The Impact of HIV/AIDS on Civil Society Development and Its Implication on Governance "The Case of Ethiopia"

By

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Abstract

The impact of HIV/AIDS on civil society development and its implication on governance is a subject of considerable importance to the states of Sub-Saharan Africa including Ethiopia. The thesis whose theme focuses on high prevalence of HIV infection, low level of development of civil society and weak governance , this research intended as a scholarly effort to show the reason why this is so. With the purpose of exploring the challenges posed by HIV/AIDS to the functioning of civil society organizations and to examine the extent of damage done by HIV/AIDS to the civil society organizations; Based on empirical evidences from Ethiopia the study contributed to the understanding of how HIV/AIDS has created greater impact on the civil society organizations in Ethiopia and how its impact is reflected on their work both internally and externally.

After presenting the research question and the research method of the thesis, focusing on civil society contribution towards improvement of governance, the theoretical part of this study has reviewed and examined empirical studies made regarding governance, civil society and health with particular emphasis on HIV/AIDS.

Aspects that are often considered as relevant to development of civil society such as the social, economic and political situation of the country and selected cultural and political factors that help to promote or hamper civil society organizations in Ethiopia have been presented. Besides, HIV/AIDS prevalence in Ethiopia, the factors fuelling the spread of the epidemic and its impacts in various sector of the country has been assessed and described.

Extending its scope, the study examined associational traditions of the Ethiopian society. The study has described the characteristics that are determinants of civil society's capacity to contribute to democratic process. Selected cultural and political factors that may help to promote or hamper civil society organizations are stated. In relation to that, the political environment and role of the state, political culture, the legal and regulatory environment and the economic policy which have shaped the form and character of individual organisations and the scope for civil society to engage in governance has been analyzed.

The empirical study focuses on sub-Sahara Africa, with Ethiopia as specific context. A field work was conducted for three months in Ethiopia. The methodology used for data collection includes in depth qualitative interview and standardized questionnaire as well as formal and informal observations. The study result has indicated that while the majority of civil society organizations (CSOs) have a good understanding of the potential impact of HIV and AIDS on the communities with whom they work, very few have examined the impact of the epidemic on their own staff. Fewer CSOs have formulated even a basic response to the potential crisis that HIV and AIDS present.

Acronym and Abbreviations

AAU	Addis Ababa University
ACEF	Adhoc Civic Education Forum
ACORD	Agency for Cooperation and Research Development
ADA	Amhara Development Association
AETU	All-Ethiopian Trade Union
AIDWO	African Initiative for Democratic World Order
ADLI	Agricultural Development Led Industrialization
ANPPCAN- Ethiopia	Association for Nation Wide Action for Prevention and Protection Against Child Abuse and Neglect
APAP	Action Professionals Association for the People
ASCs	Agricultural Service Cooperatives
ARCAN	African Regional Capacity Building Network for HIV/AIDS
ARV	Anti-RetroViral drugs
BBC	British Broadcasting Centre
BEN	Basic Education Network
BSS	Behavioral Survey Surveillance
CHAD-ET	Children Aid- Ethiopia
CBOs	Community-Based Organizations
CBRHAs	Community-Based Reproductive Health Agents
CDHRA	Council for Democracy and Human Rights Associations
CELU	Confederation of Ethiopian Labor Unions
CETU	Confederations of Ethiopian Trade Union
CEVO	Consortium of Ethiopian Voluntary Organizations
CIA	Central Intelligence Agency
CIDA	Canadian International Development Agency
CORHA	Consortium of Reproductive Health Agencies
CPUs	Child Protection Units
CRC	Child Resource Centre
CRDA	Christian Relief and Development Association
CSA	Central Statistics Authority
CSOs	Civil Society Organizations
DAC	Development Assistance Committee
DIC	Drop In Center
DPPC	Disaster Prevention and Preparedness Commission
EANNASO	The Eastern Africa National Networks of AIDS Service Organizations
ECC	The Ethiopian Catholic Church
ECOWAS	Economic Community of West African States
ECS	Ethiopian Catholic Secretariat
EEA	Ethiopian Economic Association
EECMY	Ethiopian Evangelical Church Mekane Yesus
EEF	Ethiopian Employers Federation
EFPJA	Ethiopian Free Press Journalists Association
EGLDAM	Ye *Ethiopia* Goji Limadawi Diritoch Aswogaj Mahiber

EHRCEPA	Ethiopian Human Rights and Civic Education Promotion Association
EHRCO	Ethiopian Human Rights Council
EIFDA	Ethiopian Interfaith Forum for Development and Action
EISC	The Ethiopian Islamic Supreme Council
EIU	Economics Intelligence Unit
ENCONEL	Ethiopian Non-governmental Organizations Consortium for Election
EOC	Ethiopian Orthodox Church
EPARD	Ethiopian Pastoralist Agricultural Research Development
EPRDF	Ethiopian People's Revolutionary Democratic Front
ERCS	Ethiopian Red Cross Society
ETA	Ethiopian Teachers Association
ETU	Ethiopian Trade Union
ETV	Ethiopian Television
EWLA	Ethiopian Women Lawyers Association
EWNHS	Ethiopian Wildlife and Natural History Society
FBOs	Faith-Based Organizations
FDRE-MoE	Ministry of Education
FGAE	Family Guidance Association of Ethiopia
FGM	Female Genital Mutilation
FHRC	Focus Human Rights Club
FMoH	Federal Ministry of Health
FSCE	Forum on Street Children Ethiopia
FSS	Forum for Social Studies
GAR	Gender Average Ratio
GDP	Growth Domestic Product
GoNGOs	Government-organized Nongovernmental Organizations
GPI	Gender Parity Index
GPSDO	Guraghe People's Self Help Development Organization
HAART	Highly Active Antiretroviral Therapy
HAPCO	HIV/AIDS Prevention and Control Office
HPI	Human Poverty Index
HSDP	Health Sector Development Program
HTP	Harmful Traditional Practices
IA	Initiative Africa
IAG	Inter Africa Group
IDS	Institute of Development Studies
IEC/BCC	Information Education and Communication / Behaviour Change Communication
IFSO	Integrated Family Service Organization
IGAD	Intergovernmental Authority on Development.
IHA-UDP	Integrated Holistic Approach Urban Development Program
ILO	International Labor Organization

IMF	International Monetary Fund
lNGOs	International nongovernmental organizations
INTRAC	International NGO Training and Research Center
JeCCDO	Jerusalem Children and Community Development Organization
LHEAPS	Love to Human Beings Ethiopian AIDS Prevention Society
MEDaC	Ministry of Economic Development and Cooperation
MOLSA	Ministry of Labor and Social Affairs
MOFA	Ministry of Foreign Affairs
MSF	Medecins Sans Frontiers
MSM	Men who Have Sex with Men
NACID	Nazareth Children's Center for Integrated Development
NACP	National AIDS Control Program
NEWA	Network of Ethiopian Women's Association
NGO	Non Governmental Organization
ODA	Oromia Development Association
OI	Opportunistic Infections
OLF	Oromo Liberation Front
OSAV	Organization for Social Advancement Vision
OVC	Orphans and Vulnerable Care
OWS	Ogaden Welfare Society
PAs	Peasant Association
PAC	Project Advisory Committee
PADET	Professional Alliance for Development in Ethiopia
PANE	Poverty Action Network Ethiopia
PDC	Peace and Development Committee
PFE	Pastoralist Forum Ethiopia
PEP	Post-Exposure Prophylaxis
PEPFAR	President Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMAC	Provisional Military Administrative Council
PMTCT	Prevention of Mother to Child Transmission
POMOA	Provisional Office of Mass Organizational Affairs
PPP	Purchasing Power Parity
PRSP	Poverty Reduction Strategy Program
PwDs	People with Disability
RCCHE	Research Center for Civic and Human Right Education
REST	Relief Society of Tigray
REWA	Revolutionary Ethiopia Women's Association
REYA	Revolutionary Ethiopia Youth Association
SAP	Structural Adjustment Programme
SAHRE	Society for the Advancement of Human Rights Education
SC	Save the Children
SDPRP	Sustainable Development and Poverty Reduction Plan

SEDPA	Southern Ethiopian Peoples Development Association
SIDA	Sweden International Development
SIM	Society of International Missionaries
SLUF	Sustainable Land Use Forum
SNNPR	Southern Nations and Nationalities People's Region
SPADE	Society for Participatory Development in Ethiopia
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TDA	Tigray Development Association
TDH-L	Terre des Homes, Lausanne Ethiopia
TPLF	Tigray Peoples's Libération Front
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Program
VAW	Violation Against Women
VCT	Voluntary Counseling and Testing
WHO	World Heath Organisation
WLWHA	Workers Living With HIV/AIDS
WPE	Worker's Party of the Ethiopia
YMCA	Young Men's Christian Association

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Chapter 1

Background of the Study, Problem Statement and Research Methodology

1.1 <u>Introduction</u>

HIV/AIDS has become the threat of this century, especially for the low-income developing countries. The epidemic has sent shockwaves throughout African societies in the economic sector, in the political sphere, and at the community level. It has exacerbated the already extreme poverty in Sub-Saharan Africa. Indeed, HIV/AIDS has reversed any hard-won developmental gains made in the previous decades. (Green 2002:1)

HIV/AIDS detrimentally affects the capacity of governance in all aspects. According to some studies, the negative synergy between infectious diseases, HIV/AIDS in particular, population dynamics, weak government structures, and long-standing grievances in segments of the population create a downward spiral of infectious diseases and the states' capacity to respond to it. This negative spiral especially affects those African countries the state capacity of which is already severely limited because of its lack of human, financial, and other resources from which to draw to break the cycle. (Smith 2002:14) In line with this view, this research focuses on the impact of HIV/AIDS on governance with particular emphasis on the development of civil society.

The literature review and the case study are the main components of this work. The literature review section assesses the relevant theoretical and empirical studies undertaken in the areas of governance and civil society and the outbreak or resurgence of infectious diseases like HIV/AIDS and its implication on governance. The case study section examines the real situation by primary research.

HIV/AIDS has already begun to erode civil society and will continue to do so. The disease disproportionately affects those parts of a population that are essential for a strong civil society including the youth, the educated and professional classes. The disease is likely to produce increased competition for limited resources, to exacerbate inter-group tensions, and also to weaken the capacity of governmental institutions by sapping human and financial resources. It can undermine democratic institutions, economic growth, the cultural support for democracy and civil society.

Similarly, the organizational survival of civil society institutions is under threat, with a corresponding impact on democracy (Youde 2001:1).

With regards to the empirical study, the research work focuses on two vital areas, namely the internal and the external impacts of HIV/AIDS on civil society. The internal impact of HIV/AIDS includes the way in which the epidemic affects civil society institutions' internal organization and their activities. The external impact of HIV/AIDS relates to the effect of AIDS on the population constituting the civil society, how it might change the population's needs, and how the civil society organizations incorporate those changes into their work. The study further assesses how this challenge on civil society caused by HIV/AIDS is reflected in governance.

The empirical study focuses on the situation of Ethiopia, an East African country severely affected by the HIV epidemic. This study is an attempt to fill the gaps left by the scarcity of substantive data and primary research on the impact of HIV/AIDS on governance in Africa. It can be used by governments, NGOs or other bilateral and multilateral organizations working in this area as a suitable base for the establishment of programs and further interventions. Furthermore, the study is expected to contribute to the governance impact analyses of HIV/AIDS in Africa.

1.2 Statement of the Problem

Governance can be seen as the exertion of economic, political and administrative authority to manage a country's affairs at all levels. This includes the mechanisms, processes and institutions that allow citizens and groups to articulate their interests, to exercise their legal rights, to meet their obligations, and to mediate their differences. (UNDP 2005)

Governance mainly encompasses the state's political and public institutions, but it clearly transcends them by including roles for both the private sector and civil society organisations. The state has particular responsibilities for the delivery of public services, the control and exertion of authority, and the establishment of a fertile environment for development at international, national, and local levels. The civil society is located between the state and the individual and comprises both individuals and groups that interact socially, politically, and economically. Civil society organisations facilitate public participation through social mobilisation. The

capacity of governments to engage civil society is critical to a nation's capability to sustain political and economic opportunities and social cohesion[1] (ibid). A vibrant civil society is the basic building block for democratic survival. Moreover, a vibrant civil society can champion government reforms, confront corruption, advocate respect for human rights, promote and defend democratic processes and institutions. (Imade 2002:8)

Governance has taken centre stage of the development discourse, and is equally prominent on Africa's development agenda. This reflects the recognition that, over the past two decades, Africa's dismal economic performance has been partially attributable to weak or ineffective governance. Improving governance thus currently ranks high among policy priorities for African governments (Otobo 2003:101). Among other factors that affect effective governance in the developing world, especially in Africa, HIV/AIDS undermines education and health systems, economic growth, micro enterprises, policing and military capabilities, political legitimacy, family structures, and overall social cohesion. The pandemic erodes the little stability that the already weakened African states possess. (Schneider et al. 2002: 1)

Civil society provides a framework within which social and economic development takes place. In addition, it is a determiner of the success of such development and affects a range of other features of society such as health, crime rates and well-being. Civil society is supported by accumulated social capital. The term social capital describes the stored investment of trust and understanding that is embodied in many aspects of social life. Social capital is in many respects the medium that other aspects of social and economic life require if they are to thrive. (Barnett et al. 2000:50) Higher level of social capital is positively associated with health over time (Jennifer et al 2005:1123) and premature loss of social capital without its replacement is a major loss to society and can threaten the existence of civil society. (Barnett et al. 2000:51)

AIDS in Africa has already begun to undercut civil society and to threaten social capital since people who run the highest risk of infection are those in the most

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[1] Social cohesion represents the concept which focuses on societal qualities such as the strength of social relations and ties within a society. (Bereger 2000: 28)

sexually active ages of between 15 and 49, an age bracket that also encompasses people's most active years in their professional lives. A great majority of teachers, nurses, civil servants and workers of all trades are in that age group. (Matlosa 2003:73).

Many hypotheses about the destructive effects of the epidemic for governance set forth by the emerging social science literature build on the realisation that previous assumptions of individual rationality are no longer relevant since people are likely to die sooner and face additional hardships for themselves and their families than before the epidemic. As a consequence of this, people will change their social and political behaviour to accommodate these new circumstances (Matlosa 2003:75). In this respect, citizens' attitudes towards democracy may also be adversely affected by HIV/AIDS.

The central function of a state is to provide protection against external and internal threats and to guarantee the safety of its population. In countries of poor health, the state has failed to maintain this security. In this respect, the African governments' inability to satisfy the needs of their populations in the presence of HIV/AIDS often raises questions about government credibility and legitimacy, which encourages violence and rebellion. (Green 2002:4). This situation leads to the hardening of the already existing divisions between religions, classes, ethnicities or dialects and languages. Competition between these increasingly distinct groups worsens, which reduces both their interaction with each other and with the state. Fragile bonds within civil society become disrupted, thereby making it harder for groups to articulate themselves through established networks. This increasing social segmentation is critical in explaining how HIV/AIDS impacts the emergence of conflict in Africa. In the case of AIDS in Africa, the fear of spreading the virus to relatively unaffected communities has led and will continue to lead to isolation, fear and group segmentation. This sort of reaction endangers peaceful relations between neighbors of different ethnicities, religions or cultures. The threat of a communicable disease causes ethnocentrism, or the increase of in-group solidarity and out-group hostility, which in turn leads to greater mistrust. (Green 2002:6)

AIDS is deepening the conditions that breed conflict in Sub-Saharan Africa: impoverishment, breakdown of social bonds, disruption of education, undermining of civil society, limited economic growth, and conflict over power and resources

that could weaken governmental structures. (Gordon 2001:31) In general, the epidemic presents problems for governance in Africa: it undermines its capacity to put good governance into practice; it alters the rationale of individuals and communities for political and social action.

Ethiopia has the third largest number of people living with HIV/AIDS in the world. (National AIDS Council 2001: 7) The national adult prevalence rate of HIV/AIDS in Ethiopia in the year 2003 was 4.4%. In the year 2003, the estimated number of people living with HIV/AIDS in Ethiopia was 1.5 million. (Federal Ministry of Health 2004: 7) The number of lives claimed by HIV/AIDS in Ethiopia was expected to reach 1.8 million by 2008. (ibid: 16) Between the years 2002 and 2014, 3.55 million Ethiopians are likely to die due to HIV/AIDS. (Nega 2001: 8)

According to ILO, for Ethiopia the average annual growth rate of GDP loss attributed to HIV/AIDS in the year 1992-2002 was 0.7%. The estimated average annual GDP loss attributed to HIV and the estimated average annual GDP per capita loss attributed to HIV in the same year was 234 million US dollars and 2 US dollars respectively (ILO 2004: 74). The enormous economic and social costs posed by HIV/AIDS will severely affect the governance and state capacity of Ethiopia. Its political systems had fallen short of good governance some time before it had to face the additional effect of HIV/AIDS on its resources and institutions of governance.

Furthermore, HIV/AIDS disproportionately affects those segments of the population that are essential for a strong civil society including the youth, and the educated and professional classes. As a result, civil society's participation and ability to build a sense of national cohesion[2] will be weakened. The activism of civil society organizations is expected to decline for two main reasons. First, Ethiopian civil society is hardly developed and second, HIV/AIDS will further exacerbate this situation, as the civil society itself will be hit hard by the pandemic. Clearly, this state of affairs will weaken the already fragile governance of Ethiopia and provide fertile ground for other social ills such as corruption, disobedience of laws, and abuse of human rights. In the absence of effective democratic watchdog institutions,

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[2] National cohesion implies the ways to resolve problems of coexistence arising from differences in nationality or ethnicity, language, culture, and differences in levels of development through accommodation of differences. (Osaghae 2000:28)

already weak systems of transparency, accountability and integrity will be weakened further.

1.3. Purpose of the Study

The theoretical focus of the study is on the civil society's contribution to the improvement of governance. The empirical aspect of the study will examine the impact of HIV/AIDS on civil society development and its implication on governance in Ethiopia. The study:

- Reviews and examines recent empirical studies regarding governance, civil society and HIV/AIDS in Sub-Saharan Africa and identifies gaps in current literature.
- Reviews and examines the political orientations, objectives, characters, functions and the roles of civil society in Ethiopia.
- Reviews and examines issues related to civil society development which can enhance (or detract from) the quality of political life and governance in Ethiopia.
- Reviews the challenges posed by HIV/AIDS to the functioning of civil society.
- Examines the extent of damage done by HIV/AIDS to the civil society.
- Reviews current strategies that are being followed/planned by civil society organizations to respond to the impact.

The purpose of the study is to explore the views and opinion of civil society organization leaders, applying qualitative and quantitative methods. It was interested in finding aspects, approaches and opinions which could explain the impact of the epidemic on their organizations. Rather than applying externally developed assumptions and getting them verified or falsified, the research question will be explored from the perspective of civil society organization leaders themselves.

1.4.   Conceptual Framework

The preliminary conceptual relationship and perceived impact of HIV on the development of civil society and its implication to governance is presented in figure 1.1. The figure shows the discussion presented in previous sections in a summarized manner.

Figure 1.1   The Preliminary Conceptual Framework

Governance
- Accountablity
- Transparency
- Stakeholder participation
- Building legal and judicial framework
- Coordination and control

- Undermine the capacity of government to deliver basic social services.
- Undermine the necessary features of democratic governance
- Undermine the promotion of public participation in democratic processes.
- Decline in legitimacy
- Undermine the rule of law
- Encourages violence and rebellion
- Weaken accountability and transparency

Fragile bonds of civil

The Role of Civil Society in Governance
- **Mobilizing Participation in Public Policy and Decision Making:** (increase civic competence, stimulate participation, generate democratic norms and values, and accumulate social capital)
- **Transparency and Information:** (Discovery, publication and dissemination of information and debate about public policy, legislation, public expenditure allocations and policy implementation)
- **Enhancing State performance:** (through enhancing the quality and effectiveness of public services)
- **Social Justice, Rights, and the Rule of Law:** (exposing violations of human rights, advocating and lobbying for the implementation of existing laws or legislative reform)

The Impact of HIV/AIDS on Civil Society Development

Internal (Impact on Civil Society organizations)
- Adapt to serve changing needs in the communities they serve
- Implications for organizations' finances, performance, effectiveness, and long-term sustainability (due to increase in death, absenteeism, medical, funeral and psychological costs)

External (Impact on the Community)
- Reduce participation in political rallies and local meetings
- hardening the already existing religious, class, ethnic or linguistic divisions
- making it harder for groups to articulate their needs nonviolently through established networks
- causes ethnocentrism, or the increase in in-group solidarity and out-group hostility, which in turn leads to greater mistrust
- Decline in provision of services
- Loss of Social Capital

Source: Sketch developed by Sennait Negash

1.5. Research Questions

In line with the discussion presented so far, there is some evidence that HIV/AIDS is internally and externally impacts civil society development mostly in the worst affected countries of Sub-Saharan Africa. The internal impact of HIV/AIDS epidemic is its effect on civil society institutions internal organization and their activities. The external impact of HIV/AIDS relates to how AIDS would affect the population served, how it might change the population's needs, and how the civil society organizations incorporate those changes into their work. Therefore, the first research question which is going to be addressed in this study is this: What are the challenges posed by HIV/AIDS to the functioning and development of civil society organizations in Ethiopia?

As mentioned earlier in this chapter, civil society organizations contribute to the promotion of good governance. Recently, however, they have been negatively affected due to the prevalence of HIV/AIDS epidemic. There is no doubt that the negative repercussion of the epidemic on the development of civil society will be

reflected in the governance. Hence this research addresses questions regarding the damage caused by HIV/AIDS to civil society organizations and their implication for governance in Ethiopia.

There is evidence that mainstreaming HIV/AIDS both internally, e.g. at the workplace, and externally in the community or its individual members will have a positive effect on curbing the serious impact of the epidemic. The last research question which this study examines is this: What are the current strategies that are being followed/planned by Ethiopian civil society organizations in response to the impact of HIV/AIDS?

1.6 <u>Research Methodology</u>

The subsequent paragraphs describe the research methodology used to test the facts, the general outlook and the assumptions generated in the previous pages of this thesis. This is a cross-sectional study, exploratory and descriptive in nature, that applies both qualitative and quantitative methodologies[3]. The primary data for this study was derived mainly from field surveys conducted in Ethiopia. The methodology includes data collection through in-depth qualitative interviews and a standardized questionnaire as well as formal and informal observations. Data gathered through interviews and questionnaires were complemented by an analysis of documents and reports, as well as a review of the relevant published literature. Additional information has also been gathered from secondary sources such as reports, impact assessment research, policy documents, annual and quarterly activity reports, civil society organizations (CSOs) flyers and brochures, newspapers articles and online print materials.

The fieldwork for the purpose of data collection was carried out over four months from December 2007 to March 2008. Alongside the fieldwork, secondary data gathering, visits to CSOs offices and observations was conducted side by side. The researcher observed and took notes on her observations during her visits to the offices whatever she has observed.

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[3] Measurements can be defined as the process of determining the value or level, either qualitative or quantitative, of a particular attribute for a particular unit of analysis. Qualitative attributes have labels or names rather than numbers assigned to their respective categories. Any attribute that is measured in numbers is called "quantitative attribute" or "variable" (Bailey 1987:60-61).

1.6.1. <u>Sample Selection</u>

For a reliable sampling frame it would have been necessary to obtain a comprehensive list of CSOs. Unfortunately, it was not possible to get list of CSOs from the office of the associations' registrar under the Ministry of Justice. Owing to limitations of other official sources, time and financial resources, the author had to fall back to convenience sampling[4] which counts among the methods of purposive sampling, where the samples are selected with a specific purpose in mind seeking one or more specific predefined groups. (Trochim 2002:56). The resulting sample size is a compromise between what is feasible and what is desirable (Varkevisser et al 1991: 206). Feasibility depended on four issues. First, only one year was available for the fieldwork. Second, the human resource involved in the research was primarily one person: the researcher herself. Finally, the research had limited financial resources and was carried out with the support of partial grants from one organization.

In order to select potential CSOs for data collection, general guidelines had been developed earlier to filter suitable CSOs for inclusion in the study and in an endeavour to answer the research questions. In this respect, the author had to rely heavily on recommendations from practitioners, development consultants and on the researcher's own prior knowledge of active CSOs in the country. The exchange of ideas with CSO practitioners, consultants and people knowledgeable about Ethiopian CSOs was quite helpful in this regard and even facilitated easy access to the person or persons in charge of the organizations identified. Previous knowledge and experience working with CSOs has helped the researcher to easily locate their offices, what the activities of the CSO are and who their management staffs are. The CSOs selected were those that:

✓ were registered with the Ministry of Justice and licensed to operate in the country;

✓ which had been established and had been working for more than two years,

✓ CSOs that carry out activities other than HIV/AIDS or associations which are not HIV/AIDS focused.

✓ Have relative autonomy; CSO that have activities beyond their personal interest.

✓ showed willingness to participate in this survey.

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[4] Convenience sampling is used in research where the researcher has limited financial resources. As the name implies, the sample is selected because of its convenience (StatPac 2005).

The selection process also ensured that the CSOs selected to participate in this survey vary in size, type, area of intervention, and focus. The researcher contacted the organizations that matched these criteria, talked to the organization managers and sought the consent of their leaders. If they were found to be willing, appointments were arranged and data collection could resume. Simultaneously, the search for other potential organization continued. This task was facilitated by the researcher's inside knowledge of the CSO community in Ethiopia and the social contacts and networks that she had developed during the years as a practitioner. In addition, different people who worked for CSOs or governmental organizations related to HIV/AIDS helped the researcher to access leaders of the CSOs. The qualitative interviews were mostly conducted with the aim of exploring as much varied viewpoints and topics from a broad spectrum of CSOs as possible. The selection process thus focused more on diversity of research participants rather than representativeness.

Regarding the organizations that were to receive the questionnaire, the exchange of ideas with CSO practitioners, consultants and people knowledgeable about Ethiopian CSOs was instrumental on top of that directories published as a hard copy or soft copy by different CSOs were used to identify eligible CSOs. A total of 180 CSOs were selected to receive the questionnaire. More than half of them responded.

Figure 1.2. <u>Profile of Civil Society Organizations Who have Responded for the Survey Questionnaire</u>
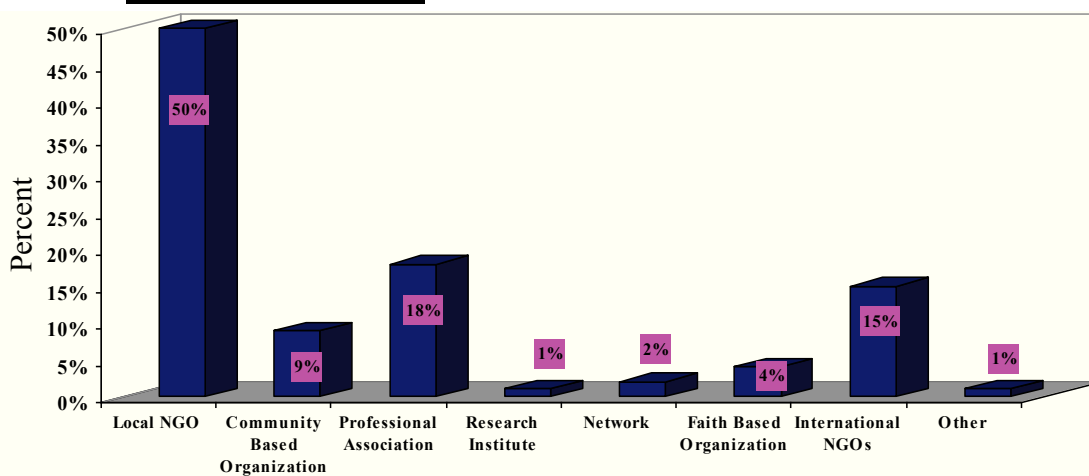
1.6.2. <u>Qualitative Interview</u>

According to the sample two different guidelines were developed prior to the field work. While one guideline contained general questions, the second one included additional questions for interview partners in respect to the type of organization.

Before data collection commenced the author consulted with experts to validate and adapting the guidelines. Among those experts were an experienced and knowledgeable CSO activist, experts working for HIV/AIDS-focused governmental and non-governmental organizations and activists working on this field. The following points were included in the guidelines to help frame the interview and to make sure the discussions were revolving around the research question at hand:

Checklist of discussion points with CSOs

❖ Background of the CSO including year of establishment, geographic coverage, type of organisation, area of intervention, number of staff, financial sources etc.;

❖ Organizational activity including activities of the organization, major objective, achievement, limitations or obstacles encountered.

❖ The internal impact of HIV/AIDS on the CSO. How did they feel the impact of HIV/AIDS on the organization's daily operations? How they perceive the impact of HIV/AIDS on their organization.

❖ Report on a particular situation in which employees/volunteers were at a risk of being infected with HIV.

❖ The external impact of HIV/AIDS on the CSOs including the impact of HIV/AIDS on the community they serve, impact on their relationship with beneficiaries, donors and clients.

❖ Activities which were taken to minimize both the internal and external impact of HIV/AIDS.

❖ Issues regarding HIV/AIDS policy environment among the Ethiopian CSOs, including assessment of HIV/AIDS intervention both internal and external, workplace HIV/AIDS policy.

According to MacNamee et al. 2007, qualitative research needs to consider ethical issues like anonymity, informed consent, privacy and confidentiality of the data. Given that participants in qualitative studies are vulnerable to infringement of privacy, unwanted identification, breach of confidentiality and trust, anonymity prevents the information they provided from being identified in any public stages such as lectures, writings or public media by disguising the real identity of sources. (MacNamee and et al. 2007:145) Generally speaking, however, anonymity, confidentiality and privacy constitute the cornerstone of trust, solidifying the relationship between researcher and participant in the qualitative research process. (MacNamee and et al. 2007:142)

The principle of autonomy aims to protect/preserve an individual's self determination and supplements the notion of informed consent. Informed consent implies that a participant freely agreed to participate (without coercion or threat of sanction being applied), and that the relevant consequence of such an agreement is understood by him/her. (MacNamee and et al. 2007:137)

Trust is implicit in the relationship and must be maintained. Trust is vital for the participant to speak openly and honestly. Trust is central to important condition and qualitative researchers need to ensure that it is present and maintained (Ibid:142). Throughout the research process, the researcher tried to be honest with those who were involved in the research, and explained truthfully her aim, her background and her status if they asked. In each interview, she identified herself, briefly explained the outline of the study, and answered interviewees' questions until they were ready to accept the interviewer's role without coercion. Before the interview was conducted permission had always been requested and verbal consent for interview had been secured from each respondent. The confidentiality of information was reassured and privacy was maintained during the interview.

The interviewer made use of these guidelines to structure and control the flow of the discussions. However, these were not taken as strict rules. Whenever respondents felt uncomfortable about a particular topic or they preferred to provide written materials which possibly contained the needed information, that particular topic was skipped. On the other hand, depending on the interview atmosphere discussion topics which were not necessarily indicated in the guidelines were included and information was gathered as long as they revolved around the research question. Thus the whole interview process was planned to be as flexible as possible. Semi-structured interviews were conducted with a total of 20 CSOs.

Contacting potential interview partners took place via telephone and sometimes personally. In most of the cases it was possible to get an appointment immediately. The interviews, particularly those that were apt to yield sensitive information, were conducted in a comfortable setting where privacy was assured. (MacNamee and et al. 2007:145) The interviews were conducted at the work place during office hours, in the cafeteria or at places the interview partner found convenient. The interviews lasted between 45 and 90 minutes. All interviews were conducted in the local language Amharic and the researcher handled all qualitative interviews personally.

To record the interviews, the researcher used a tape recorder. When the respondent felt uneasy about the voice recording the researcher took notes instead. All interviewees were at the highest management level of their respective organisations.

After the field research was finished, all recorded interviews were transcribed for deeper analysis. However, even during the field research, ongoing inductive analysis took place. After each interview, the researcher tried to filter out the meaning of and the implications derived from it. She consulted her interview notes, analyzed her questions and what responses she had received, refined research questions and developed working themes, and then prepared the following interview based on the questions and topics that had arisen from the previous. Interaction between data collection and data analysis contributed to the improvement of interviews.

1.6.3. Questionnaire

The quantitative approach was applied using a semi-structured questionnaire. The questionnaire was first prepared by the researcher and was reviewed by an expert. A pretest of the questionnaire was carried out to assess clarity, understandability and completeness of the questionnaire. The sensitivity of the subject matter and the pattern of responses were assessed and difficult sentence constructions in the questions were identified and, in line with the findings, rearranged, corrected, removed or modified.

The final questionnaire contained questions on the history of the CSO, number of staff, area of intervention, perceived HIV/AIDS impact, and HIV/AIDS mainstreaming related topics. The questionnaire was distributed to a total of 180 CSOs accompanied by an explanatory cover letter that asked for the CSOs' cooperation and assured them that their responses would be treated confidentially. In addition, it was made clear to participants that, despite the short term objective of the research to be included in the researcher's PhD dissertation, the research would contribute to curb the impact of HIV/AIDS in Ethiopia.

1.6.4. Procedures of Data Analysis

All interviews were transcribed in their entirety and translated into English. After the field research, deeper analysis began based mainly on the transcribed texts. The transcribed document was on word processing. Information from each interview had been organized along thematic lines. The analysis process aimed at identifying

common themes featuring in the transcriptions based on the thematic coding used to organize the data. Recurring themes emerged from inductive analysis during the field research, and the researcher's initial broad framework concerning the impact of the epidemic on CSO development was scrutinized, deconstructed and reframed in the light of the transcribed texts. The researcher tried to focus on the transcribed texts and field notes with the help of, but not relying heavily on her initial framework and literature to identify several main issues as she coded the data and developed a category system for the framing of the data. Case studies were also employed to illustrate all of these relationship derived from the data. Data gathered through the questionnaire were entered using the statistics software SPSS. Frequency and percentages were generated and cross tabulations were used whenever necessary for the analysis. Triangulation of data was employed to relate information gathered through in-depth interviews, structured questionnaire, observation and document analysis from various sources. Throughout the whole process of analysis report, the participants' anonymity was maintained by assigning numbered acronyms to them.

1.7. Limitations of the Study

The study anticipated some difficulties. There is lack of data on the impact of HIV/AIDS on civil society institutions and on how these institutions respond to the epidemic in Ethiopia. Thus, this study provides preliminary data in an under-researched area. With this in mind, certain limitations should be mentioned. The major limitation of this study is related to the absence of comprehensive data on CSOs that are operational in Ethiopia.

Problems have been encountered, particularly during the collection of human resource data. As several other studies in this area pointed out, gathering data on the impact of HIV/AIDS is difficult due to the disease's stigma and the ensuing denial within the population. The stigma is associated with the virus because people die as a result of a syndrome of illnesses rather than the virus itself. AIDS-related illnesses and deaths are sometimes difficult to identify. Most institutions do not record the cause of death in their human resource data, and this has made difficult to conclusively distinguish between AIDS and non-AIDS-related deaths.

The aim of this study is not so much to generalize the impact of the epidemic on CSOs functional in Ethiopia; it rather seeks to learn as much as possible about the impact of HIV/AIDS on CSOs development in Ethiopia and its possible impact on governance. Twenty five years after the diagnosis of the first case of AIDS in Ethiopia and the increase in HIV infections and AIDS cases in the country, no study on the impacts of HIV on the civil society development and its implication on governance in Ethiopia has been conducted so far to the knowledge of the author of this research. It is therefore the researcher's firm belief that this study will be the first major study that solicited information on the impact of HIV from a considerable number of CSOs in Ethiopia. The researcher believes that this thesis will fill the knowledge gap related to the impact of HIV/AIDS on CSOs and the research can be used by governments, NGOs or other bilateral and multilateral organizations working in this area as suitable base for initiating programs and further intervention. Furthermore, the study is expected to pave way for similar studies to be conducted in the respective field.

1.8. Thesis Organization

In order to address the research questions raised earlier, the study has been structured into eight chapters. The first chapter presented an overview of the research questions and some basic assumptions that are to be verified by empirical data and incorporated in the subsequent chapters. In addition, the process of data collection and the procedures of analysis were described.

The revival of the idea of civil society, its definitions, composition, attributes and dimensions, the role it plays for democratization and governance as well as its relevance and usefulness in the African context will be issues covered in the second chapter. This chapter will further define the term "governance" and provide a theoretical discourse related to governance. It presents the literature on health security and on the impact of health on state capacity and demonstrates how pathogens present a threat to national security and development. The implications of infectious diseases on governance and civil society development are assessed in this chapter mainly focusing on HIV/AIDS. This chapter further elaborates on the theoretical perspectives of social capital, health and good governance as constituents of civil society development. The relationship between social capital and health with particular emphasis on HIV/AIDS is an issue discussed in chapter two.

Chapter three outlines the social, political and economic situation of Ethiopia. This chapter mainly focuses on aspects, such as the social, economic and political situation of the country in general, that are often considered as relevant for the development of civil society. In addition, selected cultural and political factors that may help to promote or hamper civil society organizations will be highlighted.

Chapter four reviews associational traditions of the Ethiopian society while extending its scope to examine the emergence of CSOs as they are known today. The characteristics are key determinants of civil society's capacity to contribute to democratic process. Besides, the political environment and role of the state, the legal and regulatory environment and the economic policy context can shape civil society influence in important ways. Political culture and the nature of the state shape the form and character of individual organisations and the scope for civil society to engage in public policy.

In chapter five and six field data are analyzed to explore and provide insights into the research questions raised in this thesis. Chapter five focuses on the internal and external impact of HIV/AIDS on the participating CSOs. This chapter analyzes and presents the impact of HIV/AIDS at the workplace as well as on members or communities served by the participating CSOs. Chapter six focuses on existing HIV/AIDS intervention programs at the workplace and related to the community served by the participant CSOs. It analyses how workplace intervention programmes and HIV/AIDS community intervention activities are implemented by the selected CSOs in Ethiopia and assesses how the expected results are met and what challenges are encountered.

Identifying and analysing the internal and external impact of HIV/AIDS on the participating CSOs, chapter seven summarizes the impact of HIV/AIDS on civil society development and its implications on governance.

The final chapter presents the main conclusions and implications of the study.

Chapter 2
Civil Society, Governance and Infectious Diseases

2.1. Civil Society and Governance: Theoretical Perspectives

The concept of civil society is Western in origin. It relates to the emergence of the modern industrial capitalist society in the seventeenth and eighteenth centuries and associated political, sociological and economic transformations (Flower 1996:13, Mamdani 1995:603). Civil society in its nature and composition cannot be found in the same form in each country; dissimilarities in ecological and social pre-conditions, historical trajectories and their interruption ensure rich variation. (ibid: 15, World Bank 2006)

2.1.1. Background: The Revival of the Idea of Civil Society

The notion of civil society has its historical origin in Western political philosophy and the rise of democracy in Europe and North America. (Hyden et.al 2003:228-229) The concept of civil society was revived in the 1970s in the context of political struggles and intellectual reflections on the totalitarian states in East Europe and social movements against authoritarian regimes in Latin America (Lewis 2002:573, Mamdani 1996:14). The growing pace of globalization in the 1980s and 1990s heightened interest in civil society. Since the beginning of the 1990s, civil society has become a popular concept in both the analysis of the social bases of recent political change in Africa and in external policy support for processes of liberal democratic political reform. In the latter case, civil society is portrayed as the driving force behind and guarantee of democratization and good governance. However, a review of the literature reveals that the 'civil society' concept is over-theorized and hard to define (Stewart 1997:15, Whaites 2001:126).

One of the central issues in the current debate is on the relevance and usefulness of the concept of civil society in the context of non-Western societies with radically different historical, political, and socio-cultural conditions. The discourse focuses on the definition of the concept of civil society, the delimitation of the types of organisation which may fall in the domain of civil society and the characteristics and functions of civil society in African and many other third World polities. This

brief overview of the theoretical and conceptual issues on civil society will relate the findings of the study to the broader debate on civil society.

2.1.2. Definitions and Composition of Civil Society
2.1.2.1. Defining Civil Society

The concept of civil society is complex partly because different writers emphasized different dimensions of it. In classical political thought and in theories based on natural law, civil society was indistinguishable from the state. Both concepts referred to a type of political association that governed social conflict through the imposition of rules to restrain citizens from harming one another. From Aristotle's *polis* to Rousseau's *état*, the state expressed the "civil" form of society, born when men install a superstructure of political authority as a means of obtaining the security and protection of all. (Bratton 1996: 53)

Liberal philosophers in the late eighteenth century began to distinguish a discrete form of civil society with a quite different rationale. Far from defining the nature of the state, civil society was seen as a means to limit the unprecedented concentration of power at the apex of the modern polity and defence against potential abuse of the society by the political leaders. (Keane1988:53) Keane extracts this emerging distinction between state and civil society through influential political texts written between 1750 and 1850, a period of intense democratic ferment in Europe and the New World. Adam Ferguson's "Essay on the History of Civil Society" (1767) recognized that the solidarity of society was undermined not only by commerce and manufacturing but also by the emergence of a centralized constitutional state. Therefore, according to Ferguson, one must guard against authoritarianism by developing independent "societies". (Keane1988:43) To avoid authoritarianism, Ferguson emphasizes the creation and strengthening of citizen associations. (Ibid: 44, Rooy1998:8) Thomas Paine's radical polemic on the "Rights of Man" (1792) went a step further asserting the sovereignty of the individual and considered government as a "national association" of citizens. Government had the duty to serve citizens in the "common interest" and individuals had political rights, including the right to withdraw consent from the social contract. For Paine, common interest based on natural human proclivity for social reciprocity was a far more effective means of consolidating collective power than a system of positive laws enacted and administered from above. (Bratton 1996: 53) Hegel asserted the countervailing ideas that a civil society that was too free might be producing

conflicts that need state control. Hegel, and later Marx, too has a tendency to equate civil society with bourgeois society. (Keane1988:604) De Tocqueville states that if independent citizen association are not able to maintain sufficient vigilance, even a democratically elected government would suffocate. All of the above make a clear distinction between the state and civil society that had not existed before. According to Rooy, "they are the anchors of today's thinking of civil society". (Rooy1998:8)

Perhaps the most articulate exponent of civil society in this era was Alexis De Tocqueville. He was concerned not only with the potential tyranny of the majority but also with the inherent contradictions among democratic principles of freedom and equality. To him, the state should be overseen and supervised by the "independent eye of society", a plurality of interacting, self-organized and constantly vigilant civil associations whose functions were to nurture basic rights, to advocate popular claims, and to educate citizens in the democratic arts of tolerance and accommodation. (Keane1988:61) In his book "Democracy in America", De Tocqueville emphasized the importance of the role played by voluntary associations in the United States' democracy. He wrote:

> "Americans of all ages, all conditions, all minds constantly unite. Not only do they have commercial and industrial associations in which all take part, but they also have a thousand other kinds: religious, moral, grave, futile, very general and very particular, immense and very small; Americans use associations to give fêtes, to found seminaries, to build inns, to raise churches, to distribute books, to send missionaries to the antipodes; in this manner they create hospitals, prisons, schools."(de Tocqueville 2000:211).

For de Tocqueville, civil associations contribute to the success of political systems. Robert Putnam, according to whom democratic government is strengthened when it faces a vigorous civil society and building social capital is the key to making democracy work, supports de Tocqueville's argument. (Putnam1993:184-185) For the liberals, civil society is the purest form of ordering social, economic, and political life. On the other hand, for the Marxists civil society is the arena of economic relations that determines the political order represented in the state (Rojas 1999:87). For Marx, civil society is the ensemble of relations embedded in the market; the agency that defines its character is the bourgeoisie. (Mamdani 1996:15)

The leading twentieth-century theorist of civil society, Antonio Gramsci, used Marxist categories but arrived at quite original conclusions. Civil society is the key concept and string point of his "Prison Notebook" (1929-1937). Gramsci makes a distinction between "political society", which is the arena of political institutions

and legal constitutional control, and "civil society", which is commonly seen as the "private" or "non-state" sphere. According to Gramsci, the former is ruled directly through coercive and juristic instruments of domination and the latter promotes ethical values among the populace through the exercise of what is termed spiritual and ideological leadership. (Salamini 1981:137-147 cited in Bratton 1996:54)

According to neo-Tocquevilleans, civil associations are the major sources of social capital and their main benefit includes their capacity to foster norms of reciprocity, citizenship, social trust and provision of networks of social relations that can be mobilized to pursue shared goals for the common good. For neo-Tocquevilleans, civil society is a key variable for explaining the success of the democratic government, and a strong democratic state depends upon a strong civil society (Edwards et al. 2001:18, Whittington 2001:21). The representative or contestatory approach of civil society sees civil society "as a protection from undemocratic and unjust regimes" (Smith 2001:194). In this respect, Naidoo argues that authoritarian regimes look at civil society with suspicion for it is a political concept and is concerned with exercising power to advance and defend interests of citizens. (Naidoo 2000: 4) In the space where people, the state, and the market interplay, civil society represents the interest of the people against the state and the market. Thus, the current understanding of civil society is largely Gramscian (Edwards et al. 2001).

Though civil society is an old idea, in the past two decades it has undergone massive global revival. (Lewis 2002:572) In these respect scholars, multilateral bodies and UN agencies like the World Bank and UNDP as well as various organizations, northern NGOs have defined civil society.

Naidoo summarized the concept of civil society as follows:

> "Civil society's principal role is in contributing to the creation of a healthy public life as one of several spheres of legitimate societal action. In its simplest conception, civil society is the network of autonomous associations that rights-bearing and responsibility- laden citizens voluntarily created to address common problems, advance shared interests, and promote collective aspirations. As a legitimate public actor, civil society participates alongside state and market institutions not replacing them in making and implementing public policies designed to resolve collective problems and advance the public good." (2000:4).

According to the United Nations Development Programme (UNDP), "civil society is a third sector existing alongside and interacting with the state and private industry". (UNDP 2005:1) The World Bank uses the term "civil society" to refer to the wide array of non-governmental and not-for-profit organizations that are present in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. According to the World Bank, CSOs include community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations. (World Bank 2006) Most of the northern NGOs use the term "civil society" to refer to the set of institutions, organizations and behavior situated between the state, the business world, and the family.

Regarding the components of society that constitute civil society, literature indicates that there is a general agreement about the inclusion of NGOs, professional, business, and trade associations, religious and cultural associations and those that advocate or represent the interests of specific groups, for example, women, young people or those with disabilities. (UNAIDS 2006:202, M'boge et al. 2004:5)

Despite this fact, there is an argument in the discourse that civil society is only a phenomenon of modern capitalist societies, and that the notion of civil society is associated with the development of modem capitalism and the dissolution of traditional values and it is less relevant to non-Western societies. (Helland 2004:15) According to some scholars, the nature of civil society in Africa is different or barely exists at all since capitalism has not fully developed in Africa and because African associational life depends on accretive rather than voluntary groupings. Azarya questions whether many African voluntary associations based on ethnic identity or place of origin should be included as a part of civil society. He substantiates his proposal to their exclusion with the argument that kinship and primordial ties should be kept out of the civil space. He further argues, however, that there is transcendence to a larger collectively that in most cases goes beyond the family (Azarya 1994:94).

Not all organizations that keep their autonomy from the state and the market, and are formed voluntarily to promote the interests of members, however, qualify to be

part of civil society. According to Naidoo, "civil society is often not very civil". In this respect, Naidoo argues that the Ku Klux Klan, the Mafia or a wide range of terrorist organizations fail to meet the normative criteria of civil society because "they do not demonstrate civic values and democratic practices that include tolerance, inclusion, non-violence, commitment to promoting the public good." Rather, civil society should only encompass associational life that demonstrates civic values (Naidoo 2000:8).

The objectives of the associations should be rather limited and specific, but they should not be too parochial and inward-oriented. According to Azarya, they should be located at a "center of society", endowed with developed participatory structures and some autonomous resources. (Azarya 1996: 95) This is indeed not easy for African voluntary associations to fulfil and it helps little in clarifying the ambiguity surrounding inclusion in civil society.

Chazan excludes "parochial" associations, the local, informal, traditional, indigenous community based associations, on the grounds that their agenda does not go beyond the immediate concerns and day-to-day problems of their localized members and they do not "address the state". "Populist" organizations such as religious, ethnic and regionally based associations that promote "sectarian" interests are not to be part of civil society because they do not have a concept of the state independent of their own aims; they fragment the public sphere and may attempt to capture the state. Religious fundamentalist movements are also to be excluded from civil society. The argument in this case is that they are holistic associations that see themselves as total alternatives to the state and want to capture the state and institute themselves in its place. Civil society, by contrast, does not want to take over the state. It recognises the state's existence, wants to be in contact with it, and tries to restrain its power and influence its policies. (Chazan 1992:23 cited in Azarya 1996:95)

These views highlight the contradictions and the uncertainty involved in the application of the concept of "civil society" in the African context. The inclusion of every association and organisation that lies between the family and the state may stretch the scope of the concept too much and cause ambiguities, while the exclusion of the "populist" and "parochial" associations will narrow the scope but exclude the most prevalent forms of associational life. It may rather be argued, following the

World Bank's view expressed earlier, that civil society needs to be regarded within the social and political context of the country concerned. (World Bank 2006) In this respect, Lewis (2002) examined the usefulness of the concept of civil society in African contexts, and rejected the argument that the concept would be less applicable outside its Western origins. He concluded that the concept of civil society can potentially be "useful to think with" and it may be "useful to act with" (Lewis 2002:582).

The following definition derived from the synthesis of the previous work done on civil society will be the one used in this work.

> An intermediate realm situated between state and household, populated by organised groups or associations which are separate from the state, enjoy some autonomy in relation with the state, and are formed voluntarily by members of society to protect or extend their interests, values and identities (IDS 1998:7).

Though this definition of civil society appears simple and straightforward it contains serious problems. Most of the existing "intermediate" organizations in Africa do not feature the characteristics one would wish to associate with truly civic organizations, such as full autonomy and voluntary participation or do so only partially because they are to some extent dependent on the state or external agencies. Many African social groups are informal and there is the question of state or party related organisations, which legally and ideologically claim to be members of civil society. This is an obvious issue in the Ethiopian context.

2.1.2.2. <u>The Attributes and Dimensions of Civil Society</u>

The most important features and characteristics of a strong and healthy civil society include autonomy/independence, voluntarism (voluntary participation), institutional pluralism, values domain (trust and solidarity) and the art of association. (Naidoo 2000:5-7)

The key issue autonomy is normally described as protection from interference by the state. Although actors in civil society learn the public arts of associating and expressing collective interests, they always seek autonomy from the state. (Bratton1996:56) Therefore, an environment that permits both voluntary association and associational autonomy is the precondition that allows the emergence of independent associations. For this reason, freedom of association should be

constitutionally guaranteed and enforced, and public life should allow for a free space that permits voluntarily formed associations the right to act independently from the state and the market. (Naidoo 2000:5)

Civil Society is shaped by the behaviour of the state, too. (Smith 2001:19) Civil society exists, even if in defensive or underground form under all types of political regimes. Under authoritarian rule, for example, civil society organizations will either be eliminated or be absorbed by the state; civic associations engaged in the promotion of sensitive issues such as human rights, and the rule of law in developing countries may get into acrimonious and antagonistic relations with the state (Bratton 1989:429).

Civil society's central function is the establishment of bridges between society and government and the harmonization of the respective purposes. Civil society organizations act as brokers between government and society, as symbol of actual political norm-setters, agents of change and regulators of the process of participation in societal norm-setting. They integrate groups by articulating political interests into a viable process, they represent particular interests and are the midwives of regime change. These avenues of function are not ends in themselves; they are rather a means to achieving norm formation, which is a fundamental purpose of civil society. However, the norms which civil society defines may reciprocally influence the avenues chosen (Harbeson 1996: 22-23).

An obvious precondition is that civil society should not be formed or controlled by the state; otherwise they would simply be agents of state hegemony and would undermine civil society rather than strengthen it and the expression of civic interest does not extend to efforts to gain and exercise control over state power. Although there is no disagreement on the necessity of autonomy from the state, in practice it is more difficult to determine the degree of state control over associations. (Bratton 1996: 75, Mamdani 1996). Bratton argues that instead of pre-judging the nature of the relationships between the state and civil society we should adopt a more flexible analytical framework of *"disengagement versus engagement"* (1989: 428).

Civil society institutions vary from small membership organizations, mainly engaged in self-help activities, to large and medium scale organisations engaged in all sorts of service, development and advocacy activities. Accordingly, they differ in

their style of organisation, internal democracy and level of membership participation. However, voluntary membership and participation are the important characteristics and principles of civic organisations. (British Council 2004:22)

Institutional pluralism enables citizens to assemble voluntarily outside the state and market to pursue collective or public purposes. The notion of plurality indicates not only the presence of large numbers and types of associations and organisations occupying the public sphere but also a diversity of interests, objectives, organisational forms and capacities. (Harbeson 1996:23) Density and diversity of associational life is the principal sign of institutional pluralism. The greater the density and diversity of associational life the more channels citizens have to express their interests in public life. Institutional pluralism provides an opportunity for citizens to enjoy overlapping memberships based on their varied interests, which cuts across a range of societal cleavages like race, class, ethnicity, region that tend to divide rather than unite people. (Naidoo 2000:6) This intrinsic diversity in origin and ideas is one of civil society's main contributions to democratic governance. (Welch et al.: 88)

Despite the fact that civil society promotes the health of political and economic life it should be emphasized that it does not form a homogenous group. The interests and motivations of civil society organizations vary extremely, and change depending on the nature and deportment of the government of the day. (Harbeson 1996:23) This is why the contributions of civil societies vary from one country to another as they depend on the stage of development of the civil society organizations, individual countries' needs, and the degree of openness towards their involvement. (Welch et al.: 89) The way civil society is institutionalized will vary and change over time in response to the circumstances. It is important to recognize that civil society processes may be strong or weak, inchoate or clearly articulated. Events in contemporary Somalia, for instance, signify that civil society is, for various reasons, on the verge of extinction (Harbeson 1996:23). It is difficult to build civil society under anarchy and violent conditions of a failed state. Under such circumstances, trust and norms of reciprocity are extremely low or even absent. The collapsed state is not in the position of enforcing social cooperation (Posner 2004: 246).

In regard with the structural, functional dimensions, specialization and differentiation of civil society is concerned at a certain point emerging civil societies will reach a critical mass of associational density and diversity. At this level, the structure of civil society begins to differentiate and CSOs begin to develop specialized functions (Naidoo 2000:6). According to Naidoo, a vigorous civil society is generally shaped like a pyramid, whose base is a vast array of primary-level organizations channeling citizen voices outward and upward through dialogue with public decision makers. A smaller set of intermediary associations provides support to primary-level organizations, but they also channel citizen voices further upward. The higher level hosts networks that echo the voices of these lower-stratum CSOs in national arenas. There will be also specialized organizations that support civil society as a whole, providing policy analysis, training, sectoral and other services that help to magnify the voice of civil society as a partner in governance (2000:6).

Distinct from the state and market, civil society, has a "values domain", with a set of civic norms and democratic practices that distinguish it from other realms of human interaction. This domain derives from the normative dimension of social capital and a set of values of corresponding behaviors, such as trust, reciprocity, solidarity, tolerance, and inclusion. It fosters the individual's confidence to enter into relationships of mutual benefit and collective action. (Naidoo 2000:6)

Trust and solidarity refer to the mutuality and confidence individual members place on the reliability of the behaviour and actions of fellow members. For example, in informal community-based organisations, mutual dependence is the binding factor rather than published rules and regulations. Trust and solidarity, however, do not necessarily imply the absence of competition and conflict in associational life. As civic associations grow in size and complexity, trust and solidarity become diluted and assume more abstract and remote characteristics. (British Council 2004:22)

According to Naidoo, association enables individuals to test their ability to work together without fear of sanction and they promise a reward for their efforts as they are based on horizontal relationships among equals. This is a socially acquired trait and associations are the principal generators of social capital. Social capital can be considered as a bridge between individuals and groups; and even from civil society to the state and market. These fundamental social values which are based on

individual motivation and the ability to associate together in common cause will provide civic glue that binds the social fabric into a cohesive whole. Besides, it reinforces healthy public life because it makes civic values including voluntarism, philanthropy, and public-spiritedness grow and develop. Civic norms and the institutional networks enable individuals and even groups to transcend their personal narrow interests and to conceive of a public good to which they can contribute and benefit. In this respect, social capital not only promotes healthy transactions but lets political and economic life flourish (2000:6-7).

2.1.2.3. The Role of Civil Society in Democratization and Governance

Civil society is linked to the promotion of democracy, good governance, and to a hybrid of the two. (Naidoo 2000:4) It is widely believed to have the potential to positively contribute to democratization and good governance in Africa and other parts of the developing world. This assumption derives both from theoretical estimates of the democratic potential of organized associational activity and the actual role of civil society organizations in democratic transitions over the past decade. (Robinson et al. 2005: 8)

A study conducted by Denise on the impact of civil society on governance performance indicates the importance of an active civil society especially for the effectiveness of governance. (Denise 2003:61-62) Denise's argument is supported by Diamond who found that civil society organizations contribute far more to the consolidation of democracy: they monitor the state, expose its potential wrongdoings, and hold it accountable. According to Diamond, civil society organizations give citizens experience in the art of political association, increase their civic competence, stimulate participation in electoral politics, recruit and train new political leaders, generate democratic norms and values, and accumulate social capital. Not least, certain civil society organizations, such as groups monitoring elections or human rights, policy think-tanks, and anticorruption organizations, press explicitly for reforms to improve the quality of democracy and strengthen it. (Diamond 1997:24) Civil society has often been seen as a "force for democratization" as it is often understood to encompass a set of political values which "constitute the fundamental pillars of real democracy". These political values include transparency, accountability, pluralism, participation and good governance.

(UNAIDS 1999:9) Different scholars have pointed to a strong positive relationship between civil society and democracy.

Democratization is the processes by which citizens preferences are formed, aggregated, and represented in the acts of government decision-making. It is a mechanism which fastens democracy through making government accountable and legitimate. None of the latter can operate independently from the exchange and flow of information between citizens, between citizens and associations and organizations, between associations and government, and within government itself. (Bimber 2003:12) The flow of information gives society the opportunity to take part in government decision-making procedures. Decision-making based on feedback from and to the people is one of the best instruments to prevent governments from abusing its power. (M'boge et al. 2004:10)

A democratic government is strengthened if it receives feedback from a vigorous civil society. On the demand side, citizens in civic communities expect better government and, partly through their own efforts, the government provides it. They demand more effective public service, and they are prepared to act collectively to achieve their shared goals. On the supply side, the performance of a representative government is facilitated by a social infrastructure of civic communities and by the democratic values of both officials and citizens. (Putnam 1993:182-183)

Overall, research on the effects of civil society on governance can be broken down into two general approaches. The first approach is most closely associated with Putnam's work and emphasises the positive effects that participation in civil society has on the individual, who in turn contributes to a more peaceful, harmonious and democratic society. The second approach is advocated in the works of historical institutionalists, such as Theda Skocpol, who argue that the organization of civil society provide a direct source of popular influence on political or economic developments, thus benefiting both the individual and society. These two arguments are not mutually exclusive, and proponents of one often recognize the importance of the other. Their difference lies in their emphasising either the value of participation or the power of institutional leverage as the analytically and substantively significant component. (Morje 2003:46)

In his recent book, Putnam outlines a series of different ways in which civil society, or more generally "social capital", can have beneficial consequences. He writes, "Does social capital have salutary effects on individuals, community or even entire nations? Yes, an impressive and growing body of research suggests that civic connections help make us healthy, wealthy, and wise." (Putnam 2000:287)

According to Putnam, civic associations contribute to the effectiveness and stability of a democratic government because of their "internal" effects on individual members and "external" effects on the wider polity. Internally, associations instil in their members the habit of cooperation, solidarity and public-spiritedness as well as the practical skills necessary to take part in the public life. Externally, voluntary associations allow individuals to express their interest and demand on government and to protect themselves from abuses of power by their political leaders. (Putnam 2000:349) An association unites the energies of divergent minds and vigorously directs them towards a clearly indicated goal. (Putnam 2000:338) Strategies that ignore the value of social network would have been less effective in the immediate task, less sustainable over the long-term and less fruitful in a broader sense. (Putnam et al 2004: 270)

The book's chapters include "Education and Children's Welfare, "Safe and Productive neighbourhoods" "Economic Prosperity", "Health and Happiness," and "Democracy," and in each, Putnam stresses the positive effect of social capital. He also presents original empirical evidence from a recently discovered archive of surveys from the past 25 years which he uses to demonstrate a striking relationship across the 50 U.S. states between his social capital index and an extremely wide range of issues (Putnam 2000).

In terms of membership in voluntary organizations, which is a critical element of his concept of social capital, Putnam incorporates Mark Granovetter's classic argument about paradoxical importance of distant or "weak" ties as opposed to close or "strong" ties, when it comes to finding employment or expanding one's horizon of life opportunities. Close ties to family and friends are very much connected to one's overall wellbeing; yet in a larger economic and political sense, the types of distant acquaintances that a person might make through organizations may actually be more valuable than family and close friends. As Putnam describes, Granovetter's finding has been tested and confirmed in a variety of contexts. Many studies found that at all

levels in the social hierarchy and in all parts of the economy, social capital is a powerful resource for achieving occupational advancement, social status, and economic rewards perhaps even more important than human capital (education and experience) (Putnam 2000:321) .

More specifically, the basic logic of arguments made by Putnam and other social capital theorists is that civil society organizations function as what de Tocqueville calls "schools for democracy." (Putnam 2000:328) In other words, autonomous organizations exist and flourish, allowing citizens to interact with one another outside their networks of family and close friends. Thereby they help them to develop greater trust, tolerance, and bargaining skills, all of which are beneficial for democracy. Furthermore, their experience with the organization of civil society allows people to gain a greater sense of their own role and capacities in a participatory democratic system, thus creating more proficient and engagé citizenry. The more people participate in the voluntary organizations of civil society, even in those that are not explicitly political, the more they internalize the norms and behaviour of a participatory democratic citizenry, which can only strengthen the institutions and performance of a country's democratic government. (Morje 2003:46)

Unlike Putnam, who emphasizes the social psychological benefits of consensus and cooperation that group participation will provide to its members and to the society overall, historical institutionalists emphasize the role of group conflict and struggle in shaping the development of modern democracy. As Skocpol and Fiorina put it, "From an institutionalist perspective, voluntary associations matter as sources of popular leverage, not just as facilitators of individual participation and generalized social trust". (Skocpol & Fiorina 1999:15)

In the contemporary context, the institutional approach emphasizes the ability of the organizations of civil society to serve as a shield or a defence mechanism that protects citizens against a potentially intrusive state. In other words, in a democratic system, the groups and organizations of civil society have the capacity to prevent the state from passing laws that oppose the organized interests of groups of citizens. In addition to this essentially defensive role, the organizations of civil society can have a positive impact as well, namely by influencing those laws and regulations that are passed. Voluntary organizations provide legislators with a greater width of

information, viewpoints, and pressure, all of which can contribute to more effective and equitable policy making. (Morje 2003:46)

The institutionalist emphasis on the direct political leverage of civil society can also be applied to individuals. As explained by Amy Gutmann, "Without access to an association that is willing and able to speak up for our views and values, we have a very limited ability to be heard by many other people or to influence the political process, unless we happen to be rich or famous." (Gutmann 1998:3) Moreover, according to Alexis de Tocqueville, "an association unites the energies of divergent minds and vigorously directs them toward a clearly indicated goal." In short, membership in organizations provides direct and tangible benefits for individuals and for society by allowing people to influence the processes that affect them and by achieving collective goals that would not otherwise be reached. (Morje 2003:47) Despite the differences in emphasis between these two approaches, their proponents share a common understanding of the beneficial effects of civil society on democracy.

A paper on Civil Society and Good Governance prepared by the Institute of Development Studies (IDS) at the University of Sussex in 1998 summarized the contribution of civil society to democratization and good governance with the ideal-typical roles and functions of civil society organisations. According to IDS, civil society organizations enhance state performance, public policy and decision-making, transparency and information, and social justice and the rule of law. (IDS 1998: 13-15)

According to the IDS paper, civil society organisations enhance state performance through improving the quality and effectiveness of public services. (Ibid) In this, respect the role of Civil Society Organizations (CSOs) particularly NGOs engagement in service delivery and development activities can be an example. CSOs can play a role in mobilising particular constituencies to participate in public policy and decision-making process, especially among poor and marginalised groups. Civil society groups have been particularly effective in drawing attention to populations and communities that were often left out of policy debates and deliberations. (UNAIDS 2006:204)

The IDS further found that CSOs contribute to better governance and development of a public culture through making government transparent and accountable through discovery, publication and dissemination of information and debate about public policy, legislation, public expenditure allocations and policy implementation. (IDS 1998: 14)

CSO contribution to social justice and the rule of law are carried out through advocacy and exposing violations of human rights, as well as by advocating and lobbying for the implementation of existing laws or legislative reform to improve the functioning and accountability of government. In related to policy context, the role of civil society is to act as a conduit between policy structures and the people. This will be both justified by and justify the practices of governance. In this respect, civil society is related to people or reflects their needs, it is effective in reaching people and their involvement increases the accountability and the transparency of governments in line with their development aims and restructuring plans. (Seckinelgin 2005:356) The idea includes altering public sector management to initiate more citizen participation, to ensure government accountability, and to ensure transparency of public policy in order to be able to move on to achieving higher goals of development. As a result, the role of civil society has become very pronounced in increasing citizens' voices and in establishing demands for public accountability and transparency. (ibid: 355)

Despite this fact, Rahmato argued that while organizations engaged in all these activities can be found in Africa, empirically, the role and impact of African CSOs in terms of inculcating and institutionalising a public culture of participation in policy making and respect for human rights in Africa did not yet exist. According to Rahmato, the current tendency of considering African civil society organizations as a pillar of democratization and good governance may be somewhat exaggerated. For example, civil society in Ethiopia can play an important role in promoting public awareness, but this is a much more limited role than laying the foundation for democratic and accountable governance. (2004: 3)

In general, civil society is a useful concept for analyzing political transitions in Africa. The nature and strength of Africa's fledgling civil societies will also help to determine the prospects for democratic consolidation. Much depends on whether the lead institutions can detach themselves from partisan allegiances in order

continue to play an independent role in guaranteeing political accountability. (Bratton 1996: 75-76) Given that unprecedented flurry of transitions to democracy since the mid 1970s, during what Samuel Huntington has called the "third wave" of democratization, and since many of developing countries are still struggling to keep their nascent democratic institutions afloat, civil society is a central element of this endeavour. (Morje 2003:46-47) Therefore, it is not only entirely appropriate but also essential for scholars to focus on the development of civil society.

2.1.2.4. Civil Society in the African Context: Relevance and Usefulness

Can civil society, in the sense of the virtue of civility or a legitimate public domain, be found in contemporary Africa? As was stated above, some scholars have already alluded some acute feeling of scarcity of civility in many African countries. However, Bratton indicates that civil society is a useful formula for analyzing state-society relation in Africa because it embodies a core of universal beliefs and practices about the legitimation of and limit to state power. (Bratton 1996:52)

Supporting Chazan's argument, David Lewis has identified four possible answers for the relevance of civil society concept in Africa perspective. He characterizes these as "Western exceptionalism", "prescriptive universalism", "adoptive prescription" and "the wrong question to ask". (Lewis 2002: 575-582)

The view characterized as Western exceptionalism is sceptical and pessimistic. According to this argument, the concept "civil society", which emerged at a distinctive moment in European history, has little meaning to the regions of different cultural and political settings. (Lewis, 2002: 576) The proponents of this position argue that contemporary African societies are characterized by historical, economic, political and socio-cultural conditions radically different from the Western experience. The current attempt by some scholars and policy makers to apply the concept of civil society for either analytical or policy purposes are "just another in a long line of attempts at misguided policy transfer from the West" (ibid: 574). The four main arguments revolve around the general backwardness and underdevelopment of the African continent and touch upon various political, cultural, social-structural and economic conditions in Africa which have created obstacles to the growth of a robust and vibrant civil society.

The first argument is that, historically, civil society is a product of transition to capitalism. (Mamdani 1995:604) Africa lacks the level of industrial capitalist development, the associated social structure, and social relations. In the West, these have been the conditions for the emergence and growth of civil society, including the rise of the middle and working classes and the associated public domain of social and ideological struggle. (Helland 2004:15) African states and African societies, however, tend to be artificial creations of colonialism characterized by a varying degree of patrimonialism. (Mamdani 1995:606) Due to this they are very weak in interest articulation and social cohesion. (Lewis 1998:146) Political life in Africa is conducted through various groups based on ethnicity, region, race, religion, generation and class. (Chazan et al. 1988:101) Ethnic and religious affiliations or vertical patron-client networks still serve as the primary basis of social and political relations. They are inimical to the development of a shared public domain with universal values and discourse, which is central to the concept of civil society. Second, politically, there is lack of a clear separation between the public and the private domains on the one hand and state and society on the other. (Bratton et al. 1998:227) The business of politics in Africa is conducted along vertical channel of informal networks mainly based on patron-client networks or communal organizations. (Chabal et al. 1999:21) In this context, the notions of "civil" and "uncivil", of "formal" and "informal" are mixed up. Where different types of so-called "traditional" and "modern" authorities and institutions exercise influence, power and authority tend to be fragmented. The implication of this is that the attempt to construct a clear separation between the state, market and civil society tends to be artificial and unrealistic. (Lewis 1998:146) For example Lewis, argues that most African societies are not homogeneous and are vertically segmented. (ibid) According to Francois Bayart, civil society cannot be understood outside of opposition to and confrontation with the state, but African societies have a tendency to tolerate autocracy and domination. (Bayart 1986 cited in Rahmato 2004) Third, economically, African states and societies have always been subordinate and dependent on external resources. Civil society is no exception to this reality. The dependency on external patrons distorts local reality lending an artificial character to the balance of local political and social relations. Furthermore, since the 1980s, following the social and economic crisis and the imposition of structural adjustment programmes, real power in Africa is exercised by powerful external agencies such as the World Bank and the International Monetary Fund (IMF). Accordingly, the idea of African national societies based on the balance between state and civil

society ignores these central transnational interventions and influences. (Lewis 2002: 577) According to Chabal and Pascal, the current tremendous increase of civil society organizations, particularly local NGOs, in Africa is due to an instrumental political factor rather than genuine development of new social movements. The agenda of civil society as a pillar of democracy and good governance is mainly promoted by external actors and donors because it is linked with the broader context of global economic and political restructuring (Rahmato 2002:103, Chabal & Pascal 1999:23, Archer 1994:10). Thus it would be naïve to think that the advent of NGOs necessarily reflects a transition to more flexible "civic" associations that are able to operate beyond the clutch of the state. (Chabal & Pascal 1999:23)Fourth, the de-legitimization and marginalization of the African state, and the recent donors' tendency to channel resources and aid via alternative routes such as NGOs and CSOs, only serves as a means for local elites who straddle the state, market and civil society sectors, to tap resources for sectional and private interests. According to Chabal and Pascal "this new structure" with which Africans can seek to establish an instrumentally profitable position within the existing system of neo partimonialism". (Chabal & Pascal 1999:22) As a result, there is a worrying tendency that the proliferation of institutions and organisations, which claim to be civil society but pursue dubious sectarian interests, undermine the legitimacy and integrity of the African state and society and lead to confusion and disintegration. Such organisations tend to be artificial, dependent and weak. Based on these and other similar arguments, many scholars and analysts of African social and political processes argue that the idea of civil society has little relevance and importance as an analytical concept or as a tool for policy formulation and action.

The second view, "Prescriptive universalism" argues for the relevance of civil society in the African context. Prescriptive universalism is an optimistic view "based on the idea of a positive, universalist view of the desirability of civil society as a part of the political project of building and strengthening of democracy around the world." (Lewis 2002: 574) Furthermore, according to Lewis:

> Following from such positive views, civil society has come the phenomenon of prescription at the level of policy. Within development policy discourse, the framework of good governance has brought support for civil society as part of a policy package transferred to Africa and elsewhere by official donors and NGOs. For example, it has taken the form of support for the monitoring of elections and voter education by civil society organizations, and the 'capacity building' work in relation to local NGOs through the provision of organisation support and training. (Lewis 2002: 576)

The main problem with this view is that it tends to imply that the concept can have universal relevance regardless of historical, political and socio-cultural differences. The Universalist perspective's policy prescriptions may also lead to unexpected outcomes.

 The third view, "adoptive prescription", seeks to find a middle ground, "between crudely imposing the concept from outside or simply abandoning it altogether as being inappropriate". (Lewis 2002: 578) The concept of civil society can be relevant and useful in the African context if it is applied with care, taking into account the specific historical, political, socio-cultural, and economic conditions of contemporary African societies. The main problem with this view is that it may deviate too far from a generally agreed understanding of civil society. (Ibid: 580)

The fourth view, related to the third, argues that the very question of relevance and usefulness of the concept of civil society is the wrong question to ask. The concept of civil society as currently revived has in fact always been important, explicitly and implicitly, in the analysis of social and political process, starting from the colonial all the way to the post-colonial era. For example, various types of associations and organisations (such as trade unions, cooperatives, religious groups and movements) served as the building blocks of the national anti-colonial struggle in Africa. (M'boge et al 2004:13)

Similarly, various types of civic organisations and associations played active and important roles in the more recent pro-democracy movements against one-party authoritarian regimes as well as in the criticism of and resistance to the ravages of structural adjustment policies. These dimensions of historical and socio-political processes cannot be dismissed through a retreat to Western exceptionalism. To say that the idea of civil society is merely a Western phenomenon imposed by external forces disregards these realities and the local processes of struggle and accommodation in Africa (Mamdani 1996:9). The real challenge is the study of "actually existing civil society" to understand it in its actual formation rather than as a promised agenda for change. (Mamdani 1996: 19, Lewis 2002: 582)

Lewis concludes that the adoptive argument is most persuasive and useful to argue for the need to focus on the "actually existing civil society", its changing structure and process. (Lewis 2002:582)

 2.1.3. <u>Theoretical Discourse and Definition of Governance</u>

"Governance" has emerged in the social science and public policies only in the last two decades (Elsner et al. 2003:1, Johnson 1997:3) and the phrase "good governance" began to attract widespread political attention in the year 1990 when new political conditions were attached to the allocation of aid, especially in Africa. (Archer 1994:10) The essential features of this approach were subsequently explored in a number of policy statements by donor governments, multilateral and bilateral organizations as well as lenders.

The OECD Development Assistance Committee (DAC), the United Nations Development Program (UNDP), the World Bank, International development agencies and multilateral donors such as the Canadian International Development Agency (CIDA) all have provided definitions and interpretations of the notion of governance. Most international financial institutions, including the World Bank, IMF, African Development Bank Group, and the Asian Development Bank conceptualize "governance" in a similar manner, essentially defining it as the exercise of authority or control to manage a country's affairs and resources. This understanding of governance helps to explain the focus of these institutions on the improvement of the quality of Southern public institutions and structures, better service delivery, respect of law and order, compliance with donor policies and the elimination of corruption. The term "good governance" emerged in the late 1980s and early 1990s primarily in the World Bank, which was concerned about the ways in which governance influenced economic performance (Welch et al.: 177).

The economic dimension of good governance has been included in the public-sector management, organizational accountability, the rule of law, transparency of decision-making and access to information. This idea was further developed by the OECD and EU and integrated into the requirements for development assistance. It was later expanded by UNDP to incorporate a political dimension that includes government legitimacy, government accountability, government competence and the protection of human rights through the rule of law. (ibid)

The latter UNDP definition of governance was again expanded to include interactions with actors outside the government, including civil society institutions and the private sector. Another discussion paper by the UNDP's Management

Development and Governance Division followed in 1997 and re-conceptualized governance by emphasizing the importance and the nature and relationships between the three major domains of governance (the state, the private sector and civil society) and linking this concept to sustainable human development. (UNDP 1997)

The purpose of governance is to advance human society through facilitating a political and legal environment (government), generating employment and income (private sector), and mobilizing political and social response (civil society). Though these foci are not clear-cut, nor always driven by the aim of appropriate and sustainable human development, they do remain interrelated. Implicit in the concept of governance is engagement with economic, political, policy, and administrative aspects. Despite the fact that the concept of governance implies government, it is best understood in its broad definition as the relationship between government, the private sector and civil society. (Parker et al.2002:8)

In summary, the good government approach claims that sustainable prosperity is generated by an inter-dependent organic relationship between the market economy, the state, and civil society. A wealth-producing economy and a well-run government will help to sustain the vigour of civil society. An affluent government and a vigorous civil society will bring about economic growth. A strong efficient economy and a well-organised civil society are likely to produce efficient government. The effect of all three can be seen as a virtuous circle, flowing from the state to the economy via civil society and from the economy to civil society via the state. (Archer 1994:10)

Governance is a broad concept. It goes beyond the management of institutions to include interactions between and among stakeholders and their social, economic and political environments. Apart from managing resources, people or institutions, it refers to the understanding of how relationships among different stakeholders impact their competence and influence the process of development in a particular country. The following definition derives from the synthesis of the literature on governance will be the one used in this document

> Governance is a complex system of interactions among structures, traditions, functions (responsibilities), and processes (practices) characterized by the three key values of accountability, transparency, and participation. The essence and attribute of those interactions will

lead to sustainable development; modulate how power is exercised, decisions are made, stakeholders participate and decision makers are held accountable.

Governance recognizes matters of public concern to include a range of activities and issues that demand action and input not only from the state institutions, but also from other non-state actors, including civil society and the private sector. It focuses on the relationship and interactions between and among social, political and economic issues and institutions, and on collaboration and dialogue between various actors in order to bring about good governance, which is instrumental to sustainable human development.

2.2. Implications of Infectious Diseases on Governance and Civil Society Development

The spread of epidemics throughout significantly affected societies causes a profound threat to national security. Communicable or infectious diseases not only reduce the power of states, but also alter the distribution of wealth. Battles were won or lost after a virus had infected one army but not its adversaries, entire countries have been changed geographically, economically, and religiously because of sweeping virus infections (Oldstone 1998)

Nobody knows exactly how many people perished from the Black Death, but experts believe that HIV has already surpassed the numbers of people sickened by the plague. According to Laurie, in 2005, 40 million people were infected with HIV/AIDS and when these people finally succumb to the disease, AIDS will rank as the worst plague of all human history (Laurie 2005a:17). AIDS is an exceptional disease with a wide-ranging impact. There is no vaccine to prevent it and no spontaneous cures are known.

Globally, the epidemic continues to create devastating impact on individuals and families. (UNAIDS 2004: 41) In 2007, an estimated 33 million people were living with HIV, 2.7 million people were infected with the virus, and 1.8 million to 2.3 million people died of HIV-related causes and over 25 million people died of HIV-related causes since the first cases of AIDS were identified in 1981 (UNAIDS 2008:15-16) A "silent tsunami" of HIV/AIDS continues to take 2.2 million people per year, over 6,000 a day, in sub-Saharan Africa alone. 12 million children in sub-Saharan Africa have lost one or both parents to AIDS, a number estimated to grow

to 43 million by 2010. (UN 2005:63) In the countries that were hit hardest, it erases decades of health, economic and social progress, reduces life expectancy by decades, slows down economic growth, deepens poverty, and contributes to and exacerbates chronic food shortages. (UNAIDS 2004: 41, Pharaoh et al. 2003**:**8)

HIV/AIDS in itself is not a security problem but its impact on the social structure of the society and on state strength that creates the problem. The armed forces are affected by the infection, as a result they are no longer able to fulfill their task to protect and defend the state's sovereignty, and this can pose serious threat to internal and external stability. (Heinecken 2003:296) HIV infection rates among soldiers are typically three times higher than that of the general population. In addition, the higher ranks are even more disproportionally affected. In eastern and southern Africa, the prevalence rate of HIV/AIDS high among the armies. For example HIV prevalence data for the military show that Tanzania, Chad and Gabon show rates of 12.9%, 10.1% and 5.8% respectively. For military recruits, high prevalence rates have also been reported in Uganda (26.7%), Guinea-Bissau (17.3%), and Ethiopia (6.7%). Domestic police and security forces have been hit equally hard: Zambia (15.4%), Tanzania, Cameroon (12%) and Guinea-Bissau (11.3%). In the short run, the virus has the potential to compromise military performance because of the chance for opportunistic infections to appear as a result of soldiers' weakened immune systems. (Ostergard 2002: 343- 344) This means that military readiness is reduced, as soldiers are sick or likely to fall sick. Shortages of experienced and trained personnel, especially in skill-intensive positions in the air force, mechanized divisions and intelligence, will become acute. From a state-security perspective, the diagnosis that HIV/AIDS is a security threat arises from evidence on its potential impact on factors crucial to state survival. (Girshick 2004:7) According to Gebretensae, this situation will undermine the military power which is likely to destabilize the state. (2004: 3) Despite this fact, according to Waal, fears that militaries would collapse because of HIV/AIDS did not verify. Nevertheless, it remains a serious cause for concern. (2005:4)

The epidemic might be used as weapon against adversaries, too. There is evidence indicating that HIV has been deliberately spread of as a weapon in conflicts. For example in April 2004, the Indian government charged that "promiscuous Pakistanis" were deliberately spreading HIV in Kashmir as a form of Islamic "jihad terrorism." (Khera 2004) Israeli Defense Forces arrested a member of the

Palestinian militant group *Fatah Tanzim* who was planning a suicide attack using a bomb to scatter HIV-infected blood in a crowded area. (Shuman 2004) A recent study of women raped during the 1994 Rwanda genocide shows that today nearly 80 percent of them are HIV positive. Similarly, a survey of pregnant women in parts of northern Uganda where the rebel paramilitary group "Lord's Resistance Army" has been committing atrocities including rape for two decades shows that female infection rates are twice as high as in the rest of the country. (Laurie 2005b) In Sierra Leone, violence against women was used as a weapon of terror and torture by revolutionaries fighting the government army. Women at all age group have been raped and tortured by revolutionary soldiers, further spreading the HIV virus. In the Democratic Republic of the Congo, during civil war it had been reported that soldiers were raping civilians. (Ostergard 2002:342)

The powerful stigma attached to the virus leads to the use of AIDS as a political tool. In Uganda's 2001 elections, President Yoweri Museveni used his purported success in fighting the virus as one of the key issues in his campaign. But battling the virus was only once facet of the appropriation of the disease in the campaign. Both President Museveni and his opponent Dr Kizza Besigye accused each other of being HIV-positive. What made the accusations even more powerful was that Besigye had once been Museveni's personal physician while both were fighting in the Ugandan bush. While it is unlikely that the accusations changed the election outcome, it highlights the critical nature of the stigma attached to the virus and the political damage that such accusations are thought to yield. (Ostergard 2002:344)

Tensions have been very high between Libya and Bulgaria since 1999 until 2007, when the Libyan government accused five Bulgarian nurses and a Palestinian doctor of deliberately infecting 426 children with HIV. Libyan leader Moammar Qaddafi insists that the nurses, acting under orders from the U.S. CIA and Israeli intelligence, injected HIV into the children, who were all in a particular hospital for other health reasons. Bulgaria counters that Libya failed to screen its blood transfusion supply for HIV contamination, and lacks sufficient supplies of sterilized instruments and syringes in its hospitals. Qaddafi has offered Bulgaria a way out of this diplomatic stand off that the nurses, who deliberately infected Libyan children, will be freed if the Bulgarian government pays to the families of the 426 children about 2.7 billion US dollars. (Craig 2004a, Craig 2004b, Kaiser Daily HIV/AIDS Report 2005) As these cases illustrate, HIV can be used as an instrument of terror or

diplomatic "battle". The extraordinary stigma attached to HIV, a sexually transmitted virus, guarantees it will continue to carry special weight in battles of words, minds, and political power. (Garrett 2005:34-35)

The most obvious political dimension of the security threat caused by HIV/AIDS is the risk that it will claim the lives of national leaders, as parliamentarians, cabinet members, ministers, and military leaders were infected and subsequently died. (Laurie 2005b) Increasingly, research institutes posit that the enormous losses entailed by the epidemic will cause governance crises and pose a major threat to peace and security. The United Nations Security Council and the U.S. National Intelligence Council both identified the epidemic as a threat to international peace. (United Nations Security Council Resolution 1380, Gordon 2000:33)

Epidemics create a fabric of fear. For example, the outbreak of the bubonic plague in Surat, India in 1994 and the Ebola epidemic in Zaire in 1995 generated worldwide fear and panic, mass emigration, military quarantines to contain the exodus of infected persons, and economic damage. (Smith 2002:14-15)

States seek to prevent the immigration of infected persons into their territory to retard the potential establishment of new disease pools in their populations. The United States, Russia, China and other states prohibit the entry of HIV infected individuals and immigrants and travelers are increasingly screened for pathogens like malaria, dengue and tuberculosis. Similarly, according to Smith, epidemics induce economic, psychological, and physical stress and will prompt migration from South to North. Therefore, epidemics induced poverty, morbidity and mortality, migration, and psychological stresses and devastation upon the economic and social fabric of society. (Smith 1998:15)

Disease produces a significant drag on the economies of affected countries. It leads to chronic underdevelopment, which may in turn exert a net drag on world trade and restrain prosperity. Due to the inherent relationship between infectious diseases and state capacity, countries with low initial state capacity will suffer greater losses over time from increasing prevalence of infectious diseases within their populations. This negative spiral effect, caused due to prevalence of infectious disease negatively influence economic development of states. This may exacerbate the economic gap between developed and developing countries. Furthermore, the negative effects of

infectious diseases are not confined to the developing countries. As state capacity declines, it increases the incidence of chronic sub-state violence and state failure. State failure frequently produces chaos in the affected regions as neighboring states seal their borders to prevent the massive influx of disease-infected refugee populations. State failure exacerbates regional security dilemmas for adjacent states may seek to fill the power vacuum and seize valued territory from the collapsing state. An example of this is the wide-ranging conflict in Central Africa, where the collapse of governance in Zaire (and continuing insurgency in the successor state, the Democratic Republic of the Congo (DRC) has generated a wider conflict wherein the mercenary armies of Uganda and Rwanda seek to topple the fragile government in Kinshasa. Conversely, military forces from Angola, Namibia, Zimbabwe, Sudan, and Chad were deployed to the DRC to crush the rebels and their leaders in Kigali and Kampala. Indeed, the chaos in Central Africa was so great that in early 2000 Ugandan and Rwandan forces turned on each other in their quest to dominate the ungoverned regions of the eastern DRC. (ibid)

As the incidence of diseases increase and the geographical range of pathogens expand, the number of failing states may rise, necessitating increased humanitarian intervention by UN security forces to maintain order in the affected regions. (Smith 1998:15) The UN is unlikely to have a lasting effect on the restoration of order in regions like Sub-Saharan Africa where disease incidence and lethality remain high. AIDS has the potential to weaken foreign militaries and to complicate the mobilization of international forces as many soldiers who serve in African peace operation forces are HIV-positive. (Docking 2001:5) During the civil wars in Liberia and Sierra Leone, the Economic Community of West African States (ECOWAS) and its monitoring group ECOMOG, which had intervened to maintain security and order, had to confront not only the external military enemy in its operations, but also the HIV/AIDS viral enemy as well. The war-torn regions promote an indiscriminate sexual culture among soldiers and the presence of the military attracts sex workers. This situation promotes the spread of the virus to soldiers. Although it is unclear whether the infections occurred before or after their duty in Africa, some soldiers who served in the Sierra Leone intervention have returned infected with the HIV/AIDS virus. United Nations peacekeeping forces, which come from a number of non-African countries, have also experienced HIV infections (Ostergard 2002:342).

In the long run, fewer people will be able to join military forces as the number of suitable recruit's declines from increasing death rates. At the same time, incapacitated troops and the decrease in suitable recruits will also have an impact on the available corps of experienced military leaders. This may contribute to a decline in military performance and even to a further breakdown in military discipline, particularly in war-prone areas. Domestically, the capacity of the military to maintain stability under conditions of high HIV infection rates will be in question. (Copson, 2001) The weakness of the military can also trigger an invasion by other countries that seek to exploit the situation. (Ostergard 2002:344) Hence HIV infection among the military personnel in Africa poses serious challenges for the security and stability of the continent.

2.2.1. AIDS and Political Participation

Elections form a key component of democratic governance. Preliminary data from research conducted by the Institute for Democracy in South Africa shows that HIV and AIDS may in fact be having effects on electoral systems in Southern Africa. (Chirambo 2004:3) An analysis of data from Zambia's 1991, 1996, and 2001 elections and of HIV prevalence rates since 1985 provides perhaps the first possible evidence of the influence of AIDS on an electoral system. The study indicates that between 1964 and 1984 a total of 14 by-elections had to be scheduled as a result of the death of an elected representative. This increased to 59 in the period 1984-2003 in the so called AIDS era. Out of these 59 deaths, 39 occurred between 1993 and 2003 – the period of high HIV and AIDS prevalence. Of the 39 members of parliament who died, 15 were in the vulnerable age range (25-49), 12 were between 50 and 60 years old and only four were listed as having died from road accidents. Similarly, trends in Zimbabwe show an increase in by-elections as a result of death due to illness. Since its 2000 parliamentary elections, Zimbabwe has already held 14 by-elections. Eight of these were as a result of "illness". (Tapfumaneyi 2003 cited in Chirambo 2004:4) In South Africa, competing evidence for this supposition can be found in a recent publication which suggests that increasing death rates in the voting age group could explain the downward trend in voter turnout over the last three elections in South Africa and could also be a contributor to political power shifts. Unusual levels of mortality among the electorate are reflected on the voters' roll via the population register. This shows that between 1999 and 2003 almost 1.5 million of South Africa's 20,674,926 registered voters were removed from the voters' roll

because they were deceased. Over this period, the number of deaths among registered voters increased by 66 per cent. In some municipalities mortality increased by more than 300 per cent over the four years for women between 30 and 39 years of age. In Limpopo Province it increased by 160 per cent (Strand et al 2004: 15).

The absence of demographic or illness-related information makes it similarly difficult to ascertain how many of the seven by-elections held in Lesotho between the beginning of 2002 and April 2005, and the 98 by-elections held in South Africa between the beginning of 2001 and July 2003 were scheduled as a result of a death due to unspecified illnesses. It is likely that many of these deaths were AIDS-related. (Strand 2005:9, Barnett 2006:309) Although no severe 'functional defects' have arisen in the party structures, the loss of seniority and experience nevertheless is reported to have reduced parties' capacities and "intellectual memory". (Strand et al 2004: 15)

In Kenya, according to a survey conducted by the Institute of Education and Democracy, in the 2002 general elections, out of 1,177 people targeted by the postal survey, 957 (81.3%) of the people were located and 220 (18.7%) were not located. Though the vast majority of those who were not located could have been due to absence from home (according to information given by next of kin), the survey revealed that large numbers of voters were deceased and should not have been in the register of voters. (Kimotho 2005: 7) This indicates how political participation in Africa can be hampered by HIV/AIDS.

2.2.2. HIV/AIDS and Bureaucracy

It is clear that HIV/AIDS has a growing impact on governance. The effects of a succession of epidemics upon a state are not measurable in mortalities alone. Whenever pestilences had attained particularly terrifying proportions, their secondary consequences were much more far-reaching and disorganizing than anything that could have resulted from the mere numerical reduction of the population. (Moran 2004: 17)

High disease incidence undermines the capacity of political leaders and their bureaucracies to govern effectively as the infection results in the debilitation and

death of skilled administrators. (Smith 2002:14) Modern institutions are framed around decade-long working lives. Bureaucracies such as a ministry, the administration of a large firm, or an army depend on staff that has not only professional skills but also many years of experience and extensive networks of personal contacts. (Waal 2003:11) No training course or rule book can substitute the experience, contacts, and judgments that accrue over a lifetime career. These implications are potentially severe for patrimonial organizations or networks (such as political parties) as a more formal and rational bureaucracy. (ibid: 12) In several countries, AIDS has claimed the lives of several government officials and professionals, robbing these countries of some of their best and brightest individuals essential for development. (Achebe 2004:275) In Zimbabwe, for instance, three ministers died from AIDS. Extended periods of illness and finally death of policy makers can render decision making inconsistent, creating problems in formulating and implementing policy (Ostergard 2002:341).

The challenges posed by HIV/AIDS not only undermine existing productivity and effectiveness, but are also likely to make it more difficult for institutions to cope with higher levels of attrition, or changes in demand as a result of the epidemic. It has also complicated service delivery. While reliable data cannot be obtained, anecdotal evidence indicates that illness, absence, and death have resulted in productivity losses, a failure to meet obligations and, in some cases, wasting of resources. Illness and death among professional and technical personnel, in particular, are adding to high vacancy rates in these cadres and may already have resulted in declining professionalism and responsiveness. (Pharoah Robyn 2005:108-109, Pharoah et al. 2003**:**7)

Disease-induced mortality in human-capital-intensive institutions generates an institutional fragility that tends to undermine the stability of a nascent democratic society. When their figureheads and key officials perish, there will be enormous negative repercussions for governance, with a likely corresponding rise in crime, civil unrest, and low intensity violence (Smith 2002:14) .

2.2.3. HIV/AIDS and Economic Development

The negative effects of infectious diseases on economic productivity include a decrease of the GDP, government expenditure per capita, and in the productivity. It will result in labor shortages and increased absenteeism, higher living costs,

particularly for the poor, dwindling per capita incomes, reduced savings, and an increase in income inequality within a society that may in turn increase governance problems.

In the worst-hit countries with adult infection rates of 20% or more, the epidemic will have far-reaching effects. By 2020, HIV/AIDS is expected to have caused a 10% to 30% reduction in the labor force in high prevalence countries. (Franklyn 2002: 2) A major adverse impact on GNP is expected from the HIV/AIDS pandemic. If the HIV prevalence in a country reaches 5%, this may be enough to cause an annual decrease of the GDP of 0.4%. If it reaches 15%, a country can expect to lose more than 1% of its GDP per annum. (Andersen et al. 2002:6) AIDS consumes more than 50% of health budgets of the hardest-hit countries. (CIA 2000) With an infection rate of 20%, in fifteen years' time, countries in Sub-Saharan Africa will have suffered a slump in their national incomes of 67%. (UN 2005:63)

John Cuddington has projected that HIV/AIDS alone will have reduced the Tanzanian GDP until 2010 by 15 to 25 percent and he expects the per capita income to have fallen up to 10 percent by the year 2010. (Cuddington 1993:186) If many states within a region (like Sub-Saharan Africa) are similarly affected, the net effect will be the underdevelopment of the region as a whole, which in turn imposes a net drag on global economic productivity and trade. The cumulative impact of HIV on the total size of economies is even greater. It is estimated that by the beginning of the next decade, South Africa, which represents 40 percent of Sub-Saharan Africa's economic output, is facing a real gross domestic product 17 percent lower than it would have been without AIDS. Because South Africa is the largest and most dynamic economy on that continent, this will have important knock-on implications for the region as a whole. For other very badly-hit countries, such as Zimbabwe and Botswana, the impact will be comparable. In Ethiopia, the pandemic will worsen rural food insecurity. The private sector will be hit hard, and international investments will be deterred. Return on investment will decline while its risks increase (Andersen et al. 2002:6).

 It is certain that HIV/AIDS contributes to corruption. Individuals who know they are HIV positive tend to seek illegal sources of income, to finance their treatment, and to ensure that their families are catered. People may be ready to tolerate extreme abuses of power, or engage in high-level corruption themselves, leading to

the effective dismantling of entire institutions, to serve their own or their families' interests (Waal 2001:2) .

AIDS mortality will have major negative implications for the workforce, and will entail a sharp decline in education, health care, government capacity, and industrial skills. The reduced working-life expectancy of skilled workers and professionals implies a major increase in training costs and a loss of skilled workforce at a time when higher educational levels are most needed for integration into the global economy. An assessment of six companies in Kenya and Botswana in 1994, early in the epidemic, shows that absenteeism accounted for between 1% and 9% of lost profits. (ILO 2004: 18) The ILO estimates that in 2005, 2 million workers globally were unable to work due to HIV/AIDS. By 2015, the number will double to 4 million. According to ILO, it has been noted that other economically active workers will be forced to shoulder an increased economic burden as a result of their colleagues dying of HIV/AIDS. Their workload is estimated globally to be 1% greater in 2015 than it would have been without HIV (5% greater in Sub-Saharan Africa). (Girma et al. 2004: 20) Soldiers are one of the occupational categories most afflicted by the HIV/AIDS pandemic. Spending on health care for soldiers and their families, and on their pensions, will consume an ever larger proportion of the defense budget. (Waal 2001:2)

Improving public health contributes to the economic productivity of a society. This growing "economic capacity" may in turn be channeled back into public health infrastructure to create a positive feedback loop. (Smith 2001: 80) A strong health system is a vital component in any country's response to AIDS and a key stepping stone to development. Yet, in the hardest-hit countries, the epidemic undermines health services in a different ways. The epidemic places unprecedented burdens on the scarce healthcare resources that currently exist. For example, Botswana lost approximately 17% of its health-care workforce due to AIDS between 1999 and 2005. In Zambia, an estimated 40% of midwives in Lusaka are believed to be HIV-positive (ILO 2004). 16% of a sample of public and private health-sector workers in four South African provinces lived with HIV in 2002, among younger health workers between 18 and 35 the estimated prevalence rate was 20% (Shisana et al. 2004). The epidemic is placing unprecedented burdens on the scarce health-care resources that currently exist. People with HIV-related diseases occupy more than half of all hospital beds in Sub-Saharan Africa. Excessive workloads, compounded

in many cases by the fear of infection due to the absence of standard infection-control practices in many health-care workplaces, cause many to leave the health profession. (UNAIDS 2006:95) AIDS increases the requirement of health care resources. These resources have to be detracted from other uses within the health sector, or obtained from outside it, in order to be allocated to the care of AIDS patients. Preventive measures not directly involved in treating AIDS patients, include the screening of blood donations, the generalization of the use of rubber gloves by health personnel, and general preventive activities undertaken by the health sector. AIDS poses important resource requirements on the public and voluntary welfare services, especially on personal social services and income maintenance programs such as sickness subsides. Effective HIV intervention requires intensive programs of counseling, testing, public education, and supervision of treatment to ensure its effectiveness and to minimize the chances of resistance. These interventions require technical and managerial skills and training (Schwefel et al. 1990:51-52).

HIV/AIDS generates an economic shock to the household which changes savings and consumption patterns, erodes aggregated household wealth, and necessitates significant labor substitution. (Waal 2001:3) The HIV/AIDS epidemic will have a large impact on the supply of human capital as it affects the education sector in four ways. Firstly, it reduces the supply of experienced teachers. Secondly, the rising levels of infectious disease also decrease incentives to invest in child education, as the children must spend more time working to support debilitated or bereaved family members. Thirdly, children may drop out of school if their families can no longer afford the school fees due to their reduced household income as a result of deaths. Problem number four is the rate of teenage children infected with HIV. As a result, the number of children in school is falling. (Lori et al. 1999: 9) This will affect the supply of human capital in the long run.

Life insurance is one of the economic activities that may experience the biggest impact. Tourism to areas with a high prevalence of AIDS may go down. It is apparent that AIDS is changing social values and attitudes towards some types of behavior, patients and risk groups. The degree of acceptability of homosexuality and drug addiction, sexual freedom, intimacy and individual rights may be some of the areas where AIDS can produce far reaching changes. (Schwefel et al. 1990:53) All

of these effects, taken together, demonstrate how the global resurgence of infectious disease is likely to produce negative outcomes for the prosperity of states.

Disease may magnify deprivation and accelerate the erosion of state capacity in seriously affected societies. Thus, infectious disease may in fact contribute to societal destabilization and to chronic low-intensity intra-state violence, and in extreme cases it may accelerate the processes that lead to state failure. This is, of course, consistent with the finding that states with low endogamies capacity should be more vulnerable to stressors on their economies and institutions of governance. Thus, the proliferation of infectious disease directly threatens institutions of governance in the developing countries and raises the probability of intra-state violence in seriously affected regions. (Smith 2002:121-122)

Furthermore, the observed negative empirical association between disease and state capacity holds at the state, regional, and global levels and over time. The study conducted by Andrew Smith indicates that the disease-induced mortality tends to have a greater long-term effect on state capacity over the 15-year period. Disease will reverse development gains in seriously affected states. The prevalence of infectious diseases will destabilize countries with lower initial state capacity more than states that currently exhibit high state capacity. The resultant disease-induced poverty and general human misery may exacerbate relative and absolute deprivation. As a result, this situation may exacerbate pre-existing societal tensions, and may at the same time contribute to increased criminal activity, low intensity intra-state violence, and, in certain extreme cases, to the collapse of effective governance (Ibid: 68) .

Epidemics have contributed to the collapse of governance of regions, kingdoms and states at all times. Because of the negative association between infectious disease and state capacity, diseases are a threat to international economic development and to effective governance at the state level. In his book "The Health of Nations: Infectious Disease, Environmental Change, and Their Effects on National Security and Development", Andrew Smith speculates that the growing destabilization of Sub-Saharan Africa may in part be due to the exceptionally high number of epidemics in the region, particularly HIV/AIDS, tuberculosis, and malaria. Indeed, the extreme and persistent governance problems in the Great Lakes region of central Africa may be related to increasing disease-induced stress on state capacity (Smith

2002:177). Therefore, this supports the argument that the destabilization impact of HIV/AIDS on governance as well as state capacity.

2.2.4. <u>Social Capital, Health and Good Governance: Theoretical Perspectives</u>

Social capital has the potential to facilitate various kinds of beneficial outcomes, such as sustainable development, functioning health care programs, more accountable governments, economic prosperity, and even peace. In sum, social capital in the form of trust, norms and networks helps to overcome problems by facilitating norms of reciprocity, allowing people to work together and through lowering transaction costs and decreasing the costs of cooperation (Francis 2001:1) The question is how can social capital contribute to all these socially beneficial outcomes? The following section will attempt to shed some light on this question. After having examined how social capital might exert an influence on the provision of public and private goods in general, this part of the thesis assesses the theoretical foundation with a closer examination of how social capital could be important for good governance and democracy as well as its relation and repercussion on health.

2.2.4.1. <u>Social Capital and Health</u>

The term social capital describes the stored investment of trust and understanding that are embodied in many aspects of social life. (Baum et al. 2003:321) Social Capital is a stock of formal and informal networks that individuals use to produce or allocate goods and services. (Rose 2001: 57) It has been recognized that social capital has the capacity to help realize economic benefits through social connections. (Warr 2006:497)

The community is central to social capital because social capital may vary between and within communities and the physical, social, and economic characteristics of the community may affect the levels of social capital within it. Community can refer to a defined geographical locality or to a group of people who share a sense of identity or have common concerns. (Baum et al. 2003:321) The way society is organized, for instance the intensity and quality of interaction between the citizens and the degree of trust and association is the most important determinant of health. The health of a community is mirrored in its networks, workplaces, families and even the trajectories of people's lives. (Lomas 1998:1181-1182) Social capital is in many

respects the medium that other aspects of social and economic life require to thrive. (Barnett et al. 2000:50) Recent studies indicate that social capital, average levels of civil participation and trust are associated with improvements in the individuals' health status. (Mellor et al. 2005) Considerable evidence has been found that social support is beneficial to health and that social isolation leads to ill health. According to Putnam, the more individuals are integrated with community the less they suffer from colds, heart attacks, strokes, cancer, depression and premature death of all sorts. Such protective effects are directly related to close family ties, friendship networks, participation in social events, and even simple Affiliation with religious and other civic association (Putnam 2000: 326). Therefore, studies conducted so far confirm that social support has a positive effect on many different aspects of both physical and mental health. Jennifer and Milyo also indicate that a higher level of social capital is positively associated with health over time. (2005:1123)

Social support has been defined as "resources provided by other persons" (Cohen et al. 1985:4). It has been seen as "information leading the subject to believe that he is cared for and loved, is esteemed and valued and belongs to social network of communication and mutual obligation." (Cobb 1976:300)

Table 2.1 shows the most important distinctions between social networks and the functional aspects of support, and the quality and type of support that are provided by the network members. Social networks are defined as the social contacts of a group of individuals. These contacts can be measured in terms of number and frequency. These measures can be further refined by separating them into the number of contacts from the primary group, or group of persons to whom the subject is most attached. (Marmot et al. 2001:155) Other measures include the density of the network, where it is estimated how much each network member is in contact with each other this gives some idea of how integrated network members are.

Table 2.1. Measure of Social Support and Social Networks

Social Networks	Contacts Number of contacts frequency of Contacts Density of network
Social support	Types of Social support Emotional Informational Self-appraisal Instrumental or practical

Marmot, Michael/Richard, G, Wilkinson (2001): Social Determinants of Health. Oxford: University press Oxford: 156

A much greater richness of analysis may be achieved by examining the quality of support as well as the social network. In general, types of support may be divided into "emotional", "practical", or "instrumental" support. In some studies, other aspects of support have been identified which may be linked to emotional support. These include "informational" support, measuring the information given for problem solving. A further important component of emotional support is related to self-appraisal[5], providing support that boosts self-esteem and encourages positive self-appraisal. Practical support manifests itself in many forms, including practical help and financial support. (Marmot et al. 2001:156)

Social support involves both interaction and transactions between people. Hence, what a person invests in a relationship may also be important for their health, as well as what they receive from someone else. This reciprocity is a "cognitive" element of social capital, refers to the provision of resources by an individual or group to another individual or group, and the repayment of resources of equivalent value by these recipients to the original provider. It is argued that high levels of social capital give rise to a higher level of reciprocal relationships and thus lead to more cooperative and well-functioning societies. (Baum et al.2003.321)

Reciprocity is important for the maintenance of good social relations. Relations with a balance of giving and taking may be easier to sustain than imbalanced ones. (ibid)

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[5] "Self-appraisal process is one way of initiating a programme of professional development. Individuals define criteria of competence for their work, monitor their daily professional activities, review their performance and make plans for modifying their practice in the light of their appraisal." (Boud 1995:118)

Social support may not only have a protective effect in the prevention of or a decrease in the risk of illness, but may also be helpful for people who have to adjust to, or cope with, the stress of a chronic illness. (Marmot et al. 2001:164) These support the argument that social connection helps to reduce mortality and morbidity rate. (ibid: 161)

Social support operates at both an individual and a societal level. Social cohesion[6] denotes strong community ties with intense participation in communal activities and public affairs and high levels of membership community group. The existence of mutual trust and respect between different sections of society contributes to self-esteem of people and their health. According to Baum et al. there are three types of trust. The first type of trust is that which exists within established relationships and social networks. The second type is a generalized trust or "social trust", which relates to the trust extended to strangers. The third form is institutional trust, which relates to the basic forms of trust in the formal institutions of governances (Baum et al. 2003.321).

There is increasing evidence that communities with high levels of social cohesion have better health than those with low levels of social cohesion. This is often accompanied by an egalitarian ethos in local politics. Various pieces of evidence support the link between social cohesion and health (Wilkinson 1996 cited in Paul 2002:12) and democracy is associated with health at the national level .(Dardet et al. 2006:670) Cities with strong civic communities have lower infant mortality (Marmot et al. 2001:169)

Social support has a wide spectrum of effects on health that ranges from an influence on mortality at the one end and on physical and psychological morbidity at the other. The decision whether or not to grant social support is a very personal matter, yet research shows that certain social structural imperatives positively influence the decision. Thus, the network's social cohesion can go well beyond that of the sum of the individual links of its members. At a societal level, social cohesion

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[6] Social cohesion is defined as "the willingness of members of a society to cooperate with each other in order to survive and prosper. Willingness to cooperate means they freely choose to form partnerships and have a reasonable chance of realizing goals, because others are willing to cooperate and share the fruits of their endeavors equitably". (Stanley 2003)

can have a powerful effect on health, which transcends that available from individual social relationships. This has implications for the improvement of the health of communities (Marmot et al. 2001:174). In General, there is substantial evidence documenting the effect of strong social networks on community health as well as the contribution of health to the active participation of society in civic matters.

2.2.4.1.2. <u>Social Capital and HIV/AIDS</u>

Social networks and social capital provide an analytical perspective for understanding the behavioral determinants of HIV transmission at the population level. (Mann et al. 1996 cited in Paul 2002: 13) HIV/AIDS cannot be yet cured, but the spread of the disease can be contained by adopting an integrated socio-behavioral communication approach. (Ellis et al. 2003:13) Therefore, behavioural change has been recognized as the only possible way to contain the spread of the disease. (Cohen 1993)

People are not always rational. Even when they act on a seemingly rational basis that depends upon their reasoning skills, knowledge and information they are likely to make faulty judgments. Inadequate information or false considerations about the consequences of their actions lead to even more irrational decisions. Moreover, they often misread events in ways that give rise to erroneous conceptions about themselves and the world around them. In order to protect oneself from HIV/AIDS, the appropriate skills, knowledge and perceptions regarding the prevention and transmission of the epidemic must be acquired. In the absence of knowledge and skills, people are most likely to expose themselves to HIV/AIDS. People's behaviour is mostly motivated and regulated by their internal standards and self-evaluative reactions of their own actions. The capability for self-reflection enables people to analyze their experiences to derive generic knowledge about themselves and the world around them. People not only gain understanding through reflection, they evaluate and alter their own thinking. In verifying their thoughts by self-reflective means, they monitor their ideas, act on them or predict occurrences, judge the adequacy of their thoughts, form the results, and change them accordingly (Bandura 1986: 20-21). Based on the above, understanding and influencing social networks and social capital may have potential to influence determinants of HIV transmission.

Cross-sectional data from a large-scale, population-based survey in rural eastern Zimbabwe describes just this relationship when it analyzes the correlation between membership in different forms of community groupings and young women's chances of avoiding HIV. The results show that participation in local community groups is often positively associated with successful avoidance of HIV, which in turn is positively associated with psycho-social determinants of safer behavior. (Gregson 2004)

Research has also revealed the links between social capital and the biological progression of AIDS. In a five-year study from Sweden, HIV infected individuals with lower "availability of attachments", i.e. meaningful social and emotional connections to others, experienced a more rapid decline in their CD4[7] cell count than those with higher levels of support (Theorell et al. 1995:35). Another study, conducted in South Africa, indicates that strong social networks, the flow of social and material resources between communities, can provide economic stability and opportunities to households that are able deter high-risk sexual activity, particularly in a time of crisis. In addition to providing avenues for the exchange of information, strong social networks shape community norms around gender relations, sexual negotiation and communication. They provide important role models for health-promotive behavior, such as the use of condoms or clinical services such as HIV testing. Individuals within cohesive communities have a stronger sense of self-confidence, self esteem and are stronger decision makers. The emotional support generated around these networks reduces discrimination around HIV and creates a more acceptable environment for those living with the disease. Communities with large social capital stocks are more likely to take collective action to pursue common priority issues including HIV/AIDS. (Paul 2002:13)

Civil society organizations have played a more significant role in HIV/AIDS prevention, care, treatment and mitigation. (Rau 2006: 294) Civil society also offers powerful ways of ensuring inclusion. In many countries, society's poorest, weakest and most stigmatized are disproportionally affected by HIV/AIDS. It also creates further stigma and discrimination for those who have been affected by the epidemic.

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[7] CD4 is the name of a special receptor protein found on the surface of CD4 cells. CD4 cells are a type of T cell that HIV infects and destroys. CD4 counts, or levels, measure the number of CD4 cells in the blood. (Canadian AIDS Treatment Information Exchange 2010)

In this respect mutual support groups set up by members and peers within a community are often most successful ways of providing services to that community and in challenging stigma in empowering ways (The Alliance 2006).

The CSO's innovative and creative approaches to HIV/AIDS prevention and care offer models for action that could slow and control the epidemic. (Rau 2006: 289) CSOs have already had a number of successes by demanding inactive governments take action against HIV/AIDS. By taking the lead in initiating, developing and delivering innovative responses to HIV/AIDS, the CSOs set the HIV/AIDS agenda at the international level and call the pharmaceutical companies to account. (UN 2005:28-29)

Communities' contributions to the struggle against HIV/AIDS are enormous. As a result, NGO responded disproportionately fast and decisive. NGOs have different operational structures to governments and can respond quickly on a small scale, are close to their constituents, and are aware of power relations and influences at the local level. Many governments, on the other hand, were responding only reluctantly and slowly to the epidemic in its early stages. This was partly due to denial, and partly because the problem is strongly associated with sex, death (areas that are seen as private rather than public concerns), and socially unacceptable or illegal behaviour that governments do not wish to condone. In comparison, NGOs are well placed to support stigmatised groups and can find paths to reach marginalised groups (DeJong 2003 cited in Slater 2004:27).

The reverse may also be true that CSOs themselves will be affected by the impact of HIV/AIDS, (Rau 2006: 288) and social networks can contribute to the active transmission of HIV/AIDS. (Liljeros et al. 2003, Rothenberg et al 1998, Morris et al.2004).

Seropositive and AIDS patients go through a course of disruptive events. On top of their infection or disease, some will experience minor or more severe psychological imbalances, isolate themselves or be excluded from their social networks. Their family structure or stable sexual relations are likely to be ruined. AIDS reduces of life expectancy and quality of life to those suffering from the disease. Due to stigma and discrimination associated with the disease, unlike other diseases the psychological and social consequences of AIDS, pain and stress affect not only for the patients but also for their relatives and friends. (Schwefel et al. 1990:47)

According to the CIA, AIDS is contributing to poverty, crime, and instability. AIDS, other diseases, and health problems will hurt prospects for transition to democratic regimes as they undermine civil society, hamper the evolution of sound political and economic institutions, and intensify the struggle for power and resources (CIA 2000).

In the course of the epidemic, people will have to face additional hardships – for themselves and for their families. Because of this, people will change their social and political behaviours to accommodate these new circumstances (Matlosa et al. 2003:75). Therefore this situation makes the people respond to scarcity by hardening the already existing religious, class, ethnic or linguistic divisions that separate them. Competition among these increasingly distinct groups worsens, which reduces both their interactions with each other and with the state. These create fragile bonds which make it hard for groups to articulate their needs nonviolently through established networks. This can bring about a threat of ethnocentrism, or the increase in in-group solidarity and out-group hostility, which in turn leads to greater mistrust. (Green 2002:6)As was already mentioned, HIV/AIDS create enormous impact on state capacity and as a result the state is no longer able to guarantee the security of its people. (Green 2002:4). This indicates how epidemics create impact on civil society development by altering the rationale for political and social action by individuals and communities.

A study conducted in South Africa reveals how significantly a CSO can be affected by HIV/AIDS. According to this study, CSOs ability to fulfill their mission will decrease in the face of increasing HIV infections due to its internal impact on their organizations and due to shift of the community's need. As a result they are being steered towards new areas; particularly HIV/AIDS specific projects that may be outside their core purpose and certainly require new skill-sets (INTRAC 2004:6-7).

The increase in prevalence of HIV/AIDS will have a negative impact on social capital as HIV infected individuals have fewer social and emotional connections to others. In this respect, a survey of representative samples in seven southern African countries found that the countries with the highest measured levels of illness have the lowest overall levels of attendance to local community meetings and participation in local service and welfare groups. The study further indicates that

AIDS killed critical proportions of those who organize and chair community meetings or local welfare groups. (Mattes 2002:16)

A study conducted in Kenya indicates how the "*Harambee*" movement was affected by HIV/AIDS. The *Harambee* movement is an informal voluntary self-help social-economic movement that was founded after Kenya's independence. The movement provides a meeting-place for people and contributes money to support people in need or to start a self-development project. This movement enabled communities to build schools, water systems, and medical facilities. With the emergence of the HIV/AIDS pandemic, the demands for social support within the community, especially for medical bills, have increased tremendously. The declining economic resources led politicians to raise funds for medical bills. 85% of the members of parliament and councilors interviewed for the study estimated most of their fund raising engagement focusing on the medical requirements of their constituents. (Kimotho 2005: 3)

Social interaction and social structure mediate disease transmission. (Liljeros et al. 2003:195) Several studies emphasize the important role of network configuration in the transmission of HIV. (Rothenberg et al 1998) Romantic and sexual partnerships form the dynamic network along which disease travels. Sexual network characteristics have been identified as important for the understanding of HIV transmission patterns and the spread of the disease. The spread of HIV in a particular setting depends upon the extent to which a network is connected. (Morris et al. 2004:2) Social network analysis provides the essential tool for analyzing social structures, including sexual networks. (Liljeros et al. 2003:194) Sexual networks are "groups of persons who are connected sexually to one another". The number of persons in a network, how central high-risk persons are within it, the percentage in monogamous relationships and the number of "links" each member has to others all determine how quickly HIV can spread within a network. Sexual networks are distinct from, but often overlap with social networks (Wohlfeiler et al.2003:1).

The different ways persons select partners affect how quickly HIV can spread. Exclusively monogamous persons are, by definition, not part of a sexual network. If both are HIV-negative they remain as they are. Serial monogamists are persons who go from one relationship at a time to the next. If they have unprotected sex, they

have a higher risk of HIV than exclusively monogamous persons. Earlier partners' risk may affect later partners, too (Wohlfeiler et al.2003:1).

Concurrent relationships involve having more than one sexual partner in a given period and going back and forth between them. This increases the probability for transmission, because earlier partners can be infected by later partners. The central person of such a concurrent relationship can function as a "node" that connects all sexual partners in a dense cluster, thus creating highly connected networks that facilitate transmission. Concurrent partners can connect each of their respective clusters and networks as well. Concurrency alone can fuel an epidemic even if the average number of partners is relatively low (Wohlfeiler et al. 2003:1, Morris et al. 2004:7) .

In general, social networks and contacts have a positive as well as negative impact on the spread of HIV/AIDS. Social contacts help to bring about behavioural change which can protect the community from HIV/AIDS. On the other hand, sexual networks contribute to the active transmission of HIV/AIDS within the community. Although social capital contributes to protecting the community from the epidemic, it will be also affected by it. Studies indicate that social capital, the strength of associational life, trust, and norms of reciprocity may be undermined by HIV/AIDS in several ways. HIV/AIDS weakens the informal exchange of knowledge and causes a decline in incentives for coordinated group action. Formal institutions that contribute to social capital formation, such as church groups, sports clubs, and professional associations, will be weakened as members die. Social networks whose members are highly mobile or live in urban areas will be more susceptible to HIV/AIDS. The stigma attached to the virus weakens social capital because the existing networks ostracize those who are infected. (Andersen et al. 2002:13) The loss of lives and the resulting psychological, physical, and financial trains tamper with the social structures and the ability to produce social capital. (Were et al. 2003:12)

2.2.4.2. Social Capital and Good Governance

Many beneficial influences of social capital have been pointed out in the literature and its impact on good governance and democracy is amongst many. Social capital influences the quality of governance and an active and trusting civil society is

important for the effectiveness of government. (Eberle 2003: 60-61) A study conducted by Tavits indicates the link between social capital and government performance. According to him/her, social capital contributes to government performance through policy activism and increasing administrative efficiency. Social capital is related to policy activism because it increases the level of political sophistication and facilitates the cooperation within society, helping people to voice their policy demands better. It brings about administrative efficiency, because social capital facilitates cooperation and helps to overcome the agency problem within the bureaucratic organization. (Tavits 2006) In addition, according to Gerring et al., a maturity of a country's stock of social capital can bring about democracy which leads to growth which may become more pronounced over time. (2005:328)

Investigating the social conditions that foster democracy in America, Alexis de Tocqueville, one of the renowned theorists of the concept of social capital, emphasizes the beneficial relation between social capital formed in civic associations and the stability of democracy. According to Alexis de Tocqueville:

> "Men who have as yet little skill in the technique of association and do not understand the main rules thereof are afraid [...] They thus learn to submit their own will to that of all the rest and to make their own exertions subordinate to the common action, all things which are as necessary to know, whether the association be political or civil. So one may think of political associations as a greater free school to which all citizens came to be taught the general theory of association. When they are allowed to combine freely for all purposes, they come in the end to think of association as the universal, one might almost say the only, means by which men can attain their various aims." (Tocqueville 1969:521-522)

In line with Alexis de Tocqueville, John Stuart Mill also emphasizes the importance of social organization and civic participation for good governance. For him, the criteria of the goodness of government depend on good quality of the governed. (Mill1991:227). In line with this he argues that:

> "If we ask ourselves on what causes and conditions good government in all its senses, from the humblest to the most exalted, depends, we find that the principal of them, the one which transcends all others, is the qualities of human beings composing the society over which government is exercised." (Mill1991:225)

Mill further emphasizes the monitoring function of society to avoid the "influence of defects" in the conduct of governance (Mill1991:226), accordingly he stated that:

> "Government consists of acts done by human beings; and if the agents, or those who chose the agents, or those to whom the agents are responsible or the looks on whose opinion ought to influence and check all these are mere masses of ignorance, stupidity, and baleful prejudice, every operation of government will go wrong; while, in proportion as the men rise above this standard, so will the government improve in quality; up to the point of excellence, attainable but nowhere attained, where the officers of government themselves persons of superior virtue and intellect are surrounded by the atmosphere of a virtuous and enlightened public opinion. (Mill1968:193)

Therefore according to Mill government should be built on and composed of a good state of society. Mill realizes that there is a reciprocal relationship between active citizens and their government. In this respect for example, he stated that:

> "The most important point of excellence which any form of government can possess is to promote the virtue and intelligence of the people themselves. The first question in respect to any political institution is how far they tend to foster in the members of the community the various desirable qualities […] moral, intellectual and active. The government which does this the best has every likelihood of being the best in all other respects, since it is on these qualities, so far as they exist in the people, that all possibility of goodness in the practical operations of the government depends" (ibid)

Social capital enables citizens to overcome their problems through collective action and allows them to react in concert to issues concerning their governments. Social relations rather than institutional arrangements are mainly responsible for the production of trust in economic life. (Granvetter et al. 1992:61) Associations can make citizens enjoy all the advantages which civilization can offer. (Tocqueville 1969:520) Freedom of political association gives stability to a state which for sometime it had shaken. (ibid: 523) Participation in associations can range from consultation to structural participation in which people are the driving force of initiatives. Such structural participation in civil society is seen as a crucial element of social capital by most theorists. One key figure in measuring social capital is the extent to which people participate in social and civil activities. The debate regarding the extent to which institutional support, including from the state, is essential to support and maintain a strong civil society is not yet finished. (Baum et al.2003.321) If democracy is in fact liberal, it maintains a protected sphere of individual liberty where the state is constrained from interfering. If such a political system is not to degenerate into anarchy, the society that subsists in that protected sphere must be

capable of organizing itself. Civil society serves to balance the power of the state and to protect individuals from the state's power. (Francis 2001:11)

Official membership in an organization is only one facet of social capital, but it is usually seen as a barometer of community involvement. (Putnam 2000:49) In the language of economics, social capital lowers transaction costs and eases the dilemma of collective action. Where people know, interact and trust one another they build a moral foundation for further cooperative enterprises. Government works more efficiently in the presence of social capital. Police close more cases when citizens monitor neighbourhood comings and doings. Child warfare departments do a better "family preservations" when neighbours and relatives provide social support to troubled parents. Public school teaches better when parents volunteer in classrooms and ensure that kids do their homework. When community involvement is lacking, the burden of government employees-bureaucrats, social workers and teachers are that much greater success that much more elusive. (ibid: 346)

The benefit of social capital spills beyond the people immediately involved in homework and can be used for many other purposes. (Putnam et al 2004: 269) Strategies that ignore the value of social networks would have been less effective in the immediate task, less sustainable over the long-term and less fruitful in a broader sense. (ibid: 270) A study conducted by Krishna in 69 village communities in India supports this argument and indicates how social capital provides both glue and gear to have significantly higher levels of political participation of the communities. (Krishna 2002:457)

"When an opinion is represented by an association, it has to assume a sharper and more accurate expression. It counts up its supporters and involves them in its cause; these supporters learn to know each other and their enthusiasm are increased by their numbers. Association binds the efforts of disparate minds and energetically drives them toward one single goal which it has clearly marked out". (Tocqueville 1969:220-221) Additionally, communication and information flowing through social networks as well as organizational skills provided by them could contribute to an increased leverage of society vis-à-vis the state. It is argued that voluntary organizations enhance the self-sufficiency of society by providing collective goods and services not only for their members but also for the rest of society. (Offe et al.

2002) In doing so, they ensure that state-citizen relations will less likely be deformed into inherently authoritarian relationships of dependency, paternalism, and clientelism. (Offe et al 2002:235) In sum, it can be argued that in societies with rich social capital, "watchful citizens" are likely to hold elected officials accountable for their actions, and that these leaders in turn are more likely to believe that their acts will be monitored. (Norris 2003:5) Putnam concludes that the predictive power of the civic community is higher than that of economic development: "The more civic a region, the more effective its government" (Putnam 1993: 98).

Despite this fact, some scholars argue that social capital leads to negative outcomes, ranging from social exclusion and corruption of the state to conflict and violence. (Narayan 1999:3) In this respect for example, a highly trusting society, such as China demonstrates, dense social networks that might be beneficial for economic development but that do not necessarily have to promote democracy or accountable government. In addition, organizations like the Ku Klux Klan or highly antidemocratic and illiberal movements possess high shares of social capital but the values they promote are based on intolerance, inequity and discrimination. These examples reveal that there is a "dark side of social capital" one has to be aware of, especially since there is "neither any evidence that the skills and habits learned in such associations are 'transferable', nor that they are relevant to the construction of democratic practice." (Putzel 1997:947, Naidoo 2000:8) This indicates the need to understand the nature of social capital, and what might be the circumstances under which it is likely to lead to the public good. (Narayan 1999:3) Therefore those criticizing Putnam's argument that "social capital leads to all positive outcomes" question the kind of social capital which comes out of community involvement, by whom it has been developed, and for what purpose it has been utilized. In response to these critics acknowledging the shortcoming of his previous studies, in his book "On Bowling Alone : The Collapse and Revival of American Community" in chapter 22. In this chapter for example he, investigates whether social capital "is at war with liberty and tolerance" or with equality.

Concluding Remarks

Civil society is widely believed to have the potential to make a positive contribution towards democratization and good governance in Africa and other parts of the developing world. This assumption derives both from theoretical expectations of the

democratic potential of organized associational activity and the actual role of civil society organizations in democratic transitions over the past decade. Various studies on the relationship between civil society organization and governance performance indicate the importance of an active civil society, especially for the effectiveness of governance. However, epidemics like HIV/AIDS are creating a significant negative impact on governance in general and on the role of civil society development in particular. This is eminently true in Sub-Saharan Africa where the prevalence of the epidemic is very high.

Literature on health security and the impact of health on state capacity show that pathogens present a threat to national security and development. Throughout history, the spread of epidemics has significantly affected societies and posed a profound threat to national security. AIDS is an exceptional disease with wide-ranging impact. There is no vaccine to prevent it. There are no known spontaneous cures. People most at risk of infection are those in the most sexually active ages of between 15 and 49, an age bracket that captures people's most active years in their professional lives. The disease disproportionately affects populations that are essential for a strong civil society including the youth, the educated and professional classes. HIV/AIDS could undermine democratic institutions and the factors that help to sustain democracy, including economic growth; essential political institutions and cultural support for democracy and including democratic participation and civil society. Similarly, the organizational survival of civil society institutions is under threat, with a corresponding impact on democracy.

Social capital has the potential to facilitate various kinds of beneficial outcomes, such as sustainable development, functioning health care programs and more accountable governments, economic prosperity, and even peace. In sum, social capital in the form of trust, norms and networks helps to overcome problems through facilitating norms of reciprocity, allowing people to work together and through lowering transaction costs and decreasing the costs of cooperation. Social capital might exert an influence on the provision of public and private goods in general. Evidence indicates that social capital leads to dense social networks that might be beneficial for economic development but that do not necessarily have to promote democracy. It is vital, therefore, to understand the nature of social capital, and under what circumstances it is likely to lead to the public good.

Recent studies found that civil participation and trust are associated with improvements in individual health status. There is increasing evidence that communities with high levels of social cohesion have better health than those with low levels of social cohesion. Social networks and social capital provide an analytical perspective for understanding the behavioral determinants of HIV transmission at the population level.

In general, social network and contacts will have a positive as well as negative impact on the spread of HIV/AIDS. Social contacts help to bring about behavioural change which can protect the community from HIV/AIDS; on the other hand, sexual networks contribute to the active transmission of HIV/AIDS in the community. Though social capital contributes to protecting the community from the epidemic, it will be also be affected by the prevalence of HIV/AIDS. Studies indicate that social capital – i.e. the strength of associational life, trust, and norms of reciprocity – may be undermined by HIV/AIDS in several ways. HIV/AIDS weakens informal way of exchanges of knowledge and causes decline in incentives for coordinated group action.

Chapter 3

Ethiopia: Institutional, Political, Social and Economic Background

3.1. Introduction

Civil society organizations are products of a given historical, social, economic and political circumstances of their own time. As a background to the subsequent discussion on the development of civil society, this chapter reviews the historical, social, economic and political environment of the country from a time perspective with emphasis on current conditions. This chapter mainly focuses on aspects that are often considered relevant to the development of civil society which are related to the social, economic and political situation of the country in general. In addition, selected cultural and political factors that may help to promote or hamper civil society organizations will be highlighted.

3.2 Physical Environment, Historical and Political Settings

Unlike most of Africa, the Ethiopian state was formed through the reconsolidation and expansion of an indigenous empire. (James et al. 2002:1) It is one of the oldest countries in the world. With a total area of 1.22 million km^2, Ethiopia lies in the northeastern part of the continent, in what is known as the Horn of Africa. The country has been landlocked since 1993, sharing borders with Eritrea to the north and northeast, Djibouti to the east, Somalia to the east and southeast, Kenya to the south, and Sudan to the west. Ethiopia's topographical diversity includes high and rugged mountains, flat-topped plateaus, and deep gorges with rivers and rolling plains with altitudes ranging from 110 meters below sea level at the Denakil Depression in the northeast to over 4,600 meters above sea level in the Simien Mountains in the north. Ethiopia has a tropical monsoon climate with wide topographic-induced variation. Three climatic zones can be distinguished :a cool zone consisting of the central parts of the western and eastern section of the high plateau, a temperate zone between 1,500 meters and 2,400 meters above sea level, and the hot lowlands below 1500 meters (AQUASTAT Survey 2005:1, Tronvoll 2000: 6). Mean annual temperature varies from less than 7−12ºC in the cool zone to over 25 ºC in the hot lowlands. Average annual rainfall for the country is 848 mm

varying from about 2,000 mm over some pocket areas in southwest Ethiopia to less than 100 mm over the Afar Lowlands in the northeast. Rainfall in Ethiopia is highly erratic, and most rain falls intensively, often as convective storms, with very high rainfall intensity and extreme spatial and temporal variability. The result is that there is a very high risk of annual droughts and intra-seasonal dry spells (AQUASTAT Survey 2005:1).

Before 1974, Ethiopia was governed under a feudal administration system and ruled by successive emperors and kings. Until the mid -1970s, the country was ruled by an absolute monarch with political power concentrated in the hands of Emperor Haileselassie, and economic power in the hands of a class of landed nobility and local gentry who controlled a preponderant share of the country's productive resources. Haileselassie's rule, which lasted from 1930 to 1974, excluding the five year Italian occupation (1935-41), was relatively stable and peaceful (Rahmato &Ayenew 2004:3).

Emperor Haileselassie continued the modernization of state apparatuses which had been started during Emperor Menilik's reign. Although, the modernization of the state under Emperor Haileselassie did not extend as far as the democratization of the polity, the Emperor did establish a parliament, provide a written constitution (in 1931, revised in 1955), and introduce elections. Elections to the lower House of Parliament were held every five years from 1957 onwards; however, since political parties were not allowed, electoral seats were contested on individual basis. Legislation was debated but since the Parliament had little power it was acting as a sounding board. (ibid: 2) the constitution served merely to consolidate the power of the monarchy and further its legitimacy (Scholler and Brietzke 1976:34). The Constitutions affirmed that the Emperor ruled by divine right. The absolute monarchy did not tolerate dissent or criticism. (Rahmato &Ayenew 2004:3)

The 1974 revolution changed the political, economic and social systems of the country significantly. In 1974, the last Emperor, His Majesty Haileselassie I, was overthrown by popular revolution, and later a group of military officers which is known as the *Derg*, took power. The Provisional Military Administrative Council (PMAC), or *Derg*, which seized power by overthrowing the monarchy in 1974, shifted the country's diplomatic alliance toward the Socialist bloc, and plunged into 'socialization' of the country's polity and economy. The earliest reform which

subsequently was to be the cornerstone of agricultural collectivization was the radical land reform of 1975. This effectively ended landlordism in the country, emancipating millions of peasants from the control of the propertied classes. However, the peasants had limited rights over land for it was to be state property. Subsequent reforms eroded the benefits enjoyed by the peasantry under the 1975 land reform. In the 1980s the *Derg* embarked on a massive resettlement and villagization programme involving millions of peasants, partly as response to the devastating famine and environmental shocks. The popularity it had gained from the peasantry as a result of its effective measures against the propertied classes and the distribution of land declined as the government turned more and more toward hard- line Stalinist reform policies (ibid).

The 1955 constitution was suspended in 1974 by the *Derg* and replaced by a series of military decrees. (EIU 2006:8) *Derg* introduced a constitution in 1987 after it had seized power for twelve years. As in other socialist countries, the ruling party is established by the *Derg,* the Worker's Party of the Ethiopia (WPE), is in the Leninist tradition. Power remained in the hands of appointed leading officials of the party and the military dictator, Colonel Mengistu Hailemariam. Elections to the Assembly were conducted, but outcomes were decided long before the formal ballots were cast and the seats were contested only by WPE cadres. The *Derg* was perhaps among the most tyrannical regime in the country's history. Thousands of people were executed without trial, thrown in jail, and forced to flee the country for fear of arrest, persecution and execution (Rahmato & Ayenew 2004:3).

The armed struggle by various opposing forces which was in its infancy during the reign of His Majesty Emperor Haileselassie I began in the northern parts of the country and escalated into a major crisis and in 1991, the Ethiopian Peoples Revolutionary Democratic Front (EPRDF), a coalition of ethnic based political movement, forcefully overthrew the military socialist government. A new constitution was endorsed by a referendum in December 1994 and came into effect in August 1995. (EIU 2006:8) The EPDRF government replaced the *Derg* regime with a federal structure of government. Ethiopia now has a parliamentary federal government administering nine regional states and two administrative councils (Addis Ababa and Dire Dawa) which are subdivided into 560 *Woredas* (districts) (World Bank 2004: 37).*Woreda* administration and *Kebele* administration are the

lowest two administrative structures. In rural Ethiopia the lowest administrative structures are called peasant association. (ibid: 10)

The EPDRF-dominated transitional government administered the country until 1995 when it assumed power as an elected government. The same political group won the 2000 election with very few challenges from fragmented oppositions force. On May 15, 2005 elections presented the Ethiopian people a remarkable opportunity to express their political views by participating in a poll that offered them a meaningful choice. Registration was very high and voter turnout was about 80 to 90 percent. This in itself was a big gain for democracy in the country (Medhanie 2007:51, Abbink 2006: 183). In contrast to earlier elections, opposition parties competed vigorously across the country. (Lyons 2005) Despite this fact, the result was contested, leading to major outbreaks of violence in June and November. Following elections on May 15 2005 the Ethiopian People's Revolutionary and Democratic Front (EPRDF) formed a government led by Prime Minister Meles Zenawi.

3.3 Demographic Characteristics

Ethiopia had a population of 75.5 million with a potential growth rate of 2.7 % per year. Provided the population continues to grow at this rate demographers estimate the doubling time to be around twenty-three years and with the potential to reach to a size of 120 million by 2022. The total fertility rate is 5.9, 85% of the population dwells in rural areas while the remaining 15 percent are urban resident (UNDP 2006:300). In the year 2005, 48 % of the population was under the age of fifteen. 49% of the population was in the age group between15-64 and about 4 % are over sixty-five (CSA and ORC Macro 2006:14).

Population density is sixty-six inhabitants per km^2, but varies from seven inhabitants per km^2 in Afar in the northeast to 114 inhabitants per km^2 in Southern Region in the southwest of the country. The urban population is growing rapidly as a result of both natural increase and high rural-urban migration. This is putting more and more strain on urban services and employment. Unemployment and under-employment is common, particularly in rural areas. In 2000, 44 percent of the population lived below the national poverty line. (AQUASTAT Survey 2005:2)

According to the survey conducted by Central Statistics Authority in the year 2006, the average household size is five persons. Rural households have 5.2 persons per household while the urban households have only 4.2 persons per household. Single-person households are more common in urban areas (13%) than in rural areas (4%). Only 7% of households have nine or more members (ibid).

According to the latest UNDP report life expectancy at birth in 2004 was 47.6 years (UNDP 2006: 286) which is 48.8 and 46.8 for female and male respectively. (ibid: 366) Maternal mortality ratio for the year 2004 was 870 deaths per 100,000 and infant mortality was 110 per 1000 live births, while under five rates stood at 166 per 1000 live births in 2004. (UNDP 2006: 318) Contraceptive prevalence rate for currently married women between the ages of 15-49 from the year 1996-2004 is 8%. (ibid: 304) Among married Ethiopian women of childbearing age (ages 15-49), total contraceptive use was 14.7 percent in the year 2005 which is 13.9 percent for modern methods and 0.8 percent for traditional methods (CSA and ORC Macro 2006:64). Knowledge of contraceptive methods is high with 88 percent of currently married women and 93 percent of currently married men knowing at least one method of contraception. Modern methods are more widely known than traditional methods. For example, 87 percent of currently married women know of a modern method, and only 17 percent know of a traditional method (ibid: 57). In Ethiopia, marriage marks the point in a woman's life when childbearing becomes socially acceptable. Age at first marriage has a major effect on childbearing because women who marry early have on average a longer period of exposure to pregnancy and a greater number of lifetime births. According to the Central Statistics Authority, marriage occurs relatively early in Ethiopia. Among women ages 25-49, 66 percent married by age 18 and 79 percent married by age 20. The median age at first marriage among women ages 25-49 is 16.1 years (CSA and ORC Macro 2006: 82).

3.4. Ethnicity and Language

The Ethiopian people are ethnically heterogeneous, comprising of more than 100 groups. The 84 languages and 200 dialects spoken in the country are divided into four major language groups. Amharic is the official national language of Ethiopia and the Oromo make up Ethiopia's largest ethnic group. Ethiopian society is complex and hierarchical. Ethnic tensions have shaped its history and continue to be

a factor in the political and daily lives of its citizens (Vaillancourt et al. 2005:3). Of the ethnic groups identified by the Central Statistics Authority in its 1994 census, only seven have populations larger than one million. The seven ethnic groups in alphabetical order are Amhara, Gurgae, Oromo, Somalie, Sidama, Tigre and Wolaita. Amharas (30.1 percent) and Oromos (32.2 percent) together made up about two-thirds of the Ethiopian population (CSA 1994 cited in Degefe & Nega 1999/2000:65).

3.5. <u>Religion</u>

The history of religion in Ethiopia is influenced by the world's three main religions namely Judaism, Christianity and Islam. (Parker 1995: 53) Ethiopians have been practicing these religious doctrines since they become known to the earliest believers. Christianity came to Ethiopia around the fourth century AD during the Axumite period. (Parker 1995:7, Abbink 2003:1) The Kingdom of Aksum was one of the first nations to officially adopt Christianity when St. Frumentius of Tyre converted King Ezana during the fourth century A.D. The first head of the Ethiopian Orthodox church was Frumenatis who was ordained and sent to Ethiopia by the then head of the Coptic Church from Alexandria, Patriarch Atnatewos, a tradition that continued until the mid twentieth century (Abbink 2003:2). As of the mid-1950s the head of the Ethiopian Orthodox Church is appointed nationally. In 1958 an agreement was signed with Alexandrian Patriarchate enabling an archbishop to be elected by the fourteen Ethiopian provincial bishops and to be approved by the emperor (Levine 1974:127). The Church and state were closely connected until the 1974 popular revolution when the former lost its status of being a state religion. Today, the Ethiopian Orthodox Tewahedo Church is by far the largest denomination. Approximately 40 to 45 percent of the population belongs to the Ethiopian Orthodox Church (EOC), which is made up of some 110,450 individual churches (Vaillancourt et al. 2005:3).

The history of the rise of Islam in Ethiopian dated back to the seventh [century] when the Christian king of Axum harbored Muslims who fled persecution across the Red Sea. (Parker 1995:54) Ethiopia suffered a devastating Muslim invasion led by Ahmed Ibn al Ghazi (1506-43). (Markakis and Nega 1978:15) During the sixteenth century Ahmed Ibn Ibrahim "Gragn" (the left handed) waged war in order to spread

Islam to the highlands of the country and succeeded until he was defeated by the Portuguese who came to rescue Emperor Gelawodeos. The Portuguese through their Jesuit missionaries attempted to introduce Catholicism to the country but with little success. Today Catholics are among the minorities in Ethiopia. Protestantism is the most recent addition to the religion of the country. In Ethiopia, Orthodox Christians constitutes 51 percent of the population, Muslims 33 percent, Protestants about 10 percent and Oriental Rite and Latin Rite Roman Catholics, Jews, animists, and other practitioners of traditional indigenous religions make up most of the remaining population (Abbink 2003:2,Vaillancourt et al 2005:3).

There are numerous indigenous African religions in Ethiopia, mainly located in the far southwest and western borderlands. In general, most of the Christians (largely members of the Ethiopian Orthodox Tewahedo Church) generally live in the highlands, while Muslims and adherents of traditional African religions tend to inhabit lowland regions in the east and south of the country. A small ancient group of Jews, the Beta Israel, live in northwestern Ethiopia, though most immigrated to Israel in the last decades of the twentieth century as part of the Operation Moses and Operation Solomon rescue missions undertaken by the Israeli government (Parker 1995:53).

Ethiopia is also the spiritual homeland of the Rastafari movement, which began in Jamaica in the 1920s, whose adherents believe Ethiopia is Zion. The Rastafarians view Emperor Haileselassie I as the human incarnation of God (Ibid: 57).

3.6 Political Systems and State Institutions in Ethiopia

The current regime in Ethiopia came to power overthrowing the *Derg* regime in 1991, which had pursued a centralized Marxist-Leninist system of government. After a period of transitional rule, the ruling coalition, the Ethiopian People's Revolutionary Democratic Front (EPRDF) took power. The transitional authorities promulgated the federal constitution in December 1994. In May 1995 representatives were elected to the institutions of the new republic, which formally came into being in August 1995. (EIU 2004:4) This new constitution created a federation of nine National Regional States (NRSs), delineated mostly according to

the major language groups. The Ethiopian constitution of 1995 provides for a democratic structure of governance in the country (Pausewang et al. 2002: 230).

The Constitution follows a parliamentary model of system of governance. The Federal Assembly consists of the House of Peoples' Representatives (lower house: 548 members) and the House of the Federation (upper house: 108 members). (EIU 2004:4) Political parties exist, and elections do take place.

The judiciary in Ethiopia is constitutionally independent of both legislature and executive. This independence nevertheless remains functionally constrained in a number of important respects. The viability and credibility of court proceedings remain matters of widespread social concern. There are bottlenecks and incompetence in the court system. Reports suggest that adjudication has not been efficient, queues and delays have become notorious, and in some instances, people have simply withdrawn from a court system that has become impractical because of long deferrals and uncertain results (Pausewang et al. 2002: 233).

Judicial capacity and efficient delivery of justice at the federal as well as at the regional level of government is crucial to the democratization process in Ethiopia. Judicial capacity is essential for the promotion of human right. The judicial capacity in most regions is weak because of inadequate organizational structure, inexperienced legal staff, vastness or remoteness of the region and lack of defense lawyers, office space, equipment and housing. (Tesfaye 2002: 143) This indicates the inability of the judiciary to be efficient, and it also calls into question the extent to which it is independent from government interference.

3.7. Indigenous System of Governance and Political Culture

There are indigenous systems of governance in Ethiopia. Many of the ethnic groups of Ethiopia practice some elements of customary practice of 'democracy'. The Seera of the Sidamo, the Gurage, the Kambata (Zewde & Pausewang 2002) the *Gada* system of Oromo, Garrimero people, Anuak and *Madda* system of Afar (Aredo & Adal 1999), Council of elders (Pausewang et al.2002:3) all constitute some component of good governance incorporating elements of accountability, transparency, participation, legal and judicial framework and coordination and

control in their system of governance. The most well-known and researched traditional system of governance in Ethiopia is the *Gada* system of the Oromo.(Vaughan and Tronvoll 2003: 51) The *Gada* System is a system of classes (*luba*) according to which every male Oromo goes through age cycles that succeed each other every eight years in assuming military, economic, political and ritual responsibilities. Each *Gada* class remains in power during a specific term (*Gada)* which begins and ends with a formal power transfer ceremony. The *Gada* system exists predominantly in pastoral areas of Oromo society notably Borana (Legesse 1973: 8). Each age group has its distinct tasks and responsibilities: where the younger male members of the community take care of the cattle, a second group has the responsibility to protect the community, and the leadership is in the hands of a fifth group. Every eight years, in a *luo* ceremony, men are collectively promoted to the next age cycle, while the boys born during the previous eight years are ceremonially promoted to the first age cycle. Each age group chooses its leaders by election. Those who must hand over leadership to the incoming *luo* group of new leaders are retired into the status of respected elders (Legesse 2006:104).

In these indigenous institutions, leadership is based on certain clearly defined criteria. For the Afar people, leadership is based on characteristics like respect, wisdom and ability. The *Gada*, which has age and maturity as its foundation, requires that a leader be wise, honest, patient and fair. The Garrimero people elect to their assemblies persons who are brave in war, able, and convincing. Before somebody is elected to a permanent position of leadership the person will be given six months to demonstrate his ability and prove his fortitude in governance (Aredo & Adal 1999). In the Kambata community, leadership is highly competitive and offices are rotated ever few years among the people. The leader should be articulate in presenting his community's case. Although he will belong to one tribe, he is expected to be impartial to his jurisdiction (Arsano 2002:51).

In these indigenous institutions leaders are accountable to the community. Afar people can recall and dismiss an incompetent leader. The Garrimero people can punish a misbehaving leader and force him into resignation when necessary. The Anuak people elect their king similar to the way the Garrimero people send their elected representatives to their assemblies (Aredo & Adal 1999). In Kamabta the activities of the administrator are horizontally checked by the community elders

including their own tribes and vertically by existing traditional system of administrative units. (Arsano 2002:51)

Participation is at the core of the institutions mentioned above. For example, the Garrimero case provides an ideal type of participation in which the adult population directly elects their representative to the assembly. The *Gada* system allows each member of a given age group to directly participate in community affairs (Aredo and Adal 1999). In Kemabata, Sidamo and Gurage traditional systems allow the community to participate in decision making processes on the basis of commonality and consent, rather than individualism. Decisions are arrived at through consensus after exhaustive discussion. It obliges the individual to accommodate harmony and consensus (Arsano 2002:50, Zewede 2002:22, Aadland 2002:41).

Cultural norms and moral codes are more or less fair and enforced impartially. For example, the Madaa system of the Afar people allows both the offender and the victim to suggest mediators. There is also an appeal mechanism to the party dissatisfied with the decisions of the mediators. The Sidama have a written law. (Aadland 2002:41) The Gurage assemblies seem to combine legislative and judiciary functions. Periodic meetings are held to revise the law when such revisions are deemed necessary. They have developed standard procedures for the conduct of assembly meetings. Individuals who wanted to express an opinion present their cases. They have laws, which combine civil and criminal codes as well as traditional law enforcement mechanism. Witnesses can be introduced if necessary and give their testimony on oath and there are legal experts who may advise individuals whether their case has a chance or may not (Zewede 2002:22).

Transparency characterizes all the systems and there is free flow of information between the traditional leadership and the community. Information deliberations are undertaken in an open place (usually under the shade of a ceremonial tree). Responsiveness is another characteristic of those indigenous institutions reviewed by Aredo and Adal, the concern of the leadership, the speed, simplicity, and flexibility of those systems shows a great deal of their responsiveness. No leadership can ignore any serious issue that affects the community members.

Effectiveness and efficiency also characterize the indigenous judicial and administrative institutions. Cultural norms and moral codes are effective instruments

of enforcement. In some cases, as in the Afar Madaa system, (Aredo & Adal 1999) the case of Kambata (Arsano 2002:51-52) and *Gada* system of Oromo, there is even a body of young people who are established to enforce decisions made by chiefs and mediators if the need arises. Decisions are binding as per the traditional constitutions of those systems and their resilience emanates from such effectiveness. These systems are efficient given the speed at which the cases are handled, the simplicity of the systems, and availability of the concerned leaders within the community. The system of election of leaders, the possibility of calling them back, and a limited tenure system like that practiced in the *Gada* system, are all features which enhance the leadership's accountability to the community (Aredo & Adal 1999).

Legitimacy of such indigenous systems emanates from people's beliefs and participation in the systems. Authority is legitimized through precedent, custom, and usage. There are binding codes of behavior both for the leaders and members of the community. Moreover, the election and representation systems are important sources of legitimacy in such institutions. The traditional political systems described above, which are mixtures of legal force and moral/religious sanctions, seem to have operated for centuries with remarkable efficiency. They apply equally to the rich and poor. Despite this fact these indigenous system of governance are somehow far from ideal democratic systems for they exclude or limit women and minority groups' access to decision-making positions. Though women are not able to attain decision-making positions, they play different roles in the governance structures of the community. Women of the Garrimero people can vote but cannot hold top administrative positions. Afar women play a crucial role in conflict management. In times of fighting among community members, they collect guns from the trouble makers and keep them in a safe place. When conflict arises between the Afar and the Isa people, they act as mediators (Aredo and Adal 1999). In Kambata system of governance women's judgment is believed to be impartial. The Kambata has a tradition of fact finding and opinion gathering about the case at hand. Women's opinions in this case have a special value and it is often solicited through family connections and neighborhood networks. In this respect, women are consulted in the house by husbands, sons, relatives or neighbors who are entrusted with the handling of the administration (Arsano 2002:49).

In this respect also Legesse 1973 asserts that in the traditional Oromo society, men are functionally dependent on women in many ways (Legesse1973: 22). Hussein (2004) gives a detailed account of *Ateetee* rituals, practiced only by women. Whenever natural disasters occur, women gather and perform the ritual. Oromo women used to practice *Ateetee* as a way of strengthening their solidarity and as a tool to counter atrocities staged against them by men. The *Ateetee* practiced by women is one part of a belief system that women are intermediary figures between *Waaqa* (God) that represents nature and the physical world or humans. The myth is that *Waaq* (God) listens to women's desire and instantly responds to it (Hussein 2004: 111, Edossa et al 2005:7).

Despite the fact that it had been misused in the conquest of southern Ethiopia, and is therefore hated among the Oromo and other groups, even the *rist/risti* system of the Amhara and Tigrayan societies has "intrinsically democratic roots". (Vaughan & Tronvoll 2003: 52, Pausewang 1994: 226) The right to life can be achieved through supporting oneself through own work. In this respect the only job available for Ethiopian peasants is cultivation and that is the only means to feed oneself. For example for the Amhara, who have been dependent on agricultural sector, the right to life is assured through having the right to share the community's land. (Pausewang 1994: 226) In this respect the *rist* system, in its original spirit is designed to protect the solidarity and continuity of the basic unit of social organization of the decent group. (Markakis1974:78) The most important ways in which men acquire *rist* land are by inheritance, gift, claiming it from wife's kin's, claiming after the death of the landlord, clearing forest land, plaguing up pasture land and taking over land abandoned by someone who has left the area. (Hoben 19973:144). Similarly, in Eritrea and parts of Tigray province there is a system of owning land communally which is called *Shehena* and *diessa* that allow each family residing in the village to have a share of land (Markakis 1974:78).

As population increased and the demands of the nobility on the peasantry grew, land became scarce, and *rist* turned increasingly into a fight for access to land. During the "scramble for Africa", these cultural practices were undermined for vast resources needed to carry out Menelik's policy of consolidating the Ethiopian empire (Pausewang 1994: 227). As a result *rist* became a mechanism for the exploitation of southern peasants. (Vaughan & Tronvoll 2003: 52)

Political culture in Ethiopia is characterized by strict hierarchical understanding of society where each member's socio-political position and status is clearly defined and understood according to kinship, age, sex, social/material resources and religion. Social and political interaction and behavior are guided by an elaborate set of norms and rules, which establish socio-political order on the basis of a rigid system of deference and sanction (Vaughan & Tronvoll 2003: 11).

The social, cultural and economic norms and institutions can be better understood in the context within which political life is pursued and develops. The norms of political culture and behavior are transmitted to future generations through socialization. Political and social behavior will be acquired first during childhood through observation, experience, teaching and sanction at home, through interaction among the family members and between the family members and the outside world (Vaughan et al. 2003: 11). In Ethiopia political culture the pattern of interaction confirm that there exists superiority on the basis of gender and age. Members of certain groups for example (craftsmen, potters, tanners) are inferior. This system of social classification along these lines suggests that people are not equal and some people have greater 'value' than others. The pattern of social interaction in Ethiopia hence sustains a strictly hierarchical stratification of society, where one has to obey the 'orders from above' (Vaughan & Tronvoll 2003: 11). There is a pattern of expressing a willingness to comply readily with the demands of any superior and withholding any direct criticism of his ideas for action. (Levine 1974:124) It has been difficult to criticize any individual in a position of authority without appearing to challenge that authority. Therefore these social relations are reflected in the political culture of Ethiopian society creating the attitudes towards authority which are difficult to mediate with the exercise of open criticism and legitimate opposition that characterize multi-party democracy. The fundamental sociopolitical dynamics and norms in Ethiopia, favor not democratization, but the perpetuation of hierarchy and authoritarianism at every level of interaction (Vaughan & Tronvoll 2003: 12).

The people seldom publicly question the authority of different local units of administration. Similarly, administrators themselves seldom question the orders they receive 'from above' to implement in their localities. The people do not conceive that they should debate and select from alternative means on issue that affect their own lives nor do they consider it appropriate that their fellows should do so. In this kind of sociopolitical context there is little possibility or alternative to the

communication of political programs from the top-down and from the center to periphery. The hierarchical expression of political culture creates various mechanisms of exclusion and inclusion. As a result the sociopolitical agenda for discourse will be within the household/family/clan or within the village/local community. As a result, attempts from opposition parties or other civil society actors to define an agenda for discourse are actively counteracted by the organs of state and government, and vice versa. The result and perpetuating cause of this exclusionary culture create limitation of public political debate. Lack of communication and dialogue perpetuates polarization and encourage political opponents to pursue actions other than peaceful statements and rallies. As a result, according to Vaughan and Tronvoll, "Since our opinions are not heard or considered through political debate, let us talk with the barrel of the gun" has been a political tradition in Ethiopia (ibid).

The potential for violent political conflict in Ethiopia is not only caused by an exclusionary political culture, but also aggravated by the monopolistic predominance of the Ethiopian state in the control of material resources of all kinds. (Vaughan & Tronvoll 2003: 12) The combination of a hierarchical political structure within the history of Ethiopian state, and its imposition from the nineteenth century on the peripheral peoples of an enlarged Ethiopian empire, also led to a level of social and economic inequality. This mostly took place in the course of Ethiopian state consolidation during late- nineteenth and early twentieth-centuries (Clapham1995:119).

3.8. <u>Democratic Governance</u>

Ethiopia differs from other African states in the form taken by the process of popular mobilisation into political life. Since it was already independent, it did not experience the period of nationalist mobilization against colonial rule that often intensified internal rivalries, and continues to define the context for multiparty democratization in much of the rest of Africa (Levine 1965:3). Though Emperor Haileselassie had established a parliament under the first Ethiopian Constitution of 1931 and the revised constitution promulgated in 1955, this did not become an effective forum for the creation of political constituencies or the pressing of popular demands because it lacked political party systems. Ethiopia was effectively

repressed under the imperial regime and this caused the eruption of the 1974 popular revolution. The seizure of national political power by a radical military regime led by Mengistu Haile-Mariam did not pave the way for the construction of any liberal political order on the foundation laid by social and economic reform (Clapham1995: 119) .

The Ethiopian Constitution of 1995 provides for a full liberal democratic structure of government in the country which has allowed for democratic administrative structures to be established. This is significant in itself, although the culture and practice of democracy has serious limitations. Clearly people have begun to understand what democracy could mean for them (Pausewang et al. 2002: 239). This is an important innovation in the history of the Ethiopian state. However, since 1991, the government seems to have established a two-track structure of governance at all administrative levels. It has built up a formal structure of democratic institutions to align with the constitutional premises. On the other hand, a range of recent studies suggests that, simultaneously, the regime has built a party structure that retains a degree of control to the extent that in practice it would be difficult to use these democratic institutions effectively to challenge the power of the ruling party (ibid: 230-231).

Regarding Electoral practice of EPRDF, political parties have been allowed, even encouraged, to register for elections. However, Pausewang and others suggest that, at the local level, opposition parties face difficult conditions. (Pausewang et al. 2002: 236).

EPRDF made a program of political reforms, enshrining democratic standards and the respect of human rights. This has been expressed through accession of international instruments of human rights. Acceding to these instruments implies that they will be binding and will place an obligation on the Ethiopian government to draft and implement policies consistent with international human rights standards. Human rights and advocacy organizations began to be established for the first time in the country after the fall of the *Derg* regime in the era of EPRDF regime.

3.9. <u>Civil Service</u>

The civil service is an important aspect of government for it can enhance the practice of good governance, including rule of law, responsiveness and accountability of public officials and transparency in public policy formulation and implementation. (Ayenew & Chanie1999)

Ethiopia's long history has been marked by underdevelopment, poverty and an exploitative economic system. The objective of the administrative system was limited to the activities that benefited the ruling class. It was only in 1900, during the Emperor Menelik's reign, that the foundation for modern administrative institutions was laid down. As part of the qualitative and quantitative changes made during Emperor Haile Selassie's reign, in 1961 the civil service system was put in place (Beyene 1998:97).

The Ethiopian state employs a total of 308,950 civil servants, of whom the Federal Government employs 43,752. (Vaughan & Tronvoll. 2003: 24) Only 5.4% the civil servants have a first degree. (Ayenew & Chanie1999) The Ethiopian civil service is relatively modest. The professional and administrative level makes up a very small percentage. For example out of the 200,369 civil servants in 1986 only 8.4% were at the professional and administrative service. The others were distributed among subprofessional services (48.4%), clerical 17.7%, custodial and manual 17.2% and other 2% (Beyene 1998:100).

Proper delimitation of the roles of civil servants and politicians, the institutionalization of merit and professionalism in the bureaucracy, ethics and esprit de corps in government service can enhance the role of a civil service system. But this is not the case when it comes to the Ethiopian civil service. The Ethiopian civil service system is limited in its ability to serve as an effective institution in promoting good governance. The system is afflicted by low levels of pay and compensation, brain drain, shortage of high-level manpower, insufficient managerial autonomy and administrative capacity, limited centralized authority, lack of trust between civil servants on the one hand and politicians on the other, poor training and the absence of capacity enhancement policies (Ayenew & Chanie 1999) .

The public sector has an overwhelming culture of inertia. (Vaughan & Tronvoll 2003: 26) It has enormous limitation of professional personnel. For some years it has been crippled by the heavy hemorrhaging of professional personnel as a result of the gross disparities in public and private sector remuneration and opportunities. Staff is ill paid and lack skills, they have been isolated from developments and training and are demoralized. The management system is frequently outdated and unable to respond to the changing environment. The managers have little scope of their command for the service is unnecessarily hierarchical with little delegation. Employing relatively few civil servants, the service is under-resourced and has one of the lowest expenditures in the world (Lister 1988:35 cited in Vaughan & Tronvoll 2003: 26). The civil service under the three regimes has been politicized. Senior appointments are often based on political merits. The Ethiopian civil service has not been able to play its proper role of enhancing good governance under successive regimes because of the politicization of the bureaucracy. One manifestation of this has been the excessive use of political and/or ethnic criteria for recruitment and appointment of civil servants. This practice has undermined merit, professionalism, development and institutionalization of a competent and neutral civil service. The use of ethnic and/or political criteria has reduced its accountability and responsiveness to the public needs. This administrative and political environment, which is based on client and patron relation, cannot promote good governance; rather it diminishes the efficacy of the Ethiopian civil service system in promoting good governance and participatory development (Ayenew & Chanie1999).

3.10. Private Sector

The Ethiopian modern sector of the economy consists of a large service sector and a small industrial base. Industry accounts for 11 percent of total exports and 2 percent of total employment. Manufacturing enterprises, both pubic and private, produce a small range of consumer goods, predominantly for the local market (Rahmato and Ayenew 2004:2). The industry sector has grown by about 5% a year in real terms since 2000/01, raising its contribution to 11.9% GDP in the year 2002/03 helped by expansion in all sub sectors. (EIU 2006:24) The economy was growing by 3.9% in 2002/03, 11.6% in 2003/04 and 8.9% in 2004/05 (ibid: 33-34).

In Ethiopia the political changes in regimes are always accompanied by equally dramatic changes in the economic sphere. During the 1960s and 1970s, the imperial

regime promoted an economic system made up of public, private and joint enterprises. The private sector was made up of foreign and local capital, but the latter was overshadowed by the former. Despite the fact that the regime pursued a pragmatic economic policy with a fairly well-crafted legal infrastructure ensuring protection for private investment, generous incentives to attract foreign capital were limited due to underdeveloped basic infrastructure and lack a sufficiently large skilled labor force and flow of foreign investment into the country (Rahmato & Ayenew 2004:6).

The *Derg,* which was adopting Soviet-style 'command' economy for fifteen years virtually crippled the private sector through nationalizing all productive resources and enterprises including land, rental houses, and both foreign and local investments. The full 'socialization' of the economy was undertaken in the 1980s through the expansion of state enterprises in the manufacturing, commercial and retail sectors and through collectivization of agriculture and villagization of the rural population. The combination of ill-advised and ideologically-driven economic policies and a decade and a half of war and violent conflict resulted in the devastation of the country's physical and human capital and its infrastructure by the beginning of 1990s (ibid).

The present government inherited a devastated economy and massive levels of poverty and unemployment. Launching a program of reconstruction and introducing reform measures to liberalize the command economy were the first tasks for the current government. Encouraged by the World Bank and the IMF, in 1992 the government introduced a structural adjustment program (SAP) to stabilize the macroeconomic framework, which involved devaluation of the currency, liberalization of trade, deregulation of labor wages, and privatization of public enterprises. (World Bank 2004: 36) These reform measures had a mixed result. On the negative side, there were sharp rises in the prices of consumer goods putting severe pressure on the poor and low-income families and increasing unemployment. On the positive side, there was stabilization of the macro-economic environment (Rahmato & Ayenew 2004:6).

The privatization process has been slow. Government is unwillingness to partially liberalize important sectors like power and telecommunications and land remains

state owned (Degefe et al.2002: 6). The state has sold most of the former state companies and parastatal enterprises. (Pausewang et al. 2002: 231-232).

The government retains complete ownership of all land. A relatively new legal framework allows the leasing of urban land, the value of which is established by public auction or via preset rates established partly in response to the market. In the agricultural sector, the government has abolished pre-existing state marketing boards, which has enabled farmers to sell their crops to the highest bidder. Parts of the market for agricultural inputs have been liberalized, and coffee marketing has been opened to competition. The private sector has not grown to the extent that it represents an effective voice in the political arena. It has, for instance, been largely unsuccessful in lobbying to effect change in policy making. The challenges facing Ethiopia's small, non-peasant private sector remains very great.(EIU 2004:18).

3.11. Poverty Profile

Ethiopia is one of the poorest countries in the world. The HDI for Ethiopia is 0.371, which gives Ethiopia a rank of 170th out of 177 countries. According to the most recent Human Development Report, the country's real GDP per capita[8] in the year 2004 using the purchasing power parity (PPP)[9] which is a more indicative measure of people's purchasing power, was US$ 756, which is only slightly better than seven other sub-Saharan African countries ranked at the bottom of the Human Development Index (UNDP 2006:334). Ethiopia per capita GDP is $114, which is amongst the lowest in the world. The GDP per capita annual growth rate was 1.5 % in the year between 1990-2004 (UNDP 2006: 334). GDP was 11.2 billion US dollars in the year 2005 and (World Bank 2006) PPP was 529 US dollars in the year 2004. (UNDP 2006: 334)

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[8] Gross National Product (GNP) is the value of all final goods and services produced by a country's factors of production and sold on the market in a given time period. Gross Domestic Product (GDP) is supposed to measure the volume of production within a country's borders. GNP equals GDP plus net receipts of factor income from the rest of the world (Krugman& Maurice 2003: 295-298). GDP per capita refer to the approximation of the value of goods produced per person in the country, equal to the country's GDP divided by the total number of people in the country.

[9] Purchasing Power Parity(PPP) states that the exchange rate between two countries' currencies equals to the ratio of the countries' price levels. PPP theory therefore predicts that a fall in a currency's domestic purchasing power (as indicated by increase domestic price level) will be associated with proportional currency deprecation in the foreign currency market. Symmetrically, PPP predicts that an increase in the currency's domestic purchasing power will be associated with a proportional currency appreciation (Krugman & Maurice 2003:389-390).

The percentage of population receiving an income below 1 US$ dollar a day between 1990-2004 was 23.0 % and 77.8% earn an income below 2 US$ dollar a day. Among 102 developing countries in terms of human poverty index (HPI) Ethiopia rank 98th and its HPI value in percent 55.3 (UNDP 2006:294).

A relatively large proportion (over 60%) of the urban dwellers and 98% of the rural population obtain their domestic water requirement from unreliable and contaminated sources. (Tadesse 2000:110) Only 22 % of the population has access to improved water sources (UNDP 2006: 308) and 13% of the population has access to improved sanitation for the year 2004. (ibid: 294) The population that was undernourished in the year 2001/3 was 46%. Between the years 1996-2004 the percentage of underweight children below five years old was, 47% (UNDP 2006: 308).

A young and rapidly-growing population is putting pressure on agricultural lands. The population is young, with 44% under the age of 15. Such a structure results in a high dependency ratio as well as a future rapid exponential population growth. If the population growth does not decline in the coming years, it is expected that the population of Ethiopia will double in about 25 years. Population density is moderate relative to some Sub-Saharan countries, although it is twice as much as the average for Sub-Saharan countries. However, it is very high in the highlands, and lowest in the eastern and southern lowlands. About 23.2% of the population is concentrated in 9% of the land areas putting pressure on cultivable lands and contributing to environmental degradation (World Bank 2004: 11). The state of poverty results in appalling human suffering and persistent deprivations. The evidence of recent periods shows that 40-50% of households in Ethiopia live in abject poverty and that this has been persistent over time (Geda et al.2006: 3).

3.12. Agriculture

The agricultural sector continues to be a major contributor to the overall Ethiopian economy although its contribution has decreased from 54.4 percent in 1982 to 39.9 percent in 2002. Agriculture accounts for over four-fifths of the country's labor force (World Bank 2004: 10) and it accounts for 90 percent of foreign exchange

earnings. The country is highly dependant on its major export, coffee. The cultivated area of the country covered about 10.7 million hectares in 2002, of which 10 million hectares are arable land (AQUASTAT Survey 2005:2). The human base for agricultural development is largely illiterate and inadequately equipped with modern skills and equipment. The agriculture productivity remains low. It is highly vulnerable to external shocks, since droughts have occurred every three years during the past decade (World Bank 2004: 11). More than 50% of Ethiopians remain food insecure, particularly in rural areas. About 10 percent of the population is chronically food insecure (ibid: 36). In 2001, food imports and exports were about 26283 Metric tones (US$193.7 million) and 1584 Metric tone (US$138.7 million) respectively. (AQUASTAT Survey 2005:2)

Ethiopia is generally considered to have the largest population of livestock in Africa (Parker 1995: 38, Halderman 2004: ix) with about 35 million cattle, 25 million sheep and 18 million goats (EIU 2006:38). The livestock sector contributes 12-16% of total GDP, 30-35% of agricultural GDP (Halderman 2004: ix) and employs over 30% of the agricultural labor force(EIU 2006:38). For many years the export of livestock and livestock products has been Ethiopia's second most valuable source of foreign exchange after coffee. Livestock is estimated to contribute to the livelihoods of 60-70% of the Ethiopian population (Halderman 2004: ix). While this is an important resource, the low productivity of this sector has effectively neutralized the great benefit that might obtained from livestock husbandry (Seyoum 2000: 126)

The livestock in Ethiopia consists of poorly maintained animals that are never sold but kept solely for the security and the prestige of their owners which leads to serious problems with overgrazing. (UNDP:3)There have been several negative livestock-related trends over the past 30 years including a decline in national and per capita production of livestock and livestock products, export earnings from livestock, and per capita consumption of food from livestock origin. There has been enormous decline in the official exports of live cattle, both in quantity and value, and a significant decline in the value of exported hides and skins (Halderman 2004: ix). The outputs of livestock can be used as a source of power, fertilizer, and transportation. Despite this fact, animal husbandry in Ethiopia is characterized by low productivity mainly due to under nutrition, widespread disease, inadequate veterinary services, poor management and poor genetic structure. (Degefe & Nega 2000:193)

Agricultural and rural development are severely hampered by infrastructural limitations. Primitive modes of transportation namely pack animals and human porterage are widely used as means of transportation to bring agricultural surplus to the primary markets. Ethiopia has the lowest road density in Africa and also suffer from a chronic shortage of trucks. The topographical causes are mainly due to the existence of rugged terrain, unfavorable climatic conditions and lack of good governance have left rural areas outside the reach of markets and services (UNDP: 6, Degefe & Nega 2000).

Ethiopia is heavily dependent on a rain-fed agricultural system. It uses traditional methods of farming; the same plough that has been used for generations is still in use, mostly in the Northern and Central highlands of the country. In the southern parts of the country hoe farming is supplemented by plough farming. Therefore, agricultural productivity depends on the recurrence of sufficient and timely rainfall. Since agriculture is the backbone of Ethiopian economy, its performance will be reflected on the overall economy. In general, Ethiopia's agriculture has faced substantial problems due to recurrent drought, severe soil degradation, ill-advised policies and political instability.

3.13. <u>Food Security</u>

Ethiopia, which is now identified with wide-spread food insecurity, was self sufficient up to the late 1950s. However, especially since the early 1960s food production failed to meet even domestic demand and the country relied on food aid and commercial imports. Civil conflict, degradation of natural resources, high population growth and frequent environmental crises have contributed to this situation of permanent food insecurity and increasing poverty (Rahmato & Ayenew 2004:1, EC Diagnostic Survey 2006) .

Major famines occurred in 1972-74, 1984-85, 1999-2000 and 2002-2003. The greatest alarm occurred in the 2002 famine that affected about 14.5 million people or about one-fourth of the nation's population. (EC Diagnostic Survey 2006) Due to the recurrence of draught and famine the country has been the major recipient of emergency and food aid in sub- Saharan Africa. (Kebede et al. 2004: 24)

Hunger and malnutrition are major problem in Ethiopia. Available data indicates that about 8% of children under five are severely wasted, 64% are stunted and 47% underweight. The prevalence of low birth weight (below 2.55 kg) is 15% (Tadesse 2000:110,UNDP 2006: 308). According to United Nations, 300,000 children are dying every year from poor nutrition or "nutrition-related" causes in Ethiopia.(UN 2005)

In Ethiopia, the number of undernourished people between the years 2001–2003 was 32 million. (FAO 2006:24) and average per capita calories available per person was about 1,621 calories, about half that of North Americans (who eat on average 138% their actual requirements.(Parker 1995: 39) About 62% of the population live below the absolute poverty level, which means they are unable to afford an adequate diet and other basic necessities (Ibid: 42) .

3.14. Education

The gross school enrolment ratio for primary and secondary levels was 93.4 and 30.9% respectively in the year 2005. The gross school enrolment ratio for tertiary level was 2.5 for the year 2004 (World Bank 2006). Combined gross enrollment ratio for primary, secondary and tertiary schools was 30 for female and 42 for male (UNDP 2006: 366). In the year 2001/2 Ethiopia's pupil to teacher ratio was 65:1 in the government primary school and 52:1 in government secondary schools, which is amongst the highest in the world. (World Bank 2005: xxiv)

The illiteracy rate is high: approximately 70% for females and 50% for males: (ibid: 9) 52% of males and 67% of females have never attended school, and 32% of males and 25% of females have only some primary education. Only 4% of males and 2% of females have completed primary education, and 8% of males and 5% of females have attended, but not completed secondary education. Only 3 percent of males and 2 percent of females have completed secondary school or higher (CSA & ORC Macro 2005:17).

Nevertheless, since 2000, improvements in the education sector were observed with the proportions of males and females with no education declining by 9 and 10% respectively. (ibid) The gross enrolment ratio increased from 35% in 1990 to 70% in

2004. The area of education where growth has been most dramatic is the tertiary sector. Enrolment in all sectors of higher education (diploma, undergraduate and post graduate) increased from 18,000 in 1991 to 147,000 in 2003. This is an impressive achievement of the educational sector and is related to the growth of the private sector in the provision of higher education. At the end of 2004, there were more than 37 private colleges in the country and 35,000 students were following their studies in these private institutions (Negash 2006:23).

The Gender Parity Index (GPI) represents the ratio of the GAR for females to the GAR for males. It is presented at both the primary and secondary levels and offers a summary measure of gender differences in school attendance rates. A GPI less than one indicates that a smaller proportion of females than males attend school. In Ethiopia, the GPI is slightly less than one (0.9) for primary school attendance, but 0.7 for secondary school attendance, indicating that the gender gap is smaller at the primary than at the secondary level. There are also marked differences in the GPI by place of residence and by region. The primary school GPI is markedly lower in Afar, Somali and Benishangul-Gumuz than in other regions, while a higher female to male index is observed in Tigray, Gambela and Addis Ababa. The Tigray Region has the highest secondary school GPI (0.8) and Gambela, Oromiya and Somali regions the lowest (CSA & ORC Macro 2005:21).

3.15. Health

According to the most recent Human Development Report, the share of the government budget allocated to the health sector using the purchasing power parity (PPP) was only US$ 20 (UNDP 2006: 304) and public expenditure on health for the years 2003-2004 was only 4.6% of the country's GDP (UNDP 2006: 351), which is minimal compared to the health problem that the population is facing. The country has poor health facilities. In terms of medical personnel for the years 1996-2004 there were only three Physicians per 100,000 people. (Ibid: 304) Most of the rural population has limited access to modern healthcare services. In terms of service delivery, it is estimated that only 75% of urban households and about 42% of rural-dwellers have access to health facilities. (WHO 2002:5) There are 131 hospitals, 600 health centers, 1,662 health stations and 4,211 health posts.(MoH 2005: 25) The low health status of the population is one of the development challenges that the country is facing. Ethiopia has a heavy burden of ill health. The population pressure

aggravates an already weak health sector. Backward socio-economic development resulting in widespread poverty, low standard of living and inadequate health services are causes of the deteriorating health situation of Ethiopians (MoH 2002:98).

An estimated 60 to 80% of health problems are due to infectious and communicable diseases and nutrition problems. The public healthcare system is underdeveloped and only able to provide basic service to about 64% of the population (MoH 2004:1). Malnutrition is also a major health problem in Ethiopia. Among the major health problems, 75% are due to communicable and/or parasitic tropical diseases (Tadesse 2000:111). Ethiopia has the 16th highest HIV/AIDS prevalence in the world and the third largest number of people living with HIV/AIDS. (National AIDS Council 2001: 7) Ethiopia has the sixth-highest number of Tuberculosis (TB) cases in the world. About 42 percent of adult (15-49) TB cases were HIV-positive during 2000. (Garbus 2003: 9)The current UNDP report indicates that the prevalence of 533 TB cases per 100,000 people in the year 2004, (UNDP 2006: 314) HIV/AIDS accounted for 32% of the estimated 141,000 of TB cases in 2005 (FMoH 2006:6-7). Approximately 75% of Ethiopia's land mass is malarious, rendering over 40 million people at risk. Malaria affects about 4 to 5 million Ethiopians annually (Garbus 2003: 44).

3.15.1 <u>The Global HIV/AIDS Epidemic</u>

The HIV/AIDS epidemic has already claimed more than 29 million lives and another 39.5 million people are currently estimated to be living with HIV/AIDS worldwide. (UNAIDS AND WHO 2006a:1) HIV/AIDS cases have been reported in all regions of the world, but most people living with HIV/AIDS (95%) reside in low- and middle-income countries, where most new HIV infections and AIDS-related deaths occur. The nations of sub-Saharan Africa have been hardest hit, followed by the Caribbean; there is also concern about the epidemic in parts of Eastern Europe and Asia. HIV is the leading cause of death worldwide among those aged 15–59. It is considered a threat to the economic, social, and political stability of many nations (UNAIDS 2006).

During 2006, an estimated 4.3 million people became newly infected with HIV, including 530,000 children and 3.8 million adults. In the same year, 2.9 million

people died of AIDS- related illnesses (UNAIDS & WHO 2006a:1). The major route of HIV transmission worldwide is heterosexual sex, although risk factors vary within and across populations. In many regions of the world, men who have sex with men, injection drug users, and sex workers account for significant proportions of infections. (ibid:5)

A little more than one-tenth of the world's population live in sub-Saharan Africa, which is home to almost 64% of all people living with HIV. It has been the hardest hit area in the world with 24.5 million adult and children living with HIV/AIDS. Almost nine in ten children (younger than 15 years) living with HIV are in Sub-Saharan Africa. An estimated 2.7 million people in the region became newly infected. There were some 12 million orphans living in sub-Saharan Africa in 2005 (UNAIDS &WHO 2006b: 15). In Sub-Saharan Africa, 2.1 million AIDS deaths represent 72% of global AIDS death. (Ibid: 10) The region is also home to most (91%) of the 2.3 million children living with HIV/AIDS globally. Almost all nations in this region have generalized HIV/AIDS epidemics; their national HIV prevalence rate is greater than 1%. South Africa has an estimated 5.5 million people living with HIV/AIDS, one of the highest in the world (UNAIDS & WHO 2006b: 17). Swaziland has the highest prevalence rate in the world which is 33.4%. (Ibid: 18) With adult prevalence rates between 1%–2% the Caribbean has been especially hard hit region, after to sub-Saharan Africa. (UNAIDS & WHO 2006b: 58) In Eastern Europe and Central Asia, an estimated 1.7 million people are living with HIV/AIDS. Adults and children newly infected with HIV in Eastern Europe and Central Asia in 2006 showed an increase of almost 70% over the 160,000 people who acquired HIV in 2004 (UNAIDS & WHO 2006a:3). This region has the fastest growing epidemic in the world and which is heavily concentrated among young people. Driven initially by injection drug use and increasingly heterosexual transmission, HIV prevalence has risen sharply over the last several years. The Russian Federation and Ukraine have the largest number of people living with HIV/AIDS in the region. Together they account for approximately 90% of all people living with HIV in this region (ibid 37). The South and Southeast Asian region has an estimated 8.6 million people living with HIV/AIDS. For the two most populous nations in the world, China and India, despite having relatively low prevalence rates today, even small increases translate into large numbers of people. India already has 5.7 million people living with HIV/AIDS which is the highest in the world. In South and Southeast Asia, the number of new HIV infections rose by 15% in 2004–2006 (UNAIDS &

WHO 2006a:3). In Latin America, some 140,000 people were newly-infected with HIV in 2005, bringing to 1.6 million the number of people living with the virus. In 2005, AIDS claimed some 59,000 lives. The region's biggest epidemics are in the countries with the largest populations, notably Brazil, which is home to more than one-third of the people living with HIV in Latin America(UNAIDS & WHO 2006b: 41-42) . In North America, Western and Central Europe, approximately 65,000 people were newly infected with HIV in 2005, bringing to 2.0 million the number of people living with HIV. AIDS deaths in 2005 were comparatively few, about 30,000 a consequence of widespread access to antiretroviral therapy. (UNAIDS & WHO 2006b:45). In the Middle East and North Africa with the exception of Sudan, national adult HIV prevalence was very low, and does not exceed 0.1%. In Sudan, national adult HIV prevalence was an estimated 1.6% in 2005 (ibid: 48).

3.15.2 The Prevalence of HIV/AIDS in Ethiopia

HIV was first detected in Ethiopia in stored sera collected in 1984 and the first two AIDS cases were reported in 1986. In 2005, the national HIV prevalence was 3.5% (10.5% for urban and 1.9% for rural areas).[10] Nevertheless, the rural prevalence rate suggests that nearly 2 million rural people are already infected and the disease affects a further 5 million rural household members. The HIV prevalence for the country has revealed a stabilizing trend following peaks between 1998 – 2000; the number of people newly infected and dying is almost equal. Based on these estimates, a total of 1,320,000 (590,000 males and 730,000 females) persons were living with HIV/AIDS in the country in 2005 (FMoH 2006: 20). Among these, 634,000 were living in rural areas and 686,000 in urban areas. It was estimated that in 2005, a total of 137,500 new AIDS cases, 128, 900 new HIV infections (353 a day) including 30,300 HIV positive births, and 134,500 (368 a day) AIDS deaths. In 2005, it was estimated that there were a total of 744,100 AIDS orphans ages 0-17; 529,800 were maternal, 464,500 paternal, and 250,200 dual orphans. HIV/AIDS accounted for 32% of the estimated 141,000 of TB cases in 2005. The estimated total number of persons requiring Anit Retroviral Therapy (ART)[11] in 2005 was

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[10] It is cautioned that this most recent estimate should not be interpreted as a fall in prevalence from the earlier figure of 6.6% but rather a result of increasing the number of sentinel sites from 34 to 66 and changing the method of calculation (MOH, 2004). There is insufficient evidence to indicate there has been a substantial behavior change, especially among the youth, to result in a 2% decrease in prevalence.

[11] "Anti-Retroviral Therapy (ART) is the administration of at least three different medications known as Anti-Retro Viral drugs (ARV) in order to suppress the replication of the Human

277,800 (including 43,100 children). AIDS accounted for an estimated 34% of all young adult deaths 15-49 in Ethiopia and 66.3% of all young adult deaths 15-49 in urban Ethiopia (ibid: 6-7).

The number of new infections for urban areas had been greater than that of the rural areas until 1994. Starting the year 1995, the number of new infections in rural areas surpassed that of urban areas until 2001. The number of new HIV infections in urban areas likely exceeded that in rural areas beginning in 2003 and this trend is expected to continue through 2010. The number of new infections in urban areas is expected to increase until 2010. It was estimated that there were 105, 675 (urban 45, 982 and rural 59,693) HIV-infected pregnant women in 2005 (FMoH 2006: 23-24).

Ethiopia is classified (along with Nigeria, China, India and Russia) as belonging to the 'next wave countries' with large populations at risk from HIV infection. A report prepared by the U.S. National Intelligence Council estimated that in the year 2002, the number of Ethiopians living with HIV/AIDS was between 3 and 5 million. It projects that this range will rise to 7 to 10 million by 2010. The generally poor health of Ethiopians as a result of drought, malnutrition, limited healthcare, and other infectious diseases has caused HIV to progress rapidly to AIDS (U.S. National Intelligence Council 2002).

In Ethiopia, the dominant mode of transmission is through heterosexual contact, which account for 87% of infections. Mother to child transmission (MTCT) accounts for 10% infections. In addition, particularly in the rural setting, empirical evidence suggest that use of unsafe sharp and skin piercing instruments play a role in HIV transmission (FMoH 2004a: 1, HAPCO 2003: 1).

Immunodeficiency Virus (HIV). Treatment with these combinations of drugs is also known as Highly Active Antiretroviral Therapy (HAART). ART is not a cure. It must be taken for life and is costly. ART is delivered as part of a comprehensive care, which includes Voluntary Counselling and Testing (VCT), the diagnosis and treatment of Sexually Transmitted Diseases (STDs), Tuberculosis (TB), Opportunistic Infections (OI), and the prevention of mother to child transmission (PMTCT) as well as the treatment of pregnant women. ART changes a uniformly fatal disease to a manageable chronic illness. Successful use of ART suppresses HIV viral replication, consequently slowing down disease progression, improving immunity and delaying mortality. Even if ART is not a cure, it prolongs and enhances the quality of life of People Living with HIV/AIDS (PLWHA). Once ART is started, it has to be taken for life with better than 95% adherence. HIV infected patients start ART when they manifest signs and symptoms of WHO Stage III or their CD4 count falls below 200 (the laboratory definition of AIDS)". (Ethiopian AIDS Resource Center, www.etharc.org/arvinfo/ARTInfotoolkit.pdf)

3.15.3. **Policy and Institutional Framework for Addressing HIV/AIDS**

A National HIV/AIDS taskforce was established in 1985 and the National AIDS Control Program (NACP) was established at a Department level at the Ministry of Health in 1987. HIV/AIDS surveillance activities began in 1989 (FMoH 2006:8).

Two medium-term prevention and control plans were designed and implemented in 1989 and 1996 respectively. The HIV/AIDS Policy was formulated by the Ministry of Health and adopted by the Council of Ministers in 1998. The policy supplemented several policies such as the Health Policy, Women's Policy, and the Education and Training Policy calling for a multisectoral response, guaranteeing rights for People living with HIV/AIDS (PLWHA) and facilitating the development of other policies, for example the supply and use of antiretroviral (ARV) drugs (FMoH 2006:8-9).

The HIV/AIDS Prevention and Control Office (HAPCO) was established in 2002 after two years of functioning as the National HIV/AIDS Council Secretariat (NACS). It had developed and implemented a five year (2000-2004) national strategic framework as part of the national response to HIV/AIDS (HAPCO 2006:15). The strategic plan for the succeeding four years (2005-2008) focuses on the provision of preventive, care, support and treatment services and stipulated targets. According to the plan, the implementation of all the programs were to be based on the principles and approaches of multi-sectoralism, decentralization, community mobilization and ownership, partnership, and the principles of the "Three Ones" principles namely "one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, one National AIDS Coordinating Authority with a broad-based multisectoral mandate and one agreed country-level Monitoring and Evaluation System" (FMoH 2006:9).

The Ministry of Health is implementing and coordinating national programs. These include the training and deployment of health extension workers, the construction and furnishing of various health institutions especially in rural areas, the massive scale-up of ART, HCT and PMTCT services and the massive involvement of communities in the provision of IEC/BCC, social care and support and other activities (Ibid). Currently, there is improved accessibility of antiretroviral therapy

to PLWHA. On the 24th of January 2005, the Federal Democratic Republic of Ethiopia (FDRE) launched the Free Anti-Retroviral Treatment Program. (HAPCO 2006:8) The focus of intervention activities by the government and civil society actors has also increasingly changed from a predominantly awareness-raising approach to include programs to provide antiretroviral therapy, on-demand information and resource centers, and voluntary counseling and testing facilities. The changes have been especially substantial in the accessibility of counseling and testing facilities. The response to the AIDS epidemic in Ethiopia represents the collective efforts of the government, multilateral and bilateral donors, international and local NGOs, the association of PLWHA, FBOs, CBOs, the private sector, and civil society organizations as well as individuals (Ibid:14). Currently there are about 183 identified actors that are engaged in HIV/AIDS interventions. This includes HAPCO, 11 regional secretariats, 14 line ministries, 36 government agencies, 9 UN agencies, 7 bilateral donors, 49 international and 55 indigenous NGOs (HAPCO 2006: 16).

In the year 2002/03 NGOs, Government and Donors' Forum against HIV/AIDS was established. In the year 2004/05 Network of PLWHA Associations, representative of Institutions of Higher Education, Coalition of Women Against HIV/AIDS, Youth Network and Media sub-forum were registered as members of the National Partnership Forum against HIV/AIDS. In 2004/05 in order to avoid wastage and duplication of effort, a coordinating task force was formed. Several guidelines and manuals on different intervention areas and policy-related issues were developed and made operational (Ibid:17). These include guidelines on VCT, PMTCT , home-based care and support, policy on ARD, framework for monitoring and evaluation, revised project appraisal guideline, mainstreaming HIV/AIDS in government institutions, national strategy on blood supply and the national framework for communication. (HAPCO 2006:18) In order to increase government outreach, the Health Extension Program was launched by the MOH in 2003. This is an innovative community-based approach directed at creating healthy environments. There are two women health extension agents per *Kebele* appointed to work under the regional health bureau. These agents are high school graduates with one year training in all aspects of primary healthcare services, with special focus on HIV, tuberculosis, malaria and first aid. Addressing HIV/AIDS issues makes up a significant

component of the health extension workers' responsibilities. The total number of deployed health extension agents in January 2006 were 9,990 (ibid:9).

VCT plays a key entry point for treatment, care, support and prevention. At present there are approximately 488 VCT centers in country. The Government's Policy on Anti-Retroviral Drugs Supply and Use was approved in May 2003 and since July 2003 the initiative on low-cost ARV has been implemented. As of February 10, 2007 there were 119 ART sites in Ethiopia. As of February 10, 2007 72,127 adults with advanced HIV infection were receiving ARV therapy. There are a total of 128 PMTCT sites across the country (AIDS Resource Center 2007).

Although wide range of community and civil society organizations are responding to the epidemic, prevalence of behavioral indicators such as condom use are not at optimal levels; counseling and testing coverage is still low with only 5% of the general population 15-49 years of age ever being tested; ART has been accessed by only 13% of those who need it and only 0.8% of HIV infections among births to HIV positive mothers were averted in 2005/6 through PMTCT programs (FMoH 2006:8).

3.15.4 Vulnerable and Most-at-Risk Populations in Ethiopia

In Ethiopia uniformed services, truckers, refugees and displaced people, street children, daily laborers, students and other mobile populations are the most vulnerable groups. However, data is lacking to measure accurately the recent spread of HIV in these groups and their role in the further spread of HIV to the general population. Other potential high-risk groups include refugees and displaced persons, men who have sex with men (MSM), college and pre-college students and discordant couples. Little research has been conducted regarding displaced persons in Ethiopia. In the year 2005 in Dima Refugee Camp, HIV prevalence was recorded at about 13%, a figure considerably higher than the national average. In 1990, HIV prevalence among prisoners in Dire Dawa was 6.0% (HAPCO 2008:11).

After many years of denial, a recent exploratory study has proved that MSM exist and practice in Addis Ababa and Dessie towns of Ethiopia. The study that has been conducted by Hagos 2008, gives a clear indication that the sexual abuse and exploitation of boys is a problem in Ethiopia. A study, which is conducted by Tadele

2006, also confirms that homosexuality is practiced in Dessie; the study further indicated that street boys are being raped and abused (Tadele 2006: 134-135). Due to stigma and lack of access to services this group of the population is probably at an even greater risk.

In Ethiopia a number of new training and higher learning institutions have been opened recently. There is some evidence suggesting widespread unsafe sexual practices among students attending in these institutions (HAPCO 2008:11). The other groups perhaps at greatest risk of contracting HIV in Ethiopia are HIV-negative partners of PLWHA. In Ethiopia, couples counseling services are either non-existent or rudimentary (Ibid: 13).

3.15.5. <u>Factors Fuelling the Spread of HIV/AIDS in Ethiopia</u>

There are many factors that promote the spread of the disease including the presence of sexually transmitted infections, gender inequality, multiple sexual partners, prostitution, men with disposable incomes, alcohol, unsafe blood transfusion, and transmission from infected mothers to their fetus/child during pregnancy, delivery and breast-feeding. (FMoH 2006:8) and harmful traditional practices. The following two sections focus on above-mentioned factors which fuel the spread of HIV/AIDS in Ethiopia.

3.15.5.1. <u>Biological and Gender Aspects Shaping the Epidemic</u>

Gender roles and relations powerfully influence the course and impact of the HIV/AIDS epidemic. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves and to cope with the impact of HIV/AIDS (Koitelel 2004: 2). Political, economic and social system that deprive women of the power to make decisions regarding sexuality, reproduction and resource allocation increase women's vulnerability to HIV. (Siplon 2005: 23)

In order for people to be infected, they need to be exposed to the virus. Exposure does not necessarily lead to infection. In order for infection to occur, sufficient viral particles must penetrate the body's defenses and enter the blood. Several biological factors determine how likely that is to occur. At the early and later stages of the infection, an HIV-positive person has higher viral loads, which increase the risk of

exposure for partners (Stillwagon 2000 cited in Whiteside 2005: 102). Research indicates that women are two to four times more vulnerable to HIV infection than men during unprotected intercourse because of the larger surface areas exposed to contact(Addis Ababa City Administration Health Bureau 1999: 37) and younger women are more prone to infection as the vaginal tissues are less mature and more prone to tearing. Related to this, sexual violence increases the chance of women being infected of HIV.(Stillwagon 2000 cited in Whiteside 2005: 102) The connection between rape and HIV is more complex than the risk of transmission during non-violent sex. Violent or forced sex is more likely to result in HIV transmission than non-violent sex. Forced vaginal penetration creates abrasions and cuts facilitating the entry of the virus when it is present through the vaginal mucosa. (UNAIDS 2006:13) The study, which was conducted by ENARP in 1996, indicates that the HIV prevalence rate among Wonji Sugar factory women workers in Ethiopia was 31.6% which is higher when it is compared with their male counterparts and this was associated with the incidence of rape (Mekonnen et. al 2001: 48). A Study, which was conducted on the same factory in the year 2004, also supports the above finding indicating that HIV will affects female workers due to sexual assault at their workplace. (Negash 2005:44)

The other indirect impact of sexual violence is that it leads to behaviors that are likely to expose one to HIV infection and reduce service seeking behavior. According to UNAIDS, women with a history of partner violence may not be able to negotiate condom use. Childhood sexual abuse, coerced sexual initiation and current partner violence may increase sexual risk taking (e.g., having multiple partners or engaging in transactional sex). Violence or fear of violence may deter women from seeking HIV testing, prevent disclosure of their status and delay their access to AIDS treatment and other services. The other likely impact is that women who experience violence may be in partnerships with older men who have a higher likelihood of being infected with HIV (UNAIDS 2006:13). For example, studies indicate that in sub-Saharan Africa, women are infected more often and earlier in their lives than men. Young women aged 15–24 are between two and six times as likely to be HIV-positive than men of a similar age. (UNAIDS 2006: 4)

The average probability of the transmission of HIV/AIDS during unprotected intercourse can be affected by various factors including the form of intercourse. Other physical factors include the presence of another Sexually Transmitted

Infection (STI), the use of post-exposure prophylaxis and the infectiousness of the infected partner (which can be influenced by anti-HIV drugs) (Ellis et al. 2003: 13).

Despite the fact that there are no accurate serial prevalence data on STIs in Ethiopia, several recent studies indicate that the prevalence of herpes simplex virus type 2 (HSV-2) is high and may be fuelling the HIV/AIDS epidemic in Ethiopia. (Garbus 2003: 8) Relatedly, a study conducted to identify risk factors for HIV infection on 2,526 participants recruited from different location in and around Addis Ababa indicates that male sexual behaviors and past history of syphilis were strongly associated with HIV infection. (Fontanet and W/Michael 1999:13-14) Supporting this argument a study, which has been conducted among sex workers in Addis Ababa, indicates that females with relatively larger number of sexual partners and those who had previous exposure to STDs, had a higher prevalence of the HIV/AIDS infection. (Mehret et al. 1999b). A report by the U.S. National Intelligence Council has indicated that infection rates range from 30 to 40 percent in STD-positive individuals. (U.S. National Intelligence Council 2002)

Men who have been circumcised are at lower risk of HIV infection than men who have not. Foreskin cells are thought to be more vulnerable to HIV infection (Clark et al. 2003: 9, BBC 2007). However, female genital mutilation increases the risk of HIV infection for it leads to bleeding during intercourse (Brady 1999:712). Female circumcision is widespread in Ethiopia and 80% of all women have been circumcised (Garbus 2003: 31).

Women are more affected by HIV for they lack decision-making power concerning the use of condoms. Men's behavior is strongly influenced by perceptions of masculinity. Most cultures expect men to be sexually active, often with more than one partner. Attitudes towards risk-taking lead many men to reject condoms as something which lessen their masculinity and they consider sexually transmitted infections a minor disruptions (Martin 1998: 3). Women's inability to influence men reflects the fact that men usually dominate women's sexual lives; generally it is men, not women, who dictate whether or not intercourse will take place and whether a condom will be used (Martin 1998: 4). For example in Ethiopia there is evidence that men refuse to use condoms saying that HIV does not exist after 10 pm. There are also destructive sayings used by opponents of condom use for HIV/AIDS intervention which undermines the seriousness of the disease, such as "achesew

yacheseh" meaning, "do it and accept all the consequences" (Negash 2005:45) or "One does not eat a toffee which is still wrapped in paper" (The Courier 2003:69).

Various forms of marriage arrangements often put Ethiopian women in a vulnerable position. Early marriage is quite prevalent in Ethiopia for example in Amhara region girls may be as young as 10 to 12 years old. Marriage by abduction, polygamy and widow inheritance is practiced across the country.

Economic and social factors play an important role in the spread of HIV. Poverty and underdevelopment create impediments on people's choices and their ability to avoid risky behavior. (Stillwaggon 2006: 81) Women in Ethiopia are much more likely than men to be illiterate or have a very poor education, which result in less opportunity to obtain "decent" jobs. Ethiopian women live in less secure conditions than men and do not enjoy the same levels of financial autonomy and economic power as men. Women are often employed in unpaid family work. They are more likely to be employed in the service or leisure industry, such as hotels, bars and restaurants. These types of occupations introduce them into situations in which they are more likely to become involved in commercial sex work (Tassew et al. 2005: 33).

Research indicate that in Ethiopia risky sexual behaviors were strongly associated with HIV infection in males. While, in females, socio-demographic factors like living alone, having low income, and having low education, are associated with HIV infection. (Fontanet and W/Michael 1999:13-14, Fontanet et al. 1999:107) Women's lower status in society and their poorer income-generating possibilities make them more vulnerable to the economic impact of HIV/AIDS. The majority of women in Ethiopia are economically dependent on men. Economic dependence may also determine with whom a woman has sex. (Mekonnen et al. 2001: 52) Economically poor women are lured to men for money. (Negash 2005:47)Famine is a recurrent situation in Ethiopia. Lack of food, coupled with a subsequent breakdown in family structure may force people to practice risky sexual behavior. Women and girls may undertake sex work to survive. They may also offer sex to workers involved in transporting and distributing food aid to try and obtain preferential treatment in the distribution of supplies and services (Garbus 2003: 42).

In Ethiopia, with increasing rural and urban poverty, the number of women and girls who engage in prostitution has increased. In 1990, it was estimated that over 7% of Addis Ababa's adult female population was involved in prostitution. A surveys which was carried out among female sex workers indicates that the majority of the respondents were forced to start practicing prostitution because they lacked financial support for continuing education and because of family related problems. 94.1% of the respondents mentioned that they would like to change their profession If other opportunities were available (Gebrekidan 1999).

In Ethiopia women tend to migrate more than men as a result they are often the victims of sexual, financial and labor exploitation. In 1999, they represented 57% of total migration and 58% of rural-urban moves. Uneducated and with very low skills levels, women migrate to cities and towns to be employed as domestic workers and/or prostitutes (Tassew et al. 2005:7).

As in most traditional societies, Ethiopian women are usually charged with the task of caring for sick family members which can expose them to the virus if they do not take the necessary precautions. They also face difficulties when the male head of the family becomes sick and dies since they lack the economic options available for men. Due to low economic status of Ethiopian women who have lost their husband they may resort to commercial sex work in order to support their families, further increasing the risk of HIV infection. Due to the above mentioned facts women in Ethiopia are disproportionally affected by HIV/AIDS. In line with this, for example, in the year 2003, HIV prevalence in Ethiopia was 5% and 3.8% for women and men respectively (HAPCO 2006:6).

3.15.5.2. Ignorance, Denial, Myths and Cultural Beliefs

The second round Behavioral Survey Surveillance (BSS) covers nine national regional states and the sub-population surveyed includes representative samples of uniformed services (defense and police forces), FSWs, road construction workers, long distance truck drivers, inter-city bus drivers, teachers, in-school youth, ANC catchment area population, factory workers, pastoralists and cross border communities. The summary findings from the BSS round which was conducted in 2005 revealed that more than 98% of the study population were aware of HIV/AIDS except in pastoralists (80%). Almost all the study population knew at least one

prevention method; about 86% knew two of the three prevention methods, and nearly 55% knew all three. The preliminary results indicate that though knowledge of at least one prevention method is high across all target groups, there is still low comprehensive knowledge and persisting common misconceptions. One or more stigmatizing attitude prevailed in almost all target groups particularly among bus drivers, military, ANC surveillance site groups and teachers (FMoH 2006: 39). Misconceptions about HIV transmission of HIV from person to person, especially local misconceptions like "eating uncooked eggs laid by a chicken that has swallowed a condom could transmit HIV" and "eating raw meat prepared by an HIV-infected person could transmit the virus" still remain high in almost all groups. The common misconceptions are more than 40% in almost all study groups except in In-School Youth where it was 10%. The study also showed that misconception about HIV/AIDS is high irrespective of the level of knowledge. Messages about HIV/AIDS are often closely intertwined with religious beliefs that can result in some confusion regarding preventive action and effective care.

A Behavioral Survey Surveillance that has been conducted by Ahmed and others on Addis Ababa University students indicates that many focus group discussion respondents and some individuals among the target beneficiaries still have wrong impressions about how HIV/AIDS spreads and how it can be fought. These range from the belief that one cannot get HIV/AIDS the first time he/she has sex to thoughts like 'nothing could stop HIV/AIDS' (Ahmed et al. 2002:36).

Several studies conducted so far have shown that awareness about the virus and that of the disease is very high among all sectors of society. This knowledge has not been converted to behavioral changes which likely expose individuals to the risk factor of HIV/AIDS. For individuals to take action in reducing risky behavior related to health threats, they must first perceive that they are at risk. Individuals with low risk perception are least likely to take the necessarily precaution to protect themselves from the threat (MOLSA 2004: 138). A study which has been conducted on Wonji sugar factory workers in the year 2004 as well as a study conducted on female and male workers in 195 establishments in Ethiopia indicates that majority of the workers do not feel that they are at risk for HIV/AIDS infection, indicating the prevailing very low or no risk perception. As a result of this low risk perception, they may not take consistent precautions to avoid contracting the infection and such

low risk perception may constrain and restrain them from taking timely action or changing their risky behavior (Negash 2005:55, MOLSA 2004:139)

3.15.5.3. <u>Migration and Social Disruption</u>

Ethiopia's political, social, and cultural context have shaped the evolution of the HIV/AIDS epidemic. War, famine, poverty, and political turmoil have kept Ethiopia in state of emergency almost constantly since the 1970s, creating many competing urgencies. As a result, Ethiopia's population has been highly mobile, in terms of rural to urban migration, displacement of millions of people and the mobilization and demobilization of military personnel. (Vaillancourt et al. 2005:3) Ethiopia's mobile populations include the rapidly increasing number of rural residents seeking employment in urban areas, military personnel, those displaced by war, drought and/or environmental degradation, male transport workers, sex workers, traders, orphans and vulnerable children, humanitarian and relief workers and prisoners (Garbus 2003: 7).

In Ethiopia there is a recurrence of famine. The search for food and migration to food aid distribution points spurs population dislocation, which may be accompanied by regroupings of family units and exposure to new sexual networks (Garbus 2003: 8).

In Ethiopia there is also migration associated with work, which includes transport workers, sex workers, miners, merchants, and traders. In 1994, migrants made up about 44.7% of the urban population, most of whom had migrated to look for a job (Tassew et al. 2005: 6). Mobility provides the opportunity for, and increases the likelihood of, having non-regular sexual partners. When people travel they are likely to be lonely, to drink more alcohol and to behave differently than they would in their home community (Whiteside 2005:116) On the other hand, the loss of migrants labor and the lack of their presence can have detrimental economic and social consequences. For example, in a place called Imdibir, Gurage area, the long-term male migration has threatened the direct male participation in family life and presence of appropriate father figures, which, in turn, contributed to the loosen of family ties and the dissemination of HIV/AIDS to spouses (Tadele et al. 2006:64).

A study which has been conducted on a sugar estate located in central Ethiopia, shows that an increase in HIV risk is associated with an increase in age and a decrease in risk associated with history of travel outside of residential areas. (Sahlu et al. 1999: 50) Workers with jobs that involve being away from home and separation from family, for instance, in transport services (long-distance truck drivers, train crews, sailors, etc.) mining, construction, seasonal workers in agriculture and tourism and migrant workers of all kinds without their families, are particularly vulnerable to HIV infection. A study which was conducted in 1994, indicates that of the 233 AIDS cases, 109 (46.78%) were in the transportation sector and 70 (64.22%) were among transport equipment operators. In the same study, 80.73% of AIDS cases employed in the transportation and communication sector came from one coordination station of the Ethiopia Freight Transport Enterprise, which required long-distance travel and a significant amount of time away from home (Bersufekad 1994). A study which was conducted among 995 long distance truck drivers, their assistants, and lorry technicians employed by the Ethiopian Freight Transport Corporation (EFTC) indicates that HIV prevalence rates were 13% among 468 drivers, 12.9% among 209 drivers assistants, and 4.1% among 318 technicians. The study indicated that the long distance truck drivers in Ethiopia practiced frequent contacts with female sex workers, had frequently experienced sexually transmitted diseases and were at a significantly higher risk to acquire HIV/AIDS than the technicians employed at the same corporation (Mehret et al. 1999a). This study indicates that frequent travel promoted high-risk behavior, which in turn increased the risk of acquiring HIV infection in Ethiopia.

Activities specifically associated with agricultural marketing potentially contribute to the spread of the disease. In rural parts of Ethiopia there is significant movement of people associated with markets both into and from rural areas. Weekly rural markets are a major social gathering, drawing people together, typically from a 10 – 15 km radius. Market days are often a source of recreation and are acknowledged as an opportunity to meet secret lovers. Activities escalate during the harvesting season because at this time money is available so commercial sex workers move into market centers. Larger markets attract people from further afield and may result in overnight stays. People assemble from different parts of the locality and many drink alcohol, which often leads to unprotected sex. Specific marketing patterns likely

expose people to HIV risk behavior. For example the marketing of *chat*[12] requires rapid transport to the point of final sale in major towns in order to preserve quality. The selling takes place late in the evening, which gives farmers the opportunity, or the excuse, to stay in town overnight. They often spend their evenings chewing *chat.* Whether this is a potential HIV-risk factor depends on whether it is linked to alcohol consumption. Research shows that seasonal flows of cash contributed to HIV risk behavior during the peak-harvesting season of red peppers in Alaba (October to January) because commercial sex workers from Addis Ababa, Awassa and Adama/Nazareth move into the area. Similarly, it was reported that many male teenagers in Ada'a Liben have their first sexual experience during the summer months after selling the *teff* harvest in December when money is readily available (Sambrook et al. 2005:253).

A study which has been conducted among female sex workers practicing multi-partner sexual contacts from twenty-three urban areas of the country indicates that previous exposure to other sexually transmitted diseases and frequent change of sexual partners were identified as possible risk factors for HIV infection. Frequent mobility of these females may have played a significant role in HIV transmission between the towns (Mehret et al. 1999c). There are several potential bridging populations who may carry the virus from urban areas into rural communities. This includes seasonal migrant farmers, long-distance livestock traders, long-distance truck drivers and their assistants, professionals working in rural communities and teachers living in rural areas, often unaccompanied by their families.

According to Sambrook and others, in rural Ethiopia there are three types of bridging population, who may link low-prevalence rural areas with higher-prevalence communities. The first are adults and the youth who link their rural communities to higher-risk urban hinterlands for employment, education, or social reasons. Because these activities take place away from home and the confines of community norms, the lack of social cohesion and anonymity may be a contributing factor that encourages them to engage in activities outside their social norm. The group includes seasonal migrants who seek alternative employment during the quiet

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[12] Chat is a perennial shrub, traditionally cultivated in Ethiopia, Yemen and Kenya, where it is often an important cash crop. The leaves and tender young shoots of the plant are chewed for their stimulant properties. The most important chemicals in chat, in terms of their psychoactive properties, are cathine and cathinone. Both these substances stimulate the central nervous system (Paul 1998:1).

months in farming, for example, working as casual laborers in the construction industry in Bahir Dar, on major road construction in Amhara, in the industrial zone on the outskirts of Addis Ababa, or on large commercial sesame farms in western Tigray. In Atsbi for example, some men have dual livelihoods, farming for part of the year and working in town as skilled carpenters or masons during the summer months. Long-term migrants include students attending further education and women working as housemaids. Weekly migrants include adolescents attending senior secondary schools usually located in the *Woreda* town. Ad hoc movements include visits to relatives; school dropouts and military returnees moving between small towns and their rural community; administrators and government employees attending meetings or training outside the *Woreda*; and farmers staying in town if there are bottlenecks in registration, screening, and disbursement of seeds and credit by the Bureau of Agriculture. People usually stay with relatives or friends, in rented accommodations, or in the home of the employer. Many men leave their wives in the villages and take on a new "wife" in their new residence. They may also stay in local drinking houses. The second bridging populations are those who may carry the virus from outside into rural communities. This includes professionals working in rural communities such as agricultural development agents, teachers, and health workers, who are often unaccompanied by their families; politicians visiting rural areas for sensitization and mobilization purposes for extended periods; the military posted to rural camps; commercial sex workers who follow the seasonal migration of people, seasonal income flows, and the military; long-distance truck drivers and their assistants on overnight stops; seasonal migrants assisting with crop harvests; long-distance salt traders stopping for one or two nights in Atsbi route while selling salt in local markets; visiting relatives; and distributors of food relief. The third group relates to those moving within and between neighboring rural communities. Such movement is associated with daily living (such as fetching wood, water, milling, public meetings, and community development works), attending to administrative matters (for example, rural administrators visiting the main *Woreda* town or elders mediating in conflicts), and social affairs (visiting relatives, attending wedding and burial ceremonies, special church meetings or holidays) (Sambrook et al. 2005: 248-249) .

As Andrew Price-Smith points out, warfare is also an amplifier of disease. Civil war and migration also contribute to the increase in HIV/AIDS prevalence. Ethiopia's political history, civil war, conflicts with Eritrea, and the current food crisis also

affect HIV/AIDS dynamics. (Garbus 2003: 33) In Ethiopia many soldiers contracted HIV/AIDS during the civil war in the 1980s through contact with multiple sexual partners. When the war ended in 1991, thousands of infected soldiers and prostitutes returned home spreading HIV/AIDS in their villages and towns (U.S. National Intelligence Council 2002).

In addition, according to the UN Office for Coordination of Humanitarian Affairs, the war with Eritrea (1998-2000) displaced one million people, of which 76,000 still have not returned to their homes. (Vaillancourt et al. 2005:3) A study conducted by Berhe, Gemechu and Waal indicate that HIV prevalence among soldiers and civilians in Tigray appears to have risen in the year (1998-2000) during Ethio-Eritrean war. This was associated particularly with the convergence of a very large army and an influx of commercial sex workers (Berhe et al. 2004:10). The rural HIV/AIDS prevalence rate in Ethiopia is 2.6% and it is projected to increase dramatically. According to Economic Intelligence Unit, this might be partly linked to the demobilization of soldiers after the 1998-2000 war with Eritrea and return to their home areas as well as the on going expansion of the road network. (EIU 2006:16) Since the end of the war in 2000, 150,000 Ethiopian soldiers have been demobilized. (Vaillancourt et al. 2005:3) As soldiers demobilize, prostitutes who have even higher rates of infection disperse around the country as well. (U.S. National Intelligence Council 2002)

3.15.5.4. Multiple Sexual Partners Use of Condoms, Alcohol Consumption and Chat Chewing

Sex abstinence and a mutual faithful partnership are the best ways of protecting oneself from HIV infection. However, for people who cannot limit themselves to any of these methods, use of condoms is the only way to protect themselves against the virus (HAPCO 2003: 23). Researches indicate that the risk of HIV infection rises with an increase in sex and the number of lifetime sexual partners (Mekonnen et al. 2001: 52). Researches show that extramarital affairs are relatively common in Ethiopia where both rural women and men have several concurrent relationships regardless of their marital status. Although communities in Amhara and Tigray may not openly acknowledge multiple sexual relationships, they are widely practiced in secret (Miz-Haseb Research Centre, 2004). In Atsbi Wemberta, it is common for husbands to have several girlfriends (divorcees or widows), possibly as a sign of

status or in the quest for more children. Communities do not tend to associate their customary sexual practices with the risk of HIV infection since they are conducted within community norms, including inherent elements of trust (Miz-Hasab Research Centre, 2004). Sexual contact with multiple partners is amongst the major risk for HIV transmission in Ethiopia.

Condom use is one of the programmatically important ways of preventing the spread of the HIV, and therefore, is continuously advertised in almost every media. Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV/AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs). The number of exposures to HIV/AIDS is a result of the number of occasions of unprotected intercourse or the number of condom failures during protected sex. (Ellis et al. 2003: 13)

Chat chewing and alcohol drinking can lead to behaviors which can expose individuals to HIV/AIDS for it leads to the occurrence of unprotected sex or improper use of condoms. Substance abuse is generally believed to be one of the associated factors for sexual risk behavior in HIV transmission. Hard drugs like heroin and cocaine are very rarely available in Ethiopia. However, *Chat*, a locally produced psycho-stimulant is commonly and widely used in the country (Kebede et al. 2005). *Chat* is widely consumed among the youth of Ethiopia as shown by several prevalence studies. A study assessing the magnitude of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections together with self-reports of sexual risk behavior among youths (15–24 years old) in Addis Ababa, reported that increased sexual activity was significantly associated with being male, aged 20 years or over, out-of-school status, and reported alcohol/*Chat* consumption (Taffa et al. 2002). A national survey conducted on 20,434 in-school and out-of-school youths aged between 15 and 24 years of age indicates that *Chat* use was also strongly associated with sexual initiation. The study shows that there is strong association between unprotected sex and alcohol consumption because alcohol's capacity to decrease inhibitions, alter rational decision making, and increase risk-taking behavior. This study has shown that a substantial proportion of out-of-school youths engage in risky sexual behaviors and that the use of *Chat*, alcohol and other substances is significantly and independently associated with risky sexual behavior among these young people (Kebede et al. 2005). A study which has been conducted

on the Wonji Sugar factory in 2004 indicates that drinking alcohol, chewing *chat* and the presence of multiple sexual partners expose workers to risk factors of HIV transmission and risk behavior which in turn increases the risk of acquiring HIV. (Negash 2005:67)

3.15.5.5. <u>Harmful Traditional Practices</u>

Several harmful traditional practices are very common in Ethiopia. This includes uvulectomy and milk tooth extraction, female genital cutting (CSO & ORC Macro 2001), early marriage and abduction.

Most girls are circumcised before they are one year old or immediately before marriage and in 90% of cases this is performed by a traditional circumciser. Almost all male Ethiopians are circumcised. Other practices are regionally specific, such as vein punctures in Tigray and Amhara, and tattooing of women in the northern part of Ethiopia. Ethiopian health officials fear that the use of unsterilized instruments to perform these practices plays a role in HIV transmission. (FMoH 2004a:1) Suckling young babies might also contribute to spread of HIV. In Ethiopia women sometimes suckle another's woman's young baby if the mother is out of the village for a day or more, possibly leading to the risk of HIV infection through breast milk.

However, little data available have not found an association between harmful traditional practices and HIV infection. (Garbus 2003) For example, a study conducted to identify risk factors for HIV infection in 2,526 participants recruited from different location in and around Addis Ababa indicates that traditional practices (tattooing, skin piercing, scarification, and blood letting), and circumcision (male and female), were not associated with HIV infection (Fontanet & W/Michael 1999:13-14).

3.15.6. <u>Reflection on the Impact of HIV/AIDS in Ethiopia</u>

HIV/AIDS is not only a health issue but also a development challenge the country is facing today. If HIV/AIDS continue unchecked it will alter the country's development retarding growth, weakening human capital, discouraging investment, exacerbating poverty and inequality. The following sections will summarize the extent of impact of HIV/AIDS in Ethiopia.

3.15.6.1. Impact on Population and Labor Force

The number of lives claimed by HIV/AIDS in Ethiopia is expected to reach 1.8 million by 2008. (FMoH 2004b: 16) Between 2002 and 2014, 3.55 million Ethiopians are likely to die from the disease, which would result in a accumulative total death of about 5.25 million by 2014. (Nega 2001: 8) The implication of this is a decline in the life expectancy of the country. According to the Federal Ministry of Health of Ethiopia, life expectancy at birth in 2001 was estimated to be 53 years and is expected to be 59 years in 2014 without taking HIV into consideration. However, due to the existence of HIV/AIDS, life expectancy at birth in Ethiopia has been estimated to be 46 years in 2001 and is expected to be 50 years in 2014 (Ministry of Health 2004a: 1). Life expectance will decrease by 4.2 years in 2006 and by 3.9 and 2.8 year in 2007 and 2010 respectively due to the presence of HIV/AIDS. (Ministry of Health 2006)

HIV/AIDS causes a significant decline in population and this will have an enormous impact on various aspects of the economic sector, mainly on the decline in the size of the labor force.   According to ILO, Ethiopia is expected to lose 8.3% of its potential workforce in 2005 and 10.5% in 2020 (ILO 2000: 5).

3.15.6.2. Human Capital Losses

The loss of workers and workdays due to AIDS-related illnesses or the demands of caring for patients can result in a significant decline in productivity, loss of earnings, and attrition in skills and experience. (Franklyn 2002: 6) In some research, it has been noted that in some cases even so-called unskilled labor has built up skills for specific tasks that are very hard to replace. This is most obvious in the case of agricultural skills. (ILO 2004: 12) For example, a study which has been conducted on the Wonji Sugar Factory in 2004 indicates that how the loss of even unskilled labor causes for the reduction of the yield of sugar cane. (Negash 2005:36)

Demand for education suffers as infected and affected students are less able or willing to attend and complete school. Behavior that increases the risk of transmission of HIV is widespread among students in Ethiopia. A study conducted in a senior secondary school in Addis Ababa found that 37.9% of the students had

experienced sex, and most of them never used any protective means to avoid STDs (Gebre 1999). A Ministry of Education impact assessment study observed that in a sample of 4,418 students over the age of eleven that had reached grade five or above, 1,052 (24 per cent) had lost one or both parents. The report also indicated that 504 students had dropped out of school at least once due to personal sickness (29%), shouldering family responsibility (18%), inability to cover school costs (13%), death of parents (12%) and sickness of parents (9%). Similarly, 1,226 students had repeated at least once due to personal sickness (26%), shouldering family responsibility (9%), inability to cover school costs (13%), sickness of parents (8%) and death of parents (5%) (FDRE-MoE:2003 cited in Haile Gabriel 2005:11).

Since they are found in an age group that is expected to be sexually, active tertiary education communities are particularly vulnerable to HIV/AIDS. Their relative autonomy from adult or community supervision gives them the freedom to be involved in sexual networks. This creates a negative repercussion on the expected returns on investments made by families and government in the education of tertiary students (Saint 2004:95). A recent study of Jimma University estimates that 12.2% of students are HIV positive (Ministry of Education 2004 cited in Saint 2004:96).

HIV/AIDS also impacts the supply of education through the attrition of teachers and educational personnel due to death or inability to attend regular activities due to illness. For example, Nega (2001) showed that in Ethiopia, 51,000 primary school pupils out of 4.3 million have lost teachers from AIDS in 1999 (Nega 2001: 4). In addition, 2,858 teachers and 640 support staff were reported to have died within the five-year period from 1997 to 2002, implying that Ethiopia is losing more than 570 teachers to death per year (FDRE-MoE: 2003 cited in Haile Gabriel 2005:11). In the 39 sample institutions of the Ministry of Education assessment study (17 primary, 20 secondary and two teacher training institutes), a total of 133 teachers were reported to have died within a five-year period alone, averaging 27 deaths per year. More than 85% of those who died were under 50 years of age, more than 60% had at least a college diploma, while 87% had had more than ten years of teaching experience. Teachers absenteeism was also reported as becoming a more frequent problem, with the majority (65%) citing their own sickness, sickness of a family member or death of another staff member as the main reasons for absence (FDRE-MoE,2003 cited in Haile Gabriel 2005:11-12.). The results from a major study of HIV/AIDS in the Ethiopian education sector suggest what awaits higher education.

It estimates some 10,000 school teachers' are HIV positive and that teacher's recruitment will need to increase by 16% annually to achieve education policy goals in the presence of HIV/AIDS (Discovery Consultants 2003 cited in Saint 2004:96).

3.15.6.3. Impact on Enterprise

The impact of the HIV/AIDS epidemic on a firm includes increasing costs for healthcare, insurance, death benefits (including burial fees), and costs for training and recruiting replacement labor. (ILO 2004: 11) The productivity of enterprises is also affected by absenteeism owing to illness or attending the funerals of relatives or fellow workers. Absenteeism owing to illness or attending funerals is affecting the Ethiopian enterprise productivity tremendously. According to the Ethiopian Ministry of Health, the number of workdays lost to illness for a person with HIV/AIDS can range from as little as 30 to as many as 240 days in a year (FMoH 2002: 39). But up to now there has not been any study conducted on how much profit the Ethiopian firms lose due to absenteeism caused by HIV/AIDS. A study conducted in the year 2005 on 89 business executives in Ethiopia indicates that 64% of the business executives believe that the virus has caused an increase in death, disability and funeral expenses, 75% of the business executives say that it has caused an increase in medical expenses, 77% of them mention that HIV/AIDS has caused a decline in productivity and an increase in absenteeism, 71% of the respondents mention that the cost of recruitment and training has increased and 66% of the executives mention that it has caused a general reduction in revenue (Bloom 2005: 47-52).

A study conducted by the Confederation of Ethiopian Trade Unions on ten enterprises in the year 2001 indicated that HIV/AIDS was considered one of the major problems by the management as well as the trade unions of the respective enterprises and the perceived risk factors for HIV/AIDS were considered to be alcohol, mobile working conditions, being young, a lack of awareness, lack of recreational facilities at the workplace, being female, *chat* chewing and low income (CETU 2001:3). In this study it was indicated that the prevalence of misconceptions about the transmission of the disease caused an increase in HIV-related deaths.

A study conducted by the Ethiopian Employers Federation in the year 2003 indicates that the industrial sector is greatly affected by the presence of the

HIV/AIDS epidemic among the workforce. According to this study, the most severe impact of HIV is observed in wholesale and retail trade, followed by the manufacturing, agriculture and public service sectors (Employers Federation of Ethiopia 2003:10) . The major effects of HIV/AIDS mentioned in this study were reduced productivity, shortage of skilled manpower, increased mortality, absenteeism and rising medical costs.

A study conducted on the economic impact of HIV/AIDS on labor and productivity in the Akaki Fibre Products Factory in Ethiopia indicates that for the year 2000, the costs incurred by HIV positive workers were predominantly divided between productivity losses 42.7%, medical care costs 25.8% and sick leave costs 21% (Mahmud 2001:46). The predominant costs in this study correspond more with the morbidity phase than with the mortality phase. According to this study it is illness and not death that is more expensive for the factory.

A study conducted on the Wonji Sugar Factory in 2005 indicates that the economic cost of the factory rises due to the prevalence of HIV/AIDS. The impact of the epidemic on the factory includes increase of absenteeism, funeral costs, recruitment costs, training costs, health care costs, house rental costs and repatriation costs (Negash 2005:48). Due to death caused by HIV, the factory has lost skilled and experienced labor which is very hard to replace, resulting in a reduction in quality of the labor force which in turn causes delays in the production process, a reduction of maintenance efficiency and a decrease in the production of cane per hectare per month, as well as a decrease in sugar production (Negash 2005:48). Death of a co-worker or shiftmate is also mentioned as a significant factor contributing to psychological stress. Poor performance in the factory results from psychological stress in the workforce. (Ibid:67)

A study evaluated the economic impact of HIV/AIDS in fifteen different establishments indicates that HIV/AIDS is concentrated mainly in manufacturing, and transport and communication industries. The number of AIDS-related illnesses was 53% of all reported illnesses, totaling 15,363 incidents over a five-year period. Out of nineteen individuals interviewed in detail, eleven lost thirty thirty days over one year due to HIV/AIDS-related illnesses, seven lost on average sixty days, while one person said he was absent for 240 days because of HIV /AIDS (Besufekade 1994).

The business bottom line is affected not only on the cost side, profit also suffers due to lack of demand for products. In terms of expenditure shifting, the loss of demand for Ethiopian business (other than those related to healthcare and funerals) is estimated at about 4.1 billion Birr for medical care and 688.5 million Birr for funerals over the next ten years. This comes to an annual average cost of healthcare and funerals of over 475 million birr. According to some studies, the expenditure on normal goods and services of households in which someone suffering from AIDS is often halved (Nega 2001:6). All this combined could reduce the profitability of enterprises significantly.

3.15.6.4. Impact on Agriculture

In Ethiopia, AIDS will have adverse effects on agriculture. A study interviewed twenty-five households in 1993 to examine the impact of HIV/AIDS on the rural sector and a study which interviewed 100 households in 1994 looking at the socio-economic impact of HIV/AIDS on women and children confirmed that families affected by HIV/AIDS increased labor demands that compromise their agricultural productivity.

According to these studies, the workload of women who either had HIV/AIDS or lived in a household that was affected by HIV/AIDS, or both, were significantly different than the workload of women who lived in households that were not either afflicted or affected. The mean hours spent in agricultural tasks varied between 11.6 and 16.4 hours for households with HIV/AIDS, while women in non-AIDS households were able to spend 33.6 hours in the fields every week. Women in non-AIDS households spent 25.7 hours per week caring for their children, while women in AIDS households spent between 1.9 and 13.1 hours per week. Clearly the difference in workload was due to the amount of time the women spent nursing the afflicted at home and outside the home (Baryoh 2000 cited in Bollinger et al. 1999: 5). The economic consequences of the epidemic are also staggering. Studies have confirmed that families affected by HIV/AIDS experienced increased in labor demands at the household level thus compromising their agricultural productivity. The average cost for hospital care for an AIDS patient is 1800 birr ($US 205) and funeral expenses of birr 327($US 37) and net farm income varies from 270($US 31) to 620 birr ($US70), depending on the region. Since the average cost of treatment,

funeral and mourning expenses amount to several times the average household income, these expenses were paid for by selling productive assets, especially livestock leaving the affected households exposed to extreme poverty (Demeke 1993 cited in Bollinger et al. 1999: 6). This high cost has even affected the traditional coping mechanisms at the community level. In one survey, over 86% of households reported not being able to extend any support to other households affected by HIV/AIDS(Baryoh 2000 cited in Bollinger et al. 1999: 6). The consequences on families engaged in subsistence farming, which is more than 85% of the Ethiopian population include: decline in crop yields and in the range of crops grown, switching to less labor intensive crops with a focus on consumption leading to further decline in household income from farming, decline in the nutritional and health status of smallholders and their families. This also resulted in increased vulnerability of rural women to HIV/AIDS (which increases further if their husband dies) and interruption of the transfer of local knowledge and skills from one generation to the next (Tesfaye et al. 2002:7) .

In Ethiopia, one study found that the effect of an AIDS death varied by region: it would have the most severe effect on harvesting *teff* in Nazareth, on digging holes for transplanting *enset* plants in Atat, on plowing millet fields in Bahirdar, and on picking coffee in Yirgalem (Demeke 1993 cited in Bollinger et.al 1999:6).

Both yields and areas under cultivation decreased when a death occurred, or when a household was headed by a female. Over 83% of female-headed households report *teff* yields of less than six quintals/hectare, while only 66% of male-headed households report such low yields. When a death occurs, only 5.6% of households reached over nine quintals of *teff* per hectare, while nearly 22% of households not experiencing a death reached production levels of that magnitude (Demeke 1993 cited in Bollinger et.al 1999:6).

3.15.6.5. <u>Health Sector</u>

The increase in the number of people seeking medical services due to AIDS and associated diseases is overstretching the capacity and compromising the quality of healthcare services.

(Kello 1998) assessed the economic and healthcare system impact of HIV/AIDS-related costs by taking the lowest and highest figures as low and high-cost scenarios respectively. According to him, the cost for out-patient treatment under low cost variant is $US12.03 and for in-patient treatment under low-cost variant is $US22.64. The high-cost variant for out-patient treatment is US$41.30 and for in-patient treatment is $US197.00. In terms of income loss due to premature deaths over the ten year period (1997-2006) went from US$1496 to US$2719 million. This represents a shift from 23 to 42% of the national income. Even with the generous assumption that bed capacity will double within seven years and continue increasing, the percentage of beds occupied by AIDS patients would go up to 44% in 2005 (Kello 1998: 201).

A study which has been conducted at Tikur Anbessa Teaching Hospital indicates that during the study period, patients that tested HIV positive accounted for 13% of the annual medical admission (Bane et al. 2003). A further problem in healthcare in Ethiopia is that universal precautions are not always taken by medical personnel, which has led to a great deal of fear among staff and the work overload caused by the existence of the disease. Because of this, the health care system may lose many of its employees (Kello 1998: 193).

The epidemic has also increased the incidence and prevalence of tuberculosis in the population. Proportion of TB Cases Caused by AIDS in 2006 is 31% and it is expected to be 30% in the years 2007 and 2010 respectively (Ministry of Health 2006). In addition to the increase in the number of TB patients, HIV/AIDS has resulted in low cure rate of TB patients, high mortality during treatment, high rate of adverse drug reactions leading to high number of defaulters, high rate of TB recurrence, and increases in TB drug resistance in the country (HAPCO 2006:14).

3.15.6.6. Macro-Economic Effects and The Implications For Government Revenue, Patterns of Expenditure and Poverty Reduction

In the study conducted to quantify the economic impact of HIV in the Ethiopian economy, Zerfu 2002, uses three approaches. The first approach uses the direct method of average productivity to estimate output lost. The second approach estimates medication cost using average cost per AIDS patient. The third approach is a counterfactual simulation analysis using a macro-econometric method. The

result shows that output loss to be in the range of 0.5% to 1% while the medication cost ranges from 3.2% to 6.4% of GDP in 1999/2000. From the counterfactual analysis it can be discerned that the prevalence of HIV/AIDS has a negative impact on the overall economy. The decline in the labor force has a direct negative impact on both the output of the agricultural and non-agricultural sectors that would lead to the fall in private consumption, investment, exports and government tax revenue. The slow down of the economy would also be strengthened with the fall in imports due to the decline in exports and hence the shrinking down of the importing capacity(Zerfu 2002:12).

The agricultural and the non-agricultural output would decline by approximately 2% and 1.8% on average during the forecast period as compared to the base run. As a result of the fall in output, private consumption, investment, exports and government tax revenue would decline by 1.9%, 2.4%, 3% and 8%, respectively. The decline in government revenue would in turn put a downward pressure on government expenditure and hence it would decline by 6.7% on average. Exports would decline by 3% in the simulation period. This would have a direct repercussion on imports by lowering the availability of foreign exchange. The result shows that consumer imports and capital and raw material imports would on average fall by 3.9% and 2%, respectively, in the alternative scenario. The fall in capital and raw material imports would on average diminish the capacity utilization rate by 0.6% (Zerfu 2002:12).

According to UNAIDS, if Ethiopia is to adequately care for all the AIDS patients the required health expenditure will rise by $USD 74 to 121 million. This is an additional three to five dollars in per capita income that the country does not have and need to get from foreign sources. (Nega 2001:9) UNAIDS projections show that the per capita income growth of Ethiopia will be reduced by 0.6% by the year 2010. This is a significant loss for Ethiopia because this amounts to a loss of sixty birr in per capita income by the year 2010 amounting to over 4.8 billion birr in total income. As stated above, the mean expenditure for treatment will reduce national savings. This would certainly lead to a reduced investment thus reducing economic growth. In terms of foreign exchange allocation, if the country spends the required amount of money to import drugs to treat all AIDS patients, it would severely affect the foreign exchange of the country (Nega 2001:9).

The prospect, then, for high-prevalence economies like Ethiopia is a much lower GDP, employment growth rates and declines in output per head and average earnings. Moreover, poverty is likely to increase as a result of the impact of HIV/AIDS. The epidemic creates a vicious cycle by reducing economic growth, which leads to increased absolute poverty, which, in turn, facilitates the rapid spread of AIDS as household expenditure on health and nutrition declines, thereby reducing resistance to opportunistic infections.

Taking into consideration the large number of people infected as well as those affected by the epidemic, according to the Ministry of Health, the degree of impact of the epidemic will be much higher in Ethiopia compared to other Sub-Saharan African countries due to the large population and high levels of poverty (HAPCO 2006:14). Therefore the epidemic creates a great threat to the overall development efforts of the country.

Concluding Remarks

Ethiopia is one of the poorest countries in the world. The HDI for Ethiopia is 0.371, which gives Ethiopia a rank of 170th out of 177 countries.

In Ethiopia there are indigenous systems of governance, which constitute some component of good governance incorporating elements of accountability, transparency, participation, legal and judicial framework and coordination and control in their system of governance. However, since the state is composed of a dominant ethnic and cultural core, the dominant group will influence the potential relationship between democratization and political culture. In this respect, the values and structures of the state of Ethiopia have been closely associated with the northern highlands, particularly with the Abyssinian, or Amhara/Tigrayan, socio-political tradition, which in many ways favor not democratization, but the perpetuation of hierarchy and authoritarianism at every level of society. This provides the context for the formation of the dominant trends in the political culture of contemporary Ethiopia.

Important measures related to the promotion of good governance have been taken since 1991. The FDRE Constitution adopted a multi-party parliamentary system of

government and recognizes most of the human rights proclamations in international law. In addition, the government has further ratified a number of international human rights instruments, reforming domestic laws to harmonize with international human rights standards by emphasizing good governance in different policies and programs. Despite this fact, progress made regarding good governance is at early stage of development. The limited democratic culture and experience in the country, limited participation of citizens in governance, lack of adequate and appropriate laws and policies in some areas, capacity limitations of law enforcement and governance organs of the government and lack of adequate awareness about human rights among the public pose challenges in realizing democracy and human rights.

Ethiopian history has been marked by underdevelopment, poverty and an exploitative economic system. The Ethiopian modern sector of the economy consists of a large service sector and a small industrial base. Almost half of the population lives in absolute poverty. The economy is dependent on rain-feed agriculture. Food security is a major challenge for the Ethiopian population. The standard of living of the population measured in terms of income, nutrition level, education enrollment, access to basic facilities such as health and sanitation services, safe drinking water, physical and communitarian structure is at a very low level. In fact, in some ways, it has deteriorated because the minor improvements in the past have go down due to recurrent drought and famine, population growth and high HIV/AIDS prevalence.

Ethiopia is amongst the Sub-Sahara African countries worst affected by the prevalence of HIV/AIDS. There are many factors that promote the spread of the disease in Ethiopia including the presence of sexually transmitted infections, gender inequality, multiple sexual partners, prostitution, men with disposable incomes, alcohol, unsafe blood transfusion, and transmission from infected mothers to their fetus/child during pregnancy, delivery and breast-feeding and harmful traditional practices.

HIV/AIDS is not only a health issue but also a development challenge the country is facing today. It has impacted the population and labor force, human capital, enterprise, agriculture, health sector, and the macro-economy of the country. In general, the epidemic has had a serious impact on the efforts to reduce poverty.

Chapter 4

Ethiopian Civil Society Organizations: Emergence, Political Environment, Contribution towards the Democratisation Processes and Civil Rights Promotion

4.1. Introduction

The political environment heavily influences the character of Civil Society Organizations (CSOs) in Ethiopia. This chapter reviews associational traditions of Ethiopian society while extending its scope to examine the emergence of CSOs as they are known today. The characteristics are key determinants of civil society's capacity to contribute to democratic processes. Additionally, the political environment and role of the state, the legal and regulatory environment and the economic policy context can shape civil society in important ways. Political culture and the nature of the state shape the form and character of individual organisations and the capacity for civil society to engage in public policy.

4.2. The Evolution and Growth of Associational Culture in Ethiopia

Traditional mutual-help associations established along social, religious, neighbourhood or locality lines have long existed in Ethiopia. These associations were established with the main purpose of dealing with various social problems such as death, fire accident, culturally valued events like weddings, the birth of a child, religious feasts, land preparation, weeding and crop harvesting which draw collective responsibilities. The traditional forms of civil associations like *Mahiber* (religious societies to celebrate particular saints)*, Senbete* (parish devotional groups)*, (all religious), and *Debo* (social or farm work groups), *Idir* (with funeral function), and *Iquib* (with savings and credit function) have a long history and remain important tools for facilitating mutual help among the Ethiopian society. Almost all families of Ethiopia belong to one or another form of traditional institutions, particularly *Idir* (Sumba 2006). These institutions have an enormous capacity of networking and bringing people together for various purposes.

Community Based Organizations (CBOs) can evolve into more formal CSO through scaling up their activities through horizontal and vertical functions or a combination of both. This refers to adding new component to the existing program and expanding the existing activities (Edwards & Hulme1992:19). The grassroots associations that

emerged during the 1950s to the early 1970s are reflections of the continued tradition of mutual help. For example, workers' self-help traditional associations, which are called '*Iddirs'* have led to the organization and initiation of the Franco-Ethiopian Railway workers struggle that was started in 1945 and intensified by other workers in the 1950s with the development of new industries. This initiative of the workers together with the democratic ideas of young intellectuals, paved the way for the establishment of the first Ethiopian labour associations late in the decade. The Ethiopian Teachers Association (ETA) was first established in 1949 by a few school teachers in the form of a traditional self-help association (Gebre-Egziabher 2002: 5). Other examples include the Guraghe People's Self Help Development Organization (GPSDO) which has evolved from the Guraghe people's tradition of mutual help recently transformed itself into a registered development NGO. (CRDA& DPPC 2004:28)

Scholars like Rahmato exclude traditional expressions of associationalizm like *senbeté, mehabir, equb* or *debo* as well as ethnic self-help or development associations from his definition of civil society on the basis that they often focus on particular interests specific to themselves and do not manifest interests related to the public policy domain. However, Jeffrey Clark starts the survey of Ethiopian civil society with a reference to these traditional institutions. According to Putnam these form of associations represent intense horizontal interaction. The denser such networks are in the community, the more likely that citizens will be able of cooperate for mutual benefit, making then an essential form of social capital. The more an organization is horizontally structured, the more it should foster institutional success in the broader community. (1993:173-175) These informal institutions can help to create solidarity of neighbours or community group. Unlike the formal organizations, traditional structures are much more resilient and they are not easily "captured" by the state(Rahmato 2002:105).

4.2.1. <u>Religious Associations</u>

Mahiber is a type of religious association in Ethiopia. *Mahiber* is an association formed by a group of people who subscribe to the same motivation and share certain common values. Historically, it is formed by a group of people, who belonged to the same faith (mostly by the followers of the Ethiopian Orthodox Church). Nowadays, it is common for people to form a non-religious *Mahiber*. However, *Mahiber* in its

traditional sense continues to be usually named after one of the Saints. Thus, once a month members gather at a host member's house to celebrate their favourite Saint's day with prayer, food and drink. The group members occasionally help each other in matters other than spiritual.

The other type of religious association in Ethiopia is the *Senbete*. The *Senbete* is similar to the *Mahiber* but the gathering normally takes place in a church compound and it may not necessarily be named after one of the Saints. Thus, the *Senbete* often gathers and performs its functions after the Sunday morning church service is over. Recently, *Senbetes* from urban areas have begun to assume other functions such as securing and developing burial plots for members and their families, which has become a serious problem in cities like Addis Ababa.

*Ezen i*s a type of religious association which exist among Muslims in Ethiopia. *Ezen* is a self-help system where each household makes contributions to the mosque during the days of a funeral (Vaillancourt et al. 2005:6).

4.2.2. <u>Traditional Forms of Secular Associations</u>

There are three popular forms of civil associations in Ethiopia, namely *Debo, Idir and Iquib*. *Debo* is often of a feature of rural communities. *Idir and Iquib* are the two most prominent institutions. Probably *Idir* is the oldest and the most widely diffused of the 'modern' association in Ethiopia, (Levine 1970:277) with records dating back to 1916 in a place called 'Lukanda Tra', on the western fringe of Addis Ababa. (Sumba 2006) It originated among the Gurage tribe and became popular and more widely adopted during the Italian occupation (1936-1941) when many people were killed and had no relative to bury them. (Levine 1970:277) It is also a rural phenomenon for example, in the former Wello province, funeral services were provided by *Kires* (another name for *Idir*). Therefore *Iquibs* and *Idirs* are found in both urban and rural parts of the country but they are found on a less sophisticated scale in rural areas compared to their urban counterparts. Modernised, federated *Idirs* are emerging in the city but in the countryside they are almost nonexistent (Sumba 2006).

The local people themselves select the leadership of these organizations. These organizations may have either written or oral rules defining procedures of their

operation. In most urban areas, *Idir* and *Iquib* do have written laws defining the conditions of membership, contribution and payment. They might also be registered with the association registrar (Aredo 1993:86).

Social ties are very important in *Idir*. A member is required to attend meetings, to be present on funeral ceremonies and visit sick. The by-laws of *Idir* are backed by the threat powerful social sanction and fines. *Idir* is also one of the forms of informal finance in Ethiopia. Though mainly meant for the burial of the dead when first started during the Italian occupation, it is a type of insurance scheme that assists the bereaved financially and materially. (Degefe and Nega 2000:340) The membership may be recruited on the basis of family, friends, neighbourhood and place of work. It is quite common to find people belonging to more than one *Idir* at a time. In principle, membership is open to all irrespective of social class, gender, religion or ethnic origin. It is not uncommon to find government ministers, parliamentarians, an internationally renowned artist, university professors, high-profile members of media, woman whose livelihood is based on selling the local beer *Tella/Tege,* both Muslim and Christian petty traders, and majority of ordinary citizens to be members of an *Idir*. What makes *Idir* a very interesting and powerful institution is that its by-laws are equally applicable to members from all walks of life. However, there are cases where *Idirs* are organized following ethnic lines, workplace or women only *Idirs*. The most common type of *Idir* is the neighbourhood *Idir* where membership is determined by geographical proximity. Members are expected to take care of all practical matters relating to burial, including announcing the death of one of its members, pitching the *Idir* tent in the courtyard of the house of the deceased where the bereaved family will receive the respects and condolences of relatives and friends. The *Idir* also lends out its (communally owned) cooking and service utensils during the three days of mourning after the funeral. The *Idir* members, mainly women, prepare simple meals and serve drink (often coffee) for the neighbourhood and visitors that come to the wake. The *Idirs* donate a fixed amount of cash to the family of the deceased to cover miscellaneous expenses related to the funeral and the mourning rituals. *Idirs* have written rules and regulations and are organised with a specific leadership structure. Usually there is a well-known and respected *Idir* chairman (called *Idir dagna* or the *Idir* judge) who presides over *Idir* meetings. Monthly contributions are paid at meetings to a person elected as the cashier or treasurer and there is a secretary that keeps the roster of members.

Idir membership provides an individual with a sense of confidence and assurance of help during tragic event or the death of family member or him/herself. It is also a source of social prestige and is considered one way of being a responsible community member.

Idir management is transparent, accountable and cheap. *Idir* is a very important social institution in which most people participate. The *Idir* is perhaps the most egalitarian and democratic grassroots level institution in Ethiopia. It cuts across ethnic, religion and occupational boundaries. Thus it has great potential for the social and political development of country (Aredo 1993:86). Until now there has been no sign of a modern institution that could potentially overtake the fundamental functions of *Idir* which include mainly taking care of funeral and comforting the bereaved.

The monthly contribution that members pay varies from one *Idir* to another. There is great variation among the *Idirs* with regard to how prosperous they are, which depends mostly on the income levels of their memberships. A number of them have developed into virtual savings societies, with investments in small businesses. Prosperous *Idirs* have also contributed to the construction of schools, clinics, water facilities and roads, as well as other social amenities (e.g., communal baths, toilets etc.). The *Idirs* are involved in, for example, HIV/AIDS campaigns, in providing home-based care for AIDS patients, or in incorporating support of AIDS orphans. Some rich *Idirs* may be able to take on such tasks, but there are also many poor *Idirs* that are reportedly on the verge of collapsing due to increased mortality rates caused by the AIDS pandemic.

Idirs cooperate with public structures to deal with other socio-political activities. Local governments sometimes force *Idirs* to mobilize their members for the purpose of implementing certain programs that are believed to affect national interest (e.g., elections and resource mobilization to defend the country), to certain local projects such as road improvement, settling disputes, etc. For example in the 1970s, in Addis Ababa, parliamentary candidates used these early forms of civil organizations as forums for reaching the local population. The then municipality also established contacts with many *Idirs* to ensure local participation (Pausewang 1983:189 cited in Abate 2005: 168). However, cooperate with the government, especially during the time of the military socialist administration, is often far from voluntary.

Recently *Idirs* are beginning to shoulder many of the responsibilities of NGOs or rights-based organizations and thereby transforming themselves into modern civic institutions. (Rahmato 2004) *Idirs* are currently working with both formal NGOs and other non-state actors as well as the government in various activities of a broadly public nature like HIV/AIDS prevention and control. (British Council: 2004) The influential and credible position *Idirs* hold at the grassroots level has attracted NGOs to work with them. The *Idir* has also been considered by NGOs as a possible instrument to reach the poor. (Degefe and Nega 2000:341) They have attracted a lot of interest and attention among local and international NGOs as viable and often well-organised community- based organisations. Mostly of the time NGOs take the initiative to work with *Idirs*, there are only few cases *Idirs* themselves approached NGOs to work together. Hence international and local NGOs like the Agency for Cooperation and Research Development (ACORD), the Ethiopian Catholic Secretariat (ECS), the Habitat International, the Hope Enterprise, the Integrated Holistic Approach Urban Development Program (IHA-UDP), Mary Joy, Concern International Ethiopia, Love to Human Beings Ethiopian AIDS Prevention Society (LHEAPS), to mention just few are working with *Idirs* helping them assume other socio-economic activities. Thus, in recent years the *Idirs* have become involved in a range of activities that include founding kindergartens, horticulture, cattle fattening, dairy farming, and income generating activities such as carpentry, basketry, and metal works (Hagos 2002). Recently some *Idirs* have even started revisiting their missions and revising their by-laws so that they address development issues. Some even have started to rename themselves so that their new name reflects their fresh role in development work. Some *Idirs* had changed their constitution and federated *Idirs* are emerging in the cities(Sumba 2006).

The significance of the involvement of *Idirs* in activities other than their traditional funeral related functions is debatable. Organizational growth is a natural process that can not be avoided and some scholars argue that though it is not surprising to see *Idirs* growing in size and functions through time, their current involvement in community development projects and programs is a healthy and desirable process. However, it could also be argued that making *Idirs* assume activities other than their traditional functions undermines their historical and traditional roles and values in the society and make them less flexible, less adaptive, less accessible and may lose some of their unique features (Sahleyesus 2004: 76, Clark 2000:7).

Debo is also known as *Wonfel, Jigge, Wobera, sege, dado, weber, gebo, goname, refdo, galgale* and *mesoit* depending on the geographic area.   *Debo* is a characteristic of rural, agricultural communities organizing to help each other in farming activities, during preparation of the land, sowing, weeding, and harvesting. *Debo* is a system of mutual aid among farmers with the main objective of improving productivity (Mequanent 1998:508-509). *Debo* or *Wonfel* is invoked when there is a considerable amount of plowing or harvesting to be done and a group of men in a given area take turns working on each other's land.(Levine 1970: 247, Adal 2000:138) Each individual member of the *Debo* is expected to pay back the favor when other members need similar support. Sometimes members may help each other in house construction or organizing communal or religious feasts. It is a form of lose association that can be formed and dissolved from time to time for the purpose of labour, farm equipment, and farm animals sharing. Farmers who benefit from the help of others provide food and drinks. The elderly, disabled, sick, widows, as well as families whose bread winner is away for a credible reason during the time of labor will be supported by *Debo*. This type of community support is a kind of community safety net that may not be necessarily returnable if the person concerned is weak or unfortunate (Sahleyesus 2004:73).

Iquib is an informal ad-hoc association organized by members for the purpose of pooling their savings in accordance with rules established by the group. Members agree to deposit monthly or weekly contributions of a fixed sum with an elected treasurer. Members contribute a predetermined sum of money on a daily, weekly, biweekly or monthly basis (depending on the agreement) and the whole sum of money will be circulated among group members based on a lottery. (Pitamber 2003:14) *Iquib* was introduced around 1945 (Molla & Digafe, 1996: 21) and it has been a permanent feature of the Ethiopian social and economic space (Geda & Degefe 2002:17) since *Iquib* involves not only business (money) relations among the group members but also mutual assistance in times of difficulty. *Iquib* are not limited by level of income, wealth or residence. They involve people from all walks of life. The purpose of *Iquib* is largely to pool money together to attend individual or family needs that require large sums of money. The pooled money can be used for consumption or investment purposes depending on the circumstances and objectives of individual members. It has an element of forced saving since default is punishable through a variety of social control mechanisms. People fear the negative public

opinion that could develop as a result of defaulting. Usually members try at all cost to fulfil his/her commitment for it elicits respect from the community.

People working in the same office or company may elect one person that will gather money during paydays. Business people meet every week (rarely daily) and the rotating fund might reach hundreds of thousands of birrs in their case. Although *Iquib* are primarily meant to serve an economic function, they are used as a social forum at the same time for members to meet each other, exchange ideas, and share refreshments together. Most *Iquib* define the roles of the chairman and secretary who lead the *Iquib,* the amount of money to be contributed each week or month and the benefits accruing to office holders. Different studies confirm that *Iquib* serves the multiple purposes of the poor and better off people. This indigenous system of saving is viable and relevant in both rural and urban area with a very high potential of annual savings since only about 1% of Ethiopian rural households maintain bank accounts. The volume of money revolving within *Iquibs* is estimated in the range of 8-10% of the country's GDP (Degefe and Nega 2000:340). In a country where modern financial institutions are not available for many, *Iquib* continues to be a very important institution for people from diverse economic backgrounds. This is supported by a study conducted by Aredo indicating that *Iquibs* have advantages over the banks for they are more flexible (Aredo 1993:27).

During the Derg regime (1974–1991) most traditional associations were repressed and supplanted by Peasant Associations (PAs) and official co-operatives. They were forced to be resilient in order to withstand governmental and outside pressures which threatened to disband them. However, after almost a century of active state repression, numerous types of indigenous association continue to exist today. For example, despite many years of systematic marginalisation and repression by successive regimes, the Timbaro People of Omosheleko in Southwest Showa Region in Ethiopia retained forms of associations fulfilling social, economic and leadership tasks. Six distinctive forms of Timbaro informal associations were still active even after enforced PAs having been long abandoned following the overthrow of the Derg regime (Fowler 1998: 94-95).

These traditional institutions have immense potential to mobilise people for addressing various problems in the society. In addition to traditional mutual-help institutions, a number of organizations, which are not structurally linked with the

state take part in developmental activities. This is particularly true in the case of regional development associations. The history of regional development associations goes back to the 1960s in the country. For example, the Gurage Roads Construction Organization was one of the first such development associations. This organization has a remarkable record in terms of building infrastructure (Kefele and Dejene 1999). A number of other civil society actors have played critical roles in the development. Self-help groups and networks have existed for generations at the community level. Despite their contribution to the community social life the logic, procedures, and performance of indigenous organizations in Ethiopia has not been well studied. As a result, they remain neglected by policy makers, development NGOs and donors.

4.3 <u>The Role and Structure of Civil Society Organizations in Ethiopia</u>

The organisations of civil society in Ethiopia are numerous and diverse. They include community-based organizations, Ethiopian and international non-governmental organisations (NGOs), advocacy, lobbying, research and consultancy outfits, sectoral networks, umbrellas and apex organizations, mass based organizations and professional associations and faith-based organizations (FBOs). In a recent discussion of civil society organisations in Ethiopia, Dessalegn Rahmato sees civil society in terms of "a variety of autonomous, voluntary institutions which provide services to individuals and which articulate public interests." In practical terms, the NGO sector in Ethiopia is taken to be the main expression of civil society in Ethiopia, whether in terms of representing civil society organisations or qualitative aspects associated with civil society (Rahmato 2002:105).

Figure 4.1 Current Number and Diversity of CSOs in Ethiopia
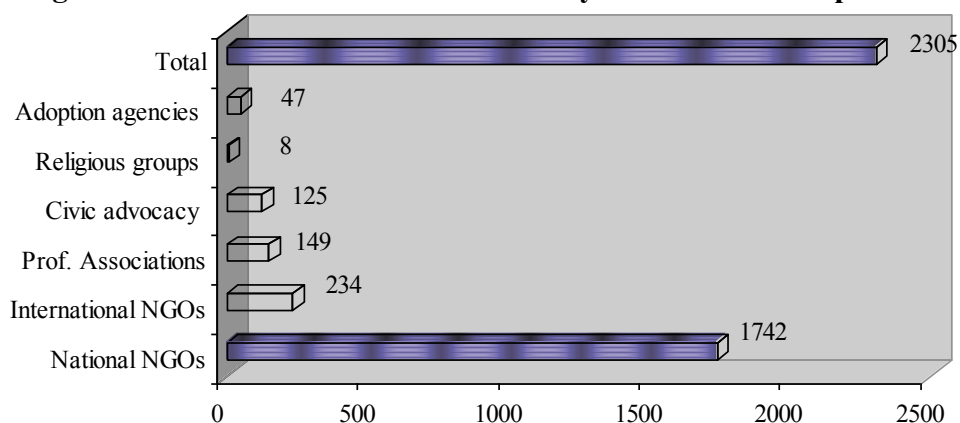
	National NGOs	International NGOs	Prof. Associations	Civic advocacy	Religious groups	Adoption agencies	Total
☐ Number	1742	234	149	125	8	47	2305

Source: MoJ Data base, March 2007 cited by Rahmato et al. 2008:13

4.3.1 **Non Governmental Organizations (NGOs)**

Non-Government Organizations (NGOs) in Ethiopia consists of local or international organizations engaged in relief, development or both. Their organizational basis is largely non-membership, that is, the organisations have users or clients. Between 1994 and 2003, the total number of NGOs operating in Ethiopia increased by 498.57% (from 70 in 1994 to 419 in 2003). Currently there are 1,119 NGOs in Ethiopia. Among these, 141 are international NGOs while the rest, 978 are local NGOs. (MOFA 2007) NGOs as we conceive of them today are a recent phenomena in Ethiopia. In earlier years, particularly prior to the 1960s organized forms of humanitarian or development-related interventions have started by church-based welfare, relief and/or development initiatives. Humanitarian aid, human rights, good governance, health, reintegration, income generation, conflict resolution, gender, disability, street children and environment are the major areas around which international and national NGOs are organized in Ethiopia (Taye 2005:4). Ethiopian NGOs provide services, channel funds, carry out development projects, but rarely engage in advocacy work.

In 1935, the Ethiopian Red Cross Society (ERCS), the first secular non-governmental organization was established. ERCS started its intervention responding to the humanitarian crisis caused by the Italian invasion. During this time ERCS had trained and deployed 300 first aiders to the war fronts to provide urgently needed emergency medical service and also mobilized resources and

medical personnel from within Ethiopia and deployed five ambulance brigades to the Northern, Southern and Eastern war fronts. Following its membership to the Federation of Red Cross and Red Crescent societies, the International Red Cross has been supporting and working closely with the Ethiopian Red Cross Society(Sahleyesus 2004: 79-80).

During the 1935 Italian invasion of Ethiopia and the years that followed, non-religions affiliated philanthropic organizations and voluntary aid agencies continued to be involved in charitable, welfare, and rudimentary development works. The Ethiopian Women's Voluntary Organization was established in the 1930s. Aside from assisting the resistance movement through supplying food and other materials to the fighters, the organization was helping people affected by the war using resources secured from the International Red Cross Society. After the war, the Ethiopian Women's Voluntary Organization shifted its activities towards provision of training for young women in order to enable them to assume meaningful jobs. The Ethiopian Women's Voluntary Organization was the pioneer organization in practicing different fund raising strategies to support its activities. The National Lottery Organization is the brain child of the Ethiopian Women's Voluntary Organization. It was later nationalize by the imperial government due to its profitability and potential as a source of revenue (Sahleyesus 2004: 80). The Haile-Sellassie I Foundation also came into being in1952/53 by imperial charter. (Berehaneselassie 2004: 383)

Since the 1960s secular organizations like The Medhanialem Association for the Disabled, the Ethiopian Association for the Blind, Association of Officers' Spouses, an association formed by the wives of members of the armed forces, which used to run orphanages among other activities and The Ethiopian Young Women's Christian Association were established. In the same year, individuals like his Excellency Haddis Alemayehu and Asfaw Yimeru took initiatives in establishing orphanages, schools and clinic organizations (Tadele1998: 8 cited in Sahleyesus 2004: 81). The Young Men's Christian Association (YMCA) and the Rotary Club of Addis Ababa have been active since the 1960s and The International Christian Fellowship was formed with the aim of translating Christian principles into social action. (Levine 1970: 281)

Local NGOs focusing on single issues like the Family Guidance Association of Ethiopia (FGAE) were established by groups of professionals in the 1960s. FGAE has been engaged in family planning and reproductive health services provision using government facilities, and a clinic of its own in Addis Ababa. FGAE later become affiliated with the International Planned Parenthood Federation and at present it operates in all regions of the country. Agri-Service Ethiopia is the other local NGO, which was established in 1969 with the objective of attaining food security and access to basic social services to the rural part with sustained management of the environment (CRDA 2000:34). Notable among the international secular NGOs to become operational in Ethiopia during the 1960s were Save the Children Sweden (1965) and Save the Children Norway (1969) (Sahleyesus 2004: 82). Under the theme of "Conservation for Survival," the first Ethiopian NGO working in the area of environment protection , the Ethiopian Wildlife and Natural History Society (EWNHS) was established in 1966.

In the 1970s, rains failed in most parts of former Wollo and Tigray provinces of Ethiopia. This caused famine and drought, claiming millions of lives. This disaster fuelled the popular revolution that led to the overthrow of the monarchy. The military regime which took power overthrowing the last monarch, acknowledged the existence of famine and government officials approached church agencies to assist relief efforts. A meeting of churches which was summoned to discuss the matter, resulted in the establishment of the umbrella local NGO, Christian Relief and Development Association (CRDA), in May 1973 (CRDA 2007).

The drought and famine of 1973/74 caught the world's attention and especially the attention of international nongovernmental organizations (INGOs). Among a number of international NGOs arriving in Ethiopia during this period were Save the Childre (SC) (1973), Concern Ethiopia and OXFAM GB/Ethiopia (1973), SOS Children Village (1974), World Vision Ethiopia and Terre des Homes, Lausanne Ethiopia (TDH-L) (1975) (Sahleyesus 2004: 82). Despite this fact, most of these international NGOs had their initial intervention prior to the years indicated. For example, Save the Children UK assisted Ethiopians displaced by the invasion of the Italians in 1936 but it was in 1973 that SC was established in Ethiopia and become committed to long-term development activities (Graham 2003). Lutheran World Federation Ethiopia started its intervention 1947, but it was established in 1972.

The 1984/85 droughts and famine had tremendously increased the activities of NGOs in Ethiopia. International NGOs like Médecins Sans Frontieres (MSF), CARE, and AICF started operating in Ethiopia during this time. During this crisis, the northern NGOs with a few indigenous NGOs accomplished the praiseworthy work of saving millions of lives. Other than drought and famine between the early 80s and the early 90s, the intensified civil war resulted in the dislocation of millions of people. Therefore these natural and manmade disaster which the country was experiencing at that time has contributed to the growth in the number of NGOs in Ethiopia (Sahleyesus 2004: 83) .

During this time, since the country was under a socialist-oriented military administration, most Western countries were disinclined to provide development aid to the government. Whatever little they might have considered giving, they preferred to channel it through International NGOs working in the country. This heightened donor interest in NGOs and the repeated humanitarian crises that the country experienced contributed to the blossoming of these institutions.

Although the military socialist government of 1974-1991 allowed for the existence of NGOs as key alleviators of emergency and as a source of scarce foreign currency, it provided less space for NGOs to operate freely. As a result, the role of NGOs in long-term development programs was severely limited. Only a few international and local NGOs managed to begin long-term development programs in selected remote parts of the country where government services were less accessible. The common form of intervention was the implementation of an integrated rural development program that included the various sectors (health, education, agriculture, income generation etc). other than relief and rehabilitation in times of disaster.

Post 1991 Ethiopia saw a tremendous increase in the number of NGOs. Some of the reasons for this was the growing awareness by the northern public and NGOs upon transferring the task and ownership of development to the southerners and the government's continual push in this direction, the wide-scale social and economic challenges that continued to force the population to lead a precarious life, the new trend in the formation of NGOs that came with the decentralization policy of the new government (CRDA& DPPC 2004:2), the end of the Cold War and the promotion of liberalization in relation to good governance, and donor preference to support NGOs working in this respect. All these developments helped the

proliferation of local NGOs within a short period of time.

An explicit policy regarding the urgent need to shift from relief to development activities has been officially introduced. Free provision of food aid to able-bodied people was abandoned and emergency assistance was designed to target the most vulnerable segment of society. Due to this change in government policy, NGOs started to scale down their intervention in relief activities. The NGO sector was also forced to move out of relief transportation activities and also were required to liquidate assets essential for managing relief operations. These included for example transferring large-scale transportation fleets to private bands by auction. Thus, today the focus of NGO operation in Ethiopia is mainly the advancement of the quality of life of the disadvantaged and the promotion of social justice (CRDA 1999:3).

In Ethiopia, most of the local NGOs are young and less experienced. However there are some strong local NGOs like Hope enterprise and FGAE who have over three decades of experience, have developed credibility and have mastered the area in which they are involved. Most single issue local NGOs are relatively strong; these include NGOs working in the area of family planning like FGAE, NGOs working on the issue of street children like FSCE, NGO working in the area of water like Water Action and NGOs working in the area of human rights like Action Professionals Association for the People (APAP) and The Ethiopian Women Lawyers Association (EWLA). There are also multipurpose NGOs with promising potential and capacity such as Nazareth Children's Center for Integrated Development (NACID), Rift Valley, Mary Joy, Propride and Professional Alliance for Development in Ethiopia (PADET). The other strong NGO that evolved from the armed struggle of the late 1970s and early 1980s is Relief Society of Tigray (REST). REST is well known as one of the largest and best-funded of Africa's "indigenous NGOs." Established in 1978 as the *de jure* independent NGO, and *de facto* humanitarian wing of the Tigrayan People's Liberation Front (TPLF), it set out to provide financial and material support to farmers in non-government held areas of Tigray through a cross-border operation, and to Tigrayan refugees in Sudan. After the change of government it formally got registered as an NGOs in Addis Ababa (Vaughan &Tronvoll 2003:60). It is argued by some groups that REST is a government party affiliated organization, and enjoys strengths and advantages over other NGOs due to its link with the ruling party. Managing diverse development programs in practically every *Woreda* (the smallest administrative organ) of the Tigray region (Saheleyesus

2004:88), it is considered the largest NGO in Africa employing more than 1000 people. (Clark 2000:9)

Despite the fact that the NGO sector has grown in post-1991 Ethiopia, the sector remains very small compared to countries in Africa like neighboring Kenya and some countries in west and south Africa. Excessive regulation and bureaucratic requirements that consume large amounts of NGO resources seem to characterize the environment in which the sector operates. Two factors, among others, seem to account for the lack of public and government appreciation for the contributions of the NGO sector to the development process in the country. The first is the unyielding poverty in the country. It is a common understanding that poverty in Ethiopia is increasing both in absolute and relative terms. There is considerable tendency, especially in the public sector, for giving the NGO sector more than its share of accountability to the increasing poverty. The second is the shortage of quantitative data on NGO contributions including the impacts of these on the lives of the people, especially the target groups (CRDA& DPPC 2004:2).

4.3.2. <u>Community-Based Organizations</u>

New forms of CBOs, what might be called "mutual confidence groups" begun to appear in the country in the 1950s and continue to flourish. These groups consist of a number of friends associations, bound by such factors as kinship, common ethnic background, relationships formed during study abroad and occupational ties (Levine 1970: 281). Most often people from the same place or ethnic origin initiate these organizations. Examples of associations of this kind include the Guraghe Road Construction Organization (renamed Guraghe People's Self-Help Development Organization), the Gojjam Development Organization, the Gondar Development Organization, and the Metcha Tulema Association (Idris 2000:3-4 cited in Sahleyesus 2004:77). These organizations that aim at implementing selected development projects such as schools, health centers and feeder road constructions, largely use resources drawn from their members. Despite the organizations' primary engagement in these activities, some of them were looked on with suspicion by the then imperial government as potential forums for movements that could challenge its authority.

This trend had intensified during the military socialist regime that came to power in

1974. The military socialist regime discouraged the formation of ethnic or locality-based development associations like it repressed other types of civil associations that are formed to function independently and freely. It was with the change of government in 1991 that this approach to people's organizing themselves along ethnicity or locality lines regained its old position. In post 1991 Ethiopia, several regional development associations, notably the Tigray Development Association (TDA), Amhara Development Association (ADA), Oromia Development Association (ODA) and the Southern Ethiopian Peoples Development Association (SEDPA), were set up following the federal structure of the country. Despite the fact that these associations claim that they are separate from the state structure, they do not apparently have relative autonomy from the state and the ruling coalition, the EPRDF. They are strongly supported by the government machinery. Government offices collect membership fees from their employees on behalf of these development associations. (Kefele & Dejene 1999, Clark 2000:8-9)

4.3.3. Advocacy, Lobbying, Research and Consultancy Outfits

In post 1991 Ethiopia, CSOs who are active in the areas of advocacy and lobbying emerged. These types of organizations barely existed in Ethiopia prior to 1991. They have been prioritized by donors as instrumental in the furthering of "democracy and good governance". This emphasis is demonstrated in a funding scenario in which generous resources have been provided for this type of organization.

Advocacy organizations consist of rights-based institutions and institutions committed to the protection of the environment, wildlife, human right, debt relief, increased external assistance, export price levels for items such as coffee, globalization, gender issues, HIV/AIDS, conflict resolution and so on. (Tafesse 2005: 11) The Ethiopian Human Rights Council (EHRCO), Ethiopian Women Lawyers Association (EWLA), Action Professionals Association for the People (APAP), LEM Ethiopia, Forum for Social Studies (FSS), and others may fall into this category. (Rahmato 2004) A number of other human rights monitoring organizations have briefly operated and dissolved for example, an organization that was based in the Law Faculty at Addis Ababa University and the pro-government and Anti- Red Terror Committees established to defend the rights of alleged victims of the previous regime (Vaughan & Tronvoll 2002:62).

APAP is a local non-partisan, non governmental organization established in 1993 with the main objective of providing legal and professional services to the poor, women, and children. It also aims at accessing human rights and legal information for these groups to enable them to use the law and human rights in bringing about an attitudinal change in the development process (APAP 2006). APAP works under three programs including the human rights education and training program, the community-level voluntary institutions support program and the research, and the lobbying and publication program. (APAP 2004:i- ii) During the years 2000-2004 more than 50,000 individuals drawn from law enforcement agencies, the judiciary, the administration and community level institutions obtained useful human rights training from its human right education and training program (APAP 2004: ii). In its program supporting community-level voluntary associations the organization has succeeded in persuading and initiating community-level voluntary institutions to work on human rights issues. Accordingly, thirty-three human rights projects involving 20,049 beneficiaries were designed and implemented through the technical and financial support extended to the community-level institutions. Provision of legal aid is also one of the components of Community-Level Voluntary Institutions Support Program. In this area, the organization mainly supports the poor, women and children (APAP 2004: ii-iii).

The two advocacy organizations which have attracted considerable public support, are EHRCO and EWLA. Established in 1991, EHRCO was the first human rights organization in the country. The organization stresses that it is a non-political organization with the objective of defending the rule of law and the democratic process. Its areas of intervention includes research, documenting and publicizing human rights abuses, and conducting public debates on democracy and human rights. Its major activity is the monitoring of human rights violations in the country. (Rahmato 2004). It is through the strength of its reports and documentation that EHRCO aims to achieve its main objectives; it does not provide legal assistance, legal advice or support to those who may seek. It aims at making the rule of law and the democratic process a concern of all citizens that need their active participation in order to bring about the development of culture of governance and a tradition that is public centred. It is a membership association consisting of academics, professionals and businessmen living in the country and it has support groups in Western Europe and North America. It is affiliated with Amnesty International and the Human Rights Watch. Despite appearing small in terms of size of membership, it has

succeeded in carefully monitoring the government's democratic credentials. This has created tense relations with the government as a result of which its activity has until recently been confined to Addis Ababa and its range of functions fairly limited (Rahmato 2002:110-111).

EWLA was established in the mid-1990s by a group of women lawyers to defend women's rights through the legal system, to raise public awareness about the plight of women, and to push for reforms promoting gender equality. Its main activities consist of legal aid to women, public education and advocacy for legal reforms and research and documentation. The legal aid program, which is probably one of the most central of EWLA's activities, provides a wide variety of legal advice and counselling to women, including court representations by EWLA lawyers. The service is offered free of charge to all that come seeking help. While the overwhelming majority of EWLA clients are women, a few men have also sought legal aid, not for themselves but on behalf of their female relatives. About 85% of the cases brought to EWLA involve marital conflict, and the rest consist of rape, abduction, robbery and theft, and assault and battery (Rahmato 2002:111). By the year 2000, EWLA had given free legal aid to 30,000 women through its national office in Addis Ababa and a dozen branch offices located in remote places like Asosa in the Beni Shangul Zone. Most who have benefited from this generous service were from poor and downtrodden urban and peasant households (Wolde Giorgis 2002).

EWLA has also invested considerable effort in legislative reform. While the goal is to bring about the amendment of laws discriminating women, the main focus so far has been on the reform of the Family Law which was enacted in 1960 and which EWLA found especially discriminatory to women and a cause of much suffering for women whose marriage had broken up. Partly due to EWLA's persistent campaign, the law was finally reformed by Parliament in mid-2000. Many women are now aware that they will get EWLA legal aid if they feel they have been victims of gender-based injustice. In this respect, EWLA is providing invaluable service and have been enjoying tremendous public support (Rahmato 2002: 111).

National and Addis Ababa Chambers of Commerce, the Women Entrepreneurs' Association, and the Ethiopian Economics Association are membership organizations who are actively involved in advocacy, lobbying and research

activities in Ethiopia. NGOs dealing with civic education and information-sharing include DKT-Social Marketing (focusing on AIDS/HIV), AD-NET E95, ENCONEL and Adhoc Civic Education Forum (ACEF) an ad-hoc group of indigenous NGOs all with interests in the sphere of voter and electoral education and regulation for nationwide elections in the year 1995, 2000 and 2005 respectively, Poverty Action Network Ethiopia (PANE), Waag Communications and Press Digest (media information, translation and training services), African Initiative for Democratic World Order (AIDWO) (civic education) and Inter Africa Group. They work on information dissemination and dialogue, research projects and NGO networking, operating at an elevated political level (Vaughan & Tronvoll 2003:62).

The new development in post-1991 Ethiopia is the emergence of research-focused institutions. These professional based associations, forums, societies and NGOs undertake numerous research and studies that continue to generate useful mostly grassroots level information which have influenced and continue to influence development thinking in the country.(Tafesse2005: 11) Primary actors in this sphere are the Forum for Social Studies and the Ethiopian Economics Association (and Institute), which have emerged from the Institute of Development Research, and Economics Department of AAU respectively. Both organizations have engaged in independent and critical research on core issues of socio-economic development. Both have been major contributors to (and beneficiaries of) the recent PRSP consultation exercise.

FSS was legally registered in 1998. Over the past years it has held numerous public policy debates, produced many publications including the quarterly newsletter and several specialized studies and monographs. FSS considers policy analysis as an important input to policy-making and implementation, and works towards building up a policy-analysis infrastructure. FSS believes dialogue between policy planners on the one hand, and civil society and the public on the other will promote a better policy-making environment, and more sustainable development policies. The organization is keen to promote transparency and accountability in policy-making and implementation (FES 2007).

Established in 1992 by a group of distinguished Ethiopian economists, the Ethiopian Economic Association (EEA) is amongst the most active professional association in the county. In addition to the advancement of the professional interest of its

members, the organization also seeks to improve the quality of education in institutions of higher learning, and to influence the process of economic policy-making. Its monthly roundtable debates and discussion on topical economic issues and government policies bring together policy-makers, academics, businessmen and interested professionals. The forum regularly attracts both economists and non-economists and is becoming an important fixture of the Addis Ababa intellectual environment. Its bimonthly bulletin and most of the articles in publications and the annual conference proceedings are critical of the government's economic policy. The poverty and hardship aggravated by increasing numbers of the population, the marginalization of the country in the global market and the general lack of significant economic improvement is a strong concern among contributors and active members of the organization. Despite this fact, the activities of the organization are limited in Addis Ababa, and economists and others living in the other parts of the country have no opportunity of participating in its programs. According to Rahmato, the organization does not promote a particular school of economic thought and there is a strong tendency to rely on quantitative methods with limited theoretical debate on broad developmental issues. In 1999, the president of the Association stated that there is no way of knowing for certain whether EEA efforts have made any impression on economic policy and at present, these efforts appear to have had very little impact on decision-makers (Rahmato 2002:113).

Ethiopia is a severely underdeveloped country, with lower levels of urbanization; hence, there are fewer professional organizations in Ethiopia than in many African countries. In addition, the repressive former regimes have contributed to the low level development of associational life in the country.

4.3.4. <u>Sectoral Networks, Umbrellas and Apex Organizations</u>

The establishment of networks of CSOs is a new phenomenon in Ethiopian society. The Christian Relief and Development Association (CRDA) is the oldest umbrella organization in Ethiopia. (Spring & Groelsema 2004:10) It was established with thirteen members in 1973 to carry out a vital role in the co-ordination of NGOs relief efforts. As of January 2007, this number has increased twenty fold to 283 member agencies operating in Ethiopia. This number covers more than two-third of the NGOs operating in the country. Of CRDA's total memberships, 69% (194) are

local NGOs, and 31% (89) are international. The membership operates throughout the country, covering both urban and rural areas emphasizing food security, rural and urban development, health, HIV/AIDS, education, water and sanitation, infrastructure, good governance, environmental protection and civic education. Members bring issues forward and it then lobbies government on the enabling environment thereby combining advocacy with development (CRDA 2007). Some NGOs criticize CRDA for not focusing on advocacy while also aiming to consolidate and speak for all NGOs. (Spring & Groelsema 2004: 10)

Pastoralist Forum Ethiopia (PFE) is a local umbrella NGO having twenty-four local and international NGOs as members. It was established in 1998 as a loose network for information exchange among NGOs working on pastoralism and related issues (PFE 2005:3). The Forum was registered as local umbrella NGO in 2003 (PFE 2006:3) It advocates and lobbies for adoption of pastoral-friendly development legislations and policies attempts to strengthens the capacity of its members, conducts research and promotes and forges networking and collaboration.

NGO networks help to build the capacities of their members, enable them to cooperate with each other, and in some cases, allows them to engage in advocacy work other than their relief and development interventions. Most of the NGOs networks existing in Ethiopia are thematically- based and promote topics such as environment, gender/women, HIV/AIDS, pastoralism, reproductive health, rural development, etc. These networks includes Basic Education Network (BEN) (education), Network of Ethiopian Women's Association (NEWA) (gender), Orphan and Vulnerable Children and Forum on Street Children (orphans and vulnerable children), AD-NET E95, ENCONEL and Adhoc Civic Education Forum (ACEF), an ad-hoc group of indigenous NGOs all with interests in the sphere of voter and electoral education and regulation for nation wide elections in the year 1995, 2000 and 2005 respectively. Other networks include the Addis Ababa Action AIDS Network(HIV/AIDS), Consortium of Reproductive Health Agencies (CORHA) (reproductive health), Jerusalem Children and Community Development Organization (JeCCDO) (child rights), Sustainable Land Use Forum (SLUF) (environmental protection work),Poverty Action Network Ethiopia (PANE) (poverty reduction),Community Based Rehabilitation Network (rehabilitation) and Micro Enterprise Forum and Association of Ethiopian Micro-Finance Forums (credit and microfinance).

The Network of Ethiopian Women's Association (NEWA) is an NGO, which works to promote the participation of women in development and their role in democracy. It is a network association of seventeen organizations. Established in 1995, the Consortium of Reproductive Health Agencies (CORHA), is a network organization of sixty-two agencies working in the areas of reproductive health. Jerusalem Children and Community Development Organization (JeCCDO) was founded in 1998. It is a network of seventy-two member organizations working in the areas of child rights. The Sustainable Land Use Forum (SLUF) is a network of fifteen organisations working to promote a sustainable natural environment in Ethiopia.

In recent years, civil society has been able to take advantage of the opportunities offered by the poverty reduction strategy (PRSP) process, in particular, the requirement that a broad range of stakeholders be consulted. As part of the debt relief process, in 2001, the Ethiopian government produced a poverty reduction strategy known as the Sustainable Development and Poverty Reduction Plan (SDPRP). In order to make the most of the space available, various NGOs formed a taskforce within the umbrella organisation the CRDA. The taskforce provided a platform for coordinating the views of members, which lead to the formation of the Poverty Action Network Ethiopia (PANE) in 2004 which united more than seventy organisations working on poverty-related issues. This network provides members with experience sharing and capacity building for the voluntary sector at the national level and also represents the first opportunity that many have had to engage in (what was formally) a dialogue with the government on matters of socio-economic development policy (Haile 2005).

The Council for Democracy and Human Rights Associations (CDHRA) is one of the CSOs coalitions working in the area of advocacy. The CDHRA with five founding member organizations was registered by the Ministry of Justice on January 9, 2007, with the aim or coordinating their activities on human rights and democracy. Currently it has ten member organizations that focus on democracy, human rights, governance, environment, conflict resolution and voter education. The founding members include African Initiatives for a Democratic World Order (AIDWO), Ethiopian Human Rights and Civic Education Promotion Association (EHRCEPA), Focus Human Rights Club (FHRC), Organization for Social Advancement Vision (OSAV) and Society for the Advancement of Human Rights Education (SAHRE).

The objectives of the council include providing education to citizens, to help build a democratic Ethiopia where human rights are respected, to help strengthen civic society organizations, to foster cooperation and information exchange between different civil society organizations and to work on transparency and accountability (Shewareged 2007).

The private sector is organized under the Ethiopian Chamber of Commerce and the Ethiopian Employers association, whilst the trade union under the Confederations of Ethiopian Trade Union (CETU). Other civic organizations such as professional associations do not currently have an umbrella group. (Tafesse2005: 26)

Forums enable members to better influence public debate and policy for they provide greater voice, energy, knowledge and experience to solve social problems. There are forums organized by CRDA on various issues including Urban Development, Gender, Rural Development, National HIV/AIDS, Good Governance and Children and Youth (CRDA 2004:6-8). The IGAD-Civil Society Forum Ethiopia Chapter, which is a member of the IGAD Civil Society Forum of the Region, is another forum established with the aim of identifying possible sources of trans-boundary conflicts between neighboring countries within the Region and forwarding appropriate recommendations to the IGAD Secretariat (APAP 2004: 23). The other forum is WFDD/Ethiopia, established by faith-based organizations with the objective of fighting poverty in Ethiopia. The Ethiopian Orthodox Church (EOC), The Ethiopian Islamic Supreme Council (EISC), The Ethiopian Catholic Church (ECC), The Ethiopian Evangelical Churches (eg., Kale Heywet, MekaneYesus) are among the faith-based organizations which form the working group of the WFDD/Ethiopia (EIFDA 2001:4).

Apex organizations are quite important especially for advocacy. The difference between an umbrella and apex organization is that umbrellas are groups of individual NGOs/CSOs, while apex organizations are groups of networks. At present, there are no apex organizations in Ethiopia (Spring & Groelsema 2004: 10).

4.3.5. Mass-Based Organizations and Professional Associations

The Ethiopian Teachers Association (ETA) was the only professional association in Ethiopia prior 1960s (Levine 1970: 280). It was established in 1948 with thirty-two

members. It is the largest organization in the country with a membership of 120,000. The ETA was harassed during the feudal regime and the current regime has been keeping a close eye on ETA's activities. There are now two ETAs, one close to the government and one maintaining its independence (Milkias 2006:20).

The Orthodox Student Association was founded in 1958 by convention representing all the colleges and some of the secondary schools. This association stands out as the first nationwide voluntary association in Ethiopia. The Ethiopian College Students Association was established in 1960 with the objective to represent the interests and needs of students vis-à-vis the government and to handle relations with international student organizations. Following the lead of this association, a number of student clubs have appeared from time to time within the framework of the college. These include the Ethnological Society of the University College, Education Students Association and Economics Students Association (Levine 1970:279-280). Historically, the relationship between students and the government in Ethiopia has been strained, and the present government's relationship with the student body is no exception. (Cedric 2006)

Since 1961, the Medical Association, Engineer's Association, the College Teacher's Association and the Ethiopian Writers' Association have emerged. (Levine 1970: 280-281) The Ethiopian Library Association (ELA) was started as a library club in 1961 with the establishment of the University (Haile Selassie I University), now Addis Ababa University. It achieved its official status as a registered society in 1969. (Tsigemelak 2006:5) The Ethiopian Bar Association was first established as the Advocate's Welfare Association in 1965. (EBA 2009) The only safe organization allowed to function after the 1974 revolution was the Ethiopian Medical Association which entertains only problems related to health issue. (Milkias 2006:18)

The workers self-help association appeared much earlier and the first workers' organization with the pattern of a modern trade union was the Franco-Ethiopian Railway Company Workers Association, founded in 1947. But it was not a registered union because trade union organization was forbidden until 1962. However, in order to maintain manageable labour supply as the key attraction of foreign capital, the government designed labour relations decrees as a means of registering labour. In 1963, the first formal labour law was established under the Labour Relations Proclamation No. 210/1963. This proclamation recognized the

rights of associations of employers and workers, as well as a system of collective bargaining and it set up machinery for the settlement of trade disputes namely the Labour Relation Board (Sommer 2003). The Confederation of Ethiopian Labour Unions (CELU) was established in 1963 and now has more than 50,000 members (Markakis & Ayele 1978:46) and in 1964 the Ethiopian Employers Federation was founded.

After the 1974 revolution during the socialist military regime, the CELU was transformed to the All-Ethiopian Trade Union (AETU) and later the Ethiopian Trade Union (ETU), which carried out its activities under the direct supervision of the regime of the time. With the change of regime year 1993, ETU dissolved and was replaced by the Confederation of Ethiopian Trade Unions (CETU). (Gebre-Egziabher 2002:14-15).

The earliest business association, the Addis Ababa Chamber of Commerce was established in 1947. It provides technical and advocacy services to help business people start, run, and grow their businesses. With over 7,000 registered members, the AACCSA is the largest and oldest chamber of commerce in Ethiopia (Addis Chamber 2007).

By 1968 the Ethiopian Employers Federation had only eight Ethiopian management out of seventy-six members. (Gebregzihabir1969 cited in Markakis & Ayele 1978:45) It existed for about 14 years until it was dissolved in 1978 by the previous socialist oriented (*Derg*) government. The Ethiopian Employers Federation was re-established on May 26,1997 and consists of member organizations from a broad range of businesses including Abaye and Tana Employers' Association, Awash International Bank, Ethiopian Airlines, Ethiopian Garage Employers' Association, Iacona Insurance, Ries Engineering, Shell Ethiopia and Sheraton Addis(EEF 2007).

By the end of the 1990's, there were seventy-five professional associations but most of them were small in size with a routine function of looking after the narrow interest of their members They do not raise any issue of general public interest; rather some of them meet once a year while others put out occasional publications. An exception is the Ethiopian Economic Association which holds meetings with academics, professionals and even government personnel to discuss broad policy issues (Milkias 2006:18-19).

Old established institutions, which were dormant during the repressive rule of the military government, are more visible and more active in the post-1991 era. A good example is the Addis Ababa Chamber of Commerce. Women's groups consist of a variety of organizations that include organizations of women lawyers, women writers, women journalists, business women, women's cultural groups, and women's NGOs and advocacy groups (Rahmato 2004).

The Provisional Office of Mass Organisational Affairs (POMOA) of the Dergue created Mass Organisations, namely the Peasant Associations (or *gebere mehabir*) later known as *Kebele*, the Urban Dwellers Associations (or *Kebele*), the Revolutionary Ethiopia Women's Association (REWA) and the Revolutionary Ethiopia Youth Association (REYA). Housing cooperatives in big urban centers, farmers' cooperatives, handicrafts producers' cooperatives in both urban and rural settings emerged. These government supported CBOs were not only encouraging but also forcing people to become members. Although these mass organisations were presented as independent, interest-based membership organisations, they were, in fact, part of the dictatorial state apparatus that was dismantled with the fall of the Mengistu regime in 1991. REWA and REYA are completely gone. The *Kebeles,* on the other hand, have been maintained, although they have been re-organised and given new functions.

Ethiopia has been experimenting with Agricultural Service Cooperatives since 1960 and Peasant Association (PAs) since 1975. Both associations have limited importance and have become missed opportunities. They lacked necessary conditions for an effective grassroots organization because they were created by government rather than based on the consent of the peasants. As a result, they lacked autonomy and remain dominated by the government rules and orders (Adal 2000: 135-137). Rural Organizations such as Agricultural Service Cooperatives (ASCs) and PAs were disbanded in 1991. (Adal 2000: 142) Recently peasant associations have been re-established as service cooperatives on a voluntary basis. Their important function is to buy grain from the farmers at the time of harvest and sell them during periods when food becomes scarce. Some deliver veterinary services and sell necessary drugs to peasants in remote areas. (Milkias 2006:25).

4.3.6. Faith-Based Organizations (FBOs)

The Ethiopian Orthodox Church has had a pioneering role in running the church system of education for centuries producing and meeting to certain extent the required human power manpower and intellectual needs of state and church. The Jesuit missionaries of the early sixteenth century were pioneers in introducing Western education in the country through organizing small school for Ethiopian boys. In the year 1634, the Lutheran mission had organized lessons for boys in Hebrew and Greek (Wagaw 1979:22). Similar activities were initiated by other missionary groups in the first and second quarters of the 1800s in central and north western parts of the country. Among the church groups that are currently active in various social service provision activities, Kale Hiwot Church, a Protestant denomination, is one of them. The humanitarian and developmental interventions of Kale Hiwot Church began in 1919 (Abraham1998: 233).

Swedish missionaries reached Addis Ababa in 1904 and started a school and a medical clinic.(SIDA 2004: 2) In 1919 the American Presbyterian Mission began development work in western Ethiopia.(SIM 2007) Other churches with a history of early intervention in humanitarian and development activities in Ethiopia include Society of International Missionaries (SIM), which began its work in 1928 and is currently active in five regions of the country with diverse programs and activities including agriculture, food security, health, education, income generation, refugee, children and water development. The Mennonite Mission in Ethiopia is another church active since 1946 implementing and funding various projects in the areas of disaster preparedness and relief, education, food security, health, natural resource conservation and environment (CRDA 2000).

In the following decades, the new church-affiliated NGOs continued to appear. Among these the Finnish Mission and CRS/Ethiopia, both international religious organizations, started implementing projects in 1951 and 1958 respectively. The Ethiopian Evangelical Church Mekane Yesus (EECMY), a local church, started its involvement in various humanitarian and welfare activities in 1959. International missions like the Swedish Philadelphia Church Mission (1961), Swiss Evangelical Nile Mission (1962), Church of Christ (1963), and Baptist Mission of Ethiopia (1965) arose at this time. The Ethiopian Catholic Secretariat, a local church affiliated organization, was established in 1966. These church-related organizations

have been active in the provision of social services and relief support to communities. The Ethiopian Orthodox Church, the oldest and the biggest church in the country, formally started its humanitarian and development operations in 1972 by establishing two sister organizations, namely, EOC/Child and Family Affairs Organization and EOC/ Development and Inter Church Aid Commission (Sahleyesus 2004:79).

The Ethiopian Orthodox Church, Ethiopian Catholic Secretariat, and Evangelical Ethiopian Church Mekane Yesus all have substantial relief and development bodies. These church-affiliated development bodies are successful for they work in a collaborative approach, involving local authorities and communities, and attempting to build links which integrate their projects activities with the needs of the wider population (Vaughan &Tronvoll 2003:63).

In late 1995, a large number of Islamic Welfare Organizations emerged. (Vaughan & Tronvoll 2003:61) In the year 2000, there were thirteen Islamic NGOs in Ethiopia. (Salih 2002:10) After September 2001, the government become cautious towards this sector fearing that it would encourage regional networks of radical Islam. (Vaughan & Tronvoll 2003:61)

The establishment of WFDD/Ethiopia paved the way for the formation of the Ethiopian Interfaith Forum for Development and Action (EIFDA). WFDD/Ethiopia was established in 1999 with the purpose of coordinating and bringing faith-based organizations in Ethiopia together in the fight against poverty. The major religious groups that are actively involved in such initiatives are the Ethiopian Orthodox Church (EOC), the Ethiopian Islamic Supreme Council (EISC), the Ethiopian Catholic Church (ECC), and the Ethiopian Evangelical Churches (eg., Kale Heywet, MekaneYesus and others) (EIFDA 2001:4). The role of EIFDA is to make it possible for faith communities and the civil society to become effectively engaged in the national and regional development process aimed at eradicating hunger and food insecurity. (Ibid :10-11)

4.4. <u>Ethiopian Civil Society Organizations and their Political Environment</u>

Governments tend to welcome CSOs that attract foreign resources so long as they are additional to existing flows. The problem may arise when governments senses that donors are shifting resources that once went to governments. When governments are suspicious about CSOs activities and feels uncomfortable the way CSOs would like to operate within their territory they will design different mechanisms to limit their activities. The strategies government use depends on the nature of the governments themselves and on the type of activities the CSOs are engaged in. Human rights and advocacy CSOs would have a hard time operating freely under dictatorial regimes and sometimes under emerging democracies as well. Even repressive regimes may welcome entirely apolitical CSOs as long as they continue to attract hard currency and other essential resources in their own chain. CSOs relationship in the case of Ethiopia can be reviewed over time. Their relationships assumed different forms at different times under different administration and under specific social contexts.

4.4.1. <u>The Imperial Regime 1950-1974</u>

The development of formal institutions of the kind that we associate with civil society dates back to the era of emperor Haile-Selassie. Labour unions originated with the railway workers in the mid-1940s and established as Confederation of Ethiopian Labour Unions (CELU) in 1963. The earliest business association, the Addis Ababa Chamber of Commerce and regional development association emerged in the 1960s (British Council 2004). The most active and vocal independent organisation of the imperial era was the student union which had external linkages, notably through connections to the much more explicitly radical emigré Ethiopian student movements in North America and Europe.(ibid:32)

The number of CSOs during this period was very limited. The government organ responsible for the registration of CSOs was the Ministry of Interior (public security department). CSOs were able to work freely so long as they did not challenge the government and the predominant societal values and norms. For example, attempts like mobilizing social action groups along ethnic lines (e.g, the Mecha Tulema Oromo Development association) under the veil of coming together for development

work were prohibited by the government (British Council 2004). The number and the activities of CSOs were limited and their relation with the government was relatively tolerable.

Despite the fact that Ethiopian civil society originated in the Haile-Selassie era, there was no way of bringing effective and constructive pressures to bear on government, in the way those Western concepts of civil society assume. The imperial regime, indeed, was strikingly devoid of mechanisms through which any form of political organisation could be incorporated into the decision-making process. Therefore civil society members, including the students and the trade unions, played a very prominent role in the upsurge of social protest that culminated in the 1974 revolution.

4.4.2. Civil Society and the Military Regime 1974-1991

A massive effusion of civil society activities greeted the outbreak of the Ethiopian revolution at the end of February 1974. This outpouring of popular sentiment had persuaded some observers that Ethiopia was indeed ready for an immediate transition to democracy but this initial opening had been rapidly followed by repression since the military took power. (British Council 2004:33) Under the *Derg*, as the military regime was called, no rival to the centralised state was permitted to exist. Independent labour unions were crushed, and students and intellectuals either died in the terror, signed up with the regime, retreated traumatised into private life or went into exile.(ibid) The *Derg* was altogether hostile, and considered civil society organizations as the hand of imperialism or of counter-revolution, and as a consequence almost all professional associations were closed down.(Rahmato 2002:112)The *Derg* period was thus an unequivocally grim time for Ethiopia's still nascent and fragile civil society.

NGOs as part of CSOs had limited involvement but their number and operations tremendously increased following the 1984/85 drought and famine. The famine was severe. In order to fight this major crisis Northern NGOs, bilateral and multilateral organizations provided a massive humanitarian assistance. After the emergency situation was over, most of these international NGOs continued rehabilitation work and eventually development activities. At this particular moment the proportion of local NGOs was also increasing. The government welcomed the activities of the

NGOs in alleviating the crisis and they enjoyed all the autonomy and privileges of a non-profit institution.

The central government agencies related to NGOs activity were the Disaster Prevention and Preparedness Commission (DPPC) for relief activities and the Ministry of Economic Development and Cooperation (MEDaC) for development-related activities. NGOs could sign agreements with different government agencies and decide themselves with which ministry they were going to sign agreements for there was lack of a clearly defined policy regarding the registration and operation of NGOs. Getting registered and starting operation was not very difficult during this period. Since signing agreements and working with NGOs meant access to resources like vehicles and finance that would augment their precarious budgets, Ministries were also competing to have as many NGO partners as possible. The cooperation was good because there were at the time no social action groups to challenge the status quo that emerged after 1991. Since as an ally of the former Soviet Union the government was not eligible to receive bilateral aid from western donor countries, NGOs were the preferred channels of official and humanitarian aid from the west during this time. Thus NGOs had easy access to funds from these sources. The government was also happy with the NGOs since as they were a source of foreign currency, because at the time there was shortage of hard currency. Besides, it was acknowledged that the government could not have tackled major humanitarian crises by itself and the NGOs were considered as shock absorbers.

The government seemed receptive to the social role of NGOs in this period despite its open hostility to Western organizations in general. The NGOs were largely focused on emergency response, disaster mitigation and orphanages. In addition, their abundant resources were essential to control further humanitarian catastrophes. These activities are in the interest of the government. Thus tolerance was the best strategy adopted by the government. However, apart from these "acceptable" activities, NGOs were looked at with suspicion as agents of foreign hostile forces and their activities were under regular scrutiny. For the government, the prevailing relationship was fine so long as NGOs did not get involved in political activities or move further in challenging or openly criticizing the policies of the government. NGOs that are of foreign origin would be subject to expulsion; if they were local NGOs they would be deregistered and closed in cases where they become critical towards the government policy. For example, the field staff of Medecins Sans

Frontieres (MSF) was expelled in 1988 for criticizing the then prevailing resettlement policies and practices of the government. (Curtise et.al 1988:97, Helland 2004:22) The relationship between the government and NGOs continued in this trend until 1991, the time when the military socialist administration was overthrown by the Ethiopian People's Revolutionary Democratic Front (EPRDF).

4.4.3. Civil Society Since 1991

The change of government in May 1991 led to a transformation not only in principle, but to a significant extent in practice in the role of civil society in Ethiopia. Global events, not least the commitment of donors to democracy, human rights and "good governance", likewise created an environment in which domestic civil society received some international protection. At the same time, powerful elements of state hegemony remained (British Council 2004: 35). Under the current government, new type of CSOs which are involved in the areas of advocacy, human right and governance issues including private media have mushroomed.

During this era for the first time in Ethiopian history a genuinely independent press emerged. At the same time, there has been a burgeoning of formal civil society organisations, of a kind that likewise did not previously exist, organisations that are both autonomous and committed to public values such as human rights and the rule of law. There is equally a much increased space for professional associations and for independent think-tanks and research bodies. The most explicit expressions of political pluralism, opposition parties, are also the most restricted; but at least, for the first time in Ethiopian history, these are now permitted to exist (Vaughan &Tronvoll 2003:62). Religious organisations, and especially the independent churches, can also work far more freely than before. The NGO sector has flourished, grown, and diversified (ibid: 58).

Revolutionary Ethiopia Women's Association (REWA) and Revolutionary Ethiopia Youth's Association (REYA) are completely gone and replaced by new youth and women associations which claim that they are independent of the ruling party but there is doubt about the degree of dependency. The Red Cross has reverted to its former status as a regular NGO. The *Kebeles*, on the other hand, have been maintained, although they have been re-organised and given new functions. In the current local government structure the *Woreda* is established as the primary unit for

administration and development, the lowest unit of representative government is the *Kebeles*. The new regime has promoted a more liberal economic and political environment than its predecessor and its development philosophy is in tune with various NGO approaches, including grassroots participation. After the downfall of the *Derge* regime the political tensions between the government and the CSOs increased. In 1993, the Transitional government of Ethiopia required NGOs to shift their activities from relief to development, linking all relief distributions, particularly of foodstuffs, to development activities. Firstly, the introduction of this new policy damaged the capacity for food security analysis and research often funded on the back of food aid "overheads". Secondly, the increasingly formal government requirement that NGOs design and implement their programs in collaboration with local bodies, usually local government structures has significantly reduced the extensive freedoms they had enjoyed during the *Derge* regime. A third area of change to which the NGO sector has had difficulty in responding was the impact of the program of structural adjustment which the country was implementing in post- 1991 era (Vaughan & Tronvoll 2002:59).

As early as 1993, all NGOs in Ethiopia were instructed to re-register and the government denied registration to NGOs that were considered briefcase NGOs or "My Own NGO" (MONGOs) as well as NGOs that were considered politically unreliable or hostile to government policies. A survey conducted by the government in 1994 that showed that the large majority of NGOs were involved in "simplistic welfare activities" that the government considered unproductive. The government imposed stricter regulations on the NGOs, partly to coordinate their activities with developments envisaged by the government, and partly to ensure that their activities did not threaten the legitimacy of the state. The international NGOs were considered unregulated and powerful actors that often deployed resources in activities that were either contradictory or irrelevant to government policies. In addition international NGOs were perceived by the government as snatching development assistance funds that otherwise might have been provided directly to the government. (Clark 2000:6) The new guideline, which was issued in 1995, was seen by many international NGOs as a threat to their autonomy for it provided detailed instructions on NGO operations, including area of work and attempted to tie their activities with various government structures. The guideline seems to inspire two main concerns. First with very few exceptions Ethiopian NGOs are not membership organisations; therefore the government fears that the local NGOs could develop into civics movements

through a membership base that could prove politically hostile. Second the economic status of the NGOs is very closely supervised by the oversight authority so that NGOs could not use their NGO status for commercial purposes. Therefore licence renewals of NGOs on annual bases are still used as a means of control. In addition to being registered by the Ministry of Justice, development NGOs are supervised by the DPPC, which must approve all projects as well as annual plans and budgets, all quarterly accounts and reports. On top of that, technical supervision is provided by the concerned line ministry (Helland 2004: 22-23). Despite this tense relation between the NGOs and the government, the number of Ethiopian NGOs has continued to grow. LNGOs that work on needs-based relief, charity, service delivery, and development have few problems compared with those that want to challenge policies and practices, raise public issues, and deal with sensitive topics (e.g., land tenure, resource allocation, sector reform).(Spring & Groelsema 2004: 9-10)

Other than cumbersome registration procedures and frequent and detailed reporting guidelines, there is a differences between the government and the NGO community in outlook on crucial issues like grassroots participation and the legitimacy of the various regional Development Associations. *Kebeles* are viewed by the government as community-based development organisations that are crucial to the government's version of a participatory democracy but the NGOs view *Kebeles* as part of a top-down government structure. The government consider the ethnically-based Regional Development Associations operating in the various Regional States as nearly ideal NGOs. For the government origins of these associations, their membership orientation, their reliance on membership and community contributions, their compliance with local development priorities and goals, and their working with/through local organisations are some of the strong features that make them ideal NGOs. In contrast, the NGOs view the Regional Development Associations as "government-oriented NGOs" or GoNGOs for being too close to the government, characterised by political patronage and aggressive fund-raising(Helland 2004: 23).

Due to this tense relationship between NGOs and government the former created a Code of Conduct which was formally adopted in March 1999. The Ethiopian NGOs Code of Conduct established consensus on the standards and guidelines for ensuring the quality and transparency of their work. It is the outcome of the consultative process which involved government officials, private sector leaders, professional

associations, academics, the media, and international NGOs/partners with the aim of improving prospects for public-private partnerships. (Vaillancourt et al. 2005:6) The next crucial point in this relationship, however, will come with the promulgation of Charities and Societies Proclamation, which has been expected for a long time.

The new proclamation has major positive aspects, including provision of divergent options to the public in the modality of organizing or associating themselves. The proclamation recognizes the establishment of consortium of charities or societies and to some extent allows them to engage in income generating activities in order to strengthen and ensure their capacity and sustainability. The registration and supervision of charities and societies which is undertaken by the newly established autonomous agency and complementary board for facilitating implementation of the proclamation, shows the attention and recognition given to the sector which facilitate for CSOs to get proficient service for their registration and operation. Furthermore, the participation of two CSO's representatives in the board contributes and gives a chance for CSOs to take part in the regulation of the sector. In addition it paves the way for CSOs to participate in sector policy processes and further to develop constructive relationship with government agencies (Rahmato et.al 2008:94).

Despite this fact, the proclamation has some constraints on the engagement and growth of CSOs. It bans CSOs which receive more than 10% of their fund from foreign sources to work on human rights and governance issues. Since most of the Ethiopian CSOs are dependent on donors it means that the number of CSOs engaged in such issues will decrease. The very broad power which the proclamation gives to the Agency, which allows it to interfere with the operation of CSOs beyond the acceptable standards, is also the other drawback of the current proclamation (Ibid:95).

4.5. Legal Frameworks Governing CSOs

The need to regulate civil associations arises primarily from some of their peculiar characteristics. First the donors want to make sure that the money they donate has been properly used for the objective they set out to achieve. The second category of interest comes from the beneficiaries themselves. The third concern comes from the

government whose role is guarding the interest of the general public. Under the Ethiopian Law, NGOs are exempted from custom tariffs therefore they should not abuse their privileges and interest of beneficiaries. In addition government intervenes for there is a need for co-ordination of CSOs activity to avoid wastage and duplication. These characteristics of civil association may demand regulation, one of the most significant of which is the requirement of registration. (Emirie & Teshome 2005: 114-115)

Freedom of Association is laid down in the Constitution of the Federal Democratic Republic of Ethiopia Article 31, "for any cause or purpose." Organizations formed, in violation of appropriate law, or that subvert the constitutional order, or which promote such activities is prohibited. Furthermore, Article 38 (2-4) of the Constitution states that: The right of everyone to be a member of his/her own will in a political organization, labor union, trade organization, or employers' or professional association shall be respected if he/she meets the special and general requirements stipulated by such organization (sub-Article 2). Elections to positions of responsibility within any of the organizations referred to under sub-Article 2 of this Article shall be conducted in democratic manner (sub-Article 3). The provisions of sub-Articles 2 and 3 of this Article shall apply to civic organizations, which significantly affect the public interest. It is from the above constitutional provisions that both indigenous and international NGOs and other types of civil society associations derive the right of establishing themselves as organizations (Emirie & Teshome 2005: 113-115).

The legal provisions directly related to CSOs include Cooperatives societies proclamation No. 147/1998, Council of Ministers Regulation No. 33/1998 to establish Micro and Small Enterprises Development Agency and Proclamation No. 40/1996 Page 4 3/7/2006 and 147/1998 to provide for a legal regime that brings the activities of micro financing institutions within Ethiopia's monetary and financial policies and the new Labour Proclamation No. 377/2003 for the establishment of unions and employer associations. The legal basis for the establishment and operation of NGOs and public association is enshrined in the new proclamation, Charities and Societies Proclamation 621/2009, which came in to effect February 13, 2009.

CBOs like *Debo, Idir and Iquib* are not obliged to register. But in as much as they are willing to be registered and can fulfill the necessary requirements of the Bureau's rules and regulations, they used to be registered in the previous legal framework (Abate 2005: 170). The new legal frame work i.e. the Charities and Societies Proclamation 621/2009, is also not applicable to *idir, Iquib* and other cultural and religious associations and other societies governed by other law (Federal Negarit Gazeta 2009:4524).

4.6. The Role of Ethiopian CSO in the Democratisation Process and Promotion of Civil Rights

There are very few CSOs that are engaged in the democratisation processes in the country. CSOs whose functions are to preserve basic rights of constituents and society at large, educate citizens and advocate popular claims and promote effective participation in the social, economic and political life of the country are just beginning to emerge. CSOs engaged in the democratisation process in Ethiopia can be classified into two groups. The first group includes CSOs that are purely involved in human rights issues and issues related to democratisation. The second group are those that link or integrate development work with democratisation process. (Spring & Groelsema 2004: 9-10) There is a tremendous increase in the number and type of CSOs post-1991 and CSOs that work in the area of human right and advocacy have started to emerge for the first time in the country's history. There is some opening up of space to think creatively, to meet and dialogue around issues of social concern, but these are not enough to be able to state that a momentum for change has been created or is being sustained. As a result, the role of Ethiopian CSOs in promoting good governance and their contribution towards democratisation process remain limited. Thus there are very few local activist CSOs operating in Ethiopia today. Ethiopian NGOs as part of CSOs are mainly involved in the provision of basic services to the poor and marginalised people, considering poverty as a lack of basic needs. Hence, there are only very few NGOs involved in the democratisation process by interlinking/integrating these with their service delivery program. The following section will assess the various activities of CSOs in promoting good governance in Ethiopia. In general, the activities of Ethiopian CSOs related to promotion of good governance and democracy include civic education advancement

and mobilizing participation, promoting social justice and rule of law, enhancing state performance and conflict resolution and peace building.

4.6.1 Civic Education Advancement and Mobilizing Participation

Ethiopian civil society organizations work in the area of civic education and mobilizing community participation to promote human right, democracy and good governance. Their activities are carried out the through the dissemination of civic education, promoting democratic culture and values and enlightening the public about their constitutional rights (Gebre-Egziabher 2002:7). The CSOs work is related to raising public awareness about child rights, women's rights, the rights of PLWHA, rights of persons with disability, democracy, corruption, voter education, pastoralist issues, access to justice and so on. CSOs use different strategies to raise public awareness on various issues of governance. CSOs produce publication and disseminate IEC materials like posters, leaflets, brochures, and other documents including the FDRE Constitution and the translated version of international human rights instruments. They conduct voter education to sensitize and mobilize the public to participate in elections, in relation to that they organize debate forums among contending parties to ensure access to information to the public on the programs and plans of action of different parties. Organizing training workshops on various issues of human rights and democracy to different sections of the society as well as publishing articles on different governance issues are among the public awareness interventions. In addition, reformed by the CSOs they run radio programs to raise awareness and to sensitize the public on various governance and human rights issues with the objective of building legal literacy of the people in connection with the constitution, the revised Penal Code, Family Law, particularly issued focusing related vulnerable and marginalized social groups including women, children, people with disability and PLWHA(Rahmato et al. 2008:81-82).

The Ethiopian Women Lawyers Association (EWLA), Action Professional Association for the People (APAP), Forum on Street Children Ethiopia (FSCE) and Society for the Advancement of Human Rights Education in Ethiopia (SAHRE), Ethiopian Human Rights Council (EHRCO), Ye *Ethiopia* Goji Limadawi Diritoch Aswogaj Mahiber (EGLDAM),Integrated Family Service Organization (IFSO) *and Ethiopian* Pastoralist Agricultural Research Development (EPARD) are amongst the organizations working in human rights education and civic education in Ethiopia.

EWLA is established with the objective of eliminating all forms of legal and traditionally sanctioned discrimination against women, ensuring the equal treatment of women and men in education, employment, access to public services and benefits. It advocates for remedial and affirmative measures for women to redress the accumulated consequences of discrimination. It carries out three interrelated programs namely research, legal reform and advocacy program, public education program, and legal aid. In its public education activity it uses cases entertained in the legal aid program. The human rights education activity falls under the public education program. The aim of the latter program includes creating awareness among women regarding their rights and making them assertive in defending their rights.

FSCE as a children-oriented organization aims at raising public awareness on the rights of children in general and urban disadvantaged children in particular. Its activities mainly focus on increasing the involvement of concerned government organs and the public at large in the protection of the rights of children, and lobbying among top policy makers to introduce new policy and legislation that would create conditions that are more favorable for the realization of the rights of children in Ethiopia. Currently the organization implements advocacy and child protection programs, prevention and support program for the sexually abused and exploited children, child resource development centres, research, training and information network programs. FSCE awareness raising on the right of children and targets different segments of society and it is a cross cutting sub-program of all the programs.

SAHRE has the objective of disseminating human right education, promoting principles, culture and values of democracy. It works on enlightening the public about their constitutional rights, inspiring political awareness in youth for active participation in community life and political processes. Towards that ends it conducts community empowerment /democratization program, schools democracy education program, civil society democratization program, and citizenship orientation programs.

APAP carries out human right education and training program, community level voluntary institution support program, research advocacy and publication program.

The human rights education and training program of the organization aims at raising the awareness level of community level institution leaders, low level judiciary, administrative and law enforcement official as well as the public at large about the promotion and the protection of human rights, the rights of women and children and the principle of accountability and transparency(Retta 2002:39-41).

The aims of the program carried out by above-mentioned CSOs shows that most of the organizations are mainly concerned with raising the awareness of the public and certain specific groups. The objectives of these CSOs goes further for example, encouraging women to be assertive, and changing traditional and cultural harmful practices (EWLA), the public actively participating in the political process and other affairs (SAHRE), and being active in fighting corruption that is becoming an impediment to the realization of some of the fundamental rights in Ethiopia (APAP). As far as NGOs involved in human rights education are concerned, the subjects of human rights education in their intervention are significantly related to human rights. EWLA, which is mainly concerned with women issues, deals with harmful traditional practices and attitudes, discrimination and violence against women in relation to the human rights of women. EWLA cover issues like 'assertiveness', 'self-defense' and 'communication skills' in one of its public education programs organized for female students and employees in raising their capability in defending their rights (Retta 2002:43).

APAP works on human rights education activities including human rights in general and the rights of women and children in particular. 'Corruption' was taken as a common societal problem by APAP and it was working related to that. In its human rights workshops organized for community leaders, skill-oriented subjects such as report writing, conflict resolution mechanisms such as negotiation, mediation and arbitration, and workshop organization skills are incorporated with the aim of equipping participants with the relevant skills so that they may engage in the promotion and protection of human rights in their locality. The issue of women and children is also incorporated in every type of educational activity.

FSCE focuses entirely on the Convention of the Right of the Child and specifically on juvenile justice administration while targeting the police. SAHRE works on issues such as community self-governance, conflict resolution and domestic violence prevention, gender equality in communities and families, rights of the

disabled and protection of the environment. It is also actively involved in schools provides civic education (Ibid).

A number of CSOs in Ethiopia conduct research and produce publications on various issues. Some attempt to get their research used as a basis for informing policy. They have sponsored forums and published data and opinions. Almost all CSOs produce and disseminate newsletters, pamphlets, posters, and the like. As a component of human rights education activity, the CSOs have produced quite a number of publications. EWLA, has a quarterly publication "dimtsachen" produced with the aim of disseminating human rights issues focusing on women and annual journal "*birchi*". SAHRE has produced a publications touching up on a range of issues targeting every reader or to be used by other actors for similar purposes. It has published and distributed books namely "Self governance", "Dissemination of the Constitution of the FDRE", "National Networking Guideline on Ethics, Laws and Human Rights Issues", "A change from special to inclusion education to ensure equal opportunities and full participation", "what do you know about inclusive education" and "HIV/AIDS and human rights". It has also published "Community Centered Civic Education" which is meant to be a reference book for civic educators. APAP on the other hand issues bi-annual magazine called "Justice for All" with the aim of creating awareness about human rights and the law. There are also street law materials, (seven booklets,) focusing on law and human rights, and "Bells of Freedom", 'Interlinking Human Rights and Development' (human rights training manuals), to be used in its educational programs and to be distributed to interested individuals and other actors. Leaflets and posters are regularly used by APAP and EWLA focusing on human rights and specifically on the human rights of women in the case of the latter. HUNDEE and Forum on Street Children Ethiopia (FSCE) also promote such activities as a component of their larger program.(Gebre-Egziabher 2002:7)Professional associations and research think tanks like Ethiopian Economics Associations, Ethiopian Public Health Association, Ethiopian Statistical Association, Forum for Social Studies and others also publish various studies which contribute for policy advice and governance.

Some NGOs like Panos and EWLA use radio and television to broadcast on gender issues. (Spring & Groelsema 2004: 11) International NGOs such as Save the Children Norway work in the preparation and transmission of a series of weekly radio programmes on HTPs in partnership with the Department of Labour and

Social Affairs (DOLSA). Through these programs they promote listening to the radio and encourage the discussions on Harmful Traditional Practices (HTP). (Rahmato et al. 2008:82)

International NGOs like Action aid Ethiopia initiated anti-corruption forums in the Tigray Regional State and the SNNPRS. In the SNNPRS Action aid initiated forums in partnership with the Regional Ethics and Anti-Corruption Commission. This forum is becoming a big social movement and has mobilized members of the youth and women associations in twenty-two major towns of the region. (ibid :83)

Despite the fact that opportunities for CSOs to have meaningful policy dialogue with government on issues of poverty reduction or rights are limited, there have been new initiatives over the last year for example the formation of the Poverty Action Network of Ethiopia (PANE) and televised debates in 2005 around election topics that are an indication of a shift towards more openness and a slightly improved environment. More than twenty CSOs were involved in voter education campaign in 2005. Civil society organizations sponsored a series of televised debates on public policy issues, including critical issues such as land and foreign policy. Few CSOs, mainly EHRCO, IAG and Chamber of Commerce, are involved in election monitoring, conducting civic education programs and organising debate forums among contending parties to ensure access to information to the public on the programs and plans of action of different parties. Their role in this case is not only contributing to fair and democratic elections but also contributing towards the development of a democratic culture based on dialogue, accommodation and tolerance at local level of administration (Lyons 2005:3).

Apart from raising public awareness, the tasks performed by the CSOs includes mobilizing, empowering and promoting the participation of grassroots, religious, community and mass based organizations in democracy, human rights, peace building and governance process. In this respect they support traditional institutions in the conflict management, fighting HTPs, and environmental management. For example, in the South Omo zone of SNNP region traditional structures of elders strengthened by EPaRDA to be a principal actor in the prevention and management of inter-clan conflicts. In Borana, successful model and approaches applied by SOS Sahel and AFD have empowered *Gada* elders in natural resources management, fighting HTPs in general and Violence Against Women (VAW) in particular. The

strengthened *Gada* System has been used by the NGOs working in the Oromia region to implement programmes related to child rights promotion, girls education and eradication of VAW. Additionally, traditional system of administrative structures, informal self-help associations like *Idirs* and other community-based organizations have been mobilized and supported by a number of CSOs to participate in various human rights and governance issues (Rahmato et.al 2008:83).

CSOs like ANPPCAN, EGLDAM, FSCE, EWLA, IFSO and CHADET initiated and supported the establishment of the school clubs on child rights, HTPs/FGM, civic education, environment, violence against girls, corporal punishment and other issues that have now been officially recognized extra-curricular structures in primary schools across Ethiopia. The establishment of children's participation structures in the community (outside the schools) such as networks of children's rights clubs, children's councils and children's parliaments has been initiated and supported from the early stages by child focused CSOs like ANPPCAN-Ethiopia (Ibid).

4.6.2. Enhancing State Performance

Civil society organizations are playing an important role in complementing the activity of the state by filling the gap where the government is lacking. CSOs support the government to make wise and effective policies through provision of information and consultation. They help in winning public acceptance to state policies in two ways, first they can assist the government in explaining and advocating the policies to the community and second in legitimating state's policy (Wilson 1996: 109-110). For example, civil society organisation such as APAP, EWLA, SAHRE, NCTPE and Peace and Development Committee (PDC) are involved in advocacy work. Along with government and other concerned bodies, EWLA is involved in the reformation of the discriminatory Family Law of 1949. EWLA has even a chance to get a seat in parliament representing civil society in response to the lobbying of women right activist group.

The NCTPE is an NGO which works in the area of eradicating Harmful Traditional Practices (HTP) in the country. As HTPs are considered critical gender related problem by the government, opening branch offices in all regions of the country, NCTPE works under government structures of Women's Affairs Office (Ibid: 10). NCTPE was involved and successful in the reformation and inclusion of the practice

of FGM as a criminal act in the revised Ethiopian Penal Code. PDC has been involved in establishing local councils of elders with the objective of promoting a culture of peace and to ensure prevalence of sustainable peace.(Gebre Egziabher 2002: 10)

The capacity and efficiency of legislative, administrative, law enforcement, judiciary and other government organs are important determinant factors in realizing good governance, human rights and democracy. Even in the presence of appropriate and pro-poor policies and laws, a lack of capacity can become a critical impediment to their implementation. These problems are more critical at the lower levels of governance and administration of justice. The engagement of Ethiopian CSOs in building the capacity and efficiency of governance and justice sector institutions is quite extensive. Through training and other support interventions, a wide range of CSOs have sought to enhance the efficiency and capacity of government institutions to discharge their responsibilities. Some of these CSOs have designed and implemented capacity building programs targeting institutions across the justice sector. These interventions, which more often target lower level regional and local government structures, have also taken the form of organizing experience-sharing forums among government organizations and other stakeholders as well as joint planning and implementation of activities. The achievements and contributions of CSO engagement in the governance and justice sectors is most visible in the area of capacity building training and support to the establishment of specialized justice structures. CSO capacity-building interventions has targeted law enforcement agencies like the police, prosecution offices, courts and prison administration that are mandated with the task of dispensing justice. A number of CSOs have provided trainings on different issues of governance, democracy and human rights targeting law enforcement officials, judges, legislators and administrative officials. In this respect the scope of CSOs engagement is quite extensive but is difficult to present in quantifiable data (Rahmato et al. 2008:89).

The establishment of specialized law enforcement and judicial structures sensitive to the needs and circumstances of vulnerable groups is another area of the justice sector where CSOs have become engaged. Major intervention and contribution of CSOs in this area are related to the establishment of Child Protection Units (CPUs) in the police structure and child and victims-friendly benches in the judicial structure(Ibid:90).

The Forum on Street Children Ethiopia (FSCE), in collaboration with Save the Children Sweden, established the first four Child Protection Units (CPUs) in Addis Ababa in 1997 as a pilot project. In 2004, the CPUs evolved from being CSOs-led initiative to be part of the formal structure of the Police Commission. In 2008, there were ten CPUs operating in Addis Ababa police stations as part of the formal structure of the Police Commission. The establishment and operations of CPUs in regional towns all over Ethiopia had also been supported by various international and indigenous CSOs. For example the members of the Save the Children Alliance, the African Child Policy Forum, and ANPPCAN-Ethiopia have been providing material support, capacity building training and technical support to CPUs in Addis Ababa as well as the regional towns(Rahmato et al. 2008:90).

FSCE has been conducting a program of advocacy on children's rights and protection against child abuse and exploitation. This program has targeted law enforcement and court officials, medical personnel and *Woreda* prosecutors and other member of the community. In collaboration with the government agencies and FSCE a multsectoral child protection scheme was established in 2005. These initiatives require setting up a special Child Protection Unit (CPU) in the town's police stations. Related to that they provide training to the police officers to be able to handle abused, exploited or distressed children in a child friendly manner. Abused children are then taken from CPU to a special unit in the town's hospital where they are examined and treated by specially trained medical staff. In a situation in which the case is brought before a court, special courtrooms arranged where only children and their counselors are allowed to enter where the victim get a chance to tell their story without intimidation. The judge is trained to hear the cases of abused children and the special courtrooms are connected by close circuit TV to the court. In case of difficult situations where the children cannot return to their homes they are placed in *safe homes* for protection. These safe homes are operated by NGOs working in the town. In 2008, CSOs were coming up with a new idea of piloted free phone line in towns. These free lines are connected to the CPU in the police station and are run by trained officers that children in distress can call from any public phone to get help. The design and implementation of these judicial child protection structures have been initiated and supported by several CSOs, including, Forum on Street Children Ethiopia (FSCE), Save the Children Sweden, and the African Child Policy Forum (ACPF) (Rahmato et al. 2008:90).

The establishment of child friendly benches also involves the creation of special juvenile benches. In 2008, child friendly benches were in place in all but two of the nine regions and two federal cities in Ethiopia. The juvenile criminal bench has been set up in the Federal First Instance Court in partnership with many international and national CSOs including the African Child Policy Forum and Save the Children Sweden. In special juvenile courtrooms, children accused of crime are entertained in an informal manner. With the purpose of creating a conducive environment for the involvement of the child, the setting of the courtroom has been changed to simulate settings familiar to the children in schools and families. The establishment of the child friendly bench has contributed for discharging cases of children efficiently and fairly in an informal and child friendly setting (Ibid:91) .

CSOs render their support to the government through identifying social problems, which have not been detected or addressed by the government (Gebre-Egziabher 2002: 9). For example, CSOs like FSCE and APAP in Ethiopia provide various supports including provision of appropriate training for improved government institutional practices. The police forces are duty-bound in protecting the right of children therefore the advocacy program of Forum on Street Children Ethiopia (FSCE) has been targeting police. In this respect, FSCE have made efforts to raise the awareness of the police force on the needs and problems of children and the role they play in protecting and caring for children. In line with these objectives, educational programmes have been conducted at various police stations for crime prevention and investigation officers and non-commissioned police members in Addis Ababa and other major towns. In addition FSCE has supported the inclusion of modules on children's issues in the training programs among the police (Rahmato et al. 2008:84).

APAP has organized human rights education and training to promote accountability and transparency in the local government administrative units for law enforcement organs including for judges, prosecutors, administrator and police officials in different parts of the country(Gebre-Egziabher 2002: 10). Additionally it has established Community Human Rights Centers. It has initiated *Iddir* Unions in various major towns of the country to form Human Rights Resource centres. APAP provided the centers with human rights and paralegal trainings and other technical and material supports. Ten Human Rights Resource centers are actively engaged in

providing human rights trainings and legal aid services to their community members. These centers have provided legal advices, preparation of applications to administrative organs and other related counselling supports to more than 4,000 people between the years 2005-2007(Rahmato et.al 2008:84). Aside from APAP, professional association like Ethiopian Bar Association provides free legal aid service since 2003. Since the centers have become operational, they have provided free legal aid service for about 2791 people. (Temuagach 2006: 3)

Strengthening the capacity of government is another area where CSOs are working. In this respect they have provided financial and technical support for the local government administrative units like *Woreda* and *Kebele*. The support they provide includes drafting, strategic and development plans and designed training and awareness raising opportunities for civil servants. In addition various capacity strengthening supports are provided by CSOs to improve governments' responsiveness related to underprivileged groups like children, women, and other marginalised groups. On top of that they have contributed to the drafting of specific extension packages like HIV/AIDS and gender mainstreaming. Hence, it can be said that CSOs have provided some models or samples that informed and shaped the government's development plan and strategies (Rahmato et al. 2008:28).

Ethiopian CSOs have contributed in enhancing state performance engaging themseleves in various areas of development including supporting the poverty alleviation strategy effort of the government. They have significantly contributed to agricultural and rural development. They have supported the promotion of human development related to promotion of health services, education and provision of social services (Ibid).

CSOs have strengthened rural institutions like cooperatives, micro-finance institutions, self-help and other grassroots associations. They carried out activities related to environmental rehabilitation including promoting conservation-based sustainable development comprising promotion of small-scale irrigation, fruits and vegetables and the like, addressing chronic food insecurity, water supply and sanitation, pastoralist livelihood development, market development, and strengthening government capacity towards that end. In connection with their rural development interventions, they have experimented and successfully applied approaches and technologies which improve access to finance and markets for the

rural poor and promotion of new and high-value crops and stocks that later came to be part of the government's national strategies and programs. All these integrated rural development intervention activities conducted by the CSOs contributed significantly to the emergence and development of rural institutions for facilitating access to finance, market, potable water supply and other needed services related to that. CSO's engagement in agricultural and rural development activity has contributed immensely in transforming agricultural practices in the direction of intensification, diversification and market-orientation.

The various development and service-oriented interventions of CSOs both in the urban and rural areas have benefited poor peasants, children, women, and vulnerable groups in society. CSOs contributed to enhancing community actions for self-help and for assuring all inclusive development process through promoting activities related urban poverty in general, urban agriculture and environment, rural potable water supply, support for the Elderly and PWD, rehabilitation of street children and CSWs. Additionally, their experiences and lessons provided models and inputs for shaping government policies and programmes in some areas (Rahmato et al. 2008:29).

The human development intervention of CSOs has empowered the community, promoted health services, education, and child protection and welfare institutions. CSOs play an important role in the provision of services where no government facilities exist. This is happening to some extent mainly in health and education sectors. CSOs constructed schools and clinics that are then handed over to the government when they are running successfully and sustainably. CSOs introduced innovative approaches such as community-based approaches to health services and alternative basic education, which were latter adopted by the government and which have significantly contributed to the achievements attained in the health and education sectors. In the education sector, for example, it is hard to see how the government can succeed in forcing a major breakthrough in enrolment figures without using more non-conventional approaches. (Diesen & Karen 1999)

Initiation, promotion and strengthening of partnership and collaboration between CSOs and government at various level is the other task of CSOs. In this respect, the activity of CSOs include support drafting collaboration guidelines, organising group events and supporting joint reviews/assessments. CSOs have made some

contributions towards the implementation of the decentralisation programme of the government. CSOs have a good track record in promoting participatory development, which is also a key objective of the present government. NGOs, due to their closeness to the people, play an important role in creating grassroots ownership of development programs, in mobilizing communities and in creating public awareness about development issues. (Diesen & Karen 1999)

CSOs are engaged in addressing the root causes of poverty and vulnerability through the strengthening of awareness, transfer of skills and technologies, supporting institutions, and promoting linkages. In this respect, CSOs facilitate and create grounds for achieving even more useful contributions to the national effort of addressing poverty, vulnerability and promoting good governance and democratic practice.

Traking, reflecting and informing on performances of public institutions in delivering planned services and goods are some of activities promoted by some CSOs. The recent engagement of Ethiopian CSOs related to the poverty reduction strategy process is a good example. PANE and its member organizations are further examples (Rahmato et al. 2008: 29).

CSOs facilitate in some region's learning and reflection processes with partner governmental units in a mutually beneficial way. In addition, CSO's participation give donors evidences of the presence of social accountability instruments in development coordination, hence build confidence and legitimacy of the government to seek more development aid from international cooperation (Ibid).

CSOs promoting the advancement of the country benefit from global cooperation and marketing processes. In this respect, the fair trade campaigns of the CSOs have contributed to the improved income of the beneficiary households and financing of pro-poor programmes and services(Rahmato et al. 2008:29).

Civil society organizations also work on the amendment and development of existing traditional law to cope with the current economic, political and social situations of the community and to be in line with the new demand and expectation of their respective society. For example Guraghe People's Self Help Development

Organization supported and reinforced *'Qicha'[13]* the Guraghe ethnic traditional law was amended to incorporate issues related to HIV/AIDS and to fight harmful tradition practices. In addition, GAPSO mobilized the community for indispensable development activities for example through urban community networks it mobilized financial and human resources.

CSOs support the government efforts in making services more available to the poor and more responsive to democratic influences. (Gebre-Egziabher 2002: 9)   For example NGOs in Ethiopia have experience in terms of being highly involved in delivery of services and developmental activities. Although their size and scope of work vary to a great extent from one region to another, NGOs operate in almost all regional states of the country. During the years 1997 – 2001 excluding relief operations twenty million people benefited in one way or another from NGO development programs alone and about 3.2 million people benefited from the relief and rehabilitation programs in the same period (CRDA& DPPC 2004:18) According to a CRDA report in 1994 alone NGOs handled 60% of all food aid coming to Ethiopia. (Kefele & Dejene 1999) For example, according to CRDA and DPPC 2004 report between 1997 and 2001, NGOs that implemented programs in the six study regions made financial outlay of some Birr 3.53 billion, about Birr 3.18 billion or over 90% on development programs and the rest about Birr 347.8 million or 10% on relief and rehabilitation operations. (CRDA& DPPC 2004:29) Through the promotion of human development or provision of social services, CSOs have complemented and supported the government. According to Rahmato and others, earnings flowing into the country through transfers to NGOs in the year 2006/07 was far higher than earnings compared to coffee exports (which is the major export of the country) for all the years for transfers to NGOs were US$ 537.4 million while coffee earnings were US$ 24.2 million(Rahmato 2008:25). According to Sahleyesus and Freyhold, Ethiopian NGO sector contribution to the social services sector is

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[13] Guragie community had their own customary administration. It was in the 1880's that the Guragie were brought under the official state administration. However both type of administration coexist side by side however, the sanctions that the former carries in many terms have supremacy over the later. The traditional administration has three type of councils namely the family council, elder's council and *ye joka qicha* . The family council which oversees and arbitrates family/kin related matters, elders' council deals with issues related between households that are not related to each other, and *ye joka Qicha* is the highest body to which cases that could not be resolved by the elders' will be taken. It is virtually impossible for a Gurage to decline to abide by the community regulations and the decisions of its councils. Challenging or disobeying this established practices of the community and the decisions of its councils can cause the wrath of the community and its sanctions that can ultimately take the form of total excommunication from the community (Admassie et al. 2003:21-22).

quite significant. For example in the year 1996/97 the total annual amount of NGO spending is roughly equivalent to over one- third of what the government has allocated for social services (heath and education) (Sahleyesus & Freyhold 2002:9). According to Rahmato et al. 2008 the global resources mobilized by the voluntary sector are tremendous and this has benefited the country's economy significantly for example the organizations' annual resource investment is equivalent to 25% of the government's annual budget. (2008:24) Although the current Ethiopian government is much more accepting aid donors, the proportion of total development assistance to Ethiopia channelled through NGO projects has remained high. As late as 1999 an estimated US$ 120 million, or some 20% of all non-emergency development assistance to Ethiopia from all sources, totalling approximately US$ 660 million, came through the NGOs. A significant proportion of these funds are provided by the public purse in various donor countries (Helland 2004: 21). According to some scholars, the collective contribution of the NGO sector and other CSOs to development is poorly recorded and assessed and should be substantially higher than the figure indicated (Tafesse2005: 11).

4.6.3. Conflict Resolution and Peace Building

There are few organisations working in peace building and conflict resolution in Ethiopia. PDC,IAG, RCCHE and ACORD are among the CSOs working in this area. Peace and Development Committee (PDC) plays active role in preventing and/or resolving conflicts, promoting cooperation and understanding between different social, religious, ethnic and political groups in Ethiopia and the rest of the Horn of Africa. It has set up a team of elders in a few selected towns with the main duties and responsibilities of identifying problems of peace, human rights and democracy and attempting to alleviate them. In addition, providing training on traditional and modern methods of resolving conflicts and promoting peace and stability are among its area of interventions. On top of that PDC also carries out education and research activities. Asides from PDC, considering poverty and related denial of economic and social human rights as a major underlying cause of tensions and conflict in the Horn of Africa, and the need for enhanced efforts to address them through dialogue and search for common ground IAG also works in the area of conflict prevention and conflict resolution (Gebre-Egziabher 2002:11). Research Center for Civic and Human Right Education (RCCHE) is the other CSO

which conducts research on conflict and peace building along with various development interventions.

ACORD, which is an international NGO, works in the area of peace building among various other development intervention areas. It works in partnership with local NGOs and faith-based organizations. It brings together different communities, ethnic groups and people of different faith groups in the peace building process. ACORD has also participated and had made many contributions to the draft policy for pastoralists that was ratified later by the parliament. At the regional level, it addresses inter-clan and inter-ethnic conflicts. ACORD was able to bring various community groups from different clans and ethnic background to sit together to discuss root causes and seek solutions to the existing conflict in Gambella. The organization shared research documents, reports and meetings with key officials and influential personalities to solve the conflict in the respective region (ACORD 2007). As a member of several International and local NGO networks, Pastoralist Forum Ethiopia (PFE) has also contributed a lot in bringing forth the long neglected Nuer pastoralists issues and supported the introduction of pastoralist livelihood policy in Ethiopia.

4.6.4. <u>Promoting Social Justice and Rule of Law</u>

Despite constitutional recognition of access to justice and legislative measures, affordable and quality legal services are not available for most Ethiopians. This, coupled with capacity and efficiency limitations in judicial and administrative institutions, has made access to justice a privilege of the few. In order to close this gap, an increasing number of CSOs are engaged in the provision of legal aid services in Ethiopia. In Ethiopia, there are organisations that support marginalised people by advocating for their economic, social, cultural and political rights. Ethiopia is still an agglomeration of disadvantaged, marginalized, unrepresented and deprived communities. Collective and individual rights advocated and exercised by communities and articulated by CSOs can greatly contribute to the discourse and the respect of human rights (Taye 2005:4).

The legal aid services made available by CSOs include legal advice, counselling and representation provided by the Children's Legal Protection Center (CLPC) of the African Child Policy Forum (APPF), legal advice, counseling and representation provided by the Ethiopian Women Lawyers Association (EWLA) to victims of

GBV/VAWC in criminal and civil cases, legal services provided by the Action of Professionals Association for the People through legal and human rights resource centers and legal aid centers and free (pro bono) legal services provided by the Ethiopian Bar Association at its head office and in the premises of the Federal High Court in Addis Ababa. In addition, ANPPCAN – Ethiopia has established a victims' help line for abused children that operates 10 hours a day and provides medical, counseling, legal and family reunification services for victims of child abuse. EWLA has completed preparations to commence an additional hotline service in 2008 for victims of gender based violence. (Rahmato et al. 2008:84-85)

The number of people who accessed the legal system and protected their rights through the legal aid services of these organizations is very substantial. For instance, nearly 70,000 clients throughout Ethiopia received legal aid services between the year 1996 and end of 2007 from EWLA alone. Similarly, APAP and its partners provided legal aid services to a total of 20,951 people between2000 and 2007(Ibid).

In 2007 a network of legal aid centers was launched. This network, which has already become operational through referral arrangements, aims to improve access to justice, ensure efficiency and increase accessibility of legal aid services to those in need. There are also indications that these organizations have been engaged in public interest litigation parallel to individual legal aid services. For example, APAP initiated administrative proceedings questioning the judicial proceedings on behalf of people questioning the legality of eviction measures taken by the Addis Ababa city Administration on more than 111 households around Bole International Airport. APAP has simultaneously submitted an intervention application in its own name questioning the constitutionality of the measure taken. The case is still pending before the Commission.

The CLPC has initiated judicial proceedings on behalf of a child claiming abuse by its guardian to focus attention on existing rules and judicial practices requiring all petitions on behalf of a minor be submitted through the legal guardian. After petitions by the CLPC, the Court decided to take notice of the pleadings submitted directly by the plaintiff minor. The decision of the Court to do so is expected to initiate a shift in favor of the best interest of the child across the judicial system (Rahmato et.al 2008:85-86). FSCE also has initiated judicial proceedings on behalf of a child claiming abuse by an adult. The defendant was released on bail. However,

FSCE mobilized its ally, the Women's Affair Office, and the case finally reached the Prime Minister's office where a plea was made for a proper review of the case and later an order was passed for a review of the judgment and the defendant finally received a twenty years prison term. (FSCE 2006:7)

EWLA has extensive experience in using selected cases of gender-based violence to demonstrate and change gender biased substance and interpretation of the law. In one instance, the organization successfully exposed widespread tolerance of the most serious forms of violence against girls within the justice system through appellate consideration of a controversial case involving a girl convicted for the murder of a man who had abducted and raped her. The subsequent public and official scrutiny has made tangible contributions to changes in attitudes and practices among law enforcement and judicial personnel.

The Ethiopian Women Lawyers Association (EWLA) has put pressure on the government to take necessary actions through organizing and calling public protest against violence, unequal treatment and discrimination against women.

In different regions of the country community-level voluntary human right associations are organised and provided with financial and technical support by APAP. In addition, APAP provides legal aid service to the poor especially to poor women. The organization handles cases like property related matters, compensation, rape, family disputes, divorce and disowning and discrimination.(Gebre-Egziabher 2002:9).

In Ethiopia, the only organisation that monitors and reports on human rights violations is EHRCO. EHRCO monitors and reports on violations including extra-judicial killings, arbitrary detention, torture, forced disappearances, unlawful and arbitrary confiscation of property, violation of privacy, unlawful dismissal of employees, denial of the freedom of conscience, religion, expression and association, etc. (ibid: 11). As of 2007, EHRCO had issued twenty-six regular and ninety-nine special reports concerning the democratic process, the rule of law and the human rights situation in Ethiopia.(EHRCO 2007)

Related to their promotion of social justice and rule of law, Ethiopian CSOs work towards the improvement of policies laws and programs. Ethiopian CSOs advocate

in the area of children's issues including the promotion and protection of rights of vulnerable children such as street children, children in conflict with the law, OVC, sexually abused and exploited children, girls education and enrolment, child labour and primary education for all children. Additionally, they advocate in various areas including forced migration, protection of women from HTPs and HIV/AIDS, universal birth registration, equal rights of women in the family, during succession and pension, user rights in natural resources, land rights and ESC rights (the right to adequate food, housing health and education) (Rahmato et.al 2008:86-87).

Many CSOs engage in advocacy work with the aim of bringing about changes in public policy, laws, and decision-making structures by directly targeting the policy and law making processes. In their advocacy initiatives CSOs mainly use the existing public participation framework, the judiciary and public consultation mechanisms to convince policy makers, members of parliament/councils and government officials at various levels on the need for new pro-poor policies, laws or other measures for the amendment of existing ones. Several CSOs in Ethiopia have produced research reports on various thematic areas including those related to the disadvantaged social groups. These reports are quite vital in providing information for decision-makers at the local level. Besides, CSOs conduct extensive research initiatives on a wide range of good governance, human rights, democracy and related issues with the explicit purpose of informing policies and decisions at different levels of government. There are a number of cases where CSOs successfully initiated and contributed to the development and adoption of pro-poor policies, laws, structures and programs by engaging institutions of the federal government and regional government. For example, CSOs have initiated and promoted policy dialogues in various areas and succeeded in making the rights of women, children, pastoralists, people with disabilities and other vulnerable groups policy issues.

A number of CSOs working on women's rights, gender and children's rights issues including EWLA, EGLDAM have played an instrumental role in initiating public dialogue and influencing decision makers in the process leading up to the revision of the family law and Penal code. The Penal Law that was in effect since 1957 and which was outrageously insensitive to women was amended in July 2004. The

amendment came into effect in May 2005[14]. The Ethiopian Women's Lawyers Association has waged a persistent battle and made significant contribution for the rectification of the Penal Law. The reform made some significant improvements and the Penal Law became more gender sensitive.

A number of CSOs, mostly members of the Christian Relief and Development Association (CRDA), have participated in and contributed to the formulation of different policies including the PRSP process within the framework of the NGO PRSP Taskforce. The National Plan of Action on Sexual Abuse and Exploitation of Children was initiated and developed within the framework of the National Steering Committee against Sexual Abuse and Exploitation of Children representing a diverse profile of child rights actors including Forum on Street Children Ethiopia (FSCE), Save the Children Sweden, Save the Children Norway and ANPPCAN-Ethiopia Chapter (Rahmato et al. 2008:88).

The Women Association in Tigray region in collaboration with the Women Caucus of the regional council challenged the gender imbalance in appointments of bureau heads, and this resulted in the appointment of more women in key positions (as deputy bureau heads). The Women Association also submitted a petition challenging provisions in the draft regional Family Law, which was accepted and incorporated in the final law endorsed in 2007. Moreover, the Association has also challenged and managed to introduce revisions in the administrative guideline for public works (food for work), which happened to be discriminatory against women.

4.7. The Challenges of the Ethiopian CSOs in Promoting Good Governance

Most groups in Africa are weak because of the size and structure of the national economies and because they were long repressed by authoritarian regimes. (Bratton & Nicolas 1997:254) Ethiopian CSOs have also had the same background. Civil society organizations in Ethiopia are a product of the developments over the last decades. NGOs have a dominant position because the labor movement is fragmented

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[14] In May 2005, Ethiopia's new Criminal Code came into effect recognizing the deprived status of women and children. According to the new code, abduction is now classified as a serious crime, and early marriage of girls below the prescribed marriageable age (18 years of age) is considered a punishable act. In the new Criminal Code detailed provisions on the crimes relating to female genital mutilation, prenatal harmful practices and domestic violence have also been included (Dagne 2009:6).

and relatively weak, social movements are largely absent, community-based organizations are oriented towards the local level, and private sector organizations, although relatively strong, tend to focus on sector demands. Based on this background, it makes sense to talk about an NGO-ized civil society. In the Ethiopian case or in the broader African context, the notion of social capital provides only a partial explanation for the low level of development of civil society because it is limited in scope and because it fails to take into account the diverse causal relationships that define the social environment. In addition, the Ethiopian experience indicates that social capital formation is not necessarily a precondition for civil society development; rather it can occur in the process of civil society formation. The more civil society organizations emerge the more social capital is formed (Rahmato 2004). Civil society in Ethiopian society in general is politicized and polarized. Civil society organizations in Ethiopia are weak and, in contrast, the power of the state overwhelming due to external and internal factors. (Rahmato 2002:116) The external factor refers to hostile policy environment. The internal factors refer to insufficient resources, inadequate organizational capacity and lack of a strong civic tradition. Good governance depends on a strong civil society, but the Ethiopian civil society faces a number of challenges to promote good governance. The majority of Ethiopians are materially and spiritually deprived because of poverty. Material poverty, exacerbated by drought and disastrous government policies, translates into deprivation of basic human capabilities, thus creating a vicious circle where few people can break out of poverty. At the same time, the long and seemingly dictatorial approaches adopted by succeeding governments, who had little concern about the reality of the people's material or spiritual poverty, has instilled fear, despair and a sense of hopelessness (Paulos 2005). For quite a long period poor governance and social norms/ values have suppressed people's creative capacities; as a result, individual motivation and achievement have been undermined. All these reasons suggest that Ethiopian society is less civil, there is little improvement or breaking away from self-and externally imposed boundaries and, little innovative thinking taking place. During the past one and half decade in Ethiopia has been a progress in terms of empowering the people and establishing democratic system but it has not been satisfactory and consistent (Tafesse2005:8).

The human rights and organizations working in the area of advocacy and the majority of non-profit interest groups are discouraged and de-legitimized by state agencies and they in turn perpetually question and challenge the policies of the

government, its program and strategies and the practices of its agents and representatives. Service delivery and development NGOs are accepted as long as they function within the rules and regulations and implement programs and projects that are cleared by the state agencies and are within the framework of the official development plans. (CRDA 2006:42) The following section will elaborate the external and internal impediments for Ethiopian civil society organization to act as catalysts of change through imparting democratic values.

4.7.1 External Factors Which Create Impediments on Ethiopian CSOs in Promoting Good Governance

The external factors refer to hostile policy environment. The absence of a favourable policy environment remains the main challenge and has been responsible for restricting the terms and terrain of activity of the voluntary sector in Ethiopia(CRDA 1997). The following section will elaborate the main external factors which create impediments on Ethiopian CSO effort in promoting good governance which includes the legislative framework, misconception and lack of awareness on the issue of human rights, rapid turn over of government staff, government interference in CSOs work and absence of an independent and efficient judiciary system.

4.7.1.1. Legislative Frame Work

Civil associations need regulation and so they have to register. The legal basis for the establishment and operation of NGOs and public associations is enshrined in the new proclamation, Charities and Societies Proclamation 621/2009 which came into effect starting February13th, 2009. Before the declaration of this new proclamation, when the data collection for this research was taking place, the establishment and operation of NGOs and public associations were administered by the Ethiopian Civil Code promulgated in 1960 and enshrined in Articles 404-482 (lEG, 1960). Legal Notice 321 of 1966 provided further elaboration to some of the pertinent provisions in the civil code. According to this law, registration regulations for associations are incorporated into the Internal Security Act issued by the Minister of Interior. Despite this fact, no article in either instrument mentions NGOs as they are understood today (Emirie & Teshome 2005:115).

Registration, as a form of regulation, was undertaken either by a centralized government agency or by concerned agencies separately. The possible shortcoming of the latter was inconsistent practice and duplication of work. There was confusion as to the power of the Ministry of Justice and that of Disaster Prevention and Preparedness Commission (DPPC). The Ministry of Justice was empowered to register international NGOs and transnational associations. The Ministry was interpreting this provision as transferring to it the powers of the Ministry of Internal Affairs to control associations under the Civil Code of Ethiopia. The DPPC, on the other hand, was arguing primarily from the provisions of its establishment proclamation, which empowers it, among other things, to "register all forms of assistance". This seems to suggest that civil associations may have to be registered at a number of places prior to acquisition of legal personality. Likewise, the conditions set for registration are not standardized and applied uniformly which opens up the potential for arbitrariness (Emirie & Teshome 2005:115).

Associations used to be registered with the Ministry of Justice; and development NGOs are supervised by the DPPC, which must approve all projects as well as annual plans and budgets. All quarterly accounts and reports as well as technical supervision are provided by the concerned Ministry and their licence is renewed annually. Due to the adoption of a federal system of governance, NGOs were expected to sign agreements with line ministries at the appropriate level and DPPC offices at zonal and regional level. The wide array of government agencies, from the federal up to the regional level, that were involved in the registration, regulation and monitoring of civic organizations, and the lack of transparency of these offices was creating negative impact on the relations between the government and the institutions. These bureaucratic hurdles were hampering the growth of civil society and was making them operate under a cloud of uncertainty. (Diesen & Karen 1999)

For example, in Ethiopia procedures and criteria for registration of CSOs were unclear and sometimes onerous. This was leading to confusion on the part of NGOs and delays in registration. For some CSOs it was taking three years to get registered; others reported completing the process within months. For example, John Graham estimates that only one local NGO in four were actually surviving a natural weeding out process in Ethiopia.(Graham 2003) Due to this fact it was too difficult to start and register an NGO.

CSOs working in the area of advocacy in particular faced difficulties in registration and renewal of licenses. It was common for them to be closed down, have their bank accounts frozen, and their fund-raising halted. Some sector networks have found it easier to register as a single NGO rather than as a network (e.g., Basic Education Network-BEN). All local NGOs are taxed which cuts into their externally derived funds. CSOs were expected to cover payment of the per diem and other costs for government evaluators. There was variation on the capacity of evaluators among the government staff who are found at national, regional, and *Woreda* level. Staffs at higher levels tend to be better than those at lower levels. (Spring & Groelsema 2004: 9)

If one takes specifically NGOs intervention in the health and education sectors, the government's rules and regulations for the registration of schools and clinics seems to be too strict. For example, some NGO schools, traditional Quranic and church schools and community schools need to improve in many ways in order to comply with government regulations regarding infrastructure and teacher qualifications. As many of these schools have very limited budgets, they may not be able to carry out the necessary improvements and, as a result, they will not be allowed to register with the government. This results in a series of problems including cutting the number of interventions despite high community demand for the schools. In addition, difficulty in obtaining land for their premises led to delay in the expansion of NGO operated services particularly for those NGOs who are working in the areas of health and education. International and local NGOs also face problems related to tax exemptions. In this respect the government's procedures does not give unambiguous and transparent guidelines (Diesen & Karen 1999).

It is true that there should be a clear distinction between NGOs and the private sector. However, there should be conditions to ensure that NGOs have a sustainable source of finances while not threatening the private sector. According to the government, NGOs should not make a profit, even if they plough their profits back into their core developmental work. The government makes too rigid a distinction between not-for-profit organizations and private sector enterprises aimed at making profits. The rationale behind this is that NGOs may then start competing unfairly with the local private sector. (Diesen & Karen 1999).

The above discussion shows how the previous law governing CSOs, particularly NGOs, and its interpretation was creating obstacles, how it was unresponsive to the current realities of the sector, and failed to take into account the diversity of profiles among CSOs. Therefore the need to reform the legal framework governing CSOs/NGOs has long been felt wanting.

The government effort to address the issue by itself could be considered an affirmative action for the development of the sector. The Charities and Societies Proclamation 621/2009 has major positive aspects. Unlike the previous law governing CSOs, the current legal framework provides divergent options to the public in the modality of organizing or associating themselves. It recognizes the establishment of consortium of charities or societies and to some extent allows them to engage in income generating activities in order to strengthen and ensure their capacity and sustainability (Rahmato et al. 2008:94).

The establishment of an autonomous Agency and complementary Board for the registration and supervision of charities and societies evade bureaucratic impediment. In addition, the participation of two CSO's representatives on the Board contributes to CSO participation in the regulation of the sector, supporting sector policy processes and developing constructive relationship with government agencies (Ibid:94).

However, according to this proclamation the majority of CSOs, especially those that are working in the area of human right and governance, will not able to continue working, because the proclamation put bans on CSOs that are receiving more than 10% of their funding from foreign sources working in related issues. Since most of the Ethiopian CSOs are dependent on donors it means that the number of CSOs engaged in such issues will decline. On top of that the very broad power which the proclamation gives to the Agency, allowing it to interfere with the operation of CSOs beyond the acceptable standards is also the other drawback of the current proclamation (Rahmato et.al 2008:95).

The existence of adequate forums for consultation and participation including necessary guarantees for freedom of association, the right to strike and adequate machinery for settling industrial disputes and collective bargaining are the preconditions for social dialogue. However, in the Ethiopian context none of these

preconditions have fully materialized yet.(Buckley et al. 2004:21) According to Labour Proclamation No. 377/2003: "Workers and employers shall have the right to establish and form trade unions and employers' associations, respectively, and actively participate therein." The Labour Proclamation has limitations in section 3(2). Subsection (2)(e), in particular, excludes government employees whose employment is covered by a special law, namely the Federal Civil Service Proclamation No. 262/2002. This proclamation does not adequately cover the principles of the freedom of association stipulated in the ILO Convention to which Ethiopia is a party.[15] This raises an issue for the implementation of decent work for those individuals administered under this Proclamation. In addition, the exclusion of "managerial employees," defined broadly under subsection (2)(c) excludes a potentially large group of workers (Buckley et al. 2004: 23).

4.7.1.2. <u>Misconception and Lack of Awareness on the Issue of Human Rights and Advocacy</u>

Underdevelopment and poverty in Ethiopia does not only reflect incomes that are too low to meet basic needs, but also manifests itself in all realms of private and public life. It is related to socio-economic and cultural traits or constraints. For example, it is closely linked to social exclusion, marginalization, vulnerability, powerlessness, isolation and other dimensions of deprivation in the political, economic, social and cultural spheres. Ethiopia has a poor history of democratic culture. (Tafesse2005: 5) The political tradition of the Ethiopian state is basically authoritarian and autocratic tradition. This means that there is no experience of democratic rule. (Pausewang 1997:191) Political culture refers to the value and orientation underlying people's behaviour in their political actions. People's general

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[15] Ethiopia ratified ILO Convention No. 87 on Freedom of Association and Protection of the Right to Organise Convention, 1948. International labour standards are legal instruments drawn up by the ILO's constituents (governments, employers and workers) and set out basic principles and rights at work. Conventions, are legally binding international treaties that may be ratified by member states. Conventions are drawn up by representatives of governments, employers and workers and are adopted at the ILO's annual International Labour Conference. Once a standard is adopted, member states are required under the ILO Constitution to submit them to their competent authority (normally the parliament) for ratification. If it is ratified, a convention generally comes into force for that country one year after the date of ratification. Ratifying countries commit themselves to applying the convention in national law and practice and reporting on its application at regular intervals(ILO 2009).

orientation towards political power is among the most important dimensions of political culture. This is related to how the community perceives those in power. For example, are they going to be feared or welcomed? How do people react to the decisions made by the regime? (Wilson 1996: 24) Political attitudes are learned through political socialization process and they are not innate human behaviours. Political socialization refers the process of developing political values, orientations, and values. This process passes values and orientations from one generation to the next. It is an ongoing process that persists throughout life as the individual's attitudes change to conform to his or her political experiences. (Ibid: 27) The history of authoritarian government in Ethiopian influences the current democratization process creating considerable tension between actors at different institutional level. The Ethiopian adults have lived with at least one extremely coercive government. State - society relationships focus on the links and interactions between the rulers and the ruled. The memory of this as well as the nature of the present state many be relevant to current practices with regard to the interpretation and development of policy (Harrison 2002:588-599). Due to this fact and other reasons, civil society's role in the democratisation process and promoting rights is regarded by government as political opposition or manoeuvring, especially when CSOs engaged in criticism or exposure of government's misdeeds or incompetence. This may be because of misconceptions, the government has regarding CSOs and the purpose of their involvement in such programs or the nature of authoritarian Ethiopian political culture. Such misconception have been evident among local government officials at lower administration levels due to low levels of awareness regarding human rights and lack of self-confidence (Gebre-Egziabher 2002: 12).

This autocratic political culture which has manifested itself under different oppressive regimes in Ethiopia has impacted the current democratisation process for it is a new phenomenon. Official's lack an understanding of poverty and its cause and they have a limited vision of the role CSOs play in changing the lives of the poor people by involving in democratization process. Hence, government wishes NGOs to become involved only in service provision by serving as gap fillers (Kefele & Dejene 1999). For example, while they were discussing with the community about women's rights, some of the staff of HUNDEE including the director has been jailed by *Woreda* administration officials allegedly being accused of involvment in political agitation and encouraging the community to oppose the government's policies. They were released on bail after several discussions with government

officials. In September 2001, the Ministry of Justice allegedly accused EWLA of being involved in activities beyond their mandate when they criticised the Ministry in public for not taking enough measures against persons charged on violation of women's rights and the lack of an independent judiciary system. As a result the Ministry closed EWLA's office and banned its work. EHRCO is considered by the government as an opposition political party for it mainly deals with political issues. Thus, its reports are understood as being negatively biased against the ruling party. The government makes strong regulations on the operations of CSOs in general, but the regulations and supervisions become more strict when it comes to CSOs that are involved in advocacy programs. For example, EHRCO which was actually established in 1991 as a non-governmental civil society organization was denied registration for seven years on the basis of the allegation that it was a political movement. As a result it faces difficulty in its operation for it lacks legal status. It was able to get registered as a CSO in 1998 and 2000 by the Ministry of Internal Affairs (which used to be the authorised government body to register CSOs) and by the Ministry of Justice respectively after it had pressed charges against the government (Gebre-Egziabher 2002: 12-13).

SAHER advocacy work was viewed as the act of the opposition political party; therefore government officials find it difficult to consider the organization as a development agency. As a result it took SAHER three years (between 1992 – 1994) to obtain a legal certificate. SAHER managed to get registered after including additional development activities in its proposal in order to convince the Ministry of Justice that they were a development agency and not a political party. Ethiopian Free Press Journalists Association (EFPJA) had the same experience as that of SAHER and ENRCO. It managed to get registered eight years after its establishment in 1993. Despite the fact that it had gotten recognition from International Journalist Federation, International Press Institute, PEN International and others as a professional association, EFPJA it did not get legal status until 2001. It managed to register as a non-partisan and non-political CSO only after it filed a law suit against the Ministry of Justice. (Gebre-Egziabher 2002: 13-14).

Political efficacy is the other dimension of political culture. It refers to the evaluation of one's ability to affect political outcomes. It is related to the individual's perception of his or her ability to influence the political world (Wilson 1996: 25). As mentioned earlier since Ethiopian history is characterized by the role

of authoritarian regimes, the great majority of Ethiopian people do not in the first place clearly know what their rights and responsibilities are; therefore they do not know whether their rights are violated/deprived or not. Secondly, even if they know that they are deprived of their rights they do not assert their rights fearing negative consequences. These issues have a negative impacts on the democratisation program of CSOs because the communities are not inclined to be actively involved in the process. These in turn result in limited or lack of support from communities undertaking democratisation. Therefore, this creates limitations on the effectiveness of the activities of CSOs working in the area of public awareness raising programs in promoting and securing rights.(Gebre-Egziabher 2002: 15).

4.7.1.3. Institutional Structure, Manpower and Resource Limitation of the Government

The high turnover of government staff and frequent changes in the civil service structure, disrupts communication and continuation of pre-planed activities of CSOs. For example, a new civil service structure whose aim is to promote downward accountability and transparency among government organisation, to provide best services to the poor people and to empower community based institutions, is appreciated by most NGOs that are involved in microdevelopment activities. However, it affects different development initiatives that were jointly run by CSOs and different government institutions under the previous structure. For example, FSCE has been providing training to police officers, commanders and investigators on the protection of child rights and handling child offenders. However when the trainees transferred to other areas of the country or when they leave the police force, this initiative has been affected. In addition, joint committee programs comprising of representatives from concerned governmental and non-governmental organisations at the Zonal level which was initiated to protect child rights in different parts of the country was similarly affected due to the civil service reform and the decentralisation of government structure(Gebre-Egziabher 2002: 14).

In Ethiopia there is shortage of trained manpower. Therefore there is a lack of technical and human capacity among the government employees. For example, a study which was conducted on Addis Ababa civil society organizations indicated that the city administration is not yet clear about the very concept of civil society and how to respond in its relationships with civil society institutions. (Abate 2005:173) The problem becomes acute when it comes to regions for the staff lacks

training and knowledge. In a study conducted by Diesen & Karen one middle-ranking official mentioned that national and international NGOs were their leaders and they themselves could only follow, having no systems, staff, training, equipment and other resources (Diesen & Karen 1999).

Lack of skills and experience in policy dialogue and limitation of the institution's internal democratic culture, especially the culture of tolerance and constructive debate has an impact on the CSOs role in promoting good governance. Due to lack of experience and culture of dialogue in the Ethiopian society there is lack of coordination and joint planning between CSOs and government. This leads to the duplication of efforts and mainly jeopardizes the sustainability of NGO interventions. For example, the NGO will expect the government to take over the facility when the project is over but the government may not be ready to take it over for many reasons including budgetary (Diesen & Karen 1999).

4.7.1.4. Government's Interference in CSOs Work

The government in some instances directly or indirectly interferes or influences the activities of some CSOs. This affects CSOs in such a way that they find it difficult to make decisions on critical issues.

The state is actively promoting its own parallel or rival organizations often under the control of the regional parties; some of these include NGOs, women's organizations, trade unions and peasant associations. This reinforces suspicions held in the voluntary sector that the state does not have confidence in independent institutions and may be planning to replace them at some time in the future (Milkias 2006:26, Rahmato 2002:116-117). For example, according to Nega, the government is mainly interested in securing financial resources from NGOs and then implementing its programs through organizations created by itself (2001: 287-288). There is a grievance mentioned by NGOs that the government is resistant towards bilateral and multilateral donors channeling resources direct to NGOs. Therefore, those donors interested in direct funding of NGOs will be discouraged. This limits NGO's potential resource base (Diesen & Karen 1999). Therefore all theses constrain the function of the civil society organizations in the democratic process and will make the whole exercise almost a farce (Milkias 2006:26, Rahmato 2002:116-117).

4.7.1.5 <u>Absence of Independent and Efficient Judiciary</u>

As mentioned in the previous chapter, the judicial system of the country is very weak and is maligned by lengthy bureaucratic procedure. Therefore it discourages individuals and civil society organisations to take their cases to court and protect their legal rights as well as the rights of their constituency. In addition, the judicial system also been criticised for lacking independence and being strongly influenced by the government. There are several situations in which court orders and rulings are disrespected and decisions are ignored. For example EWLA, through its legal aid service has been supporting women whose rights are violated and are unable to take their cases to court. However, there are several cases which remain pending therefore such delays postpone justice for the victims. This negatively affects EWLA's efforts in supporting victimised women (Gebre-Egziabher 2002: 15). It is hard to imagine the police and the judges pronouncing sound judgments on cases brought before them because in the recent past Ethiopian judges and the police, particularly at the lower levels, are taking the post only after a three months training without further experience, since there have been regular dismissal of judges (Retta 2002:65). Absence of infrastructure and facilities are amongst the other constraints. Even though the police and prosecutors are aware of certain human rights standards, they complain about lack of necessary facilities. For example they don't have the mechanisms for verifying a child's age and simply have to charge him/her as if he/she is above eighteen years old to avoid the risk of releasing an adult criminal despite the child's statement. Even if they know that it is wrong to imprison young children with adults, they do it any way for there are no other rooms available to put them in separately. Sometimes, due to lack of sufficient training to collect evidence by appropriate means, or due to unavailable budget, the police may also feel forced to inflict torture on suspects because they think that they have no other options (Retta 2002:65).

4.7.2 <u>Internal Factors Which Create Impediments on Ethiopian CSO in Promoting Good Governance</u>

The main internal factors which create impediments on Ethiopian CSOs in promoting good governance includes economic dependence, organizational capacity and internal governance and the lack of promotion of coalitions, federations and networking and information flow and other forms of collaboration.

4.7.2 .1. Economic Dependency

The popularisation of concept of civil society and good governance in the contemporary discourse on African politics is dictated to a large extent by the intervention of donor governments and agencies. Therefore the role and the autonomy of civil society organisations from states and other organised political forces remain a critical question. (Kefele & Dejene 1999) Rather than addressing the socio-economic, political and cultural realities of the respective country, the process of economic globalization has made "developing countries" to a great extent adopt the Western liberal values and norms that are greatly influenced and determined by the interest and agenda of international donor agencies and western governments. (Taye 2005:3)

The Ethiopian private sector is too underdeveloped and deficient to play a leading role in the economic sphere, let alone in social and political change. It lacks the capital and the market to invest in large-scale operations for it is confined to small and medium scale activities. The growth of private investment continues to be retarded due to government control of the economy, in the form of a wide array of public and party-controlled enterprises. Foundations and philanthropic organizations established by successful businessmen or socially-conscious business firms exist in the developed countries and civil society organizations in these developed countries get much support from them. In Ethiopia and other African countries local philanthropists are almost non-existent. Thus civil society organizations are dependent on international donor agencies for financial and other assistance. Civil society organization are dependent on external agencies because the private sector plays only a marginal role in sustaining them. International donors are often willing to support organizations that actively support economic and political objectives acceptable to them. Therefore this may compromise the independence and effectiveness of the organizations concerned (Rahmato 2002:117).

Several studies have shown that the activities of most NGOs in Ethiopia are supply driven. (Milkias 2006:28) The overwhelming majority of international and local NGOs in Ethiopia depend on governments and donors for the bulk of financial and material resources deemed essential for carrying out their activities. Thus most non-membership CSOs like NGOs are financially dependent on foreign donor community. This weakens their image because they are promoting the foreign donor

agenda and interest as opposed to the needs of the community in their particular settings. In addition this financial dependency raises the issue of CSOs sustainability and long-term survival (British Council 2004). On top of this, increasingly, there are accusations that civil society organisations are becoming conduits of financial transfers for African elites who will dominate the society either through the formal structures of the state or the emerging civil society sector. Ethiopian civil society organizations clearly depend to a significant extent on external support through direct diplomatic pressure, funding, and incorporation into global networks of one kind or another. Many of them would find it hard to survive without this support, and there are certainly organizations that have grown up in order to tap into opportunities for external patronage. Some civil society organizations have developed positions closely attuned to those of the government, and doubts have been expressed as to their autonomy. (British Council 2004) Local NGOs often raise their fund from embassies, INGOs, other LNGOs, bilateral and multilateral donors, GOE line ministries, sales of items, membership fees, donations from charitable groups in developed countries, etc. Unlike INGOs, they do not receive funding from local constituencies. LNGO's abilities to do budgeting and accounts vary widely. Their activities and strategies are inconsistent due to weak and changing funding (Spring & Groelsema 2004:11) and their missions and operations are imitative of international NGOs and donor agencies (Taye 2005:4).

The mass membership and development associations rely on their members for funds, and some are developing skills in fundraising and successfully applying to raise funds from donors. However, their budget obviously constrains organisations and prevents them from developing professional management structures. (British Council 2004)

CSOs reliance on external assistance, particularly on foreign governments, has created a suspicion of their consideration as elements of civil society contributing towards good governance. Their reliance on foreign support has entrenched organizational interests that undermine their possible contribution towards development and good governance for they have to address the concerns of both donor and host governments. (Kefele & Dejene 1999)

A study conducted on 268 CSOs in Ethiopia indicates that among the various types of constraints that prevent CSOs from achieving their goals more effectively are lack of sustainable sources of income and shortage of facilities/ office equipment.

(Tafesse2005: 35) Supporting this argument for example a study by the British Council in 2004 indicates that in the regions a major weakness of NSAs was a lack of equipment, such as computers and transport which constrained communication in general, and limited access to more isolated, needy communities. Lack of office availability was seen as a further weakness. In general, one can note that the underlying weakness is a lack of a solid funding base, not the lack of transport and computer equipment, which are symptoms of this weakness(British Council 2004).

4.7.2 .2. <u>Organisational Capacity and Internal Governance</u>

The organizational strength of interest groups is an important factor in influencing groups power. (Wilson 1996: 107) Civil society organisations provide structures for inculcating democratic norms and consensus building if they have a broad and voluntary membership and a leadership that is accountable and responsive.

The modern CSO/NGO sector in Ethiopia is not an outgrowth of natural societal transformation, but the result of disaster relief efforts in 1973-74 and 1984-85 famines. They were therefore not home grown, indigenous developments. Most of them are not membership based. Their programmes were not designed to address fundamental societal concern on a long-term basis, or in line with local realities. Most of them extended the intervention, which they started during the emergency in the country. Their leaders and staff are mainly taken from the cosmopolitan elite, who are viewed as outsiders and external patron by the target groups and communities. The characterization of civil society as "NGO-ized" implies weaknesses that these organizations are not representative; that they base their central activities on the work of salaried professional staff rather than activists or members who do voluntary work because they believe in it. Unlike social movements, their activities are structured in terms of projects, with specific and defined objectives. (Spring & Groelsema 2004: 8) NGOs rarely have a constituency in terms of major stakeholders. This diminishes the legitimacy of the NGO. In contrast, the mass membership organisations often have huge constituencies but lack skills in motivating, managing and consulting them (British Council 2004).

The strength, development and influence of CSOs in public policy cannot materialize without a secure organizational foundation, with a capable management, and an innovative intellectual leadership. There are limitations of organizational

capacity and human capital among Ethiopian CSOs. Many of the civic organizations in Ethiopia are fragile bodies lacking sustainable managerial capacity. The brain drain that has been going on since the latter half of the 1970s has seriously affected and reduced the country's trained manpower; this is particularly evident in the voluntary sector, mostly in advocacy institutions and professional societies (Rahmato 2002:117). For example, a study conducted on 268 CSOs in Ethiopia indicates that lack of skilled manpower or shortage of staff was identified as the most critical internal problem that CSOs face in achieving their goals effectively. The second most critical problem they face is a lack of commitment from members or poor cohesion among their own members (Tafesse2005: 34).

The mass membership organizations have weaknesses including finances for they are dependent on unreliable membership fees, the lack of awareness among their members, lack of a good understanding of rights based approaches and lack of good knowledge of community development techniques. Recruitment and retention of volunteers were seen as the key weaknesses of Ethiopian CSOs. CSOs working in the less developed regions of the country lack internal policies and procedures of administration. They have also problems of recruiting and retaining good quality professional staffs. There is a lack of tradition and understanding of voluntarism in Ethiopia especially among the NGOs and they are unable to work successfully with volunteers. There is a general lack of skills and experience in lobbying and advocacy, policy analysis and policy dialogue. There is a prevalence of all these aspects of management and administration weakness especially among local NGOs. The general explanation for these weaknesses was that many of the local NGOs were very small and that their weaknesses are attributed to small organizations which includes lack of basic internal management skills such as project cycle management, including project design, and financial administration, strategic planning and fund raising (British Council 2004).

With the exception of NGOs and cooperative societies, most civil society institutions are heavily concentrated in Addis Ababa, where most of them have their head offices; and activities are confined to the capital. This will raise the questions about the extent to which people that live outside these areas enjoy a voice in decision making. While the capital has a disproportionate influence on the country's economic and political life, focusing one's attention here serves only the interest of the urban elite. (Rahmato 2002:118). The current Ethiopian civil society is

monopolized by a small group of organized urban people, who are vocal and have clear political opinion and interests. The rural community is a "silent majority" and remains resilient and depressed without significance influence (Pausewang 1997:197). Civil society organisations are poorly represented where they are most needed i.e, in rural areas with large concentrations of poverty and pervasive social and political exclusion. Most prominent civil society organisations working on human rights and governance issues are urban-based with a male-dominated leadership. The engagement of the organizations in issues of corruption and transparency is relatively weak, particularly given the widespread concern over these issues among the Ethiopian public. When it comes to representing the interests of the marginalized sectors, the organizations have had an important function in promoting the rights of women and children. While the labor movement historically has been important in this respect, it is currently severely weakened. The dominance of NGOs does imply a weakness in terms of representation, though professional and non-membership based NGOs may articulate and represent the interests. In general, there seems to be an urban bias to the way in which organizations represent marginalized groups.

The other issue is that of accountability. Are there mechanisms by which CSOs, particularly NGOs, are held accountable by the sectors they represent? Can they be established, and how? Or is accountability ultimately tied to membership and mechanisms of votes and elections? It seems that this question may pose a more difficult challenge to Ethiopian civil society orgnizations than the issue of representation. While many organizations may point to their close interactions with the popular sectors for giving them legitimacy to represent, it does seem farfetched to claim that they are accountable to these groups in any meaningful sense. Furthermore, a highly aid-dependent associational sector, competing for what is perceived as increasingly scarce donor funds, has to abide by the requirements posed by funders. This would seem to imply drastically reduced leeway for being accountable to constituencies, whether these are members, beneficiaries or target groups.

CSOs reliance on external assistance, particularly foreign governments, has created a condition in which they have to address the concerns of both donor and host governments. (Kefele & Dejene 1999) This is especially true for NGOs operate within the codes of behavior laid down by the donors and governments. They have a

tendency of preserving a narrow institutional and personal interest. As much as possible they would like to avoid antagonism with those in power to ensure survival at whatever cost. The founder or the leaders of NGOs as well as the staff of these institutions wish to continue operating legally and preserve their employment and other benefits. This is the most dominant trend amongst Ethiopian NGOs. NGOs in Ethiopia pursued their strategy for survival by forging closer relations with the center. Many NGOs have made themselves readily available to be manipulated and commandeered by the power elite. Few NGOs consider policy advocacy as one of their main responsibilities. Most NGOs do not state advocacy in their mission statements. For example, one report estimated that only 10% of NGOs are interested in working in the area of advocacy. (Spring & Groelsema 2004: 9-10) Where NGOs have ventured into advocacy, it has often been over safe issues like, promoting the rights of the child, and campaigning against cultural practices harmful to women. They are not eager to challenge the state or advocate for and reforms of other policy issues. According to Rahmato only a few CSOs consider policy advocacy as one of their main responsibilities (2002:109). This makes their contribution towards the emergence and consolidation of democratic values insignificant. (Berhanu 2002:129)

The contribution of civil society to pluralism and democracy depends on the degree to which organisations seek to express citizens' interests and values, the extent to which participation is possible to the widest range of citizens, including for those whose interests and values may prompt them to oppose the mainstream view, and the degree to which organisations are able to influence policy. Only a few CSO groups are actively engaged in advocacy and lobbying for policy change on behalf of constituencies. Fewer still have any significant impact on public policy.

Some CSOs operating in Africa lack internal democratic practices. They have unelected and unaccountable leaders, characterized by corruption, embezzlement, nepotism and various forms or anti-developmental practices (Fakier 2004:16). In Ethiopia, the statutes and by-laws of almost all NGOs provide the existence of appropriate bodies and organs (General Assembly, Board, Executive Committee) and demand that leading positions are to be elective and that beneficiary representation is ensured. However, the study conducted by CRDA in 2006 indicates the weakness of the board. In this study some of the participating CSOs doubted the existence of their board, others mentioned that it does not have a regular

meetings and doubted whether the board works efficiently and others cited lack of education and experience among board members as a problem (CRDA 2006:38). Even in the presence of the board, overwhelming power is vested in the founder or directors of many NGOs, which enable them to make decisions single-handedly (Brehanu 1994 cited in Berhanu 2002:128). This indicates that civic institutions have not yet internalized democratic culture. The internal modus operandi of several NGOs is undemocratic in that they do not allow participation, expression of divergent views (ibid) and lack a culture of tolerance and constructive debate. This means that Ethiopian civil society organizations lack internal democracy. If democratic procedures are not instituted and followed within the organizations, how can they serve as watchdogs for government in the areas of good governance and democracy? By the same token, how can organizations demand transparency of the government if they do not practice it themselves? Inherently undemocratic organisation of this sort can hardly claim to champion the cause of good governance.

CSOs particularly, NGOs have fairly low legitimacy among the Ethiopian public. There are widespread perceptions that the organizations receive large amounts of aid, but tend to use them for computers, cars and salaries, rather than for development and poverty-reduction. For example, in a brainstorming session conducted by Sahleyesus the participants were asked "what are the first few things that come to their mind when they think of NGOs?" The participant reported that "NGOs are organizations that are thieves with neatly dressed staff who do not want to walk on foot except with golden land cruisers, who receive huge foreign support (with big basket) and distribute a fraction of it (with spoon) for the poor" (2004:140). Because NGOs are working in remote parts of the country, apply participatory methods of project implementation and other factors valid reasons for the high overhead cost of NGOs. However, there are critics among government officials that say these overhead costs are not justifiable. There is an impression that NGO overhead costs are so high due to huge salaries payed to the staff and the high costs of imported vehicles and office equipment. This supports the belief of some observers that NGOs have a self-centered motivation. Public perceptions of NGOs are often based on their apparent affluence, the observation that directors and employees have good salaries and drive around in nice cars. Some are accused of being "family businesses," briefcase NGOs, My Own NGOs ("MONGOs"), and Government Organized NGOs ("GONGOs") (Anita and Bob 2004: 8). In terms of

the internal organisation of CSOs the donors pointed out the lack of internal accountability and governance, which in turn could be either a cause, or an effect of a lack of expertise in general management, financial management, project design and monitoring and strategic planning. The government is also concerned about the lack of internal accountability, arguing that some NGOs are 'briefcase NGOs' or 'family businesses' and accountable to no one. For example, British Council research indicates that in one region there were about twenty briefcase NGOs but only one local NGO that was considered acceptable. This leads the government to use this single case as typifying the NGO sector as a whole, which is not the case (British Council 2004).

In this respect Abate in his study on Civil Society in Addis Ababa has recommended that "civic society organizations objectives should not be making "profits" out of social problems" and he emphasizes that the operation of CSOs need to be looked at carefully by the city administration, donors, the public and any stakeholders. (Abate 2005:175) It is crucial for NGOs themselves to look into this matter and to judge whether the general claim that NGOs are cheap implementers stands in the Ethiopian context and they have to consider that such perceptions are a challenge to the organizations, and to their potential for lobbying and advocacy activity.

4.7.2.3. <u>Lack of Promotion of Coalitions, Federations, Networking and Information Flow and Other Forms of Collaboration</u>

The creation of networks has greater importance in avoiding or reducing duplication and competition among CSOs and contributing towards better coordination of their programs. Effective networks or exchange of information enables CSOs to share information and develop the strength to play significant advocacy roles at national levels. Despite this fact there is little networking and information exchange between various NGOs. (CRDA 2006:43)

Government/NGO networking has also not been found adequate, apparently due to long bureaucratic procedures and related requirements, the frequent reshuffling of government officials and the negative and suspicious attitude of governments toward NGOs. There is limited dialogue between civil society organizations and the state; the latter often believes that such organizations have no legitimate claims and do not deserve to be heard (Rahmato 2002:118). These factors are believed to have

contributed to the unhealthy relationships between government and NGOs. The relationships between government institutions and NGOs are limited to very few formal contacts: only irregular meetings and paper exchanges (CRDA 2006:43). A study conducted on 268 CSOs in Ethiopia indicates that civil society organizations interact with the government more at regional than national level. Civil society organizations interaction with the government is also much better in *Woreda* (district) and community levels than the national level. This could confirm that CSOs have grassroots orientation. According to this study, the most common form of cooperation between CSOs and the government is through information sharing. Consultation and policy formulation are the second and third most common form of cooperation between CSOs and the government. CSOs consult and share information with local governments more than they do with the national government. In both cases, however, the most common form of cooperation is through information sharing. There is less involvement of CSOs at the local level in policy formulation precisely because policies are usually formulated at national level (Tafesse2005: 40- 42).

In some regions, networking between NGOs and other development actors exist but are constrained by the distances involved and in some of the more marginalised regions there was no networking at all. Several donors remarked there is an inability of networking among CSOs. This weakness arises due to competition between CSOs for what is perceived increasingly scarce donor funds and is possibly a result of years of survival under autocracy. This creates an inability to exchange good practices and information as well as constraints a collective voice in policy dialogue. There is limitation of networking and coordination at national and regional level. CSOs lack constituency building and some kind of genuine representation. Even the currently emerging networks have traditional problems associated with networks like how to develop mutual trust and how to maintain interest and involvement. In addition, the Government is generally suspicious of networks (British Council 2004).

Ethiopia has a particularly fragmented civil society. Even though CSOs complain about the absence of an environment conducive to the democratisation process, they themselves could not create strong networking or alliances among themselves. They do not show solidarity and support when their counterpart associations face problems and fall under government pressure. For example, when EWLA and

EHRCO's offices were illegally closed by the government and their members were facing problems very few CSOs and individuals protested or showed concern. (Gebre-Egziabher 2002: 17)The greater the coalition, the more energy is expended in trying to hold it together.

Concluding Remarks

Mutual assistance is part of the culture and traditions of Ethiopians. People organize their efforts by coming together to respond to their common problems. Other than coming together for mitigating the problems they are facing, they unite for positive reasons such as celebrating their favourite Saint's day or worshipping together in their own way among the Christians and Muslims respectively. With the growth of urbanization, community-based organizations like funeral societies and savings associations have emerged and the latter have started assuming development functions which were not originally under their mandate. The grassroots associations that came into the picture between the 1950s to the early 1970s are reflections of the continued tradition of mutual help. New forms of CBOs what might be called "mutual confidence groups" began to appear in the country in the 1950s and continue flourishing.

Labour unions and employers' federations started to emerge in 1947 and professional associations emerged one year latter in 1948. Faith-based CSOs start their activities early in the sixteenth century. In Ethiopia mass-based organizations like women's association and youth's association had emerged in 1975 but because the government created them they lacked autonomy and remained dominated by the government rules and orders. The drought and famine of 1973/74 caught the world's attention and especially the attention of international non-governmental organizations (lNGOs). The 1984/85 droughts and famine tremendously increased the activities of NGOs in Ethiopia.

CSOs increased tremendously interms of number and type after 1991. CSOs working in the areas of advocacy and lobbying emerged barely existed in Ethiopia prior to 1991. There has been some opening up of space to think creatively, to meet and dialogue around issues of social concern, but not enough to be able to state that a momentum for change has been created or is being sustained. Thus the role of Ethiopian CSOs in promoting good governance and democratisation remains

limited. As a result there are very few local activist CSOs operating in Ethiopia today. Ethiopian NGOs as part of CSOs are mainly involved in the provision of basic services for poor and marginalised people, considering poverty as a lack of basic needs. Hence, there are only very few NGOs that are involved in democratisation processes by interlinking/integrating these with their service delivery programs.

The different regimes have to some extent tolerated but controlled the growth of CSOs. The present regime has allowed with some restrictions the rapid growth of CSOs and has contributed to the rise of LNGOs by demanding that INGOs concentrate on development rather than relief and handover the operational work to LNGOs. As the same time, government has tried to keep down the number of LNGOs and to control them as tightly as possible by demanding registration and regular renewal of licenses and withholding or delaying these in an arbitrary fashion.

Ethiopian CSOs have internal and external constraints in promoting good governance. Internally they have limited financial sources to administer their activity; thus they are financially dependent on donors. Additionally, they have weak organizational capacity, internal governance and lack networking and information flow and other forms of collaboration.

The external challenges Ethiopian CSOs face in promoting good governance include the legislative framework, misconception and lack of awareness on the issue of human rights, rapid turnover of government staff, the government's interference in CSOs work and absence of an independent and efficient judicial system.

Chapter 5

The Impact of HIV/AIDS on Civil Society Organizations

5.1. Introduction

Strong internal organizational functioning, strong programme performance and external relationships make CSOs effective in carrying out their objectives. This chapter focuses on the impact of HIV/AIDS on the internal and external functioning of the CSOs and how it influences their performance, productivity, capability and relations with donors and beneficiaries.

5.2. The Internal Impact of HIV/AIDS on the Surveyed CSOs

5.2.1 Incidence, Susceptibility and Vulnerability of CSOs to HIV/AIDS

Determining the impact of HIV/AIDS on surveyed CSOs was difficult for they lacked human resource databases. Poor human resource record keeping meant that the researcher was unable to obtain reliable information on attrition levels and trends over the past five years. Manpower planning figures have not been kept in a systematized manner. Hence it was impossible to accurately quantify the potential susceptibility of CSO employees to HIV/AIDS and the impact of HIV/AIDS on attrition levels within CSOs. Since the participating CSO managers are unaware of the exact numbers of staff living with HIV/AIDS in their workplaces, in-depth human resource planning has not yet been done to deal with staff losses from HIV/AIDS. For a manager who had to deal with the loss of most of the staff to HIV/AIDS in a very short period, the initial reaction was hesitancy in recruiting new workers. Despite these limitations, the information collected from the in-depth interviews and the self-administered questionnaires indicates the susceptibility and vulnerability of the Ethiopian CSOs to HIV/AIDS. Virtually all CSOs interviewed encountered attrition in the form of employees taking frequent sick leave and increase in death of staff. Despite recognizing attrition as a problem in their institutions, some CSO managers were reluctant to overtly link HIV/AIDS to high levels of attrition, arguing that it was difficult to establish whether the illnesses are caused by HIV/AIDS. It could have been denial, or simply a failure to make connection between HIV/AIDS and attrition in the face of more obvious constraints.

Most managers from institutions involved in responding to the epidemic consistently saw that HIV/AIDS had significant implications on their service delivery landscape. It could probably be that such CSOs are confronted by the realities of the epidemic through their day-to-day work, and as a result they were able to establish links between HIV/AIDS, their capacity and service delivery. When asked whether HIV/AIDS had an impact on their service delivery, most managers interviewed responded that it is certainly affecting both the demand for services and the capacity of CSOs to supply the respective services.

This study found that even if they did not know precisely the extent, most of the CSOs were influenced by the financial implications of the crisis. Even though none of the staff in the CSOs are living with HIV/AIDS, external effects related to the epidemic influenced their performance and costs. CSO staff members are part of communities in which they work and cannot divorce themselves from the emotional, familial, social, economic and spiritual impact of the HIV/AIDS epidemic.

Participating CSOs lack proper records or information about the HIV/AIDS prevalence among the staff, infected staff and in the case of death whether it is related to HIV/AIDS. Thus it is difficult to ascertain in quantitative terms, the incidence and deaths caused by HIV/AIDS among the surveyed CSO staff. Nevertheless, the qualitative data indicates that most of the participating CSOs in the study have workers living with HIV/AIDS virus or staff who died because of HIV/AIDS related diseases. Most of the CSOs which participated in the survey are stationed and working in Addis Ababa. It is thus assumed that HIV/AIDS prevalence rate among the CSOs will be close to or above the city average which is 7.5%. (HAPCO 2008:9) This could be linked to some risk factors like mobility which increases the exposure of CSO staff to the HIV/AIDS virus.

The impact of HIV/AIDS on human resources of the CSOs varies widely. For example, some CSOs lost several staff including personnel that cannot be easily replaced like the founders of the organization, senior management staff and the chairman of the organization, while others have yet to suffer any internal impact. Due to the stigma, discrimination and a general lack of openness surrounding HIV/AIDS, and given that mandatory HIV testing is illegal, most of the CSOs involved in this study do not have exact information on the number of staff members

who were living with HIV/AIDS. However from the qualitative data they provided, the human resources issues related to HIV/AIDS are most likely to increase. Since February 2005 the government has declared universal free access of ART, death among the CSOs staff living with HIV/AIDS is likely to decline for some years and tend to continue increasing as PLWAH who are already under ART start dying because ART is not a cure but rather a treatment that slows the progression of the disease.

Migration is a factor which may often be associated with the spread of the HIV virus. Mobile workers are highly exposed to HIV infection, since they often stay away from their families for relatively long periods and tend to have occasional sexual partners (NAC 2001: 15). Evidence indicates that certain work situations and activities may expose people to the risk of HIV/AIDS infection. This particularly applies to workers who spend long periods travelling or working away from home (e.g. field workers, drivers) who may expose themselves to casual sex with non-regular partners. (Gross & Smith 1995:2) For example, among the surveyed CSOs, the nature of the job has contributed to the spread of HIV because the work of almost all CSOs requires travel. Despite the fact that almost all CSOs are headquartered in the capital with the exception of some professional associations, most CSOs have intervention or activities in other parts of the country. Even though professional associations do not have intervention activities in rural regions, there are situations in which they conduct seminars and workshops in different parts of the country.

Besides mobility, according to survey participants, the gender and age composition of the workforce would likely expose their staff to the HIV/AIDS risk. According to some respondents, their staff is mainly composed of adults between the ages of 15-49. Along with their age, the epidemic affects their workforce. In addition, the epidemic has gender dimensions in that it affects female workers more than their male counterparts.

As already stated in Chapter 4, females are affected more by HIV/AIDS than their male counterparts due to economic, social and biological reasons. Therefore women working in the surveyed CSOs are affected by epidemic. Several studies in Sub-Saharan Africa indicated a link between poverty, gender inequality, and HIV/AIDS. A study which was conducted in 2004 by the Save the Children/USA – Ethiopia on the influence of poverty on intergenerational sex among in- and out-of school

adolescent girls in Ethiopia, indicates that adolescent girls are often forced to enter into Intergenerational Sex (IGS) relationships as a means of support, therefore exposing them to unsafe sexual behaviour. The majority of girls are compelled to enter into IGS relationships in order to support their families (Bunde & Land 2004). In Ethiopia, almost every boyfriend is like a "sugar daddy" who will regularly supply his girlfriend or sexual partner, with money or other kinds of gift. This represents a man's love and commitment to his partner and is expected behaviour in premarital Ethiopian sexual relationships. Monetary exchange for sexual partnerships are normal and cannot be translated into "paying for sex" and do not reflect the society's level of prostitution. Therefore, this can create a fertile ground for women to be more exposed to the virus due to economic reasons.

Although the HIV virus is unlikely to spread in faithful monogamous relationships between uninfected partners, the presence and the nature of premarital, extramarital, and casual sex by married partners largely determines the risk of HIV transmission among them. A study conducted by Bongaarts on the relationship between marital status, the prevalence and incidence of HIV examining ecological data from thirty-three sub-Saharan African countries provides individual-level data from nationally representative demographic and health surveys in Kenya and Ghana in 2003. It indicates that over a life time women spend, on average, more years in marriage than they spend being sexually active before marriage, and the risk of infection within marriage is substantial (Bongaarts 2006:10-11) . Supporting this argument a study which has been conducted by Abate and Wencheko on the association of HIV infection with some selected factors and modeling the chance of contracting HIV in Hawassa and its surrounding (Southern Ethiopia) indicated that marriage cannot be considered a guarantee for protecting oneself from HIV for the outcome of this study indicates that married people are more affected than single or non-married people. (46:2006) Supporting this study, some CSO leaders in this survey are ambivalent as to whether marriage offers full protection from HIV. Some CSO managers like CSO-7 has questioned whether marriage really offered protection for HIV/AIDS as follows:

> People believe that marriage can offer protection from HIV/AIDS
> and people who are married consider themselves free from HIV
> risk. However, in our organization the reverse is true. It is
> married staff members who are more affected than non-married
> staff. I believe that for marriage to give protection of oneself from
> HIV there are different factors that can be pushing and pulling

factors. Therefore whether or not marriage gives protection from HIV/AIDS depends on these factors. CSO -7

For individuals to take action in reducing risky behaviour related to health threats they must first perceive that they are at risk. Individuals with low risk perception are less likely to take the necessary precaution to protect themselves from the threat of HIV/AIDS (MOLSA 2004: 138). There is evidence among some CSOs who have participated in this survey that there is a denial of the existence of HIV. For example one of the CSOs who carried out assessment on HIV/AIDS among its staff stated that the major finding of their risk perception analysis was there is denial of the existence HIV/AIDS among the staff. Embracing the same attitude, most CSOs in the survey recognized the existence of HIV/AIDS and its devastating impact but denied the possibilities of infection. This is particularly the case with research think tanks and advocacy organizations. They externalize the problem to others and view that HIV/AIDS is other people's problem forgetting to acknowledge their employees, or their workers could also be vulnerable to the epidemic. This prevailing low or no risk perception and denial can cause the CSOs not to take consistent precautions to ensure their staff is protected. Such low risk perception may also constrain organizations and restrain them from taking timely action or to safeguard their staff from possible risk of HIV infection.

5.2.2. HIV/AIDS-Related Morbidity among Surveyed CSOs

Morbidity due to AIDS has a strong impact on the surveyed CSOs. Experience of the CSOs indicates that AIDS patients are variously in and out of their workplaces. When they return to work they often cannot perform their duties as well as before due to the physical and psychological effects of HIV infection and in some instances due to the demands and responsibilities of employment.

Employment provides an important component of identity and a source of psychological support in addition to the material benefits it brings. Therefore despite the existence of prejudice and discrimination, no matter how physically weak they are, it remains an important component of life for many people living with HIV/AIDS (Gross& Smith 1995:13). However, according to survey respondents, low productivity is exacerbated when sick staff report for work but are unable to work properly. Some lose interest in doing their job properly or are repeatedly absent from work. Others might hide their illness and try to give the impression of working "normally". Frequently, staff may take a few days off rather

than risk losing their jobs. They would rather hide their sickness until hospitalized. One CSO leader had the following to say on this issue:

> The staff is not only infected but they are affected due to sick family members. The number of sick leaves and absenteeism in our organization is tremendously increasing and we suspect most of them had happened due to the prevalence of HIV/AIDS. There is lack of openness regarding HIV at the workplace. For fearing the stigma and discrimination workers will hide their status until they get seriously sick and finally admitted to the hospital. HIV is creating a big problem at the workplace. Since there is lack of openness there is lack of open discussion and lack of information exchange and awareness. CSO -1

Illness compromises labour productivity because a sick person is unable to work. Even in circumstances where they can still work, performance is lowered by physical, physiological, and psychological factors. The costs of illness do not end with paying an employee who is not working. It includes other costs related to delays on projects that are carried out by the organization as well as loss of quality and quantity of the final output. A number of CSOs admitted that having sick staff has delayed and restrained their work. Several CSO managers commented as follows:

> Having sick staff absolutely affects the organization's day to day activity. It causes the whole operation of the organization to slow down and finally leads to significance decline in our performance. Sick staff cannot undertake the organization activities with full capacity therefore this will be reflected negatively on the organization's achievement. It is affecting our output and hampers the quality of our work. CSO-15

The most significant economic impact perceived from having HIV-infected staff is the cost of the sick leave. CSOs in general and CSOs who have participated in this study in particular have relatively small number of staff compared to public or private organizations. Therefore absenteeism in CSO organizations will be more painful than other organizations that have large numbers of employees. However, the extent of staff sickness is not controlled by some CSOs due a fear of weakening good social relation at the workplace. This means that many CSOs have not managed sick leaves properly. In that regard, director of CSO-10 noted that: "There will be a lot of absenteeism since there is not too much control on absences, for we are not very strict". CSO- 10 Despite the fact that most of CSOs are working in the area of HIV/AIDS prevention and control among their members and community they are working with, when it comes to their internal environment, stigma,

discrimination and denial exist for they are part and parcel of the community. These have been substantiated by the following comments:

> Although HIV is a major problem in our organization, lack of openness for fear of stigma and discrimination has exacerbated the problem for it retards open discussion and exchange of ideas and support. Absenteeism in our organization is enormous, and workers refrain to expose their status for fear of stigma and discrimination. For example one of our female staff passed away without getting support and one of our staff has resigned but come back to the organization for he cannot work for other organization. CSO-8

> Like other part of the society in the country our staff are equally vulnerable to HIV/AIDS. The impact of the epidemic is reflected through increased numbers of absenteeism and death among the staff. In spite of this incidence, in our organization misconceptions about AIDS and stigma are found to be high among the staff. CSO-10

> At the project level there are people (two women and one man) who passed away due to HIV/AIDS. These people do not get support for they hide their situation for fear of stigma and discrimination but one amongst the three has got support from the organization. CSO-7

Healthy employees are absent from their workplace for various reasons, which could be HIV-related such as caring for sick relatives. Furthermore, employees can leave the workplace for some hours at the discretion of their supervisor for special occasions such as funerals, medical reasons and other urgent matters. According to the survey it is quite noticeable that their staff are spending some of the working hours visiting sick relatives or attending funerals but it is difficult to precisely say that it is related to HIV because the staff themselves do not have the courage to talk about HIV openly. According to the respondents, different types of absences occurred related to HIV/AIDS but it is difficult to estimate the quantity. A director of CSOs observed that as follows:

> In our organization there is increase of absenteeism caused due to various reasons including of being sick, having sick relative or looking after sick relative, for attending funeral and the like. At the project management level we always observe the increase of absences and we frequently discuss among ourselves about this trend. In the future we have a plan to prepare check list to see the trend of absenteeism but we have not done that until now. CSO- 7

According to the survey participants, funerals have become a major reason for staff absences from work. In Ethiopia, culturally it is extremely important to attend funerals. There is a strong social obligation to attend the funerals of near and distant relatives, friends and neighbours. According to some CSO leaders it is very difficult

to deny employees permission to attend a funeral for not just relatives, but friends. It is left up to the individual to decide which funerals they must attend, since people fear social ostracism from their community if they refuse to attend. It is not possible to discipline absence if the word funeral is mentioned. Most CSOs do not keep a register because they cannot deny permission to attend funerals.

CSOs are governed by labour proclamation No. 377/2003. According Article eighty-one of this labour proclamation, workers are entitled to leave with pay for three working days when a close relative dies. Employees also use their annual leave if they have to attend a funeral some distance away to meet their social obligations. In the case of the death of a staff, almost all staff will attend the burial and some could be occupied with the preparations for several days. Therefore there is a strong relation between death caused by HIV/AIDS and the amount of time spent attending funerals.

The other problem related to funerals is exhaustion and destruction. If the staff died or a close relative of the staff dies there could be situations in which the whole staff are forced to attend the funeral. Travel to funeral venues can be exhausting. For example, if the staff member or the close relative of staff passed away the whole staff must attend the funeral. If the funeral is taking place kilometres away from the office the whole staff might be absent half a day. The other issue related to funerals is disruption. When the workers return from funerals they might experience problems with concentration. One CSO director explained:

> There is a situation in which the numbers of funerals are tremendously increasing and after the funeral if the workers return back to the office (in most case most of them they do not) there will be disruptions and they will not concentrate and work well. There is a situation in which after funeral workers spent more time on discussing about the late staff or late relative of the staff. CSO-14

Cost incurred due to the payment of overtime does not occur amongst many interviewed CSOs because they absorb all costs internally and tend to overwork their staff or recruit temporary staff. In order to balance or to cover the work gap created due to frequent absences and other related drawbacks, recruitment of temporary staff was preferred by most CSOs interviewed as illustrated below:

> In our organization there is a situation in which the number of sick leaves is tremendously increasing. This has created work overload

for some other healthy staff. For example in our organization there are two workers presumably living with HIV/AIDS, as a result one of our staff was forced to shoulder the job of these staff. Later the situation necessitated for the recruitment of other temporary staff. CSO-11

Generally colleagues cover up for each other at no obvious cost to the organization. The cost, however, is merely transferred to the remaining staff in the form of stress. This makes the CSO staff stressed and stretched as most Ethiopian CSOs do not pay overtime but provide staff with allowances. Longer and more unpredictable hours merged with high and rising job demands cause stress and anxiety among workers. (Jackson 2004:91) Studies show that high stress jobs significantly contribute to illnesses such as high blood pressure, cardiovascular diseases and mental illness. In addition, it can increase the rate of work injuries (Jackson 2004:87) which can considerably affect the productivity and cost.

Therefore, prolonged illness due to HIV/AIDS causes absenteeism, which creates significant costs for the CSOs firstly with payment of wages for the workers who are absent and secondly, by creating work overload on other healthy workers to get the job done. It makes other workers overworked and exhausted. Working for long hours can produce stress which can cause the decline in both the quantity and quality of their work. However, since most of CSOs do not pay overtime, it might not increase their overtime cost but puts a lot of pressure and work overload upon their labour force. As one respondent put it:

> Two experienced youths have lost their life because of HIV. These members were vigorously involved since the establishment of the organization. At the time when they were sick the organization was forced to employ additional staff and newly employed staff was forced to take over responsibility beyond his capacity.CSO-8

The other impact of absenteeism is that it compromises the quality of the work because in the absence of professional staff it may force the job to undertaken by staff with less professional capacity. CSO-8 share the experience and said:

> In our organization the numbers of absenteeism caused due to sickness and death have increased enormously. As a result our organization is forced to carry out jobs by non-professional staff which used to be performed by the professional personnel. CSO-8

According to the survey participants, in general, the increase in number of absenteeism among CSOs has reduced staff performance for staff members who are

ill cannot work long hours, and the quality of their work, as well as its quantity goes down. This has been noticed by the managers at a number of the CSOs participating in this study.

5.2.3 Effect of HIV/AIDS on Labour Supply, Productivity and Labour Costs among the Surveyed CSOs

HIV/AIDS causes a reduction of the productive segment of the population. In addition, since HIV/AIDS entails prolonged sickness, it involves the infected worker in an "on and off" situation. At a later stage, it results in labour turnover as individuals fail to cope due to severe deterioration in health. The effect of HIV/AIDS on the production of goods and services depends on the extent of the spread of the virus among the labour force, especially among key employees. If professionals or key management staff die or are constantly sick the productivity of the CSOs is directly affected (Bersufekad 1994: 31). According to the survey participants, the epidemic has caused an increase in recruitment and training costs as a result of increased staff turnover and death. In addition, since there is a lack of trained manpower in Ethiopia recruitment of new staff requires paying higher salary. Even if HIV/AIDS was discounted, the Ethiopian CSOs would still have a problem of recruiting and retaining professional staff. Inaddition, according to surveyed CSOs the current high inflation rate in Ethiopia is causing a high living cost across the population. This factor is directly or indirectly affecting the development and social work of CSO. According to the respondents due to the inflation, prices of all commodities have increased. The demand for higher salaries across the CSOs became evident. CSO have difficulties to meet this demand and the consequence is high turnover of experienced human resources at all levels. The skill lost caused by the epidemic necessitates replacement which increases and makes recruitment costly for some CSOs due their organizational structure and the lack of trained workers in Ethiopia. Lack of qualified staff is one of the major problems of Ethiopian CSOs. Almost all CSOs who have participated in this survey mentioned that they encounter a shortage of trained and qualified employees.

According to the respondents the organizational structure of some CSOs especially faith-based CSOs has created a problem for retaining and recruiting trained manpower. For example CSO-5,10,17 have a huge number of permanent staff and other project staff which are mainly working on development project (development wing). The salary scale and other benefits the organization offers to the employees

are similar to the government public office salary scale and standards, which is very low compared to other organizations. In order to retain trained manpower they need to have commensurate remuneration for the project staff. However, because it is not possible to have two different salary scales it is not easy for them to recruit and retain professional staff as stated in the following quotation:

> It is not easy to change the structure of our organization. We have problem of retaining trained manpower. This has to do with the structure of our organization. It is very difficult to have different remuneration for the professional project staff and the remaining staff. CSO-5,10,17

Other than the organizational structure of some CSOs, the financial capacity of most CSOs was observed as an obstacle for recruiting and retaining professional staff. Strong financial base enable organizations to hire qualified staff members and to retain the existing ones. However, since most of CSOs are financially dependent on donors, they do not offer attractive remuneration hence experience a problem of maintaining trained manpower. CSO-11 stated:

> We have problem of retaining trained manpower. We employ fresh graduate and after they have got enough experience they leave our organization. CSO-11

The other problem related to lack of trained manpower is brain drain. The massive outflow of the existing little skilled and trained manpower in Ethiopia began following the political upheavals and the bloody revolution spearheaded by a military regime that took power in 1974 and which has continued there after has undermined the country's human capital. An illustration of brain drain is provided below:

> Our organization is working mainly on research and policy area. We publish various researches. We also provide policy advice. We are strong and credible research institute. We have ample experience in organizing workshops and providing training. We are a role model for other CSOs and other CSOs like to share experience from us. Nevertheless, our organization has limitation of trained manpower. Our researchers when they go abroad for further education they will not come back. Brain drain is seriously affecting our organization. CSO-6

HIV/AIDS is an occupational health hazard, which can be transmitted to the healthcare workers exposed to the blood or body fluids of HIV/AIDS patients or from accidental needle-stick injuries. (Hopp & Rogers 1989:194) Migration issues

are tightly linked to the occupational hazards like HIV/AIDS. For example the emergence of HIV/AIDS has led clinical staff to migrate to non-clinical health professions, and health professionals migrate to non-health careers. Migration patterns are both national and international as workers seek better pay and working conditions (Tawfik & Kinoti 2006:11).

According to Bhargava and Docquier, lower wages and higher HIV prevalence rates are strongly associated with the brain drain of physicians from Sub-Saharan African to OECD countries. (Bhargava & Docquier 2008: 345) A study on the impact of AIDS on the economy and healthcare services in Ethiopia indicates that HIV also has an impact on the health staff due to the pressure of caring for dying patients, which is demoralizing and entails the risk of contracting the disease. In this study it has been mentioned that health personnel indicated serious concerns since the epidemic represents an occupational health hazard and some even expressed a wish to leave the profession if other opportunities become available (Kello 1998: 198). Clinical staff often move to work in public health fields which are non-clinical for better payment and for avoiding occupational health hazards related to HIV/AIDS.

The HIV/AIDS pandemic has exacerbated the pattern of physicians and nurses continually move to countries with a perceived higher standard of living. (Tawfik & Kinoti 2006:11) Some sources indicate that today there are more Ethiopian doctors in Chicago than there are in Ethiopia. (Shore 2007) Though economic reasons can be the main causes, working in a country where there is high prevalence of HIV has its own impact. A study that has been conducted by Bhargava and Docquier shows how the lower wage and HIV prevalence are strongly associated with the brain drain of physicians from Sub- Saharan African to OECD countries. For example, brain drain rates for medical personnel for Ethiopia in the year 1991 and 2000 was 16% and 27 %respectively (Bhargava & Docquier 2008: 349). Despite the fact that there is no evidence on the positive correlation between HIV/AIDS and brain drain for other Ethiopian professionals working in non-health areas, for example in South Africa up to 100,000 people are believed to have left the country from 1999 to year 2002, and in the year 2002, 70% of skilled South Africans still in the country were saying that they were considering emigrating. Among many of the reasons behind their decision to migrate was the HIV/AIDS epidemic. (BBC 2002)

Other than lack of trained manpower in the country, CSOs complained about the existing low quality of education. According to the respondents even if they employ fresh graduates their performance is very low. One of the reasons for this might also be related to the impact of HIV on the education sector for it has been already stated in the previous chapter the education sector is one of the those affected by the epidemic. Therefore all the above-mentioned problems have a significant impact on human capital of the Ethiopian CSOs.

AIDS mortality causes labour turnover and necessitates replacements. Therefore CSOs decide either to train already existing personnel or recruiting new workers in order to replace lost skilled manpower. Until the recruitment takes place, work will be carried out with the existing staff. However, the author of this research was not able to provide empirical evidence to estimate cost in this regard due to lack of records on the loss of the workforce, especially skilled manpower. Despite this fact, based on the qualitative data, it can be clearly seen that there is still a need to cope with reduced productivity, until the newly recruited or promoted workers acquire adequate skills. Therefore CSOs experienced a loss in their productivity and recruitment cost as a result of HIV/AIDS.

The recruitment cost to replace the sick and deceased staff also depends on the level of the post. Many of the deaths experienced by the CSOs in this study were among both the skilled and unskilled staff, which meant that it was difficult or costly to replace them. As stated above, there is a limited skilled resource pool, meaning that losing skilled staff was potentially a massive cost for the participating CSOs. Excerpts from the interviewees are stated below:

> We have lost two of our high organization officials due to HIV. They were board members and who were educated up to PhD. level. In our organization the death of two or three people due to HIV/AIDS is quite normal. CSO-1

> In our organization highly educated person, one cashier and a driver died of HIV. CSO-10

> We have lost the former chairman of the organization who was highly educated. CSO-4

> At the project management level our organization has lost three staff (2 women and 1 man died because of HIV/AIDS). At the highest management level we have lost one staff that was highly educated, with a lot of years of experience and with extra ordinary professional quality. When he passed away it was a disaster for

our organization for it was very hard to replace such extraordinary highly prominent staff. CSO-7

 We have lost recently one driver and one program officer. When this program officer passed away it was difficult for the organization to replace him. CSO-12

For umbrella organizations like CSO-13 the impact of HIV/AIDS will not only be limited to its own staff, rather the impact of the epidemic on the staff of its member CSOs will manifest itself on the organization for they carry out joint projects. This has been explained as follows:

HIV is creating impact on our partners. When our members are affected it will be negatively reflected in our output. For example we provide them with training and spent a lot of financial and material support to that end. When the individual staff of our member organizations upon which we have invested all this resource passed away, it costs additional money and resource for our organization because we need to train another person to fill the gap.CSO-13

Besides, some of the participating CSOs in this study noted that due to discrimination and other related factors educated and experienced staff will leave the organization:

In our organization there was a highly qualified personnel who was living with HIV/AIDS. After sometime he had left the organization presumably due to stigma and discrimination he used to face at his workplace. CSO-5

If a worker does complicated or sophisticated work, productivity is affected in the event s/he dies or becomes sick. The economic impact of HIV/AIDS is felt as a result of two factors namely loss of production and increasing costs (Besufekad 1994: 32). Similarly the costs of training new staff depend upon the quality of the lost personnel. The training cost for missing unskilled staff might not be great, however the cost of training provided to replace the skilled staff is very high. Besides, at the workplace learning occurs informally in unplanned and incidental interactions among co-workers during a shared work day. (Estlund 2003:37) Most of the training is done in-house with hidden costs in extra management time to induct, orient and train the employees. There was a significant gap between the time the post became vacant until the position was filled.

Work contributes to the development of "civic skills" like communication, cooperation, compromise, and decision-making. It is an important arena of social

and civic life. There is evidence that workplace interactions and relationships make a positive contribution to civic life-that constructive interactions among co-workers have a positive effect on the society as a whole (Estlund 2003: 30- 31). The workplace exposes people to a wider social network and brings them into contact with opportunities for other civic engagement. The significance of workplace ties is magnified by its diversity, race and even politically, than most social settings. It is also a well-documented source of "civic skills" such as communication, compromise, and collective decision-making and a sense of political efficacy (Ibid : 116).

The introduction of "civic skills" as part of the content of social capital helps to elucidate the link between civic engagement and democracy. A society or a community that is richly endowed with civic skills will benefit from more effective and articulate communication of collective needs, grievances, interests, and opinions between the governed and the government. It would bring more effective resolution and implementation of public policies. These civic skills are both found in the workplace despite the presence of variability (Estlund 2003: 116). There is destruction of these civil skills because many of the Ethiopian CSOs are losing their staff due to HIV/AIDS. The civil skills that are acquired in the workplace will vary and depend upon the status of the workers, which means that, workers who are at a decision-making position will develop more skills than others. Since some of the CSOs in this study are losing staff who are articulate and have acquired these skills it is difficult for them to replace such staff for it takes time for people to develop such skills. This will impact both the internal and external work of the CSOs. Internally it weakens communication and work relations among the respective employees. Externally it affects the capacity of CSOs' work related to mobilizing the community and members. It will also have impact their capacity related to advocacy and policy related activities that need experienced and articulate staff for effective formulation and implementation. This will also be reflected in their donor relations. Since most of the CSOs are donor dependent articulated staff will be able to attract more donors funds, contact and maintain the existing ones. On the other hand miniminal or a lack of donations for the CSOs means difficulty in hiring and maintaining qualified staff, inability to rent sufficient office space, inability to purchase communication technology such as phones, computers and internet access, inability to cultivate members, inability to complete projects, limitations in serving members, and sending representatives to international conferences. It can

also create limitations on internal transparency and communication of the CSOs that facilitate conditions for them to publicize their success to their members and to other concerned parties in the community. This can shrink their capacity to shape policy and their potential to magnify their image both at local and international levels.

In order to bring internal organizational development and effective changes, organizations must maintain consistent objectives. In this respect, in-house recruitment is an important solution for replacement of lost staff or to fill additional created positions in the organization. Internal recruitment within the organization for key positions is a wise way to maintain consistency and organizational culture, and to ease the transition from predecessor to successor. However, in circumstances when internal recruitment is not posssible,external recruitment should be conducted in such a way that there is moderate time to transition from predecessors to successor. No hand over is disastrous for a job that requires following clearly established procedures. It helps to avoid the loss of organizational memory. Handover is not only an occasion for transferring experience, in addition, it also shapes the successor's behaviour so that s/he will follow certain ways of doing things and thereby reproduce essential behavioural patterns in the organization and its culture. Thus, a moderate length transition is an effective tool to ensure organisational consistency (Suzuki 1998:38-39). However, due to the prevalence of HIV/AIDS according to the respondents it is difficult to maintain consistent objective of the organization because the sickness and subsequent death of the staff will enable neither internal recruitment nor enough time for transitions.

The other cost is related to attrition and skill. The cost arises due to a loss of organizational memory which depends upon the level and experience of the personnel the organization loses. The organizational economic cost will be immense and the impact will be enormous for the CSOs who are losing experienced personnel. For example CSOs programme came to a complete halt due to the death of important personnel with particular knowledge related to the organization. The following are such cases:

> We need to work on strategic plans for the year 2003-2007. In the year 2004 we start implementation of our strategic plan. At this particular moment we lost two staff who were actively working in this plan. One of them died because of HIV. It was very difficult for us to implement this strategic plan without these two people. CSO-14

> Six years ago the founder of our organization was frequently sick. Later he died presumably because of HIV/AIDS. He was a visionary and when he died our organization was significantly affected. It's development has been held back. The impact was considerable. When I compare the change and development of our organization to the point in time this person was working actively and the later moments after he had passed away it is almost like the difference between heaven and earth (ye seamy ena ye medir aynet lewit). It was terrifying for the organization to lose this person. CSO-11

According to the survey, respondents' physical and psychological effects of HIV infection on the one hand and the demand and responsibilities of employment on the other will increase PLWHA anger and resentment in the face of conspicuous discrimination at the workplace. Besides, WLWHA have a feeling of guilt, fear and insecurity. They feel insecure and fear that employers or colleagues will find out about their HIV status and respond negatively. This situation leads to conflict between people perceived to be living with HIV and their supervisors. Especially when workers hide their HIV status and try to give the impression of working "normally" it creates a conflict between supervisors and employees. Some works might not be comfortable for WLWHA and they will get angry or annoyed when they are assigned on that particular job. The following quotation is the illustration of a such situation:

> In our organization HIV/AIDS is increasing workloads on the healthy workers. Most of the time there are situations in which it has caused conflicts at the workplace. For example, some workers will hide their situation (will not disclose their HIV status) and will fight with their supervisor when they are assigned on certain jobs. Because the supervisors are not aware of their situation, it leads to open conflict. If the management knew their situation such conflicts and problems would never arise. There is a particular case of one of our staff who is presumably thought to be living with the virus and has always problem with the supervisors. CSO-13

It should be noted that worker's satisfaction does not predominately depend upon the wage level; rather non-monetary rewards like relational attributes at the workplace also seem to be important. In the social service sector, workers set high values on the relational goods consumed on the job. In particular, when interpersonal relations are poor, satisfaction is low, regardless of the wage level (Borzaga & Depedri 2005: 148-149).

Work is a social process and the social relations of production are vital features of the quality of jobs and of working life (Jackson 2004:92). An employee's quality of performance depends on organizational and work conditions, the employee's social capital at the workplace, but even more on the specific combinations of organizational conditions and characteristics of the work related social networks. (Falp &Volker 2006:192) Inaddition, the number of work related ties and the resources of the network members and the quality of the relations between colleagues and boss will matter too. (Falp &Volker 2006:176) Therefore, the existence of such conflicts will also have impacts on job relations and the final output.

As already mentioned, most CSOs do not offer attractive remunerations. According to the respondents despite the fact that their earnings are not considerable, some staff are devoted to the objective of the CSO and continue working with the existing remunerations. However, the epidemic has challenged such a dedication and hurt the enthusiastic sprit of some staff members who were committed to the successful achievement of their organization's aim. The following quotation illustrates that:

> Our organization does not offer attractive remunerations however most of the staff in our organizations are working because they are devoted. However this devotion is challenged due to the existence of HIV/AIDS. For example there was one staff member in our organization who was living with HIV/AIDS. He had left the organization because the salary he got was not enough to cover his costs. It was difficult for him to survive with the salary he got from our organization, because it was almost impossible for him to cover his medical and other related expenses. CSO-5

Other than the stigma and discrimination at the workplace some respondents noted that some types of occupations suffer from a high turnover of employees living with HIV/AIDS and PLWHA does not like to be assigned on certain kinds of occupation. For example CSO-13 has noted that in their organization PLWHA does not like to be assigned as a project officer.

Teamwork typically requires at least minimally cooperative and constructive relations. (Estlund 2003: 24) Workers spend most of their time at work and they remain with the same organization and work with the same people day after day over many years. Co-workers routinely interact and cooperate closely in carrying out their jobs. Years of almost daily interacting inevitably give rise to social ties, and often friendships among co-workers. They socialize at the beginning and end

of the workday and during breaks. Some of what they talk about is work, the terms and conditions of work that they share with each other, but they also talk about current events, sports and popular culture, family, and other issues of daily life. Through working together with their co-worker for over weeks, months, or years, co-workers learn about each other's lives and develop feelings of affection, empathy, sympathy and loyalty for each other. They often become friends. They develop a "sense of belonging" among their co-workers (Estlund 2003: 21- 23). These work-related ties have a positive contribution for better work performance. It provides the workers with identity and enables them to get advice and support while doing their job. Therefore, it enables them to perform their job better. (Flap and Völker 2006:175) However, having staff member suffering from HIV/AIDS will impact the work performance of other workers because they reduce the kind of support they used to get from their co-worker because s/he will be physically and psychologically affected by the epidemic. The other noticeable impact in this respect is on staff morale. Most of the respondents mentioned that it is quite normal for the workers themselves to lose close relatives or co-worker and it affects emotions. The sad feelings caused by a co-worker being sick or dying affects work. This causes declining morale that affects motivation. CSOs in this study cited the emotional cost caused by the epidemic felt by co-workers and the organization itself damages morale and hurts productivity.

According to the survey respondents, employee's morale is also affected by financial pressure that arise from supporting sick family members and relatives as well as supporting sick co-workers. The respondents further mentioned that morale that is affected by financial pressures can lead to people 'moonlighting' for extra income resulting in a weakened professional demeanor. Morale can also be affected by a lack of clear policy guidelines at the workplace to support treatment and other costs.

The survey respondents noted that the presence of sick colleagues also consumes staff time, which negatively affects productivity. According to the respondents, there are situations in which the staff will go to visit sick colleagues during working hours. Even when the staff sees a colleague showing HIV-related symptoms they spend significant amounts of time sitting and discussing. In addition, in a number of surveyed CSOs, there is social security fund in which the workers will make contribution according to their salary level. When the co-worker is sick, it is normal

that the workers of the organization make contribution. Even when sick co-workers are unable to clear large debts it will be settled through co-workers support and contribution. There are situations in which staff financial contribution for the deceased co-worker or contribution for funerals tremendously increases. On top of that, currently the cost of living in Ethiopia especially in urban areas has increased tremendously. Therefore there is no doubt that such kind of repeated financial contribution creates stress among the workers.

Organizations that have workers living with HIV/AIDS are subject to greater health costs. Most of the CSOs encountered increases in their medical expenses. CSOs described the impact of medical costs on their organization as follows:

> In our organization two experienced youths have lost their lives because of HIV. When they were sick, since at that time the universal free provision of ART was not declared by the government, the organization was forced to buy them ART, which was quite expensive by Ethiopian standards. CSO-14

> At the project level three people (two women and one man died). One of the women had got support from the organization. She was admitted to the hospital. Therefore, the organization was covering all her medical related expenses, which were massive for our organization. CSO-7

One CSO explained how the medical cost is enormous for some CSOs in Ethiopia and the extent to which it has affected the budget allocated for other organizational purposes as follows:

> HIV has an immense impact on our organizations. We have lost a lot of employees due to HIV. Most of them were resourceful staff that the organization found it hard to replace. Our organization covers all medical expenses of our staff. Before the government declared the universal free provision of ART, our organization used to cover medical cost including provision of ART. The medical cost was creating severe financial implication for our organization. It was having a lot of impact on our work. There are several situations in which the budget allocated to cover medical expense was exhausted and we were forced to allocate financial resources for other purposes to cover increasing medical expenses. CSO-14

The case of another CSO indicated that a measure which has been taken by the organization to take from others budget sources to cope with the exhausted budget for medical expense caused conflicts with the donors for most of the CSOs in Ethiopia are dependent on donation. The following quotation illustrates that:

> Six years ago the founder of our organization was severely sick. He was quite sick to the extent that he needed to take further medical examination abroad. In addition, since he was not able to walk, he needed to be accompanied by someone. Therefore, the organization needed to spend a lot of money to cover all these expenses. Actually, the cost was something which can not be covered with the medical budget of the organization. At that time since he had strong personal contacts with donors, they were allowing the organization to use some of the money which they have allocated for specific projects which were going to be conducted with the cooperation of our organization to be used to cover the medical expense of the founder. In this particular situation the organization had paid more than 300,000 Ethiopian Birr. After he had passed away it created a lot of problems and dissension with the respective donor.CSO-11

In the survey, CSOs who provide full medical health coverage for their staff mentioned medical cost as a major impact of the epidemic on their organization. Despite the fact that most of the participant CSOs in this study do not make assessments related to the impact of HIV/AIDS at their workplace, the rapid assessment that has been conducted by CSO-20 clearly shows that there is increase in absenteeism and medical expense.

The other cost incurred by the participating CSOs is related to HIV/AIDS intervention activities in the workplace. In response, some CSOs started workplace HIV/AIDS programmes. Despite the fact that most of them get material and financial support from some donors for this activity, CSOs like CSO-16 conduct their program using their own organizational budget for their workplace HIV/AIDS intervention. Therefore there is no question that if the epidemic did not exist, the financial cost devoted to this activity would be used for other development efforts.

Workers whose health situation is deteriorating due to HIV/AIDS are shifted to light duty or retired on medical grounds. In cases of retirement due to ill health, an employee is entitled to a grant that is dependent upon his or her salary scale and according to the amount of time the person has worked in the respective CSO. In cases of death, the families are the beneficiaries. It can be argued that these are not additional costs because employees go for retirement anyway and this entitlement depends on the time the employee has served in the organization. However, these costs have been generated by HIV/AIDS, and would not have otherwise occurred. Furthermore, the employee's effective working life and the availability of their experience to their organization was truncated by the disease.

The other cost incurred by the CSOs is the cost of funerals. In the case of AIDS, long illness is mostly followed by death. Immediately afterwards the funeral has to be arranged. The amount of funeral costs among the CSOs depends on various ceremonies in the mourning process. Evidence indicates that when an employee of a company passes away, the company bears financial responsibility to organize funerals. If death occurs depending on the number of mourners two or more vehicles will be provided by the management of the respective CSOs. The organization will allow other staff to attend the funeral ceremony if it takes place during working hours. The management staff themselves have to be present at the ceremony.

5.2.4. <u>Impact on Recruitment Procedures and Tenure of Job</u>

Ethiopian CSOs are governed by the labour proclamation No. 377/2003. Hence, the CSOs uses fair, open and competitive recruitment procedures. According to labour proclamation No. 377/2003, Article fourteen, there is a clear ban of compulsory HIV/AIDS tests and in line with the proclamation, pre-employment testing is not practised by the surveyed CSOs.

CSOs have health-related criteria for hiring employees which simply states that this "requires the employee to be in good health and is medically fit for the work s/he has applied for." Ethiopian CSOs do not require potential employees to avail themselves for HIV testing and do not deny employment to anyone based on their positive HIV status so long as they can perform their duties. This indicates that officially the CSOs do not discriminate against HIV-positive workers or job seekers. Despite this fact ,there are various beliefs and attitudes towards HIV/AIDS in the workplace. Some of the attitudes and beliefs are often thought to lead to fears and subsequently discrimination against PLWHA or even those who are merely suspected of being HIV-positive. It is therefore likely that such beliefs would have some negative impact on the objectivity of recruitment procedures. According to the respondents of this research, sometimes workers would decline to work with colleagues living with HIV/AIDS because of fear and obsessive concern about the disease. Such fears of causal transmission result in stigma and discrimination, as people fear not only physical contact with people who have HIV and AIDS, but fear contact with anything at all connected to PLWHA. As one CSO manger explained:

> People do not mingle or make contact like before. The epidemic has impacted on social relationship. Staff do not directly discriminate against workers living with HIV/AIDS, rather they portray their negative feeling towards them indirectly. This means there is a "silent stigma" attached to the virus. For example in our organization there is one person living with HIV who disclosed his HIV status. Now, other workers are afraid of using the toilet immediately after him. CSO-14

Some religious thinking also may contribute to stigma and discrimination. Some people use religion as a ground to discriminate PLWHA and advance silent stigma. For example the following quotation illustrates such a situation:

> In our organization for example people use their religious belief to discriminate against people living with the virus. For example people can say that "God has ordered me to avoid this person." In such a situation we cannot do any thing because it has to do with personal conviction. CSO-14

According to CSO-5 for example, some religious beliefs in Ethiopia discourage people from coming up forward with their HIV positive status. In some of the participating CSOs, the respondents noted that disclosing HIV status is not common due to the stigma and discrimination attached to it. This clearly shows how cultural, traditional and religious contexts, prevent employees from discussing HIV/AIDS issues openly and use then as grounds to silently stigmatize at the workplace.

5.2.5. The Economic and Psychological Impacts of HIV/AIDS on the Workers

Among the CSOs only a few provide full medical coverage for their staff. The medical insurance of the majority of the CSOs in this survey ranges between 1500-2000 Ethiopian Birr per year. If the medical cost of staff goes beyond that it has to be covered from the staff's own pocket. According to the respondents the cost allocated for medical expense of the respective employee is often not enough and in such cases workers are forced to take loans to cover the remaining medical expense. This means that for the workers who are living with HIV the medical coverage of most CSOs is not enough. In addition since some patients go to traditional healers and use holy water for treatment and as a result of the reduction of household income due to the inability to work, there is an economic impact on the worker and his or her family.

HIV/AIDS has caused an increase in the number of deaths and the number of staff being sick because of opportunistic infection. According to survey respondents,

since the medical coverage of most of the CSOs is not enough, staff incomes will be exhausted covering medical expenses. Therefore, WLWHA will be forced to take loans and sometimes are not be able to pay. In such circumstances other staff will be forced to make financial contribution. These costs have an adverse effect on the standard of living of the workers and their families. This has been noted by the respondents as an additional economic burden caused by HIV/AIDS for other healthy workers as follows:

> When the workers are sick, it is normal that the workers of the organization will make contributions. In a situation in which sick staff members take a loan for medical treatment and are unable to pay, it will be paid through staff support and contribution.CSO-1

One of the areas where people living with HIV/AIDS are presumably discriminated against is the workplace. Examining the "self perception" of PLWHA of their condition compared to that of the "general public" there is a notion of "enacted stigma" (active discrimination) and "felt stigma" (fear of discrimination). Despite the fact that, in practice, the latter is more prevalent than the former, "enacted stigma" (active discrimination) has damaging effects upon the self-image and actions of the person concerned. This is notably the case in relation to employment, for PLWHA expectation of detrimental reactions seems to predominate the actual discrimination in deterring them from seeking or keeping a job (Gross & Smith 1995:78). Though this kind of reaction is partly related to psychological response to the trauma of diagnosis it has also organizational effects in terms of emotion management and emotional display. For example effects how workers accept working with someone who is HIV positive and their ability and willingness to accept that. In this regard there are various restraints placed upon the articulation of emotion within organizations. (Gross & Smith 1995:78) According to the respondents, HIV is impacting on workers relations and their social life. People do not approach a person who is living with HIV/AIDS because they think the disease can be transmitted by social contact like shaking hands, social kissing and sitting on the chair that an HIV-infected person has sat on. The disease also has a psychological impact on workers living with HIV/AIDS and their families. It causes excommunication of the victim and his family from the community. PLWHA can feel isolated, lonely, face stress, lack a social life or have a deteriorating social life since people will not approach them but rather talk about them behind their backs. According to the respondents, not only the victim but also his or her family

becomes worried, frustrated or ashamed. According to CSO-14 the psychological impact caused by stigma and discrimination to some extent leads to emotions of revenge. According to the respondents, the epidemic has disturbed the community social life. Discrimination and denial has made people develop aggressive behavior.

The inability to sufficiently take care of one's own illness in a climate of fear, stigma, discrimination, together with the sorrow surrounding HIV/AIDS, create a massive depressant on workers living with HIV and their family members. Since the staff members are part and parcel of the community, they convey the stigma, discrimination and fear to their workplaces. According to the respondents, at the management level, some of the CSOs are trying to address HIV/AIDS more openly. However, they mentioned that it is difficult to overcome the fears of some suspected workers living with HIV/AIDS to disclose their HIV status as they get scared that if their personal situations will become known in the workplace, little support will follow and significant discrimination, including potentially the loss of their job. According to the respondents, due to this fact the fear of workers living with HIV/AIDS will be manifested in terms of anger and resentment and this has an impact on overall staff morale.

5.2.6. The Impact of HIV/AIDS on the Organization and Management

According to the respondents, HIV/AIDS is impacting on their organization and management. It is putting a lot of pressure on their management to take additional tasks and challenges.

The actual estimates of management time lost dealing with HIV related issues were far in excess of the perceived economic cost to the organization. CSO leaders are particularly affected because they are often culturally bound to respond to HIV/AIDS related issues. Management has to look into the welfare of staff. As already mentioned, according to the respondents, staff members are under great financial strain because they have to deal with illness from HIV/AIDS: the cost of medications eats up much of their salaries. There is no extra money available to cover costs related to HIV/AIDS, but fortunately, the workers have not had to face the disease personally. Because of a lack of death benefits, several of the CSOs set up collections for families of staff members as needed. Some of the management of the CSOs systematized a monthly donation to a death benefits pool that is available

to all staff members. It has been noted by the respondents that the staff contributions are done based on salary level. Most of the respondents acknowledged that they have limited resources to cope with the growing impact of HIV/AIDS. Therefore management is looking for an approach in which they can preserve their operations with the growing impact of the epidemic. Some of the CSOs are conscious of the impact of the epidemic and that they need to take a longer-term approach to address such plight through seeking funds, writing proposals, and planning and managing programmes. However, they are very concerned about the lack of recognition among donors of the financial impact of HIV/AIDS on their organizations at a time when there are increasing demands for expanded HIV/AIDS programmes. The respondents noted that they need to get funds so that they will be able to carry out their programs effectively, on the other hand to complement that, they need to have capable and healthy staff members. However, they mentioned that although their financial needs are large, the available funds are relatively small. Such situations creates significant organizational stress as evidenced by almost all the participating CSOs.

When there is a funeral it is an additional task for the management. It will take on management time. Most of the time the management has to decide what to do with the issue that cannot be best tackled using the existing system and resources.

The management will be forced to take some additional tasks and policy measures to protect the staff from the exposure of HIV at the workplace. Such a policy would, for example, have to address the implications of mobility of staff, the number of nights away in the field and postings away from families, all of which may increase susceptibility to infection. On top of that, management often has to cover when someone is sick. This increases the work of the management because it will be forced perform additional management planning and budget allocation. The director of a CSO explains:

> In our office there is regular training on HIV. There is a change in our working situation. For example the field staff should stay for shorter periods in the field; or if they stay longer they can take their family with them so that they can protect themselves from having sex with non-regular partners and become exposed to sexually transmitted infections like HIV/AIDS. Despite the fact that such administrative strategies can protect the staff from possible exposure to the HIV/AIDS, on the other hand it is an additional task for the management because it requires additional financial and administrative resources to facilitate such situations. CSO-14

In this study, some respondents mentioned that they felt considerable guilt and anxiety about the way in which they handled the matter related to staff presumably living with HIV/AIDS. They expressed their regret following the suspected death of employees with HIV stating that if they were aware earlier they would have provided the right kind of support. They further expressed that these feelings of grief and guilt occur particularly when they learn later that HIV/AIDS had been the cause of a staff death and they start considering how they might have responded differently.

The other impact of HIV is related to financial management. According to some CSO directors staff will take salary advances or loans for the salary they get or the organization's contribution towards the medical cost will not be enough. In some cases workers will take their provident fund in advance when they are seriously sick. Sometimes the loans taken by the workers will not be refunded but later will be covered by the contribution of the other staff. All these financial implications are mostly caused by AIDS. CSO-19 suspected that death caused by HIV/AIDS created a significant impact on their members as it led to the non-payment of loans, which has created considerable impact on the financial health of the CSOs.

According to the respondents, HIV also impacted on resources utilization and management. The epidemic affects the entire structure and functioning of households and community sustainability is affected because of overall livelihood insecurity. The main objective of the water supply and sanitation program is to improve people's health by providing access to safe water and (environmental) sanitation. With HIV/AIDS, this becomes even more urgent because water and sanitation related diseases such as diarrhea and various types of skin diseases are the most common opportunistic infections. Also houses with inadequate drainage increase the risk for tuberculosis infection. Inadequate waste management attracts insects and vermin that carry diseases. (Schuringa et al. 2003:366)

Water and sanitation demands of PLWHA increases due to opportunistic infection they will likely encounter. Therefore this will lead to the increase of demand on some specific resources, for example water and sanitation utilization. Consequently, people who are managing resources will be affected by the disease and will not be able to perform their job as usual because they will be affected by the epidemic as well. Therefore such circumstances are strenuous for CSOs working in the area of water supply and sanitation.

According to the respondents in the survey, in some cases, PLWHA will be concentrating on certain establishments of surveyed CSOs and increase the burden on the resource utilization and management. The following quotation illustrates that:

> The epidemic has increased the proportion of the people who do not have resources to take a good care of themselves. Therefore these people are becoming refugees to our establishment. Furthermore, accumulation of PLWHA in our establishment increases the burden on resources such as shelter, water and environmental sanitation. In some of our establishments people are warehoused in shelters without toilet, water supply and other basic amenities. This increases the vulnerability to other diseases. This has also increased vulnerability of our staff to the disease. Too many people around our establishment deplete the already low resources such as forestry, shelter and others.CSO-10

The existence of HIV/AIDS has forced Ethiopian CSOs to scale up HIV/AIDS related activities. Such cirumstances have prompted the organizations to create contacts with a greater diversity of target groups in various terms including background, educational levels or income. Therefore carrying out activities related to this diversified target group closely tied to such background variables is a new challenge for CSOs because they have to develop skills and resources that work with constituencies from a wider range of socio-economic backgrounds. What makes such a situation challenging is that CSOs will be forced not only to take on additional AIDS-related activities but also forced by the donors to take additional interventions which might not be related to their objectives or focus. In view of the fact that most Ethiopian CSOs are dependent on donors they encounter situations where in carrying out HIV related activities, they will be forced to intervene additionally in areas that might not be their priority but need to acquire support for their HIV-related activities. The author of this research has made this personal observation while working as a practitioner in a CSO focusing on labor issues but needed to incorporate HIV/AIDS activity in its area of intervention to protect its members. However, to secure donor's fund for its HIV/AIDS intervention program, this CSO was forced to incorporate other intervention areas which are not in its particular interests or priority and for which it did not have the required skills and expertise. Therefore the CSO had to expand its organizational activities and take additional time and resources to adapt and learn new skills.

Due to the internal and external mainstreaming of HIV/AIDS and due to the multifaceted problems of the community arising due to the existence of HIV, the activities of some CSOs become over stretched. This had required new material, financial and human resources. It had required opening branch offices in many geographical areas, targeting different populations and providing various services. This in turn leads to the complication of the reporting procedures which used to be weak and has stimulated the expansion of departments within the CSO to respond to such demands, thus increasing the bureaucratization of the organization. Since the system of the CSOs was being overstretched it caused some CSOs to lack focus and have problems of information flow and management information system. CSO-10, 14,17 have noted this problem as follows:

> We are working all over the country; therefore there is a problem of being overstretched. We also have problems of dispersion of resource, manpower and lack of focus. We have offices in more than twenty places but there is a problem of information flow. There are problems of lack of system and information flow.

Incorporating HIV/AIDS related intervention requires making a balance with the existing programmes and developmental projects. It requires additional human and financial resource. It will results into a diversion of resources from existing programmes thus creating tension for some CSOs. The implications of this in terms of human resource management are enormous as planning has to take into account requirement for staff recruitment, training, multi-skilling and replacement procedures. In addition, policies have to be developed and funding made available for staff benefits, insurance, sick and compassionate leave and funeral expenses (Schuringa et al. 2003:367). The management has a responsibility to make financial resources available for such situations. For example as has been mentioned in this study, there is social security fund which is administered by the management which is financed through staff contributions according to their salary scale. When an employee is seriously sick the organization will pay provident fund in advance. In a situation in which a member of staff passes away, it is the management's task to make payment of death gratuity for his or her family in line with the labour proclamation or according to individual contracts of employment. In some cases, the management has to arrange conditions in which the family of the late staff can be supported. According to the respondents, in several situations employees and their dependents are entitled to a coffin and transport to the burial site. Transport costs for the body and mourners including the relatives of the deceased, fellow employees

and the official representative of the CSO are borne by the management. Depending on the number of mourners, a cortege may consist of two or more vehicles provided by the respective CSO. Moreover, the organization uses one or more vehicles to transport official mourners including company and representatives of *Idir* to the funeral.

For CSOs who have incorporated HIV/AIDS related intervention, sometimes more funding is available to cover administrative cost for staff working in that specific HIV project. This might create jealousy among the staff working in other projects. The same can be true for CSOs themselves. For example the respondents mentioned that they are increasingly competing with one another in chasing donor funds and there is rivalry among CSOs. In order to win such fierce competition among them, the respondents stated that some of the CSOs are forced to use additional staff and resource to compete:

> In order to get donor funding sometimes some CSOs will recruit additional professional staff. Others employ a consultant who can write a strong proposal which can win the fierce competition with other CSOs. CSO-12

The social nature of work will generate cooperative dependency and trust among the workers. Co-workers, including subordinate, supervisors and mangers routinely depend on each other in carrying out their jobs despite the fact that it varies from one organization to another, as well as from one job to another within the same organization. Though the level of trust between management and employees vary greatly between levels of the organizations, the degree of trust is quite essential for it is not always possible to monitor human labour closely using a carrot and stick policy. Working together in the same organization develops mutual affinity and common ground that is mainly related to shared commitment towards the goals of the organization. This is common for organizations working in the area of education or healthcare or other service oriented non-profit organization (Estlund 2003: 27). However, it is possible that the existence of HIV/AIDS weakens trust and cooperative dependency among the CSOs staff due to mortality and morbidity caused by the epidemic. Therefore, the teamwork of participating CSOs will be at risk. That impacts the organization and management of the surveyed CSOs.

According to the respondents, the HIV/AIDS pandemic increases the CSOs engagement on unplanned emergency operations. At times, these overstretch

management and consume resources which could have been used for long term development.

5.2.7. Impact on Donor and Client Relations

A sustainable financial source means having a dependable and consistent flow of income that enables the CSOs to maintain the flow of services and carrying out their objectives. The kind of financial source of Ethiopian CSOs varies according to the type of CSO, their organizational strength and area of intervention. However, most Ethiopian civil society organizations are dependent on donors for material and financial support.

Social entrepreneurship among others means can help CSOs towards earned-income ventures through income generating schemes involving themselves in business can be one way of establishing financial resources. There are only few community-based associations and mass- based organizations like Confederation of Ethiopian Trade Unions (CETU) which have their own income generating sources with the exception of a few, almost all professional associations, policy and research institutes and faith-based organizations (FBOs),[16]../../../DOKUME~1/negashs/LOKALE~1/TEMPOR~1/Content.MSO/WordWebPagePreview/chapter_edited6.htm_-__ftn1 non-governmental organisations (NGOs) and networks in Ethiopia do not have their own income generating schemes. This is partly related because some CSOs are not allowed to engage themselves in profit-making business. NGOs especially are prohibited from engaging themselves in income generating activities.[17]

Adopting cost-recovery measures that presuppose service users to share the cost incurred in the process of providing their services is another alternative means of finance. However, some CSOs like NGOs are not allowed to institute cost sharing mechanisms. The experience of some countries indicates that the government

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[16] Faith based organization such as the churches have their own income generating schemes like rental income, earning from commemoration etc.. However, the churches do not allocate financial resources for the development wing of church organization rather they expect them to raise their own financial sources as the result they are highly donor dependent.

[17] The law governing CSOs at the time of data collection does not allow NGOs to engage in income generating schemes. However, on February 13th 2009, a new proclamation namely Charities and Societies Proclamation No. 621/2009 to some extent allows NGOs to engage in income generating schemes (Rahmato et al. 2008).

allocates tax money at least to maintain the already established institutions and programs. There are limited instances in which governments can provide financial support to CSOs.

Collecting membership fees and organizing fundraising events can be another source of income for CSOs. However this is not applicable to many Ethiopian CSOs. Only a few community-based development associations are successful in fundraising events.

The culture of being supported by subscribing members is not widely known for most Ethiopian CSOs because to a certain extent the majority of Ethiopians are materially and spiritually deprived because of poverty. Members are not as active as they ought to be. There is limited member's support for Ethiopian CSOs. Only a few CSOs in this survey reported that they have the structure of fee paying and volunteer supporters. The culture of volunteerism that is quite prevalent in other parts of the world is almost non-existent among the Ethiopian public and CSO sector. The revenue participating CSOs are collecting from membership fees is insignificant and cannot be considered as reliable source of income. Thus this possibility for financial sustainability of the participating CSOs seem a dead end. As the directors of many CSOs pointed out, the financial contribution of their members is just inconsiderable compared to the annual spending of the organization no matter how strong the CSO is in its activity and furthering its objectives. Illustration of this response is provided below:

> We have about 500 members but they are not the kind of members who fulfil their obligation and responsibility. For example they do not pay their membership fees on time. We are actively involved in the policy formulation and implementation. We provide strong support for higher educational institutions in our area of specialization. We organize seminars and workshops. We support and establish networks among professionals in our respective field of study. We publish various research papers and we distribute them to the policy makers, the private sector and the like. We also a provide policy advice. We are strong and credible research center. We have ample experience in organizing workshops and providing training. We are a role model for other CSOs and they want to share our experience. However we are financially dependent on donors. Our members do not fulfil their financial obligations and responsibilities.CSO-6

Despite the fact that CSOs who have participated in this study wish to have their own sustainable income-generating source they are not allowed by the government. According to some CSOs they are sometimes prohibited from tax exempt privileges. For example, the general manager of CSO-11 mentioned how their organization was forced to pay additional tax for the income-generating scheme although the organization is running for the development purpose.

Therefore this makes Ethiopian CSOs highly donor dependent. A relationship established on economic and material resource dependency makes power largely concentrated in the hands of the donors and the result is a relationship between unequals. This relationship which is based on securing financial and material resources endangers the identity of some CSOs such as NGOs since the demand of the donors will be superimposed on their activity. After all, the donors provide not only financial support but also set of policy specifying the nature of CSO interventions. Therefore for CSOs to secure support they have to arrange their own organizational priorities putting the priorities and interests of donors in mind. In this respect some of the participants CSOs like CSO-7 have explained how a limited possibility for local fundraising makes their organization dependent on donors and that it affects their bargaining power with the donors.

Related to unequal power relations, the highly donor dependant nature of the participating CSOs impacts on their activities. According to the respondents, for example, the support provided by donors is mainly project-based and will end at specific times. This approach lacks long-term commitment to development on the part of the donors. This impacts the whole activity of the CSOs. For example, the short-term nature of the projects creates difficulty in maintaining qualified manpower for the participating CSOs. According to the respondents, the personnel working at the project level feel insecure and unsafe due to their unstable position and their morale may not be as it should be for the end of the project means the end of their contract. In addition, since the salary scale of some of the participating CSOs is dependent on donors funding it is very difficult for them to provide attractive remuneration or competitive salary scale that can maintain the existing staff and attract new ones. Inaddtion, according to the respondents sometimes the donors deduct funds, causing the deduction of the salary of some staff or termination of contracts, which create unstable working conditions. In the era of HIV/AIDS this is exacerbated by mortality and morbidity of CSOs staff caused by

the epidemic. Therefore this retards the CSOs ambition of achieving their objectives through declining their capacity in the provision of services to their clients.

Intervention requires detailed understanding and consideration of psychosocial and cultural contexts of the community and understanding of the situation at hand. The situations will shape and determine the kind of intervention and actual length it requires. Issues like HIV/AIDS will require implementation of long-term program to eliminate the causes of the disease while at the same time dealing with the immediate problems caused by the epidemic. There are some community support programs, which request continuous interventions and the donor might stop cooperating with the CSO after some years. The difficulty in understanding this move on the part of CSOs mostly arises from guilt for breaking a commitment to the community and the lack of immediate substitute donors that ensures the continuity of the activity in question. When it occurs, it creates anger and resentment on the part of the community. One director of a CSO states:

> The problem related to donors is that they only provide support on a project basis. Usually the projects come to an end without establishing a proper exit strategy. In some circumstances the donors will withdraw before we establish the system to handover the projects to the community. Such situations create resentment and anger among the community we are working with. They will stage a demonstration against our organization. For example, in a place called *Hosaina* (which is in the southern part of the country) our beneficiaries have staged such demonstration. Such situations have a drawback on the effective implementation of our projects. In addition it hurts our organization's good reputation and trust which is quite important to carry out other interventions. CSO-14

According to the respondents, with the advent of HIV/AIDS, donors are extremely keen to get partners to start new HIV/AIDS specific projects with beneficiaries. In an environment of high resource dependence and financial vulnerability, many CSOs are compromising their original mission and strategy in order to survive. Donors are willing to support CSOs that accept and implement their procedures and priorities. This can make the work of some CSOs not in line with what is needed but in line with what the donor would like to have. Most CSOs in Ethiopia have been forced to integrate HIV intervention activities with their own initiatives or with request of donors. The major problem particularly related to HIV/AIDS intervention activities is the broad nature of the problem which can not be settled at specific time but rather need continuous support and long-term intervention. Most of donors

provide project-based (short-term) support when a particular project related with HIV comes to an end without giving lasting solution to the community in need. In this situation it will be a hassle for CSOs because the responsibility of providing continuous support falls in their hand. Therefore to continue their intervention at the time when donor support has withdrawn will create stress among the CSOs until they get immediate substitute donor to ensure the continuity of the activity:

> Six years ago in Gondar we were supporting AIDS orphans and the total numbers of orphans who need support were 800 but we take only 50 orphans setting different conditions for selection due to fund limitation we have. Those orphans we were supporting were below twelve years old. We were covering their school expenses and living costs for two years. After two years the financial support we secured from donors was interrupted. This project gave us too much hassle and later we found a substitute donor that could provide us with financial support for this project only for one year. Finally we were able to design an exit strategy facilitating conditions in which these children could stay and be supported with their extended family members. However, this project has put a lot of pressure and stress on our organization. CSO-3

> Sometimes HIV related activities which are started with the support of donors will be interrupted. There are situations in which donors will cut the budget suddenly without consulting or giving further notice and time for organization to prepared. This impedes the success of the project we are managing. For example, a specific donor was providing financial support for our Orphan and Vulnerable Children (OVC) and PLWHA program. Before the program was successfully accomplished they suddenly stopped their financial support without taking time to consult on the situation with our organization.CSO-5

A case study which was conducted in 2005 to evaluate the impact of the World Bank's assistance policy dialogue, analytic work, and lending on Ethiopia's national response to HIV/AIDS, indicates the difficulties in operating the Emergency AIDS Fund (EAF), financial liquidity problems, and how delays in the processing of proposals generated skepticism among CSOs and reduced the effectiveness of public-private partnerships. According to this evaluation the delays in funding affected the credibility of the NGO in the community.   In HIV-related interventions for example delays can mean that AIDS orphans do not receive their subsidies and stop going to school(Vaillancourt et al. 2005:30-31). According to this report the potential impact of the Bank's assistance in terms of the number and coverage of NGOs developing and implementing HIV/AIDS projects has been undermined by cumbersome mechanisms for disbursement and replenishing of funds, thus discouraging the capable NGOs from participating. The unreliability of financial

flows to NGOs has undermined their credibility with their clients/beneficiaries. (Ibid:39) This study also supports World Bank's findings because some of the CSOs who participated in this survey noted that some donors approve the budget but there is a delay in reimbursement. Such a problem related to delayed of reimbursement of funds is not peculiar to donors like the World Bank but according to respondents it is quite common especially among donors working related to HIV/AIDS program.

Almost all CSOs in this study emphasized that external resources are critical in increasing the impact of community action. There is a clear indication that external funding is critical to match the needs of the communities. However, most of the CSO who participated in this study emphasized that the mode of funding and timing of the resource flows are crucial in building community ownership and building CSO's credibility among their community they serve as well as the public at large.

CSOs in this survey emphasized that external funding should not be used as a carrot to lead the development process at the community level. Some CSOs complained that certain CSOs initiate activities with the expectation of receiving funds and the continuation of community action is limited by the provision of the resources. Some CSOs mentioned that there is also a tendency on the part of others to abuse funds provided for HIV-related interventions. They say, this will have negative repercussion for other CSOs that are working with appropriate organizational rectitude. This is particularly true for HIV intervention programs. According to the respondents this has neutralized the strength of the CSOs and development of the community because it impacts their creativity and volunteerism. The clients expect they would get assisted or the participation with CSO project would generate employment and that they would earn income by the end of the month. If financial assistance is not followed after mobilizing the community, community participation will reduce or almost stop for they view assistance only in material terms. According to the respondents the expectation for financial support is enormous on the part of the community and sometimes the survey participants come into conflict with their clients.

An eroding spirit of volunteerism was a primary concern of some CSOs in the survey; consequently there is little motivation to engage in unpaid voluntary work. Although volunteerism is essential, high dropout rate and recurrent training costs

threaten the viability of the services and are slowing down scaling up. A CSO director had the following to say:

> The prevalence of HIV has created a sense of donor dependency to the extent that makes beneficiaries count donations as a right. Because they wrongly perceive that all donations related to HIV/AIDS interventions comes on their behalf, their anger and resentment increase when such support programs that started with the support of donors are interrupted. CSO-5

There are also complaints on the part of the government to fund utilization particularly related to some "briefcase" NGOs who abused funds provided for HIV/AIDS related intervention. For example, a document prepared by the Southern Nations and Nationalities Peoples' Region for discussion on HIV intervention and CSOs in the region indicates that some CSOs believe that the community can not be mobilized in the absence of financial incentives and provision of financial support. Therefore incentives like *per diem* are creating impact on volunteerism. For example, people expect to get paid (per diem) while taking training; and they will request additional per diem to transfer the knowledge acquired from training. In the absence of per diem willingness to participate in training is minimal. These situations make experience and knowledge sharing difficult and impact performance and capacity of CSOs for it has eroded the existing voluntarism and mutual help culture. It has retarded the community's capacity for solving its own problems and leads to the waste of time and resources (SNNPR 2004).

According to the respondents, due to the situation of extreme and intractable poverty in Ethiopia, there is a concern over conflicting views and tension expressed within the community. Other members of the community might see PLWHA and members of their households as privileged due to the support they receive. Resentment against people living with HIV/AIDS receiving attention and support may be expressed in terms of ostracism and discrimination. On the other hand, there is also the view that "If I got HIV I will get financial and material support rather than dying of poverty." The same can be true for community-based and civil society organizations that receive funding. Resentment over resource allocation and perceived privileging of stakeholders, staff members, volunteers, and especially PLWHA, can become an issue of community conflict. According to the respondents, in Ethiopia the majority of people live in abject poverty and struggle to earn their daily bread, hence people may be unable to afford the "luxury" of worrying about HIV/AIDS. HIV/AIDS may be seen as an intangible threat or

remote possibility compared with the immediate necessity to feed one's household and to secure healthcare for existing illnesses.

International donating agencies engaged in HIV/AIDS activities have different structures, goals and time frames. Some funds prevention activities such as work with prostitutes and condom distribution while others put restrictions to intervention activities related to HIV/AIDS and stress abstinence as a major strategy for preventing HIV transmission. In addition, ideological issues matter in AIDS donation to the African countries because they are related to the policy of the donating countries. Therefore donors have different requirements in carrying out AIDS programs and have developed their own set of policies and evaluation based on their technical merit and ideological criteria. The way AIDS interventions have been framed is influenced by the policy of the respective donating countries. The bilateral agencies sometimes approach AIDS programs from their own agency's paradigm. The structures of funding agencies reflect the understanding of the pandemic in that respective country. For some, AIDS has been framed as an emergency, which needs short-term intervention that can be tackled with in a specific timeframe, therefore they assure that money will be spent wisely and the program recipients will be able to demonstrate results quickly; but others assume that it is an issue which requires long-term intervention and view the epidemic as a reflection of uneven global development, gender inequalities and human rights. Some donors focus on meeting concrete targets in a specific timeframe. Others focus on quantifiable results. The organizational structure of some donors does not provide space for consultation with the target countries. These various approaches to AIDS have led to different program structures in the donating countries program which affects AIDS intervention programs for the respective CSOs (Patterson 2006: 141-148).

According to the respondents, other than the above mentioned donor features and policy, in the relationship between CSOs and donors, the latter exercise their power in negotiations, project formulation, project management and implementation. It is through such processes that the donor policies and priorities will be turned into intervention policy frameworks. Since some of the donors are extensions of their governments from whom they solicit the greater proportion of their budget, they try hard to uphold the interests of their respective governments. The funding is conditioned by the policy of the provider government. In this course of action, there

exists the problem of donor domination and being donor driven. At institutional level total dependence on external source for fundraising the fundamental question on ownership, relevance and sustainability of programs. According to the respondent, in many cases, the nature of donor funding may even complicate the activity of some CSOs because sometimes local particularities are not captured by the donors. Since they can come up with various development concepts and approaches it can sometimes create problems. They do not consider the nature of CSOs operations and internal management structures. Few donors are willing to sustain a commitment to an organization as they undergo the "trial and error" process of expanding their operations, and these challenges are arguably more arduous in the field of HIV/AIDS. As one CSO manger explained:

> Our work is highly dependant on donors and donors come up with various development concepts and various NGO approaches. For example, there are various development approaches and sometimes work is done through trial and error. Sometimes the community is used as "experimental equipment" ("*serto masaya*"). CSO-14

Almost all CSOs in this study emphasized that poverty is not only a huge problem in itself but also the root cause of many other social problems. An opinion shared by all CSOs in this study is that the problem is not only huge but also complex. Despite the fact that government reports might indicate the growth in GDP, according to CSO managers it is hard to see change at the micro level. According to the respondents, their observation is that the economic situation of the community is getting worse than it was in the past. The level of poverty is increasing and the cost of living is increasing tremendously especially in urban areas. The common pattern observed in their poverty analysis by CSO leaders so far is that it is serious and complex. HIV has exacerbated and multifaceted poverty and social problems. On top of that, the availability of funds to alleviate poverty is limited. The frustration seems to heighten when they compare their contribution to alleviate the problems in relation to its magnitude as follows:

> HIV has created impacted the community we are working with. It has multiplied the existing community problems. The problems are too broad to tackle and our capacity and the available funding is too small. It has increased the number of people who are looking for help and support. It has increased the number of orphans. These people need broad support (for example education, health support etc.). To provide integrated support for these needy people we do not have the capacity. On top of that the cost of living is increasing tremendously and makes the problem complicated. As a result, there is a lot of discrepancy

between the job we are doing and the results we get. We are working hard but what we achieve is too small. This situation has impacted our work morale and sometimes makes us desperate. We are not providing a full package for the community's needs so this makes us unhappy.CSO-1

According to some CSOs, the area of intervention they have and the amount of funding they secure do not match.   An illustration of this response is provided below:

The existing social problem of the community is wide and broad and it is very difficult to fulfil all due to shortage of funding. The community problem and need is multifaceted due to high cost of living and prevalence of HIV/AIDS. As a result the organization can not fulfil all community needs and we cannot change the life of the community significantly. CSO-1,2,9

For some CSOs, the financial requirements for their intervention area and what they are actually securing from the donors does not match. For example, CSO-13 has mentioned that they planned and requested donors to provide them with 85 million Ethiopian Birr but they have managed to secure only 50 million Ethiopian Birr. According to the respondents, this makes their interventions limited to a few program focusing and addressing only immediate community needs. In most cases, these immediate needs are community problems and mainly arise due to the prevalence of HIV/AIDS.

According to the respondents, HIV/AIDS affects both the profile of the communities they are serving and the range and type of services offered. CSOs have had to reassess their beneficiary groups to accommodate a growing sick population and increasing numbers of orphans and vulnerable children. In many cases, communities' needs have shifted as a result of the AIDS pandemic. Due to resource limitations the existence of HIV also makes CSOs focus on issues related HIV and neglect other issues. For example, most of the CSOs working on issues related to children, give priority to AIDS orphans; and hence, sometimes other orphans may not get support. The director of one CSO has the following to say:

HIV is impacting on our activity. The demand and supply side of our organization does not match. The problem of the community is becoming multifaceted. The number of orphans is tremendously increasing. We cannot support all orphans since they are many but we set criteria for selection. For example we give priority to those who are HIV positive,

dropouts, critically sick, double orphans, etc. Even using the entire criteria we are able to support only few beneficiaries. CSO-3

The free ART program was launched in February 2005 by the government of Ethiopia in order to reach the poorest and most vulnerable groups. It is impressive for it has changed the lives of many PLWHA.   However, people who are taking the ARV drugs must have adequate nutrition. The extreme poverty prevalent in Ethiopia, coupled with the severe drought and the consequent food insecurity in certain parts of the country, might hinder the success of ART. (Hochachka 2006: 3) According to CSO-8, PLWHA can get ART free of charge but those people who are getting ART treatment need to have proper nutrition. Some CSOs in this study work in the areas of food support for PLWHA under their ART treatment program. However, according to survey participants because PLWHA will get sick due to opportunistic infections they need to spend some money for medication and other expenses. Besides, since the cost of living is increasing tremendously and, like other people in the community, most of the PLWHA are living in abject poverty, they sell part of the food support they get from CSOs to cover other expense. Moreover, according to survey respondents sometimes which donor intervention does not take into consideration the situation on the ground. For example CSO-8 work in collaboration with WFP in providing food support for PLWHA for a limited period of time. This kind of support is given especially to those who are bed ridden. When they take ART and when their health situation improves this kind of support will be halted for they are expected to find a job and support themselves. But in Ethiopia it is not easy to get job and these people become disperate. For example, CSO-8 mentioned that some of their beneficiaries who used to get support under this program were commercial sex workers. Immediately after they recovered, the support which they used to get under this program stopped. Later, since they were not able to find jobs and support themselves, they resume their previous job. Another factor to be considered is that due to the increasing of cost of living, some PLWHA are selling their food support in order to cover other household expenses like rent. Some CSOs who are working in partnership with WFP ART program in the provision of food complained that though the food they get from WFP is vital for the community, it does not always cover the needs of their beneficiaries for they are large in number. In this regard they mentioned that they would have benefited from more support from WFP or to other additional potential donors.

According to the respondents, because donors are essentially the extension of their respective government, they come up with different agendas. Donation is designed in a way that can enforce interests of donor countries. Donors have particular political linkages with some categories of recipient countries and utilise their assistance to reinforce such ties. Therefore, sometimes the availability of financial support depends upon political interests and motives of the respective country. The political interests of the donor countries shapes the donation focus and the type of intervention that they are going to finance. For example, participating CSOs complained that donors will focus on specific parts of the world and neglect some continents like Africa as follows:

> There is global fatigue among donors. Resources are diverted to other countries. Global disasters also had an impact. Partnership especially with some donors is becoming more and more unpredictable owing to the changes the donors are undergoing. They too are adapting to changes being imposed by their own donors who may pressure them to change or realign their own development priorities. That may include moving to a new program sector, a new country or different geographic location or region within a country. Such changes may negatively affect our programm.CSO-14

Inaddition, donors focus on certain issues and will neglect issues which will be quite important in some specific settings. For example, CSO-7 says:

> Due to the existence of acute poverty and because of the existence of HIV/AIDS the number of orphans and vulnerable children has increased tremendously. Especially the number of street children in the urban centers is growing. On the street, the children will be exposed to various health related risks including HIV/AIDS. Therefore our organization works for the protection of children from maltreatment and exploitation while they are on the street. However, it is not easy for our organization to secure funding for such intervention, because donors focus on fashionable issues mostly related to advocacy. For example it is difficult for our organization to raise funding to build shelters for sexually abused and neglected children. CSO-7

Among the participating CSOs in this study for some CSOs mainly working in the area of advocacy their funding is relatively stable for between 3-5 years and they get funding on a program base for they are successful in organizing "donor" consortiums. This forum is very helpful in shaping and reshaping the relations they have with their donors. The CSO-donors forum helped CSOs to develop a relatively uniform relationship with each of their respective donors based on shared vision and objectives. According to these CSOs their organization has a strong bargaining base:

> Since we are working in relation to human rights and policy issues we do not have problems of securing funding. We have donor consortium and we secure funding on a program base. We secure funding on a project bases only for those activities which require short-term intervention such as work related to elections. CSO-6,11,15,18

Among the survey participants, most CSOs affiliated with religious institutions have an advantage over other CSOs under a different arrangement when it comes to institutional support from donors. They have the freedom to use the funding they secure from some donors, mainly churches, for projects they deem to be priority areas of intervention, without further imposition from donors. The following quotation illustrates this point:

> The kind of donations we secure from overseas churches is pragmatic. Mostly they do not give prescription for which project we are going to use the financial support we get from them or what kind of approach we apply to address specific project. Rather they focus on the appropriate use of the funding they have provided. Therefore they expect us to provide them with an activity and financial report. In this case we use the funding we have secured from them for the project we have viewed as a priority area of concern for our organization. For example, we finance our workplace HIV/AIDS intervention activity using the funding we get from church. CSO-14

Many Ethiopian CSOs depend on foreign funding to conduct and maintain their operations. In relation to that, the participant CSOs mentioned that they have limited financial resources that create fierce competition between CSOs to secure donors fund. To solve their financial problems the CSOs seem to be adopting a strategy of diversifying their donor base. However, this in itself is an exhausting and strenuous exercise for the staff and puts too much pressure in the area of HIV/AIDS. Illustrations of these different responses are provided below:

> Having a lot of donor bases can increase the financial capability and strength of the organization. It is quite important for the financial health of the organization as well as for the successful achievement of the organizational objectives. However, on the other hand, having different donors means the organization has to use different mechanisms of funding management because each donor has its own policy, procedure and reporting mechanism. Therefore, it is very hard work for the management of CSO to administer various projects dealing with a variety of donors. CSO-13

> We have problems managing the relations we have with the donors. Since our organizational activity and program progress has become

large, we have developed many donor bases. However since each donor has its own requirement procedure and control mechanism it is difficult for our organization to handle projects with the existing staff. Therefore our organization is forced to recruit additional personnel.CSO-7

CSOs are obliged to fulfil project-related requirements such as reporting, auditing and dealings with donors. However, the existence of HIV/AIDS create tension and conflict between donors and CSOs as well as between CSOs and implementing partner CSOs. In this study for example Umbrella CSOs like CSO-13 runs projects with their implementing partner or members CSOs using the funds they secure from donors. Nevertheless, the impact of HIV/AIDS has created negative implication on the relations they have with their partner or members CSOs and their donor relation in the supervisory process:

> HIV is impacting on our partners. When our members are affected it will be negatively reflected in our output. For example, sometimes members do not give us timely reports and these impact our relation with the donors. We are facing problems in implementing some of our programs because HIV affects our members as well as ourselves. Sometimes when we have meetings with donors, our partners do not present reports properly.CSO-13

For organizations like CSO-13 who are working in fund management for their members and partners implementing CSOs, the existence of HIV has had a significant impact on their activity and donor relations as follows:

> Our members or project implementing partner CSOs get funds from our organization funds we have raised from donors to support them. After taking the donation from our organization they disappear. Such a situation creates a circumstance in which we are not able to know the whereabouts of the project; and the job will hence be interrupted and that specific project will be futile. When such situations happen we presume that HIV may be the cause of this problem. CSO-13

For umbrella CSOs like CSO-13 the impact of HIV on their members has weakened the good relation they have with their donors creating a lack of trust on the part of donors. According to CSO-13, for example, their donors conducted impact evaluation of their activities using their own consultants.

According to survey participants, personalities play a role in inter-organizational relations between CSOs and donors. CSO leaders may make personal contacts with donors on different occasions such as symposia, conferences and may develop a cordial and friendly relationship. Personal contact is important for both parties in

building trust in their relationship. For the donors it may be more comfortable to work with an organization that employs staff known to be headed by someone familiar to them. For CSO leaders approaching donor with whom they have previous relationship gives them a better chance of getting their proposal approved. This gives an advantage to CSO leaders in this time of furious competition for fund acquisition.

According to the respondents, there are so many factors that determine the success of relations between CSOs and donors such as experience, professionalism, and resource absorption potential and so on. However, aside from these qualities if CSOs lack contact at personal levels they may not be successful in establishing active relations with donors. CSOs with the same or nearly the same qualities may not be lucky in establishing a smooth relationship with donors that may last for a reasonable time. For example one CSO director has noted that some CSOs are interacting often within their own circle to get fund as follows:

> It is very difficult to get funds without personal contacts. Most organizations secure funds by way of informal contacts they have developed. People create personal contacts using various occasions or situations for example being graduates of the same year, meeting in different occasions and the like. Sometimes the funding involve around specific people who know each other. For others it may be difficult to penetrate that circle. CSO-1

Despite the fact that few CSO leaders who lack personal contacts complain in this respect, personal contacts remain important in relationships between donors and CSOs. Nevertheless, these personal contacts are currently being affected by HIV/AIDS. For example, the relationships of donors with a particular CSO was affected when the CSO's leader with whom the donors had contact passed away:

> When the organization loses resourceful individuals, it impact our relations with the donor for personal contact matters. We have lost one staff member that had good contacts with the donors. When he passed away our donors developed a lack of confidence in our organization. There were even some donors who stopped supporting our organization and others who became frustrated. Personal issues matter a lot. Sometimes individuals become well known and prominent in relation to that specific organization. At the time when these individuals passed away or leave the organization the reputation of the organizations compromised. These impact donor relations or external relations of the organization.CSO-14

There is high turnover of CSOs staff due to lack of provision of attractive remuneration. In addition, some highly qualified staff will die due to HIV. This kind of situation affects the relation between donors and CSOs as follows:

> The founder of our organization had passed away because of HIV/AIDS. His death had created significant repercussions on our donor's confidence. The donor base of our organization, which had developed for several years, had weakened. Lack of donor support has diminished the activity and program progress of our organization that used to be wide and large. Its negative consequence was immense and had significantly turned down the strength of our organization. CSO-11

Personalities also play important roles in the relation between CSOs and their clients. As mentioned earlier in this chapter, work is a social process and the social relations of production are essential ingredients for the quality of jobs and of working life. Related to the effective implementation of each project, there is always personal factor. HIV impacts CSO relations with their client affecting these personal factors. When CSO staff that have direct links with the community are missing due to HIV/AIDS it creates psychological impact on the clients. CSO-7 explains such situation as follows:

> The communities we are serving have contacts with the staff and they will develop trust with certain individuals. When these people are missing it will have a psychological impact. There is always a human factor related to the projects. CSO-7

The other psychological cost related to the AIDS epidemic is negative emotional experiences like depression resulting from work. The work has an inherently high emotional load, such as caring for people living with HIV/AIDS and being closely involved in their progressive illness and death. In this regard, for example CSO-7 had noted the emotional drain the workers experienced on the death of clients whom they had come to regard as friends.

5.2.8. Systemic Relation Impact

The multifaceted impact of the epidemic has significant implications for CSOs at the institutional level and how they relate with other CSOs. At the same time, there is a pressing need for CSOs to work together as a sector in addressing the overwhelming threat of HIV as well as to collaborate among each other to

effectively accomplish the goal of their respective organizations. However, since the very limited capacity at individual organization level is weakened due to the prevalence of HIV it has made relations among CSOs more challenging. For example, the partner organization of CSO-11 lost six professional members in 2008. The members of this professional association are declining. For example 141 previous members of this association passed away over the years or did not renew their membership. This indicates that the epidemic impacted networks and collaborative relationships. In relation to that, despite the fact that it is hard to value, there is a risk on the relationships within the sector through which social capital may develop.

According to the respondent CSOs, the government recognizes CSOs as an important development force and partner. CSOs contribute to food security through their various programs in agriculture, health, education, water, rural roads and other developmental activities. It has been crucial that the efforts of CSOs are coordinated with the plans and policies of the government to achieve the goal of reducing absolute poverty in the country. The existence of HIV/AIDS will likely impact the implementation of policies and programs because it will affect the already limited skilled workers and weakens systems efficiency which likely creates delays in implementing projects/programs.

As mentioned in the first chapter, the term "social capital" describes the stored investment of trust and understanding that are embodied in many aspects of social life. However, according to the survey respondents, the epidemic has impacted the establishing of trust among CSOs. In the survey, umbrella organization working with implementing partners mentioned that trust between their organization and implementing partner CSO is quite essential for it is not always practically possible to monitor closely all activities related to project implementation. According to the respondents, working in partnership will generate cooperative dependency and trust among the CSOs. Working together on partnerships among the CSOs creates a mutual affinity and common ground that is related to shared commitments towards the attainment of a common goal. According to respondents, due to the prevalence of HIV/AIDS, trust and cooperative dependency among the CSOs is negatively affected.

CSOs ravaged by the HIV/AIDS epidemic are facing a double threat. On one hand, their capacity for planning and implementing development strategies is greatly compromised by the loss of human capital and diversion of scarce resources due to HIV/AIDS. On the other hand, the existing capacity is becoming even more crucial as CSOs face the formidable challenge posed by the epidemic.

5.3. The External Impact of HIV/AIDS on the Surveyed CSOs

5.3.1. The Impact of HIV/AIDS on CSOs Program Implementation, Service Delivery and Sustainability

According to the respondents, HIV affects the community they serve or their members socially, economically and psychologically. In general, the epidemic has impacted the overall development efforts of the country and this is reflected in their organization or the community or members they serve as follows:

> The epidemic impacted all sections of society and the community. Every household is experiencing the agony of the epidemic directly or indirectly. The breadwinners are dying, female-headed household are increasing, and children are dropping out of schools. The number of victims, orphans and PLWHA is rising. All this has exacerbated the existing poverty. Such circumstance has tremendously worsened community problem which reflect on our work.CSO-2

Although it is very difficult as yet to quantify the impact of HIV/AIDS on program output, it has inevitably affected program delivery. CSOs in this survey for example noted that their meetings with communities are frequently being shifted by funerals, with the effect that programs increasingly fall behind schedule and projects cannot be accomplished on time. Illustrations of this response are provided below:

> The postponement of important meetings due to funerals or people being sick is quite common. This is so especially in the countryside since the health centers are far from the villages; due to lack of transportation, when an individual is sick so many people will go together because they have to shoulder the sick person on stretcher (beds) turn by turn to take him to the nearest health center. For example, in our organization, two important meetings which were going to be conducted with the donors who came from abroad for this purpose have been cancelled due to funeral. CSO-1

> The services provided by the Water and Sanitation departments have been impacted by HIV/AIDS. People in this department could not be found in meetings; sometimes most community members go to the urban health institution in search of medication for sick members of their

family; they spend time on funerals and related subsequent ceremonies etc. CSO-7

Large portion of Ethiopians livelihood is based on agriculture. Different studies have indicated the adverse effect of AIDS on the sector including loss of labor supply, particularly at crucial periods significantly reducing the size of harvest, forcing farmers to switch to less labor intensive and less nutritious crop varieties. Our organization has not conducted assessment, evaluation or study on the impacts of HIV/AIDS on agricultural production and food security. Nonetheless, we strongly believes that HIV /AIDS had affected the rural community. For example often the farmers do not attend community meetings and are usually absent from the work because of illness, funeral attendance and taking the sick to health centers etc. CSO-20

According to survey respondents, the tremendous increase of absenteeism has impacted on the participation of the community they are working in and thereby hampering the program they are running in that particular setting. According to the respondents, it is quite common that people will be absent from work or meetings. The respondents mentioned that there have been a number of occasions when staff members have travelled to communities sometimes a few hours away, only to find when they arrived there the meeting had been cancelled. According to the respondents, when they organize seminars, meeting and workshops they have repeatedly noticed that the number of participants is decreasing. However, the respondents within CSOs do not know the exact reasons for the absence but they speculated that most of the absences are related to HIV/AIDS.

The respondents further mentioned that because people do not envisage a long life for themselves, the social incentive for coordinated group behavior often diminishes. Because they become desperate or pessimistic, their incentives for civic norms and duties are diminished. According to respondents, the epidemic has created a situation in which people lack interest or show little interest to actively participate in their respective associational activity. The respondents noted that such individual action has had a negative impact and is reflected in their organization. For example, among the participant CSOs, one has noted how low participation of members has adversely affected their communication and information flow in different ways.

Almost all the CSOs involved in the study felt the impact of HIV/AIDS in the communities they serve and on their volunteers. Obviously, this affects their capacity to deliver services. Staff losses also increase the burden of work and

service delivery on surviving staff members, as well as increasing their psychological stress, which also impacts work performance. According to survey participant in the last five years there was high mortality rate among their community. Funeral attendance is an issue affecting most of the CSOs. Work time is lost because the participation of community or members is weakened due to funeral attendance and taking care of their families if they themselves are not living with HIV/AIDS. The following CSO illustrates how the impact of the epidemic is severe to the community:

> The region where we are working is particularly different from other regions because there is movement. The area is seriously affected by HIV/AIDS. The situation is severe and it makes people despondent and grief-striken. The number of sick leaves and funerals are increasing. Often projects are lagging behind. CSO -2

The other problem related to HIV is that it has exacerbated existing community problems:

> HIV has created impact on the community we are working with. It has multiplied the existing community problems. The problems are too broad and to tackle that problem our capacity and the available funding is too small. As a result, the work we are doing and the results we get have a lot of discrepancy. The emergence of the epidemic has increased the number of people looking for help and support. It has increased the number of orphans. These people need broad support (for example education, health support etc). We do not have the capacity to provide integrated support for these needy people. On top of that the cost of living is increasing tremendously and makes the problem complicated. CSO-1

For the CSOs involved in legal issues and support, HIV/AIDS has impacted the range of services they provide and the number of individuals coming to them for support. For example, "property grabbing" after a death is common problem in Ethiopia. According to CSOs the number of women and children victims who seek legal support is rising tremendously. CSO-3 has the following to say:

> The number of children who are losing their parents due to HIV/AIDS is growing enormously. In relation to that the number of cases related to property inheritance is increasing. Due to children's powerless position, some individuals, particularly extended family members, would like to take hold of the property of their late parents. In this case, our organization provide children with various support. CSO-3

CSOs working on child issues mentioned that the problem of children and HIV is intricate. The number of orphans and vulnerable children has tremendously increased. Those children who lost their parents because of HIV/AIDS become

helpless and hence are not able to get food and attend school and are generally denied their basic rights. The HIV/AIDS pandemic has special consequences for children. Some are born with the HIV infection. Others lose their parents and assume the responsibilities of adults.

According to CSO directors, the trauma and hardship that children affected by HIV/AIDS have to endure is tremendous. They have to watch one parent after another gradually growing ill and dying. Children who have been left without means of survival due to HIV/AIDS may be subjected to sexual and economic exploitation. For example, they may be forced to exchange sexual services for money so as to support dying parents and younger siblings. Once children realize that a parent may die, the question of how to live in the future becomes a major concern.

According to CSOs interviewed, although those outside view the extended family and institutions as key sources of support, they often prove to be unreliable social networks. In many cases, after the parent's death or even after the mother's death, children are split up into extended families and can be abused in the hands of extended family. They are likely to be forced to live on the street, which makes them more vulnerable to HIV infection if they themselves were not born with HIV. In this respect CSO-7 has the following to say:

> In the previous years we did not see AIDS orphans as they are absorbed by the traditional systems. These days, the capacity of the extended family to take care of orphans becomes smaller and smaller and it seems to reach some type of breaking point. Now you can find children in the streets and working in difficult conditions. CSO-7

According to respondents, the traditional family and community systems have been affected by the epidemic. The epidemic has eroded and indeed undermined the culture and systems of mutual support. Resulting discrimination and scapegoating has increased the exclusiveness within the community and among network groups.

According to CSO-7 the number of children living under difficult circumstance is increasing. Children living in difficult circumstances become more vulnerable to HIV/AIDS because of economic, social, cultural and other factors making their livelihood one with insufficient support to cope with the impacts of HIV/ AIDS on families and communities. According to the respondents, in Ethiopia the number of street children has grown. The relationship between streetism and HIV is

complicated and the problem is deep-rooted. Therefore street children need legal, economic and social protection. For example, street children will exchange sex for food, money or protection and they are victims of violence and sexual abuse including rape. Sometimes street children will be abused because they do not have enough protection. The following quotation sheds some light on the case.

> Our organization works with street children. Some of the street children we are working with are high-risk groups like commercial sex workers. Among the supports we provide for the street commercial sex workers is a drop-in center and safe home. In our drop in center and safe home we provide various services for our beneficiaries including medical service. The cost of the medical service we provide is increasing tremendously. These days there are so many circumstances in which children will be sexually abused because people are choosing children for sexual gratification thinking that they are free from HIV/AIDS. In the era of HIV/AIDS when such kinds of situations happen they complicate the problem. We are always worried when we are confronting issues like rape because we have a feeling that it will be related to HIV.CSO-7,19

The growing number of orphans and vulnerable children in some communities served by the various CSOs impacted their service delivery. According to CSOs, there is increasing numbers of orphans. For example, according to CSO-8, the number of orphans in 2003 was incredible. Therefore, some of the CSOs have started orphan support programs and funding mechanisms as a new area of intervention. According to the respondents, however, the issue is complicated and needs broader intervention and activity.

CSO directors in this survey have expressed that HIV is having a psychological impact on their intervention. Excerpts from the interviewees are provided below:

> Sometimes after we have invested a lot of money in our projects our beneficiaries die of HIV. This lessens the projects' success. For example, we provide informal education for the children. When after completing informal education, they reach the level where they can join the formal education they will die of HIV. This situation makes us depressed and sad because the whole of our effort becomes fruitless. CSO-2, CSO-7 and CSO-9

> We give training for the out of school youth but after they start the training they will disappear in most cases; we speculate that they are sick of HIV or dead. This kind of situation is depressing. CSO-3

HIV/AIDS has caused the cost of services provided by the CSOs to increase tremendously. In some situations, intervention activities of CSOs with the

community are becoming too expensive. The following quotations illustrate the point:

> "We are working with commercial sex workers and in this respect there is sexual violence which can be related to HIV/AIDS. We cover the medical costs of our beneficiaries and these costs are increasing tremendously. "CSO-7

> "HIV is impacting the community we are working with. There are rape cases which in most situations are related to HIV. Children and women will be raped. These complicate the service we provide because our service will not just end with counseling and provision of legal services. It will go further so the victims can undergo HIV tests". CSO-18

According to the respondents conflicts are becoming common due to the prevalence of HIV/AIDS among the community served by CSOs. CSO-7 for example has experienced the following:

> "We are working with street children and commercial workers. We have a drop-in center in the middle of the city. Our beneficiaries (the commercial sex workers) might have the same customers or there are situations in which they share boyfriends. In this particular situation conflicts can arise among them. There was one particular case where one of the boyfriends of the commercial sex worker was HIV positive and having an affair with more than one of our clients. A severe fight broke out among them and produced a lot of stress on the organization."CSO-7

According to CSOs engaged in the provision of health services, AIDS patients have overwhelmed health facilities. According to the respondents, HIV/AIDS will not only create a massive new need to be met by the health system but it will also reduce the capacity of the health system to respond to this need.

Women are more affected by HIV/AIDS than their male counterparts. Therefore, HIV/AIDS has broadened the work of women- focused CSOs as follows:

> Our organization mainly works on the provision of legal aid to women. However, HIV/AIDS has broadened the scope of our organization. We were forced to incorporate reproductive health issue including HIV/AIDS because due to social and biological factors women are more vulnerable to HIV. In addition, we have conducted research on women and HIV/AIDS. CSO-18

For some CSOs the problem itself has forced them to incorporate some activities like child sponsorship programs. For example, some CSOs in this research used to focus on providing support only for children from poor family background.

However, with the emergence of HIV/AIDS they were forced to focus mainly on AIDS orphans.

According to the respondents, for faith-based CSOs HIV/AIDS has increased the burden on their religious leaders (clerics and imams) who attend sick persons regularly to carry out some religious activities. The high death rate among urban HIV/AIDS victims has increased the work load for clerics and Imams because they need to attend quite a number of funeral services and need to perform several subsequent religious formalities.

According to CSOs, other than women and children marginalized groups like persons with disabilities are more affected by the HIV epidemic. All risk factors associated with HIV increase for individuals with disability. The risk of being exposed to the HIV/AIDS virus is greater with certain disabilities. The following quotation illustrates this:

> Some people seem to believe that persons with disabilities are sexually inactive and are at less HIV risk than their more able peers. Moreover, as women with disabilities are believed to be virgins and thus free of HIV, they are more often targeted for safe sex as a result there is a situation in which rape is increasing among disabled women. Mostly disabled women will be raped by their close relatives. This makes the problem more complicated. First, having sex with a close relative is shocking and immoral. Second since the community has negative attitudes towards disability for people think that disability occurs due to sin or anger of God, the situation becomes complicated. Instead of taking positive measures in supporting the abused woman she will be told to hold her tongue for they think that the situation will disgrace the family.CSO-16

According to the CSOs, the existence of rape among disabled women complicates the problem of the victimised. First she will be exposed to the HIV virus; and second she will be exposed to unwanted pregnancy. According to CSO-16 this kind of situation has happened to their members several times. According to the respondents this is very painful because disabled women have limited or no access to police, legal counsel, and courts for protection.

According to CSO-16, persons with disabilities are habitually excluded from HIV/AIDS mainstreaming community activities and have problems in accessing information. Therefore lack of information on top of discrimination exposes them to the epidemic. Most HIV/AIDS intervention programs are not accessible to persons with disabilities and in some cases persons with disabilities are not seen as "worthy"

of the scarce interventions available. They often lack adequate knowledge of the causes of HIV/AIDS and the means of protection. Therefore, they are often unaware of their right to control their own sexuality. The following quotation illustrates that as follows:

> Since persons with disabilities are discriminated in the community as a result they have less chance of finding a partner than their more able peers. Therefore when able peers approach them for sex it will be difficult to control their emotions and they are less likely to use condom for two reasons. First since they have remained a neglected and marginalized segment of the society, when able people approach them they will accept free sex to keep the relationship alive. Second since they do not have the knowledge and access regarding the methods and ways of protection of HIV/AIDS they will be exposed to the virus.CSO-16

According to the respondents, education has been the primary weapon in the war against HIV/AIDS primarily due to the lack of an effective vaccine or cure. These educational efforts have increasingly been directed to specific populations based on shared characteristics such as, cultural norms or patterns of risky behavior. However, there is a lack of resources for individuals with disabilities, even though risk patterns and educational needs may be quite unique. These include disabilities such as deafness or blindness, which cause barriers to traditional HIV education. Developmental and learning disabilities also present unique and largely unaddressed challenges for providing effective HIV prevention education.

According to the respondents, there is a lack of understanding and focus of the relationship between disability and HIV/AIDS. It was assumed that information on HIV/AIDS targeted at the general public would also address persons with disabilities. The problems that many people with disabilities have in accessing information were ignored. The existing intervention activities do not take in to consideration illiteracy and visual, hearing or cognitive impairments of the community. According to CSOs directors interviewed, services related to HIV like VCT and condom promotion are not disabled people-focused because they are often physically inaccessible:

> For example if a disabled person wants to buy condoms from the shop since he is disabled it might require third person involvement. In addition, since there is a negative attitude towards disabled people, the attitude of the shopkeeper who is selling condom will embarrass the disabled person. For example, the shopkeeper will be astonished or surprised when a disabled person buys condoms for he wrongly perceive that disabled people do not have sexual urges like other human beings. Such situations embarrass the

disabled person from buying and using condoms. The same is true for VCT centers. In some circumstances, voluntary counseling and testing of a disabled person might require third person involvement depending on the type of disability. Such a situation discourages a disabled person to undergo HIV VCT. CSO-16

According to the respondents of this study, people with disabilities are affected by HIV/AIDS due to various reasons. First of all, they themselves are at an extraordinary high risk of HIV/AIDS infection because they have less opportunity for education, thus less access to information, they are more dependent and generally more abused. Disabled people living with HIV can be more discriminated, malnourished, neglected, and abandoned. AIDS orphans with disabilities require extra care.

According to the respondents, there is strong relationship between disability and poverty. The epidemic has exacerbated the existing poverty among the disabled people. According to CSO-16 in some cases people with disabilities as well as their associations are not seen as "worthy" on the part of the community and donors. As a result, it is not easy for them to carry out intervention activities related to HIV for they lack financial and human resources.

Other than people with disability, old people are another underprivileged group of member of the society who are affected by the HIV epidemic. According to CSOs, one of the most critical impacts of HIV/AIDS on older people is increased workload. In HIV/AIDS affected households many older people are responsible for not only providing support for themselves, but also for ill relatives and orphaned grandchildren. AIDS-related illness and eventual death of relatives is a burden placed upon them. These included caring for ill family members and/or orphans, increased domestic duties as well as earning an income.

According to the respondents, in Ethiopian tradition, older people expect some degree of emotional, physical and financial support from their families when they reach old age. Besides, the social security system of Ethiopia is not strong and only few elderly people are covered by the pension scheme. For those who get a pension, the amount of money they get is not sufficient to cover their basic needs. Therefore most elderly people in Ethiopia are financially dependent on their children. In addition, old age is traditionally seen as a time to be honored in the community and to act as mentors and educators for the young. In HIV/AIDS affected households however, these family support systems are no longer available due to the illness and

eventual death of their adult children, leaving older people to manage alone. On top of that elderly people are becoming caregivers because their children are dying leaving their grandchildren. These additional responsibilities and reduced family support occur at a time when the natural aging process reduces both physical ability and income generating opportunities, and older people cannot acquire the resources that younger, more active adults have access to. This makes material and financial security one of their greatest concerns. According to the respondents HIV/AIDS is placing increased pressure on the limited financial and material resources of older people's careers, reducing their ability to adequately provide for themselves and other household members. Coinciding with these additional financial responsibilities, households headed by the elderly affected by HIV/AIDS commonly had decreased income-generating opportunities. The respondents further noted that, alongside the natural aging process, the increased stress on older people living in HIV affected households has led to the detriment of their own physical and mental health.

Elderly people will not only be affected by the epidemic but HIV will also infect them. Though this study does not provide enough data, a study that assessed the sero-prevalence of HIV and syphilis infection among 706 elderly predominately rural residents in Northwest Ethiopia indicates that the prevalence of HIV among the elderly was 5%, which is very high. (Kassu et al. 2004: 365) However, older people are often discriminated against in the provision of HIV and AIDS services because of a wrongly held assumption that older people are not sexually active, and that HIV only affects younger people. Older women and men can be at an increased risk of HIV infection simply because they are typically not addressed by public information campaigns and therefore do not benefit from education on how to protect themselves.

The respondents also acknowledged that HIV/AIDS has affected various sector of their intervention including health and education. According to the participant CSOs, HIV has affected the health staff and the community they serve through morbidity. They articulated an increase in the cost for medication for people living with HIV/AIDS, and has also increased the workload at clinical and even office level. However, many of the respondents do not think that the epidemic has impacted the illness and death of their health staff, rather the epidemic has affected the service provided by the departments due to the increased number of patients,

more resources are needed, workload is heightened etc. The respondents cited that the psychosocial impact on the health staff (frustration) could also be considered one of the impacts. Medical staff are at a double risk of infection due to the poor universal precaution and infection prevention techniques and sharing the risks as members of the social community.

According to the respondents, HIV/AIDS has impacted the education system. Respondents' observation indicates that HIV/AIDS has impacted the school community and they are experiencing sick (suspected AIDS) teachers and students and as a result, the service provided is being affected by the epidemic. It has been observed that when teachers are sick and eventually die, the schools are pressured to hire new staff to fill the gap. Students are also dropping out when their families get sick and die. However, there is no quantifiable data which is available on the sick and dead teachers and students.

Faith-based CSOs have indicated that the impact of the epidemic on their Pastoral Ministry. They stated that it has increased the workload on the part of pastoral leaders through regular visits to the sick, attending funerals, and conducting spiritual events related to HIV/AIDS. According to their response, many people have died in the last ten years with various causes of death and with strong suspicion of HIV/ AIDS. The epidemic has impacted the services delivered by the church in that pastoral leaders spend most of their time visiting AIDS patients and at times they do not have enough time to focus on the other aspects of their religious services.

According to the respondents, there has been a change to some extent regarding cultural norms and values. The religious laws and practices of the community have incorporated HIV/AIDS related activities such as encouraging and providing the community to undergo premarital VCT. There is a situation in which traditional community laws that existed for a century forced to incorporate issues related to HIV/AIDS. In Ethiopia, as more and more people die of AIDS, communities have to forgo traditional mourning practices. Adjustments have been made to some extent on culturally prescribed rituals due to limitations of human and material resources as well as religious reasons. In Ethiopia, funeral rituals usually involve bringing the body into home, a graveside service, a big meal for the mourners and more than three days of mourning in which friends and relatives sleep in and around the house

of the deceased. In most places in Ethiopia, the mourning days have reduced.[18] For example the traditional law of the Guragie ethnic group 'Qicha' was amended and enter into force starting September 11, 2007 to cope with the current economic, political and social situation of the community and in line with the new demand and expectation of the Guragie community. Chapter 2, article 14 of this traditional law state that *Teskars*[19], which are commemorations celebrated for the dead is punishable and should be denunciated by the community. In addition, according to this law article 13.5 state that *Seleist* is banned (GPSDO 2007:18-19). CSOs in this study like CSO-5 and CSO-2 are providing support and are encouraging religious laws like *Sheria* law to enforce premarital VCT. For example CSO-2 works in providing support for the traditional community law which used to exist in their community for several decades to incorporate HIV/AIDS issue in its articles.

Iddirs, which are community based organization that are mainly formed for burial activities for the death of their members, have now reviewed their by-laws to make their organizations AIDS competent. The existence of HIV has forced traditional community-based institutions like *Idir* to take part in wider development activity and HIV intervention areas rather than concentrating on their traditional role of providing the mourners with some services during the funeral ceremony. *Iddirs* have started supporting members before death, and extending their care and support for deceased families specially orphans and widows. In this respect they have started working in collaboration with CSOs. Some *Idirs* have started working with international NGOs related to HIV/AIDS intervention, including awareness

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[18] According to Ethiopian traditions mourning can take from three to seven days. The third day after the funeral has been carried out is called *Seleist*. Until *Seleist* friends and relatives of the mourn sleep in and around the house of the deceased. However, these days since the number of people dying because of HIV/AIDS and other reasons is increasing in some places like Addis Ababa, the number of mourning days has decreased and to an extent some mourners declare that there is no *Seleist*.

[19] "The Ethiopian Orthodox church preaches that, ideally, during the first year after death on days corresponding with religious and seasonal cycles seven *Teskars* (commemorations) should be celebrated for the dead. These are important occasions for *Fithat* (intercession). For most people, celebrating all *Teskars* would be beyond their economic capacity. However, though it can be postponed, it is culturally and religiously unacceptable to skip the most important one, which is ideally celebrated on the 40th day after death for males and on the 80th day after death for females (corresponding with the days for baptism). All family members and usually most members of the local community, including the clergy, are invited to this *Teskar*. Most people think that a generous *Teskar* celebration increases the deceased person's chance of being let into heaven on the last day. This relates to peoples perception of the importance of *Fithat:* the more priests are present at the *Teskar*, and the more their goodwill is secured through good treatment. Due to this, bereaved households often go beyond their financial limits to provide the guests in general, and the clergy in particular, the best of food and drink". (Nordanger 2007:181-182) The size of the feast depends on ones economic position. For the rich, preparing a big feast is a way of displaying one's wealth while, for the poor, it is economically demanding.

creation, home-based care and orphan care and support. *Idirs* recently started creating networks and forming umbrella associations. For example, *Iddir* networks that are engaged in HIV/AIDS prevention activity like *Idir Hebret le Lemat Dereget*(The Unity of Idirs for Development Organization) has emerged.

According to respondents at the household, community, and regional levels, the epidemic has exacerbated and is deepening existing poverty. It has negatively affected the socio-economic development of the community. It places financial burdens on the community for they need to spend additional income for care taking sick family members or relatives, and to meet increasing medical and funeral expenses. Since it is affecting the adult population, it reduces productivity and income. Its impact is very severe: households are often dissolved; family assets are lost or minimized; and family incomes decreased, leading to more impoverished livelihood. Reduced income poses a threat to food security and nutrition. Accelerated poverty at household and community levels is being exacerbated by the impacts of HIV/AIDS pandemic. The pandemic creates a vicious circle: it amplifies pre-existing poverty and exposes people to HIV risk situations, accelerating the impact.

According to a study conducted by one of the participating CSOs there is a high demand on the part of PLWHA to get access to clean water and sanitation to protect themselves from possible opportunistic infections like diarrhea. However, the study indicates that PLWHA are being discriminated by other member of the community from using such facilities. According to the respondents, stigma and discrimination related to the virus have affected the proper implementation of their intervention programs.

In the past years respondents have noticed low levels of community participation especially among PLWHA due to stigma and discrimination. According to the respondents prevailing stigma and discrimination makes it difficult for the community to effectively participate in the organization activities. AIDS-related stigmatization, using scapegoats, and discrimination impact social cohesion. Resultant discrimination and scapegoating increases exclusivity within the community and among network groups. Targeted households, people, and groups not only struggle with the absence of social support, but also develop hatred and fear due to discrimination. Though there is development related to HIV/AIDS

awareness and efforts to reduce of stigma and discrimination, it requires more effort.

The epidemic has brought changes in community needs. Since the level of poverty has increased the type and the scope of community needs has also become broad and diversified. In terms of protecting the community from the epidemic, the number of affected/infected and vulnerable people has grown as have their needs. Community needs include healthcare, nutrition, and other related support. This requires CSOs to design various strategies and interventions to curve these problems.

According to some CSO, the epidemic has created psycho-social and emotional disturbances. The following quotation illustrates this:

> Our entire program focuses on empowering and building people's potential in different aspects. If the spread of HIV/AIDS has continued in such a way we will lose these empowered people and the effort we are making will be futile. We have fears that if the spread and the impact of HIV/AIDS persists like it is now the communities we are serving will continue to live in abject poverty, which makes our efforts ineffective. CSO-20

The existence of HIV has placed Ethiopian CSOs under pressure; they have to respond to the multifaceted problems of their members and of the community they serve.

Concluding Remarks

In this survey almost all CSO managers felt both the internal and external impact of the epidemic. The disease has affected almost all CSOs in this survey psychosocially, socially, and economically. The impact of HIV/AIDS on human resources of the CSOs varies widely. Some CSOs have lost several staff including people who cannot be easily replaced, while other have yet to suffer any internal impact. The nature of occupation has increased incidence, susceptibility and vulnerability of Ethiopian CSOs to HIV/AIDS for the work of almost all CSOs requires movement. In terms of social groups, female and young staff are particularly affected due to economic, social and biological reasons.

Morbidity due to AIDS has a strong impact among the surveyed CSOs. Illness compromises labor productivity through delays on jobs and loss of quality and

quantity of the final output. The most significant economic impact perceived from having HIV-infected staff is the cost of sick leave. Funerals have compromised productivity in various terms. Absenteeism related to funeral and sickness have stressed and stretched the remaining staff and this has negatively affected their work.

The epidemic has caused the need for increases in recruitment and training costs due to loss of skilled and experienced staff. Sometimes CSOs programs come to a complete halt due to the death of important personnel. The need for hiring temporary staff or doing jobs with less professional staff has been noticed by some CSOs. Due to death cause by HIV/AIDS, special skills like "civic skills" like the skills of communication, cooperation, compromise, and decision making are likely to be lost.

The psychological impact of HIV infection is reflected in terms of anger and resentment and to some extent leads to conflict. Work performance decline because for the sad feelings of seeing co-workers being sick or dying can be emotional. Having sick colleagues also costs staff time. Discrimination and scapegoating increases exclusivity within the community and among network groups and reduces effective community participation.

Most of the CSOs in this survey have encountered increases in their medical expenses and funeral expenses. The epidemic affects costs, time management, budgeting and planning. It has caused administrative and financial administration tasks to increase. It has strained donor and client relations. The donor dependent nature of the CSOs has made their task practically complicated. To some extent, it has created a situation in which CSOs image and legitimacy are eroded.

Meetings with communities are becoming irregular due to funerals, programs increasingly fall behind the schedule and there is a lag in project accomplishment. Social incentives for coordinated group behavior diminishes. The epidemic has impacted the communities they serve and their volunteers. It has affected their capacity to deliver services. Staff losses also increase the burden of work and service delivery on surviving staff members, as well as increasing their psychological stress, which also impacts work performance. Mortality has

increased, funeral attendance has increased, work time is lost and community or member participation is weakened.

HIV has exacerbated the existing community problems. The level of poverty which is increasing has been exacerbated and multifaceted by HIV/AIDS making it difficult to address all kinds of community needs. HIV complicates the task of CSOs mostly working related to legal issue, child issue, gender issues and disadvantaged people. In this respect, it has also made the cost of the services they provide increase tremendously. It increases the burden on faith leaders, and causes their establishments and service facilities to be overwhelmed by AIDS patients. In addition, it has made the traditional family and community systems break apart, becoming eroded and weakened.

Chapter 6

The Response of Civil Society Organizations Towards the Impact of HIV/AIDS

6.1. Introduction

As mentioned in Chapter Five HIV/AIDS has affected the internal organizational functioning, programme performance and external relationships of CSOs in carrying out their objectives effectively. The epidemic has impacted both internal and external functioning of the CSOs. It has influenced their performance, productivity, capability and relations with donors and beneficiaries. This chapter mainly focuses how CSOs are responding to the impact of HIV/AIDS. It assesses internal and external HIV/AIDS mainstreaming activities carried out by the participating CSOs and the challenges they face in carrying out their interventions effectively.

6.2. Ethiopian Civil Society Organization's Response to the Impact of HIV/AIDS

6.2.1. Mainstreaming Concepts, Definitions and Classifications

The HIV/AIDS epidemic is not just a health problem, but it is also a major development challenge. HIV/AIDS is a unique epidemic because of its devastating, systemic and cumulative impact on all aspects of human development of institutions like CSOs. In order to tackle and mitigate the crisis caused by the virus, it demands responses pursued to alleviate its effects both in the internal and external aspects of the organizations. In this respect, mainstreaming of HIV/AIDS into sector policies, programs and projects as well as at the workplace has become an essential aspect of managing the epidemic. What is HIV/AIDS mainstreaming? UNAIDS has recently defined it as follows:

> "*Mainstreaming AIDS is a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace*". (UNAIDS and UNDP 2005:20)

According to UNAIDS, mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization or community. It is a process in which the sector analyses how HIV and AIDS impacts the community now and in the future, and considers how sectoral policies, decisions and actions might influence the longer-term development of the epidemic and the sector. Effective response to the epidemic requires exceptional reply that demonstrate timeliness, scale, inclusiveness, partnerships, innovation and responsiveness while taking action (UNAIDS&UNDP 2005:11).

Besides, UNAIDS, HIV/AIDS mainstreaming has been defined by various institutions in different ways. All the definitions in a way reinforce each other. The basic tenet of the concept is that organizations need to effectively strengthen themselves, the delivery of program and partner organizations to reduce the organization's vulnerability to the impacts of HIV/AIDS. For example, the Ethiopian Core team for mainstreaming, defined mainstreaming "as a systematic and dynamic process of change in policies, strategies, values, norms, power and economic relations surrounding HIV/AIDS within sectors, organizations communities and households. As a result, mainstreaming proactively responds to the bidirectional impacts of HIV/AIDS by reducing vulnerability to infection, while simultaneously creating 'AIDS competent society' in order to mitigate its future impacts" (Ali 2008: 7-8).

The concept of mainstreaming has been mystified and is used interchangeably with the notion of integration and AIDS Work. The term AIDS Work refers to the directly focused HIV/AIDS prevention care, support, and treatment activities carried out on a standalone basis, where the program or project objectives are targeted towards HIV/AIDS.(Ibid)

HIV/AIDS Integration, occurs when issues and interventions related to HIV/AIDS are introduced into a project, program, or policy context as a component, without much interference within the specific core business of the institution or the main purpose of the policy instrument. The focus is still on direct prevention, care, treatment, or support, with the difference that the work is conducted in conjunction with, and linked to, other projects, or within wider programs(Ali 2008: 7-8).

Mainstreaming is classified based on different variables such as the dimension of implementation, the stage of implementation and the level of implementation. The classifications of mainstreaming based on dimensions include internal and external mainstreaming. (Ibid)

From the CSO point of view, HIV/AIDS mainstreaming is a way of adjusting policies, programs and daily practices, and incorporating new insights and developments into one's work. For CSOs, mainstreaming can take place both in the external and the internal domain of their organization. External mainstreaming of HIV/AIDS is related to delivering improved service to the communities or members through mitigating the impact of HIV/AIDS. Internal mainstreaming is related to the adjustment of policy and practice in recognition of CSOs susceptibility to the impact of HIV/AIDS and to reduce its vulnerability. Internal mainstreaming from CSOs perspective is related to the workplace HIV/AIDS intervention activity. It includes both the activities of HIV prevention and treatment of staff, volunteers, and possibly their dependents, and activities for modifying the ways in which the organization functions. In reality, this may result in a change of the way sectors execute their functions and relate to their employees and clients. Comprehensive mainstreaming of HIV/AIDS will result in addressing both the direct and indirect (underlying) aspects of the epidemic through establishing well-monitored programs and activities. (Ibid: 28)

Therefore, from the CSOs perspective HIV/AIDS mainstreaming is how CSOs can fight HIV/AIDS in their workplace and its external impact upon the community they serve or to their respective members through the delivery of program and partner interventions. This is applicable to the institutions through designing appropriate policy frameworks and applying them to reduce or prevent the impact of HIV/AIDS on their organization as well as their respective partners, member, community they serve or clients.

6.2.2. <u>Civil Society Organizations Response to the Internal Impact of HIV/AIDS</u>

6.2.2.1. <u>Organizational Factors Shaping Ethiopian CSOs Response Towards HIV/AIDS at their Workplace</u>

Accepting internal mainstreaming of HIV/AIDS as a requisite is difficult for the surveyed CSOs because it is linked to the most intimate parts of life, sexuality, and related to the threat of stigma and discrimination and the near unavoidability of death. In a situation in which the organization considers to mainstream HIV/AIDS at the workplace, the management must be obliged to put some energy in shaping positive responses. For example, the management could assure the staff and volunteers a safe and respectful environment during discussions. It requires certain efforts, particularly from the management, for organizational factors can shape responses towards HIV/AIDS mainstreaming among the respective CSOs. Initially, this entails the courage of some, and the willingness of almost all the staff in a CSO. However, most of the surveyed CSOs found that having open dialogues is a challenge.

Bearing the cultural factors and sexuality issues, discrimination and stigma attached to the virus, the response of the management toward HIV/AIDS can be defensive or constructive. The former considers HIV as a threat to the organization and may detect and control those who are perceived to be living with the virus and the latter rejects this approach and rather views AIDS as a challenge to the organization commitment and need to be addressed through positive action. However, the boundary between these constructive and defensive trends is not clear-cut. This detailed response will vary according to the perceived "seriousness" of the issue and the manner in which it has been addressed. In this regard factors such as type of industrial sector, size of the organization, workforce composition, organizational culture, employment law and the organizations where functional responsibility to look after employees health lie are some factors that are likely to act as a mediating forces and, to some extent, can shape the type of response in an organizational setting (Gross & Smith 1995:10-11).

For some among the respondents, it was somehow difficult to accept the necessity of internal HIV/AIDS mainstreaming mainly because the disease is related to sexuality, which is something not openly discussed among Ethiopians, and there is

stigma and discrimination attached to it. Considering the closeness of the Ethiopian culture and the stigma and discrimination attached to the virus, it is not easy to come up with open dialogue.

In manufacturing and non-medical service providing organizations, the significance of HIV/AIDS is more likely to be considered a personal matter related to employees deriving from their "non-work" activities than as an issue confronting the organization in the course of its normal functioning. (Gross & Smith 1995:11) For example contacting sexually transmitted diseases including HIV/AIDS might be perceived as a self-inflicted injury. In this respect, its relevance is more likely to be construed in terms of the effect on individual performance, or as an isolated industrial relations problem arising from disruption caused by the actions of employees who, for whatever reason, put themselves at risk of contacting the virus. Table 6.1 shows that among respondents thirty-four CSOs work on non-medical issue and among this only 8.82% (only three CSOs) have workplace HIV/AIDS policy. This shows that CSOs who work on non-medical issues are less likely to have internal HIV/AIDS mainstreaming intervention.

Table 6.1. <u>CSOs Working in the Area of Health and Having Workplace HIV/AIDS Policy Cross Tabulation</u>

		CSOs who have HIV/AIDS Workplace Policy		Total
		Yes	No	
CSOs Who are not Working in Health- related Areas	Count	3	31	34
	Percentage	8.82%	91.18%	100%
				37.4%
CSOs Working in Health-related Areas	Count	23	34	57
	Percentage within CSOs working in Health-related area	40.4%	59.6%	100.0%
				62.6%
Total	Count	26	65	91
	Percentage	28.57%	71.43%	100%

Some sectors perceive having workplace HIV/AIDS policy as a greater significance and may be more familiar than others. For example, organizations working with healthcare have policies and procedures for dealing with possible contact with the virus out of the frequent possibilities of getting contact with HIV/AIDS patient. Despite the fact that such organizations are familiar with HIV/AIDS as a medical phenomenon, it does not necessarily mean that they will also address it in terms of

social or personal issues. As it is presented in Table 6.1, among ninety-one participating CSOs, only 62.6% are working in the area of health but only 40.4% have workplace HIV/AIDS policy.

Most organizations in this study now recognize the existence of HIV/AIDS and its devastating impact. However the perception of the problem being external is reinforced by many CSOs that participated in this survey. They deny that they are affected. They externalize the problem to others for they mistakenly assume that because their staff members know about HIV/AIDS and prevention methods, they put the knowledge into practice in their personal lives. One of CSO representative said: "We feel we have adequate information about HIV/AIDS".

Table 6.2. **Percentage of CSOs Who have Workplace HIV/AIDS Policy at their Workplace**

Type of CSO	Yes	No
Local NGOs	14.29%	35.16%
Community- Based Organization		8.79%
Professional Association		17.58%
Research Institute		1.10%
Network		2.20%
Faith- Based Organization	2.20%	2.20%
International NGOs	12.10%	3.30%
Others		1.10%
Total	28.58%	71.43%

The type of sector is also shaping how organizations are responding to the HIV/AIDS at the workplace. (Gross & Smith 1995:12) Related to workplace HIV/AIIDS intervention, workplace HIV/AIDS policy is a cornerstone for it provides clarity on the types of support the staff members could be in a position to access and defines the sector position and practices in preventing HIV transmission and in handling the situation of WLAHA. Pursuant to the survey, table 6.2 clearly presented that CSOs working in service profession especially NGOs (both local and international) are responding better than other type of CSOs. Followed by faith-based organization other CSOs like community-based organizations, research think tanks and other CSOs seem more reluctant to deal with the impact of HIV in their workplace.

The relevance of organization size can be perceived in several ways. For example, very small organizations are less likely to have "professional" personnel

departments where some knowledge of the virus and its implications may have been gleaned from the professional literature or good practice guidelines. This can compound the tendency for small proprietors to make highly personal and idiosyncratic decisions relating to employees, in the case of HIV/AIDS. This is perhaps driven by ignorance, prejudice, lack of workplace HIV/AIDS policy or absence of trade unions that might be present in larger organizations. (Gross & Smith 1995:4) Large organizations are not immune to discriminatory behaviours. Bureaucratic procedures associated with large organisations may act as a brake upon the exercise of individual prejudice but their very impersonality can lead to the countenance of measures such as HIV testing that appear to have an economic rationality that disguised their human capital. (Gross & Smith 1995:13) The survey showed the correlation between total number of staff and CSOs with workplace HIV/AIDS policy is significant at the 0.01 level. CSOs who have a large staff (greater than thirty-five) are more likely to have a workplace HIV/AIDS policy in their workplace.

The composition of the workforce and attitudes also seem to play a significant role in shaping responses to the epidemic. These age and gender profiles of the employees influence their response to HIV/AIDS. In this regard, evidence suggest that older generations tend to hold less liberal attitude towards people living with AIDS than younger ones and that women are more tolerant than men. (Herek and Glunt 1991, Green 1995). Similarly, the occupational structure may have some bearing on responses, particularly the presence of "professional" graduate employees with higher level of education and awareness might be expected to hold more liberal views toward people living with HIV/AIDS. (Gross & Smith 1995:14-15) The survey does not provide information in detail how behavioural and personal factors shaping the response of CSOs at the workplace due to limitation of data in the respective area. However, while conducting interviews the researcher noticed that young CSO organization leaders tend to be more positive related to workplace HIV/AIDS intervention activities than older leaders.

**Figure 6.1 <u>Organisational Size of the CSOs Who Responded to the Survey
Questionnaires</u>**
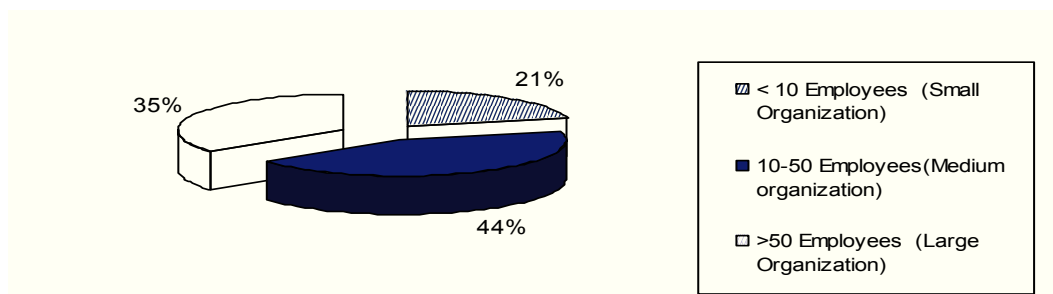
The organizational culture is the another issue, which shapes the response of CSOs
in relation to HIV/AIDS mainstreaming. Strong organizational cultures which place
a strong emphasis on employee welfare, employer responsibility and equal
opportunities are relatively unusual among small private sector organizations, most
likely to be found in larger companies (Gross & Smith 1995:15). As it is presented
in figure 6.1, among the participating ninety-one CSOs, only 65% of the CSOs
have less than fifty staff which means the participating CSOs are relatively small
and medium type of organization, which are less likely to have such types of
organizational culture.

Those areas of employment law, which have relevance to HIV/ AIDS concern three
main issues namely, discrimination, confidentiality and dismissal. However, if these
areas of law do not deal with HIV/ AIDS specifically, there is considerable room for
contestation and ambiguity. In Ethiopia there is workplace HIV/AIDS policy at the
national level and labour proclamation No. 377/2003 restricts discrimination against
workers living with the virus. It means in principle there will not be a situations in
which workers will face problem due to their HIV status.

In the organizations that have developed formal responses to HIV/AIDS the
functional specialist who take responsibility for framing this response can be of
considerable importance. In most organizations at least three functional areas
namely occupational health, management or personnel and trade unions will be
closely involved in formulating organizational responses. In many organizations,
especially in the larger ones, the responsibility of dealing with matters related to
HIV/AIDS is lodged with occupational health practitioners/ departments (Gross &
Smith 1995:16).The positive side of this approach is based on the assumption that a
response based on the provision of major medical "facts" will quell irrational fears
and concerns that people may have about the risk of contacting HIV at workplace

and allow these to be dealt with in an individual, low-key and confidential manner. (Gross & Smith 1995:17). Trade unions do not exist among the CSOs surveyed in this study and most HIV issues are carried out by assigned focal HIV/AIDS persons in the head office and field offices among the CSOs who have workplace HIV intervention activities. Otherwise such issues will be dealt with by personnel and human resource management. Therefore, from this perspective, a number of possibilities arise. An emphasis may, for instance, be placed on the establishment of formal procedures designed merely to ensure compliance with employment law and consistency with other personnel practices such as health and safety and sickness policy. This approach is most likely in an environment where the role of personnel has been influenced by a tradition of bureaucratized industrial relations, and where management accepted a view of employment relations as essentially confrontation and characterized by a need to protect organizational (that is, management's) interests against the conflicting demands of the workforce. In line with this stance, the approach towards HIV/AIDS will probably be defensive or neutral in the sense that procedural rectitude is designed to protect the organization from problems that might be caused by HIV/AIDS, rather than providing positive assistance protection for the affected. Nonetheless, where the personnel's function has an orientation that is geared more towards the safeguarding of employee interests against the possible excesses of management and promoting equality of opportunity and diversity within the workforce, the approach may come closer to the positive or constructive position.

6.2.2.2. Workplace Policy Environment of the Selected CSOs in Ethiopia

Some of the respondents in this research were clearly aware of the costs of HIV/AIDS to their organization, and yet this individual awareness had not yet translated into a corresponding organizational response for various factors are holding the organizations back and constraining change. As indicated in table 6.2 only 29.58% of the CSOs involved in the study had HIV/AIDS workplace policy in place. Some of the CSOs recognized that their staff members urgently require health and support benefits.

There are considerable differences between CSOs in their knowledge about HIV/AIDS internal mainstreaming. Some are familiar and already had ideas about HIV/AIDS workplace policy. For others, it was all new. With the exception of a

few, those who are familiar with HIV/AIDS workplace policy are CSOs who have started workplace HIV mainstreaming intervention with the support of Dutch co-financing agencies ICCO, Cordaid and Plan Netherlands in 2004, international NGOs and faith-based organizations.

Only a few CSOs appear to have started a workplace program, although these vary considerably in terms of the range of issues covered and the services provided. The most common activities include behavioral change initiatives, education and training, and condom distribution. Some CSOs have instituted a care and support programme to provide medical, social, and economic support for those living with the virus and affected by HIV/AIDS.

Some CSOs like international NGOs have opted for a chronic illness policy rather than a specific HIV/AIDS workplace policy. The policy has been through numerous drafts since the process started. Initially a dedicated HIV/AIDS policy was developed. It was later decided to broaden the guidelines to cover all chronic illnesses in order to maintain the principles of equity and non-discrimination. The approach has been to develop guidelines that suggest best practices and stipulate areas to be addressed, however specifics are left up to field offices to implement depending on the local dynamics. CSOs in Ethiopia first began to initiate a workplace response to HIV/AIDS in the early 1990s but started implementation ten years later at the beginning 2003.

Though not fully communicated down to the grassroots level, HIV/AIDS policy has been developed by very few CSOs and there are also some HIV/AIDS mainstreaming proposals at project site level only for a very few CSOs. Despite the fact that some of the CSOs in this study acknowledge that they are affected by the epidemic, it is not easy for them to respond promptly as herein below stated:

> Although we are aware of and have been seriously confronted by the epidemic, both internally and externally, it takes us quite some time to become emotionally and mentally equipped for internal mainstreaming.CSO-7

Having an HIV/AIDS work policy is vital for it would provide clarity on the types of support the staff members could access and define the sector position, practices preventing HIV transmission and handling the situation of WLWHA. However,

workplace HIV policy will be nothing but just a piece of paper if it is not enforceable, supportive, and comprehensive. Issues related to HIV/AIDS workplace policies are emotionally complex. If they are not properly implemented serious anger may ensue which can affect personal morale and overall morale within the organization in a situation where staff member living with HIV feels an HIV/AIDS workplace policy fails to address most of his or her needs. The process of formulating a policy would provide clarity on the types of support staff members could access, now or in the future. Therefore it is important that a comprehensive HIV/AIDS workplace policy is developed in consultation with staff and is able to address their concerns while it is implemented.

Nevertheless, an effective HIV/AIDS workplace policy would be a concrete advantage for all the CSOs involved in this study. Only a very few can presently provide the full range of health, support, and death benefits really needed by their staff. There are preliminary exercises performed by some CSOs to initial internal mainstreaming through organizing workshops aimed at capacity building and experience sharing. The following quotation illustrates how one of the participant CSOs started its workplace policy formulation:

> After our organization became convinced of the need to conduct workplace HIV/AIDS activity, three committed staff members were selected from each project site of our organization. Later they took training and assumed the responsibility of conducting workplace HIV/AIDS related activities. The first activity they conducted was organizing awareness-raising sessions for other staff in their respective site on the need of HIV/AIDS-mainstreaming. CSO-7

Most of the staff awareness that has taken place has been part of an HIV/AIDS policy development process. With the exception of CSO-14 and CSO-10, some CSOs started workplace HIV mainstreaming intervention with the support of Dutch co-financing agencies ICCO, Cordaid and Plan Netherlands. In 2004 the organisations had been through fairly comprehensive policy development processes that involved having an external facilitator assisting staff to discuss the issue and come up with an agreed organisational response. During the data collection few of these organisations felt that this policy was being implemented.

For some faith-based CSOs, close links with the church had put a number of organisational change processes on hold, including the approval of the HIV/AIDS

policy. For example, for CSO-10, the church has taken more than a year with the document; and, by then, it was overtaken by events. When the data collection took place, it was not yet endorsed. According to CSO-10, the project has to align with the church doctrines thereby prolonging the process. In addition, there is denial on the part of the church, which further holds back the endorsement of the workplace HIV/AIDS policy document. An excerpt from the interviewees is provided below:

> In order to mainstream HIV internally, workplace HIV policy has been drafted and presented to the Synod but it is almost a year, it has not been enacted. There is a lack of focus on the internal mainstreaming. There is still denial in our CSO regarding HIV/AIDS. For example, last year during World AIDS day there was a discussion on the openness among our staff. A clergy who came from an international religious organization was disclosing his HIV positive status. The leadership of our institution were shocked and they said that there is no person living with HIV/AIDS in our establishment despite the fact that there are people living with the virus. CSO-10

According to the respondents many faith-based structures are now beginning to realize the importance of encouraging openness and realism in responding to HIV and AIDS. However, religious communities still have a long way to go, especially when it comes to actually understanding how to communicate about HIV and AIDS in all aspects of their work.

Some of the CSOs who have participated in this study are aware of the impact of HIV at their workplace. Nevertheless, even if they desire to adopt an HIV policy at their workplace, they are not familiar with the expertise of formulating HIV/AIDS workplace policy. They may have heard about HIV policy and internal mainstreaming from their donors and other sources as illustrated in this point:

> In 2007 one of our donors requested us to formulate a workplace HIV/AIDS policy. We have already reached an agreement and we hope that we are going to have the policy by the end of 2008. But in this regard we have a problem because we are not familiar with it and our organization does not have any idea how to work on it now and in the future. The donors have agreed to provide us with initial financial support and later we will continue by ourselves. CSO-11

For instance CSO-12 developed workplace HIV/AIDS policy by merely adopting a policy from another organisation adapted it slightly and submitting it to the board for approval. Some CSOs get support from donors to mainstream workplace

HIV/AIDS policy while others request that the ILO office in Addis Ababa assist them. CSOs like CSO-17 have conducted assessments with the support of UNDP and HAPCO in order to start their initial workplace activity.

For the participating CSOs, having policy was not an assurance for its implementation. Factors like limitations of resources have hindered the effective implementation of their HIV/AIDS policy. For example one of the CSOs in this study has developed a draft for an internal HIV/AIDS policy. However, since the staff did not see the benefits of HIV/AIDS internal mainstreaming and due to lack of resources for such activity, the draft policy was shelved for a while. It was the support they got from external donors that encouraged them to reconsider its implementation. However, moving from policy to action is an enormous challenge for any CSO in this study and requires a great deal of support. For example CSO-20 has noted that they still lack clarity about HIV/AIDS internal mainstreaming and how to manage it confidentiality and take disciplinary measures.

An HIV/AIDS policy defines a sector's position and practices for preventing HIV transmission and handling situations affecting employees living with HIV/AIDS. Workplace HIV/AIDS intervention requires not only ensuring the policy document is written, but also demands adjusting internal policies to be in line with policy objectives of the organization. The respondents explained there are constraints on the appropriate and effective implementation of the policy. They had the following to report:

> The human resource policy of the organization has been adjusted in line with the workplace HIV policy. This policy gives better support for WLWHA. According to this human resource manual if WLWHA gets sick, for the first six months they can take leave with the payment of half of their salary. If they do not recover within these six months they can go further for one-year leave without pay. In addition, the personnel manual clearly has stated that WLWHA will be assigned on jobs that are suitable to them. The medical insurance coverage of the organization is 3,500 Ethiopian Birr, however increasing the amount of medical insurance for WLWHA is mentioned in the manual. This policy is not yet implemented for it has some limitation. The limitation of this policy is that it has left open some important issues for effective implementation of the policy. For example it does not specify by how much the medical insurance provided for WLWHA has increased. In this respect it is undecided. CSO-13

A staff survey, self-assessment and other steps in HIV/AIDS internal mainstreaming can only be realised if the management is committed to it. The devotion of the management is the essential mechanism for the effective implementation of workplace HIV/AIDS policy. HIV/AIDS workplace policy without the commitment of the senior management is futile. It is the management commitment that makes workplace HIV/AIDS-related activities to be carried out in a well planned and organized manner. Among the study participants, despite the occurrence of some workplace HIV/AIDS-related activities, there are not any well-planned internal mainstreaming endeavours among CSOs. Only a very few CSOs have reviewed or developed plans and programs to address HIV/AIDS mainstreaming in the core mandates, including the recruitment, assignment, management and dismissal of staff related to their HIV status. In most cases, HIV/AIDS mainstreaming activities are undertaken without concrete plans, a timeframe or targets.

Conducting a pre-assessment study before or while carrying out internal mainstreaming is useful to design appropriate strategy to address the workplace HIV/AIDS intervention at a particular setting. However, in this study only a few CSOs have conducted impact assessment studies. In some cases, HIV/AIDS impact assessments conducted by the surveyed CSOs have limitation in terms of coverage as follows:

> Our organization has already prepared mainstreaming guidelines and we are in the process of preparing policy. We have organized meetings twice to conduct discussion on the draft guideline. We have employed a consultant who can conduct an assessment study for our workplace HIV/AIDS program. Despite the fact that we are working in various parts of the country, the assessment is conducted only in one particular setting in Addis Ababa. The outcome of this study does not reflect and represent the whole situation of organization. CSO-10

Organization leaders need to ensure not just that the policy document is written, but also that the resources are raised to implement, monitor and evaluate the intervention. For the effective implementation and formulation of HIV/AIDS policy the commitment of the management of the CSO has its own contribution. For example, initially the CSO-13 HIV/AIDS forum coordinator did not get much of a mandate while the management team showed little interest therefore it took some time to implement the policy in this particular CSO. Later this CSO has an action

plan, including the option of voluntary counselling and testing. Despite this fact, the issue of confidentiality was a serious challenge for this CSO.

Only a few CSOs in this study have either set up, both at headquarters and field office level, a committee or have appointed a "focal person" responsible for the internal mainstreaming and the development of a workplace policy. Some have started adapting organizational guidelines like staff manuals and job descriptions and list of training needs. However, progress in the implementation of the workplace policies seems slow. In this regard, many of the respondents noted that their achievement in increasing staff awareness and knowledge, diminishing stigma and discrimination, and the revision of existing policies resulting in better care for WLWHA, volunteers and their dependents is low:

> In general our staffs are quite vulnerable to HIV risk factors. We have workplace HIV policy but we have faced a shortage of resources. There is a lot of work overload on the workers. In our organization, we have AIDS funding which is supported through workers contribution, and we have developed a situation in which an employee who has undergone VCT will get support. In addition, we have organized training program for the workers and we have invited a professional who provides training on HIV issues. For one year there was a hot discussion going on around the issue of HIV/AIDS and later we invited guests from "*Tesfa Goah*"the association of PLWHA in Ethiopia to train for our staff. Later the trainer was encouraging all people to undergo VCT and before that he arranged a visit to *Entoto*[20] so that people could see PLWHA (aware of HIV) and undergo testing. However, the workers became frightened and reduced their active participation and this discussion did not go further. CSO-7

The kind of HIV internal mainstreaming activity, which is carried out by almost all CSOs, is donor dependent. Therefore the lifespan of their existing workplace HIV/AIDS intervention activity depends upon the presence of donor's funds. This is complicated by donors who take no notice of the impact of HIV on their partners' staff. It is therefore difficult to continue launching workplace HIV/AIDS programs because of the inadequate finances. Among the participating CSOs sometimes HIV/AIDS activities were halted when the existing donor funding was exhausted. An excerpt from the interviewees is provided below:

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[20] Entoto lies in the Northeast part of Ethiopia and is well known for its holy water. The Ethiopian Orthodox Church has several deeply-rooted beliefs among its adherents. One of these is the power of Entoto's 'tsebel', or 'holy water', to heal the sick and cast out demons. The place has long been a safe heaven for PLWHA who are looking for spiritual help and miracles. According to some sources, approximately 4,000 people reside in this area (PlusNews2007).

> We were conducting internal mainstreaming activity. Every Friday we were having awareness creation session. The organization has employed professionals for this particular purpose. The session was quite lively and it was keeping the staff interested because it increased their awareness regarding HIV/AIDS. Despite this fact the session came to a complete end. Amongst the reasons for the termination of this training session was that the funding we had secured from donors for the purpose of awareness creation, was used up. CSO-7

Workplace HIV/AIDS interventions bring positive behavioural change and become successful, can influence and sustain change in a particular settings if they are carried out taking into consideration the socio-cultural contexts. However the donor-dependent nature of Ethiopian CSOs internal mainstreaming activities face not only problems related to funding but also the donor interest will interfere and retard them from being effectively implemented as indicated herein.

> The prominent problem related to workers awareness-raising campaigns at the workplace is denial. In this respect evidence indicates that employing HIV positive people in workplace intervention activities is recommended. In line with that we have planned to employ an HIV-positive person as HIV coordinator. However this idea is in contradiction with donor interests. As a result we were not able to do that. CSO-7

Lack of funds or lack of donor interest to support some CSOs can retard the internal and external mainstreaming activity of some CSOs. There is a tendency on the part of donors to focus on some specific CSOs and to neglect others. Especially CSOs working with marginalized people may lack focus as observed by one CSO:

> Our organization has identified HIV/AIDS among the key problems our members, staff and volunteers are facing. Therefore we have planned and designed a strategy to mainstream HIV/AIDS both internally and externally. However, we were not able to secure funding from any of the donors for they do not understand the relation between HIV and disability. CSO-16

Most organisations highlighted that their response to HIV/AIDS had been constrained due to lack of resources. Implementing HIV/AIDS policies is seen to have financial and material implications beyond the capacities of the organisations. It requires providing of various support to the staff. However, the survey respondents mentioned that they are concerned about how to administer such support programs to staff in a sustainable way.

Personality variables inevitably influence the choice, reaction and productivity at work. Training efficiency, job satisfaction, and productivity are all related to personal traits. Thus, personality and ability variables are important components at every stage of the job life cycle, from application to retirement. (Roberts & Hogan 2001:246). For active implementation of HIV/AIDS workplace intervention, personality variables also play important role. There are scenarios in which some workplace HIV-related activities are carried out with the initiative of particular individuals, as opposed to being part of the organizational culture. In many instances the focal person was seen as the only one responsible for doing anything about HIV/AIDS in the workplace. The drawback of this particular situation is that these kinds of activities will be halted when such knowledgeable and enthusiastic individuals leave the organization:

> Our organization HIV internal mainstreaming was mainly mobilized by one female employee. She was making all kind of efforts for internal workplace HIV/AIDS intervention activity to become successful. When she left the organization the workplace HIV/AIDS intervention activities weakened. CSO-7

Active committees can play a fundamental role in ensuring the continuity of HIV/AIDS intervention programs among the participating CSOs. However some CSOs expressed their concerns about declining employee interest in the programs. Thus, CSO-14's HIV/AIDS committee was considering conducting a need analysis; however this by itself is not easy because the staff were not able to give their exact feedback on what should be done related to workplace HIV/AIDS program due to fear related to HIV. Nevertheless, some of the CSOs in this study who are carrying out workplace HIV programs were exploring viable alternatives to improve employee's participation. In this regard, some of the survey respondents mentioned that they are committed and trying to assess the obstacles and threats to their HIV/AIDS intervention program and to design strategic direction towards better success. While data collection takes place, some of the participating CSO's were entering a period of evaluating programmatic progress and searching for solutions to keep the HIV/AIDS programmes "alive." For example according to CSO-20 inadequate staff motivation to attend dialogue sessions has constrained the implementation of workplace policy in their particular organisation.

Among some of the participating CSOs, staff awareness training was largely ad hoc. According to survey respondents, they conduct something like an occasional

briefing, which is sometimes brought up in staff meetings. Management staff in some of the organizations in this study informally encouraged staff to go for voluntary counselling and testing. For other CSOs like CSO-7, despite the fact that they have conducted awareness raising campaigns at the workplace, the workers motivation and strong commitment to behavioural change and taking other positive steps to protect themselves from the virus like undergoing VCT did not materialize due to fear and denial. The following quotation illustrates that:

> We were having HIV/AIDS workplace activities in our organization. Every Friday we were having a session on HIV and the training was conducted using external experts. After taking part in several training sessions, the trainer proposed a travel to *Enototo* to meet PLWHA to share experiences and later to motivate the staff to undergo VCT. However after the proposed visit to *Entoto* the staff participation went down to zero. CSO-7

For umbrella organizations like CSO-13, HIV/AIDS external mainstreaming activities are related to HIV/AIDS program intervention for their member or project implementing partner organizations. In relation to this, they are facilitating and organizing training programs that enable the professionals of their member or affiliate organizations to perform better in HIV/AIDS-related matters. CSO-13 also plays a vital role in advocacy on HIV/AIDS related issues with various government ministries, like the Ministry of Labour and Social Affairs. However, internal mainstreaming of HIV/AIDS inside CSO-13 itself has not been easy as follows:

> We are losing a lot of staff due to HIV/AIDS. The epidemic is creating all kinds of human resource implications for our organization. Our organization is one of the biggest umbrella organizations supporting its members and affiliated CSOs related to HIV/AIDS. We work in the area of advocacy and other areas of development issues related to HIV/AIDS with various government organs. When it comes to our workplace HIV/AIDS program, our organization is not inward looking and there is a lack of commitment on the part of the management. We have secured funding to conduct workplace HIV/AIDS activity but we have not worked on it. Our organizations workplace HIV/AIDS program is dormant. For example, on World AIDS Day, our organization did not carry out any HIV/AIDS related activity for its staff. CSO-13

6.2.2.3. <u>HIV/AIDS Program of the Survey Participant CSOs</u>

The HIV/AIDS program components that are carried out by selected CSOs include the following: free STI diagnosis and treatment, voluntary counseling and testing, promotion and provision of condoms, awareness-raising campaigns and distribution

of Information Education Communication (IEC) materials and care and support including treatment of opportunistic infection. Some CSOs used to provide staff with Anti-Retroviral Therapy (ARVT), before the provision of universal free ART was launched by the government. Figure 6.2 below shows the type of workplace HIV/AIDS intervention participating CSOs use.

Figure 6.2 Workplace HIV/AIDS Program Components of the Participant CSOs
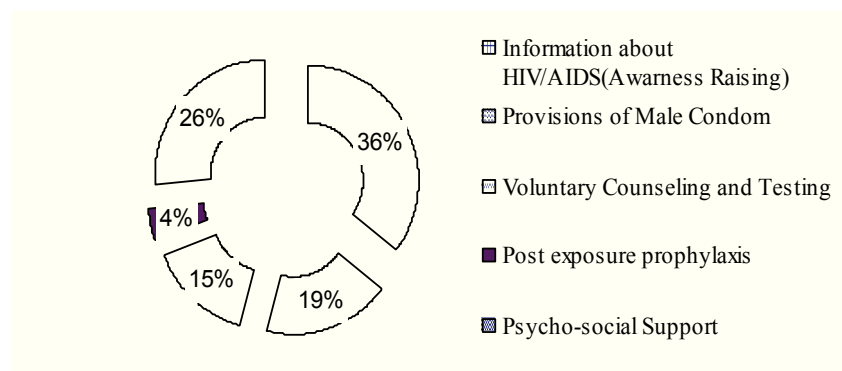
6.2.2.3.1. Information Provision and Awareness Creation

Apart from the government mass media, which has recently attempted to disseminate a variety of HIV/AIDS related information to the general public, CSOs are also making considerable efforts to widen the understanding and knowledge of the pandemic among all sectors of society. Such communication programs have tremendous importance for bringing about behavioral changes.

A worldwide consensus has been reached that until a vaccine or cure for AIDS is available, the only reliable and effective strategy to minimize the further spread of the disease is through public education. The objective of promoting health education programs is to create awareness and eventually bring about attitude and behavioral change so that individuals will limit the number of sexual partners and avoid unsafe sexual practices (Eshetel et al. 1996: 61). HIV/AIDS education programs, which take place at the workplace, inform employees about the epidemic and motivate them to bring about behavioural change. These education programs include new findings related to prevention, the importance of treating STIs and TB and ways to find and use available services offered by the company (Rau 2002: 46).

Several CSOs participating in the study provided their staff members with HIV/AIDS related training, including workshops, presentations on HIV/AIDS

prevention issues and distribution of educational materials. According to the respondents, organizations provide regular HIV-related information and some of them assigned HIV/AIDS focal person at the head office and field office level that are responsible for these activities. Most of the information regarding HIV is disseminated through mass meetings and inviting external experts. Some CSOs who have participated in this survey have held discussions on various HIV/AIDS-related issues. Some CSOs also have weekly staff dialogue related to HIV/AIDS. During such debriefing sessions, they build staff awareness. For others, briefing sessions and staff dialogue on HIV/AIDS issues is not conducted regularly.

In this study, some CSOs regularly invite speakers to address their staff on issues of HIV/AIDS organizing workshops and for some CSOs, they are generally held only once or twice a year, since they demand more time of the employees.

Among some of the survey participant, awareness-raising programs are conducted and related to a series of sensitization workshops have been developed in consultation with staff. These cover a variety of issues and are developed for different contexts. They include information provision on basic facts on HIV/AIDS transmission and prevention, the need for HIV testing and how to access VCT. External speakers generally provide lectures and presentations on HIV/AIDS, while the individual CSO employees manage and facilitate the sessions. According to the respondents the awareness workshops have also been useful for supporting staff that are mainstreaming HIV/AIDS in their core development work.

CSOs that have HIV intervention programs for their community or members relatively have internal workplace HIV/AIDS activities. For example, 60% of the CSOs with HIV/AIDS policies are those CSOs who are have HIV/AIDS intervention areas for the community they serve or for their respective members. In this survey, CSOs engaged in AIDS focused work or have HIV intervention program for their community or members are more likely to provide HIV/AIDS training for staff members.

Several of the CSOs prioritized HIV/AIDS training due to the existence of the epidemic in their communities. Few recognized the importance of HIV/AIDS training opportunities offered by other organisations and considered them as a priority for staff participation where possible. Some CSOs have provided HIV/AIDS training to both the staff and volunteers. Some of the respondents of this

study mentioned that the assessment they conducted shows that staff need training on HIV/AIDS issues and have shown interest because it helps them learn to care for themselves and look after their family members. Also, according to survey respondents, some staff members developed interest in learning more because HIV/AIDS skills are marketable in Ethiopia and there is a high demand for professionals in the field, which resulted from in increase in HIV/AIDS activities in the public and private sectors. Volunteers are extremely interested in any training that might help them secure a job due to high unemployment rates in the country. CSOs working on AIDS-focused work or that have already mainstreamed HIV internally and externally there is information exchange and sharing among the staff using the internet. It has been noted by the survey respondents that the staff of some CSOs exchange recent information related to HIV/AIDS using group e-mails.

Effectively , HIV/AIDS preventive intervention has to consider the content of information and the context in which the preventive messages are delivered. The content is determined by age, locality, literacy level, social customs, local religious beliefs, economic level, occupation, mobility and peer influences (Eshetel et al. 1996: 56). Therefore, messages that are for wide audiences do not illustrate the microenvironment that engenders the community to the risk factors prevalent in a specific setting.

IEC materials available in the selected CSOs, particularly posters and leaflets, promote messages that are general and designed for nationwide use. The CSOs in the study use either IEC/BCC materials that are developed for the community they are serving or use the materials published by the HIV/AIDS focused CSOs. Most of the CSOs in the study use HIV/AIDS information pamphlets or manuals they have produced as part of their programming to help their own staff members understand HIV/AIDS issues and recognize personal risk. However, promoting IEC/BCC activities were absolutely underplayed. Most of the CSOs in this study who have HIV/AIDS intervention activities for their workers do not prepare IEC materials focusing particularly on their respective staff. Rather, they use materials which has been used to teach the community they serve. It is not conducive and perhaps not cost effective for every CSO to prepare IEC materials focusing on their particular setting for they have relatively small numbers of workers. However, they can carry out such activities by building and strengthening partnerships with similar CSOs.

Other than having formally trained health professionals and educators to conduct outreach activities, group-level intervention such as training employees to be peer educators for informal education is also effective. Peers are people in the workplace who are similar to one another in age, background, job roles, experience and interests. People are more likely to listen to and follow the advice of their peers. Peers also have greater influence on each other than non-peers, a significant factor for the credibility of behavioral change messages. Peer educators can communicate important issues to employees, lead large group meetings and distribute IEC materials and other paraphernalia like condoms (Rau 2002: 47). Despite this fact, in many of CSOs assessed in this study, peer education exists only in a few of them; it is almost non-existent among many of the CSOs. According to the respondents, even these peer education programs which are conducted by a few of participating CSOs lack training opportunities or required skills to carry out such activity at the workplace. The following quotation emphasizes this point:

> In our organization there are very limited training opportunities for promoting peer-to- peer counseling and dialogue despite the fact that our staff is vulnerable to HIV/AIDS. CSO-16

Therefore, lack of peer education programs among CSOs and the type of IEC materials used can also be cited as a constraint on the effectiveness of the workplace HIV/AIDS programs among surveyed CSOs.

Most of the CSOs agree that HIV/AIDS is a threat to their organizations. However, few of the organizations participating in this study have the opportunity at present to provide their staff with extensive training. Highly trained and skilled staff are an asset to the participating CSOs. Organizations take a greater risk of losing staff members by not providing relevant and useful HIV/AIDS related training.

The field of HIV/AIDS is continually expanding as more information becomes available. Such information can be used on a regular basis for specific training sessions. Antiretroviral therapy (ART) is gradually becoming more widely available in the country but staff members working on HIV/AIDS must be acquainted with treatment issues and protocols. Staff members also need information on where HIV/AIDS-related services are available, like the provision of condoms and VCT services if not provided by the CSOs themselves. For example, training sessions could include sharing information about community networks or organizations offering HIV/AIDS services and prevention methods. Increased awareness and

knowledge on the part of staff members will not only be helpful for themselves, but can be beneficial to their friends, colleagues, family members, partners and spouses. The more CSOs are involved in HIV/AIDS programs the more they would be in a position to hold in-house training sessions by their own members. CSOs could also invite colleagues from other organizations to make presentations on their HIV/AIDS-related informal monthly gatherings.

6.2.2.3.2. <u>Condom Promotion and Provision</u>

The primary focus of IEC is to give adequate information on mutual faithful partnerships, delaying sex and encouraging abstinence. However, there should be an alternative for those who are unable to abstain or be faithful to their partner. Promotion of condom use would be appropriate in this case. Several studies have shown that regular and appropriate use of condoms can prevent the transmission of HIV (NAC 2001: 18). Correct and consistent condom use is an essential factor in preventing HIV/AIDS and STIs. The importance of regular and proper use of condoms should be a major focus of workers' education and prevention sessions. Condoms can be distributed through peer educators or using vending machines, however, the main goal is for employees to have ready and easy access to them. Because condoms are related to sexual behaviour, some workers may be embarrassed to ask for them so condoms should be made available directly to workers without an intermediary (Rau 2002: 48).

Some of the CSOs who have participated in this survey conducted HIV/AIDS prevention activities of some kind although they noted the lack of efficient co-ordination, still virtually all the respondents reported that condoms are distributed in their workplace. Male condoms are widely made available to staff. In line with good practice elsewhere, managers reported that condoms should be placed in both male and female toilets. It has been noticed by some CSOs that usually on Friday the number of condoms in washing rooms would decrease. Despite this fact, it was noted, that the centralization of supply means that it often takes a while to replenish stocks when they run out, and some CSOs have not distributed condoms for quite some time. Some faith- based CSOs involved in this study do not promote condom use and others have undetermined positions regarding condom promotion as stated:

> Normally because we are a faith-based organization we do not encourage
> or discourage using condoms. For example, we encourage HIV-discordant
> couples to use condoms. CSO-14

Some of the CSOs in this survey do not promote condom for their respective staff but employees use condoms which are available in the workplace for their respective target groups or beneficiaries. However there are still problems related to condom use among CSOs. For example, one CSO director has expressed his fear of employee resistance or frustration if the management put condoms in washrooms. The other issue related to condom use is not only its distribution and availability, but it also matters how it has been used for the intended purpose. For example, in a workshop organized by the Ethiopian HIV/AIDS workplace project of Cordaid and Oxfam Novib which was officially launched on March 28 2008 at the Global hotel in Addis Ababa, one of the CSOs presented its both positive and negative experiences of using condoms by staff. The presenter CSO mentioned that "Some staff collect condoms from the office and give them to their kids to play with whilst some others are using them for protecting themselves from the HIV virus.'' The researcher herself has witnessed this kind of negative use of condoms in the community: condoms were distributed freely by one of CSOs during a sport festival in the village; some adults were filling the condoms with air and playing with them like balloon. Therefore condom provision alone does not guarantee that individuals will use the condom to protect themselves from the virus. For example, it has been noted by the participating CSOs that there is still resistance toward appropriate use of condoms. Hence, there should be permanent discussion and teaching sessions related to HIV/AIDS so that the workers can develop behavioral changes towards HIV/AIDS risk factors including appropriate use of condoms.

6.2.2.3. 3. <u>Care and Support Services and Linkages</u>

Support services, access to Post-Exposure Prophylaxis (PEP), Prevention of Mother to Child Transmission (PMTCT), and HIV Antiretroviral Therapy (ART) are essential benefits that should be provided to CSO staff members. Rape and gender violence are serious problems in Ethiopia and CSOs need support in providing HIV Post-Exposure Prophylaxis (PEP) to staff members and volunteers, many of who are women.

Among the participating CSOs, few offer staff and volunteers access to post-exposure prophylaxis (PEP) for possible HIV infection. Some CSOs have created partnerships with other CSOs specializing in HIV/AIDS in external training workshops, giving staff members the opportunity to learn about additional resources

and linkages available in the community. A few of them network locally, nationally and internationally. CSOs who have networks with other organizations get an opportunity to learn more about resources, which are, at times, shared across their organization. Such resources include training opportunities, the availability of free condoms, clinical services, and VCT.

Some of the CSOs who carry out workplace HIV intervention activities in this survey provide staff counseling. This is particularly related to faith-based CSOs. The following quotation illustrates this:

> We have a plan to begin conducting education and programs designed to counsel employees on matters that affect their health. Specifically, we are considering an outreach effort for our employees in the areas of concern, with HIV/AIDS awareness as a component. CSO-10

According to the respondents, confidentiality was mentioned as an issue of concerns for employees whether to use or not the available VCT services at the workplace. Respondents in the survey said that their staff members did not seem interested in VCT because they doubted confidentiality of their HIV status and the possibility of disclosure of their health history and fear subjection to stigma and discrimination immediately if their status is revealed.

There are a variety of mitigation measures that CSOs are using. Some CSOs explained that they facilitated access to services but could not ensure availability where such services did not exist. Facilitating access to mitigation services such as counseling and HIV/AIDS-related drugs was seen as important.

The survey showed that CSOs adopted a policy that is supportive of safer sexual contact among the migrating staff. For example CSO-14's field staff who frequently travel and stay for long periods in field offices are allowed and financed to take their family along. This is meant to protect them from HIV risk factors that transmit the HIV virus through casual sexual contacts.

In Ethiopia, HIV/AIDS policies are generally very stringent on prohibiting discrimination against employees who may be HIV positive. The law requires that the workers and employees are given the necessary assistance they need when they are ill in order to stay at work. However, respondents' policies are not as forthcoming when it comes to the provision of more complex and perhaps more costly treatments for employees. Furthermore, in general, most CSOs do not provide

support to HIV/AIDS for employees in their retirement or to their families or partners.

Psychological and behavioural adaptation to HIV is integral to long-term survival. Social support and depression were correlated with one another and each were associated with benefit finding[21]. Greater benefit finding led to reduced depressive symptoms to PLWHA for they perceive themselves to be receiving more support in dealing with their illness and the presence of support served to buffer patients' vulnerability to depression or related difficulties. (Littlewood et al. 2008:153) Effective care and support programs generally aim to protect the health of HIV-positive employees by providing treatment for opportunistic infections where possible, antiretroviral therapy and by providing psychosocial support to those living with the virus and affected by HIV/AIDS which can likely lead to long-term survival. Some of the CSOs in this study do not need to provide pre and post-test counseling or treatment. Good practice suggests that they still have a responsibility to refer staff to appropriate counseling and testing facilities, and to provide on going counselling and other forms of social support. However, among the interviewed CSOs, the extent of such activities is relatively limited. Some managers conveyed their firm belief that the successful prevention and management of HIV/AIDS in the workplace is dependent on employees knowing their status and encouraged staff to undergo VCT. However, the potential for stigma involved related to the virus mostly discourage such activities to be successful. Activities which were carried out by participating CSOs on an ad hoc basis and the scope and nature of the support provided was again dependent on the attitudes and commitment of individual managers.

There are serious gaps in the level of support available to staff and where services are available they are often beyond the means of the organizations. Organizations should consider the provision of more HIV-related services provided through their workplaces. One of the fundamental problems of participating CSOs addressing HIV/AIDS as a workplace issue is the lack of resources available for their range of needs. Only a few CSOs have developed care and support systems to look after staff members who disclosed their HIV status. However according to the respondents the services offered by the CSOs are inadequate in meeting needs. According to the

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[21] "Benefit finding" refers to the efforts that individuals make to look for the positive aspects in their life while experiencing stress and to search the 'lesson learned' from that experience.(Trennen &Affleck 2002).

respondents, since the morale of the staff of the participating CSOs is affected when their colleagues becomes visibly ill with AIDS, they assist their fellow co-workers through staff contribution. Such a mechanism also helps CSO staff members to realize that they are supported by their organization. These efforts are commendable, but do not constitute a comprehensive care and support program. Like the prevention activities discussed above, a failure to institutionalize care and support program responses is likely to undermine their sustainability.

With the exception of International NGOs, the constraints of participating CSOs in the provision of workplace care and support services is related to the limitation of financial and human resources. Like most of their activities, CSOs carry out their internal HIV/AIDS-related activities with the support of donors. According to the respondents most of the donors do not finance their internal HIV-related interventions and even some donors are not familiar with the concept. Therefore, few CSOs run such activities through staff contribution or using other budget lines. At present, most of the CSOs are struggling individually to lessen the impact of the epidemic at their workplace. There should be a mechanism or an establishment in which CSOs can run their internal workplace HIV/AIDS intervention activities, and donors must take into consideration possible support in this respect. The level of coverage and the type of intervention can depend upon the type of CSO. The CSO community itself has been creative in its responses to various development-related activities; they need to bring that creativity to the context of HIV/AIDS in their internal and external mainstreaming framework. They need to conduct substantial dialogues among the CSOs themselves, with donors and policy-makers, in framing different strategies to overcome this crisis.

Much more work urgently needs to be done to combat the stigma and discrimination relating to HIV/AIDS in Ethiopia. For CSOs without an HIV/AIDS workplace policy, opening up workplace discussions on HIV/AIDS and starting the policy formulation process can be a major team-building exercise. It can also foster greater recognition of the needs of individual staff members. Putting in place an HIV/AIDS workplace policy also fosters a nurturing environment, opening the door to discussions that have previously been avoided. The development of workplace policies can lessen the stigma surrounding HIV/AIDS and, furthermore, help individuals to disclose their HIV status and get support from their colleagues and managers.

6.2.2.4. Rationale for CSO Response Limitation in Internal Mainstreaming

Virtually almost all CSOs in the study suffer from HIV/AIDS. However their response is quite limited compared to some business-oriented or public organizations in Ethiopia. Among surveyed CSOs, reduced productivity of individuals has an enormous impact on their organization compared to that of other type of organizations like business-oriented or public organizations because CSOs have a smaller resource. It also means that in many cases financial resources to cover the long-term medical aid for staff members or dependants living with HIV/AIDS or multiple replacement costs of staff are lacking. Therefore managing human resource issues is more difficult among CSOs. The narrow leeway of interpreting and implementing human resource policies (if they even exist) puts the management of surveyed CSOs into a dilemma of deciding whether an employee should be given organizational support to keep on living or be consigned to die. This means that the value of CSOs is challenged by practical realities of financial survival.

Figure 6.3 CSOs Reason for not having Workplace HIV/AIDS Policy
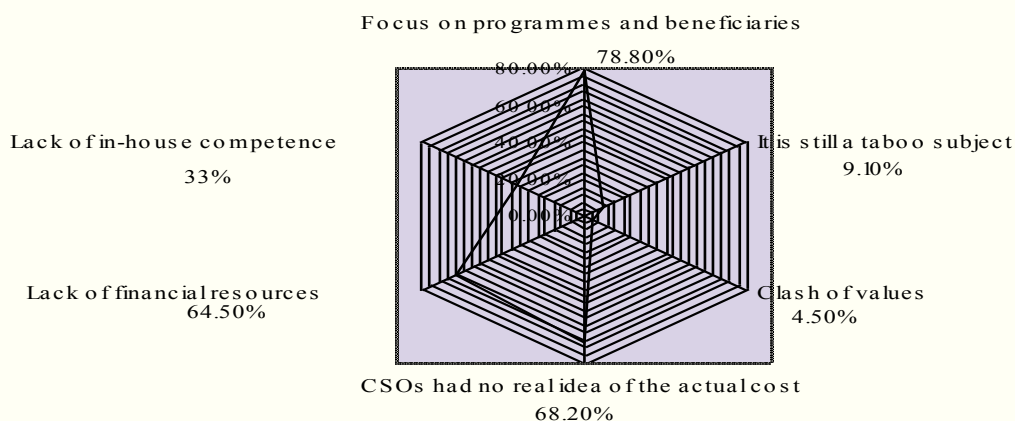
* Multiple responses were possible therefore; percentages may add up to more than a hundred percent

As can be seen from the above figure, in answering why there is limited response from surveyed CSOs in carrying out workplace HIV/AIDS intervention activities, the respondents provided the following factors. CSOs agreed that little progress had been made in institutionalizing a response to the epidemic. Some of the participating CSOs have workplace HIV/AIDS policy, however, they lacked clear

guidelines for managing HIV/AIDS in the workplace; others do not have policies at all. There seems to be a number of reasons that CSOs have not yet developed workplace HIV/AIDS policy, as it has been indicated above in figure 6.3 including lack of financial resources, lack of in-house competence, clash of values, having no real idea of the actual cost, focus on programs and beneficiaries and because HIV is still a taboo subject in the workplace. In addition, the qualitative data and the researcher observation indicates that negligence, which is related to the above mentioned constraint reveals itself among the limited related positive responses towards HIV/AIDS among the surveyed CSOs.

6.2.2.4.1. <u>Concentrate on Programs, Beneficiaries or Members not on Their Own Organisation</u>

There is a general perception that CSOs should be regarded as service providers rather than employers. The perception limits the efforts of establishing workplace HIV/AIDS policy intervention as it is deemed unnecessary. CSOs view that their primary mandate is to serve their constituents and members with the existing limited human, technical, and financial and available resources. For example, organizations like CSO-1 have provided support for one of the factories in Ethiopia to put in place a workplace HIV/AIDS policy while they themselves do not have any policy or a kind of intervention at the workplace. For some CSOs, even HIV is not considered an organizational problem. For example the CSO-18 manager noted that their organization is focusing on conducting HIV/AIDS related prevention activities for their beneficiaries and target population so far. Nevertheless, they do not have workplace HIV/AIDS interventions for themselves because they do not view HIV as their organizations problem. For instance, according to CSO-6, despite the fact that they are working in the area of reproductive health and HIV/AIDS, they have never imagined that they themselves could be affected by the epidemic. The following quotations illustrate this point:

> Our organization is mainly working on gender issues. In relation to that, we work in the area of reproductive health including HIV/AIDS. However, we have never raised or thought over about internal HIV/AIDS mainstreaming. If we requested such programs from our donors consortium it might be possible to finance such activities. Therefore, financial resource will not be by any means an obstacle in conducting such programs in our organization. CSO-18

"In our organization we do not conceive of HIV as a problem. We had never envisaged that it is a serious issue that can impact our organizational operation. We have not heard about internal HIV/AIDS mainstreaming and no donor has raised such an issue. CSO-6

The above quotations attest to the CSOs oblivion toward the negative affects of HIV on their operations. The perception that the problem has only external effects is reinforced by donor-supported training workshops contending that HIV/AIDS mainstreaming is to be directed to programs only without relating to the internal activities of the respective CSO. One of the respondents noted that "we are always striving to mainstream HIV/AIDS in our work relating to the community." We looked at HIV/AIDS as a problem for 'them' the communities; and not for 'us' in our organization."

Figure 6.4 <u>**Response to the question "Do you think that HIV/AIDS has Impacted on your Organization?"**</u>
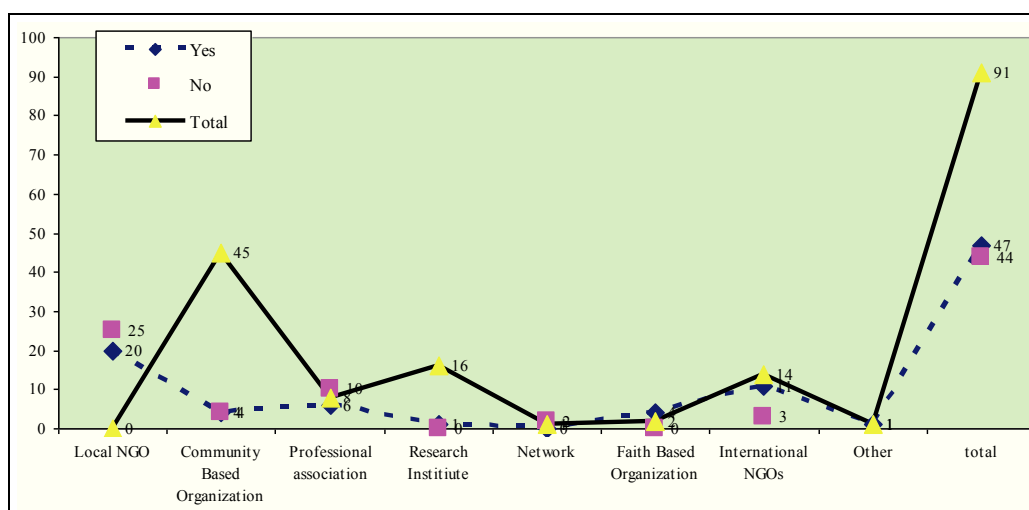
Figure 6.4 indicates that among 91 CSOs who responded to the survey questionnaire 47 participant CSOs perceived that their organization was affected by HIV/AIDS, the remaining 44 participants CSOs did not perceive that HIV had impacted on their organization. Among the different types of CSOs that participate in this study, Figure 6.4 shows research think tanks and professional associations have the least perception of the impact HIV/AIDS upon their organization.

Most CSOs now recognize the existence of HIV/AIDS and its devastating impact. But they deny that they are affected. They view it as other people's or the community's problem. It is also magnified by CSO self-esteem and attitudes of "We know better than others because we are the one who are teaching". Such ways of thinking signifies that there is still a stigma against accepting HIV/AIDS as a

problem. For example, some CSOs like professional association and research think tanks whose staff comprise of educated elites, think that they do not need to mainstream HIV/AIDS internally. After all, they feel that they are experts in all issues. This view is also supported by the management and in some cases health personnel of some CSOs, because for several reasons they assume the level of awareness in their organization is high and there is no need for workplace HIV/AIDS educational programs. Many CSOs, particularly those that have HIV/AIDS focused intervention activities for their community or members mistakenly assume that because their staff members know about HIV/AIDS and its prevention methods, they put this knowledge into practice in their personal lives. However, this is not always the case as there are situations in which the fear of testing and denial makes the staff vulnerable to the epidemic. People obviously find it is easier to accept that HIV/AIDS is someone else's problem than to acknowledge their own vulnerability.

According to the survey, CSOs working on issues related to advocacy and research are amongst the worst culprits. Denial, fear and fatigue are powerful constraints against having workplace HIV/AIDS intervention at the workplace. Denial is expressed through externalising the problem as something "out there" related to beneficiaries, members and clients. This partly happens because the cost caused by HIV/AIDS is hidden in terms of absenteeism, increased administration and management cost, in general in human (staff) and non-human (organization) components of the institutions.

6.2.2.4.2. Capacity Constraints

Among the several CSOs who participated in this study, the co-ordination of HIV/AIDS activities is not entrenched in systems of their organization. There is a lack of dedicated coordinating structures and personnel. This is related to the lack of distinction between internal, staff-oriented activities and those targeting communities.

There is also a lack of knowledge regarding mainstreaming HIV/AIDS at the workplace. For example, the researcher has noticed such circumstances while conducting interview with the vice president of the CSO-18. During the interview, the vice president of the CSO-18, expressed her interest in knowing what internal HIV/AIDS mainstreaming meant and said that it might be important for their

organization stating her intention to inform and discuss it with their organization's board members when they have the next board meeting.

For most of the CSOs who participated in this survey, even if they came up with workplace HIV mainstreaming activity its implementation and organization was not easy to conduct on their own. In spite of the commitment of the management and the explicit interest of some staff, with the exception of international NGOs none of the CSOs who have participated in this survey have worked without the use of external consultants. They searched for information themselves and approached like-minded organizations in Ethiopia and neighbouring countries on the issue. The number of experienced Ethiopian consultants, who are able to guide internal mainstreaming of HIV/AIDS is limited. The search for a suitable consultant led to several CSOs delaying the actual implementation of workplace policies. How did CSOs solve this? Some succeeded in getting the support from the International Labour Organization's office in Addis Ababa. Others started with support of four Dutch co-funding agencies (NOVIB, CORDAID, ICCO and Plan Netherlands). Some others were helped by the HIV/AIDS Prevention and Control Office (HAPCO) and UNDP, which facilitated some of their workplace policy formulation. However several CSOs in this study noted that they lack knowledge and capacity in implementing or formulating workplace HIV/AIDS policy even in the presence of financial resource.

Some CSOs who have participated in this survey have conveyed the various problems they have faced after they started implementing workplace HIV intervention activity. Respondents also cited their lack of competence or confidence in the human resource departments to deal with HIV/AIDS. Like most other organizations, CSO-7 is looking for concrete ways of dealing with the fear of disclosure HIV/AIDS status among their staff. How can confidentality be executed? The following quotation illustrates this point:

> We have an HIV/AIDS committee and we have a focal person. Every Friday we have a discussion session on HIV/AIDS. Our organization teaches and encourages our staff to undergo HIV/AIDS counseling and testing. However, we have a problem in dealing with confidentiality. CSO-7

It was noted that there existed a capacity gap in expertise for workplace HIV mainstreaming and managing the activity after introducing workplace HIV/AIDS policy among participating CSOs.

6.2.2.4.3. Clash of Moral Standards, Ethics and HIV/AIDS as Taboo

In Ethiopian society, as in most parts of the world, discussing sex openly is taboo. Worse still is HIV/AIDS, which remains veiled in silence. Often families, friends and colleagues refuse to acknowledge that the death of their loved ones is from AIDS. Rather they prefer to single out the opportunistic infections such as TB, lung infection or bad air (*berde*). In some of the CSOs participating in this survey HIV/AIDS seems to be something that cannot be openly discussed because it can cause trauma or embarrassment to people. Even though the management realized that their staff are being affected by the epidemic and decided to carry out workplace HIV/AIDS related activities like condom promotion, they fear that the workers will react negatively:

> We do not consider HIV to be a problem in the organization and we do not have any HIV intervention activity in our workplace. It is our belief that our staff also does not understand what workplace HIV/AIDS intervention is all about and can ask how such activities are being conducted while the organization is not an AIDS focused organization. For example we have a fear that if we put condoms in washrooms or places where the workers can easily find them, the workers may develop a negative feeling about what is happening. CSO-3

In some of the participating CSOs HIV is rarely openly discussed. Workers fear negative repercussions and discrimination if the management or colleagues know their HIV status for it limits their promotion and advancement at their workplace; it may even cause the loss of their jobs. If a staff member starts displaying symptoms of HIV/AIDS it becomes even harder to discuss the matter openly in an organization. Any discussion will be interpreted personally and will become extremely sensitive because highly emotional issues such as sexual behavior and death necessarily arise:

> We used to have internal HIV/AIDS activity for our staff. The organization was arranging workplace HIV/AIDS related training programs for the workers. We invited a professional who provides training on the issue of HIV. For one year the program was running pretty well and later we invited guest from *"Tesfa Goah,"* the association of people living with HIV/AIDS in Ethiopia. A professional employed for this purpose conducted training. During the training session hot discussion and exchange of ideas turned out well. The trainer was encouraging all people to go for VCT and before that he had arranged a visit to *Entoto* so that people can see PLWHA (aware of HIV) and undergo testing. But the workers became frightened and reduced their active participation; and hence, the discussion did not go further. CSO-7

According to a respondent, cultural, traditional, and religious contexts prevent employees and employers from discussing HIV/AIDS and reproductive health issues openly in public. Reproductive health issue are something which is concealed and which is less likely to be discussed openly. According to CSO-5 for example, some religious beliefs in Ethiopia do not encourage religious leaders to disclose HIV-positive status. In some of the participating CSOs, the respondents noted that disclosing HIV status is not common due to the stigma and discrimination attached to it.

One respondent within the FBOs for example discussed how official leaders of religious activities have misconceptions and lack adequate knowledge about AIDS. This situation will impact the prompt response of faith-based CSOs. For the faith-based CSO there is clash of moral standards and ethics related to the epidemic. According to CSO-14 there is a problem of views and attitudes. There are issue relating to spiritual life and earthly life. There is an issue of addressing social problems through holistic approach. All these issues will impact workplace HIV/AIDS intervention responses.

During the interview with the selected CSOs, the researcher herself has come across various CSO leaders who deny the impact of HIV/AIDS in their organization. For example, when the researcher was arranging for the interview, accepting HIV as an organizational problem was a major problem for some CSO leaders. The researcher noted the special case of one CSO where there was denial from the first instance but later the CSO leader started to consider it and stated that their organization suffered due to the epidemic, and even disclosed that she has lost two of her cousins to HIV.

Understanding that HIV/AIDS is a threat to the organization is not enough. Simply developing a policy response is insufficient. Organizations are made up of human beings whose behavior is influenced by deeper emotions. For any organization to change, emotional challenges associated with the epidemic need to be addressed. Denial, fear and fatigue are powerful constraints against discussing HIV/AIDS in the workplace. Any organizational response to HIV/AIDS therefore has to explore, surface and address such issues in a contextually appropriate way.

Many employers are hesitant to address HIV/AIDS in the workplace because of the sensitivity attached to the issue. However, changing the perception of AIDS from a

negative, death-related, personal issue into a positive challenge to secure and improve employees' health creates excellent opportunities for employers.

6.2.2.4.4. <u>Lack of Knowledge on the Costs of the HIV/AIDS Epidemic in the Workplace</u>

HIV/AIDS risk analysis focuses on identifying how the epidemic affects the organization and the staff, the degree of vulnerability and the capacity of the organization to deal with HIV/AIDS. HIV/AIDS risk analysis in an organization is useful in identifying risks related to the virus. It helps to design a strategy to overcome these risks mainly by including those issues in the HIV/AIDS workplace policy development and implementation. (Ezezew 2008:3) In this respect a pilot project of four Dutch co-funding agencies (NOVIB, CORDAID, ICCO and Plan Netherlands) on workplace mainstreaming for twenty Ethiopian CSOs emphasizes the importance of HIV/AIDS risk assessment. One of the CSO participants in their risk assessment project as states:

> "One support staff, who works in the faith-based organization Voluntary Counselling Testing(VCT) project site stated that she has never had training on how to carefully dispose of used needles. A risk assessment exercise would have highlighted her vulnerability to HIV/AIDS and encouraged appropriate action". (Ezezew 2008:3)

The above quotation illustrates how risk assessment mitigates CSO staff HIV risk and exposures at their workplace. In addition to that, for example the pilot project of four Dutch co-funding agencies (NOVIB, CORDAID, ICCO and Plan Netherlands) on workplace mainstreaming for twenty Ethiopian NGOs indicates that introducing the HIV/AIDS risk analysis tool and conducting the risk assessment has brought significant positive changes among NGOs including increased disclosure, improved communication, conducive working environments and networking. According to Ezezew (2008) in the beginning there was no culture of openness among partners but they have tried to break the silence. For example, some staff members of participating NGOs disclosed their status willingly and shared their personal testimony of how they are living positively with HIV after conducting HIV/AIDS risk assessments. Even some pastors disclosed their HIV status to teach others in their preaching. The assessment workshop has improved communication for it enables participating NGOs to talk openly about sexual issues for the first time with their staff members. According to Ezezew, women tend to have benefited most

because their assertiveness skills and their confidence develop to stand by their decisions and to deal with difficult situations. In general, participant NGOs felt that vulnerability assessment exercises and sharing their thoughts and feelings, had helped to strengthen their relationship with their staff members. It has created positive change for their organization through creating conducive working environments including flexible working hours; access to ART treatment; less discrimination and greater emotional support from colleagues. In addition, NGOs that have participated in this program have developed a network of NGOs working on HIV workplace issues with the objective of sharing experiences and learning from one another. Partner organizations share their self-assessment report and learn from each other and conduct monthly discussions on various HIV/AIDS issues. Among the network members one of the partner organizations offered free counselling and testing services for all HIV/AIDS project partners. In general, according to Ezezew risk, assessment is an important tool to stimulate NGO response to HIV/AIDS in the workplace. It is a beginning and serves as a bridge to advance from good intentions to concrete action.

Despite the current emphasis on risk assessment, the number of CSOs conducting such activities is very low. Respondents said that their lack of knowledge of the actual costs of HIV/AIDS impact at their workplace had severely inhibited them from taking proactive responses. Most of the CSOs are facing the impact of HIV/AIDS however they have not made any assessment. Therefore it is difficult for them to know how much they are affected. For example, one respondent said that their organization was affected by HIV/AIDS for the last decade. Nevertheless, they do not have any concrete data which can clearly indicate how big the impact is for it has never been quantified in financial terms: nobody has taken time to say how much they were affected. However everyone agrees that the epidemic has had a severe impact on their organization.

Other respondents pointed out that they do not have enough time and resources to assess or to calculate economic cost attached to it because all staff are busy with more urgent programmatic work. For faith-based CSOs like CSO-10 the impact of the epidemic on their institutions and staff as well as on beneficiaries have not been evaluated and used to improve action. For some CSOs like CSO-20 there are reports and complaints on the part of the staff related to the impact; however qualitative information /data is not yet gathered.

Many of CSOs participating in this survey did not make assessments on the adverse impact of HIV/AIDS on the demand and supply side of the CSOs. Only a few have conducted assessment while working on internal HIV/AIDS mainstreaming. There might be a report prepared for donors for the purpose of accountability.

Many of the CSOs that participated in this survey did not systematically gather information on HIV/AIDS prevalence levels in their workforces or the impact of the virus on their capacity to deliver services. This means that they neither reviewed their human resource data nor looked at the incidence of HIV/AIDS or mapped the future impact of HIV/AIDS on the organisation over a longer period. Even for those few CSOs who have conducted assessments the result only show some information on the risks that their organisation is facing related to HIV/AIDS; in most instances it was not an in-depth assessment. Most CSOs are aware of the extra risks of some staff, yet do not reflect or address them openly. To execute a sensible mitigation measure there is a need to have information on the type and magnitude of the HIV/AIDS impact. Currently, there are no systematic sectoral interventions put in place among many of the CSOs in this study. The following illustration indicates this:

> HIV/AIDS may impact our organization; until now we could not articulate areas of impact since we did not work on it.CSO-1

Despite managers' concerns over the impact of HIV/AIDS on their staff, very few CSOs had explored strategies to reduce the institutional impact of HIV/AIDS. Most CSO managers in this study had not yet began conceptualizing HIV/AIDS as an institutional issue with the potential to severely affect their ability to fulfil their mandates. The attrition gap created due to absenteeism or death caused by the epidemic is mostly dealt with either by replacing staff or moving personnel around to fill serious gaps in capacity. They also do little to address issues such as the loss of institutional memory and experience, which require the development of non-replacement strategies that develop and preserve knowledge and networks. The development, sharing, and preservation of knowledge and experience are still relatively weak among many of the survey respondent CSOs. Like many other institutions in Ethiopia, survey participant CSOs are often characterized by poor record keeping and communication.

6.2.2.4.5. <u>Financial Limitations</u>

The qualitative data revealed that some of the CSOs are clearly aware of the costs of HIV/AIDS to their organizations. Subsequently, some CSOs in the study were budgeting adequately for the medical and insurance costs. Most respondents, however, underestimated these costs or failing to take into accounts unforeseen costs. As a result, most organizations are failed to budget sufficiently for the direct costs of HIV/AIDS to their organizations. For most of CSOs who have participated in this survey budgets are scarce and are not committed for HIV/AIDS purposes. For many CSOs getting extra financial support requires some creativity. For instance, they need to make requests of their donors or they have to look for other options. They should explore possibilities such as establishing an HIV/AIDS emergency fund by collecting 1% of staff salary. However there is limited effort in this regard.

In most cases there is a lack of commitment in terms of allocating money from the budget which is usually scarce for such activities. In a situations where there is sufficient resources obtained from donors it is neither allocated regularly nor used for the anti-HIV/AIDS activities.

Lack of financial resources was frequently mentioned as a major constraint for CSOs positive response towards HIV/AIDS program at their workplace. CSOs felt they had extremely limited budgets of their own and their donors are perceived as unwilling to support them in this respect. Lack of donor willingness to support workplace HIV programs is due to various reasons such as lack of awareness regarding internal mainstreaming. Illustrations of these different responses are provided below:

> Our plan for internal mainstreaming did not become successful because donors could not accept it. We were planning to start HIV intervention at the workplace and when we included it in the budget line the donors always canceled it. CSO-1

> There is a problem related to financing HIV program at the workplace. The donors do not accept such expenses since some donors are not familiar with the concept. There is an awareness problem among some donors regarding workplace HIV/AIDS intervention. CSO-7

> Our members obtain limited training opportunities related to HIV/AIDS despite the fact that they are very much interested in engaging themselves more in sharing information and getting more knowledge regarding HIV.

> In this regard our organization has limited resources and cannot afford to implement HIV/AIDS mainstreaming. We have observed that donors are not well aware of the vicious circle of HIV, disability and poverty. Therefore they show little interest to support our activity. CSO-16

The respondents of this study mentioned that most donors are only interested in activities and the number of beneficiaries. Donors are not interested in supporting internal HIV/AIDS mainstreaming of CSOs. Therefore, despite the fact that CSOs are aware of the current costs that HIV poses to their organisation, they are not able to respond in the absence of financial resources:

> Our organization would like to have an workplace HIV intervention program. Despite this fact, we are not able to run such programs with the organization budget because we have limited financial resources. Therefore we need a financial support from our donors to manage such activities. However, donors are not interested in covering financial costs, related to human resource development; rather they focus in providing support for activities related to the community we are working with. CSO-2

According to the respondents, donors were generally perceived to be very resistant to the idea of accepting greater staff costs. They wanted much of their money to be spent on beneficiaries. They want to limit the administration expenses including salaries. This means that if CSOs decide that they must have workplace HIV/AIDS intervention either it has to be financed with their own administrative cost meaning within the 5– 10% administration ceiling or should be financed with their own earned income. Therefore CSOs who perceived the impact of the epidemic in their workplace were not be able to respond. For international NGOs it is easier to allocate extra funds to HIV/AIDS workplace policies than for local NGOs, professional associations or community-based organizations. Therefore, international NGOs make faster progress on the implementation of HIV/AIDS workplace policies than other types of CSOs.

With the exception of most international NGOs and a very few faith-based CSO like CSO-14 none of the CSOs in the study appeared to have budgeted for implementing a workplace response to HIV/AIDS.

Even for the CSOs who have already started HIV/AIDS intervention activity at their workplace, when the funding they secured from donors is finished, it will be the end of their intervention program. For example CSO-7 had such an experience when the intervention scheme that they ran was halted because the funding they secured from the donor was finished.

Among the CSOs who have participated in this study, the leader of one CSO mentioned how donors are selective and discriminatory in providing support for CSOs to carry out workplace HIV intervention activities. According to CSO-16, donors provide financial support for some and neglect others. For example CSO-16 complained how their CSO is wrongly viewed by some donors as "worthless" and as not worth supporting.

Many of the CSOs who have participated in this survey noted that donors were generally perceived to be very resistant to the idea of accepting greater staff costs. They insist on limiting the administrative expenses. Only a very few donors allow CSOs to use the funding they provide for the purpose which has been cited as a prior area of concern by the respective CSO. In this respect CSO-14 is an exceptional case:

> The kind of donation we secure from foreign churches is suitable because they just give us the money and they request us to submit the activity and the financial report on which purposes we have used the funding. Such a circumstance gives us an opportunity to utilize the financial support we have secured for the purpose which has been deemed to be a prior concern for our organization, like conducting internal HIV mainstreaming. CSO-14

The impact of HIV/AIDS on CSOs in Ethiopia necessitates a review of donor funding requirements. Donors should consider providing HIV/AIDS-related benefits to CSOs working in core areas other than health, before pushing them to add HIV/AIDS programming to their portfolios. Several of the CSOs involved in this study mentioned the pressure they feel from donors to start or increase HIV/AIDS program coverage when it is not their core objectives. Donor funding might do more to help these CSOs survive and stay financially viable, with more secure human resource benefits in place if donors first focused on providing internal support. Such support should include (but not be limited to) medical benefits, including the provision of basic antibiotics, unaffordable for some staff members, as well as more advanced and far more expensive medical treatments.

6.2.2.4.6. Negligence in the Presence of Resources

The other constraints for the mainstreaming of HIV at the workplace among the surveyed CSO is negligence and lack of commitment. The issue of negligence is

mostly attributed to the problem of denial because the surveyed CSOs perceive that their staff are not at risk of contacting the virus.

According to survey respondents there was no culture of openness among some CSOs. For example according to CSO-11, there is no discussion about HIV in their workplace and this is a big problem. On top of that there is lack a of concern. For example, CSO-11 has secured funding from their donor organization to carry out workplace HIV/AIDS intervention programs; however they have not worked on it.

CSO-13 has similar problem. According to CSO-13, the donor has provided them with financial support and requested them to mainstream HIV internally. They are not however carrying out internal mainstreaming entirely. For umbrella organization like CSO-13, workplace HIV/AIDS intervention also relates to the provision of support to its member organization to mainstream HIV/AIDS internally. According to the CSO-13 manager they have not done that thoroughly yet. He states:

> We have got a fund to work on workplace HIV policy but we did not work on it. In our organization there is no open discussion regarding HIV though our organization is composed of professional staff. In order to start a workplace HIV program, funding is not by any means the problem. When it comes to HIV, the organization does not make any effort in protecting its staff .There is a lack of commitment and self-awareness. Even we do not see HIV/AIDS as a problem for our member organizations. Our organization activity in relation to HIV/AIDS is not very satisfactory. We have not made any effort. CSO-13

The CSO-14 has noted that they have similar problems. For example, for them, activities, such as the distribution of IEC materials, happen on an ad hoc basis and are often linked to nationally directed events or campaigns.

Among the surveyed CSOs, international NGOs in developing countries are in a better position to run workplace HIV/AIDS programs because they can access support from their headquarter back home. The local NGOs have not been able to manage workplace HIV/AIDS programs as had been anticipated.

6.2.3. Ethiopian Civil Society Organizations Response to the External Impact of HIV/AIDS

6.2.3.1. HIV/AIDS Focused Interventions /AIDS Work Activities

The challenges posed by HIV/AIDS are enormous. These challenges transcend individuals and cut across social as well as economic boundaries. The poor as well as economically well off are affected by the impacts of HIV/AIDS. These challenges have attracted different development practitioners, including CSOs. CSOs have become dominant players in the fight against HIV/AIDS in Ethiopia. Civil society organizations are playing a vital role in controlling the spread of the epidemic and mitigating its associated effects. They employ various approaches to deal with social problems and to mitigate the challenges that the disease has inflicted upon the society. In this survey, the participant CSOs mobilized the community with whom they are working and enhanced their capacity to protect themselves from the HIV/AIDS epidemic. They also provided various services to those who are affected and living with the virus. The activity of the surveyed CSOs related to HIV/AIDS includes Information Education and Communication / Behavior Change Communication (IEC/BCC), provision of voluntary counseling and testing, promotion of condoms, prevention of mother to child transmission (PMTCT) and provision of care and support.

6.2.3.1.1. Education and Training

The activity of the surveyed CSOs related to IEC/BCC is carried out with the focus of the HIV/AIDS prevention and care projects. The activities include undertaking behavioral change communication activities at the community level through trained community level educators with the aim of increasing awareness, decreasing stigma and discrimination and providing services that will bring behavioral change for HIV/AIDS prevention through intensive IEC.

HIV/AIDS education is an important aspect of CSOs. Civil society institutions in this survey launched IEC/BCCs campaigns to complement the national program. In this respect, they conducted education about the prevention, ways of transmission and how to live with the virus positively. Several projects are carried out by the surveyed CSOs targeting the most susceptible and vulnerable groups such as the youth, orphans, children and women. Besides their program for underprivileged

groups of society, the participants of the survey carry out activities related to persons particularly at risk of contacting the virus like mobile workers and commercial sex workers.

The goal of education programs is to combine clear and accurate information on reproductive health, Sexually Transmitted Diseases (STDs), and HIV/AIDS and to equip and empower the community with skills, motivation and support to sustain existing safe sexual behaviour through behavioral change. In this respect surveyed CSOs work towards empowering children, women, families, PLWHA, OVC and other underprivileged community groups through integrated development programs which focus on capacity building and encourage the participation of beneficiaries to the effect that target communities become HIV/AIDS competent and their livelihoods improved.

HIV/AIDS prevention activities among the CSOs in this survey was carried out in collaboration with lower local administrative units like *Woreda* and *Kebele*. Some of the CSOs who participated in this survey, mainly those CSOs who have community intervention in the area of HIV/AIDS, established the *Woreda* Advisory Committee or Project Advisory Committee (PAC) at the project site level for the successful project management at the lower local government administrative units.

They work in collaboration with the lower government local administration unit (*Kebele*) in the provision of training and dissemination of HIV/AIDS related information. In cooperation with the *Kebele,* they provide basic facts about HIV/AIDS-related issues; encourage positive behavioral change, and positive attitudes to persons living with the virus. Home-based awareness raising program are also launched in collaborating with *Kebele*.

CSOs in this survey apply various innovative approaches like using Community-Based Reproductive Health Agents (CBRHAs)[22] for their HIV/AIDS prevention

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[22] CBRHAs in Ethiopia provide health outreach services on a voluntary basis. (Andreea et al. 2007: 406). They supplement government health workers' outreach by providing primary health services, increasing community knowledge and offering immediate access to reproductive health services, including HIV/AIDS prevention and care (Ibid: 412). The services they provide to the community includes referrals. They were active before the government initiated the program of health extension service and the extension program may be considered in part as an expanded version of the CBHA approach. They live in the community and closely interact with community residents. This innovative measure has made it possible to bring health care to the community. The

and community interventions methods. Through CBRHAs CSOs in the survey work in areas related to reproductive health including HIV/AIDS. Traditional birth attendants (TBAs) and Community-based Reproductive Health (CBRHAs) provide basic healthcare to mostly poorer people in urban and rural areas. Their involvement in HIV/AIDS prevention and patient care activities at the community level includes control of harmful traditional practices, HIV/AIDS awareness campaigns including distribution of IEC materials and condoms, home-based care and referral to VCTs and STI treatment.

IEC materials focusing on youth (abstinence from sexual practices), booklets on living positively with HIV/AIDS, brochures on different topics (short messages about HIV/AIDS prevention) have been distributed to the community by the participating CSOs.

CSOs in this study organized anti-AIDS clubs and provided training so that members can support each other in the positive decisions they make and share the knowledge with others. They conduct various activities designed to create more awareness, openness and ways of avoiding stigma and discrimination in the community. Anti- AIDS clubs work in the area of awareness raising activities. In school and out school activities by trained peer promoters is also part of the activities related to Anti-AIDS clubs. For example the traditional Ethiopian Coffee ceremony has been increasingly used as a forum on awareness creation on communal issues.

The survey participant CSOs engagement in different activities in enhancing HIV/AIDS awareness among the community brought members of the community together irrespective of their sero status. HIV/AIDS counseling and testing facilities which are provided by the surveyed CSOs directly or on referral basis for the community helps individual to know their HIV sero-status. Knowledge of one's HIV status plays a critical role in modifying behavior either to remain uninfected and for those living with the virus it will be an entry point to get treatment, care and support.

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work of these agents have contributed in expanding community access to basic health services and health information. Currently, CBRHAs work closely with the government's health extension agents (Rahmato et al. 2008:68).

The survey participant CSOs work in bringing together the community with different sero statuses to communicate and live in harmony. Through various information provision activities they have empowered individuals to overcome stigma and help them to reveal their sero-status. They convey how people living with HIV/AIDS can combat HIV/AIDS related stigma and discrimination and provide support to broaden the limits of openness. They support people living with HIV/AIDS to participate in their awareness raising campaigns. People living with the virus make presentations and provide training to the community. The testimonies and presentations made by the people living with HIV/AIDS inform the community and help them to gain knowledge and understanding of the disease, how to protect themselves from being exposed to the virus and if they are already exposed to it how to live with the virus positively. Testimonies made by people living with HIV/AIDS have contributed significantly to HIV prevention specially related to denial and accepting one's own HIV/AIDS sero-status. Moreover, it promotes ties with people living with HIV/AIDS and the general community by bridging the gap through reduction of stigma and discrimination towards PLWHA.

Survey participants like CSO-1 use booth services in the prevention of the epidemic mainly for mobile workers like truck drivers. Information booths are located in various parts of the country and cities. The booth sessions carried out various activities including provision of IEC materials, condom promotion and used as a meeting place to discuss issues related to HIV & STI. Additionally, the organization has intervention areas where truck drivers spend nights and where there is a high concentration of commercial sex workers. In relation to that it carries out activities like training for commercial sex workers on negotiation for safe sex using their CBRHAs to protect themselves, the truck drivers and other potential customers from HIV/AIDS exposure.

Faith-based CSOs in this survey provide various training including "training of trainers" on counselling, home-based care and training for counsellors training for peer promoters and anti AIDS clubs. Besides they provide syndrome management, referral linkage establishment and HIV/AIDS management training for the physicians, medical professionals and paramedical.

Several rallies have been carried out by the leaders of the respective faith-based CSOs related to HIV. Some of the faith-based organizations campaigns were conducted on events like World AIDS Day and the Ethiopian millennium campaign.

The other activity carried out by the surveyed CSOs is community capacity enhancement programs through community conversations. Several community conversation groups were organized by the faith-based CSO with the aim of playing active roles in the HIV/AIDS intervention. Over one hundred groups were organized in different localities. The discussion by the local community contributed to fight stigma, discrimination and denial through the regular sessions. In addition, CSOs carry out community education program through participatory community dialogue within the traditional systems. For example CSOs who are working in Afar region (in the northern part of Ethiopia), like CSO-5 in this survey use the Afar "*Dagu*" system, to reach the community with HIV/AIDS-related information. "*Dagu*," in the local language, is a traditional information exchange and dialogue practice among the Afar community.

The survey participant CSOs organize public debates on HIV/AIDS, using radio programs where people participate in a question and answer program about HIV/AIDS related issues, causes, challenges, and approaches to its containment. Seminars and workshops sessions about HIV/AIDS have been organized with support of surveyed CSOs. The organizations intensified their efforts in facilitating community participation for the control of HIV/AIDS.

HIV/AIDS had a divisive potential by means of social exclusion, stigmatization, self-denial and self-exclusion. These became the initial challenges facing people living with HIV/AIDS. Ironically, these challenges became the unifying forces that created identity among PLWHAs. The creation of common identities enabled people to share certain characteristic thereby developing a sense of solidarity. For these people, societal attitudes (stigmatization and discrimination) towards them became the driving force to unify and form solidarity groups. CSOs managed to unite people living with HIV/AIDS by making them realize their plight. In these respects, participant CSOs played an important role in the establishment of the organization of PLWHA. According to the respondents, the major and one of the biggest association of PLWHA in Ethiopia is the brainchild of CSOs-14. This organization has grown into a big HIV/AIDS organization dealing with different

HIV/AIDS-related issues like care, support, counseling, sensitisation, advocacy, and resource mobilization. This organization is a cornerstone in the fight against HIV/AIDS. It has become an important channel through which people living with HIV/AIDS participate in development, share experience, and access information as well as resources (financial and material). This organization also brings together PLWHA to unite against social forces like discrimination. On top of that, this organization has made it possible for PLWHA to have constant contact with one another to discuss issues that affect them.

Members of PLWHA organizations mostly share common experiences: they may have lost family or friends to the disease or they may face AIDS-related discrimination. Therefore endurance for such pain and public humiliation leads to a larger cause and can be a source of group strength. When PLWHAs are united, they are able to exchange information regarding their personal life and be able to develop methods to cope with the stress related to the epidemic. These contacts and alliances also help PLWHA exchange information regarding access to resources and other useful sources for their survival. In this respect CSOs in this survey have played an important role in bringing people together through constant interactions and building solidarity that have made members develop trust and reassurance. Solidarity confers upon members norms of trust that facilitate participation for common benefit. Civil society organizations in this study facilitated networks and cooperation among individuals affected by HIV/AIDS. It is out of these networks that new alliances are formed, new knowledge and information acquired and platforms for discussion on HIV/AIDS-related problems and their solutions are created. They modeled approaches related to care and support, education and sensitization. CSOs put a lot of emphasis in fulfilling the needs of PLWHAs through social support, empowerment, care and mobilization of material and financial support from different sources. Through solidarity mechanisms, namely a series of networks, groups and organization formation, peoples' capacity is becoming strong. Solidarity has made PLWHA and/or those who are affected by HIV/AIDS manage stigma and social exclusion and address issues of prevention and control. Some CSOs possess institutional mechanisms that help to mobilize people into solidarity groups, which are capable of mitigating HIV/AIDS challenges.

6.2.3.1.2.Care and Support

CSOs that have participated in this study made a lot of effort in providing socio-economic support for OVC and PLWHA. In order to improve the quality of life of the people living with HIV/AIDS, some CSOs provide psycho-social support including emotional support, provision of various services including treatment of opportunistic infections and financial support including monthly allowance for bedridden patients. To enable vulnerable children to lead a better life, services like nutritional and psycho-social support, personal development and life-skills training, monthly cash transfers, provision of casual clothes, arrangement of recreation and entertainment events and programs are being provided by survey participant CSOs.

According to survey participants, home-based care tends to be less expensive than institutional care and may also be appropriate for multiple chronic and terminal illnesses. In this respect CSOs provide community-based, home-based care services mobilizing volunteers from various part of the community. Among the participating CSOs, the work of volunteers and their presence is particularly visible and their impact is felt much more in the areas of patient care and combating stigmatization and discrimination.

6.2.3.1.3. Advocacy

The surveyed CSOs advocate representing various part of the society including OVCs, PLWHA, young adults, women, marginalized groups, commercial sex workers, mobile workers and the general community. CSOs in this study use media and every opportunity to sensitize and advocate for their target community. For example, some use the media to sensitize and advocate the general public on the plight of children in difficult circumstances, street children, sexually abused and exploited children as well as children in conflict with the law.

6.2.3.2. Ethiopian Civil Society Organizations Response to the External Impact of HIV/AIDS

A number of CSOs in this study have designed strategies to address the challenges of HIV/AIDS. Most of the CSOs have mainstreamed HIV/AIDS in the development activities they are carrying out, including food security, water and sanitation

program, education, health, natural resources management, small scale irrigation, saving and credit, construction and their work related to underprivileged groups like women and children.

CSOs in this survey provide training for individuals from various parts of society including youth, religious and community leaders (Priests, Imams, Sunday school teachers) *Idirs*, and other community-based organizations to play active roles in HIV prevention.

CSOs in this survey who are working mainly with gender and children's issues use the coffee ceremony mainly for discussion on HIV/AIDS and other issues related to AIDS like gender issues, child sexual abuse and exploitation. Similarly, the coffee ceremony on HIV/AIDS was organized for high-risk girls who could not benefit from DIC services by those CSOs who are working related to children under difficult circumstances. Most CSOs in this study have organized coffee ceremonies as a method of attracting the society, especially the youth into their anti-HIV/AIDS clubs. Entertainment programs such as theatres, drama, and music that give lessons on HIV/AIDS are included in these programs. Most CSOs said that these programs were by and large successful.

Several studies support the positive role of faith-based organization in the prevention of HIV/AIDS. For example in Ethiopia a pilot prevention study on seventy-one Orthodox Christian and Muslim leaders in Jimma Zone reported that positive behavioral changes have been recorded after faith-based organizations intervention. Reduced alcohol consumption, promiscuity, and the safe use of sharp instruments and increased open discussion about HIV/AIDS have been documented after greater church and mosque attendance. The willingness to discuss these health problems outside their institution and the relatively greater acceptance of religious leaders as anti-AIDS advocates has increased the effectiveness of such programs in most communities (Surur & Kaba 2000).

FBOs in this study have developed individual and/or joint guidelines to begin mainstreaming with the framework of the overall national mainstreaming strategy and international religious response against the pandemic. The contribution of faith-based CSOs in this survey has focused on an extensive awareness campaign, providing both information and education about HIV/AIDS, and emphasizing the

power of the spiritual and moral values of the faith for instilling behaviors that will prevent the spread of the disease. The AIDS awareness and prevention outreach program of the faith-based CSOs in this survey consisted of many facets including integrating AIDS issues into the Church's regular teachings; mobilizing Sunday schools and its members to transfer the messages directly to the youth; supporting peer education and counselling; and reinforcing the messages of abstinence and faithfulness. Advocacy and awareness creation activities are being successfully implemented in mosques during the weekly Friday prayer through group discussions following the night prayers, during wedding and funeral ceremonies, holidays and in every opportunity where people gather.

The Ethiopian Orthodox church has several deeply rooted beliefs among its adherents. One of these is the power of Entoto's "*tseb'*", or "holy water"[23], to heal the sick and cast out demons. "A majority of holy water users believe that either HIV/AIDS is caused by an evil spirit or it is a demon by itself. " There are people who believe that the only solution to HIV/AIDS is the holy water and they do not want to use the antiretroviral drugs (PlusNews2007). Therefore, Entoto has long been a safe haven for community outcasts and those looking for spiritual help. Approximately 4,000 people currently reside at Entoto in search of a miracle. Related to that a concerted effort was made on the part of the Ethiopian Orthodox church to ensure people remained on their drug regimens, even if they used the holy water in a culturally sensitive manner. This includes encouraging people to combine holy water and ART drugs, and designing and implementing a care program for the patients. According to Betenga radio program which transmit diaries of PLWHAs in Ethiopia, in 2008, the Ethiopian Orthodox church had provided training on awareness raising on the use of holy water in combination with ART drugs for 15,000 church officials and priests who perform holy water treatment ceremonies. The HIV/AIDS prevention and control department of the church has further stated that in the future they have a plan to train home-based care providers in collaboration with PLWHA and assign them in thirty holy water sites all over the country (source Betengna January 23,2009, Tizeta Assfaw's diaries on FM Addis 97.1).

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[23] The water, which comes from a spring on the mountain, is poured onto the patients or drank as a healing tonic. Until Archbishop Abune's clarification, the Church's position on the use of ARVs had been unclear and many patients believed so strongly in the power of the holy water that they stopped their ARV treatment altogether (PlusNews2007).

Among survey participants in this study, religious leaders among the faith-based CSOs encourage their followers to know their HIV/AIDS status and to undergo HIV/AIDS blood test before their marriage. Curricula on HIV/AIDS has been developed which is used for primary and secondary schools faith-based schools like *Medressa*. A teaching guidebook for the education of the community on the prevention of HIV/AIDS using religious values has been prepared and used. To mainstream HIV/AIDS in their daily work, the HIV/AIDS manual was being prepared during the data collection by one of faith-based organization in this study.

CSO-3, CSO-7 and CSO-19 in this survey provide protection and support for children exposed to sexual abuse, beatings, rape through Drop-in-Centers. Drop-in centres (DICs), temporary shelters, have been set up in city quarters with high concentration of bars, night clubs and brothels in various cities in Ethiopia. The centres provide the children with psycho-social support and essential services such as meals, medical treatment, education, counselling, life-skills training, recreational activities, washing and laundry services. During their sessions with staff, the children are encouraged to adopt an alternative way of life and make life-changing decisions. Those children who have demonstrated behavioral changes will be transferred to safe homes to take skill training and to become self-reliant through income generating schemes.

On top of that, CSOs in this study have provided life-skills training, especially for young people. For example CSO-14 has provided training for students who are between the ages of 16 to 20. During the three-month orientation phase students get introduced to printing and dyeing, sewing and embroidery, gardening and food preparation. Every trainee gets petty trade training.

Faith-based CSOs in this study support orphan and vulnerable children. The kind of support they provide includes school materials for OVCs as well as life-skill training; medical service for OVCs and PLWHA, and provision of training for the orphans, youth and PLWHA on various income generating activities so that they will become self-reliant. The aim of this intervention is to make them capable through training to run different small-scale businesses based on their local realities. PLWHAs and their families are being offered counseling services, self-reliance support and medical services.

In Ethiopia community reproductive health problems caused by early marriage, unwanted pregnancy, abortion, HTP, female genital mutilation, rape, and abduction are common. Information and counseling on sexuality are non-existent for the majority of adolescents due to the cultural barrier for free communication about reproductive health and family planning among the community. Therefore, in this survey, some CSOs worked with the objective of improving reproductive health and sexual life of adolescents and young adults.

CSOs, through integrated and massive intervention including dissemination of IEC on harmful traditional practices like early marriage, female genital mutilation and other reproductive health related problems and promotion of family planning information and education in the target area.

In this respect, CSO-3,7,9 and CSO-19 carry out intervention for the prevention and support programs for sexually abused and exploited children. They also carry out prevention activities like preventing vulnerable female students from sexual abuse, rape and harassment through awareness creation within the schools and the communities of the target cities.

Some CSOs organized awareness raising sessions for female school drop outs, school children, on unwanted teenage pregnancy, harmful traditional practices, CRC, reproductive health and STDs including HIV/AIDS. Protection centres have been established in police stations to provide protection for sexually and physically abused children. Girls' clubs have been established in formal schools of the target cities to support poorly performing girls to continue their education. Girls' clubs in schools have been playing supportive role to girls in their academic performance. The activities of the clubs mainly focus on the dissemination of information via group discussions and competitions on UNCRC, assertive behaviour, peer-to-peer sex education, early marriage, sexual harassment, sexual abuse and exploitation. Various groups such as mini media groups, girls' support group, DIC children committee and the safe home committee have been established by survey participant CSOs to enhance child participation through various activities in the fight against violations of their rights.

Preventive activities against sexual abuse and the exploitation of children through advocacy and awareness campaigns were carried out for different target population

at various levels by the participating CSOs. Representatives of CBOs, religious leaders, hospital staff, school community members, targeted children, adult commercial sex workers, bar owners, youths, women and police officers were given education on the prevention of sexual abuse and exploitation of children.

The existing community problem is becoming deep-rooted, multiplying and getting complicated due to HIV/AIDS. This is particularly true for underprivileged groups like children. There are girls who work in bars or other small drinking houses where they often face the worst forms of sexual abuse and exploitation. They get exposed to chronic illnesses including life-threatening STDs such as HIV/AIDS. Under their HIV/AIDS prevention and awareness program, CSO-7 use drama skits aired on the local channel of Ethiopian Television (ETV) which focuses on the evils of child trafficking, child labor and child sexual abuse.

CSOs in this survey are working on HIV/AIDS and devising their programs linked to the traditional institutions such as *Idirs, Equbs*, extended families, faith-based organizations such as churches and mosques to deliver the services. These institutions not only have tremendous reach but also have legitimacy and acceptance among the population. For example, over half of the population of Ethiopia belongs to one or more *Idirs*.

CSOs that operate in collaboration with these institutions have distinct advantages: communicating information, mobilizing participation, influencing behavior and building up community capacity. *Idirs* have been particularly important in the identification of AIDS patients, provision of services to these patients and recruitment of volunteers.

CSOs carry out community support program like promotion of preventive health education and curative treatment in collaboration with the government. According to survey respondents, because of their young age, innocence and powerless status, children in Ethiopia are vulnerable to all kinds of abuse and exploitation. According to the respondents, young girls aged 13 to 15 work as prostitutes and it is quite common to see them roaming around the streets of Addis Ababa during evening hours. Customers are reportedly attracted to child prostitutes by their desire for virginity, the belief that children are less exposed to HIV/AIDS and the lower prices charged by young girls. Retired commercial sex workers lure young girls to serve as

prostitutes where they will be exposed to STD and HIV/AIDS. There is also evidence that boys are sexually abused. This sexual abuse and exploitation can expose children to serious health hazards and psychosocial problems. Therefore, some of the CSOs provide preventive and supportive services to victims of abused and exploited children.

The number of orphaned children is growing in the country. Orphans are vulnerable groups and are at risk of acquiring the virus. Strategies aimed at curbing the rapidly rising number of orphans include prevention of new infections in adults, prevention of mother to child transmission of HIV/AIDS and initiation of Anti-Retroviral Therapy (ART). According to the survey participants, care and support for these groups together with economic empowerment strategies, will reduce their risks of acquiring the virus. CSO-7 and CSO-3 work in this area. AIDS orphans have many physical and emotional needs. They often care for their parents when they are ill and suffer trauma from their parents' death. They often have a profound sense of loss and abandonment. In addition, they often experience discrimination and stigma associated with HIV, and various kinds of exploitation. CSOs make arrangements for accommodation with relatives and neighbours or they provide support for children who are old enough to manage semi-independently. CSOs in this study are increasingly supporting care and support activities by placing AIDS orphans with extended families and friends. However, the traditional family care arrangements are being overburdened due to the sharp increase in the number of orphans. Therefore, some of the CSOs in this study provide orphanages and financial help to the orphans. Other CSOs in this study have a drop-in-center for a small number of children for whose relatives cannot be traced, who are awaiting placement, or to be protected from abusive situations. Increasingly, groups and individuals are expressing interest in sponsoring orphaned children for which CSOs in this survey provide psychological support and advice and prepare families for transition. For example, in order to preserve the family heritage and history, CSO-12, works with family members related to the arrangement of succession planning and memory book preparation.

In order to protect adolescence and young adults from the HIV/AIDS epidemic and to improve their reproductive health and sexual life, CSO-7 and CSO-3 carry out intervention through the prevention and support program for sexually abused and exploited children. The activities they carry out other than awareness creation

include provision of support and prevention. For instance they prevent vulnerable female students from sexual abuse, rape and harassment within the schools and the communities of the target cities and rehabilitate sexually abused and exploited children.

Provisions of social services are among the activities carried out by the survey participating CSOs. Most clients of the surveyed CSOs are poor and have a variety of social problems. CSOs give support according to needs determined through an assessment and psychosocial counseling by a social worker. In order to avoid dependency, financial and nutritional support is provided temporary.

CSOs in this study also have livelihood promotion activities and vocational training for those able to work to meet their needs. Poverty alleviation holds considerable promise in HIV/AIDS prevention and control at the community level in Ethiopia due to widespread poverty and its role in promoting risky behavior. It is becoming increasingly evident that alternative income generating activities and economic self-sufficiency can reduce the high-risk of commercial sex workers and also permit many women and children to obtain better education and life skills that are essential for socio-economic progress and promotion of preventive behavior. In this regard, according to the respondents, out-of school youth are engaging in high-risk behaviours not because of low level awareness but out of desperation due to poverty, unemployment and lack of hope for a future. Nevertheless, poverty together with the associated gender inequality, environmental degradation, social conflict, lack of participation and civil unrest, are all barriers to these goals and factors fuelling the HIV/AIDS epidemic. The activities that have been conducted by the survey CSOs related to the provision of support include income-generating schemes. CSOs have developed initiatives that involve people in financing their activities to eradicate poverty. Solidarity mechanisms are used to mobilize resources and funding access by different groups of people involved in activities aimed at mitigating HIV/AIDS challenges. Through a system of co-guaranteeing and group lending, individuals gain support of their solidarity group and are able to obtain short-term interest-free loans to finance their own activities. Although the loan is given to an individual, s/he obtains the loan by getting the support of the group to which s/he belongs. Groups are formed on the basis of mutual trust among members. Before the loan is given out, clients are trained in various skills such as

record keeping. Group members hold each other accountable for regular loan repayment.

CSOs in this survey are engaged in the promotion of appropriate nutrition, improved household, food security and proper hygienic and sanitation practices. The activities under this program are key components in improving the health status of the communities. It is also an essential link between two program priorities, namely food security and water/sanitation activities. In this area CSOs work mainly with nutrition, including home gardening, food distribution in the family, and nutrition in pregnancy, infant and child feeding, HIV/AIDS and nutrition, hygiene and sanitation (food hygiene, personal hygiene) and environmental sanitation. Improving the nutrition and hygiene of the target community especially PLWHA is a major area of concern of the surveyed CSOs. They provide nutrition support to HIV/AIDS orphans and vulnerable children under the urban HIV/AIDS intervention program. Nutrition support is concurrent with existing home-based care activities and PMTCT programs of the government. According to the respondents, nutritional support for HIV positive pregnant and nursing women has saved several lives since proper nutrition is necessary for the adherence of ART. The combination of the nutrition and educational material support has helped to keep more vulnerable children in school.

Some of the CSOs manage healthcare institutions at various levels located in a number of regions in Ethiopia. These CSOs offer antiretroviral post exposure prophylaxis (PEP) for occupational exposures to HIV. Some of the study participant CSOs also provides clinical based services related to reproductive health, family planning and treatment of opportunistic infection on referral basis using CBRHAs and service providers. Some CSOs work using their health centres while others work on referral basis. CSOs treat health problems for clients and trained community caregivers treat people with chronic illnesses at home and encourage family members and the community to be involved. The kind of help the CSOs provide include helping to meet the psychological, social, spiritual, as well as physical needs of clients.

The work of most CSOs in this survey is guided by HIV/AIDS policies and guidelines. Some of the CSOs in this survey have approved various policies

including HIV/AIDS policy and mainstreaming guidelines to take action in their development work. For example in this study CSO-5, has developed an HIV/AIDS policy related to the respective faith of the CSO. The policy enables faith-based CSOs like CSO-5 to have a clear vision in respect of their religion; it gives legal mandate for the enforcement of the external mainstreaming issues and it leads to the development of other related policies. For example CSO-5, has established HIV control council comprised of three members from each region to facilitate the program at all administration levels. Faith-based CSOs like CSO-10 have HIV/AIDS prevention and control department that has 35 branch office. For example CSO-10, has prepared teaching manuals for the community they serve and for their higher educational institutions. Faith-based CSOs in this study carry out an advocacy activity in all their institutions and branch offices. They established project advisory committees related to their HIV/AIDS activity. According to CSOs, they are making all efforts to mainstream HIV/AIDS in their daily activity.

Some CSO in this study have supported and made the traditional community law that existed for several decades incorporate HIV/AIDS in its articles. In this study CSOs -2 have provided support to a community where they are working to mainstream HIV/AIDS in their customary practices. For example, they are supporting the community to reformulate their customary law incorporating some important issues related to HIV/AIDS prevention. Other faith based and community- based CSOs like CSO-5 and CSO-2 are encouraging religious laws like Sheria law to employ premarital VCT.

Most of the CSOs in this study are working to mainstream HIV/AIDS in all their intervention programs. For example CSO-1 supported its target group in mainstreaming HIV/AIDS intervention activity and develop HIV/AIDS policy guidelines.

Among the participants CSOs like CSO-7 launched advocacy and awareness-raising activities that focuses on community mobilization in prevention programs mainly targeting sexually abused and exploited children. This program is carried out in response to the rapidly growing social problem especially in urban areas of Ethiopia. CSOs working with children's issues in this survey have lobbied for the improvement of existing laws and policies on sexual abuse and exploitation. Additionally, they are creating institutional linkages and networking for

collaborative efforts to protect the rights of children in the areas of sexual abuse and exploitation.

In Ethiopia, violation of women's reproductive rights is a manifestation of women's disempowerment. Among the obstacles for the realization of Ethiopian women's reproductive health rights include the persistence of harmful traditional practices such as female genital mutilation, early marriage and abduction, as well as the occurrence of rape and HIV/AIDS. After years of lobbying carried out by women's organizations, parliamentarians and CSO-18, a draft of the 1957 penal code, which includes numerous provisions addressing some of these practices and other conditions that underlie women's poor social and health status is under review. In addition, CSO-18 is lobbying for a gender sensitive HIV policy considering that women are more vulnerable to HIV because of social and biological factors. For example CSO-18, which is mainly working in the provision of legal aid to women have broadened its scope. It is now working in the area of reproductive health rights and STDs, with particular focus on HIV/AIDS. It provides policy advice to make the HIV policy gender sensitive. To date this CSO has conducted a study demonstrating how Ethiopian women are vulnerable to HIV and how the law can protect them. In line with the research, it is working in the area of advocacy.

The burden of HIV/AIDS is growing and causing to multiple economic, social, spiritual, and psychological problems. It requires the involvement of different sectors. In relation with their advocacy programs CSOs in this survey carried out mass mobilization. For example faith-based CSOs training and sensitization workshops have been conducted for people who are drawn from different congregations with the aim of mobilizing the whole community towards the need to engage actively in the prevention and control of HIV/AIDS. Thematic posters are used to address particular cultural issues. Another goal is to sensitize and encourage the community through mass mobilization to support the needy. Various conferences are conducted for fundraising to support poor orphans. According to the respondents, this experience is being replicated in the congregations of the surrounding community. Some have already taken their own initiative to conduct mass mobilization towards fundraising.

6.2.3.2.1. <u>Complementary Partnerships</u>

Complementary partnerships suggest the involvement of organizations focusing on their strengths, at the same time linking actively with other organizations that can address other aspects of the HIV/AIDS pandemic (Holden 2004: 16).

Among the participant CSOs in this study, umbrella CSOs have overarching achievements in supporting and creating complementary partnerships with regard to fighting the pandemic in bringing together as many CSOs, faith-based organizations and other local and international organizations as possible. They have organized, conducted and facilitated a number of useful training programs that enabled many professionals to perform better in the prevention of the pandemic as well as in the provision of care and treatment to AIDS patients and AIDS orphans. They also played an important role in advocacy for HIV/AIDS through collaborative support and facilitation for organizations of People Living with HIV/AIDS. They have carried out and provided support for research on sexual, reproductive health rights and HIV/AIDS, mobilizing resources and disseminating pertinent information concerning the available resources within and outside the country. Some of the participating CSOs in this study are represented in the various national committees, such as the Central Joint Steering Committee for the Health Sector Development Program (HSDP), the National HIV/AIDS Prevention and Control Office (HAPCO) Management Board, Country Coordinating Mechanism (CCM) for Global Fund fight HIV/AIDS, TB and Malaria and Health, Population and Nutrition Donor Partners Working Group. In addition, they served as a focal organization for the "African Forum of Faith-based Organizations in Reproductive Health and HIV/AIDS". Umbrella CSOs especially in this survey contributed in various forums in designing better strategies and intervention schemes aimed at the prevention and control of the disease.

Umbrella organizations in this study are active in regional networking and are board member of The Eastern Africa National Networks of AIDS Service Organizations (ENNASO)[24] and African Regional Capacity Building Network for

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[24] EANNASO was established as an umbrella organization of country networks of AIDS NGOs (namely AIDS Service Organizations (ASOs) in Eastern Africa). EANNASO has member networks covering the fourteen countries in Eastern Africa. It was established to facilitate the establishment of country networks of AIDS NGOs where none are existing, and strengthen those that exist. EANNASO has the duty to support and enhance the capacity of functional, sustainable

HIV/AIDS(ARCAN),[25] the leading organizations in East Africa in the fight against HIV/AIDS, with the purpose of strengthening the network for the prevention and control of the disease.

Global Fund is a non-implementing organ that assists implementing governmental and nongovernmental organizations, it works in close collaboration with these partners. CSOs have made progress in the fight against HIV/AIDS, TB and Malaria using the Global funding. CSOs are participating not only as implementers but also as members in the various committees of the Global Fund Board. In addition, umbrella CSOs work in fund management related to HIV/AIDS. For example, one of the participant CSO in this study is engaged in the implementation of Environmental Development and Protection and HIV/AIDS prevention and control projects supported in collaboration with its implementing partner organizations. The program has been implemented focusing on a 'Rights-Based Approach to Development.' In line with this community capacity enhancement; and development interventions have been made in main intervention areas by emphasizing the perspective of the poor, sustainable livelihoods-based approaches, local stakeholders, and mainstreaming of cross-cutting issues such as gender, HIV/AIDS, environment, sustainability and others.

CSOs that are engaged in HIV/AIDS intervention programs have developed linkages with different international and local bodies that can support them. CSOs mobilize resources through linkages and networks. Most of the CSOs in this study are being involved with various forums and networks related to HIV/AIDS including CRDA (CRDA HIV/AIDS forum), EIFFDDA, ECFE and the National Partnership Forum against HIV/AIDS, National OVC network and international organizations. They also work in collaboration with the government sectors like the national HAPCO, the Addis Ababa HAPCO and government organizations at the grassroots level. Inaddition, there are quite a number of good practices to be shared among project implementing partners as well as the public at large. Such practices are systematically captured/documented and disseminated to users.

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and effective networks that provide leadership and capacity building in advocacy, programme development and to enhance greater involvement of People Living with HIV/AIDS (PLHAs) in the overall response to the AIDS pandemic.

[25] ARCAN Project is a World Bank funded project that is implemented by Governments of Ethiopia, Kenya and Tanzania in response to the HIV/AIDS epidemic and the priority gaps identified in the region.

Various CSOs   in this survey, together with the Ministry of Health (MoH), have developed a manual on various HIV-related issues like National HIV/AIDS Counseling Training Manual. In this survey, for example those CSOs working to fund administrations have widened their donor base to fight the disease and to facilitate access of funding for their respective member CSOs.

The participant CSOs have also conducted familiarization workshops on various guidelines such as Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response and Community Mobilization Guideline, National VCT guideline, National Community Based Care and Support Guideline for PLWHAs, Orphans and Vulnerable children, PLWHA's Nutritional Care Guideline, and HIV/AIDS Advocacy Framework and Guideline.

According to the respondents, the partnership between CSOs has helped them to organize a training workshop on various HIV/AIDS related issues like Anti-Retroviral Drugs and Prevention of Mother-to-Child Transmission. These training workshops are particularly important in the exchange of information and knowledge between CSOs in Ethiopia and abroad. For example, a workshop that was organized on HIV disease management in 2002 has attracted various scientists from all over the world and has created a commendable opportunity to exchange information and share experience on HIV management.

Some of the CSOs in this study have been involved in project designing and development for submission to the President's Emergency Plan for AIDS Relief (PEPFAR), the initiative undertaken by U.S. president George W. Bush with a special project for the distribution of advanced antiretroviral treatments for two million HIV-infected people in five years, in the poorest and most afflicted countries including Ethiopia. There is an HIV/AIDS forum that is run by one of the umbrella organizations that participated in this survey, which was officially launched on May 9, 2003. The forum has managed to raise its own funds for the implementation of its action plan. Among the major activities undertaken with the available funding was a training program on "HIV/AIDS Project Development and Management", Workshop Focused on ARV and PMTCT.

Despite the above-mentioned CSOs engagement in partnership, most respondents reported that there is little networking and information exchange between various CSOs. CSOs lack the human power and expertise to effectively network or exchange information. Respondents suggested that there is a need for CSOs, specifically those operating at the grassroots level, to find ways to create linkages and expand their networks among themselves. This will enable them to share information and develop the strength to play significant advocacy roles at the national level. The creation of networks also has greater importance in avoiding and reducing duplication and competition among CSOs and contributing towards better coordination of their programs.

6.2.4.1. **Limitations to Community Responses**

CSOs who have participated in this study have done on excellent job in fighting against HIV/AIDS. However their interventions face formidable challenges. Some of these limitations stem from the AIDS epidemic itself, from the nature of communities and the concerned CSOs external relationships and the external environment. The following section presents a brief overview of the challenges CSOs in this survey face in connection with their intervention with the community.

6.2.4.1.1. **Limitation of Networking and Inter-CSO Competition**

Promoting and strengthening partnership and alliances among CSOs is vital to enhancing their capacity in different aspects including advocacy, mass mobilization, access to resources and operational management. The role CSOs played as agents of change requires network, both information and assertion in strength which can be an effective means for constructive engagement and partnership building. In relation to advocacy, networks enables CSOs to speak with one big voice, and can enhance their capacity to take issues to the macro level.

According to the survey respondents, the role of umbrella CSOs is to promote networks and forums among the various CSOs. They focus on key issues of concern to them and bring members together with common interests. In this respect, there are a lot of networks and umbrella organizations working on various issues related to HIV/AIDS. According to the respondents, the establishment of networks will promote opportunity for experience sharing, and access to

information and resources. In general, joint ventures enhance representation and implementation of common interest. However, according to survey respondents, networks among the CSOs have various constraints. CSOs are currently both fragmented and disparate. According to participating CSOs, while some networks and umbrella bodies exist, their membership by no means includes all CSOs, and their efforts are often uncoordinated, both with one another and with governments. There is lack of cooperation and networking among CSOs. The survey participants noted that it often starts and then fails soon after or will not function well. According to CSO-7, for example there is a network, which has been organized by one of the organizations of People living with HIV/AIDS in Ethiopia working on HIV/AIDS but it is not working effectively. There is a lack of commitment and concern among the CSOs. For example, if the members of the respective forum are ten CSOs, it is only two CSOs who are active members. In most cases these two CSOs who are presumably active in this network will be the secretary of that network or the founder of that network and the remaining CSOs will only be passive partners.

According to the respondents the other problem related to networks is related to power, resource and funding. There are real conflicts between groups of civil society organizations. There is competition rather than cooperation among the CSOs to secure scarce donor funds. Increasing inequalities due to globalization, competition and opportunism between CSOs is becoming more commonplace. Therefore there is fierce competition among CSOs working on the same issue. As a result, some CSOs use the partnership forums to imitate or copy the projects that have been carried out by other partner CSOs and use for their fundraising scheme and project implementation. Avoiding unnecessary duplication of efforts and fostering cooperation are among the objective of partnership, however this rarely happens among the CSOs rather the reverse is true.

For example there is a lack of sufficient experience sharing and information exchange among the CSOs for they compete with one another for limited funding On top of that, according to CSO-1, there is a problem with collaboration and a spirit of working together between small CSOs and relatively big CSOs. There is a lack of respect for each other and an underestimating each other's efforts.

The other problem associated with the network is the issue related to domination and lack of inclusion of the concerned institutions. For example according to CSO-7, there is the National OVC network in which they are a member and there are other networks run by other CSOs. Nevertheless, according to CSO-7, they are not successful because some networks will be dominated by specific CSOs, neglect other CSOs and not establish good contact with the government, negatively affecting the success of the networks.

The forums or the networks in which the surveyed CSOs are active are constrained by lack of technical skills, finances, equipment and office space. According to the respondents, forums have constraints like turnover of staff (mainly coordinators) and delays in replacing them. Lack of resource and poor leadership are also among the major problems. Due to a lack of experience and trained staff there is also the problem of how to run forums and networks.

According to the respondents, for example many of the CSOs networks were too concerned about urban matters and are concentrated heavily in the capital city. Therefore networks need to expand their outreach to more isolated rural areas, the search for recruits among all subgroups within their sector and establish linkages with others in each sector outside of their own networks.

6.2.4.1.2. **Lack of Finance, Donor Dependency and Lack of Trained Staff**

The community-based program conducted by the surveyed CSOs are very responsive to the needs of those affected by AIDS. The responses supported by such program were much wider and holistic and included support to orphans, life-skills training, home-based care (nursing care and drugs), income-generating projects, food aid, financial support for PLWHA and counseling. Despite this fact, such program also have limitations that include poor organizational management skills, lack of adequate funding and technical support to sustain the project when the donor pulls out.

In order to effectively provide HIV/AIDS intervention programs for their community members, CSOs in this survey have constraints related to finance and trained staff. As stated in the previous chapters, Ethiopian CSOs are highly donor dependent, thus the situation of the CSOs in this survey is alike. Most of the

activities of HIV/AIDS intervention among the surveyed CSOs are carried by the support of donors. For most intervention related to mainstreaming activities, there is no budget allocated and sometimes it is only supported with the commitment of individuals. However in most cases the fund is secured from the donors.

External funding and support is essential in the fight against AIDS. However the surveyed CSO's dependency on donor funding has a substantial impact on their HIV/AIDS related interventions and their relation with the community. Primary donations to HIV/AIDS intervention comes from governments and bilateral/multilateral agencies, NGOs or foundations. Therefore, donations to anti-AIDS efforts are largely shaped by the policy context. This context is in turn shaped by international policy decisions that finally have significant impacts upon policy and resources affecting HIV/AIDS and, consequently, communities. Since donations are highly influenced by the pertinent government policy and related to the fact that they come up with criteria for program implementation and monitoring which influence the internal organizational structures of CSOs. In some cases, it does not take into consideration the situation of specific countries and circumstances. This can undermine and erode the reputation and accountability of CSOs. The orphans intervention program implemented by CSO-3 is a good example that shows how inconsistent donors' funding policies and unexpected budget cuts affect CSO activity:

> Orphan support project implemented by our organization with the donors support from 2001 – 2002 was used to change the lives of sixty orphans selected out of initial 700 following a joint assessment with the community members based on their critical conditions after loss of both parents. The support to the orphans covered, allowance, rent and food, medical support, school fees, scholastic materials and tutorial class program. At the end of the two year project, we were under stress because there was no clear exit strategy in place and the funding ended. This unexpected budget cut was a shock for our organization. Therefore we made arduous efforts to find a substitute donor to continue the project and to maintain its reputation. Later, luckily, we were able to get support to implement the exit strategy.CSO-3

Reviewing and strengthening community and CSO responses to the HIV/AIDS epidemic can help CSO engagement in longer-term planning and capacity building. Donors need to be more flexible with the support they provide and need to take local particularities into consideration.

Due to the current economic crisis in developed countries, resources for HIV/AIDS mitigation might decrease and funds from many donors might decline. Therefore, it is essential that intervention responses carried out by the communities be closely monitored and evaluated; cost and benefit analysis should also be taken so that the greatest impact is achieved with the existing limited resources.

Besides financial constraints, poor organizational management and lack of trained staff have also limited AIDS intervention and external mainstreaming of the participant CSOs. Only a few CSOs have conducted surveys on the epidemic in their entire establishment. Some of CSOs in this study have weak register, record and reporting mechanisms of HIV/AIDS activities and lack supportive supervision system. For example, some of the CSOs do not have a focal point; there are no focal persons in most places. For example, in some CSOs working in the education sector, the education coordinators must act as focal persons to facilitate activities.

For some of the participant CSOs who provide service in the education sector, most schools do not have counseling service at their disposal and most of them do not have a network with health facilities nearby. Faith-based CSOs in this study advocate only the AB (abstinence and be faithful to the partner) prevention messages, in the education system. The use of condoms is not promoted. There are no care and support programs including a proper legal framework to assist those infected and affected by the epidemic apart from few individual commitments.

Among some of the CSOs who are working in the agriculture and food security sector it is very difficult to see how HIV/AIDS is mainstreamed in the sectoral strategies. Voluntary counseling and testing service is not available to farmers or development agents. Networking within the different sectors of the organization and with health services nearby was found to be weak. A mechanism has not been established to support the infected and affected farming families, and there is no verifiable indication for future action. The training provided in this area does not include legal support services for resource access and inheritances. Additional budgets required for integrating or mainstreaming HIV/AIDS are not covered under any of the components of the sector's activities and neither focal person nor a committee is assigned to oversee the HIV/AIDS related issues. Assessments addressing impacts of HIV/AIDS on agriculture/food security have never been conducted. A mechanism is not in place for recording and reporting HIV/AIDS

related activities of the sector and other monitoring and evaluation systems of the sector are not inclusive of HIV/AIDS-related activities. More importantly, the introduction of high yielding and quick to harvest crop varieties and labor saving technologies aimed at addressing the needs of affected farming families have not been planned or practiced.

In addition to poor management and organization, lack of trained staff is also creating obstacles for the effective mainstreaming and AIDS work in the participant CSOs. In this regard shortage of health professionals and trained counselors has been cited as a major constraint. In addition, participant CSOs have mentioned that their health education program suffered much due to staff turnover.

6.2.4.1.3. Poverty

According to survey respondents, the synergistic relationship between AIDS and poverty is undeniable. The problem is very broad but the CSO's ability to provide the necessary support and intervention is limited. In addition, HIV/AIDS has aggravated the existing poverty.

For example according to social learning theory HIV/AIDS infection prevention demands people to practice it in their own behavior and their social environment. HIV/AIDS prevention and control programs should focus to control the spread of AIDS by informing the public about how HIV is transmitted and how to safeguard the community at large against such infection. Adequately informed people are widely assumed to take appropriate self-protective action. Increasing the awareness and knowledge of health risks are important prerequisite for self-directed change. However, information by itself does not necessarily exert much influence on refractory health impairing behaviors. To bring about self directed change, people need to be provided with not only reasons to change their risky behaviors but also the means, resources and social support to perform adopted behaviors. Hence, according to Bandura, in order to translate acquired health knowledge into efficient self-protection action against the AIDS infection demands self-regulative skills and a sense of personal power to exercise the adopted behavior (Bandura 1994: 25- 26). In an environment where economic and social circumstances determine the risk of HIV infection, making efforts to achieve behavioral change through education or cognitive exercise alone will have a limited effect.

Although people can be knowledgeable about the ways HIV can be transmitted, prevented and in cases where they are HIV positive, they can know how to live with the virus positively, however, they might be unable to put the knowledge they have into practice because of circumstances beyond their control. Poverty in the community impacts the effectiveness of HIV/AIDS intervention among the surveyed CSOs. Despite the fact that the communities or members served by the participant CSOs know how HIV/AIDS transmits, about prevention techniques and how to lead a positive life after being exposed to the virus, they were not able to change their knowledge into practice due to poverty. This will have a significant impact on the effectiveness of their HIV/AIDS intervention programs. For example the HIV/AIDS intervention program of CSO-1 related to PLWHA mentioned in this chapter, which provides bed-ridden PLWHA with nutritional support so that they can adhere strictly to their ART treatment, reports that since most of the beneficiaries are poor they sell some of the support they get to cover rent and other related expenses. Poor nutrition exacerbates AIDS. Moreover, it has profound consequences for clinical outcomes for PLWHA and of drug response in patients under treatment for HIV/AIDS is strongly dependant upon their nutritional status. (UN 2005) Therefore the HIV/AIDS intervention program of CSO-1 on effective ART adherence is negatively affected by the presence of intractable poverty. In addition, CSO-1's support is limited only to bed-ridden PLWHA. In a situation when they recover, the support will be interrupted and they are expected to look for a job and continue their ART treatment. In a poor country like Ethiopia, where there are enormous number of unemployed people it will be difficult for PLWHA to get jobs, feed themselves and continue adhering their ART treatment. According to CSO-1, for example some of the community members receiving support under this program are commercial sex workers. Therefore the commercial sex workers will consider resuming their previous job for they prefer to eat today and die eventfully. This has negative repercussions on the basic objective of HIV/AIDS prevention intervention work of CSOs. For example, prevention methods like condom use will be less likely to be adhered because the poor commercial sex workers often have sex without condoms if their clients offer more money. Such a situation will cause the virus to be transmitted to others as well as to increase the type of virus they have in their body if they have sexual intercourse with a person living with virus which limit the success of the ART treatment. Furthermore, the nature of their work and

economic situation can lead to less adherences to ART and this leads to further drug resistance[26] which can have severe impact on the overall intervention process in regard to epidemic. Therefore HIV/AIDS intervention activities need to consider issues related to structural factors which limit adherence to the HIV/AIDS protective behaviors. For example they need to address particularly those involved in transactional sex and other impoverished members of the society.

HIV related program are effective if they are targeting households that are most in need. It will be counterproductive if they are only targeting AIDS-affected households excluding households that are equally in need of support for other reasons. Therefore it is important that programs target a wider group of households based on both poverty and AIDS profiles. This can be best achieved through communities identifying the neediest individuals and in close collaboration with the lower local government administrative units.

Certainly correlation and estimates do not prove causation but the synergistic relationship between AIDS and poverty is undeniable, especially with regards to malnutrition a key feature of poverty. Biomedical evidence shows that malnutrition weakens the immune system, which increases the risk of contracting HIV with each contact, regardless of the number of sexual encounters, and hastens the progression from HIV to AIDS (Stillwaggon 2002). Where there is massive poverty and accessibility of food is lowest, HIV prevalence is greatest. AIDS amplifies pre-

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[26]"Adherence is critical for the successful management of all chronic illnesses including ART. ART requires >95% adherence level (missing no more than one dose per month), to maximize health benefits and to avoid the emergence of drug resistant HIV strains. Patients need to strictly adhere to the advice and instructions of healthcare providers. Non-adherence by patients on ART has serious consequence both on the individual as well as the society. HIV replicates and mutates (changes its character, including its ability to resist drugs) at a very high rate. The virus can, therefore, naturally, produce offspring that are resistant to one or more antiretroviral drugs. When antiretroviral drugs that normally suppress the virus are taken intermittently or doses are missed, the blood level of the drug falls to below the level at which the virus is suppressed. The resulting low drug level can still be enough to suppress the sensitive members of the virus population, leaving the resistant ones. As the drug resistant strains rapidly replicate the treatment fails and the individual can no longer benefit from the therapy. Unfortunately, the resistance that the selected viruses develop is not confined to one drug or the drugs the patient was on, but also to other drugs in the same class. Thus not adhering to one drug may cause resistance to many other antiretroviral drugs. In this case, the future treatment options of the patient are seriously limited. In addition, in countries like Ethiopia where the majority of HIV transmission is due to unprotected multiple sexual encounters, the resistant virus can then be transmitted in the community. This will lead to a superimposed epidemic of drug resistant HIV. Near perfect adherence, missing no more than one dose per month is necessary to maintain undetectable viral load." (Ethiopian AIDS Resource Centre, www.etharc.org/arvinfo/ARTInfotoolkit.pdf)

existing poverty and increased poverty accelerating HIV/AIDS, which create a vicious and debilitating cycle.

The current global food price rise has a significant impact on the urban poor in Ethiopia. According to the Central Statistical Agency, the price of food has increased 40% since 2007. The situation has been particularly devastating because more than 45% of the population of Ethiopia lives below the poverty line and the situation is worse for people living with HIV/AIDS because it leads for poor nutrition and latter undernourishment. Malnutrition reduces the effectiveness of antiretroviral treatment and increases its toxicity to the bodies immune system and hastens the development of HIV into AIDS. Also, HIV augments adults' energy requirements by 10-30%. According to WFP, antiretroviral treatment cannot work if people are not eating enough. For infected mothers who have been advised against breastfeeding, purchasing milk or formula drastically increases household expenses and is often unaffordable. So as the current food crisis threatens the lives and livelihoods of the HIV-positive people in Ethiopia, it also increases the rest of the population's susceptibility to the virus and other illnesses (UN 2005).

The major problem related to HIV/AIDS is poverty whose alleviation needs cooperative effort. Governments alone cannot achieve the basic well-being of the entire national population. This calls for meaningful partnership between the communities, governments, donor agencies, CSOs, the private sector and others in order to address the problems of HIV/AIDS successfully.

6.2.4.1.4. Stigma and Discrimination Affecting CSOs Efforts Related to HIV/AIDS Intervention

Despite advances in biomedical research, there is still no preventive vaccine or medical cure for HIV/AIDS. Hence, the only available means of HIV/AIDS prevention remains changing high-risk behavior. Since sexual behavior accounts for the main transmission of HIV, it can be prevented through appropriate behavioral changes. Despite this fact, the risk behaviors responsible for HIV infection manifest themselves in the context of people's interpersonal relationships and pose many social, psychological and cultural obstacles to curtailing the epidemic. (DiClemente & Peterson 1994:1)

The message and communication related to HIV risk behavioral change is complicated in at least three ways. First the primary mode of HIV transmission,

sexual behavior, makes communication about the problem taboo for most individuals. Embarrassment, uncertainty and apprehension associated with sex, which is a taboo topic, will limit people's desire to openly discuss topics such as the practice of safe sex and condom use. The channels of communications for taboo topics are rather restricted. The preventive innovations that an individual needs to adopt in order to avoid the possibility of contracting HIV are new ideas. This makes approaches to behavioral change complicated. Presuming a preventive innovation usually involves changing and often complicating a well-established behavior. (Dearing et al. 1994:81-82) HIV is an elusive disease. Evidence indicates that the disease is not fully understood by the community. In this respect, as mentioned in Chapter Three of this research, there are misconception related to the transmission of HIV/AIDS. Misconceptions and stigmas attached to the virus leads to the discrimination of people perceived as living with the virus. For example, one of the CSOs in this study that is working in the area of water and sanitations has noted that how discrimination in relation to HIV/AIDS status has restricted the access of PLWHA to use such services.

Voluntary Counseling and Testing (VCT) should be used as entry points for the provision of treatment of opportunistic infection and psychosocial support related to other methods of HIV/AIDS prevention programs. Therefore supporting PLWHA is one major area of intervention to stop the spread of the virus. However the stigma and discrimination attached to the virus had created obstacle for the effective implementation of psychosocial support programs of some of the participating CSOs. The following quotation illustrates the issue:

> We provide various supports for PLWHA but we face various problems related to stigma and discrimination attached to the virus. For example in our life skill-training program we have trained PLWHA to learn hairdressing and we provide them with support to work in beauty salons. But nobody likes to use their facility; as a result they were not able to make profit and become self-reliant; therefore we were forced to assign PLWHA to work as supporting workers. CSO-2

It should be noted that people living with the virus need a lot of care from the society and the society should extend care and give them hope in return. Until and unless a conducive socio-economic environment for people living with HIV is ensured, all efforts to detect HIV cases and slow down its spread will be in vain.

Concluding Remarks

Regardless of the internal and external impact of the epidemic, the response of CSOs in this survey is very limited. Despite the fact that most of the participant CSOs in this survey realizes the devastating impact of HIV/AIDS in their organization, they perceive the problem as external. Therefore, limited progress has been made in institutionalizing a response to the epidemic at their workplace. Some of the participating CSOs have an HIV/AIDS policy. However they lacked clear guidelines for managing HIV/AIDS in the workplace. There would seem to be a number of reasons for CSOs having not yet developed HIV/AIDS policies, including a lack of financial resources, lack of in-house competence, clash of values, CSOs have no real idea of the actual cost, focus on program and beneficiaries because HIV is still a taboo at the workplace.

In their HIV/AIDS focused interventions and AIDS work, the surveyed CSOs are very responsive to the needs of those affected by AIDS. The responses supported by such programs were much wider and holistic. CSOs who have participated in this study have done an excellent job in fighting against HIV/AIDS. They also provided various services to those who are affected and living with the virus. The activity of the surveyed CSOs related to HIV/AIDS includes outreach activities through IEC/BCC, provision of voluntary counseling and testing, promotion of condoms, prevention of mother to child transmission (PMTCT) and provision of care and support.

A number of CSOs in this study have mainstreamed HIV/AIDS prevention in the development activities they are carrying out including food security, water and sanitation program, education, health, natural resources management, small scale irrigation, saving and credit, construction, etc., and their work related to underprivileged groups like women and children. They have advocated for policy formulation related to the epidemic and they have supported the revision of various traditional law and legal instruments.

However, their HIV/AIDS focused interventions and AIDS work as well as external mainstreaming activity of the participant CSOs face formidable challenges. Some of these challenges include poor organizational management skills, lack of adequate

funding and technical support to sustain the project when the donor pulls out, lack of networking and inter- CSOs competition, poverty and stigma and discrimination affecting CSOs efforts related to HIV/AIDS intervention. According to survey respondents, the synergistic relationship between AIDS and poverty is undeniable. The problem at hand is very broad but CSOs ability to provide the necessary support and intervention is limited. In addition, HIV/AIDS has aggravated the existing poverty. Besides financial constraints, poor organizational management and lack of trained manpower have also created limitations on AIDS intervention and external mainstreaming of the participant CSOs. It should be noted that some of the challenges the CSOs face in this study are related to the epidemic itself, the environmental setting in which they work and the nature of the external relations they maintain.

Chapter 7

Impact of HIV/AIDS on Civil Society Organizations Development and its Implication for Governance

7.2 The Survey Participant CSOs Contribution to Good Governance, the Possible Negative Implication of HIV/AIDS in their Development and its Implication on Governance

In Chapter two of this study it was pointed out that CSOs have a positive correlation to good governance and democracy. CSOs have many beneficial influences on the quality of governance and an active and trusting civil society is important for the effectiveness of governance. CSOs and governance are positively correlated: CSOs contribute to governance performance through policy activism and increasing administrative efficiency. CSOs are related to policy activism because they increase the level of political sophistication and facilitate the cooperation within society, helping people to voice their policy demands better. They bring about administrative efficiency, as they facilitate cooperation and help to overcome administrative problems within the governance. Social networks and social organizations enable communities to have significantly higher levels of political participation by uniting them and making them operate smoothly. Therefore they are vital for civic participation and good governance. People's participation in social and civic activities enables citizens to overcome their problems through collective action and allows them to react to issues concerning their governments. Governance works more efficiently in the presence of social capital.

Ethiopian CSOs are not well developed in terms of diversity, size and capacity. However, in the last two decades the Ethiopian CSO sector has had, in relative terms, some opportune moment for growth in size, diversification in make-up and self-organization for active participation in the national socio-economic process. The community was also engaged in various issues pertaining good governance including civic education advancement and mobilizing participation, enhancing state performance, conflict resolution and peace building, promoting social justice and rule of law and the contribution to increased efficiency and capacity of governance and justice institutions.

The research participant CSOs provide civic education, mobilize community participation, promote human rights, democracy and good governance. They give backing to democratic culture and values, and enlighten the public about their constitutional rights and supported underprivileged group of the society. They conduct voter education, sensitize and mobilize the public to participate in elections and organize debate forums and training on various issues of human rights and democracy to different sections of the society. They sponsor a series of debates on public policy issues. They conduct research and produce publications on various issues that contribute to policy advice and governance.

CSOs who have participated in this study have mobilized, empowered and promoted the participation of grassroots, religious, community and mass-based organizations in democracy, human rights, peace building and the governance process. In this respect, they have supported traditional institutions to carry out activities related to conflict management, gender issues, children's issue, health issue including HIV/AIDS and environmental management.

CSOs who have participated in this study have played a critical role in mobilizing social capital. Like any other resource, social capital also needs to be activated and it needs to be combined with other kinds of resources, including physical, financial and human resources. These acts of mobilizing social capital and harnessing it together with other resources are performed by some of the participant CSOs in this study. Participant civil society organizations are important for mobilizing social capital to serve development objectives. They use their resources and capacities to mobilize the talents and energies that exist among the community or members and refine social capital. Using their local knowledge and local contacts, they help to foster widespread networks articulating popular concern and striving for changes in systems. They mobilize and organize the community for mutual benefit and to address common problems. The outcome then is a successful result achieved with the help of collective action, while building up social capital and reinforcing traditions of cooperation for mutual benefit. CSOs managed to unite people with various interests and making them realize their plight. Other than emotional support it provides, being a member of social group sharing mutual interest increases individual's recognition and self-worth including acknowledgement of individual's claim for certain resources. In this respect the role played by the participant CSOs in

supporting the establishment of one of the major associations of PLWHA in Ethiopia and the establishment of various *Idir* networks should be mentioned.

CSOs in this survey carry out their development programs through a participatory approach using traditional systems. They use traditional institutions as a conduit to attain development objectives. They strengthen the capacity of CBOs and social groupings, increasing the commitment and engagement and improving networking and alliance. The participants CSOs have contribution in increasing the growth of social capital and a 'civic community.'

They articulate citizen's interests and demands to some extent. Traditionally interest articulation is the job of political parties. However, political parties in some cases do not always represent the interests of the poor or of other vulnerable sections of society. Therefore, CSOs step into this gap and help to represent their needs and interests. Providing voices to the poor is consequently a function that is performed by some of the survey participant CSOs. The study participant CSOs are instrumental in supporting community-based organizations, poor and vulnerable groups both financially and technically to actively engage themselves in various governance issues.

The research participant CSOs have played an important role in complementing the activity of the state by filling the gap where the government is lacking. Some of the CSOs who have participated in this study have supported the government to make wise and effective policies through provision of information and consultation. For example CSO-6,7,11 are engaged in building the capacity and efficiency of governance and justice sector institutions. They have established community human rights centers, organized human rights education and training to promote accountability and transparency in the local government administrative units and for law enforcement organs including for judges, prosecutors, administrator and police officials in different parts of the country.

Participant CSOs like CSO-11 and 18 have worked towards the improvement of policies, laws and programs. They have advocated on various issues including children, women, education, health and the economy. In order to improve access to justice, to ensure efficiency and increase accessibility of legal aid services to the community, they provide legal aid services, legal advice, counseling and

representation and legal protection. They have established networks of legal aid centres operational through referral arrangements. They monitor and report on human rights violations.

Some of the participant CSOs are engaged in advocacy work with the aim of bringing about changes in public policy, laws, and decision-making structures. Through their advocacy initiatives they were able to convince policymakers to develop new pro-poor policies, laws and to take other measures including the revision of existing laws. In addition, participant CSOs conducted extensive research on a wide range of governance issues with the objective of informing policies and decisions at different levels of local government administrative units. The participant CSOs in this study successfully initiated and contributed to the development and adoption of pro-poor policies, laws, and programs addressing various level of governmental structures.. For example CSO-3,7,11,16,18 in this study have initiated and promoted policy dialogues in various areas and succeeded in shaping and making issues like women's right, children's right, people with disabilities and other vulnerable group right to become a policy issues.

Participant CSOs like CSO-3,7,and 18 who are working on women's rights, gender and children's rights issues have played an significant role in initiating public dialogue and influencing decision makers in the process leading up to the revision of the family law and penal code. Some of the participant CSOs in this study have participated in and contributed to the formulation of different policies including the PRSP and The National Plan of Action on Sexual Abuse and Exploitation of Children.

Participant CSOs are engaged in addressing the root causes of poverty. They made vital contribution and played significant role to the national effort of addressing poverty and promoting good governance. In this regard their engagement in poverty reduction strategy process ought to be mentioned.

Survey participant CSOs have contributed in enhancing state performance by being extensively engaged in various areas of development including supporting the poverty alleviation strategy effort of the government. They have significantly contributed to agricultural and rural development, promotion of health services and education .

Participant CSOs who are working in the areas of agricultural and rural development have increased the outreach of their own program and helped and strengthened other types of CSOs to establish similar programs. For example, the participants CSOs have strengthened rural institutions like cooperatives, micro-finance institutions, self-help and other grassroots associations. They carried out activities related to environmental rehabilitation including promotion of conservation- based sustainable development. They carried out various interventions to address food security. They have promoted small-scale irrigation, supported provision of water supply and sanitation, market development, and strengthening government capacity related to that. The integrated rural development intervention activities conducted by the CSOs have significantly strengthened and supported the development of rural institutions, access to finance, market, potable water supply and other needed services. It can be noted that CSOs intervention in relation to agricultural and rural development have enormously contributed in transforming agricultural practices by way of amplification and diversification thereby making them market-orientated.

Participant CSOs development and service-oriented interventions, which are conducted both in the urban and rural areas, have benefited poor peasants, children, women, and vulnerable groups of the society. They contributed considerably in enhancing community actions for self-help and assuring an all-inclusive development process.

Through the various services they provide they have empowered marginalized part of the community which can contribute to political equality by distributing power to the benefit of those formerly marginalized or excluded because of social and political discrimination. Through their human development interventions, CSOs have empowered the community, promoted health services, education, and child protection and welfare institutions. For example, CSOs have played an important role in the provision of services in the absence of government facilities. This is particularly true in the area of health and education. CSOs have expanded informal education centers, vocational, technical and management training centres and have supported and established libraries. Schools and health centers constructed by the CSO are handed over to the government. CSOs also built bridges and roads. They introduced innovative approaches such as community-based approaches to health services and alternative basic education, which were later adopted by the

government and which have significantly contributed to the achievements attained in the health and education sectors.

Several systems strengthening interventions were conducted by the CSOs including training of health personnel in HIV/AIDS care, establishment of HIV/AIDS outreach sites, and supporting HIV/AIDS agencies and the establishment of healthcare sites. CSOs participated in capacity building, undertaking and coordinating HIV/AIDS- related research and utilizing outcomes.

The CSOs provided a wide-range of basic entitlement for PLHIV and OVC. The most accessible entitlements are medical treatment, food, school materials, clothing and education. CSOs indicated that their clients had access to one or more of these basic entitlements.

Great contributions are being made by the CSOs in HIV prevention, HIV/AIDS care and treatment including the provision of ART and social support for people living with HIV and those affected. The CSOs are also increasingly involved in HIV/AIDS policy formulation and decision making and have played a vital role in institutional systems strengthening. It is worth noting that CSOs have come up with various innovations in the delivery of HIV/AIDS services that have culminated into numerous best practices. A wide-range of best practices were identified by the participant CSOs like pooling resources to increase the availability and accessibility of services, the use of functional community structures to provide HIV/AIDS services, community involvement and joint meetings among CSOs to share experiences.

They have made substantial contributions in the form of ideas and finances to HIV/AIDS policy. Towards that end they have provided support in the initiation and development of policy and guidelines. CSOs have registered a wide-range of innovations in HIV/AIDS response.

Civil society organizations also work on the amendment and development of existing traditional law to cope with the current economic, political and social situation of the community and be in line with the new demands and expectations of their respective society. For example CSO-2 supported and reinforced traditional law being amended to incorporate issues related to HIV/AIDS and to fight harmful

traditional practices. In addition, CSO -2 mobilized the community for indispensable development activities. For example through urban community networks it mobilized financial and human resources.

Using their local knowledge and local contacts, CSOs help to foster widespread networks articulating popular concern and striving for changes in systems. CSOs in this study have initiated, promoted and strengthened partnership and collaboration among the CSOs and government at various levels. CSOs have made some contributions towards the implementation of the decentralisation program of the government. They facilitate in some regions learning and reflection processes with partner governmental units in a mutually beneficial way. They have strengthened the capacity of lower local government administrative units like *Woreda* and *Kebele* through provision of financial and technical support. They have a good track record in promoting participatory development. Thus, they play an vital role in creating grassroots ownership of development programs, in mobilizing communities and in creating public awareness about development issues.

The participant CSOs have mobilized knowledge in the form of ideas, research, analysis for policy and economic paradigms which are a critical resource for broadening consensus and legitimacy for development issues. CSO participation gives donors evidence of the presence of social accountability instruments in development coordination; it builds confidence and legitimacy on the part of the government to seek more development aid from international cooperation. In addition, survey participant CSOs render their support to the government through identifying social problems, which have not been detected or addressed by the government. They provide technical training for improved government institutional practices.

Umbrella organizations in this study build the capacity of members in providing services in various areas of the development fields. They are active in regional networking. CSOs have made achievements in the fight against HIV/AIDS, TB and malaria using the global funding. CSOs are participating not only as implementers but also as members in the various committees of the Global Fund Board. In addition, umbrella CSOs work in fund management related to various health related intervention including HIV/AIDS. They have implemented a focus on 'Rights-Based Approach to Development.' In line with this, community capacity

enhancement and development interventions have been taken as main intervention areas by giving emphasis on the poor's perspective, sustainable livelihoods-based approaches, local stakeholders, and mainstreaming of cross-cutting issues such as gender, HIV/AIDS, environment, sustainability and others. Various CSOs   in this survey together with the Ministry of Health (MoH), have developed manuals on various HIV-related issues. An example is the National HIV/AIDS Counselling Training Manual. In this survey, for example, those CSOs working in relation to fund administration have widened their donor base to fight the disease and to facilitate access to funds for their respective member CSOs.

Participant CSOs conduct familiarization workshops on various guidelines such as Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response and Community Mobilization Guideline, National VCT guideline, National Community Based Care and Support Guideline for PLWHAs, orphans and vulnerable children, PLWHA's Nutritional Care Guideline, and HIV/AIDS Advocacy Framework and Guideline. In this study, CSOs that are engaged in HIV/AIDS intervention programs have developed linkages with different international and local bodies that can support them. CSOs mobilize resources through linkages and networks. Most of the CSOs in this study are becoming involved with various forums and networks related to HIV/AIDS including CRDA (CRDA HIV/AIDS forum), EIFFDDA, ECFE and the National Partnership Forum against HIV/AIDS, National OVC network and international organizations. They also work in collaboration with the government sectors like the national HAPCO, the Addis Ababa HAPCO and government organizations at the grassroots level. In addition, there are quite a number of good practices which have been shared among projects implementing partners as well as the public at large. Such practices are systematically captured/documented and disseminated to users.

In general the participant CSOs have contributed to the promotion of good governance. Even though there are indigenous system of governance in Ethiopia and some of the ethnic groups possess some elements of customary practices of "democracy" and some components of good governance like accountability, transparency, participation, legal and judicial framework, coordination and a control-system mechanism, as mentioned in Chapter Four of this study, authoritarian forms of government dominated most of Ethiopian history. A process of building democratic governance in the country started only after the fall of the military

government in 1991. The FDRE Constitution adopted a multi-party parliamentary system of government and recognizes most of the human rights issues which are elaborated under international law. In addition, the government has indicated its professed commitment to promote good governance by ratifying a number of international human rights instruments, reforming domestic laws to harmonize with international human rights standards, and emphasizing good governance in different policies and programs.

Considerable progress has been made in the area of good governance. However, it is at an early stage of development and has been facing various challenges. The limited democratic culture and experience in the country, limited participation of citizens in governance, lack of adequate and appropriate laws and policies in some areas, capacity limitations of law enforcement and governance organs of the government and lack of adequate awareness about human rights among the public have been among the many challenges faced.

Civil society organizations in Ethiopia have various problems. The economic and cultural environment of the country appears to be infertile ground for nurturing civil society. As is well known, the Ethiopian economy is in a long-term economic crisis characterized by shrinking output per capita, escalating indebtedness, and falling living standards. People who are preoccupied with meeting the daily needs of economic survival and family welfare have neither the time nor the inclination to devote themselves to civic and community affairs. Indeed, civic institutions are difficult to construct under conditions of mass economic privation and great social inequalities. Reflecting the poverty of their clienteles, the participant civic organizations suffer gross shortages of material resources. They own few organizational assets, operate with tiny budgets, and are understaffed. Few precedents exist for mobilizing financial contributions through corporate sponsorship, user fees, or the payment of dues. Instead, they usually turned to foreign donors to cover the costs. Over-dependence on foreign funding has created several pathological consequences for the development of voluntary organizations and, hence, for civil society organization who have participated in this study. For example, the direction of accountability is reversed within the organization, with leaders reporting to donors rather than to members or clients. To some extent it has created a situation in which a CSOs image and legitimacy is be eroded. Moreover, reliance on funds from abroad can be a political liability, reducing the credibility of

claims to be authentic advocates for a domestic political constituency. Beyond economic constraints, a second consideration is culture. Ethiopia possesses political cultures embedded under authoritarian regimes. These are all challenges for Ethiopian civil society organizations development. Nevertheless, as already mentioned in the second chapter of this research, civil society is a useful concept for analyzing political transitions in Africa in general and Ethiopia in particular. Therefore, it is entirely appropriate to focus on the development of civil society.

As already discussed the development of Ethiopian civil society organizations have various functions related to governance. To a certain extent, they act like a venue where people with shared affinities or needs come together through provision of mutually supportive social and economic relationships. CSOs in Ethiopia support to create a binding social fabric and assistance for the promotion of economic, social and political assets. They increase civic competence, stimulate participation, and generate democratic norms and values; particular civil society organizations, such as human rights groups, policy think-tanks, and some CSO organizations, press explicitly for reforms to improve the quality of democracy. In addition, they deliver social, economic and other public services to the society. People's participation in development activities and in advocacy are typically backed by CSOs. The above discussion indicates despite the fact that Ethiopian civil society organizations are few in number compared to other African countries and relatively young, they have contributed to the promotion of good governance. However, as mentioned in Chapter Five of this research this endeavour of CSOs is highly affected by the prevalence of HIV/AIDS. HIV/AIDS has implication on the engagement and growth of Ethiopian CSOs. It has narrowed the scope of CSOs engagement for it impacts the internal and external functioning of the surveyed CSOs.

The above-discussed undesired impacts of HIV/AIDS will have consequences on the governance and development of the country, subverting CSOs invaluable contributions. The epidemic will have significant implications and impact on governance and development processes of the country. It will have significant impact on the development of CSOs and this will be reflected in the promotion of good governance. This can be seen in the reduction of the effectiveness of the CSOs arising from the internal and external impact of the epidemic. CSOs interventions in terms of complementing government through mobilizing and empowering different sections of society to engage in governance which will in turn impact the pluralism,

democracy and respect for human rights in the country. CSOs activities related to the promotion of justice will be held back and this will decrease the ability of citizens, especially the poor, women, children and other marginalized sections of the society to access justice and administrative processes. It minimizes the ability of CSO participation in the formulation of policies, laws and programs related to governance and human rights and this will minimize policy dialogue among the public, which will, in turn, affect the formulation of appropriate and responsive polices. It impacts the capacity of CSOs for building law enforcement and other organs involved in governance; this will lead to less efficiency of the justice and governance system. This will also affect the implementation of the government's policies in areas such as decentralization and justice sector reform programs. The quality and the scope of the service provided by the CSOs will dwindle due to the multifaceted impact posed by the epidemic. It is possible that the epidemic will impact the activities of CSOs engaged in promoting development or poverty alleviation which will have successful contributions in addressing the causes of poverty related to governance or policy frameworks. It should be noted that HIV/AIDS is hampering the growth and development of the civil society sector. It has narrowed the potential growth of CSOs in terms of size and scope. In general, the contribution of Ethiopian CSOs in the promotion of good governance will be much more effective and sustainable in the absence of AIDS. It is clear that HIV/AIDS has impacted the development process of the country in general and promotion of good governance in particular.

Chapter 8

Summary and Conclusion

The purpose of this study has been to explore the challenges posed by HIV/AIDS to the functioning of civil society organizations and to examine the extent of damage done by HIV/AIDS to the civil society organizations. Based on empirical evidences from Ethiopia, the study contributed to the understanding of how HIV/AIDS has a greater impact on the civil society organizations in Ethiopia and how its impact is reflected on their work both internally and externally.

After presenting the research questions and the research methods of the thesis, in Chapter Two focusing on civil society contribution towards improvement of governance, the theoretical part of this study has reviewed and examined empirical studies made regarding governance, civil society and health with particular emphasis on HIV/AIDS. This chapter examined the literature on health security and the impact of health on state capacity demonstrating how pathogens present a threat to national security and development.

Aspects that are often considered relevant to development of civil society such as the social, economic and political situation of the country and selected cultural and political factors that help to promote or hamper civil society organizations in Ethiopia were presented in Chapter Three. In addition, this chapter assessed and described HIV/AIDS prevalence in Ethiopia, the factors fuelling the spread of the epidemic and its impacts in various sectors of the country.

Chapter Four assessed the associational traditions of the Ethiopian society while extending its scope to examine the emergence of CSOs as they are known today. This chapter described the characteristics that are determinants of civil society's capacity to contribute to the democratic process. In relation to that, the political environment and role of the state, political culture, the legal and regulatory environment and the economic policy which have shaped the form and character of individual organizations and the scope for civil society to engage in governance has been analyzed. This exposition was helpful for setting the context of analysis. The major findings of this study include:

8.1 <u>The Emergence of CSOs and Their Relations with the Government</u>

CSO and government relations in Ethiopia were examined across the various regimes. The findings showed that the different regimes have allowed some room but at the same time controlled the emerging CSO community. The present government in one way contributed to the growth in a number of CSOs. Under the current government, new types of CSOs which are involved in the area of advocacy, human right and governance issues including private media have mushroomed and for the first time in Ethiopian history a genuinely independent press emerged. At the same time, there has been increased space for professional associations and for independent think-tanks and research bodies. Religious organizations, especially independent churches, can also work far more freely than before. The NGO sector has flourished, grown, and diversified.

The government is also recognizing the role of CSOs in development and recently attempted to provide them relatively better room for their participation. In this regard, the role the CSO played in the development of national poverty reduction strategy news paper and televised debates year 2005 around election topics were an indication of a shift towards more openness and a slightly improved environment. Although these were encouraging trends observed in the CSO- government relations in Ethiopia, so far the relationship has been less conducive and the government is seen as less friendly in its dealings with CSOs. Some of the points that came out in this study were:

The government was tightly controlling CSOs by demanding rigorous registration and regular renewal of licenses and by delaying, withholding, and sometimes deregistering them. The lack of a proper legal and regulatory framework that facilitates the work of CSOs was a major challenge to the CSO community while the data collection for this study took place. The government was appearing to be more of a controller than a partner. A new legal basis for the establishment and operation of NGOs and public associations is enshrined in the new proclamation, Charities and Societies Proclamation 621/2009 which came to effect February 13th, 2009. The next crucial point in this relationship, however, will come with the enforcement of this proclamation.

The new proclamation has significant positive features, including the provision of divergent options to the public in the modality of organizing or associating themselves. The proclamation recognizes the establishment of a consortium of charities or societies and to some extent allows them to engage in income generating activities in order to strengthen and ensure their capacity and sustainability. The registration and supervision of charities and societies is undertaken by the new established autonomous agency which facilitate for CSOs to get proficient service for their registration and operation. Furthermore, the participation of two CSO's representatives in the Board contributes and gives a chance for CSOs to take part in the regulation of the sector.

Despite this fact, the proclamation has some constraints on the engagement and growth of CSOs. It bans CSOs who are receiving more than 10% of their funding from foreign sources to work on human rights and governance issues. Since most of the Ethiopian CSOs are dependent on donors it means that the number of CSOs engaged in such issues will decrease. In addition, the very broad power the proclamation gives to the Agency, allowing it to interfere with the operation of CSOs beyond the acceptable standards is the other draw back of the current proclamation.

Civil society organizations like trade unions are governed by Labour Proclamation No. 377/2003. The existence of adequate forums for consultation and participation including necessary guarantees for freedom of association and the right to strike and adequate machinery for settling industrial disputes and collective bargaining are the preconditions for social dialogue. However, in the Ethiopia context none of these preconditions have yet fully materialized. The Labour Proclamation excludes government employees whose employment relationship is covered by special laws namely Federal Civil Service Proclamation No. 262/2002 which does not adequately cover the principles of freedom of association to which Ethiopia is a party. In addition, the exclusion of "managerial employees," defined broadly under subsection (2) (c) excludes a potentially large group of workers (Buckley et al. 2004: 23).

There is some opening of space to think creatively, to meet and dialogue around issues of social concern in post-1991 Ethiopia. However, these is not enough basis to state that a momentum for change has been created or is being sustained.

8.2. <u>The Impact of HIV/AIDS on the Participating CSOs and their Responses</u>

The finding of this study indicates that most of the participant CSOs in this survey acknowledge both the internal and external impact of the epidemic. The disease has affected almost all CSOs in this survey psychosocially, socially, and economically. The impact of HIV/AIDS on human resources of the CSOs varies widely. Some CSOs have lost several staff members including people who cannot be easily replaced. The nature of the occupation has increased the incidence, susceptibility and vulnerability of the participant CSOs to HIV/AIDS because the work of almost all CSOs requires frequent travel away from the permanent place they work. In terms of social groups, female and youth staff members are particularly affected due to economic, social and biological reasons.

The evidence in this study demonstrated that morbidity due to AIDS has a strong impact among the surveyed CSOs. Illness compromises labor productivity through delay on jobs, loss of quality and quantity of the final output. The cost of sick leave has been cited as a significant economic impact perceived from having staff living with HIV/AIDS. Besides, funeral posed by the epidemic has compromised productivity in various terms. Absenteeism related to funerals and sickness have stressed and stretched the remaining staff and this has affected CSO's work negatively. The increase of absenteeism due to illness, attending funerals and caring for sick, has affected institutional effectiveness.

In this study it was found that the epidemic has caused the need to increase recruitment and training costs due to loss of skilled and experienced staff. The epidemic has led to loss of human resources including experience and networks. It increases the demand for recruitment and training. Furthermore, it causes inefficiencies due to the emerging posts left unfilled. In certain circumstance it leads to the termination of some CSOs programs due to the death of important

personnel. Hiring temporary staff or doing jobs with less professional staff has been reported by some study participant CSOs.

Because the participant CSOs are mostly dependent on the personal leadership of one or a handful of energetic and well-networked individuals, this study indicated that some of the CSOs in this study have lost such highly qualified staff with extraordinary quality. Staffs who have decades of experience, strong networks and respected judgement are being lost and those with less experience are promoted but cannot fill the structural gaps. Due to HIV/AIDS deaths special skill like "civic skills" such as the skills of communication, cooperation, compromise, and decision making are likely to be lost. The small organizational size of the CSOs makes loss of skilled and qualified personnel more painful.

Handover is vital for it helps to avoid loss of organizational memory. Besides, it is an effective tool to ensure organizational consistency. However, due to the prevalence of HIV/AIDS, CSOs in this study found it difficult to maintain consistent objectives for the organization because the sickness and death of the staff hindered internal recruitment and does not provide sufficient time for handover.

Loss of the staff leaving their careers prematurely, result in a problematic skills shortage among the participant CSOs and make recruitment difficult. Furthermore, this group of skilled and highly skilled workers also emigrate in considerable numbers. This impact is compounded by the lack of qualified and highly skilled workers in the Ethiopian labor force.

This study indicates that the psychological impact of HIV infection is reflected in terms of anger and resentment and to some extent leads to open conflict at the workplace. Work performance decline because of the sad feelings seeing co-workers sick or dying affects emotions. Having sick colleagues also costs staff time. Discrimination and scapegoating increases exclusiveness within the community and among network groups and reduces effective community participation.

Most of the CSOs in this survey have encountered increases in their medical and funeral expenses. The epidemic has costs the management time, budgeting and planning. It has caused administrative and financial administration tasks to increase. It has negatively affected CSOs donor and client relations. Especially the donor

dependent nature of the CSOs has made their task complicated. To a certain extent it has created a situation in which CSOs image and legitimacy becomes eroded.

This study indicates that social incentive for coordinated group behavior has diminished. The epidemic has impacted the participant CSOs related to the communities they serve, their members and their volunteers. It has affected their capacity to deliver services. Meetings with communities are frequently irregular due to funerals, programs increasingly fall behind the proposed plan and there is lag of project accomplishment. Staff losses have increased the burden of work and service delivery on surviving staff members, as well as increasing their psychological stress, which also impacts work performance. Increases in mortality have augmented funeral attendance which causes community or members participation to be weakened.

This study has pointed out that HIV has worsened the existing community problems. The level of poverty which is increasing daily has been exacerbated and multifaceted by HIV/AIDS making it difficult to address community needs. HIV complicated and broadened the task of CSOs mostly working related to legal issue, children's issues, gender issues and disadvantaged people. In this respect it has also added costs to the service they provide. This simultaneously has narrowed their activity. There is pressure on CSOs to focus on the pressing requirement of AIDS care so that other important activities are scaled back or abandoned. Most of the CSOs who are working on other development issues were also under pressure to focus on AIDS.

All risk factors associated with HIV are increased for marginalized group of the society including people with disabilities, street children and elderly people. In addition, the epidemic has increased the burden on faith leaders, their establishment facilities and services they provide. It has increased burdens on the resource utilization and management. The presence of too many people around faith-based CSO's establishments has depleted the already low resources such as forestry, shelter and others.

In addition it has made the traditional family and community systems become eroded and weakened. Communities are weakened by the pain and disruption HIV/AIDS brings to families and other basic social units. The epidemic has made

extended family and institutions unreliable social networks. For example, in the previous years, AIDS orphans were absorbed by the traditional systems. These days, the capacity of the extended family to take care of orphans becomes smaller and smaller as it reaches a breaking point. The traditional family and community systems have been affected by the epidemic. The epidemic has eroded and deteriorated the good culture and systems of supporting one another. The epidemic has lead traditional and religious laws to be reformulated. It has shortened life expectancy and contracts circles of social activities and obligations. The epidemic had eroded the quality of civil society life.

This study showed that CSOs are found to be entangled in multifaceted problems due to HIV/AIDS.

8.2.1. Organizational Factors Shaping Participant CSOs Response Toward HIV/AIDS

This study demonstrated that different factors shape the response of the participant CSOs to HIV/AIDS. The study has identified organizational factors shaping Ethiopian CSOs response towards HIV/AIDS at their workplace. The response of CSOs towards HIV/AIDS at the workplace vary according to the perceived "seriousness" of the issue and the manner it has been addressed. In this regard the study has indicated that factors such as type of industrial sector, size of the organization, workforce composition, organizational culture and employment law act as mediating forces and factors that can shape the type of CSOs response.

This study indicated that contrary to what one might expect the response of the participating CSOs related to the HIV/AIDS internal mainstreaming is limited. However, CSOs working in non-medical issue are less likely to have internal HIV/AIDS mainstreaming intervention in comparison with CSOs working related to medical issue.

The type of the sector is also shaping how organizations are responding to the HIV/AIDS at the workplace. In this study CSOs, working in services provision especially NGOs (both local and international) are responding better than other type of CSOs, followed by faith-based organization. Other CSOs like community-based organizations, research think-tanks and other CSOs seem more resistant to the impact of HIV in their workplace.

The relevance of organization size can be seen in several ways. This study indicated that there is a relation between total number of staffs and CSOs who have workplace HIV/AIDS policies. CSO who have large staff (greater than thirty five) are more likely to have workplace HIV/AIDS policy in their respective workplace.

The organizational culture is the other issue, which shapes the response of CSOs in relation to HIV/AIDS mainstreaming. Strong organizational cultures which give a strong emphasis for employee welfare, employer responsibility and equal opportunities are often found in big organizations. The majority of the CSOs who have participated in this study have less than fifty staff which means the participating CSOs are relatively small and medium type of organization, which are less likely to have such kind of organizational culture.

Those areas of employment law, which have relevance to HIV/ AIDS concern three main issues, namely discrimination, confidentiality and dismissal. However, if these areas of law do not deal with HIV/ AIDS specifically there is considerable room for contestation and ambiguity. In Ethiopia there is a workplace HIV/AIDS policy at national level and labor proclamation No. 377/2003 restricts discrimination on workers living with the virus. It means in principle there will not be a situations in which workers face problems due to their HIV status.

8.2.2. The Workplace HIV/AIDS Policy Environment of the Selected CSOs in Ethiopia

The issue of accepting internal mainstreaming of HIV/AIDS as an indispensable scheme for the effective functioning of their organization is difficult among survey participant CSOs. This is partly linked to the fundamental nature of the epidemic because it is interconnected with sexuality and related to the threat of stigma and discrimination and the imminent unavoidability of death. This study indicated that most of the surveyed CSOs found out that having open dialogues is a challenge. Most organizations in this study now recognize the existence of HIV/AIDS and its devastating impact. However the notion of the problem being external is emphasized by many CSOs that participated in this survey. They deny that they are affected. They envisage the problem in others for they wrongly assume that because their staff members know about HIV/AIDS and prevention methods, they convert their knowledge into practice in their personal lives.

This study implies that regardless of the internal and external impact of the epidemic, the response of CSOs in this survey is very limited. This study has indicated that the participant CSOs have made limited progress in institutionalizing a response to the epidemic at their workplace. Some of the participating CSOs have an HIV/AIDS policy; however they lacked clear guidelines for managing HIV/AIDS in the workplace.

This study has identified a lack of financial resources, lack of knowledge on the costs of HIV epidemic at their workplace, negligence in the presence of resource, lack of in-house competence, CSOs focus on programs, beneficiaries or members not on their own organization, capacity constraints, clash of moral standards, ethics and HIV being a taboo matter at the workplace among the reasons for CSOs not having yet developed HIV/AIDS policies in their workplace.

In their HIV/AIDS focused interventions and AIDS work, the surveyed CSOs are very responsive to the needs of those affected by AIDS. The responses supported by such programs were much wider and holistic. CSOs who have participated in this study have performed a marvellous job in fighting against HIV/AIDS. They provided various services to those who are affected and living with the virus. The activity of the surveyed CSOs related to HIV/AIDS focused work includes Information Education and Communication / Behaviour Change Communication (IEC/BCC), provision of voluntary counseling and testing, promotion of condoms, Prevention of Mother to Child Transmission (PMTCT) and provision of care and support.

Several systems strengthening interventions were implemented by the CSOs including training of health personnel in HIV/AIDS care, establishment of HIV/AIDS outreach sites, supporting HIV/AIDS agencies and establishment of healthcare sites. CSOs have participated in capacity building, undertaken and coordinated HIV/AIDS related research and utilized outcomes. The CSOs provided a wide-range of basic entitlement for PLWHIV and OVC. CSOs has assured that their clients had access to one or more of the basic entitlements. The most accessible entitlements are medical treatment, food, school materials, clothing and education. Great contributions are being made by the CSOs in HIV prevention, HIV/AIDS care and treatment and social support for people living with HIV and those affected. CSOs have come up with various innovations in the delivery of HIV/AIDS services

that have culminated into numerous best practices. A wide range of best practices were identified by the participant CSOs like pooling resources to increase the availability and accessibility of services, the use of functional community structures to provide HIV/AIDS services, community involvement and joint meeting among CSOs to share experiences.

A number of CSOs in this study have mainstreamed HIV/AIDS in the development activities they are carrying out including food security, water and sanitation programs, education, health, natural resources management, small-scale irrigation, saving and credit and construction and their work related to underprivileged groups like women and children. They have supported advocacy and policy formulation related to the epidemic. They have supported for the revision of various traditional law and legal instruments.

The CSOs are also increasingly involved in HIV/AIDS policy formulation and decision making and have played a vital role in institutional systems strengthening. They have made substantial contributions in the form of ideas and finances to HIV/AIDS policy including: initiating and contributing to the development of policy and guidelines. CSOs have registered a wide range of innovations in HIV/AIDS response.

However, the HIV/AIDS focused interventions and AIDS work as well as external mainstreaming activity of the participant CSOs faces formidable challenges. This study has indicated that some of these shortcomings include poor organizational management skills, lack of adequate funding and technical support to sustain the project when the donor pulls out, lack of networking and inter- CSOs competition, poverty and stigma and discrimination affecting CSOs efforts related to HIV/AIDS intervention. According to survey respondents, the synergistic relationship between AIDS and poverty is undeniable. The problem at hand is very broad but CSOs ability to provide the necessary support and intervention is limited. In addition HIV/AIDS has aggravated the existing poverty. Besides financial constraints, poor organizational management and lack of trained staff have also created limitation on the AIDS focused intervention and external mainstreaming of the participant CSOs. It should be noted that some of the limitations participant CSOs in this study are facing associated with their HIV/AIDS external mainstreaming is intermingled with

the type and nature of the epidemic itself, the environmental setting where they are working and associated with their external relations and external environment.

8.3 The Challenges of The Participating CSOs in Promoting Good Governance and how the Epidemic has Exacerbated this Problem

This study has indicated that despite the fact that authoritarian forms of governance dominate most of Ethiopian history, there are indigenous systems of governance in the Ethiopia. The traditional system of governance of certain ethnic groups possesses some elements of "democracy" and constitute components of good governance. Examples are accountability, transparency, participation, legal and judicial framework, coordination and control mechanisms. However, the process of building democratic governance in the country started only after the fall of the military government in 1991.

Nevertheless, the Ethiopian CSOs are not well developed in terms of diversity, size and capacity, in the last two decades they have had, in relative terms, some favorable conditions for growth in terms of size, quality and diversification. They were taking part in various issues pertaining good governance including civic education advancement and mobilizing participation, enhancing state performance, conflict resolution and peace building, promoting social justice and rule of law and contribution to increased efficiency and capacity of governance and justice institutions.

Conducting civic education, mobilizing community participation, promoting human rights, and democracy are among the activities conducted by the research participant CSOs. They strengthen the democratic culture and values, and educate the public about their constitutional rights. In addition, they supported underprivileged group of the society. They sensitize and mobilize the public to participate in elections, conduct voter education, organize debate forums and provide training on various issues of human rights and democracy to different part of the society. They sponsor and conduct research, produce publications and a series of debates on various issues that contribute to policy advice and governance.

Mobilizing, empowering and promoting the participation of grassroots, religious, community and mass-based organizations in democracy, human rights, peace

building and governance process were among the duty of the participant CSOs. Towards that end they have supported traditional institutions to conduct development programs including conflict management, gender issues, child issues, health issues including HIV/AIDS and environmental management.

This study indicated that CSOs have a pivotal role in activating social capital. Mobilizing social capital and combining it with other kinds of resources, like physical, financial and human resources and exert it together with other resources are functions performed by some of the participant CSOs in this study. They are prominent in mobilizing social capital to serve development objectives. Employing their resources and capacities they activate the talents and energies that exist among the community or members and refine social capital. Their local knowledge and contacts have helped them to utilize and foster widespread networks articulating popular concern and striving for changes in the systems. Under the Ethiopian context, the more civil society organizations become apparent the more social capital is formed. Towards that end the participant CSOs have mobilized and organized the community for mutual benefit and to address common problems. They have managed to bring together people with various interests and making them realize their plight.

Enhancing the capacity and dedication of CBOs and social groupings are among the activities carried out by survey participant CSOs. They initiate and strengthen networking and alliances and reinforce horizontal learning among themselves. To a certain extent they articulate citizen's interests and demands. They advocate and provide a voice to the poor and help them represent their needs and interests.

Complementing and filling the gap where the government is lacking is the vital role that participant CSOs have performed. Some of the CSOs who have participated in this study are backing the government to make wise and effective policies through provision of information and consultation. Some are engaged in building the capacity and efficiency of governance and justice sector institutions. Towards that goal they have established community human rights centers, organized human rights education and training to promote accountability and transparency in the local government administrative units. In addition, they provide training for law enforcement organs including for judges, prosecutors, administrator and police officials in different parts of the country.

The extensive engagement of participant CSOs in various areas of development including supporting the poverty alleviation strategy efforts of the government contributed in enhancing state performance. They are instrumental in the reinforcement of agricultural and rural development. In addition, they provide back-up to human development related to the promotion of health services, education and to the provision of other social services.

Participant CSOs who are engaged in agricultural and rural development programs have increased their outreach and supported and strengthened other type of CSOs to institute resembling programs. They strengthen rural institutions like cooperatives, micro finance institutions, self-help and other grassroots associations. They have enhanced and helped the development of rural institutions. Their agricultural and rural development related intervention program areas have tremendously contributed in modifying agricultural practices to amplification, diversification and transform them be market-orientated.

Health provision related services, education institutions, child protection, welfare institutions and the community as a whole have been empowered through their human development intervention programs. CSOs provide services in the absence of government facilities, notably in the area of health and education sectors. They have strengthened and supported the expansion of informal education centers, vocational, technical and management training centres and have supported and established libraries. CSOs constructed schools and health centers. Furthermore, they have introduced innovative approaches like community-based approaches to health services and alternative basic education. They have built and sustained the existing infrastructures including feeder and main roads, and bridges.

Initiating, promoting and strengthening partnership and collaboration among the CSOs and government at various levels is one of the functions participant CSOs. They have made some contributions towards the implementation of the decentralisation program of the government. In addition, their good track record in promoting participatory development and their closeness to the community have enabled them to contribute to the creation of grassroots ownership of development programs, mobilize communities and creating public awareness about development

issues. Through provision of financial and technical support they have strengthened the capacity of lower local government administrative units like *Woreda* and *Kebele.*

CSOs are acquainted with mobilization of knowledge in the form of ideas, research and analysis which is requisite in overstating policy and economic model related to development. In addition because their presence indicates the existence of social accountability instruments in development coordination, they enhance the legitimacy of the government to secure more development aid. Their erudition related to various development intervention programs enables them to create, reproduce, and demonstrate ideas over certain policy paradigms other than the financial resources they mobilize. On top of that, in some regions participant CSOs promote joint learning and reflection processes with partner governmental units. Participants CSOs support the government in addressing and identifying social problems which have not been perceived or tackled by the government. They introduce various development patterns and models that have informed and shaped the government's development plan and strategies. Moreover, they provide enormous support including pertinent training for improved government institutional practices.

Promotion of social justice and rule of law, and in connection to the improvement of policies, laws and programs were the other function performed by the participant CSOs. They have advocated on various issues including children, women, education, health and the economy. They render legal aid services, legal advice, counseling and representation and legal protection. Related to that they have launched networks of legal aid centres, to improve efficiency and increased accessibility of legal aid services to those who demand then. In addition they follow, report and monitor human rights violations.

In their advocacy work some of the participants CSOs are engaged in rectification, reformulation and restructuring of the existing public policy, laws, and decision-making structures through targeting the policy and law-making processes. With the objective of informing policies and decisions at different levels of government, they carry out extensive research in a wide-range of governance issues including, human rights and democracy. Regarding institutions of the federal and regional governments, there are several instances in which some of the participant CSOs in

this study have successfully initiated and contributed to the development and adoption of pro-poor policies, laws, and structures.

Participant CSOs working on women's rights, gender and child's rights issues have played an instrumental role in initiating public dialogue and influencing decision makers which result in the rectification of the family law and the penal code. Some of participant CSOs have taken part and are instrumental in the formulation of various policies including the PRSP, and The National Plan of Action on Sexual Abuse and Exploitation of Children. CSOs have facilitated and created grounds for its successful achievement taking part in various development intervention areas related to the poverty reduction effort of the government.

The main obstacles in realization of democracy and human right in the country includes limited democratic culture and experience in the country, low participation of citizens in governance, lack of adequate and appropriate laws and policies in some areas, capacity limitations of law enforcement and governance organs of the government and lack of adequate awareness about human rights among the public. Even though considerable progresses has been made, they remain major challenges in promoting good governance in Ethiopia.

CSOs that are active in the areas of promotion of good governance emerged in post 1991 Ethiopia. However these young civil society organizations have faced enormous challenges. The economic and cultural environment of the country appears to be an unfavorable arena for the civil society development. For several decades the Ethiopian economy has been in acute crisis characterized by lower output per capita, rising indebtedness and diminishing living standards. Thus, the majority of the people live in abject poverty. Because they are preoccupied with the struggle to meet their daily needs of survival, they have neither the time nor the inclination to devote themselves to civic and community affairs. Certainly it is difficult to construct democratic institutions (including civic institutions) under conditions of mass economic privation and great social inequalities. Consequently the participant civic organizations undergo enormous shortages of material resources due to the poverty of their clienteles. Accordingly, they own few organizational assets, function with meager budgets, and are understaffed. Few CSOs were able to mobilize financial contributions through corporate sponsorship, user fees, or the payment of dues. Rather, they mostly depended on the foreign

donors to cover the costs. Consequently, over-dependence on foreign funding has created significant pathological repercussion on the civil society organizations that have participated in this study.

Participant civil society organizations have various functions related to governance. They deliver social, economic and other public services to the society. To a certain degree they are like a forum where people with similar affinities or needs come together through provision of mutually supportive social and economic relationships. These suggest that to a certain level, CSOs in Ethiopia support the creation of social frameworks and back-up the promotion of economic, social and political assets. Stimulating community participation, supporting the development of civic competence and giving rise to democratic norms and values are some of the function of the participant CSOs. They fill the gap where the government is lacking. In addition, people's participation in development activities and in advocacy are typically backed by CSOs. Civil society organizations, such as human rights groups, policy think-tanks, professional associations and some CSO organizations, pursue reform and improvement of the quality of governance. Despite the fact that Ethiopian civil society organizations are few in number compared to other African countries and relatively young, it can be noted that they have contributed to the promotion of good governance. Nevertheless, this research indicated that their endeavour in the promotion of good governance is significantly affected due to the prevalence of HIV/AIDS. The epidemic has negative repercussion on the engagement and growth of Ethiopian CSOs. The internal and external effects of the epidemic has narrowed down the scope, size and quality of CSOs function.

The undesirable impacts of the HIV/AIDS undermine CSOs invaluable contributions and will have repercussion on the governance and development of the country. The negative implications and impact of the epidemic will be reflected on the governance and development processes of the country. The serious impact of the epidemic on the development of CSOs will be significantly reflected in the promotion of good governance. This can be expressed in terms of the diminution of the effectiveness of the CSOs arising from the internal and external impact of the epidemic. The vital role of CSOs which is conveyed in terms of complementing the government through mobilizing and empowering different sections of society to engage in governance which will in turn create positive contribution to the

pluralism, democracy and respect for human rights in the country will be undermined.

Promotion of social justice and rule of law are among the contributions of CSOs towards governance. However the impact of HIV/AIDS on CSOs can hold back their intervention in this regard. This will notably diminish the ability of citizens, like, women, children, the poor and other marginalized sections of the society to access the justice and administrative process. It reduces the ability of CSO's participation in the formulation of policies, laws and programs related to governance and human rights. As a result, policy dialogue among the public which is crucial for the formulation of appropriate and responsive polices will be weakened. The impact of the epidemic on CSOs capacity to influence law enforcement and other organs of government lead to less efficiency in the justice and governance systems. It will also have repercussion on the effective implementation of the government's policies in such areas like decentralization and the justice sector reform program. The multifaceted negative impact posed by the epidemic will lessen the quality and the scope of services provided by the CSOs. It can influence CSOs engagement in promoting development or poverty alleviation and ultimately in addressing root causes of poverty. It should be noted that the growth and development of the civil society sector has been hampered due to HIV/AIDS. The potential and growth of CSOs in terms of size, scope and quality has narrowed. The above-discussion suggests that the contribution of Ethiopian CSOs towards the promotion of good governance will be much more effective and sustainable in the absence of AIDS. It is notable that the development process of the country in general and promotion of good governance in particular has been affected due to the prevalence HIV/AIDS.

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