



Planning and Implementing Effective HIV and Livelihood programmes

**A guideline to improve the practice
of organisations**

Working document
Community of Practice
of 12 Ethiopian organisations
January 2016



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBO (s)	Community Based Organization (s)
CCC	Community Care Coalition
DFID	(British) Department for International Development
CoP	Community of Practice
FBO (s)	Faith Based Organization (s)
FGD (s)	Focus Group Discussion (s)
FMSEDA	Federal Micro and Small Enterprises Development Agency
GIPA	Greater Involvement of People Living with HIV and AIDS
HAPCO	HIV Prevention and Control Office
HIV	Human Immune Deficiency Virus
IGA (s)	Income Generating Activity (ies)
LLP	Linking and Learning Project
JeCCDO	Jerusalem Children and Community Development Organization
M&E	Monitoring and Evaluation
MFIs	Micro Finance Institution (s)
MSE (s)	Micro and Small Enterprise (s)
MSEDA	Micro and Small Enterprises Development Agency
NEP+	Networks of Ethiopians Living with HIV and AIDS
NGO (s)	Non-Governmental Organization (s)
OVC	Orphan and Vulnerable Children
PLHIV	People Living with HIV and AIDS
SAN!	STOP AIDS NOW!
S&D	Stigma and Discrimination
SHG (s)	Self Help Group (s)
SWOT	Strengths, Weaknesses, Opportunities and Threats

Working document

This guideline is developed as a joint activity of the Community of Practice of the STOP AIDS NOW! HIV and livelihoods linking and learning project.

The document consists of experiences and practices of 12 Community of Practice organisations in Ethiopia: Action for Self-Reliance, CVM Ethiopia, Dorcas Aid Ethiopia, Envisage for Better Life, Hundee Grass Root Development Initiative, ISAPSO, Jerusalem Children and Community Development Organisations, MKC-RDA, NEP+, OSSA, OVC Network and Wasasa Microfinance Institution. The initial guidelines on which this working document is based were drafted by two consultants Habtamu Tezera and Getachew Gonfa; guideline development process was guided by Institute of Development Studies and A-Z consultancy and the STOP AIDS NOW! project coordinators.

The first guideline was developed in October 2014. In the final quarter of 2015, the final quarter of the linking and learning project, this document was reviewed and adjustments were made based on new and additional experiences, lessons learned and research outcomes of the COP.

Glossary of Terms

Beneficiary– an individual, household, group, organization getting benefit out of the programmes or projects of NGOs.

Business – a venture designed to provide goods and/or services to customers in order to obtain profit.

Business Development Services– various services provided by government, NGOs, private sector, and individuals for IGA beneficiaries to enable them to improve or strengthen their business ventures.

Business plan– a plan demonstrating the feasibility of a prospective new business (livelihood option of choice by beneficiary) and providing a roadmap for its first several years of operation.

Collateral– a guarantee pledged by beneficiaries to repay the money that they are provided as a start-up capital on agreed upon time.

Grace period– a period given to beneficiaries in which they would be free from repayment of finance given as start-up capital.

Grant– non-repayable financial support to beneficiaries.

Group guarantee– a guarantee mechanism whereby a group of borrowers undertakes to be jointly liable in the case of default by any one of them for the repayment of a fund given for IGA start-up.

Implementing agencies– organizations involved in the implementation of IGA/livelihood interventions.

Loan– is a financing scheme for business. In the case of IGA, beneficiaries borrow from MFI or SHG to use as start-up capital at a relatively lower interest rate or free from interest under compulsory repayment arrangements.

Micro financial institution– a financial institution licensed to provide micro financial services (saving and credit) in rural and urban areas.

Market assessment– refers to market research and/or information gathering on market information in the context of project location to identify enterprises that are feasible for PLHIV.

Revolving fund–a financing scheme to be used as start-up capital to run business. The fund is circulated among beneficiaries and the repayment will be circulated among target beneficiaries.

Start-up capital– money generated through either sources of grant, loan and revolving fund to start a business

Introduction

1.1 HIV and AIDS in Ethiopia

Available evidence reveals that the HIV and AIDS epidemic in Ethiopia started in the early 1980s. According to the Federal HIV Prevention and Control Office, the HIV prevalence in Ethiopia in 2014 is estimated at 1.2%; a total of 711,446 (39% Male and 61% Female) people are expected to live with the virus. Orphan and Vulnerable Children (OVC) due to AIDS are more than 800,000. Since recent years there has been a decreasing trend in new HIV infections and AIDS related death. While there is significant increase in the need for Anti Retroviral Therapy (ART).

HIV and AIDS have negative impact at different levels: Macro economy, organizational (NGOs, businesses, and government offices) and households. With regard to the economic well-being, the impacts at individual and household levels include:

- Reduced productivity and morale;
- Increased family size due to OVC, which increases the financial burden;
- Increased medical costs ; and
- Sale and loss of household assets to cover immediate costs.

1.2 HIV and Livelihoods Linking & Learning Project

STOP AIDS NOW! cooperates with Ethiopian NGOs in a Linking and Learning Project (LLP) on HIV and livelihoods. The objective of the project is to strengthen the livelihoods of HIV affected and infected people and at-risk groups through improving the quality of HIV and livelihood programmes of participating NGOs.

The partnership of this LLP enables 12 organisations in Ethiopia to act as a Community of Practice (CoP) and creates a link between learning and performance through learning together and shaping their practice accordingly. The learning is translated into action by individual organizations.

The approach of CoP embraces three basic characteristics:

- a) Shared domain of interest: HIV and livelihoods;
- b) Community: member NGOs and Micro Finance Institutions (MFIs) willingly engage in joint activities and build relationships; and
- c) The practice: member NGOs and MFIs are practitioners in the field of HIV and Livelihoods.

In Ethiopia, government, donors and NGOs have increasingly committed to combat rural and urban poverty through livelihoods promotion and employment generation. CoP members implement diverse programmes aiming to enhance the income and assets of individuals, groups, and community in general.

This guideline is developed as a joint CoP activity to improve the practice of organizations and enhance the cooperation with other stakeholders in livelihood promotion and carrying out Income Generating Activity (IGA) in HIV and AIDS affected communities.

1.3 Objectives of the Guideline

The guideline is one of the tools used to strengthen the learning journey of CoP members. The objectives of the guideline are to:

- Provide a framework for understanding the issues in process of planning, implementation and monitoring & evaluation (M&E) of HIV and livelihood programmes;
- Ensure the effectiveness of IGA at beneficiary level through improving the practice of implementing NGOs; and
- Help organizations to address factors affecting HIV and livelihood interventions.

1.4 Guideline Development Process

The guideline is a product of reviewing the practice of 12 CoP member organizations through employing participatory processes. The review encompasses looking at practice from the dimensions of participating NGOs, beneficiaries, and other stakeholders having stake in development programmes including IGA. Many individuals and organizations have been involved in the guideline development process– CoP member organizations, beneficiaries, community groups, consultants, researchers, and STOP AIDS NOW! project staff.

Overall, the guideline provides a useful framework for understanding and engaging in programme cycle management (planning, implementing, M&E) of livelihood development programmes through addressing factors affecting the success of the interventions.

The following methodologies have been employed in the guideline development:

- Review of LLP data including baseline report;
- Assessment of the existing livelihood programmes of CoP member organizations through Focus Group Discussions (FGDs), conducting interviews with staff of NGOs, government authorities, MFIs, PLHIV Associations, PLHIV and non-PLHIV beneficiaries; and
- Review of relevant literatures and government policy frameworks.

1.5 Users of the Guideline

The guideline is primarily intended for programme staff of CoP member organisations to use in their own analysis of programme proposals, or in their work of livelihood promotion and IGA. The guideline provides a tool for developing & implementing an effective IGA in particular for PLHIV considering the context they are living in.

The guideline can also be used by other organizations and individuals involving in livelihood interventions in HIV and AIDS affected communities.

Among others are:

- NGOs promoting livelihood and IGA
- PLHIV Associations
- Microfinance Institutions
- Policy makers specifically concerned with business development services for Micro and Small Enterprises (MSEs)
- Individuals providing counseling and advisory services for MSEs

1.6 Orientation of the Guideline

The guideline begins with Section 1 that presents introduction–context analysis, why, how, and for whom the guideline is developed. Section 2 provides the concepts of livelihood, IGA and Stigma and Discrimination (S&D). Section 3 briefly explains the IGA development practices of CoP member organizations, while Section 4 discusses S&D and the impact on livelihood interventions. The guideline ends with Section 5 presenting strategies to improve IGA development practices.

2 Concept Building

The development of concepts is an important step in programme/project cycle management. It provides a framework for analysis.

“There is nothing practical than a good theory”

2.1 What is Livelihood?

In the development literature livelihood is used in many ways. In its Sustainable Livelihood Framework (1999), DFID coined livelihood as “the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with, and recover from, stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation.”

The concept of livelihood is more than employment. It encompasses a set of economic activities, involving self-employment and/or wage-employment by using different means to generate adequate resources (cash and non-cash) for meeting the requirements of oneself and the household. The activities are usually carried out repeatedly and become a way of life. From the above explanation one can argue that a livelihood is meant to keep a person meaningfully occupied in a sustainable manner and with dignity.

In the view of the beneficiaries of CoP member organizations, livelihood is “making a living”, “supporting family members”, or “it is my job.” These expressions have an element in the definition of livelihood and IGA.

2.2 Income Generating Activity as an element of Livelihood

In the NGO sector, livelihood and IGA development interventions are used to refer similar meaning. As described in the work of Meron Gezahenge (2010), IGA interventions are “small business promotion schemes, job-creation schemes, income generation interventions that intervene in the economic aspect of people's lives using economic tools.”

An IGA can be carried out at the level of individual business, group and community. Interventions tools of IGA development include provision of capital through grant, loan, revolving fund (saving and credit schemes), training or advisory support in skills development, business planning and management.

In more concrete terms, IGA refers to any kind of micro-scale enterprises implemented by poor individuals, households and groups with their interest and efforts to secure income, with technical, material and financial support obtained from NGOs and other stakeholders. Community Based Organizations (CBOs) also implement institutional IGA, they reinvest the income gained to improve the livelihood of the poor community members such as OVC, elderly and PLHIV.

The CoP member organizations use the concepts of IGA and livelihood intervention interchangeably to describe their programmes aiming at supporting the income of poor individuals,

households, groups, and CBOs. As we have seen above the definition of livelihood is broader than that of IGA. Therefore, it is better to understand IGA as a subset of livelihood.

The development approaches of CoP member organizations indicate a broad array of programmes to ensure sustainable livelihoods of poor communities. The interventions on education, health, social integration, environment, etc are categorized under social assistance, whilst economic support can have many forms including asset growth and IGA. As shown IGA is one of the strategic choices leading to improve livelihoods of individuals, households, groups and community.

2.3 What are Stigma and Discrimination?

S&D reflect wider processes of social control and mirror other forms of social oppression and exclusion in society. HIV-related S&D are a complex social process that interacts with, and reinforces, the pre-existing stigma and discrimination associated with sexuality, gender, race, livelihood and poverty.

“The virus attacks the body; stigma and discrimination attack the spirit. The latter caused by ignorance, but both are killers.”

Stigma is a reaction to fear and ignorance, often based on stereotypes and misinformation. Stigma is often internalised leading to impotence and self-harm.

Discrimination is a denial of the human rights of PLHIV and calls for a rights-based response.

S&D can be manifested in different ways. Among other are:

- **Physical S&D** include physical isolation and violence ranging from separate sleeping quarters in the home to refusal to be in physical proximity on buses or in places of worship.
- **Social S&D** include social isolation, loss of identity and role. PLHIV may be excluded from family and community events, and experience a loss of power and respect in the community.
- **Verbal S&D** are insults, taunts, blame, gossip and rumours.
- **Institutional S&D** refer to differential treatment within an organization resulting in negative outcomes for PLHIV. This may result in loss of livelihood and employment opportunities, housing and education.¹
- **Self-stigma** refers to the process whereby PLHIV impose feelings of difference, inferiority and unworthiness on themselves. Such self-influence is caused by the attitudes and behaviours of those around them.

S&D occur everywhere, but they may have more serious consequences in livelihood activity. They undermine all prevention and care efforts. Poorly designed programmes may aggravate S&D in the community.

¹ Taken from the proceedings of workshop organized by LLP to discuss on S&D.

The effects of stigma and discrimination in Ethiopia – the study Stigma Index carried out in Ethiopia found out that HIV related S&D cause critical barriers to achieve universal access to HIV prevention treatment care and support. The study makes clear that S&D are among the factors negatively affecting the IGA and employability of PLHIV in Ethiopia.

Summary of Findings from Stigma Index

- Gossip is the most common manifestation of stigma at family and community levels.
- Enacted stigma² is manifested in the workplace in the form of revision of job description, refusal of promotion, denial of employment opportunities, and firing from job as a result of HIV status.
- Nearly two in five of PLHIV reported losing a job or income in year of survey attributed to misfortune of HIV status; 24% of PLHIV reported refusal of employment or job opportunity.
- The level of discrimination against PLHIV and their children is relatively low at school settings.
- PLHIV have relatively better level of confidence in health personnel than any other group.
- There is no significant difference between the proportion of male and female PLHIV who reported experiencing stigma at family and community settings.
- Women are more likely to disclose their HIV status to family members apart from their husbands while men are more likely to disclose their status to their wives or partners and people outside the family.
- S&D against PLHIV is relatively widespread in Somali and Gambella regions.
- Self-stigma is a pressing problem among PLHIV in Ethiopia.
- The majority of PLHIV who experienced violations of their rights did not initiate any legal action.
- There is a general feeling among PLHIV that the level of stigma is declining and less virulent than the situation present and five years ago.

Source: Tsegazeab Bezabih et al, (2010).

2.4 Understanding about Beneficiaries

Different categories of people (children, young, middle-aged and old men and women) all experience poverty differently, and have diverse skills and strengths to overcome it. Similarly, people affected or vulnerable to HIV and AIDS have various livelihood needs. Among others Comic Relief (2011) identified the following needs:

PLHIV: Access to medical treatment, food and nutrition support, and care; strengthening the capability to support self and dependants while physically able; ensure financial protection for non-productive periods.

Children and youth: Access to education, protection via social and financial safety nets, and ability to avoid engaging in high-risk behaviours such as transactional sex for girls, and streetism and exploitative labour for children.

Women: Maintenance of stable income and assets and avoidance of high-risk behaviours and relationship which may fuel the risk of HIV and AIDS.

Elderly (caregivers): Establish the means to care for self and to offer stability and care to OVC.

In the Ethiopian context, the engagement of PLHIV and non-PLHIV beneficiaries in livelihood activities varies depending on location, age and gender—women, men, boys, and girls (Michael Loevinsohn et al, 2011).

² It is a process of stigmatization that moves beyond perceptions/ attitudes into actions.

3 HIV and Livelihood Practices of Organizations

In this section, we present the findings of the review of the CoP members' practices (in planning, implementation, M&E) in HIV and livelihood interventions. It is worthwhile taking into account these review findings, including the challenges observed and the opinions of beneficiaries, when designing new projects and programmes.

3.1 Planning and Beneficiary Selection

Initial planning backed by adequate data and participatory processes can be one of the contributing factors for the success of livelihood, IGA and several other development interventions. Poor planning and management are estimated to account for over 90% of business failures.

During the review process it was noted that some beneficiaries of IGA were performing below their capacity as a result of weak programme design and inadequate finance. This resulted in the disproportionate allocation of funds for working capital by beneficiaries. Budget delay is another bottle neck for beneficiaries. Except in few organizations, business plan development by beneficiaries, needs assessment, and generating baseline data have been hardly practiced.

The process of beneficiary selection varies from one location to another. In most cases, it is conducted by a committee composed of local government authorities, NGOs, CBOs and beneficiaries of a particular programme or project. The involvement of key stakeholders in selection of beneficiaries and identification of types of business was found to be very limited.

81% of beneficiaries have had the information on the selection criteria for participation in IGA. Most beneficiaries were recommended by NGOs and jointly by NGOs, Kebele administration³ and other government sectoral offices. IGA beneficiaries of organizations include men, women, guardians of OVC, young PLHIV and non-PLHIV groups. The selection criteria identified by beneficiaries were shown below.

Selection Criteria Identified by Beneficiaries

- Poor PLHIV willing and able to work
- The desire and motivation to make change in livelihoods
- Free from addictions and criminal case
- Good health condition – not bedridden
- Member of PLHIV Association
- Not having supporter
- Unemployed and having a vision and plan to run business or IGA
- Poor economic status
- Interest to undertake business in group like SHG
- Having large family size
- Guardian of OVC
- Poor women who can repay back the loan

Unemployed youth, who either completed high school or dropped out of school, reported that in some cases, the beneficiary selection criteria designed by NGOs conflicted with the community expectations and perceptions.

³ Kebele is the lowest administrative tier in Ethiopia.

3.2 Types and Factors Affecting IGA

The types of IGA successfully operated by PLHIV, families affected by HIV and AIDS and HIV at risk persons vary from one location to another. Significant number of beneficiaries interviewed (60%) are involved in preparing and selling food items, poultry keeping and animal fattening, and running a kiosk.

Types of IGA	% of Participation
Preparing & selling food items	19 %
Poultry keeping and animal fattening	14 %
Production and selling vegetables & fruits	14 %
Running a kiosk	13 %
Tailoring, selling cloth, coverlet etc	10 %
Selling local alcohol drinks	8 %
Selling firewood, charcoal, dung etc	6 %
Running coffee/tea shop	5 %
Hair dressing	3 %
Others including grain selling	8 %
Total	100 %

IGA operations by age group show the following:

- Beneficiaries between the ages of 26-33 are mainly involved in preparing and selling of food and drinks, running kiosk and selling bed coverlet; and
- While beneficiaries within the age brackets of 34-41 engage in hair dressing, poultry keeping and animal fattening and selling grain.

In urban Ethiopia, although many IGA operators are engaged in preparing and selling food items, there is still effective demand for their product. Youth rural-urban migration with expectation of employment in construction industry in major towns is one of the factors creating effective demand for food items.

Most CoP members support their beneficiaries through some form of (business) skills training or business management support activity. The support offered is not always adequate to meet the needs of beneficiaries. Among others, marketing (including market and value chain assessment) and financial management skills are not always sufficiently supported.

Demand for product/service, easy management of the business, stigma and discrimination are among the contributing factors for success or failure in IGA.

Lack of financial management skills is mentioned as an important factor of IGA failure. A simple way of recording financial transactions is helpful to measure the status of IGA in a specific period of time. There are cases whereby IGA beneficiaries are mixing household expenditures with IGA operations. As a result, it has become difficult to calculate the income earned out of the business and the operators are less able to recognize the profitability of their business.

Marketing is typically seen as the task of creating, promoting, and delivering goods and services to consumers. Understanding the needs of customers is not always simple. It can be expressed in pricing, accessibility, and quality of products and services. Less competitiveness of the market could also fuel S&D of PLHIV.

Only a few practices are documented in regard to linking IGA operators with market opportunities. Organizations have limited experience in value chain analysis⁴ for IGA operations.

For example, it has been mentioned that dairy IGA in some areas suffered as a result of lack of feeding. By doing a value chain analysis, the IGA operator could have foreseen and anticipated to access adequately the input needs—animal-feed. Therefore, participatory value chain analysis is an important step in designing IGA programme/project.

Stakeholders identified the types of IGA in which PLHIV are relatively successful.

Successful types of IGA include:	Less successful types of IGA include:
<ul style="list-style-type: none"> • Small scale food preparation and selling • Sheep fattening and dairy farming • Dry waste collection • Bee keeping • Vegetable production • Handicrafts 	<ul style="list-style-type: none"> • Local drink making and selling • Cattle fattening in highland areas of Debre Markos • Poultry keeping

Success in business has multiple advantages for PLHIV. In addition to improving their livelihoods it enables them to actively participate in their community affairs. In the words of beneficiaries:

- “I developed better confidence to participate at Iddir⁵;
- I pay Birr 100 monthly for Iqqub⁶;
- I repay Birr 200 monthly for the loan obtained from revolving fund of OVC Guardian’s Association;
- I gained trust to bring raw materials on credit;
- I pay Birr 580 for an employed lady by my IGA; I have a deposit of Birr 750 in my account;
- I am able to feed my children and send them to school.”

3.3 Modes of Running IGA

CoP members support relatively more individually run IGA than group IGA.

Assessment of the PLHIV beneficiaries revealed, that close to 60% PLHIV would like to run their IGA alone, 30% with other PLHIV and the rest 10% with other non-PLHIV. In the view of beneficiaries, running IGA in group would facilitate: supporting each other, getting working premises, being organized to resolve arising problems and increase possibility to involve in IGA requiring more capital and knowledge. The reasons mentioned by the beneficiaries to run an IGA in different modalities are summarized below.

⁴A value chain “describes the full range of activities that are required to bring a product or service from conception, through the intermediary phases of production, delivery to final consumers, and final disposal after use.”

⁵ It is burial association commonly functioning in rural and urban Ethiopia.

⁶ Rotating saving among members, drawing is usually made on weekly basis.

Reasons to Run IGA in Different Arrangements

<p>A) Individually</p> <ul style="list-style-type: none"> • Facilitate active participation in IGA • Motivate to increase working capital • Use own effort in responsible manner • Lack of trust: “I don’t have trust on others, the other way round is a reality” • Better to understand own capability • Farmers do their IGA individually whether PLHIV or not • Fear from arising challenges including conflicts • To be away from S&D • Give freedom of choice and privacy • Increase sense of ownership • To be effective and profitable • “Just I prefer to run a business individually” 	<p>B) With other PLHIV</p> <ul style="list-style-type: none"> • To complement one another • Sharing diverse practice, capacity and resources • To gain better income out of IGA • Enable the group to acquire working premise <p>C) With other non-PLHIV</p> <ul style="list-style-type: none"> • Non-PLHIV can complement PLHIV when they face health problem • Potentially reduce S&D • PLHIV develop confidence and social integration • The use of diverse skills and practice will be facilitated
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3.4 Sources of Finance for IGA

There are several sources of finance for the beneficiaries to invest in their IGA: loan from individuals and relatives; own source; MFIs; NGOs; SHGs; and “Iquub.” The majority of beneficiaries mentioned to use NGOs, SHGs and Iquub as the major source of financing their IGA.

Most NGO CoP members use grants or revolving fund (through SHGs) to provide the financial input to their beneficiaries; linkages with MFIs are hardly made, even though MFIs have the resources and skills to support the beneficiaries of NGOs.

In Ethiopia, there are 31 MFIs that provide financial and non-financial services to MSEs. Their major services include:

- | |
|---|
| <ul style="list-style-type: none"> • Saving and credit • Capital goods leasing • Micro insurance • Remittance • Administration of 3rd party finance • Assist clients in developing a business plan • Provide training on basic business skills, saving and book keeping |
|---|

Source: FMSEDA (2012), JeCCDO (2014).

Since recent years NGOs and MFIs have begun partnerships in managing IGA funds to be provided in the form of loan for beneficiaries. However, effective delivery of financial services to PLHIV is constrained by many factors.

As reported by staff of MFI among these factors include:

- Many MFIs are not motivated to provide loan to PLHIV from their own source unless NGOs allocate such fund
- The interest rate on loan varies among MFIs—between 16% to 23%
- Inadequate cooperation between MIFs and NGOs in IGA
- Less awareness of staff of MFIs on stigma and discrimination⁷

⁷ Similarly the staff of MSEDA are less aware of the existence of S&D on IGA operated by PLHIV.

3.5 Monitoring and Follow-up

The CoP member organizations provide the following services to IGA operators:

- Training and technical support
- Facilitate access to a start-up capital
- Referral linkage with relevant organizations to ensure holistic support to PLHIV

The frequency of monitoring and follow up of IGA interventions varies across organizations. Some carry out weekly and monthly while others on quarterly basis. Among monitoring and follow up tools are conducting meetings with beneficiaries and key stakeholders, telephone conversation with project staff and home to home visit to beneficiaries.

3.6 SWOT Analysis of IGA Operated by PLHIV

Strengths and weaknesses: They are within the control of PLHIV and occur at present rather than potential.

Examples of identified strengths of PLHIV operating an IGA include: Commitment to save money and wisely utilize opportunities to improve their living; improved self-confidence; coping with stressful situations; increased house hold income and asset; better care for self and others; and facilitated disclosure and adherence to ART.

Among the weaknesses identified are: existence of self-stigma, inadequate communication skills; inadequate planning and market analysis; inadequate linkage with stakeholders; and inadequate health seeking behaviour.

Opportunities and threats: The IGAs of PLHIV depend upon linkages within their environment to obtain the human, financial, technical, and material resources they need. To be able to target the future strategies, it is important to analyse external factors that are likely to affect the IGA of PLHIV. The analysis of external environment clustered under two categories i.e. opportunities and threats.

Under favourable external factors the following have been identified: Continuous support by government and non-government actors; developed capacity of PLHIV Associations; government policy is in support of IGA; and getting free ART.

External factors which negatively influence the IGA of PLHIV include stigma by others; inadequate start-up capital; drop-out of group members due to health problem; and shortage of raw materials and working premises. The details of SWOT analysis are provided in Annex 1.

3.7 Satisfaction Level of Beneficiaries

Considering factors such as appropriateness and timeliness of interventions, beneficiaries have a mixed opinion about the current livelihood activities. The majority of beneficiaries (88%) are satisfied with the current IGA they are involved in while 12% are less satisfied.

In their opinion, the most satisfactory livelihood interventions are:

- Integrating OVC support into IGA and other development interventions⁸
- Provision of start-up money including loan
- Training on small scale business management & vocational skill training before starting IGA
- Trainings on communication skills, assertiveness, sexual and reproductive health, family planning and personal hygiene
- Motivating behaviour and treatment of project staff of NGOs
- Organizing women in SHGs and continuous discussion on social issues
- Establishment of grain/cereal bank
- Educational support for children
- Being organized and able to save
- House hold care & support including nutrition
- HIV and AIDS prevention
- Engagement in profitable business such as preparing & selling food and drinks, laundry service, animal fattening, tailoring and vegetable production

The reasons for less satisfaction include:

- The business couldn't build on previous experience of beneficiaries
- The IGA would bring health problem for PLHIV
- The IGA has no adequate customers
- 'I preferred running small kiosk but pushed to engage in other IGA'
- Couldn't work on the developed skills—driving, artist etc
- High interest rate on loan
- Small start-up capital which is disbursed in two batches instead of at one go
- Beneficiary selection couldn't go well
- In some cases, the income earned from IGA is small
- Inadequate refresher trainings
- Lack of contingency planning for business failure
- Access to working space is a challenge
- Lack of capital injection to SHG, the support only focuses on capacity building
- Lack of money to expand IGA

3.8 Suggestions to Improve Livelihood Interventions

Beneficiaries have suggested several areas of improvement to effectively run livelihood interventions.

- Appropriate training at proper stage of IGA
- Help beneficiaries to diversify their business
- Increasing the amount of start-up capital based on the current market price
- Close follow up, monitoring and technical support for IGA operators
- Further cooperation with PLHIV Association
- Address needy and unemployed groups
- Address challenges associated with working premises
- Establish linkages with successful business people and organizations to share experience
- Continuous monitoring and follow up visit with the technical committee of Community Care Coalition (CCC)⁹

⁸ This emphasizes on the development approach of JeCCDO.

⁹ In 2011, the Amhara National Regional State (ANRS) came up with a new model to coordinate the operation of CSOs. In due course, the Region promulgated a Regulation to Establish CCC at different administrative tiers (Regional, Zonal, Municipal and Kebele).

4 Effects of Stigma and Discrimination on Livelihood Interventions

Long-standing S&D in Ethiopia around sexually transmitted infections has been greatly amplified in the case of HIV. Within communities stigma in its many forms contributes to denial and discrimination against PLHIV in their effort to secure livelihoods.

47% of the interviewed PLHIV beneficiaries reported that the success of their IGA was affected by S&D. The impact of both self-stigma and stigma and discrimination by others was reported during the review as follows:

Self-stigma	Stigma and discrimination by others
<ul style="list-style-type: none"> • Lack of self confidence • Loss of income/livelihood due to loss of hope • Emotional stress and anxiety, depression • Isolation • Fear from bankruptcy of IGA and paying back the loan 	<ul style="list-style-type: none"> • Limited access to services (loan, insurance etc) • Loss of customers • Loss of job • Lose of employment because of HIV status • Loss of reputation • Lack of business partner to work in a group • Difficulty accessing housing for business operation and accommodation • Exclusion from community life • Unable to use communal facilities like toilet

S&D therefore undermine the potential of PLHIV and compromise the quality of life. The participation restrictions (e.g., loss of job, economic dependency, inability to marry, lack of access to loan and credit) may affect entire families.

As identified by beneficiaries some IGAs are more susceptible to stigma and discrimination than others. Types of IGA that are stigma sensitive differ per beneficiary group.

Adult PLHIV	OVC guardians	Orphan and vulnerable youth
<ul style="list-style-type: none"> • Food and drink preparation and selling • Butchery • Milk selling • Hair dressing and barber • Waiter service • Bathing • Laundry service 	<ul style="list-style-type: none"> • Food and drink preparation and selling • Hair dressing 	<ul style="list-style-type: none"> • Selling non packed items • Food and drinks • Hair dressing • PLHIV group based IGA

On the other hand the following business types are less stigmatized:

Sector	Specific Activity
Food processing	Preserved and dry packed foods (Biscuit, "kukise", "Kollo", "Shiro", "Beso" etc).
Dairy and Poultry	Poultry keeping (chicken, egg) Animal husbandry/fattening—sheep, goat, oxen
Agriculture	Gardening and flowers Vegetables Mushroom cultivation Silkworm Bee keeping
Trade	Open Market/"Guilte" Kiosk. Grocery Grain trade Grain mill Stationary/telecom center Buying and selling firewood, charcoal etc Selling cloths , house utensils
Handicrafts	Traditional cloths, bed cover etc
Transport	Bajaje Animal cart (Passengers and cargo)
Others	Indoor games like tennis table, "Joteny" Dry waste removal service

Low understanding about the basics of HIV and AIDS possibly fuels stigma and discrimination. The following groups are reported to fuel S&D in community.

<ul style="list-style-type: none"> • Iddir leaders who interfere in the engagement of PLHIV in food preparation • Elderly and adults • Certain religious denominations • Non disclosed PLHIV • Non-PLHIV • Poor community members 	<ul style="list-style-type: none"> • Neighbours and friends of PLHIV • Adult guardians • Educated and non-educated people • Economically better of people • Transactional sex workers • HIV positive women dependent on their husband
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PLHIV reported to have taken several measures to cope up with S&D and to be successful in their IGA. Among others are:

- Keep on trying not to give up
- Ignore and tolerate the incidence of S&D
- Disclose HIV status to neighbours
- Permanent visit to health units and get counselling
- Active participation at PLHIV Association
- Openly discuss about their experience with community groups
- Get more knowledge on HIV and AIDS
- Moving to new neighbourhoods where the community can't trace one's HIV status
- Conduct community conversation focusing on HIV and AIDS

- Stop attending religious events
- Less participation at social events
- Seeking advice from community and religious leaders
- Keep personal and environmental sanitation
- Provide quality product/service
- Take the case to the court

CoP members are aware of the need to address stigma and discrimination at different levels, but do not have clear strategies in place on how to do so. They mainly work with PLHIV on positive living to reduce self-stigma and on general HIV awareness in the community.

5 Strategies for Effective Livelihood Implementation

Like any other development programmes/projects livelihood promotion programme/project passes through different cycles:

- Needs assessment
- Planning
- Implementation
- Measuring the outcome or M&E

Based on the review of CoP members' practices and international practices, we highlight in this Section key strategies to be considered when designing and implementing livelihood interventions targeting PLHIV, HIV affected families, and HIV at risk people.

5.1 Needs Assessment

It is important to do a thorough assessment of the needs of the intended beneficiaries and a context analysis before designing an intervention. The assessment should provide information on the capability and readiness of beneficiaries to work or to take an active part in a livelihood intervention. Or whether first/simultaneously other support is needed to ensure the beneficiaries' wellbeing. That a needs assessment should provide information of this sort makes sense. However, quite often, there is a mismatch between the beneficiary and the strategy developed to support him or her. Furthermore, the needs assessment should inform the development of key baseline indicators for assessing performance and progress.

5.2 Planning

A livelihood intervention usually consists of several activities to support the beneficiaries. Most CoP members provide training and technical support, facilitate access to start-up capital and make referral linkages with relevant organisations to ensure a holistic support for their beneficiaries, as their main activities.

Special considerations in regard to planning and designing the livelihood intervention should be taken into account. Some of these are mentioned below:

Involvement of community

The participation of communities and beneficiaries in all phases of programme cycle management will contribute to sustainability and effectiveness of livelihood interventions. The available evidences reveal that the more the community is involved in programme activities, the more efficient the use of local resources and the more cooperation among stakeholders which is based on mutual respect and trust.

The community groups that could be involved in programme cycle management among others include SHGs, Iddirs, CBOs, PLHIV Associations, government institutions etc.

Assessing available social protection schemes

COP members are advised to assess the available social protection programmes run by the government and other stakeholders in the area. COP members could support their beneficiaries to access these services to improve their livelihoods. In this way, the COP members can spend their resources more efficiently to complement the livelihood development efforts.

The Government of Ethiopia lists the following as the social protection programmes available in the country: Social Insurance Programme, Food Security Programme, Provision of Basic Social Services, National Nutrition Programme, Support to Vulnerable Children, Health Insurance, Disaster Risk Management, Support To Persons With Disabilities, Support to Older Persons, Urban Housing And Grain Subsidies, Employment Promotion and Community-based Social Support¹⁰

Incorporate measures to address Stigma and Discrimination

As shown in the previous section, S&D at different levels are among the challenges that influence the success of IGAs operated by PLHIV. An effective reduction of S&D requires analysis of the level of S&D, factors and actors fuelling, and possible stakeholders involving in the process of tackling S&D¹¹. Based on this, a plan consisting of measures at different levels can be designed.

Diverse actors have a stake in tackling S&D. Possible measures should be planned and taken at the level of PLHIV beneficiaries, community, NGOs supporting PLHIV, government offices and Kebele administration, PLHIV Associations like NEP+ and MFIs.

CoP members could facilitate the interventions and/or advocate for a certain intervention to be conducted by a key actor. The International Federation of Anti-Leprosy Associations (ILEP)¹² produced a guideline to reduce S&D at different level. The interventions can be customized by CoP members when designing stigma free livelihood interventions.

Level	Interventions
Individuals (PLHIV)	<ul style="list-style-type: none"> • Treatment • Care and support • Counseling – HIV positive living • Economic empowerment – skills building • Self-help, advocacy and support groups formation
Organization (NGO partners)	<ul style="list-style-type: none"> • Training on stigma and discrimination reduction • Advocacy and promotion of the livelihood activities established by PLHIV • Technical and financial support • Work with successful openly HIV-positive role models
Private sectors	<ul style="list-style-type: none"> • Promote HIV work place policy
Community (religious leaders, community workers etc)	<ul style="list-style-type: none"> • Education • Care and treatment • Advocacy
Government – policy makers (HAPCO, MSED A etc)	<ul style="list-style-type: none"> • Create enabling environment for livelihoods established by PLHIV such as work premises, initial capital, technical support etc • Development of policies and guidelines

Inclusion of able to work family members

When working with HIV and AIDS affected communities, it is important to work with their family members as well. If someone is ill, the family members of the beneficiary will contribute towards continuing the IGA.

¹⁰ For details see: Michael Loevinsohn, et al (2016), Access to Social Protection by PLHIV and Key Groups.

¹¹ Data collection tools to assess the level of stigma and discrimination: Michael Loevinsohn, et al (2015), Stigma and Discrimination in the Informal Sector Experienced by People Living with HIV.

¹² The Guideline to Reduce Stigma: The ILEP and the Netherlands Leprosy Relief (NLR), London / Amsterdam, 2011.

Therefore, implementing organizations should consider the inclusion of family members of beneficiaries to mitigate the risk of enterprise failure due to loss of productive time because of illness or some other reasons.

Incorporate social support in IGA development intervention

Earning sustainable income from an IGA takes some time. Provision of training, arranging working premises, developing business plan, disbursement of start-up capital all require substantial time allocation.

Some organizations provide social support for a period ranging from 6 to 12 months until beneficiaries are running and getting income from their IGA. In the process of preparing themselves for engaging in business operation, PLHIV may require nutritional support for some time. Otherwise, beneficiaries will tend to allocate the start-up capital for household consumption.

Conduct market assessment to determine profitable livelihood/IGA options

Market analysis can reveal what skills, services or products are in demand in the project area. Furthermore, it can determine whether inputs required to produce certain products/or services are available and affordable.

The market assessment can identify opportunities for IGA operators in certain value chain activities of a product/ or service¹³. As an example, a market assessment conducted by JeCCDO (2014) in lentil value chain has identified the following:

- The value chain involves a complex network of actors and firms.
- Six core activities were identified in lentil value chain
- Small scale lentil producers are at the same time collectors and reside in rural areas.
- There are livelihood opportunities for unemployed youth in Debre Berhan town to involve in lentil value chain in particular at level two and three.

Core Activities & Actors in Lentil Value Chain

Levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Activities	Production of lentils	Collection of lentils	Processing, cleaning and packaging	Whole sale	Retail	Local consumption and export
Actors	Farmers and investors	Middlemen, traders, agents of exporters, transporters	Daily labourers, traders, self help groups	Whole sellers	Retailers	Local consumers, exporters

Source: Adapted from JeCCDO (2014).

The major market forces (demand, supply, and price) are dynamic and changing overtime. Value chain assessment and market assessment are instrumental to provide some future indications and will protect the beneficiary from entering in a non-profitable business.

¹³ A value chain describes “the full range of activities that are required to bring a product or service from conception, through the intermediary phases of production, delivery to final consumers, and final disposal after use.” See the useful field guide “Integrating Very Poor Producers into Value Chains”, by World Vision, 2013.

It is recommended to assess the IGA opportunities of beneficiaries in the planning phase, while details will be worked out after securing funding and moving towards implementation.

5.3 Implementation

Establishing beneficiary selection committee

Once the programme launching is carried out the next step is establishing beneficiary selection committee for livelihood/IGA intervention and moving with other planned activities. The participation of key stakeholders is important to ensure the participation of community and align IGA with other social support activities.

The selection committee can be composed of representatives from the following relevant organizations and community groups:

- Kebele administration
- PLHIV Associations or affected families
- Health extension workers at Kebele or Woreda
- CBOs
- Faith Based Organizations (FBOs)
- Elders
- Labor and Social Affairs Office
- Women, Children and Youth Affairs Office
- Supporting NGO
- Other relevant stakeholders

Indicative criteria for beneficiary selection

The criteria for beneficiary selection can vary considering the local social and cultural context. However, the following checklist will guide stakeholders involving in selection process.

- | |
|--|
| <ul style="list-style-type: none">• The monthly income of household based on family size; especially poorest to be included• The age of the beneficiary for livelihood option should be between the age limit of 18 to 70• For IGA the age limit can be decided by selection committee• OVC over 14 years old can be considered• The beneficiary should not be bed-ridden at the time of selection• Family heads, especially widowed/female or AIDS orphan headed households and people with disability to be given priority• Free from any addictions and criminal cases• Resident in the locality where the programme is being implemented for at least 2 years• Beneficiaries to reside in nearby locations to ease follow up and provide appropriate support• A beneficiary should not get (prior) livelihood support from other programmes• The beneficiary should have enough time for the business• Willingness to accept the policy of implementing NGO whether the IGA is in group or individual basis• Able to provide collateral for the amount of start-up capital• Willingness to repay the amount of start-up capital obtained in the form of loan or revolving fund• Willingness to work with local MSEs and other stakeholders• Have good behaviour, respect for human being, and claim his or her right in legal way |
|--|

Be aware to ensure to explain these criteria well so that beneficiaries have similar expectations and the right attitude and motivation for the livelihood programme.

Individual vs group IGA

Once beneficiaries are selected, IGA options are then developed and aligned with specific interests of beneficiaries. IGA options for individuals should be based on their individual implementation capacity, skills and willingness.

Beneficiaries should be able to choose by themselves to run their IGA individually or in group. The preference of the beneficiaries usually lies with running an IGA individually. But in group has its advantages (see chapter 3) as well.

If individuals would like to run the IGA in group, it is recommended that they should know each other, have common interest and membership should be between 7-10 individuals. To reduce stigma it is recommended to include PLHIV and non-PLHIV together in a group. In the case of SHG, the size of the membership can be revised.

Business oriented budgeting for start-up capital

Business oriented budgeting for start-up capital is strongly recommended. To determine the amount of the budget for the start-up capital you need to take into consideration the type of IGA to be implemented, the local context, and an inflation rate. This means that the amount could therefore vary per type of IGA. The amount of start-up capital to be allocated for group or institutional IGA should take into account as well the number of individuals/households expected to benefit from the business.

Help beneficiaries to develop simple business plan (idea)

MFIs have developed business plan formats¹⁴ for their clients, of which CoP members could make use.

A simple business plan provides information on:

- What the business will do
- Where it will be done
- How it operates (technically)
- How it will be managed
- How it will interact in the market place
- How it will function financially, and
- What its strengths and weaknesses are.

Before establishment of an IGA, beneficiaries need to ask themselves the following key questions. MFIs and business development service providers could help beneficiaries to respond to the questions. Providing genuine response to these questions is helpful to produce business plan.

Helpful Questions to Develop Business Plan

Products	Buyers
<ul style="list-style-type: none">• What product or products do I want to produce?• Are my products necessities or luxuries?• Are they familiar to the people or new?• Are they needed by the community or can I get buyers?• Are they respecting norms and values of the community?	<ul style="list-style-type: none">• Who are the buyers of my products?• What quality do buyers want? Can I provide this quality?• What quantity does each buyer generally buy?• How frequently do they buy? Daily, weekly or monthly?• Does their demand vary in accordance with season?• Does their demand vary according to their wealth?

¹⁴ Annex 2 provides the formats of three MFIs in Ethiopia.

<p>Raw materials and other inputs</p> <ul style="list-style-type: none"> • What raw materials are required? • What quantity of raw materials do I need for the expected quantity of saleable goods? • When do I need to buy each item? • How much does each of these raw materials cost? • How much money do I need for all raw materials for one production cycle? • How much do I have to pay for transport of these items to my production site? 	<p>Competitors</p> <ul style="list-style-type: none"> • Are there any other sellers of the same products in the area I want to serve? How many? • Who are they? • Where do they sell? • How do they attract customers? • What is the price charged by other sellers? • What special advantages do any of the competitors have? • What special advantages do I have?
<p>Equipment, production method</p> <ul style="list-style-type: none"> • What equipment and tools will be required? • Do I need to buy all, or can I rent or borrow? • Will the equipment need repair? Do I know how? • What is the production method? • Do I know how to solve problems that might arise? • Do I have a suitable site? Energy source needed? 	<p>Labour and other</p> <ul style="list-style-type: none"> • How much time is needed for this activity • Can my family members and I spare the time? • Can the activity operate all year round? • Do I need to communicate with the Government or any other offices?

Source: Adapted from CARE (2004).

Financing schemes of IGA

PLHIV beneficiaries suggest financing their IGA through: a revolving fund (50%), grant (36%), and loan (14%). Less priority is given to loan as it is less accepted in some cultures. They further characterized the advantages and disadvantages of each financial strategy.

Financial Strategy for PLHIV

<p>Grant:</p> <ul style="list-style-type: none"> • Building confidence and less frustration to start an IGA • Improving ownership feeling, considered as own money • No pressure of repayment of principal and interest • More concentration on IGA instead of repayment • Less pressure on health conditions due to worry about loan • Better to expand the business through saving • Will cause a symptom of laziness • In some cases, lack of interest to work is evident 	<p>Revolving fund:</p> <ul style="list-style-type: none"> • Motivation to discharge responsibility for self and others • Encouragement to develop saving habit • Better financial management practice • Doesn't give room for reluctance • Room for reward, write off, getting more money • Building trust among participants • No stress to pay back the money • Repayment is made timely • Many people can benefit • Facilitation learning from success and failure stories • Bringing change in the lives of beneficiaries • Good approach to expand business <p>Loan:</p> <ul style="list-style-type: none"> • Improving the working culture to pay back the loan • Reduce dependency and increase responsibility • Access to more money • Create worry that results in health problems
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Whether to provide start-up capital in grant or loan bases for PLHIV and affected communities is still a debatable issue. It is recommended that as much as possible a business approach should be taken.

It is evident that providing seed money on loan bases for PLHIV and affected community members encourages them to work strongly and with commitment. The risk that beneficiaries will use the money for consumption rather than investment in the IGA is less, in case the seed money is provided as a loan. Also more beneficiaries could benefit if the seed money is provided as a loan, as the funds will be revolving. Nevertheless, the risk of to over-indebt a beneficiary should be taken into account as well. Provision of loans, and the amount of the credit, should be based on the cash-flow analysis of the family of the beneficiary. If this does not match, a loan should not be provided.

Linkages with MFIs should be created; MFIs could be a source of funding, especially ones beneficiaries start graduating and are in need for more loan amount or other financial services.

Note that for all financing schemes, whether loan or grant, proper follow-up should be conducted whether the funds are used and invested according to the business plan of the IGA.

Skills training and coaching of beneficiaries operating IGA

Besides start-up capital, most beneficiaries are in need of technical support to improve their skills, confidence and knowledge on how to run a business.

It is important to ensure the training course is appropriate (duration and level of course) for the respective beneficiary. A training needs assessment on the selected beneficiaries needs to be conducted prior to ensure the right training is selected or designed.

There are growing efforts to develop standards for capacity building, ways in which practitioners can compare their work and be clearer about what they are trying to achieve.

Key stakeholders identified the following capacity building interventions for beneficiaries would bring the desired effect on their IGA:

Business skills training, including:

- Business plan development and management
- Book keeping, record keeping, cost benefit analysis
- Saving
- Entrepreneurial skills, innovativeness
- Customer handling
- Team building and conflict management techniques

These trainings could be conducted in cooperation with the MSEDAs.

Vocational training:

- Technical skills training on specific types of IGA for example how to keep perishable goods (vegetables and fruits)
- The duration of vocational training can last to a few days or may take months
- Understanding government MSE promotion packages

Life skills training, including:

- Family management, parental skill, child growth and peer to peer learning
- Psychosocial support, counseling, coaching and mentoring services
- Developing positive behavior like patience, endurance and motivation

- Developing health seeking behavior, positive leaving, physical exercise, personal hygiene and environmental sanitation
- The relationship between livelihood and HIV and AIDS

The life skills training could be based on the life skill training guideline developed by the Federal HIV and AIDS Prevention and Control Office.

It should be monitored whether a re-cap or additional training is needed, after the beneficiaries started implementing their IGA. Follow-up and coaching of beneficiaries is important to increase the chance of a successful IGA.

Networking and partnerships

Livelihood interventions require a comprehensive and holistic approach. Effective implementation of IGA necessitates partnership among government offices, CBOs, FBOs, NGOs, donors, and MFIs to meet the needs of PLHIV and affected families. It is important to involve these stakeholders at the planning stage of the project.

It is recommended to map the different actors and stakeholders in the area and create a directory of referral services for the beneficiaries to make use of.

The networking and partnerships at different levels will increase access to finance, market and capacity building opportunities for IGA operators. Among others are:

- **Link groups to MFIs:** Access to financial services will be facilitated through organizing beneficiaries in groups such as SHG and link them with MFIs.
- **Use of a cluster approach:** Organize beneficiaries working on the same types of IGA so that they can more easily make use of technical and business related trainings by the government; develop jointly bylaws, business, production and marketing plans. The groups could be linked with MSEDAs and Cooperatives Promotion and Marketing Offices so that they get better service in acquiring legal certificates, working premises and technical assistance on marketing and related issues.
- **Horizontal learning among NGOs supporting IGA operators** is crucial and impactful. Different events could be organized to promote horizontal learning and positive competition among groups and IGA operators.
- **Coordination between NGOs:** NGOs implementing similar livelihood activities for PLHIV will be identified and contacted to map out possible areas to work together. This helps to tackle common challenges and improve learning in the course of project implementation.
- **Partnering with private sector:** Linkages with the private sector will be initiated once IGA activities are identified. Concerted efforts should be made to establish a win-win relationship between IGA operators and private sector.

5.4 Roles of Stakeholders

The key stakeholders including PLHIV beneficiaries, community, NGOs supporting PLHIV, government authorities, service providers and MFIs have role in IGA interventions. CoP member organisations can facilitate to take up stakeholders their role (e.g. NGOs supporting PLHIV) or advocate for partnering (e.g. MFIs working with beneficiaries of NGOs) or implementation of policy (e.g. government authority to provide certain trainings).

The roles of diverse actors are shown in the table.

Roles of stakeholders

PLHIV beneficiaries:

- Share experience with PLHIV who have not disclosed their status, affected communities, and clients
- Assess IGA types that are less stigmatized
- Develop positive thinking, commit and determine for change
- Know and understand legal rights to be away from S&D
- Report the S&D case when it appears
- Positive living–stop blaming self for being HIV positive
- Take care for others
- Keep personal hygiene
- Continue learning on customer handling and providing quality product/service
- Peer to peer counseling service for friends who face self-stigmatization
- Allocate their time, skill and knowledge for their business
- Provide data on their engagement to relevant bodies that implement, coordinate and monitor the implementation of IGA
- Carry out regular medical check/follow up
- Proper use of resources, readiness to take risk while involving in new business
- Using multiple sources of finance: MFIs, Iquub, and SHG

Community:

- Introduce local measures to prevent S&D– encourage the participation of different actors and social groups
- Mobilize and utilize community resources for social support
- Ensure community ownership and involvement at decision making processes
- Support PLHIV through developing sister and brother hood mentality
- Understand the negative consequences of S&D
- Ensure participation of PLHIV at social and economic affairs
- Encourage PLHIV in their effort to overcome poverty and marginalization
- Ready and open to learn & understand more about HIV and AIDS
- Help PLHIV in their IGA through buying product/service
- Openly discuss with family members on HIV and increase their awareness
- Bring practical changes in behaviour of people
- Provide home based care and support through volunteering
- Elderly and religious leaders educate on humanity and caring for needy people
- Private businesses to take part in creating awareness

NGOs supporting PLHIV:

- Assess IGA opportunities, challenges and market situation
- Develop a strategy based on the culture and belief of society
- Cut similar support for an individual over and again
- Select the right beneficiary for project interventions
- Improve the participation of PLHIV during planning and decision making processes
- Provide proper attention to empower PLHIV and their families
- Focus on hidden S&D, train community workers not to stigmatize PLHIV
- Educate and closely work with community–private business, CBOs, and PLHIV Associations and government authorities to select appropriate IGA
- Conduct follow up and monitoring of programme activities
- Provide counseling, care and support for PLHIV
- Provide loan and revolving fund instead of grant
- Integrate food support, health, care and support components into IGA
- Facilitate running group IGA–PLHIV with non-PLHIV
- Organize campaigns and other awareness creation activities to reduce S&D
- Assist beneficiaries to secure additional fund from MFIs
- Assist beneficiaries in keeping proper financial records
- Facilitate/coordinate experience sharing forums for beneficiaries
- Coordinate periodic programme review
- Support beneficiaries in conflict resolution
- Promote the principles of Greater Involvement of People Living with AIDS (GIPA)
- Assist beneficiaries in following up market information and increasing their bargaining power
- Increase the start-up capital
- Facilitate active participation of key stakeholders

<p>Government authorities:¹⁵</p> <ul style="list-style-type: none"> • Facilitate access to market through levelling the playing ground • Improve access to basic services (housing, water and sanitation) and working premises • Mainstream HIV and AIDS in workplace and sectoral activities • Make conducive policy environment for PLHIV, example respecting human rights • Community education using media: TV & radio, newspaper and bulletins • Provide trainings on skills building • Maintain equity in accessing financial resources • Ensure participation of schools in addressing S&D • Develop policy, guideline and training manual on S&D • Organize forums or technical working groups for partners who are supporting PLHIV • Monitor and evaluate the implementation of livelihood/IGA • Recognize PLHIV as development actors • Cooperate with NGOs to address the challenges of beneficiaries 	<p>MFIs:</p> <ul style="list-style-type: none"> • Design appropriate financial products, which include and suit for PLHIV • Recognize PLHIV as a potential client and treat them like any other client • Develop HIV work place policy within MFI to reduce S&D • Establish partnership with NGOs to provide full package service • Educate on saving, business development, financial record keeping, management etc. • In collaboration with MSEDAs assist beneficiaries to prepare business plan • Provide loan to beneficiaries and collect repayment • Conduct supportive supervision • Provide advice and technical support to beneficiaries • Submit physical and financial reports to NGOs cooperating in IGA 	<p>Service providers:</p> <ul style="list-style-type: none"> • School teachers educate children and parents on HIV prevention, treatment, care and support in order to reduce S&D • Motivate children to discuss with their parents on HIV and AIDS • Health extension workers educate community on HIV prevention, treatment, care and support in order to reduce S&D
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¹⁵ HAPCO, MSEDAs, service providers, and Kebele Administration.

5.5 Monitoring and Evaluation

Many CoP members have ambitious project objectives: Example, livelihood interventions as a measure to prevent HIV or livelihood interventions to improve the wellbeing of PLHIV. However, project reporting shows that HIV and health outcomes in livelihood interventions are hardly measured. It often remains at measuring outputs. Proper monitoring and evaluation (M&E) is needed to assess if your selected strategy is appropriate to reach the objectives or should be adjusted.

In this Section of the guideline we provide a brief framework on M&E in the context of HIV and livelihood interventions.

Focus of M&E

Developmental interventions begin with identifying a problem and doing something about it. M&E is a management tool which can help to improve this process. M&E system answers questions of: relevance, efficiency, effectiveness, impact and sustainability of the intervention.

M&E criteria	Indicative questions
Relevance	<ul style="list-style-type: none"> • Does the project address the needs of beneficiaries and community? • How effective is selection/targeting of beneficiaries? • To what extent the beneficiaries are satisfied with the training provided?
Efficiency	<ul style="list-style-type: none"> • How much are resources used wisely? • How feasible is the business plan submitted by the clients? • The perception of clients about the adequacy of the start-up money
Effectiveness	<ul style="list-style-type: none"> • Are the desired results achieved? • The suitability of working environment for IGA operators
Impact	<ul style="list-style-type: none"> • To what extent have project activities brought about changes for betterment of beneficiaries /community? • Changes in income, saving and living standard of IGA operators • Changes in HIV health outcomes (prevention of HIV, treatment)
Sustainability	<ul style="list-style-type: none"> • The availability of technical back-stopping for operators • Continuity of IGA operations by beneficiaries

Monitoring is a continuous feedback system, ongoing throughout the life of a programme or project. It involves overseeing or periodic review of each activity at every level of implementation of IGA.

The aims of monitoring are to ensure:

- IGA inputs are ready on time
- Work plans are followed as closely as possible
- Adjustments can be made, and corrective action taken where necessary
- People who need to know, are kept informed about the progress
- Constraints and bottlenecks can be foreseen, and timely solution found
- Resources are used efficiently and effectively
- Performance of IGA beneficiaries

In IGA interventions, monitoring should be carried out regularly depending on the location of programme/ project implementing NGOs. At early stage of implementation, the frequency of

monitoring increases. Monitoring and follow up of IGA can be carried out by implementing NGO, MFI, and other actors who provide business development service for operators.

Evaluation is “the systemic analysis carried out with aim of adjusting, redefining policies or objectives, reorganizing institutional arrangements or redeploying resources as necessary.” In community development programmes including IGA and livelihood, it is common to monitor and evaluate the process of operations, the performance of beneficiaries and other stakeholders involved, the progress or results achieved, resources used, and the overall impact on the lives of beneficiaries, their families and community in general.

Evaluation is usually carried out in the middle and at the end of project or programme implementation. According to the experience of CoP member organizations, evaluation is conducted by government signatories of a particular project or programme and external evaluators assigned by NGOs/donors.

The major purpose of such evaluation is inducing learning among stakeholders and ensuring accountability to stakeholders–beneficiaries, government authorities, and donors.

Indicators and measurement: An indicator is ‘something against which to measure changes.’ In the case of livelihood and IGA, indicators are those variables which are used as tools for monitoring and evaluating how the IGA interventions are moving towards a certain objective or target. Indicators are helpful to measure, assess or show progress of IGA at different levels–beneficiary, implementing NGO, government, MFIs, and other service providers.

There are commonly two kinds of indicators–output or process indicators, and outcome or impact indicators. Examples of indicators to measure the IGA interventions in HIV and AIDS context are listed below.

Output/process Indicators	Outcome/Impact Indicators
<ul style="list-style-type: none"> • Number of beneficiaries received start-up capital categorized by gender & type of IGA • Number of beneficiaries received training • Amount of money disbursed to clients • Number of jobs created • Number of defaulters • Types of IGA closed due to factors including bankruptcy, S&D etc • Amount of income and profit generated by type of IGA and gender • Technical and coaching service provided by stakeholders • The level of participation of PLHIV in social and economic affairs of their community • Access to market information by beneficiaries • Frequency of monitoring & follow up carried out by implementing NGOs and MFIs • Access to basic services–sending children to school • Number of SHGs established and functioning 	<ul style="list-style-type: none"> • Proportion of beneficiaries getting sustainable income from IGA • Increased health seeking behaviour of PLHIV–adherence to treatment, accessing HIV health services (VCT), improved household sanitation • Increased saving of beneficiaries individually or in groups • Increased capacity of beneficiaries to manage business operation • Percentage of beneficiaries able to generate income from diversified sources • Increased household asset, budget/expenditure of beneficiaries • Cooperation among PLHIV and non-PLHIV operators • Reduced S&D in IGA interventions • Quality/satisfaction level of beneficiaries by the support provided • Increased understanding of communities about consequences of S&D • Changing attitudes and values of PLHIV and communities • Improved gender relations

It is important to select appropriate indicators to measure the progress against the objectives. The best indicators are SMART: Specific, measurable, achievable, reliable/ relevant, sensitive, cost-effective and time bound.

CoP members need to be realistic in what could be measured. As some of indicators are very costly to measure or could only be measured by a clinic (e.g. increased CD-4 count, or increased body-mass index). The CoP members will have to adjust the indicators to their context. And need to determine for each indicator how and by whom it can be assessed or measured. If you work closely with a health clinic, it might be easier to receive medical statistics. Otherwise, be SMART and choose an indicator that can be measured by you. Proxy indicators need to be designed to determine how to measure certain qualitative indicators, like reduced S&D.

The sources of data for M&E can be:

- Data collected while monitoring provides the basis for evaluation.
- Baseline, midterm, and end line survey findings
- Reports of field visits and supervision
- Outcomes of review meetings with beneficiaries, staff and stakeholders
- Regular records of the progress of beneficiaries
- Reports, success stories and best practices

Monitoring and follow up can be carried out individually or in group. In both cases, a checklist for monitoring needs to be prepared prior to the visit. This will help to gather the necessary data and produce a relevant report to assess whether the organisation is on the right track or the intervention should be adjusted.

As part of the Learning and Linking Project CoP members will do a training together to improve the methods of M&E in HIV and livelihood interventions. Through understanding what indicators to develop and how to measure, assess and report on them, the aim is to improve the M&E of HIV and health related outcomes in livelihood interventions.

5.6 Linkages between Planning, Implementation, Monitoring and Evaluation

Well informed planning, combined with effective M&E, can play a major role in enhancing the effectiveness of livelihood programmes and projects. Good planning helps us focus on the results that matter, while M&E help us learn from past successes and challenges and inform decision making. This exercise helps the current and future initiatives are better able to improve people's lives and expand their choices.

UNDP (2009) provides the inter-linkages between planning, monitoring and evaluation in the following way:

- "Without proper planning and clear articulation of intended results, it is not clear what should be monitored and how; hence monitoring cannot be done well.
- Without effective planning, the basis for evaluation is weak; hence evaluation cannot be done well.
- Without careful monitoring, the necessary data is not collected; hence evaluation cannot be done well.
- Monitoring is necessary, but not sufficient, for evaluation.
- Monitoring facilitates evaluation, but evaluation uses additional new data collection and different frameworks for analysis.
- Monitoring and evaluation of a programme will often lead to changes in programme plans. This may mean further changing or modifying data collection for monitoring purposes."

Appendices

1. Appendix 1: SWOT Analysis of IGAs Operated by PLHIV

a) Strengths	b) Weaknesses
<ul style="list-style-type: none"> • Some IGA operators committed to save money and wisely utilize opportunities • Improved self confidence, passion and seeing the better future • Coping with stressful situations–caused by psychological & economic • Improving the acceptance by community through openly sharing experience openly • Increased house hold income and assets–TV, bed, kitchen cabinet etc. • Strong relation between PLHIV Associations and individual members • Reduced dependency syndrome • Access to financial resources (revolving fund) created new jobs and marketable skills–in particular revolving fund is helpful to expand IGA • Facilitated disclosure and adherence to ART • Demonstrated capacity of PLHIV to be successful in their IGA–others follow their footsteps • Better care for self and others • Improved group cohesion and bondage among HIV positive women, IGA beneficiaries, OVC guardians • Able to send children to school • Increased participation in social and economic activities • Knowledge and skills developed through training on basic business skills 	<ul style="list-style-type: none"> • Existence of self-stigma • Inadequate communication skills–resolving arising problems amicably is a challenge • Inadequate planning and market analysis for IGA activities • Inadequate linkage with stakeholders to create market opportunities • Inadequate health seeking behaviour • Ignorance, dependency, and hopelessness feelings • Unequal contribution towards joint activities • Unwise use of resources: “When I was young, used to serve as a soldier in one of African countries, I had sufficient money when came back home wasted the money with partner. Later on we wanted to open up a tea/coffee house but the left over money is very minimal.” • Inadequate openness and conflict compromising success • Some types of IGA are not socially feasible– selling firewood and charcoal can't be scaled up
c) Opportunities	d) Threats
<ul style="list-style-type: none"> • Continuous support by government and non-government actors: MSEDAs, MFIs, provision of start-up capital by NGOs, etc. • Developed capacity of PLHIV Associations to ensure the rights of PLHIV • Government policy is in support of IGA • Getting free ART is a plus • Anticipated improvement in market situation • In some cases, the dominance of personal interest over group interest 	<ul style="list-style-type: none"> • Stigma by others affects the market • Time spent in medical treatment compromises full engagement in business • Inadequate start-up capital and to expand IGA • Drop-out of group members due to health problem • Death of family members affect labour contribution • High rent for housing & working premises due inflation • Decreasing the financial support coming from external donors • Limited size of capital may not guarantee staying in market • Shortage of raw materials and working premises • Lack of phase out strategy by some of NGOs supporting PLHIV

2. Appendix 2: Business Plan Requirements of Selected MFIs in Ethiopia

Addis Credit and Savings Institution	Amhara Credit and Savings Institution	Dedebit Credit and Savings Institution
<p>Form-a-003 serves as a business plan having the following contents to be filled out by borrower:</p> <ul style="list-style-type: none"> - Name of the borrower - Address of the Borrower (Woreda, Kebele, House No.) - Name of business that the borrower wants to engage himself/herself - Amount of loan requested by the borrower; - List and cost of items to be purchased by the borrower with the loan fund he/she requested - Average monthly profit expected to be generated from the business the loan is asked for - List of problems that the borrower expects to face while running her/his business - Official signature of the applicant and date of signature - Amount of loan approved by the group members - Group members' comment and approval of the chairperson - Comment and decision by the Credit and Saving Committee of the Kebele Administration - Amount of loan approved by the branch manager/ credit officer of the concerned Woreda 	<p>Content of business plan:</p> <ul style="list-style-type: none"> - Loanee's Name - Sex - Age - Address - Loan duration - Type of activity to be financed - Expected expenses by item - Expected income - Expected net income - Total requested loan amount - Approved loan amount 	<p>No special business plan is required from the clients, but a format is to be filled to get the following information:</p> <ul style="list-style-type: none"> - Size of the household - Condition of household's income and expenditure - Cash flow situation of the business - Number of people employed or participating in running the business. <p>The borrower is expected to fill out application form with the following main contents:</p> <ul style="list-style-type: none"> - Full name of the client - Amount of loan requested by the client - Activity proposed - Amount approved by the group - Comment of the field worker - Comment of the sub-branch manager (on the market assessment done for new clients) - Approval for repeat borrowers - Approval of the loan by the credit and savings committee for new borrowers

Source: MFI documentation

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