Organisational Support And Its Contribution To Livelihoods Among Taso Supported Hiv/Aids Affected Households In Masaka District

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DECLARATION

I, Godfrey Nathan Muzaaya, declare that this dissertation entitled, **Organisational support and its contribution to livelihoods among TASO Supported HIV/AIDS affected households in Masaka District**, is my original work and has not been submitted to any Institution of learning for award of a degree or any other award.

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APPROVALS

This dissertation is submitted for examination with our Approval as Supervisors

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

List of Abbreviations and Acronyms

AIDS	**Acquired Immune Deficiency Syndrome**
CASA	**Community AIDS Support Agents**
HIV	**Human Immunodeficiency Virus**
DFID	**Department for International Development**
NGO	**Non-Governmental Organization**
SLA	**Sustainable Livelihood Approach**
SLP	**Sustainable Livelihood Program**
PLWHA	**People Living With HIV/AIDS**
PPM	**Project Planning and Management**
TASO	**The AIDS Support Organization**
UK	**United Kingdom**
UNDP	**United Nations Development Programme**
UNAIDS	**United Nations AIDS**
USA	**United States of America**
KI	**Key Informants**
HRs	**Household Respondents**

ABSTRACT

The study was premised on the fact that HIV/AIDS epidemic has had an enormous impact on the World, where 22.5 million are infected and more than 25 million have died. Specifically in Uganda, it has caused 1million orphans and 1.9 infections. There have been different forms of support to HIV/AIDS affected households. The general objective of the study was to examine the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District. Organizational support is the (independent variable) and its contribution to livelihoods (dependent variable) among people suffering from chronic diseases like AIDS. The study used a case study research design that involved triangulation using qualitative and quantitative techniques of data collection and analysis. A sample size of 370 respondents was selected from TASO Masaka. Data was analyzed using Epiinfo 2002, SPSS and stata analysis package. Results after analysis revealed that majority of the respondents acknowledged that organisational support in form of emotional, instrumental and informational support have improved livelihoods of HIV/AIDS households, median of 4 and mean 3.8. Significant number agreed that informal social support mechanisms improved livelihoods of HIV/AIDS households 14(45.2%) agreed which is not statistically so different from those who were undecided 13(41.9%). Emotional support, Instrumental support and Informational support, has contributed to improved livelihoods of HIV/AIDS affected households in Masaka. Informal social support (community) doesn't affect organisational support and livelihoods among HIV/AIDS affected households. TASO should change its approach to establishing social linkages that can contribute to social capital. Training for those in the community who interact with HIV/AIDS affected families, can allow more people to contribute to prevention and the provision of quality care.

CHAPTER ONE

INTRODUCTION

1 Introduction

This study investigated the contribution of organisational support to livelihoods among TASO supported HIV/AIDS households in Masaka District. Organisational support as independent variable was conceptualized to include emotional, instrumental and informational support, while livelihoods was the dependent variable which included; income, wellbeing, food accessibility and vulnerability. This chapter presents the background to the study, conceptual framework, and problem statement, objectives of the study, research questions, hypothesis, scope, justification and significance of the study as well as operational definitions and concepts used in the study.

1.1 Background to the Study

Globally, HIV infection is a viral infection that progressively destroys the white blood cells and causes AIDS. It is an epidemic that continues to spread and affect the families and communities. According to WHO (2007), it was estimated that 33.2 million people were living with HIV, 2.5 million people became newly infected and 2.1 million people died of AIDS in the whole world. The HIV/AIDS epidemic has had an enormous impact on the world. Approximately, 1.7 million people are newly infected, while 22.5 million people are living with HIV. More than 25 million people have died of AIDS since 1981 (UNAIDS, 2008).This challenging situation has affected all households and families as the epidemic has created a very big impact in form of trauma, poverty, need for care, counseling and support.

There are many models that can explain social support in the context of formal organisational and informal support. The models include; supplementation, structural, social network, and substitution model. The models helped to guide the study in the following ways; they helped by viewing the variables of the study that is organisational support and its contribution to the livelihoods of TASO Masaka supported HIV/AIDS affected households.

Edelman, (1986) proposes the supplementation model as formal support in addition to the care provided by informal caregivers in order to alleviate stress and time demands. However, Edelman in his supplementation model does not point out whether informal caregivers do recognize the formal support as a supplementation to the support that already exists or as a replacement of the existing informal support. This thinking will help the researcher to investigate if the households supported by TASO look at the support given to them as an addition to what they already have as informal support.

Contrary to the above model, Greene, (1983), proposes a substitution model, which given the option, most informal care givers would use formal care as a substitution for the care they provide. The strength of the substitution model lies in the fact that for the management of chronic diseases with a high prevalence and requiring current monitoring, it suggests that substitution of care may be an appropriate solution to safeguard high quality care. Substitution of care may be divided into horizontal and vertical substitution. Horizontal substitution refers to transfer of tasks between care providers. Meaning, tasks can be transferred from specialists to generalists or outside hospital. Vertical substitution model refers to the transfer between care providers with different level of expertise.

But putting this in context, it looks controversial to the current situation, which is always to request for support and add to what one has. While TASO recognize the need to support informal care givers and expand formal services, the notion of substituting all informal care givers with formal help would require radical change and would seem implausible at the current time.

From a theoretical point of view, this study examined the relationship between social support and personal functioning in a longitudinal assessment of a representative sample of community men and women. It's presumed that there is considerable temporal stability in several indices of support and personal functioning; changes in levels of support during the follow-up period are usually associated with changes in functioning. These relationships varied according to the individual's gender and the source of support. This study based on such theoretical insights of community based approaches towards improving the livelihoods of people affected by the HIV scourge in Masaka.

In trying to emphasize that informal support is not substitutable as argued by Greene, (1983); Berrara, (1986) comes up with Structural model which considers individuals' social network of support resources or relationships from which individuals receive assistance in copying with demands and achieving goals. They also seek to assess the degree of social isolation/integration or embeddedness. This is supplemented by Scott and Roberto, (1985) in another model that has been adopted to understand the relationship between formal and informal support which is the social network theory. This consists of regular social interactions, help the individuals fulfill, physical, psychological and social needs.

Consideration is given to the content of the relationships, social support, what is being shared or transmitted during different interactions. The content is classified into three categories: emotional, tangible (instrumental) and informational support. Emotional support consists of; intimacy (love), encouragement (counseling), and attachment; tangible (instrumental) support includes; resources, financial help, material goods and services; and information support having, information, advice and feedback (Cobb, 1976; Dean & Lin, 1977; Norbeck et al. 1981).

Compared to the rest of the World, about 68% of the global population living with HIV are residing in Sub **Saharan** Africa, WHO (2007). Sub Sahara African countries have the highest HIV prevalence in the world with 22.0 million people (adults and children) living with HIV/AIDS compared to Asia with 5 million, Latin America with 1.7 million, North Africa and Middle East has 380,000 while Eastern Europe & Central Asia have 1.5 million people (UNAIDS, 2008). Botswana, for example with a population of adults 1.8 million people has a prevalence of about 37.3% that means over 350,000 people are living with HIV, ***(http://www.worldpress.org/profiles2/Botswana.cfm).*** South Africa with a population of 42 million people, the prevalence is 10-15%; implying over 6 million South Africans are infected with HIV (WHO, 2006).

The toll of HIV and AIDS on households can be very severe. Although no part of the population is unaffected by HIV, it is often the poorest sectors of society that are more vulnerable to the epidemic and for whom the consequences are most severe. In many cases the presence of AIDS causes the household to break up, as parents die and children are sent to

relatives for care and upbringing. A study in rural South Africa suggested that households in which an adult had died from AIDS were four times more likely to dissolve than those in which no deaths had occurred, (Hosegood, et al. 2004).

It is very clear that diseases especially HIV/AIDS has eroded households' ability to avail themselves opportunities to strengthen their economies and livelihoods by its impacts on rural poor. The impact of HIV/AIDS has shaped and changed all areas of human activity and behavior on both individual and community levels in Sub-Saharan Africa. The implications of this pandemic are felt strongly in rural settings where food security and other social needs are the most pressing issue. It has undermined the stability of livelihoods requiring organisational support to restore such livelihoods of HIV/AIDS affected households at national level and beyond.

In Uganda, the number of people infected with HIV/AIDS is still appallingly high. It is estimated that 1.9 million people were infected with HIV in the entire country, (WHO, 2007). Children with HIV/AIDS are 110,000 and those orphaned by HIV/AIDS are 1,000,000, ***(http://www.avert.org/subaadults.htm).*** HIV/AIDS unlike other diseases has weakened and disorganized the informal support services where communities and families could take care of any sick person and render the necessary support for the person to a situation where there is stigmatization and everyone is on their own without any social ties that existed before, where no one was on his/her own in any situation like this of HIV/AIDS. From the interactions with some households affected by HIV/AIDS in Masaka through focus group discussions, informal support services were those interactions that provided individuals with actual assistance or embed them into a web of social relationships perceived to be loving, caring and readily

available in times of need. A household beset by calamity of disease, death or anew settler could receive support until they enjoy a normal life. Hobfoll (1988) argues that, Social Support is embedded in many cultures as an informal system or as part of social capital. The informal systems here could mean the support from all the family members, the neighbors, community members and other players within the social network. This form of support is responsible for restoring livelihoods in normal social stresses for those who have been affected and hurt in that social network. However HIV/AIDS has weakened such systems and the livelihoods of people undermined, this has necessitated for the introduction of formal (organisational) support in order to be able to balance up and bridge the gap created by HIV and AIDS effects.

As away to restore the balance that has been lost by the effects of HIV/AIDS on the informal social support services, there is urgent need to factor in formal support and this is what TASO is doing by providing organisational support that include; emotional support consisting of individual and community counseling; instrumental support having Medical Care, material assistance as well as income generating projects; and informational support which includes, sensitizations and community trainings. According to Hobfoll (1988), support is a concept that is used in many cases. It can be informal or formal but in this study the focus is on the formal support and in particular organisational support. But to understand social support, one needs to look at the Social Network models that enhance and explain social support.

1.1.3 Contextual Background

The AIDS Support Organization (TASO) is one of the leading national NGOs in Uganda founded in 1987, as a response to the weakened informal support services where people living with HIV/AIDS were discriminated, isolated and stigmatized. Its mission is to contribute to the process of restoring hope and improving the lives of people and families infected and affected by HIV/AIDS by improving their livelihoods through social support in order to manage the impact created by HIV/AIDS. The different forms of support include, medical care consisting of treating of opportunistic infections, provision of ARVs; Counseling which includes one to one counseling, home visits, group counseling; and sustainable livelihood projects which include, giving households heifers, goats, piglets, improved seeds in order to empower clients to lead self sustaining lives. A total of over one hundred and ninety thousand (190,000) clients have benefited from the different forms of social support, (TASO Annual Report, 2007).

TASO Masaka, a branch of TASO Uganda since inception in 1988 has cumulatively served approximately 26,000 clients with organisational social support. TASO has with more efforts increased on support to the clients' households so as to improve the livelihoods of these households. However; it is not clear whether this organisational support has contributed to their livelihoods, because from the interviews held with a few households, it was revealed that these households are not realizing any improvement in terms of their livelihoods. The children are not able to go to school; they don't have income to buy other necessities apart from the health care provided by TASO. Therefore the researcher was interested in finding out what is the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka.

1.2 Statement of the Problem

TASO has supported HIV/AIDS affected households countrywide since 1987. This is based on the fact that the HIV affected live in poor conditions that include poor hygiene, inhabitable houses, their children can't attend school and their surrounding does not show any subsistence farming for food at all. Clients and their household members are currently seeing TASO as a sole provider of support which include; emotional [counseling, encouragement and attachment]; Instrumental or tangible [care and treatment, material goods, financial help and services]; and informational which is composed of, [advice, information and feedback]. This organizational support has grown from time when TASO had 60,853 clients in 2003 to 193,546 clients in 2008 (TASO Annual Report, 2007). All this support is aimed at contributing to the process of improving the lives of people and households infected and affected by HIV/AIDS, such that they can educate their children, can have sustainable income, have food, are living positively with AIDS, and are not vulnerable.

The informal social support for households has broken down where the neighbors no longer assist in times of need and even some family members had abandoned the terminally ill household members. This is not because they don't care but because they had nothing to offer to the sick and the livelihoods in the household were not good either, much as TASO has been supporting these households. This is evidenced by the World Health Report on the status of HIV/AIDS in Uganda that points out the effect of discrimination and the rate of stigma as the worst effects on Uganda's economy (Health policy 1994). Despite the continuous organisational support by TASO to these households in an effort to rejuvenate the destabilized informal support, for 21 years now, there is no significant improvement of the livelihoods among TASO supported HIV/AIDS affected households (TASO Masaka home visit reports

2008). This study aimed at finding out the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.

1.3 General Objective

To examine the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka district.

1.4 Specific Objectives

1. To assess the contribution of emotional support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.
2. To examine the contribution of instrumental support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka.
3. To establish the relationship between informational support and the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.
4. To examine the influence of community support on the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.

1.5 Specific Research Questions

1. How has emotional support contributed to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District?

2. What is the contribution of Instrumental Support to the livelihoods among TASO supported HIV/AIDS Households in Masaka District?
3. What is the relationship between informational support and livelihoods among TASO supported HIV/AIDS affected households in Masaka District?
4. What is the influence of community support on the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District?

1.6 Research Hypotheses

1. There is a significant relationship between emotional support and livelihoods among TASO supported HIV/AIDS affected households.

2. Instrumental support significantly contributes to the livelihoods among TASO supported HIV/AIDS affected households.

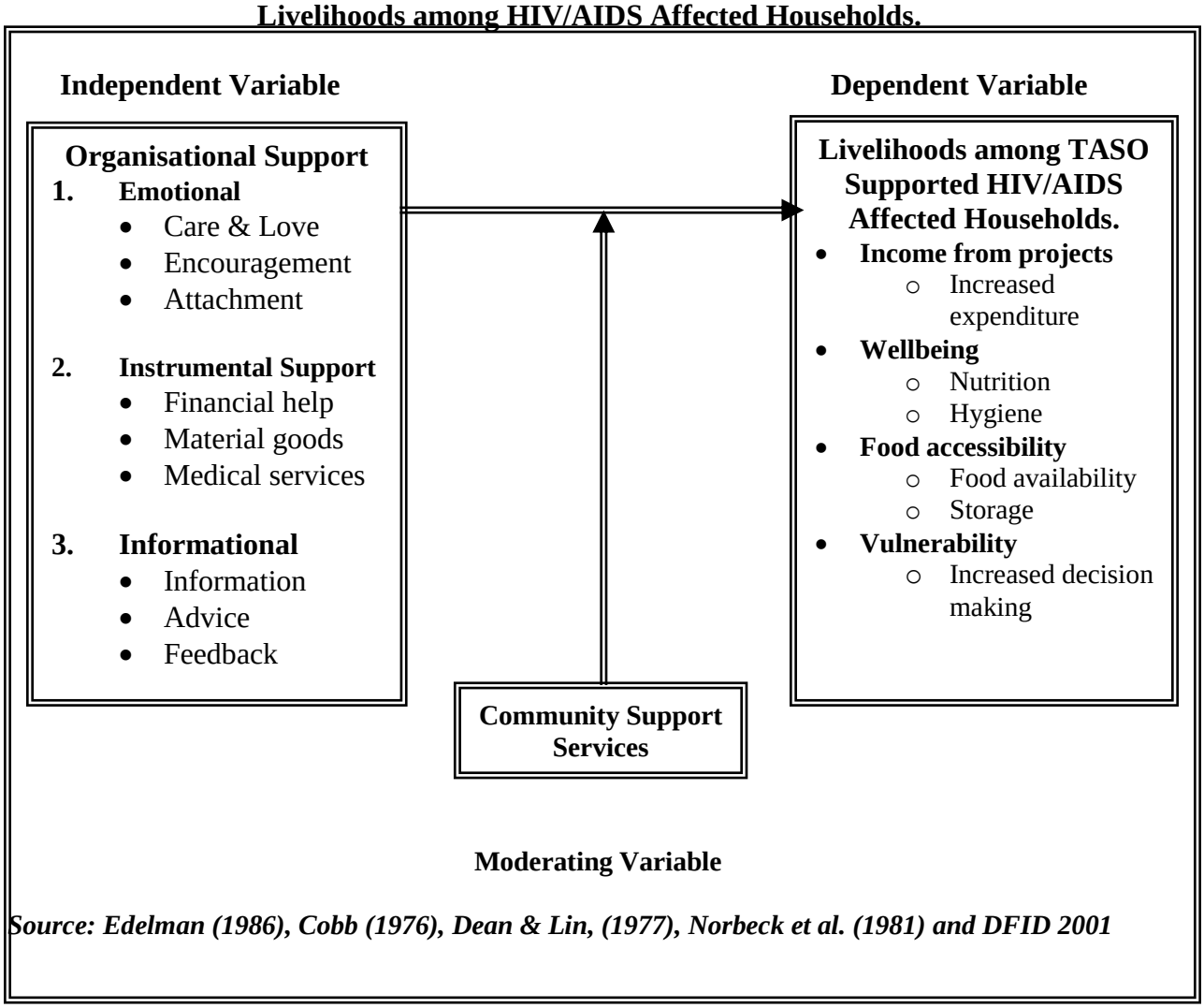
3. There is a significant relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households.

4. Community support influences organisational support to the livelihoods among TASO supported HIV/AIDS affected households.

1.7 Conceptual Frame work

The conceptual framework of the study constituted two broad concepts of organisational support and livelihoods among TASO supported HIV/AIDS affected households as the independent and dependent variables respectively. The two broad concepts have been operationalised on the basis of the models in the previous sections which include, Supplementation Model, Edelman (1986), Structural Model, Berrara (1986), Social Network Model, Cobb (1976). It is therefore upon this that the constructs and dimensions of the independent and dependant variables are operationalised and presented in figure 1 below.

Figure 1: Conceptual Framework: Relationship between Organisational Support and Livelihoods among HIV/AIDS Affected Households.



Source: Edelman (1986), Cobb (1976), Dean & Lin, (1977), Norbeck et al. (1981) and DFID 2001

In figure 1 above it is conceived that Organisational Support is the independent variable while Livelihoods among TASO supported HIV/AIDS households is the dependant variable. It is also conceptualized that by providing organisational support there would be improved livelihood outcomes for the supported HIV/AIDS affected Households. The study conceptualized organisational support into emotional support (care and love, encouragement-counseling, attachment); instrumental support (financial help, material goods, medical services); and informational support (information, advice, feedback).

On the other hand, livelihoods among TASO supported HIV/AIDS affected households as a dependant variable has four dimensions which are conceptualized as income from projects (increased expenditure); wellbeing (nutrition, hygiene); food accessibility (food availability, storage); and reduced vulnerability (increased decision making).However, vulnerability, cuts across all the dimensions of the dependant variable.

It was also conceptualized that community support the moderating variable regulates organisational support in contributing to the livelihoods among TASO supported HIV/AIDS affected households as it is the amount of community support that will at times determine the interventions and total contribution of organisational support to the households. The more communities support the households the lesser it is necessary for any external support like organisational support is needed in such communities.

1.8 Significance of the Study.

According to Mugenda and Mugenda (1999), significance of the study highlights the importance of carrying out the research. The main importance of this study was to contribute to the knowledge available on organisational support and its contribution to the livelihoods among TASO supported HIV/AIDS households especially among stakeholders dealing with HIV/AIDS related programs. It helped to explain what significant contribution has organisational support on the lives of HIV/AIDS affected households supported by TASO Masaka.

In general this study has focused on the contribution of organisational support in improving the livelihoods of HIV/AIDS affected households. This piece of work has been able to provide an understanding of the different forms of support that an HIV/AIDS affected household needs to have a holistic care and support, which include; emotional, instrumental and informational in the context of Uganda and TASO in particular.

The study has also contributed to the fact to know that for any support to HIV/AIDS households to succeed in improving their livelihoods all household members involvement is key not only the infected or affected members only but as well as the community. It was also revealed that no organisation can single handedly, however much resources it may have; there is absolute need for partnership in order to be able to support the households fully.

There has also been a contribution in understanding the complexities of HIV/AIDS affected households and decision making on forms of support within HIV/AIDS organisations with the intent of promoting a more in-depth understanding of various organisational strategies and

encouraging the exploration of more support programs, that allow greater involvement and more productive collaborations among stakeholders.

It has also contributed to the knowledge that organisational support (formal) alone cannot change or single handedly improve the livelihoods of the HIV/AIDS affected households, but much more is from the informal support that is always got from the society surrounding the household. This study gives an exposure whether organisational social support is a critical aspect within the HIV/AIDS programming in Uganda.

1.9 Justification of the Study.

Many studies have been done on social support and chronic illnesses and on different areas of interest like, social support and Adolescent Cancer Survivors in USA (2006), Social Support and Conflict in Mexico (2003), Formal and Informal Social Support (1999). Much as all these were very relevant studies, however, no particular study concerning organisational support and its contribution to livelihoods among HIV/AIDS affected households especially in TASO Masaka was done.

Therefore this research attempted to answer the question what knowledge gaps to be addressed and why the study was important as argued by Mugenda and Mugenda (1999), p.215. This is done in the field of organisational support and its contribution to the livelihoods of HIV/AIDS affected households, more especially in TASO Masaka. It is also important that this study has established whether organisational support or any other form of support is more critical in contributing to the livelihoods of HIV/AIDS affected households. It is a qualitative research where the primary beneficiaries were interviewed individually in order to get their original views on organisational support.

1.10 Scope of study

TASO Uganda limited has eleven Service Centers where administered social support is given but the Researcher focused on TASO Masaka using the following criteria.

- TASO Masaka is rural based and was the second center to be set up in 1988.
- Has been offering Organisational Social Support for the last 20 years.
- The Center's location for the Researcher's convenience.
- The Center was in the same region where the Researcher works.

Considering the identified criteria, the Center was selected purposively.

Ram Ahuja, (2001) argued that, purposive sampling is also judgmental sampling where the Researcher purposively chooses [areas] which in his judgment about some appropriate characteristic required of the sample are thought to be relevant to the research topic and are easily available to him.

Masaka District is approximately 130km from Kampala City center, bordered by Mpigi District in the east and northern, Sembabule in the south as well Rakai in the southwest and Lyantode in the west. The dimensions in the study included emotional, instrumental, and informational support for organisational support, the independent variable; and on the other hand income from projects, wellbeing, food accessibility, and reduced vulnerability for livelihoods among TASO supported HIV/AIDS affected households as the dependant variable. Community support services are the moderating variable for the two sides. This study will specifically be done in TASO Masaka community areas where the center has clients and established community work, because this is where organizational support has been administered (TASO Masaka Annual Report, 2008).

1.11 Operational definitions

The following are the operationalisation for some of the concepts and variables used in this research. The meanings accrue to this research and do help to understanding how they are used as far as this research is concerned.

Organisational support: This is a form of support given by TASO in all forms, material, services etc. **HIV/AIDS affected Household:** These are family units which are supported by TASO because of the effects HIV/AIDS has had on them.

Livelihoods: This means the desired wellbeing of the TASO supported HIV/AIDS affected households in terms of improved income, food accessibility, less vulnerability.

Clients: these are HIV Positive people registered with TASO and receiving services.

CHAPTER TWO

LITERATURE REVIEW

2 Introduction

This chapter critically examines the existing literature in the context of organisational support (formal support) and its contribution to the livelihoods of TASO supported HIV/AIDS affected households. Literature review was used as a tool to explore the origins and uses of organisational support as an approach to improved livelihoods. In here, a theoretical review was done to relate the theory behind organizational support and the work carried out by TASO. This was also followed with a conceptual review of organizational support in context of sustainable livelihoods. As in the previous section, four models which include; Supplementation Model of Edelman, (1986), Greene's (1983) Substitution Model, Scott and Roberto's (1985) Social Network Model as well as Barrera's, (1986) Structural Model, several other models of formal support [organisational support] and informal support have been reviewed in the literature. The variables explaining the concept of organisational support and livelihoods among HIV/AIDS supported households include , emotional , instrumental and informational support on one hand and on the other hand there is, income from projects, well-being, food accessibility and reduced vulnerability.

2.1 Social Support Models' Review

This study was guided by the following models: supplementation model, structural model, substitution model, and social network model. The models helped to guide the study in the following ways; they helped by viewing the variables of the primary interest in the study that

is organisational support and its contribution to the livelihoods among HIV/AIDS affected households. The Supplementation Model by Edelman, (1986) which proposes that formal help [organisational support] is merely a supplementation to the care provided by informal care givers in order to alleviate stress and time demands, this model which relates well with what TASO is trying to do by looking at organisational support as a contribution to the livelihoods of HIV/AIDS affected households. TASO Masaka considers these households as already having informal support which can be family or community support in that context.

However, what Edelman in his supplementation model does not point out is whether informal caregivers do recognize the formal support as a supplementation to the support system that already exists or as a replacement of the existing informal support.

This type of thinking is applied to the HIV/AIDS affected households to see whether they too share the same sentiments with Edelman on perceiving formal support as a supplementation to their undermined informal support system and livelihoods.

Greene's (1986) substitution model hypothesizes that given the option, most informal care givers would use formal care as a substitution for the care they provide. However, this looks a direct opposite of what TASO advocates for where the organisational support is just an addition to what the informal help is offering and where it is constrained. And it's not clear whether the informal care givers would welcome a substitution model. The notion of substituting all informal care givers would require a radical change which TASO does not have capacity to at the current time.

Berrara, (1986) conceptualizes Social support as a construct with multiple dimensions including the type of relationship and social network sizes, the type and frequency of supportive behaviors and the quality of support. In this model it is evident that social isolation is an element that is pronounced and in this study this can be equaled to stigma and discrimination which HIV/AIDS households experience within their communities. Structural model consider individuals' social network of support resources or relationships from which individuals receive assistance in copying with demands and achieving goals. They also seek to assess the degree of social isolation/integration or embeddedness, while for the functional models assesses the individuals' perception of the types and qualities of relationships.

It is such structural and functional concepts that necessitate for approaches that can restore the integration and embeddedness for the livelihoods of the individuals within the social networks in order to maintain coherence or wellbeing in this matter. All the three models have been adopted to help in this study.

Piwoz and Preble, (2000) observes that research on organizational support began with the observation that if managers are concerned with their employees' commitment to the organization, employees are focused on the organization's commitment to them. For employees, the organization serves as an important source of socio-emotional resources, such as respect and caring, and tangible benefits, such as wages and medical benefits. Being regarded highly by the organization helps to meet employees' needs for approval, esteem, and affiliation. Positive valuation by the organization also provides an indication that increased effort will be noted and rewarded. Employees therefore take an active interest in the regard with which they are held by their employer.

Organizational support theory (OST) by Eisenberger, Huntington, Hutchinson, & Sowa, 1986; Rhoades & Eisenberger, 2002; Shore & Shore, 1995) holds that in order to meet socio-emotional needs and to assess the benefits of increased work effort, employees form a general perception concerning the extent to which the organization values their contributions and cares about their well-being. Such perceived organizational support (POS) would increase employees' felt obligation to help the organization reach its objectives, their affective commitment to the organization, and their expectation that improved performance would be rewarded. Behavioral outcomes of POS would include increases in role and extra-role performance and decreases in stress and withdrawal behaviors such as absenteeism and turnover.

Its further noted that similar to the needs-fulfilling role served by perceived support from friends and relatives in everyday life (Cobb, 1976; Cohen & Wills, 1985), organizational support theory supposes that POS meets needs for emotional support, affiliation, esteem, and approval. According to Gouldner (1960), the obligation to reciprocate favorable treatment increases with the benefit's value, including the benefit's relevance to the recipient's specific needs. Therefore, the obligation to repay POS with enhanced performance should be greater among employees with high socio-emotional needs.

Additional evidence of POS's socio-emotional function comes from findings that POS was negatively associated with strains experienced in the workplace (Cropanzano et al., 1997; Robblee, 1998; Venkatachalam, 1995), that POS lessened the relationship between nurses' degree of contact with AIDS patients and negative mood (George et al. 1993), and that perceived support within the organization, as opposed to support from family and friends,

reduced the negative relationship between British pub employees' receipt of threats and violence and these employees' experienced well-being (Leather et al., 1998). Thus, POS may be especially helpful in reducing the traumatic consequences of stressors at work.

Further still, according to organizational support theory, the relationship between performance-reward expectancies and POS should be reciprocal (Eisenberger et al., 1986; Shore & Shore, 1995). Favorable opportunities for rewards would convey the organization's positive valuation of employees' contributions and thus contribute to POS (cf. Gaertner and Nollen, 1989). POS, In turn, would increase employees' expectancies that high performance will be rewarded. Consistent with these views, the meta-analysis by Rhoades and Eisenberger (2002) found that opportunities for greater recognition, pay, and promotion were positively associated with POS. Additional research is needed concerning the mediating role of reward expectancies in the relationship between POS and performance.

In relation to the work of TASO as an organization, it should be noted that as an institution with structures in place, the Perceived Organisation (PO) support as elucidated by Venkatachalam, 1995), that POS lessened the relationship between nurses' degree of contact with AIDS patients and negative mood (George et al. 1993), and that perceived support within the organization. It’s a fact that as employees of TASO get more organisational support they come closer to people leaving with HIV/AIDS hence better instrumental, emotional and informational support.

2.2 Organizational Support and Livelihoods.

Organisational support and livelihoods are presumed to be two bedfellows when it comes to addressing the needs of the chronically ill persons like the People Living with HIV/AIDS. Livelihood is defined as a means of living, and the capabilities, assets, and activities required for it. A livelihood encompasses income, as well as social institutions, gender relations, and property rights required to support and sustain a certain standard of living. It also includes access to and benefits derived from social and public services provided by the state, such as education, health services, and other infrastructure" (Masanjala, 2006, p. 1033). Sustainable livelihood programs seek to create long-lasting solutions to poverty by empowering their target population and addressing their overall well-being. The programs are varied in their focus, approach, and target audience.

Sustainable livelihoods approaches place people at the centre of development, rather than focusing on the resources they use or a single activity. In relation to the person in the context of the HIV/AIDS epidemic, we look beyond and around the epidemic, the clinical condition, or the medical solution, and through livelihoods analysis take into account the other things going on now and in the past in their life, or the life of the household, community or region (Piwoz and Preble, 2000).

Livelihoods diversification has always been important as a coping strategy for poor people faced with an uncertain world: harvests fail, market prices fall, factories close, or the informal economy is constrained by legislation. People adapt. The hardship inflicted by HIV/AIDS, through the loss of family members, the costs of care; the loss of workers etc. highlights the need for support for different livelihood strategies at times of crisis and beyond.

In relation to particular organization that address the livelihoods of PLWH, Edstrom, J. and F. Samuels (2007) note that we need to take a dynamic approach; HIV/AIDS does not often kill a person quickly. Nor does the epidemic have an instant impact on a community or nation, unlike a flood or earthquake. They make the following observation:

> "If we think about it in terms of the PLWA `vulnerability context' it is not a sharp shock. HIV/AIDS erodes communities. People LIVE with HIV/AIDS and grow older with HIV/AIDS, and their livelihood fortunes change over that time. Households, communities and regions may experience subtle shifts and changes rather than dramatic change as people adjust to the impact of the epidemic. Livelihoods approaches encourage us, therefore, to look at the depth as well as the breadth of peoples' lives. What this should mean is that policies, projects and programmes which seek to arrest the spread of HIV/AIDS and mitigate the impact of the epidemic, do so by recognizing the affect of the epidemic on all aspects of people's lives, not just health, and seek to identify areas where support will have a positive impact"(2007).

On this note, a number of researchers have pointed out that livelihoods analysis demand a holistic analysis, but with the subsequent intervention, in most cases, being specifically targeted within that wider understanding. This research on TASO has a clear semblance on these past studies. They aimed at establishing what income-generating options exist for a household suffering from a labour shortage in rural areas like that of Uganda. Is the stigma associated with the condition affecting access to non-health services (agricultural extension or education,)? What support exists for careers, are they cut off from their own social networks

because of the burden of care? In industry or services where large number of people have died or are sick, how might capacity be enhanced to meet demand? The answers to these questions provided more knowledge on organizational and institutional support for PLWHA. For example it was found out that stigma is very much associated with people not accessing the health care services from TASO, some of the could not get the different income generating options put in place by the organisation to support them for fear of being stigmatized.

According to Decker, (2006), Social support in health and chronic illness has been one of the most frequently researched concepts in the past decades both as a coping resource and as a protective factor related to stress and coping. She continues to stress that social support conceptualizations have focused on the sources of support, the nature of what is or provided. It is noted that social support mainly falls into two types; structural and functional social support. To this therefore, Organisational Social Support is support coming from people or institutions outside the individual's social network, the sources may include, social workers, mental health professionals, government and non-profit Organizations. The Researcher found out that this is true with TASO Masaka where clients were getting support inform of medical care, counseling, material support from the institution as well as some support from the community and care takers which was not as much compared to the one from the organisation.

To gain a more comprehensive understanding of the impact of HIV and AIDS on rural households, a study was carried out in Msinga, South Africa, by the National Inquiry Services Centre of South Africa. An ethnographic perspective was employed to examine: 1) the impact of HIV/AIDS-related illnesses on people's mind and spirit (the internal environment), and 2)

the influence of institutional structures and processes (the external environment), in order to better understand 3) the actions taken by individuals and households in response to HIV and AIDS. Members of three support groups at a local drop-in centre were consulted about the impact of HIV and AIDS on their lives through focus groups, a questionnaire and in-depth interviews (Africa Journal of AIDS Research: 1995).

The study shows that the psychosocial impact and associated coping strategies, as well as prevailing gender-based power relations and exclusion from social-exchange networks - which are not (readily) available factors in the sustainable livelihoods framework - affect people's lives in different ways and depend on the specific situation of the individual or household concerned. The study confirms the need to restore a household's resource base and to address psychosocial issues. However, the variation in impact to different households requires a diversified and holistic programme of development interventions. The study found out that TASO tried to establish and bridge this gap on how Organizational Support can better the livelihood of people living with HIV/AIDS in rural Uganda.

It was further pointed out in the past studies in Kenya that in order to construct livelihood strategies which in turn result in positive or negative outcomes, the role of Institutions and Organizations has to be taken into account, as they determine to varying degrees the individuals' and households' access to resources and ultimately determine the possible livelihood strategies (Muller, 2003). The livelihoods approach allows for a contextual understanding of people s lives and considers them as active participants in the construction of their own wellbeing. However, the approach has been criticized for its socio-economic bias.

While it considers people as rational beings, making well-balanced decisions and choices (Muller, 2003; De Han & Zoomers, 2005), in reality, however, access to diverse capital and the choices people make are socialised into the individual. Individuals have a particular outlook and orientation, developed primarily during childhood and youth, and strongly influenced by class and socio-economic background. This affects one's interpretations and the sets of actions that seem possible (Bourdieu, 1986).

In the context of HIV/AIDS, people try to survive day-by-day and face numerous short-term decisions, there is less emphasis on economic aspects and more emphasis on how people think and feel. To understand the underlying factors and mechanisms that contribute to or mitigate the impact of HIV and AIDS, and what this implies for interventions, we need to look beneath the surface of the sustainable livelihoods framework Piwoz E.G. and Preble, E.A. (2000). We have to understand people's actions -- from how they make sense of the world around them and how they deal with it emotionally, to what extent they are enabled or kept away from using resources. This may not only help to better understand people's behaviour, but also the diversity of their responses.

This idea is reflected in various ecological models of human health that have described individual health as an interconnected experience of the body, mind and spirit, nested in a hierarchy of ecosystem levels (Van Leeuwen, Waltner-Toews, Abernathy & Smit, 1999). To incorporate these notions, the sustainable livelihoods framework has been modified. In the adapted version, people's agency (the ability to act) depends on the relation between physical properties (the body), perceptions/beliefs (the mind), and emotions/aspirations (the spirit);

similar connections can be defined among physical, intellectual and spiritual health at the household and community level (Van Leeuwen et al., 1999).

In coping with HIV or AIDS, an individual or a household can draw upon its own resources, but also on various resources in its immediate surroundings. Access to and control over these resources is influenced by institutional structures and processes. Outcomes as a result of responses may in turn lead to changes in people's immediate and wider environment. Essential to the framework is the intention to understand people's actions from the insider's perspective. The study noted that people's surroundings determined so much how they perceive the organisational support extended to them, while some looked at it as relief others perceived it as a source of stigma to them, thereby not contributing to their livelihoods.

The *Brundtland* Commission Report of (1987) brought in first the policy debate of what was later conceptualized as sustainable livelihood approach. The report put the concept of sustainable development firmly on the global political agenda. It defined sustainable development as: "Development that meets the needs of the present without compromising the ability of future generations to meet their own needs", (p 5).

But according to Ashley & Carney, (1999), a livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base.

Drawing from the above definitions, livelihoods are means through which, individuals, households or communities use the available resources to avert any eventualities and be able to maintain such a state without compromising resource sustainability.

However, Chambers & Conway, (1992) discuss not just the complexity and diversity of individual livelihoods, but also the social and environmental sustainability of livelihoods in general. They suggest a measure of "net sustainable livelihoods', which encompasses 'the number of environmentally and socially sustainable livelihoods that provide a living in a context less their negative effects on the benefits and sustainability of the totality of other livelihoods elsewhere" (p.26).

This means that for the HIV/AIDS affected households to be more sustainable after any formal social support there is need to ensure that the surrounding is also effectively catered for, in this case the environment could be their social network should be sustainable in providing support to the individual households. This definition and analysis fit well in the organisational support given by TASO instrumental support for the people to improve their own lives and have better and sustainable livelihoods as was indicated in the findings, as 78.9% agreed that the support given by TASO has improved their livelihoods; through the improved income, good health, improved food security, reduced vulnerability.

This analysis however, was very first shared by the first Human Development Report, UNDP, (1990). This is where development was addressed in terms of individual and household health, education and well being thus shifting the focus away from the macro-economic bias of earlier development thinking. There was prominent evidence on the focus on poor people

and their needs, the importance of citizen participation, the emphasis of self reliance and sustainability as well as the ecological constraints.

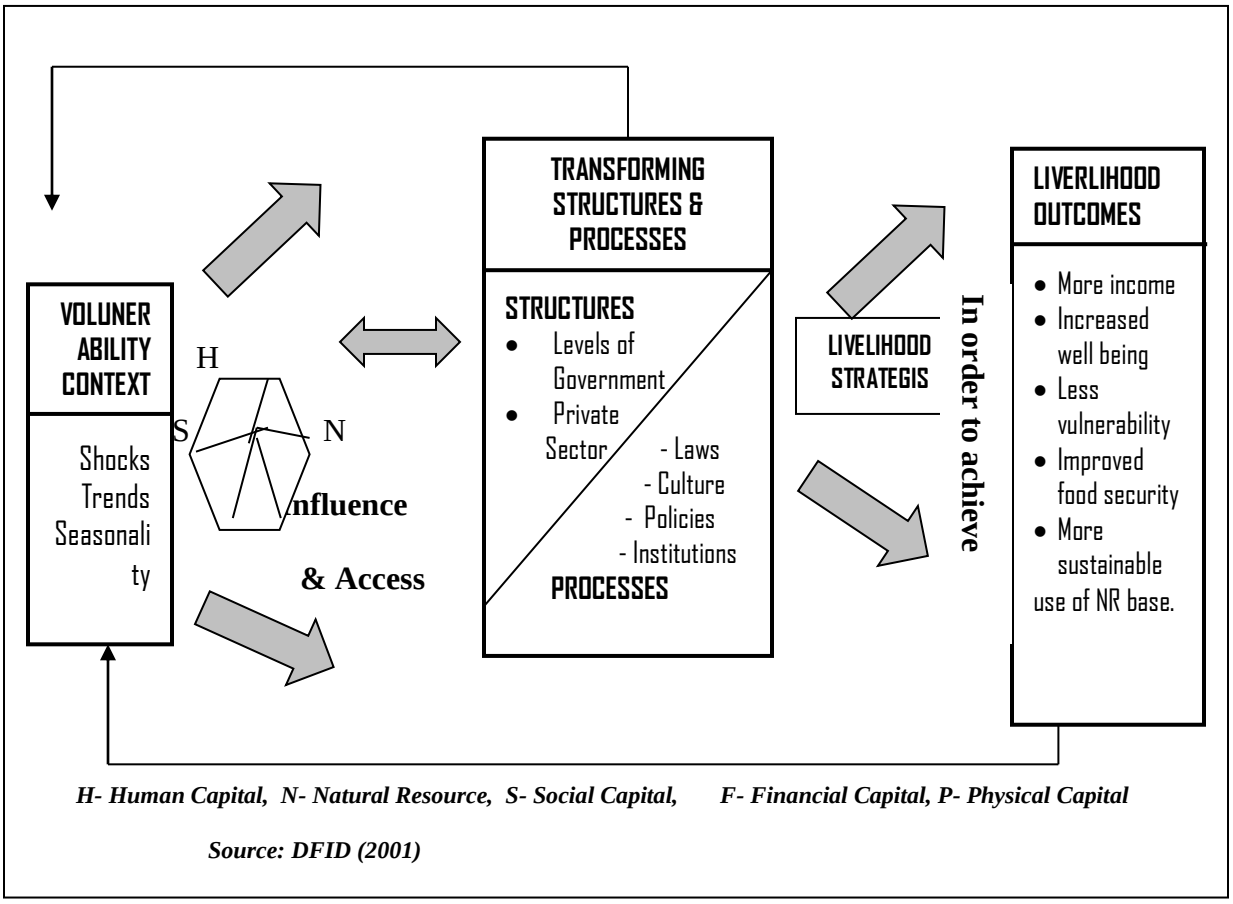
On the other hand Social support according to Lin, (1986), 'It is the perceived or actual instrumental and /or expressive provisions supplied by the community, the social network and the confiding partners' (p 18).

In this definition by Lin, (1986) social support is viewed as a whole form of social support without separating informal social support from formal social support which is Organisational social support in this study. However, having that in mind, social support is proposed to intervene between the stressor and the stress response by, interceding between the stressful event and distressed response by diminishing or preventing the stress reaction.

Cobb (1976) & Cutrona, (1990), argue that, the buffering aspect of social support was reported to serve four functions, informational or guidance support, emotional support including self esteem building, instrumental support or provisional of tangible resources and network promotion or friendship support. But all these functions work with a framework in order to enhance and maintain livelihoods of individuals and households.

A livelihood framework model helped in understanding how the livelihood assets can be transformed using the social networks in order to get the sustainable livelihood outcomes. This related well with the findings of the Researcher where clients were always made to be in groups such that they can be supported to use the available resources within their reach to change the state of their livelihoods through the structures in the communities.

2.2.1 LIVELIHOOD FRAMEWORK:



Based on the above framework, the guiding assumption of Department for International Development (DFID) approach is that people pursue a range of livelihood outcomes by which they hope to improve or increase their livelihood assets and to reduce their vulnerability. There are five types of assets that form the core livelihood resources in this framework they include; human, natural, social, financial and physical capital. However it is the social, human and financial capital that is considered in this review under the themes below:

According to Samuels, F., Drinkwater, M. and McEwen, livelihood analysis is a commonly used tool to analyse the impact of shocks and stresses on people's lives. A number of studies

that have systematically looked at the impact of HIV and AIDS in sub-Saharan Africa (e.g. Haddad & Gillespie, 2001; Stokes, 2003; Commission on HIV/AIDS and Governance in Africa, 2004) have demonstrated that the impact may strip individuals, households and communities of all their assets. Households may hardly cope or may not cope at all (Rugalema, 2000). The fierce succession of HIV infection and AIDS-related illnesses and death can drive individuals and their households to impoverishment (Barnett & Whiteside, 2002). Different households, however, are not affected in a uniform way (SADC FANR, 2003). Understanding the differences in impact and responses can play an important role in designing targeted support for HIV/AIDS-affected households (Barnett & Grellier, 2003; White & Morton, 2005; Wiegers, Curry, Garbero & Hourihan, 2006.

In order to construct livelihood strategies, which in turn result in positive or negative outcomes, the role of institutions and organizations has to be taken into account, as they determine to varying degrees the individuals' and households' access to resources and ultimately determine the possible livelihood strategies (Muller, 2003). The livelihoods approach allows for a contextual understanding of people s lives and considers them as active participants in the construction of their own wellbeing through community based organizations like TASO. The study found out this as true where TASO has been involved in community capacity building by having what is termed as community Initiatives approach. Volunteers are selected in the Community by the Community and trained by TASO to be able spearhead the crafting of strategies to support their community in uplifting their own livelihoods through the support given by TASO with a focus on households affected by HIV/AIDS.

2.3 Emotional Support and Livelihoods among HIV/AIDS affected Households

Emotional support is defined as the verbal and non-verbal communication of concern and care, and it involves listening, empathizing, comforting and reassuring, Helgeson & Cohen, (1996). This is a variable that is always correlated with chronic illnesses like cancer. Research investigating the early and mid-stages of the disease reveals that emotional support is particularly important to cancer patients and they also consider it very helpful Dunkel, S. (1984).

Emotional support is aimed at breaking down isolation experienced by many PLWHA due to the stigma of living with an HIV diagnosis and facilitates re-building of friendship networks due to the loss of friends, partners and chosen families to the epidemic. This means that perceived emotional support and the degree of satisfaction with it are strongly associated with psychological adjustment of the clients, this is also true for the clients and households affected and infected by HIV/AIDS in Masaka as it was found out that counselling and encouragement has rejuvenated many clients as 75% attested that its emotional support that has helped the cope and be able to have improved livelihoods.

Putman, 1993 as cited in Kanchan (2001) defines and identifies Social capital as those features of social organizations such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions. While for Kachan (2001) defined it as the networking that helps create linkages which in turn forge rules, conventions and norms governing the development process. As it emerges from the definitions above, Social capital can be defined as relationships that encourage and nurture trust and reciprocity and craft the quality and quantity of a society's social interactions for the benefit of everyone. Social

capital is the good will that is engendered or produced by the fabric of social relations that can be mobilized to facilitate any action within the society.

Communities especially the poor often rely on social capital assets to absorb the livelihood shocks through reciprocity and in the context of HIV/AIDS; the asset places itself at the centre of the household survival. When health is compromised, HIV/AIDS households rely on village and family networks to get medicine and food. In communities with high level of cohesion, social capital assets are less productive in supporting the sustainability of the livelihoods, as it compromises the growth of the entrepreneurial drive. The researcher investigated this among TASO supported HIV/AIDS affected households in Masaka.

Zemore & Shephel, (1989) argue that, higher levels of emotional support were also associated with higher levels of role functioning, self-esteem, life satisfaction and lower levels of hostility in women with early stage breast cancer. However all that is mentioned about emotional support focuses on cancer related issues but it was found in the study that under the stress of HIV/AIDS affected households the response is the same when emotional support is being administered in an effort to restore clients' livelihoods.

It was also found out that the higher levels of emotional support are associated with higher levels of role functioning, self-esteem, life satisfaction and others among the HIV/AIDS households which were being discriminated, stigmatized and isolated within their families, communities and social networks because of being infected or affected by HIV/AIDS.

An effective HIV/AIDS strategy is one that is based on principles of non-discrimination, equality, and participation. The most relevant human rights principles for protecting the

dignity of people living with, and affected by, HIV/AIDS include: non-discrimination, the right to health; the right to equality between men and women; the rights of children; the right to privacy; the right to education and information; the right to work; the right to marry and found a family; the right to social security, assistance and welfare; the right to liberty; and the right to freedom of movement.

It was revealed in the study that, one important way to combat stigma and discrimination is the active involvement of PLWHA in the responses to the epidemic. The involvement of people living with, or affected by, HIV/AIDS at all levels of programming, from the decision-making process to the provision of home-based care, is in itself empowering for the individuals. It also recognizes the important contribution they can make to ensure a holistic response that meets their needs effectively. Furthermore, GIPA is a powerful way of reducing discrimination and fear within society, by giving a human face and voice to the epidemic in the minds of people not directly touched by it.

Psychological support is another major need for people living with HIV who face social rejection and discrimination, which often lead to feelings of despair and worthlessness. In China Sichuan Province, the Project Manager of a PLHA organisation makes home visits to approximately 20 HIV/AIDS-affected households. The project manager also arranges informal support gatherings for the households during which they can share experiences and information, thus easing the psychological burden associated with HIV/ AIDS. This is equally done in TASO Masaka where Counselors do home visit clients and its one of their major performance indicators, 12 home visits per Counselor every month.

2.4 Instrumental Support and Livelihoods among HIV/AIDS affected Households

This is tangible support that is in form of money, aid, material assistance as well as handouts to people who are always in need especially after disasters or shocks. This form of social support is always administered after someone has experienced shock and is stressed.

According to UNAIDS report (2008), there is a complex interface between chronic food insecurity and HIV. The infection itself affects metabolism and causes wasting, especially in more advanced stages and in the absence of anti-retroviral therapy (ART).

It has been noted by a number of researchers that the link between nutrition as a form of instrumental support and HIV/AIDS is clear: HIV-negative people with poor diets are more susceptible to infection and have reduced immunity to HIV; HIV-positive people with poor diets develop AIDS more quickly; and people with AIDS have increased nutritional require-ments. Both malnutrition and HIV/AIDS have a direct affect on the immune system, impairing people's ability to resist and fight infection. However, nutrition interventions to prevent or reverse the weight loss and wasting associated with HIV may help to preserve independence, improve quality of life, and prolong survival (Piwoz and Preble, 2000).

Using qualitative and quantitative methods, and building on existing studies in Kenya and Zambia, people on ART were interviewed along with members of their livelihood networks – groups of people who exchange resources, usually on the basis of kinship, labour exchange and geography (Samuels et al, 2006). The quantitative survey covered 118 people in Kenya and 375 in Zambia, while a total of 32 people on ART were interviewed for the qualitative study across the two countries.

Food supplementation in Zambia is received each month and includes wheat, soya beans, beans, and peas, cooking oil, maize, eggs and kapenta (dried fish). All respondents shared this food with their families and some with neighbours, friends and others in their livelihood network. Giving tends to be reciprocal and people share what they have on the understanding that they will also receive when they are in need. Some spoke about selling their food rations in order to buy other foodstuffs. One respondent is quoted to have said that:

> 'Yes, we share with people in this house and my neighbours when they ask for it,' said a woman in Lusaka. '…and because they assist me with their wheelbarrow, so I give them every time'

The problems with food supplementation include its unpredictability and infrequency, and discrepancies between the amounts that people receive. Some respondents also reported stigma when queuing for food supplementation. The quality of the food was also questioned, with people saying it caused health problems and reporting difficulties in preparing and adjusting to the foods (e.g. wheat). However, despite all these findings, the research was based in a totally different area compared to what the research is on. It's far different that Masaka is a totally different area environmentally, culturally and politically. It gives a far different picture on how organizational support can better a livelihood on the PLHA.

The psychological benefits of socially supportive efforts in various stressful situations have been well documented, Norris & Kaniasty (1996). These beneficial activities and resources come in different forms and from different sources, formal support is viewed as coming from outside one's social networks, especially the tangible support, which in this case are the

tangible aid and handouts to clients inform of money for Income generating activities, seeds for planting, animals for rearing in order to improve their well-being.

Bolin (1982); Drabek & Key, (1984) claim that studies show that disaster survivors typically rely upon local support systems especially families and friends following disasters, this is true because even among clients worked on by TASO this is evident where family members are always involved in the welfare of the clients. This was supplemented by Solomon, (1986) who found out that disaster victims might feel reticent to use support from sources outside their family systems, relying heavily upon family friends and neighbors for support. Much as the literature is emphasizing this thinking, this study does not discount that but will primarily focus on its applicability and sustainability among the HIV/AIDS affected households.

The financial capital in this context involves the resources that are needed in form of instrumental support, and as the person weakens such resources as the person becomes weaker and weaker. However, in the context of this study, HIV/AIDS is one of the framework's shocks and it puts households in a vulnerable context, making the framework a focus for thinking about organisational support among HIV/AIDS affected households Masaka District.

It is imperative to reveal that the researcher found out that the framework has been used in administering social support to HIV/AIDS affected households in Masaka District, where clients have been supported through their community structures, given items like seeds, training, animals like goats all to help them get out of the shock of HIV/AIDS.

In the same vein, Kaniasty & Norris, (2000) also found out that for each type of support (emotional. Tangible and informational) there was the greatest reliance upon family then friends and neighbors and finally outsiders. This still continue to stress that informal support is more important than formal support. However, the researcher found out in this study that HIV/AIDS affected households when given instrumental support their livelihoods also responded in the same pattern as found out by Kaniasty and Norris.

The WHO (2008) report further notes that emergency response usually includes a number of standard life-saving interventions, including general food distribution and selective feeding programmes, as well as public health interventions such as water, sanitation, shelter and health care. The most common intervention to support livelihoods has been the distribution of seeds and tools, which has almost become a routine recovery intervention. However, using the livelihoods framework as the basis for interventions, and given the variety of livelihood systems that can be found in any context, there should be a far wider range of livelihood support interventions. It specifically makes the following observation:

> "Livelihoods approaches offer a holistic way of addressing the HIV/AIDS epidemic which promote joined up thinking across sectors and disciplines, that can look not just at the impact on health but also at the impact on social support, finances, housing, land-use and land tenure. After all a person living with AIDS does not stop being a family or community member, a land holder or a house tenant, a carpenter or a share cropper, or for that matter an educated or literate person. HIV/AIDS may alter access to work and financial assets, to

> family and community, but a person with HIV/AIDS is still a person; a fact that has often been undermined by the use of labels like `AIDS victim' and `AIDS patient'. Medical conditions often rob a person of their status as a person, and AIDS, particularly with the stigma associated with the condition, is no exception (2008).

A UN report on access to social services of underserved populations (1998), pointed out that many social services fail to respond adequately to the needs of the users, because providers often do not adopt a client focused approach. The result may be a situation whereby social services provision misses its target groups altogether or fails to provide the quality needed. Incorporating the clients' point of view in the planning and delivery of social services will contribute significantly to the accessibility, quality and effectiveness of those services (paragraph 22).

In a research conducted by a British International NGO Oxfam in Columbia pointed out that that realising the right to a sustainable livelihood is a proper and necessary humanitarian objective and pursuing this objective requires an explicit commitment to issues like productive packages: In this research, its noted that if productive livelihood assets can be preserved by preventing their sale in times of distress, the theory goes, then households can continue to use livelihoods strategies to cope with external shocks and avoid or postpone malnutrition, destitution or worse. In Colombia where displaced people may be rapidly stripped of most of their assets, rapid provisioning of productive assets can help individuals and households recover (or develop new) viable livelihood options. Rapid and well-conceived

income-generation support following displacement helps people avoid illegal or unsustainable strategies and is key to restoring human dignity.

This is in line with the research conducted by Rutenberg, J. (208) that productive packages may help build long-term self-sufficiency – a first step towards sustainable livelihoods. The productive packages that Oxfam provides to chronically ill people consist of once-off or consecutive donations of tools, supplies and/or other assets and start-up inputs in a six- to twelve month project period. This allows beneficiaries to decide which strategy they believe will be most successful based on recognition of their existing knowledge and skills and on their assessment of the conditions and opportunities in their new environment.

Beneficiaries have used these to launch income-generating activities, drawing on previous skills and experience wherever possible to maximize possibilities for success. The packages have been provided to individual households as well as groups (predictably with greater difficulties experienced with the latter) and in rural as well as urban settings. Wherever possible, distribution of these packages is accompanied by relevant training, for example in basic accounting and gender roles in productive activities. In some cases, weekly grocery baskets (food aid) is also distributed to reduce the chance of recipients having to immediately sell productive assets to meet consumption needs. The productive package component is generally provided to those also receiving shelter/housing, health, hygiene, and water or sanitation assistance.

It was found out during the study that TASO Masaka equally does this through the support from other Partners like Heifer Project International, where clients are given in calf heifers in groups of 5 clients as a once off and use the pass on strategy to the next client after delivery.

It was also revealed that clients are grouped trained and given agricultural inputs ranging from, seeds, farming-impliments, as well as animals like pigs, goats and chicks for farming and rearing to improve their livelihoods as a package.

2.5 Informational Support and Livelihoods among HIV/AIDS affected Households

Informational support is a functional aspect of social support which correlates with emotional support and instrumental support aspects. This form of support is always advice and feedback of the other structural forms. Higher levels of informational support may be related to lower self efficacy function because individuals who do not believe that they are able to deal with the limitations in functional support may seek and receive information to help than cope with or living with Fibromyaligia. Heather, and Franks, (2004). In the same vein even people with HIV/AIDS may also be in the same category that after getting the material support and the care extended to them, they may too need feedback and advice on how to handle what they have been given. It's also true that larger social support networks may provide opportunities for a person with any chronic illness to obtain encouragement or advice about coping with their pain.

Coleman (1997) defines Human capital as simply education. From Coleman's definition, it means that, any effort to make a person enlighten or educated is creating human capital.

Like social capital, human capital is an asset that interfaces with the livelihood shocks and is hard hit with HIV/AIDS that is production, consumption and failure, all members share on one's success and failure. With HIV/AIDS striking it has been through experience found out

that less or people not yet stricken by HIV/AIDS are obliged to support the less fortunate or less working in this case the HIV/AIDS Clients. Therefore, human capital and the social support networks remain central in contributing to the welfare and survival of clients' households. Coleman goes ahead to stress that a person's actions are shaped by the social context and not only the financial and human resources available to them. It is also mentioned that human capital and financial capital are supplemented by social capital when explaining any human action, but this is yet to be found out among households affected by HIV/AIDS and getting organisational support.

Cohen, & Wills, (1985) also suggested that the structural aspects of social support, like having a larger social support network, often provides direct benefits such as positive feelings associated with integration and other social rewards. The current arguments and thinking do not underrate this but there was empirical evidence that the study built on such thinking and includes the aspects of HIV/AIDS affected households.

The research found out that such arguments were true with informational support and livelihoods among HIV/AIDS affected households in Masaka District.

Access to appropriate education of persons with disabilities resulting from chronicle illness assumes vital importance in efforts to promote viable employment and sustainable livelihoods by, for and with persons with disabilities. Over the past 10 years there have been a number of international declarations and proclamations recognizing the rights of persons with disabilities to equal education opportunities in mainstream educational settings, wherever possible, such as the "Salamanca Statement and Framework for Action on Special Needs Education" and the

"Copenhagen Declaration" and "Programme of Action of the World Summit for Social Development.

Social support for patients with HIV/AIDS has shown a strong potential to influence other forms of organizational support. The 3 major components of social support are emotional, tangible, and informational. The distinction among the different types of social support is relevant, since their functions may not be necessarily interchangeable. Emotionally sustaining functions of social support, which serve to fulfill and gratify one's need for nurturance, belonging, and alliance, are well recognized to buffer stress in non-HIV settings (Masanjala, 2006).

A couple of studies have reported that emotionally sustaining support was considered more desirable and was more often used than other forms of support. In another study by Antonio Hill (2007) notes that however, satisfaction with tangible or informational support was a stronger predictor of better organization support than was satisfaction with emotional support. Similar findings have been reported in a study comprising gay men in San Francisco, where informational support was considered particularly critical for patients experiencing HIV-related symptoms.

Older patients with HIV infection have been noted to be less satisfied with their social support resources and more likely to use maladaptive coping strategies. These results are strikingly different from those in the non-HIV settings, where older patients with chronic illnesses demonstrated less psychological stress and better coping skills than did their younger counterparts. The proposed explanation is that older patients, by virtue of having faced life stresses before, are more likely to have acquired effective stress management skills, which may be beneficial when faced with a chronic illness. Older HIV-infected patients, on the other

hand, may be more vulnerable to social isolation, may have less access to community social support resources, or may themselves choose not to access such resources.

Coping is another variable influencing the forms of organizational support. Pearlin and Schooler (2006) have defined coping as the cognitive and behavioral effort made to tolerate, reduce, or master demands that challenge or exceed a person's resources. They contend that individuals who confronted stress with problem-solving and behavior-modifying approaches had a significantly better standard of living than those not using such coping skills. It has been proposed that education and behaviorally oriented interventions that enhance problem solving and active decision making are likely to be more beneficial than emotionally supportive interventions that encourage passive acceptance of the illness. They observe that:

> Coping by denial (avoidance) was associated with a significantly lower livelihood. Although denial has been shown to be an effective coping method in non-HIV settings, the preponderance of studies in HIV settings has suggested otherwise. Denial has been shown to correlate with low self-esteem and depression in HIV patients. Indeed, coping by denial may be an expression of helplessness, anger, or depression, and these patients may, in fact, be in need of psychological intervention (2006).

> Cognitive behavioral stress management in HIV-symptomatic people, which uses group interventions to target maladaptive cognitions, enhance social support, and facilitate more active coping strategies, increased their cognitive coping skills and significantly improved social support. Cognitive behavioral

> stress management interventions have also led to alleviation of dysphasia and anxiety. The effects of a similar therapeutic model in symptomatic HIV-positive people increased free testosterone levels and effectively reduced psychological distress (Rugalema, 2000).

In another report, however, cognitive behavioral interventions using either guided imagery or progressive muscle relaxation in HIV-positive individuals at different stages have significantly improved perceived health status. Coping effectiveness training to help patients develop coping strategies corresponding to specific stressful situations has been shown to improve organizational support.

Another important pillar is spirituality. Spirituality is an important contributor to feelings of well-being. Spirituality among HIV-infected individuals was perceived as a bridge between hopelessness and meaningfulness in life (Swaans. Broerse: 2003). Creating meaning and purpose in life more than religious experiences was found to correlate with psychological well-being in a large sample of African American men and women with HIV/AIDS (Van Leeuwen et al., 1999). Patients with HIV infection have reported a strong will to live and believed that their livelihood and HIV infection was better than it was before the diagnosis. Resilience factors associated with adaptation to HIV disease were examined in 200 patients and revealed that high "hardiness" was related to lower psychological distress levels and higher perceived Quality Of Life (QOL) in physical and mental health and in overall functioning domains.

Another factor is the fight against depression. Co morbid psychiatric illnesses, including depression, are common in HIV-infected patients (Edstrom and Samuels (2007). The

prevalence of depression in HIV-infected clinic populations has ranged from 22% to 38%. (Edstrom and Samuels (2007) Younger age, unemployment, lack of health insurance, low $CD4^{[+]}$ cell counts, HIV-related symptoms, not having a partner, poor quality of social support, and use of non-injection drugs were significant predictors of depression in one study (Edstrom, J. and F. Samuels (2007). Patients with HIV infection who are older than 35 years are more likely to suffer from depression, anxiety, confusion, and fatigue. Insomnia, pain, and emotional control correlated with depression.

Physical limitations may also contribute to depression; after controlling for disease stage, physical symptoms, and CD4 cell counts, the degree of physical limitation in one study predicted depression. The impact of psychiatric co morbidities, specifically depression, on the Health Related Quality Of life (HRQOL) of patients with HIV disease has been well documented. The presence of a major psychiatric disorder (independent of HIV-related disease progression) was associated with a negative impact on HRQOL dimensions of mental health, social functioning, and general health perceptions but not on physical health, role functioning, or pain. A larger study showed that patients with comorbid mood disorder had significantly worse functioning and well-being than those without mood disorder.

Depression in women with AIDS was associated with the number of reported physical symptoms and poor quality of social support. A survey in a group of largely poor, black or Hispanic, HIV-symptomatic women showed that they were more affected by anxiety than by depression. However, both anxiety and depression, which coexisted, correlated with poorer QOL. Focal individual psychotherapies and psycho pharmacotherapy for depressed HIV-positive patients have demonstrated efficacy in alleviating depression. Both a social support

group and a cognitive behavioral group were effective in reducing depression in HIV-positive men, although the social support intervention reduced depression more significantly (Samuels, F, N:208). Treatment of depression in patients with HIV disease may not prolong life but can lower the risk of suicide and improve QOL, both directly and through increased adherence to complex medical regimens. Emotional and physical support was the most frequently identified helpful support. Symptomatic persons identified physical support as helpful more often than asymptomatic persons. Availability, acceptance and nurturing were the most frequently identified helpful emotional support behaviours, while domestic support was the most frequently identified physical support behaviour. The most frequently mentioned unhelpful support was over protectiveness.

Overall, HIV-infected people had adequate social networks. Composition of the networks of HIV-infected persons differed from that of sero-negative participants, in that the former had markedly more professional and family persons and fewer friends in their network. HIV education and counselling interventions should provide emotional support, facilitate physical support for symptomatic persons, offer support that matches specific needs, include significant others, incorporate peer-help and be gay-sensitive.

It was found out that this is in line with the findings of the study where clients, through the information being given to them by the counselors and medical workers at TASO Masaka has been of utmost importance as both emotional and physical support has been extended.

It was further revealed that activities like homecare, client financial support, home visits and family counselling were some of the much cherished things clients have appreciated where

information and support flows to them in an unlimited form.66% revealed that it's the information they receive that makes them live a better life and able to adhere to their drugs.

2.6 Summary of Literature Review

The literature raises questions and it is evident that many questions remain unanswered about the practical complexities and applications of organisational support and livelihoods among HIV/AIDS affected households.

Some of the major issues that emerge from the literature in dealing with organisational support, livelihoods and practical strategies for concretizing ideas about social support and livelihoods and interventions have been captured and they include, emotional support being a communication of care and love, encouragement and attachment; instrumental support as tangible aid, medical care and material assistance as well as informational support which is information, advice and feedback. The framework theory under which social support and livelihoods are underscored has been highlighted to give a self concept to this study. However, the most crucial aspects for investigation were to analyze organisational support and its contribution to the livelihoods among HIV/AIDS affected households in Masaka District.

It was also noted in the literature that emotionally sustaining support was considered more critical for the people suffering from chronic illnesses, than any other form of support which was also revealed in the report. It was also revealed that livelihoods to succeed there must be access to resources by the individuals and the households.

CHAPTER THREE

METHODOLOGY

3 Introduction

This chapter presents the methodology used in the study. It outlines and identifies the research design that was adopted. The researcher describes the target and accessible population from which respondents were sampled, procedure in selecting them, instruments used in data collection and techniques, procedure and analysis of data, measurement of variables as well as dissemination of data obtained.

3.1 Research Design

The study was interested in establishing in qualitative and quantitative methods the contribution of administered social support and livelihoods among HIV/AIDS affected households. This study was carried out using a Case Study design that involved triangulation [use of multiple data collection techniques]. This refers to the strategy to integrate the different components of the research project in a cohesive and coherent way (Trochim and Land, 1982). In this case, the researcher employed a case study research design. The design was intended to obtain greater understanding of organizational support and its contribution to improved livelihoods among TASO supported HIV/AIDS affected households in Masaka district. The qualitative and quantitative methods were employed in data analysis hence carrying out triangulation that offered more complete information. It was chosen for basically two reasons; in studying a contemporary phenomenon in its real life context, the case study enables the researcher to trace out the natural history of the social unit and its relationship

with the natural factors and the forces involved in the surrounding environment (Kothari, 2004, p.115).

3.2 Study Population

Population refers to the entire set of individuals, events or subjects having a common observable characteristic about which generalization of research findings will be made, Mugenda and Mugenda (1999). For the purposes of this research, the study population included HIV/AIDS affected households who were benefiting from administered social support, and staff involved in extending this support to the affected households.

From the data obtained from TASO Masaka data unit the total accessible population was 1350 for clients, 45 for counselors, 30 for social support officers and 5 for the project officers, it was from this total population that the sample size was determined. Systematic random sampling was used to get the respondents for this study because a data base of all the clients benefiting from administered social support was available.

3.3 Sample Size and selection

A sample is a portion of people drawn from a larger population Singleton, & Straits, (1999). It has the same basic characteristics of the population from which it's drawn.

As Mugenda and Mugenda (1999) observed that, getting information from the entire accessible population is not possible because of the cost and time involved in collecting and analyzing it. Being a case study research design, a sample size of 10% of the accessible population is acceptable in a descriptive research, as quoted by Phoebe Ndosi, 2001 and cited in Ary and Jacob (1972). The researcher got a sample that enabled him to get information that

represented the rest of the population. Using the table for determining sample size for research activities by Amin, (2005) as adopted from Krejcie and Morgan (1970), the sample sizes were determined as in the table below.

3.1: Table 1: Accessible Population and Sample Size

Population type	**Accessible Population**	**Sample Size**	**Sampling Technique**
Key informants			
• **Project officers**	05	05	Census
• **Counselors**	45	40	Purposive
• **Social Support Officers**	30	28	Purposive
Households	1350	297	Systematic Random sampling
Total	**1430**	**370**	

Source: Researcher (Figures from TASO personnel list and Client Registry)

After selecting an acceptable sample frame of 1430 respondents for this study, the researcher considered appropriate sampling techniques. There are five main techniques that could be used namely simple random, systematic random sampling, stratified random, cluster and multistage as well as purposive sampling, Saunders et al (2003) and while the choice depends on the research questions and objectives, the sampling frame of households receiving administered social support was obtained from TASO Masaka Data unit. This therefore suggested the appropriateness of systematic random sampling to be used giving all the HIV/AIDS affected households at least a chance to participate in the study.

3.4 Sampling Methods and Procedure

3.4.1 Purposive Sampling

Sampling of respondents who participated in this study was based on the non-probability sampling technique of purposive sampling, in which the researcher purposively choose the subjects who in his opinion were relevant to the study and capable of providing the desired information as suggested by Sarantakos (2005,p.164). Key informants were individuals who held important information that was relevant to the objectives of the study. The key informants for this study were selected purposively basing on the nature of information they hold. Total of 73 key informants from Projects, Counseling and management who were responsible for organisational support to the households were selected; these were mainly heads of departments, and frontline staffs.

3.4.2 Stratified Random Sampling

Stratified random sampling was used to get the final subjects from the clients' household as the accessible population was big. Each stratum from each area of service (Sub-county) was sampled separately so as to maintain the internal homogeneity which was characteristic to the strata (23 sub-counties in Masaka District all with clients who get administered social support) 297 respondents were sampled. Sample frames were prepared for each stratum with each household having a unique number as it is in the TASO data system.

3.5 Data Collection Methods

The data collection methods in this study were primary and secondary data collection methods which were obtained from primary and secondary sources. Some data was got from secondary sources such as TASO reports, newsletters for purposes of supplementing primary data.

The methods included, getting information from the primary respondents using the interview guide, questionnaire, observation and secondary information using documentation.

3.5.1 Questionnaire Survey

The questionnaire method was used basing on the following considerations: it's a tool considered to be free from bias of the researcher as the answers were stated by the respondents. Then key respondents (staff) were given opportunity to give well thought answers since they had enough time. The questionnaire method is low cost when the population is large and widely spread (Kothari, 2004, pp 100-101).However; there is non-response rate which can be high if not controlled by following up the respondents.

3.5.2 Interview

This method provided in depth –data which could not be achieved through the use of questionnaire Mugenda and Mugenda (1999, pp 83-84). This was a very important method since the study was a case study design, which by definition is an in depth study. Interviews were good at yielding high response rates as the respondent interacted with the interviewers.

They were flexible, and could obtain any data; however, it was a very expensive method as the researcher traveled to meet the respondents wherever they were located.

But this was chosen because the study was looking at households and the nature of the respondents was people who would respond properly if the interview was used.

It was also time consuming.

3.5.3 Observation

This was used to establish the conditions in the households and environment in relation to the specific objectives of the research. It's defined as selection, provocation, recording and encoding of that set of behaviors and settings concerning organisms in familiar surroundings Gardgner (1975:360). According to Mugenda and Mugenda (1999), an observation checklist outlines detailed characteristics of defined variables to be observed during the data collection process. The variables observed included; household health, environment, social support systems, livelihoods projects, community support systems and skills used in implementing the projects.

3.5.4 Documentary Review

Documents that contain vital information related to the study were analyzed. In this research, secondary data included, documentary sources like published and unpublished books, journals, magazines and newsletters concerning administered social support and livelihood. The secondary source also formed an integral part of the research in that it provided a base on which the investigation of this phenomenon related to the wider community.

3.6 Data Collection Instruments

Mugenda and Mugenda (1999) contends that a researcher needs to develop instruments with which to collect necessary information. Information in this study was obtained through the use of both primary and secondary sources of data collection instruments which included; self-administered questionnaires, interview guide, observation check list and documentation review checklist relevant to administered social support and livelihoods were analyzed.

3.6.1 Questionnaire

Questionnaires were used to obtain important information about the population and ensure a wide coverage of the population in a short time. The questionnaire contained structured items. Structured questionnaires required specific responses that were measured using a Likert scale of 1 to 5 from strongly disagree to strongly agree. This was used for both key informants and the households, however for the households; were administered questionnaires and self-administered for the key informants (staff). Since the key informants (staff) could use questionnaires appropriately each question was crafted to address the specific objectives of the study.

3.6.2 Interview Guide

Interviews are data collection technique that involved interaction with respondents. It is a set of structured questions in which answers are recorded by the Interviewer himself using an interview schedule, Ram Ahuja, (2001). Interviews allow probing and provide in-depth data which in this research is very vital.

These were used to meet the specific objectives of the study. For all the other respondents a part from the key informants the Researcher used interview schedule because majority or 76%

were illiterate or semi-illiterate, TASO Masaka Data Report, (2008). The interview schedule was both structured and unstructured. The technique helped in extracting the information concerning the attitudes of clients on how organisational social support and livelihoods have improved their households' well-being.

3.6.3 Observation Checklist

This was used to establish the conditions in the households and environment in relation to the specific objectives of the research. It's defined as selection, provocation, recording and encoding of that set of behaviors and settings concerning organisms in familiar surroundings (Gardgner 1975:360). But Mugenda and Mugenda (1999) noted that an observation checklist outlines detailed characteristics of defined variables to be observed during the data collection process. The variables observed included; clients' health, environment, social support systems, livelihoods projects, community support systems and skills used in implementing the projects.

3.6.4 Documentary Review Checklist

Documents that contain vital information related to the study were analyzed. In this research secondary data included, documentary sources like published and unpublished books, journals, magazines and newsletters concerning administered social support and sustainable livelihood The secondary source formed an integral part of the research in that it provided a basis on which the investigation of this phenomenon related to the wider community.

3.7 Ensuring Validity and Reliability

3.7.1 Validity

The validity of the research instruments were checked using content and face validity approach, the main objective was to ensure that the instruments have adequate and representative items that tap the key concepts of the study. Using the experience of the supervisors, distribution of data collection instruments specifically the draft formats were thoroughly discussed with the supervisors, corrected, refined up to an acceptable level before dispatched as suggested by Sekaran (2003, p.206). In the process it was noted that some words in the questionnaires were not clear and could not clearly relate to the concept because the content was vague and could not measure the clients' attitudes towards administered social support. For example "Do you get support from TASO?', when this was given to some of the senior administrators in TASO, it was considered as vague and changed to "what form of support do you get from TASO?" this could better measure the concept being represented.

Relatedly the face validity looked at whether there was good translation of the constructs and the appropriateness of the measures to the instruments.

3.7.2 Reliability

The reliability of the instruments were checked using the consistency method as Mugenda and Mugenda (1999, p.99) suggest Pre-testing the instruments identifies problems within the instrument like vague questions clustered questions, unclear issues. The designed instruments were put to a test before the collection of data to cases (households) similar to the ones that were researched on, but these did not participate in the main research.

The research instruments were pre-tested on 15 individuals who were deemed to have good knowledge on the subject of study. The pretest sample (10% of sample size of 370) was used based on the pretest range of 5% - 10% as indicated above. Pre-testing helps to ascertain reliability and validity of the instruments. Mugenda and Mugenda (1999) noted that cases in the pretest should not be large. The questionnaires were pretested on clients' households of the same characteristics outside the main sample in Masaka and it was realized that the values of the variable were reproducing the similar results with negligible differences in answers which were also caused by some vagueness in some questions which were revised to ensure consistency. For the key informants, TASO Mbarara was used to test the reliability (whether the same questions can produce the same or similar answers) and it was realized that, as a result of how long someone has worked in TASO. This was revised and again retested on TASO Masaka staff who did not participate in the main research and it was realized that there was more reproducibility in the values of the variables.

3.8 Data Collection Procedure

A clearance or introductory letter from Uganda Management Institute was obtained to The AIDS Support Organization where the research conducted the study. The proposal was forwarded to TASO (U) Ltd for the Institutional Review Board to review and accepted it for the research to be conducted in TASO. All the instruments were arranged accordingly to enable the researcher get the required data for the study. The research assistants were briefed on how the research would be conducted using the following instruments; Questionnaire for the Staff and households affected by HIV/AIDS arranged in Likert scale, interview guide to key informants, observation and documentary review.

3.9 Data Analysis

This is the process of bringing order, structure and meaning to the mass of information gathered. Instruments used to collect information will yield both qualitative and quantitative data according to Mugenda & Mugenda (1999).

3.9.1 Qualitative data

Qualitative data was analyzed after the categories; patterns were identified to determine the adequacy, usefulness and consistence of information. It was used to describe administered social support and sustainable livelihoods among HIV/AIDS affected households, it was descriptively analyzed.

Different theories were used to explain the study. This is because theory is part and parcel of qualitative and social research and this was specific in the study about organisation support and its contribution to improved livelihoods among TASO supported HIV/AIDS affected households in Masaka district. Theoretical explanations were given to back up information obtained from the field. As Kneth Baily (2004) noted that theory plays a foundation role in how qualitative data is analyzed. According to Charmaz (2002) cited in Marvasti (2003), data collection and analysis are tools that help the researcher produce tentative explanations about the social construction of reality. He advocated for a coding system which is applicable in both qualitative and quantitative methods. In this case, the researcher's first step of data analysis was coding the data using sensitizing concepts as tools of analysis. In this case, qualitative data obtained from the interviews and open-ended questions was organized in

related themes and integrated into quantitative data. In this case, the researcher coded the data, organized raw data into conceptual categories and created themes or concepts which were used to analyze it.

The researcher used three procedures that included data display, data reduction and conclusions. This was followed up by data verification. This was guided by the research questions that were earlier formulated. There was also a narrative approach used. The researcher assembled the data into a descriptive picture or account of what constituted organizational support. This is because it provided rich, concrete details and clearly demonstrated the temporal ordering of specific events. Its major strengths as supported by Marvasti (2002.) because it allows the researcher to assemble very specific concrete details i.e names, actions and words of specific people and the detailed prescriptions of particular issues involved in the macro procurement process. Further still, there was use of illustrative methods in this analysis. This involved use of empirical evidence to illustrate a theory related to the study. The researcher applied some theories to explain the study.

3.9.2 Quantitative data

Quantitative data was very minimal in this research. Means and standard deviations were used as well as percentages and frequency tables for presenting results. Data collection involved figures that point to scientific enquiry and hence examination of these facts was desirable.

As Neumann (2001) points out that in quantitative research, it calls for codes in all data which has been collected, arranged and measured in different variables which are inform of numbers then placed into a machine readable for statistical analysis. As also noted by Miles and Huberman (1994: 56), codes are tags or labels for assigning units of meaning to the

descriptive or inferential information compiled during the study. Codes were very important in the quantitative analysis of data obtained during the field study. In this research, information gathered during the field research was applied to the computer program called Statistical Package for Social Scientists (SPSS) for quantitative analysis. This entailed editing and handling of blank spaces, coding of responses, tabulation and final analysis. In addition graphical presentations such as tables were used to present results.

3.9.3 Data Editing

All the questionnaires were edited after being collected from the respondents. Editing was done by the researcher himself to ensure accurate and consistent answers.

3.9.4 Coding

Coding was done to classify the answers into meaningful categories. This was done by constructing coding frames into which answers, categories were analyzed.

In addition, graphic presentations, specifically pie charts, bar graphs and histograms were used to present the findings. Analysis was done using tables describing the relationships between the variables.

3.10 Measurement of Variables

Both nominal and ordinal scales of measurement were used in the questionnaires and interview guide. Nominal was used in the first parts (demographic) and ordinal scale of 5 points of strongly agree, agree, disagree, neutral and strongly disagree.

Analysis of quantitative data was done using the computer software SPSS [Special package for social scientists] and qualitative was descriptively analyzed.

3. 11 Content Analysis

According to Baver (2000), it involves systematic classification and quoting of text units to distill a large amount of material into a short description of some of its features. In this research it was used because since it aims at investigating an issue on social phenomena, it has an instant appeal due to its convenience by offering simplicity and reducing large amounts of data into organized segments. Using content analysis it helped in translating the content of a thousand of pages of information gathered during the research in to a few common themes.

In this regard the researcher analyzed the annual reports of TASO and other service providers, magazines, texts, published and unpublished work concerning the informal and formal support to HIV affected households. Further, important and relevant documents were analyzed that included: Newspapers, textbooks, internet sites and dissertations that present important information on the project. During the analysis, the emphasis was on the contribution of emotional, instrumental, and the influence of community support to livelihoods of the affected households.

CHAPTER FOUR

PRESENTATON, ANALYSIS AND INTERPRETATION

OF FINDINGS

4 Introduction

This chapter presents the findings of the study according to the following themes: the contribution of emotional support to the livelihoods, an examination of the contribution of instrumental support to the livelihoods, the relationship between informational support and the livelihoods and an examination of the influence of community support on the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District. The findings of the study have been presented in relation to the objectives of the study. The study aimed at establishing the contribution of organizational support to the improved livelihoods among TASO supported HIV/AIDS affected households in Masaka District.

4.1 Response Rate

The selected number of respondents from the population under study was into two categories, the Key informants and the household respondents. From the key informants (project officers, councilors, social support officers) is represented a response rate of 13.2% and clients households was 86.8%. The overall response rate was 63.2%.The rate was directly proportionate with the number of respondents from each category as outline in the following table.

Table 4.1: Percentage of response from each category of respondents

Category of respondents	Population of study	Sample Size	Number of responses	Percentage of response
• **Project officers**	05	05	04	1.7%
• **Counselors**	45	40	15	6.4%
• **Social Support Officers**	30	28	12	5.1%
Clients' Households	1350	297	203	86.8%
Total	**1430**	**370**	**234**	**100%**

Source: Researcher

4.2 Background Characteristics

Demographic characteristics for households used in the study included, gender, and marital status of the respondent, highest education level reached, who heads the household, age distribution of the respondent, and for how long the household has been benefiting from TASO services. For Key informants background information included gender of the respondents, age distribution, and portfolio held at TASO and for how long one has worked with TASO. More than half of the respondents 146(71.9%) were females as compared to 57(28.1%) males. For key informants 14(45.2%) were females while 17(54.8%) were males, as shown in table 4.2.

Table 4.2: Gender of the Respondents (Households and Key Informants)

Households			**Key Informants**	
Gender	Number of Respondents	Percentage (%)	Number of Respondents	Percentage (%)
Female	146	71.9%	14	45.2%
Male	57	28.1%	17	54.8%
Total	**203**	**100.0%**	**31**	**100.0%**

Source: Researcher

The demographic characteristics show that females are more accessible or seek assistance more than males from organisations like TASO. Considering the number and percentage of women respondents in this study, it implies that women are good at seeking assistance and have better health seeking behaviors compared to men. It points to the fact that female seek more services from TASO compared to men.

Table 4.3: Age distribution of the Respondents (Households and Key Informants

Households			**Key Informants**	
Age Distribution	**Number of Respondents**	**Percentage (%)**	**Number of Respondents**	**Percentage (%)**
>=41 years	56	27.6%	7	22.6%
31 - 35 years	46	22.7%	11	35.5%
36 -40 years	41	20.2%	7	22.6%
26 -30 years	34	16.7%	6	19.4%
20 -25 years	26	12.8%	-	-
Total	**203**	**100.0%**	**31**	**100.0%**

Since the study targeted people who were benefiting from the livelihood support that TASO offers, results indicate that women were most affected and received the most urgent care inform of organisational support. Basing on this finding, it's concluded that its women that are the target of this caring services from this institutions or organizations. During the study, information on age distribution of the respondents was also collected. According to the study findings, majority of the household respondents 56(27.6%) were aged 51 year and above, 31 to 35 years 46(22.7%), followed by those aged 36 to 40 years 41(20.2%), 26 to 30 years 34(16.7%), and those aged 20 to 25 years indicated at 26(12.8%). Key informant interviews revealed that majority of the respondents were aged between 31 to 35 years, those aged between 36 to 40 years and 40 years and above each accounted for 7(22.6%) and those aged 26 to 30 years accounted for 6(19.4%) as shown in table 4.3 above. In regard to such age distribution, one finds that the respondents are evenly distributed in relation to the age brackets. This indicates that all people irrespective of the age need and receive organization support from organisations like TASO. Improving livelihoods is not confined to any age bracket but cuts across all because AIDS affects all people irrespective of age.

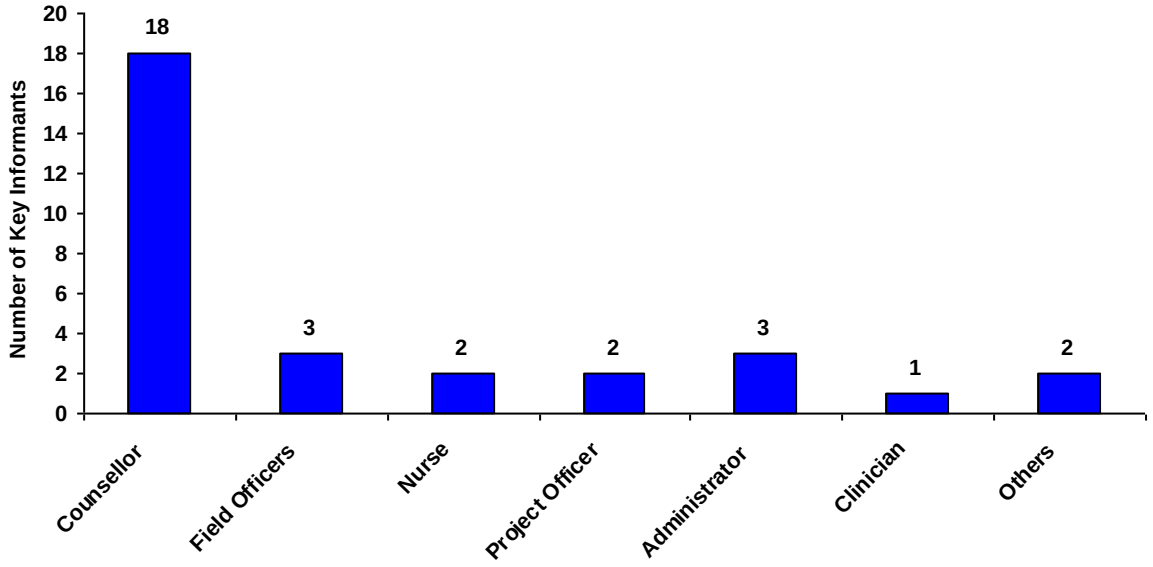
Table 4.4: Number of Years spent accessing services and Years worked with TASO

Households			**Key Informants**	
Number of Years	Number of Respondents	Percentage (%)	**No. of Years**	**Percentage (%)**
>=3 years	122	60.1%	28	90.3%
2 years	43	21.2%	2	6.5%
0-1 years	38	18.7%	1	3.2%
Total	**203**	**100.0%**	**31**	**100.0%**

Source: Researcher

During the study, information of portfolio of key informants was collected. Majority of the respondents were 18(58.1%) Counselors, while Field Officer, Nurses, Project Officer, Administrator, Clinicians and others constituted 13(41.9%). One of the role and responsibilities of Counselors is to provide information of social support, Income Generating Activities with the aim of enhancing economic empowerment for households affected by HIV/AIDS.

Figure 1: Portfolio of Key Informants (n=31)



Source: Researcher

Table 4.5: Level of Education of Household Respondents

Level of Education	**Number of Respondents**	**Percentage (%)**
Primary	119	58.6%
O-Level	42	20.7%
None	21	10.3%
A-Level	12	5.9%
Higher Institution	6	3.0%
Missing Response	3	1.5%
Total	**203**	**100.0%**

Source: Researcher

During the household interviews, a significant number of respondents reported primary level as their highest level of education reached 119(58.6%), followed by O-level 42(20.7%), A-level 12(5.9%), higher institution of learning accounted for 6(3.0%) while none and missing data was 21(10.3%) and 3(1.5%) respectively as shown in table 4.5 above.

These results indicate that the respondents involved in the study were of different levels of education and semi-illiterate accounting for the bigger percentage 58.6%. These however had basic information on how to work with an organization like TASO to cater for their livelihoods. Information on marital status of households revealed that majority of the respondents were married monogamy 51(25.1%), followed by Widowed 42(20.7%), single 32(15.8%), Separated 27(13.3%), married polygamy 20(9.9%), cohabiting 18(8.9%) divorced and missing information accounted for 3(1.5%) and 10(4.9%) respectively as shown in table 4.6 below.

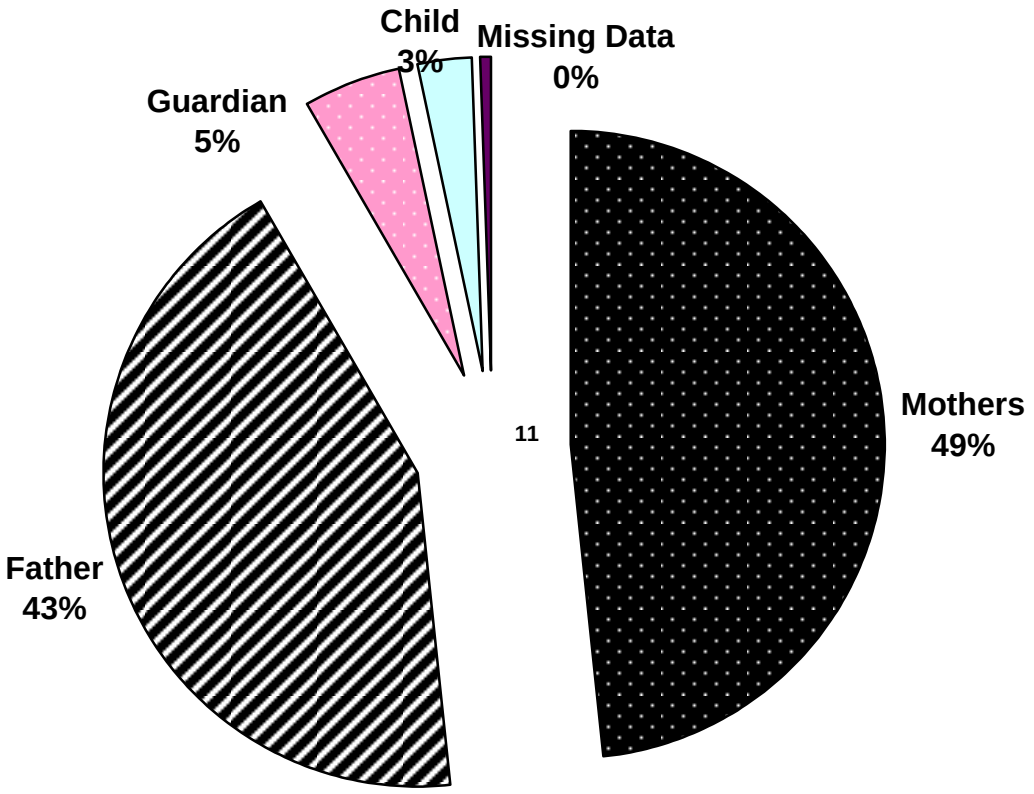
Table 4.6: Marital Status of Household Respondents

Marital Status	Number of Respondents	Percentage (%)
Married Monogamy	51	25.1%
Widowed	42	20.7%
Single	32	15.8%
Separated	27	13.3%
Married Polygamy	20	9.9%
Cohabiting	18	8.9%
Divorced	3	1.5%
Missing Response	10	4.9%
Total	**203**	**100.0%**

Source: Researcher

This reflects that TASO as an organization has got a number of people widowed. 20% among the households sampled were widows, this means that TASO has relatively a big number to support who are widows. However, the number of those who divorced is minimal an indication that cases of HIV/AIDS in the households are not much related to divorces (1.5%).But for those who are separated which accounted for 13.3%, had varying reasons for the separation some of which included, discordance, little care and general neglect by partners. Relating this to the objective of the study, there is a clear indication that the organisational support is needed to help the vulnerable categories here like the separated, divorced, single, widowed, and cohabiting, this will help to find out if organisational support by TASO has improved their livelihoods.

Figure 2: Household Head (n=203)



Source: Researcher

During the study it was realized that household heads vary from Fathers, Mothers, Guardians as well as Children. It was established that a relatively bigger number of households are headed by Mothers, 98(49.3%) while Fathers accounted for 88(43.3%). Child headed households were 6(3%) compared to those headed by Guardians 10(4.9%) as shown in figure: 2 above. This pause a challenge where we are seeing majority of the HIV/AIDS households being headed by women, who are left with children yet the education level for majority of these women is lower primary level. This means that they will have to depend on support for some time until they are able to improve their livelihoods. This was clearly observed during

the study where many of the households headed by women and children were more vulnerable than those headed by Men.

4.3 Emotional Support and its contribution to the Livelihoods among TASO supported HIV/AIDS affected Households in Masaka District.

One of the objectives of the study was to establish the contribution of emotional support to the livelihoods of HIV/AIDS affected households in Masaka District. In order to assess this, a set of Likert scale questions were subjected to households and key informants. Respondents were asked if TASO offers the required forms of support, including counseling, spiritual, care and treatment and whether it's adequate, does TASO provide financial support to clients, Love is shown in the process of accessing care from TASO. Through personal interviews, most respondents pointed out that HIV/AIDS affected households need to be attached to TASO. One group of respondents made the following observation:

> "the support received from TASO has benefited households, there has been a difference after getting this form of support from households that don't get it at all, clients are always consulted on the type of support to be given to you, another form of support is provided to clients by other agency apart from TASO Masaka, every member of the family is aware that you get support from TASO" (*Respondents interview: December: 2009).*

Below are tables 4.7 and 4.8 presenting the results of emotional support and its contribution to the livelihoods among TASO supported HIV/AIDS affected households for both key informants and household respondents.

Table 4.7: Emotional Support and Livelihoods among HIV/AIDS affected Households (Households Respondents) (n=203)

Item	*Scale*					*Missing Response*	*Total No respondents*
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*		
TASO offers, Counseling, Handouts, Spiritual and Care and treatment	101 (49.8%)	78 (38.4%)	0.0 (0.0%)	6 (3.0%)	15 (7.4%)	3 (1.5%)	200
TASO provides financial support to clients	33 (16.3%)	62 (30.5%)	42 (20.7%)	33 (16.3%)	28 (13.8%)	5 (2.5%)	198
Care given by TASO is adequate	76 (37.4%)	75 (36.9%)	3 (1.5%)	22 (10.8%)	24 (11.8%)	3 (1.5%)	200
Love is shown in the process of accessing care from TASO	92 (45.3%)	91 (44.8%)	2 (1.0%)	5 (2.5%)	8 (3.9%)	5 (2.5%)	198
HIV/AIDS affected households need attachment to TASO	110 (54.2%)	80 (39.4%)	2 (1.0%)	2 (1.0%)	6 (3.0%)	3 (1.5 %)	200
The support received from TASO has benefited you	102 (50.2%)	87 (42.9%)	1 (0.5%)	2 (1.0%)	7 (3.4%)	4 (2.0%)	199
There has been a difference after getting this form of support from households that don't get it at all	104 (51.2%)	79 (38.9 %)	2 (1.0%)	2 (1.0 %)	12 (5.9%)	4 (2.0%)	199
Clients are always consulted on the type of support to be given to you.	53 (26.1%)	64 (31.5%)	11 (5.4%)	19 (9.4%)	53 (26.1%)	3 (1.5%)	200
Another form of support is provided to clients by other agency apart from TASO	44 (21.7%)	83 (40.9%)	8 (3.9%)	29 (14.3%)	37 (18.2%)	2 (1.0%)	201

Every member of the family is aware that you get support from TASO	90 (44.3%)	64 (31.5%)	9 (4.4%)	25 (12.3%)	13 (6.4%)	2 (1.0%)	201

Source: Researcher

Table 4.8: Emotional Support and livelihoods among HIV/AIDS affected households (Key informants) (n=31)

Item	*Scale*				
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*
TASO offers Counseling, as one of the core activities	29 (93.5%)	1 (3.2%)	0(0.0%)	0(0.0%)	1 (3.2%)
TASO clients are given care and love to improve their livelihoods	20 (64.5%)	10 (32.3%)	0(0.0%)	1 (3.2%)	0 (0.0%)
Encouragement of TASO supported households has contributed to improved livelihoods and increased income from projects	5 (16.1%)	20 (64.5%)	0(0.0%)	1 (3.2%)	5 (16.1%)
Care and love have contributed to clients' nutrition	2 (6.5%)	19 (58.1%)	0(0.0%)	2 (6.5%)	5 (29.0%)
Attachment of households to TASO has contributed to their increased decision making	13 (41.9%)	11 (35.5%)	0(0.0%)	1 (3.2%)	6 (19.4%)
Encouragement has contributed in improved nutrition among HIV/AIDS affected households	4 (12.9%)	20 (64.5%)	1(3.2%)	0 (0.0%)	6 (19.4%)
Clients attachment to TASO has improved decision making in households	8 (25.8%)	16 (51.6%)	0(0.0%)	2 (6.5%)	5 (16.1%)
Encouragement of HIV/AIDS households contributes to food availability.	2 (6.5%)	12 (38.7%)	0(0.0%)	7 (22.6%)	10 (32.3%)
Encouragement of TASO supported HIV/AIDS households contributes to food storage	2 (25.8%)	17 (54.8%)	0(0.0%)	1 (3.2%)	4 (16.1%)
Care and love to households has contributed to improve their hygiene	8 (25.8%)	18 (58.1%)	0(0.0%)	1 (3.2%)	4 (12.9%)
Encouragement to HIV/AIDS affected households has contribution to increased decision making.	8 (25.8%)	17 (54.8%)	0(0.0%)	1 (3.2%)	5 (16.1%)
Encouragement has contributed to the improved hygiene of households.	7 (22.6%)	17 (54.8%)	0(0.0%)	3 (9.7%)	3 (9.7%)
Attachment of households from TASO has contributed to improved income of the households.	3 (9.7%)	11 (35.5%)	2(6.5%)	5 (16.1%)	10 (32.3%)

Emotional support construct for households and key informants revealed that the median and mean response was 4(agree). This means that a significant number of respondents agreed that emotional support has contributed the livelihoods of HIV/AIDS affected households in Masaka, as shown in table 4.7 below.

Table 4.9: Emotional support has contributed to the livelihoods of HIV/AIDS affected Households

Households			**Key Informants**	
Scale	**Number of Respondents**	**Percentage (%)**	**Number of Respondents**	**Percentage (%)**
Strongly Agree	37	18	6	12.9
Agree	141	70	25	80.7
Neutral-Undecided	23	11	2	6.4
Strongly Disagree	2	1	0	0.0
Total	**203**	**100.0**	**33**	**100.0**

Source: Researcher

To statistically test the hypothesis that there is a relationship between emotional support and peoples' livelihoods among HIV/AIDS affected households in Masaka Wilcoxon Signed Ranks Test, none parametric test was used. The median response for emotional support construct and livelihoods construct was 4.0 and 3.8 respectively. The Probability value (P-Value) is 0.000, which is less than 0.05 at 95% level of confidence (P=0.000< 0.05). This

means that there is a 0% chance that these findings will change. This further means that even if the study is repeated 95 times, the findings will still be significant.

A similar analysis was also done using the key informant's questionnaire using the same test; results revealed that the median response for emotional support construct and livelihoods construct was 4.0 and 3.7 respectively. P-Value is 0.002, which is less than 0.05 at 95% level of confidence ($P=0.002<0.05$).

Results from sampled households and key informants were statistically not different. This means that we confirm the hypothesis, and conclude that there is a relationship between emotional support and peoples livelihoods among HIV/AIDS households in Masaka.
Using the interview schedule, it was found out that 75% of the people interviewed revealed that there is a very big contribution of emotional support to the people living with HIV/AIDS. One client had this to say,

> "*It is because of counseling that I can even talk, I could just hide myself not knowing that I was dying slowly. But now I am ok I have animals I do farming and I even pay fees for my children thank you TASO".*

However, some intimated that emotional support has even made so many people become beggars and expect TASO to always come to their rescue for everything even where it was not necessary. The social community system is dying and people are looking at donors outside their communities, there are no longer community responsibilities or even families are concerned it is a "TASO client or patient".

Among the key informants who were interviewed, it was noted that many of the households have benefited from emotional support, but the challenge is the over dependency it has created to the extent that some households no longer look to their social networks but TASO for any form of support. This type of thinking has weakened and even killed the community support systems that existed before HIV/AIDS in Masaka. Community members could support each other in times of need and sickness as well as extended family members. On respondent had this to say:

> "The members of the centre meet informally in each other's homes to provide mutual psychological and social support. Cohesion among these individuals is strengthened by the fact that they are either directly infected with HIV or implicitly affected because their very close family associates are infected."(Interview: December: 2009).

TASO provides emotional and medical support to many people who are HIV positive and their families. It also works with other smaller organizations to educate the public about discrimination and the dangers of HIV/AIDS. Using the observation method, it was very clear that TASO clients had benefited from emotional support, this was evidenced from the testimonies given and the environment surrounding their households where some were emphasizing that it’s because of emotional support especially counseling that they were able to change their attitudes towards their lives to be able to work and get what they have. The adage living positively with HIV/AIDS was evident.

It was further noted that emotional support among TASO clients is aimed at breaking down isolation experienced by many PLWHA due to the stigma of living with an HIV diagnosis and facilitate re-building of friendship networks due to the loss of friends, partners and close families to the epidemic. This correlates well with what other researchers observed that HIV affected people are facing a worst problem of stigma and isolation. Results indicate that TASO has identified a number of initiatives at fighting stigma.

Results further indicate that to combat stigma and discrimination is the active involvement of PLWHA in the responses to the epidemic, TASO has encouraged the involvement of people living with, or affected by, HIV/AIDS at all levels of its programming, from the decision-making process to the provision of home-based care. This is done in itself empowering for the individuals. TASO also recognizes the important contribution affected people can make to ensure a holistic response that meets their needs effectively. This is what is advocated by the international donors and institutions as way of reducing discrimination and fear within society, by giving a human face and voice to the epidemic in the minds of people not directly touched by it.

Another correlation issue lies in the psychological support. Most of the researchers noted that psychological support helps in healing the psychological wounds that HIV brings to the affected people. This is based on the fact that people living with HIV face social rejection and discrimination that leads to feelings of despair and worthlessness. In the study of the different communities in Masaka, it was noted that before TASO began its operations in the region, infected people used to hang themselves and this was a result of the stigma and discrimination

resulting into psychological stress. So TASO began making visits to various homes of the affected people. This correlates well with the findings of Sarantakos, S. (2005) in China Sichuan Province, as he noted that the project manager of a PLHA organisation makes home visits to approximately 20 HIV/AIDS-affected households. He also arranges informal support gatherings for the households during which they usually share experiences and information, thus easing the psychological burden associated with HIV/ AIDS.

However, it was noted that results showed a regressive phenomenon on the extent to which emotional support has contributed to the livelihoods of HIV/AIDS affected households. Results indicate a downward trend of PLWAs receiving home visits by the TASO officials and the care support inform of psychological help is going down with time.

4.4 Instrumental Support and its contribution to the Livelihoods among TASO Supported HIV/AIDS Households in Masaka District

The study further aimed at establishing whether instrumental support has contributed to the improved livelihoods of HIV/AIDS affected households in Masaka. To this effect, a set of quantitative questions were asked from households and key informants, this included, respondents were asked if TASO provides material support to her clients and whether they are useful. It was revealed that TASO provides training to its clients before being given any IGA project, financial support helps households to contribute to improved income and expenditure. The financial support helps TASO supported households to contribute to their improved Nutrition.

The tables 4.10 and 4.11 below present the results for instrumental support and livelihoods among HIV/AIDS affected households for both key informants and household respondents.

Table 4.10: Instrumental support and livelihoods among HIV/AIDS affected Households (Households Respondents) (n=203)

Item	*Scale*					*Missing Response*	*Total No of respondents*
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*		
TASO provides material support to her clients	39 (19.2%)	107 (52.7%)	7 (3.4%)	21 (10.3%)	25 (12.3%)	4(2.0%)	199
Material support given by TASO is useful	61 (30%)	98 (48.3%)	6 (3.0%)	8 (3.9%)	27 (13.3%)	3(1.5%)	200
TASO provides training to its clients before being given any IGA project	74 (36.5%)	70 (34.5%)	3 (1.5%)	9 (4.4%)	44 (21.7%)	3(1.5%)	200

Source: Researcher

Table 4.11: Instrumental support and Livelihoods among HIV/AIDS affected Households (Key Informant) (n=31)

Item	*Scale*					*Missing Response*	*Total No of respondents*
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*		
Financial help to households contributed to improved income and expenditure	1(3.2%)	16 (51.6%)	0(0.0%)	5(16.1%)	6(19.4%)	3(9.7%)	28
Financial help to TASO supported household has contributed to their improved Nutrition	3(9.7%)	16 (51.6%)	1(3.2%)	4(12.9%)	6(19.4%)	1(3.2%)	30
Financial help to the households	3(9.7%)	18 (58.1%)	2(6.5%)	3(9.7%)	5(16.1%)	0(0.0%)	31

has contributed to food availability.							
Financial help to households has contributed to improved food storage	1(3.2%)	15 (48.4%)	3(9.7%)	3(9.7%)	8(25.8%)	1(3.2%)	30
Financial help contributed to increased decision making among households	3(9.7%)	12 (38.7%)	2(6.5%)	0(0.0%)	13(41.9%)	1(3.2%)	30
Material goods have contributed to improved income among households.	1(3.2%)	12 (38.7%)	2(6.5%)	5(16.1%)	10(32.3%)	1(3.2%)	30
Material support contributes to the improved nutrition among households.	2(6.5%)	10 (32.3%)	1(3.2%)	9(29.0%)	8(25.8%)	1(3.2%)	30
Material goods have contributed to food availability among TASO households.	3(9.7%)	12 (38.7%)	0(0.0%)	4(12.9%)	11(35.5%)	1(3.2%)	30
Material support has contributed to improved food storage among households	2(6.5%)	11 (35.5%)	2(6.5%)	5(16.1%)	10(32.3%)	1(3.2%)	30
Material support has contributed to increased decision making among households.	4(12.9%)	11 (35.5%)	2(6.5%)	3(9.7%)	10(32.3%)	1(3.2%)	30
Medical services have contributed to the improved income of households	6(19.4%)	19 (61.3%)	0(0.0%)	0(0.0%)	5(16.1%)	1(3.2%)	30
Medical services are contributing to improved nutrition among households.	2(6.5%)	10 (32.3%)	1(3.2%)	9(29.0%)	8(25.8%)	1(3.2%)	30

Medical services are contributing to improved hygiene among households	4(12.9%)	15 (48.4%)	0(0.0%)	0(0.0%)	12(38.7%)	0(0.0%)	31
Medical services have contributed to improved food availability among household	2(6.5%)	16 (51.6%)	2(6.5%)	3(9.7%)	7(22.6%)	1(3.2%)	30
Medical services have contributed to improved food storage among households.	10(32.3%)	12 (38.7%)	0(0.0%)	3(9.7%)	5(16.1%)	0(0.0%)	31
Provision of medical services has contributed to increased decision making among households	2(6.5%)	18 (58.1%)	0(0.0%)	5(16.1%)	5(16.1%)	1(3.2%)	30

Source: Researcher

Instrumental support construct for households and Key informants showed that the median responses was 4(Agree) and 3(Undecided) respectively, this is illustrated in table 4.12.

Table 4.12: Instrumental support has contributed to the Livelihoods of HIV/AIDS affected Households

Households			**Key Informants**	
Scale	**Number of Respondents**	**Percentage (%)**	**Number of Respondents**	**Percentage (%)**
Strongly Agree	115	56.7	1	3.2
Agree	45	22.2	11	35.5
Neutral-Undecided	28	13.8	16	51.6
Strongly Disagree	12	5.9	1	3.2
Disagree	3	1.5	2	6.5
Total	**203**	**100.0**	**31**	**100.0**

From the table above, it's clear that household respondents agreed that instrumental support has contributed to the livelihoods of the HIV/AIDS affected households, that is 78.9% (agreed and strongly agreed) to this and the percentage of those who did not attest to it 7.4% which may not be very significant to change the conclusion but important to note. However, its critical to note that for the key informants it was only 38.5% (agreed and Strongly agreed) who agreed to this and 51.6% were undecided this could mean that the key informants did not have enough information on the contribution of organisational support to the households and this study is now a very important source of information to them in knowing what organisational support has contributed to their clients. This could also mean that more evaluation studies are necessary to establish whether TASO is meeting its objectives in supporting the affected households.

To test the hypothesis that instrumental support has contributed to the improved livelihoods of HIV/AIDS affected households in Masaka, Wilcoxon Signed Ranks Test, none parametric test was used. The median response for instrumental support construct and livelihoods construct was 4.0 and 3.9 respectively. The P-value for households construct is 0.034, which is less than 0.05 at 95% level of confidence (P=0.035< 0.05). This means that instrumental support has contributed to improved livelihoods and even if the study is repeated it's likely to give the same results. Therefore the hypothesis is confirmed that Instrumental support has contributed to the livelihoods of HIV/AIDS affected households.

It was further pointed out that financial support helps households to contribute to food availability 67.8% agreed, improved food storage 51.6% agreed, while increased decision making among households was 48.4% who agreed. Material goods have contributed to

improved income among households; material support contributes to the improved nutrition among households, material support has contributed to improved hygiene among households, material goods have contributed to food availability among TASO households.

Material support has contributed to improved food storage among households 71.9% agreed to this and 51.6% said, it has contributed to increased decision making among households. It was also noted that, 80.7% agreed that medical services have contributed to the improved income of households, while 38.8% agreed to medical services contributing to improved nutrition among households. This implies that it's not only medical services but other programmes like nutritional programs are necessary for a comprehensive support to the households. It was also revealed that medical services have contributed to improved food availability among households 48.4 agreed although 35.5 % were not decided. Medical services have contributed to improved food storage among households, and whether provision of medical services has contributed to increased decision making among households 48.4% agreed compared to 32% who were undecided.

Instrumental support is also reflected in the coordination of TASO activities and 78.3% agreed that this support is useful and has changed their livelihoods. According to field visits in the homesteads in Masaka TASO, it was found out that the highly coordination mechanism has helped the organization to fulfill its strategic plan of prevention, mitigation and addressing the psychosocial needs of PLWHA. The Centre provides its full range of services covering a number of districts, within the range of 75 kms from the Center

The Centre provides both direct and indirect services. Direct Services include: Counselling to People with AIDS (PLWA) and their family members, Medical services, Material Assistance to the needy of the neediest and child support. Indirect services include: Mobilization and training of community volunteers for capacity building and collaboration. Trained community members run communities to offer TASO Like activities like Counselling, condom Distribution, Home care, referrals and AIDS Education, Support supervision to NGOS and CBOs, General Public through AIDS education and sensitization, advocacy on HIV/AIDS issues, Collaboration with Government and other Organizations.

Results from sampled households and key informants interviews were not statistically different because both P-values are less than 0.05. This means that we confirm the alternative hypothesis and conclude that instrumental support has contributed to improved livelihoods among HIV/AIDS affected households in Masaka District.

It was further noted that social support is part and parcel of instrumental support. This is an important component of TASO's services. Its social support programme aims at mitigating the HIV/AIDS effects among TASO clients, their families and communities. The social support package continues to comprise of; support for the formal and vocational education of children, nutrition supplementation for the most food insecure clients (neediest of the needy) and sustainable livelihoods; i.e. training (and where possible) facilitating clients for self sustenance.

Social support includes Nutrition, apprenticeship; income generating activities as well as formal education. There is also a program of Nutritional Assistance. TASO provided

nutritional support to its clients through two programmes, ACDI/VOCA Title II and WFP. This program aims at supporting both the index clients and their families with nutritional support. In collaboration with partners TASO provided food assistance aimed at improving the household food security to 17,485 index clients compared to 10,711 of 2005 and this is in addition to other support given to children under various educational schemes. Providing quality care and support for people with HIV/AIDS (PHA) requires addressing their nutritional needs.

Provision of good nutrition has been shown to be an effective strategy in the mitigation of the effects of HIV/AIDS. Nutritional care and support should therefore be an integral component of the HIV/AIDS comprehensive care package. There is also capacity building which continues to be an important component of TASO's services; as part of ensuring ongoing skills and knowledge improvement both for TASO.

TASO Masaka has also provided technical support to various PLWHA Organizations to build their capacity to do effective advocacy. PLWHA groups that benefited included; NACWOLA, Positive Men's Union [POMU] among others. The support offered included but was not limited to the following; group formation and identification of leaders with a personal commitment, developing and implementing of advocacy strategies to address key areas like Greater/Meaningful Involvement of People Living with HIV/AIDS (GIPA/MIPA), stigma and discrimination, prevention, care and support. Usually they are also given logistical and financial support for their meetings and workshops.

The study further revealed that instrumental support is in form of administering Antiretroviral Therapy (ART). The main ART theme is consolidating Adult ART and scaling up the

pediatric component. TASO has a home based HIV Counseling and Testing program. Through field visits, it was noted that there is a home based care initiative of moving house to house taking drugs to registered clients. This is done in a bid to help in ensuring adherence to ART. In an interview with one of the key respondents, he made the following observation:

> "TASO's ART model emphasizes adherence and retention of clients on the programme. Adherence to ARVs is taken very seriously because it's deemed to be crucial for the success of the programme. Clients are continuously counseled to remind them of the need to adhere to their treatment. As a result, adherence levels for ART are quite high among TASO clients, with most (83.9%) being in the above 95% bracket, of adherence measurement [Interview: December: 2009]".

It was further revealed that the communities ART Support Agents (CASAs) have played an important role in supporting ART adherence among clients in the rural communities. These are TASO clients who are usually referred to as "expert clients" i.e. clients who have coped with the infection and are now able to support others. Among other things, the CASAs mobilize clients to go to the community Drug Distribution Points (DDPs) and also follow them up at their homes where they provide counseling and ART education to the family members.

The study findings correlate well with what the previous researchers noted that for any successful HIV/AIDS programming, it must put in consideration instrumental support to be able to address the problems of HIV affected people and these instrumental support must be long-lasting as Masanjala (2006) pointed out that sustainable livelihood programs seek to

create long-lasting solutions to poverty by empowering their target population and addressing their overall well-being and these programs should be varied in their focus, approach, and target audience.

Results from the field indicate that TASO in the beginning established some sustainable livelihoods approaches that placed people at the centre of development, rather than focusing on the resources they use or a single activity. TASO services aim beyond and around the epidemic, the clinical condition, or the medical solution, and through livelihoods analysis, take into account the other things going on now and in the past in their life, or the life of the household, community or region. This is Piwoz and Preble, (2000) noted in their past research work on the HIV/AIDS impaired families. TASO has on a number of occasions come out to offer material support items like food nutrients, food distribution and some clothing to the affected people.

The above form of support correlates well with the UNAIDS report (2008), that pointed out that there is a complex interface between chronic food insecurity and HIV as the infection itself affects metabolism and causes wasting, especially in more advanced stages and in the absence of anti-retroviral therapy (ART). Study results show that TASO programming is in line with these stated principles as outlined in the International declarations. Field visits revealed that TASO clients are given food supplements. This correlates with what a review of literature noted about food supplementation in Zambia. It noted that food supplementation is received each month and includes wheat, soya beans, beans, peas, cooking oil, maize, eggs and Kapenta (dried fish). All respondents shared this food with their families and some with neighbors, friends and others in their livelihood network.

It's also noted in the WHO (2008) report about the emergency response that includes a number of standard life-saving interventions, including general food distribution and selective feeding programmes, as well as public health interventions such as water, sanitation, shelter and health care. The report stresses the most common intervention to support livelihoods to include distribution of seeds and tools as a basis of a routine recovery intervention. However, using the livelihoods framework as the basis for interventions, and given the variety of livelihood systems that can be found in any context, there should be a far wider range of livelihood support interventions.

Previous researchers also note that giving tends to be reciprocal and people share what they have on the understanding that they will also receive when they are in need. Field visits indicated that in the early years of TASO programs, there was this program but currently, it has been restricted only to food nutrients to its clients. From the financial point of view, financial capital given to TASO clients involves the resources that are needed in form of instrumental support, and as the person weakens such resources are wasted as the person becomes weaker and weaker. This is based on the fact that HIV/AIDS is one of the framework's shocks that put households in a vulnerable context, making the framework a focus for thinking about organisational support among HIV/AIDS affected household. Study findings indicated that HIV/AIDS places people at the center of poverty. However, financial support is very limited as results indicated that there are meager financial resources to give cash hand outs.

4.5 The relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households.

The study further assessed how informational support affects livelihoods among HIV/AIDS affected households in Masaka, to establish this, a set of quantitative questions were asked from households and key informants. This is presented in tables 4.13 and 4.14 below

Table 4.13: Informational support and livelihoods among HIV/AIDS affected households (Households Respondents) (n=203)

Item	*Scale*					*Missing Response*	*Total No of respondents*
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*		
TASO gives feedback to clients on the services provided	61 (30.0%)	97 (47.8%)	6 (3.0%)	11 (5.4%)	24 (11.8%)	4 (2.0%)	199
TASO should continue giving feedback to clients	87 (42.9%)	93 (45.8%)	0(0.0%)	4 (2.0%)	15 (7.4%)	4 (2.0%)	199
Information given is related to food availability among HIV/AIDS affected households	35 (17.2%)	94 (46.3%)	10 (4.9%)	11 (5.4%)	49 (24.1%)	4 (2.0%)	199
IEC materials on food availability among HIV/AIDS are distributed by TASO to clients.	25 (12.3%)	51 (25.1%)	24 (11.8%)	40 (19.7%)	60 (29.6%)	3 (1.5%)	200

Source: Researcher

Table 4.14: Informational support and livelihoods among HIV/AIDS affected households (Key Informant) (31)

Item	*Scale*					*Missing Response*	*Total No of respondents*
	Strongly Agree	*Agree*	*Strongly Disagree*	*Disagree*	*Undecided or Neutral*		
Provision of information has contributed to improved income among households	8 (25.8%)	20 (64.5%	0(0.0%)	0(0.0%)	3 (9.7%)	0(0.0%)	31
Information support has contributed to improved nutrition among households	5 (16.1%)	21 (67.7%)	0(0.0%)	1(3.2%)	4 (12.9%)	0(0.0%)	31
Information giving has contributed to improved hygiene among households	11 (35.5%)	17 (54.8%)	0(0.0%)	0(0.0%)	1(3.2%)	2(6.5%)	29
Information giving is related to food availability among households	4 (12.9%)	18 (58.1%)	0(0.0%)	3(9.7%)	5 (16.1%)	1(3.2%)	30
There is a relationship between information provision and improved food storage among households	7 (22.6%)	18 (58.1%)	1(3.2%)	3(9.7%)	2 (6.5%)	0(0.0%)	31
There is a relationship between provision of information and increased decision making among households	11 (35.5%)	16 (51.6%)	0(0.0%)	0(0.0%)	4 (12.9%)	0(0.0%)	31
Advice to households has contributed to improved income among them.	4 (12.9%)	20 (64.5%)	0(0.0%)	3 (9.7%)	4 (12.9%)	0(0.0%)	31
Advice to households has a relationship with improved nutrition	5 (16.1%)	19 (61.3%)	1(3.2%)	3 (9.7%)	3 (9.7%)	0(0.0%)	31

among the households							
Advice given to households has contributed to improved hygiene among the households.	7 (22.6%)	18 (58.1%)	0(0.0%)	2(6.5%)	4(12.9%)	0(0.0%)	31
There is a relationship between advice given and food availability among households	4 (12.9%)	10 (32.3%)	0(0.0%)	6(19.4%)	9 (29.0%)	2(6.5%)	29
There is a relationship between advice to households and food storage in their households	2 (6.5%)	16 (61.3%)	0(0.0%)	4(12.9%)	6 (19.4%)	0(0.0%)	31
Advice to households is related to increased decision making among them	3 (9.7%)	16 (51.6%)	0(0.0%)	5(16.1%)	7 (22.6%)	0(0.0%)	31
Feedback to households has contributed to improved income among the households	1 (3.2%)	16 (51.6%)	0(0.0%)	3(9.7%)	11 (35.5%)	0(0.0%)	31
There is a relationship between feedback given to households and improved nutrition.	9(29%)	9(29%)	1(3.2%)	2(6.5%)	10 (32.3%)	0(0.0%)	31
Feedback to households in related to improved hygiene among them.	4 (12.9%)	15 (48.4%)	0(0.0%)	0(0.0%)	12 (38.7%)	0(0.0%)	31
There is a relationship between feedback and food availability among households	2 (6.5%)	14 (45.2%)	1(3.2%)	1(3.2%)	13 (41.9%)	0(0.0%)	31

Feedback to households' performance is related to improved food storage	1 (3.2%)	16 (51.6%)	0(0.0%)	3(9.7%)	11(35.5%)	0(0.0%)	31
There is a relationship between feedback to households and increased decision making among them.	9 (29.0%)	9 (29.0%)	1(3.2%)	2(6.5%)	10(32.3%)	0(0.0%)	31

Source: Researcher

From the table above it is noted that informational support has contributed to the livelihoods of HIV/AIDS affected households, it was noted that 67% of the respondents agreed that information alone has contributed and improved the livelihoods of the clients in decision making, nutrition, knowledge on food storage, hygiene and the general understanding of their livelihoods and how their households' sustainability is key for better livelihoods.

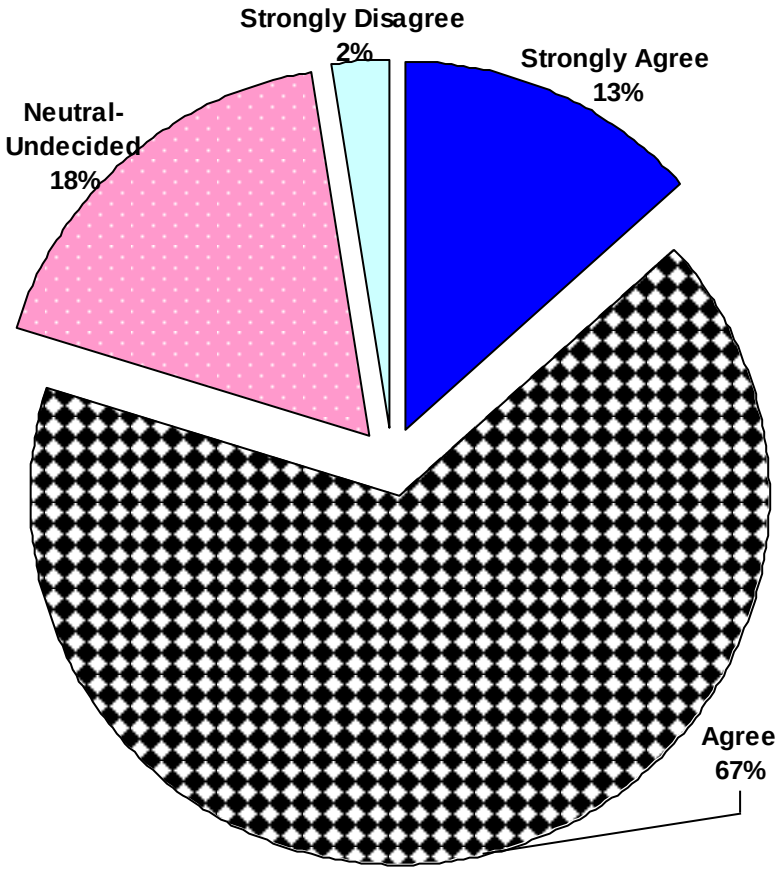
Feedback as a form of informational support was seen as key during the study 77.8% revealed that feedback from TASO has contributed to their livelihoods and has motivated many a households in taking up the services and others forms of support by TASO.

Improved income is key in contributing to the livelihoods of the households affected by HIV/AIDS and this was also seen to be contributed to by the information given to the households through the income generating activities trainings. 90.3% of the respondents revealed that its information given to them by TASO that their incomes have improved hence informational support contributing to livelihoods of the HIV/AIDS affected households.

It was also noted that informational support has a good relationship with decision making of households affected by HI/AIDS, 87.1% of the respondents agreed to this, which mean that information to the households is key in making their decisions which affect their livelihoods.

Informational support construct for households showed that the median response was 3.8; Mean responses from informational support construct for households have been illustrated in figure 3 below.

Figure 3: Informational support has contributed to the Livelihoods of HIV/AIDS affected Households (Households) (n=203)



Source: Researcher

To test the hypothesis that informational support has not restored and not improved livelihoods of HIV/AIDS affected households in Masaka, using the Wilcoxon Signed Ranks Test, the mean response for informational support construct and livelihoods construct was 3.8 and 3.9 respectively. The P-value for households construct is 0.029, which is less than 0.05 at 95% level of confidence (P=0.029< 0.05).

Further analysis was done using the key informant interviews, where respondents were asked if provision of information has contributed to improve; - income, nutrition, hygiene, food storage, decision making, food availability, among households. Additional questions assessed whether, feedback to households is related to increased decision making, food availability, and improved storage. Figure 4 illustrates the mean responses for key informant construct for informational support.

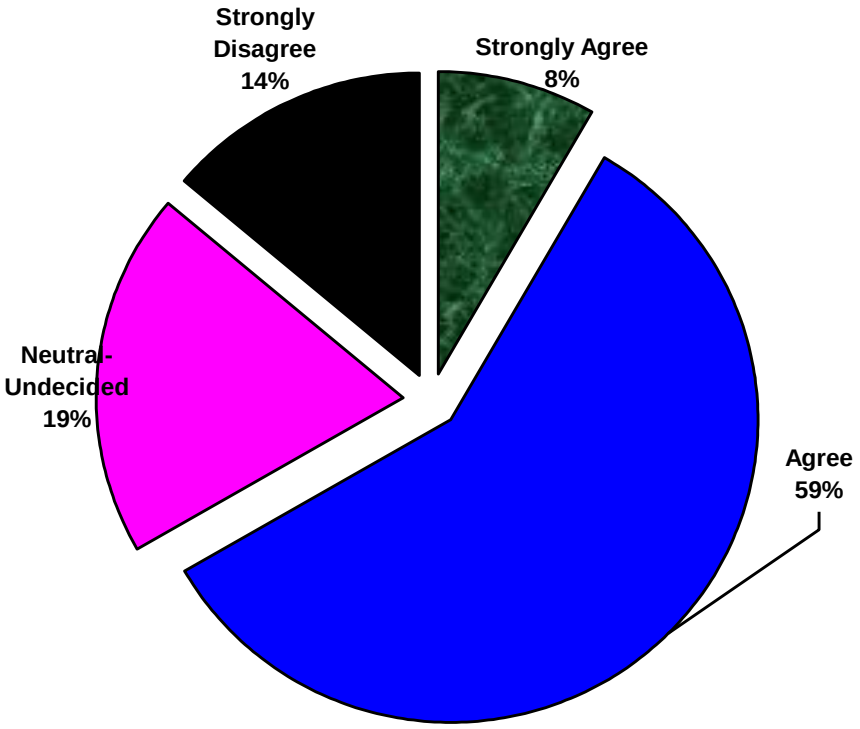
TASO has a functional relationship with the PLWAs. With collaboration and networking with other stakeholders, there is information sharing. Centre management has got full control over the clients. Counseling remains the mainstay of TASO's activities, a number of individuals are counseled and counseling sessions are conducted. In an interview with one of the counseling coordinator, he noted that:

> "There is a monthly enrollment of 125 clients on average and 2,500 client's access services from TASO Masaka. These come from areas like Rakai, Sembabule, Kalagana, and Lyantonde. In counseling, we try to address the problem of stigma. We carry out interviews and purpose is to get feedback from clients in the provision of services" [Interview: December: 2009].

One of the areas that have shown how information support has benefited households is through **TB and STD Management and Other Value Adding services.** It was noted that TASO Masaka has routinely included value-adding components to its services; these are intended to enhance the quality of service delivery, as well as improve the quality of life of its clients. On the medical side, other activities include routine TB and STD screening and

treatment, sex and sexuality education, and other elements of the basic care package. It was revealed that 92% of the active clients seen that come for TASO clinics were screened for TB and of those, 235 clients (4%) were diagnosed with TB and of those diagnosed, 42% (273) were treated within TASO clinic, the rest were referred to other health facilities in conformity with Government's Community-Based DOT TB strategy. This is in line with the principle of TASO to treat all opportunistic infections.

Figure 4: Informational support has restored and improved the Livelihoods of HIV/AIDS affected Households (Key Informants) (n=31)



Source: Researcher

Additional analysis using the Wilcoxon Signed Ranks Test revealed that the median response for informational support construct and livelihoods construct was 3.8 and 3.7 respectively. P-Value is 0.054, which is less or equal to 0.05 at 95% level of confidence (P=0.054<= 0.05). Results revealed using sampled households and key informants interviews, were statistically the same because both P-values for both assessments are less than or equal to 0.05. This

means that we reject the null hypothesis and conclude that informational support affects livelihoods of HIV/AIDS affected households in Masaka District.

Table 4.15: Administrative Support Constructs (Households and Key Informants)

	Households		**Key Informants**	
Scale	**Number of Respondents**	**Percentage (%)**	**Number of Respondents**	**Percentage (%)**
Strongly Agree	24	11.8%	2	6.5%
Agree	134	66.0%	20	64.5%
Neutral-Undecided	42	20.7%	9	29.0%
Disagree	3	1.5%	0	0.0%
Strongly Disagree	0	0.0%	0	0.0%
Total	**203**	**100.0%**	**31**	**100.0%**
	Mean=3.9 Median=4.0		**Mean=3.7 Median=4.0**	

Source: Researcher

From table 4.15 above, results revealed that from households and key informant interviews, majority of the respondents acknowledged that administrative social support inform of emotional, instrumental and informational support have improved livelihoods of HIV/AIDS affected households that is 134(66.0%) and 20(64.5%) respectively with median response of 4(Agree).

Study findings indicate that the forms of information support include psychosocial support as clients that are HIV positive are encouraged to live positively. This is provided by counselors to clients during one on one session or in Post Test clubs.

There is also TB/HIV Integration as TASO is guided by the National Policy guidelines for TB/HIV collaborative activities in Uganda. The overall goal of the policy is to decrease the burden of tuberculosis and HIV in Uganda through improved TB and HIV collaborative interventions. TASO employs a screening tool developed in collaboration with Centers for Disease Control and prevention (CDC) to screen HIV positive clients for TB. This is done in the Centers of TASO and the supported sites.

Information support also takes the form of screening and treatment of other opportunistic Infections.

TASO screens and treats sexually transmitted infections like syphilis and Herpes simplex type II and other opportunistic infections like skin infections, pneumonias and others in all its branches. Among the integrated services offered are education and counseling on Reproductive health issues for the HIV positive and offering of Family Planning (FP) suitable to individual circumstances and choice.

It's further noted that Basic Care Packages (BCP) is one of the forms of information support. HIV positive clients of TASO receives basic care packages consisting of mosquito nets, water guard chemical and a safe water vessel, condoms, Septrin for prophylaxis and reading material on psychosocial counseling to all HIV positive clients. This Package helps in prevention of malaria, respiratory, central nervous system diseases among PLHAs.

Another form is in the Cotrimoxazole prophylaxis program. A daily dose of Cotrimoxazole has been proven to prolong life (25-50% decrease in mortality) and reduce the incidence of malaria, diarrhea, toxoplasmosis, certain respiratory infections, blood infections (Septicemia) and other illnesses affecting PLHA.

There is CD4 Monitoring. TASO started offering this service in 2004 in Mulago but has now expanded to cover all the Centers including Masaka centre. The service is offered to the all HIV positive clients after VCT and are able to pay the user fee for the CD4/CD8+ count, any client with evidence of a positive HIV test and referral document from a recognized centre and clients already on ARVS with referral for monitoring.

Another form of information support has been in the form of research and documentation. TASO being the pioneer indigenous NGO in Uganda, and with almost 20 years of work, it is well placed to play a leading role in driving or influencing policy and practice in the area of HCT. TASO has made deliberate efforts to promote its corporate image among its clients, development partners and central government agencies.

TASO conducts operational research to generate answers to emerging questions and provide evidence-based data on HCT. Through its research and documentation activities with its partners, TASO has supported to the public to access evidence based information on HCT and its related services through various channels including the print materials, radio, video, the resource centre and website.

Another program that falls in this form of support is the Capacity Building for HIV Counselling and Testing. TASO trains HIV/AIDS Counselors, Trainer of Trainers, Counselor

supervisors, Laboratory technicians, Data entrants, Voluntary counseling and testing promoters, and People living with HIV/AIDS who have accepted to go public. AIC provides training within and outside Uganda in HCT; HIV prevention, care, adherence, and support.

It was further noted that TASO provides Youth Friendly Services. These are specially designed HCT to meet the special needs of young people, aged 12 to 24 free of charge with same day results. This followed a study conducted to identify opportunities and barriers for providing VCT to youth. Youth can also access all other AIC services including referral to youth friendly service organizations. TASO also provides HCT for children below age 12.

TASO has continued to provide HIV Prevention Programme. TASO has continued to contribute towards the national efforts to fight the drivers of the epidemic. Appropriate messages are delivered depending on the nature of the client and community.

Another form of information support has been the campaign for abstinence, be faithful and condom use (ABC). Abstinence messages encourage young clients to abstain or delay their sex debut. The messages delivered give the client the advantages of abstaining, and give role models in society who abstained and have been successful in their lives. TASO delivers abstinence messages to young people in and out of school through educational talks, music and drama outreaches and HIV counseling session at HCT service delivery sites.

However, the situation is different when it comes to households receiving informal social support from communities. From the study findings, we noted that a significant number of patients either disagree or they are undecided about the community support as shown in table 4.16 below.

4.6 The impact of informal social support structures on the organisational social support and livelihoods among HIV/AIDS affected households in Masaka

Another objective during the study was to understand how informal social support structures (community support services) do affect administrative social support and livelihoods among HIV/AIDS affected households in Masaka.

Table 4.16: Informal Social Support Mechanisms (Community) Constructs (Households and Key Informants)

	Households		**Key Informants**	
Scale	**Number of Respondents**	**Percentage (%)**	**Number of Respondents**	**Percentage (%)**
Strongly Agree	7	3.4	3	9.7
Agree	67	33.0	14	45.2
Neutral-Undecided	53	26.1	13	41.9
Disagree	54	26.6	1	3.2
Strongly Disagree	22	10.8	0	0.0
Total	**203**	**100.**	**31**	**100.**
	Mean=2.8 Median=2.9		**Mean=3.6 Median=4**	

Source: Researcher

It was further noted that from the key informants, the number of respondents who agree that informal social support mechanisms(community support) has improved livelihoods of

HIV/AIDS households 14(45.2%), is not statistically different from those who were undecided 13(41.9%).

In order to test the alternative hypothesis that Informational social support structures do affect administrative social support and livelihoods among HIV/AIDS affected households in Masaka, a multivariate regression analysis for households using stata analysis packaged was used. Information support structures mechanisms (community)-**Y**, administrative social support**(X1)** and livelihoods**(X2).**

Number of observations = 200, Value of R-squared = 0.184, this is a poor fit. This means that informal social support (community) doesn't affect organisational social support combined and livelihoods among HIV/AIDS affected households.

Information support is viewed as the free flow of information about the HIV/AIDS scourge. In the study, when it comes to Informational support, it is a functional aspect of TASO social support which correlates with emotional support and instrumental support aspects. This is in line with what previous researchers like Fibromyaligia, Heather, and Franks, (2004) who observed that information support is always advice and feedback of the other structural forms. TASO and these researchers contend that higher levels of informational support is related to lower self efficacy function because individuals who do not believe that are able to deal with the limitations in functional support who seek and receive information to help them cope with or living with the HIV.

Past studies related to the study indicate an escalating HIV prevalence among people who are currently married or cohabiting and those that have ever been married. Statistics from the TASO database corroborate these findings. TASO uses community dialogues, music and

drama and HIC counseling in the provision of “Be faithful” messages to the target audience who comprise of sexually active clients The need for promotion of correct and consistent use of condoms remains vital because majority of high risk populations (MARPS) do not know the correct use of the condoms while those that know, do not use them consistently. Condoms are distributed through PTC condom distribution outlets, TASO branch offices and other targeted points such as bars and lodges.

In the same vein even people with HIV/AIDS may also be in the same category that after getting the material support and the care extended to them, they may too need feedback and advice on how to handle what they have been given. This is the basis of TASO’s information support. It is in line with what past researchers observed that larger social support networks may provide opportunities for a person with any chronic illness to obtain encouragement or advice about coping with pain.

Cohen and Wills (1985) also suggested that the structural aspects of social support, like having a larger social support network, often provides direct benefits such as positive feelings associated with integration and other social rewards. The current arguments and thinking do not underrate this but an effort for this study to build on such thinking and include the aspects of HIV/AIDS affected households and how social support networks could contribute to direct benefits.

The study findings further correlate with another study by Antonio Hill (2007) who observed that satisfaction with tangible or informational support was a stronger predictor of better organization support than was satisfaction with emotional support. Similar findings have been

reported in a study comprising gay men in San Francisco, where informational support was considered particularly critical for patients experiencing HIV-related symptoms.

The impact of psychiatric co morbidities, specifically depression, on the Health Related Quality Of life (HRQOL) of patients with HIV disease has been well documented. The presence of a major psychiatric disorder (independent of HIV-related disease progression) was associated with a negative impact on HRQOL dimensions of mental health, social functioning, and general health perceptions but not on physical health, role functioning, or pain. A larger study showed that patients with comorbid mood disorder had significantly worse functioning and well-being than those without mood disorder.

Social support is a form if information support which is defined by scholars like Eisenberger Robert, Huntington, Hutchinson (1986) as relationships that encourage and nurture trust and reciprocity and craft the quality and quantity of a society's social interactions for the benefit of everyone. Social capital is the good will that is engendered or produced by the fabric of social relations that can be mobilized to facilitate any action within the society.

In relation to the above, one finds that TASO has put information support on the frontline to its different programs and this study noted that it's the most successful form of organisation support.

Communities especially the poor often rely on social capital assets to absorb the livelihood shocks through reciprocity and in the context of HIV/AIDS; the asset places itself at the centre of the household survival. When health is compromised, HIV/AIDS households rely on village and family networks to get medicine and food. In communities with high level of cohesion, social capital assets are less productive in supporting the sustainability of the

livelihoods, as it compromises the growth of the entrepreneurial drive. The researcher would like to investigate into this among TASO supported HIV/AIDS affected households in Masaka.

4.7 The influence of community support on the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS livelihoods.

The study further aimed at finding out the influence of the community support in TASO's efforts towards the livelihoods among the HIV affected people. Through FGDs it was noted that as an organization, TASO has turned out to be a policy research organization dedicated to engage decision-makers in government, business, non-governmental organizations (NGOs) among other sectors in the development and implementation of policies that are simultaneously beneficial to the community and its social well-being. This has been especially towards the livelihoods of the affected population. One of the respondents observed:

> "Its supports scientific research, manages field projects around the country and provides a neutral forum for the local and central governments, NGOs, and the international community and local communities together to implement policy, and best practices in handling challenges facing the fight against HIV/AIDS"(FGDs: December:2009).

Further still, TASO as an organization was founded on the principles that are community based. It was founded as an effort to restore hope and improve the quality of life of persons and communities affected by HIV infection and disease. All responses pointed to its vision. Its vision is a World without HIV/AIDS. Its values include the obligation to people infected

and/or affected by HIV/AIDS; equal rights, shared responsibility, and equal opportunities; integrity; family spirit; and the promotion of human dignity. It was revealed by key respondents that through community support, TASO is providing integrative knowledge that bridges science and policy in the fight against HIV. TASO Masaka was started in 1989. Initially, it offered its services to very few. As of 2008, its clientele has increased to 23,000 people, indicating that people are willingly seeking services in counseling, medical treatment, and social support.

The study further revealed that through Inter cooperation, TASO has broaden its scope of work by bringing on board a number of key players in the fight against HIV. Inter cooperation is both an implementing and an advisory organization, providing professional resources and knowledge combined with social commitment for rural development. Its principal areas are Community-level projects are rarely designed with a look to the implications of HIV prevention.

Further still, TASO strives to improve the lives of the HIV-infected or -affected persons as part of the larger effort to address the world's AIDS pandemic. It promotes prevention, hope restoration, and general support physically and emotionally to its clients. Its goals are to: Offer counseling to empower infected/affected persons to make informed decisions on all societal levels: individual, family, community, national, and international Improve the quality of life and facilitate the balance between rights and responsibilities, Provide early diagnoses to clients so they can seek help and live positively, facilitate care of infected/affected persons and mobilize community to utilize resources to reduce stigmas about HIV/AIDS

The study revealed that community social support is based on the following programs:

4.7.1 Counseling and Counselor Training

In an interview with the regional program officer of TASO, it's noted that one of TASO's primary functions is to provide extensive counseling to its clients by training professional counselors on issues related to HIV/AIDS. It also provides holistic follow-up care and home visits for families to encourage people to seek treatment if infected. During home visits, TASO takes advantage of the opportunity to conduct conflict mediation, dispel local myths surrounding HIV/AIDS, and effectively monitor the health and welfare of its clients and their family members.

A documentary review of TASO annual plan and strategic framework revealed that the components of the counseling program include provision of emotional support; assessment of risks and planning for risk reduction; and development of the ability to decide on options for prevention. It further notes that the counseling program assists in training staff to counsel clients and raise awareness, participate in all seven areas of TASO's counseling program.

A number of respondents noted the different types of counseling. There is Pre-Test Counseling that is offered to clients who are about to undergo an HIV antibody test to determine their sero-status, or are interested in learning more about HIV infection and disease. TASO also encourages behavior change (i.e. avoiding unprotected sex) to reduce HIV infection. There is Post-Test Counseling: Offered to clients who want to know their HIV antibody test results.

There is Prevention Counseling. This Provides information to clients on preventing infection and re-infection of HIV and STDs. There is bereavement counseling: Aimed to help family members cope with the death of their relative. There trauma counseling: Offered to help people deal with sudden symptoms or results from HIV infection such as onsets of an illness

(e.g. herpes zoster, intractable diarrhea, skin rash); unexpected, or fear/indication of death and/or loss of family member; and loss of employment and accommodation.

The study further revealed that there is couple counseling: Allows couples who have had or intend to have sexual relations to discuss with each other about their concerns on HIV infection and other diseases as well as share and learn more about HIV/AIDS and STDs. This moves on with family counseling: Offered to those in committed relationships with a client, living in the same household as a client, and/or those in the client's extended family and community. Through FGDs, the study revealed that TASO conducts outreach activities to the community through training local peer educators and community development workers. It provides child counseling for mothers, grandparents, and community members.

4.7.2 Health Clinic and Home-Based Care

Through field visits, it was observed that TASO Masaka operates a health clinic for HIV-positive clients who are referred for health education, counseling, medicine administration, palliative care, antiretroviral therapy, and resources. The clinic has a team of well-trained staff, including counselors, medical personnel, field officers, and social workers. Home-based care is carried out in the community by trained Volunteer Community Nurses. This strategy bridges the gap for medical needs at the grassroots level. TASO also has trained volunteers to provide HIV/AIDS education, home care, counseling, and referrals in the communities.

In here, it was noted that this initiative provides a host of opportunities like assisting in the management and administration of the health clinic, travels with volunteers to provide home-based cared to community members and supports TASO staff in strategic planning regarding resources, time, and staff. It's further noted that participates in grant writing and fundraising

for staff education, additional medical resources, outreach materials, and service expansion, finally provides technical training to staff on relevant new research, medical techniques, client relations, medical services, etc.

4.7.3 Childcare Center

The study further revealed that TASO Masaka is currently in its secondary and tertiary stages of creating the childcare center whose main focus is to empower families to care for children affected by HIV/AIDS. Many of these Orphans and Vulnerable Children (OVCs) are in need of and lack access to assistance. Respondents noted that activities of this program will include providing quality medical treatment and high nutrient value foods to improve the health of OVCs; giving loans to OVC families to start income-generating activities to strengthen their economic coping capacities; enhancing the capacity of families and communities to respond to the psychosocial needs of OVCs and their caregivers; and improving and expanding TASO's childcare center and support services. However, the study revealed that there programs were facing numerous challenges.

Nevertheless, this program provided a number of opportunities that include assisting staff in strategic planning, organizational development, and planning process of childcare center, work with children in childcare and educational advancement services, help staff in setting up psychosocial programs, network with other NGOs and partners to incorporate best practices into program and conducting research and incorporate findings to improve program development and planning.

4.7.4 Social Support and Sustainable Livelihood and Agriculture Project

The study further revealed that food shortage is a major problem in many rural communities, which consequently makes ARV treatment ineffective. This program aims to help clients support themselves through sustainable livelihood activities through outreach awareness and sensitization as well as educational workshops and seminars. Community outreach and trainings are held on topics such as farming, agriculture, crop rotation, livestock rearing, and other vocational skills. In an interview with one respondent, he made this observation:

> TASO hopes to lessen the dependency syndrome among clients by promoting knowledge and tools that they can use to sustain themselves independently with healthy food production. The apprenticeship program teaches vocational skills to children so that they are able to help their sick parents and siblings. The skills offered include carpentry, tailoring, salon/hairdressing, and mechanics. TASO also provides seed grants to community volunteers to improve their welfare as a measure of sustainability (interview: December: 2009).

The different programs TASO provides to the community are the influential factors that determine its organizational strength in uplifting the lives of the affected people. The response of these people towards these programs is an impetus to its continued operations in the district. The different communities in Masaka have helped TASO achieve its objectives of restoring hope to the affected people.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMENDATIONS

5 Introduction

This chapter presents the summary, discussion, conclusion and recommendations of the study. It begins with a summary of the findings, the discussion and then presents a conclusion and finally, proceeds with giving recommendations to the study.

5.1 Summary

5.1.1 Emotional Support and its contribution to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District

In the study, emotional support was found to be a primary factor in the work of TASO. This is based on its main mission of restoring hope in the lives of the affected people. It provides emotional and medical support to many people who are HIV positive and their families. It also works with other smaller organizations to educate the public about discrimination and the dangers of HIV/AIDS. A number of TASO clients had benefited from emotional support. This support is in form of counseling that they were able to change their attitudes towards their lives to be able to work and get what they have. Many of the households surveyed had benefited from emotional support.

Emotionally, this form of support was widely viewed as one of the success stories as counseling was the greatest healing factor that helps the HIV affected people. Counseling in

HIV and AIDS should be made a core element in a holistic model of health care, in which psychological issues are recognized as integral to patient management in case of HIV/AIDS.

5.1.2 Instrumental Support and its contribution to the livelihoods among TASO Supported HIV/AIDS households in Masaka District

Instrumental support is also reflected in the coordination of TASO activities. According to field visits in the homesteads in Masaka TASO, it was found out that the highly coordination mechanism has helped the organization to fulfill its strategic plan of prevention, mitigation and addressing the psychosocial needs of PLWHA. The Centre provides its full range of services covering a number of districts, within the range of 50 kms from the Center.

The study further revealed that instrumental support is in form of administering Antiretroviral Therapy (ART). The main ART theme is consolidating Adult ART and scaling up the pediatric component. TASO has a home based HIV Counseling and Testing program. Through field visits, it was noted that there is a home based care initiative of moving house to house taking drugs to registered clients. Material support has contributed to improved food storage among households, it has contributed to increased decision making among households, medical services have contributed to the improved income of households, medical services are contributing to improved nutrition among households, medical services have contributed to improved food availability among household

5.1.3 The relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households

Information support has been considered a vital aspect in terms of organization support to the people affected by the HIV/AIDS. Information support mainly targeted people stigmatized as a result of the HIV/AIDS. Information support was found to be a cross-cutting issue throughout the conduction of this study. Although there are indications that stigma was on the decrease at a - as a result of awareness campaigns and the better availability of support - in some homesteads, stigma continues to surround HIV/AIDS, affecting the identification and provision of support to those infected and affected by the disease. Although stigma surrounding HIV/AIDS has been traditionally associated with a lack of understanding of the nature and transmission of the disease, the study also found links between stigma and the provision of support by external agencies/organizations. In the words of one respondent, ".because we came out in the open as HIV positive, people say that we should not be given assistance because we are going to die soon."

5.1.4 The influence of community support on the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS livelihoods.

This organization has focused on empowering individuals especially through counseling, has the capacity to empower individuals but has slightly contributed to reduction of social stigma and psychosocial problems resulting from HIV/AIDS. It's offering quality voluntary counseling and testing for HIV/AIDS, it does not empower individuals through social capital initiatives which is an important pillar in the improvement of people's livelihoods in Masaka. However, it's noted that as an organization, it's facing some challenges that has inhibited it

from perfecting its work. This NGO is mainly limited to locality usually the urban centre and peri- urban areas of Masaka with limited rural reach. It was found to be operating in a radius of 75 km from TASO centre located in town. Even then, the community outreach within this radius is rotational and each selected area of operation is visited once a month.

5.2 Discussion of Results

5.2.1 Emotional Support and its contribution to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District

As emotional support was found to be a primary factor in the work of TASO, and basing on the TASO mission of restoring hope in the lives of the people infected and affected by HIV/AIDS people. TASO provides emotional and medical support to many people who are HIV positive and their families. However; this is not enough as many people in the communities need this service but cannot get all that TASO provides in terms of emotional support. This is what made TASO to craft the community Initiative model where community Volunteers are trained in basic counselling in order to spread out in their groups and other smaller organizations to educate the public about discrimination and the dangers of HIV/AIDS. A number of TASO clients had benefited from emotional support. This support is in form of counseling that they were able to change their attitudes towards their lives to be able to work and get what they have.

When an assessment is done on the results about emotional support among TASO supported livelihoods, it correlates well with Cohen's findings about the contribution of emotional support on HIV/AIDS affected people. In the study about TASO's contribution to improving

HIV affected livelihoods, results indicated that emotional support is looked at as the verbal and non-verbal communication of concern and care involving listening, empathizing, comforting and reassuring as Helgeson & Cohen, (1996) observed. Clients of TASO are always assured of hope as its mission statement states.

Further, these variables are always correlated with the HIV chronic symptoms which the previous researchers investigating the early and mid-stages of the disease revealed that emotional support is particularly important to cancer patients and they also consider it very helpful as Dunkel, S. (1984) noted.

Emotional support, this form of support was widely viewed as one of the success stories as counseling was the greatest healing factor that helps the HIV affected people. Counseling in HIV and AIDS should be made a core element in a holistic model of health care, in which psychological issues are recognized as integral to patient management in case of HIV/AIDS. Not only this but also the follow up is one element that needs emphasis here, much as one can be counseled and the quality of life improves, it's also imperative that follow ups are done such that any progress is registered routinely and more encouragement is made to avoid backsliding especially in behavioral issues.

TASO registered a lot of success in emotional support (counselling) and is widely known for this expertise, but the need for adjusting some of the models to fit within the current situations is necessary as HIV/AIDS care is also becoming more dynamic and sophisticated in terms of care for people living with HIV. Therefore it's not only the emotional support but an assortment of programs that help to make the whole package of care and support for HIV/AIDS affected people.

5.2.2 Instrumental Support and its contribution to the livelihoods among TASO Supported HIV/AIDS households in Masaka District

Much as emotional support registered a lot of credit and it was found out that TASO's success is much depending on the emotional support, but Instrumental support is also reflected in the coordination of TASO activities. According to field visits in the homesteads in Masaka, it was found out that the highly coordinated mechanism has helped the organization fulfill its set targets and activities of prevention, mitigation and addressing the psychosocial needs of PLWHA.

The study findings correlate well with what the previous researchers noted that for any successful HIV/AIDS programming, it must put in consideration instrumental support to fully address the problems of HIV affected people and these instrumental support must be long-lasting as Masanjala, (2006) pointed out that sustainable livelihood programs seek to create long-lasting solutions to poverty by empowering their target population and addressing their overall well-being and these programs should be varied in their focus, approach, and target audience.

Results from the field indicate that TASO in the beginning established some sustainable livelihoods approaches that placed people at the centre of development, rather than focusing on the resources they use or a single activity. TASO services aim beyond the epidemic, the clinical condition, or the medical solution, and through livelihoods analysis, take into account the other livelihood issues or the life of the household, community or region. TASO has on a number of occasions come out to offer issues like food nutrients, food distribution and some clothing to the affected people.

The above form of support correlates well with the UNAIDS report (2008), that pointed out that there is a complex interface between chronic food insecurity and HIV as the infection itself affects metabolism and causes wasting, especially in more advanced stages and in the absence of anti-retroviral therapy (ART). Study results show that TASO programming is in line with these stated principles as outlined in the International declarations. Field visits revealed that TASO clients are given food supplements as a form of support to enhance their nutrition and health.

This correlates with what a review of literature noted about food supplementation in Zambia. It noted that food supplementation is received each month and includes wheat, soya beans, beans, peas, cooking oil, maize, eggs and Kapenta (dried fish). All respondents shared this food with their families and some with neighbors, friends and others in their livelihood network.

It's also noted in the WHO (2008) report about the emergency response that includes a number of standard life-saving interventions, including general food distribution and selective feeding programmes, as well as public health interventions such as water, sanitation, shelter and health care. The report stresses the most common intervention to support livelihoods to include distribution of seeds and tools as a basis of a routine recovery intervention. However, using the livelihoods framework as the basis for interventions, and given the variety of livelihood systems that can be found in any context, there should be a far wider range of livelihood support interventions in addition to instrumental support.

The study further revealed that instrumental support is in form of administering Antiretroviral Therapy (ART). The main ART theme is consolidating Adult ART and scaling up the

pediatric component. TASO has a home based HIV Counseling and Testing program. Through field visits, it was noted that there is a home based care initiative of moving house to house taking drugs to registered clients. Much as this program enhances adherence especially for clients on ARVs, there is need to integrate it with other forms of support, which puts more effort on information to the client such that the client is able to understand why such support is given.

5.2.3 The relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households

It is also true that, Information support has been considered a vital aspect in terms of organization support to the people affected by the HIV/AIDS. This type of support mainly targeted people stigmatized as a result of the HIV/AIDS. It was found to be a cross-cutting issue throughout the conduction of this study. Although there are indications that stigma was on the decrease as a result of awareness campaigns and the better availability of support in some homesteads, stigma continues to surround HIV/AIDS, affecting the identification and provision of support to those infected and affected by the disease. This type of stigma surrounding HIV/AIDS has been traditionally associated with a lack of understanding of the nature and transmission of the disease, the study also found links between stigma and the provision of support by external agencies/organizations. One respondent had this to say, ".because we came out in the open as HIV positive, people say that, we should not be given assistance because we are going to die soon."

Relatedly in another study by Antonio Hill (2007) notes that however, satisfaction with tangible or informational support was a stronger predictor of better organization support than

was satisfaction with emotional support. Similar findings have been reported in a study comprising gay men in San Francisco, where informational support was considered particularly critical for patients experiencing HIV-related symptoms.

Study findings indicated that the forms of information support include psychosocial support as clients that are HIV positive are encouraged to live positively. This is provided by counselors to clients during one on one session or in Post Test clubs. There is also TB/HIV Integration as TASO is guided by the National Policy guidelines for TB/HIV collaborative activities in Uganda. The overall goal of the policy is to decrease the burden of tuberculosis and HIV in Uganda through improved TB and HIV management. TASO employs a screening tool developed in collaboration with Center for Disease Control and prevention (CDC) to screen HIV positive clients for TB. This is done in the centers of TASO and the supported sites. However, much as this is done this way it was noted that there is need to continue integrating the services to incorporate even other areas of service like advocacy for people to understand why they need such information related to TB and HIV for the general care of HIV/AIDS as well as screening and treatment of other opportunistic Infections.

TASO screens and treats sexually transmitted infections like syphilis and Herpes simplex type II and other opportunistic infections like skin infections, pneumonias and others in all its branches. Among the integrated services offered are education and counseling on Reproductive health issues for the HIV positive and offering of Family Planning (FP) suitable to individual circumstances and choice. It was further noted that Basic Care Packages (BCP) is one of the forms of information support in addition to education of clients on Reproductive

health. HIV positive clients of TASO receive basic care packages consisting of mosquito nets, water guard chemical and a safe water vessel, condoms, Septrin for prophylaxis and reading material on psychosocial counseling to all HIV positive clients. This Package helps in prevention of malaria, respiratory, central nervous system diseases among PLHAs.

Another form is in the Co-trimoxazole prophylaxis program. A daily dose of Co-trimoxazole has been proven to prolong life (25-50% decrease in mortality) and reduce the incidence of malaria, diarrhea, toxoplasmosis, certain respiratory infections, blood infections (Septicaemia) and other illnesses affecting PLHA. This is a continuous informational activity to the clients such that, they do understand the importance of the information given related to care for HIV/AIDS.

Another form of information support has been in the form of research and documentation. TASO being the pioneer indigenous NGO in Uganda, and with almost 20 years of work, it is well placed to play a leading role in driving or influencing policy and practice in the area of HCT. TASO has made deliberate efforts to promote its corporate image among its clients, development partners and Central Government agencies. TASO conducts operational research to generate answers to emerging questions and provide evidence-based data on HCT. Through its research and documentation activities with its partners, TASO has supported the public to access evidence based information on HCT and its related services through various channels including the print materials, radio, video, the resource centre as well as the website.

Another program that falls in this form of support is the Capacity Building for HIV Counselling and Testing. TASO trains HIV/AIDS Counselors, Trainer of Trainers, Counselor

supervisors, Rapid HIV testing, voluntary counseling and testing promoters, and People living with HIV/AIDS who have accepted to go public and have a positive living.

It was further noted that TASO provides Youth Friendly Services. These are specially designed meet the special needs of young people, aged 12 to 24 free of charge with same day results. This followed a study conducted to identify opportunities and barriers for providing VCT to youth. Youth can also access all other AIC services including referral to youth friendly service organizations. TASO also provides HCT for children below age 12.

TASO has continued to provide HIV Prevention Programme. TASO has continued to contribute towards the national efforts to fight the drivers of the epidemic. Appropriate messages are delivered depending on the nature of the client and community.

Another form of information support has been the campaign for abstinence, be faithful and condom use. Abstinence messages encourage young clients to abstain or delay their sex debut. The messages delivered give the client the advantages of abstaining, and give role models in society who abstained and have been successful in their lives. TASO delivers abstinence messages to young people in and out of school through educational talks, music and drama outreaches and HIV counseling session at HCT service delivery sites.

However, the situation is different when it comes to households receiving informational social support from communities. From the study findings, we noted that a significant number of patients either disagree or they are undecided about the community support as shown in table 4.10 above. Information support is viewed as the free flow of information about HIV/AIDS scourge. In the study, when it comes to Informational support, it is a functional aspect of TASO social support which correlates with emotional support and instrumental support

aspects. This is in line with what previous researchers like Fibromyaligia, Heather, and Franks, (2004) who observed that information support is always advice and feedback of the other structural forms. This study and these researchers contend that higher levels of informational support is related to lower self efficacy function because individuals who do not believe that are able to deal with the limitations in functional support who seek and receive information to help them cope with or living with the HIV/AIDS.

5.2.4 The influence of community support on the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS livelihoods.

TASO as an organization was founded on the principles that are community based. It was founded as an effort to restore hope and improve the quality of life of persons and communities affected by HIV infection and disease. All responses pointed to its vision. Its vision is a World without HIV/AIDS. Its values include the obligation to people infected and/or affected by HIV/AIDS; equal rights, shared responsibility, and equal opportunities; integrity; family spirit; and the promotion of human dignity.

It was revealed by key respondents that through community support, TASO is providing integrative knowledge that bridges science and policy in the fight against HIV. TASO Masaka was started in 1989. Initially, it offered its services to very few. As of 2008, its clientele has increased to 23,000 people, indicating that people are willingly seeking services in counseling, medical treatment, and social support. This trend of events and service is however being somehow influenced by the level of community services, the success of TASO activities depends on the efforts of the community work by the communities.

The study further revealed that through partner cooperation, TASO has broaden its scope of work by bringing on board a number of key players in the fight against HIV and partner number one is the community which TASO serves. The cooperation is both an implementing and an advisory tool, providing professional resources and knowledge combined with social commitment for rural development. Its principal areas are Community-level projects which are designed with a look to the implications of HIV prevention. In striving to improve the lives of HIV-infected or -affected persons as part of the larger effort to address the world's AIDS pandemic, TASO Masaka promotes prevention, hope restoration, and general support physically and emotionally to its clients. Its goals are to: Offer counseling to empower infected/affected persons to make informed decisions on all societal levels: individual, family, community. Improve the quality of life and facilitate the balance between rights and responsibilities, provide early diagnoses to clients so they can seek help and live positively, facilitate care of infected/affected persons and mobilize community to utilize resources to reduce stigma related to HIV/AIDS.

The different programs TASO provides to the community are the influential factors that determine its organizational strength in uplifting the lives of the affected people. The response of these people towards these programs is an impetus to its continued operations in the district. The different communities in Masaka have helped TASO achieve its objectives of restoring hope to the affected people. This is an indication that the community has a big influence on the social support given by TASO Masaka to the communities in Masaka District.

TASO Masaka has focused on empowering individuals especially through counseling, has the capacity to empower individuals but has slightly contributed to reduction of social stigma and psychosocial problems resulting from HIV/AIDS. Its offering quality voluntary counseling and testing for HIV/AIDS, but does not empower individuals through social capital initiatives which is an important pillar in the improvement of peoples livelihoods in Masaka. However, it's noted that as an organization, it's facing some challenges that has inhibited it from perfecting its work. TASO Masaka is mainly operating in a radius of 75 kilometres with limited rural reach. It was found to be operating in a radius of 75 km from TASO centre located in town. Even then, the community outreach within this radius is rotational and each selected area of operation is visited once a month. As if that is not enough even the expertise in sustainable livelihoods programming wasn't enough to warrant a sustained improvement of peoples' livelihoods. There is need to hire out other organisations that are so good at Sustainable livelihood programs.

5.3 Conclusions

5.3.1 Emotional Support and its contribution to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.

Organizational support is an important explanatory variable for improving livelihoods among people suffering from chronic diseases like AIDS. This study concludes that organizational support matters for the work against HIV/AIDS. Organizational support in form of emotional support makes a difference in lives of those living with HIV/AIDS. TASO as an organization has established emotional structures that contribute to the improvement of these livelihoods. These emotional structures have basically been in form of counseling processes right from the regional, district down to the community bases. Emotional support is one of the key pillars of any sustainable process of restoring hope in the lives of the chronically affected people.

5.3.2 Instrumental Support and its contribution to the livelihoods among TASO Supported HIV/AIDS households in Masaka District

Instrumental support has taken the form of different initiatives aimed at boosting the material welfare of the affected people. This Instrumental support was reflected in the coordination of TASO activities. The highly coordination mechanism has helped the organization to fulfill its strategic plan of prevention, mitigation and addressing the psychosocial needs of PLWHA. The Centre provides its full range of services covering a number of districts, within the range of 50 Kms from the district. The direct Services include: Counseling to People with AIDS (PLWA) and their family members, Medical services, Material Assistance to the needy of the neediest and child support.

Indirect services include: mobilization and training of community volunteers for capacity building and collaboration. Trained community members run communities to offer TASO Like activities like Counselling, condom Distribution, Home care, referrals and AIDS Education, Support supervision to NGOS and CBOs, General Public through AIDS education and sensitization, advocacy on HIV/AIDS issues, Collaboration with Government and other Organizations.

TASO has tried to establish a management system that is coordinated to meet the challenges of the day. There is staff recruitment, proper coordination, controlling of organization is perfect and well coordinated. There is a participatory framework in formulating and implementing a strategic plan. With such management functions in place, it has helped in trying to improve the livelihoods of the affected people.

It was noted that organizational support in Masaka has taken different forms which include instrumental, emotional, and informational support. All these have tremendously improved the livelihoods of the affected people. Basing on the support from such organizations and institutions, Uganda is often cited as one of the most successful countries in responding and controlling HIV/AIDS in the world. The prevalence rate has been declining from 18.5 % in 1995 to 6.1% in 2000 (http://www.aidsuganda.org/analysis_2002.htm). By the year 2004, estimates were put to 5% (Monitor 15/04/04: 14). With these estimates, Uganda has registered a success story in HIV/AIDS prevention and control.

5.3.3 The relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households

The study concludes that information support is one of the core areas used by the organization to improve the livelihoods of the affected households. This form of support has jointly taken on most needy areas of PLWHA and HIV affected households. The study concludes that the appropriateness of the assistance available to these households is limited by inadequate engagement between support providers - to reduce replication - and between providers and beneficiaries. Initial engagement - in form of needs assessments, for example - was inadequate, resulting in a poor understanding of the most basic needs of the individuals and households targeted (e.g. beneficiaries receiving tools and seeds when their priority needs related to hygiene and health). Post-distribution evaluations and the erratic distribution of goods and support also resulted in limited health impact and widespread dissatisfaction among beneficiaries. It is therefore imperative to conclude that informational support is key in livelihoods but was insufficiently hand and was not give as required for the households to know and feel its contribution.

5.3.4 The influence of community support on the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS livelihoods.

The study revealed that TASO has modeled a number of approaches to mitigate the challenges which the disease has inflicted upon society. The modeled approaches involve care and support, education and sensitization. This approach has focused on the collective efforts by members rather than individual initiatives. Emphasis is put on catering for the needs of PLWHAs through social support, empowerment, care and mobilization of material (food aid,

mattresses for needy families and scholastic materials for school going orphaned children) and financial support from different sources. These variables form important measures for social and organizational support.

Considering the fact that HIV/AIDS patients need constant monitoring, this is far from adequate. The organization benefits more to those who reside in town with close proximity to the centre than the rural population. The rural population often fails to meet the cost of transport to and from the centre. However, it should be noted that in spite of this shortfall, this TASO must be praised for offering a better approach to programmes.

The organization is also heavily reliant on external funding with no income generating projects to sustain their programmes. Because of this they always wait for handouts and sometimes their programmes are not accomplished. An example of such programme is the food aid to HIV/AIDS needy patients that stalled for some time when world food programme ceased its support until Agricultural Cooperation Development International Volunteers Overseas Cooperative Assistance (ACD/VOCA) stepped in to fund the programme.

This in conclusion means that the community structures are not actively influencing the support TASO is giving the households, but TASO should craft ways to engage the community structures to be able to take up the responsibility where the organisation has had a once off support.

5.4 Recommendations

The study recommends the following to better TASO's approach in the improvements of the livelihoods among the PLWAs

5.4.1 Emotional Support and its contribution to the livelihoods among TASO supported HIV/AIDS affected households in Masaka District.

The study recommends that TASO as an Organization should further boost its emotional support by strengthening the counseling process. HIV and AIDS counselling has two general aims: (1) the prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV. It is vital that HIV counselling should have these dual aims because the spread of HIV can be prevented by changes in behaviour. One to one prevention counselling has a particular contribution in that it enables frank discussion of sensitive aspects of a patient's life—such discussion may be hampered in other settings by the patient's concern for confidentiality or anxiety about a judgmental response. Also, when patients know that they have HIV infection or disease, they may suffer great psychosocial and psychological stresses through a fear of rejection, social stigma, disease progression, and the uncertainties associated with future management of HIV.

Further, the study recommends good clinical management. This is because emotional issues can be managed with consistency and professionalism, and counseling can both minimize morbidity and reduce its occurrence. All counselors in this field should have formal counselling training and receive regular clinical supervision as part of adherence to good standards of clinical practice.

5.4.2 Instrumental Support and its contribution to the livelihoods among TASO Supported HIV/AIDS households in Masaka District

TASO should change its approach to establishing social linkages that can contribute to social capital. It was noted that poverty is clearly a factor in the spread and impact of HIV/AIDS which has also affected its mitigation. The struggle to survive everyday overshadows attention and concern about a virus that does not demonstrate any immediate harm. HIV/AIDS is a distant threat until it has a visible presence manifested by illness and death.

The study further recommends services and assistance to support families affected by HIV/AIDS in ways that enable them to stay together and maintain their home. Such services can be offered by a combination of formal and informal service providers, including government or privately supported agencies, and might include: child or day care, health and nutritional support, home health care providers, and income generating projects or direct financial support.

5.4.3 The relationship between Informational Support and livelihoods among TASO supported HIV/AIDS households.

Given the fact that information can be used as an important tool in the fight against HIV/AIDS, TASO should strengthen this form of support to effectively manage this scourge. HIV/AIDS is a multi-sectoral issue, and this is should be reflected in the development policies and strategies of the organisation. It was noted that the operationalisation of multi-sectoral responses has been slow.

Training for those in the community who interact with HIV/AIDS affected families, can allow more people to contribute to prevention and the provision of quality care, and to offer support to dying parents and their children in planning for the future. Such training can also reduce the fear and discrimination which result from misunderstanding and misinformation.

Peer education programmes have been conducted in various parts where TASO operates involving children and adolescents in age-appropriate peer education and education of others in their communities. Children work with facilitators in learning about HIV/AIDS. They design projects, create educational materials, and educate through drama and talks in schools and community meeting places. Such approaches not only provide a mechanism for educating about HIV/ AIDS but also encourage confidence and self-esteem in those children and young people who are involved.

5.4.4 The influence of community support on the contribution of organizational support to the livelihoods among TASO supported HIV/AIDS livelihoods.

The study recommends that there must be increased local fundraising by TASO management through its memberships to limit dependency on donors. Donor dependency has been a great challenge to TASO management and places a question of sustainability. This will help in broadening its services increase area of coverage and further improvement of the livelihoods of the PLWHAs.

The study recommends further community mobilization and participation in HIV sensitization programmes. Food aid can improve the quality of diets of PLWHAs and their household members and help them to remain productive and active members of their communities.

The study recommends further training for those in the community for example community workers who interact with HIV/AIDS affected families. This will allow more people to contribute to prevention and the provision of quality care, and to offer support to dying parents and their children in planning for the future. Such training can also reduce the fear and discrimination which result from misunderstanding and misinformation.

Further training should be targeted to Community support groups for children and family members who are living with HIV and for uninfected family members and affected others, which can provide: emotional support , a forum where family members, including children, can discuss concerns and ask questions, opportunities for sharing information about available services , a platform for speakers to discuss prevention, care and treatment, a focus for educational activities , a focus for mutual support and income generating projects and a platform for community advocacy and activism.

5.5 Limitations of the Study

Taking into account the main objective of this study which was, to examine the contribution of organisational support to the livelihoods among TASO supported HIV/AIDS households in Masaka District, some shortcomings were experienced during the course of getting information to achieve this objective which included;

The process of collecting data was also affected by the long distances and the household respondents being scattered yet they accounted for 80% of the respondents to be reached, this led to only 203 to be reached instead of the targeted 297. This limited chance for the whole sample to be analyzed although it was above 50% the allowable percentage for analysis.

The time that was involved in collecting the data was a lot and this affected the time taken to analyse as all the data that was collected had to be coded to be analyzed as well as the qualitative data from the interviews.

On the other hand, the observations personally done could have been lost over the period of involvement with this research as I had also to balance with the routine work in the same organisation where the study was done.

And finally personal involvement as a principal Research assistant also implied a danger in being selective and over confident with some data.

5.6 Suggested Areas for Further Study.

The research findings were based on a small area and a sample size which are totally different from other areas where TASO as an organization is operating. This can just give an overview of what organizational support does in other areas of operation but without giving specific answers to a number of questions. Subsequent attempts should be made to cover a wider area and a large sample size so as to enrich this area of research or throw more light on the issue of organizational support in improving the livelihoods of the HIV affected people.

The specific areas of formal organisational support like emotional support and instrumental support could be examined in details in relation to the HIV/AIDS affected people especially in rural communities.

A comparison and contrast between formal and informal support to the HIV/AIDS affected in improving their livelihoods could be explored to give more light on which form of support is more effective among the HIV/AIDS affected households in Uganda.

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