

**CONTRIBUTIONS OF RATSON AT EMPOWERING  
POOR WOMEN IN BISHOFTU TOWN**

**A RESEARCH PAPER SUBMITTED TO THE DEPARTMENT  
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**PREPARED BY: ABERASH ASFAW  
ADVISOR: HASSEN ABDA**

**JIMMA UNIVERSITY  
COLLEGE OF BUSINESS AND ECONOMICS  
DEPARTMENT OF ECONOMICS**

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## **Abstract**

The main purpose of this study is to assess the contribution of NGOs and after assessing of the contributions the student research is able to identify the contribution. Its main objective are to assess the role of Ratson (a local NGOs) in enhancing the socio-economic conditions of poor women in Bishoftu town. In order to accomplish the properly the student researcher has used different methods of data collection and analysis. The primary data are the observation of the student during data collection and questionnaire that is fill with the Ratson (local NGO's) in the town. The secondary data used differed related literatures from published and unpublished materials such as book, journal as well as mid year reports of organization. The sample technique used Random sample technique which chosen to eliminate the bias and to get full information about the study.

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## **Abbreviation and Acronyms**

ASRH- Adolescent Sexual and Reproductive Health

CHBSC- Community Home Cased Core and Support

CSO<sub>s</sub>- Clive society Organizations

FDRE – Federal Democratic Republic of Ethiopia

HAPEO- HIV/AIDS Prevention and Control Office

HIV/AIDS- Human Immune Virus/Acquired immune deficiency syndrome

MDG- Millennium Development Goal,

NGO- Non-Governmental Organizations

OVCS-Orphan and Vulnerable Children

PASDEP- Plan for Accelerated and Development to End Poverty

PLWHA<sub>s</sub>- People Living with HIV/AIDS

STID<sub>s</sub> – Sexually Transmitted Infections Diseases

UNDP- United Nation Development Programme

VCT- Voluntary Counseling and Testing

CSA- Community Come Based Care

# **CHAPTER ONE**

## **1. INTRODUCTION**

### **1.1. Background of the study**

Ethiopia is one of the poorest countries in sub-Saharan Africa. Poverty is widespread and multifaceted in Ethiopia measured in terms of minimum nutrition requirement of 2,200 calories per adult per day. The poverty experienced by Ethiopia citizens is reflected in a number of well being measures. The Ethiopian government has launched a poverty reduction strategy to reverse the situation. However, the effort being made by the government alone is not adequate and this necessitates collaborative action of different agents (Kedir, 2003). To minimize, if possible to eradicate the all sided social and economic problems in Ethiopia, different local and international NGOs with various objectives have been established since 1996. The establishment of these NGOs is explained by the inability of the government to alleviate the back wardness manifestation of the country on its own (Kedir, 2003).

As the NGOs were increasingly pulled into the development front, their role and areas of interventions changed. The growth of NGOs in Ethiopia has been robust for 7 years.

Their capacity to play a desirable role in the country's development agenda has been steadily growing.

Ratson is one of the local NGOs working with the urban poor women in Bishaftu town since the last 7 years.

## **1.2. Statement of the Problem**

According to the result obtained from 1998/2000 and the 2000/2001 household income, consumption and expenditure survey of Central Statistical Authority (CSA), half of total population and half of urban area are found to be below poverty line (CSA, 2004) in Ethiopia. Non-governmental organizations (NGOs) can play a crucial role in solving various socio-economic problems in the country through various means of intervention and activities.

Government also started making unfaltering effort to change this situation for better. But when compared to the complex social-economic problems in the country, the effort being made by the government alone is not adequate to bring sustainable and lasting socio-economic improvement in a relatively reasonable span of time (Suharka, 2007).

Hence, it appears very timely to assess the role of NGOs in augmenting the government's effort to eradicate urban poverty in general and addressing (fulfilling) the gender dimension in particular.

To this end, the study gives due attention to the particular NGOs under study in its contribution to the socio-economic improvement of urban poor women by taking its project in Bishoftu town.

The main questions to be answered by the study are:-

- What role has Ratson played in relation to income and employment generation for the poor women in the town?
- What is the contribution of Ratson in the provision of skills training for poor women.

- What is the role played by Ratson in the area of HIV/AIDS prevention and control and family planning?

### **1.3. Objectives of the Study**

The general objective of this paper is to assess the role of Ratson (a local NGO's) in enhancing the socio-economic conditions of poor women in Bishoftu town.

#### **The specific objectives of the paper are**

- ✓ To assess the role of Ratson in empowering vulnerable women in the town.
- ✓ To examine the role of Ratson in building knowledge and awareness about HIV/AIDS and family planning among poor women.
- ✓ To explore opportunities and challenges facing the organization in its effort towards improving urban livelihood of poor women.
- ✓ To propose possible measures to be taken by Ratson and other concerned bodies based on the finding of the study.

### **1.4. Methodology**

The study depends on both secondary and primary source of data. Secondary data was gathered from published and unpublished materials such as books, journals as well as mid year reports of organization. On the other hand primary data was gathered through organization officials. Regarding methods of data analysis, the data or information obtained from different source was analysed through Descriptive statistical tools such as average and percentage in the form of tables.

## **1.5. Sampling Techniques**

A worker of ten (10) and thirty (30) beneficiaries of Ratson (NGO) respondents will be interviewed using structured questionnaire to generate reliable primary data. Stratified random sampling technique will be employed to draw representative sample from target population. Their sampling procedure (Methods) is chosen to eliminate the bias. The variable that I will use in this study is education health institution building and women empowerment education is well acknowledged to be central for the sustained economic growth that measured by income. NGO interventions in the education sector highly contribute to women empowerment by improving their overall awareness in the areas of health, family planning, decision making power and eventually provide them with income sources.

The economic conditions within which a given society operates highly determine their capability and access to health care facilities and services. NGOs have given much greater attention to reproductive health, and more recently to family planning than has government and other actors is due to the growing commitment to gender and women's empowerment on the part of an increasing number of organizations. Institution building and women empowerment NGOs were the first to organize poor people's savings and credit association as well as Micro-finance schemes in Ethiopia which has been proved successful in promoting the livelihoods of the poor in general and that of women empowerment in particular.

Due to the presence of capacity building at the grass root level, many of the micro and small enterprises, saving and credit cooperatives and many more institutions organized by the NGOs are still going strong.



## **1.6. Scope of the Study**

The study concentrates on the socio-economic contribution of the NGO from 2010 up to 2011 in its in Bishoftu. It doesn't include other domestic and international NGO's. more over, it is limited to the contribution of the Ratson (alocal NOG's) to the poor women in Bishoftu town.

## **1.7. Organization of the paper**

The study will be organized in away of constituting four chapter the first chapter deals with the introduction part of the study. Review of literature related to the topic under consideration will be designated to the second chapter. Project intervention and data analysis will be designated for the third chapter the fourth and the last chapter is the possible conclusion and recommendation about the NGO under study. NGO's in general and bodies which the issue concerns.

## **1.8. Significance of the study**

Its importance is that, it attempts to evaluate performance experience and problems of the organization under consideration. By evaluating the performance, experience and problems of the organization it recommends action to be token by the NGOs and lesson to be taken by other NGOs. In addition to this, policy implications that will be recommend at the end of the study may be essential for better performance of organization, for policy makers and government officials responsible for implementation of policies towards NGOs.

## **CHAPTER TWO**

### **2. Literature review**

#### **Definition of NGOs**

The diversity in the nature and purpose of NGOs makes it difficult for academics to provide a standard scientific definition in addition, the varied interest groups and ideologies they represent (altruist, religious, secular, political, etc . . . ) makes them difficult to have a definition. But one thing to underline is that, all the definitions take for granted that the organizations under study are not for profit as well as non-governmental (Tgege, 2000).

NGOs are referred to by different names in USA, NGO are referred as Private and Voluntary organization (PVO) and in south Asia as voluntary agencies. Because the label 'NGO' is considered too broad by some, as it might cover anything that is non-governmental. But for some reasons that it harbors any form of organization "outside the state" it's becoming more popular (UNDP, 1999). NGOs are diverse to be treated as homogenous organizations and have tremendously ambiguous characteristics, it is very important to recognize that they are non profit organizations established voluntarily and hence non-governmental in such a way that any support they appeal for or secure is undertaken independently from the government.

#### **2.1. Roles of NGOs in today's Globalizing world**

Among the wide variety of roles that NGOs play, Cousins (1991) identified six important roles. These include development and operation of infrastructure, supporting innovation, demonstration and pilot projects, facilitating communication, technical assistance and

training, research, monitoring and evaluation, and advocacy for and with the poor. Aljurf (undated) also emphasized that NGOs mobilize civil society, monitor government and international organizations, provide technical expertise, and help disseminate information. On the other hand, Kabanda (undated) in the paper presented on Uganda annual NGO forum, summarized the role and level of involvement of NGOs in trend wood countries as follows.

- Policy formulation: there is a marked increase in NGO participation in policy processes as invited participants.
- As pressurisers/ agenda setting: NGOs sometimes exert pressure from outside plans.
- A service delivers: NGOs engage with policy makers at implementation or field action level. Implementation is an important policy phase as it is after that stage that failures in the policy processes occur. There NGOs play a bridging role between government and the people.
- As monitors: NGOs can provide an independent assessment of how public resources are being allocated at the national and local level.
- As innovators: NGOs are sometimes instrumental in the introduction of new approaches and techniques which when adapted, bring considerable benefits to the poor.
- As partners: NGO work in partnership with governments and Donors in the planning process by offering expertise, experience and whatever possible resources and other resources. NGOs are agents of change but their ability to effect change rests on organizational independence, closeness to the poor, representative structures and a willingness to spend a large amount of time in awareness raising and dialogue.

### **2.1.2. History and Role of NGOs in Ethiopia**

The history of NGOs in Ethiopia dates back to early 20<sup>th</sup> century. During this period missionaries began to participate in the tasks of transforming the economy and social life of the country.

Though their primary occupation remained spiritual, they took pioneering steps in expanding education and health services. The effort they made to positively influence the development of the country should not escape recognition, though their activities were limited (Clark, 2000).

During the Derg Regime, NGOs activities were limited only to drought affected areas due to the distrust among donors resulting from the repressive policies of Ethiopian government at that time. After the overthrow of Derg regime, both local and international NGOs entered in to the country in order to deal with the poverty situation in the country and bring about sustainable development. The trend in both local and international NGOs operating in the country has shown considerable increase between 1993 and 1998 (Beurden, 1998).

NGOs role and areas of intervention have been changing from time to time with the increasing involvement of NGOs in the development of the country. Due to national as well as international factors, NGOs were increasingly being pulled in to development front (Clark, 2000).

The capacity of NGOs to play a noticeable role towards addressing the complex development agenda of the country has been steadily growing. Moreover, there are observations indicating that there has been notable progress in the ability of the local NGOs to strategically target and design activities, deliver critically needed services and

provide accountability on programming and expenditure of funds (Desalegn et.al 2008).

### **2.1.3. NGOs and Government Relation in Ethiopia**

Clark (1991), states that healthy development requires the combined and concentrated effort of the government, private sector and voluntary groups. Governments can create laws and allocate a country's resources. Governments usually have a broader reach than NGOs, conceive development in national terms and act broadly and as a result the state may, lack effectiveness, depth and objectivity in certain areas or with certain social groups. The private business sector can engage in wealth creation and entrepreneurship developments. Similarly social innovation and voluntary actions are important requirements for affecting development. Hence, there appears to be need for strong NGOs that can accomplish these tasks effectively.

It is important to recognize that relations between NGOs and government vary drastically, sometimes conflicting and some times friendly over different issues (UNDP, 1999). Traditionally there was a suspicious view between governments and NGOs as the mutual distrust and jealousy appears to be deep rooted. Government fears that NGOs erode their political power or even threaten national security while NGOs mistrust the motivation of the government. Hence their relation ship at least in Africa and Latin America has been linked to be cat and mouse chase (UNDP, 1999).

#### **2.1.4. Human Empowerment**

Empowerment is a construct shared by many disciplines and arenas: community development, psychology, education, economics and studies of social movements and organizations, among others. As general definition, however, empowerment is understood as a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power (that is, the capacity to implement) in people; for use in their own lives, their communities, and in their society, by acting on issues that they define as important (Balicy, 1992). It is stated to be a process of emancipation in which the disadvantaged are empowered to exercise their rights, to obtain access to resources and to participate actively in the process of shaping society and making decisions (Scrutton C. and Luttre LL C., 2007).

#### **2.1.5. Theories of women's Empowerment**

In my search for women's empowerment theories, I found theories from inter-disciplinary and multi-dimensional fields of study. I give focus to analyze four theoretical approaches to empowerment: Socio-structural, social psychological, feminist and development theories of empowerment. Socio-structural theories and literature written by development scholars shared the same view related with empowerment. Both argued that empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes (Kabeern 1999).

Social psychological theory of empowerment developed by Thomas and Velthouse (1990) describes empowerment from the point of view of the individual. Empowerment in social psychological theories is seen

as a process of personal growth and development in which key factors are the individuals' characteristics such as belief, views, values, perceptions, and relationships with the environment. Empowerment variables at the individual level include race, sex, leisure interests, roles and standing (Tsegazeab Fisseha, 2008).

Similarly in counseling context Mc Whiter (1991) identifies empowerment as the process by which people, organizations, or groups who are power less become aware of the power dynamics at work in their life, develop the skills and capacity for gaining some reasonable control over their lives and exercise this control without infringing on the rights of others.

## **2.2. Factors affecting empowerment**

### **2.2.1. Health sector**

Poverty and development considers the interactive processes central to the improvement in the health condition of the community (Ozturk, 2001). The economic conditions within which a given society operates determine their capability and access to health care facilities and services while poor health condition equally and highly constrains people's ability to earn higher income and hence contribute to poverty. This means that there is a two way relationship between economic development and community health within a multidimensional model of sustainable human development.

In most developing countries in general and Ethiopian in particular the health facilities are inadequate to the vast majority of the community and even hardly accessible to the vulnerable groups such as poor women who are neither capable nor have the means. Under such circumstances the contribution of NGOs is highly acknowledged as the effort of the government alone can hardly redress the situation.



Overall NGOs are involved in almost all areas of health care and service delivery and also contribute to capacity building of the health sector at community levels as well as at the woreda. Desalegn et. al (2008) summarized important activity areas of NGOs in the sector as follows:

- o Primary health care: Provision of basic services through health facility approach (i.e through clinics, health posts, etc) or through outreach programs. This is marked as greater effort to enhance community based and home based approaches.
- o Reproductive health and family planning services: These include care and counseling during pregnancy, child birth, pre-and post-natal services; adolescent reproductive health issues and service to the young.
- o Prevention and control of communicable and other diseases: services for and information about malaria, TB, STI, as well as HIV/AIDS.
- o Promotion of Environmental hygiene and sanitation: control of disease bearing rodents, insects and other vectors. Awareness raising about service on basic hygiene and environmental sanitation issues.
- o Construction and management of health facilities: These include hospitals, clinics, health posts, pharmaceutical stores, and dispensaries.
- o Emergency care service: life saving nutritional services and care for children and vulnerable women.

These areas of interventions are central to the empowerment of the vulnerable women than any body else in the society. The poor women and children are among the most vulnerable groups to health problems such as STDs and hygiene and sanitation and are the beneficiaries of the intervention, too.

HIV/AIDS: NGOs are in the forefront of the campaign against the HIV/AIDS pandemic in the country and have been providing care and support for people living with the disease (PLWHA). Desalegne et. al (2008) revealed that there were considerable numbers of NGOs working in the area even earlier before the time when the issue won the government's attention. According to HAPCO there are over 200 NGOs Working in the area of control and prevention of the disease and care for the affected populations.

It is well evidenced that the level of poverty and HIV/AIDS have close association as the poor in general and women in particular constitute the highest proportion of people living with disease. Besides, women are also more vulnerable to the pandemic as opposed to their male counter parts by virtue of their biological nature. Hence, NGOs intervention in the areas bears meaningful contribution to women empowerment through awareness creation on sexual and reproductive health. The fact that NGOs have given much greater attention to reproductive health, and more recently to family planning than has government and other actors is due to the growing commitment to gender and women's empowerment on the part of an increasing number of organizations.

### **2.2.2. Education sector**

Education is well acknowledged to be a control for the sustained economic growth that low income countries are seeking to stimulate and for the eradication of mass poverty. It is fundamental to the creation of a competitive knowledge based economy not only for the production of skilled manpower but also for faster diffusion of

information within the economy and for its overall transformation and increased productivity.

According to Ozturk, (2001) no country has achieved constant economic development without considerable investment in human capital. Moreover, education of the poor helps improve their food intake not only by raising their incomes and spending on food but also by inducing them to make better and healthier choices.

More educated men and women tend to invest more in their own health and the health of their children. Indeed, education maybe the single most important personal determinate of a person's health and life expectancy. Education also assumes control position in the empowerment of women as it helps them sound in various decisions such as in family planning. Ozturk, (2001) further states education to be a vital step toward the empowerment of women as they can be assigned to vocational training and production groups after basic literacy.

Recognizing this fact, the FDRE government has made Education its priority in the efforts made to eradicate poverty as is stated in PASDEP. There has also been a slogan "Educating girls is educating the society" stressing on the role of women education to achieve sustainable economic growth. However, the literacy rate in the country is among the lowest in the sub-Saharan Africa as a good proportion of the adult population is illiterate.

The inadequate provision of education by the public sector called for NGO<sub>s</sub> and the private sector to make MDG<sub>s</sub>, primary education for all, a reality and to bring about equity and quality in education. NGO<sub>s</sub> have

given particular attention to and invested on access to education by girl-children and improving the opportunities of such children to continue with their education (Desalegne et.al, 2008). NGOs have introduced and piloted non-formal or alternate education approaches to meet the needs of children who can not attend regular schools because of their marginalized life conditions due to poverty, or because schools are distantly located with is particularly difficult for girls. NGOs are nowadays managing over 300 regular schools and providing education to more than 100,000 children where most of them are girls (E.C, 2008 cited in Desalegned et.al, 2008).

Desalegned et.al, (2008) presents the main areas of investment and support provided by NGOs in the education sector.

- ✓ Construction, expansion and renovation of pre-schools, primary and secondary schools, technical and vocational training institutions, facilities for teachers, libraries, sanitation facilities and school administration offices.
- ✓ Provision of needed materials and supplies to school systems.
- ✓ Managing regular, specialized and technical and vocational school
- ✓ Establishing and managing non-formal, or alternative educational institutions and systems and capacity building activities among others.

These NGO interventions in the education sector highly contribute to women empowerment by improving their overall awareness in the areas of health, family planning, decision making power and eventually provide them with independent income sources.

### **2.2.3. Institutions building and women empowerment**

The voluntary sector has maintained that its priority concern is fighting poverty and uplifting the livelihood of the poor, the disadvantaged and marginalized and its projects are accordingly designed to benefit these population groups (Sultan & Islam, 2005). They have the aim to improve their income, to provide them access to basic services, and to reinforce their resilience against social, economic and environmental shocks.

NGOs recognized that enabling the communities to enhance their social awareness and their competence to manage community based development and service delivery programs is crucial to bring about sustained results. To this end NGOs help their beneficiaries to build a diversity of self managed organizations, provide them with financial and the necessary technical assistance. Indeed, NGOs were the first to organize poor people's savings and credit associations as well as micro-finance schemes in Ethiopia which has been proved successful in promoting the livelihoods of the poor in general and that of women empowerment in particular (Desalegn et.al, (2008).

Due to the presence of capacity building at the grass root level, many of the micro and small enterprises, saving and credit cooperatives and many more institutions organized by the NGOs are still going strong.

## **CHAPTER THREE**

### **3. Project intervention and data analysis**

#### **3.1. Description of the project area**

Bishoftu city is located 47km south east of Addis Ababa in Oromia national regional state.

Conserving the life conditions of the people in the area, low living standards and poor economic circumstance characterize the people in Bishoftu like most people in Ethiopian else where. There is no single factor responsible for the state of poverty in oromia region for a number of natural and man-made disasters occurring frequently play their role in aggravating the situation.

#### **3.2. Respondents characteristics**

The respondents in this study are composed of various groups such as people, living with HIV/AIDS for who Ratson provide care and support, those people who are providing care and support, and those who are taking skills training and who have completed the training in embroidery, dress-making, food preparation etc.

Table 1: Respondents by age group

<b>Age group</b>	<b>Frequency</b>	<b>Percent</b>
16-25	10	25.0
26-45	26	65.0
46-65	4	10.0
Total	40	100.0

Source: field survey and own computation

As can be seen from table 1 above 65% of the respondents were found in age group 26-45 while those in the age group 16-25 makes up 25% . this shows that most of the respondents were in the age group of 26-45 which is highly active and productive age category

Table 2: Respondents by level of education attained.

<b>Level of education</b>	<b>Frequency</b>	<b>Percent</b>
Illiterate	12	30.0
1-4	14	35.0
5-8	8	20.0
9-10	2	5.0
12 complete/college	4	10.0
Total	40	100.0

Source: field survey and own computation

Concerning the literacy of respondents those who had no education and who attended grade 1-4 constitutes up for 30% and 35% respectively. this means that about 65% of them received little or no education while only the remaining 35% had attended at least high school education. The fact that respondents have received minimal education implies that they have little chance and capability to get jobs to make their livelihoods. They are also highly exposed for different diseases that threaten their well being as they have little or no knowledge and control over their body.

Table 3: Respondents' characteristics by marital status

<b>Marital status</b>	<b>Frequency</b>	<b>Percent</b>
Unmarried	8	20.0
Married	12	30.0
Divorced	12	30.0
widowed	8	20.0
Total	40	100.0

Source: field survey and own computation

With regard to the marital status of respondents those who are married and divorced constitute 30% each where as unmarried and widowed made up 20% each. The fact that more than half (30%) of the total

respondents are currently married imputes that the majority of young women suffering form urban poverty are unmarried, divorced or widowed for they have no partner their burden in supporting them selves and/or their children. As for as the sex composition is concerned only 1.1% of the respondents were male which is in conformity with Ratson concern to help women improve their livelihood.

### **3.2.1. Place of origin and Migratory status of respondents**

Regarding their place of origin about 62% of respondents replied that they come from outside Bishoftu where they are currently residing while the remaining 37.5% of them were originally form Bishoftu town. Those respondents whose origin is outside Bishaftu have come to the town at different times. Those who came to Bishoftu before 15 years, 10 years and 5 years constituted about 15%, 27% and 22.5%, respectively. Of the immigrants coming outside Bishoftu 48% of them came as job seekers to go to school and 36% reasoned out both getting job and attending school as their main reasons for coming to the town.

Table 4. Place of origin by type of respondents

<b>Place of origin</b>	<b>Nature of respondent</b>			<b>Total</b>
	<b>PLWHAS getting CHBCS service</b>	<b>CHBCS providers</b>	<b>Those taking skills training</b>	
Bishoftu	4	6	8	18
Outside Bishoftu	6	7	9	22
Total	10	13	17	40

Source: field survey and own computation

Table 4 above shows that in all the three group of respondents considered more than 22% had their origin outside Bishoftu town and



are immigrants who came to the town for the different purpose stated above.

### **3.3. Contribution of Ratson to women development**

#### **3.3.1. HIV/AIDS prevention, care and support**

According to Ratsons annual reports the HIV/AIDS prevention, care and support incorporates a number of intervention activities. The list of such activities and the organizations achievement for the years 2007 to 2010 are summarized in the table below.

Table 5. HIV/AIDS prevention care and support plan Vs achievement of Ratson

N O	HIV/AIDS prevention care and support activities	1/2/2007- 31/10/2008		Jan 1-jun 30/2009		2010	
		Planned	Achieved	Planned	Achieved	Planned	Achieved
1	Persons reached with HIV/AIDS/STIs messages	35000	43389	100,000	105051	125000	138924
2	Community counselors provided with refresher training	10	10	22	22	22	22
3	Client counseled	1200	2220	4050	1862	4050	4804
4	Persons referred for STIs diagnosis	150	100	220	17	220	84
5	Persons tested at Ratson VCT center	-	-	312	207	312	47
6	Persons referred for VCT	-	132	300	182	300	227
7	Volunteers trained on CHBC	25	35	50	35	25	25
8	Family member of AIDS patients oriented on CHBC	200	650	450	214	450	714
9	PLWHAS provided with CHBC service	200	392	400	-	400	795
10	OVCs provided with food support	-	-	20	20	20	31
11	OVCs provided with food support	-	-	255	255	255	255
12	PLWHAS supported with food	-	-	252	252	252	252
13	Condoms distributed	30,000	16877	35000	17678	35000	170578

Source: Ratson annual report

From the annual plan versus achievement report presented by Ratson in table 5 above one can imagine that HIV/AIDS prevention, care and support activities of the organization have shown improvement both over time and in the number of interventions being undertaken. There

can also be seen percentage increments in the performance of the organization in terms of the number of people reached for most of the services it provides and the launching of new activities.

For instance, the number of people reached with HIV/AIDS/STIs messages has tripled from 2007 through 2009 to 2010. Like wise, community counselors provided with refresher training, the number of clients counseled, family members of AIDS patients oriented on CHBC and PLWHAS provided with CHBC service have at least double through those three years period of intervention. In addition, provision of VCT service at Ratson, provision of OVCs with school and food support and supporting people living with HIV/AIDS with food had been entered into during the second year (2009) showing that HIV/AIDS prevention, care and support activities are getting increased and improved overtime in general, though the accomplishment for most of the HIV/AIDS prevention, care and support activities showed over 100% of achievement against what was planned there are cases where the organization could not meet its plans. The case in points could be planned number of persons referred for STIs diagnosis and the number of persons tested at Ratson VCT center where not only the plan is minimal but also achievement had been under plan for both interventions for the years considered.

### **3.3.2. People living with HIV/AIDs Getting HBC<sub>s</sub> service by Ratson**

People living with HIV/AIDS benefiting from HBC<sub>s</sub> service were asked about their sources of information on issues pertinent to HIV/AIDS and other STID<sub>s</sub>. Accordingly, mass media, school and friends were found to provide information for 55%, 25% and 20% of the respondents, respectively. Hence, mass media takes the lions share in providing information on HIV/AIDS and STID<sub>s</sub>. The respondents also emphasized on unsafe sex as the leading medium for the transmission of such STID<sub>s</sub> as 80% of them quoted avoidance of unsafe sex as the first step towards mitigating the epidemic on top of teaching people about other possible modes of transmission of HIV/AIDS and STID<sub>s</sub>.

Regarding the methods used by Ratson to create awareness home based counseling, teaching at gatherings and distributing leaflets were reported to be the major channels in the order of decreasing importance. Even though most of the respondents agreed on the effectiveness of the methods used by Ratson to create awareness on HIV/AIDS a few of them have objections. They insist on the banning of red light houses and video houses for successfully combating the pandemic once they came to know their status. People living with HIV/AIDS also disclosed that they need most nutrition and medicine, acceptance by the society and guidance and counseling as prioritized by 55, 25 and 20% of people living with HIV/AIDS getting HBC<sub>s</sub> service, respectively.

The interventions made by Ratson in the area could saw positive changes. Respondents replied that free and open discussion on HIV/AIDS and FP/RH is becoming a culture. As a result of the awareness

created by Ratson the issue assumed an agenda status in institutions as Idirs for instance have began working on it.

### 3.3.3. Home-Based care and support service

Respondents were also asked whether they get other services from Ratson a part from the sensitization program. Accordingly, most of people living with HIV/AIDS responded that they get many more services other than sensitization under HBCS.

Table 6. CHBCS services provided by Ratson for people living with HIV/AIDS.

<b>Nature of CHBCS service</b>	<b>Frequency</b>	<b>Percent</b>
Counseling service	5	33.3
Free medical service	4	26.7
School fee and food for children	2	13.3
Skills training to make a living	4	26.7
Total	15	100.00

Source: field survey and own computation

One can easily observe from table 6 that the CHBCS services provided by Ratson include counseling, free medical service, school fee and food for children as well as skills training to help people living with HIV/AIDS to become self reliant through employment creation. Concerning the effectiveness of the services offered only 30% of people living with HIV/AIDS said the services are effective and efficient. However, the remaining 50% and 20% said that the services will not solve our economic problems and is not sufficient at all, in that order. Among the services being given, respondents identified that support for basic necessities such as food, counseling and medicinal provision have serious problems. People living with HIV/AIDS also mentioned the possible causes for such problems concerning the services. These include mismatch between the number of beneficiaries and the services provided, failure to avail the resources at hand timely, misuse

of resources by some selfish individuals and irresponsiveness of care and support providers, among others, despite all these odds, people in the locality are conscious and collaborative enough to words people living with HIV/AIDS and are trying to mitigate the spread of the pandemic due to the attitudinal change brought about after Ratson started its operation.

### **3.3.4. Community home Based care and support providers**

Of all the CHBCS providers 63% were immigrants who came from outside Bishoftu town. All of them have been trained on home based care and support by Ratson.

Table 7. Duration of the training on CHBCS.

<b>Duration of the training</b>	<b>Frequency</b>	<b>Percent</b>
1-2 week	16	64.0
3-4 week	7	28.0
5 week	2	8.0
Total	25	100.0

Source: field survey and own computation

As can be seen from table 7 more than half i.e 64% of CHBCS service providers had received training for not more than 2 weeks while about 28% of them attended the training for 3-4 weeks and just a few of them took the training for more than a month. The fact that the training is organized for such a short period of time have the implication that those HBCS providers might lack adequate knowledge about HIV/AIDS and the necessary skills to efficiently provide care and support service. All the HBCS providers interviewed responded that they are giving the service on voluntary basis and

support providers also mentioned that the money they are being paid partly helps them to stationary materials for their school as some of them are students. It also makes meaningful contribution to the livelihood of most of the jobless as well as self-employed care and support providers.

Beyond that respondents appreciated their increased awareness on the threat posed by HIV/AIDS. In addition, HBCS providers added that the service gave them the opportunity to get their blood tested which they would not do if other wise because 23 out of the 25 interviewed had their blood tested for HIV/AIDS.

HBCS providers also disclosed that there are problems to be emphasized to properly undertake their activities. The problems identified include, inadequate food provision for bed ridden patients, low financial support, inadequate transportation cost for care providers and discrimination by the society thinking that care providers are HIV positive.



### 3.3.5. Reproductive Health and family life

**Table 8. Ratson annual report on Reproductive health and family life improvement activities**

N O	Reproductive health and family life improvement activities	1/2/2007- 31/10/2008		Jan 1-Jun 30/2009		2010	
		Planned	Achieved	Planned	Achieved	Planned	Achieved
1	Persons reached with RH/FP information	32000	23763	71100	19204	71100	83640
2	Advocacy and sensitization carried out	-		30	-	76	-
3	CBRHAS provided with refresher training	-	-	36	36	26	14
4	CBRHAS provided with basic training	20	20	10	-	10	21
5	New Fp client served	1200	1444	1800	1118	1800	2621
6	CYPs generated	-	652.7	2500		2500	229.28
7	Mothers referred for MCH /clinical service	350	16	250	243	150	192
8	Children referred for MCH/clinical service	400	-	-	-	100	103
9	Women received fistula repair service	-	-	6	8	6	3
10	Adolescents informed on ASRH	25000	5418	30000	18502	30000	61626
11	In school youth peer educators trained	-	-	14	14	14	15
12	Youth trained in IGA	10	12	12	12	12	12

Source: Ratson annual report

The intervention of Ratson is not limited to HIV/AIDS prevention, care and support activities, it rather accommodates reproductive health and family life improvement activities. As can be seen from table 8 above the organization has been undertaking various activities for the betterment of family and adolescent 3 sexual and reproductive health, the achievement for many of the interventions being made is below

what has been planned in spite of the fact that activities seem under planned. For instance, none has been addressed from the people planned to be reached through advocacy and sensitization and children to be referred for clinical service while persons reached with FP/RH information and adolescent informed on ASRH were found to be for below plan. This shows the weakness of the organization in addressing vulnerable mothers with FP/RH information which is one of the central issues to women empowerment.

### 3.4. Skill training and employment creation

As is presented in Ratson report for 2010 the organization is given skills training as a means to job creation for the vulnerable Ratson in different training schemes.

Table 9. Plan Vs achievement on skills training given to vulnerable women in 2010.

No	Types of skill training	Annual plan	Advisemen t	Achievement in %
1	Knitting	12	16	133%
2	Embroidery	12	16	133%
3	Dress making	12	16	133%
4	Food preparation	18	29	161%
5	Bakery	10	10	100%
<b>Total</b>		54	87	161%

Source: Field survey and own computation

As presented in table 9 above Ratson gives skills training in knitting, embroidery, dress making, food preparation, and bakery. The rationale behind offering this kind of training is that young Ratson who do not have any means to financially support themselves and those commercial sex workers who were highly vulnerable to STDs would find

a better means to make their livelihood after getting the training. This could be possible through either establishing a group business or setting up own small business as self-employed or finding jobs elsewhere.

Tale 10. Trainees by the year training attended

<b>Year (E.C)</b>	<b>Frequency</b>	<b>Percent</b>
1997	1	5.0
1998	2	10.0
1999	1	8.0
2000	3	15.0
2001	3	15.0
2002	1	5.0
2003	9	45.0
Total	20	100.0

Source: field survey and own computation

As presented in table 10, the organization has been offering such training for the vulnerable mothers at least since the last 8 year.

The data show us that nearly half (55%) have taken the training before 2003 where as the remaining 45% are attending the training this years (2003).

Table 11. Trainees by the type of training attended.

<b>Type of skill training</b>	<b>Frequency</b>	<b>Percent</b>
Broidery	6	30.0
Knitting	7	35.0
Dress making	2	10.0
Food preparation	4	20.0
Constriction	1	5.0
Total	20	100.0

Source: field survey and own computation

Of the different schemes of skills training many of them have trained in knitting, broidery and food preparation making up 35%, 30% and 20% respectively. All of the trainers chose the specific skills training they attended by their own interest in terms of employment opportunity it has as well as personal affiliation to start business with.

Table 12. Trainees by the duration of the training

<b>Length of training</b>	<b>Frequency</b>	<b>Percent</b>
1-4month	4	20.0
5-6 month	6	30.0
7-12 moth	8	40.0
> 12 month	2	10.0
Total	20	100.0

Source: field survey and own computation

The training was given for different duration of time ranging from 4 to 12 months. About 40% of the trainees trained for 7-12 moths where as 30% of them have taken the training for 5-6 months. The duration of the training is determined by the nature and type of the training attended.

Table 13. Reasons for choosing the training

<b>Reason for choosing the training</b>	<b>Frequency</b>	<b>Percent</b>
Limited job opportunity after leaving high school	4	20.0
The training promised good employment opportunity	9	45.0
The training was the only chance to find job	7	35.0
Total	20	100.0

Source: field survey and own computation

Trainees presented different reason for undertaking the specific training of their interest. Accordingly, those whose the skills training as promising alternative for employment opportunity, as the only chance to find job and just for becoming jobless after high school education were 45, 35 and 20% of the respondents. This implies that unemployment and the resultant poverty is the major reason behind the vulnerable women who saw the skills training as a promising sector to ensure employment and often as the only means to earn a living.

Table 14. Modes of covering the training cost

<b>Institution that financed the training</b>	<b>Frequency</b>	<b>Percent</b>
Ratson	11	55.0
Own saving	6	30.0
Private enterprise	1	5.0
Parents	2	10.0
Total	20	100.0

Source: field survey and own computation

Whit regard to the trainee's source of finance to cover the training cost Ratson and trainees own saving were found to constitute 55% and 30% in financing the training expenses. This shows that Ratson is devoted to provide skills training for young and vulnerable women in need not

only in providing the training with subsidized cost but also in fully financing it.

There were also reported cases where parents and the private enterprises finance such training costs for trainees in need though their share is minimal.

Table 15. Objective for undertaking the training

<b>Objective of the training</b>	<b>Frequency</b>	<b>Percent</b>
To start own business	10	50.0
To increase the chance of employment	8	40.0
Both own business and employment	2	10.0
Total	20	100.0

Source: field survey and own computation

Even though the problem of unemployment and extreme poverty were the reasons for starting the training individual trainees had different objective after completing their training. As one can see it from table 15 above well above average number of respondents i.e 50% have the objective of starting their own business while about 40% envisioned increasing the chance of employment and just a few had the objective of both starting their own business with the locally available materials and ensuring employment elsewhere.

Table 16. Trainees promised source of finance /employment/

<b>Type of institution</b>	<b>Frequency</b>	<b>Percent</b>
Mg family	16	89.0
Ratson	2	11.0
Total	18	100.0

Source: field survey and own computation

Table 16 shows us that most of the trainees started to take the training with certain promises in mind to offer them either a job employment or start up capital to own and run their private business. Like wise, about 89% were certain about their future career prospect as they received

promises from different bodies. For instance, most of the trainees i.e 89% were convinced that their respective family would provide them with certain start up capital as it is less likely to get wage employment with most of the training they get due to the nature of the training.

### **3.4.1. Trainees' employment and unemployment status**

All the 20 individuals who had taken the different training were employed at the time of interview. Regarding the type of employment, more than half (70%) of them were self employed while the remaining 30% were employed in different non-governmental organizations. The wage employed once earn on average not less than 450 birr per month with a minimum and maximum wages being 50 and 650 birr, respectively. This in fact makes meaningful contribution to the livelihood of those individual who had no means to make a living before the training.

Table 17. Operators by the type of ownership of business they run.

<b>Types of business</b>	<b>Frequency</b>	<b>Percent</b>
Group	1	7.1
Own	11	78.6
Family	2	14.3
Total	14	100.0

Source: field survey and own computation

The table 17 shows that most of those who have been trained are running their own business while a few were engaged in family and group business. Respondents revealed that group business is full of conflicts and that they could not proceed with it. More over, family and other institutions could not keep their promises to offer a place of employment for most of the trained individuals as a result of which

they are confined to a limited own business. operators also revealed that they established their business at different times.

About 46% of them begun the businesses 3 years ago while those who started the business 2 years and less than 1 years was 23 and 31% respectively.

With regard to the attitude that operators have towards wage employment and own private business, about 40% preferred wage employment to private business. They feel that own business fetches low income over wage employment.

Operators also added that unreliable business activity and the relatively less risky nature of wage employment makes own business less preferable over wage employment. This implies that operators are still looking for institutions to employ them than in dependently running their own took does not seem to give them such a chance of employment unless they get involved in their own business with commitment and some entrepreneurial skills.

Table 18. Sources of finance to start business

Source of finance	Frequency	Percent
Own saving	2	16.7
Borrowed from Ratson	9	75
Family offer	1	8.3
Total	12	100.0

Source: field survey and own computation

As can seen from table 18 out of the operator running their business, the majority (75%) started the business by the help of revolving fund provided by Ratson. This implies that Ratson is supporting vulnerable women not only by providing skills training but also to the extent of supporting them to establish their own business through the provision of startup capital to own small business. This is significant for the poor



women who cannot get collateral to get loans from formal financial institutions, if other wise.

Table 19. product /services operators provide

<b>Product/service type</b>	<b>Frequency</b>	<b>Percent</b>
Broidery	7	35.0
Food preparation	4	20.0
Dress making	6	30.0
Knitting	3	15.0
Total	20	100.0

Source: field survey and own computation

Operators are engaged in the provision of different products and services as per the nature of training they received. Accordingly those who were engaged in broidery, dress making, food preparation and knitting constitutes 35, 30, 20 and 15% respectively.

Table 20. Problems faced in running the business

<b>Problems</b>	<b>Frequency</b>	<b>Percent</b>
Market problem	6	30.0
Costly raw materials	6	30.0
Poor quality of our products/services	1	5.0
Lack of working capital	4	20.0
Lack of group spirit	3	15.0
Total	20	100.0

Source: field survey and own computation

The operators disclosed that their business is not running without problems. It rather operates under many problematic the circumstances. Market problem due to low demand, costly raw material were cited as major problems by 30% each and lack of working capital by the remaining 20% as obstacles to the growth of their business. Lack of experience in group business was also reported as a problem because they do not have collateral to get credit unless they get organize in group. It was also revealed from discussion made with Ratson officials that many women established group business though

they eventually failed to manage it mainly due to lack of team spirit and conflict over profit.

As a result, only 2 individuals were found to own group business after many others failed to continue with such as business. However that owning group business mentioned that they preferred group business because of lack of finance to run it individually and partly for the nature of the training they took demands it.

Table 21. Monthly earning capacity of business owners

<b>Source of finance</b>	<b>Frequency</b>	<b>Percent</b>
100-250	4	28.6
251-500	7	50.0
501-750	2	14.3
751-1100	1	7.1
Total	14	100.0

Source: field survey and own computation

As it is summarized in table 21 above business operators earn a monthly income of ranging between 100 to 1100 ETB. Nearly half (50%) lie in the income category of 251-500 while 28.6% earn below 250 the remaining 21.3% gets each month well above 500 ETB. The overall pattern of such income earned from own business is better than the amount wage employees get on average. This implies that own business is likely to generate higher income than wage employment at least in the case of the skills training considered.

Table 22. Operators by the amount of money saved

<b>Amount saved</b>	<b>Frequency</b>	<b>Percent</b>
500-750	5	25.0
1000-1500	5	25.0
1600-3000	6	30.0
3500-5600	4	20.0
Total	20	100.0

Source: field survey and own computation

It was also attempted to see whether the skills training provided by Ratson have had an impact on saving. Accordingly, respondents were on the way of saving operation of the income they earn most of the women who received skills training in now running different businesses after the skills tainting previously had no other job and income source. It is therefore, appreciable to see such development as, for instance, 30 and 20% have saved 1600-3000 and 3500-5600 at the time when his survey was conducted.

Table 23. Changes in the livelihood due to skill training

<b>Type of benefit</b>	<b>Frequency</b>	<b>Percent</b>
Assets increased	4	20.0
Able to continue formal education	4	20.0
Fulfilled basic necessities	10	50.0
Supporting my relatives	2	10.0
Total	20	100.0

Source: field survey and own computation

An attempt was also made to see the benefits that the trainees gained from the skills training terms of overall livelihood improvement of the vulnerable women. According to the survey result, those who attended the training, have seen improvements in at least one or another aspect of livelihood. As summarized in table 23, 50% of the poor women have fulfilled the basic necessities while the remaining 50% either saw increment in assets, able to continue formal education or extend support to relatives. As a result those who completed the training rate the skills training as a very important intervention of Ratson as a means to make poor and vulnerable women self reliant in all works of life.

### **3.5. Problems and prospects**

#### **Problems**

Ratson and its beneficiary community were facing different problems. Some of these are the following.

- o The services that Ratson provided for People living with HIV/AIDS is inadequate compared with the number of its beneficiaries.
- o Supports such as food and oil do not arrive on time
- o The amount of resources that Ratson gets is not known by beneficiaries, hence there is lack of transparency.
- o CHBCS providers are serving on voluntary basis and have financial problem as most of them have no income source.
- o CHBCS providers are treated as HIV positive and face problem of discrimination by the society only for they serve People living with HIV/AIDS.
- o Those who attended skills training lack business skills and group spirit, as a result, they could not run group business where start up capital is a problem
- o Most of the business operators feel insecure as they are limited to small business constrained by lack of startup capital, market problem and poor quality of their products.
- o The ex-commercial sex workers though started, for instance, food preparation after training resort back to their former business.

## **Prospects**

- The willingness of the community to discuss on their problems at different levels (including idirs and mahbere) help to ease the fight against HIV/AIDS and other STDs,
- The availability of volunteer CHBCS providers is another resource to stop AIDS.
- The fact that cactus is widely available in the area is promising food source to ensure food security.
- The skill training is given for a relatively short period of time with minimal cost which enables to benefit many more Ratson in the future.
- Income generated from skill training is making a difference in the livelihood of poor women with possible investment in the future.

## **Chapter Four**

### **Conclusion and recommendation**

#### **Conclusion**

Ratson has been undertaking a number of interventions in different areas such as HIV/AIDS prevention, care and support activities; creating awareness on reproductive health and family life; as well as the provision of skills training. Among HIV/AIDS prevention, care and support activities CHBCS services provided by Ratson include counseling, free medical service, school fee and food for children as well as skills training to help people living with HIV/AIDS to become self-reliant through employment creation. The area of intervention by Ratson has shown increment over the years of its operation making sound contribution to empower women. This has a meaningful contribution towards helping marginalized and helpless women become self reliant. on top of these, education on adolescent sexual and reproductive health and family life has brought about positive behavioral change among the community in which Ratson operates.

In addition to supporting people living with HIV/AIDS Ratson through its home Based care and support program trained individual care and support providers. Those individuals who provide care and support on top of getting awareness about HIV/AIDS could also improve their livelihoods. The services being provided were, howere, found to be inadequate. Ratson also gives skills training in the various areas which helped the needy young Ratson who do not have any means to financially support themselves and those commercial sex workers who were highly vulnerable to STDs to find a better means to make their livelihood after getting the training. This could be possible through

either establishing a group business or setting up own small business as self employed or finding wage employment. Such training positively affected the livelihoods of the women who trained.

The majorities of poor and helpless women who have been trained are enjoying considerable income (over 500 ETB/month) out of their own business and/or wage employment as a result of which 50% of them saved over 1500 ETB at the time of interview. The trained business operators, however, feel insecure about the sustainability of their business due to market problems, costly raw material, lack of working/start up capital and poor business/group spirit.



## **Recommendations**

Based on the findings of the study the following recommendation are given.

- o In an attempt to rehabilitate people living with HIV/AIDS it is better if Ratson provide its assistance adequately and timely to help those bed ridden patients recover.
- o It is better if Ratsons lets its beneficiaries know the amount of resources it gets from its donors in order to ensure transparency and accountably.
- o The organization should improve transportation allowance and others benefits for CHBCS providers as they are suffering from financial constraints due to lack of any other income source for making their livelihood.
- o Due emphasis should be given to bring about positive attitudinal change among the community not to discriminate both people living with HIV/AIDS and CHBCS providers.
- o Beside awareness creation on HIV/AIDS and ASRH, VCT service should be encouraged as only small proportion of their beneficiaries had taken such a service so far.
- o It would be advisable if skill training is accompanied by short term training on business and entrepreneurial skills as most of the trainees look business concept and group spirit to own and run group business.
- o Revolving fund and if possible other collateral means should be devised to enable the skills trainees get access to credit to start up their own business than looking for wage employment.
- o It would be better if trained business operators get organized in group to maximize their production potential and benefit for mass purchase of inputs to supply products that market demands.

- o It is also advisable to help the business operators find market outlets for their products and services by linking them with different stakeholders so that the poor women would feel secure about their business and eventually become self-reliant.
- o It would be advisable to focus the training on the skill that market demands most such as the one related to construction.
- o Finally, it is strongly recommended to work to bring behavioral change on the trainees as some of the ex-commercial sex workers who have been trained resorted back to their former business once they begun food preparation in group for instance.

## Reference

- Al-Jurf, Saladin (undated): Participatory Development and NGOs: A Look at the world Bank in the 1990s.
- Beurden, Jos, ed. (1998): Ethiopia NGO country profile. Oegstgeest, The Netherlands: GOM.
- Clark, Jeffry. (2000): Civil society, NGOs, and Development in Ethiopia: A snapshot View. The World Bank, Washington, D.C.
- Cousins, William (1991): "Non-Governmental Initiatives" in ADB, the urban poor and basic infrastructure services in Asia and the pacific" Asian Development Bank, Manila 1991.
- CSA (2004): Central Statistical Authority: Annual report. Addis Ababa, 2004.
- Desalegn Rahmato, et.al (2008): CSOs/NGOs in Ethiopia: partners in Development and Good Governance. A report prepared for the Ad hoc task Force, Addis Ababa, 2008.
- Kabeer N. (1999): Resources, Agency and achievements: Reflections on the measurement of Women's empowerment: In development and change, Vol. 30, 435-464.
- Kedir Abbi (2003): Chronic poverty in urban Ethiopia panel data evidence, April 2003.
- Suharko (2007): The roles of NGOs in rural poverty reduction: the case of Indonesia and India. Graduate school of international development. Nagoya.
- Tegegene Taka (2000): International NGOs in rural development in Ethiopian Frankfurt pastureland, 2000.
- Tsegazeab Fisseha (2008): The role of credit and saving association in empowering women: the organization for women in self-employment in Addis Ababa.
- UNDP (1999): Role of Nongovernmental Organizations in Development Cooperation Research Paper, UNDP/Yale collaborative programme, 1999 research clinic, New Haven 1999.

## **APPENDIX A**

### **JIMMA UNIVERSITY COLLEGE OF BUSINESS AND ECONOMICS DEPARTMENT OF ECONOMICS**

#### **QUESTIONNAIRES**

This questionnaire is designed to gather data for assessing the contributions of RATSON to women empowerment in Bishoftu town. This is a study under taken as a partial fulfillment of the requirements for BA degree in Economics at jimma university. This, I would like to assure you that the information your provide will not be used for any other purpose kindly request you to provide genuine information.

**Thank for your cooperation!**

General personal information:

1. Age of the respondent?

☐ 16-25      ☐ 26-45      ☐ 45-65      ☐ above 65

2. Sex      ☐ Male      ☐ Female

3. Marital status

☐ Unmarried      ☐ Divorced

☐ Married      ☐ Widowed

4. Maximum level of education attained

5. Place of birth/origin

☐ Bishoftu      ☐ out side bishoftu town

6. If you origin is other than Bishoftu, when did you come to bishoftu? \_\_\_\_\_ E.C

7. If your were not born in Bishoftu, what was your reason to come to bishoftu?

☐ Employment      ☐ to invest

☐ To go to school  
\_\_\_\_\_

☐ Others, specify \_\_\_\_\_

**Part I. Questions for people in the community who benefit from home based care and support.**

1. How did you first get information about HIV/ADS?  
☐ Mass media                      ☐ School  
☐ Leaflets and poster              ☐ from friends/Neighbors  
☐ Church/place of warship      ☐ Others, specify \_\_\_\_\_  
\_\_\_\_\_
2. What is expected from people who are infected by the virus in order to avoid transmitting the virus to others? \_\_\_\_\_  
\_\_\_\_\_
3. What is the most important need of people who are living with HIV/AIDS? \_\_\_\_\_  
\_\_\_\_\_
4. What changes have you noticed after Ratson started working with your community? \_\_\_\_\_  
\_\_\_\_\_
5. What are the methods used by Ratson to create awareness about HIV/AIDS? \_\_\_\_\_  
\_\_\_\_\_
6. Do you think that these methods are effective?    ☐ Yes    ☐ No
7. If, your answer to Q No 6 is “No”, what do you think should be done?  
☐ First, people should be able to get daily food  
☐ The red-Light houses and the illegal video houses should be Closed.  
☐ People should have free access to condom.  
☐ Others, specify \_\_\_\_\_
8. In addition to the sensitization program, is there any other service that you get from Ratson? ☐ Yes    ☐ No
9. If your answer to Q 8 is “Yes”, what kind of service do you get?

- ☐ Counseling service
- ☐ School free and nutritious food for children.
- ☐ Free medical services
- ☐ Skills training to support ourselves
- ☐ Others, please specify \_\_\_\_\_

10. What is your opinion about the services provided by Ratson?

- ☐ Not problem in its service
- ☐ Do not help us to solve our economic problems in a sustainable way.
- ☐ The services are sufficient or not sufficient
- ☐ Others, please specify \_\_\_\_\_

11. If you think that the service are not sufficient, which service has a problem?

- ☐ The counseling service                      ☐ the medical service
- ☐ Support for basic necessities      ☐ support for children
- ☐ Others, please specify \_\_\_\_\_

12. What do you think is??

- ☐ The No of beneficiaries and the service provided do not match.
- ☐ I have the fear that if Ratson stops providing the service, we would face problems.
- ☐ The resources we receive do not arrive timely
- ☐ Some beneficiaries misuse the resources provided
- ☐ Care and support providers are irresponsible to properly

under

the their tasks.

13. What initiatives are there in your community in order to control the spread of HIV/AIDS?

- ☐ The Indris in these areas are having problems as the number of deaths is increasing and are discussing over the subject.

- ☐ People are collaborating in order to make our locality clean
- ☐ People are trying to help who are infected and affected by the virus.
- ☐ No, action is taken so far.
- ☐ Others, specify \_\_\_\_\_

**Part II. People in the community providing care and support to people living with HIV/AIDS.**

1. Have you taken training on home based care and support?
  - ☐ Yes ☐ No
2. If your answer to Q No 1. is “Yes” who gave you the training? \_\_\_\_\_
3. For how long did you receive the training? \_\_\_\_\_ Weeks \_\_\_\_\_ months.
4. On what basis do you provide care and support?
  - ☐ Volunteer ☐ Employed ☐ other, \_\_\_\_\_
5. If you are being paid, how much are you paid per month? \_\_\_\_\_ birr
6. If you are paid, who pays you? \_\_\_\_\_
7. What other tasks do you have on top of providing care and support for people living with HIV/AIDS?
  - ☐ Students ☐ Have no other tasks
  - ☐ self-employed ☐ Others, specify \_\_\_\_\_
8. What does your care and support include?
  - ☐ Counseling ☐ Cleaning there clothes and rooms

☐ Food for children      ☐ Others, specify \_\_\_\_\_

9. Have you had a blood test for HIV/AIDS?    ☐ Yes                      ☐ No

10. What did you gain from the training and care and support you are providing?

☐ It increased my awareness about HIV/AIDS

☐ It financially support me to go to school

☐ Others, specify \_\_\_\_\_

11. What problems have you noticed with the home based care and support program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Part III. For those people in the skills training program**

1. Year when the training started \_\_\_\_\_ (E.C)

2. Types of the training attended

☐ Broidery              ☐ Dress making    ☐ Others, specify \_\_\_\_\_

☐ Knitting              ☐ Food preparation

3. Duration of the training

☐ 1-4 moths    ☐ 5-6 moths    ☐ 7-12 moths    ☐ more than 12 months

4. Is the type of training you took your own interest?

☐ Yes                      ☐ No

5. If ' yes' what prompted you to choose this training?

☐ Limited job opportunity after leaving high school

☐ Training promised good employment opportunity

☐ Influenced by parent

☐ The training was the only chance to find job as I can't continue with my formal education.

☐ Other, specify \_\_\_\_\_

6. Who owns the training center?

☐ Government    ☐ Ratson    ☐ private    ☐ Other, specify \_\_\_\_\_



7. Who covered the training cost?
- ☐ Ratson                      ☐ Own saving                      ☐ Private enterprise
- ☐ parents                      ☐ Other, specify \_\_\_\_\_
8. What was your main objective to undertake the training?
- ☐ To work in family business
- ☐ To increase the chance of employment
- ☐ To start my own business
- ☐ Other, specify \_\_\_\_\_
9. Are you certain about your future job career while under taking the training? ☐ Yes                      ☐ No
10. If "Yes" which organization promised to offer you a job?
- ☐ Local government                      ☐ Private enterprises
- ☐ My family                      ☐ Other, specify \_\_\_\_\_

**Employment and unemployment history for those who completed skill training**

11. Are you employed at present? (Including self employment) ☐ Yes  
☐ No
12. Type of employment: ☐ Self                      ☐ Public                      ☐ Private                      ☐ NGO
13. If you are wage-employed, what is your monthly income? \_\_ Birr
14. If you are self-employed, what is the ownership of the business you are working at?
- ☐ Own it in group                      ☐ your own
- ☐ Your family                      ☐ Other, specify \_\_\_\_\_
15. How many years/months ago was your business established?  
\_\_\_\_\_
16. How many birr did you initially invest to start your business?  
\_\_\_\_\_ Birr.
17. How did you raise the money?
- ☐ Own saving                      ☐ Borrowed from Ratson

- ☐ Family/friends offer    ☐ Others, specify
18. Which are the products you produce/the service you render?  
\_\_\_\_\_
19. What are the major problems for your business  
☐ Market problem because of too many sellers  
☐ Lack of working capital  
☐ Shortage of /costly raw materials                      ☐ Other, specify  
\_\_\_\_\_
- ☐ Poor quality of our products
20. If your business is in group ownership why you preferred to be in group?  
☐ lack of finance to run a business individually  
☐ to get collateral to borrow money to start our business  
☐ influenced to form a group by Ratson  
☐ We chose to work in group as the nature of training we received demands it.
21. Did you have any source of income before this business?  
☐ Yes                      ☐ No
22. Do you look for wage employment in a public/private organization?  
☐ Yes                      ☐ No
23. If 'Yes' to Q No 22. what is/are the reasons for you to prefer wage-employment to your own business?  
☐ Insufficient income                      ☐ Wage employment is less risky  
☐ Unreliable business activity    ☐ low social status towards private work  
☐ Lack of working capital                      ☐ Other, specify \_\_\_\_\_
24. Do you currently undertake any other job?                      ☐ Yes                      ☐ No
25. If 'Yes' to Q No, 24 describe the job type \_\_\_\_\_
26. How much you earn a month from your business? \_\_\_\_\_ Birr

27. How much capital your enterprise has accumulated/saved so far?  
\_\_\_ Birr

28. In which aspects do you think your livelihood has improved after the training, if any?

- ☐ Assets increased                      ☐ Able to continue formal education  
☐ Fulfilled basic necessities   ☐ Financially supporting my relatives  
☐ Other, specify \_\_\_\_\_

29. How do you see the importance of skill training offered by Ratson to help the trainees start their own business?

1= Not important                      2= Very important

30. What problems you have noticed with a group business? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. What do you suggest to solve those problems and to ensure the sustainability of such business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_