THE IMPACT OF FAITH BASED ORGANIZATION IN HIV/AIDS CARE AND SUPPORT IN KAMWOKYA, KAMPALA

BY

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DECLARATION

I BUSINGYE WENCENSELOUS, hereby declare to the best of my knowledge, understanding and belief that this research dissertation is in its original form and it has never been submitted to this University/ Institution for any academic award nor was it submitted to another University for publication.

Signature..... Date..11/10/2018

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APPROVAL

I certify that this research dissertation was done under my supervision and is now ready for submission to the Faculty of Humanities and Social Sciences with my approval.

Signature..... Date.....11/10/18

Dr. Lubare Grace

SUPERVISOR

DEDICATION

This piece of work is dedicated to my parents especially my dear father Tumwebaze John and my lovely mum Twikiriize Maryand without forgetting my siblings; Prima, Yohna and Monic for everything they have done for me through-out my whole academic career. May the Almighty God bless you all.

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ABSTRACT

The study sought to examine the impact of faith based organizations in HIV/AIDS and support in Kamwokya, Kampala. The study objectives were; to identify the impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala, to establish the impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala and to examine the impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala. The study applied a casual research design to reflect aspects of perception, feelings, experiences, facts and emotional feelings of the study respondents on the study topic. Casual research design was used to study the effects that one variable has on another. This research design determined how dependent variables were influenced by changes to independent variables. This was an investigation into an issue or topic that looks at the effect of one thing or variable on another. This was because the research questions that were generated necessitate observing explanatory, descriptive and analytical aspects of the research. Top authorities of the 2 selected Faith Based Organisations in Kamwokya gave the number of staff going up to 58. Thus, the study population involved 19 participants where 5 guidance and counseling officials, 3 top managers and 11 other staff of Faith Based Organisations who were available. The study involved a total of 58 respondents from Faith Based Organisations. Data was collected from primary and secondary sources using questionnaires and interviews, and well-answered questionnaire were organized into for meaningful interpretation by sorting and editing. The data was presented in tabular form, pie charts and bar graphs with frequencies and percentages. The study findings revealed that the sample constituted of 50 respondents of which 66% were males and the 34% remaining were females. This implies that males are the majority. This implies that the most respondents were men since most Faith based organizations usually employ men. The study concludes that BOs, most specifically religious congregations, have been recognized for their potential to provide mental and physical health programming. Their capacity to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming. The study recommends that FBOs need to strengthen their capacity to educate young people in a more holistic way about sexuality and HIV prevention. Furthermore, FBOs should also consider educating and creating awareness on the risks of multiple relationships particularly to those men whose risky behaviour is culturally bound.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This chapter presents the background to the study, statement of the problem, the purpose of the study, objectives of the study, research questions and assumptions, scope of the study, significance of the study, the justification of the study and the operational definitions of terms and concepts as applied to suit the context of the study.

1.1 Background of the Study

Globally, HIV/AIDS has been called "the overlooked epidemic," because it has been overshadowed by epidemics of larger scale and severity in sub-Saharan Africa and Asia (Alwano-Edyegu & Marum, 2011). Addressing HIV in Latin America has been described as an opportunity to prevent epidemics as devastating as those of sub-Saharan Africa, and to apply lessons learned from Africa and Asia, but government efforts to address the epidemic in Latin America have fallen short. Churches and other FBOs have long been known to have an extensive reach and diverse presence in Latin America, so it is natural to ask what kind of role FBOs might play in addressing HIV/AIDS. At the same time, there are potential barriers to FBO involvement, including FBO "moralizing" about HIV/AIDS and FBOs' lack of experience in being held accountable for spending and documenting the impact of programs (Alwano-Edyegu & Marum, 2011).

Throughout Africa, faith-based organisations are accessible and extend into the poorest informal settlements and the most remote villages. Interventions via FBOs are affordable since churches have existing infrastructure and personnel, and church members are often motivated by their faith and are willing to volunteer (Amara, 2015). FBOs also have a high level of acceptability, sometimes higher than government or foreign organisations, since they are part of the local culture. They are also known for their positive values such as justice, compassion and respect for human dignity. FBOs can have a positive role in facilitating behaviour change with a large constituency on a weekly basis, affording opportunities for information-sharing and teaching. Religions uphold the principles surrounding family, marriage and sexuality; promoting

abstinence outside of marriage; and fidelity within marriage. FBOs, therefore, have the potential strength to be key role players in combating the HIV pandemic, but this potential is limited by several weaknesses (Amara, 2015).

In the early days of HIV in Uganda, the Church added to the stigma of those diagnosed with HIV. Many church leaders in Uganda are not comfortable with speaking openly about sex and give inadequate attention to issues such as domestic violence or sexual coercion (Ariyaratne, 2013). The church has often ignored the needs of sexually-active adolescents and has enormous issues with the topics of gender and homosexuality in Uganda. FBOs contributed to this stigma since many churches viewed HIV infection as being the consequence of immoral actions. Although the position of the church has changed slowly over the past twenty years, stigmatising attitudes continue at the local level. Churches in Uganda have been criticised for patriarchal and hierarchical structures that promote gender inequality. The most highly-publicised negative role of the church is its attitude toward condoms; especially the Roman Catholic and Pentecostal Churches (Ariyaratne, 2013).

In Kamwokya, FBOs often are a focal point of the community life whose influence spreads beyond the traditional role of offering spiritual guidance and comfort. Therefore, in order to successfully address public health issues, FBOs in Kamwokya are an obvious partner in preventative activities because of their influence within the African community (Asiimwe-Okiror & Opio, 2016). However, the HIV prevention methods of FBOs have been incompatible with the approach of other stakeholders. FBOs often emphasize abstinence and faithfulness as the only strategies for HIV prevention, whereas other stakeholders mainly focus on condom promotion.

1.2 Problem Statement

Due to the church teachings and messages on sexual behaviour, church-going youth paid more attention when making sexual behaviour decisions. Religious leaders who disapproved condom use strongly shared the views of many lay Ugandans, where they dismissed condom use as an impractical HIV prevention strategy that reduces sexual pleasure (Asiimwe-Okiror & Opio, 2016). Others had a tendency to equate condom use to promote infidelity and promiscuity thus talked about condoms as promoters of sin during their church teachings. Furthermore, their religious teachings link HIV, condom use and immorality hence suggesting that only non-

believers are at risk of HIV infection. This therefore leads to church-going youth perceiving themselves to have little or no risk, leading to inconsistent protective practices (Atwood , 2011).

However, young people in faith communities often held different views from their churches on condom use (BSS, 2012). Although they agreed that youths should not have sex before marriage, they considered the use of condoms as a last resort. It could therefore be suggested that youths engage in less risky behaviour when it comes to HIV prevention. As much as their churches discourage on condom use, they prefered to go against the teachings and practise safer sexual behaviour thus decreasing their risk of HIV infection

1.3 Objectives of Study

1.3.0 General Objective

To examine the impact of faith based organization in HIV/AIDS care and support in Kamwokya, Kampala

1.3.1 Specific Objectives

i. To identify the impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala
ii. To establish the impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala
iii. To examine the impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

1.4 Research questions

i. What is the impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala?
ii. What is the impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala?
iii. What is the impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala?

1.5 Scope of Study

1.5.1 Geographical Scope

This study took place in Kamwokya, Kampala. Kamwookya, sometimes spelled as Kamwokya, was a location within the city of Kampala, Uganda's capital and largest metropolitan area. This location was approximately 4.5 kilometres (2.8 mi), by road, northeast of the Kampala's central business district.

1.5.2 Content scope

The study focused on impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala, impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala and impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala.

1.5.3 Time scope

The research study focused on the current years (2009-2017). This is because it was during this time period when the prevalence of HIV/AIDS worsened in Kamwokya, Kampala despite the presence of faith based organizations in the area.

1.6 Significance of the study

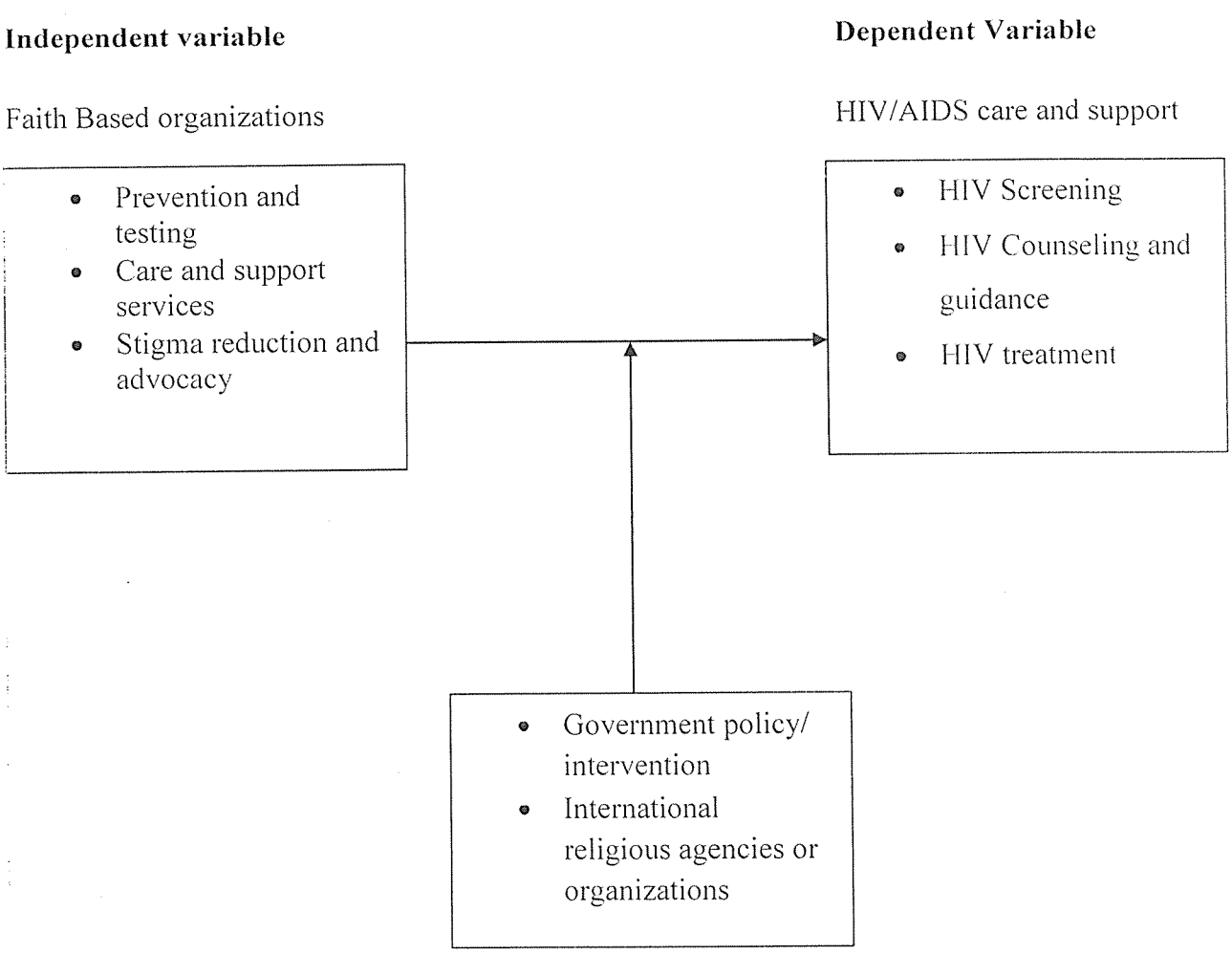
On carrying out this research, many justifications are seen necessary. The findings of the study might be useful or important in many ways and too many persons or groups of people as categorized below;

The findings of the study will help to highlight on the impact of faith based organization in HIV/AIDS care and support

The findings of the study will help to bring in new knowledge to community members, advertisers, Government officials and all other organizations concerned about faith based organizations' activities in relation to HIV/AIDS care and support

The study will help to add more University materials (literature) to the academia as it will add new insight to the other researchers who would carry out a related research on the same topic.

1.7 Conceptual frame work



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The study reviewed literature from various scholars on the major variables of the study which included; impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala, impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala and impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

2.1 Impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

For centuries, clergy served as health care practitioners, licensed by the religious order in which they served (BSS, 2012). Such an integration of healing and religion persists in diverse contexts in the contemporary world, including faith healing, religiously affiliated hospital systems, and congregational health ministries. Over the past several decades, national and community leadership has recognized the potential to integrate physical and spiritual domains. Faith-based organizations (FBOs) increasingly have been called on to serve as key players in health promotion and disease prevention efforts. Such FBOs, most specifically religious congregations, have been recognized for their potential to provide mental and physical health programming. Their capacity to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming (Barton, 2012).

Research efforts have evolved over these decades beyond acknowledging the potential to engage FBO to determining the efficacy, effectiveness, and feasibility of such academic-community partnerships (Barton , 2012). In Leyva and colleagues' article, "Understanding Organizational capacity among Churches for Implementing Evidence-based Cancer Control Programs: A Community-Engaged Approach." interviews were conducted with key informants to illuminate the potential and limitations of evidence-based health promotion programming. Their findings

converge with others': that many FBO aspire to deliver or enhance their current capacity to deliver health programming, viewing it as consistent with an overall healthy mind, body, spirit connection; acknowledging their unique potential to reach vulnerable populations; and noting that their physical and social capital capacities render them an appropriate delivery organization (Barton & Thamae, 2010).

While faith organizations have often been held up as a model of potential sustainability, a more critical stance raises some questions (Barton & Thamae, 2010). First, in many contexts, FBOs actually are vulnerable to change, dissolution, or reconfiguration. In the Appalachian context, for example, churches often splinter, dissolve, or, in rarer cases, amalgamate, throwing into question the assumption of perpetuity. Granted, in other contexts, a FBO may be in a community for centuries, but it is important to remember that diverse practices have diverse histories, throwing into question the assumption that they will always be there. Additionally, as government safety net programs recede, FBOs often find themselves under increased pressure to increase their services. In already resource-strained congregations, developing a health ministry or implementing a health promotion program may exceed their capacity (Campolino & Adams, 2013).

2.2 Impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

Young people are particularly vulnerable to HIV infection. Girls living in poverty may be forced or sold into sexual slavery or trafficking (Campolino & Adams, 2013). They may be obliged to enter the world of commercial sex or take on 'sugar daddies' to ensure their survival, or to acquire money needed for school fees or material possessions, including coveted items such as special clothing or electronics. Compounding the problem is the fact that young people often lack access to sexual and reproductive health information, education and services. Gender inequalities and practices such as early marriage, sexual violence and the search by older men for younger, 'HIV-free' partners create added risks for young women (Gayle & Gayle, 2000).

Social and cultural identities and roles assigned to and expected of boys and young men often place them and their partners at increased risk of HIV infection (Cohen & Trussell, 2009). The burden placed on young girls caring for people living with HIV means that they are often forced

to drop out of school, which jeopardizes their chances of pursuing a career and perpetuates the cycle of poverty, economic dependence on men and vulnerability to HIV infection. Faith-based organizations often have the capacity to reach out to and influence large numbers of young people.

Cohen & Trussell (2009) argued that HIV prevention among women and girls requires comprehensive programming, including the integration of sexual and reproductive health initiatives with HIV prevention efforts, comprehensive and appropriate sexual education, life skills, and linkages with existing programmes in all sectors. For instance, linking HIV prevention, care and treatment services for HIV-positive mothers with maternal and child health services can improve the coverage of quality services for preventing parent-to-child transmission of HIV.

According to the report, FBOs play much a greater role in HIV/AIDS care and treatment in sub-Saharan Africa than previously recognized (Diouf & Paul, 2000). The report concludes that greater coordination and better communication are urgently needed between organizations of different faiths and the private and public health sectors. "Faith-based organizations are a vital part of civil society," said Dr Kevin De Cock, Director of WHO's Department of HIV/AIDS. "Since they provide a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions, FBOs must be recognized as essential contributors towards universal access efforts."

2.3 Impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

FBOs and religious groups have provided healthcare in developing countries for well over a century (Farill & Romero, 2008). Today they provide approximately 40 percent of healthcare services in sub-Saharan Africa. They often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services, mobilize energy and resources, contribute to consensus-building and connect local communities with higher authorities. Sometimes, FBOs can be the only development-focused organizations in a remote community, or they have been there the longest. Their close links to communities and influence over them

provide them with an ideal opportunity to promote SBCC and address other cultural factors contributing to high child morbidity and mortality (Farill & Romero, 2008).

Religious values and practices are often deeply entwined in the fabric of daily lives. FBOs tend to grow from and build on faith communities' belief that they have a moral imperative to help those in need and improve the human condition (Figueroa & Brathwaite, 2010). FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease. FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty. This I-Kit seeks to recognize and link the unique assets of FBOs and faith communities – for example, religious leaders, religious texts, congregations, women's groups, moral authority, infrastructure and firm footing in the community – to SBCC methodologies to improve breastfeeding practices.

Every day FBOs work to better the world and their communities by caring for those in need (Figueroa & Brathwaite, 2010). They play an enormous role in providing health information and health care all over the world. FBO hospitals and clinics are often the most respected and trusted health care providers in communities of all sizes.

The emphasis of this Guide is to help FBOs reach faith communities and the broader community with successful breastfeeding SBCC interventions (Gardner & Blackburn, 2015). This might mean working with and through religious institutions—for example, the sheer scale of the religious infrastructure in many countries can mobilize large numbers of people to act—but it might also mean simply tailoring messages and interventions to the religious values of communities.

Given that FBOs are the CBOs found in many countries, as well as the fact that they are closer to the grassroots or the poor, they are said to make a positive and outstanding contribution to the achievement of poverty reduction, which brings changes to lives and the societies (Garner, 2015). Moreover, their image as a prophetic voice, and an altruistic institution that propound and execute moral values, have made people to trust in them and encouraged donors and volunteers to give their resources and manpower respectively to FBOs knowing that their financial and physical support will go serve the needy, thereby helping to improve and change behaviours.

cultures, and beliefs, that stood as a bulwark to human development and human dignity, subsequently bring about necessary change in the society (Garner, 2000).

Again FBOs, have comparative advantage in societies where religion is important here; they can easily use their spiritual endowment and charitable gestures, to effectuate change in society (Garner , 2000). A good example of social change during the colonial period in Cameroon was evident with the advent of Missionaries and the opening of schools in this country. History holds that, this brought political, economic and social benefits, i.e. opening of schools, and other services, it brought significant changes; both political, economic and social, which altered beliefs, behaviours and the society as a whole. Furthermore, the fact that Faith-Based Communities are more in cooperating than secular organisations, helps FBOs to win support, as well as the contribution of the population in execution of projects which of general interest (Alwano-Edyegu & Marum, 2011).

Faith-based organisations can act as a stepping stone for those interested in getting involved in the development sector, because of their links with communities (Alwano-Edyegu & Marum, 2011). FBOs it is worth mentioning often share common bases with the communities in which they operate, which implies, it knows how the community functions and is aware of their struggle, with this in mind, FBOs tailors their programme to suit the needs of the community, thereby avoiding waste, and duplication of projects.

Faith-based organizations are very important because, they come in to close certain gaps and fill in loophole left by the state. They are very relevant in the community because they facilitate community activities by offering services that goes to serve general interest, this lines from Prof. Cnaan, goes to support that fact: without congregations children currently in day care centers would have no place to go (Atwood, 2011). Absenting from work will have economic and social impact on the families concerned and society as a whole in that; parents will not be able to pay for necessary goods and services, which will in turn have an impact on their life style, and on taxes which goes to sponsor state projects. But with the help of Faith based or Community based organisations such needs are met, and people can work and have the possibility to live their lives, evolve and also be able to pay taxes needed by the state to be able to run its affairs (Barton, 2012).

Again there is this believe that people thrive when they are drawn into a Faith community, where they grew spiritually by helping others as well as being helped. The principal of subsidiarity is also very helpful; it encourages and promotes well-being of the poor and marginalized. Religion acts as a motivating factor in that FBOs, Churches and congregation even individuals, are all encourage by their Faith to do good works (Barton, 2012).

From the above mentioned points, it is obvious that Faith-based organisations play very important roles in bringing change in human societies (Barton & Thamae, 2010). The impact of Faith-based organisations can be felt in every aspect of human society, be it in the political, economic and social sphere. Politically FBOs work to see that governments meet their responsibilities towards citizens. As a prophetic voice, it speaks out on the behalf of the voiceless in society and sought to maintain human dignity. Economically, FBOs are offering employment, education and training, which empower people financially, helping them to evolve both economically and socially. Looking at the social aspect, FBOs provides both material and immaterial support to the needy and marginalized in society, enabling them to improve and live a better life (Campolino & Adams, 2013).

Besides playing important roles, FBOs also have their own negative aspects, such as being too doctrine conscious, attaching denominational doctrine to service provided, will send away people of different denominational background, thereby discouraging them from using available services (Campolino & Adams, 2013). Furthermore, the idea that FBOs often want to employ only people from their own religious background, sends a wrong message to people of other faith, who frown against such approach, and term it to be discriminatory. Too much doctrinal rituals in the running of day to day services, might keep many people from participating in FBOs projects, and hinder them from utilising their services. Furthermore, FBOs lack expertise and enough funding to carry out projects effectively since they rely most often on donations. It means if donation no long drip in, there is going to be a problem on how to complete already existing projects (Gayle & Gayle, 2000).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter discusses the methods the researcher used to collect data. It focused on the Research design, organization of the study, data collection, and data collection procedure and data analysis.

3.2. Research Design

The study applied a casual research design to reflect aspects of perception, feelings, experiences, facts and emotional feelings of the study respondents on the study topic. Casual research design was used to study the effects that one variable has on another. This research design determined how dependent variables were influenced by changes to independent variables. This was an investigation into an issue or topic that looks at the effect of one thing or variable on another. This was because the research questions that were generated necessitate observing explanatory. descriptive and analytical aspects of the research.

Both quantitative and qualitative methods were used in data collection and analysis and general information on the subject matter were collected from the different stakeholders involved in the study. Qualitative design involved in-depth interviewing of officials from the inventory managment department. On the other hand, the quantitative design involved use of close-ended questionnaires which were issued to the top management of Faith Based Organisations as the method was convenient for them to fill during their free time.

3.3 Study Population

Top authorities of the 2 selected Faith Based Organisations in Kamwokya gave the number of staff going up to 58. Thus, the study population involved 19 participants where 5 guidance and counseling officials, 3 top managers and 11 other staff of Faith Based Organisations who were available.

3.4 Sample Size

The study involved a total of 58 respondents from Faith Based Organisations. This sample size was gotten by the use of the Sloven's formula;

$$n = \frac{N}{1+N(e^2)}$$

Where n is the sample size

N is the sample population

$e^2$is the level of significance (0.05)

Therefore, $n = \frac{58}{1+58(0.05^2)}$

n = 50 respondents

Therefore the sample size was 50

3.5 Sampling procedure

Since the study involved a target population of 58 and sample size of 50, the sampling procedures were done as indicated below

Table 1: Showing Research Population and sample size

e of population	**Target Population**	**Sample size**	**Sampling techniques**
dance and Counselling officials	5	3	Purposive sampling
op management of Faith Based Organisations	3	2	Purposive sampling
her staff of Faith Based Organisations	50	45	Random sampling
tal	**58**	**50**	

Source: Primary Data (2018)

3.6 Sources of Data

3.6.1 Primary Data

This was obtained through use of self- administered questionnaires and interviews to the respondents.

3.6.2 Secondary Data

This was acquired from text books and other related works of outstanding scholars such as published magazines, written data sources including published and unpublished documents, company reports and internet sources which were all referred to, to provide more information on the study topic.

3.7 Research Instruments

3.7.1 Interviews

The researcher organized key informant interviews with the top managers of Faith Based Organisations who enriched the study findings. The researcher therefore had to interact with the respondents, face to face and ask them relevant questions to the study. The method was used purposely because it provided for a systematic flow of information due to the order of questions and it also helped in covering information that would have been skipped in the questionnaires.

3.7.2 Questionnaires

Both open and close ended questionnaires were used in the collection of data and these were distributed to the officials from the Guidance and Counselling to provide answers. The instrument was purposely selected because it sought personal views of the respondents and thus enabled the respondents to use their knowledge in providing a wide range of data as they would never shy away in any way.

3.8 Data Processing

The processing of data was done after the collection of data for verification of the information that were gathered and for attainment of completeness, accuracy and uniformity. Data editing involved checking the information for errors, which was an added advantage because it enabled the researcher to delete and eliminate possible errors that were traced which in the end would have manipulated the results of the study. Data was analyzed concurrently to avoid duplication thereby guiding the entire study for balanced and critical analysis. The researcher used hypothesis based on the questionnaire and for other items, tabulation pie-charts and percentage and simple statistical methods were used for data presentation, analysis and qualification.

3.9 Data Analysis

The study explained, described, and presented the findings basing on the specific objectives of the study and research questions, where data analysis was initially done through sketchy and generalized summaries of the findings from observation and conclusions in the process of data collection. Data analysis was done using simple statistical percentages and frequencies and thereafter was presented in charts.

3.10 Ethical Consideration

The researcher carried out the study with full knowledge and authorisation of the management of Faith Based Organisations. The researcher first of all acquired an introductory letter from the University which he would use to eliminate suspcion. The researcher thereafter went ahead to select respondents, and arrange for dates upon which he would deliver questionnaires as well as pick them in addition to making appointments for interviews to be conducted. The researcher was charged with a task of ensuring that he would assure the respondents of their confidentiality as this was paramount to research.

CHAPTER FOUR

PRESENTATIONS, INTEPRETATIONS AND ANALYSIS OF DATA

4.0 Introduction

This chapter covers the presentation of the findings according to the themes of the study which were: to identify the impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala, to establish the impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala and to examine the impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala.

4.1 Demographic characteristics of respondents

Under this section, the researcher was interested in finding out the demographic characteristics of the respondents. They are presented as follows:

4.1.1 Gender of Respondents

The researcher wanted to know the gender or sex distribution of the respondents and this is shown in the following table and illustration. This section indicates the both sexes with the community.

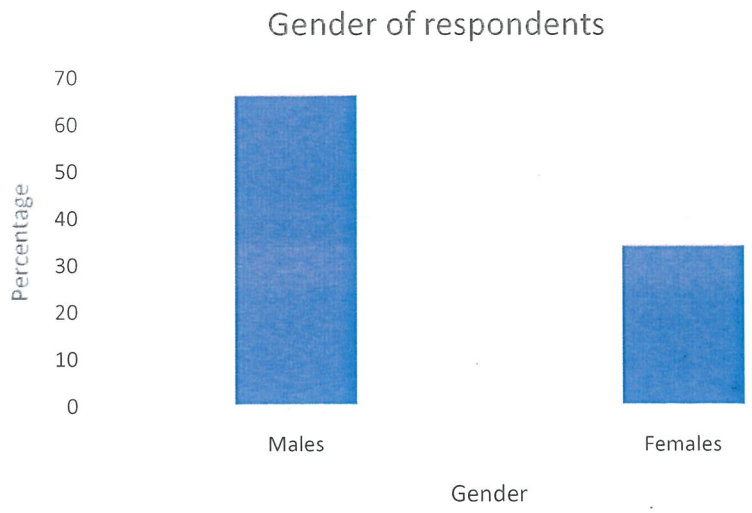
Table 2 : presenting the gender distribution of the respondents who participated in the study

Gender	Frequency	Percentage (%)
Males	33	66
Females	17	34
Total	50	100

Source: Primary Data (2018)

In the above table 1, the study findings revealed that the sample constituted of 50 respondents of which 66% were males and the 34% remaining were females. This implies that males are the

majority. This implies that the most respondents were men since most Faith based organizations usually employ men.



4.1.2 Age of the respondents

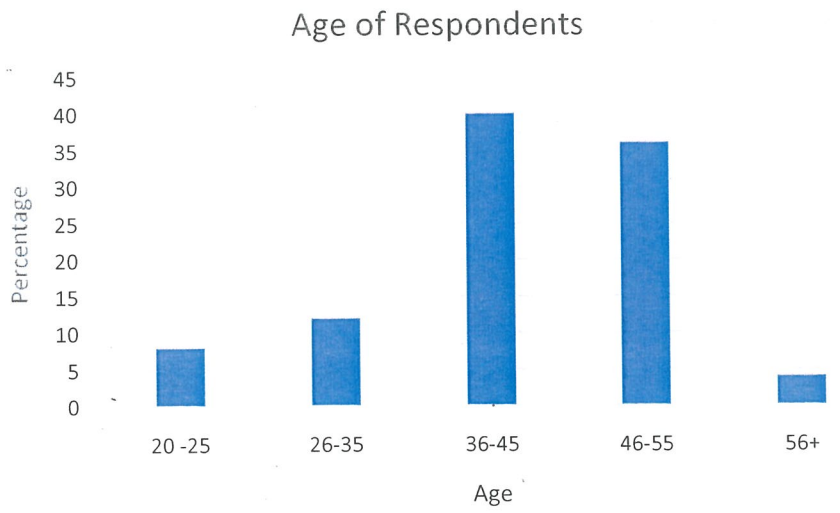
The study went on to establish the different age groups of the respondents and the findings were as presented in table 2. The study also involved all respondents who are responsible and with mature understanding. For example all the respondents were 20 years and above.

Table 3 showing age distribution of the respondents

Age	Frequency	Percentage (%)
20 -25	4	8
26-35	6	12
36-45	20	40
46-55	18	36
56+	2	4
Total	50	100

Source: Primary Data (2018)

The study revealed that the majority of the respondents fell in the age category 36 - 45 with a 40% representation. Age category 46-55 had a total response of 36%, while 26 -45 age group was represented by 12% the 20 -25 category had a total representation of 8% while the least represented category was that of the 56+ with a representation of 4%. This implies that elderly people are less energetic to participate actively in the economy. The most number of respondents were relatively between 36 and 45 since at this age and this implies that they are always with a lot of responsibilities such as many children hence are forced to participate in HIV care and suppoty activities of faith based organizations.



4.1.3 Marital Status of the Respondents

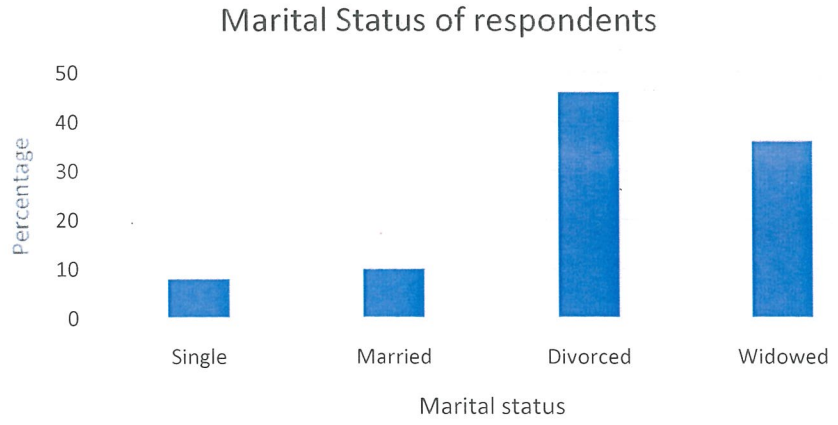
The study further went on to establish the marital status of the respondent and the findings were as represented in table 3. The researcher was also interested in finding out the marital status of respondents.

Table 4 showing marital status of the respondents

Marital Status	Frequency	Percentage
Single	4	8
Married	5	10
Divorced	23	46
Widowed	18	36
Total	**50**	**100**

Source: Primary Data (2018)

The study established that the majority of the respondents were widowed (36%). The divorced comprised of 46%, the married were 10% whereas the single were only 8%. Study findings established that, the majority were widowed and that due to their statuses, had children to take care of and yet resources were not readily available. This implies that widows and divorced were the majority. However, the single were the least represented because as singles, implying that they did not see the importance of engaging in activities of faith based organizations regarding HIV care and support.



4.1.4 Education Levels of the Respondents

The study also sought about the educational levels of the respondents and the findings were as represented in table 4. Under this section, the researcher was interested in finding out the education status of all respondents involved in the study. This was partly essential in order to

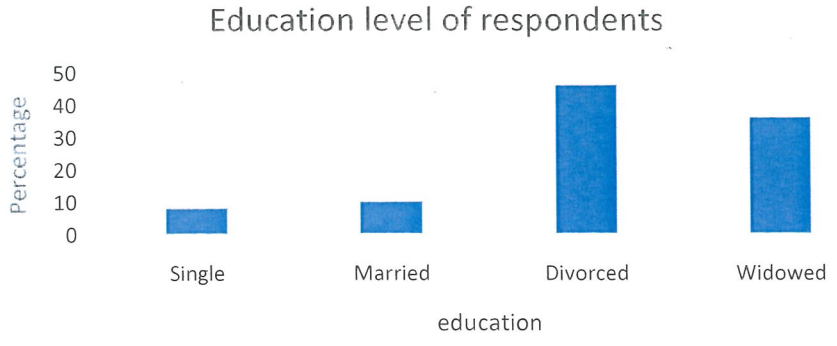
enrich the findings of the study since education level had a significant relationship with level the knowledge about study topic.

Table 5: Educational Level of the respondents

Education 1evel	Frequency	Percentage
Primary	25	50
Secondary level	13	26
Vocational	7	14
University	5	10
Total	**50**	**100**

Source: Primary Data (2018)

Study findings in table 4 revealed that the least represented level of education was the university group which comprised of 10%, followed by vocational level group (14%), while secondary level was represented by 26% and the most represented group was that of primary level which comprised of 50%. This implies that most respondents in the study were mainly illiterate, thus with low levels of education. And this further indicated that the majority were relatively uneducated and this also further implied that they had low understanding regarding the impact of faith based organizations in HIV care and support.



4.2 FINDINGS ON IMPACT OF HEALING BY FAITH BASED ORGANIZATION TOWARDS HIV/AIDS CARE AND SUPPORT IN KAMWOKYA, KAMPALA

To achieve this objective, the respondents were asked the impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala. These are presented as follows:

Table 6: Faith-based organizations (FBOs) serve as key players in health promotion and disease prevention efforts

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	7	14
Not sure	9	18
Agree	22	44
Strongly Agree	10	20
Total	50	100

Source: Primary Data (2018)

The table above indicates that 4% of the respondents strongly disagreed, 14% of the respondents disagreed, 18% of the respondents were not sure, 44% agreed and the remaining 20% of the respondents strongly agreed that Faith-based organizations (FBOs) serve as key players in health promotion and disease prevention efforts. This implies that Faith-based organizations (FBOs) play an important role in healing with regard to HIV care and support.

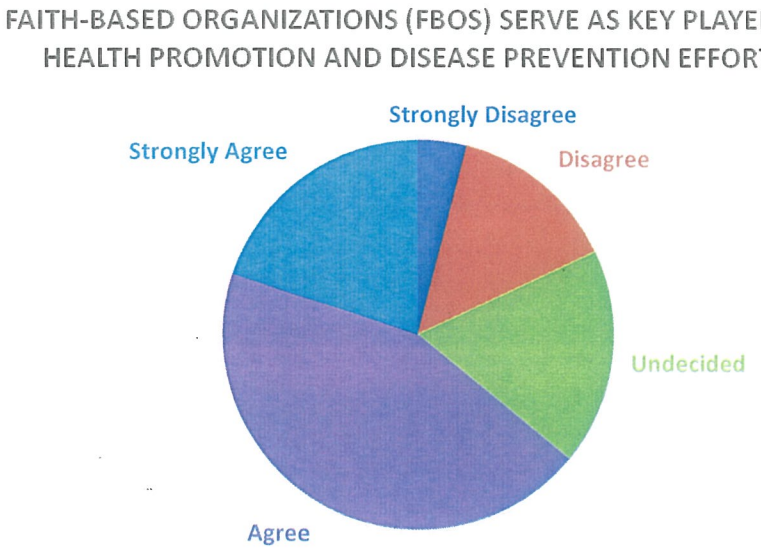


Table 7: FBOs have been recognized for their potential to provide mental and physical health programming

Response	Frequency	Percent
Strongly Disagree	1	2
Disagree	4	8
Not sure	6	12
Agree	18	36
Strongly Agree	21	42
Total	50	100

Source: Primary Data (2018)

The study results revealed that 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 12% of the respondents were not sure, 36% of the respondents agreed and the remaining 42% strongly agreed that FBOs have been recognized for their potential to provide mental and physical health programming. This implies that most of the respondents were aware of vital impact of these FBOs with regard to HIV care and support.

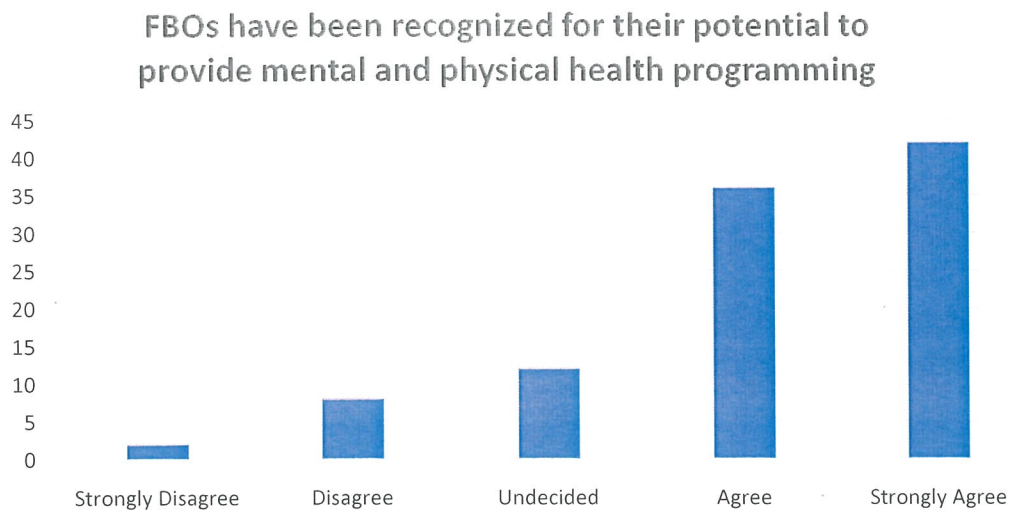


Table 8: The capacity of FBOs to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming

Response	Frequency	Percent
Strongly Disagree	4	8
Disagree	9	18
Not sure	26	32
Agree	8	16
Strongly Agree	3	6
Total	50	100

Source: Primary Data (2018)

The table above indicates that 8% of the respondents strongly disagreed, 18% of the respondents disagreed, 32% of the respondents were not sure, 16% of the respondents agreed and the remaining 6% of the respondents strongly agreed that the capacity of FBOs to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming. This implies that majority of the respondents were not sure.

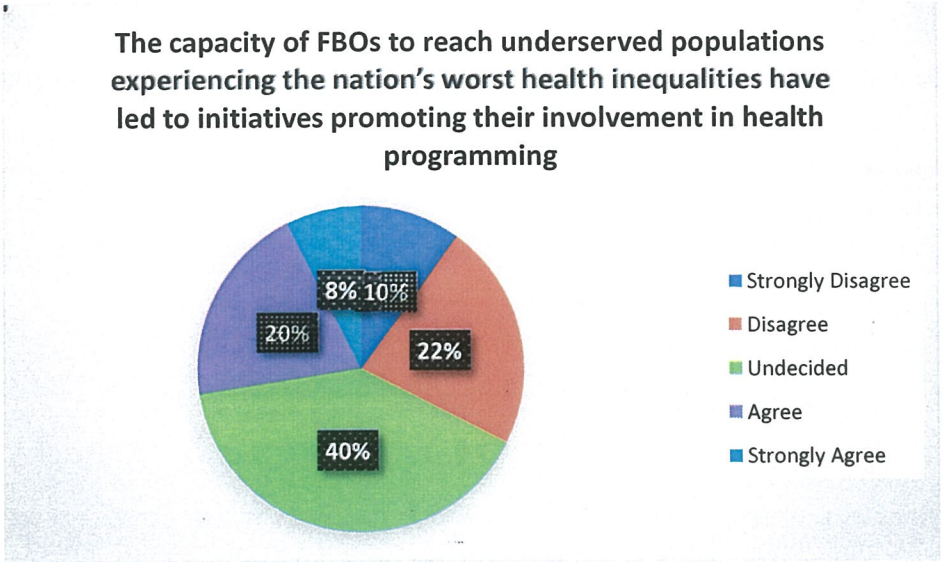


Table 9: FBOs help in determining the efficacy, effectiveness, and feasibility of such academic-community partnerships

Response	Frequency	Percent
Strongly Disagree	4	8
Disagree	2	4
Not sure	3	6
Agree	30	60
Strongly Agree	11	22
Total	50	100

Source: Primary Data (2018)

The study results presented in the table above indicate that 8% of the respondents strongly disagreed, 4% of the respondents disagreed, 6% of the respondents were not sure, 60% of the respondents agreed and the remaining strongly agreed. This implies that the majority of the respondents revealed that FBOs help in determining the efficacy, effectiveness, and feasibility of such academic-community partnerships.

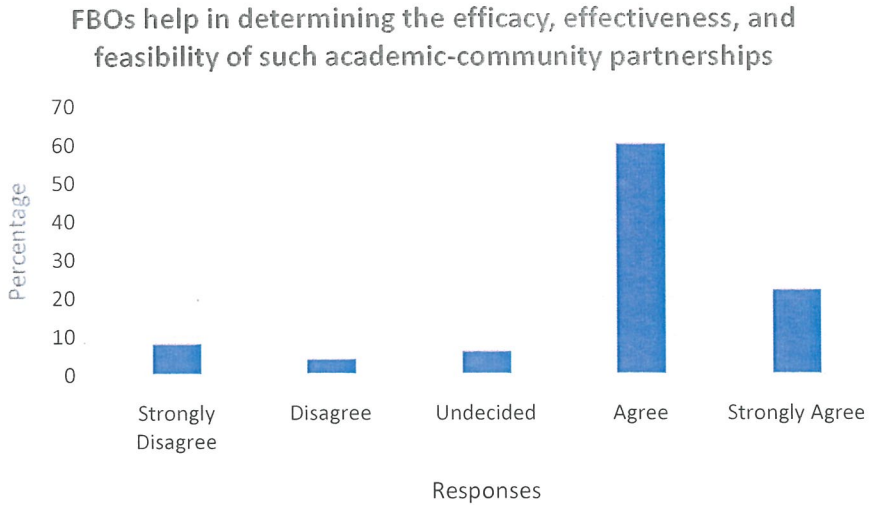
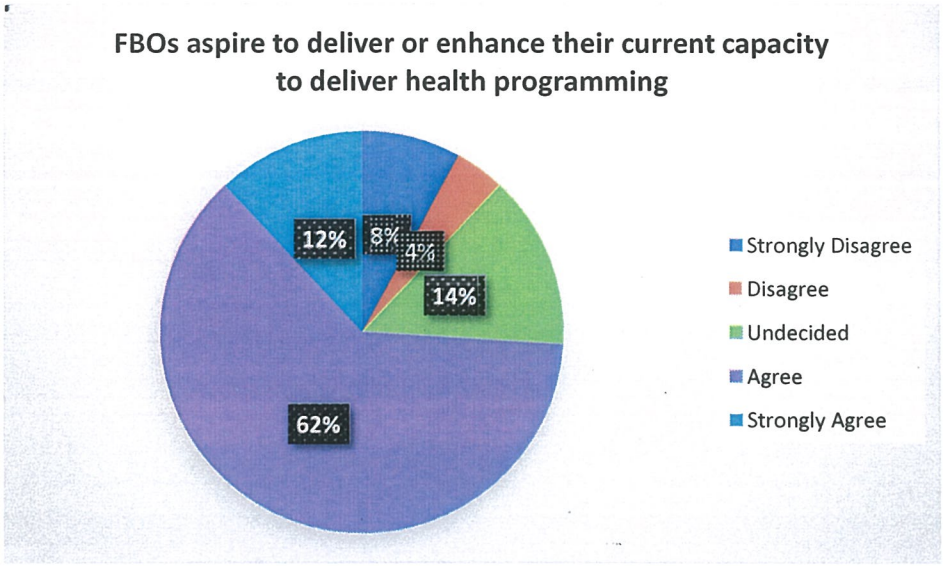


Table 10: FBOs aspire to deliver or enhance their current capacity to deliver health programming

Response	Frequency	Percent
Strongly Disagree	4	8
Disagree	2	4
Not sure	7	14
Agree	31	62
Strongly Agree	6	12
Total	50	100

Source: Primary Data (2018)

It was revealed that 8% of the respondents strongly disagreed, 4% of the respondents disagreed, 14% of the respondents were not sure, 62% of the respondents agreed and the remaining 12% of the respondents strongly agreed. This implies that majority of the respondents revealed that service provision is a priority as far as the expenditures of District Local Government are concerned.



4.3 FINDINGS ON IMPACT OF PREVENTION AND HIV TESTING BY FAITH BASED ORGANIZATION TOWARDS HIV/AIDS CARE AND SUPPORT IN KAMWOKYA, KAMPALA

To achieve this objective, the respondents were asked the impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala. These are presented as follows:

Table 11: Faith-based organizations often have the capacity to reach out to and influence large numbers of young people

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	4	8
Not sure	9	18
Agree	27	54
Strongly Agree	8	16
Total	50	100

Source: Primary Data (2018)

According to the table above, 4% of the respondents, 8% of the respondents disagreed, 18% of the respondents were not sure, 54% of the respondents agreed and 16% strongly agreed. This implies that majority of the respondents revealed that Faith-based organizations often have the capacity to reach out to and influence large numbers of young people

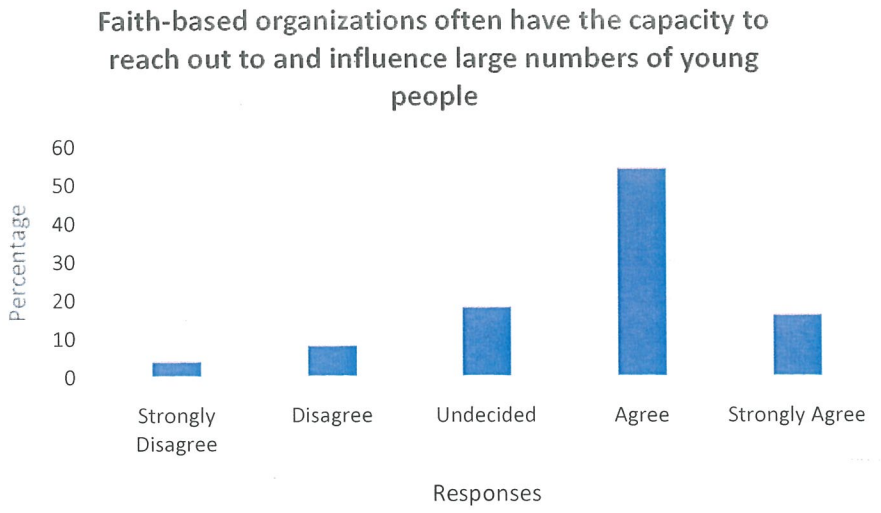


Table 12: FBOs provide comprehensive programming in HIV prevention among women and girls

Response	Frequency	Percent
Strongly Disagree	1	2
Disagree	2	4
Not sure	10	20
Agree	24	48
Strongly Agree	13	26
Total	50	100

Source: Primary Data (2018)

The table above illustrates that 2% of respondents strongly disagreed, 4% disagreed, 20% of the respondents were not sure, 48% of the respondents agreed and the remaining 26% of the respondents strongly agreed that FBOs provide comprehensive programming in HIV prevention

among women and girls. This implies that majority of the respondents revealed that FBOs are very essential in HIV care and support.

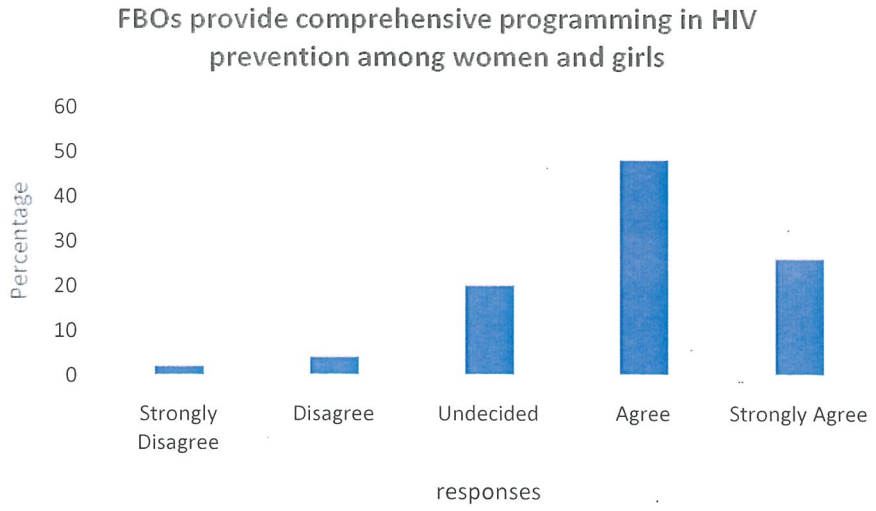


Table 13: FBOs provide appropriate sexual education and life skills hence preventing HIV

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	5	10
Not sure	9	18
Agree	23	46
Strongly Agree	11	22
Total	50	100

Source: Primary Data (2018)

The results presented in the table above indicate that 4% of the respondents strongly disagreed, 10% of the respondents, 18% of the respondents disagreed, 18% were not sure, 46% of the respondents agreed and the remaining 22% of the respondents strongly agreed that FBOs provide appropriate sexual education and life skills hence preventing HIV.

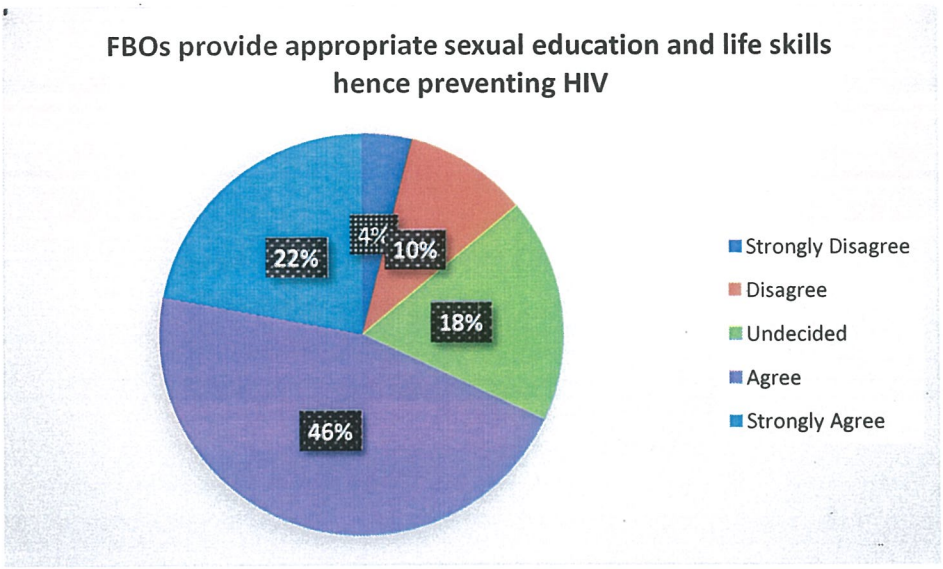


Table 14: FBOs play much a greater role in HIV/AIDS care and treatment through coordination with different stakeholders

Response	Frequency	Percent
Strongly Disagree	1	2
Disagree	4	8
Not sure	8	16
Agree	30	60
Strongly Agree	7	14
Total	50	100

Source: Primary Data (2018)

The study results presented in the table above indicate that 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 16% of the respondents were not sure, 60% of the respondents agreed and the remaining 14% of the respondents strongly agreed. This implies that majority of the respondents agreed that FBOs play much a greater role in HIV/AIDS care and treatment through coordination with different stakeholders.

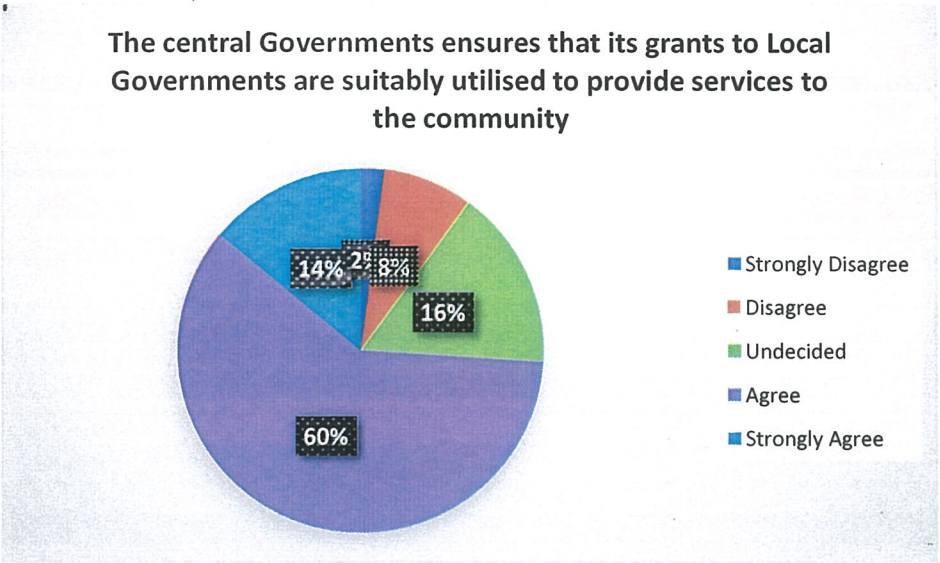
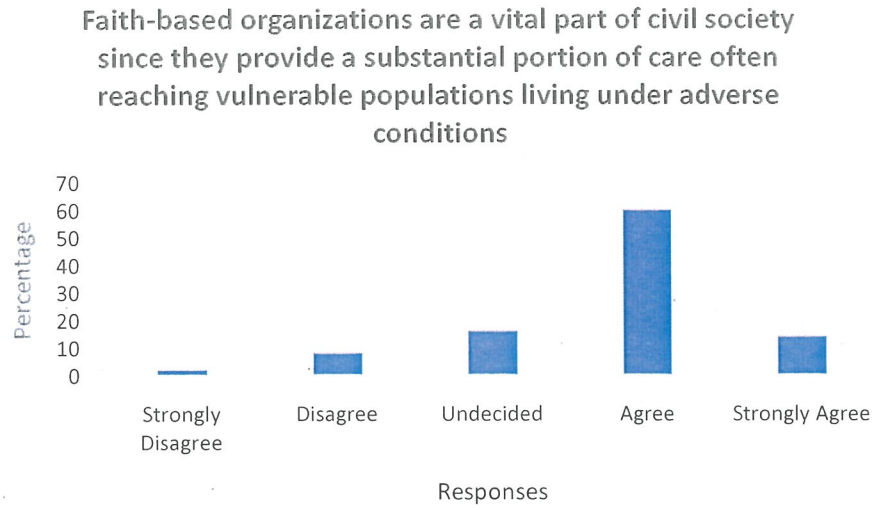


Table 15: Faith-based organizations are a vital part of civil society since they provide a substantial portion of care often reaching vulnerable populations living under adverse conditions

Response	Frequency	Percent
Strongly Disagree	1	2
Disagree	4	8
Not sure	8	16
Agree	30	60
Strongly Agree	7	14
Total	50	100

Source: Primary Data (2018)

According to the results presented in the table above, 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 16% of the respondents, 60% agreed and the remaining 14% strongly agreed that Faith-based organizations are a vital part of civil society since they provide a substantial portion of care often reaching vulnerable populations living under adverse conditions



4.4 FINDINGS ON IMPACT OF SOCIAL SUPPORT BY FAITH BASED ORGANIZATION TOWARDS HIV/AIDS CARE AND SUPPORT IN KAMWOKYA, KAMPALA

To achieve this objective, the respondents were asked the Impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala. These are presented as follows:

Table 16: FBOs and religious groups have provided healthcare in developing countries for well over a century

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	5	10
Not sure	9	18
Agree	23	46
Strongly Agree	11	22
Total	50	100

Source: Primary Data (2018)

The results presented in the table above indicate that 4% of the respondents strongly disagreed, 10% of the respondents, 18% of the respondents disagreed, 18% were not sure, 46% of the respondents agreed and the remaining 22% of the respondents strongly agreed that FBOs and religious groups have provided healthcare in developing countries for well over a century.

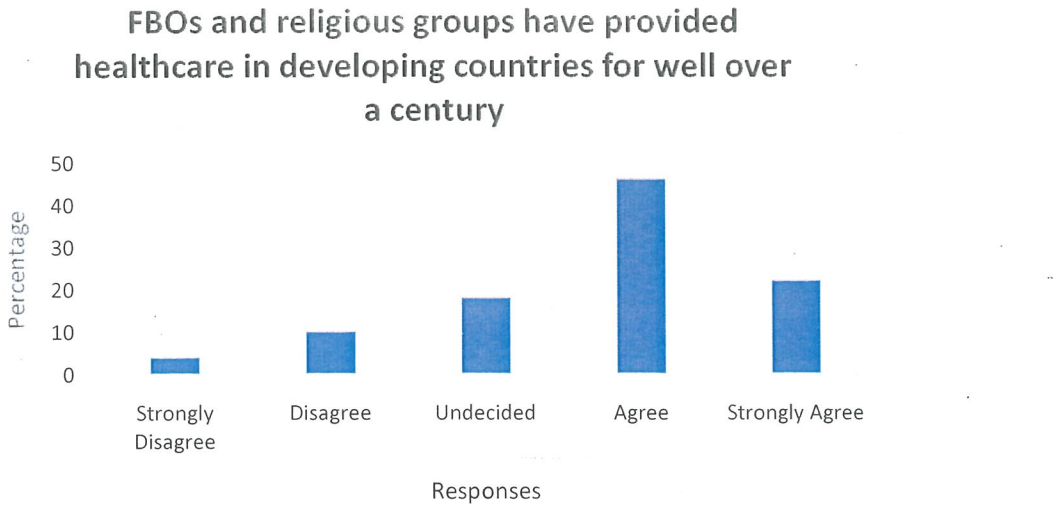


Table 17: FBOs often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services and mobilize energy and resources

Response	Frequency	Percent
Strongly Disagree	1	2
Disagree	2	4
Not sure	10	20
Agree	24	48
Strongly Agree	13	26
Total	50	100

Source: Primary Data (2018)

The table above illustrates that 2% of respondents strongly disagreed, 4% disagreed, 20% of the respondents were not sure, 48% of the respondents agreed and the remaining 26% of the respondents strongly agreed. This implies that majority of the respondents revealed that FBOs

often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services and mobilize energy and resources

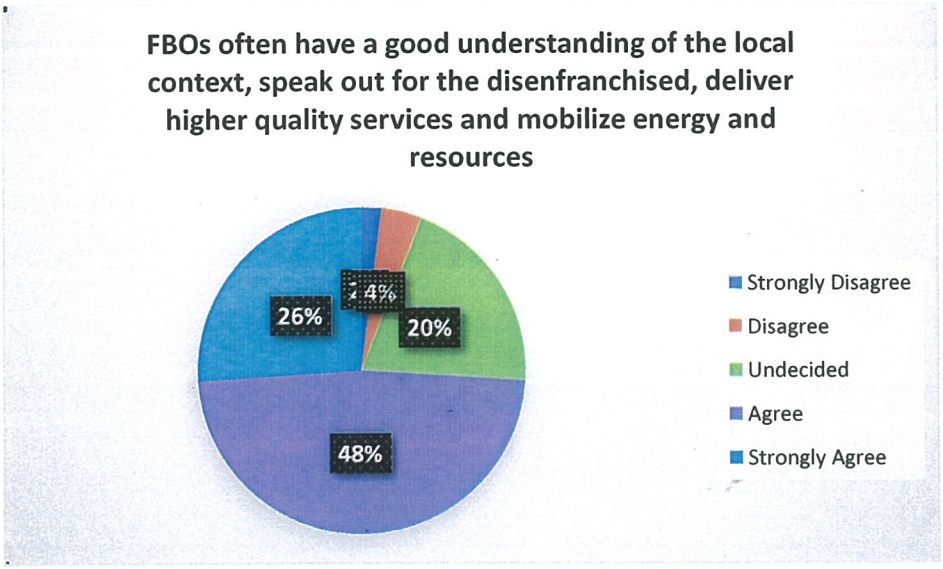


Table 18: FBOs tend to grow from and build on faith communities' belief that they have a moral imperative to help those in need and improve the human condition

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	4	8
Not sure	9	18
Agree	27	54
Strongly Agree	8	16
Total	50	100

Source: Primary Data (2018)

According to the table above, 4% of the respondents, 8% of the respondents disagreed, 18% of the respondents were not sure, 54% of the respondents agreed and 16% strongly agreed. This implies that majority of the respondents revealed that FBOs tend to grow from and build on faith communities' belief that they have a moral imperative to help those in need and improve the human condition

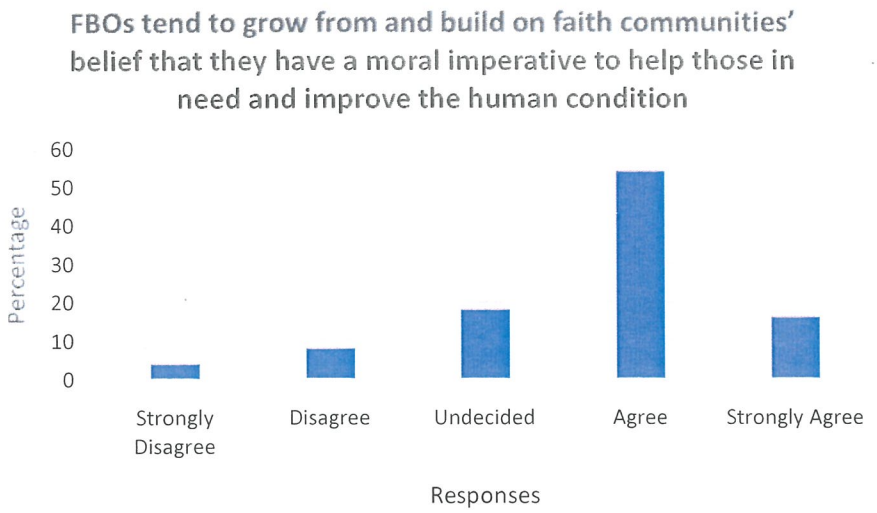


Table 19: FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease

Response	Frequency	Percent
Strongly Disagree	4	8
Disagree	2	4
Not sure	3	6
Agree	30	60
Strongly Agree	11	22
Total	50	100

Source: Primary Data (2018)

The study results presented in the table above indicate that 8% of the respondents strongly disagreed, 4% of the respondents disagreed, 6% of the respondents were not sure, 60% of the respondents agreed and the remaining strongly agreed. This implies that the majority of the respondents revealed that FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease.

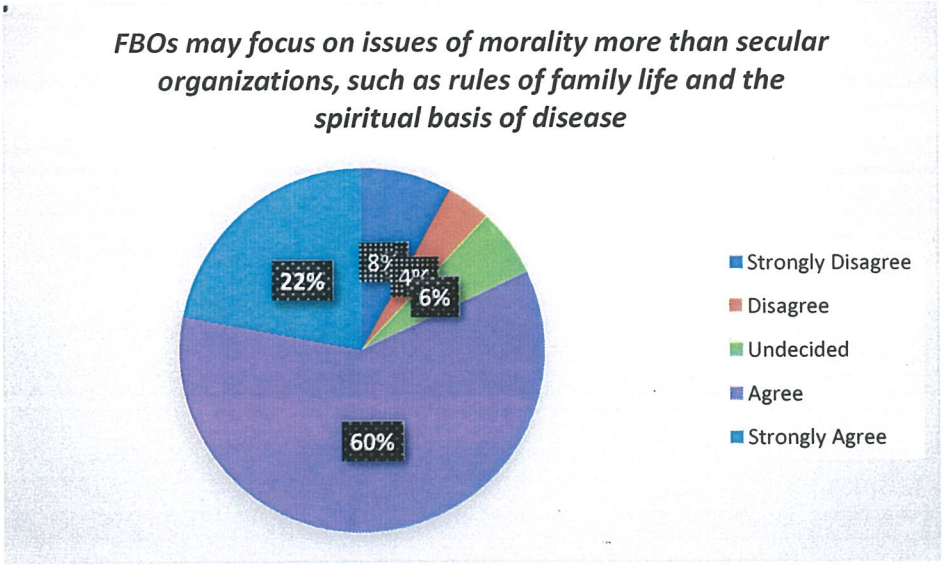
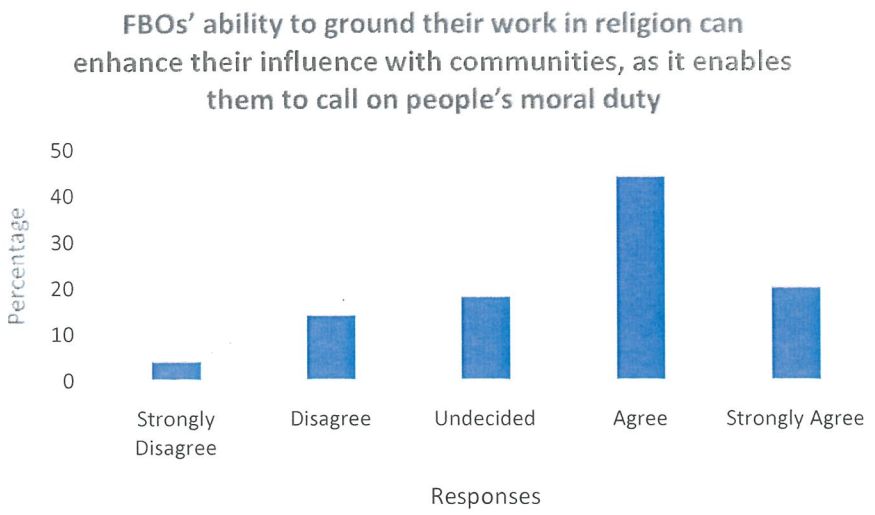


Table 20: FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty

Response	Frequency	Percent
Strongly Disagree	2	4
Disagree	7	14
Not sure	9	18
Agree	22	44
Strongly Agree	10	20
Total	50	100

Source: Primary Data (2018)

The table above indicates that 4% of the respondents strongly disagreed, 14% of the respondents disagreed, 18% of the respondents were not sure, 44% agreed and the remaining 20% of the respondents strongly agreed. This implies that majority of the respondents were of the view that FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty hence there is need to address these challenges.


FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty
Percentage
50
40
30
20
10
0
Strongly Disagree
Disagree
Undecided
Agree
Strongly Agree
Responses

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter discusses, concludes and recommends reflecting on the study findings presented in the previous chapter.

5.1 Discussion of findings

5.1.1 Demographic characteristics of respondents

The study findings revealed that the sample constituted of 50 respondents of which 66% were males and the 34% remaining were females. This implies that males are the majority. This implies that the most respondents were men since most Faith based organizations usually employ men.

The study revealed that the majority of the respondents fell in the age category 36 - 45 with a 40% representation. Age category 46-55 had a total response of 36%, while 26 -45 age group was represented by 12% the 20 -25 category had a total representation of 8% while the least represented category was that of the 56+ with a representation of 4%. This implies that elderly people are less energetic to participate actively in the economy. The most number of respondents were relatively between 36 and 45 since at this age and this implies that they are always with a lot of responsibilities such as many children hence are forced to participate in HIV care and support activities of faith based organizations.

The study established that the majority of the respondents were widowed (36%). The divorced comprised of 46%, the married were 10% whereas the single were only 8%. Study findings established that, the majority were widowed and that due to their statuses, had children to take care of and yet resources were not readily available. This implies that widows and divorced were the majority. However, the single were the least represented because as singles, implying that they did not see the importance of engaging in activities of faith based organizations regarding HIV care and support.

Study findings revealed that the least represented level of education was the university group which comprised of 10%, followed by vocational level group (14%), while secondary level was represented by 26% and the most represented group was that of primary level which comprised of 50%. This implies that most respondents in the study were mainly illiterate, thus with low levels of education. And this further indicated that the majority were relatively uneducated and this also further implied that they had low understanding regarding the impact of faith based organizations in HIV care and support.

5.1.2 Impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

It was found out that 4% of the respondents strongly disagreed, 14% of the respondents disagreed, 18% of the respondents were not sure, 44% agreed and the remaining 20% of the respondents strongly agreed that Faith-based organizations (FBOs) serve as key players in health promotion and disease prevention efforts. This implies that Faith-based organizations (FBOs) play an important role in healing with regard to HIV care and support.

The study results revealed that 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 12% of the respondents were not sure, 36% of the respondents agreed and the remaining 42% strongly agreed that FBOs have been recognized for their potential to provide mental and physical health programming. This implies that most of the respondents were aware of vital impact of these FBOs with regard to HIV care and support.

It was also revealed that 8% of the respondents strongly disagreed, 18% of the respondents disagreed, 32% of the respondents were not sure, 16% of the respondents agreed and the remaining 6% of the respondents strongly agreed that the capacity of FBOs to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming. This implies that majority of the respondents were not sure.

The study results indicated that 8% of the respondents strongly disagreed, 4% of the respondents disagreed, 6% of the respondents were not sure, 60% of the respondents agreed and the remaining strongly agreed. This implies that the majority of the respondents revealed that FBOs

help in determining the efficacy, effectiveness, and feasibility of such academic-community partnerships.

It was revealed that 8% of the respondents strongly disagreed, 4% of the respondents disagreed. 14% of the respondents were not sure, 62% of the respondents agreed and the remaining 12% of the respondents strongly agreed. This implies that majority of the respondents revealed that service provision is a priority as far as the expenditures of District Local Government are concerned.

5.1.3 Impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

According to the study findings, 4% of the respondents, 8% of the respondents disagreed, 18% of the respondents were not sure, 54% of the respondents agreed and 16% strongly agreed. This implies that majority of the respondents revealed that Faith-based organizations often have the capacity to reach out to and influence large numbers of young people

It was found out that 2% of respondents strongly disagreed, 4% disagreed, 20% of the respondents were not sure, 48% of the respondents agreed and the remaining 26% of the respondents strongly agreed that FBOs provide comprehensive programming in HIV prevention among women and girls. This implies that majority of the respondents revealed that FBOs are very essential in HIV care and support.

It was revealed that 4% of the respondents strongly disagreed, 10% of the respondents, 18% of the respondents disagreed, 18% were not sure, 46% of the respondents agreed and the remaining 22% of the respondents strongly agreed that FBOs provide appropriate sexual education and life skills hence preventing HIV.

The study results indicated that 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 16% of the respondents were not sure, 60% of the respondents agreed and the remaining 14% of the respondents strongly agreed. This implies that majority of the respondents agreed that FBOs play much a greater role in HIV/AIDS care and treatment through coordination with different stakeholders.

According to the study results, 2% of the respondents strongly disagreed, 8% of the respondents disagreed, 16% of the respondents, 60% agreed and the remaining 14% strongly agreed that Faith-based organizations are a vital part of civil society since they provide a substantial portion of care often reaching vulnerable populations living under adverse conditions

5.1.4 Impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

It was also found out that 4% of the respondents strongly disagreed, 10% of the respondents, 18% of the respondents disagreed, 18% were not sure, 46% of the respondents agreed and the remaining 22% of the respondents strongly agreed that FBOs and religious groups have provided healthcare in developing countries for well over a century.

The study discovered that 2% of respondents strongly disagreed, 4% disagreed, 20% of the respondents were not sure, 48% of the respondents agreed and the remaining 26% of the respondents strongly agreed. This implies that majority of the respondents revealed that FBOs often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services and mobilize energy and resources

According to the study findings, 4% of the respondents, 8% of the respondents disagreed, 18% of the respondents were not sure, 54% of the respondents agreed and 16% strongly agreed. This implies that majority of the respondents revealed that FBOs tend to grow from and build on faith communities' belief that they have a moral imperative to help those in need and improve the human condition

The study results revealed that 8% of the respondents strongly disagreed, 4% of the respondents disagreed, 6% of the respondents were not sure, 60% of the respondents agreed and the remaining strongly agreed. This implies that the majority of the respondents revealed that FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease.

It was found out 4% of the respondents strongly disagreed, 14% of the respondents disagreed, 18% of the respondents were not sure, 44% agreed and the remaining 20% of the respondents

strongly agreed. This implies that majority of the respondents were of the view that FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty hence there is need to address these challenges.

5.2 Conclusions

5.2.1 Impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

The study concludes that BOs, most specifically religious congregations, have been recognized for their potential to provide mental and physical health programming. Their capacity to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming

Many FBO aspire to deliver or enhance their current capacity to deliver health programming, viewing it as consistent with an overall healthy mind, body, spirit connection; acknowledging their unique potential to reach vulnerable populations; and noting that their physical and social capital capacities render them an appropriate delivery organization

The study concludes that FBOs actually are vulnerable to change, dissolution, or reconfiguration. In the Appalachian context, for example, churches often splinter, dissolve, or, in rarer cases, amalgamate, throwing into question the assumption of perpetuity.

5.2.2 Impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

The study concludes that social and cultural identities and roles assigned to and expected of boys and young men often place them and their partners at increased risk of HIV infection.

The study also concludes that FBOs play much a greater role in HIV/AIDS care and treatment in sub-Saharan Africa than previously recognized

It also concludes that greater coordination and better communication are urgently needed between organizations of different faiths and the private and public health sectors.

Faith-based organizations are a vital part of civil society since they provide a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions, FBOs must be recognized as essential contributors towards universal access efforts.

5.2.3 Impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala

FBOs and religious groups have provided healthcare in developing countries for well over a century. Today they provide approximately 40 percent of healthcare services in sub-Saharan Africa. They often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services, mobilize energy and resources, contribute to consensus-building and connect local communities with higher authorities

The study concludes that sometimes, FBOs can be the only development-focused organizations in a remote community, or they have been there the longest. Their close links to communities and influence over them provide them with an ideal opportunity to promote SBCC and address other cultural factors contributing to high child morbidity and mortality

FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease. FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty.

FBOs play an enormous role in providing health information and health care all over the world. FBO hospitals and clinics are often the most respected and trusted health care providers in communities of all sizes.

5.3 Recommendations

HIV prevention messages are still in line with the already existing traditional messages regarding sexuality. Therefore, FBOs should incorporate amore comprehensive sexual education that addresses the social contexts that makes church-going youth and youth in general vulnerable to HIV infection. The educational messages and teachings seem inappropriate as youths are still sexually active.

FBOs need to strengthen their capacity to educate young people in a more holistic way about sexuality and HIV prevention. Furthermore, FBOs should also consider educating and creating awareness on the risks of multiple relationships particularly to those men whose risky behaviour is culturally bound.

More resources should be given to support FBOs in their strategies to prevent HIV infection among faith communities thus improving services. Additionally, governments should offer training to religious leaders on how to pass on their teachings and messages about HIV prevention strategies. This may make them improve their prevention strategies and enhance the understanding of the role FBOs play in HIV/AIDS prevention, care and support.

5.4 Areas of further research

More research needs to be done on the following;

- Impact of Faith based organizations in protection of vulnerable groups
- Effect of Faith Based Organisations in protection of human rights

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear Sir/ Madam

I am by the names of **BUSINGYE WENCENSELOUS, 1153-06044-02030,** a student from Kampala International University, carrying out a study on "**THE IMPACT OF FAITH BASED ORGANIZATION IN HIV/AIDS CARE AND SUPPORT IN KAMWOKYA, KAMPALA".** I am very glad that you are my respondent for this study. The purpose of this questionnaire is to obtain your opinion/views to be included among others in the study. This research is one of the requirements leading to the award of a Bachelor's Degree in Development Studies. It is hence an academic research and will not be used for any other purpose other than academic. Your co-operation and answers to these questions heartily and honestly will be significant to this study to gather the data needed. Thank you in advance for your cooperation.

PART 1: RESPONDENT'S PROFILE

Gender _____

1. Male
2. Female

Qualification _____

1. Primary level
2. Secondary
3. Certificate level
4. Diploma
5. Degree
6. Master's degree

Age _____

1. 20-35 years
2. 36-49 years
3. 50 and above years

Direction 1: Please write your rating on the space before each option which corresponds to your best choice in terms of level of motivation. Kindly use the scoring system below:

Score	Response Mode	Description	Interpretation
5	Strongly Agree	You agree with no doubt at all	Very satisfactory
4	Agree	You agree with some doubt	Satisfactory
3	Neutral	You are not sure about any	None
2	Disagree	You disagree with some doubt	Fair
1	Strongly Disagree	You disagree with no doubt at all	Poor

	Impact of healing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala	1	2	3	4	5
1	Faith-based organizations (FBOs) serve as key players in health promotion and disease prevention efforts					
2	FBOs have been recognized for their potential to provide mental and physical health programming					
	The capacity of FBOs to reach underserved populations experiencing the nation's worst health inequalities have led to initiatives promoting their involvement in health programming					
4	FBOs help in determining the efficacy, effectiveness, and feasibility of such academic-community partnerships					
5	FBO aspire to deliver or enhance their current capacity to deliver health programming					

	Impact of prevention and HIV testing by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala	1	2	3	4	5
1	Faith-based organizations often have the capacity to reach out to and influence large numbers of young people					

2	FBOs provide comprehensive programming in HIV prevention among women and girls					
3	FBOs provide appropriate sexual education and life skills hence preventing HIV					
4	FBOs play much a greater role in HIV/AIDS care and treatment through coordination with different stakeholders					
	Faith-based organizations are a vital part of civil society since they provide a substantial portion of care often reaching vulnerable populations living under adverse conditions					

	Impact of social support by faith based organization towards HIV/AIDS care and support in Kamwokya, Kampala	1	2	3	4	5
	FBOs and religious groups have provided healthcare in developing countries for well over a century					
	FBOs often have a good understanding of the local context, speak out for the disenfranchised, deliver higher quality services and mobilize energy and resources					
3	FBOs tend to grow from and build on faith communities' belief that they have a moral imperative to help those in need and improve the human condition					
	FBOs may focus on issues of morality more than secular organizations, such as rules of family life and the spiritual basis of disease					
	FBOs' ability to ground their work in religion can enhance their influence with communities, as it enables them to call on people's moral duty					

Thank you for your responses

END