AN ASSESSMENT OF NGO'S PERFORMANCE ON PEOPLE LIVING WITH HIV /AIDS

ACASE OF RAKAI COUNSELLOR'S ASSOCIATION

BY

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DECLARATION

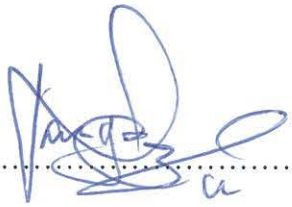
I **Murubya Jimmy,** do declare that this report is my original work and has not been presented for the award of degree or professional qualification in any institution of higher learning.

Signed by:..... Date: 12/9/2010

MURUBYA JIMMY

APPROVAL

This Research dissertation is now ready for an examination with approval of the University supervisor

Signed:  Date: 11/09/2010

NANKINGA YUDAYA

DEDICATION

I honorably dedicate this dissertation to my beloved parents Mr. and Mrs. Ssenjobe Aloysius, for their special attention

ACKNOWLEDGEMENT

I wish to extend my sincere gratitude to the entire management of Rakai Counsellors' Association who gave me a chance to carry out my research in their organization, provided up to date information and gave me advice where needed.

Iam gratefully indebted to my supervisor Nankinga Yudaya for her tireless advice tolerance, guidance and encouragement from time of writing a proposal to the final report.

Special thanks to my beloved parents who has been my shoulder at all times and especially my mother for her special attention rendered whenever approached. May God reward you abundantly.

Lastly but not least to my wife Akugizibwe Scovia for her emotional support which made this research a success.

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ABSTRACT

The main importance of this research was to asses the NGOs' performance on People Living with HIV/ AIDS in Rakai District.

AIDS is still a serious problem because it has led to increased number of widows (Female Headed house holds), orphans, decrease in labor, Child Headed House holds, immoral behaviors like rape and defilement, stigmatization.

There fore the researcher found it imperative to conduct this study to address this problem in Lutungu Village and in Rakai District as a whole.

The researcher was carried out in Lutungu village, Lwanda parish, Rakai District; however the Research study was carried out only in one NGO that to say Rakai Counsellors' Association which is located at the District Head quarters.

Random sampling method was used to get different respondents. The respondents included PLWHAs, Orphans and the Staff of RACA and this totaled to 45 (forty five) respondents used. The data was collected through interviewing and the questionnaires to the respondents which were answered.

The researcher formulated questions which she distributed to the respondents to fill in, thus getting the needed information because the researcher was interested in getting different options or views from the respondents. This saved time since few hours were needed for the respondents to answer questions asked by filling in the gaps.

Interviews were conducted to enrich the data this was because they high response, better compression and I was able to get first hand or primary information. The findings of this study were there fore ensured of good management of PLWHAs, offering services through NGOs' intervention and the government. Un like any other area in Rakai, Lutungu Village, Lwanda Parish are open about the disease.

The findings of the study are aimed at making recommendations and conclusions for PLWHAs and emphasis on employing new strategies that could take a behavioral change communication, gender concerns on HIV/ AIDS work and adaption of right based approach to programming to achieve more relevance and effectiveness for future intervention.

The finding of this study there fore ensured good performance of NGOs on PLWHAs thus taking effective measures through offering of goods and services to them, setting up income generating activities which is one of leading factor to development and improving their standards of living.

CHAPTER ONE:

GENERAL INTRODUCTION AND BACK GROUND.

1.0 Introduction

NGOs are organizations of private individuals who believe in certain basic social principals and who structure their activities to bring about development to the communities that they are serving. They are not attached to political parties and are generally engaged in working for Aid, development and welfare of the community.

Non Government Organizations are group of people formed in the community for example at regional or district level in order to improve services to the people by the initiators in a specific community. Such groups of people at local level like parishes are called Community Based Organizations (CBOs). Both NGOs and CBOs are serving the same purpose but the difference lies in operational area.

NGO types can be under stood by their orientation or levels of operation and this include charitable services, participation and empowering orientation.

However, according to JC Ssekamwa (PR) in his book ***"the history and development of education in Uganda"*** NGOs are non profit making, voluntary organization out side the realm of living of the less disadvantaged members of the society.

NGOs can bring citizens' concerns to the government advocate and monitor policies and encourage political participation specific issues such as human rights, environment and health. They provide analysis and expertise, serve as early warning and implement international agreements. There relationships and officers and agencies of United Nations system differ depending on their goals.

NGOs are voluntary in nature (free services in selected areas) They are independent only controlled by the found and not the government. They are not for profit that is to say they may engage in fundraising and other revenue acuities but the revenue got must not be used for their own benefit. They inform the prospect of the poor.

They emergency of NGOs came with emergency of civil society and growth of the Anti government societies around (1970 - 1980).

In other areas, development of NGOs came as result of ideologies for example Poali Friese who pioneered the approach of concretization for example in Brazil this idea was about the concentration of political education, social organization and grass root development designed not to improve standard of living but to help the poor to be preserved from the exploitation and to enable the poor realize ways and means through which they are to over come such exploitation.

However they are many NGOs which have come on the fight against HV/ AIDS dealing with PLWHAs in Rakai District i.e. Rakai Counsellors' Association, Rakai Health Programme, CONCERN, Community Initiative Preventive of AIDS and World Vision.

1.1. BACK GROUND OF THE STUDY

Uganda was among the earliest country to be hit by the HIV/ AIDS pandemic and to be open about this problem. With in Uganda, HIV/ AIDS was especially in the late (1980s and early 1990s) associated with the District of Rakai.
The District of Rakai is situated on the shores of L. Victoria on Uganda's southern boarded with Tanzania. In (1979) Rakai was invaded by the Tanzanian Army and between (1981- 1985) suffered from the effects of the war both of which contributed to the spread of HIV/ AIDS in Rakai District and later in Uganda as a whole.

According to UNAIDS (2000) one of the major devastating effect of HIV/ AIDS pandemic has been the depression of the adult population and subsequent of the orphan crisis. This for example, comparatively differs greatly from what the situation was before the emergency of AIDS, were only (2%) of children in developing world were orphans.

Rakai district have been struggling with HIV/ AIDS pandemic since the first AIDS cases in Uganda were recorded in Kasensero in Kakuuto County. In (1993), research conducted by Rakai Project (now named Rakai Health science) in collaboration with Colombia University (USA) showed that the District was one of the areas, the rates in trading centers in rural areas the HIV / AIDS prevalence rate in Rakai District has always been higher than the National Prevalence.

Just like other parts of Uganda Rakai District have had its shares of many effects of HIV/ AIDS, manifested high levels of vulnerability at individual, family and community levels. However higher prevalence rate for Rakai still spell doom.

According to UAC (2001), Uganda were at least 800,000 have died and about 1,400,000 presently living with the disease by the year (2000) it was estimated that 2.3 million people had died of the disease (Huntier and Williamson). This number is expected to rise to 3.5 million by the (2030) (UNICEF). This alarming increase by the number of PLWHAs at rate never witnessed before increasing of the children and widows as the case and protection burden for households, the extended and the community increases beyond the abilities cope.

HIV/AIDS situation in Rakai District according to Rakai District Development plan (1992), Rakai was the first to register with HIV/AIDS case in (1992). This case was identified on lake shore of Victoria among the fishing community.

Since then the scourge has continued to wipe away individuals and families in the District and other parts of the country. The District registered the highest prevalence rate of the disease in early (1990s) with (38%).

The HIV/AIDS prevalence rate in Rakai District is higher than the national average (having been 30% in 1982) although it has now declined to (12%) which still double the national prevalence rate (6.1%) (2002)

Source: Rakai District Strategic Plan (2003-2006).

1.2 Statement of the problem

Despite the presence of many NGOs in Rakai District working with People living with HIV/AIDS the life of these people still leave a lot to be desired. They are in most cases psychologically tortured, they lack self confidence ,they are un certain about the future, they are vulnerable ,they are stigmatized, they lack financial resources ,they get inadequate sensitization ,ignorance and strong belief in culture such as reluctance in use of condoms ,marrying many wives and inheritance of Women.

AIDS is still a serious problem because it has led to increased number of widows (female headed house holds), orphans, decrease in labor, child headed house holds, immoral behaviors like rape and defilement, stigmatization.

Therefore the researcher found it imperative to conduct this study to address this problem in Lutungu village and in Rakai District as a whole.

1.3 The general objective/purpose of the study.

The major purpose was to assess the performance of NGOs on people living with HIV/AIDS.

1.3.1 Specific Objectives

1. To find out the causes of the increase in HIV/AIDS prevalence despite of the NGOs intervention.

2. To find out the effects of the increasing levels of HIV/AIDS on the community.

3. To assess the effectiveness of the NGOs' intervention to fight HIV/AIDS.

1.4 Research questions.

In order to come out with possible assessment of people living with HIV/AIDS, the researcher was guided by the following questions to establish the causes, effects and effectiveness of the interventions to the problem in the community.

1) What are the causes of the increasing levels of HIV/AIDS?

2) What are the effects of the increasing levels of HIV/AIDS?

3) How effective are the intervention measure in the fight against HIV/AIDS?

1.5 Scope of the study.

The study covered only one NGO that is Rakai Counsellors' Association with its Head quarters at Rakai District Head quarters is a Ugandan locally based NGO most engaged in the fight against HIV/AIDS.
The main goal of the association is to counsel people who are infected and affected by the disease (AIDS) plus mitigation of its effects among the communities so as to bring about sustainable livelihood.
RACA's' operation areas are in four sub counties that is to say Kyalurangira, Ddwaniro, Byakabanda, Lwanda and Rakai Town council.

The study covered only one RACA's area of operation that is Lutungu
Village, Rakai District. And its population is 6,148, male being 3,238 and female 2,910.

Lutungu village is bordered by Lwanda, Byakabanda, Ddwaniro, Kyalulangira sub counties.

The people in Lutungu live a semi-urban life, with most of the still engaged in Agriculture and Fishing except few house holds in the Town centers who are engaged in small shop business.

The study was conducted among PLWHAS who are supported by RACA and the staff members of the organisation.The researcher used 40 respondents who selected using lottery method of simple random were sampling so that all the respondents have an equal chance of being selected. While the 5 staff members were selected using purposive sampling content study focused on way through which NGOs are trying to mitigate effects of PLWHAs in rural areas.

1.6 The significance of the study.

The study was useful to various people and institutions, it is hoped that the government and other organizations appreciate the importance of NGOs on the effective work they carry out on PLWHAs.

The study helped to generate a base line data for policy makers and planners in coming up with new polices, views and measures as well as solutions that will enable NGOs CSO and Government as well to scale down the HIV/AIDS scourge in Rakai and Uganda as whole.

The study also aimed at influencing the local community, NGOs ,and the Government to sensitize the public to go for voluntary Counseling and testing (VCT) were PLWHAs will gave access to ARVs, ART and have positive living.

The study also aimed at contributing to debate of the best practices of HIV/AIDS prevention and control.

The study supposedly contributed to the existing pool of information in this field and would eventually act as a source of material for literature review for researchers, local communities, academicians as future reference. The local communities will benefit through on the rights of PLWHAs, Children plus issues on Wills.

The study helped me as a researcher in attaining a deeper knowledge and an insight into the assessment of NGOs performance of people living with HIV/AIDS

1.7 Definition of terms

People living with HIV/AIDS.

These are vulnerable people whose sero-status from medical facilities are confirmed and have come out to seek support.

Performance

Is an action or achievement considered in relation to how success it is.

Assessment

Is a careful consideration opinion or judgment to check how far they have done there work through monitoring and evaluation.

AIDS

Acquired Immune Deficiency Syndrome a group of disease as a result of HIV Infection

HIV

Human Immune Deficiency Virus this affects the white blood cells thus reducing immunity in the human body.

Child Headed Household.

These are orphans who live and fend for them selves, such children are poor, lack of basic needs, have no viable extended family support and socialization and have no parental guidance and care.

Female Headed Households

These are widows who act as bread winners.

Vulnerability

State of being or likely to0 be a risky situation, where a person is in risk of suffering significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

Defilement

It is any sexual contact side marriage involving young girls who are below 18 years of age, regardless of con sent of the age of the perpetrator.

Prevalence of HIV/AIDS

The term period-prevalence refers to the total cumulative disease burden on the population.

Stigmatization

Wide spread behavior of societal attitude that renders a person or a group of people to feel worthless or helpless as a result of an ailment, disability or inferior social status.

CHAPTER TWO:

LITERATURE REVIEW

2.0 Introduction:

This section aimed at reviewing the literature written by other scholars on the problem identified in chapter one some investigations have been carried out on this problem.

To show how the current investigations relate to previously conducted research and to demonstrate how the problem has been studied and how these approaches differ. Still more, there many other points given out on the assessment of NGO's performance to PLWHAs.

The literature was sub divided in to two sections following the specified objectives.

According to the Guidelines for training peer Counsellors (*2004/ 2005*) in (*1982),* Dr. Anthony Lwegaba, then working as a medical officer in Kalisizo Health centre, Rakai District, described the causes of HIV disease in Uganda. It didn't take long after that to appreciate that HIV infection was wide spread in the country. It is now estimated than over 1 million people (of which about 100,000 and children under age of 15) are currently infected and probably over a million have already died from HIV disease.

So in this book it defined HIV as a germ that makes a person's defense system un able to protect him or her from infection.

AIDS is a combination of illness (Syndrome that one gets when one has HIV infection and the body's defense system is unable to protect him or her from infection.

This is when the individual has over whelming signs and symptoms and meets the world Health Organization clinic as in case definition sign and symptom for adults and 2 major and 2 minor children.

2.1 Causes of the increase in HIV/AIDS despite NGOs' intervention.

In Report on the situation of children and Women in the Republic of Uganda (*2005*) several causes of HIV/AIDS have been asserted from it .There is primary immediate cause of HIV infection in Uganda is un protected hetero sex which accounts (80%) of all cases. Mother- to- child transmission accounts for (15- 25%) of all new infections. Both of the casual factors have been discussed in the proceeding sections. Other immediate causes include blood contamination (less than 2%) and sharing of needles, knives and other non- sterilized sharp instruments (1%). A number of under lying causes contribute to the persistent of the epidemic in Uganda. This include limited access to health services gaps in knowledge and continued high risky behavior.

Besides that, gender is cause of disparity and vulnerability when it comes to HIV/ AIDS. Women in Uganda are at higher levels of HIV infection than men due to a range of biological, social- cultural and economic factor. Biologically a number of studies suggest that male – to – female transmission during sex is twice as likely to occur as female – to – male transmission. Transmission also increases during violent or forced sex. Traditional, social and cultural norms for women which include the assumption of subordination to men, reproductive obligation and limited power to negotiate safer sex, with in a relationship may contribute a higher vulnerability to HIV infection.

The book asserts that poverty is well known as major contextual (proximately) determinant of HIV transmission. It is often associated with high risk environment, situation and behavior such as labor, migration and long period any from partners or spouses, lack of basic subsistence requirements and shelter, protection against violence(especially sexual and gender based violence) information and education, powerlessness, dangerous survival strategies including commercial transactional sex.
Poverty severely limits access to reproductive health and HIV/ AIDS prevention treatment and care services. In all its mult- dimensional forms poverty is a significant contributor to AIDS mortality.
Indeed it has been argued that one of the major reasons for such high HIV mortality in developing countries is because of poverty.

However this book has not asserted any where that HIV/AIDS can also be transmitted through homosexuality and lesbianism.
Today many people contaminated through that since they are rampant. Cases have been rising up on such issues.
Lesbian is the sex between women and homosexuality is the sex between men.

Wife sharing among the Bahima (Nkole) is considered an addition to the family and the clan. The father of the bride groom has a right to test where his can have gone by having the first sexual accessibility to the new bride.
Among the Bakiga on many occasions a family pooled its resources to raise the bride wealth capital for obtaining a wife to on e of one brother. Sexual accessibility to the bride grooms' father as well as his other sons. One of the out comes to ensure fertility even of the grooms is sterile.

Still in Ankole divorce is reported to be rate as elders discourage it and actively try to keep marriages together. Women who are divorced are usually remained.
Among the Bakiga marital instability and broken homes are common, currentily due to the fear contracting HIV. A woman in Kigezi who is married but leaves her marital home in distress will be forced to return to her husband (BROWN,*1998*).

Upon the death of a husband in many parts of Uganda, a woman is inheritated by one of the dead man's relative, usually a brother or an elder son by another wife, for example Acholi, Ankole, Basoga, Iteso and Karamajongo among others. This practice is still there despite of HIV/ AIDS. The purpose of this is the family of the late husband to the property of the deceased.

Further still, alcohol is considered to be a pool factor for customers both men and women who converge to the drinking places for a drink .After drinking ,impairs judgment and loss of control among individu8als and sexual relationships may result.

Secondary, those drinking places are breeding points for multiple partner sexual relation ships and even commercial sex has been closely associated with the development of the alcohol trade.

Thirdly, (Van der meeren 1990) describes a relatively common pattern of HIV positive young Bakiga men drinking and then sexually seducing or assaulting young girls. Among the Baganda, drinking is more common among men than women, and selling alcohol is more common done by women. Drinking in this area is especially noticeable at wedding ,which are preceded by all night-parties and at last funeral-rates, were love making in small temporary huts has been frequently described Sex with strangers in such ceremonies while drunk is one of the more commonly described rural occasions associated with transmission of STDs,HIV/AIDS inclusive.

The Eastern Africa Initiative Advancing the status of women seven out of 100 adults are living with HIV/AIDS in Africa. This rate subsistaially higher in the South Africa, where sexual behavior high domestic violence and illegal drug use are some reasons for treatment drugs and lack of effective educational campaigns to reduce risk of infection remains serious challenge.Un willingness to speak out and inadequate commitment to addressing issues of power relations ships between men and women and youth also hamper the response to the pandemic.

Adopting more people's centered progress that break the pattern of the disease.

Just as important, however is treating those already infected.

Lutheran World Federation Newsletters December (*2006*) observed that the cardinal cause of HIV/AIDS is the ignorance and poverty which are rooted in the way society is organized, the power relations and structure.Rakia and Lyantonde Districts are still among the high prevalence areas in Uganda despite the heavy investment since the on set of the pandermic.This i9s indicative that some thing is wrong some where and we need there fore examine the intervention.

Sex for pleasure evidence is available that there is a link between and enjoying it for example (kisekka *1989*, Moodie etal *1991*, Foster *1989*) found that sex is regarded as a

game playing sex in the most local expression for sexual coitus.In many societies sexual intercourse are said to emphasize mutual pleasure, fore play, high female sensuality and active participation by both partners.

Many people consider more than one round penetrative vaginal sex per night is the desirable and usual practice. Female genital modification through labial elongation has traditionally been carried out as means of promoting mutual pleasure which contributes of HIV/AIDS.

2.3 Effects of the increasing levels of HIV/AIDS on the community.

According to HIV/AIDS information for women leader January (*2005*), several effects of HIV/AIDS on the community have been identified. One of the big changes that have been taken place as a result of HIV/AIDS is the increase in mortality levels. The results of the Uganda Demographic and Health survey (*2000/2001*), indicate that the mortality rate among adults aged 15-49 years increased from 7.9 for women and 9.5 for men in 1995 to 8.6 and 9.7 per 1,000 respectively HIV/AIDS contributes greatly to this increase in mortality among other factors. There is an increase in infant and child mortality rates due to pediatric AIDS, which has contributed to child hood diseases.

Further more the impact of HIV/AIDS on house holds begins with either reducing families or making then larger depending on the condition. For some families, they have had to grapple with the burden of orphans thus making them larger while others have lost members thus those smaller. In many situations some families loose the productive members like parents and leave orphans as heads of families. In other situations, the productive age group die hence leaving the aged and orphans in the family.

Still, the increasing number of AIDS patients has created increased demands on infrastructures, drugs and health personnel and general health services. This has over-scratched the health services such that patients with AIDS related disease occupy more than (55%) of the hospital beds in Uganda. The effects of HIV/AIDS epidemic have been

accelerated by poor access to health services for example only (49%) of the population live with in 5 kilometers distance from health unit; the doctor to population ratio is 1:18,700 and nurse to population ratio is 1:4300. This means that the health units are over stretched and the health personnel overwhelmed by the number of patients to attend to.

The same book laments that HIV/ AIDS has affected agriculture as a main stay of Ugandan economy and yet HIV/ AIDS affects the productive age group engaged in agricultural production. Uganda highly depends on agriculture that includes manufacturing and food security. There is high morbidity and mortality of productive age group due to HIV/AIDS contributes to decreased labor force, loss of time during Agriculture crop planting and weeding season thus leading to low or no harvest at all and causing food insecurity. As HIV/AIDS continues to affect the production due top decline in cultivation and other investment ventures.
The illness or death due to HIV/AIDS continu0es to affect the production age group; there is a shift from production of cash crop to food crop cultivation. This has therefore reduced their intention to cash crop production leading to low income earnings.

According to Lynn Collins and Anmata Toure they assert that HIV/AIDS is having a devastating impact on young women. With heightened vulnerability due to poverty, gender inequality and lack of prevention information and services, over 6,000 young adults aged between 16-24 are newly infected with HIV/AIDS each day accounting for 50% of all new infections, excluding children. Females are more susceptible than males because of biological vulnerability, gender discrimination, socio-economic, inequality and certain cultural norms, including early marriages and female genital cutting. Thus an estimated 7.3 million young women are living with3/2(two thirds) of the newly infected youth aged 15-19 in sub-Saharan Africa are female.

According to Ford Foundation HIV/AIDS Anti-stigma Initiniate also identifies that there is job discrimination to social dislocation. One major effect is that individuals are often un able to access adequate health services or resources. The consequences of stigma can range from people not seeking testing or care, to not disclosing their sero status to others.

All of these examples have serious implications for the individual's state of mind and for those around ostracism and discrimination directed at individuals, families and institutions.

According to Annual Report (2004), the late Philly Bongole Lutaya, the Human rights commission monthly Magazine stressed that the AIDS pandemic has profound the impact on economic growth, income and poverty levels. It is estimated that in half of the sub Saharan Africa, annual percapita is falling by (0.5%) to (1.2%) as a direct result of AIDS. The economic hardships of past decades have left ¾ (three quarters) of the continents' people serving on less than us and two a day, AIDS is the biggest areas of public management and core social services.

According to D.J Berry – the book of Human Rights Commission sharing his experience of living with HIV with Ugandans at the candle light at Constitutional Square in (1995) he lamented that exploitation of PLWHAs by doctors and researchers.
Most researchers and doctors use the HIV/ AIDS patients ass samples for their studies, receive study allowance at the expense of desperate and hungry patients, and use results fro their own betterment. Most times, doctors and researcher use patients as guinea pigs for their experiments.
Even when drugs are available they are availed to those who can afford to purchase.

Discrimination has been a major factor in the escalation of the disease preventing women from protecting them selves from sexual assault or un protected sex,stigmatizing those that are HIV positive and denying them treatment that is available for the disease or infections associated with it .The 2nd class status of women is economic, social and civic life has fuelled the pandemic in much of the world.Fundermenta inequalities between men and women must be addressed as part of response to the AIDS pandermic.Still,discrimination has affected men in the sense that those infected are stigmatized and discouraged from testing and seeking treatment. Discrimination against people living and treatment, but affects all areas of lives.

He goes on to say that Guardian Report psychological stress from dividing already scarce resources among natural and orphaned children.Childrden leave home at a young age because they are continually disadvantaged in the distribution of material resources and psychologically support. These children eventually may be emotionally, socially and financially incapacitated to the extent that they may become un productive members of the society.

Still in the book, another situation is that many children, who have lost their parent to AIDS, are living in households that have taken in AIDS orphans, may be forced out of school. This is either because they have to start earning money or because their care takers cannot afford school fees for all of them. A shortage of trained teachers is also registered in some African countries.

According to AIDS orphans in Africa, it has several effects of HIV/AIDS to the orphans it states that more children have been orphaned by AIDS in Africa, extended-family net works of aunties and uncles, cousins and grand parents, are an age –old social safety not for such children, and it has long proved its self resilient even to major social changes.
But capacity and resources are now stretched to breaking point, and those providing the necessary care are in many case already improverished,often elderly and have often those selves depended financially and physically on the support of the son or daughter who has died.

Still in the same document it stresses that AIDS orphans are often at greater risk of illness, abuse and sexual exploitation than children orphans by other causes.
They may not receive the health care they need, and some times this is because it is assumed they are infected with HIV and their illness are un treatable. Orphans generally are often thought run a greater risk of being malnourished and stunted than children who have parents to look after them, although some studies have found that orphans are not

significantly more likely to show signs of malnutrition than non-orphans regardless of who is caring of them.

Another effect is still identified in the same document that an orphan enduring the grave social isolation that often accompanies AIDS when it strikes a family are at far greater risk than most of their peers of eventually[y becoming infected with HIV often emotionally vulnerable and financiary desperate, orphans are more likely to be sexually abused and forced in to exploitative situations, such as prostitution, as a means of survival. Girls are also in greater risk of becoming infected at a younger age than boys because they are biologically, socially and economically.

It has been emphasized in the same book that children grieving dying or dead parents are stigmatized by society through Association with HIV/AIDS. The distress and social isolation experience by these children, both before and after the death of their parents are strongly exacerbated by the same shame, fear and rejection that often irrational fear surrounding AIDS, children denied access to schooling and health care. And one a parent die, children particularly those girls, may also be denied their inheritance and property. Often children who have lost their parents to AIDS are assumed to be infected with HIV themselves. This further stigmatizes the children and reduces the opportunities in the future.

Lutheran World Federation news letter *(2006)* observes that HIV/AIDS consequences continue to escalate, problem of orphans living alone are beyond comprehensive to the extent that these children are increasingly surrendering their educational rights in order to survive .Kibuga Fred 15 years was identified as a head of family of two children in Kabusota,Lwamaggwa sub-county. It was after loosing their parents in (2003) to HIV/AIDS. But due to several ways of fending for them selves as children, Fred and his brother dropped out of school in early primary.

In Uganda HIV/AIDS Sero-Behavior Survey *(2004-2005)*, it also identified some impacts of HIV/AIDS in that the impact of the disease has been mainly felt through the escalating

morbidity that disproportionately affects women and men during the prime of their productive life. The consequences of the epidemic span across all spheres of life (individuals and communities nation wide).It has imposed a severe and un sustainable burden on the meager health sector resources, as funds are diverted from other areas to HIV prevention and AIDS care and treatment services. HIV infection has also given rise to an epidemic of opportunistic infections, including tuberculosis (TB). Treatment of some of these opportunistic infections is more expensive than that of AIDS.

The HIV/AIDS epidemic has also had far-reaching social consquencies.By depriving families and communities of their most productive population; it has caused un told suffering to individuals and communities. At the community level, mortality of individuals in prime of their productive lives has imposed un sustainable strains on the extended family structure, leading to a massive burden of orphans and other vulnerable children that are now estimated at almost 2 million in the country, as well as other social consequences such as child –and widow-headed house holds. Morbidity and mortality of parents has severely affected the schooling of children, especially girls who are forced prematurely in to the labor market, further aggravating the vicious cycle of vulnerability.

The micro- and macro –economic consequences are diverse. Economic productivity has been adversely affected by the premature death of women and men during their most productive age, leaving orphans and widows. The loss of critical human capital has affected industrial and private sector growth, and the development of which require skilled man power for teaching, medical care, agricultural production and other professions that are not easily replaced. Indeed, it is for this reason that the attainment of human development in areas of economic growth, poverty reduction, and improved quality of life indicators is below what it would have been in the absence of AIDS. The demographic consequences of the epidemic are reflected in the quality of life indices in the country, such as infant mortality and life expectancy that are currently lower than what would have been achieved in the absence of HIV.

However there is growing resources and professionalism . Indigenous and transitional NGOs have attracted additional resources from individual donors, government and the UN. Western governments for example, have increasingly turned towards NGO projects on the basis of reputation and cost effectiveness.

This trend matches the progressively declining funding for foreign assistance and with domestic p[reassures in donor countries to cut back on overseas commitment.

New communication technologies are also helping foster the kinds of interactions and relationships that were impossible

Creation of employment opportunities in that if at all this disease did not break up the existing NGOs wouldn't have been there. But because of the disease many people are employed in such organizations thus increasing the standards of living

2.4 An assessment of the effectiveness of NGOs interventions to fight HIV/AIDS.

According to (RACA Annual Report (2004) "Material assistance to the needy families has increased and also revised to include a variety as per community response to specifically address the effects of HIV/AIDS pandemic

The conserving component has also raised hopes of many AIDS suffers through the prevalence rate has remained high at(12%) as compound to the rational rate of (6%) which calls for more energies".

Still, RACA Annual Report (*2004*) observes that there is construction of houses for PLWHAS, and this has restored hope for those benefiting, and many of those clients have had their standards of living improved, and are now able to even ask for seeds to grow their own food .The reduced stigmatization among counseled PLWHAS and increased availability of Voluntary Counseling and Testing service have resulted into market reduction in the number of deaths.

The African Child Foundation Laments that the primary fees of effort are the orphans them selves. They provide education as well as meting the daily needs for food and clothing.

They also give the children an opportunity to grow up the caring family management environment rather than institutional care. The traditional orphanage of the past had dozens of children leaving under one loaf in dormitory setting.
At ACF they recognize the importance and value of as close family unit that is why they housed the children in a group ten per hose hold under the loving care of "house parent" (foster mother) or five orphans in a home with a single "house mother".

Still in same magazine, pig project required the beneficiary to have among pieces of land for the construction of the pig project. So those who did not have land construct the pig shelter could not receive the pigs. Also the Muslim women due to their religion beliefs, they could not keep the pigs and at time ACF did not want to leave behind any woman. As a result of this barrier, Subi (Hope) craft project was stated to teach the HIV/AIDS widows skills in how to make hand which can be used as a means income. Project has also a secondary function once it acts as a variable support group with in the community were women can make friends and share there challenges of HIV Positive.

Widow construction project, was initiated to help widows especially those with orphans, to have a better home environment were the children can grow and develop to become more responsible adult. S the three rooms have been constructed in Katebo Village.
However, since they have many clients with limited accommodation there is need for more homes to be constructed. They did what they managed because of their financial constraints.
RACA, the association profile *(2005)* has identified several interventions. In the first place their increment on knowledge and information on HIV/ AIDS dynamics among vulnerable, high risk groups in order to reduce the transmission of HIV/ AIDS. This has been done through HIV/ AIDS training and counseling by organizing workshops, seminars, video shows, sensitization on the usefulness of voluntary counseling and testing as an entry point to other HIV/ AIDS prevention, treatment, care and support services.

Its has gone further to increase support and care to people infected and affected by HIV/ AIDS in order to mitigate the effects of the epidemic. Support has been given to counselors sub county projects to enhance their support to vulnerable people in the community, there have been facilitating activities that enhance food, water and environment security through house hold level income generating projects (IGPs) like giving out seed (beans, maize) among others, goat rearing and other certain programmes that impart skills to vulnerable individuals to enable them enjoy live sustainability through development and sustainability of community structures that work with PLWHAs, orphans and other vulnerable children.

According to RACA Annual Report stresses advocacy for equity by integrating land gender and human rights in to key activities that address HIV/ AIDS, rights and poverty in general .Through main streaming gender and rights in all HIV/AIDS activities by sensitizing communities and local leaders on issues of poverty, health and human rights sensitize L.C that work against the well being of communities. It has gone a head to vice Chairpersons, LC Secretaries for women affairs and vulnerable members of the communities on rights and issues and will making.

However, unlike International or strong local NGOs' RACA still faces greater challenges in resource mobilization, among which is limited expertise and inputs to effectively exploit, and develop funding opportunities .RACA is working with the poorest of the poor .Poverty communities were over stretched by HIV/AIDS effects.

According to Ford Foundation HIV/AIDS Anti stigma initiative has identified several effectiveness of the intervention. This observed that African service Committee as over twenty years of experience providing direct health, housing, social and legal services to African born refuguees and immigrants in New York City.ASC also a history of developing successfully targeted media campaigns, highlighting refuguees and immigrants rights to supportive services and health care. With funding from ASC will develop a positive media images campaigns, highlighting African People Living with HIV/AIDS(PLWHAs).The campaign will include the development of a variety of targeted media products,whichinclude editorials,brochures,posters,press releases and

Public Service Announcements.ASC focus on encouraging the use of risk reduction strategies through the use of role-model testimonials of PLWHAs.

Further still, there is Asian and Pacific Islander wellness center is the oldest HIV services organization targeting Asian Pacific Islander PLWHAs or Wellness center provides education, support and advocacy for Asians and Pacific Islander PLWHAs or individuals who are at risk for HIV. A and P Wellness center will develop un anti stigma campaign targeting monolingual Chinese and Vietnamese people residing in the San Francisco bay area. The campaign include the development of posters, public service announcement, editorials in local papers, two video documentaries and the use of their existing speakers bureau to host speaking engagement that promote the objective of the campaign. The primary goal of the campaign is to increase the acceptance of the queer and HIV Positive members of local Chinese and Vietnamese and their increase access to and use of HIV services which has the potential to decrease morbidity and mortality associated with HIV/ AIDS.

Beinestar human service. Inc (Beinestar) was founded in (*1989*) as an organization that focused primarily on HIV /AIDS service needs of Latino's southern California. Today, Beinestar is the leading community provider of the plethora of HIV/ AIDS prevention and supportive services for Latinos in los angles, San Bernardino and San Diego, California. With funding form Beinestar will develop a programme (En Acciion) to address HIV/ AIDS stigma and discrimination that exist with in Latina communities. En Accion will have core component; 1 creating *"agents of change"* to address the issues by giving increased visibility to People who are infected and affected by HIV / AIDS; 2creating local social marketing campaign targeted to the Spanish language media in Southern California; 3 conducting educational presentations and forum to education community members and public policy officials of the pre existing negative assumptions, beliefs and prejudices that are related to HIV/ AIDS stigma.

South Carolina African American HIV/ AIDS council created in (1994) is a leader in providing HIV/ AIDS and STD prevention services to African- American communities

through out South Carolina. SCAAHAC provides a variety of community – group, and individual level services to PLWHAs and those to risk of HIV/ AIDS infection residing in rural communities of South Carolina. With funding SCAAHAC to coordinate and implement legislative town hall meeting focuses on HIV/ AIDS issues with in local communities and their local leaders to realities of HIV/ AIDS stigma and discrimination. Lastly, SCAAHAC created a state wide campaign to address HIV/ AIDS stigma that will include the developments, the public services announcements, poster, editorials and other media materials.

According to the News Letter by Lutheran World Federation the project has distributed 232 goat, 10 cows, 20 hens to families affected by HIV/ AIDS especially Child Headed House holds 272 families benefited from this. The Give Me a Goat, Give Me a Chance Initiative (GMAG) is an initiative started by RACOBAP in (2004) to ensure the survival of Orphans in Child Headed House holds through a gait recovery scheme.

Although it has given the people income generating activities but it should also provide people either Anti retroviral Therapy in order to increase the lives of the infected.

The Uganda AIDS Commission (UAC), the parliamentary committee on HIV/ AIDS in collaboration with Uganda Virus Research Institute (IAVI) HIV Vaccine Research and other new prevention technology. It also aimed at emphasizing the M.P's role in promoting a supportive policy environment and infrastructure surrounding HIV Vaccine development and eventual access in Uganda.

Also Dr. Fauci noted that circumcision is only part of a broader HIV Prevention strategy that includes limiting the number of sexual partners and using condoms during intercourse. "It is critical to emphasize that these clinical trials demonstrated that medical circumcision is safe and effective when the procedure is performed by immediately trained professionals and when patients receive appropriate care during the healing period following surgery"

Lule James a community Advisory Board Chairman observed the good news that there are treatment programme for PLWHAs and even new HIV Prevention technologies microbicides and male circumcision can substantially reduces the risk of HIV infection among men. World AIDS Day (WAD) is a symbol of a global effort, global achievement and hope.

Introduction of programme together with the Uganda Women's' Net Work (UWONET) and Gender Advisory Committee (GAC) organized was about gender disparities in New Prevention Technologies (NPTs) on 30th November (2006). It aimed at creating more awareness on Gender issues in HIV/ AIDS NPTs, to mobilize support for participation in HIV Vaccine Research. There is need to sensitize both men and women about the unique role of women play in the house hold.

Further still a quote by Dr. Stephen Lewis, out going UN special envoy for AIDS in Africa, "if we don't break the gender inequity, we will never be able to over come HIV/ AIDS"

The same book laments that the have played an important role in mobilizing resources determining how they are used in creating an enabling environment for HIV Vaccine Development.

It is observed that researchers have noted significant variation in HIV/ AIDS prevalence that seemed, at least in certain African and Asian countries, to be associated with levels of male circumcision in the community. In areas where circumcision is common, HIV prevalence tends to be lower, controversy areas of higher HIV prevalence over lapped with regions where male circumcision is not commonly practiced.

However, it is also important to know that ABC (Abstinence, being faithful and condom use) is the best way to avoid contradicting HIV. Circumcision men can still get infected.

According to Uganda AIDS Vaccine a new letter of UVRI – IAVI HIV Vaccine programme October – December (2006). Entebbe Hospital has expanded the VCT services to surrounding areas like Kigungu, Katabi and Nakiwogo.This will take the services closer to the people who need them, leading to higher utilization. It has gone a head to offer a lot of more services, family planing, and accessory services like the laboratory which does its expectation. The hospital has facilitated in the provision of good services like caring for patients on antiretroviral therapy.

Some organizations, such as The AIDS Support Organization (TASO) in Mbale, Uganda couple their home stead VCT Services with at home care programs. So when field officers deliver antiretroviral (ARVs) directly to the homes of infected individuals they also offer (VCT) Services to other family members in the house hold.

Others, like the AIDS information Center (AIC) in Uganda, have implemented a stand alone home – based VCT Programme is an effort to increase the number of people being tested for HIV/AIDS.

Dr Mbidde Katongole Edward said that since there are free services at the Hospital there fore the public utilize. He goes on to say that there is need to protect the vulnerable and people especially women and children.

Although many organizations have found that offering home-based VCT programme is an effective way to increase access to treatment and prevention service, however the National Survey in the country reported that (10%) people have actually participated in VCT.

According to International Labor Office there are several effectiveness being carried out that is Hospitals that have established scheme to increase access of local population to health services, including services related to HIV/AIDS. The Kisiizi Hospital Health Plan (KHHP) in Uganda covers the costs of testing and counseling and of opportunistic diseases, there by furthering its work related to HIV/AIDS.

Access to health care services, decentralized systems of social protection already is making a difference by enabling members living with HIV/AIDS to access health care more easily. Increasing access to care is the primary objective of HMIS. Benefit package cover, in varying degrees depending on the Local situations, treatment of opportunistic infections and elements of palliative care which are not only linked to HIV/AIDS. Some also cover HIV testing as part of out patient services.
Individuals and house holds benefit from this insurance coverage whether or not they are aware of HIV status. Other DSSP, such as those of ensuring income security, may also contribute to increased financial access to health care.

Many hospitals- based HMIS cover the costs of HIV / AIDS testing and Counseling and some link it to other benefits. The community – based, Ishaka Hospital Health Plan in Uganda, established by the hospital to increase access of the local population to health care, strongly advises pregnant women to under go an HIV/ AIDS testing during antenatal sessions.

The issues related to stigma and discrimination prevalent in particular settings are bound to be reflected with in a DSSP. Thus, there is the danger that, if members of DSSP are faced with HIV/AIDS, they may "disappear" rather than confront the stigma that could ensue from their approaching the DSSP for assistance. However, on the positive side, many DSSP manifest a high degree of social cohesion, as well as a commitment to a social role and a willingness to go out of their way to care for members, to the point of making important exceptions in order to cover their needs.
In view of this, they can provide a conducive setting for addressing issues of stigma and discrimination. Their efforts in this area can be enhanced through partnership with associations of PLWHAs.

Link beneficiaries to needed services, as noted, ad hoc evidence shows that since DSSP recognize their limitation to cover their needs of beneficiaries affected by HIV/ AIDS, they provide support by linking individual, families and communities to a variety of

service providers (government, not-for-profit and private) that can assist members not only with health problems, but also with provision of psycho social support, support to with planning for well being of the children (including their education), legal support relating to issue of inheritance and financial support to cover costs of burial and loss of income. The linkages to the services may be institutionalized or informal.

However, people are more likely to use VCT when they know that some form of treatment is accessible. That is providing counseling, the cost of testing.

CHAPTER THREE:

METHODOLOGY

3.0 I introduction.

This chapter presented methods which the researcher used in data collection ,and it was considered as the research design, the research procedure, research instruments, data processing ,data analysis and data presentation to be used.

3.1 Study Design.

The study was both quantitative and qualitative. The researcher established factual effects of people living with HIV/AIDS in Lutungu Village, Lwanda parish.

The researcher used tables, pie charts and graphs to indicate the causes, effects and the effectiveness of NGOs in the eradication of HIV/AIDS problem.

3.2 Area of the study.

The study was conducted in Lwanda Parish in Lutungu village which is located 2 kms from the district head quarters. And also Rakai Counselors' Association which is located at the district head quarters.Rakai district is located in South western of Uganda.

3.3 Study population.

The study was conducted among PLWHAS and the members of the organization.

The researcher used 45 (forty five) respondents selected using lottery method of simple random sampling so that all respondents have an equal chance of being selected. The researcher used fifteen (15) Orphans, twenty five (25) PLWHAS, five (5) from; RACA Staff thus adding up to 45(forty five).However the population from which the sample was drawn was 6,148, male being 3,238 and female 2,910.

3.4 Sample Method.

The sample method was employed where random sampling was applicable since I reduce bias tendencies and it helped to generalize the data. I selected Lutungu village .A number of 45 (forty five) respondents were selected randomly because this gave different responses from different un related people hence a collection of confidence un biased data.

3.5 Data collection methods.

The study adopted possible methods for data collection these included questionnaire, interviews both oral and written, observation.

3.5.1 Questionnaires.

The researcher formulated questions which she distributed to the respondents; to fill in, thus getting the needed information because the researcher was interested in getting different opinion s or views from the respondent. This saved time since few hours were needed fro the respondents to answer the questions asked by filling in the gaps.

3.5.2 Interview method.

Interviews were conducted to enrich the data .This was because they had high response, better completion and I was able to get first hand or primary information.

3.5.2.1 Structured interviews.

Both written and oral interviews were prepared by the researcher for the respondents to answer the questions required. The oral interviews were given to the respondents who were not in position to answer written questions and interpret English in to local language. This helped the researcher to get depth information which was found out y the questionnaires in the process of getting the information required for the effects, causes and effectiveness of NGOS in reducing g the scourge.

3.5.2.2 Observation method.

Direct observation method was employed systematically to make close study as in assessing NGO'S performance on people living with HIV/AIDS. This helped the researcher to come to the situation on the ground.

Secondary data included information from text books, magazines, internet, hand outs, reports and news papers on topic concerning HIV/AIDS.

3.6 Data processing and analysis.

The data was collected and analyzed electronically, the researcher used a computer to analyze and enter data automatically.

3.7 Data analysis

This stage involved methods of data entry, tabulation and interpretation of raw data to percentages. The data was cross tabulate and matched in; tables of response of questionnaire from selected respondents.

3.8 Data presentation

It was presented basing on the objectives of the study. The responses that were given by the respondents were all considered. Data was presented in form of tables which weighed various causes, effects and effectiveness of NGOs, tables, graphs, pie charts followed by an explanation.

3.9 Tabulation

The data was put in to statistical tables such as charts, percentages and frequent tables. The stastical tables showed the number of occurrences of responses to particular questions. The table was sorted out depending on the anticipated and required data, all

data processes and analysis method facilitated the process interpret and present the findings for the study in logical sequences.

3.10 Limitations of the study.

During this research, the researcher faced the following limitations.

Weather conditions, the season did not favor the researcher it was shiny this limited the researcher to carry out the study. Thus the researcher had to move with un umb rella in case of sun shine to guard her self.

The distance of the area from the home of the researcher was long which inconvenienced her to gather information from one place of respondents on he purpose of the study.

Language barrier, this limited the researcher to carry out her research to carry other research because the area where the study was carried out had different tribes and it was difficult to communicate with people who do not speak the same language with researcher.
The researcher contacted resourceful persons who helped her to interpret the intended questions to the respondents so as to enable effective communication.

Time was not enough for researcher because she had to attend lectures from Monday to Friday. However; the Researcher had to go on weekends to carry out her study well.

Lastly, there was a limitation with the respondents who were not willing to give out information believing that questions asked were sensitive, and had a fear of their information being publicized in news papers or aired out on various radio stations or use this information to stage stiff competition, but because of the way the Researcher explained to them they had to give me the information later on.

3.11 Delimitations.

People with HIV/AIDS helped me to get the information.

CHAPTER FOUR

DATA PRESENTATION, DISCUSSION AND ANALYSIS

4.0 Introduction

In this Chapter, the researcher presented the data collected, analyzed and processed it. Much of the data was tabulated, coded edited so as to reveal the data properly.

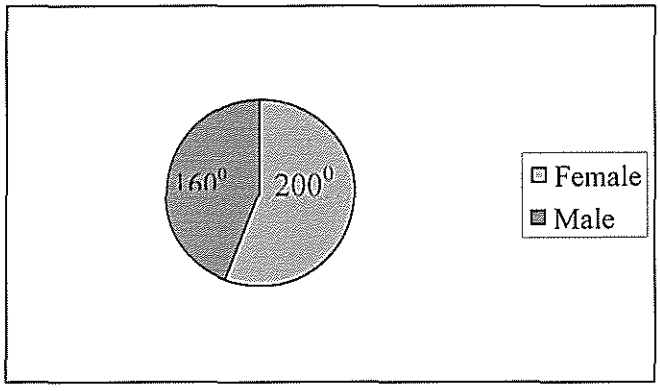
The case study was Lutungu Village, Rakai District and the numbers of the respondents used were 45 out of which 15 were orphans, 25 people living with HIV/AID, 5 RACA staff.

4.1 General information of Respondents

In this section there were particular aspects that were looked at in this area and these include Gender, Age, Religious affiliation, Education, Occupation, Marital status.

Sex of the respondents, (56%) of the respondents were female (both girls and women) and (44%) were male (both boys and men) this meant that the Research was gender focused.

This illustrated below in the pie chart.



Source; Researchers' field work survey (2009)

From the pie chart, there were many female respondents compared to the male.
Majority of respondents were female with (200) degrees and male with (160) degrees Consulted, meaning that both men a d women participate in this study.
The information obtained revealed that men and women \participated equally in the exercise.

4.3 Levels of income.

4.3.1 The table 1 below shows the means earning from different categories of respondents.

Occupation	Frequency	Percentage %
Farming	20	44.4
Civil servant	8	17.7
Private Servant	6	13.3
Hiring Labor	6	13.3
Fishing	4	8.8
Others	1	2.2
Total	**45**	**100**

Source: Field survey carried out by the researcher (2009).

Agricultural sector

The survey made by the researcher *(2009)* indicated that Agricultural sector with (44.4%) became more dominant in Lutungu Village. Very few option to earn a descent living existing with out educational qualifications. The limited income and lack of savings input house holds with AIDS Patients in to difficult situations ad un able to purchase the required supplies which may include drugs, sugar, salt and paraffin. It's noted that farming is the most used means of survival for these people. This core survival activity of the people has no capacity to generate reasonable income that can result in to saving. Therefore these remain vulnerable.

Other activities carried out as seen above are not all that at high rate like in Agricultural sector, so the majority of the respondents were peasant farmers.

Civil Servant

The surveys made by the researcher *(2008)* identified that civil servants contributed (17.7%) and this was testified from the respondents the fact that some were employed. Those PLWHAS also do a lot work as far as development is concerned through the tax base and these attained Education on high institutions.

Private servant

These own businesses with in Lutungu Village (13%) 'That is to say retail shops, whole sales, boutiques, salons, bar attendants and many others, so these people have increased their standards of living.

Fishing

The survey carried out indicated that (13%) of the respondents carry out this activity in ored5 to increase their standards of living as a means of survival.

Hiring Labor

These include those who hire land they carry out cultivation for other people and are paid some meager money, slashing compounds, carrying Luggage through these they attain means of survival these contributed (13.3%).

Others

In this I identified Traditional Birth Attendants; Traditional Healers who contributed to (2.2%) these are engaged in such activities in order to meet their needs.

4.4 Causes of the increasing Levels of HIV/AIDS Prevalence despite of NGOs, intervention

4.4.1 Table 2 showing the Respondents from the people about the major causes of HIV/AIDS in Lutungu Village

Causes	Frequency	Percentage %
Sexual intercourse	20	48.7
Sharing sharp instruments.	8	19.5
Gender	5	12.1
Poverty	8	19.5
Total	**41**	**100**

Source: Reseachers' Fieldwork survey (2009).

Sexual intercourse

According to the above it shows the main cause of HIV/AIDS through sexual intercourse with (48.7%).This is through widow inheritance, polygamy, multiple spouses (wife sharing and wife replacement) still create conducive environment for the spread of HIV/AIDS.

Sharp instruments

These include razor blade, injections these has contributed to high rates of the disease with (19.5%) as shown in the table above.

Gender imbalance

Still with in this survey, I found that Gender imbalance has fueled the pandemic in that there is a stereo typing role which encourages submissiveness for the girls, women and aggressiveness among men, boys Population which makes difficult for women to access

information about HIV/AIDS and negotiation for safer sex this was identified with (12.1%).

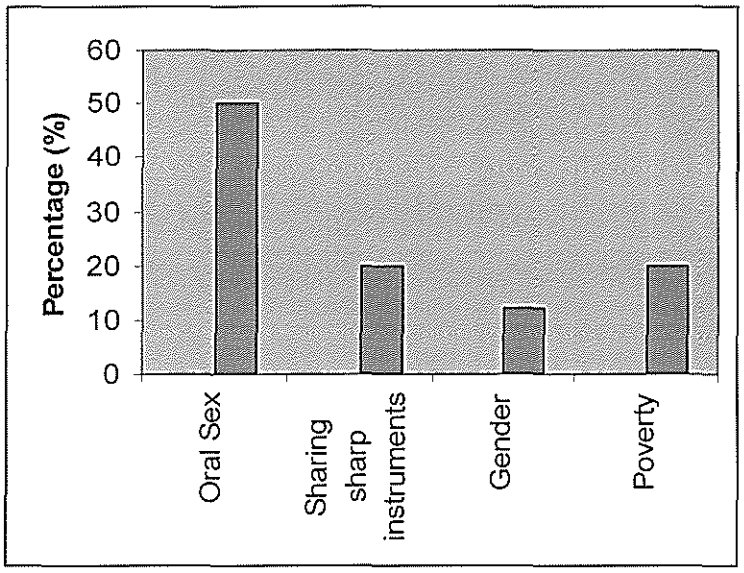
Further still in many societies see a distinction between men and women in the behavior, roles, access to the resources and decision in making power. Power balance favors men and boys against women and girls thus translating in to un equal power, men are free and women are oppressed.
However in this HIV/AIDA situation, where over (48.7%) of transmission through assaults by men who seek early marriages.

Poverty

The survey made by the researcher indicated that poverty with (19.5%) as one of the causes of HIV/AIDS which has led to high rate of school drop outs due to lack of scholastic materials and diverting the income of the sick.

In Lutungu Village few earn a decent living exist with out enough Educational 'qualification and Agriculture; remains mainly subsistence with (44.4%) thus savings. The limited incomes and lack of savings put households with AIDS patients in to difficult situations and un able to purchase the required supplies which may include drugs, sugar, Salt and paraffin.

A Bar graph showing the major causes of HIV/AIDS



Source; Reseachers'fieldwork survey (2009)

From the bar Graph above, it indicates that sexual intercourse with HIV/AIDS infected person is the major cause \of HIV/AIDS, this means that although people know the causes of HIV/AI0DS still they have un protected sex, followed by sharing of sharp instruments, poverty and gender these has fuelled the pandemic at high rate.

Other causes of HIV/AIDS

Data collected from the field has also revealed that HIV/AIDS has also been caused by other factors, that is to say alcohol, accidents, mother to child transmission, blood transfusion.

Interview curried out by the Researcher showed the mother-to-child-transmission can also cause HIV/AIDS. This is if at al the mother is infected and not given treatment through the un born baby can be affected by VV/AIDS has to a lot of havoc thus serious problem to the community.

Further still, alcohol is considered to be a pull cause for customers both men and women who converge to drinking places impair judgment and loss of control among individuals

and sexual relations. By carrying out this field survey identified that alcohol causes HIV/AIDS. Drinking is more common in me and women.

Table 3 showing other causes of HIV/AIDS in Lutugu Village, Rakai District

Other causes	**Frequency**	**Percentage %**
Mother-to-child-transmission.	1	25
Alcohol	1	25
Blood transfusion	1	25
Accidents	1	25
Total	**4**	**100**

Source; Researchers' fieldwork survey (2009)

From the table above it has identified several causes of HIV/AIDS.

Mother –to-child transmission

Through the survey I carried out is that some expectant mother I Lutungu Village gave birth at the Traditional Birth Attendants this was I favor of (25%) of the respondents. this brings about a big challenge to PMTC programme since they are not exposed to the services.

Alcohol

Further still, alcohol is considered to be a pull cause for customers both me and women who cov4erge to drinking places impair judgment and loss of control among individuals and sexual relations. By carrying out this field survey identified that also alcohol causes HIV/AIDS.Driking are common among men and women (25%) of the respondents.

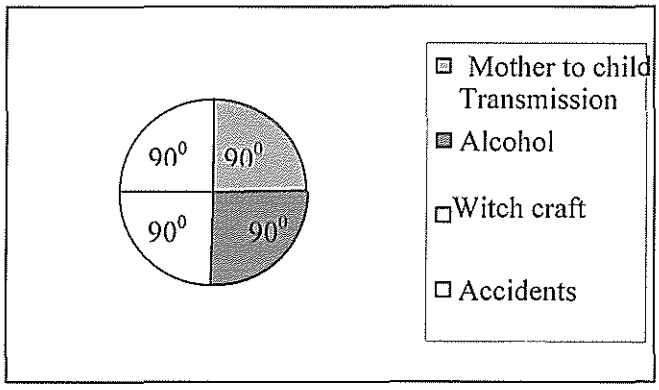
Blood transfusion

These people were on view that blood transfusion can also cause HIV/AIDS with 92550 because as I donating blood, a healthy worker can get and use the same injection that has been already in use or even donating positive blood to some one who is negative.

Accidents

It has been identified that these accidents also play a big role as in causing the disease with (25%) through blood contamination when two parties have been injured and close to each other for example one is positive and another one is negative the infected will affect the others.

4.4.4 A pie chart showing other causes of HIV/AIDS Lutungu Village.



Source; Reseachers'fieldwork survey (2009)

From the pie chart above, it ca be observed that there are other causes of HIV/AIDS in Lutungu village. Through observation from the field still, it shows that there are other causes like Mother-to-child transmission(90),Alcohol with (90), Witch craft with (90) and Accidents with(90) although some Respondents were not in favor with those other causes but still they can cause the diseases.

4.5 Effects of the increasing levels of HIV/AIDS ON THE community

4.5.1 Table 4 showing the awareness of the Respondents about HIV/AIDS and its effects.

Awareness	Frequency	Percentage%
Yes	35	77.7
No	10	22.3
Total	**45**	**100**

Source; Researchers' fieldwork survey (2009).

From the above the majority of the Respondents indicated that HIV/AIDS affects the community with (77.7%) of them. That there is increased awareness of the disease this was testified from the Respondents, however (22.3%0 of the minority were aware about the disease.

4.5.2 Table 5 indicates the effects of HIV/AIDS on the Community.

Effects	Frequency	Percentage %
Agriculture	20	44.4
Stigmatization	8	17.7
School drop outs	8	17.7
Risk of illness	4	8.8
Escalating Orphans	5	11.1
Total	**45**	**100**

Source Researchers'; field work survey (2009)

Agriculture

From the table 5 above, indicates the 20 Respondents (44.4%) were Of the view that HIV/AIDS affects Agricultural development the main stay of population and yet HIV/AIDS affecting the productive age engaged I Agricultural production. This

contributes to the decreased labor force, loss of time during Agricultural crop planting weeding season thus leading to low harvest and causing food insecurity.

Stigmatization

The study conducted by the researcher o PLWHAS finding reveal stigma serve to hinder various populations to access ART which would other wise accessible to them. Issues like gender, culture and customer perpetuate this form of stigma. Wrong attitude and misinformation all come in to play to prevent person from accessing ART, this has see as an effect with (17.7%) as these people are stigmati0zed.

School drop outs

This has contributed (17.7%) having lost the parents these children are left to fend for them selves, no caretakers so these children develop trauma, agony, and stress.

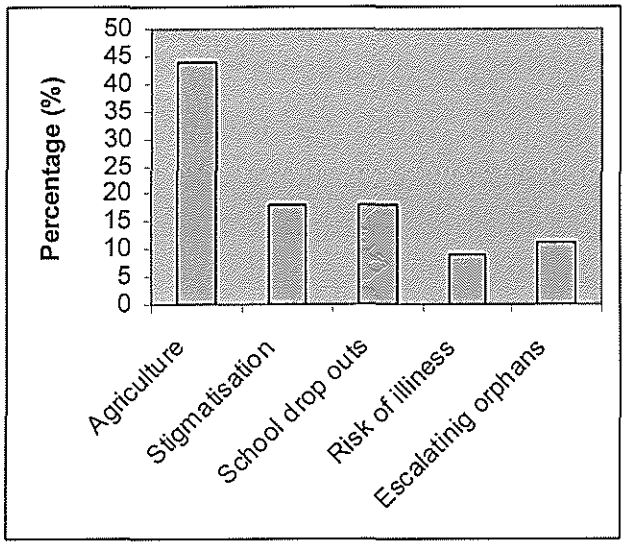
Risk of illness

With (8%) many PLWHAS develop diseases like constant fever, diarrhea, and loss of appetite, thus leading to loss of weight ad worrying life ever.

Escalating Orphans

Under escalating orphans with (11.1%), women face other difficult situation when looking after the children left behind by their late husbands. If the women were not provided with any sustainable pillar to manage that family in absence of a strong extended family system. Such orphans end up in the care of elderly or invalid grand parents with out enough energy to provide food or at times descent shelter. These are the households that end up fully marginalized and not assisted.

4.5.3 A graph showing the effects of HIV/AIDS on the community



Source; Reseachers'field work. (2009)

From the graph above it identifies that HIV/AIDS mostly affects the A agriculture sector.

Still many parents who have lost their sons ad daughters to HIV/AIDS are living in households that have taken I AIDS orphans, even may be forced to drop out of schools. This is either because they start earning money or their caretakers cannot afford school fees for all of them.

This is an escalating orphan and agreed by (11.1%), stigmatization with (17.7%) by society, the distress and social isolation experience even at work places.

Because of the stigma and often –irrational fear surrounding AIDS, children denied access to schooling ad health care. Indeed these children left are denied opportunity to inheritance especially the girl child.

In Rakai District there are many NGOs which have come up to fight HIV/AIDSS ad really they have wonderful work through the effective interventions carried out.

4.6 An Assessment of NGOs' intervention to fight HIV/AIDSS.

4.6.1 Table 6 shows whether people receive any assistance from NGOs'

Service offered	Frequency	Percentage %
Yes	38	84.4
No	7	15.5
Total	**45**	**100**

Source; Reseachers'field work survey (2009)

From the table indicates that the majority of respondents have received services offered by NGOs' as in improving their standards of living by 38 (84.4%)
However the minority have not received ay services offered with 7 (15.5%).

4.6.2 Table 7 shows the major services offered by NGOs' to PLWHAs.

Service Offered	Frequency	Percentage%
Counseling	9	25.7
House contraction	7	20
Antiretroviral drugs	13	37.1
Food Aid	6	17.1
Total	**35**	**100**

Source; Researchers' field survey (2009).

Counseling services

From the table above around (25.7%) were in favor of counseling services, which are being provided by the NGOs, sensitizing, people Will making, to live positive. In order to give psycho-social support to PLWHAs their families and CHH, NGOs train members of the community as counselors, to provide counseling services.

House construction

Further still, there is also house construction through observation I identified Miss Fausta who said that RACA was God sent she assured of the shelter because it was on

construction so (20%) were in on view that there is also house construction. These NGOs have intervened by constructing a modest house for these families.

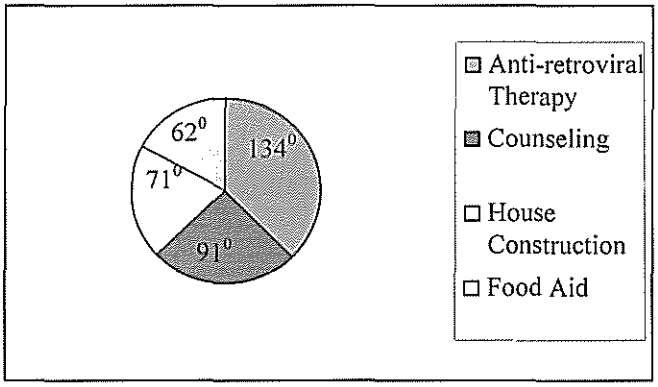
Food Aid

Provision of food aid as in form seeds that is to say beans, maize, sugar, maize flour (17.7%) was on the view that there is provision of food aid.

Anti- retroviral therapy

Anti- retroviral therapy (37.1%) the majority of the respondents were in favor of ARVs which are offered by NGOs that is to say PLWHAs. These drugs have helped to live positive health out reaches to remote areas have helped people living far away from the established health facilities to access services, medical care and information on health issues

4.6.3 The pie- chart showing the major services offered by the NGOs to PLWHAs



Source; Researchers' Field work survey (2009)

From the pie- chart above identifies the major services offered by NGOs as in mitigating the pandemic of HIV/ AIDS.

Anti-retroviral therapy with (130^0) high ranked services which are managed by NGOs counseling with (91^0), house construction with (71^0), food aid with (62^0), so this testifies the work of the NGOs in the intervention through the services offered to PLWHAs in the communities.

Others services

Other services include income generating activities like goat rearing, sponsorship, basic needs.

4.6.4 Table 8 indicates other services offered by NGOs to the PLWHAs

Other services	Frequency	Percentage (%)
IGPs	5	50
Sponsorships	3	30
Basic needs	2	20
Total	10	100

Source; Researchers' field work survey (2009)

Income generating activities

According to the respondents I identified (50%) who receives income generating products. In Lutungu Village they initiated a programme called Give me a Goat and Give me a Chance Initiative (GMAG) to ensure the survival of PLWHAs through goat rearing scheme.

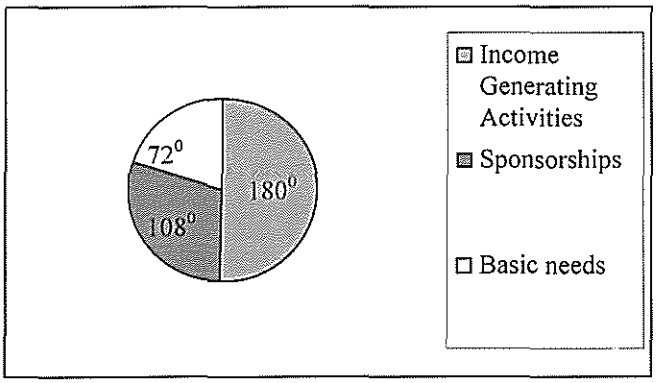
Basic needs

Needy families have raised hopes from NGOs with basic needs like giving out mattresses, clothing and utensils this was in favor of (20%) respondents so these people were restored.

Sponsorship

Sponsorships are given with out with (30%) of the respondents. Especially those orphans are given a chance to go back to school. Entertainment activities coupled with HIV/AIDS awareness messages are key information dissemination in both schools and communities. With in these schools, entertainment activities coupled with HIV/ AIDS are carried out with increased awareness messages are key information dissemination, video shows both in schools and communities.

4.6.5 An illustration of a pie- chart showing services offered by NGOs.



Source; Researchers' field work survey (2009)

From the pie-chart above there are other services like basic needs, sponsorships, IGPs these have promoted the lives of PLWHAs curbing down the trauma, stress, stigmatization among others. It was that identified that income generating activities had (108^0) who in favor of it, followed by sponsorships with (108^0) and Basic needs with (72^0). This means that through them IGAs offered to these people it promotes their standards of living in fact their life span can be prolonged causes they can attain what they want.

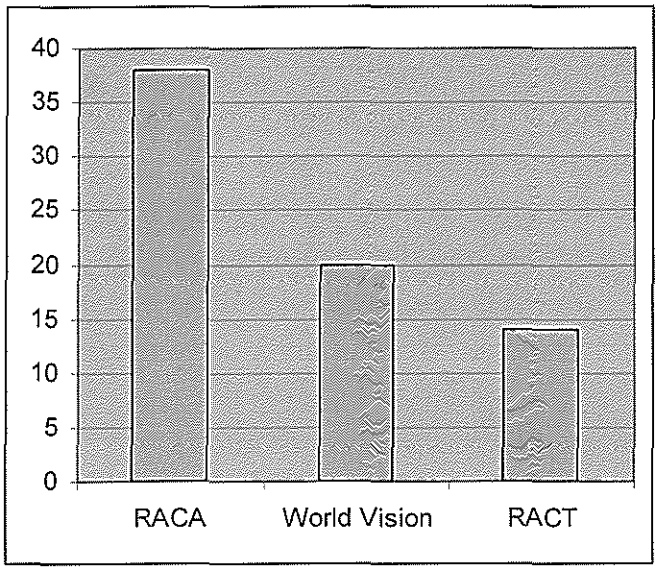
4.7 Table 9 showing the major NGOs who carries out the intervention on PLWHAs in Lutungu Village

NGOs intervention	Frequency	Percentage (%)
RACA	13	38
World vision	7	20
RACT	5	14.2

Source; Researchers' field work survey (2009)

From the table above indicates that the majority of respondents receive services from RACA, these NGOs mentioned above offers a lot services as in table 7 to PLWHAs

4.7.1 Bar graph showing major NGOs, which carry out intervention to PLWHAs in Lutungu Village



Source; Researchers' field work survey (2009)

From the bar graph above it indicates that RACA is highly ranked than other NGOs in offering services with (38%), followed by Rakai Healthy Science Programme with (28%), World vision with (20%) and RACT with (14%).

Other NGOs.

Other NGOs which operates include Concern World Wide which is responsible to community needs and Development plans, micro finances through Community Based Organization, main streaming HIV/ AIDS through the District Representatives and construction of feeder roads, CIPA which deals with HIV / AIDS activities including Behavioral Change through Drama, distributing goats, Kitovu Mobile offer care for the sick and capacity building for production of VCT and ART.

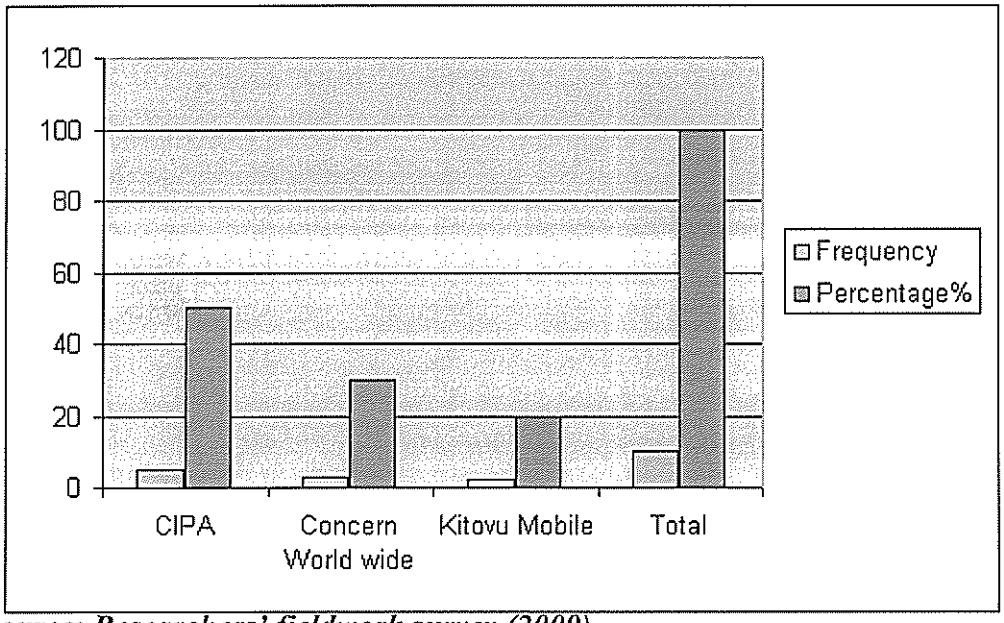
4.7.2 Table 10 showing other NGOs who carry out intervention on PLWHAs in Lutungu Village, Rakai District.

Other NGOs Intervention	Frequency	Percentage%
CIPA	5	50
Concern World wide	3	30
Kitovu Mobile	2	20
Total	**10**	**100**

Source; Researchers' field work survey.

Other NGOs intervention indicates that they also offer services to PLWHAS and these include CIPA with (50%), followed by Concern Word Wide with (30%) and Kitovu Mobile with (20%).

4.7.3 **A bar graph illustrates this as shown below**



Source; Researchers' fieldwork survey (2009).

From above this bar graph, indicates that other NGOs also get involved in the intervention and offer services to PLWHAS. And these include CIPA with (50%) in favor of it, Concern World Wide with (30%), and Kitovu Mobile (20%).

This means that these NGOs really have done much to bring up those PLWHAs from agony, despair and irritating lives and to do away from all forms of stigmatization from communities.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction:

In this Chapter, the findings of the study were revealed in terms of an assessment of NGO's performance on PLWHAs. The study aimed at making conclusion and recommendations. This Chapter there fore is to include summary or observation, conclusions and recommendation for PLWHAs in Lutungu Village, Rakai District.

5.1 SUMMARY

The study analyzed a assessment of NGOs' performance on PLWHAS it was found out that sexual intercourse with the infected person,poverty,sharing sharp instruments, gender imbalance, are the one of the major causes of HIV/AIDS in Lutungu village, and those causes mentioned above have its effects on the general community that is to say, on agricultural sector, school drop outs,stigmatization,Risk illness,Esclating orphans ,there are several NGOs that put have a hand in the intervention like World vision,Rakia Health Science among others.

5.2 CONCLUSION.

UN like any other area in Lutugu village has the pandemic with openness and commitment this has been successful done. The results obtained can fairly be generalized for whole of Uganda since the disease has spread all over and experience similar conditions. Really many NGOs have come up to fight disease.

The aspect of community participation has been emphasized and enhanced through training of local, cultural opinion and religious leaders as duty bearers in up holding the rights of the vulnerable people through the intervention that assist the vulnerable people

in their house holds to gain sustainability in food production and establishment of income generating activities.

5.3 RECOMMENDATIONS.

Nutrition needs of the purpose accessing ART remain largely un met leading to low access and poor adherence. The Government, NGOs' should participate in nutritional support to patients taking ARVs.

Emphasis on employing new strategies that would take of the behavioral change communication, gender concerns on HIV/AIDS work and adoption of right Based Approach to programming to achieve more relevance and effectiveness for future intervention.

Male circumcision should be performed safely in a medical environment complement others. This plays a major role in protecting against HIV acquisition.

The limited application of gender mainstreaming and rights leaves many vulnerable people with unfulfilled rights.Fulfilment of rights of the huge number of PLWHAs and other vulnerable. This calls for adoption of Right Based Approach ad gender mainstreaming to programming.

Further still, conducive environment the rights of the vulnerable people are observed and protected should be set up. So Local Government leadership structure and vulnerable person, the communities should fulfill the right of PLWHAs and other vulnerable.
Therefore, sensitization, work shops should be conducted at LC1 and LC11 levels of Local Governments. Vice Chairpersons AND Secretaries for women affairs ,Orphans, Widows, PLWHAs and topic to include human rights, inheritance law and positive living among others.

There is need to conduct abrupt visits/follow ups to ensure that the material support is delivered to the intended beneficiaries.

There is a need to boost people's existing petty incomes generating activities, provide an opportunity for NGO's intervention in the poverty alleviation campaign.
Further still, there should be involvement of PLWHAs, CHH in project activities, to build their capacity to help them selves, reducing their dependency and utilizing their expertise and feeling.

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APPENDIX

APPENDIX A:

Questionnaires to people living with HIV/AIDS.

Dear respondents you are kindly requested to assist in filling this questionnaire. This is about the performance of NGOs on people living with HIV/AIDS. It is purely academic and confidentiality of highest order will be observed.

Instructions:

1. Tick where applicable for closed ended questions in the provided box.
2. Use the space provided with the appropriate answer for the open ended questions.

PERSONAL BIO-DATA

1. Gender of the respondent.

(a) Male [ ] (b) Female [ ]

1. How old are you?(Complete years)

(a) 20 -29 Years [ ]

(b) 30 -39 Years

(c) 40 -49 Years

(d) 50 and above Years.

2. What is your religious affiliation?

(a) Catholic

(b) Protestant

(c) Moslem

(d) Others

4. What is your highest level of Education?

(a) Primary 1 to 7

(b) Secondary O level 1 to 4

(c) Secondary O level 5 to 6

(d) Tertiary/University

(e) None.

5. Designation /current occupation

(a) Farmer(peasant)

(b) Civil work /Servant

(c) Private servant

(d) Others.

6. What is your marital status?

(a) Single

(b) married polygamous

(c) Widow

(d) Widower

(e) Married Monogamous

(f)Separated/Divorced

7. Have ever had an HIV test?

(a) Yes (b) No

8. If yes, how many times have you tested?

---

9. Do you like to know your HIV status?

(a) Yes (b) No

10. If yes or no why so? Give reasons.

---

11. Which of these modes of transmission of HIV /AIDS is more common?

(a) Having sexual intercourse with HIV /AIDS infected person.

(b) Witch craft

(c)Accidents

(d) Sharing sharp instruments

(e) Mother transmitting to child

(f) Shaking hand with the infected person

(g) Mosquito bites.

(h) Blood transfusion

(i) Sharing food with infected person

12. Do you have HIV/AIDS?

(a) Yes (b) No

13. If yes, for how long have you been with the virus?

---

14. What protective measures can we use in reducing HIV/AIDS?

(a) Anti retroviral therapy

(b) Having one sexual trusted partner

(c) Routine testing of partner for HIV/AIDS

(d) Avoiding sexual intercourse before marriage

(e)Using condoms when ever having sex

(f) Voluntary Counseling and Testing

(h) Having sexual partner who is healthy looking.

15. Do the NGOs offer any assistance during the time of HIV/AIDS scourge?

(a)Yes (b) No

Why the answer above----------

---

16. Do you have Anti-retroviral therapy in your area?

(a) Yes (b) No

17. Who gives it to you?

(a)Extension Counselors

(b) Medical workers

(c) Chairman

18. Where do you get treatment from?

(a) Home

(b) Clinic

(c) Health centers

(d) Hospitals

(e)Traditional doctors/healers

19. How do you get health information in the community?

(a)From health workers/counselors

(b) By Local Leaders

(c) From RADIO

(d) From health canters/hospitals

20. What factors hindering NGO's participation in HIV/AIDS issues development in your area?

(i)----------

(ii)----------

(iii)----------

(iv)----------

21. What problem do you face as a person living with HIV/AIDS?

(i)----------

(ii)----------

(iii)----------

(iv)----------

22. Suggest possible solutions to the problems above in question 22.

(i)----------

(ii)----------

(iii)----------

(Iv)----------

(v)----------

APPENDIX B

Interview guide on people living with HIV/AIDS

Dear respondents you are kindly requested to assist in filling this questionnaire. This is about the performance of NGOs on people living with HIV/AIDS. It is purely academic and confidentiality of highest order will be observed.

PERSONAL BIO-DATA

1. Gender of the respondent
2. How old are you?(Complete years)
3. What is your religious affiliation?
4. What is highest level of Education?
5. Designation /current occupation
6. What is your marital status?
7. Have ever had an HIV test?
8. If yes, how many times have you tested?
9. Do you like to know your HIV status?
10. Which modes of transmission of HIV /AIDS are more common?
11. Do you have HIV/AIDS?
12. If yes, for how long have you been with the virus?
13. What protective measures can we use in reducing HIV/AID?
14. Do the NGOs offer any assistance during the time of HIV/AID scourge?
15. Do you have Anti-retroviral therapy I your area?
16. Who gives it to you?
17. Where do you get treatment from?
18. How do you get information in the community?
19. What factors hindering NGO's participation I HIV/AIDS issues development in your area?

20. What problems do you face as a person living with HIV/AIDS?

21. Suggest possible solutions to the problems above in question 21

22. How else do you think these Organizations should help you?

APPENDIX C

Questionnaire to child households

PERSONAL BIO-DATA

1. Gender of the respondent.

(a) Male (b) Female

2. Are you the head of hi household/family?

(a) Yes (b) No

3. How old are you? (Complete years)

(a) 0-5 Years

(b) 5-10 Years

(c) 10-15 Years

(d) 15-20 Year

4. What I your religious affiliation?

(a) Catholic

(b) Protestant

(c) Moslem

(d) Others

5. What is your highest level of Education?

(a) Primary 1 to 7

(b) Secondary o level 1 to 4

(c) Secondary A level 5 to 6

(d) None

6. What is your occupation?

(a) Jobless

(b) Animal Keeping

(c)Fishing

(d) Subsistence farming

(e) Own business

(f) Petty employment

7. What is your marital status?

(a) Single

(b)Married polygamous

(c)Widow

(d)Widower

(e)Married monogamous

(f) Separated/Divorced

8. What was the death of partner/parent?

(a) Accident

(b)HIV/AID

(c)Un known

(d) Other.

9. Do you know what a condom is?

(a) Yes (b) No

10. Do you have knowledge o how to use a condom properly?

(a) Yes (b) No

11. Does this house hold have orphans aged between 0-18 years?

(a) Yes (b) No

12. How many people live in this house hold?

13. Mention problems faced by orphans in the community?

(i)----------

(ii)----------

(iii)----------

14. Which Organization has assisted you since the death of your parent(s)?

(i)----------

(ii)----------

(iii)----------

(iii)----------

15 What kind of services has it offered to you?

(i)----------

(ii)----------

(iii)----------

(iv)----------

(v)----------

16. What are the benefits got from such services?

(i)----------

(ii)----------

(iii)----------

17. How else do you think these Organizations should help you?

(i)----------

(ii)----------

APPENDIX D

Questionnaire to the Staff Rakai Counselors' Association (RACA)

Dear respondents you kindly requested to assist in filling this questionnaire. The performance of NGO's on people living with HIV/AIDS. It purely academic and confidentiality of highest order will be observed.

PERSONAL BIO-DATA.

1. Please indicate your

(a) Age

(b) Sex

(c) Marital status

(d) Religious affiliation

2. Do you offer services to PLWHAS?

3. What kind of services being offered?

4. Are services offered in time?

5. What effect does your answer I 4 above have o the PLWHAS? Explain your answer.

6. Do PLWHAS participate in community activities, decision making and leadership?

7. What kind of activities do they get involved in?

8. Do people living with HIV/AIDS receive counseling services?

9. How often do counselors make home visits to them?

10. What effects does counseling come with to the PLWHAS?

11. Do you face challenge as I offering these services to the PLWHAS?

12. What are the challenges being faced?

13. Are PLWHAS employed in Non Government Organizations or Government institutions?

14. If they are, do they get free services since they are also PLWHAS and if not why?

15. If they are not employed why?

16 What recommendations would give to NGO's and Government in trying to improve th e life of PLWHAS?

APPENDIX E:

Interview guide on people living with HIV/AIDS

AN ASSESMENT OF NGO's PERFORMACE ONPEOPLE LIVIG WITH HIV/AIDS

PERSOAL DATA

1. Gender of the respondent.
2. How old are you?
3 What is your religious affiliation?
4. What is your highest level of Education?
5. Designation /current occupation.
6. What is your marital status?
7. Have ever had an HIV test?
8. If yes, how many times have you tested?
9. Do you like to know your HIV status?
10. Which modes of transmission of HIV /AIDS are more common?
11. Do you have HIV/AIDS?
12. If yes, for how long have you bee with the virus?
13. What protective measures ca we use in reducing HIV/AIDS?
14. Do NGO's offer any assistance during the time of HIV/AIDS scourge?
15. Do you have Anti retroviral therapy in your area?
16. Who gives it to you?
17. Where do you get treatment from?
18. How do you get health information in the community?
19. What factors hindering NGO's participation in HIV/AIDS issues development I your area?
20 What problems do you face as a person living with HIV/AIDSS?
21. Suggest possible solutions to the problems above in question 21.
22. How else do you think these Organizations should help you?

Thank you for your contributions.