THE CHALLENGES OF MANAGING SOCIAL SUPPORT PROJECTS FOR PEOPLE LIVING WITH HIV/ AIDS WITH FOCUS TO THE AIDS SUPPORT ORGANISATION (TASO) MULAGO

A Thesis Submitted to the School of Post Graduate Studies in Partial Fulfilment of Requirements for the Award of the Degree Master of Arts in Project Planning and Management of

Kampala International University

BY
LAWINO HELLEN
MAPPM/ 8681/51/DU

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DECLARATION

I, Lawino Hellen, do hereby declare that this Thesis for the award of a degree in Masters of Project Planning and Management is my original work. It has never been submitted to any academic institution for award of a degree or the equivalent.

Signed:

Lawino Hellen

Kampala International University

Date 1/11/2006

APPROVAL

Sign.....

DR. Olwor Sunday

Supervisor

Kampala International University

Date.....

DEDICATION

I dedicate this Thesis to my mother Tereza Kiden and My brothers and sisters who have always supported me financially and have encouraged me to accomplish the study.

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I am very grateful to Dr. Sunday Olwor, Dr. Mawa Michael and professor Eric Edroma for the guidance and the efforts they have put to ensure that I produce quality work and complete my studies.

I sincerely thank my friends in the postgraduate school for the support they have given me.

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ABSTRACT

This study addresses the challenges of managing social support projects for people living with HIV/AIDS with focus to The AIDS Support Organization (TASO) Mulago. The social support projects include: Children's education support, revolving fund for income generation activities (IGA), Apprenticeship programme and food Aid projects.

The study was necessitated by the increasing challenges of managing the social Support projects for the people living with HIV/AIDS in TASO Mulago. TASO Strategic Plan for 2003-2007 confirmed that over 80% of TASO clients live in abject poverty, food insecurity and access to health and safe water are beyond their reach. The winding up of a food project called PL 480 Title II Project in September 2006 worsened the situation. The project served 1000 individual clients and 5000 total beneficiaries. Apprenticeship programme also wound up in 2004 and CELTEL also stopped sponsoring 50 children for formal education. These challenges compelled the researcher to conduct this study.

The general objectives of the study were to assess the challenges of managing TASO Mulago Social Support Projects for people living with HIV/AIDS and suggest possible solutions to the challenges. The research specifically sought to study the criteria of implementing the social support projects, find out the challenges of managing the social support projects, establish the feelings of TASO Mulago clients towards the management of the social support services and suggest possible solutions to the challenges faced.

The key research question was: How should the support services be implemented to satisfy the needs of the various stakeholders, without necessarily constraining the projects?

The methods employed were both qualitative and quantitative, and research instrument included purposive sampling and quota sampling, written questionnaires, focus group discussions, library and media research were made. The data was finally collected and analyzed. According to the findings the clients were generally happy with the services, major challenges included the financial constraints, uncertainty of future funding, overwhelming number of clients to serve, inadequate human resource, difficulty of weaning off food beneficiaries, dependency syndrome, poor loan repayment and donor withdrawals.

The major recommendations of the research were as follows: step up referrals system to reduce number, increase resource mobilization at the center level and encourage clients' contribution towards the services, build capacity of the IGA beneficiaries and staff in Income Generation activity Management (IGA) and early sustainability programmes.

Above all, it is vital that social support projects are incorporated into the TASO core programmes to ensure the their sustainability.

TABLE OF CONTENTS

CHAPTER TWO: REVIEW OF RELATED LITERATURE

CHAPTER THREE: RESEARCH METHODOLOGY

LIST OF TABLES

LIST OF FIGURES

ABBREVIATION/ACCRONYNS

AIDS	Acquired Immune Deficiency syndrome
ART	Anti Retroviral Treatment/Therapy
ARV	Anti Retro viral
CAC	Center Advisory Committee
CSB	Corn Soya Blend
HIV	Human Immune Deficiency Syndrome
IGA	Income Generation Activity
PTA	Parents Teachers Association
HQ	Headquarter
NGO	Non-Governmental Organization
UNAIDS	Joint United Nations Programmes on HIV/AIDS
UNICEF	United Nations International Children's Education Fund
PEAP	Poverty Eradication Action Plan
STD	Sexually Transmitted Diseases
TASO	The AIDS Support Organization
VCT	Voluntary Counseling and Testing
WHO	World Health Organizations

Definition of key Terms

Administrative Management:

According to Gomez and Balkan, (2002) Administrative management is an approach that examines an organization from the perspective of managers and executive responsible for coordinating the activities of diverse groups and units across the entire organization.

Systems theory:

According to Gomez and Balkan, (2002) System Theory is a modern management theory that views the organization as a system of interrelated parts that function in a holistic way to achieve a common purpose.

AIDS:

It is a sickness inform of opportunistic infections. They are signs and symptoms of HIV.

Center

Is a service-providing agency

HIV

Human Immune Virus. It is a virus that causes AIDS.

CHAPTER ONE: INTRODUCTION

1.1 Background

Management of the social support projects in TASO Mulago has become challenging as the number of the registered HIV positive people (clients) who need the services increase. The social support projects include: Food Aid, revolving fund for income generating activities (IGA), school fees payment for formal education and apprenticeship programme. HIV management programme is not only a health and counseling programme but it includes all other developmental issues as mentioned in this report.

According to FAO, (2000) 95% today of PLWHA and dying of HIV/AIDS are in developing countries, majority of them are the rural poor. HIV/AIDS has drastic effects on Ugandan's and the world's economy. "Projected loss in Agriculture labour force through AIDS in Uganda between 1985-2020 is 14%. Agriculture which absorbs the biggest population proportion of the work force, and constitutes the single most sources of people's livelihoods is being threatened by HIV/AIDS." Sentumbwe Juliet (2003.). HIV/AIDS does not only affect economy but other sectors too.

This study is concerned about establishing the challenges of managing the social support Projects for people living with HIV/AIDS with focus to TASO Mulago in Kampala, Uganda. It also aims at finding the feelings of the clients about the services and suggesting possible solutions to the challenges of managing social support projects for people living with HIV/AIDS. The study gives a brief introduction to TASO activities and concentrates on the projects department with focus to the projects named above.

1.2 Statement of the Problem

Management of the social support projects for HIV positive people is becoming a challenge as the number of HIV positive people seeking the service [food, school fees and revolving funds] increase. This was expressed in TASO Mulago proposal of November 2005, as follows, "The TASO strategic plan, 2003-2007,[2002;35], confirmed that well over 80% of TASO clients live in abject poverty, food insecurity, and access to health and safe water are beyond reach of these folks. Much as TASO has tried to meet some of these needs, the ever-increasing number of PLWHA seeking services in a resource limited setting overwhelms it. This will be worsened by the end of the food aid project come September 2006!" TASO Mulago by the end of January 2006 registered 169 new clients (117 were female that is 69.2 % and 52 were male that is 30.8%) and cumulative clients enrolled for TASO Mulago services as of January 2006 was 26.790 clients (8975 were female and 1785 were male). The monthly increase in the number of clients registered by TASO Mulago and other TASO centers despite the massive sensitization of the rural and urban population about the spread of and the danger of HV/AIDS leaves a lot to be desired.

People Living With HV/AIDS (PILWHAS) have recurrent and sometimes severe or prolonged illness, hence, most of their resources are spent on treatment.[especially Anti Retro Viral drugs, whose free access is still very limited to a very few], on top of meeting other basic needs. This is worsened by the fact that most of TASO clients are either unemployed or have lost gainful employment. Most clients of TASO Mulago have limited resources and cannot meet their basic needs (2006 proposal). This therefore calls for proper management of social support projects and selection of who should benefit from the limited resources.

The lack of resources is also worsened by the fact that TASO depends on donors' funds. Management was also threatened by the fact that the food Aid project

called PL 480-Title II ended in September 2006 yet it was supporting 1000 primary clients (individual clients) and 5000 total beneficiaries (clients plus family members).

However provision of long-term social support service for these clients is very expensive and this threatens the ability of service providers to manage the projects financially.

Little has been done about assessing the challenges of managing the social support projects and suggesting possible solutions to the challenges faced. This study sought to provide more input into this area.

1.3 Objectives of the Study

1.3.1 General Objective.

The study assessed the challenges of managing TASO Mulago Social Support Projects and suggests possible solutions to the challenges.

1.3.2 Specific Objectives

The study sought to:

1. To study the implementation of the social support projects.
2. To find out the challenges of managing the social support projects.
3. To establish the feelings of TASO Mulago clients towards the management of the social support services.

1.4 Specific Research Questions

1. How effective is the mode of implementation of social support projects for people living with HIV/AIDS?

2. What are the constraints experienced in the delivery of social support services?

3. How can the problems faced in the management of social support projects be solved?
4. How relevant are the social support projects to the management of HIV/AIDS?

1.5 Significance of the Study

1. The study will help policy makers to design guidelines for the implementation of the social support projects for the people living with HIV/AIDS.
2. The study will open up new avenues of research in establishing and assessing the challenges of managing the social support projects for people living with HIV/AIDS.
3. The study will create awareness among clients about their contribution towards the success of managing the social support projects for people living with HIV/AIDS.
4. The findings will suggest ways by which TASO Mulago can improve on the management of social support projects.
5. The Thesis from the study will be used to fulfill the requirement for the award of Degree of Master of Arts of Project Planning and Management.

1.6 Scope of the Study

This study established and assessed the challenges of managing the social support projects for people living with HIV/AIDS with focus to TASO Mulago, Kampala, Uganda in particular including its outreach centers in districts like Mukono, Luwero and Wakiso. It excluded other TASO Centers (service delivery agencies) in other districts.

The research focused on the process of the implementation of the social support projects; challenges faced in the management, and the feelings of the clients towards the management of social support projects. The study also suggested possible solutions to the challenges faced. It focused on the project department

and never concentrated on medical and counseling departments and data management office. However it sought support of the data offices for getting the required statistics and sought support of the counselors who enrolled the clients for the above services.

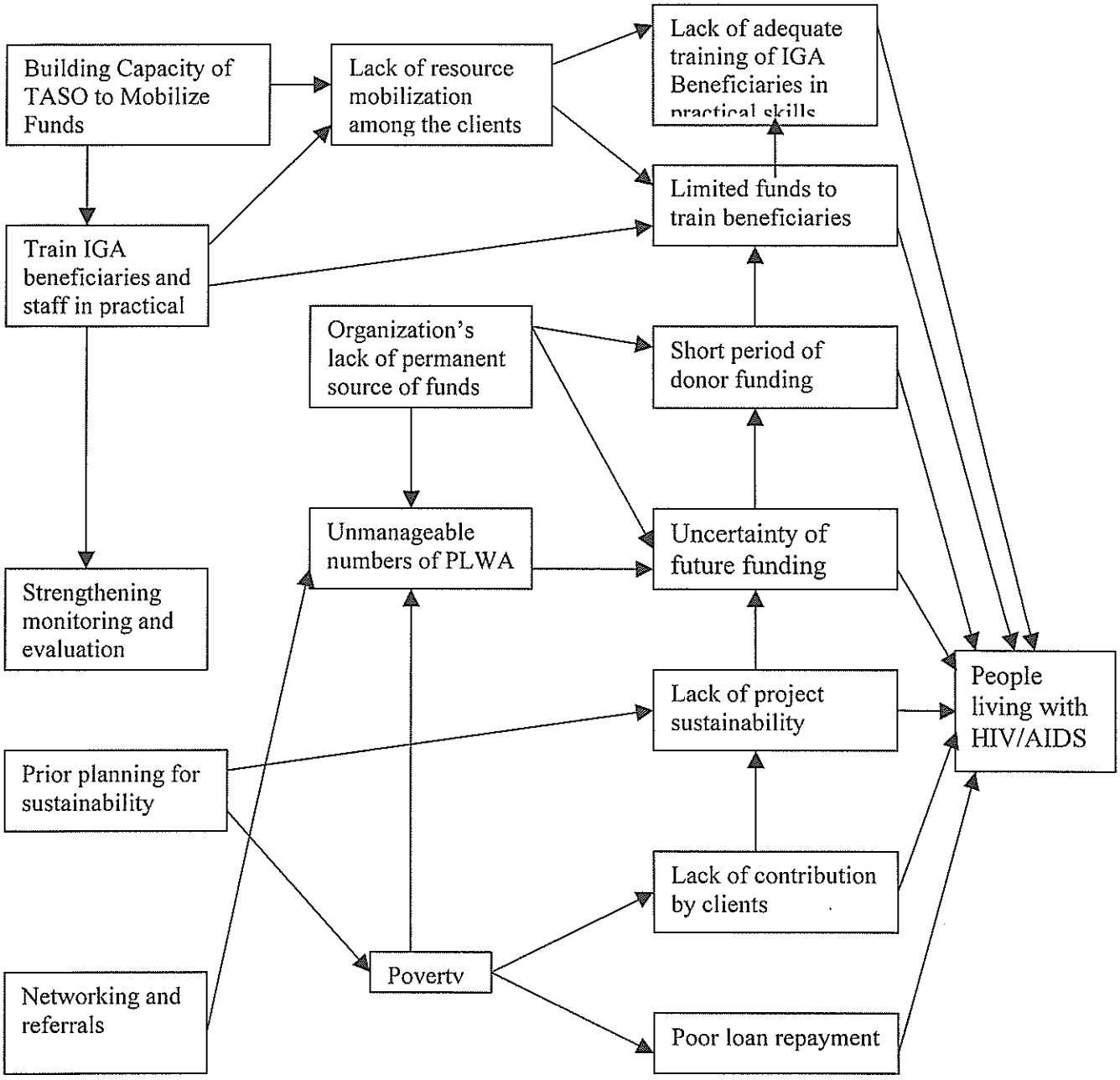
1.7 Conceptual Framework

Figure 1 shows conceptual framework for the challenges of managing the social support projects for people living with HIV/AIDS. The target condition to be addressed is the people living with HIV/AIDS. The challenges of managing the social support projects were identified as immediate challenges, which are secondary challenges, which include: uncertainty of future funding, inadequate training of the Income generation beneficiaries in the practical skills such as poultry farming and piggery apart from the training offered in business management. Other challenges included: lack of contribution by clients, limited period of donor funding and poor loan repayment.

The above challenges have their root causes such as lack of more permanent source of resources, (for example funds), poverty and overwhelming number of clients to serve.

The intervention strategy for the above challenges are: building the capacity of TASO Mulago staff and clients to mobilize funds, training IGA beneficiaries in practical skills, prior planning for sustainability, referral, collaboration and networking.

Figure 1 Conceptual Framework



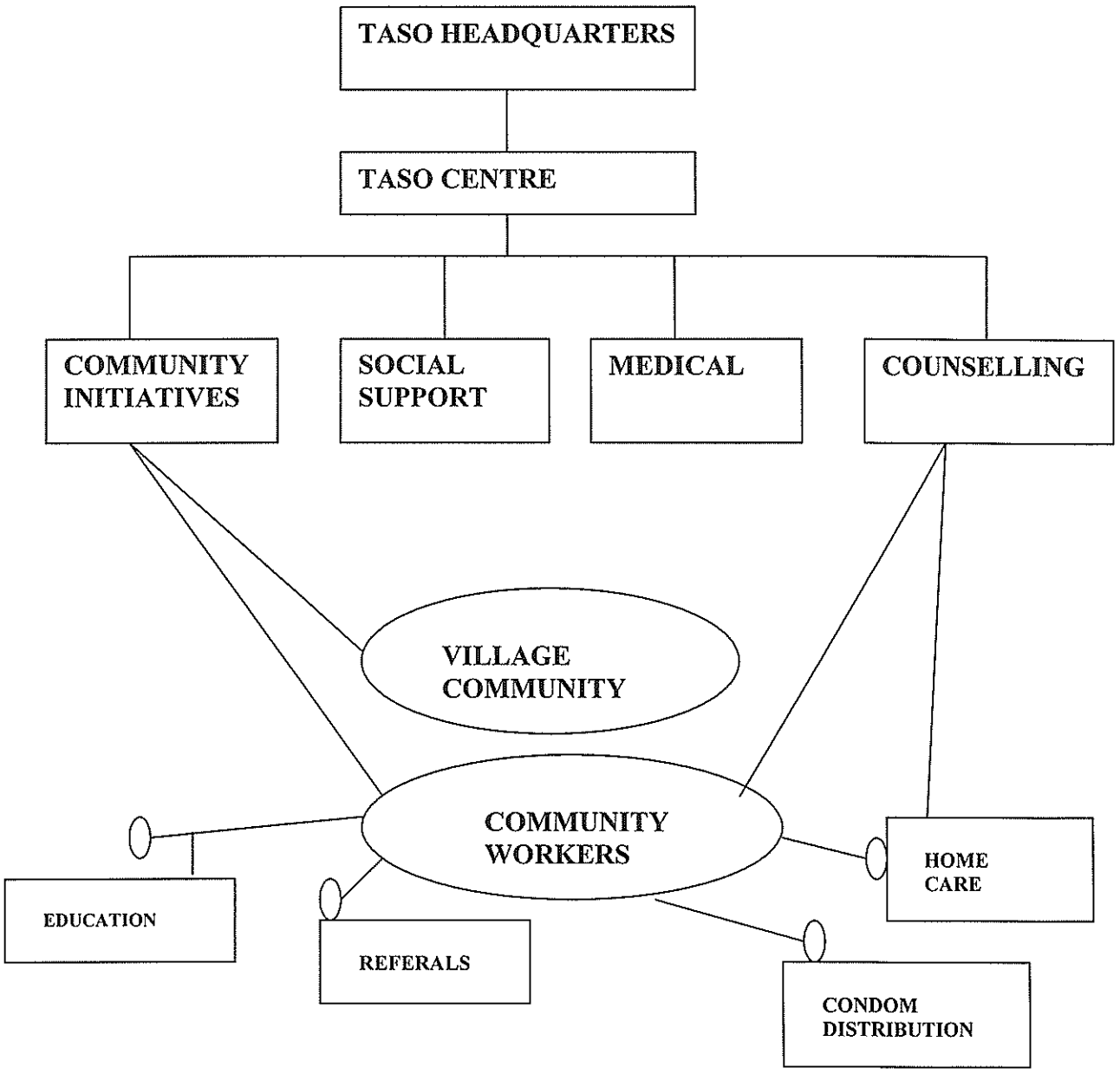
1.8 Brief History Of TASO Mulago

The AIDS Support Organization (TASO) was founded in 1987 by a group of 16 volunteers most of whom were infected and affected by HIV/AIDS. TASO exists to contribute to the process of restoring hope and improving the quality of life of persons and communities affected and infected by HIV/AIDS. According to Dyer Emilie (2003), TASO was the first organized community response to HIV epidemic in Uganda and the first indigenous AIDS organization in Africa. TASO currently has eleven centers (service delivery agencies) in Mulago, Entebbe, Masaka, Mbarara, Rukungiri, Masindi, Gulu, Jinja, Tororo, Mbale and Soroti districts. Today TASO advocates against discrimination and stigma, and provides the following activities: Counseling, Medical care, social needs such as food, school fees and scholastic materials for clients' children, revolving funds for income generating activities and apprenticeship programme. TASO has provided support to over 68,000 people who have HIV/AIDS and their families, as well as 1000 AIDS orphans. TASO uses a holistic approach to the delivery of services in order to address the numerous facets of the epidemic. The services are delivered as an integrated package at all TASO centers in the interest of convince to clients and to maximize impact.

TASO Mulago was one of the first TASO centers to be formally established since 1987 (Originally, there was no formal counseling and medical support activities provided to HIV and AIDS patients in and around Mulago). TASO Mulago is a 6 kms drive from the middle of Kampala city and can be accessed from the Northern gates of the old Mulago Hospital. TASO Mulago, as of 2005 had 70 full time staff and 20 paid volunteers. The core clients for TASO are People Living with HIV/AIDS (PLWHA) as its philosophy is 'living positively with HIV/AIDS'. The center (TASO Mulago) provides its full range of services covering a number of districts which include: Mpigi, Wakiso, Luwero, Mukono and Kampala within the range of 35 Kms and from the center Mulago and its outreach services extends to 70 kms radius. The outreaches include: Mende (Wakiso district),

Kyampisi (Wakiso), Seeta Nazigo(Mukono), Namulonge (Wakiso), Kasozi (Wakiso) and Kyetume (wakiso district).

Figure 2 TASO ORGANIZATION STRUCTURE 2000



According to figure 2 TASO Mulago Center reports to TASO headquarter. The center is composed of Community Initiatives, Social Support, Medical and Counseling. Counseling department is responsible for Community Initiatives, which is comprised of village community, and community workers operate at the village community level. Counseling department is also responsible for home care, condom distribution, referrals and education.

Social support falls under Project Office where the projects under this study are managed. The projects include: food, education/sponsorship, Income and generation activities (IGA): Personal businesses of clients for example, poultry farming, piggery and selling items in the market. There are other social support activities that are not included in this study such as Memory Book writing, training in Basic Child Counseling, and workshops such as child/guardian workshop.

1.9 Management Theories

According to Gomez and Balkan (2002), traditionally, the term management referred to only individuals responsible for making resource allocation decisions and with formal authority to direct others. Several management theories from both early management thoughts and contemporary management perspectives were advanced. Such theories include scientific management, Administrative Management, Systems and Total Quality Management. Though many management theories were advanced, only one theory was reviewed in this study and that is Total Quality Management.

Total Quality Management (TQM) theory is one of the contemporary management theories. This was a theory advanced by W. Edwards Deming, who was considered as the father of Total Quality Management Theory. Total Quality Management Theory is an organization wide that focuses on quality as an overreaching goal. This approach is based on the understanding that all the

employees and organizational units should be working harmoniously to satisfy the customers. The theory emphasizes that the organization must strive to continuously improve its system and practices because the customer's needs are in constant flux.

Total quality theory views quality as the central purpose of the organization. Quality is also viewed as everybody's job, not just the role of quality control specialist. According to the above scholar, Total Quality Management reflects the thinking and practice of management in many of the world's most admired companies, such as Toyota, Motorola, Xerox and Ford.

The key elements of Total Quality Management approach include the following:

- Focus on customer. This means it is important to identify the organizations' customers. These include the external customers who consume the organization's products or service, and internal customers are employees who receive the output of other employees.
- Employee involvement. Employees need to be involved in quality initiatives since quality is considered the job of all employees. Employees must have the authority to innovate and improve quality hence the Front-line employees are likely to have the closest contact with the external customers thus can make the most valuable contributions to quality.
- Continuous improvement. The quest for quality is a continuous process in which people are continuously working to improve the performance, speed, and number of features of products or services. Continuous improvement therefore means that small, incremental improvements that occur on a regular basis eventually add up to vast improvements in quality.

Deming listed fourteen (14) points of Total Quality Management. as show in figure 3.

Figure 3. Deming's 14 points on Total Quality Management.

1. Create constancy of purpose toward improvement of product and service, with the aim of becoming competitive, and to stay in business, and to provide jobs.
2. Adopt the new philosophy. We are in a new economic age. Western management must awaken to challenge, must learn their responsibilities, and take on leadership for change.
3.Cease dependence on inspection should be stopped to achieve quality. Eliminate the need of inspection on a mass basis by building quality into the product in the first place.
4.End practice of awarding business on the basis of price tag. Instead total cost should be minimized. Move towards a single supplier for any one item on a long term- relationship of loyalty and trust.
5. Improve constantly and forever the system of production and service, to improve quality and productivity, and thus constantly decease costs.
6. Institute training on the job.
7.Institute leadership. The aim of the supervision should be to help people and machines and gargets to do a better job. Supervision of management is in need of overhaul as well as supervision of production workers.
8. Drive out fear, so that every one may work effectively for the company.
9. Breakdown barriers between departments. People in research, sales and production must work as a team, to foresee problems of production and in use that may be encountered with the product or service.
10. Eliminate slogans, exhortations, and targets for the workforce asking for zero defects and levels of productivity. Such exhortations only create adversarial relationships, as the bulk of the causes of low quality and low productivity belong to the system and thus lie beyond the power of the work force.

a. eliminate work standards (quotas) on the factory floor. Substitute leadership.
b. Eliminate management by objective. Eliminate management by numbers, numerical goals. substitute leadership.

11. Remove barriers that rob hourly workers of his right to provide workmanship. The responsibility of supervisor must be changed from sheer numbers to quality.
12. Remove barriers that rob people in management and in engineering of their right to pride of workmanship. This means, inter alia, abolishment of annual merit rating and of management by objective.
13. Institute a vigorous programme of education and self- improvement.
14. Put everyone in the company to work to accomplish the transformation. Transformation is every body's job.

Source: Adopted from Gomaz and Balkan (2002), page 20.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Several studies have been conducted about HIV/AIDS causes, preventative measures, treatment and psycho-socio effects and cost effectiveness of treatment. Most of these studies are diagnostic, prescriptive and descriptive and little has been done about the establishment of the challenges faced in the management of social support projects as part of the comprehensive care package to HIV/AIDS management program especially in TASO Mulago Center.

This study has been inspired by the need to suggest possible solutions to the challenges of managing the social support projects for people living with HIV/AIDS with focus to TASO Mulago as one of the leading NGO managing HIV program. This should however be looked at as a complimentary effort towards filling the gap in the research carried out by other interested parties. It is vital to know that social support services such as food, education and provision of revolving funds for economic empowerment are strategies for implementation of HIV management programme. It is also important to know what the beneficiaries feel about the services provided and also suggest possible solutions with the aim of bridging the gap in the management of social support projects for people living with HIV/AIDS. I acknowledge the efforts of other people in this field and am continually inspired by the efforts TASO as an organization puts in the management of the HIV/AIDS programmes for the overwhelming number of the nation infected and affected by HIV/AIDS

2.2 Overview of TASO Mulago Social Support Activities

As mentioned before, TASO Mulago social support projects are many, however this study will focus on food aid Project, Apprenticeship, Formal Education and Revolving fund for Income Generating Activities (IGA).

The information bellow gives statistic of the children supported as found in the organizational report of August 2006:

"Children are supported by TASO Mulago in Primary, Secondary and Tertiary Intuitions under three strategies: TASO , Celtel and Center's Local Resource Mobilization strategies as shown below.

2.2.1 Primary Section

Under Primary education, 125 children are supported with scholastic materials through TASO strategy (45) females and 30 males), totaling to 75 children and Celtel fund (22) females and (28) males bringing the total to 50 as planned). However, Celtel has stopped its funding this year (2006) and the centre has a task to raise resources to continue supporting the 50 children. Most of these children are in UPE schools so their performance is just fair. A few have good performance. The children are disciplined, however a few of them are supported through counseling in areas where they fail.

2.2.2 Distribution of Scholastic materials

Scholastic materials and uniforms were distributed to the 125 primary schools children. Those in Upper primary get one (01) spring file, One (01) ream of photocopying paper, One (01) geometry set, One (01) ruler, One (01) dozen of exercise books, Twelve (12) pens, Six (06) pencils, Three (3) counter books. The children in lower Primary are given the following: one (01) spring file, one (1) ream of photocopying paper, one (01) dozen of exercise books, and twelve (12) pencils. Four (04) children are being sponsored in secondary Education: 03 female and 01 male.

2.2.3 TASO strategy for Secondary/Tertiary

Thirty nine female and thirty seven male children are sponsored, bringing the total to 76 children sponsored.

2.2.4 Apprenticeship

The programme started in the year 2001. A total of 85 children benefited from the programme between the year 2001 and 2002. In 2003 the children supported were 46 and in 2004 they were 48. The children sponsored in 2004 never got tool kits because there were no funds. In 2005/2006 children were not sponsored for apprenticeship because of lack of funds.

The children have been trained in carpentry, hairdressing, catering and electrical engineering, tailoring, welding, motor vehicle and bricklaying.

In the year 2006, the former apprentices were blessed with a start up capital from trickle up- USA Seventy five (75) children were given a start up capital of 150.000/= each. However one of the trickle up beneficiary died and currently they are 74 children. Fifty (50) more children were prepared to receive the fund." (TASO Mulago August 2006 social support progress report submitted to CAC).

2.2.5 Income Generating Activities

The project started in 2001 and loan has been given four times so far. The name of the group is called Tusubira IGA group. According to the finding, only 25 clients received the revolving fund in 2002. Eight (8) out of the 25 clients who received loan in 2002 died. So data was collected from 17 beneficiaries only. The rest of the beneficiaries who received loan before 2002 were not active and some members had already died so 17 beneficiaries could only accessed.

2.2.6 Food Beneficiaries

One thousand individual clients and 5000 total family members benefited from food programme. Since the study is about the challenges of managing the projects a few of the above clients participated in the research mainly to gauge the challenges and the feelings of the clients about the services.

2.3 The Origin of HIV Management Programmes In Uganda.

According to Noreen at el (2000), during the late 1980s, the denial of reality of HIV/AIDS in Uganda was still widespread. However, Uganda political leaders acted promptly and decisively` by raising public awareness of the nature and scale of HIV/AIDS problem and need for an effective response from all sections of society. Several groups responded to HIV/AIDS challenge by contributing towards HIV management program. The following were done:

The government of Uganda spoke openly about HIV/AIDS, restored the rule of law, freeing the mass media from official interferences, and revived democratic participation in national and community initiatives.

Civil societies such as The AIDS Support Organization (TASO founded in 1987), the AIDS information centre, church-based hospitals and local NGOs and community with the support from international donors developed innovative strategies for responding to HIV/AIDS. In 1980s and 1990s many institutions embraced HIV management programmes for example religious leaders like Rev. Gideon Byamugisha who was ordained Priest in the church of Uganda in 1992, three years later became the first practicing priest in Africa to declare publicly that he was living with HIV/AIDS. This encouraged other people to speak openly, prevent themselves from catching and spreading AIDS. Kampala Church of Uganda came up with integrated health programmes such as reproductive health, Nutrition and immunization, hygiene and sanitation, HIV prevention and care.

Traditional Healers, Educators, Counselors on AIDS awareness (THECA) was also founded in 1995. Uganda AIDS Commission, AIC, AIDS control program was established with the ministry of Health in 1986. Several NGOs and religious institutions under Catholics, Muslims and others joined in the fight against HIV/AIDS and started several programs to that effect. By 1997, according to

Uganda AIDS commission, there were at least 1,020 NGOs registered as being involved in HIV/AIDS work.

2.4 Overview of Strategies and Implementation of HIV Management Programmes

Lack of signs and symptoms of HIV/AIDS in earlier stages of infection have made many people infect others because they cannot easily diagnose the virus. TASO does a lot of sensitizations about HIV/AIDS in schools and communities in both rural and urban centers. However many new people still get infected with HIV/AIDS and many still join TASO on a weekly basis to access services such as medical treatment, counseling and food aid, revolving funds, apprenticeship and school fees payment for formal education. Though these services are provided there are serious concerns regarding sustainability and expansion of these projects as many new clients join TASO and large number of persons now infected becomes ill in the future and this is a serious management issue. This study therefore needs to suggest to Management on how well they can overcome these challenges. Majority of the clients are illiterate or have stopped at a very low level of education. The low level of education coupled with poor health have prevented the clients from getting and creating jobs that enables them to provide for their families.

AIDS is not only a health problem but is a social, economic and development issue as emphasized in the Poverty Eradication Action Plan (PEAP) for Uganda, "It is recognized in the PEAP that the fight against HIV/ AIDS requires a multi-sectoral approach and therefore has to be an integral part of sectoral efforts for poverty alleviation and overall development activities in Uganda. The PEAP mandates all sectors and areas of government to treat HIV/AIDS as a crosscutting issue and to mainstream it within sector plan. Taking this into consideration, The revised NSF will mainstream HIV/AIDS in line with the five

pillars of the revised PEAP, namely Economic management, security, conflict resolution and disaster management; enhancing production, competitiveness and incomes, human resource development; governance."(Mid-Term Review 2005).

Though HIV/AIDS is a health problem, health researchers and others have done little in trying to link the challenges of HIV management to the management of social support projects. "HIV/AIDS still remains a big challenge for Uganda and the whole world. It is estimated that currently over 1 million people in Uganda are living with HIV/AIDS and it is the leading cause of death among 15- 49 years olds (TASO 2002 annual performance report)." The table below shows the general figure of both adults and children living with HIV/AIDS.

Table 1: General HIV/AIDS Situation in Uganda by 2006

Indicator	Year	Uganda	Sub-Saharan Africa	World	source
Adults and children living with HIV/AIDS.	2005	1.000,000	24,500,000	38,600,000	UNAIDS 2006
Adults {ages 15} living with HIV/AIDS.	2005	900.000	22,400,000	36.300,000	UNAIDS 2006
Women ages {15}living with HIV/AIDS	2005	520,000	13,200,000	17.300,000	UNAIDS 2006
Children {ages 0 to 14} living with HIV/AIDS..	2005	110.000	2.000,000	2.300,000	UNAIDS 2006
Aids orphans currently living with ages{o to 17} {1 to 1}	2005	1.000,000	12,000,000	15.200,000	UNAIDS 2006
Adults and child AIDS deaths.	2005	91.000	2000,000	28.000,000	UNAIDS 2006
Adults and children newly infected with 2005HIV/AIDS.	2005	2.000.000	Nil		

TASO has registered 150,000 HIV positive people (75% of the country geographically) and 50% of TASO clients' CD4 is below 200 and these people are pruned to being bed ridden." Executive Director of TASO address to visitors in TASO headquarter boardroom on 16/2/2006. According to Mugisha Kenneth (2006). "HIV positive people--- and AIDS also accounts for 50% of admissions and 60% of TB patients have HIV". These people who are bed ridden are very weak can not fend for themselves and they do not only need drugs but also social support services for themselves, their children and other dependents.

DR Noreen Kaleeba one of the founders of The AIDS Support Organization (TASO) reported that response of various groups to HIV/AIDS was followed by the implementation of programs and activities and provision of services related to HIV/AIDS care and social support. These programs and activities were voluntary counseling as an entry point for appropriate medical care, HIV testing, nursing and psycho-social support for those who tested both positive and negative.

Social support such as food has proved to have a strong link with HIV treatment. The findings of a study conducted among NGOs providing community based AIDS Home Care Mulogu (1998) in Mpigi by World Vision, Concern FALESA, HECOS, BASOAS, LUGO, KDF, noted the services required by the PLWH/As included material assistance, treatment and nursing as a matter of urgency. "After all when somebody has something to eat and medicine he is unlikely not to have a lot of thoughts".

Social support projects form part of the comprehensive care package to the people living with HIV/AIDS. The social support projects focused on in this study include: the food aid project, revolving funds for income generating activities, apprenticeship and payment of school fees for formal education.

HIV management programmes further included, Provision of Antiretroviral drugs, on a paying basis to limited number of patients, at a few hospitals and research on the prevention of HIV infection (e.g. Nevirapine during pregnancy, HIV vaccines). Condom promotion and distribution through commercial outlets and health institutions were activities conducted as part of HIV management strategy.

HIV infection has no specific therapy. Crowe Suzanne (1996) emphasized this, "Because we have only slowed and not halted HIV disease progression and there is unlikely to be either a cure or a highly effective vaccine in the foreseeable future...." Recent studies show that there is still no cure for HIV/AIDS as a result; HIV should be managed through the following ways: Prevention of the spread of the HIV infection, Controlling and treatment of opportunistic infection, provision of social support projects such as (food aid for good nutrition, education, economic empowerment (IGA), reducing stress, early HIV testing and seeking treatment, behavior change, AIDS awareness and reducing stress. This therefore means that counseling and medical treatment for HIV positive people cannot be conducted in isolation from other social support services. Management of such a wide range of services is crucial but very challenging not only financially but also in terms of human resource.

Provision of economic empowerment to HIV positive clients helps to prevent further spread of HIV/AIDS. Some people are sex workers because they are looking for means for survival and this puts many people at a risk of contracting HIV/AIDS.

2.5 The Feelings of People Living with HIV/AIDS Towards Social Support Projects

The feelings of people living with HIV/AIDS about the management of social support projects are related to the importance attached to the service and how it is managed. The importance of food aid project in the management of HIV/AIDS cannot be over emphasized and most of the organizations dealing with HIV/AIDS have integrated food, sponsorship for formal education/apprenticeship and income generating activities in the management of HIV/AIDS

2.5.1 Integrate Social Support Projects into HIV Management Programmes

TASO integrates social support project into HIV management program, other Non-governmental organizations such as Africare, World Vision, and Catholic Relief Service do the same. This is because the clients demand the organizations to do so in order to ensure holistic management of HIV programmes. The clients feel social support projects should be integrated into HIV management Programme because of their many needs, which they feel should all be met. Experience of institutions that deal with HIV programmes have shown that it very vital to private comprehensive care the clients in order to answer their needs and also make the services complete.

2.5.2 Little Attention to Gender Aspect of the Epidemic

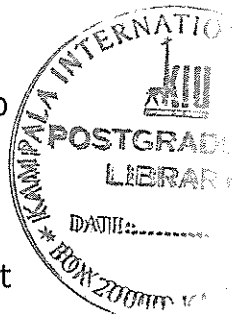
The people living with HIV/AIDS feel there is little attention to gender aspects in HIV management. This is seen in the little enforcement of the law in relation to gender and HIV/AIDS. This is evident by the way gender issues related to property, rape, defilement and age of consent are poorly handled at the village level and national level among people infected and affected by HIV/AIDS. An UNAIDS Initiative: the Global Coalition on Women and AIDS (womenandaids.unaids.org) reports, " An FAO study in Namibia reported 44% of

widows lost cattle, 28 small livestock, 41 lost farm equipments in disputes with in-laws after the death of a husband. In a Uganda pilot study of 29 widows living with HIV, 90% had property wrangles with in-laws and 88% of those in rural areas were unable to meet their household needs." Some of these cases are handled locally by the local leaders and are not forwarded to police and yet they deserve so and this is also experienced in Uganda.

According to World Bank (2005), states that gender aspects of the epidemic in Uganda have received little attention both in terms of its causes and its implication for the development of general policies for prevention, care and socio-economic impact. Little attention to gender aspect of development creates a big challenge in HIV management since the formulation and implementation of policies of prevention, care, and social impact is hindered. This leads to lack of direction as far as management functions of planning; organizing and controlling of resources are concerned.

2.5.3 Negative Attitude Towards Cost Sharing

The majority of the patients demand for free services even when they are expected to make a small contribution. This puts heavy burden on management. This is a unique problem because the conditions of the patients render them economically and socially powerless hence they expect every service to be provided for them freely and where free services are not offered the clients feel HIV programmes are well managed. For instance, in Uganda where ministry of health ensures free Anti retro viral (RVs) treatment, patients say that they part with money especially when they have to take CD4 count test they can part with even 70,000/= (Uganda shillings). Apart from parting with funds, most clients express that they fail to get what to eat and this makes drug taking difficult. ARVs give them great appetite; however getting food is a problem. A patient testified to the media, "The therapy is free in some centers but the cost that comes with it makes it expensive. When I first tried the therapy, it increased my



appetite, now I eat more than I used to eat. This is the cost. The free drugs do not carter for what goes with it." Nome Bainenaama (2006),

Nome Bainenaama also reports another patient saying, "Fellow Ugandans do not be deceived that the therapy is free there are no free things in this world. Even for places where treatment is free there are costs such as, transport food and time that are implied." As already mentioned generally in Africa, resources are very limited and even institutions handling HIV programmes need local contribution from the patients to ensure their support. Management therefore is challenged by the fact that many patients are unable to contribute towards the support they are given and demand a lot from management.

2.6 The Challenges of HIV Management Programme for African People and Governments, Non- Governmental Organizations and Donors

There are several challenges to HIV management in Africa and elsewhere. Paterne-Auxence Mombe, a Jesuit from Central Africa Republic said, " the message of hope is that we can deal with HIV/AIDS and allow HIV patients to live longer and better. With good management and appropriate effective treatment, people with HIV/AIDS can live longer and see the quality of their life improve" Paterne (2005)

Paterne presented the following as challenges for HIV management in Africa;

2.6.1 Resource Constraints settings

Paterne (2005), described Africa as a resource constraints setting, hence drugs for majority of HIV patients are too expensive. This is one of the main challenges because there are limited resources in Africa; as a result majority of the people and governments cannot afford the drugs for all patients. This does not apply to drugs only; it also applies to other social and economic resources. This is a challenge to HIV programme managers because they cannot effectively plan to

support a few patients and yet many more still need the drugs and other needs and there is no means of providing for everybody. It becomes a public concern because it is difficult to justify the transparency of the selection criteria of those who should benefit from the scarce resources and those who should not.

2.6.2 Difficulty in Budget Allocation

Limited resources have created a big hindrance for African governments to allocate adequate budget for public Health and basic services needed for managing HIV/AIDS. According to Paterne, the administration of ARVS drugs, a major focus in fighting AIDS, requires facilities for testing, counseling, diagnosis and monitoring. Food security, access to clean drinking water and hygienic living condition are also vital. Education, the widest possible dissemination of information about the management of AIDS, is equally required. These widespread needs do not only challenge the government in allocating budgets for management of HIV programmes but also managers in non-governmental organizations/institutions too.

2.6.3 Limited Information about Nutrition Therapy to HIV/AIDS

Paterne (2005) says, "----But nutrition is not subject to the law of patent or intellectual property. Even if it may not suppress HIV infection, it can significantly delay the progression from HIV to AIDS. Thus good nutrition which many-but far from all- Africans can afford, can keep HIV infected people healthier and improve the quality of their lives. However there is no consensus on the best diet for HIV/AIDS patients. Nutritional therapy, in the fight against HIV/AIDS, is an area of research in Africa." With these comments two major challenges of HIV management via nutrition in Africa can be cited. First of all not all Africans can afford good nutrition. Secondly, there is no consensus on the best diet for HIV/AIDS patients; hence there is need for further research on nutritional therapy for HIV/AIDS. Several organizations dealing with HIV programmes for example TASO Mulago and Kamwokya Christian Caring

Community in Kampala provide nutritional support for people living with HIV/AIDS however lack of consensus on the best diet for HIV patients is still a challenge to management. This is aggravated by the fact that majority of staff who distribute the food are not nutritionist (specialists). Limited research on the relationship between food and HIV/AIDS undermines HIV programme managers' authority to report on the impacts of food on HIV/AIDS since there is limited scientific research done yet.

2.6.4 Little Research in Medicine for HIV/AIDS

Africans are far the most affected by AIDS, must take up more research in the relevant areas of medicine, in order to improve the health and quality of life of those infected or affected. However, Very few Africans are vigorously involved in making research about relevant medicine for HIV/AIDS. This is as challenge to HIV programme managers because the hope of getting locally affordably and accessible drugs to manage HIV/AIDS is very minimal and the majority of patients still continue to suffer without the right treatment. Managers still have to do a lot of work in mobilizing medicine both within and outside Africa to treat the overwhelming number of HIV positive people.

2.6.5 Difficulty of Integrating African Local medicine with Artificial Medicine.

Paterne in his book cited difficulty of integrating African local medicine into artificial medicine. Majority of patients want to use both artificial medicine and African medicine. This is challenging to management because there is no much research done about making a combination of African with artificial medicine. Some patients even do alternate artificial medicine with African medicine for treatment. This interferes with adherence to ARVS treatment. Management of institutions that provide artificial therapy for HIV/AIDS are challenged by African traditional healers' efforts to sell their drugs to patients who gather to seek artificial medicine. These African herbalists target hospitals; non-governmental

organizations like The AIDS support Organization (TASO). With little research about the mixture one cannot know how to handle the side effects of the combination of the drugs. This therefore calls for a lot of research into Africa medicine because there are patients who are after healing and the more variety of the treatment they take, the more secure they feel not knowing the outcome.

2.6.6 Lack of Commitment

Lack of commitment on the side of African people and government is another big threat to HIV management programme in Africa. paterne (2005), " managing HIV/AIDS on this continent first and foremost the responsible commitment of African peoples and governments, and they in turn may seek international aid." Some African countries like South Africa had been slow in accepting the existence of the virus in their country and taking serious actions in time. The HIV/ AIDS epidemic overwhelms the fragile health care services of many sub Saharan African countries where any infrastructure for testing, diagnosis and treatment of HIV-related diseases is often absent." The lack of commitment of many leaders to HIV programme is reflected in the style the programmes are managed. HIV management programme requires commitment of African people and governments, however this is lacking in most African countries.

2.6.7 Corruption

Corruption has been noted as one of the biggest challenge in HIV management. For instance the people and government in Uganda have been reported for mismanaging funds for HIV/health programme. Such people are the high-ranking managers who should have overseen, monitored and evaluated HIV management programmes within the country to support quality assurance strategy in the management of HIV/AIDS. The line managers are definitely compelled to follow suit hence register failure to HIV management programme since majority including top government officials are not transparent enough and cannot effectively and efficiently manage HIV programmes. Management's lack

of accountability to the stakeholders, act as a true evident of mismanagement of the HIV programme. A vivid example is found in Uganda where Global fund was suspended due to mismanagement. Reuters reports,

"The Global Fund announced the suspension of five grants worth $367 million after an audit of one of the grants by Pricewaterhouse coopers found evidence of serious management by the Ugandan Ministry of Health project Management Unit, which was established to implement the grants. The fund had requested that the Ministry of Finance, which serves as a principle recipient of the five grants, implements a new method of effectively managing the grants by the end of October (Kaiser Daily HIV/AIDS reports, 9/12). The agreement states that the ministry of Finance must establish structures to oversee management of the grants; conduct self-assessment, and restructuring of Uganda country coordinating mechanism, the Global fund's country- level partner for grant proposals; and restructure the grants process, including implementation, responsibilities and oversight, according to a global fund release. The agreement also stipulate that auditing firm Ernest and Young for the next six to nine Months will continue to oversee grants sub- recipients. Global Fund Executive director, Richard Feachem said that over the past two months, Global Fund has been heartened by the intensive efforts of Uganda- their partner adding, they are very pleased that the progress made enables them to lift the suspension of Uganda's grants." (www.kaisernnetwork.org/Daily_reports/rep_index.cfm?_D=33670)

The challenges of mismanagement, lack of commitment and corruption are eroding African efforts for HIV management especially where cases of fund diversion are experienced the beneficiaries suffer.

2.6.8 The Overwhelming Number of Clients who Seek Support

Apart from Paterne, (2005) other scholars have also talked about the challenges of HIV management. According to World Banks' Report on Global HIV/AIDS

Programme of Action 2005, "More than half of those newly infected with HIV/AIDS are aged 12-24. There are more than 12 million young people now living with HIV/AIDS." This does not only apply to children as already mentioned in this report. UNAIDS report of 2006 shows that 900,000 adults in Uganda are living with HIV/AIDS, 22,400,000 adults are in Sub Saharan Africa, 36,300,000 adults are living with HIV/AIDS in the world."

The increasing number of children and adults living with HIV/AIDS increases the number of HIV positive people seeking support of different kinds, for example school fees, food, medical treatment and so on, yet the organizations ,governments and donors dealing with HIV/AIDS programme do not have enough resources to cater for the many clients that need support and yet their needs are also many.

2.6.9 Great Demand for Education by Children Living with HIV/AIDS

Many children infected with HIV/AIDS also have right to go to school, to proper feeding and yet their parents or guardians can no longer support them due to sickness or others have lost all their parents so they go to the institutions that handle HIV programmes for support of any kind, not necessarily treatment. This does not only apply to HIV positive children, there are many HIV orphaned and Vulnerable children who are not attending schools and are trying to seek support from government or non-governmental organizations who also have limited resources. According to Sonya Weinreich and Christoph Ben (2004), "World wide, 100 million children-60 million of them girls-do not receive an elementary education. These children come predominantly from HIV/AIDS-affected communities, conflict and wars zones poor families and rural areas (UNICEF 2001)." UNICEF AND UNAIDS (2002), also reported that "More than 14 million children below the age of 15 have lost one or both parents due to AIDS, 11 million of them in Sub-Saharan Africa. It is expected that by the year 2010 this number will have risen to more than 25 million, perhaps to more than 40

million." This is a big challenge to managers of HIV programmes because they have to double their efforts to raise resources for the overwhelming number of people who seek support in a resource limited countries.

2.6.10 Poor Nature of the Beneficiaries (Clients)

The negative attitude of clients towards cost sharing may be a secondary problem. This attitude issue finds its root in the poor nature of the clients that cause them to behave this way. Several scholars say HIV/AIDS is a poverty-related disease. According to TASO report of 2002 majority of TASO clients are very poor, unemployed or have less paying casual jobs. Sonja Weinreich and Christoph Benn (2004) say,

"Poverty fosters the spread of HIV/AIDS and exacerbates the impact on individuals, communities and societies: Globally HIV/AIDS is a disease associated with poverty: it disproportionably affects people in poor countries and the poorer population groups within the rich industrialized countries. (The Ecumenical Advocacy Alliance 2001 a has invited churches to fight AIDS as a poverty-related illness"

The statement that HIV/AIDS globally is associated with poverty is debatable, however given the economic status of clients who seek support in The AIDS support Organization (TASO), how poor they are, suggests that HIV/AIDS is a poverty-related disease, the call of The Ecumenical Advocacy Alliance to fight AIDS as a poverty-related disease is very crucial in HIV management. The management of HIV/AIDS as already emphasized, is not only peculiar to counseling and medical treatment. To tackle HIV/AIDS as poverty related means other social support services has to be incorporated in HIV management programmes and yet not all care providers can afford to offer a comprehensive care package to HIV patients. The poor nature of clients hence becomes a challenge to HIV management because the people seeking the service are too

poor to be given only one kind of support yet one institution cannot provide all the required services.

Counseling or medical treatment without integration of Social support programmes means treating the symptom of HIV/AIDS. Why? The reason why many people get AIDS is because they have unprotected sex with an infected person because they expect financial and economic gain to help them cater for their basic needs. Though there are many reasons why people get infected at least poverty related cause is one of the major ones. Hence to reduce the spread and re-infection the root cause of the disease has to be addressed. Therefore empowering the clients with funds for income generation is very vital in improving the economic and social status of the clients and their families and prevention of the spread of HIV/AIDS.

Benefits from income generating activities improve the status of the people and reduce stigma since they first of all get income and are also self-employed. Some of them become employers by getting someone to help them do the job and pay them some little money. This gives them the hope that was once lost. Hence the fulfillment of TASO mission to restore hope and improve the quality of life of persons and communities affected and infected by HIV disease.

Christoph and Sonya continued to say that people who live in poverty are further impoverished by HIV, since wage earners die, savings are consumed and expenses for medical treatment and funeral increases. Vicious circles develop: the poor have less access to treatment and care in the event of the chronic sickness; they lose their already low incomes and thus have less access to resources and this increase the risk of HIV infection. Giving the clients social support uplifts them from the vicious circle of poverty. That is why revolving funds play a great role in the management of HIV/AIDS yet not all institutions have the capacity to manage income generating activities (IGA).

2.6.11 Lack of Sustainability of HIV Programme

Given the deteriorating conditions of the people living with HIV/AIDS and the poor economic and social conditions, the patients require long-term care and support. A.A. Opio (1996) says, "Provision of long term care for persons with HIV/AIDS is expensive." This confirms the plight of the patients and HIV programme managers about maintaining lifetime treatment for patients such as Anti -Retroviral Therapy given the fact that these drugs are very expensive. Financially, most interventions in Uganda rely on the international donors and do not recover any costs from clients. Most donors sponsor programmes for a very short period. This coupled with the lack of the local resource mobilization strategy to sustain the projects puts management in a tricky position concerning the sustainability of the service provided.

2.6.12 Difficulty in Tracking Project Expenditure

A.A Opio further stated that it is difficult to determine exactly what resources are provided for HIV/AIDS prevention and mitigation because many programmes are integrated with other interventions (STDS, family Planning, Poverty alleviation, and other maternal and child health). This lack of clarity is further compounded by the fact that a large number of NGOs are involved in HIV/AIDS prevention throughout the country, and there is no single source of tracking projects and resource expenditures.

2.6.13 Dependency Syndrome

There are several challenges noted when providing free services to HIV positive people for instance school fees for children, providing food, or revolving fund (without interest and security) and any other free services breeds dependency. WHO and UNICEF document stresses this, "Working on the principle that straight hand–outs encourages dependences and should be avoided wherever possible, World vision education support scheme is run on cost-sharing basis. While the organization pays just over half the PTA fee for a child, parents/foster parents

are expected to pay the rest. Only in such exceptional circumstances as such as when children are surviving on their own, does World Vision pay the full cost of education, including uniforms and school equipment," Joint WHO and UNICEF Document reports. While providing these services, the service providers should endeavor to ensure that they do not create dependency hence disempowering people to cater for their needs. This is challenging to management because experienced have shown that most needy people do not want to graduate from free services even if their health, social and economic conditions improve hence increasing the number of people to be supported.

The above constraints call for building capacity of service providers in order to mobilize resources locally to sustain HIV management projects.

2.6.14 Gender Inequality

According to the findings of Lamunu (2004); Men played a big role in low utility of Voluntary Counseling and Testing (VCT) because since they are considered as decision makers, most women want to first consult their husbands before using VCT and yet majority of these men are not willing to utilize the service because of infidelity, polygamy and not of status." The consent of both partners is very important in HIV management programmes because a woman can not adhere to certain care and support without the Knowledge and support of the husband (sexual partner), for example it is very difficult for women to use certain family planning methods like condom without the consent of the partner. Yet women sometimes fail to get consent of the partners. Gender inequality therefore act as an obstacle to access of HIV care and support services and management find it difficult to support such women and yet there is to reduce the spread of the virus for example the spread of HIV from mother to child.

2.6.15 Weak Economies

In Africa most economy is weakened by political, social and economic turmoil. For example, the impact of HIV/AIDS in Uganda is imposed on economy structure that has been weakened by decades of political, economic and social turmoil. This hinders effective and efficient HIV management programmes since the effects of HIV/AIDS again bombard the economy, which is just in the process of recovering. For instance, Northern Uganda that has experienced war destruction for over 20 years is again being set back by HIV/AIDS. Northern Uganda currently has a very high HIV prevalence rate and this has affected the Ugandan economy because resources have to be directed there.

2.6.16 Decline in Management Performance

Management performance decline as employees fall ill and other social charges fall on employers. HV/AIDS reduces the quality and quantity of human resources available to society in terms of experience, training, knowledge, aptitudes, and commitment. This applies to all parts of the country. Loss of service providers poses a great challenge to management as performance of the staff decline so is the management hence more resources is spent on recruiting and training new staff who carry on with the implementation of HIV programme.

Not only did the above scholars analyze the challenges of HIV management around the world but also World Bank cited broad challenges of HIV management as follows:

2.6.17 Limited Strategic Planning

World Bank report on Global HI/AIDS Programme of Action 2005, expressed the following, "By and large, efforts against AIDS are not coordinated well at the national level and are not part of an overall strategic plan. There are many plans, no plans or different plans in different sectors, some efforts duplicate others, and some address problems that are not priorities and some problems

are ignored altogether. HIV/AIDS and its financing are often integrated into an overall development and financial planning." Limited or poor strategic planning of HIV programmes poses a great challenge to management because there is no clear vision on how to handle HIV/AIDS problems and it is one of the killer disease that does not only rob lives but impoverishes the world.

The following factors have been given by World Bank as reasons why countries do not plan more strategically or if they do why they do not always follow these plans:

i. Missing data especially on risky behaviors, on patterns and drivers of infection, on programme effectiveness and on economic and social impact.
ii. Inadequate mechanisms to analyze and use data (when they are available), especially for prioritizing HIV/AIDS investments.
iii. Reluctance to prioritize because of the difficult choices to be made.
iv. Limited capacity to conduct regular planning that involves many sectors of governments and society in particular help each sector access realistically its comparative advantage in responding to HIV/AIDS.
v. Limited ability of governments to plan a national response when significant external resources are channeled directly to the non-government entities with limited consultation, and external resource flows are unpredictable or uncertain.
vi. Competition among stakeholders, in both the public sectors a civil society due to unclear roles and responsibilities and lack of ownership.
vii. Persistent knowledge gaps in some key areas such as effective prevention strategies and how to scale up service delivery.

The above reasons explain why there is limited strategic planning. Lack of data, poor analysis of the available data, limited capacity to conduct regular planning, limited ability of government to plan a national response, competition among

stakeholders and persistent knowledge gaps certainly pose great challenges to HIV management as manager's roles of planning and implementing HIV/AIDS programme are weakened by these factors. Both governments and non-governmental organizations should look into this issue in order to reduce challenges of HIV management.

Another challenge in managing HIV programmes cited by World Bank is management and implementation constraints. Even well planned programmes will have limited results if they are not well managed and implemented. In many counties there is insufficient support for implementation especially in scaling up programmes in both the public sector and civil society. And where there has been support, programmes rarely benefit from lessons learnt in other parts of the country or from other countries. Many countries especially those hardest hit by HIV and implementing agencies within countries face the following obstacles to successfully managing and implementing their programmes:

i. The tendencies of management entities to "control" rather to pass them onto and "empower" those who actually carry out the programmes.

ii. Systems of judiciary accountability-financial management and disbursement and procurement of goods and services particular-that is more burdensome than relevant and does not take local conditions into account.

iii. Implementation with insufficient resources, skilled personal, and regional and international knowledge about what works, especially with regard to challenges of scaling up HIV prevention, care and treatment.

- The reluctance of many in the public sector and to contract programme implementation and administration to existing civil society and private sector agencies in the country.

- Unnecessary duplication of management, monitoring and evaluation systems to meet requirements of donors.
- Unpredictable, erratic, or narrowly targeted disbursements of donor funding, often outside of national budgetary planning process and cycles.

2.6.18 Weak and Overburdened Health Systems

While the causes and consequences of HIV affect many sectors, it makes especially strong demands on health sector which has a central role in the surveillance, prevention, diagnosis and treatment of HIV/AIDS of opportunistic infections. Despite efforts over the year to improve health systems, they remain very weak in many countries, including some that are the worse affected by HIV/AIDS. Health systems must be strengthened to fight HIV/ASIDS and to address numerous other diseases and health problems. Major obstacles to improve health outcomes and sustainability include: not enough investment to improve health systems in their medium -to long-term sustainability, human resources.

2.6.19 Donor Challenges

According to World Bank (2005) donor support for building the capacity of health systems has not kept pace with increasing demands to scale up the delivery of service because of the following:

i. Inadequate numbers, skills and distribution of health workers, due to weak incentives, shortages of training facilities, brain drain and losses of health sector workers to AIDS.

ii. Inequities in access to and the utilization of health services.

iii. Restrictions on the use of some development assistance fund for recurrent cost, including salaries, ARVS drug costs have declined but other costs associated with treatment for example medical and support personnel, non-ARVS drugs, biological monitoring, have remained

constant. Donors traditionally have been unwilling to pay these local operating costs."

iv. Emphasis by donors of reaching many people with ARVS, without adequate attention to the quality of care and to sustainability given that ARVS treatment is a life long commitment.

v. Resistance among public sector staff to expanding the role of private sector and civil society to deliver services.

2.6.20 Limited Reach of Prevention, Care and Treatment Services

Efforts to expand care, treatment and prevention programmes have been frustrated by a number of obstacles:

i. HIV programmes particularly prevention efforts have often focused open changing the behaviour of a small group of individuals rather than designing comprehensive or structural approaches to an entire at risk-group.

ii. Without clear HIV AIDS communication strategies messages have not always been consistent or effective.

iii. The staff available to deliver programmes on a large scale is limited especially in countries where those in need of services are widely dispersed, highly mobile, in rural areas or concealed.

iv. Many governments are reluctant to contract programme management and service delivery outside the public sectors even where this would increase coverage, efficiency, quality and significantly close implementation gap.

2.6.21 Limited Number of Health Workers

Too few health workers are trained, too many die, or move abroad, those in the post is mal-distributed relative to needs. "Forty percent of the new nurses in Zambia and Malawi each year are needed just to replace nurses who die- many of AIDS. There are more Malawian nurses in Manchester, England, then in all of

Malawi. Tanzania has 26 times more nurse per capita in Der-as-salaam than in some rural areas. Weak public sector management and poor incentives and working environment erode productivity and donors contribute by luring senior management away from the public sector. Kenya civil service pay role was estimated to include 500 "ghost" health workers. Low salaries sap morale and force health workers to undertake multiple jobs or activities." (Htt:/www.halfhealthmdgs.org/Documents/Africansworkforce.Final.pdf).
Hppt: www.hlfhealthmdgs. /Documents/HealthWorkforcechallenges-Final.pdf

2.6.22 Funding Challenges

World Bank (2005) narrated several funding challenges management face in relation to management of funds for HIV programmes as follows:

2.6.23 Uncertainty about Future Funding

Uncertainty about future funding according to World Bank is one of the challenges of managing HIV programmes. This problem discourages management from making large investments needed to strengthen the programmes and also management is forced to make too much investment in the short run. Tied to this problem, funds are sometimes released late in the project circle and management is expected to make accountability when implementation of activities may require some time in order to be done effectively. This has often encouraged poor performance, which is blamed on management.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

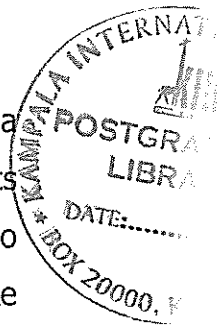
This chapter describes the methods that were used in the research. These included the following; purposive and quota samples, written questionnaire, group discussions, oral Interviews, Library and media research, observations, note making, data processing and analysis were made.

3.2 Research Design

Both qualitative and quantitative approaches were used. Quantitative method was used to produce data that are presented as numbers to answers of formal survey. This method helped to track the project records including figures of the project beneficiaries. The method is used to know how many clients benefited from social support services in a given period of time. Formal survey was also used to give representative data on the study population. Qualitative method was used describe the variables in the study. This method was employed to give answers to questions in more detail. The method was used to find elaborate answers to challenges the organization faced in managing HIV programme.

3.3 The Study Population

The research was conducted at TASO Mulago Center and its outreaches, communities, and Food Distribution Points. TASO Mulago center is a service-providing center within Kampala district. As of September 2006, the center had an accumulative registration of 28,127 clients. To date, a total of 5,623 clients are active with a gender ratio of 3:1 females to males. The center registers an average of 200 new clients every month. TASO Mulago serves a clientele from 75 km radius covering districts of Mukono, Wakiso, Luwero, Mpigi and Kampala. Kampala district contributes the largest percentage of the clients served at TASO Mulago i.e. 57.7%. At a division level, the client registration stands as follows: central 6.5%, Kawempe 38.7%, Makindye 18.3%, Nakawa 13.7%, and Rubaga



22.8%. The out reach centers are found in Mukono, Wakiso and Kampala districts. The study was also conducted in TASO Mulago food distribution points which include: the three outreaches and other 6 points which include: Kazo Church of Uganda, Nakulabye kiwunya Catholic Church, Makindye St, luke Church, Kiswa Community Hall, Mulago Catholic Church, and Seeta Nazigo health center.

The respondents included the clients whose majority are poor and less educated. The staff, heads of the departments, and section heads were part of the respondents because they are the key people who manage the projects. TASO Mulago has 80 full time staff and 21 volunteers. The respondents were 15 years and above because they include children supported for formal education (direct beneficiaries) and should have sound mind.

3.4 Sampling Techniques

Data were collected from 243 (two hundred, forty three) respondents.

The respondents were drawn from five (5) categories, namely: IGA beneficiaries, formal education, Apprentices, Food beneficiaries and staff

Table: 2 The Various Quotas And Their Numbers

Categories	**Number of Respondents**
Children sponsored for formal Education	20
Apprentices	40
Food beneficiaries	160
Income generating Activities beneficiaries	17
Staff	6
Total	**243**

Since the population of TASO Mulago is big, sampling technique was used to measure a subset of individuals in the population that was applied proportionately. This helped to avoid bias and reduce the cost and time that would have been used to interview such a big population. The sample size was also manageable to avoid confusion in data collection. The sample size and selection was done as shown below. Sampling methods used were purposive and quota sampling.

3.5 Research Instrument

3.5.1 Questionnaire

The research was carried out with the help of questionnaire formulated and administered to key informants who could read and write and were willing to write. This method was useful in finding the challenges faced by management and the possible ways of addressing the problems. Written questionnaires were given to 30 participants.

3.5.2 Focus Group Discussions

Focus group discussions were conducted with TASO Mulago registered clients as follows: 2 groups of 10 clients each member receiving Loan for revolving fund/IGA beneficiaries, 6 groups of 15 clients each receiving food aid, 2 groups of 10 children each on apprenticeship programme, 2 groups of 10 clients each receiving school fees for their children. The focus group discussions brought the respondents together to talk about key topics such as their perception about the management of the projects, the achievements, challenges and recommendations to improve the projects. The respondents were able to interact and this led to richer responses and emergency of important ideas. The people in the group had common socio-economic class, benefiting from the same resources and demographic data.

Table: 3 Focus Group discussions

GROUPS	NUMBER
2 groups of IGA beneficiaries	17
6 groups of food beneficiaries	90
2 groups of Apprentices	20
2 groups children receiving school fees	20
TOTAL	**147**

3.5.3 Interviews.

Oral interviews were conducted on a one to one basis between the interviewer and the respondents. The questions were open ended to give chance for the respondents to elaborate on the answers. The oral interviews helped to cover Key topics through probing the respondents. 66 respondents were interviewed orally.

3.5.4 Library and Media Research/Secondary Data

This involved searching for any documented information for related literatures available in textbooks, reports, journal and magazines, work plans and review of reports.

3.6 Data Collection Procedures

The following procedures were employed during the data collection;

1. Research instruments and methods were pre-tested and proved fit for data collection to ensure that the questions are simple and easy to understand.
2. The instrument was administered to the respondents. This stage also involved secondary data collection. The data collected was entered and cleaned up.
3. Data was then analyzed. The analysis of the data started by, describing and summarizing the raw data into a manageable form. Data analysis had been a continuous process even when more data was being collected. This was useful in triangulation of the results and cross checking them and checking the consistence of the data. Further clarifications were also sought as the data was being analyzed.
4. After describing the data, it was then used to test the hypothesis where two or more variables were examined to show how they differ from each other or how they are related.
5. The data was then compiled into a final report.

3.7 Data Analysis and Interpretation

Both qualitative and quantitative methods were used for data analysis. Qualitative method was used to get from the respondents in-depth information about the challenges of managing social support projects. Data was analyzed qualitatively on the basis of questions and objectives. Quantitative method was employed to analyze

quantifiable responses of the structured questions for the study. The method enabled the researcher to meaningfully describe the distribution of quantitative scores. It was the intention of the researcher to avoid subjectivity and bias interpretation of data as much as possible.

3.8 Limitations of the Study.

1. **Lack of Openness**

Some respondents were not so free to talk about HIV/AIDS since they never disclosed their HIV status to their family members. The made it difficult to get information from them.

2. Dormant respondents

Some participants were not active. Some were supported as early as 2002 and have shifted to their villages and some had died. Yet the researcher had aimed at interviewing even the clients who were supported from 2002. This limited the number of participants especially IGA beneficiaries.

3. There is limited literature on the challenges of managing social support projects for people living with HIV/AIDS.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.1 Introduction

In this chapter, the results of the study are presented and discussed. The chapter explains and analyzes the process of implementation of TASO Mulago activities, the clients' feelings towards the services, monitoring and evaluation criteria, achievements and challenges of managing the social support projects.

4.2 Mode of Implementation of TASO Mulago Activities

The mode of implementation of TASO Mulago activities includes selection criteria of the clients to benefit from the services and how the activities are implemented.

4.2.1 Selection Criteria of the Beneficiaries

It is important to analyze the selection criteria in order to know if it is transparent enough and if there are loopholes then make recommendations for corrective measures to be taken by the organization.

4.2.2 Selection criteria for Apprentices

Apprenticeship Programme (AP), under child survival initiative of The AIDS Support Organization (TASO) was founded by the United States Agency for International Development (USAID). The programme became effective in September 2001 with an initial life span of one year. The overall goal of the apprenticeship programme is to give skills to selected children of TASO clients so that they are able to secure immediate self-sufficiency to look after themselves and also care for their siblings. The programme is built on, among other things, selecting and placing children of TASO clients in training institutions which offer skills in carpentry and joinery, building and concrete practice, electrical installation, tailoring, catering, motor vehicle mechanics, motor cycle mechanics, welding and fabrication, hair dressing and agriculture.

The selection criteria for apprentices are as follows. The children are registered TASO clients or whose parents/guardians are TASO registered clients apply for the support through their counselors/counselor of their parents/guardians. The applications are forwarded to the project office. The project officer and the child support officer call for the child selection meeting whose members comprise of all heads of departments (medical coordinator, Counseling coordinator, the project officer, the center Manager, and Day center Supervisor), 2 client representatives, and the Center Advisory Committee Chairman (CAC). The selection committee shortlists the children of the neediest clients who might have dropped out of school due to lack of school fees. Some of these children stopped in primary seven, secondary level and some have not reached these levels.

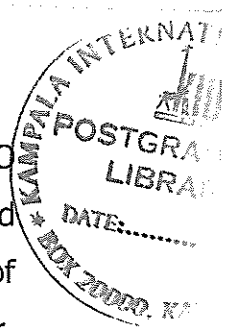
According to TASO September 2002 review report about apprentices sponsored for metal fabrications, the levels of qualifications of these children do not hinder their performance to a greater extent. The document states, "The analysis of the education levels of the trainees (from records) shows that 50% of the children have been to primary schools, 30% have been to secondary schools, and the 15% have not been to any of the above. The influence of the academic qualifications on the performance of the trainees was examined. It was found out that: trainees, irrespective of their academic qualifications, follow in all the practical sessions and acquire skills equally. Theory sessions are not indispensable though necessary." However, the same document reports that theory sessions especially drawings, are more difficult for the unqualified (in this case those who have not been to primary). According to this finding majority of the children have stopped in primary schools and a few of them never reached primary school level at all. This though the report says has less influence on the academic performance of the children, it can be noticed that it can affect theory sessions and generally the whole training because it becomes very difficult for these children to make notes, translate the theory they have learnt in to practice.

This therefore poses a great challenge to management since they cannot take all children for formal education because of lack of funds and the best they can do for them is giving them skills in practical work. However the challenge still remains that some of these children need to have basic qualifications and that is why this study seeks to suggest possible solutions.

4.2.3 Selection Criteria for Food Beneficiaries

There were two food projects in TASO Mulago currently: PL 480 Title II and World Food Programme Food Aid Projects. However, the study focused on the project called PL 480 Title II Food Aid Project because it is a project that has lived for five years and its impacts can be measured, world Food Programme was two years old at the time of data collection. PL 480 Title II Food Aid Project began in the year 2001 and it is sponsored by ACDI/VOCA. The food project wound up in September 2006 during the time of data collection. It served 1000 primary clients (individual registered clients) and over 5000 total beneficiaries (clients and their family members.) The food supplied was vegetable cooking oil and Corn Soya Blend (CSB) from the United States of America (USA) USAID founded project through ACDI/VOCA.

PL 480 Title II project, food was given to the neediest of the needy clients. The selection criteria were as follows: The clients first express the need for food to their individual counselors who home visit them and interview them, make observations and then fill forms which contain information such as marital status, occupation, and academic qualification, number of beneficiaries, general economic and health status of the clients and justification of why the client needs food. All these are meant to assess the eligibility of the clients for food services because food was not enough for all clients and not all clients could be needy. Sometimes the community workers who live in the same areas with the clients and know more about the client guide the staffs.



After the staff have filled the forms, the forms are taken to the center (TASO Mulago) project office. The project officer and the Social Support officer-Food arrange for a food selection meeting and committee is comprise of: all heads of departments (medical coordinator, Counseling coordinator, the project officer, the center Manager, and Day center Supervisor), 2 client representatives, and the Center Advisory Committee Chairman (CAC). The committee then selects eligible clients basing on whether the client has enrolled with TASO and has been receiving TASO services for at least three months and has no assets that generate income (for example functioning showing machine), is unemployed, eats poorly (for, example one meal a day), has no any other means of getting food or money to buy food and has a large family to support. The clients who pass through this tests are considered eligible and their names are forwarded to TASO headquarter where their information is entered on the computer and the information is sent to the donor's office where food cards are made for these clients. When one has not been a client of TASO for at least three months he/she is put on a waiting list and until he/she qualifies. After receiving their food cards, the clients begin to get food from the nearest food distribution points. The food was not distributed from TASO Mulago center; they are taken to various communities where the clients live to maximize transport costs on the side of the clients.

4.2.4 Selection criteria for formal education primary and secondary

The children write application through their counselors. The counselors forward the applications to the child support officer. Child support officer and the project officer arrange for child selection committee meeting. The committee comprises of CAC members (chairperson), social support officer, project officer, counseling coordinator, day center supervisor, and one client's representative (To be nominated by clients themselves) and co-opt any other member of the committee.

The selection committee reviews the application forms, report cards of the children, the justification for this child given by the counselor, and select neediest of the needy basing on records/file, history of the family/information about the family — orphans take priority.

The selected children (eligible) are then called for interviews on the scheduled date where the guardians, parents accompany the children for the interview.

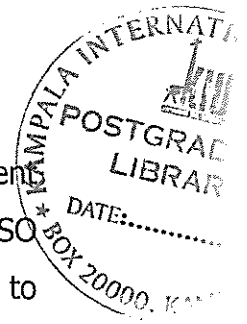
The result will later be communicated. The committee then visits the school where to take these children, also make request to the school administration to offer free places for some of these children.

Children are also are given opportunity to select the schools they want to go to and then later they are given uniforms and other scholastic materials and they go to school. Some children are placed in boarding while others are placed in day schools.

4.2.5 Replacement of the Children

Some of these children are educated from primary one to senior six. The fees are not enough for higher institutions. So when a child completes senior four and senior six, or drop out because of pregnancy (for girls), death or indiscipline in school, s/he is replaced.

The child support officer and the project officer review the lists of children visit them in schools and homes. When they find children who have dropped out then the list is made. The child selection committee meeting is again called to select children from the waiting list to replace those who have left due to the above reasons. Selection is done yearly or when there is need to replace a child.



4.2.6 Selection of IGA Beneficiaries

The beneficiaries must meet the following requirements: Must be a TASO client enrolled or guardians/parents of children supported with education by TASO under the child support initiative. Clients should be in groups ranging from 5 to 7 members, preferably from the same location. Clients who have demonstrated the ability of running of an IGA or with the potential. The client should be a fully pledged member of the group and willing to follow the regulations set by the group and guidelines given by TASO. Should have a written business plan presented to the center loan committee. The beneficiary should have been trained by TASO in group dynamics and IGA management.

The center has a loan management committee comprising the center manager, social support officer (who also plays the role of a secretary), project officer, center accountant and clients' representatives as members. The selection of the group, training and disbursement of the loan is done at the center. The center loan committee does the approval of the loan. The center supervises and monitors the use of the loan and reports the progress of the program, its successes, failures and possible recommendations to the headquarters. The center monitors activities of the groups regularly and gives technical advice accordingly.

For selection, the following criteria are followed: The clients apply for the loan. The committee reviews the clients' files, report of the executive and staff who visited the clients and assessed their business from their locations. Clients are then selected. The selected ones are later informed, called for two weeks business loan management training, then they make business plans, apply for the amount of funds they require then funds are disbursed depending on the businesses and usually the minimum amount is 250,000/= and a maximum of 300,000 or 500,000/= depending on how much money is available on IGA account. The executive, TASO Mulago center manager, the group chairperson

and the treasurer are the signatories to the account. The eligible clients are therefore given the loan and given a grace period of one month to begin to repay the loan. The repayment used to be on a weekly basis, however it became difficult for them to raise the fund on a weekly basis.

4.2.7 Process of Implementation

The social support officer processes the school fees for the children and ensures that it is paid direct to the schools. The staff visit these children to confirm that they are in schools. Several follow up visits are made to offer support counseling to the children because these children are sometimes worried about the death of the parents, are sometimes not visited by their relatives or lack some requirements or are themselves HIV positive. Follow up visits are also made to the homes of these children to find out how they are living with their guardians/parents. The children and their guardians require counseling sometimes.

According to the Child Support Section July 2006 Report, the main activities in this section are paying fees for the TASO registered children, procurement of scholastic materials, support visit to schools and families.

As for IGA revolving fund (seed grant), after clients have received the loan, the staff, the group executives and members of the group follow up the clients to repay the loan. They make reports and keep records. The above activities are repeated for new IGA beneficiaries.

As for food aid, each food beneficiary must have food cards in order to be given food. In case they forget it or lose it they are not given food on that day until the new cards are printed. Clients are served on the basis of first come first served.

In the monthly report of, PL 480 Title II Project June 2006, the clients arrive at the distribution points between 6:00 am to 8:00am before the actual time for distribution, which begins at 9:00am. Some clients arrive early to book place to be served first. When they arrive they register their names and wait to be served. Health talks were given before the actual food distribution began. The talks included: how to utilize the food, hygiene and storage of food in clients' homes, and standard operation procedures. The ration each client receives depends on the number of family size indicated on the card. The minimum is one person and the maximum is five beneficiaries in each family. The amount of food given to one person is 0.8 liters of cooking oil and 9 kilograms for CSB. For clients more than one, the amount of food is multiplied by 9 kilograms (for corn Soya blend), and oil the quantity is multiplied by 0.8 litres to get the right amount each family should receive.

4.3. Monitoring and Evaluation

According to the oral interview carried out with the staff, the following were said about the Monitoring and evaluation of the project activities and individual performance:

On spot support and supervision is done by the immediate supervisor. Here the supervisor can make observations, check reports if they are written and filed. Performance appraisal is also used to check if the staffs are meeting the performance targets set during the previous appraisal, strength and weaknesses and solutions are discussed.

Annual clients' satisfaction survey is also conducted. Support visits to the center are also made. For the case of Project Department, a project officer from the Central region visits the center to give support to the project department at the centre level; also the Central Regional Manager does the same. The project officer at headquarter level, the Director projects and Planning TASO (U) LTD

also do monitoring the project performance. Monthly and annual management meetings, management audit and reports are also used to monitor staff performance and activities. According to TASO quality assurance Strategy march 2005, "performance of the centres will be reviewed through the annual management audits and reviews management report will highlight the overall situation in the centres and point out significant innovations or best practices that could be adopted by other centres. There will also be monitoring of performance inputs and outputs in order to ensure that the value for money is achieved to the satisfaction of all stake holders."

According to the criteria described above, TASO does a systematic monitoring and evaluation of its performance and this has ensured transparency, accountability, and good performance to the satisfaction of its stakeholders.

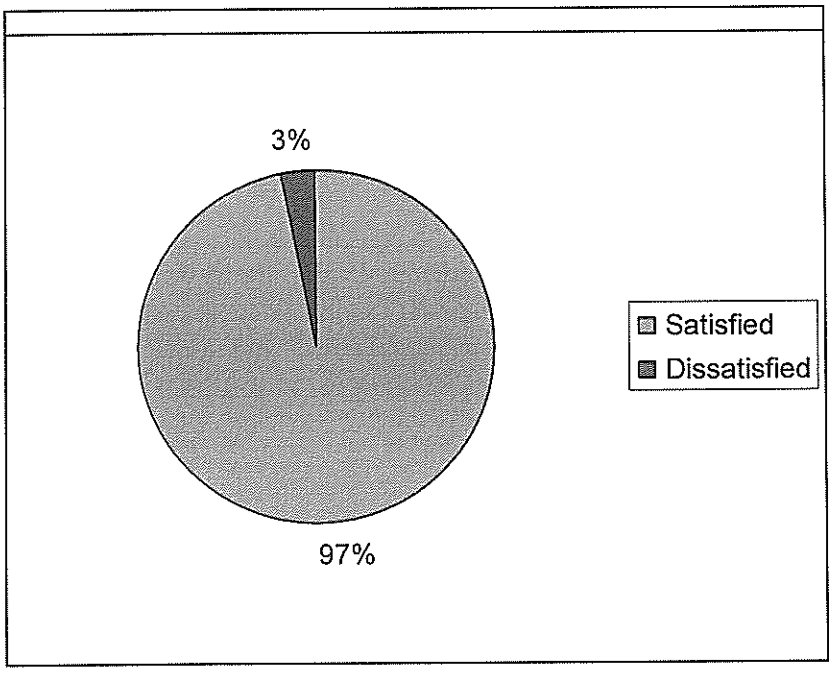
4.4 Clients' Feeling Towards The Social Support Services

One of the objectives of the study was to find out the feelings of the clients towards the management of the social support services. Finding the feelings of the clients towards the management of the social support services helps in fully understanding the challenges of managing the social support projects for people living with HIV/AIDS management. To avoid being biased it is good to understand both management and beneficiaries' challenges as far as HIV management is concerned.

4.5 Feelings of the Beneficiaries Towards the Food Aid Project

These feelings are analyzed from all the methods used to collect data: oral interviews, questionnaires filled, Focused group discussions, and observation.

Figure: 4 Feelings of the Participants Towards Food



The findings revealed that generally the service was good because the staff and distributors were hardworking they served the clients quickly and the food supply was always constant. The clients never run short of food. They expressed their gratitude to ACDI/VOCA-the donor and TASO (U) LTD. However clients needed more variety of food to be introduced for example, beans, rice and sugar for they had been receiving Corn Soya Blend and vegetable cooking oil only.

According to the clients, the food aid project should be expanded so that other needy clients also benefit.

All in all clients said that the food improved their health; they were able to save money and buy their basic requirements such as soap and pay house rent.

However as shown in figure 4,four (3%) of the respondents were dissatisfied with the service because the stations they go through while receiving food was too long. These included: question table, Identity card checking table, oil

distribution table, corn soya blend distribution table, registrar table where they acknowledge receipt of food and drop off point where they finally collect their food. Also when clients sent third parties, people who are not their alternate collectors, they were not given food according to the procedures and this stressed them.

Ninety seven percent (97%) of the respondents were satisfied with the service offered because the supply of food was constant. The clients never ran short of food and staff served them quickly. The organisation also gave them free gunny bags and jerricans for collecting food. The participants were able to save money and buy other necessities. This helped to improve their economic status.

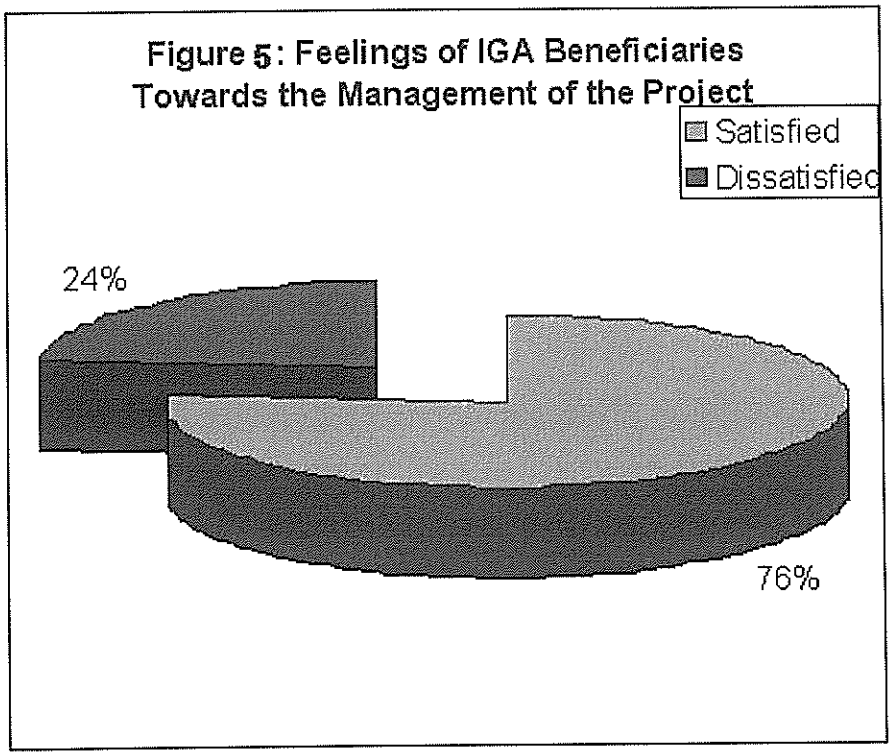


Figure 5