



**Save the Children**



# **Securing food and preventing HIV/AIDS**

**Study on the linkages between food and cash distributions and the AIDS epidemic in rural Ethiopia**

# **Securing food and preventing HIV/AIDS:**

***Study on the linkages between food and cash  
distributions and the AIDS epidemic  
in rural Ethiopia***

***Research***

***Conducted by: Ingvild Oia, International Consultant***

***Lead by: Zelalem Adugna, HIV/AIDS Advisor,***

***Save the Children UK***

***November 2007***

**Save the Children fights for children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.**

**Save the Children UK is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation, with members in 28 countries and operational programmes in more than 100.**

Published by  
Save the Children  
PO Box 7165  
Addis Ababa  
Ethiopia

For more information on this study and related work please contact:  
Zelalem Adugna, HIV/AIDS Mainstreaming Advisor,  
Save the Children UK, Ethiopia Office, email: [zelalem.a@scuk.org.et](mailto:zelalem.a@scuk.org.et)

## **Table of Content**

1.	Executive summary.....	1
2.	Background and justification of study.....	3
3.	Targeting of households affected with HIV/AIDS.....	6
3.1.	Targeting of household with chronic illness.....	9
3.2.	Targeting of female headed households and child headed household.....	12
3.3.	Targeting of households with orphans.....	15
4.	Women’s vulnerability within the household.....	16
4.1.	Marriage and divorce.....	16
4.2.	The practice of ‘woshuma’ (concubine).....	18
4.3.	Wife inheritance (wurs).....	20
5.	Safety of journey back and forth to the distribution site.....	21
5.1.	Gender based violence.....	21
5.2.	Other safety concerns with regard to travelling.....	23
5.3.	Differences between perceptions and occurrences of threats.....	24
5.4.	Sexual exploitation of women’s need for transport of cereal.....	26
6.	Safety at the distribution site.....	28
6.1.	Sexual exploitation of women’s need for accommodation.....	29
6.2.	Preventative effects of reducing the duration of distribution events.....	30
7.	Risk behaviour associated with distributions.....	33
7.1.	Settings of transactional sex.....	33
7.2.	Risk behaviour associated with food versus cash distributions.....	38
7.3.	Distributions versus market days.....	40
7.4.	Gender differences in spending.....	41
8.	The effectiveness of distributions in ‘slowing down’ the spread of HIV.....	43
8.1.	Reduced transactional sex in conjunction with drinking houses.....	43
8.2.	Reduced migration.....	45
9.	Awareness of rights.....	47
10.	Public works and gender sensitivity.....	49
11.	Awareness of HIV/AIDS and Prevention.....	51
11.1.	Comprehensive knowledge of HIV/AIDS.....	51
11.2.	Attitude to Condoms within Marriage.....	54
11.3.	Linking programs to increase access to testing, treatment and care.....	56
12.	Methodology.....	58
12.1.	Data entry and cleaning.....	60

## **List of charts**

Chart 1:	Chronic illness in the reproductive age group .....	10
Chart 2:	Households with chronic illness in the reproductive age group .....	11
Chart 3:	Targeting of female headed and child headed households .....	13
Chart 4:	Registered versus sampled households in Gubalafto .....	14
Chart 5:	Not all households with orphans receive food or cash support .....	15
Chart 6:	The practice of ‘woshuma’ is more common among beneficiaries .....	19
Chart 7:	Experienced threats to safety while travelling by gender .....	25
Chart 8:	Experienced threats to safety while travelling for female beneficiaries to food and cash distributions .....	25
Chart 9:	Women’s own experiences versus perception of others’ experiences of threats to safety .....	26
Chart 10:	Nights spent away from home at the most recent food distribution, by gender.....	28
Chart 12:	Expenditure on drink by food or cash benefits .....	42
Chart 13:	Beneficiaries that say they would sell beverages if they did not have the income from Safety Net .....	46
Chart 14:	Beneficiaries that say they would migrate in search for work if they did not have the income from Safety Net .....	46
Chart 15:	Comprehensive HIV/AIDS knowledge for beneficiaries and non-beneficiaries (number of correct answers) .....	52
Chart 16:	Percentage that think that condoms are not appropriate for use within marriage .....	55

## **List of tables**

Table 1:	Prevalence of Chronic Illness .....	11
Table 2:	Households with chronic illness in the reproductive age group .....	12
Table 3:	Targeting of female headed and child headed households .....	13
Table 4:	Targeting orphans .....	15
Table 5:	Marriage and divorce .....	17
Table 6:	Mean age first time married.....	17
Table 7:	Age difference between spouses.....	18
Table 8:	The practice of woshuma.....	19
Table 9:	The practice of wife inheritance (wurs/metek).....	20
Table 10:	Safety while travelling.....	24
Table 11:	Perceptions of safety while travelling.....	24
Table 12:	Perception of other people’s safety.....	26
Table 13:	Means of transportation .....	27
Table 14:	Nights away from home.....	29
Table 15:	Safe place to sleep.....	29
Table 16:	Safety of different types of accommodation.....	30
Table 17:	Accommodation.....	30
Table 18:	Enough time to return home .....	31
Table 19:	Social opportunities for drinking .....	35
Table 20:	Perceptions of how often others drink .....	35
Table 21:	Perceptions of frequency of extra marital sex.....	39
Table 22:	Perceptions of frequency of pre-marital sex .....	39
Table 23:	Perceptions of frequency of women engaging in sex in association with distributions.....	39
Table 24:	Distributions versus market days.....	40
Table 25:	Gender differences in spending .....	41
Table 26:	Expenditure on drink.....	42
Table 27:	Expenditure on sex.....	42
Table 28:	Selling tella .....	43
Table 29:	Would consider selling tella.....	44
Table 30:	Migration in search for work .....	45
Table 31:	Migration patterns.....	45
Table 32:	Reduced migration .....	45
Table 33:	Awareness of rights.....	47
Table 34:	Trust .....	48
Table 35:	Lower than expected.....	48
Table 36:	Explanation .....	48
Table 37:	Child care facilities .....	49
Table 38:	Assisting labour poor female headed households.....	49
Table 39:	Flexible working hours for women.....	50
Table 40:	Activities .....	50
Table 41:	Comprehensive knowledge of HIV/AIDS .....	52
Table 42:	Knowledge of HIV transmission and prevention.....	53
Table 43:	Attitude to condoms .....	55
Table 44:	Attitude to condoms .....	55
Table 45:	Access to testing, treatment and care.....	56
Table 46:	Number of households included in the survey.....	58
Table 47:	Male and female respondents to the population-based survey .....	58

## **Acronyms**

PSNP	Productive Safety Net Programme
CBO	Community Based Organization
NGO	Non Governmental Organization
HIV	Human Immunodeficiency virus
AIDS	Acquired Immune Deficiency Syndrome
VCT	Voluntary Counseling and Testing
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
PIM	Programme Implementation Manual
PA	Peasant Association
KFSTF	Kebele Food Security Task Force
PLWHA	People Living With HIV/AIDS
WFSTF	Woreda Food Security Taskforce
OVC	Orphans and Vulnerable Children

## **Glossary**

Iddir	Traditional community-based organizations that particularly assists with funeral costs
Kebele	Smallest district of local administration
Woreda	Larger districts of local administration that consists of several kebeles
Woshuma	concubine
Kemet	concubine, but with higher expectations of faithfulness to one man
Wurs	wife inheritance, the practice of a widow marrying her brother in law
Metek	wife inheritance, the practice of a man marrying his deceased brother's wife
Tella	Local beer brewed most commonly on teff

## **1. Executive summary**

The effects of the intervention of food and cash distributions on food insecure populations in Ethiopia extend beyond immediate economic benefits. New unintended social patterns are weaved into the fabric of rural life as a result of the encounter between program interventions and the socio-cultural context of communities. The aim of this study is to map some of the unintended consequences from such an encounter between the Productive Safety Net Programme (PSNP) and the rural populations in Gubalafto and Sekota with regard to HIV vulnerability and mitigation of AIDS.

Mainstreaming HIV/AIDS prevention and mitigation into PSNP firstly depends on uncovering unintended patterns of HIV/AIDS risk behaviour that arise from current food and non-food distribution practices, and the impact of AIDS on rural communities. This study is a much-needed and long-wanted first step in this process. Local interpretations of new realities and program's adaptability to local realities mutually determine program-related HIV/AIDS risk behaviour and impact. The second step in HIV/AIDS mainstreaming is therefore to adjust implementation to local realities in order to minimize risks of HIV transmission and impact of AIDS. It also includes to better equip communities to manage new realities. This does not only include HIV/AIDS awareness campaigns in the traditional sense, but enabling communities to contextualize prevention messages and problem areas, and find own community-based and participatory solutions.

The report is based on a household survey that includes 3679 households, a population-based survey that includes 4769 structured interviews, 12 focus groups discussions, more than 50 in-depth interviews with beneficiaries, local authorities, program staff and stakeholders. The study builds on the findings and recommendations of the research toolkit that was developed in preparation of this study.<sup>1</sup>

### **Key findings and recommendations include:**

- Food distribution sites increase beneficiaries' vulnerability to HIV through creating i) mass gatherings of people, ii) during several nights, iii) often far away from home. Reducing the number of beneficiaries called at the same time, reducing the number of nights spent away from home, and reducing travel distances are all critical elements of mainstreaming HIV prevention in PSNP.
- Because cash distributions gather fewer people, often is located in the near community, include shorter waiting times, shorter travel distances, less exploitation of women's need for transport and accommodation, less drinking on site, and dramatically fewer nights spent away from home, they contribute much less to beneficiaries' vulnerability to HIV than food distributions. This is

---

<sup>1</sup> Ingvild Oia, (2006), *Research toolkit: Reviewing the efficiency and effectiveness of food and distribution practices from a gender, youth and HIV/AIDS perspective*, SCUK

despite concerns that cash, being a more easily disposable income than food, increases HIV vulnerability. The gender difference in spending of food versus cash benefits is perceived to be very little.

- Spending a night or more en route constitutes a threshold for when perceptions of safety are found to be significantly deteriorating. Beneficiaries that travel more than a full day, i.e. spend at least one night somewhere when travelling home from the distribution site, find the journey significantly less safe than beneficiaries that spend a full day or less travelling home.
- Common characteristics of households affected by HIV/AIDS should be included in targeting criteria of PSNP. This avoids a naming and shaming of households affected by AIDS, prevents HIV transmission by reducing the household's dependency on risk behaviour, and serves to mitigate the systemic effects of AIDS on rural communities.
- Empowering women in the community is essential for any viable HIV prevention strategy. Women are faced with obstacles of gender inequality, high rates of divorce, and risks of resorting to transactional sex as a coping mechanism. Female headed households with women of reproductive age should therefore be targeted by the PSNP as part of an HIV prevention strategy, and more women should be included in the FST.
- The use of condoms should be integrated into programs of reproductive health to increase the acceptance of condoms within marriage. The current popular view on condoms and the enormous HIV prevention gap in rural areas make the use of condoms within marriage almost non-existent, despite marriage constituting a serious risk to HIV infection for young women.
- In rural Ethiopia the 'ABC' (abstain, be faithful, use condom) - approach confuses desirable outcomes with messages that are needed on the ground. In a context where subtle transactional sex is weaved into accepted coping mechanisms for women, in the form of for instance the practices of concubine (woshuma) or drinking houses, abstaining, faithfulness and using condoms may not be feasible options. Behavioural change is not achieved through 'comprehensive HIV/AIDS knowledge' alone.

## **2. Background and justification of study<sup>2</sup>**

In Ethiopia there is a long history of providing various kinds of humanitarian relief to rural populations affected by emergency situations, including drought and famine, floods and other natural disasters, disease, war and conflict. The largest components of relief have been food and water, but health products and other non-food items such as blankets, cooking and water storage utensils and plastic sheeting have also been distributed to populations affected by emergencies. The distribution of food and non-food items, and recently cash, has raised concerns among the humanitarian assistance community. Concerns range from targeting modalities and the equitable distribution of relief commodities from gender and youth perspectives to the possible implications of distribution practices for the HIV/AIDS epidemic.

Food distribution in particular, since it is a regular, ongoing activity that includes a substantial proportion of the population presents not only a large scale concern but also an opportunity to work to improve distribution practices from various perspectives. International donors in Ethiopia have articulated concerns about the implications of food distribution for the wider HIV/AIDS situation with increasing regularity and asserted the need to reform distribution practices accordingly. The initiation of cash distributions to beneficiaries in rural areas under the PSNP also lead donors to voice new concerns about how cash might affect HIV transmission patterns differentially from food distributions.

The majority of food and cash distributions are conducted by Government agencies with donors contributing resources and participating in monitoring activities. It is important to convince Government partners and to work jointly to reform distribution practices. Donors' attempts to raise the issue of the relationship between HIV/AIDS and both food and cash distributions in the PSNP and other contexts have, however, met with some justifiable resistance on the part of Government agencies. Government partners have responded that there is no concrete evidence base for making assertions about the relationship between distribution practices and HIV/AIDS and have also stated that donors need to develop the solutions and be willing to fund reforms, rather simply raising loosely articulated concerns. There is, therefore a need to conduct research in several areas of the country to come to joint conclusions and make realistic recommendations prior to engaging with Government on this issue. It is also necessary to re-contextualise the issue and to present recommendations to Government within a wider frame of improving the efficiency of distribution practices in general, rather than looking at distribution from a narrow HIV/AIDS perspective.

There is, therefore a need to produce a conclusive body of data upon which recommendations can be based. The current literature on HIV/AIDS and food security tends to examine how HIV/AIDS related morbidity and mortality affect food security and livelihoods, and how those effects can be measured and mitigated. The recent study conducted by IFPRI Renewal in Ethiopia "HIV/AIDS, Food and Nutrition

---

<sup>2</sup> Adapted from: Ingvild Oia, (2006), *Research toolkit: Reviewing the efficiency and effectiveness of food and distribution practices from a gender, youth and HIV/AIDS perspective*, SCUK.

Security” provides an excellent review of the existing literature, but does not make concrete recommendations. Very little is known, moreover, about how food insecurity affects the transmission and spread of HIV, even though researchers have assumed for a long time that the relationship of food security and HIV/AIDS is bidirectional. The purpose of this study is to investigate the second half of that relationship with regard to current food and cash distribution practices in Ethiopia. The research is policy orientated, and seeks to generate an evidence-base for policy recommendations on how to improve the overall efficiency of distribution practices and produce improvements with regard to women, youth and HIV/AIDS.

The suggestion that distribution practices may fuel the spread of HIV/AIDS is relatively new, and springs out of insights into the sociology of HIV/AIDS. HIV transmission routes tend to map onto patterns of social, economic and cultural vulnerability, as well as patterns of human mobility. In this regard distribution practises touch upon three main factors that relate to the HIV epidemic in Ethiopia. First, distribution practices cause the movement of people. Beneficiaries travel and stay away from families sometimes for days, often passing through towns. Other studies of HIV transmission show that centres of activities, such as urban centres, trucking routes, ports or other areas where people travel, meet and spend time away from home and normal daily life constitute potential transmission sites for HIV. Second, people that are registered as beneficiaries and are eligible for food or cash aid are by definition food insecure, and selected among the poorest of the poor. Poverty, particularly female poverty, is a widely recognised driver of HIV/AIDS. Poverty may cause women to engage in transactional sex and leaves women open to increased levels of sexual violence and exploitation. Distribution practices may also create situations that aggravate women’s vulnerability to HIV infection when travelling to and from distribution sites. Finally, beneficiaries could constitute a ‘bridge population’. Distribution practices may present beneficiaries with opportunities for unprotected sex with non-regular partners, and thereby transmit the virus to their regular partners at home. Crucially, and specific to beneficiaries, this section of society could be transmitting the virus both ways. Beneficiaries are more likely to come from households with chronic illness or death of people within the reproductive age group, a common proxy for AIDS prevalence. It is, therefore, possible that HIV prevalence is higher among beneficiaries collecting at distribution sites than in the population at large.

A further justification for the study relates to the connection between the vulnerability of beneficiaries and the efficiency of distribution practices in general. Because HIV transmission routes follow the context of vulnerability, inefficiencies in current distribution practices may be a factor in increasing vulnerability. The reverse of this argument is that by improving the efficiency of distribution practices, such as shortening travel distances or reducing waiting times many of the concerns regarding women, youth and HIV/AIDS may be addressed. The study will shed light on general inefficiencies of current distribution practices as well as the particular concerns surrounding the equitable access of women and youth to relief commodities and the imperative to limit transmissions of HIV.

Finally, it is important to mention that the purpose of this study is not to question the role of food distribution in providing relief to rural populations, or in any way to suggest that possible negative side-effects of distribution practices outweigh the benefits. It is not disputed that proper nutrition has a positive effect on the immune system, and that distribution and access to food and other necessary commodities such as health products also reduce risk behaviours. For example, relief distributions reduce migration during the hungry season in search of employment and food, one of the main factors driving the epidemic in rural areas. The aim of the study is, rather, specifically to make recommendations to improve the current distribution practices.

### **3. Targeting of households affected with HIV/AIDS**

Mainstreaming of HIV/AIDS in targeting is essential for the mitigation of the epidemic, and has been a concern of the PIM 2004 and reiterated again in the revised PIM 2006.<sup>3</sup> The PIM 2006 underscores that targeting needs to be designed with a view to avoid further discrimination and stigma, but does not provide further guidance or clear criteria for how to identify AIDS affected households. The separate document Safety Net Targeting Guidelines 2006 was developed with the objective of providing a reference for instructions on targeting criteria, procedures and institutional roles. On the issue of HIV/AIDS the Safety Net Targeting Guidelines reverts to the PIM for guidance on opportunities and challenges with regard to Safety Net and the spread of the epidemic. With respect to targeting, the Safety Net Targeting Guidelines state that:

“the awareness created among safety net planners, implementers and participants will ensure that chronically food insecure households that are affected by HIV/AIDS will participate in public works or benefit from direct support (as the case may be) without being exposed to any stigma and discrimination.” (p 30)

Awareness among planners, implementers and participants is a critical component of any HIV/AIDS mainstreaming program and in particular of reducing stigma and discrimination. But, for knowledge to be effective it needs to be applied to programming- and implementation issues at hand. Awareness ‘of what’ is therefore a question that mainstreaming projects must seek to answer. It is for instance insufficient to increase awareness of generic HIV/AIDS prevention messages. With regard to Safety Net targeting ‘awareness’ among planners and implementers must include awareness of efficient ways of identifying households that are affected by AIDS without ostracizing these families further within communities.

In particular, awareness with regard to Safety Net targeting’ means knowledge of how AIDS affects the composition and work capacity of rural households. These common demographic characteristics may in turn form the basis for targeting criteria, without resorting to the verified presence of AIDS as a ‘marker’. Consequently the word ‘AIDS’ does not have to enter into the dialogue between authorities, community leaders, community members and beneficiaries in the justification proceedings of the beneficiary lists. This avoids any public naming and shaming of AIDS-affected households as a result of targeting processes, which otherwise may occur unintentionally however well-meaning.

---

<sup>3</sup> The section on HIV/AIDS in PIM 2004 and the corresponding section in the revised PIM2006 are identical, (PIM 2004 p38 and PIM 2006 p 41).

Extensive research has been conducted on the socio-economic impact of HIV/AIDS in rural areas, and there is a general consensus on the effects of AIDS on the composition and work capacity of households. The report on targeting in Safety Net produced by ODI and the IDL Group summarizes the characteristics of AIDS affected households as the following:<sup>4</sup>

- Labour poor household;
- Elderly-headed households with children and little or no adult labour;
- Child-headed households;
- Households hosting orphans and other vulnerable children;
- Households with chronically ill working-age adults, or who have suffered the death of working-age adults.

Reflecting on the fact that AIDS kills people in the prime of their lives, most of these household characteristics seem self-evident. The characteristics are a result of common HIV transmission patterns. Household members of sexually active age are at relatively higher risk of HIV infection compared to other household members. Breadwinners tend to be of sexually active age and are also often the member of household with the most extensive contact with the outside world. In economic terms the loss of the breadwinner is most costly to households and creates labour-poor households that have suffered the death of working-age adults. The long period of chronic illness preceding death drains households of labour, both because of the incapacitation of the sick person, but also because of the added burden of care levied on female household members. In addition, the mutually reinforcing effects of poverty and illness often spiral into a costly and vicious circle leading to the depletion of assets. The household left behind may suffer from further illness and deprivation because of HIV transmission within the household. As assets, work capacity and composition of households change, some households dissolve. With the dissolution of households other types of households emerge. Hollowing out the social fabric of communities the AIDS epidemic increases the number of households that look after chronically ill relatives, households that look after orphans, grandparents that are left to raise their orphaned grand children, households headed by women and households headed by children.

The ODI and the IDL Group argues that the listed characteristics of AIDS affected households are:

“in technical terms, sensitive but not specific indicators – in other words, they will capture virtually all HIV/AIDS-affected households, but will not distinguish them from households affected by other illnesses or misfortunes. This is exactly what is needed to ensure that affected households who are eligible on the grounds of poverty and food insecurity are included in the PSNP, without exposing them to stigma” (p54).

---

<sup>4</sup> Sharp, Kay et. als., ‘Targeting Ethiopia’s Productive Safety Net Program (PSNP)’, (August 2006) ODI and The IDL Group, p53.

Raising awareness of Safety Net planners, implementers and participants built on this reasoning satisfies the intention and text of the Safety Net Targeting Guidelines quoted above. Securing the mainstreaming of HIV/AIDS in targeting requires that this knowledge is built into the training and roll-out of targeting, and that mechanisms are put in place to secure that awareness is acted upon. Ideally, this can for instance be done by including the above targeting criteria in a revised Safety Net Targeting Guidelines, which forms the reference and the basis for training in targeting. Attached to the PIM the criteria will then form part of the basis for on-going monitoring and evaluation of implementation. In this way awareness raising activities of HIV/AIDS will not be conducted separate from other program activities, but mainstreamed into existing learning components and monitoring and evaluation, and will therefore be less costly and more efficient.

In awareness raising of planners and implementers of Safety Net, it is important that the whole argument is conveyed, not only messages. For instance, when introducing criteria for identifying households affected by AIDS, it is important to also explain that this method has been chosen because it is less stigmatizing, why these household characteristics are common among AIDS affected households etc. Conveying the whole reasoning and focusing on understanding of the issues, not awareness of slogans, is much more likely to reduce any ensuing confusion. It will also better enable planners and implementers to manage difficult situations and unforeseen circumstances not covered by program and targeting guidelines.

### 3.1. Targeting of household with chronic illness

Without using HIV testing equipment for survey purposes, chronic illness among the reproductive age group is used as a rough proxy for HIV prevalence. Chronic illness is here defined as bedridden for more than three months out of the last 12 months. Not all 'chronic illness in the reproductive age group' is caused by the HIV virus, and the display of at least three symptoms of AIDS is usually required for ascertaining AIDS. In addition, and further complicating the estimates of HIV prevalence based on estimated of chronic illness, there is a time lag between infection of HIV and the onset of AIDS. In epidemics where the infection rate is expected to be rising, this implies that the number of people with HIV is higher than the number of people with AIDS. In these cases numbers of chronic illness may be underreporting the severity of HIV prevalence.

In Gubalafto and Sekota prevalence of chronic illness among the reproductive age groups is low, ( 1.7% for men and less than 3.3% for women) (see chart 1 and table 1). Among people with chronic illness of reproductive age only 10% displayed at least three symptoms of AIDS.<sup>5</sup> This is good news as it may indicate that the AIDS epidemic is so far still contained.

It is particularly good news that the levels of chronic illness does not differ significantly between Gubalafto and Sekota, and that it is the lower levels previously reported for Gubalafto that seem to be correct for both woredas. The respective 'HIV/AIDS Knowledge, Attitude, Practices and Beliefs (KAPB) surveys that were conducted in Gubalafto and Sekota in 2005 found significantly different levels of chronic illness in the two woredas, with much higher levels in Sekota. The surveys reported 2.7% (1.0-5.0)<sup>6</sup> households with chronically-ill persons in Gubalafto, and 10.0 % (8.5-16.0) households with chronically-ill persons in Sekota.<sup>7</sup> The results from this survey finds that 2.8% of households registered with Safety Net, and 3.5% of household in the control group have chronically ill people in the reproductive age group (see chart 2 and table 2), not significantly different from the KAPB study conducted in Gubalafto in 2005. The survey found that 3.1% of households registered with Safety Net, and 2.0% of households in the control group have chronically ill people in the reproductive age group in Sekota, significantly lower than the KAPB study conducted in Sekota in 2005, but not significantly different from Gubalafto.

There is no reason to believe from this that levels of chronic illness, and implicitly number of people affected by AIDS, have declined in Sekota. It seems much more likely that the previous KAPB study was unlucky with the sampling, (after all, even when every sampling consideration has been managed, the statistics still only convey 95% certainty). There is no theoretical reason why Sekota should have higher

---

<sup>5</sup> 10% (n=5) of people of reproductive age with chronic illness display 3 symptoms or more of AIDS (severe cough, fever, rash, diarrhea or severe weight loss) (Safety Net Household Survey).

<sup>6</sup> Mekonnen, Yared, et als., 'HIV/AIDS KAPB Survey and Assessment of chronic illness in Gubalafto Woreda, Amhara Region, Ethiopia', SCUK Ethiopia, (June 2005) (95% confidence interval).

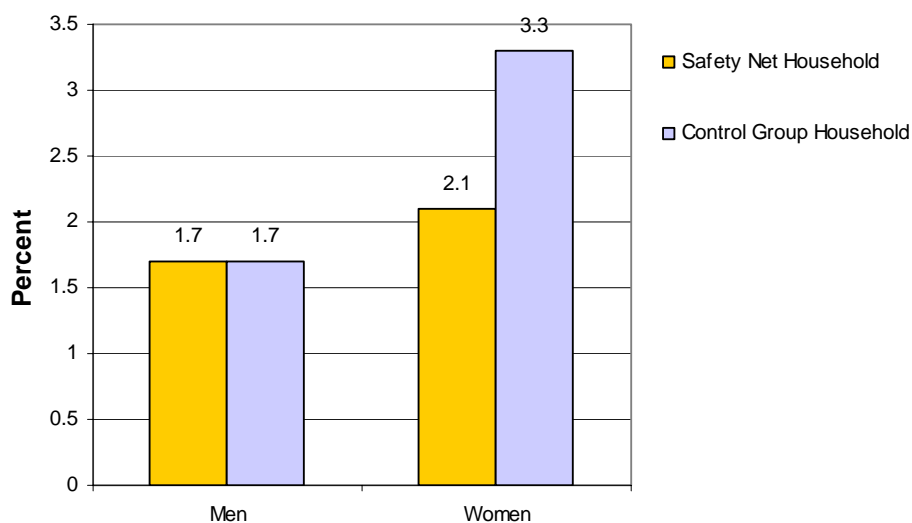
<sup>7</sup> Mekonnen, Yared, et als., 'HIV/AIDS KAPB Survey and Assessment of chronic illness in Sekota Woreda, Amhara Region, Ethiopia', SCUK Ethiopia, (June 2005).

numbers of people affected with AIDS than Gubalafto. Woldyia, the biggest town and stop-over for truck drivers and others passing through, is located in Gubalafto. Also, the normal curve for prevalence of HIV over time suggests that prevalence declines only after the epidemic has peaked. Yet, the AIDS epidemic in rural Ethiopia is still in its incipient stages, suggesting that HIV levels are unlikely to drop rapidly.

There is no significant difference in levels of chronic illness among the reproductive age groups between beneficiaries and non-beneficiaries. For men, prevalence of chronic illness is the same among beneficiaries as among non-beneficiaries of Safety Net. For women, chronic illness is slightly higher among non-beneficiaries than among beneficiaries, but the difference is not significant. There is no significant difference in percentage of households with chronic illness of the reproductive age between Safety Net households and Control Group households.

This suggest that targeting proceedings have not considered chronic illness in the reproductive age group as a sufficient criteria for the household to be registered with Safety Net, even if it is the man in the household, the main breadwinner, that is chronically ill. Difficulties of verification of chronic illness may have been one reason why current targeting procedures are insensitive to chronic illness. Another reason may include lack of awareness and guidelines for how to treat chronic illness in targeting procedures.

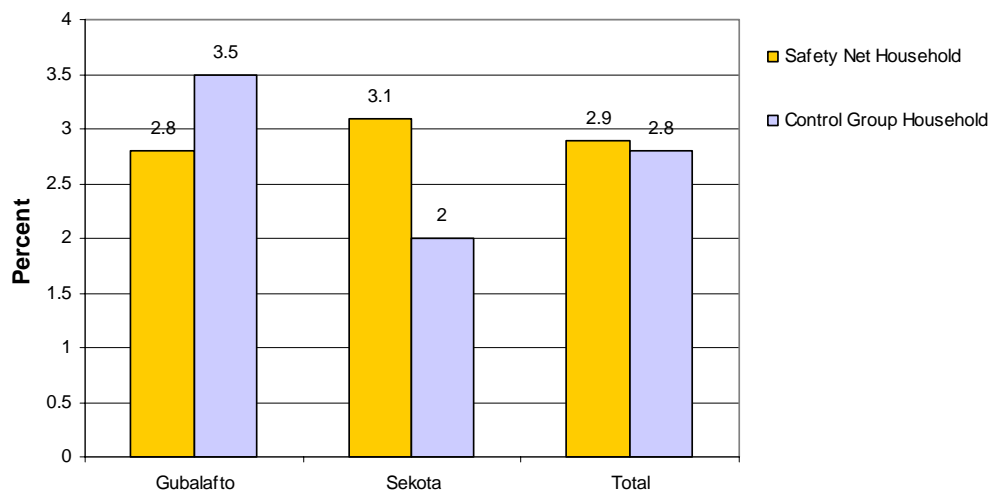
**Chart 1: Chronic illness in the reproductive age group**



**Table 1: Prevalence of Chronic Illness**

	Safety Net Household		Control Group Household	
	N	%	n	%
Persons with chronic illness	102	<b>1.7</b>	118	<b>2.4</b>
Total number of persons registered in survey	6179		4836	
Chronic illness in people of reproductive age (15-49 years)	50	<b>1.9</b>	52	<b>2.5</b>
Total number of persons registered of reproductive age	2627		2067	
Chronic illness in people of reproductive age (women)	31	<b>2.1</b>	35	<b>3.3</b>
Total number of women registered of reproductive age	1483		1070	
Chronic illness in people of reproductive age (men)	19	<b>1.7</b>	17	<b>1.7</b>
Total number of men registered of reproductive age	1144		997	

**Chart 2: Households with chronic illness in the reproductive age group**



**Table 2: Households with chronic illness in the reproductive age group**

	Safety Net Household		Control Group Household	
	n	%	n	%
Gubalafto	21	<b>2.8</b>	10	<b>3.5</b>
Sekota	25	<b>3.1</b>	19	<b>2.0</b>
Total	46	<b>2.9</b>	29	<b>2.8</b>

Safety Net n=1574 households, missing=12

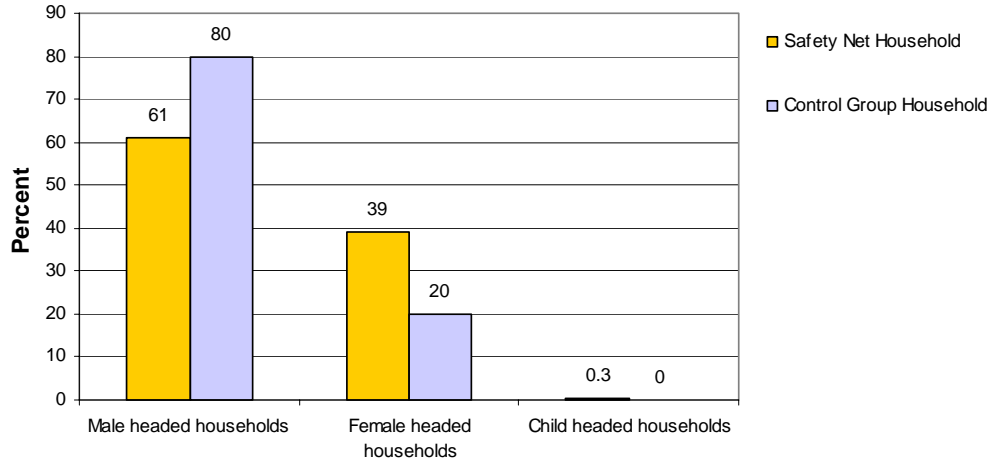
Control Group n=1037 households, missing=9

### **3.2. Targeting of female headed households and child headed household**

The numbers of female headed households rise as a result of the AIDS epidemic. Crucially, women in female headed households are also often more vulnerable to HIV infection, (see section on women’s vulnerability within the household). The survey found that 39% of households that were registered with Safety Net were headed by women (see chart 3 and table 3). Critically, the survey found that 20% of households not registered with Safety Net were headed by women. There is therefore a large number of female headed households that are not targeted (this is often connected with income some of these household gain from selling alcoholic beverages, see section below). In consideration of the crucial role that female headed household play in terms of curbing the AIDS epidemic, targeting of these households should be considered.

The survey found no child headed household that was not registered with Safety Net. The number of child headed household is very low, 0.3% for households registered with Safety Net.

**Chart 3: Targeting of female headed and child headed households**



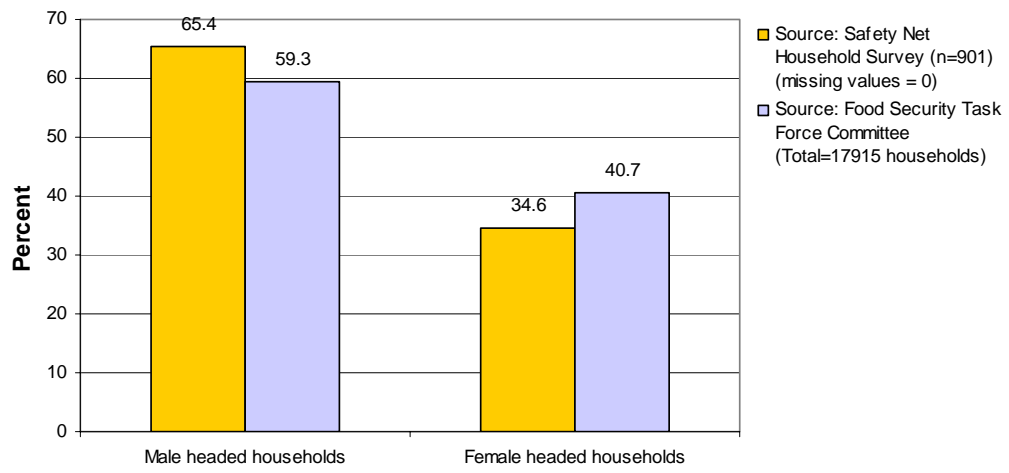
**Table 3: Targeting of female headed and child headed households**

Household	Safety Net Household		Control Group Household	
	n	%	n	%
Male headed households	967	<b>61.0</b>	837	<b>80.0</b>
Female headed households	619	<b>39.0</b>	209	<b>20.0</b>
Child headed households	5	<b>0.3</b>	0	<b>0</b>

Safety Net n=1586 households, missing=0  
Control Group n=1046 households, missing=0

The survey found that the number of female headed households that are targeted are slightly lower compared with male headed households than the numbers provided by the Food Security Task Force Committee indicate (see chart 4). This could be because of an undetected sampling bias, or that the Food Security Task Force Committee numbers are not accurate.

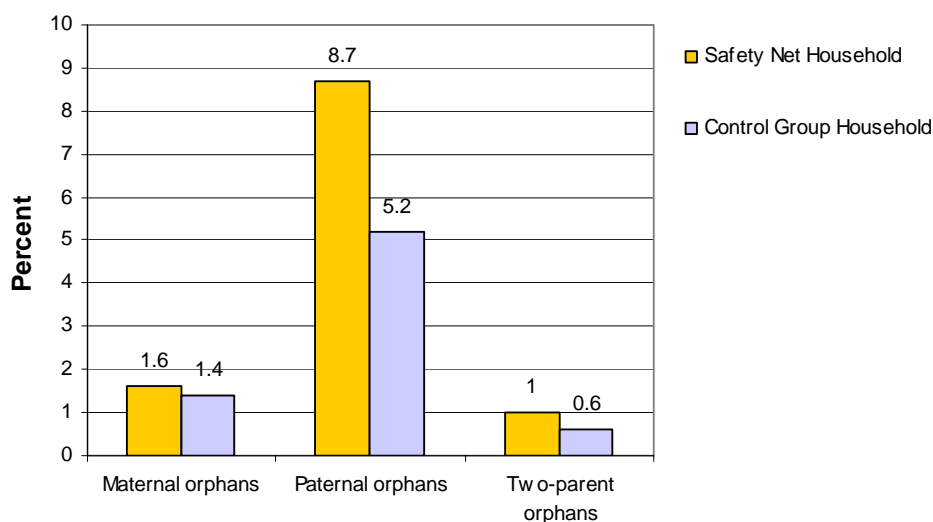
**Chart 4: Registered versus sampled households in Gubalafto**



### 3.3. Targeting of households with orphans

Not all orphans are AIDS orphans, nor are all orphans living in food insecure households. It is, however, costly to take in orphans, particularly younger orphans. Studies on care and support for orphans show that orphans living with grandparents, older sibling and uncle and aunts tend to do better than orphans living elsewhere, with non-relatives, as domestic help, etc<sup>8</sup>. Securing orphans in their household through food support and follow-up activities is an important strategy for mitigating the AIDS epidemic.

**Chart 5: Not all households with orphans receive food or cash support**



**Table 4: Targeting orphans**

Orphans (age 0-17)	Safety Net Household		Control Group Household	
	N	%	n	%
Maternal orphans	50	1.6	33	1.4
Paternal orphans	270	8.7	125	5.2
Two-parent orphans	31	1.0	14	0.6
Orphans (maternal, paternal and two-parent)	351	11.3	172	7.2
Total number of children registered in survey	3097		2399	

<sup>8</sup> Ingvild Oia 'Scaling up Care and Support for Orphans in Burundi: Nzokira baseline Study', Care and Catholic Relief Services, (2006).

## **4. Women's vulnerability within the household**

Understanding women's vulnerability within households is important for understanding HIV transmission patterns, which in turn is important for understanding the effects of distributions on the AIDS epidemic.

### **4.1. Marriage and divorce**

The high 'turn-over' of spouses make the dynamic relationship between marriage and divorce an important factor to consider in understanding HIV transmission routes. The higher number of marriage and divorce among beneficiaries compared to non-beneficiaries show that beneficiaries have a slightly higher risk of exposure to HIV through this route. The high age difference between spouses serves as one indicator that women have relatively low capability of protecting themselves from HIV infection within marriage, even if they may suspect that their husbands have extra-marital sex.

Discussing women's vulnerability within households requires looking at practices of marriage and divorce. Marriage and divorce form two sides of the same institution, regulating men and women's sexual behaviour, and thereby HIV risk behaviour and exposure. The role of marriage is particularly important to discuss in terms of the AIDS epidemic in cultures where there is no licit sex that occurs outside the institution of marriage. In particular, marital sex is a common route of transmission that affect particularly younger women.<sup>9</sup>

The high divorce rate in Amhara and Sekota (see table 5) makes it tempting to interpret marriage in these areas to be a fragile institutions. Instead, moral assumptions should be unattached from the analysis, and marriage and divorce should be seen as a dynamic relationship that affects men and women's social status, economic status and opportunities for remarriage differentially. For instance, beneficiaries have a higher divorce rate than non-beneficiaries. For men and women aged 50 and above, the mean times of marriage is 2.2 for men and 2.2 for women that are registered for Safety Net and 2.0 for men and 2.1 for women in the Control Group (see table6). The small difference could be because divorce is a costly affair, forcing men and women to move back with their parents or to run a household on their own.

---

<sup>9</sup> UNAIDS Global Report 2004 reports that in Africa, women between the ages of 15-25 years are more likely to be infected if they are married, than if they are single.

**Table 5: Marriage and divorce**

<b>Number of Marriages</b> (aged 12 and older, including present marriage if married)	Safety Net Population-based			Control Group Population-based		
	male	female	total	male	female	total
Never married	32 3.9 %	40 3.5%	72 3.7%	9 1.4%	19 2.6%	28 2.0%
1 time married	433 53,4%	569 50,5%	1002 51,7%	392 61,1%	443 60,3%	835 60,6%
2 times married	208 25,6%	282 25,0%	490 25,3%	143 22,3%	171 23,3%	314 22,8%
3 times married	87 10,7%	156 13,8%	243 12,5%	62 9,7%	66 9,0%	128 9,3%
4 times married	25 3,1%	50 4,4%	75 3,9%	21 3,3%	21 2,9%	42 3,1%
5 times married or more	23 2.9%	30 2.7%	53 2.8%	15 2.4%	15 2.1%	30 2.3%

**Table 6: Mean age first time married**

	Safety Net Population-based		Control Group Population-based	
	n	mean	n	mean
Men	801	21.4	640	21.7
Women	1119	15.3	729	15.6

Low income is not only an effect of divorce, but could also be its cause. The sustainability of marriage is affected by the economic situation of the household. Interviews show that though loss of love is cited as the trigger for divorce, divorce sometimes occur because of lack of resources. Lack of resources as an indirect cause for divorce and the dissolution of the household most often affect younger couples that have the opportunity to move back with their parents. Unfaithfulness is an often cited reason for divorce. In the popular discourse HIV/AIDS has strengthened unfaithfulness as a reason for divorce, as women argue that they need to protect themselves.

The very high average age difference between spouses is a concern for HIV transmission because of its implication for women's decision-making authority with regard to sex within marriage (age difference of spouses is 9.7 years for beneficiaries and 10.3 years for non-beneficiaries, (see table 7) . In particular, women's vulnerability within marriage is affected by women's capability to say no to sex, or to enforce the use of condoms in order to avoid HIV infection. The high age difference would indicate that women have relatively little control of own sexuality within marriage. This is enforced by the general poor attitude to condoms within marriage (see table 43)

**Table 7: Age difference between spouses**

	Safety Net Household		Control Group Household	
	N	years	n	Years
<b>Mean age of married men minus mean age of married women</b>	1887	9.7	1650	10.3

#### **4.2. The practice of ‘woshuma’ (concubine)**

Women who are divorced or widowed may choose to receive some support through the practice of woshuma. The tradition of woshuma is fairly similar to that of a concubine and constitutes a long-term relationship between a divorced or widowed woman with most commonly a married man. He may visit her at regular intervals, and provide gifts and help in the form of money. It is expected that the woman will be faithful to one man, but because of poverty, it is common that woshumas may have two or even three men that sees her regularly (the degree the men know about each other may vary). Some communities make a distinction between kemet and woshuma: The woshuma is allowed to have more than one man that visits her regularly, while the kemet is supposed to remain faithful to one man.

The practice of woshuma seems to be more common among beneficiaries than non-beneficiaries. 8.5% of women that are beneficiaries and head of household, compared with 3.6% among non-beneficiaries report that they receive regular support from a man that is not a relative. Receiving such support is may be indicative of the practice of woshuma. Interviews with beneficiaries corroborates the finding.

For women, resorting to woshuma is sub-optimal to that of marriage. Women that choose to practice woshuma commonly do so because they have little prospect of getting married, often as a consequence of the woman’s social and economic status. Once a woman has become a woshuma her marriage prospects often deteriorates further. Becoming a woshuma is therefore often a result of need, and may therefore be more commonly practiced among beneficiaries who are relatively poorer.

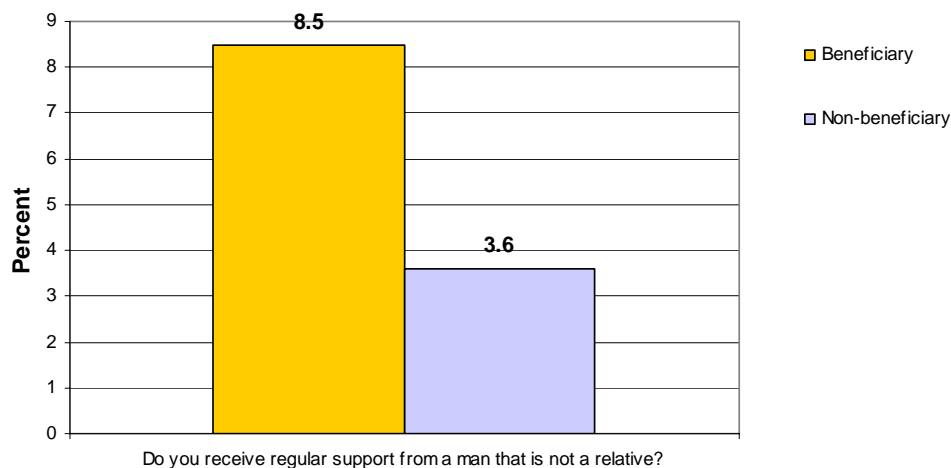
The practice of concurrent long-term sexual relations constitute a high risk factor for HIV. During the life period of HIV infection, a person is most contagious right after he or she has been infected, and then again with the development of AIDS. Concurrent long-term sexual relations increases the risk of infection with low viral loads, (having sex many times with the same person that might be infected) and then rapid transmission to the other sex partners (ones newly infected the viral load is high).

Even if no one within such a network of sexual relations has HIV, such networks are not closed off to other occasional sexual encounters. In a typical example, the woshuma has two ‘lovers/clients’, who in turn have two wives. One of the lovers may at some point also have visited a sex worker, the woshuma may at some point have engaged in transactional sex with a third man etc. and then if the virus is brought into

the network, all five, the woshuma, the two lovers and the two wives are all very likely to be infected. One's own risk to HIV is a function of the network's risk to HIV of which each individual exercises little control.

Another danger with concurrent long-term sexual relations is the tendency to not use prevention. The wife and the husband both face moral obstacles for introducing the use of condoms (see section on 'Attitudes to condoms within marriage'). With time, the man and the woshuma may develop a degree of trust between them, and therefore not use condoms. In addition to a general lack of condoms, condoms are most used by more 'high status' sex workers that work in bars.

**Chart 6: The practice of 'woshuma' is more common among beneficiaries**



**Table 8: The practice of woshuma**

	Safety Net Population-based		Control Group Population-based	
	N	%	N	%
Do you receive regular support from a man that is not a relative? If female head of household	42	8.5	7	3.6

### 4.3. Wife inheritance (wurs)

Wife inheritance, the practice where widowed women remarry with their brother in law, is traditionally a way for providing for and protecting women in a patriarchal society where households more than individuals are the units of social and economic life. The practice of wurs (when a woman marries her brother in law), or metek (when a man marries his dead brother's wife) may pose some risks of HIV transmission. Widows, and in particularly young widows, may have become widows because of AIDS, and risk transmitting the virus to the brother in law.

The practice of wurs is not common, about 0.6% of beneficiaries and non-beneficiaries have married because of wurs/metek, (there is no significant difference between beneficiaries and non-beneficiaries). At the present time wife inheritance is therefore unlikely to be a significant route of HIV transmission. Because of the relatively low level of chronic illness among the reproductive age group that displays three or more symptoms of AIDS, it is unlikely that AIDS at the moment is a major cause of wurs. However, if the AIDS epidemic were to escalate, and the death rate of younger men increases, it is expected that the practice of wurs will increase as a result. Wurs may be a more important safety net option for poorer women who have less choice, and therefore be a factor of increased risk of HIV to beneficiaries relative to non-beneficiaries.

**Table 9: The practice of wife inheritance (wurs/metek)**

	Safety Net Population-based		Control Group Population-based	
	n	%	n	%
Marriage based on metek (men)	4	0.5	2	0.3
Marriage based on wurs (women)	7	0.7	5	0.7
Marriage based on wurs/metek (total)	11	0.6	7	0.6

## **5. Safety of journey back and forth to the distribution site**

### **5.1. Gender based violence**

Sexual violence and forced sexual relations occurring in relation to Safety Net distributions is not a significant transmission route of HIV. Gender based violence occur at a very low rate with regard to the journey travelling back and forth to distributions. Only 0.2% of men and 0.3% of women perceive of rape as a recurrent threat to other beneficiaries travelling to and from the food distribution site (see table...).

However, looking at the degree at which they occur, rape and abductions are more likely to be associated with food distributions than cash distributions. One woman reported that she had been abducted while travelling to or from the food distributions site, and one man reported that he had encountered the problem of rape (see table 10) over the course of the last 12 months. (It is possible that the rape incident occurred to a woman the man was travelling with). No incidents of rape or abduction were registered among beneficiaries travelling to or from cash distribution sites.

There is also suspicion that the underreporting of incidents is high. Interview with local officials and local police suggested that there were incidents of rape in particular that had not been reported. Such incidents are usually handled by the community elders and not the police.

The perceived sense of safety reflects the differences in rates of sexual violence and forced sexual occurring in relations to food and cash distributions. While by far the majority of beneficiaries feel safe travelling to and from distributions, women and men feel safer travelling to cash distributions than to food distributions. 89.4% of women feel very safe travelling to or from food distributions, while 94.1% of women feel very safe travelling to or from cash distributions.<sup>10</sup>

The difference in perceptions of safety between food distributions and cash distributions make intuitive sense as travel distance is generally much longer to food distribution sites than cash distribution sites. Travel distance correlates with perceptions of safety. The shorter the travel distance, the safer the journey is perceived to be.<sup>11</sup> The relationship also holds for numbers of occurrence of experienced threats. Creating an index of threats, and weighting threats in terms of gravity, experienced threats correlate significantly with travel distance, i.e. the longer the travel distance the more threats are experienced.<sup>12</sup> However, the relationship is

---

<sup>10</sup> The difference is significant at the 90% certainty level.

<sup>11</sup> Adjusted R Square= .009, Sig.=.000,

Formula: 'Perception of safety' =1.15 - .002\*'Travel time converted to hours'

T-statistics: (-097) (3.84)

Very safe=1, A little safe=2, A little unsafe =3 and Very unsafe=4.

<sup>12</sup> Adjusted R Square= .004, Sig.=.005,

Formula: 'Reported self-experienced threats to safety' =.77 + .002\*'Travel time converted to hours'

very weak, and very little variation in problems encountered is explained by the travel distance alone. Other factors, such as nights spent en route, gender and age also affect perception of safety.

Spending a night or more en route is assumed to constitute a threshold for when perceptions of safety are found to be significantly deteriorating. Beneficiaries that travel more than a full day, i.e. spend at least one night somewhere when travelling home from the distribution site, find the journey significantly less safe than beneficiaries that spend a full day or less travelling home.<sup>13</sup>

Curiously, at first glance the experience of safety does not differ significantly between men and women (see table 11). 86% of men and 89.4% of women feel very safe travelling to food distributions. The gender insensitivity of the threat picture to beneficiaries seemingly contradicts expectations that sexual violence forms part of a wider cultural reference system of gender inequalities. It was expected that women would feel less safe than men, as most societies tend to convey the image in some form or the other of the man as the protector, and women as the protected, an image which is both a result of and an enforcement of cultural notions of gender differences. In rural Ethiopia the role and tradition of abduction as a way for men to control and marry women, shapes and reinforces cultural ideas of gender relations. Ethiopian legislative history illustrate the force of such cultural ideas. Until the year 2005 men could escape legal prosecution for rape if they agreed to marrying the rape victim.<sup>14</sup> Gender inequalities are still entrenched in rural areas, affecting women and men's experiences of distributions.

A factor that is likely to partially explain men and women's equal perceptions of safety is to look at the extent to which they travel alone. Men are more likely to travel alone, while women are more likely to travel in the accompaniment of others. 27% of men and 18.6% of women reported that the most recent time of travelling to the food distribution site, they travelled alone.<sup>15</sup> Women may choose to travel more often in the accompaniment of others as a precaution against potential threats, and may therefore feel safe when actually travelling.

Disaggregating gender by age may also serve to explain men and women's seemingly equal perceptions of safety. Young women feel a little less safe than older women with regard to travelling back and forth to distributions.<sup>16</sup> The same relationship

---

T-statistics: (39.47) (2.84)

The variable 'Reported self-experienced threats to Safety' is computed by following the instructions in the accompanying Research Toolkit p. 20.

<sup>13</sup> Mean for beneficiaries that spend more than 24 hours traveling home from the food distribution site= 1.15, mean for beneficiaries that spend less than 24 hours=1.03. Two-tailed t-test of significant for equality of means =.000

Very safe=1, A little safe=2, A little unsafe =3 and Very unsafe=4.

<sup>14</sup>

<sup>15</sup>(208 men and 174 women answered yes) N=1707, missing=17.

<sup>16</sup> Adjusted R Square= .006, Sig.=.012, (significant at the 90% level)

Formula: 'Perception of safety' =1.035 + .002\*'Age'

T-statistics: (33.29) (2.51)

Very safe=1, A little safe=2, A little unsafe =3 and Very unsafe=4.

between age and perceptions of safety does not hold for men. Young women are of course the social category most vulnerable to sexual violence. Female youth is therefore a group that requires particular attention with regard to travelling to and from distributions.

For Safety Net, reducing sexual violence and forced sexual relations with regard to distributions, with a view to secure human rights, women's rights and prevent HIV transmission, reducing travel time to food distributions where travel time supersedes a full days travel in particular, and securing that women do not travel alone will both to be effective strategies. Collective transport etc.

## 5.2. Other safety concerns with regard to travelling

The occurrence of **physical assault** is very low for women and men and in relation to food distributions and cash distributions. Only one woman reported an incident of physical assault in relation to cash distributions (see table10). More women than men perceive physical assault as a recurrent threat to beneficiaries (0.4 for men and 1.2% for women).

09% of men and 1.4% of women have experienced **verbal harassment** in relation to travelling to or from food distributions, and 0.4% of men and 1.6% of women have experienced verbal harassment in relation to travelling to or from cash distributions. There are no significant differences between men and women or between food or cash distributions.

1.4% of men and 1.8% of women have experienced **theft** in relation to travelling to or from food distributions, and 0.7% of men and 1.2% of women have experienced theft in relation to travelling to or from cash distributions. Focus group discussions and interview with women express that women feel particularly vulnerable with regard to theft and robbery, and tend to incur more expenses to secure a safe place to spend the night.

There is a significant difference between food distributions and cash distributions with regard to **lack of shelter, lack of water and food, exhaustion and illness** (see chart8 and table 10). With regard to illness there is also a significant difference between men and women. When travelling to and from food distributions, women tend to experience illness somewhat more often than men (7.4% for men and 11.8% for women). These differences are likely to reflect the toll of longer travel distances, as well as the heavier transport load associated with food distributions.

**Table 10: Safety while travelling**

Have you encountered any problems travelling to or from the distribution site, such as:	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	n	%	N	%	N	%
Lack of shelter	160	<b>20.9</b>	182	<b>19.4</b>	100	<b>14.8</b>	80	<b>10.8</b>
Lack of water or food	333	<b>43.6</b>	412	<b>44.0</b>	146	<b>21.7</b>	165	<b>22.3</b>
Exhaustion (causing delay with a day or more)	281	<b>36.9</b>	326	<b>34.8</b>	97	<b>14.4</b>	96	<b>13.0</b>
Illness	56	<b>7.4</b>	110	<b>11.8</b>	35	<b>5.2</b>	43	<b>5.8</b>
Theft	11	<b>1.4</b>	17	<b>1.8</b>	5	<b>0.7</b>	9	<b>1.2</b>
Verbal harassment	7	<b>0.9</b>	13	<b>1.4</b>	3	<b>0.4</b>	12	<b>1.6</b>
Physical assault	0	<b>0</b>	0	<b>0</b>	0	<b>0</b>	1	<b>0.1</b>
Rape	1	<b>0.1</b>	0	<b>0</b>	0	<b>0</b>	0	<b>0</b>
Abduction	0	<b>0</b>	1	<b>0.1</b>	0	<b>0</b>	0	<b>0</b>

### 5.3. Differences between perceptions and occurrences of threats

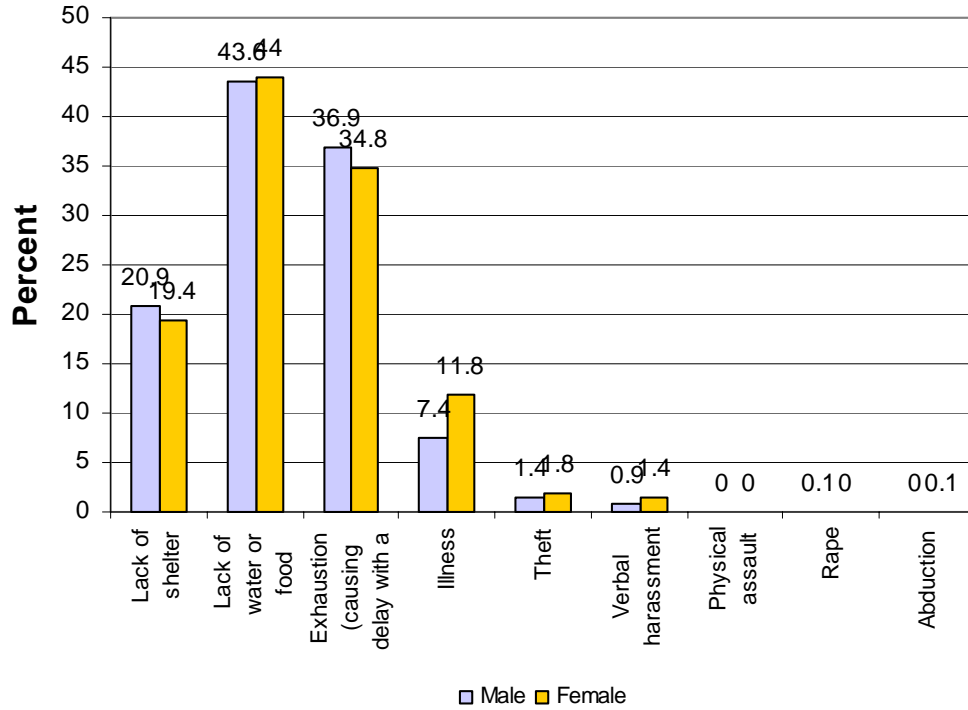
Lack of food or water when travelling back and forth to the distributions occur more frequently than community members are aware of. 44% of women have experienced lack of food or water, but only 19.3% of women believe this is something that happens frequently to other beneficiaries (see chart 9 and table 12). In general community members' perception of threats and safety issues correspond well with reports of actual experiences in the survey. This is good news. Correct awareness on these issues are more likely to enable constructive discussions and solutions within communities when addressed for instance through community dialogues. The lack of food and water is therefore an exception. Lack of food and water may therefore illustrate a question that Safety implementers can fruitfully introduce as a topic in community conversations in order to secure that it is on the agenda, in context of and in correspondence with the level of problem that it actually constitutes.

**Table 11: Perceptions of safety while travelling**

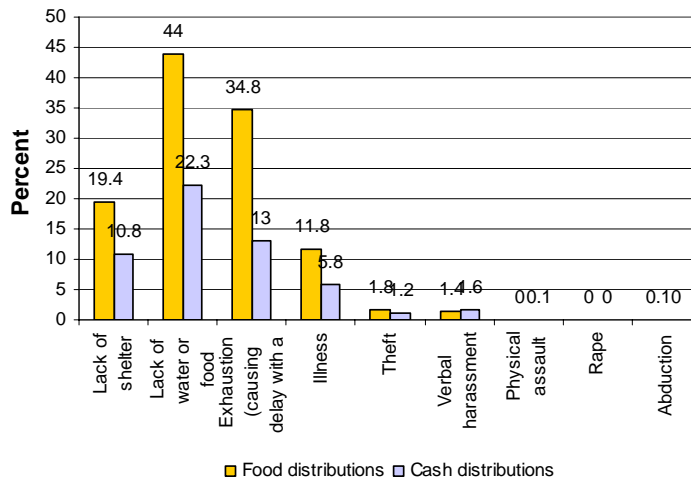
How safe did you feel travelling to the distribution site? (If ever collected at a food distribution site)	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	N	%	n	%	n	%	n	%
Very safe	670	<b>86.0</b>	858	<b>89.4</b>	634	<b>91.6</b>	734	<b>94.1</b>
A little safe	107	<b>13.7</b>	101	<b>10.5</b>	55	<b>7.9</b>	46	<b>5.9</b>
A little unsafe	1	<b>0.1</b>	1	<b>0.1</b>	3	<b>0.4</b>	0	<b>0</b>
Very unsafe	1	<b>0.1</b>	0	<b>0</b>	0	<b>0</b>	0	<b>0</b>

Food distributions n = 1694, missing=30  
Cash distributions n=1414, missing=19

**Chart 7: Experienced threats to safety while travelling by gender**



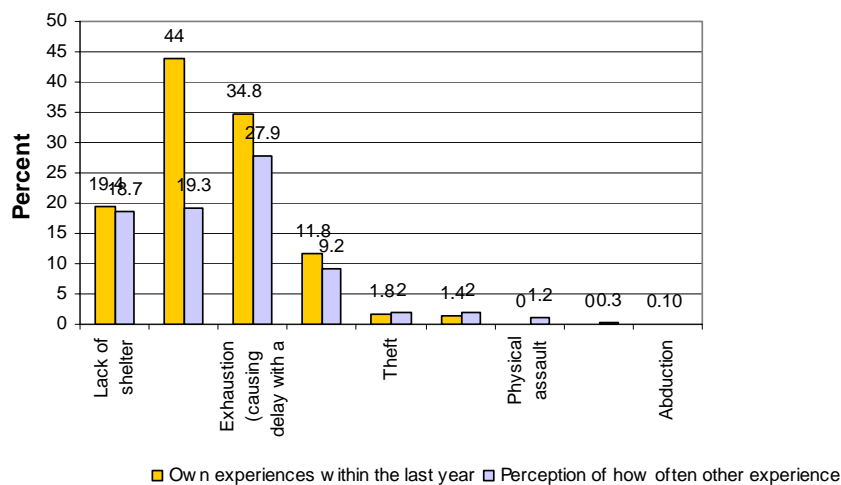
**Chart 8: Experienced threats to safety while travelling for female beneficiaries to food and cash distributions**



**Table 12: Perception of other people's safety**

"If you think about other people, how often do you think they encounter problems when traveling to and from the distribution, such as: (Collapsing often and very often)	Food distributions			
	Male		Female	
	n	%	n	%
Lack of shelter	146	21.5	125	18.7
Lack of water or food	161	23.7	145	19.3
Exhaustion (causing delay with a day or more)	213	31.3	209	27.9
Illness	69	10.2	69	9.2
Theft	15	2.2	15	2.0
Verbal harassment	12	1.8	15	2
Physical assault	3	0.4	8	1.2
Rape	2	0.2	2	0.3
Abduction	0	0	0	0

**Chart 9: Women's own experiences versus perception of others' experiences of threats to safety**



#### 5.4. Sexual exploitation of women's need for transport of cereal

The survey, focus group discussion and interviews with women show that women more frequently walk and carry cereal home, or rent transport, while men are more likely to own their own means of transport. Women also more commonly leave some food behind to fetch later.. Renting a donkey costs around 4-6 birr. If women are unable to get a donkey or there is a lack of cars, they may choose to spend the night at the distribution site where they will rent a room. Other strategies include paying a day-labourer to carry. As result, women pay more for transport than men.

**Table 13: Means of transportation**

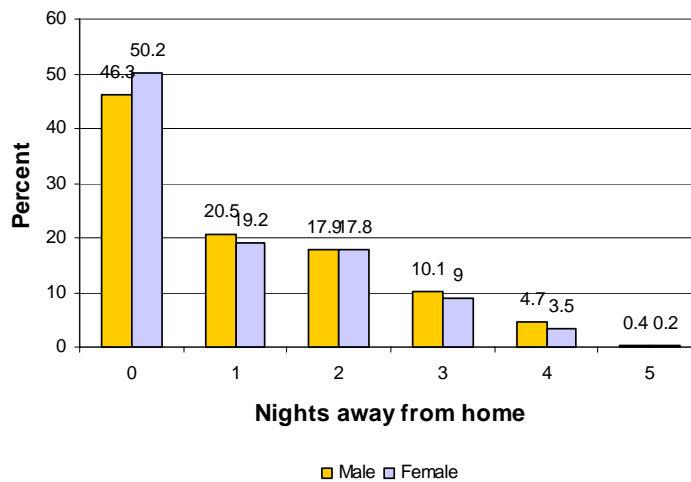
The most recent time you went to the food distribution site, how did you transport the food home?	Male		Female	
	n	%	N	%
	Walk and carry	385	<b>50.5</b>	495
Use own donkey/animal	246	<b>32.2</b>	214	<b>23.0</b>
Rent donkey/animal/car	126	<b>16.5</b>	205	<b>22.1</b>
Left some food behind to collect later	6	<b>0.8</b>	14	<b>1.5</b>

n = 1692, missing=32

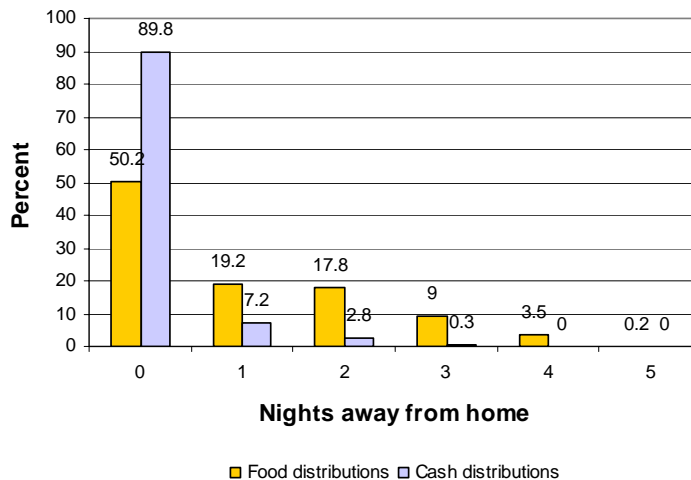
## 6. Safety at the distribution site

A safe place to sleep at the distributions site is the most important safety concern with regard to threats experienced at the site. Therefore, and similarly to safety of journey back and forth to the distribution site, safety at the site correlates with the number of nights spent away from home. 53.6% of men, and 49.7% of women report that they spent at least one night away from home at the most recent food distribution in which they took part (see table 14, chart 10 and 11). In contrast, 10.2% of men and 10.8% of women report that they spent at least one night away from home at the most recent cash distribution in which they took part.

**Chart 10: Nights spent away from home at the most recent food distribution, by gender**



**Chart 11: Nights spent away from home, by food and cash distribution**



**Table 14: Nights away from home**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>The most recent time you collected food at a food distribution site, how many nights did you spend away from home in total before you got back to your house?</b>				
0 Nights	356 46.3%	469 50.2%	587 89.2%	652 89.8%
1 Night	158 20.5%	179 19.2%	40 6.1%	52 7.2%
2 Nights	138 17.9%	166 17.8%	25 3.8%	20 2.8%
3 Nights	78 10.1%	84 9.0%	4 0.6%	2 0.3%
4 Nights	36 4.7%	33 3.5%	2 0.3%	0 0%
5 Nights	3 0.4%	2 0.2%	0 0%	0 0%

Food distributions n = 1073, missing=21  
Cash distributions n = 1384, missing=47

Among beneficiaries that spent at least one night away from home 22.2% of men and 20.5% of women reported that they did not feel that they had a safe place to sleep.

**Table 15: Safe place to sleep**

Did you have a safe place to sleep near the site? (If ever collected at a food distribution site and spent at least one night away from home)	Male		Female	
	N	%	n	%
	Yes	316	<b>77.8</b>	360
No	90	<b>22.2</b>	93	<b>20.5</b>

n = 859, missing=19

## 6.1. Sexual exploitation of women's need for accommodation

There is good reason to believe that the sexual exploitation of women's need for accommodation is frequent, and that this is a significant route of HIV transmission with regard to distributions.

The number of women that report that they did not feel they had a safe place to sleep in the most recent food distribution in which they took part (20.5%) (see table 15) is higher than the number of women that report that they spent the night outdoors during the most recent food distribution in which they took part (4.7%) (see table 17). This indicates that renting a room and staying over with relatives are not always considered safe locations to spend the night. Looking at table 16 below, it becomes evident that while sleeping outdoors is considered the least safe (88.9% of women that slept outdoors judged it unsafe) renting a room is also considered very unsafe (61.9% of women that rented a room judged it unsafe).

**Table 16: Safety of different types of accommodation**

	Did you have a safe place to sleep?			
(if female)	Yes		No	
Where did you spend the night? (If ever collected at a food distribution site and spent at least one night away from home)	N	%	n	%
Rent room/medeb	8	<b>38.1</b>	13	<b>61.9</b>
With friends/relatives	353	<b>92.4</b>	29	<b>7.6</b>
Outdoors	6	<b>11.1</b>	48	<b>88.9</b>

Renting a medeb often just means renting a bed in a room where others also sleep. In in-depth interviews, three female beneficiaries reported that they had experienced that medeb owners expect payment in the form of sex, and that the medeb owners have entered the medeb during night. A possible method for measuring the occurrence of sex as a means of payment for accommodation is to see if women pay less for a medeb than men. Men pay on average 2 birr 55 cents for a room, and women pay on average 1 birr 77 cents for a room.<sup>17</sup> This could indicate that the discounted rate given to some women is because payment is made with sex, a finding that is corroborated by interviews.

**Table 17: Accommodation**

	Male		Female	
Where did you spend the night? (If ever collected at a food distribution site and spent at least one night away from home)	N	%	n	%
Rent room/medeb	34	<b>8.4</b>	21	<b>4.7</b>
With friends/relatives	331	<b>81.3</b>	371	<b>83.2</b>
Outdoors	42	<b>10.3</b>	54	<b>12.1</b>

n = 853, missing=25

## 6.2. Preventative effects of reducing the duration of distribution events

Nights spent away from home would be significantly reduced if distributions ended earlier in the afternoon. 31% of beneficiaries that spend at least one night away from home when collecting at food distributions, say that if food distributions ended earlier in the afternoon they would have had time to return home to sleep (see table18). This in turn would have the positive effect of increasing the safety of beneficiaries, reduce sexual exploitation of women's need for accommodation, reduce HIV risk behaviour at the site during night and thereby prevent HIV transmission. The serious consequences of starting distributions late in the day, end therefore also finishing late in the day, can not be over stressed.

<sup>17</sup> Two-tailed t-test of significant for equality of means =.178 (check the other mean...)

**Table 18: Enough time to return home**

	Safety Net Population	
	N	%
<b>If the food distribution ended earlier in the afternoon, would you have had time to return to your house to sleep? (If ever collected at a food distribution site and spent at least one night away from home)</b>		
Yes	276	<b>31.9</b>
No	589	<b>68.0</b>
Don't know	1	<b>0.1</b>

n = 866, missing=12

52.8% of beneficiaries of food distributions experienced at least once in the last year that they had to wait at least a full day and night before the food distributions started.<sup>18</sup> More than half of the beneficiaries are therefore spending nights unnecessarily at the site. Through interviews with kebele leaders and staff involved in the distributions, calling beneficiaries before paperwork has been completed is found as the most important reason for this. Paperwork is also reported as one of the reasons why distributions start late in the day. At the moment beneficiary lists from each kebele, reporting for instance if beneficiaries have participated in public works over the last month, have to be cleared in advance by the woreda for each distribution. It is of critical importance, in order to reduce HIV transmission, to **develop a system where beneficiaries are not called before the distributions actually start**. Because of this, the woreda administrations have tested methods of reducing waiting times in the past. One such system based on vouchers was reported to have been unsuccessful.

As an example of how paperwork may be more flexible, this report suggests to **decentralize authority to the kebele administration** to commence distributions on time in instances where the kebele has submitted beneficiary lists in timely fashion, but the woreda administration has not cleared the lists on time. The woreda may then validate the lists post-facto, and corrections may then carry over to the next distribution. This system will provide for distributions to occur in a timely fashion despite delays in completely the paperwork at the woreda level, but will allow for the thorough checks provided by the woreda administration to secure correct implementation by kebeles.

Another reason distributions take time is because of the time-consuming processes of portioning out rations to beneficiaries. Household rations of cereal, lentils and oil do not correspond with the sizes of bags and containers that are used for storing. A system where beneficiaries are called in groups and divide the food between themselves is therefore used. Often cereal is distributed the first day, and lentils and oil the next. Providing cereal in 30 kg bags instead of 50 kg bags, and lentils and oil in bags and containers that correspond to rations that are used in the distribution is one suggestion that has been circulated. Other ways of organizing the distributions, such as attempts at dividing up the cereal before beneficiaries arrive, cause logistical difficulties, (the food need to arrive to the storage house earlier), organization, extra bags and more manpower. This report wishes to stress the importance of continuing to

<sup>18</sup> n=1671, missing=53

**explore ways to reduce the times associated with the actual distribution and division of food to beneficiaries**, in order to reduce the number of nights spent at the distribution site.

**Calling fewer beneficiaries** each time might be a possibility that can be explored in some places. Some distribution sites are already operating at full capacity, and there is therefore not enough days in the month to call fewer beneficiaries at each time. Calling fewer beneficiaries may require some paperwork procedure to be changed.

**Setting up more storage houses** would allow for shorter travel distances and for calling fewer beneficiaries each time. Resolving issues between donors and regional organisations regarding standards, locations, ownership and usage of storagehouses so that more storage houses can be constructed would prove efficient with regard to reducing nights spent away from home for beneficiaries, particularly for the beneficiaries with the longest travel distances.

**Improving infrastructure** is in many places a condition for setting up more storage houses and to reduce travel time. Road construction is particularly capital-intensive in mountainous terrain. Beneficiaries that travel the furthest distances, (...) live in places with no roads need to cross for steep valleys and large rivers to get to the distribution site. Cash distributions can be conducted using four wheel vehicles and are therefore less demanding with regard to infrastructure. However, there are instances where beneficiaries also have to travel long distance and spend the night when collecting at cash distribution sites. Building infrastructure, for four wheel vehicles and/or bigger trucks may form part of a broader development strategy of the community. Smaller roads that can be used by four-wheel vehicles may in some instances be constructed using the food/cash for work program.

## **7. Risk behaviour associated with distributions**

The risk behaviour of beneficiaries, and other community members in association with distributions, is currently high. Qualitative data suggest that about 5-20% of male beneficiaries have sex when collecting at food distributions.<sup>19</sup> Risk behaviour associated with food distributions are higher than that associated with cash distributions.

Mass gatherings at standard intervals where participants spend days away from home create new as well as increased opportunities for sexual engagement. The regularity and the duration of distribution events are both instrumental in entrenching transactional sex as a consequence of distributions, and as an important HIV transmission route within the community.

### **7.1. Settings of transactional sex**

Within communities and rural towns transactional sex is offered in regularized settings with regularized patterns of engagement between men and women. Distributions reinforce some of these patterns and in addition offer new opportunities for men and women to engage in transactional sex, as well as non-transactional sex, consensual and forced. The importance of the setting of where the sex takes place is to assess the relative risks to HIV as well as effectiveness of interventions.

Five settings of transactional sex will be discussed here: Commercial sex in bars, commercial sex in tella houses, the practices of woshuma, the grey-zone between transactional and non-transactional sex, and risks associated with distribution staff. Sexual exploitation with regard to accommodation and needs for transport is discussed above.

#### **Bars**

In comparison with tella houses, bars more often have more than one bar maid, may offer more than one kind of drink and stronger drinks, often have bedrooms in the back, the bar's clientele may be more transitional, and bars are mostly associated with more urban places. Bars may in certain areas be placed along the same street, which then is sometimes referred to as 'condom street' (*condom sefer* in Hara for instance). The nickname is appropriate because it correctly identifies an important and distinguishing feature of the transactional sex that takes place here, and which is often missing in other locations. The sex workers' ability to enforce the use of condoms is partly a result of her relatively 'high' status relative to other commercial sex workers, the availability of condoms that are distributed to these locations, and support by organisations and local authorities (including the police) for using condoms in these

---

<sup>19</sup> In 21 interviews (8 women and 13 men) with beneficiaries, health and agricultural extension officers, youth leaders, teachers, iddir leaders, and local policemen, the following question was asked: "Out of a 100 male beneficiaries that collect food at the distribution site, how many do you think will have sex while away from home?". Because of the expected underreporting in the quantitative survey, this qualitative method was adopted in order to provide an estimate. The answers ranged from 5 – 20 men.

settings. On the one hand sex workers in bars have more access to HIV prevention tools, but on the other they are also relatively more exposed to HIV virus because of the more transient clientele. The clientele may include truck drivers, militia men, local officials, merchants etc that may have transported the virus from other locations.

Interviews show that beneficiaries do frequent bars in association with distributions, but because of the price, they are more likely to visit the local tella houses. One female beneficiary argued that “mostly all of them (male beneficiaries) bring the money back to their families. Spending 5 Birr on a sex worker is a big chunk of their budget, and they prefer buying salt with that money instead of wasting it” (32 years). However, other interview with male and female beneficiaries, as well as local police, confirms that beneficiaries frequent bars. A local police officer in Hara states that “during our night round, we find a lot of beneficiaries that spend the night in *condom sefer* (condom street)” (local police officer, Hara).

In interviews with sex workers some of the sex workers have stated that they are not willing to have sex with beneficiaries who they consider ‘peasants’, and who can not afford to pay the price. Others have reported to have been visited by beneficiaries, and that it happens often, despite the relatively high price.

Even though bars may not be the most important setting for sex for beneficiaries, condom distribution at bars benefit beneficiaries also indirectly. Reduced transmission, and lower HIV prevalence within the community is likely to benefit all community members overall.

### **Tella houses**

Tella houses and local houses that sell drinks provide an important arena for meeting new people as well as for spending time with friends, neighbours and acquaintances. Drinking tella is a normalized practice that forms part of the ‘social glue’ of communities.

Producing and selling tella is commonly a female coping strategy, and elderly married women with old weak husbands, widows and divorcees may opt to sell tella. Some younger and married women may also sell tella, though this is less common. Not all tella houses may therefore constitute a setting for transactional sex.

Young girls with mothers that sell tella are particularly vulnerable to HIV infection. In the local community these young girls are commonly thought of and referred to as sex workers. Escaping such a labelling and home situation is for many an insurmountable task. The transactional sex that occurs in tella houses, particularly more rural tella houses, is less blatant than that which takes place in red light districts and these young girls and women are less targeted by HIV/AIDS prevention campaigns. Because the transactional sex takes place in their home, HIV/AIDS prevention campaigns targeting these houses may seem more intrusive and offensive to village practices. However, beneficiaries are more likely to have sex in these less expensive settings, and more rural and smaller tella houses should therefore be targeted.

The price for sex in tella houses is commonly five birr, though this of course varies. Several interview confirmed that the price would rarely exceed 10 birr. There are instances when sex is given in return for favours as well. If a customer brings lots of friends that buy tella, it might happen he is given a free service in return. Sex and tella sales may therefore form an integrated business, and sales are based on forming long-term as well as short term relations with customers. The clientele is less transient, but tella houses may experience bigger waves of customers on market days and distribution days.

93.6% of men report that there are tella houses around the food distribution site, while 71.1% of men report that there are tella houses around the cash distribution site. Social opportunities, and by extension opportunities for transactional sex in conjunction with drinking houses is therefore less for cash distributions, which take place in often more rural settings.

**Table 19: Social opportunities for drinking**

Are there tella houses in the area around the cash distribution site?	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	N	%	n	%	n	%
Yes	718	<b>93.6</b>	881	<b>93.4</b>	483	<b>71.1</b>	542	<b>72.4</b>

Food distributions n = 1393, missing=30

Cash distributions n=81, missing=36

Drinking tella is commonplace also among beneficiaries, and many drink also to quaff their thirst, in addition to relaxing among friends. Drinking tella is more common in association with food distributions than among cash distributions. 18.5% of men report that men visit tella houses often when travelling to or from the food distributions, while only 7.6% of men report that men visit tella houses often when travelling to or from the cash distributions.

**Table 20: Perceptions of how often others drink**

How often do you think other men visit tella houses travelling to or from the cash distribution site?	Food distributions		Cash distributions	
	Male	Female	Male	Female
Never	10 <b>1.3%</b>	20 <b>2.1%</b>	127 <b>19.0%</b>	140 <b>19.1%</b>
Not often	572 <b>74.0%</b>	683 <b>72.4%</b>	441 <b>66.0%</b>	453 <b>61.7%</b>
Often	143 <b>18.5%</b>	156 <b>16.5%</b>	51 <b>7.6%</b>	66 <b>9.0%</b>
Very often	40 <b>5.2%</b>	56 <b>5.9%</b>	18 <b>2.7%</b>	22 <b>3.0%</b>
Don't know	8 <b>1.0%</b>	29 <b>3.1%</b>	31 <b>4.6%</b>	53 <b>7.2%</b>

Food distributions n = 1393, missing=30

Cash distributions n=81, missing=36

## **Woshuma**

In interviews, most beneficiaries argue that having a kemet or woshuma is too expensive for beneficiaries, but that some male beneficiaries may still have a kemet or woshuma. One female beneficiary (30 years) stated that: “I don’t think most (male) beneficiaries can afford to have a kemet or woshuma, but some may”. Because of the relative poverty of beneficiaries, it is more likely that male beneficiaries will have a kemet or woshuma that is forced to rely on gifts and money from more than one man. This increases the risk of HIV transmission.

## **The grey-zone between transactional and non-transactional sex**

In-depth interviews indicate that ‘a great deal’ of the sexual interaction at food distributions is non-transactional. These are sexual encounters that take place as part of a relationship, and mostly among the younger populations. Young people that fall in love have few places to go and be alone near the village. A young female beneficiary (25 years) put it this way: “Young people meet and have sex in secret at the food distributions. There they are far away from home and there is no one there they have to be afraid will find out.”

Compared with the village, distributions provide a relatively anonymous meeting place. The anonymity increases with the travel distance and number of beneficiaries called at the same time. The more people, the easier it is to sneak away.

But while sex may form part of a love relationship, transactions may also take place. A female beneficiary explained that “Most sex between beneficiaries is arranged and basically it is free sex, but women may ask for some money as they would like to change their clothes or change their lives”. As part of longer-terms relationships, friendships or attraction between men and women, various material exchanges also take place.

There is also some more opportune transactional sex that occurs between male and female beneficiaries. Sleeping outdoors in the fields near the distribution site may contribute to creating such opportunities. The amounts exchanged in these settings are generally lower than that in tella houses or bars. A health extension officer reported incidents where sex had been exchanged for a piece of soap.

In interviews, beneficiaries unanimously agree that condom is not used in these instances. The strong association of condoms to sex workers complicates condom interventions in these settings. Women that engage in transactional sex as part of a multi-dimensional relationship, (for instance a girlfriend that also receives some material support) may not think of herself as a sex worker, or would morally object to being labelled as one, and therefore not condone the idea of condoms. The same difficulty occurs for couples engaged in extra-marital affairs, or unmarried youth. In addition there is a general dearth of condoms outside the red light districts.

### **Risks associated with staff**

The relative authority, wealth and influence attributed to local leaders and other staff by distributions entail increased risks for HIV transmission. As a result of distributions, leaders and distribution staff may have increased access to transactional and consensual sex. In interviews, female beneficiaries and local police reported of incidents where PA leaders have offered registration for distributions in return for sex, or in other ways pressured women to engage in sex. Some of these risks will always be there, but transparency and accountability in targeting and implementation, and women's awareness of rights, knowledge of how to appeal and trust in the appeal process, will minimize opportunities for sexual exploitation.

## **7.2. Risk behaviour associated with food versus cash distributions**

Community perceptions of sexual relations as measured through the survey shows that there are significant differences between food and cash distributions, and between men and women's perceptions of the extent of the sexual relations taking place in association with distributions. 46.1% of women said that 'some' men are unfaithful to their wives when they travel to the food distribution site, but only 35.1% of women said that they thought 'some' men were unfaithful when they travelled to the cash distribution site. At the same time 54% of men said that 'some' men are unfaithful to their wives when they travel to the food distribution site, and 46.1% of men said that they thought 'some' men were unfaithful when they travelled to the cash distribution site.

The same patterns reoccur with regard to perceptions of frequency of pre-marital sex, (How many unmarried young men do you think have sexual relations when they go to the distribution site?) and perceptions of frequency of women engaging in sex in association with distributions (Do you think that women have sexual relations with men when they go to the distribution site?). There are no significant differences between the extent that unmarried or married men are thought to be engaging in sex in association with distributions. However, the extent women are thought to engage in sex in association with distributions is lower, but still remarkably high. 34.5% of women said that some women engage in sex in association with food distribution.

In attempt to understand what is meant by the word 'some', the qualitative research indicates that perceptions of the extent of men that engage in sex in association with food distributions is about 5-20%. In 35 in-depth interviews of local community members, the following question was asked: "Of about a 100 men that travel to the food distribution, how many do think engaged in sex?" This could be married as well as unmarried men. While 5-20% might seem like a wide range, this is still quite precise considering the difficulties in measuring these questions in a population with relatively high illiteracy, survey fatigue and extensive underreporting. Perceptions may not always reflect actual frequencies, however, the qualitative approach of in-depth interviewing safeguards better against underreporting, and is therefore thought to be a more accurate measure than if the same question had been asked in the quantitative survey. In addition, the complexity of the question asking people to guess a percentage did in the pre-test not work well in the quantitative survey.

**Table 21: Perceptions of frequency of extra marital sex**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>How many other married men do you think are unfaithful to their wives when they travel to the distribution site?</b>				
None	165 <b>21.3%</b>	204 <b>21.6%</b>	260 <b>38.3%</b>	289 <b>38.5%</b>
Some	418 <b>54.0%</b>	436 <b>46.1%</b>	259 <b>38.1%</b>	263 <b>35.1%</b>
Quite a lot	31 <b>4.0%</b>	32 <b>3.4%</b>	18 <b>2.7%</b>	11 <b>1.5%</b>
A lot	1 <b>.1%</b>	7 <b>.7%</b>	3 <b>.4%</b>	4 <b>.5%</b>
Don't know	159 <b>20.5%</b>	266 <b>28.1%</b>	139 <b>20.5%</b>	183 <b>24.4%</b>

**Table 22: Perceptions of frequency of pre-marital sex**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>How many unmarried young men do you think have sexual relations when they go to the distribution site?</b>				
None	138 <b>18.0%</b>	192 <b>20.4%</b>	238 <b>35.1%</b>	269 <b>36.0%</b>
Some	424 <b>55.3%</b>	446 <b>47.4%</b>	251 <b>37.0%</b>	254 <b>34.0%</b>
Quite a lot	42 <b>5.5%</b>	49 <b>5.2%</b>	21 <b>3.1%</b>	21 <b>2.8%</b>
A lot	5 <b>.7%</b>	4 <b>.4%</b>	4 <b>.6%</b>	4 <b>.5%</b>
Don't know	158 <b>20.6%</b>	249 <b>26.5%</b>	164 <b>24.2%</b>	200 <b>26.7%</b>

**Table 23: Perceptions of frequency of women engaging in sex in association with distributions**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>Do you think that women have sexual relations with men when they go to the distribution site?</b>				
None	302 <b>39.4%</b>	364 <b>38.9%</b>	368 <b>54.0%</b>	379 <b>50.7%</b>
Some	317 <b>41.4%</b>	323 <b>34.5%</b>	167 <b>24.5%</b>	174 <b>23.3%</b>
Quite a lot	28 <b>3.7%</b>	32 <b>3.4%</b>	7 <b>1.0%</b>	6 <b>.8%</b>
A lot	0 <b>.0%</b>	1 <b>.1%</b>	2 <b>.3%</b>	1 <b>.1%</b>
Don't know	119 <b>15.5%</b>	216 <b>23.1%</b>	136 <b>20.0%</b>	188 <b>25.1%</b>

### 7.3. Distributions versus market days

Market days occur at regular intervals, gather a large number of people from near and far away, and are occasions where many also spend the night away from home because of the long travel distances. Because of these similar characteristics to distributions market days are important reference points for comparison in order to understand how distributions affect existing HIV transmission routes within communities, and also how they differ.

The most important difference between market days and distributions with regard to HIV/AIDS is the relative wealth of people that participate. Merchants, wealthier people and salesmen have more access to sex, and may also travel more places. As a result the common perception is that more sex takes place during market days than during distributions. 52% of women say that more sex takes place during market days than during food distributions, and 59.1% of women say that more sex takes place during market days than cash distributions. The difference between food and cash distributions remain the same, with consistent perceptions that food distributions provide more opportunities for sex than cash distributions.

While distributions may constitute less of a hub of sexual activity within the community, the difference in participants mean that distributions may constitute more, or additional risk to HIV exposure for the poorest of the beneficiaries that may not participate in market days, or when they do, they might not afford to engage in transactional sex. In comparison to market days, distributions may offer more opportunities for engaging in non-transactional sex, or lower priced transactional sex.

**Table 24: Distributions versus market days**

	Food distributions		Cash distributions	
<b>If you compare cash distributions and market days, do you think more men have sexual relations during cash distributions or during market days?</b>	Male	Female	Male	Female
More during distributions	75 <b>9.8%</b>	90 <b>9.6%</b>	34 <b>5.0%</b>	38 <b>5.1%</b>
Same	86 <b>11.2%</b>	121 <b>12.9%</b>	47 <b>6.9%</b>	51 <b>6.8%</b>
More during market days	452 <b>58.9%</b>	489 <b>52.0%</b>	413 <b>60.8%</b>	443 <b>59.1%</b>
No sexual relations take place	34 <b>4.4%</b>	34 <b>3.6%</b>	50 <b>7.4%</b>	50 <b>6.7%</b>
Don't know	120 <b>15.6%</b>	206 <b>21.9%</b>	135 <b>19.9%</b>	168 <b>22.4%</b>

#### 7.4. Gender differences in spending

There is a pervasive majority of men and women that believe that there is a gender difference in spending of the food/cash that is received from the distributions. 71% of men and 72.6% of women responded yes to the question “Do you think that men and women that receive food from distributions spend the food differently?” The gender difference in spending seem to increase for cash in comparison to food. i.e. men and women tend to spend the cash more differently, than they tend to spend the food. 72.6% of women think that men and women spend the food that they receive from the distributions differently, and 75.9% of women think that men and women spend the cash that they receive from the distributions differently. The difference here of 3.3 percentage points is too small to be statistically significant, but interviews seem to confirm the perception that there is a slightly greater gender difference in spending for cash than for food.

**Table 25: Gender differences in spending**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>Do you think that men and women that receive food from distributions spend the food differently? (Respondents that responded 'Yes')</b>	538	674		
	<b>71.0%</b>	<b>72.6%</b>	496	562
<b>Do you think that men and women that receive cash from distributions spend the cash differently? (Respondents that responded 'Yes')</b>			<b>73.8%</b>	<b>75.9%</b>

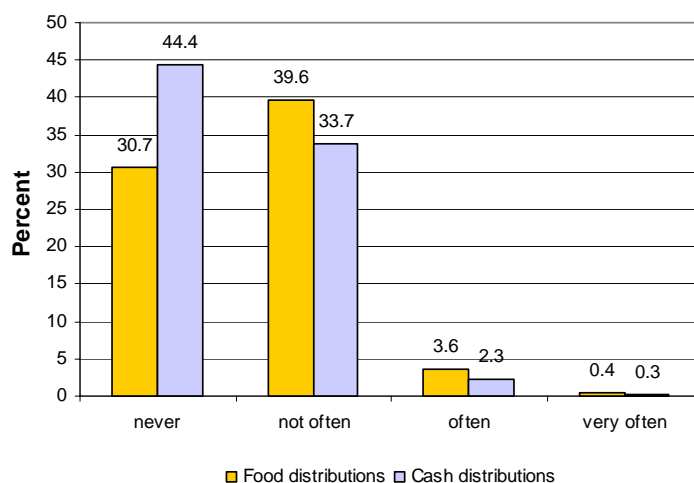
The extent men spend food or cash on drink or sex, previous differences observed between food and cash distributions appeared again. 10.9% of women stated that men often spend the food that they receive from food distributions drink, while 4.8% of women stated that men often spend the cash that they receive from distributions on drink. 39.6% of women stated that men not often spend food that they receive from distributions on sex, while 33.7% of women stated that men not often spend cash that receive on distributions on sex.

These differences in spending between cash and food distributions could be related to the vicinity of the cash distributions to the household and the village, and the greater social control that is exercised in these areas. In responding to these questions it is also likely that men and women had the immediate spending of the food/cash in mind, i.e. what happens with the food/cash at the site or when travelling home, and less how the food/cash is spent once back in the household. However, in-depth interviews emphasized that the food and money was too little to spend on sex and drink, and that most men brought the food straight home or spent the cash directly on food.

**Table 26: Expenditure on drink**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>How often do you think other men spend the food/cash they receive from the distribution on drink?</b>				
Never	87 11.4%	127 13.5%	143 21.1%	170 22.8%
Not often	570 74.5%	622 66.3%	469 69.3%	491 65.8%
Often	58 7.6%	102 10.9%	29 4.3%	36 4.8%
Very often	13 1.7%	18 1.9%	7 1.0%	10 1.3%
Don't know	37 4.8%	69 7.4%	29 4.3%	39 5.2%

**Chart 12: Expenditure on drink by food or cash benefits**



**Table 27: Expenditure on sex**

	Food distributions		Cash distributions	
	Male	Female	Male	Female
<b>How often do you think other men spend the cash/food (or cash they earn from selling the food) they receive from the distribution on sex?</b>				
Never	243 31.7%	288 30.7%	316 46.4%	331 44.4%
Not often	330 43.0%	372 39.6%	241 35.4%	251 33.7%
Often	24 3.1%	34 3.6%	14 2.1%	17 2.3%
Very often	3 .4%	4 .4%	1 .1%	2 .3%
Don't know	167 21.8%	241 25.7%	109 16.0%	144 19.3%

## 8. The effectiveness of distributions in ‘slowing down’ the spread of HIV

Distributions do not significantly slow down the spread of HIV as here measured. ‘Slowing down’ refers here to reducing the use of coping mechanisms that make beneficiaries vulnerable to HIV infection.<sup>20</sup> Two coping mechanisms have been looked at, the sale of tella and migration. Producing and selling tella increases risk to HIV infection for women of reproductive age, and particularly younger and single women that work as barmaids in the tella house. Migration poses a risk to the migrant who may transit through various towns, stay in insecure lodging, and live outside the social network and moral checks and controls of village life.

It is expected that the effects of distributions on patterns of HIV transmission is multi-linear, or in other words, distributions have some positive and some negative consequences. In particular, it is expected that food security provided by distributions have a positive effect on curbing coping mechanisms that otherwise would expose beneficiaries to HIV. However, the two coping mechanism examined here, the sale of tella and migration, do not seem to be significantly affected with the presence of distributions.

### 8.1. Reduced transactional sex in conjunction with drinking houses

Selling tella is a very common coping mechanism among female headed households. 24.3% of beneficiaries and 27.1% of non-beneficiaries female head of households sell tella or other beverages. There is no significant difference between beneficiaries and non-beneficiaries with regard to the proportions of female headed households that sell tella. There is expected to be a difference however with regard to the income from the sale. The poorer women, generating less income from selling tella are expected to have been targeted. Some women that sell tella report that they have not been targeted because of the income generated from the sale of tella.

**Table 28: Selling tella**

Does anyone in your household sell tella or other beverages?	Safety Net Household		Control Group Household	
	N	%	N	%
Male headed households	40	4.2	43	5.3
Female headed households	149	24.3	56	27.1

Safety Net n = 1573 Control group n=2050

<sup>20</sup> The importance of food, and nutrients, for delaying the onset of AIDS among people infected with HIV is undisputed, and is not repeated in this argument which focuses on prevention of HIV infection, not on mitigation or treatment.

When households that do not sell tella were asked if they would consider selling tella or other beverages if they did not have the income from the distributions, only 1.3% of male headed households and 2.8% of female headed households responded yes. The absence of distributions would not significantly change households decision regarding the sale of tella.

**Table 29: Would consider selling tella**

	Safety Net Household	
	N	%
<b>Without the income from the Safety Net distributions, would anyone in your household consider selling tella or other beverages in order to supplement your household income? (If female headed household, beneficiary, and do not sell beverages)</b>		
Male headed households	11	<b>1.3</b>
Female headed households	12	<b>2.8</b>

Male headed households n=874, missing n=47  
 Female headed households n = 434, missing=28

Producing tella is capital intensive and therefore a risky business. It entails buying grain for tella production, or using own surplus grain if any, or stored grain that is intended for food. Securing a profit requires a customer base, and the competition is hard. The very poorest household may therefore be risk averse and choose to keep their grain for food. This could be one reason the presence of distributions do not affect households inclination to sell tella.

It is important to note, that even though the household's decision to sell tella is not affected much by the distributions, distributions may nevertheless have a preventative effect on HIV. It is not the sale of tella, but by proxy the transactional sex in conjunction with the sale of tella that transmits the virus. With the extra income from the distributions, women in the household, and particularly younger women, may feel less economic need and pressure to engage in transactional sex. Their relatively better off economic status caused by the distribution, may be enough to allow barmaids in tella houses to be more 'choosy' when engaging in transactional sex, to more often say no, and to more often enforce the use of condoms.

Targeting female headed households that have women, and particularly younger women that sell tella, may economically empower young women which in turn may have the positive effect of reducing young women's risk to HIV. However, targeting criteria need to be designed to avoid speculation. (i.e. if all female headed households that sell tella are targeted, other female headed household that do not sell tella might be tempted to do so.) Another point to consider is that economic empowerment of women is a key factor in the fight against HIV/AIDS. Targeting all female headed households may perhaps serve such a double purpose: All young women in female headed households would be reached, and women would be relatively economically empowered within the community.

## 8.2. Reduced migration

Migration is a very common coping mechanisms. As many as 4.9% of beneficiaries and 6.3% of non-beneficiaries state that they or someone else in the household has ever travelled in search for work. While migration is equally common among beneficiaries and non-beneficiaries (no significant statistical difference) where they go and for how long they go vary a great deal. Beneficiaries are more likely to go for a few months (34.7% of beneficiaries that migrate versus 21.8% among non-beneficiaries). On the other hand, non-beneficiaries are more likely to go for more than one year (38.9% of beneficiaries that migrate versus 54.5% among non-beneficiaries).

**Table 30: Migration in search for work**

	Safety Net Household		Control Group Household	
	N	%	N	%
<b>Have you or anyone in your household ever travelled away from your house in search for work?</b>				
Male headed households	41	<b>4.4</b>	84	<b>5.8</b>
Female headed households	34	<b>5.6</b>	30	<b>8.9</b>
All household	75	<b>4.9</b>	114	<b>6.3</b>

n = 3339, missing=339

**Table 31: Migration patterns**

	Safety Net Household		Control Group Household	
	N	%	N	%
<b>For how long periods was the person that travelled away from the household? (If ever anyone in household travelled in search for work)</b>				
During the whole hungry season	0	<b>0</b>	4	<b>3.6</b>
A few months	25	<b>34.7</b>	24	<b>21.8</b>
A few weeks	8	<b>11.1</b>	8	<b>7.3</b>
More than one year	28	<b>38.9</b>	60	<b>54.5</b>
Permanent migration	11	<b>15.3</b>	14	<b>12.7</b>

n = 182, missing=7

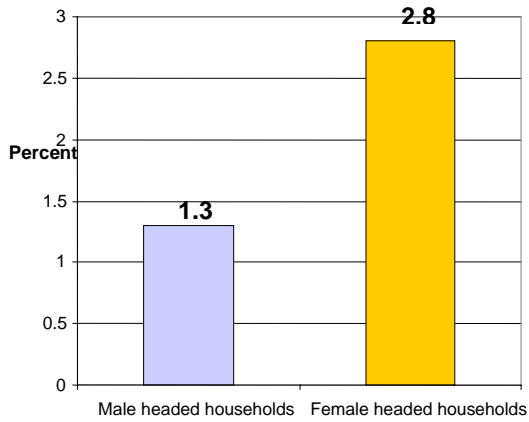
When households that had not experienced migration were asked if anyone in the household would have to travel in search for work the household did not have the income from the distributions, only 1.9% of households responded yes. Household decisions regarding migration does therefore not seem to be affected greatly by receiving food or cash from the distributions.

**Table 32: Reduced migration**

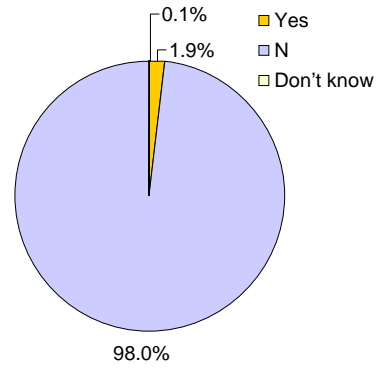
	Safety Net Household	
	N	%
<b>Without the income from the Safety Net distributions, would you or anyone in your household have to travel in search for work?</b>		
Yes	16	<b>1.9</b>
No	836	<b>98.0</b>
Don't know	1	<b>.1</b>

n = 853, missing=503

**Chart 13: Beneficiaries that say they would sell beverages if they did not have the income from Safety Net**



**Chart 14: Beneficiaries that say they would migrate in search for work if they did not have the income from Safety Net**



## 9. Awareness of rights

Awareness of rights and trust in the distributions affect women’s bargaining position vice versa male leaders, and men in general, and make women less vulnerable to sexual exploitation. The more clarity, transparency and accountability provide a more secure environment for women with regard to targeting and safety at the distribution site.

Participant observation and interviews show that there are clear differences in the organization between food and cash distributions, and that food distributions tend to be more chaotic, occasionally with some beneficiaries turning home empty-handed. Even a single occurrence of such an incidence is enough to provide insecurity among beneficiaries, and particularly among the beneficiaries that are called last.

There is some indication that beneficiaries are more aware of how much cash that they are entitled to at cash distributions than how much food they are entitled to at food distributions. 88.8% of men and 85.8% of women say they know how much food they are entitled to, and 90.2% of men and 87.4% of women say they know how much cash they are entitled to.

These differences, between food and cash, and between men and women, are too small to be statistically significant. The rights of women seem to fairly well safeguarded. Interviews and focus group discussion with men indicate that men feel that women are treated similar to men, while some women in focus group discussion and interviews disagree. There is therefore reason to believe that there still are some gender differences in treatment, though perhaps less explicitly expressed.

The numbers also indicate that as many as 1 in 10 beneficiary is uncertain about his or her entitlement. Slightly more than every tenth woman may therefore feel insecure at the distribution site, may be vulnerable to sexual pressure, and may be more desperate to seek out alternative income opportunities at the site in the form of transactional sex.

**Table 33: Awareness of rights**

Do you know how much food/cash you are entitled to receive from Safety Net cash distributions?	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	N	%	n	%	N	%
Yes	685	<b>88.8</b>	809	<b>85.8</b>	600	<b>90.2</b>	636	<b>87.4</b>

Food distributions n = 1714, missing=10

Cash distributions n=1393, missing=38

The gender difference in trust of the distributions, as expressed by answering yes to the question “Do you feel certain that you will receive a full ration/payment?”, remain statistically insignificant, but indicative of a likely difference. 87.9% of men and

84.1% of women feel certain that they will receive a full food ration and 90.1% of men and 86.2% of women feel certain that they will receive a full cash payment.

**Table 34: Trust**

Do you feel certain that you will receive a full ration/payment?	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	n	%	n	%	N	%
Yes	678	<b>87.9</b>	789	<b>84.1</b>	609	<b>90.1</b>	641	<b>86.2</b>

Food distributions n = 1709, missing=15

Cash distributions n=1420, missing=11

Again there are no statistically significant differences between men and women, cash or food distributions with regard to receiving a food ration or payment lower than expected, or satisfaction with the explanation provided for the lower ration or payment. 8.2% of men and 7.2% of women experienced receiving a lower food ration than expected, and 8.3% of men and 8.2% of women experienced receiving a lower cash payment than expected. 50% of men and 41.7% of women were satisfied with the explanation provided at the food distribution, and 53.1% of men and 51% of women were satisfied with the explanation provided at the cash distribution.

**Table 35: Lower than expected**

Does it happen that the ration/payment is lower than expected?	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	n	%	n	%	N	%
Yes	63	<b>8.2</b>	67	<b>7.2</b>	56	<b>8.3</b>	61	<b>8.2</b>

Food distributions n = 1709, missing=15

Cash distributions n=1413, missing=18

**Table 36: Explanation**

Were you given an explanation you were satisfied with? (If ever received lower ration/payment than expected)	Food distributions				Cash distributions			
	Male		Female		Male		Female	
	n	%	n	%	n	%	N	%
Yes	21	<b>50.0</b>	25	<b>41.7</b>	17	<b>53.1</b>	25	<b>51.0</b>

Food distributions n = 102, missing=28

Cash distributions n=81, missing=36

## 10. Public works and gender sensitivity

The PIM 2006 suggest various approaches to mainstream gender in public works. It specifically mentions that public works can be designed to construct child care facilities, as well as assist labour poor female head of households by working on private land owned by women.<sup>21</sup> The PIM2006 also suggest that because of the double workload on women with regard to looking after children, breastfeeding and household chores, that women should be allowed to work more flexible hours and fewer hours. It specifically mentions that women should be allowed to sometimes to arrive late and leave early when the work load at home demands this. Finally, the PIM2006 also underscores that beneficiaries on direct support should be able to contribute through providing child care, or participate in child nutrition or growth promotion sessions, or in other educational classes. All of these initiatives are being implemented.

64.5% of men and 52.7% of women state that they have, as part of working on public works, have assisted in building any child care facilities. 41% of men and 32% of women responded that they had, as part of working on public works, worked on private land that belongs to a woman. Only 20.7% of women responded that had been allowed to arrive late or leave early to public works because they are a woman.

**Table 37: Child care facilities**

	Safety Net Household	
	n	%
<b>As part of working on public works, have you ever assisted in building any child care facilities? respondents that answered yes (If ever worked on Safety Net public work)</b>		
Male	494	<b>64.5</b>
Female	505	<b>52.7</b>

n = 1725, missing=25

**Table 38: Assisting labour poor female headed households**

	Safety Net Household	
	n	%
<b>As part of working on public works, have you ever worked on private land that belongs to a woman? respondents that answered yes (If ever worked on Safety Net public work)</b>		
Male	307	<b>41.0</b>
Female	298	<b>32.0</b>

n = 1679, missing=71

<sup>21</sup> PIM 2006.

**Table 39: Flexible working hours for women**

	Safety Net Household	
	n	%
Have you ever been allowed to arrive late or leave early because you are a woman? respondents that answered yes (If ever worked on Safety Net public work)		
Yes	185	20.7

n = 893, missing=81

Because of public works it has become more common that men assume child caring roles within the community. More men than women participate in activities such as child care as organized by public works (10.9% of men and 5.6% of women that did not work on public works last month, and 25.9% of men and 17.6% of women that worked on public works last month). Elderly men are allowed to assist with light tasks such caring for children, while elderly women may to a greater extent receive direct support without having to assist with similar light tasks.

Both women and men benefit from attending child nutrition and growth promotion classes. Men that work on public works tend to participate more in child nutrition and growth promotion classes, than men that are not on public works. (0% of men that did not work and 5.8% of men that did work on public works last month participated in such classes.) This is because these classes are geared towards community members that have young children, and these parents are often able-bodied and therefore participate in public work. In the initial three months after birth when women are lactating they do not have to work on public works, but may be participating in such classes. (3% of women that did not work and 3.5% of women that did work on public works last month participated in child nutrition and growth promotion classes.)

Women seem to receive equal educational opportunities to that of men. Equal number of women and men that work attend educational classes (34.5% of men and 34.9% of women). In addition, a great deal of younger women that did not work last month attend classes (14.5% of men and 22.2.% of women that did not work attended educational classes.

**Table 40: Activities**

	Did not work on public works last month		Worked on public works last month	
	Male	Female	Male	Female
Do you participate in any community activities, such as child care, child nutrition or child growth sessions or educational classes?				
Child care	6 10.9%	13 5.6%	192 25.9%	152 17.6%
Child nutrition or growth promotion sessions	0 0%	7 3.0%	43 5.8%	30 3.5%
Educational classes	8 14.5%	52 22.2%	256 34.5%	302 34.9%
Other	0 0%	2 0.9%	27 3.6%	29 3.4%

Safety Net Population Survey, n = 1896, missing=87

## **11. Awareness of HIV/AIDS and Prevention**

While there is near to universal knowledge of HIV/AIDS in Gubalafto and Sekota, there are still misconceptions about HIV transmission. Of particular relevance to the work for food/cash program is the misconception that sharing work tools may transmit HIV. 18.7% of male beneficiaries and 17.3% of female beneficiaries answered yes to the question “Can people get the AIDS virus from sharing work tools, such as the tools used on public works”.

Addressing misconceptions that also clearly affect work for food programs, may require conveying a deeper knowledge about the disease than that achieved by ‘slogans’. In addition to listing misconceptions such as ‘HIV is not transmitted by sharing work tools’, HIV is not transmitted by sharing a meal’, it is important not to underestimate people’s own ability to understand risk, based on an understanding that the virus can be found in blood and sexual fluids, but not in large enough quantities in sweat, tears and saliva. This ‘deeper’ medical understanding will serve to explain how the virus can and can not be transmitted.

The local HAPCO office in Gubalafto do not work directly at the distribution site with prevention activities, but facilitate for other organisations that would like to do so as it serves a coordinating role.<sup>22</sup> Woldia, which is the capital of the North Wollo zone as well as Gubalafto woreda, hosts 150 PLWHA.<sup>23</sup>

### **11.1. Comprehensive knowledge of HIV/AIDS**

There is no significant difference in comprehensive knowledge between beneficiaries and non-beneficiaries. Though it was expected that beneficiaries would, because of their relative poverty status within communities, also have less access to information, both groups seem to be equally well informed. This means that beneficiaries does not constitute a vulnerable group in terms of knowledge, and would therefore not require extra targeting. However, awareness raising as part of food distributions may serve as crucial entry point into the community at large.

The group with 0 correct answers, include people that got no correct answers, as well as people who answered ‘I don’t know’ to all questions. Some of these include people that have never heard about HIV/AIDS.

---

<sup>22</sup> Interview with Gubalafto Woreda HAPCO officer, Mr. Eyesus Haile.

<sup>23</sup> Interview with Gubalafto Woreda HAPCO officer, Mr. Eyesus Haile.

Chart 15: **Comprehensive HIV/AIDS knowledge for beneficiaries and non-beneficiaries (number of correct answers)**

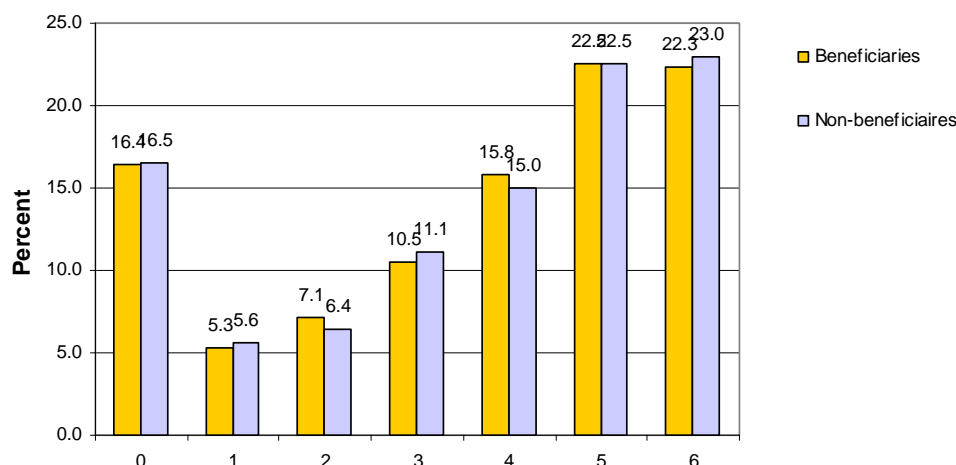


Table 41: **Comprehensive knowledge of HIV/AIDS**

	Safety Net			Control Group		
	Male	Female	Total	Male	Female	Total
<b>0 correct answers</b>	83	230	313	59	163	222
	10.3%	20.9%	16.4%	9.4%	22.6%	16.5%
<b>1 correct answer</b>	28	73	101	27	49	76
	3.5%	6.6%	5.3%	4.3%	6.8%	5.6%
<b>2 correct answers</b>	53	83	136	45	41	86
	6.6%	7.6%	7.1%	7.2%	5.7%	6.4%
<b>3 correct answers</b>	90	111	201	75	75	150
	11.1%	10.1%	10.5%	11.9%	10.4%	11.1%
<b>4 correct answers</b>	145	156	301	110	92	202
	17.9%	14.2%	15.8%	17.5%	12.8%	15.0%
<b>5 correct answers</b>	221	209	430	162	141	303
	27.3%	19.0%	22.5%	25.8%	19.6%	22.5%
<b>6 correct answers</b>	189	237	426	150	160	310
	23.4%	21.6%	22.3%	23.9%	22.2%	23.0%

Safety Net n=1908 interviewed, missing=75

Control Group n=1349 interviewed, missing=50

Of particular importance to Safety Net operations is the misconception that sharing work tools may transmit the HIV virus and cause infection. 17.9% of beneficiaries answered yes to question if people can get the AIDS virus from sharing work tools, such as the tools used on public works. There is therefore still considerable confusion about HIV transmission and prevention.

**Table 42: Knowledge of HIV transmission and prevention**

	Safety Net		Control Group	
	Male	Female	Male	Female
<b>Can people reduce their chance of getting the AIDS virus by using condom every time they have sex?</b>				
Yes	627	695	502	439
	75,9%	61,4%	77,5%	59,4%
No	59	92	40	68
	7,1%	8,1%	6,2%	9,2%
Don't know	140	345	106	232
	16,9%	30,5%	16,4%	31,4%
<b>Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?"</b>				
Yes	467	558	359	326
	56,6%	49,2%	55,2%	44,2%
No	155	160	145	119
	18,8%	14,1%	22,3%	16,1%
Don't know	203	417	146	293
	24,6%	36,7%	22,5%	39,7%
<b>Is it possible for a healthy-looking person to have the AIDS virus?</b>				
Yes	640	720	495	459
	77,3%	63,2%	76,9%	62,5%
No	47	88	31	47
	5,7%	7,7%	4,8%	6,4%
Don't know	141	331	118	228
	17,0%	29,1%	18,3%	31,1%
<b>Can people get the AIDS virus by sharing food with a person who has AIDS?</b>				
Yes	136	182	80	85
	16,4%	16,0%	12,4%	11,5%
No	609	722	488	462
	73,4%	63,4%	75,5%	62,5%
Don't know	85	235	78	192
	10,2%	20,6%	12,1%	26,0%
<b>Can people get the AIDS virus from mosquito bites?</b>				
Yes	242	308	199	174
	29,3%	27,1%	30,6%	23,4%
No	383	427	282	298
	46,4%	37,5%	43,3%	40,1%
Don't know	201	402	170	271
	24,3%	35,3%	26,1%	36,5%

Can people get the AIDS virus from sharing work tools, such as the tools used on public works?				
Yes	155	195	138	98
	18,7%	17,3%	21,2%	13,2%
No	554	634	430	439
	66,9%	56,2%	66,2%	59,2%
Don't know	119	300	82	204
	14,4%	26,6%	12,6%	27,5%

## 11.2. Attitude to Condoms within Marriage

The attitude to condoms within marriage is a serious matter for women, of which many, particularly younger women, are infected within marriage.<sup>24</sup> While 34% of men approve of condoms within marriage, only 24% of women approve (see table 43) . The lower approval by women of condoms within marriage could be explained by the strong association of condoms to illicit sex. This is partially caused by HIV/AIDS awareness campaign that have advocated for behavioural change based on the ABC approach: abstain from sex, be faithful and if the two previous fail, use a condom. In addition, condoms are distributed primarily to sex workers and promoted primarily for its HIV prevention effectiveness, not as a prevention method for pregnancy. The potential value for condoms within reproductive health is therefore greatly diminished. The strong association of condoms to the fight against HIV/AIDS and thereby to illicit sex, is not unique to the Amarah region, but also prevalent in Addis Ababa, and most likely throughout Ethiopia.<sup>25</sup>

Approval of condoms within marriage is only very weakly associated with age, indicating that the younger generation's attitude does not differ that much from the older generations.<sup>26</sup> As age increases, approval of condoms within marriage declines. Time will therefore not solve this issue, and interventions are required in order to move forward and protect women within marriages.

Interestingly approval of condoms within marriage is slightly higher for beneficiaries than non-beneficiaries.<sup>27</sup> As knowledge about HIV/AIDS deepens, approval of condoms within marriage also increases.<sup>28</sup>

<sup>24</sup> UNAIDS Global Report 2004 reports that in Africa, women between the ages of 15-25 years are more likely to be infected if they are married, than if they are single.

<sup>25</sup> Hoang, Anh Thu and Ingvild Oia, 'Final Evaluation: HIV/AIDS Urban Project', Care, Addis Ababa, 2006.

<sup>26</sup> Adjusted R Square= .014, Sig.=.000,

Formula: Age = 40.5 - 3.7\*Approval of Condoms within Marriage' (1= yes, 0=no or don't know)

T-statistics: (104.8) (-5.6)

<sup>27</sup> The confidence interval at 95% certainty is +-3%. The difference in percentage points between male beneficiaries and male non-beneficiaries is 7, above 6 which is what a comparison between the two samples requires.

<sup>28</sup> Adjusted R Square= .107, Sig.=.000

Formula: CondApprov = .071\*Comprehensive knowledge of HIV/AIDS

T-statistics: (23.477)

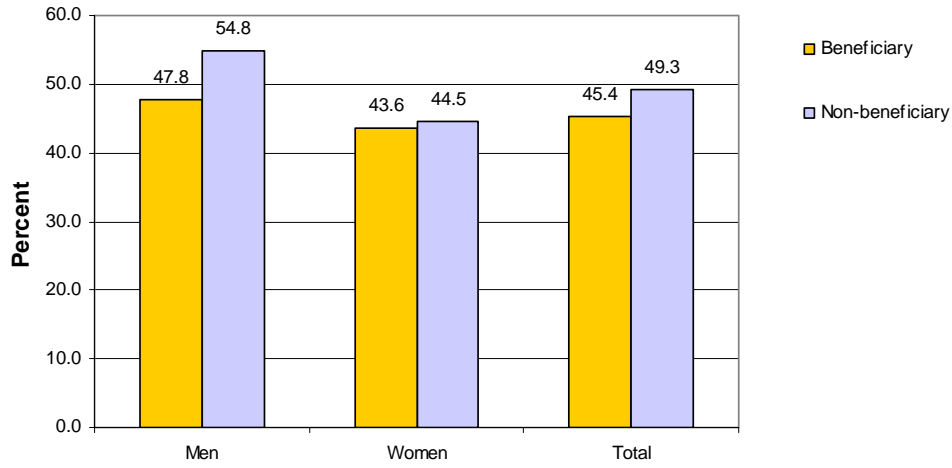
CondApprov= Approval of Condoms within Marriage' (1= yes, 0=no or don't know)

**Table 43: Attitude to condoms**

Condoms are appropriate for use within marriage	n	Mean
Women	2135	34%
Men	2622	26%

T-test of means (two-tailed) shows that the differences are significant at 99%.

**Chart 16: Percentage that think that condoms are not appropriate for use within marriage**



**Table 44: Attitude to condoms**

	Safety Net			Control Group		
	Male	Female	Total	Male	Female	Total
<b>Do you think condoms are appropriate for use within marriage?</b>						
Yes	305	323	628	214	183	397
	36.7%	28.3%	31.9%	32.8%	24.7%	28.5%
No	397	497	894	357	330	687
	47.8%	43.6%	45.4%	54.8%	44.5%	49.3%
Don't know	129	320	449	81	228	309
	15.5%	28.1%	22.8%	12.4%	30.8%	22.2%

### 11.3. Linking programs to increase access to testing, treatment and care

There is a great need for linking programs to increase access to testing, treatment and care. There is a plan to start a program of home based care by SCUk in Gubalafto, which will be the first such program in the district.<sup>29</sup> Iddirs are so far only involved in terms of awareness raising and care for OVC.<sup>30</sup>

**Table 45: Access to testing, treatment and care**

	Safety Net			Control Group		
	Male	Female	Total	Male	Female	Total
<b>Do you know a place where one can be tested for the AIDS virus?</b>						
Yes	536	592	1128	420	384	804
	64,9%	52,4%	57,7%	64,6%	51,8%	57,8%
No	65	101	166	53	57	110
	7,9%	8,9%	8,5%	8,2%	7,7%	7,9%
Don't know	225	436	661	177	301	478
	27,2%	38,6%	33,8%	27,2%	40,6%	34,3%
<b>Do you think testing for the AIDS virus is free, inexpensive or expensive?</b>						
Free	443	493	936	325	306	631
	53,4%	43,2%	47,5%	50,1%	41,3%	45,4%
Inexpensive	26	30	56	20	13	33
	3,1%	2,6%	2,8%	3,1%	1,8%	2,4%
Expensive	132	189	321	119	141	260
	15,9%	16,6%	16,3%	18,3%	19,0%	18,7%
Don't know	228	428	656	185	281	466
	27,5%	37,5%	33,3%	28,5%	37,9%	33,5%
<b>Do you know where people that have AIDS can get treatment for AIDS?</b>						
Yes	507	560	1067	400	348	748
	61,4%	49,5%	54,5%	61,7%	47,1%	53,9%
No	58	91	149	44	53	97
	7,0%	8,0%	7,6%	6,8%	7,2%	7,0%
Don't know	261	481	742	204	338	542
	31,6%	42,5%	37,9%	31,5%	45,7%	39,1%

<sup>29</sup> Interview with HAPCO officer, Gubalafto woreda, Mr. Eyesus Haile.

<sup>30</sup> Interview with HAPCO officer, Gubalafto woreda, Mr. Eyesus Haile.

<b>Do you think treatment for AIDS is free, inexpensive or expensive?</b>						
Free	396	441	837	287	270	557
	47,9%	38,8%	42,6%	44,2%	36,4%	40,0%
Inexpensive	28	27	55	24	14	38
	3,4%	2,4%	2,8%	3,7%	1,9%	2,7%
Expensive	166	224	390	150	168	318
	20,1%	19,7%	19,9%	23,1%	22,7%	22,9%
Don't know	237	444	681	189	289	478
	28,7%	39,1%	34,7%	29,1%	39,0%	34,4%
<b>Do you know of any organisation, community group or public facility that provides care and support to people that are affected by AIDS?</b>						
Yes	284	276	560	193	156	349
	34,1%	24,1%	28,4%	29,6%	21,0%	25,1%
No	159	252	411	162	174	336
	19,1%	22,0%	20,8%	24,9%	23,5%	24,1%
Don't know	389	615	1004	296	412	708
	46,8%	53,8%	50,8%	45,5%	55,5%	50,8%

## 12. Methodology<sup>31</sup>

In this survey four questionnaires were administered: A household survey questionnaire for households registered with PSNP (see Annex A); a shortened questionnaire for households in the control group; a population based survey with individual questionnaires for men and women registered with PSNP (see Annex B); and another shortened questionnaire for men and women in the control group not registered with PSNP.

A total of 3679 household questionnaires were collected, of which 1597 were households registered with PSNP and 2092 were control group households (see table 45) . In addition a total of 4769 structured questionnaires were collected (see table 46).

**Table 46: Number of households included in the survey**

	Control Group	Safety Net	Total
Sekota	1016	686	1702
Gubalafto	1076	901	1977
Total	2092	1587	3679

**Table 47: Male and female respondents to the population-based survey**

	Control Group		Safety Net		Total	
	Men	female	men	female	Men	female
Sekota	792	928	390	641	1182	1569
Gubalafto	514	562	444	598	958	1070
Total	1306	1490	834	1239	2130	2639

The head of household was interviewed using the household questionnaire and an individual questionnaire. In households headed by men a female adult member of the household was also interviewed using the individual questionnaire. Other members of the household that had participated in distributions were also interviewed. The proportion of married women and women head of household in the sample were controlled to reflect that of the population at the data cleaning stage. In cases where a head of household was not home at the time of the survey, another adult member of the household was interviewed.

<sup>31</sup> For further information on methodological basis of this study please consult Ingvild Oia, (2006), *Research toolkit: Reviewing the efficiency and effectiveness of food and distribution practices from a gender, youth and HIV/AIDS perspective*, SCUK.

Stratification of the sample was based on numbers of beneficiaries at the Woreda and Kebele level from the WFST for the beneficiaries surveys (see Annex D and E). Because the total number of PSNP beneficiaries in Sekota (45276) is lower than in Gubalafto (51 775), the proportion of households in the sample drawn from Sekota should correspond to 46.6%, and from Gubalafto 53.4%. In the final sample 43.2% of the households were from Sekota and 56.8% were from Gubalafto. The difference is not assumed to have biased the results. Near all kebeles of the two woredas were included (see Annex C).

The size of the sample was determined based on a 3% confidence interval at the 95% confidence level for households at the woreda level, safety net beneficiaries and control group, and men and women. (see annex F). Ideally this requires approximately 1000 households from each woreda, 1000 men and 1000 women, 1000 safety net households and 1000 control group households. The sample satisfies these criteria, with the caution that the Safety Net Household sample for Sekota provides a higher confidence interval of approximately  $\pm 4$  percentage points.

Within the kebeles a cluster sampling was conducted, where research teams were instructed to start at random locations within the kebele. Totalling more 60 clusters, this was deemed more than sufficient to have complied with random sampling criteria.

Field work was conducted in March and April 2007. Two teams of 20 data collectors and 2 supervisors conducted the data collection, one team surveying Gubalafto, and the other Sekota. Because of the strenuous geographical conditions and long travel distances, relatively large teams were used designed to cover one kebele a day.

Training took place over three days and included one day of joint training in Woldyia and two days of pretesting in Gubalafto and Sekota with the respective teams. The first day of training concentrated on needed skills development of the enumerators and supervisors. The two days of pre-testing focused on individual tutoring and revisions with supervisors. The purpose of the focused and intensive training of the supervisors was to create a hierarchical system of supervision which would allow for close supervision and continuous skills enhancement of the enumerators while they were in the field.

3 qualitative research assistance also formed part of the research team, in addition to the team of 5 qualitative research assistance that conducted field work for the preparation of the tool kit preceding this study which findings are included in this report. 12 focus group discussions were conducted with female married and unmarried women, children, married and unmarried men were conducted. More than 50 in-depth interviews with beneficiaries, local authorities, community members and program staff and stakeholders were conducted.

## **12.1. Data entry and cleaning**

Data entry was conducted over a period of five weeks. The data entry team consisted of 2 people. Extensive data reading of approximately 50% of the cases was conducted. Further data cleaning was conducted by the consultant.

The most important variables that were cleaned through computations included CIAdult (chronic illness among a household member of reproductive age). Using data of each household member, the consultant ensured that the CIAdult correctly identified households that included a household member (18-49 years) with a chronic illness.

The variables SexHH and AgeHH were also cleaned through computations. In the absence of a working husband, the enumerator would speak with the wife of the household and mistakenly mark her as the head of household. The assumption for the cleaning is that patriarchy is the norm and that it is the husband in the married couple that is the head of household. In a handful of cases where the husband suffered severe illness or poor mental health, the wife would report herself as the head of household.

**Annex A**

Enumerator code (see 'code sheet for enumerators' for your code)	[ ] [ ]
Questionnaire number	[ ] [ ] [ ] [ ]

**REVIEWING THE EFFICIENCY AND EFFECTIVENESS OF FOOD AND NON-FOOD DISTRIBUTION PRACTICES FROM A GENDER, YOUTH AND HIV/AIDS PERSPECTIVE**  
Household questionnaire

**Inclusion Criteria:**  
Households that include Safety Net beneficiaries: Head of household

Identification		
1	Woreda	
2	PA	
3	Food distribution site	
4	Cash distribution site	
5	Urban 1, Semi-Urban 2, Rural 3.....	[ ]

Interviewer visits			
	1	2	3
Date (day/month)	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]
Result	[ ]	[ ]	[ ]
Result Codes: 1 Completed, 2 Refused, 3 Interrupted, 4 Other (specify) _____			

Summary of Household Members			
6	Is household polygamous	Yes No	1 2
7	Total number of household members		[ ] [ ]
8	Total number of household members eligible for interview		[ ] [ ]
9	Total number of household members interviewed		[ ] [ ]

Household members eligible for interview that were not interviewed		
	Line number	Reasons why (see code)
10	[ ] [ ]	[ ] [ ]
11	[ ] [ ]	[ ] [ ]
12	[ ] [ ]	[ ] [ ]
13	[ ] [ ]	[ ] [ ]

- 1 At work
- 2 At market
- 3 In school
- 4 With friends/ relatives/ neighbours that live elsewhere
- 5 Too young
- 6 Other

Supervisor's Remarks \_\_\_\_\_

Supervisor's/Editor's Name and signature \_\_\_\_\_

**Instructions:**  
Answers should be unprompted unless otherwise specified: do not read out the answer options unless instructed to do so. The code of the answer should be circled or entered.

**Informed consent:**  
Hello, my name is (NAME), I am doing a survey on Safety Net and I am working for Save the Children UK. I would very much appreciate if I can ask you a few questions. I would like to first ask some questions about your households, and then I would like to ask a few questions to any of your household members in addition to yourself that have participated in any Safety Net distributions. It will take about half an hour. All your answers will be kept confidential, and participation in this survey is completely voluntary. If I ask you any questions you do not wish to answer, just let me know and I will skip that question. The interview can be ended at any time should you wish so. However, I hope you would not mind helping me, your opinions and experiences are very important to me and my organisation. With your help in answering my questions we will try to improve the way distributions are run. If you agree, do you have any questions before we begin?

Enumerator's signature \_\_\_\_\_

**PART I: COMPOSITION OF HOUSEHOLD**

READ: I would like to begin by asking you about who lives in your household in order to learn more about what kind of needs your household may have. I will ask questions about family relations, age, marital status and illness of all household members. I would like to begin with you if you agree.

Line No.	List all household members Household member first name	What is (NAME)'s relation-ship to head of household? (SEE CODES BELOW)	Sex		Age	If age 12 or older	Sick person		If 0-18 years		<i>Fill in '0' if no times or no days</i>					
			1	2			Has (NAME) been very sick for at least 3 months over the past 12 months (too sick to work or do normal activities)	Is (NAME'S) mother still alive?	Is (NAME'S) father still alive?	Did (NAME) attend the most recent Safety Net distribution?	In the last 12 months, how many times did (NAME) attend Safety Net food distributions?	In the last 12 months, how many times did (NAME) attend Safety Net cash distributions?	Last month, how many days did (NAME) work on Safety Net public works?	Last month, how many days did (NAME) work on other public works?		
No	13	14	15	16	17	18	19	20	21	22	23	24	25			
(1)	(Head of household)	[0]1	M 1	F 2	[ ] [ ]	[ ]	Y 1	N 2	Y 1	N 2	Y 1	N 2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(2)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(3)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(4)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(5)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(6)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(7)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(8)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(9)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(10)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(11)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(12)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
(13)		[ ] [ ]	1	2	[ ] [ ]	[ ]	1	2	1	2	1	2	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]

- |    |                 |    |                          |    |  |
|----|-----------------|----|--------------------------|----|--|
| 01 | Head            | 05 | Grandchild               | 08 | Nephew or niece (by blood or marriage) |
| 02 | Wife or husband | 06 | Parent                   | 09 | Not related/mamita                     |
| 03 | Son or daughter | 07 | Adopted/foster/stepchild | 10 | Don't know                             |
| 04 | Brother/sister  |    |                          |    |  |

**PART II: PUBLIC WORK AND DIRECT SUPPORT**

26.	How many members in this household are registered for direct support with Safety Net? <i>(Fill in '0' if no one is registered)</i>	Number of household members	[ ][ ]	
27.	How many members in this household are registered for public work with Safety Net? <i>(Fill in '0' if no one is registered)</i>	Number of household members	[ ][ ]	If no one, skip to →29
28.	What is the maximum number of days that this household can work for Safety Net?	Number of days	[ ][ ]	
29.	At the most recent Safety Net distribution, how much did this household collect?	Birr [ ][ ][ ] Cereal in kg [ ][ ] Pulses in kg [ ][ ] Oil in litres [ ] and decilitres [ ]		

**PART III: INCOME GENERATING ACTIVITIES**

No.	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask a few questions about any activities that you or your household members engage in that bring income.				
30.	Does anyone in your household sell tella or other beverages? (e.g. tejj, korefe, borde)	Yes No	1 2	→32
31.	Without the Safety Net distributions, would anyone in your household consider selling tella or other beverages in order to supplement your household income?	Yes No Don't know	1 2 3	
32.	Have you or anyone in your household ever travelled away from your house to work or in search for work?	Yes No Don't know	1 2 3	→34 →34
33.	For how long periods were you or someone else in your household away from the household?	During the whole hungry season A few months A few weeks More than one year Permanent migration Other (specify)_____	1 2 3 4 5 6	
34.	Without the Safety Net distribution, would you or someone in your household have to travel in search for work ?	Yes No Don't know	1 2 3	
35.	What is approximately the monthly income of your household?	Birr [ ][ ][ ][ ] Don't know		9

**PART IV: PREVALENCE OF AIDS**

*(Check the chart on page two to see if there are any household members that are chronically ill that also are of reproductive age ( between 15 to 49 years old). Fill in line number. If there are no household members that suffer from chronic illness, skip to → 39*

No	Questions	Answer options	Line number and Code		
<b>Don't forget →</b>			Line no [ ][ ]	Line no [ ][ ]	Line no [ ][ ]
36.	Now I would like to ask some more question about the kind of illness your household suffers from. You told me that (NAME) suffers from chronic illness. Does (NAME) suffer from (OPTION) ?  <i>(Read out the options one by one, and circle all confirmed answers)</i>	Cough Fever Rash Diarrhea Severe weight loss	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

No.	Questions	Answer options	Code
37.	Who looks after the ill person while you travel to the distribution site?	Wife Son Daughter Other relatives Neighbours Others (specify)_____ No one	1 2 3 4 5 6 7
38.	Who looks after the ill person while you participate in public works?	Spouse Son Daughter Other relatives Neighbours Others (specify)_____ No one Does not participate in public works	1 2 3 4 5 6 7 8

No	Questions	Answer options	Code	Skipping pattern
39.	Has anyone in your household died who were between 15-49 years old? <i>(If more than one death, refer to the most recent death in the next questions)</i>	Yes No	1 2	→ Interview ends here
40.	How long ago did (NAME) die?	Within number of years	[ ][ ]	
41.	Did (NAME) suffer from (OPTION) ?  <i>(Read out the options one by one, and circle all confirmed answers)</i>	Cough Fever Rash Diarrhea Severe weight loss	1 2 3 4 5	

**THANK YOU**

**Annex B**

Enumerator code (see 'code sheet for enumerators' for your code)	_ _
Questionnaire number (to be filled in at data entry)	_ _ _

**REVIEWING THE EFFICIENCY AND EFFECTIVENESS OF FOOD AND NON-FOOD DISTRIBUTION PRACTICES FROM A GENDER, YOUTH AND HIV/AIDS PERSPECTIVE**

Population based questionnaire

**Inclusion Criteria:**

Safety Net beneficiaries: i) All household members that collected at the most recent Safety Net distribution. ii) All female members in the household who have collected at a Safety Net distribution within the last 12 months.

**PROTOCOL**

1. Greet the person you are interviewing, and introduce yourself.
2. Explain where you are coming from.
3. Explain the purpose of the study.
4. Ask if the person you are speaking to has any questions for you before continuing.
5. Ask if the respondent is willing to be interviewed. If they agree, start the interview.

If the respondent is not willing, do not ask any of the questions and move to the next person or household.

**Identification of household member**

Check the household composition chart in the household questionnaire and fill in the correct line number for the person you are interviewing

Line number	_ _
-------------	-----

**PART I: BACKGROUND CHARACTERISTICS**

No.	Questions	Answer options	Code
READ: Now I would like to ask a few questions about your background.			
1.	What is your religion?	Orthodox Catholic Protestant Muslim Others (specify)_____	1 2 3 4 5
2.	Can you read or write?	Yes No	1 2
3.	How many years of school have you completed? (Fill in '0' for no education)	Number of years of formal school (Grade) Number of years of informal school	[_ _ ] [_ _ ]

*Ask male and female person who has ever married, if person has never married skip to → 7*

4.	How many times have you been married?	Number of total marriages including present marriage if currently married	[ ][ ]
5.	How old were you when you first got married?	Age at first marriage	[ ][ ]
6.	Did you ever marry because of wurs ( <i>if respondent is a woman</i> ) /metek ( <i>if respondent is a man</i> )?	Yes, wurs Yes, metek No	1 2 3

*Ask if person is female head of household, if not skip to → 8*

7.	Do you receive regular support from a man who is not a relative?	Yes No	1 2
----	--	-----------	--------

## PART II: PUBLIC WORK AND DIRECT SUPPORT

No	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask a few questions about public work.				
8.	Have you ever participated in Safety Net public work?	Yes No	1 2	→10
9.	As part of working on Safety public works, have you ever assisted in building any child care facilities?	Yes No	1 2	
10.	As part of working on Safety Net public works, have you ever worked on any private land that belongs to a woman?	Yes No	1 2	
11.	<i>(If respondent is female)</i> Have you ever been allowed to arrive late or leave early from Safety Net public works because you are a woman?	Yes No	1 2	
12.	Do you participate in any community activities, such as child care, child nutrition or growth promotion sessions or educational classes?	Child care Child nutrition/growth promotion sessions Educational classes Other ( <i>please specify</i> ) _____ No	1 2 3 4 5	

**PART III: ACCOMMODATION, TRANSPORT AND SEXUAL BEHAVIOUR IN RELATION TO**

**FOOD DISTRIBUTIONS**

No	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask some questions about collecting food at food distribution sites.				
13.	Have you ever collected food from a Safety Net food distribution site?	Yes No	1 2	→46
14.	When did you last travel to a Safety Net food distribution site to collect food?	Days [__][__] Months [__][__]		
15.	In the last year, how many times did you experience that you had to wait more than a full day and night before the Safety Net food distribution started?	Number of times	[__][__]	
16.	The most recent time you went to a food distributions site to collect, did you travel alone?	Yes No	1 2	→ 18
17.	Who accompanied you?	Spouse Daughter Son Friends Other relatives Neighbours Others _____	1 2 3 4 5 6 7	
18.	How safe did you feel travelling to the food distribution site, very safe, a little safe, a little unsafe or very unsafe?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5	
19.	If you think about other people, how often do you think lack of shelter is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5	
20.	If you think about other people, how often do you think lack of food or water is a problem when traveling to or from the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5	
21.	If you think about other people, how often do you think illness is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5	

22.	If you think about other people, how often do you think exhaustion that causes delay of a day or more is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
23.	If you think about other people, how often do you think theft is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
24.	If you think about other people, how often do you think verbal harassment is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
25.	If you think about other people, how often do you think physical assault is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
26.	If you think about other people, how often do you think rape is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
27.	If you think about other people, how often do you think abduction is a problem when traveling to or from or staying at the food distribution site: never, not often, often or very often?	Very safe a little safe a little unsafe very unsafe Don't know	1 2 3 4 5
28.	Have you ever encountered any problems travelling to or from or staying at the food distribution site, such as (OPTION)?  <i>(read out the first option, wait for a response, then read the next option and so on, circle all confirmed answers)</i>	Lack of shelter Lack of water or food Exhaustion (causing delay of a day or more) Illness Theft Verbal harassment Physical assault Rape Abduction Other (list)_____	1 2 3 4 5 6 7 8 9 10
29.	The most recent time you collected food at a food distributions site, how many nights did you spend away from home in total before you got back to your house? <i>(Fill in '0' if no nights)</i>	Number of nights	[ ][ ] If no nights →32

30.	If the distribution ended earlier in the afternoon, would you have had time to return to your house to sleep?	Yes No	1 2	
31.	Did you have a safe place to sleep near the site? <i>(the most recent time he/she collected food)</i>	Yes No	1 2	
32.	Where did you spend the night? <i>(the most recent time he/she collected food)</i>	rent room/medeb with friends/relatives sleep outdoors Other (specify)_____	1 2 3 4	→34 →34
33.	How much did you pay for accommodation? <i>(the most recent time he/she collected food, fill in '0' if no payment was made)</i>	Birr [__][__] and/or cents [__][__] Tins [__][__] Other (specify)_____	9	
34.	Are there tella houses in the area around the food distribution site?	Yes No	1 2	
35.	How often do you think other men visit tella houses travelling to or from the food distribution site: never, not often, often or very often?	Never Not often Often Very often Don't know	1 2 3 4 5	
36.	If you think about other married men that collect food at the distributions site, how many do you think are unfaithful to their wives when they are at the distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	
37.	If you think about other unmarried young men, how many do you have sexual relations when they go to the food distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	
38.	If you compare food distributions and market days, do you think more men have sexual relations during food distributions or during market days?	More Same Less No sexual relations take place Don't know	1 2 3 4 5	
39.	Do you think women have sexual relations with men when they go to the food distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	
40.	The most recent time you went to the food distribution site, how did you transport the food home?	Rent donkey/animal/car Walk and carry Use own donkey/animal Leaves some food behind to fetch later Other (specify)_____	1 2 3 4 5	→40 →40 →40 →40

41.	How much did you pay for transport of your food? <i>(the most recent time he/she collected food)</i>	Birr And/or cents Tins of cereal	[ ][ ] [ ][ ] [ ][ ]
42.	The most recent time you went to the food distribution site, how long time did it take to travel home? <i>(the most recent time he/she collected food)</i>	Days and or hours	[ ][ ] [ ][ ]
43.	When you return to your house from the food distribution with the food, who in your household decides how the food is used?  <i>(circle all that apply)</i>	Me Spouse Father Mother Uncle Aunt Grandmother Grandfather  Other _____	1 2 3 4 5 6 7 8 9
44.	When you return to your house from the food distribution with the food, how much of the food do you give to other household members to use?	Nothing less than half more than half all	1 2 3 4
45.	Do you think that men and women that receive food from distributions use the food differently?	Yes No	1 2
46.	How often do you think other men spend the food, and the cash that they earn from selling the food, on drink: never, not often, often or very often ?	Never not often often very often Don't know	1 2 3 4 5
47.	How often do you think other men spend the food, and the cash that they earn from selling the food, on sex: never, not often, often or very often?	Never not often often very often Don't know	1 2 3 4 5

**PART IV: ACCOMMODATION, TRANSPORT AND SEXUAL BEHAVIOUR IN RELATION TO**

**CASH DISTRIBUTIONS**

N	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask some questions about collecting cash at cash distribution sites.				
48.	Have you ever collected cash from a Safety Net cash distribution site?	Yes No	1 2	→65
49.	When did you last travel to a Safety Net cash distribution site to collect cash?	Days Months	[ ][ ] [ ][ ]	
50.	In the last year, how many times did you experience that the cash distributions started after midday?	Number of times	[ ][ ]	
51.	How safe did you feel travelling to the cash distribution site, very safe, a little safe, a little unsafe or very unsafe?	Very safe a little safe a little unsafe very unsafe	1 2 3 4	
52.	Have you ever encountered any problems travelling to or from or staying at the cash distribution site?  <i>(read out option by option and circle all confirmed answers)</i>	Lack of shelter/no safe place to sleep Lack of water/food Exhaustion (causing delay of a day or more) Illness Theft Harassment Assault Rape Abduction No difficulties Other (list) _____	1 2 3 4 5 6 7 8 9 10	
53.	The most recent time you collected cash at a cash distributions site, how many nights did you spend away from home in total before you got back to your house? <i>(Fill in '0' if no nights)</i>	Number of nights	[ ][ ]	
54.	Are there tella houses in the area around the cash distribution site?	Yes No	1 2	
55.	How often do you think other men visit tella houses travelling to or from the cash distribution site: never, not often, often or very often?	Never Not often Often Very often Don't know	1 2 3 4 5	
56.	If you think about other married men that collect cash at the distributions site, how many do you think are unfaithful to their wives when they are at the distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	

57.	If you think about other unmarried young men, how many do you think have sexual relations when they go to the cash distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	
58.	If you compare food distributions and market days, do you think more men have sexual relations during cash distributions or during market days?	More Same Less No sexual relations take place Don't know	1 2 3 4 5	
59.	Do you think women have sexual relations with men when they go to the cash distribution site: none, some, quite a lot or a lot?	None Some Quite a lot A lot Don't know	1 2 3 4 5	
60.	The most recent time you collected at the cash distributions site, how long time did it take to travel home?	Days and or hours	[ ][ ] [ ][ ]	
61.	When you return to your house from the cash distribution with the cash, who in your household decides how the cash is spent?  <i>(circle all that apply)</i>	Me Spouse Father Mother Uncle Aunt Grandmother Grandfather Other_____	1 2 3 4 5 6 7 8 9	
62.	When you return to your house from the cash distribution with the cash, how much of the money do you give to other household members to spend?	Nothing less than half more than half all	1 2 3 4	
63.	With the money that you did not give to other household members, what did you spend it on?  <i>(Read out the options one by one, and circle all that apply)</i>	Food Clothes Educational costs Health Costs Livestock Farming costs such as tools, seeds, fertilizers Used for business. e.g. trading Repaid debt Gave some cash to others Lent some cash to others Social obligations Paid taxes Bought drink Other_____	1 2 3 4 5 6 7 8 9 10 11 12 13 14	
64.	Do you think that men and women that receive cash from distributions spend the cash differently?	Yes No	1 2	

65.	How often do you think other men spend the cash they receive from the distribution on drink : never, not often, often or very often?	Never not often often very often Don't know	1 2 3 4 5	
66.	How often do you think other men spend the cash that they receive from the distribution on sex: never, not often, often or very often?	Never not often often very often Don't know	1 2 3 4 5	

#### PART V: AWARENESS OF RIGHTS

No	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask some questions about your transfer entitlements				
67.	Do you know how much food you are entitled to receive from Safety Net food distributions?	Yes No	1 2	
68.	Do you feel certain that you will receive a full food ration?	Yes No	1 2	
69.	Does it happen that the food ration is lower than you expected?	Yes No	1 2	→ 69
70.	Were you given an explanation you were satisfied with?	Yes No	1 2	
71.	Do you know how much cash you are entitled to receive from Safety Net cash distributions?	Yes No	1 2	
72.	Do you feel certain that you will receive a full payment?	Yes No	1 2	
73.	Does it happen that the payment is lower than you expected?	Yes No	1 2	→ 73
74.	Were you given an explanation you were satisfied with?	Yes No	1 2	

**PART VI: COMPREHENSIVE KNOWLEDGE OF HIV/AIDS**

No	Questions	Answer options	Code	Skipping pattern
READ: Now I would like to ask some questions about your opinions on family planning and AIDS				
75.	Do you think condoms are appropriate for use within marriage?	Yes No Don't know	1 2 3	
76.	Can people reduce their chance of getting the AIDS virus by using condom every time they have sex?	Yes No Don't know	1 2 3	
77.	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	Yes No Don't know	1 2 3	
78.	Is it possible for a healthy-looking person to have the AIDS virus?	Yes No Don't know	1 2 3	
79.	Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes No Don't know	1 2 3	
80.	Can people get the AIDS virus from mosquito bites?	Yes No Don't know	1 2 3	
81.	Can people get the AIDS virus from sharing work tools, such as the tools used on public works?	Yes No Don't know	1 2 3	
82.	Do you know a place where one can be tested for the AIDS virus?	Yes No	1 2	
83.	Do you think testing for AIDS is free, inexpensive, or expensive?	Free Inexpensive Expensive	1 2 3	
84.	Do you know where people that have AIDS can get treatment for AIDS?	Yes No	1 2	
85.	Do you think treatment for AIDS is free, inexpensive, or expensive?	Free Inexpensive Expensive	1 2 3	
86.	Do you know of any organization, community group or public facility that gives care and support to people that are affected by AIDS?	Yes No	1 2	

**THANK YOU**

## Annex C

### Household survey stratification Sekota

Sekota	Number of household included in the survey		
	Control Group	Safety Net	Total
2	4	4	8
3	4	1	5
5	40	32	72
6	32	35	67
9	84	41	125
10	2	1	3
12	24	14	38
13	44	32	76
14	62	39	101
15	42	29	71
16	20	14	34
17	20	12	32
18	18	14	32
19	36	17	53
21	14	14	28
22	36	27	63
23	16	12	28
24	26	15	41
25	18	25	43
26	60	37	97
27	50	33	83
28	10	12	22
29	108	65	173
31	38	27	65
32	34	24	58
33	20	15	35
34	40	24	64
35	20	14	34
36	32	20	52
37	40	27	67
38	22	10	32
	1016	686	1702

## Household survey stratification Gubalafto

Gubalafto Kebele	Number of households included in the survey		
	Control Group	Safety Net	Total
1	0	2	2
2	20	11	31
3	50	35	85
4	30	30	60
5	48	33	81
6	46	30	76
7	44	30	74
8	48	31	79
9	40	28	68
10	32	26	58
11	32	33	65
13	34	34	68
14	78	54	132
15	34	34	68
17	30	30	60
20	36	34	70
22	34	34	68
23	60	40	100
24	62	42	104
25	36	34	70
26	40	35	75
27	50	49	99
28	36	35	71
29	32	29	61
30	30	30	60
31	26	28	54
32	26	25	51
33	22	25	47
34	20	20	40
	1076	901	1977

**Annex D**
**Safety Net Beneficiaries in Sekota (WFST)**

Current Woreda	Name of Pas	# public work beneficiaries			# Direct support beneficiaries			Total PSNP beneficiaries			Dist/n site	Previous woreda
		Male	Female	Total	Male	Female	Total	Male	Female	Total		
Sekota	5			1 339			136			1 475		
Sekota	09			2 218			225			2 443	Hamusit	Sekota
Sekota	06			2 307			234			2 541	Hamusit	Sekota
Sekota	012			786			80			866	Hamusit	Sekota
Sekota	013			1 308			133			1 441	Sekota	Sekota
Sekota	014			1 583			160			1 743	Sekota	Sekota
Sekota	015			1 237			125			1 362	Sekota	Sekota
Sekota	016			1 084			110			1 194	Sekota	Sekota
Sekota	017			977			99			1 076	Sekota	Sekota
Sekota	018			768			78			846	Sekota	Sekota
Sekota	019			764			77			841	Sekota	Sekota
Sekota	020			760			77			837	Sekota	Sekota
Sekota	021			1 276			129			1 405	Sekota	Sekota
Sekota	022			1 009			102			1 111	Sekota	Sekota
Sekota	023			1 011			102			1 113	Sekota	Sekota
Sekota	024			682			69			751	Sekota	Sekota
Sekota	025			1 826			185			2 011	Sekota	Sekota
Sekota	026			1 658			168			1 826	Sekota	Sekota
Sekota	027			1 165			118			1 283	Sekota	Sekota
Sekota	028			893			90			983	Sekota	Sekota
Sekota	029			2 728			276			3 004	Sekota	Sekota
Sekota	030			979			99			1 078	Sekota	Sekota

Sekota	031			1 367			138			1 505	Sekota	Sekota
Sekota	032			1 202			122			1 324	Sekota	Sekota
Sekota	033			934			95			1 029	Sekota	Sekota
Sekota	034			2 382			241			2 623	Sekota	Sekota
Sekota	035			1 012			103			1 115	Bora	Sekota
Sekota	036			956			97			1 053	Bora	Sekota
Sekota	037			1 431			145			1 576	Bora	Sekota
Sekota	038			760			77			837	Bora	Sekota
Sekota	5% contingency (06 approved)									2 984		
<b>Grand Total</b>				<b>38 402</b>	-	-	<b>3 890</b>	-	-	<b>45 276</b>		

**Annex E**

**FSTF List by kebele, Gubalafto**

s.no	Name of PA	Code of PA	Population	kebele & vilage FSTF Memebers			
				M	F	Total	F %
1	Hara town*	01	3092	17	11	28	39
1	Hara sibilkay*	01	5305	18	10	28	36
2	Tach Alawoha*	02	5189	19	9	28	32
3	Lay alawoha*	03	4641	20	8	28	29
4	Adame*	04	4039	17	11	28	39
5	Dihawodih	05	3573	18	10	28	36
6	gubarja	06	4396	19	9	28	32
7	Gebreal adengur	07	4170	20	8	28	29
8	Jento ber	08	5382	17	11	28	39
9	Gola mechare	09	3648	22	6	28	21
10	mehal mechare	010	3341	19	9	28	32
11	Amaya mecha	011	5518	19	9	28	32
12	Jarsa	012	5542	22	6	28	21
13	Gedober	013	7415	20	8	28	29
14	Weinye	014	10324	26	9	35	26
15	Wuraf	015	5893	22	6	28	21
16	Debot	016	5503	22	6	28	21
17	Geshober*	017	4843	18	10	28	36
18	Zorgotera	018	4892	19	9	28	32
19	Anova	019	5527	21	7	28	25
20	Keyamba	020	5197	18	10	28	36
21	Lidetakereyu	021	4779	23	5	28	18
22	Gebre amba	022	5296	18	10	28	36
23	Kokoramba	023	5186	22	6	28	21
24	Wudimen	024	5536	22	6	28	21
25	Ezet	025	4526	21	7	28	25
26	Sekela	026	6496	19	9	28	32
27	Dengola	027	6784	19	9	28	32
28	Shewat	028	6557	24	4	28	14
29	Babaseat	029	5083	18	10	28	36
30	Gebreamba	030	4395	21	7	28	25
31	Ahuntegegn*	031	2762	18	10	28	36
32	Kosoamba	032	3906	22	6	28	21
33	Tesfa georgis	033	2479	26	2	28	7
34	Sagat	034	2909	25	3	28	11
	<b>Total</b>		<b>165727</b>	<b>711</b>	<b>276</b>	<b>987</b>	<b>28</b>

**NB** each kebele has average 9 ( including one DA) members at kebele level and 21 from villages

\* this are project kebeles

## Annex F

### Estimating sample size using EPI info

Estimating the sample size using EPI info version 6 statistical software requires entering the size of the target population, the expected frequency in target population of the question of interest and worst acceptable result (confidence interval). The significance level should be set at 95%.

Expected frequency should be set at 50%. The formula for estimating confidence intervals for sample proportions, (and sample size) is such that a 50% frequency will provide the most conservative estimate for the size of the sample. If the expected frequency is set at any other frequency, the estimated sample size will be calculated as smaller.

The worst acceptable result should be set at  $\pm 3\%$ , (47% should be entered). E.g. if the survey indicates that 50% of the respondents know at least one method of prevention, we can say with 95% certainty that 47-53% of the target population know at least one method of prevention.

#### PRECISION AND SAMPLE SIZE

[alpha = 0.05 (significant level 95%),  $P_u = 0.5$  throughout (proportion of interest 50%)

Precision (Interval Width)	Approximate Sample Size
$\pm 10\%$	100
$\pm 7\%$	200
$\pm 5\%$	400
$\pm 3\%$	1000
$\pm 2\%$	2400
$\pm 1\%$	9600

Source: see Joseph F. Healy "Statistics: A tool for social research" USA: Wadsworth Publishing Company, Fifth Ed. p 167.

### Estimating sample size using formula for estimating confidence intervals for sample proportions

Using the formula for estimating confidence intervals for sample proportions, (and sample size) will provide a similar answer for large target populations.<sup>32</sup>

The formula is:  $c.i. = P_s \pm Z \text{ root of } [P_u(1-P_u)/N]$

c.i. = confidence interval  
 $P_s$  = sample proportion  
Z = standard scores  
 $P_u$  = population proportion  
N = number of cases (sample size)

We are predetermining the value of the second and third terms of the equation, therefore a new equation can be written:

$$0.03 = P_s \pm Z \text{ root of } [P_u(1-P_u)/N]$$

Isolating the unknown of interest, or solving for N gives:

---

<sup>32</sup> For a more thorough explanation of estimating sample size using the formula for estimating confidence intervals for sample proportions, please see Joseph F. Healy "Statistics: A tool for social research" USA: Wadsworth Publishing Company, Fifth Ed. p 167.

$$N = [(Z^2) (P_u)(1-P_u)]/0.03^2$$

Setting the confidence level at 95% (alpha at 0.05) gives  $Z=\pm 1.96$ . We also set  $P_u = 0.5$  (the most conservative estimate for sample size) and we can solve for N:

$$N = [(1.96)^2 (0.5) (0.5)]/0.0009$$

$$N = 1067.11$$

The sample size is estimated at 1067.11



**Save the Children**

# **Securing food and preventing HIV/AIDS:**

## **Study on the linkages between food and cash distributions and the AIDS epidemic in rural Ethiopia**

Save the Children  
PO Box 7165  
Addis Ababa  
Ethiopia

Tel +251-11-6293469

[www.savethechildren.org.uk](http://www.savethechildren.org.uk)