goal: Investigate the impact of income generating activities among older orphans on vulnerability. Remember proxy indicators:

1. Knowledge and Attitude towards HIV/AIDS
2. Changes in self-esteem
3. Economic changes as a result of Income Generating Activities (IGA)
4. Household conditions (changes in buying fixed assets, house maintenance, etc)
5. Situation of dependents (number of siblings in school)

Questions:

Basic Background

• Name
• Age
• Number of brothers and sisters
  o Are they attending school?
• How long have you been an orphan?
• How did you become part of this program?
• What were you doing for income before the program?
• What kind of support did you have before (community, ngo, family…)?
• How did you feel about your ability to care for (before the program)
  o Yourself
    ▪ Very well
    ▪ Good
    ▪ Fine
    ▪ Not well
    ▪ Very poorly
  o Your family
    ▪ Very well
    ▪ Good
    ▪ Fine
    ▪ Not well
    ▪ Very poorly

Impact of program

• How has involvement in the program affected your life?
• How do you think it will change your life in the long term?
• How has involvement in the program affected your:
  ○ Self esteem
  ○ Economic situation
  ○ Household conditions
  ○ Sibling’s situation
  ○ Knowledge and attitude towards HIV/AIDS
  ○ Ability to care for yourself and your family
  ○ Position in the community
  ○ Connection with other orphans
  ○ Nutrition
• In what ways could the program be better?
• How did you feel about your ability to care for (since the program)
  ○ Yourself
    ▪ Very well
    ▪ Good
    ▪ Fine
    ▪ Not well
    ▪ Very poorly
  ○ Your family
    ▪ Very well
    ▪ Good
    ▪ Fine
    ▪ Not well
    ▪ Very poorly

Vulnerability
• In what way does your situation make you vulnerable?
• Does this program make you more or less vulnerable? Describe.
• Do you think youth in your situation- older orphans- are more or less likely to become infected by HIV/AIDS?
• Are women or men more vulnerable? Why?

Knowledge and attitude towards HIV/AIDS
• What is HIV/AIDS?
• How does it relate to your life?
• Have you gotten any information about HIV/AIDS from being in this program?
• Can you name two ways that you can prevent HIV/AIDS infection?

Appendix 3: Key Informant Interviews

Goal: Investigate the wider impact of income generating activities (for example, impact at the community level or impact over a longer period) than can be provided by the older orphan participants. Remember proxy indicators:
  6. Knowledge and Attitude towards HIV/AIDS
  7. Changes in self-esteem
  8. Economic changes as a result of Income Generating Activities (IGA)
9. Household conditions (changes in buying fixed assets, house maintenance, etc)
10. Situation of dependents (number of siblings in school)

Questions:
- Name
- Organization
- Time with the organization
- Position
- Involvement in Orphan-IGA activities (time and description)
- When did the organization start O-IGA?
- Overall, successful or not?
- What makes it successful? (up income, down sex trade, down vulnerability, health of siblings)
- What is the direct effect of O-IGA on orphans?
- What changes do you see in the individuals involved?
- What are the effects of O-IGA for the siblings of orphans?
- In terms of reducing vulnerability, in your view, what is the most effective intervention performed by your organization?
- Within O-IGA, what works and what doesn’t?
- Define vulnerability?
- What are the biggest causes of vulnerability?
- What is the impact of O-IGA within the wider community?
- (depending on how long it’s gone on for) What is the impact of involvement with O-IGA after 1 year? 2 years? 5 years? How does your organization stay involved at these points?
- What would happen if an organization provided training without help with start up capital?
- Psycho-social factors involved? What does the organization do?
- Does involvement in O-IGAs make individuals better able to resist HIV/AIDS infection? How?
- Tell me about the older orphan demographic. Are they particularly vulnerable to HIV/AIDS? Why or why not? When targeting programs for them, what are the most important factors to think about?
- What other factors impact the success of these programs (eg, funding, management, experience)