

BODØ UNIVERSITY COLLEGE

(NORWAY)

THE FACULTY OF SOCIAL SCIENCES

**ORGANISATION AND HUMAN AGENCY; A COMPARATIVE STUDY OF
CHALLENGES FACED BY FIELDWORKERS IN NGOS WORKING TO MITIGATE THE
IMPACT OF HIV/AIDS IN UGANDA.**

MAY 29TH 2006

**SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE MASTER
IN COMPARATIVE SOCIAL WORK**

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Acknowledgement

I want to thank the Almighty God for having enabled me to complete this course successfully. I would also wish to thank my supervisor Johans Sandvin for the guidance in writing this thesis. Special thanks also go to my Lecturers in Bodø University College for the Academic guidance they offered me, and NORAD for the financial assistance. Grateful acknowledgement also is hereby made to members of my family and loved ones for the moral support and time they missed my company during the period of studying this course. I am equally grateful to the respondents for the valuable information they gave to me, and the leaders of the institutions that permitted me conduct the study in their organisations, I also wish to commend my friends and colleagues in Bodø for their support. In a very special way, I would like to thank the members of Misjons Kirka Bodø for their reception and for integrating me into the Norwegian society.

Abstract

As a devastating disease with bad long-term predictions and often with limited response, HIV/AIDS has created health, social, economic and cultural crisis that requires a multiplicity of responses. There is increasing literature on the impact of HIV on the community, but little on the actual experiences and challenges of those who attempt to mitigate its impact. In light of this, this study intended to analyse the challenges of working for HIV/AIDS NGOs in Uganda. To compare the challenges faced by fieldworkers, the study interviewed fieldworkers from TASO-Uganda and CCF-Uganda. A qualitative study was conducted and analysis of the data was based on grounded theory. Results are therefore discussed in terms of their implication to the work of fieldworkers and their perceptions towards the organisations

The findings suggest that work in the organisations especially those that endeavour to mitigate the impact of HIV/AIDS is very demanding for fieldworkers. There are many difficulties, and resources within the organisations are far less than what is necessary to meet the existing needs. Both TASO and CCF work to mitigate the impact of HIV/AIDS but they are also different in many respects. TASO and CCF differ in size and structure. Significant also to note is that, TASO is a pioneer organisation in the fight against HIV/AIDS and may have more resources than CCF. The study however revealed that most of the experiences and successes of fieldworkers in the two organisations were relatively similar, differences were only emerging possibly in the number of people supported and in few programs that could not exist in either organisations. The study revealed that it was the internal differences within the two organisations, which was the most distinguishing element in the study.

Acronyms

AIDS.	Acquired Immune Deficiency Syndrome
AIC.	Aids Information Centre
ARVs.	Anti-Retrovirals
CBOs.	Community Based Organisations
CDC.	Centre for Disease Control
CHAI.	Community HIV/AIDS Initiative
CCF.	Christian Children's Fund
DANIDA.	Danish International Development Assistance
DFID.	Department for International Development
FAO.	Food and Agricultural Organisation
FBOs.	Faith Based Organisations
HIV.	Human Immunodeficiency Virus
IEC.	Information, Education and Communication
IGA	Income Generating Activities
JCRC.	Joint Clinical Research Centre
NGOS.	Non- Governmental Organisations
OVC.	Orphans and Vulnerable Children
PLWHA.	People Living With HIV and AIDS
SIDA	Swedish International Development Agency
TASO.	The Aids Support Organisation
UNAIDS.	United Nations and AIDS
WHO.	World Health Organisation

1 Chapter one: Introduction

It is now globally recognized that HIV/AIDS is not only a health issue but carries cultural, social, economic and political implications that have been observed to impact on human and economic development. Yet economic, social, cultural and legal factors impact on HIV/AIDS interventions demanding for focused action from the affected sectors of society.

In Sub-Saharan Africa, HIV is mainly transmitted through heterosexual intercourse. Variances in sexual behaviours across cultures, age groups, and gender usually influenced by culture and social, economic circumstances impact on HIV prevention interventions. As a result, poverty, underdevelopment and illiteracy contribute to the spread of HIV in the developing world yet HIV/AIDS is also seen to aggravate the poverty situation, hindering development efforts and eroding gains in various areas.

In 1993, Uganda reported the highest rates of AIDS cases in Africa and the world. By the end of 1992 HIV prevalence rate was estimated at 18.3, with some regions reaching a prevalence rate of over 30%, Kuper (2005). HIV/AIDS is one of the leading causes of death in Uganda. Currently it is estimated that about 530,000 people in the country are living with HIV and AIDS (Global health facts; 2006).

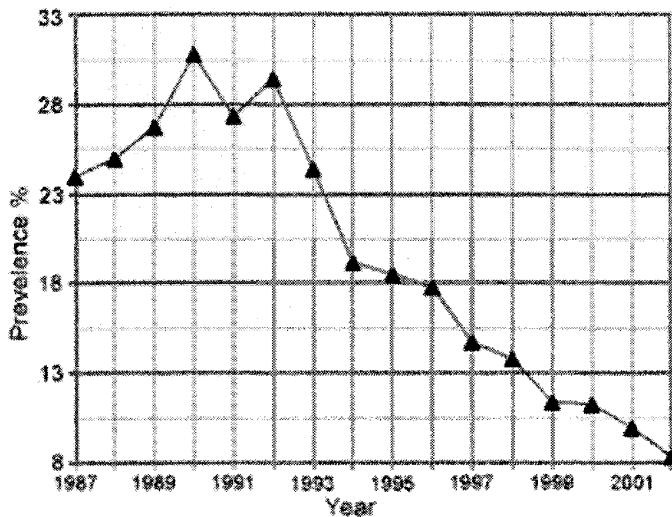
The high level of Government dedication and the candidness with which the problem has been tackled has assisted Uganda in the reduction of prevalence of the disease. Prevalence went down from 30% in 1990 to 9% in 1999. The current driving force of the interventions now is to maintain the downward trend in prevalence of the disease.

1.1 Background

Uganda is a land locked county in East Africa. It has an area of 236,040 sq km. Uganda has a population of 27,269,482 by July 2005 (Global health facts; 2006). It is one of the few African countries where HIV prevalence rates have declined, and it is seen as a rare example of success in a continent which is facing a severe AIDS crisis. Uganda's policies are credited with having brought the adult prevalence rate down. During the early 1990s, HIV prevalence peaked above 15% among all adults, and exceeded 30% among pregnant women in the cities. At the end of 2003, the government and the UN reported that only 4.1% of adults had the virus (HIV and AIDS in Uganda; 2006). This rate has remained the stagnant up to 2006

(Global health facts; 2006). The country is seen as having implemented a well-timed and successful public education campaign.

The graphed data (below) shows UNAIDS/WHO median HIV prevalence rates by year amongst antenatal clinic attendees in major urban clinics up to 2001



Source: www.avert.org (2006)

More and more money is being channelled to Africa, by several countries and international funding agencies to fight HIV/AIDS in resource-poor countries. Uganda is lucky enough to be one of the countries on the list. But the results seen in Uganda did not come that easy. With so many lives and such large sums of money at stake, it is important to know that Uganda reached that point after a serious struggle.

Very early in the course of the epidemic, the government recruited the Ugandan people to help themselves in the fight against HIV/AIDS. One of the first community-based organisations to be formed was TASO, (The AIDS Support Organization) founded in 1987, at a time when there was still a great deal of stigmatisation of people living with HIV. Uganda's response to HIV/AIDS has been comprehensive and, therefore the government's openness about HIV/AIDS has led numerous bilateral, international and indigenous, non-governmental organizations (NGOs) to work on HIV/AIDS in Uganda. Numerous community-led initiatives characterized Uganda's early response to HIV/AIDS. (HIV and AIDS in Uganda; 2006).

A big number of local and international NGOs, FBOs, CBOs, and most bilateral agencies including United Nations (UN) have now developed or support HIV/AIDS programmes targeting different issues of the epidemic in the country. Uganda conceptualised this integrated approach to the epidemic early because in Uganda HIV was seen to require a multi-faceted approach. This approach calls for individual and collective efforts against the epidemic and has served as the basis for the development of periodic national HIV/AIDS programs and implementation arrangements (National AIDS documentation and information centre; 2003).

The challenges posed by HIV/AIDS are enormous. These challenges transcend individuals and cut across social as well as economic boundaries. The poor as well as economically well-to-do persons are affected by the impacts of HIV/AIDS.

These challenges have attracted different development practitioners. NGOs are now the dominant players in the fight against HIV/AIDS in Uganda. They are currently involved in the control, care and sensitisation programmes related to HIV/AIDS. Programmes and activities have been developed and implemented in the areas of mass awareness and education, voluntary counselling and testing, prevention of mother-to-child transmission and blood safety to promote positive behaviour and reduce on the transmission of HIV infection. Care and support activities targeting impact mitigation mainly focused on treatment of opportunistic infections, psychosocial support and income generation projects for affected households. Other NGOs have ventured into ARV therapy, vaccine trials, social and biomedical research. In Uganda almost all NGOs have included fighting HIV/AIDS on the list of their priorities.

To contain costs, these organizations emphasize short-term intervention and community-based care, and greater decentralization of services with the help of field staff. Field staff in these organisations often help people function the best way they can in their environment. They often see clients who face life-threatening situations caused by HIV and provide social services in health-related settings that now are governed by these organizations. In Uganda, there is a growing list of NGO projects for AIDS prevention and care. Apart from TASO there are other NGOs that are involved like CCF (Christian Children's Fund) Uganda, Joint Clinical Research Centre, Centre for Disease Control, Mildmay and many others.

1.2 Statement of the problem

Much as Uganda has been successful in reducing the impact of HIV/AIDS in the recent years, the country is still faced with the formidable challenge of reducing the near stagnant prevalence rates further and providing the necessary care and support to those infected and affected by HIV/AIDS. A lot of research has been done on the impact of HIV on the population but not much research has been done to find out what challenges are faced by those who work to mitigate its impact. When implementing the programs to mitigate the impact of HIV, workers meet a number of challenges. Existing capacities and infrastructure cannot adequately meet the increasing demand for HIV/AIDS prevention and care services, the workers in the organisation experience stress and burnout and above all, almost none of these organisations have enough funds to meet the demand for their services. This study therefore sought to analyse the challenges faced by fieldworkers in NGOs in delivering services to the people. This project was a comparative study of TASO Uganda and CCF-Uganda.

1.3 General aim of the study;

To analyse the challenges faced by fieldworkers in organisations working to mitigate the impact of HIV/AIDS in Uganda.

1.4 Specific objectives of the study were:

- i. To explore the activities and achievements fieldworkers in the two organisations have made in reducing the impact of HIV/AIDS.
- ii. To identify the challenges these fieldworkers face in mitigating the impact of HIV/AIDS
- iii. To compare the challenges and performances of the fieldworkers across these two NGOs

1.5 The rationale of the study

This study was carried out to establish the kind of challenges encountered by those who work to mitigate the impact of HIV/AIDS in Uganda at field level. The researcher was motivated to carry out this research basing on the fact that she was a fieldworker in one of the organisations in Uganda. From experience, there was big staff turn over from other organisations to TASO Uganda, the pioneer organisation in fighting against HIV/AIDS in Uganda, sighting challenges of overload, remuneration as some of the reasons for leaving their organisations.

The researcher therefore wanted to establish whether workers in TASO Uganda faced lesser challenges compared to those in other organisations, or if the challenges were faced in TASO Uganda, were they different from those faced by workers in other organisations like CCF Uganda? Or were there any other factors related to the organisations that led to the labour turnover? The researcher was equally motivated by the fact that so much had been written about the impact of HIV in Uganda yet less was written about the challenges met by those working to mitigate its impact.

The researcher therefore anticipates that the findings of the study will help on building and contributing to the knowledge that already exists within these two organisations about the HIV situation. The findings will widen the organisations' understanding of the challenges the field staff encounter and this may prompt the organisations to improve on their conditions. Field staff often help people function the best way they can in their environment, deal with their relationships, and solve personal and family problems. They often see clients who are dying, those that are unemployed due to HIV, those with traumatising problems associated with HIV or a combination of these. Therefore there is need to improve their conditions of work for effectiveness. This can only be done when the management of these organisations understand their problems.

The findings will not only help the workers but they may help in reducing the impact of HIV. Strategies used by one organization in fighting against HIV/AIDS may be borrowed by another in the same field. The findings may also be used in the academic world. Others may find the findings important for future studies.

1.6 The study areas

The study was carried out in two organisations; The AIDS Support Organisation (TASO) Uganda and Christian Children's Fund Uganda (CCF-U). These are some of the non-governmental organisations working to mitigate the impact of HIV/AIDS in Uganda. Much as both of these organisations work to mitigate HIV/AIDS, they are different in structures and approach. It was not possible to get hold of the organograms of these two organisations; however a brief background is given below.

1.6.1 CCF- Uganda

CCF-Uganda was established in 1980 with the aim of aiding children and families affected by internal and regional political conflict. Currently CCF is involved in a wide range of programmes such as education, capacity building, livelihood, early childhood care and development and health.

In developing countries, HIV/AIDS affects everyone. HIV/AIDS is robbing communities of their most productive workers and destroying generations of acquired knowledge. HIV/AIDS is robbing children of their childhood, the love and security of parents, and the family structure and provisions that children need. CCF has been responding to the global HIV/AIDS crisis with innovative programs. Because HIV/AIDS has become an epidemic of massive proportions, CCF initiated the HIV/AIDS component in 2000 in their programs.

Under HIV/AIDS, CCF-Uganda carries out various types of home programs that involve activities like home Nursing and general health, supportive care, counselling, maintaining good health and terminal care. It therefore provides home based care with training offered by fieldworkers who teach family members how to care for the sick and counsel children who face the fear of losing loved ones. CCF Uganda also offers psychosocial support to children. This is because the HIV epidemic has enormous impact on children nearly in all aspects of their lives (Quarterly news letter, July-September 2002)

1.6.2 TASO-Uganda

TASO was founded in November 1987, by a group of 16 volunteers who had been personally affected by HIV/AIDS in various ways. The founders met informally in each other's homes or offices to provide mutual psychological and social support. Cohesion among these individuals was strengthened by the fact that they were either directly infected with HIV or implicitly affected because their very close familiar associates were infected. The founding of The AIDS Support Organisation (TASO) was based on people that were unified by common experiences faced when encountering HIV/AIDS at a time of high stigma, ignorance and discrimination (TASO information booklet, undated).

Today TASO is the largest indigenous NGO providing HIV/AIDS services in Uganda. To-date a total of 90,000 people with HIV/AIDS have been registered and of these 28,140 directly receive care and support and 1865 children are educated by TASO

(www.tasouganda.org). Currently TASO has 10 service centres in the country and each of them run several community outreach programmes.

1.7 Concepts and definitions

According to Patton (1990), a concept is an abstraction, a symbol, a representation of an object or of its properties, or of a behavioural phenomenon. Concepts are a “short hand” for describing the empirical world. Concepts are very much part of the landscape in qualitative research. However, the way in which concepts are developed and employed is often rather different from that implied in the quantitative research strategy. Bryman (2000:65) defines concepts as building blocks of theory and they represent the points around which social research is conducted.

In this thesis concepts that were central to the study topic are defined and described. However it should be noted that some of the definitions here, are given in relation to the study rather than the general definitions as we may understand them. This is because the researcher wants readers to understand these concepts the way they were used in the study.

Challenges; These are the tensions, hardships and /or problems that are encountered by fieldworkers in Non government organisations. They could be administrative or work related or from the environment.

Fieldworkers; Persons working directly with people living with HIV/AIDS. The concept Fieldworkers is interchangeably used with field staff to mean the same thing. These include counsellors, support officers and social workers who work directly with the people at the community. Social work is a profession for those with a strong desire to help improve people’s lives. Fieldworkers often provide social services in health-related settings that now are managed by organizations (www.bls.gov/oco/pdf/ocos060.pdf). Fieldworkers are involved in delivering all the services, for this reason fieldworkers are central in the implementation phase of any programme.

HIV/AIDS: HIV stands for Human Immunodeficiency Virus. It is a germ that causes AIDS. In medical terms; HIV is a retrovirus with two primary types: HIV-1 and HIV-2. There are many strains of both types and all mutate rapidly, which has made it particularly difficult for researchers to find an effective vaccine or treatment for the virus. HIV infection is often, mostly or entirely asymptomatic (without symptoms) and the most common signs, which

include fever, fatigue, rash, and swollen lymph nodes, are often mistaken for mononucleosis, flu, or similar, comparatively harmless diseases. AIDS on the other hand stands for Acquired Immune deficiency Syndrome. It is a collection of infections that one acquires when his or her immune system is weakened due to HIV. AIDS is caused by the human immunodeficiency virus (HIV), which damages the body's defence system that fights infection,(Unite for children, unite against AIDS ;undated). Over time the immune system is weakened and an HIV-infected person can become sick with different illnesses. Eventually, the HIV-positive person is then diagnosed with AIDS; (National AIDS documentation and information centre; 2003). The problem of HIV/AIDS in the world has reached very high proportions. HIV/AIDS impact most the poor, the vulnerable and the young. Women are always over represented in these groups. The impact of HIV/AIDS stretches beyond those affected to the entire community which calls for concerted efforts.

Human agency; This refers to workers in the organisation as actors and having the capacity to make choices and decisions, and to impose those choices on the organisation on a collective basis through dialogue.

Mitigate: In this document, this means to lessen the impact of HIV/AIDS. This refers to policies and activities geared towards fighting against HIV/AIDS in Uganda. In general terms, there are several policies around the globe geared towards mitigation of HIV/AIDS impact. The World Bank launched a multi-country HIV/AIDS program for Africa which aims to assist in the scaling up of national HIV/AIDS efforts. The overall development objective is to increase access to HIV/AIDS prevention, care and treatment programmes with an emphasis on vulnerable groups (FAO HIV/AIDS programme; 2003). Currently in Uganda all government ministries and districts, NGOs, and most bilateral agencies and United Nations support HIV/AIDS programs (National AIDS documentation and information centre; 2003).

NGOS: This acronym is widely used but seldom defined. As Deacon (1997) puts it, NGOs have assumed a huge importance in the sphere of social welfare but it is rarely defined and it is indeed often used interchangeably with sociological concept of civil society. In this document however, NGOs refer to non-state actors or organizations which have not been established by government of Uganda or by agreements among governments. The NGOs that were of interest in the study were those working to mitigate the impact of HIV in Uganda. NGOs in Uganda have developed a number of interesting responses to the epidemic, using participatory methodologies to identify key problem areas; some have established inter-

sectoral activities, to support women, orphans and the youth. A number of these organisations are working actively to support people living with AIDS, to provide a support network to those living positively (FAO HIV/AIDS programme; 2003).

People living with HIV/AIDS (PLWHA): These are People infected with HIV and are either self care patients or bed ridden patients. Some of the people who are HIV Positive still live with the fear that other people are going to find out. There is still a lot of stigma in some communities. Over and above the personal suffering that accompanies HIV infection whenever it strikes, HIV in sub-Saharan Africa threatens to devastate whole communities, rolling back decades of progress towards a healthier and more prosperous future (HIV/AIDS in Africa; 2006). Many families are losing their income earners and the families of those that die have to find money to pay for their funerals. Many of those dying have surviving partners who are also infected and in need of care. They leave behind children grieving and struggling, some of whom are also infected, to survive without parent's care. In many cases, the presence of AIDS means that the household eventually dissolves, as the parents die and children are sent to relatives for care and upbringing. Knowing that this is what is likely to happen when they die is traumatising to people living with HIV/AIDS. This, plus other problems that come in when one is infected, calls for support from fieldworkers.

1.8 Theoretical Framework.

There are different conceptions about man and society that underlie most approaches to the study of social behaviour and social systems. However whatever the approach, they fall into two broad areas. There are those stressing the human agent and those stressing the structure as the agencies regulating human behaviour. There are even instances where these approaches converge. There could be many approaches that could be applied to this study, but three perspectives are very applicable.

One of such approaches is organisation theory specifically looking at the agency and organisation, relating the individual and organisation in the environment. According to Ahrne (1990) organisations are one of the most increasing occurrences of the social landscape of the modern world. And according to this theory, organisations cannot grow by themselves or in isolation. They feed on the environment. While organisations compete and struggle over the control of the social landscape, they also have to rely on other organisations for support. Ahrne continues to say that it is the interaction and struggles between organisations within

and across sectors, as well as relations between individuals and organisations that transform the landscape (which he uses to refer to the social world). This theory also states that every organisation is surrounded by organisations belonging to the same sector and contacts with the same sector are the most frequent forms of interaction with the organisational environment. An important attribute of this theory is also that it links the individual and the organisation. Individuals give life to the organisation and organisations cannot operate without their individual affiliates. Organisations frame the actions of individuals. This theory recognises that individuals are not discrete and that organisations do not operate in a vacuum. This is very relevant to the study topic because a mutual link between the workers and the organisation can be derived from this theory. This theory continues to assert that an organisational affiliation always implies yielding to the will of others be it your team mates, bosses and the feeling towards this subordination may vary as well as the degree of subordination.

This goes well too with the topic given that organisations need support from other organisations in their day to day activities and their existence is dependent on the individuals and vice versa. This theory also fits the study for it links the nature of relationship within the organisation and how individuals may react to these relationships. Subordination is a relationship that exists in every organisation, but both the super-ordinates who in this case can be the organisation managers and the subordinates who can be the fieldworkers will determine how good or bad this relationship can be. Fieldworkers have this kind of relationship with the management and their feelings towards this relationship may be positive or negative depending on climate within the organisation.

Another understanding that is in line with the above theory is actor-system dynamics which combines the social actors and structures as regulating the conditions of human activity. According to Burns and Flam (1987), individuals as well as organised groups, organisations and nations are subject to material, political and cultural constraints on their actions. At the same time they are active, often creative forces, shaping and reshaping social structures and institutions, and their material circumstances. They thereby change intentionally or unintentionally (through mistakes and performance failures), the conditions of their own activities and transactions.

The theory identifies three levels of social system;

- Actors, their roles and positions,

- Social action and interaction settings and processes; and
- Endogenous constraints: material, institutional and cultural.

This perspective views social systems as dynamic because exogenous factors invariably change and impact on them, causing internal restructuring, and also because social activities within them often entail innovations and have unintended consequences. It stresses that the institutional order of a social system is viewed then as the macroscopic resultant of multiple, often contradictory structuring processes, including purposeful social actions. Human beings act purposively and at the same time they give unexpected interpretations to social rules and action settings. This also communicates well with the ideas in this topic because it takes into account the actor, his interpretations and the social processes within the system in which he operates. The three levels of the social system mentioned above are relevant in the study topic for they influence fieldworkers' actions in varying ways.

Another relevant intake very much in congruence with the one discussed above is the ecological systems theory. This theory asserts that the person is observed as part of his/ her total life situation; person and situation are a whole and each part is interrelated to all other parts in a complex way through complex processes. These dynamic interactions, transactions and organisational patterns that are critical to the functioning of both the individual and the situation are only observable when we study the system as a whole (Compton and Galaway 1989). The focus of the study is on individuals as part of other systems. The fieldworkers in an organisation are part of a system and have contact with other systems out side, there is an inter-relationship among each other in the system and the organisation interacts with other supra-systems in the outside world.

Each person in the system is related to at least some others in the system in a more or less stable way within a particular period of time and space. The system theory also holds that an intervention at any point in the system will affect and cause some change in the entire system (Compton and Galaway 1989).

One of the most important concepts in systems theory is open and closed systems. According to this theory closed systems do not interact with any other systems, they neither accept input from them nor convey output to them. This leads to loss of organisation and effective functioning. Compton and Galaway(ibid) continue to say that activities within a particular system rely on the performance of all systems at lower levels and that the activity of a system

at any given level is part of and may be controlled by systems at higher levels. This can in turn be applied to the structures in organisations where organisation managers or administrators control other departments.

Organisation and Ecological systems theories practically fit in the study topic given the fact that organisations are systems in themselves, which have different departments at different levels with individuals. These must all work together to achieve the organisational goals. They are all linked to each other because of the roles they play. The roles serve as the bridging concept between the individuals and the larger social system. If a system is to enjoy some stability and integration, there must be some reciprocity of expectations between the role partners. There must be some agreement between all the persons. In non- government organisations reciprocity is essential at all levels. The managers will expect outputs from the lower workers while the lower employees expect appreciation or tangible reward for work done. Payne (2005) says that a worker is seen as interacting with networks associated with clients and with colleagues and agencies within the eco system.

The systems approach therefore can be a way of understanding the interdependence between structures, while organisation theory helps to understand the processes that go on within the structure, and the way particular interactions might impact on the fieldworkers and how this may help or hinder them in meeting organisational goals. The theories also help in understanding how interventions within the organisations may cause changes in the entire system, and how organisations interact with other discrete systems in the super system like the health sector, the economic sector, which may some times determine their processes. The systems approach relates well with organisations because it focuses on how the sub-systems relate at all the points of interface with the larger, total system and the outside world. Using all these approaches links both the external and internal agents that are crucial in implementing activities in which fieldworkers fall. Using the three in the study therefore takes into account the actor and how he or she is linked to the organisation, the interdependence of organisations and how other factors impact on the interventions of the organisations.

1.9 An overview of the role of NGOs

1.9.1 Introduction

In a general perspective, NGOs have in increasing numbers voiced their concerns in international discourse about numerous problems of international scope. Human rights activists, gender activists, development agencies, groups of indigenous peoples and representatives of other defined interests have become active in the international community. Since their inception, various groups have felt the direct and indirect impact of NGOs. NGOs are omnipresent in many aspects of international relations, and have become significant to the UN's future. NGOs have assumed a central role in activities involving human rights, complex humanitarian emergencies, the global environment, the international women's movement, operational coalitions and state relations, and AIDS. There is a growing list of NGO projects for AIDS prevention and care that are providing critically needed services in many different settings. These NGOs have played a big role in the fight against HIV/AIDS (Hormazd; 2003).

1.9.2 Achievements of Non-Governmental organisations (NGOs) in mitigating the impact of HIV in Uganda.

In the past twenty-five years or so, the role of NGOs and community based organisations (CBOs) has met discernible success in assuring the incorporation of social consideration in the development process. In Uganda, NGOs play a pivotal role in the prevention of HIV/AIDS as they work closely with people who engage in high-risk behaviors. NGOs in Uganda have been instrumental in reduction of HIV prevalence. Non-governmental organizations, community based and women's organizations including those of persons living with AIDS have developed a number of interesting responses to the HIV epidemic. A number of NGOs are working actively to provide support network to those living positively and assist in reducing stigma, collaborate with partners to improve the lives of PLWHAs, AIDS education information and to lobby for increased access to treatment (FAO HIV/AIDS Programme; 2003).

The role of NGOs in society cannot be ignored. This is true also in the field of prevention and treatment of HIV/ AIDS. In most areas that are hit by HIV/AIDS, NGOs have helped set trends that have now been institutionalised within AIDS prevention. These trends include:

- i. Advocacy for persons living with HIV/ AIDS,

- ii. Targeting educational materials to specific groups,
- iii. Improved access to experimental drug trials and health care, and
- iv. Peer education.

In the developing world, the NGO response to HIV/AIDS emerged somewhat more slowly, reflecting both a lack of resources and experience. As the epidemic has progressed however, both well-established and newly organised NGOs have been active to respond, promoting the need for persons with AIDS and HIV to have access to counselling, support and health care. They have mobilised impressive efforts for training care givers, education of orphans, and other supportive services (Hormazd ; 2003). It is now globally acknowledged that NGOs play a big role in the global strategy for the prevention and control of AIDS, recognizing that their commitment and versatility, and their knowledge and experience can make a special impact on individuals and society regarding HIV/AIDS and the needs of HIV-infected people and those with AIDS.

Also in Uganda, NGOs that are for specific groups like the women living with HIV have been instrumental in reducing stigma. They provide the springboard for women to speak out and act in order to deal with the specific and general factors influencing women's susceptibility to HIV/AIDS and to coordinate a regional response based on the implementation of country-relevant programs. According to Eka (1997), many women's NGOs are encouraging a wide range of community-based groups to incorporate HIV/AIDS into their programs and are actively building partnerships and participation with men and their groups to ensure the development and implementation of gender sensitive programs. Furthermore, they are promoting networking with people living with HIV/AIDS in order to make their plight better understood and to ensure their active participation in programming. Through the work of women's NGOs, individuals and groups are supported in ways that allow communities to develop skills for implementing realistic programs and strategies on HIV/AIDS.

Futher more, Non - Governmental Organizations (NGOs) have come to play a significant role in Uganda in recent years. Until recently NGOs were not looked upon as significant alternative providers of services to the state sector or as representing alternative policy framework to the state or private sector. But now, NGOs, CBOs and households, it is recognized that they play a crucial role in Uganda's HIV/AIDS efforts. Some have become global models of best practice like TASO Uganda. (National AIDS documentation and

information centre; 2003)

The achievements of NGOs in the fight against HIV/AIDS in Uganda can be cited in areas of STD treatment and Condom promotion. They have been instrumental in fighting stigmatization of people living with HIV/AIDS (PLWHA), mitigating health and socio-economic impact of HIV at individual, household and community level, treatment for opportunistic infections, providing Anti retroviral drugs to HIV patients, and home care for people living with AIDS. Effective home visitation and counseling has been a major role of NGOs. Strengthening communities to respond to HIV epidemic, Youth recreational facilities at community levels and Networking with PLWHA. (National AIDS documentation and information centre; 2003)

1.9.3 Challenges of NGOs

Uganda's response has been characterised by a broad partnership of government, NGOs and religious organisations, community and people living with AIDS. These partners focus on different elements of the epidemic within their capacities and mandates. However NGOs face a number of challenges in responding to HIV/AIDS epidemic. NGOs have limited financial, human and material resources to implement their activities. This leads to the inspiration of priority in the fight against HIV/AIDS (Africa development forum 2000). With many competing demands for scarce resources, organisations have to work out priorities for funding. This means that some needs of PLWHAs are not met. Most of the funds in NGOs to fight HIV have come from international partners, which raises the problem of future sustainability of the HIV/AIDS prevention and control programmes. For example most of TASO budget is dependent on donors. Local funding is still low (TASO information guide). This holds back HIV/AIDS prevention programmes when the donor funds are terminated.

According to Uganda AIDS commission annual report (2000) overwhelming situations and the continuous spread of HIV are breeding fatigue causing a sense of hopelessness and resignation at community and individual levels. This affects NGO work because these are partners in a successful implementation of HIV/AIDS programmes. Maintaining the community commitment and momentum in HIV/AIDS programs require special attention. It is important to build sufficient capacities in communities, so as to mobilise their own resources to clients. But if they are in a state of hopelessness and resignation little can be done.

Poverty also poses a big challenge to the NGOs. The incomes at household level are often not enough for survival. This implies that there is nothing left for the families to assist PLWHAs with. This in turn means the sick have to look out to NGOs for assistance yet the resources the NGOs have at their disposal are not enough to meet their household requirements. The increasing number of clients seeking for the services continuously puts strain on the available resources hence need for more resources like personnel and buildings (TASO information guide). One of the major impacts of HIV has been orphans. The challenge for most organisations now is how to care for existing and future orphans. In some organisations like CCF- Uganda, the number of children and youth covered by a community are larger than what was anticipated by the organisation. (CCF- Uganda evaluation report, 2004)

There is lack of infrastructure in the country to fight HIV/AIDS. There are no well equipped and manned health units, close enough to the population. NGOs lack structured referral systems and places where home- based care continuity can be ensured. There are no institutional frameworks at the grassroots.

Organisations in the fight against Aids are not coordinated in their response. There is very limited evidence of a multi-sectoral response. In the agricultural sector, which must play a central role in societies where the large majority of people live in rural areas and gain much of their livelihood through agriculture, the response of institutions has been limited. There are only a few scattered and small-scale attempts to address AIDS implications on food security and rural livelihood programming. Where organizations have become involved whether agricultural ones taking AIDS on board, or AIDS organizations factoring in food security, it has tended to be in isolation. There is a real need for effective mainstreaming and broad collaboration so that the scale, breadth and depth of response better matches the scale and diversity of AIDS epidemics. All these challenges that the NGOs face trickle down to fieldworkers.

1.9.4 Solutions to the above challenges

The objectives of NGOs are often misunderstood and there is not enough information available regarding their activities. Therefore, government policies, rules and regulations and programs intended to promote NGOs get affected. NGOs have tried to improve the situation, by having effective leadership to analyze the existing policies, carry out existing programs and suggest changes for channelling the services of the NGO sector toward national

development. Ideally, NGOs, mobilize local people and resources that are familiar with local communities. They are flexible and have an open and participatory approach. They effectively mobilize small groups, use innovative motivation skills and utilize volunteer efforts, (HIV/AIDS in Africa; 2006). This helps them cut on the expenditures of hiring human resource at the community level.

NGOs have attempted to raise the awareness level of the rural poor and make them build their organizational capacity to solve their problems. One of the strategies most organisations have adopted in fighting against HIV/AIDS is capacity building. Communities and individuals have been empowered to take care of the sick within their local environment. This has been through training. Through solidarity mechanisms, a series of networks, groups and organisation have been formed. And through this, people's capacities are built. NGOs have brought people together through constant interactions hence building solidarity. Members of the organisations disseminate information to one another and to the members of the community (Jamil and Muriisa, 2004).

The organisations have also empowered orphans through training about viable livelihood options. For example in Uganda, Kitovu Mobile, an NGO, has empowered children by partnering with communities, project staff, the government agricultural department and departments of education, all these pool their resources together. Local people offer land as demonstration plots, young people farm on the land, and the education sector offers school facilities and the organisations hires the agricultural trainers (FAO HIV/AIDS programme, 2003). This minimises on the costs involved. Similarly in FAO (2003), it is stated that NGOs have trained rural service providers of all types, community nurses (home care nurses), trainers and counsellor volunteers. This has taken services nearer to the people. In addition to that, many organisations have outreach services. NGOs have empowered people through counselling.

A mobile population in constant search for jobs, accommodation and land also means that dissemination of information, education and counselling on HIV/AIDS is a challenge to many organisations. Outreach programmes including home visits to people living with HIV/AIDS, family planning advice, and counselling to improve partner/spouse communications have been designed to overcome this challenge.

According to Jamil and Muriisa (2004), Social capital is an important explanatory variable for performance of different nation states as well as improved livelihoods of people in different countries. This is one of the areas that NGOs have utilised to overcome some of their challenges. Fighting HIV/AIDS in Uganda involves government, indigenous and international NGOs. NGOs such as TASO have focused on tackling HIV from all fronts, social, economic, cultural and medical. They collaborate with other relevant organisations in the same field. Creating networks and linkages takes precedence in NGO approaches to mitigate HIV/AIDS challenges. It is out of these networks that new alliances are borne, new knowledge and information is acquired and platforms for discussion of HIV/AIDS related problems and their solutions are created (Ibid).

NGOs have initiated the implementation of home grown approaches to HIV/AIDS. The community efforts have greatly been complemented by those other partners to increase HIV/AIDS services such as raising awareness, education, care, support, mitigation, IEC materials etc. As a measure to overcome some of their financial challenges NGOs have taken up opportunities of funding at first hand. Proposals are presented to support organisations such as US AID which when approved provide funds for extra programs.

However NGOs have had shortcomings too. NGOs are accountable to their donors and therefore many times they produce parallel HIV/AIDS strategy which is distorting in terms of prioritisation of HIV/AIDS prevention and control programmes in the country. With the coming of NGOs in the field of HIV/AIDS in Uganda, the role of the state has been overshadowed. The state merely acts as a passive recipient, driven by poverty and want. It cannot afford to challenge the NGO, lest the assistance is taken away to another country". Kennett (2004: 112)

2 Chapter two: Methodology

Introduction

This chapter describes and discusses study design and methodology, selection of informants, data collection, and analysis of the data, ethical considerations and limitations of the study.

2.1 Study design and methodology

Qualitative research is conducted through an intense and or prolonged contact with a field or life situation. The situations are normal ones reflecting everyday life of the individuals, groups, societies and organisations (Miles and Huberman; 1994:6). Human actions are significantly influenced by the setting in which they occur, thus one should study that behaviour in real-life situations (Marshall and Rossman; 1999). Qualitative research therefore can virtually include anything that you see, hear or that is otherwise communicated to you.

Basing on the above, the study did not pursue the goal of generalization, but followed the goal of discovery and understanding. Qualitative methodology was used in order to generate a detailed and descriptive understanding of the people's work situations. As Taylor and Bogdan (1998) state, qualitative methodologies produce descriptive data, peoples' own or spoken words and observable behaviour.

Under the qualitative methodology, a comparative design was used. Ragin (1987) states that virtually all empirical social research involves comparison of some sort. The study was comparative because it aimed at finding out the differences and similarities between the challenges faced by workers within the two organisations. The aim was to seek explanations for similarities and differences and to gain a greater and deeper understanding of that social reality in the different organisations. Comparative study was also chosen because although these two types of organisations were different in organisational set up and structure, both were involved in the same activity. A comparative design embodies the logic of comparison in that; it implies we can understand phenomena better when they are compared in relation to two or more meaningful contrasting cases or situations (Bryman; 2001).

2.2 Selection of informants

Two NGOs were selected as cases that is to say CCF-Uganda and TASO Uganda. The informants were selected from the two identified non-government organisations working to mitigate the impact of HIV/AIDS in Uganda. The informants were contacted through their

administrators. The administrator contacted a number of fieldworkers and those that suited the criteria were recruited by the researcher. In the identified organisations, eight field staff who had worked with these organisations for at least a year were selected purposively. In each organisation four informants were selected. The reason for this was because the purpose of the study was to explore the situation and widen understanding of the problem. Therefore the researcher inferred that those with the experience of at least one year would be able to give a deeper understanding of the challenges faced than those with less experience. Field staffs were particularly selected because the study sought to get an understanding of the problem from their perspective. The sample size of four in each organisation was selected on the basis that it was practical and since the study did not pursue the goal of generalisation but discovery and understanding, it was effective to capture the aims of the study.

2.3 Data collection

Data was generated through primary and secondary sources.

2.3.1 Primary data

Primary data was generated through in-depth interviews with the field staff and through observation. Field observations were arranged after interviews with the field staff.

2.3.2 In-depth interviews

The best way to gather information is to ask (Trochim and Cornell; 1999).

In depth interviews were used to generate data from key informants in these organisations (field staff) with the use of a question guide. Bell (1997) citing Cohen (1976) says that in-depth interviews, centred on a topic may produce a wealth of valuable data. A brief meeting was held with the interviewees individually to set up appointments for the interview. During the interview, the researcher began with a normal greeting and general issues relating to life in order to create rapport, but also, in the Ugandan culture a prolonged greeting is a symbol of being polite, humble and friendly. The researcher then engaged herself in a conversation with field staff using English as a language of communication, with each of the interviews taking between 45 minutes and 60 minutes. Some interviews were conducted in the fieldworkers' offices or outside their offices, while others were conducted in restaurants because the only time they could spare for interviews was during their lunch time. Some of the interviews were tape recorded while others were written down in the note book. In situations where the informant did not consent to the use of a recorder, the interview would be written down in the

note book. Three informants consented to the use of a tape recorder. The recorded interviews were then retrieved. In situations where the researcher was not able to get the meaning from the response, clarification was sought from the respondent on another day.

In depth interviews were selected as a data collection method because it took into account the available time, energy, and money, the availability of data, the extent to which it was desirable and possible to impose upon persons who were to supply the data. The researcher used an interview guide in order to keep focus during the interview and also to respond to the research questions.

2.3.3 Field Observation

Social science research is rooted in observation. Political scientists observe, among other things the behaviour of occupants of political positions, anthropologists observe rituals in simple societies and social psychologists observe interaction in small groups. In essence all social science research begins and ends with empirical observation (Patton; 1990:206).

Data was also generated from the field visits the researcher made together with the field staff. The researcher observed the interactions between the field staff and the people living with HIV/AIDS. The researcher was able to observe the kind of services offered to the clients. It gave the opportunity to the researcher to observe the relationship between the fieldworkers and their clients. Observation also enabled the researcher to directly experience some of the challenges that fieldworkers face in the field. The researcher did not ask any questions but simply watched. Field notes were taken on issues that were emerging and they were later integrated with what the researcher had observed in the field. Each observation session with one client took between one and two hours. Observation was used in order to capture both reported and actual situations and behaviours.

2.4 Secondary data

“When I want to discover, I begin by reading everything that has been done in the past” (Young, 1998:139).

Secondary data was obtained from reports and documents produced by these organisations. These documents were used in order to get an insight of organisational activities, history, structure and policies.

Documents help to discover something. According to Young (1998), as a preliminary to field research or in conjunction with it, a sustained and high quality search for data in the library is a most pressing need in the social sciences. Some of the documents the researcher used included organisation quarterly reports, booklets, brochures, evaluation reports and other relevant books from the libraries. Documents were therefore used to establish what the organisations have done before in the field of HIV. Secondary data was also used to fill in the gaps that could have been left by use of primary data. In other words, these two sources of data were complementary to each other.

2.5 Ethical consideration

Many of the studies that use in-depth interviews involve exploring quite personal and emotive aspects of peoples' lives. One thing that is ensured is to make informants comfortable about speaking those topics (Yates; 2004:159). During data generation, the researcher took full account of the social and moral conduct in relation to in-depth interviewing.

Informed consent

The researcher obtained permission of the people whom she was to study. There was no consent form signed, the consent was oral. The researcher informed the informants about the nature and purpose of the research. For each interview, the informants were told the purpose of the study and were requested to participate in the interview. It is upon acceptance that the researcher had to proceed with the study. For the interviews that were recorded, the researcher asked for prior permission before recording the interview. This was a continuous process throughout the interviews. Permission was also obtained from the administrators of the organisations to carry out the study within their organisations. For the field observations, the fieldworkers sought consent from the clients in order to let the researcher observe what was going on.

Anonymity and confidentiality

The participants were guaranteed confidentiality. They were assured that the information would not be made available to anyone who is not directly involved in the study. The participants were equally assured that they would remain anonymous throughout the study except to the researcher herself. Clearly, this was aimed at offering a stronger guarantee of their privacy.

2.6 Limitations

The researcher experienced a number of practical limitations during data collection. Some of the limitations were related to resources and time. Given the period in which the researcher was to carry out the study, it was imperative that the researcher carries out the study as early as possible to avoid haste during the last hour. However it was difficult to make appointments with interviewees due to their busy schedules. Even in situations where appointments had been secured, it involved waiting for long hours to meet them, while many of such appointments were at times cancelled. For those that were cancelled, the researcher had to make new appointments with them during their lunch time.

In-depth interviews require tape recorders, however most of the interviewees rejected the use of tape recorders and the researcher had to write down the whole interview. Even for the few who accepted the use of the tape recorder, the recorder could not capture some of the words where the tone was low. This compelled the researcher to go back to the interviewee for clarification.

Inadequate financial resources were a limitation the researcher experienced in the field. Transport costs were high given that data was collected during Christmas season when fares had been raised. The researcher therefore had to minimise on costs by interviewing all the respondents in a particular area during the same period, such that no more journeys would be made to the same area.

2.7 Data analysis

The researcher used steps and procedures that are employed when analysing qualitative data. Ritchie J et al (2003) state that qualitative analysis is a continuous and *iterative* process. It is a continuous process through out the entire research undertaking.

“Ideas, facts, ideas, figures ideas. With these, you are trying to build a little world containing all key elements which enter into the work at hand, to put each in its place in a systematic way, continually readjusting the frame work around the developments in each part of it”. Ideas, facts, ideas, figures, ideas do summarise the aims of social analysis (Young; 1998:473).

According to Young (1998), behind the accumulated data there is something more important and revealing than the facts and figures themselves. Carefully thought out, well marshalled facts when related to the whole body of data have significant meaning from which a deep

understanding can be obtained. Qualitative data is processed by reducing it, the process is coding. Analysis of qualitative data is not about applying the rules of qualitative analysis but it is based on how the researchers analyse their data (Kakinda; 2000:155).

The researcher followed some steps and procedures in the analysis of the data basing on grounded theory; however the steps did not follow a chronological order of any kind.

The explanations and descriptions were illustrated and substantiated with quotations; the researcher discussed the findings relating them with existing theories. The aim of interpreting and discussing the data was to shape the researchers developed codes and point out salient features in data.

The units of analysis were compared between the two NGOs. According to Glaser (1994) the dominant parent of grounded theory is comparative analysis. The researcher comparatively analysed the data in order to establish whether there were similarities and differences between the experiences and challenges the fieldworkers face.

In coding, the researcher used the different types of coding, that is to say open coding, axial coding and selective coding but these did not follow a specific pattern, and they were cross cutting. After data collection, critical examination of the assembled data was done keeping steadily in mind the purpose of the study. This involved reading and re-reading the data, and allowing imaginations to roam over all the key elements of the study. In order to formulate the themes and the code categories, the data was re- read and re- examined, while the researcher was making marginal notes about significant remarks and observations. When this was finalised, the researcher reduced the data on the basis of the codes generated, developed a limited number of categories or concepts. The concepts were then compared in order to find and explore the interrelations that may exist between them. These categories were then organised and displayed in such a way as to form a meaningful structure to which the individual experiences and expressions made sense. In writing up, data was interpreted by composing explanations and descriptions from the information coded and arranged.

3 Chapter three: Profile of the organisations

This section gives an overview of the characteristics and structure of the organisations, the activities they are involved in, and development partners who support them.

3.1 TASO Uganda

TASO Uganda as already mentioned in the introduction was founded in 1987 by a group of volunteers including PLWHA. From a small group initiative, TASO has grown into one of the biggest organised national responses to the HIV/AIDS epidemic in Uganda and the region. TASO was founded to contribute to a process of restoring hope and improving the quality of life of persons and communities affected by HIV infection and disease.

3.1.1 Program activities

TASO Uganda is involved in a number of activities. Given the nature of people they work with, TASO has had to keep on incorporating more and more programs in its activities to cater for the needs of PLWHA. Its program activities include the following;

- HIV/AIDS counselling, pre-test, post-test, preventive, ongoing counselling to individuals and their family members.
- Medical care provided by TASO to PLWHA is complementary to the services offered by the national health care system. It focuses on the opportunistic infections and STDs using the essential drugs.
- Social support. It comprises services that enhance practical positive living, skills building, educative music, dance and drama and fellowship with other clients in a day to day care centre. Support for OVCs which includes provision of formal education and vocational training is offered to orphans, and vulnerable children of TASO clients.
- Loans to finance IGA (income generating activities) to support the welfare of children affected with HIV/AIDS.
- Training. The centre trains HIV/AIDS counsellors, trainers, peer counsellors community mobilisers and educators.
- Advocacy and networking. TASO is committed to ensure that the rights of PLWHA are protected and therefore deals with any issues which violate their rights. Efforts are made through collaboration and networking with government, NGOs; CBOs to avail quality care and support to PLWHA.
- Capacity building.
- TASO also started ART program in March 2004.

- TASO is also supporting some CBOs and NGOs in other districts through mobilisation, training, sub granting, monitoring and mentoring. (TASO information booklet)

3.1.2 Structure

TASO has 10 service centres within the country, but there are other small service centres established in public hospitals to provide TASO services. In terms of structure, TASO activities are coordinated by head office whose roles are to provide monitoring, supervision, resource mobilisation and technical back up to the service centres. TASO has the executive director who provides direction to the operation of the organisation and he is appointed by the board of trustees. As per 2002, TASO had a total of 338 staff, and Mbale TASO centre where the data was collected had a total of 46 staff, 20 of which were females. www.tasouganda.org

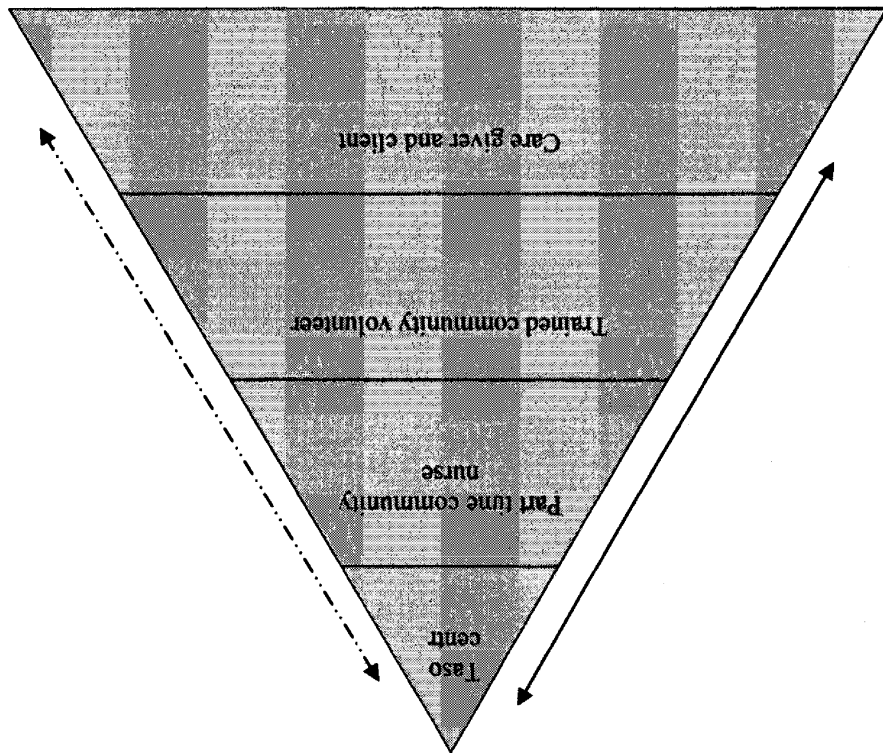
At centre level, the structure in service delivery and flow of information runs from the TASO centre to the part-time nurse at the community, to trained community volunteer and finally the care giver and client as shown in the diagram below. However the part-time nurse in the community, the community volunteer and the caregiver are not staff of TASO. At a centre, there are several levels of workers, including the fieldworkers. Fieldworkers are answerable to centre administration, which is answerable to regional office. The regional office is then answerable to the head office.

The figure below illustrates the flow of information and service delivery channel from the centre to the client.

3.2 CCF-Uganda
 CCF-Uganda on the other hand was established in 1980 with the objective of having sustainable development. At its inception, CCF's main aim was aiding children and families affected by internal and regional political conflict. Its innovative programmes addressed the

3.1.3 Development partners
 TASO works with a number of partners. These partners which support TASO with technical and financial support to run their activities are both local and international bodies. Some of the development partners that they work with include; Centre for Disease Control, Global fund, Uganda AIDS Commission, and World Health Organisation. However, since its inception external donors have financed TASO activities. The most prominent donors have been DANIDA, USAID, SIDA, DFID, CDC and the government of Uganda.

From the above diagram, fieldworkers are found at the TASO centre level and they are the ones in constant touch with the other lower sections in the community who are voluntary workers.
 Source: TASO booklet on www.tasouganda.org



specific needs of individual communities in CCF –Uganda locations. However it has been widening on its programmes to incorporate more activities. Currently CCF assists approximately 358,000 children and family members in 54 communities in 22 districts.

3.2.1 Program activities

Unlike TASO which is specifically on HIV, CCF is involved in a wide range of sectors such as education, capacity building, livelihood, early childhood care and development and health. Because HIV AIDS has become an epidemic of massive proportions, CCF initiated HIV/AIDS component in 2000 in their programs.

Under HIV/AIDS, CCF (U) has carried out various types of home programs that involve activities like home nursing and general health, supportive care, counselling, maintaining good health and terminal care. This mainly focuses on families affected by HIV/AIDS.

Youth groups have been formed to sensitize communities about HIV and to pass on life skills to youth. Various techniques are used one of them being through music dance and drama. CCF has summarised the above programs into a seven-point HIV/AIDS strategy which focuses on:

- Home-Based Care
- Psychosocial Support for Orphans and Other Vulnerable Children
- HIV/AIDS Prevention
- Promotions for Positive Living for People with HIV/AIDS.
- Nutrition and Child Health
- Educational Assistance and Vocational Training
- Sustainable Livelihoods Through Income-Generating Activities

3.2.2 Structure

It was not possible to get a diagrammatic structure of the organisation but a brief description is given. CCF is mainly a rural based organisation spread in many districts of the country. It has a national office, regional (area) offices and several affiliated projects at community level. The national office provides monitoring, supervision and direction to the organisation, the area office also offers monitoring and support supervision to the community workers. Fieldworkers are found at community level. Workers at the community level are answerable to the area office, while area office is answerable to the national office. However, the national

office is also answerable to CCF international headquarters in Richmond USA. A country director who is appointed by the international office leads the organisation. However an organisational board made of members who are not workers within CCF monitors this director.

3.2.3 Development partners

The partners of CCF come from within the country and outside the country. Some of the development partners of CCF include; Global fund, TASO, AIC, CCF international and other individual countries like Germany, and Australia. These partners offer both technical and financial support. Some of its finances are got from individual donors from many countries. The local community is also a big partner for CCF.

These two organisations have different points of departure. TASO was instituted specifically for people afflicted by HIV while CCF was initially for development work but has incorporated the HIV component in recent years.

4 Chapter four: Endeavours of fieldworkers

4.1 Introduction

Work in the organisations, particularly for those working to mitigate the impact of HIV/AIDS is very challenging. There are many hassles that they have to go through but despite all that, they continue to perform assigned tasks diligently and successfully. There are many hard destinies, and resources within the organisations are far less than what is required to meet the available needs. But even with these meagre resources they can do something to help the people afflicted by HIV AIDS in the community. In the organisations, there are reproductive mechanisms to help them reduce some of the hassles. These may be from peers, debriefing with the management and other informal means to lessen their burdens at work. Despite the fact that TASO and CCF are very different in size and structure, and the fact that TASO may have more resources than CCF, the study reveals that most of the experiences and successes of fieldworkers in the two organisations are relatively similar, differences could only be emerging in the number of people supported and in a few programs that may not exist in one or the other organisation.

As it will be revealed, it is in relation to the internal features that most distinctive differences are to be found. The differences between the workers of these organisations are mainly observed in the administrative challenges, the problem solving approaches within their organisation and the perceptions the workers have towards their organisations. What is interesting in this study however is not the similarities and differences in terms of challenges that exist between the workers from the two organisations *per se*, but how internal mechanisms within the organisation can be a source of motivation or demotivation for workers, and how this can affect workers' attitudes towards their work and the organisation. It is equally important to understand that this data was generated from only fieldworkers and therefore what is given is from their point of view.

4.2 Responsibilities of fieldworkers.

Fieldworkers in both organisations have relatively similar responsibilities. Both workers of TASO and CCF have a primary goal of supporting people living and affected with HIV and AIDS through community education, care for people living with HIV/AIDS, financial management and networking with other relevant organisations to support those affected by HIV/AIDS.

Support for people living with HIV/AIDS

Fieldworkers in both TASO and CCF indicate that they offer different kinds of support to people infected and affected by HIV/AIDS. In TASO psychosocial support is offered both to children and adults. This involves carrying out voluntary counselling and testing at outreach centres, counselling at the main centre and counselling to household members at family level. Apart from psychosocial support, they also offer social support which involves support for youth, including formation of clubs for their recreation and productive use of their time. The social support also embraces giving of loans to some needy clients and monitoring to see to it that it is put into good use. Offering all this support without medical treatment would be considered partial. So medical support is also a responsibility that some fieldworkers have towards people living with HIV/AIDS. According to them this involves delivering anti-retroviral drugs to clients, conducting home based care nursing and delivering of other benefits like mosquito nets to the clients.

The situation is relatively similar with that of fieldworkers in CCF; except that the ones of CCF are not involved in medical care. This could be because they have not secured enough funds for that or that they lack the human capacity to offer it.

Education.

Education is central in the services provided by fieldworkers in TASO and CCF. This involves raising awareness in the community, documenting the progress of activities, sensitising communities, helping children who have dropped out to go back to school. It also includes vocational training or apprenticeship skills for youth who drop out of school. Related to education, is also the building of the Capacities of the communities to take care of PLWHA as the study reveals. It involves training the community members in various skills, training children to help their parents in memory book writing and will making. It also includes training youth in life skills and teachers in child counselling. Regarding memory book writing, CCF sometimes uses the technical staff of TASO to offer this service to its communities. Capacity building also involves offering support supervision to the trained categories with the aim of ensuring that the trainees master the skills. The purpose is to empower the communities.

Education is a backbone to any successful program in any field. But it is even very crucial when it comes to HIV. The best way to fight HIV is to know the facts and act upon them. This

means, to know how to prevent it, or to know what to do or where to go when infected. Therefore the fieldworkers have a duty to educate their communities on these facts and also to support those that have lost their loved ones in the best way they can.

Networking

The other role of fieldworkers in CCF- Uganda and TASO Uganda is networking. For CCF, this involves coordinating between CCF and the community and acting as a linkage between CCF and the community. Networking also involves making referral to sister NGOs that offer a service that CCF does not have. Under this responsibility still, they work in partnership with sister organisations in supporting those affected by HIV/AIDS. This includes soliciting for funds or combined effort in raising awareness of HIV. Fieldworkers in TASO also perform this role, the difference is only in wording. TASO field staffs call this advocacy. The existence of TASO as an organisation is hinged on the premise of supporting PLWHA. Therefore, backing, promoting and agitating for the needs of those living with HIV and those affected by HIV is a responsibility of every one working in the organisation including the fieldworkers. This is done through networking with relevant organisations or bodies at local, national and international levels. As earlier noted, both organisations are limited with resources and it is a responsibility of every one working in these organisations to seek for support from any available opportunity. Much as this is mainly a responsibility of management, fieldworkers are given the responsibility too since they are part of the organisation. Partnership is not necessarily for financial assistance but also technical support. For example TASO gives technical support to CCF in areas where they do not have the capacity to offer the service. This is in line with the assertion in organisation theory which stresses that organisations are dependent on other organisations within the same sector and that these are the most frequent forms of interaction in the organisational environment.

Financial management

The other task that some of the fieldworkers of CCF indicate in the study as being part of their roles is financial management. This includes making budgets for the activities and accounting for funds that have been spent. However it should be noted that only one fieldworker mentioned this as his responsibility. Why only one indicated this as a responsibility may be difficult to ascertain but perhaps others did not consider it a priority or probably this particular fieldworker had an additional responsibility than the others.

From these endeavours, we can infer that the fieldworkers have met several experiences that give them the insight about the HIV situation in their areas of operation. Some of these experiences lead to successes or can be successes in themselves but some of them could be challenges as well. The next sub-section therefore is going to discuss fieldworkers' experiences in relation to HIV/AIDS.

4.3 HIV situation. The fieldworkers' experience!

a. Magnitude of HIV

HIV/AIDS is a global issue. From the interviews and from what was observed during data collection, it can be noted that HIV is wide spread and impacting on the community in varying ways. Most of the fieldworkers interviewed in TASO and CCF raised a number of areas where HIV has had great impact. Among the sighted areas are:

Orphanhood status.

There are alarming numbers of orphans that have been created by HIV/AIDS. One of the major impacts of HIV according to the workers in both organisations has been related to orphanhood. These children are left with either relatives or left to care for themselves. This is evidenced by the number of orphans that are running to their offices seeking for help yet according to the staff they do not have enough resources to care for all of them. One worker interviewed from TASO said:

Yes, there are many orphans but since we do not reach out to all of them I may not know the figures, but still you realise that those that we support are overwhelming.

In the same line another worker from CCF lamenting on the impact of HIV on those affected and infected said:

... to those affected, it has caused a lot of suffering like loss of property and to those infected, the disease is very painful.

On the impact of HIV/AIDS on children, the workers say that it has left behind child headed families. These children take on responsibilities of parents that they are not ready for.

The impact of HIV/AIDS on children according to the workers does not only leave them without parents but it also leaves them without property too. When the parents of the children die, all the property is taken. Because the parents leave no written wills behind, the relatives

grab all the property. The children are left with nothing to continue with, in the new life. It can be argued therefore that these children become vulnerable to other social evils associated with orphans in the community like social stigma and abuse. HIV epidemic has created orphans on unrivalled scale and orphaning caused by HIV is a long term problem to the children. The whole nature of these children's childhood changes. Smart (2003) adds that children orphaned by AIDS are at risk of losing opportunities for school and health care. They experience profound loss, grief, anxiety and hopelessness with long term consequences like low self esteem.

Demand for services

Overwhelming numbers are not only felt in terms of orphans but also in terms of adults seeking for help in terms of loans, food assistance and medical treatment. The study reveals that there are many clients that turn up at outreach centres. These are centres where TASO workers go to the community to offer their service. These outreach services are taken once a month in the community. One respondent said:

For example in Kumi (one of the out reach centres), every time we go, we register around 60 clients yet old clients are about 500.

This implies that the scale of HIV is great and the coverage by the organisations is small and probably that is why the demand for the services seems to be high. This also means that the number of clients that the fieldworkers have is too much compared to the resources available to meet the need. The high demand may be due to the meagre resources as pointed out earlier, but it could also be due to the fact that most people in the community are poor and they therefore feel that fieldworkers and organisations could meet most of their individual needs. The other alternative is that HIV generates other problems like children dropping out of school, a person losing his or her productive work and losing friends because of social stigma. Such a person will look onto any opportunity that is available to meet such needs. But whatever the reason is, what is realised is that these fieldworkers continue to support so many people that they can, even with the little resources.

Social stigma

Social Stigma still remains a big problem in the community and this has kept the current figures of people infected with HIV down, according to the findings. One field officer substantiates this statement by saying that:

People are infected but the level of disclosure has kept figures low.

Because of social stigma, people do not want to go for HIV testing, they fear to be seen. There are also some obstacles to testing sighted which include transport costs to the testing centre, fee charges and distance. However some of the workers note that with the introduction of community centred voluntary counselling and testing (VCT) service that is now available, people are opening up. This community VCT is conducted during outreaches organised by TASO. Similar to what the workers in TASO noted, the study equally shows that even workers in CCF reiterate that stigma hinders disclosure and this does not give the true picture of the HIV situation. They are quick to add that despite that, they have a big number of clients that they care for. Most of those clients are widows and many single headed households especially headed by women.

A little different from what the study generated from TASO, the workers in CCF note that the impact of HIV stretches up to peoples' income. Due to HIV, people's incomes are reduced because they have to incur costs in terms of treatment, food and other expenses related to the scourge. Many of the families affected by HIV/AIDS have low income and some of them cannot afford a meal. Most of the families affected by HIV/AIDS are starving. The study indicates that most of their clients live in what they called *dilapidated shelter* and are poor.

There is a strong relationship between HIV and poverty and this relationship goes both ways. This implies that HIV reduces people's income while on the other hand poverty exposes people to HIV. The incomes of people are reduced during the time some one is ill and also during the funeral when some one dies. It is known that there are a lot of expenses incurred when HIV attacks the family. First and for most, if one is sick he or she loses out on productive work, but also members of his or her family have to remain at home to look after the patient instead of engaging some activity that may generate some income. In the long run even the little they had gets used up. Due to this they can look out for any means of survival. According to one field social worker interviewed in CCF, poverty predisposed people to HIV or to re-infection of HIV. This social worker gives an example from one village and says:

In one of the areas here called kiwunya, women are infected but their actions predispose them to more infections. They are involved in prostitution as a way of living or they remarry.

Some of their means of survival put them at the risk of acquiring HIV or if they are infected, they are at a risk of re-infection. This is very common with women for they are always vulnerable.

What is surprising in this study on the magnitude of HIV is that despite the scale of HIV in the community, some people still believe in witchcraft when a person dies of HIV/AIDS. This particularly came out from workers of CCF and it is alarming in the opinion of the researcher because this can exacerbate the spread of HIV through practices such as inheritance. One may wonder then what the problem could be. Could it be that these people are not informed even when the fieldworkers claim to sensitise the community or could it be that some people are just resistant to change? It is difficult to answer this question at this point. But it points out that may be, there is more that the fieldworkers need to do in the community.

Some beliefs and practices are very difficult to change especially in the African context. And many times resistance to change may be reflecting mistrust towards modernity and modern knowledge. Why people would still believe in witchcraft is difficult to know. But what is important to note is that the respect that people in the community have for their cultures may be very difficult to break. It may be true that some of the cultural practices and beliefs may be risky in this era of HIV, but change of such practices is gradual, and therefore it may take ages to change them. This may call for going an “extra mile” by the workers involved.

b. HIV and gender

Another major experience for the workers as the study shows is in terms of the impact of HIV on gender. Second to children, women are the other category that is hard hit by HIV/AIDS. Most workers from both organisations reiterate that women are the most afflicted by HIV/AIDS in comparison to the male gender. Some of the reasons for this is because of poverty, and also it could be because of culture. A number of aspects that make women vulnerable are highlighted. As the study reveals, in most cases, women are dependants, they rely on men, they do not have employment and therefore they cannot afford treatment. Not only that, women are always the ones blamed and accused of having brought HIV, and because of this, they are sent out of their marriages. Men on the other hand are the decision makers and women have no say. Women cannot even take independent decisions to go for HIV test. If their husbands say no, then they won't go. Some of the men, who permit their wives to go for HIV test base on their wives' results to judge their HIV status, an aspect that

the fieldworkers characterise as dangerous and risky because there are discordant couples (where one partner is HIV positive and the other is negative). Such a situation impacts on their work especially if they are counselling and one partner has not been tested.

Moreover women have far more responsibilities than men and they lack opportunities because they are not supposed to move out to look for job opportunities according to culture. Women are carers but quite often they do not have people to care for them when they fall sick. This makes them experience more of the impact than men. Because men are the decision makers, women have no power to claim for their rights and this can be related to the literacy levels among women. Most women are illiterate while most males are either literate or at least semi-literate. Because of this, their male counterparts have some employment and can afford and access treatment. This powerlessness makes the women succumb to various situations that either put their lives at risk or in situations that worsen their lives. One social support officer said:

....they have no power to claim their rights. If he says he wants sex without a condom you will have to abide to save your marriage.....so is the social setting...for example the use of condoms when a couple is positive, the man may say to day I am not going to use a condom.

The social setting and cultural set up in which women belong makes them susceptible to conditions that put them at risk of acquiring HIV. A man can reject using a condom depending on his mood and a woman has no choice but to accept. This is because culturally women are not decision makers on most of the issues including issues related to sex.

There is a long chain of issues on women's vulnerability. Such circumstances put women in a situation where they have to look out for support from somewhere else. It is for this reason that women are the major beneficiaries in these organisations as the fieldworkers note.

This is probably caused by the gender inequalities that exist in the African communities. HIV impact differentials also reflect the differences between sexual partners, in which men are more dominant, and traditions and social pressure limit women's ability to express their wishes regarding their sexuality. Gender inequalities render women more vulnerable to the effects of the HIV/AIDS epidemic (FAO; 2003). Women's domestic workloads tend to increase, as they are often the care providers when household members are sick. Access to productive resources including land, credit, training and technology are strongly determined

by gender and often favour men. It is these gender differentials that make women vulnerable. However the situation of women is worsened by the poverty levels in the community. But it is worth mentioning that even the poverty situation for women is related to gender inequalities that exist in their social setting. Women have no opportunities to sources of income compared to the male counterparts. This is because they are illiterates and therefore have no economic power to access treatment. One can then argue that if it is not for the social inequalities that exist in society, both genders could be facing the impact the same way.

Men on the other hand compared to women fear to go for HIV testing or even to access services at the TASO centres as it is indicted by the fieldworkers from TASO. Men hide their sero-status even from their spouses. One worker said:

Men use women to get medication somewhere else. When they see the medication of their women, they also go and get that medication from somewhere else. Men fear to disclose to their partners. Their spouses discover when they are bed ridden.

Self stigma among men contributes to the above finding. This self stigma implies that they don't seek medical attention in time. Since it is women who are always looking out for help, it could be the reason why women are said to live longer than men.

Fieldworkers' responsibilities and experiences are not an end in themselves; they are only a process to generating output. It is important to note that through the responsibilities that they play, fieldworkers have registered several achievements.

4.4 Achievements.

As they take on their responsibilities, fieldworkers have generated a number of successes though these successes come with a huddle of challenges. These successes transcend individual, community and organisation level. Fieldworkers play a very big role in the fight against HIV. A lot of successes have been registered such as restoration of hope of people living with HIV/AIDS, reduction of stigma, rising awareness, community capacity building and a lot more. It is worth noting that the achievements of the organisation are comparatively similar to the successes of the fieldworkers. But this is not surprising given the fact that the data was collected only from fieldworkers and it can be assumed that what they gave as organisation achievements were as well their achievements.

As Coulshed and Mullender (2001) point out, social workers are part of the complex organisations, which can help or hinder them in delivering the service they believe people need or deserve and equally the individual practitioners can be perceived by management of the organisations as a help or a hindrance to achieving organisational goals. Theoretically this linkage means that the fieldworkers cannot immerse themselves in their own activities leaving out the organisation. Organisation theory stresses that individuals cannot do without organisations and organisations cannot do without individual affiliates. Because of this, the accomplishments of the fieldworkers are at the same time those of the organisation as the study reveals.

Restoration of hope.

Most of the clients had lost hope when they first discovered they had HIV/AIDS, some even sold all what they had.

This is an expression to show the hopelessness that engulfs people when they get to know that they are HIV positive. This is because it was assumed in the earlier days that having HIV/AIDS meant death. Due to the efforts of fieldworkers, clients now have a vision for the future and have expressions to show that they have hope. They show a lot of excitement when talking about their achievements but this is not surprising because each one of us would prefer doing something that generates visible output. One respondent from TASO had a story to give in relation to his success and this is what he said when asked about the success:

...aha... especially on anti retroviral therapy (ART). I have a big story to tell. When I go to the community, they are so happy to see me. They dance and express their joy. They are stronger now. There was a client who was dieing and I counselled her and the family, I encouraged them to come to the hospital. But as I speak now she is bigger than you (referring to the researcher). She was 30 kilograms but she is now 60. She projects that she has a future now....

As an indication that the clients have plans for the future, they run to the workers seeking for help. There is progress in the lives of PLWHA and this could be either through social support or medical treatment. Through TASO as an organisation, many of the clients have been able to access treatment. Medical treatment is given to patient free of charge which has improved the quality of their lives. It is noted that before anti-retro viral drugs (ARVS), the clients were weak and in worrying health situations, but now their lives have improved as the fieldworkers

put it. This progress in the lives of people is a motivation to some workers. One field officer in TASO said;

What has kept me in this job is the progress.

This improvement in health can also be attributed to a number of factors like the social support networks that they have initiated for PLWHA, or through the home nursing care, and Counselling. This was particularly noted from workers in CCF.

Reduction of stigma:

Workers in the two organisations have played a big role in reducing stigma. This could be attributed to community sensitisations and psychosocial support offered to PLWHA. In TASO many clients testify and through the testimonies others are encouraged to open up. Most of the clients in TASO are living a positive life. Restoration of hope is an indicator of stigma reduction. In the same line, through psychosocial support, CCF has restored hope for both adult and child clients. The child centred approaches in CCF have given hope to the children. Children were a forgotten lot in the fight against HIV/AIDS, but CCF has been able to offer psychosocial support to children, which has helped them in coping.

Also, in TASO psychosocial support is given to the children through child counselling and there is now what they call “teacher support” to children affected by HIV/AIDS. This has been generated through the trainings the workers have held with the teachers. There has been a reduction in stigma in the community and this is attributed to concerted efforts of the workers, their organisation and the community. The study reveals that teachers were stigmatising the children but through the trainings the fieldworkers conduct with them, they have realised the need to support children beyond the teacher-child relationship.

Education;

Since education is one of their major responsibilities, the study shows that workers in both TASO and CCF have been able to educate the masses on HIV. Various means of educating the masses like dance, music and drama are used especially for those workers in CCF. It is possible that those of TASO use the same means but this was not pointed out in the discussions with fieldworkers. Youth groups have been set up with the purpose of using young people in the fight against HIV. In these groups the youth learn to use their time productively through games and sports, drama and other recreation activities. Similarly, there

have been many children that have completed school. There are children in tertiary institutions and children apprentices who are supporting their families. There are many total orphans who have been rescued and are receiving some “light” now. TASO has mobilised communities in the fight against HIV/AIDS and it has been able to educate some orphans.

CCF on the other hand has empowered the young with skills and knowledge on issues like children’s rights which aspect is very crucial when it comes to property grabbing. Children are now aware where to go when their property is taken by relatives. CCF has also been successful in creating behavioural change among the youth; this has been achieved by involving the young in the fight against HIV/AIDS, an aspect that is helping them to prevent themselves against HIV. However, it should be noted that empowerment is a process which takes a long period.

Support for PLWHA:

The recreation activities opened for their clients by the fieldworkers with the help of the organisation have helped them improve their quality of life. In these activities they come together and meet and share experiences. Another aspect that has improved their quality of life is the nutritional support. Most of TASO clients have access to some basic food an aspect that improves their nutritional status. It is one thing to be sick but it is another to have nothing to eat. In my opinion a program of care without a nutritional component is like a leaky bucket. With out food the PLWHA would die and whatever input the fieldworkers put in would not yield any results. TASO is able at least to provide them with some food that they can survive on to some extent. Support to PLWHA is also in terms of loans they get from TASO and CCF as the study reveals. This income generating activities (IGA) that they initiate through the loans is a means of livelihood for many of them. This is part of the empowerment process that was mentioned earlier on.

Support for orphans

The support for orphans does not only end with education. Fieldworkers have been very instrumental in recovering some of the property that is grabbed from children. As earlier noted, one of the worst plight of orphans in the community is property grabbing by relatives. But fieldworkers many times tussle out to make sure that some orphans recover their property. This is not to say that they always recover property that has been grabbed but they try and some times they have been successful. An illustration from one of them supports this claim.

There is a family in the community where both parents died of HIV/AIDS. After three years, a community person who was a relative came up with a claim that the parents of the children before they died had left a debt of 1.3 million and took their land. One of the children reported to me, we went to the probation officer, followed the issue up to court and the land was rescued.

But it can also be argued that the community sensitisations may be helping a lot in their work regarding property recovery. There are indicators that the community knows what to do and where to go. For example in the quotation above, for the child to be able to report to the fieldworker means that he/ she was aware of his rights and was aware of where to go when his rights are violated otherwise would have just kept quiet since the person was an elder relative.

Housing conditions.

The achievements of fieldworkers may also be noticed in improving the living conditions of the orphans. This is very particular with fieldworkers from CCF. Through the efforts of these workers and the organisation, decent shelter has been constructed for some orphans. It is important to note that, it is the fieldworkers on the ground that notify the management of the organisation about the plight of the orphans. As previously noted fieldworkers cannot operate discretely, they are part of the bigger system. Fieldworkers make a good contribution in raising issues that can be followed by the top management. A fieldworker interviewed said:

There is a child headed family CCF constructed for a house after I had shared their plight with management. This house is now a source of income as well as their residence because they are able to rent out 2 of the rooms.

Constructing descent shelter for orphans is a great thing to do for homeless orphans but it is even much better for these children because they don't only have a house, they also have a small source of income for survival. Small as it may seem to appear, it could be their only means of survival. In the bid to help orphans, fieldworkers develop a number of strategies like writing success stories which capture people's attention and funding which in turn is used to assist the children. The fieldworkers have to be as creative as they can to solicit support for orphans.

Community participation

As an organisation CCF has gone a step further by mobilising communities to actively participate in the support for OVCs, and through that, potential abusers of children have been

minimised. Training community members to sensitise the community about support for OVCS and also to train caregivers who are equipped with home nursing skills even at family level ensures this participation. Community participation is of paramount importance for it facilitates ownership. A lot of misconceptions related to HIV have been cleared in the community.

But as noted at the beginning of this section, fieldworkers' role in mitigating the impact of HIV has been tremendous. Having seen that workers in the two organisations do more or less the same work, have achieved more or less the same, and experience more or less the same situations with a few differences on a few aspects, one would then ask what about the challenges? Is there a difference in the challenges they meet? The next chapter may give us the insight into that. People's experiences of being fieldworkers are influenced, not only by their own efforts and abilities but also by many other factors. These include the shape of the organisation, the way the job is and the whole culture of the workplace. How these influence the fieldworkers will sometimes generate some huddle of challenges for them.

5 Chapter five: The web of challenges

5.1 Challenges faced by field workers

As reflected in the ecological systems theory, most of the challenges that fieldworkers face in these organisations are interrelated. This is because their work is influenced by many factors. Some times one challenge leads to the other. Sometimes they are linked or cross cut each other. They are like a net, intertwined together as a web. Some of these challenges are internal while others may be external but as noted they cross cut and so there may be no clear draw line between what is external and what may be internal because what may be internal could be caused by external factors.

5.2 Stress

Working for Aids patients and tight programs can cause a lot of stress. The degree and frequency of stress varies from individual to individual depending on the amount of work and nature of responsibility. Fieldworkers many times meet situations that may impact on their lives for a very long time or even permanently. Stress is one of those challenges, which if not managed, may impact on someone for a very long time. We live in a much faster-paced world that we are used to and most people accept and expect stress in their lives as they strive to balance the demands of their work and home lives. Deadlines to meet, changing priorities, longer working hours, responding to e-mails, or may be commuting. Most of us are put under pressure to handle situations that are not life-threatening but nevertheless provoke stress signals. What more then for those working with PLWHA?

Fieldworkers in both organisations experience stress emanating from the nature of work they do, the nature of clients they face and the nature of situations they meet or the nature of pressure they encounter related to their work. Such situations may lead to burnout if not managed. Stress may be due to the fact that you have limited resources and yet the people who need the service are plenty. Fieldworkers often find themselves in such situations. However stress may not only be related to lack of resources but also by seeing that the problems they tackle are not being solved. When working with people living with HIV/AIDS, a problem that may not be solved may cause burnout. Other stress related challenges include overload and trauma.

Trauma

Fieldworkers develop personal attachments with their client's and seeing such clients in sorrowful situations causes a lot of emotional feelings for them. This emotional attachment affects the fieldworkers. The study reveals that this attachment is transferred even to their homes; sometimes they become irritable in their homes just because of the nature of their work. These are the kinds of dilemmas fieldworkers find themselves into. If he or she is moody or easily irritable at home, then it implies the attention he/she gives to his family is less. This may have great consequences in the long run especially if the mood does not change for a period of time. Transference of stress has far fetched consequences.

In addition to the bad mood, this close relationship with their clients makes them get traumatised when their clients are very sick or when they die. Fieldworkers are human beings just like any other person. Much as they are trained to be able to manage such circumstances, sometimes it is overwhelming and it becomes difficult to live up to the expected professional codes. They get trauma from what they see and what they go through. A worker in TASO said

We feel so much for them...when we get food you want to give everything. It affects us. When they don't get food, you feel angered as if the food was for you. The nature of people we deal with... it is characterised with sorrowful situation, you go for home visits, and you get them dead. You feel so bad. So each week your friend dies. You feel trauma in your mind. Instead of empathising you sympathise. We break ethics some times.

The statement above indicates that they have very close ties with their clients and this closeness brings about emotions especially when they die. Fieldworkers identify themselves with their beneficiaries and death of a client means that a relationship has been disrupted. Actor-Systems dynamics theory states that human beings act with purpose and at the same time they give unexpected interpretations to social rules and action settings. Fieldworkers aim at helping their clients and will do whatever it takes to help them. Such situations are very difficult and it is difficult for them as workers not to feel sympathy. Even if according to them sympathy is breach of ethics, but one would wonder how best they could serve the people without sympathising with them. In my opinion sympathising with the beneficiary to some degree is good for fieldworkers because they will have their clients at heart and therefore will

serve them better with love. Of course the danger would be to determine the degree of sympathy that is good enough.

Similarly in CCF; fieldworkers are stressed because they work with people in the same situation. One CCF workers also expresses the same feeling.

Seeing someone dying every day or bedridden.... I do home visits and at the end of the day, I have a lot of stress.

Fieldworkers encounter professional and non professional dilemmas and this causes emotional distress.

Workload;

The organisations in which fieldworkers operate offer a number of services to the people. These numerous activities strain the fieldworkers most. This is more prominent in TASO. Most of the workers in TASO expressed that they had too much workload. This could be due to the overwhelming demand for the services and the overwhelming number of clients they had. This demand could also be due to the fact that the resources they have are limited and therefore not everyone can benefit from their resources. But besides the limited resources, fieldworkers have a lot that they have to do. In TASO a fieldworker is involved in counselling and home visiting to assess clients' conditions. Sometimes they are training, support supervision, and do a lot more, yet normally the clients are too many for one person. Due to the large number of clients they have, fieldworkers have inadequate material support to offer to them. This is explored further in the next subsection. Such situations cause a lot of pressure and stress on the fieldworkers.

5.3 Inadequate resources

For organisations working with HIV/AIDS prevention and mitigation in Uganda, resources are the major constraint. Resources may be in terms of material support like food, medicine, facilities and/or finance. Finances many times will determine what material support may be given to the clients or what kind of facilitation that is available for the fieldworkers. This is the interrelated nature of challenges fieldworkers meet.

Financial constraints are an obstacle to delivery of services. Funds delay to come and as such there is always also a delay in the implementation of their work. One of the workers said:

We depend on donor funds. The release is low and late. As you program, facilitation comes late and implementation is affected.

Sometimes there are budget sealing, strings attached or underestimation of their activities. These have direct implications on work of the field staff.

Furthermore, because the financial resources are inadequate, the coverage is small and only few benefit, yet many are needy and this leads to overwhelming demands. For TASO the material support they offer in form of food support is ever inadequate. The financial constraints also always lead to the reduction of activities or a narrow focus. In CCF for example, due to limited resources, counselling is the major service they offers. Counselling is helpful but this alone may be inadequate when someone is sick. The workers say that counselling someone who is bedridden and has nothing to eat does not help much. After counselling such people would just regress back to the same situation. There may be need for more material support like medicine and much food assistance but the financial resources available are inadequate to incorporate that. The fieldworkers in TASO also reiterated that there were certain activities that had been reduced due to financial constraints for which they did not know what to do. The workers had identified people and raised their hopes, but because the financial resources were limited, the activity had to be cut. This becomes their challenge because they are the ones involved in identifying people and it is them that people look up to. Reduction is not only limited to activities but also causes changes in strategy in order to meet the emerging situation. The little food TASO gives to clients is got from partners, but sometimes they have to make some changes in food distribution to cater for the new clients, however this becomes a big challenge for the fieldworkers. One of the officers interviewed from TASO said:

At the beginning when they started giving food, everybody got but now they are many and weak. But to remove a strong one who was getting and give to one who is weak is a big challenge. The clients complain on the criteria we use to give support.

That is the diverse nature of challenges caused by financial constraints. These challenges put the workers into very compromising positions and also put them in ethical dilemma causing emotional distress.

Due to limited financial resources TASO and CCF have a small coverage. This situation is made worse by poverty in the community. There are high expectations as noted on both TASO and CCF by the clients, the study also reveals that clients especially from TASO

always want continuous support. Even clients whose lives have improved will want TASO to continue helping them just because they do not have other means of survival yet TASO does not have such resources. One of the respondents equated this to being in hospital and said:

Most of the clients are poor and we cannot do much. The clients come with so many expectations. It's like some one getting an accident and goes to hospital; he is given a wheel chair and is let free but does not want to leave the hospital. They want TASO to continue helping them; they don't want TASO to leave them.

In many cases, the presence of AIDS means diminishing income levels. It is worse if the clients are poor because then their levels of poverty sink deeper and deeper with HIV/AIDS. It is not surprising therefore that they want to cling on to TASO because in their view, it could be the only saviour they have to redeem them from their problems.

Organisational backing

Equally related to financial constraints is poor facilitation. Some fieldworkers go without food when they are in the field. This was however only found among workers from CCF. They have no lunch and transport allowance when they go to the field. Workers in CCF have to move by foot most times if the places are near but if they are far they have to ride bicycles moreover their clients are usually far apart. Fieldworkers travel long distances to reach their clients. There are few motorcycles that they can use yet the people going to the field are many, and even those few are in poor mechanical conditions. This is a challenge to workers in the two organisations. This was observed by the researcher too because as the researcher was going with one fieldworker from TASO to the field, the motorcycle broke down on the way and the trip had to be cancelled for that day. Moreover, the terrain in most parts is mountainous, some of the workers in CCF and TASO work in rural area which is mountainous and the roads are poor. In some parts, they cannot ride a bicycle or motorcycle. They have to foot. The researcher equally observed this, for we had to pack the motorcycle down the hill, and climbed up the mountain for about 1 1/2 kilometre. One may say that 1 1/2 kilometre is a short distance but it is too long when you are climbing a mountain and when you are going to visit more than 3 clients who are far apart. When it rains the roads are slippery and dangerous. One worker from TASO said:

When it rains, the roads are so slippery, many fieldworkers have got accidents on these roads, and this implies that the target may not be met.

However this is not about meeting the target only, it's also about their lives. It implies that their lives are in danger especially when it rains.

The study also reveals that the sizes of some buildings are too small for carrying out their work. Some of the training rooms available at the centre in CCF for example are too small to conduct training for larger groups. As earlier noted this is equally related to the financial resources available.

5.4 Administrative challenges.

Challenges for fieldworkers are of a diverse nature. Some of these are internal but as earlier noted they could be influenced by other external factors.

Bureaucracy

The study indicates that in both organisations there is too much bureaucracy which causes unnecessary delays in implementation of their programs.

Administrative challenges? Those are there. In TASO every one is busy, so you may make a requisition, to you its urgent yet to others its not. So you keep being tossed up and down for signatures, it may take days. By the time you get the money ...it's too late. At times you request and get the money two months later. May be you could have already mobilised people. Certainly you have to get money, whether your own, to see that the activity runs....

That is an expression from one officer to show how bureaucracy can cause delays in implementation. Administrative structures are sometimes too challenging for fieldworkers. Yet these structures at times are not very clear. CCF for example has no clear effective administrative structure at community level according to the workers. At the community level, they had what they called a community chairperson (a community member with the responsibility of monitoring the workers) who according to them did not have any power. One worker from CCF lamented:

Bosses we report to are not near. Any requisition, any stationery, and pencil you have to travel to the area office and follow the bureaucracies....some times what you have requested is not even there, you have to travel again.

The community chairman has no powers. Decisions are made at the top and no ideas from the chairperson can be taken if the Area office does not agree with them, the fieldworkers tell

their story. It is necessary to have some bureaucratic structures within the organisation but when this is too much, it delays implementation and this affects not only the workers but also the organisation. Bureaucracy as noted by Adams et al (1998) has proved inadequate to guarantee efficient performance in complex contemporary organisations. Some bureaucratic tendencies are hindrance to good performance.

Communication patterns

In CCF, there was confusion in communication within the administrative structure. Flow of information does not always follow the hierarchical structure. Information can move right from the top to the bottom without passing through the middle managers. It may not be easy to assume why such omission in flow of information exist but the consequences of such situations quite often cause tensions between the fieldworkers and the middle managers. It could be, because of the urgency of the matter or that may be the top management does not trust the middle managers. But also the tensions that arise from it could be reflecting a power conflict between the middle managers and the top manager. Information flow within the organisation from different levels in the structure has an impact on the workers. The channels through which information reaches the lower staff may indicate that there is no clear structure for flow of information in the organisation. It may also indicate that the organisation is too big and information flow may be slow and could be the reason why the top management communicates directly to the lower staff. It is known that the bigger the organisation is, the more disjointed the information flow becomes. All the same if the top administrator decides to skip the formal means and communicates directly with the field staff, it may have a lot of implication. This is one of the areas in the study where differences in experiences among workers of TASO and workers of CCF were identified. While this does not arise for the workers in TASO, in CCF, some workers indicate a communication gap between the managers which has impact on them. One worker from CCF said;

People from the top want to deal with people at the bottom directly, but the middle person feels bad because protocol is not followed, and this affects me because to the middle manager, it appears like I don't have respect for him

These are some of the “bottlenecks” that fieldworkers find themselves in, particularly when the communication systems are not followed. Adams et al (2005:16) say social workers have multiple accountabilities. Many times fieldworkers fall in such dilemmas. In such situations they get confused on whom they should listen to, and each of their actions is likely to generate

a consequence from either side. And Lishman (2002:95) adds that; many times fieldworkers must negotiate conflicts between their formal professional bases. But that is not an easy thing especially if it involves your bosses. This kind of compromising situation can be a big dilemma to them.

Motivation

According to Adler (2002), there are important motives that drive people to work. It could be achievements, power or affiliation. Also the expectancy theorists according to Adler claim that people are driven by expectations that their actions will produce certain results. Workers assess both their ability to perform a task and the reward for successful performance like continued employment, pay check, or the ability to support ones family (Adler 2002; 177). This is related to reciprocity as the systems theory asserts. Individuals will always expect to get something from their superiors in return to the tasks they perform. This reward can be of any form.

The study reveals that despite all they do, fieldworkers get peanuts. The work they do is enormous but what they get is too small. From both organisations this comes out. The difference is that in TASO it is the difference in the salary structure that is stressed rather than the amount itself. There exist unfair motivation methods by the administration in TASO as reported by some of the workers. There are different salary structures and privileges for counsellors. One of the workers in TASO lamented:

Though we are counsellors but our pay is different. Here in TASO we have full time, part-time and paid voluntary counsellors. But one thing is that we do the same work. What is part time, when you are working all through? Working on days like public holidays there are allowances, it is only full time counsellors who will work and they are the only ones to get the allowance.... A full time counsellor will replace a part time counsellor in the car when going for out reaches, even when the part-time counsellor sat earlier. Then you ask why should one leave the car yet he / she entered earlier?

Adler (2002) citing Frederick Herzberg says that certain extrinsic factors (those associated with the environment surrounding the job) have the power to demotivate employees. Extrinsic factors that are associated with job dissatisfaction include poor working conditions, supervision, and relations with co-workers, salary, organisational policy and administration.

Equally actor-systems dynamics theory points that external factors will condition social action within a system. These cause dissatisfaction and may contribute to losing staff from the organisation. This was evident specifically in CCF where the high labour turn over was partly attributed to poor working conditions. However other reasons could not be ruled out.

In my opinion, motivation is a set of processes that stimulate, direct and maintain human actions toward attaining some goal. These processes may be internal or external to the individual, but they arouse interest and persistence to pursue a certain course of action. Motivation and job performance are not similar but they are interlinked. Motivation is multi-faceted, and people may have several different motives operating at one time, it could be meeting their needs or any other that you can think of, but if this is not attained, they will not derive satisfaction from that course of action. If people are satisfied with their jobs, then they are comfortable and have pleasure in working and this pleasure has positive effects such as kindness which is a very important attribute when working with people living with HIV/AIDS. Job satisfaction may also mean that people identify with their jobs or that they view their jobs as significant. Motivation and job satisfaction will lead fieldworkers to work effectively bringing out their best performance. This is not only good for the organisation but even for the beneficiaries.

Fieldworkers just like any of us are sometimes self-centred, seekers for a bit of praise and generally like to think of themselves as winners like any other worker. They are very sensitive and responsive to external rewards. They need meaning in their lives and they can sacrifice a great deal to the institutions that will provide meaning for them. Systems theory asserts that there are expectations from all the subsystems. Fieldworkers do their work because they expect some rewards from the institutions. A mutual link between the organisation and individuals is crucial in motivating workers. Therefore if they are not motivated to perform the organisations will also stand to lose.

Change in service delivery approach

Fieldworkers face changes without being prepared for them. A case in point is in CCF where Changes were introduced within the organisation on the approach of delivering the services that has direct implication on the work of fieldworkers, but there was no prior preparation for that. One worker who is against the changes says;

On policies I don't agree, their changes are so abrupt, they don't give someone time.

In the new approach, partners are used to deliver the services at the community level, while the old approach used workers. This may have yielded negative comparative implication on the way the workers view their work and this could have also yielded emotions, and probably this could be the reason why in CCF fieldworkers seem not to be positive about their work. This new approach has implications even on the beneficiary. The beneficiaries still have a dependency syndrome of wanting “hand outs” even when they are able to support themselves. This according to the fieldworkers is hinged on the previous programs that were based on relief. This could be one of the reasons for high expectations from the CCF community locations. This challenge is based on the fact that organisations are systems and interventions initiated within the organisation often impact on others within the system. The change in service delivery approach has had negative impact on the fieldworkers.

5.5 Training

The study reveals that fieldworkers from both organisations have been extensively trained in most areas regarding HIV, but the challenge that still exists is that in one organisation the problem is the language to use while training, while in the other the skills have not been utilised. In TASO, given that most of their clients are of low literacy levels, some fieldworkers cannot train in the local languages. Like one of them said:

I have the knowledge but the challenge is language....I cannot train in Ateso yet as I said most of our clients are illiterates or semi-literate. So you cannot train in English.

The language to use in training especially among semi literate and literate people is important. For effective delivery of information, the workers should use a language that the beneficiaries understand most to avoid misconceptions. In HIV education, it is important that beneficiaries get the message the way you want them to get it as a worker, or else they can understand it in a totally different way. An example of a sensitive message that was misunderstood that I have learnt through my experience as social worker is that of the use of a condom as method of contraception. A trainer used a banana to illustrate the use of condoms to couples and in a few months most of them came back to him with their wives pregnant, accusing him of having told lies. This is because they did not understand which part of body the banana implied. Being fluent in the language of the people you are training is important. But using the local language is not only about passing on the message clearly but it means that you identify with them as a worker. Identifying with beneficiaries can be a crucial asset when it comes to issues of breaking cultural practices or inculcating behavioural change in the community.

On the other hand fieldworkers in CCF have enough skills too but these have not been effectively utilised. The skills are “untapped” as they put it by their organisation. The skills that they have acquired have not been passed out to others.

Utilisation of acquired skills is also a motivation to work. Fieldworkers feel motivated if they are given an opportunity to exploit their skills; this does not only build their confidence but gives them satisfaction. Coulshed (2001) says that unlike robots, people find satisfaction in finishing a whole task, controlling their behaviour, setting their own targets and working together as a team. The word “untapped skill” in itself has negative connotations and this may mean the workers feel they are not utilised by the management of the organisation, either it has little or no faith in them, or that they are not able to perform. A quote below from one of the workers can substantiate this assertion.

I have been trained all round. We are trained and dumped there. We should be put to task.

This statement implies that workers derive contentment if they are given an opportunity to utilise the skills they have acquired. It is important for workers’ skills to be well-matched to their jobs’ requirements. It is possible that if workers under utilise their skills, they may experience boredom and depression, more anxiety and less satisfaction. Both workers from CCF and TASO indicate that they get job satisfaction in utilising the skills they have. The difference is that those of TASO have been given the opportunity to utilise their skills though language is a barrier, while those in CCF have not been given the opportunity.

5.6 Diverse problems of HIV clients

Sometimes these organisations may have limited capacity to carry out certain activities. TASO as an organisation has limited capacity to carry out certain activities. Due to the problems of TASO clients, new programs have been developed to meet the needs of the clients, some of which TASO has no capacity to handle. One of TASO field officers said:

Because this person is needy, though we have given drugs, we have given counselling but because he/she feels sick and has lost his/her productive work or lost the job, the child is not at school, so TASO says may be we shall give loans but this is not a micro finance for us to run the loan scheme.

The statement above from one of the fieldworkers in TASO shows the kind of diverse activities TASO has had to get involved in. This has a direct bearing on the fieldworkers because they have had to get involved in some of the activities for which they don't have the skills.

5.7 Documentation.

As organisations it is important that there is proper documentation of all activities but as it is realised from the study, there is improper documentation particularly in CCF. According to the fieldworkers this is the main reason why CCF is not as popular as TASO yet they do more or less the same activity. A lot is done by CCF but little is documented, some thing that costs the organisation in terms of public relations. One may then ask what could be causing this. Could it be that there is a poor filing system within the organisation, or that they have a lot to document or that they don't have modern documentation methods given that they are mostly rural based? This is something that may be difficult to establish unless one digs into the internal systems of the organisation and specifically looks at documentation.

From a theoretical point of view, an organisation is a system. People within the organisation are interdependent with each other and with their environments, that is to say *they are people within the environment* (Payne; 2005), but at the same time the organisations interacts with other systems that may influence organisational processes. This implies that in an organisation, it is not necessarily the internal factors that are a challenge to the fieldworkers, but there could be some external factors that may cause challenges for which the organisation may not have much control. Burns and Flam (1987) also stress that the institutional order of a social system is viewed as a resultant of multiple, often contradictory structuring processes. Take for example inadequate funds from donors. If the donors cut the funds, the organisation has to re-adjust almost all its programs. So some challenges may be caused by other systems within the environment rather than within the organisation.

However, there are mechanisms within the organisation to lessen the challenges of these workers. Some of these are pro-active and therefore are planned for well in advance but others are reactive for they are dealt with as they come.

5.8 Strategies to overcome challenges

The relieving mechanisms that exist may involve their peers; they could be de-briefing mechanisms or may involve liaising with other agencies.

Stress management

In TASO Stress is managed through recreation activities organised by the organisation. Some of these recreation activities include games and sports. Fieldworkers have exchange visits, where several places either within the country or outside the country are visited. This is a pro-active mechanism which is planned for by the organisation. TASO encourages every staff member to have a personal professional counsellor with whom to share personal concerns. In CCF stress is managed by sharing. Meetings are used as a means of sharing the stress issues. The meetings are organised quarterly at various offices, and monthly with their community volunteers. In these meetings they draw future plans on issues concerning them. Sometimes they share the stressing issues with their workmates. The mechanisms of managing stress are different in the two organisations probably because TASO has more resources than CCF. Whether you are an individual seeking solutions; a professional caring for clients suffering from HIV; or a Personnel dealing with workplace pressures, stress is encountered and it should be managed.

Overcoming Financial challenges.

Overcoming financial challenges is not easy for fieldworkers and organisations because finances are never enough. However strategies are in place to cope with the situations. In situations where funds delay to be released, fieldworkers have to look for any means available to make sure the activity runs. In TASO for example they try to borrow from other departments that may have some balances, or get from their own sources and get refunded when the funds are released. Also, financial constraints are lessened by partnership and advocacy. Organisation theory alludes that organisations interact with other organisations in the same sector with in the landscape for support. Both of these organisations work with other partners in the same field. This could be because they want to avoid duplication of services since sometimes they operate in the same communities, but it could also be to offset some financial constraints. Fieldworkers write proposals and teach their clients to write proposals to seek funding from other agencies. TASO and CCF have strategies like introducing sustainable programs in the community for example initiating income generating activities for their clients. Projects like horticulture and bee keeping have been started for CCF clients.

Overcoming Transport challenges

Since equipments such as motorcycles are limited, the fieldworkers use public transport to go to the field and are refunded on their return. However some times they are not refunded. This is not the same in both organisations. TASO fieldworkers who use public transport are refunded, but this is not the case in CCF. This could be because the organisation has less resources but it's possible that they do not refund because they feel some of the trips are not genuine. Indicators of this may be found in the times they get the refund. Why is it then that sometimes they refund them and sometimes not? Could it be that there could be something wrong with the trips they do not refund? This could be possibly established if managers were interviewed. Never the less, Fieldworkers of CCF sometimes foot to near by places. Another strategy, which may not be seen to be positive, developed by some fieldworkers in CCF is to sit in the office, when there is no transport. In my opinion most of the work of a field staff is found in the field, and therefore sitting in the office is not regarded as a positive strategy because then, they are not able to visit their clients, assess their condition and give them the necessary support. Sitting in office to write reports and sort out a few things is okay but more time should be spent in the field. But given the situation, sitting in the office may be the only option left.

Continuous education

Some of the challenges have no better solution rather than continuous education and explanation. For example if the demand is high and yet the resources of the organisation are limited, the best fieldworkers can do is to explain the limitations of their organisation. Fieldworkers in CCF and TASO have to continue explaining to their clients what their organisation can offer and what they cannot. Overcoming challenges is a gradual process and not all challenges can be handled at once. Each is handled at its convenience by the organisation because even the organisation is curtailed. Some actually may not be solved. It is rare that these organisations have at any one time adequate finances to meet all the needs of their clients. In Uganda resources are ever limited and therefore fieldworkers may just have to cope with some challenges.

It is important to note that challenges faced by fieldworkers will influence the strategies the organisation takes to overcome those challenges. Similarly, the challenges and solutions may themselves influence problem solving approaches within the organisation. This in turn may influence the attitudes of fieldworkers towards their organisation and their work.

5.9 Problem solving approaches within the organisation and its impact on fieldworkers.

5.9.1 Approaches

Fieldworkers play a big role within an organisation but they face a number of challenges too. Some of these challenges are solved while others are not. Organisations have different approach in handling their problems which may affect the fieldworkers in one way or the other. Fieldworkers bring their personalities, feelings and social roles to work and are affected in turn by the way in which they find themselves treated there. The methods of problem solving within the organisation can either raise or reduce morale. The study reveals that both organisations have approaches to dealing with fieldworkers' problems but there are a number of striking differences. In TASO, the approach used to solve workers' problems is an approach of dialogue while the approaches used by CCF are varying.

To be deprived of choices is to lose all meaning in work. Participation in decision making plays a central role in organisational development (Adler; 2002). Most decisions in TASO are taken after discussion with the staff though in few instances decisions can be taken from the top especially regarding salaries. There are formal and informal structures of solving workers' problems. The formal structure is where they have a human resource manager with the responsibility of handling workers' problems. But on top of that, there is an informal structure of *sengas* (aunts) and *kojjas* (uncles). These are colleagues within the organisation whom people talk to when they have problems. In TASO, the workers appreciate the problem solving approaches that are available within the organisation.

In CCF, there are several dimensions on problem solving approaches in their organisation as reported by the workers. Sometimes discussions are held with the fieldworkers but their ideas are not respected. At times they do not discuss at all. CCF has a highly hierarchical structure where decisions are made from the top while TASO has a relatively flat structure. The approaches in the two organisations therefore are different. TASO has a bottom up approach while CCF has a top down approach. There are no suggestions from other members of other levels that are taken in CCF. It is established from the study that some workers in CCF refer to their administrators as dictators. In CCF there is a formal structure but there is no specific desk to handle workers' problems. They do not have human resource personnel. One fieldworker explains the situation by saying;

No, no, they are dictators; we don't have a desk where our problems can be submitted. They just decide from the top, they don't see, they just sack. But in most cases this is not a solution.

The above statement seems to reflect anger. This anger is caused by lack of dialogue between managers and the fieldworkers when there are problems. Fieldworkers bring their feelings at work. The culture of blame as the quotation indicates affects them negatively. Such feelings require an awareness of how they may impact on their work.

5.9.2 Pride in the organisation

We note from the study that the approaches used to handle fieldworkers' problems within the organisation may determine the attitude that workers may develop towards the organisation and towards their work. Most of the workers in TASO seem to be proud of their organisation. This may be due to the friendlier approaches, but it could also be the benefits they get there in terms of career building, their achievements, the integrity and solidarity within the organisation, and the unity that exists between administration and workers. The factors mentioned may not be ruled out completely but it is worth mentioning that friendly approaches within the organisation could equally be a contributing factor. The unity and solidarity could be a result of the dialogue that exists. This may in turn influence the quality of performance. In CCF however, some workers reiterate that the management looks at a worker as "a mere worker" (as put in their own words). That statement may imply that workers feel that they are not respected by CCF administrators. Whether this may create less pride in the organisation may be difficult to conclusively reach at, because some few workers despite all that, they took pride in the organisation while others did not. But a fact is that people's attitudes and perceptions over their work and organisation is influenced by a number of factors including how their problems are handled. The approach could be an inspiration for fieldworkers or a demotivation for them.

Employee commitment to their organisation has an impact upon the services they provide. If workers don't have pride in their organisation then it may raise the question: what are the workers telling their friends, family, and beneficiaries about the quality of services they provide? Lack of pride may be reflecting a decline in the trust the fieldworkers have in the organisation. The dissatisfaction with senior managers may reflect a failure to engage

employees in organisational decisions. Engaged employees create a good picture of the organisation hence creating a bigger future reputation for the organisation.

5.9.3 Job satisfaction

From the study, it also comes out clearly that approaches to handling problems of workers are very crucial. Just as people can affect the working of the system, so too can they be affected by it (Coulshed; 2001). That is, the general climate of the work place and the way they are treated there. The culture of “fault finding” by management negatively impact on the workers and this may reduce their motivation to work. In TASO, where there is dialogue and where the fieldworkers participate in decision making, the workers have the motivation to work and perceive their organisation as one of the best. One could argue that this could be derived from other factors like better remuneration, but this can be questioned with the statement by one of the field workers sited below:

I have no reason to leave TASO however much I see a job advertised with a lot of money. I feel I am comfortable with TASO.

Therefore it may not be remuneration that can facilitate retention of staff but also the contentment one derives from the job. This satisfaction may also be derived from the culture and climate of the organisation. In TASO for example spirit of solidarity may be a culture in the organisation while the dialogue can be said to be the climate in TASO.

In CCF, where some of the fieldworkers perceive their administrators as dictators, they have less motivation to work. Some of them give up with fieldwork and sit in their offices to write reports since the administrators are far away. Recommendations on problem solving are even suggested by the fieldworkers that may improve their situation. These include need for dialogue between the top management and the field staff, avenues for discussion need to be sought so that staff problems are discussed and addressed. There is need for a human resource manager and a desk to handle workers’ problems. Also some policies regarding workers including their remuneration need to be revised according to these workers. Less of this CCF may just become “a training ground for others” as the workers put it. One of the fieldworker said:

There is need to raise and revise staff remuneration. Ever since I came to CCF there have been complaints. That’s why there is high staff turn over. Those who leave CCF are doing well outside. They could keep their staff if they wanted.

Organisations have social and psychological properties and if well utilised they can play a big role in motivation and building team spirit. The friendly approaches signify a spirit of unity within the organisation and unity builds team work. This is very evident from TASO where the family spirit and unity is seen to exist in the system. One worker commenting the spirit of unity is TASO alluded:

In the whole of TASO Uganda, we try to care about each other. Talk about the social functions, some one from TASO Mbale can be supported by another from other TASO branches.

To have a structure specifically responsible for handling workers' problems is essential. But it is even more important if there is team work and the spirit of togetherness between the top structure and the fieldworkers. As noted above this has great impact on the workers. One can argue that there could be a number of factors that may influence workers' attitudes towards their work and organisations, like the challenges that they encounter and how they are solved. The challenges workers face, how they are dealt with and the approaches used in solving workers' problem within the organisation may raise negative emotional feelings among the fieldworkers. Workers may respond to this in various ways. Depending on how they are treated and how they feel about their work, fieldworkers may develop either a high or low self esteem towards their work. They may have a feeling that they face greater challenges than workers in other organisations. Some workers in CCF felt they faced more challenges than others in other organisations, while those in TASO felt that all workers faced relatively similar challenges, the difference being only trauma which is felt more in TASO than in CCF. Why do workers in TASO think that they feel more trauma than others? Could it be because they are more sympathetic than others? Could it be that they identify more with their clients? Or could it be because trauma is acknowledged in the organisation? Perhaps TASO gives an opportunity to workers to express trauma because there is a system within the organisation to deal with it. While in CCF, the workers avoid it because there is no mechanism in the organisation to deal with it.

Others may also respond by resigning from making any contribution to the development of the organisation, but whatever the response; in one way or the other the organisation is also affected. To put it in a more theoretical and general way; an organisation's employees are a major asset not only in themselves but also because the organisations reputation and future success depends on them. So getting the best out of them is a concern of the whole organisation. The relationship between the fieldworkers and the organisational environment is

reciprocal. Each influences the other over time. From the theoretical perspective therefore since organisations are like living organisms, particular interactions might help the workers work better towards the desired outcomes (Coulshed 2001). The concept organisation is from a concept organism. Which means if one part gets hurt the other is affected. TASO seems to have understood this better than CCF.

There are significant differences on how workers problems are handled in the two organisations. A question then arises; what brings about this significant difference? Could it be the different points of departure at the beginning? Could there be a link between organisation history and current situation? Does the spirit of togetherness in TASO now, reflect the spirit of unity that the founding members of TASO had at the inception of the organisation? Do the problems in CCF signify a problem generated at its inception? Is it because CCF is more of a foreign organisation lifted from America while TASO is more of an indigenous organisation? This institutional feature may explain some of the differences in the internal mechanisms. Perhaps unity in TASO is a seed that the founding members sowed and has been growing over the years. It is quite difficult to know but it shows that the foundation upon which the organisation is built at the inception may have a bearing on what direction the organisation will follow in the future and how this may help or hinder fieldworkers' performance. Of course there are always changes but these changes may not wipe out the fact that the foundation matters.

5.10 A summary of similarities and differences between the experiences of fieldworkers in the two organisations

The purpose of this study was to analyse the challenges fieldworkers in TASO and CCF face. The comparative description above on the challenges of workers in the two organisations reveals some similarities and differences. Workers in the two Non governmental organisations in the study encounter some similar situations despite the differences in structure, approach and resources that they have. The main differences are in the internal mechanisms of solving workers' problems. A summary of similarities and differences is given below.

Similarities

Field workers in both organisations have relatively similar responsibilities and experiences. All workers have a primary goal of supporting people living and affected with HIV and AIDS. This is done through community education, psychosocial support, networking and material support like income generating activities.

The scale of HIV is still great in their areas of operation and the most affected categories of people are the children and women. Fieldworkers in both organisations concur with this and argue that they have a big number of women and children to offer the services to, yet their services are limited. The scale of HIV is also reflected in the social stigma that still exists in the community. Fieldworkers in both organisations added that most men have self stigma and therefore do not seek their services. But fieldworkers in both organisations have tried to do something to help people living with HIV in the community. They have registered some common achievements like restoring hope of the affected, raising awareness and building social networks for PLWHA.

Field workers in both organisations also face some common challenges. Stress, bureaucracy and inadequate resources are challenges that cut across both organisations. Bureaucracy and inadequate resources hamper their activities and even cause some delays while stress affects their lives even after work. However, there are some common strategies in overcoming their challenges like writing proposals to access funding from other funding agencies and continuous education of what they can offer from their different organisations.

Differences

Fieldworkers from TASO provide wider services compared to those of CCF. Provision of food, medical services and supporting orphans in their education, are some of such services that are offered in TASO and are not offered by CCF and because of this the study indicates that the fieldworkers in TASO might have a greater workload compared to those of CCF.

Differences also emerge from the kind of challenges they meet. Fieldworkers in CCF face more administrative challenges than those of TASO. Poor facilitation, changes in service delivery approach, poor remuneration, problems in communication patterns, documentation problems, untapped skills are some of the challenges faced by workers from CCF and not TASO. The strategies used by the two organisations in overcoming challenges also vary. In TASO, fieldworkers are taken for retreats and trips to manage their stress but in CCF they

share with colleagues or share with management in the regular meetings that they have. Fieldworkers in TASO also get their money refunded if they use public transport to visit clients but those of CCF are some times not refunded. The major difference however emerges from how the organisation's management handles workers' problems. Unlike TASO where there is dialogue in solving their problems, in CCF they use the top-down approach to solve fieldworkers' problems. There is no office to settle their problems while in TASO there is a formal and informal structure to settle workers problems.

Fieldworkers in TASO take pride in their organisation while in CCF most fieldworkers do not take pride in their organisation. There is unity and solidarity in TASO. Fieldworkers and management work together but in CCF they don't. Top management does not discuss with fieldworker, even when they do, they do not take workers suggestions. The fieldworkers in TASO are satisfied with their job but in CCF most of them are not satisfied with their job. It is the internal mechanisms of handling workers' problem that are very different between the fieldworkers in the two organisations.

Conclusion

HIV/AIDS is an 'invisible enemy' and it is now recognized worldwide as not only a health issue but carries cultural, social, economic and political connotations that have been seen to pragmatically impact on human and economic development. HIV is shattering peoples' lifestyles as well as shattering children's lives and reversing many hard won children's rights gains. There is absolute imperative that the Global community and every individual nation urgently mount large scale, multi-faceted response to secure the future of all the people. Uganda views HIV/AIDS as a multi- prolonged problem that calls for concerted effort from all sectors of life. Yet despite this expression, the actual response has been limited in scale, some times fragmented and short of what may be required to halt this preventable tragedy. A number of model frameworks have been developed among which includes the use of non-governmental organisations and community based organisations. Many non- government organisations like TASO, (The AIDS Support Organization) and Christian children's fund Uganda (CCF U) have contributed to the fight against HIV/AIDS in the country. The support in these organisations echoes the key theme of providing services at the community level enabling the community to handle the problems that arise with HIV/AIDS. Fieldworkers often provide social services in different areas to mitigate the impact of HIV in the community settings. To restrain on costs, these organizations emphasize immediate involvement and community-based care. In the bid to mitigate the impact of HIV, NGOs and the workers meet a number of challenges. Such interventions by the organisations cause changes in the entire system, and these pose a big challenge to the fieldworkers.

The study has revealed that work in the organisations, particularly to those working to mitigate the impact of HIV/AIDS is extremely challenging for fieldworkers. There are many hassles that they go through but despite all that, they continue to work diligently and effectively.

TASO and CCF are different in structure, approach and in their point of departure. TASO may have more resources than CCF, but the study reveals a number of common experiences and similarities between the workers of these two organisations. Fieldworkers in the two organisations have a big responsibility to offer to the PLWHA in the community. Workers in both organisations have a principal objective of supporting people living and affected with HIV and AIDS through community education, psychosocial support and material support like income generating activities. However, TASO has a much wider focus and therefore the

fieldworkers of TASO have the extra responsibility of distributing food and medical services including ARVS to PLWHA. There is a lot of struggle as fieldworkers take on these responsibilities and resources within the organisations are far less than what is required to meet the available needs. But even with the limited resources the fieldworkers have tried to help the people afflicted by HIV AIDS in the community.

A lot of successes have been recorded like restoration of hope of people living with HIV/AIDS and rising of awareness. CCF is particularly commended for building communities' capacities in the fight against HIV and TASO is commended for reduction of stigma in the community. These achievements have contributed to the fight against HIV in the country. But these results don't have a simple passage, and with so many lives of people at risk and with a lot of pressure from their environment, they have achieved that through great effort. Fieldworkers are influenced by so many conditions. It could be their efforts and abilities, or many other factors. These may include the shape of the organisation, the nature of the job, the whole culture of the work place and other external factors. How these influence the fieldworkers generates some challenges.

Fieldworkers work in very difficult conditions where there is poor facilitation. Existing capacities cannot adequately meet the increasing demand for HIV/AIDS prevention and care services; they experience stress and burnout given the nature of their clients. There are pressures rising from the administration and above all, both organisations do not have enough funds which has a direct implication on them. However, workers in CCF face more administrative challenges compared to their counterparts in TASO.

Both organisations have tried to develop reproductive means to help them reduce some of the hassles. These have taken varying dimensions in the two organisations. Some of these include using of fellow peers and meetings with the management in CCF, and in TASO, the use of the formal means like the human resource department and the informal means of uncles (*kojjas*) and aunts (*sengas*) to lessen their burdens at work. Overcoming some of these challenges has been successful or at least partially successful, but the challenge of inadequate financial resources still remains the biggest unresolved challenge in both organisations, yet it influences other challenges. But efforts are in place to resolve this problem. Fieldworkers try to write proposals to funding bodies and network with other agencies to raise some resources.

However, how fieldworkers' problems are handled in the organisation influences their attitudes towards the organisations and work. Work is a vehicle for achieving personal needs and ambitions and work creates an identity for workers. Therefore people should take pride in where they work and should have satisfaction in what they do. But from the study a conclusion is drawn that the way problems of workers are tackled within the organisations influences their attitudes and perceptions towards their work and organisations either positively or negatively. Fieldworkers in CCF have a negative attitude towards their work and organisation because the administration does not involve them in dealing with their problems, something which TASO as an organisation seems to have conceptualised very well. It can therefore be inferred that there are slight differences in the successes, experiences and challenges faced by these groups of workers. What is very different is how management handles their problems and how this has yielded various reactions from the workers. Those of TASO have taken pride in their organisation and view it as the best in the country while those of CCF view their organisation as not good enough. Some of the workers in CCF have even taken a low profile in their work while others have developed an "I don't care" attitude towards their job. But this is dangerous because it is not the organisation that suffers most, but the people living with HIV/AIDS. It is these internal differences within the two organisations which is the most distinctive feature in this study.

There could be many explanations for this difference but from the study a theoretical explanation is suggested. The difference might be caused by the two main agencies; the structure and the actors. There is a mismatch between the structure and the actor in CCF. In CCF the organisation does not support the workers to do their job, while in TASO there is a mutual link between the organisation and worker. Organisational affiliation always implies yielding to the will of others be it your team mates, bosses and the feeling towards this subordination may vary as well as the degree of subordination. From this point, it is realised that feelings towards the relationship between the super-ordinates and subordinates in the two organisations is also different and this explains the difference in the attitudes workers have towards their work and organisations. However in this dynamic world, there is a multiplicity of other factors that create this difference. Social actions, Interaction settings and processes; exogenous and endogenous constraints all contribute to this difference. But what is important to note is that, the challenges that are typically identified suggest that something needs to be done to move from rhetoric to action to help the workers "fight a good fight".

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Appendix

Interview guide

Section A: Demography questions

I would like to ask you some questions concerning you.

- questions related to
 - i. Age, sex,
 - ii. Marital status,
 - iii. Family size,
 - iv. Occupation.
 - v. What is your qualification?
 - vi. Have you been working in this field before
 - vii. How long they have been in the organisation

Section B: Work

Can you tell me what your work consists of?

- what is your experience in this position
 - i. In relation to HIV situation
 - ii. what is the Impact of HIV in relation to gender
- What goes well in your work?
 - i. Have you got any story that went well in relation to your work?
- what challenges do you face in your work
 - i. in relation to work
 - ii. financial challenges
 - iii. Training challenges
 - iv. Administrative challenges
- Have you been able to overcome them?
- How have you been able to overcome such challenges
 - i. Net working
 - ii. Resource mobilisation
 - iii. Retreat

Section C: Organisation

- what have been the successes of the organisation in the fight against HIV
- What are the major challenges your organisation is facing in working to mitigate the impact of HIV.
- What do you think of your organisation
- Do you agree on how your organisation handles your problems
- What would you want them to do in regard to your problems
- Do you know of any other organisation that has been effective in fighting against HIV
- What do you think makes that organisation effective?
- In your opinion how do you view your challenges in relation to other workers in other organisation
- Is there any thing I have not asked that you think will help me understand your work better?