

Role of NGOs for Socio Economic development among HIV/AIDS affected families in Kanyakumari District

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ABSTRACT

NGOs perform the traditional role of delivery of services to the deprived and under-privileged sections of the society. Another major role of NGOs is the 'watchdog' role which is more fundamental for social development. These include prevention and misuse of governmental authority and economically powerful interests in perpetuating social injustices and arresting the trends of inefficiency and non-accountability of public administration. The third major role of NGOs is Cooperating with government agencies or supplementing their efforts in the implementation of their programmes. The Seventh Five Year Plan Document had identified the role of voluntary agencies in the implementation of developmental programmes as so far. To supplement the government's efforts in offering the rural poor choices and alternatives. HIV/AIDS is one of the major social issue in 21st century. The affected person are facing lot of social and economic problems in their day today life. The NGOs are acting as the vital role in socio economic development among HIV/AIDS affected families. They adopting unique strategies for implementing projects in grass root level. This article are focusing on the role of NGOs and their impact among HIV/AIDS affected families in Kanyakumari District.

Introduction

Voluntary organisation is not a new phenomenon in our country. Voluntary effort has always been an important part of our culture and social tradition. The need for organizing people into accredited associations and their involvement and participation in rural development have now been fully recognized. In recent years, they have increased in considerable number, acquired greater importance and significance and put up many new experiments in the field of rural development.

NGOs should work towards effective employee management in order to be efficient in living up to their respective mandates. The importance of Human Resources (HR) in a non-governmental organisation (NGO) as a means of ensuring sustainable growth for an organization cannot be overemphasized, as it is the fundamental strength upon which people, strategies, processes and operations are based. Effective employee management should be on top of the list of priorities for progressive improvement of an organisation. A NGO must strive to attract, develop and retain qualified and enthusiastic employees as they are the key to the success of one's business. HR in a NGO is no different to HR in any other sector, but the problems that HR professionals face within the NGO industry are quite unique.

Statement of the problem

Partnership with local NGOs working among HIV affected families has become an important feature in the development sector. Therefore the management of human resources in local NGOs is crucial as it contributes to the performance and sustainability of the organizations. However many local NGOs working among HIV affected families face diverse challenges in the area of human resource management. Local NGOs have inadequate HR management procedures in the organization and this affects the employee's work experiences and overall performance at individual and organizational level. Many local NGOs due to the size of the organization and scope do not have a human resource (HR) unit or a human resource manager and therefore they appoint staff to oversee staff issues who often do not have the required human resource skills and competencies to manage the employees. Another area that is challenging local NGOs is the fact that many depend on donor funds that are tied to funding cycles that are short term in nature. This affects the NGOs human resource capacity in terms of the number and type of staff to recruit and employment duration. The mentorship of management and board members in human resource management could be one way to improve human resource competence in these organizations. This paper seeks to highlight human resource management challenges local NGOs encounter and the importance of considering HRM as a strategic process that can contribute to sustaining an organization's performance.

Objective of the Study

- To review the profile of Non-Government Organizations (NGOs) in Kanyakumari District.
- To analyze the strategies of Non-Government organizations and their impact among HIV/AIDS affected families in Kanyakumari District.
- To study the problems faced by Non Government organizations working among HIV affected families.
- To offer suggestions for the betterment of human resource management strategies for NGOs to effective implementation of projects among HIV affected families.

Scope of the study

The Non Government organizations are not working alone but they are backed by the government, banks, funding agencies and other institutions concerned with the growth of the Economy. These institutions make sure that these NGOs functioning smoothly and successfully. This research mainly concentrates on the socio economic impact made by the NGOs among HIV affected families in Kanyakumari District. The topic can be further enhanced by comparing the status of beneficiaries' before and after the activates of NGOs and correlation between the Human Resource Management. Researchers interested in this study could further elaborate the research based on their ideas and view and give it a new perspective. The present study aims to evaluate the HRM strategic role of NGO'S in the empowerment of HIV affected families in Kanyakumaridistri

Historical Perspectives of NGO's in India

The term NGO's specifies the organizations undertaking voluntary social action. The word voluntary comes from the Latin word "will or freedom". Voluntary efforts for rural and urban development were first initiated by great individuals and organizations including Christian missionaries. In India Christian missionary work is very old but it proliferated a great deal during the British rule. It was only one in the last century that a series of non Christian organizations began to evolve. They began with the efforts of Vidyasagan and Ram Mohan Roy to bring about reforms with in Hindu society. With the emergency of the AryaSamaj and Rama Krishna missions there was a reaction to Christian missionary activity and indigenous NGO's began to evolve in India. Other religion groups (Muslims and Sikhs) also emerged for organized social action to protect and develop their communities' interests.

In ancient periods NGO's formed by individual rulers in India. For instance, Emperor Ashoka organized a group of volunteers called "Gopas" for social welfare work. During the Gupta period, the state had established workshops for the amelioration and training of handicapped persons. During endowment to the poor the voluntary system has been influenced by the values of Karma and Dharma. In Indian system charity and religion existed inseparably like, flesh and blood and thrived on the concept that religion and dharma means helping others especially the poor, sick, weak, old and women. Any approach contrary to the above has been conceived a 'Adharma', 'seek the counsel of the aged for their eyes have looked on the faces of the years and the ears have heard the voices of life', says one NGO. Since the old people are often neglected or even maltreated by their kith and kin, NGO's can play an important role of ameliorate their lot by providing good health care and a stimulating environment. In Indian seers have described our world as 'vasadevakutukmbakam', ie. Whole world is a family where sons and daughter fail to perform their duty to their elders; the NGO's can come forward to assume their role of kith and kin.

During the British period, some eminent political and social leaders had set-up a network of voluntary agencies, mostly geared towards removing the social disabilities and barriers to development. These agencies became more active during the Gandhian era. During India's freedom struggle a large number of NGO's emerged in fields of wide ranging activities, but only Gandhian/sarvodaya organizations, besides the religious groups, may be considered on any significant consequence in the welfare sector, especially in rural areas. Until the late sixties the charity orientation of religious missions and Gandhian/Sarvodaya groups was the dominant approach for most NGO's. Attitudes of piety and compassion towards the "poor and downtrodden" motivated senior citizen to work amongst such people. It was invariably an individual's mission of charity to do "construction work" in a deprival community.

For the government of independent India the tasks of development, especially rural uplift, were tremendous. The government launched its Community Development Programme (COP) in 1952. It is interesting to note that the basis for evolving the COP were two NGO experiments, on by Albert Meyer in Etawah District of Uttar Pradesh, and the other by the YMCA in Marthandam, Tamilnadu. Both these model were based on their earlier American experiments.

Role of NGOs in Development Cooperation

The essence of non-governmental organizations remains the same: to provide basic services to those who need them. Many NGOs have demonstrated an ability to reach poor people, work in inaccessible areas, innovate, or in other ways achieve things better than by official agencies. Many NGOs have close links with poor communities. Some are membership organizations of poor or vulnerable people; others are skilled at participatory approaches. Their resources are largely additional; they complement the development effort of others, and they can help to make the development process more **accountable, transparent and participatory**. They not only "fill in the gaps" but they also act as a response to failures in the public and private sectors in providing basic services.

Mirroring the support given to northern NGOs, official funding of southern NGOs has taken two forms: the funding of initiatives put forward by southern NGOs, and the utilization of the services of southern NGOs to help donors achieve their own aid objectives. Donor funding of southern NGOs has received a mixed reception from recipient governments. Clear hostility from many non-democratic regimes has been part of more general opposition to any initiatives to support organizations beyond the control of the state. But even in democratic countries, governments have often resisted moves seen as diverting significant amounts of official aid to non-state controlled initiatives, especially where NGO projects have not been integrated with particular line ministry programs. The common ground between donors and NGOs can be expected to grow, especially as donors seek to make more explicit their stated objectives of enhancing democratic processes and strengthening marginal groups in civil society. However, and in spite of a likely expansion and deepening of the reverse agenda, NGOs are likely to maintain their wariness of too close and extensive an alignment with donors.

The nature of NGO work

An NGO comes into being around a project, however broadly defined. In time, with success in the project and a reputation established, the NGO develops several projects, sometimes handled separately, sometimes clustered into programmes. The pursuit of these projects and programmes is largely conducted through funds received from donors of one kind or another. The funding is typically allocated for a specific project. Herein lies the next challenge in HRD. A project, by definition, has a beginning and an end. Staff appointments are therefore project-based, contractual, and for specified periods. It is a purely informal understanding that a person has a place in the organisation as 'a member of the family'. With such a heavy dependence on project funding, how does an organisation invest in HRD? Can an NGO offer long-term employment with career paths to its staff, accepting the risk of projects not coming its way in the volumes desired? If the software-development sector can function this way, are there lessons to be learned there? The critical question for the NGO is something like this: what sort of HRD can we offer, even if all staff are going to be with us only for three to five years? The link to the previous issue of manpower planning must be obvious. There is also a link to the next challenge, concerning the evaluation of and remuneration for jobs.

The Long-Wave Epidemic of HIV/AIDS

AIDS is new: in 2006, the 25th anniversary of its identification, there were close to 40 million people around the world living with HIV and over 20 million died. Globally the number of infections had increased rapidly. This growth has slowed but continues steadily, however it is confined to specific locations; the feared uncontrollable worldwide pandemic has not occurred.

The virus itself is unusual. The most common mode of transmission is sexual intercourse. Followed by mother-to-child infection, sharing drug-injecting equipment, and contaminated blood or instruments in health care settings. Because transmission is mainly through sex or drug use and there is no cure, there is much prejudice and fear. HIV/AIDS was and remains stigmatizing at an individual and national level. HIV/AIDS is a complex long-wave event: there are waves of spread and waves of impact. This concept is illustrated by the three curves in the figure. The first shows the prevalence rising steadily and leveling off, a silent spread. The second curve, six to ten years later, is the cumulative number of AIDS cases. These are visible but diffused across a nation, and each year the numbers are small. Those studying HIV know infections will develop into illness and, untreated, lead to death. At T1 number of cases at T2 can be predicted and should be planned for. The third curve, even further in the future, is the impact, which is harder to predict and plan for.

Some idea of the time scale comes from Uganda. Here HIV prevalence peaked in about 1989, and the number of AIDS orphans peaked 14 years later in 2003. In countries such as South Africa, where HIV prevalence may not have peaked, the number of orphans could still be rising in 2020. Orphaned children have the effect of being orphaned for the rest of their lives. Impact last for generations. The diagram shows three of the waves there will be others and the impact will be long term.

The future of HIV/AIDS is epidemiologically speaking, reasonably predictable. Unless the virus mutates and become more easily transmitted, it will be contained. Science is advancing and new treatments are becoming available. Technological prevention methods, such as vaccines and microbicides, are being developed although these are still some years away. The impacts are less certain, but will be confined to the worst affected regions,

notably parts of Africa; and most marginal groups. Due to specific demographic of declining and ageing population some Eastern European countries may be particularly impacted.

The Impact of AIDS on Production and People

This chapter discusses the effect of the epidemics on economies, production and social reproduction. AIDS does not, at the Macroeconomic level, appear to have a significant and measurable impact. However, long-term economic growth and development depends on investment in people, human capital is particularly threatened. As the level of focus narrows to the community, households, and families, HIV/AIDS has clear and measurable effects, which are worse of women. Of particular importance are the adverse consequences on subsistence agriculture, especially since there are other stressors at work.

Tracking the social and economic cost of AIDS is more complex than measuring the demographic consequences but the reasons are similar. The epidemic does not have a long history but what we measure is what has happened, not what will happen. Then there is the danger of research which may not ask the right question or look in the right places. Most surveys look at households, but AIDS means some disappear. There is tension between intensive ethnographic research done at an individual level, and national survey instruments that lose survey. People, communities, and economies have coping strategies, and the presence of AIDS means adaptation occur. Some predictions of what AIDS would do would were simply wrong. An example was the forecast of feral bands of AIDS orphans roaming the streets and engaging in criminal activity'; this has not happened. However, most illness and deaths are still to come. Unlike demographers who are able to model and project, it seems social scientists policy-maker, and politicians do not have the tools, skills, or even the wish to look into future.

Families and Households

The first consequence of the infection is stress. No matter who is HIV positive, the question is how did they come to be infected? Stories from across the world tell of the devastation an HIV diagnosis can bring. Because HIV is often identified through antenatal or when an infant is sickly, the infection is gendered-women are first to be diagnosed, and so they are assumed to have brought it into the family. At worst, it can lead to bitter-family break-up. Those who argue for massive voluntary testing campaigns underestimate the stigma and shame associated with what is, after all, a deadly sexually transmitted infection.

Illness individually affects the individuals. Adults who are unwell can't engage in productive work, including paid and unpaid employment as well as home work and childcare, this means people are less able to engage in community activities, the weft and warp of social reproduction. But this is not just a labor of sick adults that is lost; they in turn need care, which takes time and resources. Some help may be provided through state social and medical services, blue where this is not available, care has to come from the family and community. This means the spouses care for each other, children care for their parents, and the elderly tend their beholden and grandchildren. Most care is provided b women, and it is generally not recognized as real work. The ideas that family will provide care for the sick are hardly revolutionary, it happens out of necessity all the time. AIDS, however, is costly, increasingly common, and had a bleak prognosis. This disease is causing a huge trauma across households and communities.

The inability of adult to work means less income or less production. The initial response is to change resource use so that if the family has been saving, it will stop, and expenditures are reduced. People eat fewer meals, with a lower range and quality puff food. Possessions may be sold, or family may borrow. If the household is forced to sell the assets used in production chances of recovery are reduced.

Shocks to households are not unusual, and much has been written on this topic. People face droughts, earthquakes, floods, tsunamis, illness, and other catastrophes, and there are coping mechanisms that come into play. Unsurprisingly, the better resourced a household is at the outset, the better it will be able to cope. What makes AIDS different in that long periods of illness put a strain on even the richest? In Zambia, households with a chronically ill member have reduction in annual income of 30-35%, and where the male head of households dies, the income falls by 80%. Treatment is expensive, and even when drugs are provided free there are additional costs from transport to clinic, to ensuring the patient has an adequate diet. Thus the stark choice may be between eating and obtaining medication.

As a pandemic progresses, the burdens are increasingly falling on the older women, particularly maternal grandparents. Many people in the final stage of illness return home to be cared for by parents, bringing their children. Work in Warwick Junction in Durban by May Chazzan found that older women are unevenly and increasingly burdened by AIDS, bearing the brunt of the social, care-taking, economic, and emotional demands in their families. Two-third of those interviewed had cared for family members or neighbors sick with AIDS. The older women in this study suffered from chronic illness such as diabetes, arthritis, and hypertension and feared personal illness, not just for them, but because of what it would mean for their families. The burning question is what happens when today's grandmother's die; AIDS means the next generation of grandmothers will be absent.

In general, it is at the household's level that the worst impacts of AIDS are visible. One of the main factors

which exacerbate the impoverishment of people is the burden of care, providing for orphans and sick adults, which is a major expenditure and diversion of labor. Most affected households do not, in an identifiable sense, 'cope', but rather they 'struggle', and they do this because they have no other choice. In addition, households, especially rural ones, are obliged to carry the burden that is 'shifted' from the formal sector and urban areas. The unstated assumption is that 'wider society' will carry the burden: wider society in this context is chiefly women in urban slums and rural areas, and they are reaching breaking points.

NGOs working for HIV/AIDS Issue in Kanyakumari District

1. **CSR** has been working in the districts of Kanyakumari and Tuticorin for the past three decades addressing the core issues of the people. CSR learns from the people and converts them into development strategies in accordance with the signs of the time. These strategies of the programme were planned in line with the CSR's vision to identify human potentialities and promote human resources among the weaker sections especially women through collective efforts.

2. **CHARDEEP** was founded in 1998 and registered as a Trust (reg. no.50/98) in the same year on the twenty fourth of June, 1998. Since its inception, the organization has had a working mantra of "Partnering People for Development" and has worked with the marginalized and rural communities throughout the district of Kanyakumari

3. **Catherine both hospital is a charitable**, non-profitable mission organisation registered under companies registration act. It is a century old hospital situated at Puthari near Nagercoil city. Its functioning with all specialities and modern equipment's. It is a three hundred bedded hospital multispecialty hospital. It was established in the year 1895 by a missionary called Catherine Booth. Catherine Booth was the life partner of William Booth who found the salvation army in world wide. The head quarter of Salvation Army is functionary in United Kingdom.

4. **Positive People Welfare Society** was initiated by a group of people infected with HIV in 2005 and 8th July 2005 as a Societies Registration. This is named and run by 9 elected Board members with the memberships of 171 PLHA. PWSK+ aims to promote a healthy and quality life and an enabling environment for PLHA. The AIDS Network is a registered charitable organization that offers services and education to people living in the communities in Kanyakumari District. We are the only organization in the region that offers services and support to men, women, children and families who have been affected by HIV/AIDS. With people in our community being diagnosed with HIV/AIDS every week, our organization is committed to addressing HIV/AIDS through education and support. Without your help, the AIDS Network could not continue to provide valuable services to families living with, and affected by, HIV/AIDS. We believe that community-wide support is essential to reducing the impact of the epidemic.

RESULTS OF MULTIPLE REGRESSION ANALYSIS AND CORRELATION OF THE INDEPENDENT VARIABLES WITH THE RESPONDENTS ON THE SERVICE LEVELS OF NGOS AND THEIR IMPACT ON HIV/AIDS AFFECTED FAMILIES IN KANYAKUMARI DISTRICT

Multiple regression provides a powerful method to analyze multivariate data. The purpose of multiple regression is to predict a single variable from one or more independent variables.

The co-efficient of multiple determinants (R^2) shows the percentage of variation explained by the independent variables to the dependent variable. The R^2 was tested for its significance by using ANOVA and "F" value.

It is important to evaluate the regression beta coefficients: unstandardized and standardized. The beta coefficients can be negative or positive, and have a t-value and significance of that t-value associated with it. If the beta coefficient is not statistically significant, no statistical significance can be interpreted from that predictor. If the beta coefficient is sufficient and positive means, for every 1-unit increase in the predictor variable, the dependent variable will increase by the unstandardized beta coefficient value. Once the beta coefficient is determined, then a regression equation can be written.

In the present study level of service of CBHs and their impact among HIV/AIDS Affected Families in Kanyakumari District (Y) about the existing marketing system is dependent variable and the socio-economic variables such as Age (X_1), Gender (X_2), educational Qualification (X_3), Occupation (X_4), monthly income (X_5), Monthly family income (X_6), family members infected by HIV/AIDS (X_7) and family status (X_8) are the independent variables.

The multiple regression results are presented in the following Table # and Table #.

MULTIPLE REGRESSION OF THE VARIABLES WITH LEVEL OF SERVICE OF CBHs AND THEIR IMPACT AMONG HIV/AIDS AFFECTED FAMILIES IN KANYAKUMARI DISTRICT

| Variables | Unstandardized Coefficients | Standardized Coefficients | | | |
|------------------------|-----------------------------|---------------------------|--------|-----------|---------------|
| | B | Std. Error | Beta | 't' Value | Significance |
| (Constant) | 43.061 | 1.987 | | 21.669 | 0.000 |
| X ₁ | 0.857 | 0.302 | 0.173 | 2.835 | 0.006 |
| X ₂ | 1.917 | 0.456 | 0.281 | 4.204 | 0.000 |
| X ₃ | 0.166 | 0.318 | 0.036 | 0.522 | 0.603 |
| X ₄ | -0.158 | 0.192 | -0.065 | -0.824 | 0.412 |
| X ₅ | 0.850 | 0.208 | 0.353 | 4.093 | 0.000 |
| X ₆ | 0.545 | 0.335 | 0.125 | 1.626 | 0.108 |
| X ₇ | -1.844 | 0.569 | -0.271 | -3.241 | 0.002 |
| X ₈ | 1.900 | 0.519 | 0.279 | 3.660 | 0.000 |
| 'R' | | | | | .901 |
| 'R²' | | | | | .812 |
| 'F' | | | | | 46.426 |

* - Significant at 5% level

In this analysis R² value was 0.901 which means 90.1 percent of the change in service levels CBH are explained by the independent variables. Table shows that the independent variables have a significant impact on the service levels. It is clear that the variables qualification, occupation and monthly family income of the respondents have a not significant impact on the service levels of NGOs (5% level). The remaining age, gender, monthly income, family members infected by HIV/AIDS and family status of the respondents have significant impact on the service levels of CBH - NGOs.

In the present study level of service of CSR's and their impact among HIV/AIDS Affected Families in Kanyakumari District (Y) about the existing marketing system is dependent variable and the socio-economic variables such as Age (X₁), Gender (X₂), educational Qualification (X₃), Employment status (X₄), Monthly Income (X₅), Monthly family income (X₆) and family status (X₇) are the independent variables.

The multiple regression results are presented in the following Table

MULTIPLE REGRESSION OF THE VARIABLES WITH LEVEL OF SERVICE OF CSRs AND THEIR IMPACT AMONG HIV/AIDS AFFECTED FAMILIES IN KANYAKUMARI DISTRICT

| Variables | Unstandardized Coefficients | | Standardized Coefficients | 't' Value | Significance |
|----------------|-----------------------------|------------|---------------------------|-----------|--------------|
| | B | Std. Error | Beta | | |
| (Constant) | 28.768 | 1.628 | | 17.669 | .000 |
| X ₁ | .875 | .376 | .137 | 2.327 | .022 |
| X ₂ | -1.125 | .376 | -.176 | -2.992 | .004 |
| X ₃ | .280 | .413 | .067 | .677 | .500 |
| X ₄ | .851 | .453 | .133 | 1.878 | .064 |
| X ₅ | .012 | .172 | .006 | .069 | .945 |
| X ₆ | 2.982 | .282 | .756 | 10.557 | .000 |
| X ₇ | 7.738 | .571 | 1.210 | 13.561 | .000 |
| | 'R' | | .965 | | |
| | 'R²' | | .931 | | |
| | 'F' | | 168.35 | | |

* - Significant at 5% level

In this analysis R² value was 0.931 which means 93.1 percent of the change in service levels of CSR are explained by the independent variables. Table shows that the independent variables have a significant impact on the service levels. It is clear that the variables educational qualification, employment status and monthly income of the respondents have a not significant impact on the service levels of Chardeeps (5% level). The age group, gender, monthly family income and family status of the respondents have significant impact on the service levels of CSR - NGOs.

In the present study level of service of Chardeep's and their impact among HIV/AIDS Affected Families in Kanyakumari District (Y) about the existing marketing system is dependent variable and the socio-economic variables such as Age (X₁), Gender (X₂), educational Qualification (X₃), Employment status (X₄), Monthly Income (X₅), Monthly family income (X₆) and family status (X₇) are the independent variables.

The multiple regression results are presented in the following Table # and Table #.

MULTIPLE REGRESSION OF THE VARIABLES WITH LEVEL OF SERVICE OF CHARDEEPS AND THEIR IMPACT AMONG HIV/AIDS AFFECTED FAMILIES IN KANYAKUMARI DISTRICT

| Variables | Unstandardized Coefficients | | Standardized Coefficients | 't' Value | Significance |
|----------------|-----------------------------|------------|---------------------------|-----------|--------------|
| | B | Std. Error | Beta | | |
| (Constant) | 31.630 | 9.462 | | 3.343 | .002 |
| X ₁ | .442 | .907 | .058 | .487 | .630 |
| X ₂ | .146 | 1.051 | .014 | .139 | .890 |

| | | | | | |
|------------------------|---------------|-------|-------|--------|------|
| X₃ | 1.121 | .803 | .188 | 1.396 | .173 |
| X₄ | -3.303 | 2.217 | -.932 | -1.490 | .147 |
| X₅ | -6.395 | 5.915 | -.643 | -1.081 | .288 |
| X₆ | .286 | .503 | .085 | .568 | .574 |
| X₇ | 2.985 | .781 | .501 | 3.822 | .001 |
| X₈ | -1.673 | 1.748 | -.161 | -.957 | .346 |
| 'R' | .886 | | | | |
| 'R²' | .784 | | | | |
| 'F' | 12.120 | | | | |

* - Significant at 5% level

In this analysis R^2 value was 0.886 which means 88.6 percent of the change in service levels of Chardeeps are explained by the independent variables. Table shows that the independent variables have a significant impact on the service levels. It is clear that the variables age group, gender, educational qualification, occupation, monthly income, monthly family income and family status of the respondents have a not significant impact on the service levels of Chardeeps (5% level). The family members infected by HIV/AIDS of the respondents have significant impact on the service levels of Chardeeps - NGOs.

In the present study level of service of Network+'s and their impact among HIV/AIDS Affected Families in Kanyakumari District (Y) about the existing marketing system is dependent variable and the socio-economic variables such as Age (X_1), Gender (X_2), Educational Qualification (X_3), Occupation (X_4), Employment status (X_5), Monthly income (X_6), Monthly Family Income (X_7), Family members infected by HIV/AIDS (X_8) and Family status (X_9) are the independent variables.

The multiple regression results are presented in the following Table # and Table #.

MULTIPLE REGRESSION OF THE VARIABLES WITH LEVEL OF SERVICE OF NETWORK+ AND THEIR IMPACT AMONG HIV/AIDS AFFECTED FAMILIES IN KANYAKUMARI DISTRICT

| Variables | Unstandardized Coefficients | | Standardized Coefficients | 't' Value | Significance |
|----------------------|-----------------------------|------------|---------------------------|-----------|--------------|
| | B | Std. Error | Beta | | |
| (Constant) | 51.997 | 6.437 | | 8.078 | .000 |
| X₁ | .853 | 1.093 | .097 | .780 | .438 |
| X₂ | 1.541 | 1.171 | .155 | 1.316 | .192 |
| X₃ | -1.482 | 1.023 | -.243 | -1.448 | .151 |
| X₄ | 1.654 | 1.321 | .484 | 1.252 | .214 |

| | | | | | |
|------------------------|--------|--------------|-------|--------|------|
| X ₅ | -.359 | 3.900 | -.036 | -.092 | .927 |
| X ₆ | 2.140 | .621 | .669 | 3.449 | .001 |
| X ₇ | -.277 | .731 | -.047 | -.379 | .705 |
| X ₈ | -3.228 | 1.491 | -.320 | -2.164 | .033 |
| X ₉ | -2.191 | 1.618 | -.214 | -1.354 | .179 |
| 'R' | | .831 | | | |
| 'R²' | | .691 | | | |
| 'F' | | 6.322 | | | |

* - Significant at 5% level

In this analysis R² value was 0.831 which means 83.1 percent of the change in service levels of Network are explained by the independent variables. Table shows that the independent variables have a significant impact on the service levels. It is clear that the variables age group, gender, educational qualification, occupation, employment status, monthly family income, family members infected by HIV/AIDS and family status of the respondents have a not significant impact on the service levels of Network+ (5% level). The monthly income of the respondents have significant impact on the service levels of Network+ - NGOs.

Findings:

- The independent variables have a significant impact on the service levels. It is clear that the variables qualification, occupation and monthly family income of the respondents have a not significant impact on the service levels of NGOs (5% level). The remaining age, gender, monthly income, family members infected by HIV/AIDS and family status of the respondents have significant impact on the service levels of CBH - NGOs.
- The independent variables have a significant impact on the service levels. It is clear that the variables educational qualification, employment status and monthly income of the respondents have a not significant impact on the service levels of Chardeeps (5% level). The age group, gender, monthly family income and family status of the respondents have significant impact on the service levels of CSR - NGOs.
- The variables age group, gender, educational qualification, occupation, monthly income, monthly family income and family status of the respondents have a not significant impact on the service levels of Chardeeps (5% level). The family members infected by HIV/AIDS of the respondents have significant impact on the service levels of Chardeeps - NGOs.
- The variables age group, gender, educational qualification, occupation, employment status, monthly family income, family members infected by HIV/AIDS and family status of the respondents have a not significant impact on the service levels of Network+ (5% level). The monthly income of the respondents have significant impact on the service levels of Network+ - NGO

Suggestion

While there are a wide variety of responses available for NGOs, the greatest challenge facing of NGOs today is how to protect their rights and how to control the spread of HIV/AIDS and to help HIV-positive people to remain healthy and productive for many more years. Workplace policies aim to manage sensitive issues, such as confidentiality of medical information and continuation of employment for HIV-positive staff, and assure that all testing and counseling services are performed on a voluntary rather than mandatory basis. Many prominent companies in Asia, such as Shell, General Motors, Sony and NIKE, have already formalized their policies and programmes related to HIV/AIDS in the workplace. Human resources are the backbone of the hospitality industry, one of the region's main economic sectors. HIV/AIDS education for community for the transmission of HIV, prevention, non-discrimination towards HIV-positive colleagues, and availability of condoms and voluntary counseling and testing for vulnerable are essential tools to safeguard peoples.

Besides implementing prevention programmes in the targeted area, business can also engage in broader efforts to prevent HIV/AIDS and provide care and support through community partnerships and advocacy among affected persons

Long-term commitment is essential if efforts to stop the spread of HIV/AIDS and limit its social and economic impact are to be sustained. The continuing involvement of NGOs in the prevention and management of HIV/AIDS in targeted area is of critical importance to the future successes of HIV/AIDS prevention and care and support efforts. participation in community partnerships is increasing in the region, as private and community partners recognize the potential for coordinated and synergistic action. It can add value to society's fight against AIDS by utilizing corporate resources, such as management and marketing skills, material assets, human resources and funds.

Conclusion

The market environment for competent and skilled personnel is becoming increasingly competitive and costly. The constant pressure for change has forced some local NGOs to realize that events within and externally affect their performance and survival. Local NGOs need to be aware that competent employees together with effective HR systems and practices are factors essential for securing sustainable competitive advantage in their market space or niche. This requires local NGOs to be proactive in continuously seeking to improve their human resource management practices. Adoption of organizational development process can support local NGOs develop strategies that introduce planned and systematic HR management practices. Organizational systems, processes and activities are integrated and synergized through a strong organizational culture. A crucial task for local NGO leadership is to evaluate the extent to which organizational culture ensures the strategic integration and adoption of human resource practices to make sure employee potential is harnessed and developed for the benefit of both the individual and organisation. Donor agencies and governments are an important part in the local NGOs lifecycle as many organizations receive support from the two institutions to undertake development at community level. There is need for donor and government agencies to become more sensitive and pro-active in understanding the human resource challenges of partner implementing organisations and offer more support to build capacity in HR management in addition to providing funds and registration of the organizations

