

**THE ROLE OF AIDS INFORMATION CENTRE (AIC) AS NON
GOVERNMENTAL ORGANIZATION KABALE BRANCH
IN THE PREVENTION OF HIV/AIDS
AMONG THE PEOPLE OF
KABALE MUNICIPALITY**

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AUGAST 2012

DECLARATION

I Gumoshabe Mercy hereby declare that this research work is original and has never been submitted anywhere for any award of Degree, Diploma or certificate.

Signed.....Gumoshabe Mercy.....

Date.....17/9/2012.....

APPROVAL

This Report entitled "The role of AIC as a NGO in the prevention of HIV/AIDS among the people of Kabale Municipality" has been under my supervision and it's now ready for submission as a course program.

Signed.....

(Supervisor)

Date.....17th Sept 2012.

DEDICATION

I dedicate this report to my Parents Mr. and Mrs. Turyagenda Wilson in Kabale and the whole family Claire,Gloria,Medard, Esau, Henry, Sam, Joshua, Prim, Annette, Sonia, Cynthia, Bruno, Trevor, Marinna, Ursher, Trust, Keith, Keitha, Shawn Timothy. My Gratitude also go to my friends who has been by my side Pamela Ninsiima, Jazila Namatovu, Cynthia Tayebwa, Grace Wambuga. May God bless them abundantly.

ACKNOWLEDGEMENTS

This study is a result of financial support from my Parents Mr. and MrsTuryagenda Wilson and my sister Claire may God reward them.

Special thanks go to my supervisor Madam Shamila Nassiwa for the continuous support she has given me throughout this study.

Lastly, further appreciation goes to my lecturers who have made me what I am.

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LISTS OF ACRONYMS AND ABBREVIATIONS

AIC.....	AIDS Information Centre
NGO.....	Non Governmental Organization
WFP.....	World Food Programme
AIDS.....	Acquired Immune Deficiency Syndrome
HIV.....	Human Immune Virus
PMTCT.....	Prevention of Mother To Child Transmission
STIs.....	Sexual Transmitted Infections
ARVs.....	Anti-Retroviral drugs
HCT.....	HIU Counseling and Testing
HBC.....	Home Based Care
KYHSC.....	Know Your HIV Status Clubs

ABSTRACT

This study was focused on the contributions of AIC Kabale branch as an NGO in the prevention of HIV/AIDS IN Kabale municipality. As well as the services it offers , the level of community commitment and the approaches it uses in the prevention of HIV/AIDS.

This study was conducted in Kabale municipality but specifically covering AIC staff management, the clients of AIC branch, community leaders ,volunteers and the other employers.

Data was collected using both qualitative and quantitative methods. These questionnaires and interviews were given to the targeted population and Documentations were also used.100 respondents were selected that is ; AIC clients (60),community leaders (10),AIC management team (5),volunteers (10), and other employers (15).

From the interpretation , it was revealed that AIC is playing a fundamental role in the prevention of HIV/AIDS in Kabale municipality and the whole district at large . Still the the community is filly committed to support AIC in the prevention of HIV/AIDS.

Basing on the findings, the following recommendations for policy action were designed;

- There is need for AIC to increase on its staff so as to reach to all clients especially in terms of home visits because it was one of the approaches that were put up by the respondents but the staff is not enough.
- There is need to increase funding to AIC such that adequate funds are available to boost its performance in activities like sensitization, support to children of the infected people, among others.
- Community commitment should in supporting AIC in the prevention of HIV/AIDS should be maintained and AIC should continue working with the community since the community has an upper hand in helping AIC in the prevention of HIV/AIDS.

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CHAPTER ONE

1.0 BACKGROUND

Globally, an estimated 33.3 million people were living with HIV and AIDS by the end of 2009. In the same year, 2.6million people new infections occurred. This indicated a reduction of 25% in the number of new infections between 2001 and 2009.(INAIDS, 2009).

During the 2001 United Nations General Assembly special session (UNGASS) on HIV/AIDS had a goal to reduce HIV among young people 15-24 years by 25% in the most affected countries by 2005 and 25%globally by 2010 and 2012.

Young people aged 15-24 accounted for about 41%of new adult infections in 2009 and 5 million young men and women are currently living with HIV/AIDS.

Additionally, the UNAIDS, report on global AIDS epidemic, (2010) indicated that HIV prevalence has fallen by more than 25% as the young people have adopted safer sexual practices.

Sub Saharan Africa continued to have the highest HIV incidence and prevalence rates in the whole of world. It estimated that 1.8million people were newly infected with HIV/AIDS. Compared to 2.2 million in 2001 which is still high in the globe.

Despite this decline, there is strong consensus based on evidence that the girls and young women remain disproportionately vulnerable to HIV infection in sub Saharan Africa particularly in the hyper-endemic countries, where prevalence is greater than 15%. (UNAIDS, 2010)

Uganda was one of the first countries which were hit by the epidemic. The first case of HIV was reported in Rakai along the shores of L.Victoria in 1982 (UAC, 2001)

And currently the National HIV prevalence has increased from 6.4% to 7.3%. it is reported that women remain highly affected than men by 8.3% in Uganda,(UHSBS,2004/05).

The infection rates in the urban parts of Uganda are high compared to other parts of the country. This is attributed to the dense population coupled with the aggravated poverty amongst the town dwellers which has made people more infected with HIV/AIDS. Also depending on sex as means of survival has made them acquire the disease.

Therefore, against this background that the researcher has based on, there is need to look at the role of Non – Governmental organizations in fighting against the above mentioned epidemic that has taken many lives and leaving others affected.

1.1 STATEMENT OF THE PROBLEM

HIV/AIDS has left a big gap among people many children are living as orphans as a result of loosing their parents due to HIV/AIDS. Many people infected are also still stigmatized by the members of the community which has led them not to participate freely in the developmental activities.

In relation to HIV/AIDS, many organizations have tried to help those infected and affected. Therefore, the question is Non Governmental organizations doing to curb HIV/AIDS epidemic in case of AIDS information center (AIC) Kabale Municipality

1.2 PURPOSE OF THE STUDY

To identify the contribution of the Non Governmental organizations in fighting against HIV/AIDS and work hand in hand with them

1.3 SPECIFIC OBJECTIVES

- To examine the services offered to people and communities affected by HIV/AIDS by the A/C in Kabale Municipality

- To examine the level of community commitment to all programs in prevention of HIV/AIDS in Kabale Municipality
- To find out the approaches used by AC in addressing HIV/AIDS related problem.

1.4 RESEARCH QUESTIONS

1. What types of services are offered to the people and communities by the AIDS information center?
2. To what extent is the community involved in the prevention of HIV/AIDS with AIC?
3. What kind of approaches does AIC use in its efforts to prevent HIV/AIDS among the communities in Kabale Municipality?

1.5 SCOPE OF THE STUDY

The study will cover Kabale Municipality which is found in South Western Uganda involving the divisions, sub wards, town councils, and villages like Bukinda, Kaharo and Muhanga. It will also involve the case study of AIDS information center (AIC) Kabale branch in Kabale Municipality on how it has taken part in the prevention of HIV/AIDS.

1.6 SIGNIFICANCE OF THE STUDY

This study will help the AIDS information center (AIC) Kabale branch to find out the approaches and techniques used by Non-Governmental organizations in offering services and propose strategies on how the systems can be improved.

For instance services like counseling HIV/AIDS sensitization, medical and social support and the NGOs like TASO (the AIDS support organization), AIDS Research Center.

The study will show the Government the efforts the Non Government Organizations are putting in preventing HIV/AIDS such that it can work hand in hand with them to prevent HIV/AIDS in kabala municipality and the whole of Uganda.

It will help the AIDS information center kabale branch to get aware of how the community is willing to contribute non fighting HIV/AIDS.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION.

The human immune Deficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) is a virus that lives in the body specifically in the white blood cells and it weakens the whole immune system.

2.1 Causes of HIV and AIDS spread.

Sex work

This is an important factor in many of east and west African countries. more than 1/3 of female workers surveyed in 2006 in Mali were living with HIV and infection levels exceeding 20% have been documented among sex workers in Senegal and Burkina Faso. (*UNAIDS report, 2009*).

Injecting drug use

Injecting drug use is a factor to some extent in several of the HIV epidemic in east and southern Africa including Mauritania where the use of contaminated injecting equipment is the main cause of HIV.

Infection in various studies about 1/2 of the injecting drug users tested in Kenyan cities of Mombasa (50%) and Nairobi (53%) were positive. (*Clair nullic, 2005*)

Armed conflict and HIV/AIDS.

UN general assembly declaration in June 2001 recognized that population s destabilized by armed conflicts humanitarian disasters and natural disasters are at increased exposure to HIV and called on UN agencies and NGOs to incorporate HIV prevention and awareness strategies into their programs. (*UNAIDS guidelines for HIV intervention, 1996.*)

The goal on prevention was also narrow and largely focused on biomedical aspects such as contaminated blood, inadequate sterilization facilities or deficiency health education. (*Smith, 2002*)

2.2 Services offered by Non Governmental Organization specifically Aids Information Centre (AIC).

AIDS has in some cases led to the formation of new social capital in community efforts to prevent its impacts with new AIDS groups springing up and existing community based organization (CBO) adding efforts around aids to former activities. Many of the existing studies find the people affected by HIV/Aids access help principally from family, neighbors, community, institutions and local organizations. (*.Mutagandura, 1996*)

2.2.1 HCT (HIV counseling and Testing)

These services have been offered by AIC as one of the NGO. They are offered daily at an affordable user fee at AIC.

Free HCT is also provided to children and youth below 24 years of age and most at risk population (MARPS)

AIC is currently the largest single NGO HCT provide in the country contributing at least 26-30% of the total number of individuals tested for HIV in the country in any given year. (*AIC annual report, 2010*).

2.2.2. Psychosocial support

Clients that are HIV positive are encouraged to live positively and those who are negative are also taught how to prevent themselves from the epidemic. This is provided by the counselors during one on one session with individuals. It is not only for individuals but also families and communities also receive these services through community mobilization and post test clubs. At AIC the social support package activities include; child support where the children are given tuition fees, scholastic materials etc, food aid with the help of WFP, UN.

2.2.3 HIV/AIDS Education.

In HIV/AIDS education, AIC advances prevention, care and support message through HIV/AIDS sensitization to communities for the purpose of facilitating behavior change. Drama groups of infected people are at the fore front of the

community mobilization against HIV/AIDS. This is done through Drama, seminars, Radio talks, TV shows and peer education. Over the years, AIC continued to sensitize communities on the AIDS epidemic primarily sensitization was aimed at influencing people's behavior related to HIV/AIDS knowledge, attitude and practice. *AIC annual report, 2007.*

According to Lynda Madaras,(2008) in her book ,she talks to teens about AIDS fewer than 15% of our nation's schools offer comprehensive sex Education and according to the Author, fewer than 10% of the parents have ever had real detailed discussion about sexuality with their youngsters. it could also be because of the above reason that AIC has come out with the various measures to educate the young and the old on issues concerning HIV/AIDS.

2.2.4 Post Test services.

The AIC post test clubs (PTC) was established on August 4th, 1990 in support of the National efforts to prevent HIV/Aids and to provide psychosocial support to those infected and affected by HIV.

The purpose of the club is to respond to the expressed needs of the clients for on going support services. This include; support counseling, educational skills, condom promotion and community mobilization to distribution of information Education Communication. (IEC).(*AIC report,2010.*)

AIC provides continuous education to prevent the infection of the HIV negative partners, peer psychosocial support groups through sharing experience, promote positive living and provide education treatment options. The organization goes ahead to impart income generation skills for many of the clients.

2.2.5 Medical services

The purpose of AIC medical services is to improve the quality of life by alleviating ill health among the registered clients and some of their family members. This has achieved provision of preventive, curative, palliative and

general health promotion services. AIC medical services are usually provided at its centre clinics, outreach clinics and hospital wards. Some other Non Governmental Organizations working in HIV/aids area are; The Aids Support Organization, AIDS Research Centre and Bailer Uganda Limited.

2.3 Community participation and service delivery.

Community participation as a concept focuses on the idea that involving stakeholders in decision making about their communities and broader social issues has important social, economic, and political benefits. In 1980s and 1990s, for a variety of reasons public sector donors, policy makers as well as both the northern and southern NGOs, emphasized the value and potential benefits of participatory approaches. The risk with an approach to economic development or service delivery that focuses too much on community. Participation is that it may idealize the internal coherence and solidarity in communities, and miss the essential tasks of supporting effective, accountable and transparent public institution.

.Mobilization of community members to identify their needs and problems and give them information about HIV/aids and manage and plan projects helps strengthen local capacity for collective action. There is arguably inherent value in this and additional benefits are often observed beyond the scope of the original project. E.g. Formation of self help groups and development.

Communities have also committed themselves in the prevention of HIV by being role models themselves in their own communities .through participating in programs put up by AIC e.g. community dialogue, music dance and drama, and HIV in the provision of prevention message to the MARPS (Most At Risk Population).The community has utilized the distribution of condoms and tried to use them consistently especially to targeted points like lodges and bars.
(AIC data base)

2.3 1 Level of community commitment.

Families and communities make the most response to the impact of HIV/AIDS. Communities are not only concerned about the impact of HIV but also to prepare the leadership, demonstrate ownership and devise ways of sustaining the activities they initiate, they are key stakeholders.

Robina Babirye, HIV/AIDS coordinator of Opportunity International Network Africa, her view that community involvement in setting the criteria for selection of the most vulnerable is a key. Experience has shown that the most impacted community will appreciate a situation where those affected or infected are reached with service and support. Communities have ongoing informal association that can be built upon. For instance in Uganda the group of women in communities normally get together and form what is called "a friend in need" when any member loses a relative all members provide support at the funeral by contributing cooked food, labour and other requirements to the colleagues.

In Rakai World vision began to introduce the idea "A friend in need" The majority in this group had lost relatives to HIV/AIDS some of them were sick of HIV/AIDS all were taking care of orphans and a good number of women were widows and there were a few widowers. These groups were then supported with loans, training in agriculture and health issues. There was no stigma at all. *(Report by Robina Babirye coordinator Opportunity International Network Africa, March: 1995)*

2.4 Approaches AIC use in the prevention of HIV/AIDS.

2.4.1 Sensitization.

Sabine Isabel asserts that the involvement of sensitization sector needs to be more in curbing the HIV/AIDS epidemic, formal or non formal education are important settings in which to educate young people about relationships and responsibilities and providing a range of decision making skills that will enhance young people's ability to prevent HIV/AIDS, how it is transmitted and

CHAPTER 3

METHODOLOGY

3.0 INTRODUCTION

This chapter consists of the data collection methods and also techniques that will be used to present data. It will include area of the study, study population, sample size, sampling procedure.

3.1 AREA OF THE STUDY

The study covered Kabale Municipality, Kabale District which is found in south western Uganda which will involve the Divisions (counties), sub wards, Town councils and villages like Bugogi, Kigongi.

The study involved the case study of the AIDS information center (AIC) on how it has contributed in the prevention of HIV/AIDS.

3.2 STUDY POPULATION

The study population involved families and individuals that are affected and infected with HIV/AIDS who are getting services from AIC plus the communities where they live. It also involved the staff of AIC Kabale branch and members of the management team.

3.3 SAMPLE SIZE.

The researcher had a sample of (100) respondents that is 5 members from the management team, 10 volunteers, 15 employees, 10 community leaders/ care givers and 60 clients of AIC.

TABLE 1. TABLE OF RESPONDENTS

RESPONDENTS	NUMBER OF RESPONDENTS
Clients	60
Community leaders	10
Management team	5
Volunteers	10
Employees	15
TOTAL	100

3.4 SAMPLING PROCEDURE

The researcher used purposive sampling, where the researcher focused on the respondents who are infected and affected with HIV/AIDS members from the management team of AIC community caregivers /Leaders within Kabale municipality plus other employees of AIC.

3.5 DATA COLLECTION TOOLS

The researcher used the following instruments/tools during research to gather data.

3.5.1 Questionnaires

These are written sets of questions that were answered by the respondents on papers. These questionnaires were distributed to the respondents to write on it whatever they feel and they were briefed first to assure them that any written information will be treated with maximum confidentiality.

3.5.2 Interviews

This were done in such a way that the researcher carried out oral interview with chosen respondents. In other words, it will be face to face conversations

where the researcher asked questions and the respondents answering them and listening to their views.

3.6 Documentary analysis

The researcher reviewed documents from the AIC offices Kabale Municipality branch which contains information about their clients and also read text book and magazine related to the study.

3.7 Data analysis.

This is the process of grouping and presenting Data into appropriate constituents in order to generate answers to the questions earlier on set. This was done by the researcher whereby she formulated research Questions related to the research objectives and after used the answered questions to gather and get useful information.

CHAPTER FOUR

4:0 PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA.

4:1 Introduction.

This chapter of the research report is composed of the findings of the research study i.e. the sampling technique, size and methods of data collection. Data was collected from the field transferred from Data collection tools, sorted, tabulated and carefully presented as shall be seen in the ongoing report.

The study was guided by specific objectives holding on to examine the services offered by AIC to the people and community of Kabale .To assess the level of community commitment to the HIV/AIDS prevention in the municipality. To find out the approaches used by AIC in the service delivery.

It was from these objectives that the report was produced.

4:2 Services offered by AIC to infected people of Kabale.

One of the objectives of the report was to examine the services offered to the infected people of Kabale by AIC. Therefore, the below was discovered from the respondents.

Table 4.2

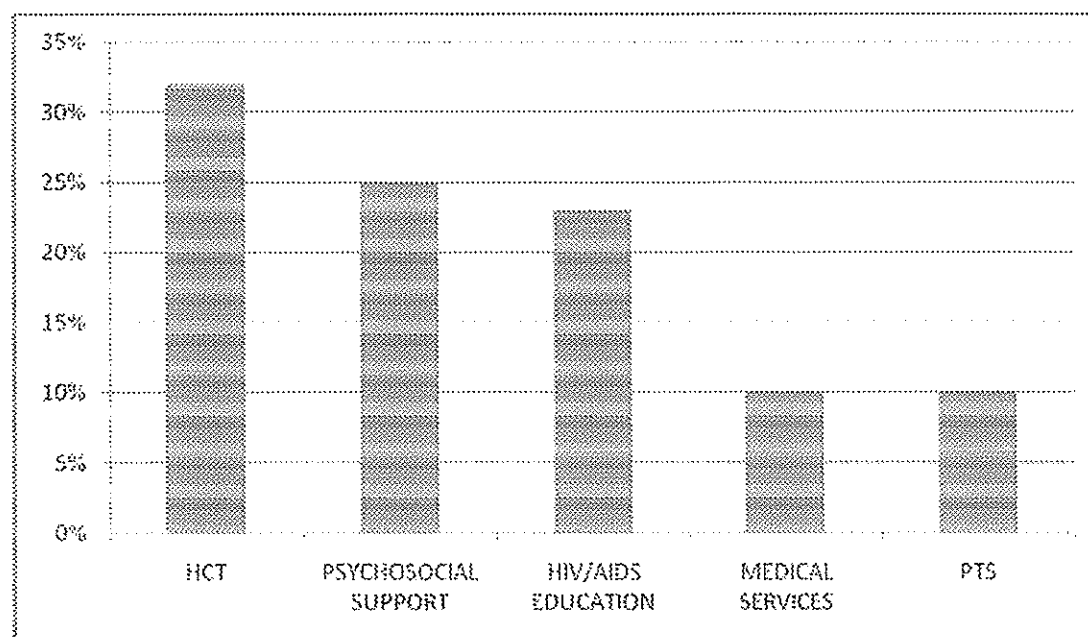
AIC SERVICES TO THE CLIENTS

SERVICES	FREQUENCY	PERCENTAGE(%)
HCT(HIV counseling and Testing)	32	32%
Psychosocial support	25	25%
HIV/AIDS Education	23	23%
Medical services	10	10%
Post Test Services	10	10%
Total	100	100%

Source: Primary Data 2012

Figure 1.

GRAPHICAL REPRESENTATION OF AIC SERVICES OFFERED TO THE CLIENTS.



4:2:1 HCT SERVICES.

HCT services as indicated in the table 4:2 it was seen that HIV counselling and Testing is one of the packages offered by AIC to its clients.

This took the highest percentage(32%) as it was pointed out by the respondents that AIC has gotten professional and qualified counselors and field officers who help the clients in solving their problems through sharing together.

HCT has also helped the people of Kabale Municipality to how to appreciate themselves and how to live positively as well. Others during the interview said that this has made them psychologically settled and are able to sustain their lives by undertaking other income generating activities like farming, Businesses among others. Through household counselling some clients said that they have been accepted in their families and the

communities at large who had rejected them this has stopped stigma in other words.

4:2:2 Psychosocial support.

Furthermore ,the study also discovered social support as a key service offered by AIC which took 25%.The respondent pointed out that AIC is doing a lot in terms of family support to the clients. This is in terms of food which is partnership with World Food Programme(WFP) .Other forms of support which were discovered are paying school fees for the children which is done with funding from Civil Society Fund.

In this case one of the respondents with the name withheld said;

".....I am sure AIC is a gift from GOD. My children would not be in school and I would be dead now....."

4:2:3 Medical services.

My 20% respondents pointed out that AIC is offering treatment of other diseases like Tuberculosis(TB),Malaria,STDs among others.it has really helped in lengthening peoples' lives who are infected and they are living healthy lives.One of the respondents said;

".....I would not be alive now , I had hated myself because of my appearance people were stigmatising me ,I would not afford to go to Kampala in TASO but when AIC came and I started treatment in 2005 my life came back and am now happy and healthy all because of AIC kabale branch....."

So this assured the researcher that AIC has sustained peoples' lives.

HIV and AIDS education.

Apart from the above services AIC has also offered HIV/AIDS education to the people of Kabale Municipality.About 23% of my respondents were so grateful towards AIC's initiative of creating awareness about HIV and AIDS.They said that AIC has done this through MDD,Community workshops,TV shows and

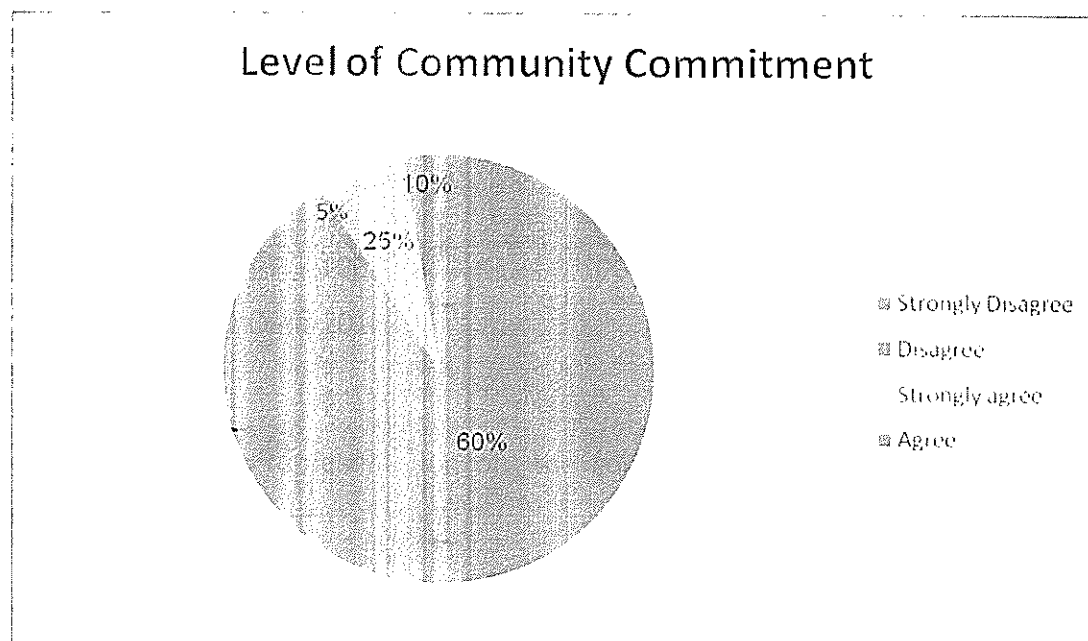
Table4: 3.

Response	Frequency	Percentage (%)
Strongly Disagree	5	5%
Disagree	10	10%
Strongly agree	60	60%
Agree	25	25%
Total	100	100%

Source: Primary Data 2012

Figure 2.

The above is the representation of the community commitment on a pie chart.



From the above pie chart above the majority acknowledged the community commitment in helping AIC in the prevention of HIV and AIDS in Kabale Municipality by 60%.then followed by those who agreed by 25%, 10% who somehow were not sure of how far the communities are involved and lastly but not least a portion of respondents had nothing to say on what the

community is doing as regard to supporting AIC i.e. 5% of the respondents as shown on the pie chart above.

The study also revealed that the community is involved in the prevention of HIV/AIDS

When asked on how they have done it they listed as below;

- MDD(music Dance and Drama) about HIV/AIDS
- Through Testing
- Behavioral change
- Loving the infected people and
- A know Your HIV Status Club where 20 members are chosen from the parish level by the community to pass on message to households about HIV and AIDS prevention and care.

4:4 Approaches used by AIC in the prevention of HIV and AIDS.

The third objective of the study was to find out the approaches used by AIC in the prevention of HIV /AIDS. In this regard also a lot was discovered from the respondents as indicated below.

Table 4:4

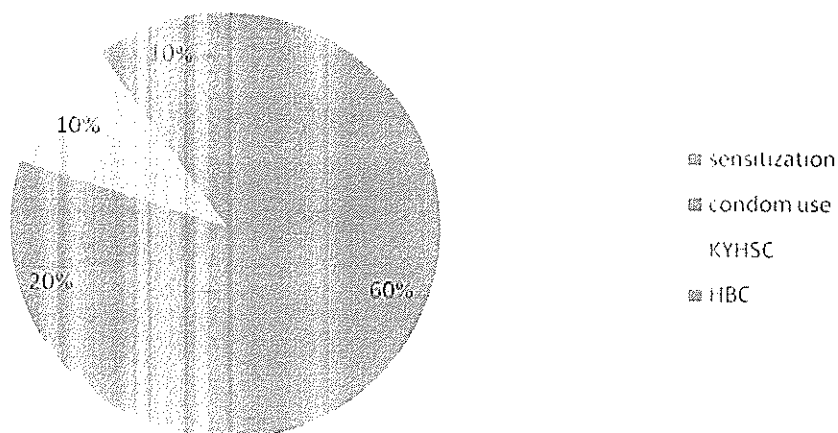
Approaches	Frequency	Percentage (%)
Sensitization	60	60%
Know Your HIV Status	10	10%
Condom use	20	20%
HBC	10	10%
Total		100%

Source: Primary Data 2012

Figure 3.

The below is the representation on the pie chart.

Approaches used by AIC



4:4:1 Sensitization.

As seen in the above table and chart, the study revealed that the sensitization approach has mostly been used by AIC in the prevention of HIV/AIDS. AS INDICATED ABOVE 60%. This is because of sensitization AIC has managed to pass the message on to the community through Radio talks TV shows, MDD among others. In this case one of the respondents said:

".....I first heard from AIC and HIV/AIDS when AIC brought for us a group of musicians and dancers who were singing and Demonstrating about HIV/AIDS live at Kabale play ground that's when I came to understand HIV/AIDS in general and loved AIC as well....."

4:4:2 Condom use.

According to the findings of the researcher, condom use is also known to be used by AIC as a Non Governmental Organization in the prevention of HIV/AIDS. Respondents ranging to 20% supported it these condoms are

distributed to both clients and non clients in clinics, Health centers and also through its agents on community level, community Dance and DRAMA

4:4:3 Know your HIV status Club (KYHSC)

The study revealed that KYHSC is another approach used by AIC in the prevention of HIV/AIDS.

(20%). Testing people with HIV/AIDS and they counsel them continues to be one of the major pillars to fight against HIV and AIDS. AIC has done this by having the representatives in all the communities elected by themselves who make sure that everyone is aware of their status.⁶ functional KYHSCs established and Kanungu districts implemented CHCT activities over (2,000) began IPT programme at the branch of Bwindi Hospital.

The KYHSC programme was whole heartedly received by the stakeholders one members said, *"you have come at the right time."* The KYHSC members are doing their job and still have the zeal to do more voluntarily.

4:4:4 Home Based Care. (HBC)

This is also vital as seen from the respondents. This according to AIC includes promotion of positive living; provision of social support and material like food clothing among others. AIC is doing this with the help of funding from World Food Programs for good nutrition for the clients.

The study also revealed that AIC's agents visit their clients homes for follow ups as in to monitor their commitment in Positive prevention and living better lives in their communities.

CHAPTER FIVE

RECOMMENDATIONS AND CONCLUSIONS.

5:1.Recommendations.

It's upon the findings in chapter 4 that the following recommendations have been suggested.

- There is need for AIC to increase on its staff so as to reach to all clients especially in terms of home visits because it was one of the approaches that were put up by the respondents but the staff is not enough.
- There is need to increase funding to AIC such that adequate funds are available to boost its performance in activities like sensitization, support to children of the infected people, among others.
- More and regular sensitization campaigns regarding HIV/AIDS awareness by AIC using even external technical personnel should be strengthened.
- Community commitment should in supporting AIC in the prevention of HIV/AIDS should be maintained and AIC should continue working with the community since the community has an upper hand in helping AIC in the prevention of HIV/AIDS.
- AIC should also adopt the approaches given up by the clients (respondents) to add on the approaches it's using and it should take the client's views as the first priority in order to work together in the prevention and the fight against HIV/AIDS.
- Much as the local and central government are supporting AIC there is still need for both parties to increase on their support because what AIC has done and is still doing could not be fully without their support.

- AIC should improve on its medical services both in manpower and equipment to the level that every Branch i.e. Kabale branch can handle HIV/AIDS related medical services including provision of ARVs, STIs treatment among others.
- AIC should maintain the services and the process of delivery to the clients because it's the only way it can attract the involvement of more community commitment.

5.2. CONCLUSIONS.

The study was guided by a number of objectives which included; To examine the services offered to the infected people and communities affected by HIV/AIDS in Kabale Municipality, To examine the level of community commitment in the prevention of HIV/AIDS in Kabale Municipality and To find out the approaches used by AIC in addressing HIV/AIDS and related problems. The researcher drew a lot of findings for instance; the services offered by AIC Kabale Branch, the community is helping AIC in its work and finally the approaches it uses to bring its services nearer to the communities.

Based on the findings, the researcher concluded that AIC has greatly contributed in the prevention of HIV/AIDS pandemic in Kabale Municipality and it's the very significant NGO in steering up the spread of HIV/AIDS in the District. The researcher also finds it important to appreciate the services, community commitment and the approaches for the change and the impact they have created in people's lives in Kabale Municipality.

Due to the overwhelming contribution of the community however, the researcher concludes that such a great contribution of AIC could not have been possible without the hand and efforts of the community. The researcher therefore concludes that the local community remains the key players and stakeholders in helping AIC in the prevention of HIV/AIDS.

The researcher also concludes that the approaches AIC uses are so effective that even Babies in around villages have heard about HIV/AIDS and how it kills. This is a great achievement by AIC and it has really changed people's lives.

The communities have been sensitized in different issues and as a result there is high demand and uptake of counseling and testing services.

References

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APPENDIX I

QUESTIONNAIRE

This Study is to investigate" The role of Aids Information Centre in the Prevention of HIV/AIDS among the people of Kabale Municipality "it is for study purposes and any information provided will be confidential.

GENERAL INSTRUCTIONS.

- Do not indicate your name anywhere on this Questionnaire.

Section A

This section seeks the Demographic variables of the respondent.

GENDER.

Male ☐ Female ☐

MARITAL STATUS.

Married ☐ Single ☐
 widow ☐ Divorce ☐

AGE

14-18 19-24
 25-49 50-69 and above

EDUCATION LEVEL

Primary level
 Secondary level
 College level
 University level

SECTION B

This section focuses on the services offered by Aids Information Centre Kabale Branch

Instructions.

Please read the below statements and tick where you strongly disagree, Disagree, Strongly Agree and Agree in the table below.

	Strongly Disagree(SD)	Disagree	Strongly Agree (SA)	Agree
AIC has tried to offer all the services to the infected and affected people of Kabale.eg counseling, Testing and other medical services.				
AIC has got very good Qualified counselors who have helped infected people fit in the community.				
AIC distributes				

condoms to the people of Kabale every after one month to prevent the spread of HIV/AIDS.				
AIDS Information Centre Kabale Branch has really changed the lives of Kabale people due to the available services rendered to them.				
Services especially counseling and medical services are free to those who can't afford them and are infected.				

SECTION C

This section seeks the extent or the willingness of the community members in the prevention of HIV/AIDS.

	Strongly disagree(SD)	Disagree	Strongly Agree(SA)	Agree
The community members have taken part in music Dance and Drama about HIV and AIDS with the aim of spreading the message to every person.				
People infected are not stigmatized and they are supported both socially and psychologically.				
It's the responsibility of everyone starting from the family level to the District level to prevent and fight the				

epidemic.				
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SECTION D

This section seeks to find out the approaches that AIDS Information Centre uses in addressing HIV and AIDS related problems and helping those infected and the affected.

	Strongly Disagree	Disagree	Strongly agree	Agree
AIC sensitize the people in all the communities which has made everyone aware of the Epidemic and its related issues.				
AIC as a Non Governmental Organization has made sure that Everyone in Kabale accesses its services by putting up Talk shows on Radios, workshops, Television shows about HIV and AIDS.				

AIC Kabale Branch has placed its Agents in all the communities in Kabale both the affected and non affected to spread the information about HIV and AIDS prevention.				
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APPENDIX II

QUESTIONNAIRE.

AIC STAFF.

Dear respondents,

I kindly request you to provide the necessary information for this questionnaire . This study is to investigate the "Role of AIC in the prevention of HIV/AIDS in Kabale Municipality "and it's for study purposes. Any information given will be treated with confidentiality.

Sex.....

Designation.....

1. What are the services AIC offers to those infected and affected with HIV/AIDS?

-
-
-
-

2. What tactics/approaches does it use to make its services nearer to its clients?

-
-
-

3. The community has showed willingness or commitment of the in prevention of HIV/AIDS?

Agree ()

Disagree ()

Strongly disagree ()

Strongly agree ()

4. Give the reason for your answer above.

-
-

5. In your own view what do to think the community can do to enhance your contribution in the prevention of HIV/AIDS.

-
-
-

APPENDIX III

INTERVIEW GUIDE.

This study is to investigate the "Role of AIC in the prevention of HIV/AIDS in Kabale Municipality "and it's for study purposes. Any information given will be treated with confidentiality. I thank you in advance.

Age.....

Sex.....

Occupation.....

1. Have you ever heard about AIC?

Yes []

No []

2 .What are the services that you get from AIC Kabale Branch?

-
-
-
-
-

3 .Which of the following services do you get from AIC?

Medical services []

Psychosocial support []

Counseling []

PMTCT []

4 .You as an individual are committed in helping AIC in the prevention of HIV/AIDS?

Yes []

No []

5 . How does your community take part in the prevention of HIV/AIDS?

-

**COLLEGE OF ECONOMICS AND MANAGEMENT SCIENCES
DEPARTMENT OF PSYCHOLOGY, SOCIAL WORK AND SOCIAL
ADMINISTRATION AND DEVELOPMENT STUDIES**

Date 20/7/2012

To AIC KABALE BRANCH

This is to introduce to you GUMOSHABE MERCY BSC/40868/91/DSU

Who is a bonafide student of Kampala International University. He/ She is working on a Research project for a dissertation, which is a partial requirement for the award of a Degree. I here by request you, in the name of the University, to accord her all the necessary assistance she may require for this work.

I have the pleasure of thanking you in advance for your cooperation.

Yours sincerely,



Ms. Bakyaita Grace
Unit Head, Development Studies and Conflict Resolution