

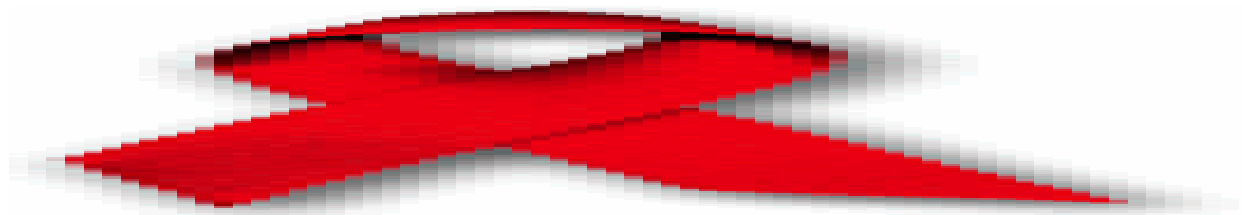


Cluster Approach Micro and Small Enterprise support strategy and HIVAIDS

Study based on Tigray Region, Ethiopia

**A research project submitted to
Larenstein University of applied sciences
Education in partial fulfillment of the requirement for
The Degree of Master in Management of Development
Specialization HIV/AIDS and Rural development**

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List of Abbreviations

AIDS:	Acquired Immune Deficiency Syndromes
ART:	Anti-Retroviral Therapy
BDS:	Business Development
GOV'T:	Government
ILO:	International Labour Organization
HIV:	Human Immunodeficiency virus
MOH:	Ministry of Health
MCPppo:	Mekelle City Plan Preparation Project Office
MSE:	Micro and Small Enterprises
NGO:	Non Government Organization
PLWHA:	People Living With HIV/AIDS
SGAT:	Save the Generation of Association Tigray
SSA:	Sub Saharan Africa
UNIDO:	United Nation Industrial Development organization
UNAIDS:	United Nation AIDS
VCT:	Voluntary Counseling and Testing

ABSTRACT

The focus of this paper aims at exploring the opportunities and constraints of cluster approach business support for increasing resistance of micro and small enterprises to HIV and resilience from the impacts of HIV/AIDS in Tigray Region, Ethiopia.

Semi structured interview with 28 cluster beneficiaries were administered to a sample of 145 cluster beneficiaries in mekelle city. Besides focus group discussion was conducted with cluster working groups and one association of women metal and wood work shop. The research has used descriptive statistics to analyze the data.

The study used concepts of HIV/AIDS epidemic, particularly susceptibility, vulnerability, resistance, resilience through out the paper. And it has considered the determinants of these concepts. These are: poverty, gender inequality, knowledge, mobility, social cohesion, governance and conflict

As per the analysis, the majority of the cluster beneficiaries are men, men have higher education level than women beneficiaries, the beneficiaries are at high productive age as well as sexually active age. Much of the services given to cluster beneficiaries are technical training. The opportunities of cluster approach business support for increasing resistance of micro and small enterprises to HIV and resilience to the impacts of HIV/AIDS are: building the technical knowledge of the beneficiaries, there is social cohesion; conflict didn't exist much among the network members. And the constraints are: gender inequality is broadly seen, poverty in terms of income is still there and it has no any role HIV/AIDS knowledge, awareness and information promotion among the cluster beneficiaries.

In general the findings of the study revealed that the cluster approach business support is still far for increasing resistance of micro and small enterprises to HIV/AIDS and resilience from impacts of HIV/AIDS.

CHAPTER I: INTRODUCTION

1.1 Background and justification of the study

Much of the developing countries rapidly growing population forms part of the economy that relies on small and micro enterprises producing and distributing basic goods in both rural and urban areas. In Ethiopia there are insufficient opportunities in the formal sector employment to absorb rural people and new urban entrants into the labor market and creating formal sector employment is a major challenge. Consequently, many people are forced into marginal activities in the informal sector as subsistence petty traders, and tiny handicraft producers with limited market scope that are often categorized as micro and small enterprises (MSEs). MSEs are thus given special attention by the government given that they comprise the largest share of total enterprises and employment in the non-agricultural sector.

Despite of that HIV/AIDS is posing a unique threat to the their development because of their problematic nature I. e. micro and mall enterprises are small, family-based and often reliant on workers with skills and experiences specific to the enterprise and losing these key personnel due to HIV/AIDS would mean collapsing of the enterprises (ILO, 2005). In addition, micro and small operators and workers often have little or no access to health services, including HIV information. They typically have few savings restricted access to credit, and little financial security to mitigate the challenge. A few days' absence from work may mean the loss of business for the owner and as well as loss of job for the worker.

Tigray Regional Trade and Industry bureau to which the researcher is affiliated is governmental organization which is found in Northern part of Ethiopia. Its mission is promoting and supporting micro and small enterprises. And it is promoting and supporting its target group by adapting different approaches such as business development service approach, information centers, incubation centers and cluster approach. Business development service delivery approach (BDS), incubation centers and information centers are initially introduced by GTZ-MSE project. And very recently cluster approach is introduced by UNIDO. Currently UNIDO is working as counter part with the organization in Cluster approach program. How over, those support strategies introduced by NGOs and being implemented by the Regional Trade and Industry bureau are not examined in terms of its contribution in increasing resistance to HIV and resilience from the impacts of HIV/AIDS. And no research is available on those strategies particularly cluster approach business support in relation to HIV/AIDS.

1.2 Statement of the problem

All the micro and small enterprises support programs being given by Tigray Regional Trade and Industry bureau are not diagnosed in terms of its HIV/AIDS implications to the beneficiaries. Thus the organization is concerned about how cluster approach business support program contribute to increasing resistance to HIV and resilience from the impacts of HIV/AIDS. This study is going to explore the opportunities and constraints of cluster approach business support for increasing resistance to HIV and resilience from its impact for micro and small enterprises.

1.3 Objective of the study

The study was designed to make recommendations on how Tigray Regional Trade and Industry Bureau can increase the resistance of micro and small enterprises to HIV by exploring the opportunities and constraints of cluster approach business support for increasing resistance of micro and small enterprises to HIV and resilience from its HIV/AIDS impacts.

1.4 Main Research Question

What are the opportunities and constraints of cluster approach business support to micro and small enterprises in increasing resistance to HIV and resilience from the impacts of HIV/AIDS/decreasing susceptibility to HIV and vulnerability to the impact of HIV/AIDS/

1.6 Sub Questions

1. How many women and men are members of mekelle city cluster?
2. What are the services given to those who are under cluster business support?
3. What direct HIV/AIDS services are given to micro and small enterprises under cluster approach support?
4. What HIV/AIDS related problems did the cluster members experience being a member of cluster?
5. What are the things the micro and small enterprises that they appreciate more from the cluster approach business support?
6. How is the involvement of women in the cluster approach business support?
7. What is the view of the beneficiaries of cluster approach business support on the governance, on increasing social cohesion of the cluster?
8. What sources of resistance to HIV and resilience from its impact more available in the cluster approach business support?

1.5 Scope of the study

The study mainly focused on cluster beneficiaries and UNIDO and Regional trade and industry cluster agent with regard to the services given under cluster approach business support. The study tried to access information from literatures, Association of Save the Generation of Tigray and Catholic Church reports and publications.

1.6 Significance of the study

The importance of the study is to contribute in reducing the challenge of HIV/AIDS in micro and small enterprises' through examining the support strategies applied to them. And also the study has provided certain suggestions and recommendations which will be helpful to micro and small enterprise promoters, support strategy formulators or policy makers and other concerned bodies in HIV/AIDS and micro and small enterprises.

1.7 Organization of the study

The thesis is organized in five chapters: The first chapter: introduction deals with background and justification of the study, hypothesis of the study, significance of the study, scope of the study, organization of the study. The second chapters cover literature review and definition of concepts. The third chapter includes area of the study, methods of data collection and sources of data, methods of data analysis and experiences and limitation in the field. The fourth chapter deals with discussion and analysis which is concerned with the analysis of the data collected. And lastly the fifth chapter covers the summary of the main findings of the study and possible suggestion or recommendations

CHAPTER II: REVIEW OF LITERATURE

Introduction

The purpose of this chapter is to define and explain the important elements and factors used in this research. But before going to definitions and explanations, the back ground of HIV/AIDS over the world, in Ethiopia and Tigray is presented in this chapter. Following that various aspects of HIV/AIDS are elaborated.

2.1 HIV/AIDS and Its impact world wide

The AIDS pandemic is destroying the lives and livelihoods of millions of people around the world. An estimated 15,000 people are being infected every day. The situation is worst in regions and countries where poverty is extensive, gender inequality is pervasive, and public services are weak. In fact, the spread of HIV/AIDS at the turn of the twenty-first century is a sign of mal development and an indicator of the failure to create more equitable and prosperous societies over large parts of the world. (Joseph Collins and Bill Rau, 2000 AIDS in the Context of Development)

There are twenty-nine countries in Sub-Saharan Africa that are most affected by HIV/AIDS, relative to only 3 in Asia and 2 in Latin America and the Caribbean. In 2001, it was reported that 68% of all new infections were in Sub-Saharan Africa (SSA) and 16% in South and South East Asia. Moreover, 70% of all adults living with HIV/AIDS are in Africa, indicating that Africa is the most affected region in the world, particularly south of the Sahara. It has been estimated that the continent has a total number of 28.5 million people living with HIV/AIDS.

Twenty years into the pandemic, there is now ample evidence for the complex linkages between AIDS and development: development gaps increase people's susceptibility to HIV transmission and their vulnerability to the impact of AIDS; inversely, the epidemic itself hampers or even reverses Development progress so as to pose a major obstacle to the achievement of the Millennium. In recognition of this, the 2001 United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS requires countries to integrate their AIDS response into the national development process, including poverty reduction strategies, budgeting instruments and sectoral programmes (UNAIDS Secretariat Strategy Note and Action Framework 2004-2005)

2.2. HIV/AIDS in Ethiopia

Ethiopia's HIV/AIDS epidemic is classified as "generalized" and continues to impact every Sector of society. According to the Ministry of Health (MOH, 2002), approximately 3.2 million Ethiopians are living with HIV/AIDS, though the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated a total of 2.1 million at the end of 2001, with an adult Prevalence of 6.4 percent. The U.S. Census Bureau estimates that life expectancy in Ethiopia will decline to about 42 years due to AIDS by 2010; without AIDS, life expectancy would be 55 years.

According to the MOH, sexual contact and prenatal transmission are the predominant modes of HIV transmission. Currently, 87 percent of all HIV/AIDS infections result from heterosexual transmission. As of October 1997, men comprised about 61 percent of reported AIDS cases. HIV prevalence among pregnant women in Addis Ababa increased from 5 percent in 1989 to

18 percent in 1997. As of 2001, about 200,000 children under age 15 were living with HIV/AIDS. Reversing years of progress in child survival, AIDS increased Ethiopia's infant mortality rate by 7 percent from 1995 to 2000. According to the MOH, as of December 2001, an estimated 1 million Ethiopian children had been orphaned due to HIV/AIDS. Most HIV infections in Ethiopia occur among young people in their teens and 20s, and young women are particularly vulnerable. The number of HIV-positive women in the 15- to 19-year-old age group is much higher than the number of HIV-positive men in the same age group. This is because sexual violence and the fact that their older partners often have more than one sexual partner.

2.3. HIV in Tigray Region (the study area)

According to the report of Tigray region bureau of health (2007), in the region, there are about 69,669 people living with HIV/AIDS (41% male and 59% female) .the yearly death of this region is 4401 and the daily and yearly infection is respectively 28 & 9966. During birth 1092 infants got HIV and 45,277 orphans due to HIV. Given the total number of PLWHAS in the region, however, only 6,964 are ARV users and few of them (3000) are members of SGAT (Save the Generation Association Tigray).this implies that, there is still an assignment to be done to bring all the PLWHAS to the association and make them play their own role in the mitigation of this pandemic. The sudden population movements due to the out break of war between Ethiopia and Eritrea is encouraging to the fast spread of HIV/AIDS in the region in general and in the towns in particular .These people who are displaced because of war are especially vulnerable to HIV infection due to limited health particularly reproductive health services, declining economic status, low social status and sexual violence against women.

2.4. Definitions and Concepts

Under this sub topic concepts used in this study will be defined and the main concepts which are operational through out this study: susceptibility to HIV and resistance to HIV. Vulnerability to the impacts of HIV/AIDS and resilience from the impacts of HIV/AIDS, cluster and cluster approach, micro and small enterprises. There fore, first the conceptual frame work next susceptibility and resistance to HIV will be defined then vulnerability and resilience next cluster and the micro and small enterprises

2.4.1 Conceptual frame work

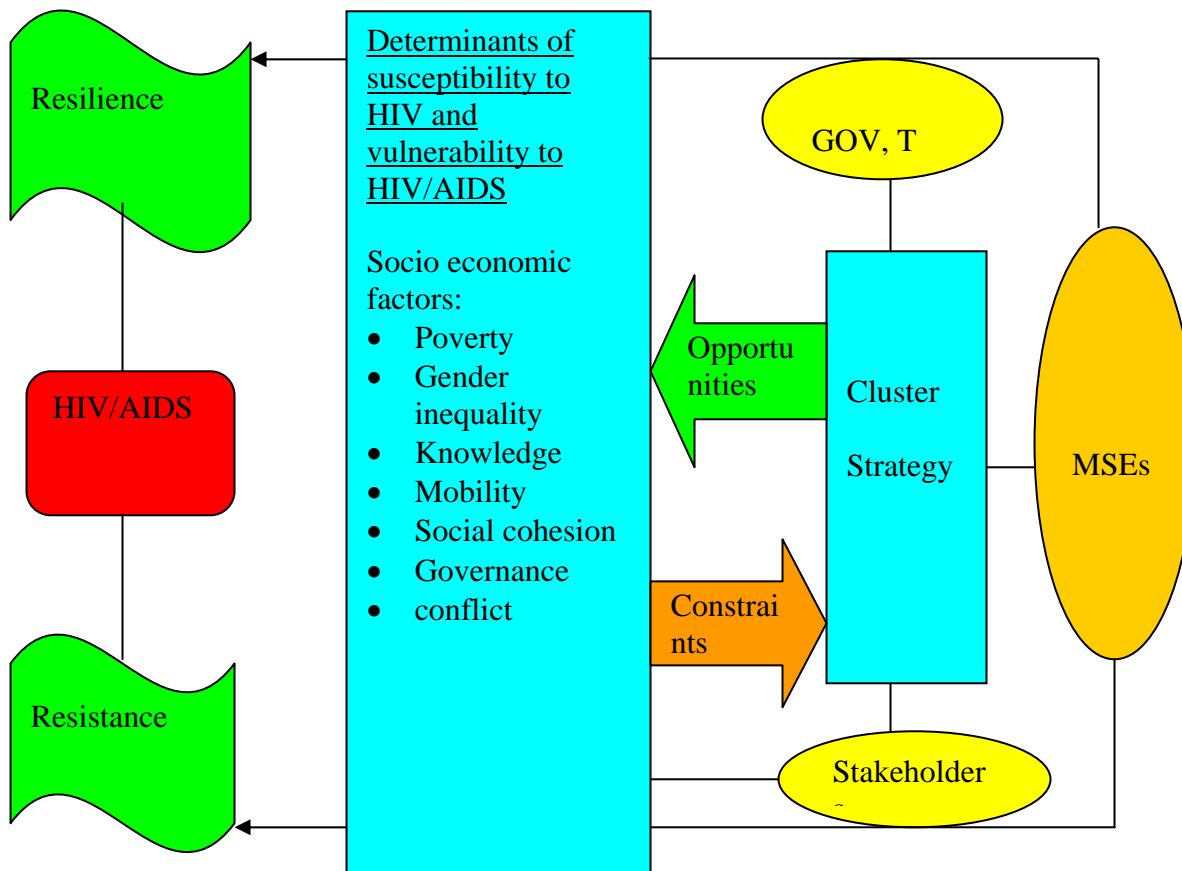


Figure: 2.1 conceptual frame work

2.4.2 Susceptibility and Resistance to HIV, vulnerability and resilience to HIV/AIDS

Susceptibility and resistance occur before an individual is infected by HIV and vulnerability and resilience is post HIV infection. Barnett and Whiteside (2002), Loevinsohn and Gillespie (2003) defined susceptibility and resistance and vulnerability and resilience and factors which influence for increasing or decreasing their trend.

Susceptibility and resistance to HIV

Susceptibility to HIV relates to the chance of an individual becoming infected by HIV. It has two components

- a) The chance of being exposed to the virus, which in turn relates to the risk environment and specific situations of risk that the person confronts and the risk ness of her/his behaviours (both of which may be related); and
- b) The chance of being infected with the virus once exposed

Resistance is the ability of an individual to avoid infection by HIV, either by escaping exposure or, if exposed, by escaping infection. There fore, increasing resistance means decreasing susceptibility.

Vulnerability and resilience to HIV/AIDS

Vulnerability refers to the likelihood of significant impact occurring at a certain level i.e. at house hold level, community level. **Resilience** refers to active responses that enable to avoid the worst impact of HIV. Vulnerability and Resilience have the same relation as resistance and susceptibility to HIV. It follows the same pattern. I.e. when resilience increases vulnerability to HIV/AIDS will be reduced

2.4. 3 Determinants of susceptibility to HIV and vulnerability to HIV/AIDS and sources of resistance to HIV and resilience from the impacts o HIV/AIDS

The determinants of susceptibility and vulnerability from HIV/AIDS impacts are almost the same. But a certain determinant's degree of influence differs before infection and post infection.

The main drivers of susceptibility include shocks to the livelihoods system (including climatic, conflict and weak governance), income levels, power relations High degree of mobility, Displacement from family, Lack of social cohesion, gender in equality, knowledge, Cultural practices , and Governance, and conflict. (TANGO International, 2003)

Indicator for resistance to HIV reflects why some people living in a high risk environment more resistance to infection than others being in the same risk environment. It is because of knowledge difference. I.e. understanding and awareness of HIV/AIDS, availability of health services, VCT, availability of alternative activities for living and availability of income. In same talk among HIV/AIDS affected and infected house holds we see the difference in the degree of vulnerability. Some house individuals are more vulnerable than others it is because the difference on strength of their household assets, which includes knowledge and skill in the household, social cohesion, finance and etc. Therefore, the sources of resilience are: social networks, response strategies, access to services, power relation. (TANGO International, 2003). Generally the common and main determinants of susceptibility and resistance, and vulnerability and resilience are: poverty, knowledge, gender inequality, social cohesion, governance, conflict. And these determinants are defined as following:

Poverty by it self is a broad concept: Gender inequalities, poor governance, unequal distribution of income are indicators of poverty. And many literature shows that poverty has direct relationship between with the development of the epidemic. Poverty decreases the ability to resist to HIV infection and resilience from its impacts especially at macro level. Tony Barnett and Alan Whiteside (2004) show HIV prevalence and poverty, that HIV prevalence is

highly correlated with falling calorie consumption, falling protein consumption, Unequal distribution of income and other variable are associated with susceptibility to infectious disease like HIV. Reducing poverty mean that reducing HIV infection and that is why Gillespie and Levisohn (2003) said Poverty reduction remains one element in reducing susceptibility to HIV infection and strengthening the resilience at both household and community level to the impacts of HIV and AIDS.

The impacts of HIV/AIDS are proportionally greater for poor households (peter.p et al, 2007). Because there is strong association between poverty and ill health –wealthier countries and wealthier individuals enjoy better health as measured by a Variety of indicators such as life expectancy or incidence of water born diseases. There is the same expectation about AIDS the fundamental difference how ever, between AIDS and other health problems general linked with poverty.

The Ethiopian government defines poverty at household level as multi-dimensional extending beyond the low level of income. The first dimension is material deprivation (lack of opportunity), which is measured by an appropriate concept of income or consumption. The second dimension is low achievement in education and health (low capabilities). The third and the fourth dimensions of poverty are vulnerability (and exposure to risk or low level of security) and voice less (and powerlessness). And all those in general are the indicators for HIV infection and for vulnerability to the impacts of HIV according to Farmer 1999; Loevinsohn and Gillespie (2003)

Gender in equality is a key determinant of HIV spread. **Gender** is a category given by a society. This defines our social relation especially stereo type gender roles. They tell us how to act as women and men, what obligations and what sort of social expectations we face. Richard parker, peter Anggleton (1999) define gender a constitutive element of social relationships based on perceived differences between the sexes, and it is a primary way of signifying relationships of power. The perceived differences between the sexes have created **inequalities** between men and women in many aspects such as socio economically, increased man power over women. And those in equalities are fuelling HIV. Thus it clearly indicates that AIDS is a disease of inequality. Inequalities of several sorts are central to the risks of exposure that people face. UNAIDS (1999) stated that women are biologically, socio-economically and socio- culturally more at risk of HIV infection than men. Social, economic and gender inequalities shape the sexual relationships. Hence another study by Geeta Roa Gupta (2002) showed that in sub-Saharan Africa 12-13 women are infected by HIV for every 10 men and the average rate of infection for teenage girls in some countries is five times higher than that for teenage boys most of these infections occur through unprotected heterosexual interactions. The study revealed that it is because of women's low economic status and because of the power that men have over women's sexuality, they are not able to control these interactions... The susceptibility of Ethiopian women to HIV is also high because of several factors embedded under gender inequality in addition to being more physiologically susceptible to contracting HIV. In Ethiopia **early marriage** is norm. Girls as young as age 10 are given to older men in marriage; it is believed to cement friendship and economic ties between families. When girls are married to older men, they can be susceptible to HIV infection because their husbands usually have already had a number of sexual partners (Population Reports, 2001) In many societies there is a huge pressure on young women to retain their virginity, and this often means that families and communities keep young women and girls ignorant about sexual matter as female's unfamiliarity with sexual matter is seen as a sign of 'purity' while having too much knowledge indicates being 'easy' (Gupta, 2000; Teferra, 2002). **Virginity** for a girl in most parts of Ethiopia is a value

honored until today. It is considered very shameful for parents if their daughter is discovered to have lost her virginity. Cultural practices such as female **genital mutilation**, has a direct impact on HIV/AIDS. In addition to its adverse effect on women's health, if carried out using un-sterilized equipment exposing women to the risk of HIV infection. The practice of female circumcision is widespread in Ethiopia. Violence against women is accepted to an extent within the Ethiopian society. Other cultural practices such as **wife inheritance** (having sex with brother-in-law) are common in some parts of the country. And this practice is risk to the transmission of HIV if one of the partners is already infected.

More over the vulnerability from the impacts of HIV/AIDS affects both sexes unequally as the result of the inequality between them economically. I. e. Limited access to assets means that there is no a way that you can mitigate HIV/AIDS impacts and shocks. Thus decreasing Gender in equalities means increasing resistance to HIV and resilience from its impacts

Knowledge is also other determinant of susceptibility to HIV and vulnerability to the impact of HIV. The dictionary meaning of **knowledge** is the skill, information and abilities required to perform a job. And it is an understanding of facts relating to a particular subject area. Lacking information about HIV/AIDS and being ignorance about HIV/AIDS means of transmission increases susceptibility and to HIV infection because it makes it difficult protect and to be informed about risk reduction. Some studies have shown that a lack of knowledge causes the development of fears and myths about condom use. Thus important of knowledge and awareness about HIV/AIDS showed that it contribute to behavioral change and decrease the risk of infection (BBS,2002). Particularly being aware on the mode of HIV transmission, prevention methods and avoiding misperception about HIV. Moreover it reduces stigma and discrimination. Many literatures about assets indicate that knowledge is one of the assets which are categorized under human capital. Having different knowledge and skills, increases living activities, opportunities and alternatives and hence knowledge, skill, trainings and information increases resistance to HIV and resilience from the impacts of HIV/AIDS.

Mobility is one of the risk factor in increasing HIV spread. People move from place to place to improve their life. There are many factors which push people to be mobile, like unemployment, socio-economic instability and political instability, conflicts. People migrate from their place apart from their families, husband leave his wife and a wife leave her husband. And this pattern of mobility makes the family susceptible to HIV. A study presented in international AIDS conference, 2002, on the impacts of mobility show that over 58% of men and 70% women changed residence. Among the mobile 61% men and 25% of women reported non marital sexual partnerships, compared to 50% and 12% respectively for non-movers (*Isingo R, Urassa M, Kishamawe C and et.al,2002*) There fore, when people move in and out, the risk of HIV infection increases. Resistance to HIV can be increased by reducing the factors which push peoples to migrate or to be mobile. Such as, by providing employment opportunities and reducing poverty. In addition to other determinants of Susceptibility to HIV and vulnerability to the impacts of HIV/AIDS discussed above, social cohesion is a factor. **Social cohesion** is considered as an asset or capital as other assets. Because people work together, share values and share challenges. So in HIV it's a key determinant of susceptibility and vulnerability. Though different studies paradox on this determinant. Tony Barnett and Alan Whiteside(2006) in their book of AIDS in the Twenty-first century explain that social cohesion is a factor for increasing susceptibility or not and for increasing vulnerability or not. They stated that when social cohesion high, susceptibility to HIV is low. And the revers is true. A study on social cohesion and HIV argue that many infectious diseases spread through casual contacts. HIV transmission results from risk behaviors that

involve close and often intimate contact. As a result the transmission of HIV is structured by the social relationships with in which these contacts are embedded.ⁱ Hence extensive social cohesion and network accelerate the epidemic. Tony Barnett and Alan Whiteside (2006, pp.92). Further justified which is opposite to the study by Robert s. Brodhead and Denise Anthon, social cohesion play an important part in regulation of patterns of sexual mixing in population. But there is no question that social cohesion plays a key role in reducing vulnerability and increasing resilience and the reverse. Some of the impact of HIV/AIDS are labor lose, moral and psychological effects at house hold level. Social cohesion helps to mitigate those impacts. From the researcher of this study point of view, social cohesion has also a role in reducing HIV spread because when there is social cohesion or network. The flow of information is high. There could be discussion about HIV/AIDS. Thus knowledge and awareness about HIV/AIDS will be enhanced. The risk of HIV would be reduced through the acquired knowledge and awareness about HIV/AIDS.

One of the determinants of HIV spread is governance. The dictionary meaning of **governance** is the set of policies, roles, responsibilities, and processes that you establish in an enterprise or project, organization to guide or direct. In this research only the good governance or the democratic governance is used. And democratic governance has principles which are participatory, responsiveness to all stake holders, transparency, accountability and equity (UNDP, 2004). Democratic governance principles contribute to building HIV resilience, reducing poverty and certain forms of inequality relevant to the incidence and spread of HIV. A study conducted in Australian university show that the better the governance the smaller the HIV/AIDS epidemics (Binod Nepal, 2007). Though it is not strong determinate as compared to other determinant or HIV spread like gender inequality. It can be said it is indirect determinant because it builds and enhances asset and equality, and asset reduces unsafe exposure to the epidemic. A well-governed, prosperous society is better positioned to ensure social and economic equity and tackle health problems, including HIV/AIDS. There fore democratic governance provides a strong foundation for the good health and it can also contribute to preventing the growth and impact of the AIDS epidemic. Other determinant of susceptibility to HIV is conflict. **Conflict** with in the country and with neighbor country increase susceptibility to HIV. Conflict or war is an amplifier of disease, creating condition for its spread. Because when there is war, there will be poverty, destruction of health center and other vital infrastructure; there is large population movement and break down of family units. In this study conflict is to mean that the violence of right, sexual violence and the instability in the work place. Lacking good working condition can lead to mobility and the mobility will lead to risk situation.

2.4.3 Micro and small enterprise

In this study the definition of micro and small enterprise strategy in Ethiopia is to be used. According to MSE strategy 2004

- Micro enterprises are business enterprises with a paid-up capital of less than 20,000 birr (1 Birr=14 Euro), excluding high tech consultancy firms and other technology establishments.
- Small enterprises are those business enterprises with a paid-up capital of above 20,000 birr and not exceeding 500,000birr, and excluding high tech consultancy firms and other technology establishments. Large and medium enterprises by default are those with more than 500,000birr in paid-up capital. According to the

Central Statistical Authority (CSA) survey, there are almost 570,000 MSEs in Ethiopia,

2.4.4 Cluster approach business support

As a number of references indicated cluster have been widely recognized as one of the ways of overcoming the limitation of small and micro enterprises and an important instrument for improving their productivity, innovativeness and competitiveness and it is defined differently by different people in the field:

Porter(1998) who is considered to be one of the most prominent authorities in the field defined cluster approach as it is geographical proximity of entrepreneurs and that geographical proximity enhances division of labor among firms with physical proximity among numerous competing producers there by encouraging innovation and facilitating transmission of knowledge.

Other author Ronsenfeld (1997) defined cluster that it is geographically bounded concentrations of interdependent firms which should have active channels for business transactions, dialogue and communication and it is consist of private enterprises of various sizes, including producers, suppliers and customers, plus labour, government, professional associations and academic, research or training institutes.

The United Nations International Development Organization (UNIDO 2000) defined cluster as following: Cluster is related to the sectoral and geographical concentrations of enterprises that produce and sell a range of related or complementary products and who also face common challenges and opportunities, these concentrations give rise to external economies such as the emergence of specialized suppliers of raw materials and components or growth of a pool of sector- specific skills and can foster development of specialized services in technical

Cluster business support approach therefore implies reducing micro and small enterprises isolation by strengthening linkages among all actors of the cluster (MSE, larger enterprises, and support institution) assisted in order to coordinate their actions and pool their resources for a common development goal.(UNIDO, 2007)

The cluster approach has first introduced by UNIDO to the country as micro and small enterprises support strategies. The Regional bureau of Trade and Industry is using the definition of UNIDO (2002). Therefore, in this study the definition of UNIDO is used

2.5 The performance of clusters in developed and developing economies

The clustering phenomenon has contributed to competitiveness of small and micro and small enterprises and industries in countries across the globe. And recognition of the significance of industrial cluster in developed economies is not new.

Italian micro and small enterprises have excelled in exports of high quality consumer goods, textile products and leather. This has been made possible by the small firms not as individual but as a part of groups of firms that together are able to create what they would not be able to create as single firms. Such groups of firms were found in geographical concentrations

and are called clusters. In Sweden, over 50% of total export is contributed by industry clusters in forest products and metals (UNIDO, 2007).

A cluster in developing economies like Brazil has internationally a leader in leather shoe exports. It is because of the combination of historical skill in shoe making, the wide range of local specialized suppliers of inputs and services and the presence of exporters for their products. The carpentry metal working clusters of Ghana are also examples of sector specific clusters and the Mexico foot wear industry, today for most of Mexican shoe produce. The Peruvian shoe industry also consists of about a thousand small and micro firms manufacturing footwear.

2.6 The institution (Tigray Region Bureau of Trade and Industry)

The organization is Tigray Regional Trade and Industry bureau located in North Ethiopia. It consists of five departments namely, department of research and projects, micro and small enterprise promotion, standardization and licensing, garment and handcraft training center and personnel department. Cluster is under micro and small enterprise promotion department there are about 12 big district and 40 semi urban towns under this organization, but the political structure of those districts and town is decentralized. In the region there are 35 staffs. The objectives of the organization are:

- create employment opportunities to landless and school drop-out
- facilitate the development of micro and small entrepreneurs through employing support strategies: providing credit, training, working premises and information
- provide various support and conducive environment to create competent entrepreneur
- build the capacity of districts and zones trade and industry institutions

To summarize, the main concept of the study which are interrelated to each other susceptibility to HIV and resistance to HIV infection, vulnerability to the impacts of HIV/AIDS, and resilience from the impacts of HIV/AIDS are broadly defined as susceptibility to HIV is the chance of an individual becoming infected by HIV and resistance to HIV infection is the ability of an individual to avoid infection by HIV, by escaping exposure, if exposed by escaping infection. Vulnerability to HIV/AIDS impacts is refers to the likelihood of significant impact occurring at a certain level where as resilience refers to active responses that enable to avoid the worst impact of HIV/AIDS.

The determinants which can increase or decrease susceptibility to HIV and vulnerability to the impacts of HIV/AIDS are: poverty/income/, gender in equality, knowledge about HIV/AIDS transmission and ways of prevention and technical knowledge of their livelihood, social cohesion and governance. About these determinants different authors has discussed various views. For instant Tony Barnett and Alan Whiteside (2006, pp.92) has deeply discussed the role of social cohesion. And these determinants are tested in relation to resistance to HIV and resilience to HIV/AIDS cluster approach business support. Moreover the cluster is defined as a concentration of enterprises geographically and sector wise. And the cluster approach business support is providing support in cluster way.

In general a number of interrelated attributes that are important for exploring the opportunities and constraints of cluster approach business support for increasing resistance of micro and small enterprises to HIV infection and resilience are considered in this chapter

CHAPTER III: METHODOLOGY

Introduction

This chapter deals with the selected area for the research, the source of data utilized, techniques of sampling and the methods utilized for the analysis of data and rational for choosing the techniques, methods and respondents of the research. This chapter will have three subtitles. The first is subtitle (3.1) is site selection and descriptions. In 3.2 The rational for the selection of this woreda, in 3.3 about cluster beneficiaries, in 3.4 Data sources and methods and next the justification why those methods are used and next that experiences from the field and limitations are covered.

3. 1 Site selection and descriptions

The study area is located in northern part of Ethiopia, in the capital city of Tigray region, mekele town. Mekele is a city and as well as woreda located in northern part of Ethiopia belongs to debubawi zone of enderta. Mekelle is the capital city of Tigray region. Located in a distance of 650 kilometers from the capital city of Ethiopia, Addis Ababa. Based on figures published by the Central Statistics Agency in 2005, this woreda has an estimated total population of 144,784; of which are 73, 887 Males and 70,897 females; 21, 527 or14.87% of its population are urban dwellers. The town is characterized by a high degree of unemployment (21%) and poverty incidence (41%) (MCPppo interim unpublished report, 2005). The Mekelle City Plan Preparation Project Office (MCPppo), which is mandated to assess the land use in Mekelle and review the economic situation, is in the process of evaluating the potential of medium and small enterprise and estimating its capacity to absorb unemployment.



Figure 3-0-1 Map of Ethiopia and study area

Source: RELIEF

3.2 The rational for the selection of this woreda

The first reason for selection of this woreda (woreda is administrative division of Ethiopia equivalent to a district) for the study was because the cluster approach business support was first introduced to mekelle city and started as pilot by UNIDO and the Regional Trade and Industry. Recently it is multiplied to other parts of Tigray region. In addition to that the organization to which the researcher is affiliated is center in Mekelle city.

3.3 Structure of mekelle city cluster

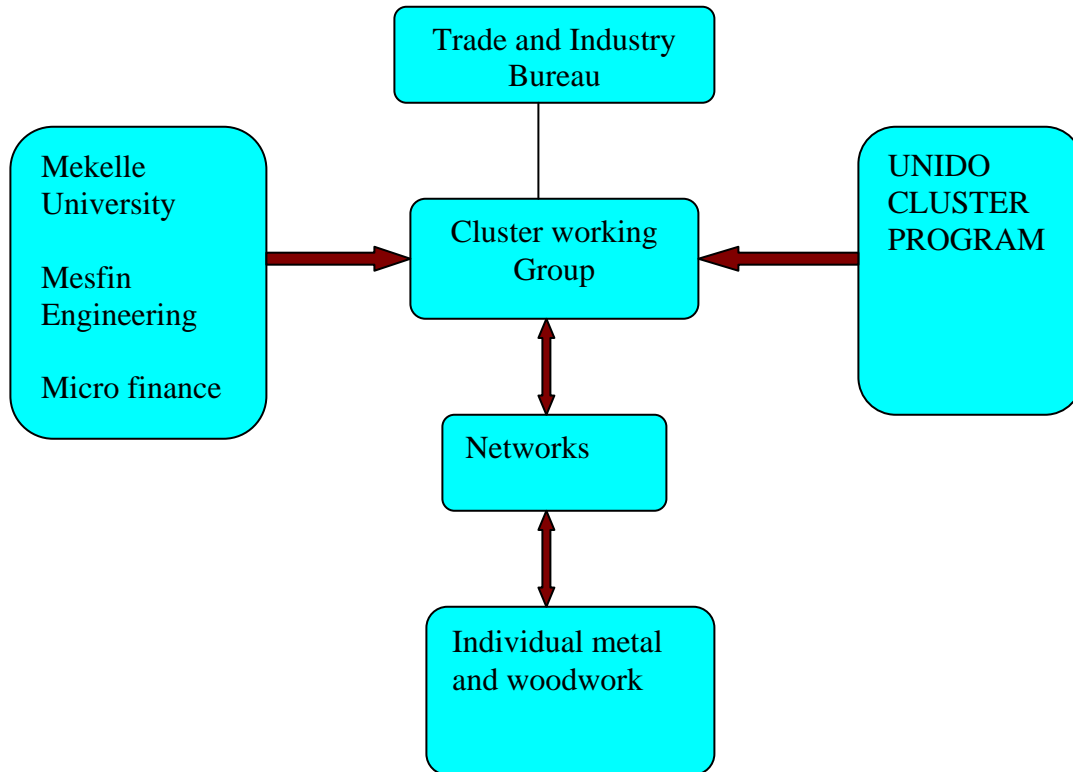


Figure 3-0-2 Structure of mekelle city cluster

3.4 Who are the cluster beneficiaries?

The cluster beneficiaries are micro and small entrepreneurs engaged in metal and wood work sector. They have the same definition of micro and small enterprises I. e. with a maximum capital of 500.000 birr (1 euro=14 birr). And they have an employee of 1-15. They don't have very sophisticated technology. They mostly face financial shortage, lack working premises, lack of skill and innovation and market problem. At present the government especially the regional government has given big attention for the cluster approach business support and it is encouraging and supporting the establishment of clusters for the economical use of resources and for the development of the country's economy. In the study area, there is one big metal and wood cluster with 145 beneficiaries and one weaving cluster is on the process of establishment.

3.5 Data sources and methods

Under this sub title the source of data for this research and the data collection methods used will be presented. And also why those sources and methods are used will be justified. In the study both primary and secondary data was used to enable detailed analysis of the study:

3.5.1 Primary data

The primary data was collected from cluster beneficiaries, from cluster working groups and from women association of metal and wood work. In order to collect the primary data, semi structure, unstructured interview was used. Those methods were prepared in accordance with the objective of the study. The semi structured questions which are in the annex part of this document was translated in to regional language and protested by the researcher.

In addition to this, the researcher has employed focus group discussion and necessary observation. The focus group members are the cluster working groups. The cluster working groups are many but the researcher selected from them relevant informants purposefully based on their role. The informants consists of UNIDO cluster agent, Tigray regional trade and industry cluster expert, from dedebit microfinance, from Mekele University, from mesfine engineering. Those were selected because the rest are not actively involving in the cluster working group. They are just there for number. The researcher got this information in advance from the key facilitators of the cluster approach business support: UNIDO and Tigray regional trade and industry bureau.

3.1 Respondents of the study

Focus group Interview with cluster		Focus group discussion among women cluster beneficiaries(association)	
Female	Male	Female	male
	5		28
			12

The population of the cluster in mekelle city has totally 145 members and formed 14 networks among them. For this study from each network two members were selected randomly. And from one network one member association was selected purposefully because it is the only association and member of metal and wood work cluster with all its members are women. Because, out of the 14 networks and cluster members, there is only one association of metal and wood work whose members are women, the researcher has carried out focus group discussion among the members of that association. The focus group discussion was conducted having a check list for that by posing open ended questions.

3.5.2 Secondary Data

To get relevant data necessary documents and published and unpublished materials, websites, reports from relevant organizations which are working in HIV/AIDS like Regional HIV/AIDS secretariat, mekelle city Catholic Church, and Association of Save the Generation of Tigray (SGAT) to get over all information about HIV/AIDS in the region and micro and small enterprises and HIV/AIDS since organizations like catholic church is working in rehabilitation of HIV infected and affected people through micro and small enterprises

3.5.3 Why the study has targeted to those respondents and why those methods of data collection are employed?

In the study more than two different respondents was used as a source of data and more than two methods of data collection was employed. The three group of respondent has different characteristics. These are: beneficiaries that are the main target of the approach, the cluster working group the organizations who are providing the services to the beneficiaries and the third are the only association of women cluster beneficiaries. To get unbiased data or information, the researcher targeted three groups of respondents. Like wise the method was used to cross check and it was related to the respondents. Cluster working group are groups, group discussion was used. Women association of metal and wood work shops is association of women and they are homogenous though they are categorized and under beneficiaries, group discussion was used. And cluster beneficiaries are different households, semi structured interview was used.

3. 6 Experiences from the field and limitations

The field work was very interesting and helped the researcher to understand many things which was not considered and expected during planning of the study. It has broadened the insight of the researcher about HIV/AIDS in the home country. Because before joining the University of Iarensaitn, the researcher has different education back ground from HIV/AIDS. Hence the field data collection was good experience and good preparation to implement the knowledge and skill acquired during the stay in the university.

Based on the plan of the study the researcher was supposed to conduct focus group discussion among cluster implementers in mekele city, who are UNIDO cluster agent and trade and industry cluster agents from kebele (**kebele** is the smallest administrative unit of Ethiopia) of mekele city. But practically the researcher found it different. The cluster approach business support has its working group for the metal and wood work cluster and is the only cluster in mekelle. The plan of the region is to have more clusters in different sectors in mekelle and the existing cluster is pilot.

Another plan of this researcher was to make group discussion among 15 women cluster members. Here also the researcher found it different. There are two types of cluster:

1. Artificial cluster.
2. Natural cluster

Artificial cluster is a cluster formed deliberately in the same geographical area by the government by providing working premises and other support. Where as natural cluster is same sector who work from their own working place in distance of 20 kilometers from each other. So the existing pilot cluster in mekelle is natural cluster. The government provides different support. But the members work from their own working land. In the existing cluster there are no enough women members except one association with of a member all female and they are a member of one network. Thus the discussion was carried out with them.

During data collection a kind of structuring change (Business Process Re-engineering program) in government organization is taking place in the whole country and all government staffs and organizations are in continuous meetings and training. Therefore, it was difficult to carry out the group discussion among respondents particularly the cluster working group as desired.

The linkage between cluster and HIV/AIDS was difficult to understand by the respondents and they were wondered why the researcher is studying and relating HIV/AIDS and cluster approach business support. So there was a need to present and to convince about HIV/AIDS to the respondent in order to get relevant data and make the respondents feel comfortable about the issue of study.

3.7 Methods of data analysis

The data collected using interview and group discussion was analyzed by using descriptive statistics in the form of percentages, tables and charts. In addition method of analysis was used for the data collected from the group discussion.

To summarize the chapter, the study was conducted in Ethiopia Tigray region in mekelle city and the respondents of the study were individuals engaged in metal and wood work shop sector who are cluster beneficiaries of cluster in mekelle city, cluster working groups and women association who are engaged in metal and wood work sector. The study used semi structured interview and focus group discussion to get primary data and also it has used secondary data from books, internets, reports and etc. during the collecting data, the researcher has face certain limitation as well as acquired educative experience. Descriptive method of data analysis is used in this research.

CHAPTER IV: RESULTS AND DISCUSSIONS

Introduction

As presented in chapter one, the research focuses on the role of cluster approach business support in increasing resistance of micro and small enterprises to HIV and resilience from the impact of HIV/AIDS. This chapter provides result and discussion of the data gathered through interview and focus group discussion. Secondary data was also collected in order to enhance and supplement the information gained from the scheduled interview. In each subtopics of this chapter, the results of the study are presented and follow the discussion.

4.1 General information of respondents

The majority of the respondents are males, UNIDO and Regional and trade and industry cluster agents are men. The 28 beneficiaries of cluster, those who are interviewed were all men. One beneficiary of the cluster which is an association of metal and wood work consists of all women members. The cluster working groups have one woman which is a representative of the mentioned association. There fore almost 30% the cluster beneficiaries are women.

Table 4.2 Respondent’s educational status

Educational status of respondents	Cluster members of /men beneficiaries/		Cluster working groups		Ibex association of women metal and wood work shop	
	count	Percent	Count	Percent	Count	Percent
illiterate						
Complete primary school	2	7%	—	—	5	41.6%
Secondary school	23	82%			7	58.3%
Diploma	3	10.7%				
Above degree			5	100%		
Total	28		5		12	

Education plays a great role in reducing HIV/AIDS impacts and its spread. As it increases understanding and change the attitude and behavior of people. Peter Piot, Director of UNAIDS when he explains the importance of education in HIV/AIDS said that: “Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.” We can see in table 4.1, that men are in higher educational level than women. There fore, when both sexes are compared their understanding about HIV/AIDS will be influenced by their level of education. Their resistance to HIV will be affected as well. As knowledge about HIV/AIDS is source of resistance to HIV. Therefore, we can infer from this that women’s resistance to HIV in cluster is lower that men. And also their ability to respond to the impacts of HIV/AIDS could be affected. As education is an asset. And all assets play a role in reducing shocks from the impacts of HIV/AIDS. (FAO, 2003)

Table 4.3 Age wise classification of respondents

Age of respondents	Cluster members /beneficiaries/		Cluster working groups		association of women metal and wood work (beneficiaries)	
	Count	Percent	Count	percent	Count	Percent
Below 20	-					
Between 21-30	2	7.1	1	20	2	16.6
Between 31-40	18	64.2	4	80	10	83.3
Between 41-50	8	28.6				
Between 51-60						
Above 60						

Table 4.2 shows that the majority of the respondents are found in the high productivity age. More over, they are at sexually active age. Many literatures show that anyone, at any age, can get HIV and AIDS. HIV usually comes from having unprotected sex or sharing needles with an infected person. The tendency and frequency of sex depends however mostly on age.

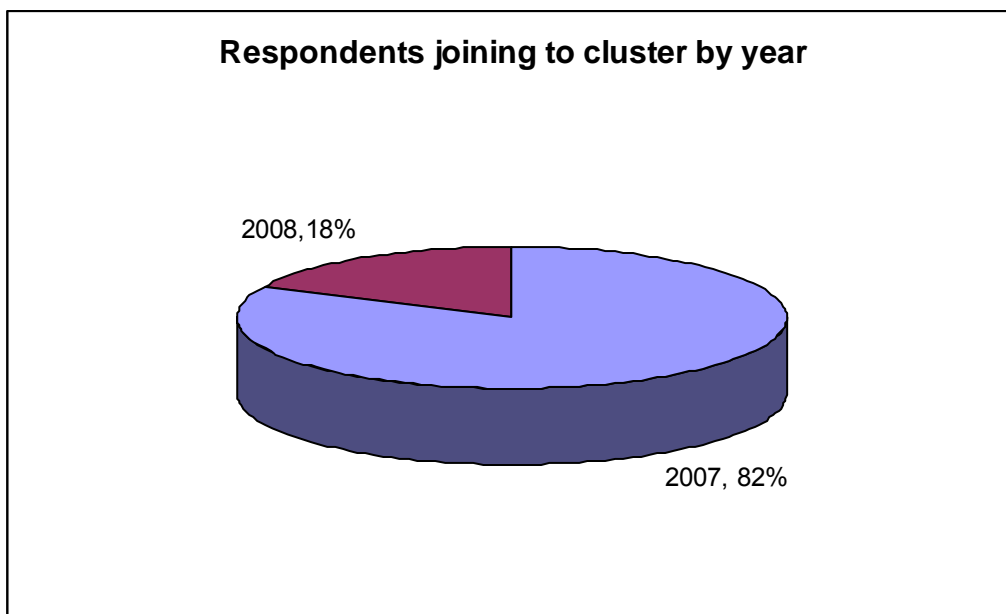


Figure 4-0-1 Respondents joined to cluster by year

Figure 4.1 Show that from the cluster beneficiaries interviewed, 82% joined in the year 2007 the rest 18 % joined in the year 2008. The other beneficiaries of cluster women association of also joined in year 2007. Cluster approach business support introduced in to the region in the year 2007. So the beneficiaries joined almost in the beginning. Hence it enables to see the direction of the support strategy in terms of HIV/AIDS. Though, it is not enough time to see the impacts of the support strategy deeply in terms of HIV/AIDS.

And all of the respondents replied for the criteria needed to join to the cluster were, to have metal and wood workshop. And the UNIDO and Trade and Industry had criteria to select this

sector. The criteria were: its contribution to the economy, number of people engaged on the sector and sustainability. In the context HIV/AIDS metal and wood work sector has short coming in increasing resilience from the impacts of HIV/AIDS especially on the HIV infected people. Need assessment study carried by Tigray Catholic church (ADCS. 2006) on HIV infected and affected people, indicated, the HIV infected respondents of the study pointed out that in relation to their use of ART drug, they have limitations in involving in income generating activities that are physically demanding such as metal work.

4.2. Services provided to cluster beneficiaries

Under this subtopic the result and discussion of direct HIV/AIDS services and non HIV/AIDS services provided to cluster beneficiaries is presented and discussed.

Table 4.4 Services provided to cluster beneficiaries

Services provided	By UNIDO	By Trade and Industry	Mesfine Engineering	Dedebit micro finance	Mekell university
Welding training (WT)	*	*	√ 14 days		
Drawing training(DT)	*	*			√two weeks
Construction machine operation (CMO)	*	*	√ 5 days		
Safety Management (SM)	*	*	√ 2 days		
Quality Management (QM)	*	√ 2 days			
Record Keeping (RK)	*	√ four days			
Bamboo Training (BM)	*	√ one month			
Experience sharing Tour (ES)	*	√ 7 day			
Exhibitions (E)	*	√ four times			
Market Link (ML)	*	√			

Note: √ denotes that service was given by the corresponding organization;

* Denoted facilitating organization and UNIDO in action.

Result of the study above show that the cluster working group emphasized on knowledge transfer and building related to the beneficiaries' activity of living. Many literatures (example

ILO, 2004) show that AIDS selectively destroys human capital that is peoples' accumulated life experience, and job skills and their knowledge and insights built up over a period of years. Hence the cluster approach business support is building the capacity of its beneficiaries in different skill trainings. There fore, it is good opportunity of cluster approach business support particularly for increasing resilience from the impacts of HIV/AIDS as trainings diversify income generating activity. There are some things which need attention and further study. The researcher has consulted the documents, annual reports and development programmers of Catholic Church in mekelle city to get general overview of micro and small enterprises or income generating activities and HIV/AIDS. Because Catholic Church work in rehabilitation of HIV infected who are taking ART and affected peoples. The programmer of the catholic church reported his own observation." Empowering the HIV infected people through income generating activities helps to reduce the shocks, I.e. it is good source for resilience of HIV/AIDS impacts. Where as for reducing susceptibility to HIV of the already infected people needs study". He continued talking about it and said three pregnant women living with HIV/AIDS died this year. He further said not only women even the men are either infecting others or getting opportunistic infection. In the Catholic Church programmer's belief, the people living with HIV/AIDS are taking ART. They are doing business and earning money and they are already accepted in the society then they forget that they have HIV. And they are further engaging in risk situation.

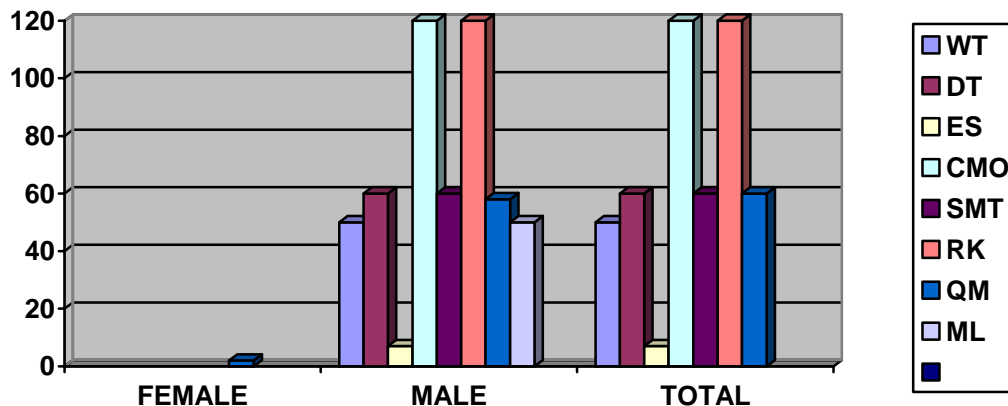


Figure 4-0-2 The Number of beneficiaries and services provided

The meaning of the abbreviations used in figure 4.2 is already in the 4.3. We can see from figure 4.2, that the services provided by cluster working groups to cluster beneficiaries are mostly technical training. The figure also show that, there are no women trainee in all training programs except very few in quality management training. Though the numbers of women beneficiaries in cluster are few, even the existing one's are not getting all services like the men beneficiaries are getting. During the semi interview conducted among the 28 cluster beneficiaries, they reported the same like what is reported by the service providers or the cluster working group on the kind of service provided to them where as in the group discussion among the women association of metal and wood work, they reported that because the cluster working group think that we cant run like the men the service providers are not inviting as to those services provided by them.

The results of the study are clearly indicating that there is gender inequality in cluster approach business support. As it is presented in the literature part of this study particularly

Ethiopian case, the socioeconomic imbalance between men and women is the key factor for the progress of the epidemic and for aggravating vulnerability to the impact of HIV/AIDS. It means that it is increasing the susceptibility of women to HIV infection and vulnerability to the impacts of the HIV/AIDS. There fore, from the results above, it can be implied that the cluster approach business support has a bold constraint for increasing resistance to HIV and resilience from the impact of HIV/AIDS. As one basic indicator or source of resistance to HIV and resilience from the impact of HIV/AIDS is missed this is gender equality.

When the respondents are asked to give their answer to the HIV/AIDS direct services given to them under cluster approach business support, all of the respondents (100%) including the UNIDO cluster agent who is the main facilitator of cluster replied that, direct HIV/AIDS services are not given.

But when they are asked what HIV/AIDS is, what is the means of HIV transmission and ways of prevention. Surprisingly all of them (100%) have the basic knowledge and awareness about HIV. Even one of the cluster beneficiaries is applying a sort of work place policy. The one who is applying work place policy reported that his wife is elementary health professional (dresser). And every month before they pay salary to their employee, she gives awareness to their employees about HIV/AIDS. She is triggered to do so because they experienced that when the employees got their salary they were not coming to the work place for 2-3 days and one her cousin brother who was an employee there died of AIDS. Then she decided to give awareness before salary. It is possible to guess there might be like those employees in other enterprises too. Thus it is found to be important that all enterprises to have workplace policy that is the ILO Code of practice on HIV/AIDS and the world of work emphasize too.

Direct HIV/AIDS services includes: basic facts of HIV/AIDS training and awareness creation, VCT services, providing condoms. Knowledge on the means of HIV transmission and prevention methods plays a great role in reducing HIV risks. It makes responsible decision making that protect to the person and others from HIV infection. Study made in school show that knowledge regarding HIV/AIDS increased, more positive attitude towards people with HIV/AIDS and more condom use and fewer sexual partner in the school where awareness creation and prevention trainings are implemented as compare to the school which such programs are not implemented (AVRIL, 2005.online.www.saharaor) At least providing information about HIV, about voluntary counseling and testing for HIV (VCT) centers have a vital role in reducing HIV risks. Especially for women has significant role because, women have limited access to information. A study by the Association of Save the Generation of Tigray (SGAT) indicated that, twice as many women as men who had heard of HIV/AIDS were not aware of ways to protect themselves from infection. Thus the cluster approach business support is lacking basic indicator of resistance to HIV for it beneficiaries. Because, the cluster support strategy beneficiaries are not even getting HIV/AIDS information. When they are asked their source of information, most of them (93.7%) reported their source of information is the local television and radio.

4. 1.3 Problems faced by beneficiaries of cluster

Out of the 28 beneficiaries of the cluster interviewed, 85.7% reported that they have varies problems which are not solved being under cluster approach business support. And the rest told that they don't have problem. The women association of metal and woodwork reported they have a lot of problems and some of the problems mentioned were: market, financial

problems and skill, and the various problems are related to their business which is not directly related HIV/AIDS

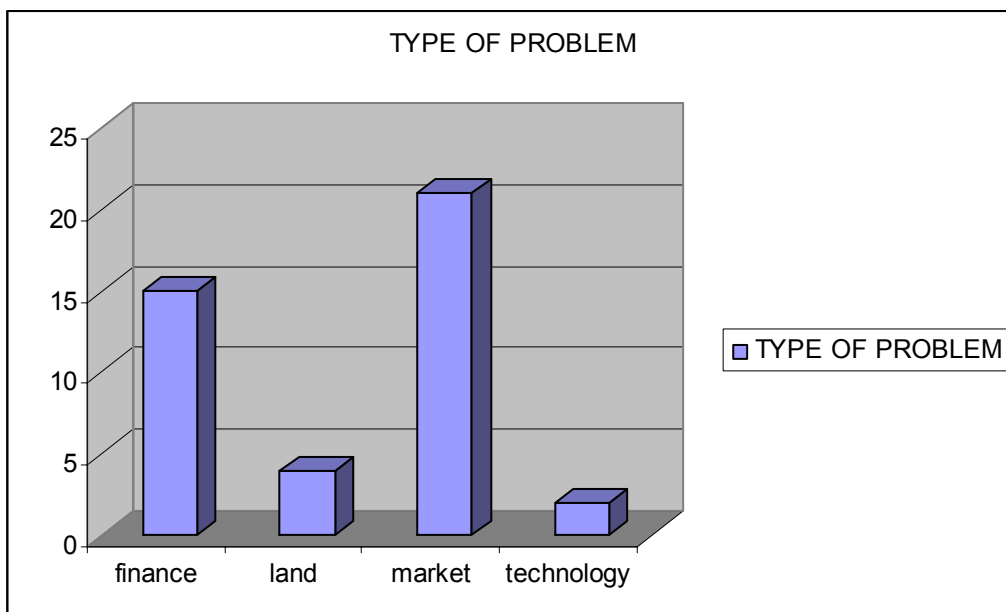


Figure 4-3 Problems of cluster beneficiaries

As it is shown in figure 4.2, the majority (75%) of respondents have market problem. Next to that, they have financial problem (50%). This implies if they have market problem, they will not have income. Lack of income is a component of poverty which is the main indicator for susceptibility to HIV and vulnerability to the impacts of HIV/AIDS. Poverty narrows down the opportunity and choices which individuals could have and even be cause of poverty people adopt a livelihood which can increase risk of contracting HIV infection. The cluster approach business approach was first introduced to solve the problems of micro and small enterprises such as market, finance, working promises, and technology problems. But still these problems are not touched. From this it can be concluded that the cluster approach is not achieving its objective. Therefore, this is a big constraint of cluster approach business support for increasing resistance to HIV for micro and small enterprise and resilience from the impact of HIV/AIDS

4.1.4 Aspects of cluster appreciated by respondents

From the cluster approach business support the majority (96.5%) appreciated that they are always updated by different skills and knowledge relevant to their work. 2.3% of the respondents replied the government has given recognition for their sector and thus they are happy for that. The rest 1.8% didn't realize what to appreciate. The majorities have some thing to appreciate from the cluster approach business support but only 14.2 % of the respondents replied yes for the question if their income has increased or not after joining to cluster.

The result is showing that the majorities have same thing to appreciate from the cluster support strategy and it is good that they have some thing which they like from the support strategy. It can create satisfaction and stability on their work (Timothy A. Judge and Joyce E.

Bono, 2001). When there is stability in their work, mobility will be reduced. Reducing mobility is an indicator of resistance to HIV and resilience from the impact of HIV/AIDS.

4.1.5 Position of women in the cluster approach

The important issue presented here is, the position of women in cluster approach business support. As it is mentioned in different subtopics of this study, there are few women under cluster approach business support. They are 12 in number and they are one association. The chair person of the association is a network leader of 14 members. She represents the network and hence she is member of the working group. The surprising issues here is that the women are not getting support as much as the men get having a representative in the cluster working group. The cluster working groups are the key decision makers in the cluster. The researcher has tried to find out why that happens like that in the group discussion with the working group and the association. The UNIDO cluster agent and the Regional trade and industry cluster agent replied for this question: "when we invite them they don't come". When the chair person is asked the same question, she said they do invite us when there is meeting but they don't facilitate for us a work as they do to men. We got disappointed then we don't go to any meeting they invite us. The main target groups of Regional bureau of trade and industry are women and it is expected to empower them by involving in different activities of the organization. The bureau has a leading position in the cluster (refer: figure 3.2). Therefore it is the mandate of trade and industry to check and control any decision of the cluster working group. It can be concluded that the cluster strategy is not focusing women. And that has an implication for increasing resistance of micro and small enterprises to HIV, women consists of 56% of the micro and small enterprises in Tigray region (unpublished survey, 2004)

4.1.6 Social cohesion and governance and conflict in cluster

93% of the cluster beneficiaries reported that the members of the network meet in marriage, funerals and other social activities. And the rest 7% reported that they don't meet with network member out of the work.

This implies the cluster approach business support has created strong social cohesion and network among cluster beneficiaries. Because before the cluster, the majority of them don't know to each other but the cluster they come to know to one another and they are sharing joys and sorrows. And social cohesion is a key indicator of resilience from the impacts of HIV/AIDS. Though some literatures (Douglas d. Heckathorn Robert s. Broadhead and et.al. 1999). Argue that when there is social cohesion and network, it is a risk environment for HIV spread. On the other hand, though, in social cohesion there is high interaction, there is social norms and values as well. That can guide how to act and how to behave. And like the most literatures indicated there is high information and knowledge sharing when there is social cohesion and network. Hence the knowledge increases resistance to HIV.

All of the men beneficiaries' interviewed for the question how they see the governance of the cluster approach business support from the choices given in the semi structured interview very good, good, and satisfactory and not fair, replied that it is good. And the women association replied in the group discussion the governance of the cluster approach business support is not fair.

Though the majority replied it is good there is showing the difference among women and men. The women reported it is not fair because they are not equally involved in the services provided, they reported it is not fair because the attitude of the service providers towards men and women is not equal. They reported that there is discrimination to women. And that is a big constraint for HIV resistance and resilience.

The majority (71.4%) of the interviewed beneficiaries reported that they never had conflict with network members since they joined to cluster and the rest 28.5% replied they sometimes had. From the result it can be said that there is good working environment being under cluster, and it has good implication for work satisfaction and good communication among them. As it is defined in the literature part, conflict in this study means that: violence of right, sexual violence and the instability. Thus these aspects of conflict are not boldly manifested in cluster approach business support. And it can be inferred that there is source of resistance to HIV and good opportunity in terms of this determinant.

To sum up this chapter, education status of the men respondents (7%) were primary school complete and (82%) have secondary level of education. And almost half the women cluster beneficiaries are at primary level. From this, we can understand that the levels of education of men beneficiaries are at medium level and women beneficiaries are at lower level. The cluster working groups were the majority above degree level. The majority of the cluster members or beneficiaries were between the ages of 31-40. And they are found at the very productive age

82% of the cluster beneficiaries joined to cluster approach business support immediately (2007) after the approach introduced to the region. And the criteria to be a cluster member was to have metal and wood work shop. The majority (93.7 %) of them got information about the cluster approach business support from UNIDO cluster agent and the regional trade and industry bureau. They were invited for a meeting of awareness creation about cluster. The rest beneficiaries heard from their friends and neighbors

The services of cluster approach business support are broadly providing technical trainings. Those trainings are helpful in reducing susceptibility to HIV by providing skills for creating alternative activities for living. It also plays a great role in reducing shocks from the impacts of HIV/AIDS. But further study is needed about the role of income generating activities in reducing susceptibility of PLWHA.

Services under cluster approach business support strategy are not equally provided to women beneficiaries and to men beneficiaries. In short, the cluster approach is not giving attention to women beneficiaries. Direct HIV/AIDS services are not available under cluster approach business support. But it is good source for social cohesion and there is no conflict among the beneficiaries. And also governance is partly ok.

CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS

Introduction: This chapter presents the conclusions reached and the recommendation given in the study. Since in each chapter, chapter summary is provided, the conclusions here are presented briefly.

5.1 Conclusions .

The overall profile of respondents indicated that the majority of the cluster beneficiaries (96.5%) were male. And it shows that of female beneficiaries in the cluster approach business support was very limited because the criteria to join cluster is to have metal and wood work and the number of women in the sector is limited. But also the UNIDO cluster development program and bureau of trade and industry have a criteria for selecting one sector: economic contribution of the sector, sustainability of the sector and number of people engaged in the sector. The majority of the cluster members or beneficiaries were between the ages of 31-40. And they are found at the very productive age and sexually active age.

The cluster approach business support is broadly providing technical trainings. Those trainings are helpful in reducing resistance to HIV by providing skills for alternative activities. And also plays a great role in reducing shocks from the impacts of HIV/AIDS. But further study is required about the role of giving training and providing income generating activities to PLWHA in increasing resistance to HIV (reducing opportunistic infection and other risks)

From the over all situation of women in cluster, it could be concluded that there were gender imbalance manifested in the cluster approach business support. In particular in providing services to beneficiaries, the women are not getting equal support services as the men are getting. Gender in equality is a key determinant of HIV infection and vulnerability to HIV/AIDS impacts. Thus the cluster approach business support has a big gap or constraint in increasing resistance to HIV and resilience of from the impacts of HIV/AIDS to micro and small enterprises.

Another key indicator for increasing resistance to HIV and resilience from HIV/AIDS is missed in the cluster approach business support, 100% of the respondents reported that there are no direct HIV/AIDS services; like HIV/AIDS awareness creation and training, information and VCT is not provided in the cluster approach business support, though, they are able to get information about HIV/AIDS from other sources from local television and radio. And even one of the cluster beneficiaries is applying a sort of work place policy.

The cluster approach business support didn't solve the problems of the cluster beneficiaries. 75% of respondents have market problem and 50% financial problem. These problems can lead to the risk of HIV/AIDS by reducing their income and increasing mobility. Hence this is another constraint for increasing resistance of micro and small enterprises to HIV and resilience.

From the aspects of cluster approach business support 96.5% of the respondents appreciated that it has helped them to update themselves by providing different trainings. Thus it is an opportunity of cluster approach business support for increasing resistance to

HIV infection and resilience from HIV/AIDS impacts by increasing stability and satisfaction and that has positive implication for reducing mobility.

The cluster approach business support has created an opportunity of meeting social issues out of their work time. 93 % of the cluster beneficiaries reported that they share joys, like marriage and sorrow, in funerals and others among them. They have good social cohesion and network. And hence the cluster approach business support has good opportunity for increasing resistance to HIV infection and resilience from the impacts of HIV/AIDS as social cohesion is one determinant resistance and resilience.

The governance of the cluster approach business support appreciated by 96.5% men cluster beneficiaries. Where as, the women beneficiaries are not happy with it. Thus, though the majorities are happy, still it has a constraint for increasing resistance to HIV infection and resilience from the impacts of HIV/AIDS as it is discriminating women.

5.2 Recommendations

It is recognized that micro and small enterprises play a vital role in development, but because of the various problems they have, they are not contributing to the development as expected. Rather they are becoming more susceptible to HIV infection and vulnerable to HIV/AIDS impact. Hence measures should be adapted through the support strategies in the way that it enables to increase the resistance of micro and small enterprises to HIV and resilience from the impacts of HIV/AIDS. In this study one of the support strategies of micro and small enterprises which is cluster approach business support is explored its opportunities and constraints in increasing resistance and resilience of micro and small enterprises to HIV. In regard to that, the following are recommended in order to improve the cluster approach business support so that it will play a role in increasing the resistance of micro and small enterprises and resilience from HIV/AIDS:

- First and foremost HIV/AIDS must be mainstreamed in cluster approach business support there fore it will enable to see every activity of the cluster through the glasses of HIV/AIDS. The Regional Trade and Industry bureau and UNIDO cluster development program are expected to implement this recommendation.
- Services should be provided to the beneficiaries irrespective of their sex. Even special encouragement and follow up should be done to women beneficiaries.
- Women beneficiaries should be active participant in the cluster approach and they should use any opportunities they got and fight for their right. They shouldn't be symbolic and used for political purpose. The women focal person of Tigray regional and trade and industry should check the status of women in every support programs.
- It is seen in the result and discussion part of the study that financial service is not provided to the cluster beneficiaries and about % of them have financial problem. dedebit microfinance which is a member of the working group has to play its mandate in the group and should strengthen its support for the cluster beneficiaries. So that resistance of micro and small enterprises to HIV infection and resilience from the impacts of HIV/AIDS will be increased.
- In selection of cluster sector, sectors where more women are engaged should be selected. Or gender must be criteria.
- At least HIV/AIDS awareness creation should be given under the cluster approach business support. This can be done more if HIV/AIDS is mainstreamed to the strategy And even the business owners who are beneficiaries of the cluster approach

business support should be encouraged to get the experience of the one cluster beneficiary who is implementing a kind of workplace policy and apply it in the pattern.

- Tigray regional trade and Industry should establish and expand market linkages for micro and small enterprises, particularly for entrepreneurs who are engaged in metal and wood work sector in local and foreign market.
- It would be good if HIV/AIDS experts and researchers give attention and study the role of income generating activities in increasing resistance of PLWHA to opportunistic infection.

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APPENDIX A

Check list for discussion with cluster working group

1. position in their organization
2. Since when are you represented by your organization to work as cluster working group
3. What services are given to the cluster members by each organization that the cluster working group represents for?
4. To how many cluster or network members? Sex wise?
5. What problems do you see in this support approach in promoting micro and small enterprises?
6. What are the good things of cluster approach?
7. What issues are frequently raised by the cluster members
8. Have you ever provided HIV/AIDS related services?
9. How are the supports that women entrepreneurs are getting from the cluster business support program?

APPENDIX B

Semi structured interview with 28 cluster members from 14 networks

1. General information of cluster program beneficiaries
 1. Date of interview: Day _____ Month _____ Year _____
 2. Age _____
 3. Sex _____
 4. Education level _____
 5. sector of the cluster _____
 6. member of cluster since _____
2. How did you joined to the cluster approach business support?

3. What were the criteria to b e a member of this support program?

4. *What are the services given to you being under cluster business support?*
 - a. Business training
 - b. HIV/AIDS training
 - c. Credit service
 - d. Marketing service
 - e. technical training
 - f. other training
5. What direct HIV/AIDS services are given to you being in the cluster?
 - a. VCT service
 - B. Free condom
 - c. HIV/AIDS awareness creation trainings
 - d. other _____
6. From the problems you had before which problem was solved since you are cluster member?
 - a. Skill problem _____
 - b. Working premises _____
 - c. Working capital _____
 - d. other _____
7. Since you become member of cluster support program does your income increased?
 - a. yes _____
 - b. No _____
8. Why do you think your income has increased if you select choice "a" in number 7?

9. Do you have any problem that is not solved by the cluster approach business support?

- a. No
- b. yes

10. What is the problem you have?

11. Why it could not be solved?

12. What do you know about HIV/AIDS?

13. What are the means of HIV transmission?

14. From where do you get HIV/AIDS knowledge and information?

- a. from training being cluster member
- b. from TV
- c. from reading
- d. other sources

15. How do you see the leadership (governance) of cluster approach business support?

- a. very good
- b. good
- c. satisfactory
- d. not fair

16. How is women involvement in this approach?

- a. very good
- b. good
- c. poor

17. Since you started working in cluster (network) have you had in any conflict in your network members?

- a. never
- b. some times
- c. always

18. Do you meet with other network members in the cluster in other issues other than work related issues, like in marriage, funerals etc.?

- a. yes, mostly in _____
- b. no

17. Further opinion about cluster approach business support _____

Thank you very much

APPENDIX C

Check list for discussion with one metal and wood work women association and member of cluster.

1. Since when is your association cluster member?
 2. How did your association joined to cluster?
 3. What are the benefits your association got from joining cluster?
 4. How do you see working in cluster as women
 5. Do you have a position in your network?
 6. Do you have any problem in your network because you are women? if you have what are the problems?
 7. What do you know about HIV/AIDS? And how does it transmit?
 8. What is your source of information about HIV/AIDS
 9. Do you meet with other network members in the cluster in other issues other than work related issues, like in marriage, funerals?
 10. General opinion about the cluster approach business support
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