THE ROLE OF NGOs IN HIV/AIDS PREVENTION AND CARE AMONG THE RESIDENTS OF MAKINDYE DIVISION, KAMPALA DISTRICT. A CASE STUDY OF ACTION AID INTERNATIONAL, UGANDA.

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BY
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DECLERATION

I Edabu Paul do hereby declare that this thesis is my original work and that, it has never been submitted to any academic institution for award of a degree or the equivalent.

Signed:.....

On this 4th day of October of the year 2006, at Kampala International University,

This thesis has been submitted for examination and acceptance with my approval.

.....

Fr. Valentine Muyambi

Moderator

Date 6-11-2006

DEDICATION

Dedicated to my dear parents [RIP], Sister Amongin Rose, and her husband Mr. Ssemambo Wilson, family members, Olupot Ezekiel Eliko and all other friends who have ardently supported me to accomplish the Med/RS postgraduate studies.

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TABLE OF CONTENTS

LIST OF TABLES

ACRONYMS USED

ABC-Abstinence Be faithful Condom use

AIC-Aids Information Centre

AIDS-Acquired Immune Deficiency Syndrome

ARV-Anti-retroviral

BCC-Behavior Change Communication

FAO-Food and Agricultural Organization

FGD-Focus Group Discussions

HIV-Human Immunodeficiency Virus

IEC-International Education and Communication

IMF-International Monetary Fund

LC-Local Council

NGO-Non-Governmental Organization

PMTCT-Prevention of Mother to Child Transmission of HIV/AIDS

SIV-Simian Immunodeficiency Virus

SRH-Sexual Reproductive Health

STD-Sexually Transmitted Disease

TB-Tuber closes

UNAIDS-United Nation Aids

URDT-Uganda Rural Developmental Training Program

VCT-Voluntary Counseling Testing

WHO-World Health Organization

ABSTRACT

This research set out to investigate the extent to which NGOs have played their role in HIV/AIDS prevention and care among the residents of Makindye, Division Kampala District. The NGO that was used as a case study is Action Aid International, Uganda. The study had a number of objectives as follows; to assess community's attitude towards the methods of HIV/AIDS prevention and care among residents of Makindye Division, to assess the response of the residents of Makindye Division towards voluntary, counseling and testing services, to find out the various cultural practices which have led to the spread of HIV/AIDS among the residents of Makindye, to assess how domestic violence has contributed to the high spread of HIV/AIDS among the residents of Makindye, and to determine how best Action Aid can carry out prevention and care in Makindye division.

The research was carried out because there was need to address the high prevalence of HIV/AIDS among the residents of Makindye Division. The extension of NGOs programs to grass root levels and improving on their efficiency in HIV/AIDS care and prevention among the residents of Makindye Division will help to curb the HIV/AIDS pandemic in the area and ensure adequate and proper care for those affected by HIV/AIDS.

Both qualitative and quantitative methods for data collection including impromptu interviews, self-administered questionnaires, observations and focus group discussions. Sample selection was done purposively since, it targeted members of the population with vital NGO information, knowledge and experience. The study concluded that, there is still a gap to be filled in order to stem the spread of HIV/AIDS.NGOs should incorporate religious leaders to preach the best method of prevention and caring by providing, promoting and supporting basic education vocation skills training and counseling

CHAPTER ONE

1.0. INTRODUCTION TO THE STUDY

Recent years have witnessed an explosive emergence of Non-governmental organizations [NGOs] as major collective actors in development activities. The 1980s saw a rapid increase of interest in these organizations within the international development community. This was largely because the NGOs were seen as possible alternatives to governments overstretched effort in addressing the needs of the population especially those reached by official development programs, L.David Brown and David C. Korten, (1991).This state of affairs had emerged from a sharp decline in public resources, causing governments to search for more cost-effective alternatives for the delivery of public services and development programs to the people.

The level of poverty was made worse by the sky rocketing of oil prices in 1973 and 1974, and the decline in the flow of aid from developed countries partly caused by the new paradigm of "rolling the state back". Thus both local and international NGOs sprang up to fill the gap by facing the challenge of fostering development in these countries. Despite these apparent remarkable new trends, the establishment of NGOs in Uganda dates far back to colonialism right from its early inception in the country. According to John de coninck and Rogers C. Reddell (1992), churches assumed much of the responsibility for embryonic health and education services before the state moved into these areas especially after world war II .Mission-based NGOs formed an important section of Non-governmental movement in this country. These organizations were largely foreign and international, although later on local ones were also formed with an element of foreign funding.

However, as government revenues increased and as time went by, the role of NGOs was narrowed and mostly confined to traditional fields such as welfare, charitable activities and the provision of primary health facilities while government took direct control of the social services sector. Unfortunately the advent of the military regime under General Amin 1971-79 Signaled the gradual isolation of Uganda from the international NGOs movement. Most NGOs withdrew support following government's abuse of human rights.

After the fall of Idi Amin's military regime in 1979, a number of British registered NGOs swiftly established physical presence in Uganda John Millers (1989).These included ACORD, OXFAM, ACTION AID INTERNATIONAL and SAVE THE CHILDREN FUND. As the political, economic and security situation deteriorated in the early 1980s, NGOs assumed a substitutive role for some of the social services formerly provided by the state. The coming to power of the National Resistance Movement in January 1986 and the return of a degree of political stability in most parts of the country led to a review of the previous *"laissez-faire"* government attitude towards NGOs. This permitted a rapid expansion of the local NGO sector. Such previous *laissez-faire* government attitude which was embedded in colonial legacies in 1960s perpetuated foreign organizations with intentions of re-directing development programs.

It should, however, be noted that most NGOs in Uganda never had specific and unique activities identifiable with their existence in the country. Most of them had activities cutting a cross all sectors of the society. These included HIV/AIDS, welfare, environment and infrastructure. It's within this period that HIV/AIDS as an issue on NGOs agenda assumed great importance. This was largely because there was increasing pressure from the

international community especially donor agencies to reduce the infection, control and manage the HIV/AIDS epidemic, which was seen as an engine against sustainable development.

The division is mainly a residential area housing 24% of the city population. It's a pen-urban area with small-scale industrial areas, leisure areas and several sub-centers of commercial activity. The hilly tops of Buziga, Muyenga, Konge and Katuso are inhabited by medium of high income groups, while the parishes of Namuwong, Wabigalo, Kibuye and Katwe house the low income groups in poor living condition that include tenements and go downs of garages. There is a high demand for services including housing, health care, schools, religious centres, counseling centres, and waste management among other related amenties.The relative relief amplitude ranges of 95171 metres. Valleys of varying gradients separate the steep slopes of Makindye Division, these valleys form essential natural drains of the division comprising of Kansanga wetland, Bunga-Kauka wetland and Murchison Bay wetland. Buziga, Konge and Muyenga form the highest summits in the Division. These highest point, house the most vital city utilities such as water reservoirs and telecommunication facilities. This location near the lake has determined the nature of economic activities in the division. Its beautiful scenery means the Division is mainly residential with a lot of recreational and hotel activities. HIV/AIDS prevalence rate of Uganda is 6.4 % (national figure). Ministry of Health (2006). The prevalence rate Makindye is not yet known. There are number of community led HIV/AIDS initiative in the division. The CBOs receive funding from world Health Organization and Italian Initiative to control HIV/AIDS.

1.1. BACK GROUND TO THE STUDY

Despite extensive research, the origin of HIV itself remains incompletely understood. HIV belongs to an unusual group of viruses called retroviruses that include Leukemia Viruses in humans,cats,cattle and some other animals.Retroviruses,including HIV also belong to the Leukemia being slow to cause disease. More specifically HIV is related to Simian (monkey) immunodeficiency Viruses (SIVs). As viruses easily mutate, HIV has probably mutated from Viruses found in monkeys and Apes. Even within one human being during the progression of the infection. HIV mutates significantly and the person develops many slightly different strains of Viruses over the years.

Exactly, when, where and how Simian (monkey) immuno Deficiency Viruses (SIVs) crossed over into humans is unclear, evidence suggests it has happened several times. Schoofs (1999) argues that several SIVs have been identified including one in Chimpanzees (SIV CPZ) which is the most similar to HVI-1.Ward (1999) argues that a Simian Viruses do not cause ill health or death in their host species but, if injected into other monkey species can cause an AIDS-like conditions of immune deficiency. The evidence further suggests that over many generations of repeated infection, the immune systems of monkeys and Apes that frequently have SIV have adapted to cope. It may have first crossed into humans about 60 to 70 years ago. It would take many generations for human populations to evolve sufficiently the immunity to survive infection. A few people do fight off new infection effectively however; some cannot clear the virus from their bodies but can live the rest of their lives with HIV and never develop AIDS.

Debates continue as to how, where, when and even why HIV first affected humans. Some have attributed AIDS to God as punishment for sexual promiscuity. Others have blamed biological warfare experiments that released the virus into the global population either deliberately or accidentally. Another line of thought is that polio vaccine, widely given in central Africa in the 1950s and 1960s using monkey serum, could have been contaminated with SIVs.These viruses couldn't be detected at the time but could have been rapidly passed on to thousands of humans through vaccination. Ed Hooper(1999) in his exhaustively researched and detailed book. Recent analysis of stored vaccine to test this theory, however, has not yet found any trace of SIV or HIV.

The most probable route of transmission would appear to be from cut or bites, people hunting wild monkeys and chimpanzees for food, or keeping them as pets, could have been bitten or butchering the animals for meat, they could also have inadvertently acquired. SIV through cuts on their hands as the Apes or monkey viruses mutated within human beings, they could have evolved into HIV, leading to AIDS.

Once in the human population HIV seems to have been slow to lead to a major pandemic. The first isolated cases of AIDS date from the 1950s and 1960s detected through testing stored blood and tissues samples from people who died of un explained immune deficiency. Yet once the virus reached a mobile, highly sexually active population, viral spread was assured. HIV spreads through sexual contact and through blood including from mothers to their babies in uterus, and through breast milk. During the latter half of the 20th century, with extensive international travel and relaxed sexual relations, the global population was unknowingly at increasing risk. Early, AIDS death occurred mainly in people who had

stayed in Africa. Again suggesting the origin of the virus among monkeys and Apes on the continent. This recognition, however, must not be used to blame Africa for the epidemic as has been done in the past. Stigmatising others and finger-pointing have made Africans married every stage of the epidemic around the world and led many African governments to deny the AIDS epidemic in the early days. Those who didn't deny it, such as the governments of Uganda and Kenya, were heavily penalized. In the 1980s Uganda was labeled the "AIDS capital of the world" and tourism to Kenya plummeted.

Yet, the emergence of new viruses and diseases is a natural event. A new virus, to which the population has little immunity, can be devastating, as was the case with the Spanish flue virus that killed 20 million people in 1918-1919 and then died out. HIV, having reached with trade and tourism, military deployment, population displacement and associated commercial and casual sex. Now that its present so widely, what matters most is working on HIV prevention, developing effective care and treatment and planning to mitigate the impacts of AIDS.

Acquired Immunodeficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immunodeficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body's defense against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection. Barnett &Whiteside, (2002)

AIDS was first reported in 1981 by investigators in New York and California. Initially, most US AIDS cases were diagnosed in homosexual men, who contracted the Virus primarily through sexual contact, or intravenous drug users who became infected by sharing

contaminated hypodermic needles. In 1983, French and American researchers isolated the causative agent, HIV, and by 1985 serological tests to detect the virus were developed, Mann, (2001).

HIV/AIDS grew to epidemic proportions in the 1980s, particularly in Africa, where the disease may have originated. This growth was facilitated by several factors including urbanization and long-distance travel in Africa, international travel, changing sexual mores, and intravenous drugs use. By 2002, AIDS had claimed over million lives worldwide. Approximately 40 million people throughout the world are infected with HIV. People living in sub-Saharan Africa account for more than 70 percent of all infections, and in some countries of the region the prevalence of HIV infection exceeds 10 percent of the population. Rates of infection are lower in other parts of the world, but the epidemic is spreading rapidly in Eastern Europe, India south and Southeast Asia, Latin America, and the Caribbean. In China, the government estimated that up to 850,000 people had contracted HIV by 2000 –more than half having acquired the virus since 1997.In the United States the HIV/AIDS incidence has stabilized at about 40,000 new infections per year. One-third of all new cases are women, for whom the primary risk factor is heterosexual intercourse. Lindenbaum, (1999)

HIV is transmitted by the direct transfer of bodily fluids, such as blood and blood products, semen and other genital secretion, or breast milk, from an infected person to an uninfected person. The primary means of transmission worldwide is heterosexual intercourse with an infected individual; the virus can enter the body through the lining of the vagina, penis, or mouth. HIV frequently is spread among intravenous drug users who share needles or

syringes. Prior to the development of screening procedures and heat-treating techniques that destroy HIV in blood products, transmission also occurred through contaminated blood, many people with hemophilia contract HIV in this way. Today, the risk of contracting HIV from a blood transfusion is extremely small. In rare cases transmission to health care workers may occur by an accidental stick with contaminated medical equipment. The virus also can be transmitted across the placenta or through the breast milk from mother to infant; administration of antiretroviral medications to both the mother and infant around the time of birth reduces the chance that the child will be infected with HIV. HIV is not spread by coughing, sneezing or casual contact (e.g., shaking hands). HIV is fragile and cannot survive long outside of the body. Therefore, direct transfer of bodily fluids is required for transmission. Other sexually transmitted diseases, such as syphilis, genital herpes, gonorrhea, and Chlamydia, increase the risk of contracting HIV through sexual contract, probably due to the genital lesions that they cause. Lindenbaum, (1999).

The pathology of HIV infection involves three stages: Primary HIV infection, the asymptomatic phase and AIDS. Primary HIV infection is the first stage during which transmitted HIV replicates rapidly. Some persons may experience acute flu-like symptoms, which usually persist for one to two weeks. A variety of symptoms may manifest themselves, including fever, enlarged lymph nodes, sores throat, muscle and joint pain, rash and malaise. Standard HIV tests measuring antibodies to the virus are initially negative. As the immune response to the virus ensues, the level of HIV in the blood decreases. Janeway Jr. & Travers (1997)

The second phase of HIV infection the asymptomatic period lasts an average of 10 years. During this period the virus continues to replicate concurrent to a gradual decrease in the CD4 count (the number of helper T cells). When the CD4 count falls to about 200 cells per micro-liter of blood (in an uninfected adult its typically about 1,000 cells per micro-liter),patients begin to experience opportunistic infections, This is Acquired Immunodeficiency Syndrome. UNADS 2002.

Full blown AIDS is the final stage of the HIV infection. The most common opportunistic infections include pneumocystis carini, Mycobacterium tuberculosis, herpes simplex infection, bacterial pneumonia, toxoplasmosis, and cytomegalovirus infection. In addition, patient can experience dementia and develop certain cancers, including Kaposi's sarcoma and lymphomas. Death results from the unremitting growth of opportunistic pathogens or from he body's inability to fight off malignancies.

There is no cure or effective vaccine for HIV infection. Efforts at prevention have focused primarily on changes in sexual behavior by promoting abstinence and increasing the availability and use of condoms. Attempts to reduce intravenous drug use and to discourage needle reuse have also led to a reduction in infection rates in some areas.

The first case of AIDS in Uganda was reported in 1982 in the district of Rakai. By 1988 most parts of Uganda had become affected when 17 leaders from the small parts of Kasensero on western shores of Lake Victoria died of the AIDS disease. Ministry of Health, (1998) Information on the increasing problem of HIV/AIDS is based on the results of the 1987/88 national HIV sero-survey transmission sentinel surveillance of antenatal STD

clinics. The major route of HIV transmission is through sexual intercourse. There is evidence that possibly about 10% of the adult population could be already infected with HIV. The hetro sexual nature of HIV transmission has led to an increasing rate of mother-to-child transmission. With such possible level of infection, the epidemic is most likely to have a negative impact on the development of the country, This is more than 50% higher than what WHO's Global program on AIDS projected in 1991 on the basis of the data available AIDS epidemic update Dec (2000)

Despite the fact that these NGOs are in place, HIV/AIDS spread is at high rate according to the report given. Many complaints have been reported in the press and various electronic media especially a study reported by the Joint United Nations program on HIV/AIDS UNAIDS and WHO in 2005 indicates that there is a resurgence of HIV infection among the youth, especially those aged between 15-24 years. The World Bank sponsored a study addressing the youth within the world Banks multi-country HIV/AIDS program. Uganda is cited as one of the countries in sub-Saharan Africa where there is a threat of renewed prevalence despite her past track record that had indicated a decline.

It was alleged that it was this situation that attracted a large number of NGOs into the field of HIV. There is high spread of HIV/AIDS among the residents of Makindye. The above problem and continuous increase of HIV/AIDS rates despite already available NGOs program, it has prompted the researcher to carryout a research on the role of NGOs programs towards HIV/AIDS prevention and care among the residents of Makindye Division, Kampala district.

Makindye division is located in south Eastern part of Kampala District with 21 parishes and is approximately 3 kilometers from the city centre with a population of 316,305 (2002 Population and housing Census). In the North its bordered by central Division and Lubaga Division on the North west. It covers a total area of 40.7 Hectares. The area selected for study is located in 3 parishes of Makindye Division namely Kansanga, Nsambya and Ggaba parishes. The area is selected because it's concentrated with NGOs, FBOs, CBOs and a lot of recreational and hotel activities. Its map is a touched in this research for more clarification and location of the place.

The study is focused on the extent to which NGOs have played their role in preventing and control of HIV/AIDS, in Kampala district, Makindye division. The NGOs under study is ACTION AID INTERNATIONAL, UGANDA. These international NGOs was selected because it carries out diverse activities of preventing HIV/AIDS epidemic, awareness campaigns, Education programs and Voluntary counseling and testing for HIV

1.2. STATEMENT OF THE PROBLEM

The lack of access to health services and the inefficiency of NGOs programs involved in HIV/AIDS prevention and care.

Owing to failure of government to effectively respond to high risk of HIV/AIDS epidemic by mismanaging the Global fund, corruption among the government officials and political instability in the country, HIV/AIDS has continued to escalate despite the commendable effort NGOs programs have made. Ministry of Health (1998). Most of the residents of Makindye are getting infected despite the commendable efforts NGOs programs have made.

Despite the effort put in to improve on the health care services, sensitization of population and, poverty alleviation, mismanagement of funds and ignorance are still a bottleneck in the fight against HIV/AIDS. The NGO programs are either inadequate or not utilized in the proper way, and inaccessible to the residents. This increasing spread of HIV/AIDS has been caused by cultural factors, fear, stigma and denial, misconception about the safety of condoms, an uninformed and vulnerable populace. There is a need to establish why there are still high rates of HIV/AIDS in Makindye division, despite the activities of NGOs programs aimed at reversing the trend. This study therefore examines the role played by the NGOs in HIV/AIDS prevention and care by fully exploring the strategies and an activity adopted and implemented by NGOs and investigates the factors that constrain HIV/AIDS prevention and care.

1.3. PURPOSE OF THE STUDY

The purpose of the study is to examine the effectiveness of NGOs programs in the prevention of HIV/AIDS and in the care for those infected and the affected with Aids.

Further more, it aims at establishing why there is still high rates of HIV/AIDS, although NGO programs are active in the place.

This study also examines the role played by the NGOs in HIV/AIDS prevention and care by fully exploring the strategies and activities adopted and implemented by NGOs and investigate the factors that constrain HIV/AIDS prevention and care.

1.4. STUDY OBJECTIVES

1.4.1. General objective

To examine the role of NGOs in HIV/AIDS prevention and care among residents of Makindye Division, Kampala District.

1.4.2. Specific objective

a. To assess community's attitude towards the methods of HIV/AIDS prevention among the residents of Makindye division.
b. To assess response of the residents of Makindye Division towards voluntary counseling and testing services.
c. To find out the various cultural practice which have led to the spread of HIV/AIDS among the residents of Makindye division.
d. To assess how poverty has led to the spread of HIV/AIDS among the residents of Makindye division
e. To assess how domestic violence has contributed to the high spread of HIV/AIDS among the residents of Makindye division.
f. To determine how best NGOs can carryout prevention and care in HIV/AIDS in Makindye Division.

1.5. HYPOTHESIS

The extension of NGOs programs to grass root levels and improving on their efficiency in HIV/AIDS care and prevention among the residents of Makindye Division will help to curb the HIV/AIDS pandemic in the area and ensure adequate and proper care for those affected by HIV/AIDS.

The study examines the role played by Action Aid in HIV/AIDS prevention and care by fully exploring the strategies and activities adopted and implemented by Action Aid and investigate the factors that constrain HIV/AIDS prevention and care, either there is a weakness in the way these programs are implemented or the local population which is supposed to be beneficiary is not well sensitized.

1.6. THE SCOPE OF THE STUDY

The geopolitical location of the study will be Makindye division, central of Kampala district. The study was investigated from 2001-2006. Makindye division is located in south Eastern part of Kampala District with 21 parishes and is approximately 3 kilometers from the city centre with a population of 316,305 (2002 Population and housing Census). In the North its bordered by central Division and Lubaga Division on the North west. It covers a total area of 40.7 Hectares. The area selected for study is located in 3 parishes of Makindye Division namely Kansanga, Nsambya and Ggaba parishes. The area is selected because it's concentrated with NGOs, FBOs, CBOs and a lot of recreational and hotel activities. Its map is a touched in this research for more clarification and location of the place.

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1.7. SIGNIFICANCE OF THE STUDY

The findings of this study provided information to clarify the impact of HIV/AIDS related NGOs in Uganda. This helped the ministry of health in its efforts to control and streamline the activities of these NGOs.

This study helped in contributing to a deeper understanding of the impact of NGOs activities on HIV/AIDS epidemic. The study was very useful in assessing NGOs contribution to the efforts of controlling the spread of HIV/AIDS.

The study helped in providing up to date factual information for academicians, researchers and policy makers.

This study was very useful especially since the current information about NGOs activities in this field is still limited

This study also helped the NGO understudy to re-examine their methods of work and try to find out how best they can carryout their programs to benefit the recipients to streamline its activities. This is because this study will critically analyze their strategies, activities and the factors that constrain their efforts in fighting the Aids scourge.

This study also helped the residents of the area of study in HIV/AIDS prevention and control and in the care for the affected families and individuals because the activity of the NGO in question was improved as a result of streamlined approach to their activities.

1.8. DEFINITION OF TERMS/CONCEPTS

AIDS

Acquired Immune Deficiency Syndrome is a fatal transmissible disease of the immune system caused by the human immune deficiency virus.

HIV

The Human Immuno Virus [HIV] is a pathogen that destroys infection fighting helper-T-cells in the body. HIV causes Acquired Immune Deficiency Syndrome AIDS is a condition that results when infection with HIV causes a break down of the body's ability to fight other infection. Linda Meeks & Philip (2001)

NON-GOVERNMENTAL ORGANIZATIONS.

The term Non-governmental Organization hitherto referred to as NGOs, applies in the context of this study connotes any organization in health that is founded and governed by citizens without any formal representation by government staff or agencies. Within the context of this study, this includes any organization engaged in supporting or assisting the poor by way of relief, rehabilitation or development activities.

PREVENTION

It's a method of avoiding a remedy or problem like HIV/AIDS infection. In this study prevention will refer to all the various methods the NGOs under study have used to stop the spread of HIV/AIDS.

1.9. THEORETICAL FRAMEWORK

"The basic needs approach" by Maslow forms the basis for investigating the role of NGOs in prevention and care of HIV/AIDS Epidemic in Kampala District. Maslow discerns five needs organized in a hierarchy of 'prepotency'. Physiological needs, safety needs, belonging and love needs, esteem needs and the need for self-actualization. Jerald. G, (1999). This basic needs approach to development underlies the rationale for NGO involvement. It recognizes that simultaneous improvement in reduction of HIV/AIDS rates, decline in health services and increase in income are important prerequisites to overall socio-economic development. According to Maslow, all people have certain basic needs without which life would be impossible. Actually, in this respect, basic human needs connote food, shelter, health and protection.

High mortality and morbidity cost Africa dearly in the quality of life and the capacity of its human resources. Poor health services on HIV/AIDS increases suffering and reduces people's alertness and their ability to cope with and enjoy life. Poor health shackles human capital and undermines socio-economic environments conducive to entreprenunal activities. (Kalipeni & Kamlongera: 1996) In fact, although the operations and methods of NGOs differ, most NGOs are guided by the 'generic' model of services provision, as in the case in

Uganda. Well, what is apparent and flowing from this model is the element of fully incorporating the intended beneficiaries into the policy process.

Governments are increasingly withdrawing from social services, cost sharing is being promoted across the region due to the perceived necessity for governments to withdraw from social services, and for families and communities to take direct responsibilities for these. This factor relates to the whole range of social security measures and safety needs, both formal, required to manage and improve the quality of life of the poor and vulnerable groups. Voluntary programs provide healthcare for those most needing it, especially the poor, infected with HIV/AIDS. Owing to the increasing needs for HIV/AIDS prevention and care, visa-vie decreasing government resources, government hands back defined areas of health care to the FBOs, CBOs, and NGOs, most commonly a responsibility for HIV/AIDS prevention and care services. This happens where needs are proving too great for government resources alone. Lankester Campbell& Rader: (1995).

According to World Bank (1994), better health in sub-Saharan Africa hinges on the ability of households and communities to obtain quality health services at less cost and use them more effectively. The required improvement in health status of households call for preferential government spending, and other facilities like prevention and care of HIV/AIDS patient drugs, health education as well as community involvement at all levels. Actually, despite substantial progress in health services coverage since independence, achievements to date have failed to match the rising demand for health services. On the contrary, it seems that these achievements have raised expectations about further improvements in both service quality and access. State provision of services has not matched these expectations.

Therefore, the growing importance of the voluntary sector in service provision reflects a collapse of state-provided services.[Theikildsen&Sembola:1995]

According to Kwagala (1998), Faith-Based Organizations have been more consistently active especially in health and education services delivery than government throughout the turmoil of Uganda's post-colonial history. The present government has tried to reverse the situation particularly through exclusive decentralization. Kwagala noted that, for Kampala widespread poverty makes NGOs interventions welcome. Actually, the emergence of vibrant local voluntary groups Faith-Based Organization, and Community Based Organizations in Uganda could be attributed to both the economic crisis of the 1970s and 1980s.

According to Decaillet [1994] health is not just an end in itself, but a means and driving force of development. Thus despite occupying a relatively modest place in health policy for years, FBOs, NGOs and local communities have been instrumental in filling the health gap in order to meet one of the most important development priorities-health services provision on Treatment, care and support for individuals and families affected by HIV/AIDS, including provision of ARVs and spiritual support, voluntary, Counseling and testing and Adolescent/youth sexual reproductive health and development, other related services.

CHAPTER TWO

2.0. LITERATURE REVIEW

This chapter reviewed some of the existing literature on the role of NGOs on HIV/AIDS prevention and care. It examined the literature related to issues that are important to the analysis of the role played by the NGOs in HIV/AIDS prevention and care including different approaches of NGOs to HIV/AIDS, effectiveness of community's attitude towards condom use, impacts of voluntary, counseling and testing services, cultural practice influence on HIV/AIDS, Poverty influence of poverty on HIV/AIDS and domestic violence against women's contribution to the high spread of HIV/AIDS in Uganda.

2.1. DEFINITION OF NGOS, HIV/AIDS

At a conceptual level, the definition of NGOs remains controversial with different meanings attached to it. According to its origin ownerships, objectives and functions. The term "Non-governmental Organization" applies to diverse organizations that "work together outside of government to address a need, advance a cause or defend an interest" [Brodhead and O'Malley 1989]. However, the World Bank defines NGOs as "private organizations that purse activities to relieve suffering, promote the interests of the poor, provide basic services or undertake community development and protect the environment". (World Bank 1988). This definition does not take into account the categorized functions. The term "Non-governmental Organization" applies to diverse organizations that "work together outside of government to address a need, advance a cause or defend an interest" [Brodhead and O'Malley 1989]. However, the World Bank

defines NGOs as "private organizations that purse activities to relieve suffering, promote the interests of the poor, provide basic services or undertake community development and protect the environment". (World Bank 1988). This definition does not take into account the categorization, origin, or nature of activities being undertaken by a particular type of NGO. The ambiguity of this definition has made it necessary to examine other definition with more detailed insight into the nature of the different types of NGOs.

Further more; Brown and Korten differentiate Non-governmental groups into the commercial and voluntary sectors. According to them, "the voluntary sector is seen as a distinct class of organizations that are held together by common beliefs and shared values, rather than by political imperatives or economic incentives [Brown and Korten 1989]. Still to note, Alan Rogers defines NGOs as an organization established and governed by a group of individuals for a stated purpose. [Alan Rogers: 1995] It's also defined as a private organization established and purses activities that relieve suffering, promote the interests of the poor, protect the environment, promote development on the voluntary basis and without profit making intentions [World Bank 1995]. Furthermore, Bageya Waiswa defines NGOs as basically voluntary organizations formed to perform defined or stipulated roles for the benefit of society or a targeted part of society, without any profits or financial gain out of the activities. (Bageya Waiswa: 1998). The work focuses on the collective benefits that should accrue from an NGO.

Actually, there is no single definition that cannot therefore suffice without looking at the origin, ownership activity or functions of NGOs. In this case, therefore there are those NGOs which are civic voluntary organizations and are based at grass root level, these

are membership support organizations, usually staffed by people socially, professionally and ethnically different from their 'clients'. Other NGOs are categorized according to. Other NGOs are categorized as local or indigenous which include self help voluntary agencies, which have a funding link with local NGOs but may not have physical representation in the country. Then operational expatriate agencies have staff and established offices in a country of operation although they may also support grassroots NGOs.

Furthermore, HIV/AIDS related NGOs have come up specifically to control and care the spread of HIV/AIDS. It's thus very pertinent to analyze the concepts of HIV/AIDS more critically. The Human Immune Virus (HIV) is a pathogen that destroys infection fighting helper T-cells [white blood cells] in the body. HIV causes Acquired Immune Deficiency Syndrome (AIDS) which is a condition that results when infection with HIV causes a breakdown of the body's ability to fight other infections. (Linda Meeks & Philip Hat: 2001). Acquired Immune Deficiency Syndrome (AIDS) is a variable and dreadful sickness caused by a retrovirus that infects lymph glands and destroys lymphocytes through gene alteration; spreading the sickness between individuals mostly through semen, blood uterine secretions and to a lesser extent, through the placenta and infected mother's milk. (Frank D. Cox: 1991). Furthermore, Acquired Immune Deficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immune deficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body's defense against infection, leaving an individual vulnerable to a variety of other infection (Encyclopedia Britannica: 2003)

Unfortunately, Aids appears to have a number of meanings. In addition, the term has become highly politicized. For many people, AIDS is an acquired sickness caused by HIV that ends in death from immune deficiency. To others Aids means having one or more well-defined diseases, such as lymphomas (cancer of the lymphocytes) or a wasting a way of the entire body. (wasting or slim disease) and being HIV+.

However, it should be noted that an analysis of HIV/AIDS scourge would not be meaningful without looking at the symptoms and manifestations of HIV/AIDS scourge and the eventual causes of this situation. So, in relation to this observation HIV is transmitted by the direct transfer of bodily fluids, such as blood and blood products, semen and other genital secretions or breast milk from an infected person to an uninfected person. The primary means of transmission worldwide is hetro-sexual intercourse with an infected individual; the virus can enter the body through the lining of the vagina, penis, rectum or mouth.

2.2. EFFECTIVENESS OF COMMUNITY'S ATTITUDE TOWARDS THE METHODS OF HIV/AIDS PREVENTION.

As one of the ways to reduce the HIV transmission vigorous campaigns have been undertaken to promote condom use. According to a report by Action aid "people in the camps look at life as if its something ending today but not tomorrow. Aids is something for the future so how can you think about it. That is why they will never think about the condom. The observation made by the report concerning condom use is that the people that have gone through abduction are already hardened. When you talk about AIDS they think

you are a joker. It should be noted that generally, condom availability in the study low. Obviously, people will not use condoms to protect themselves against HIV, other sexually transmitted infections pregnancy unless they believe that condom provide effective protection.

uge misconception about the safety of condoms in many population certainly contribute to e low levels of use among sexually active youngsters (UNAIDS: 2002). The report still aintains that misconception about the effectiveness of condoms is reinforced by statement from ıcial leaders for example a religious authority in the area of central Kenya where the study was ınducted. The WHO report 1976 supports this finding as the following statement illustrates;

> "The rampant use of condoms was to blame for the spread of aids despite condom use, the number of people infected with aids continued to increase an indication that they were not effective in the prevention of the disease". (WHO: 1976)

> In contrast to the scenario presented above the authors contends that misconception about condoms has resulted to high spread of HIV/AIDS in Kampala district. The researcher further agrees with the report that misconception about condom use has promoted most parents and guardians of the young adults to think that HIV could pass through a condom hence making most young adults to avoid using condoms leading to infections of HIV/AIDS, unwanted pregnancies. The researcher also agrees that statements from social leaders, for example religious authority in the area of central Kenya said "the rampant use for condoms was to blame for the spread of AIDS" making most of the young adults to avoid using condoms.

The researcher used the UNAIDS report to argue for a need to implement proper sensitization programs so that the residents of Makindye division will be educated about contraceptive methods in preventing HIV/AIDS disease He also used the report to argue the

religious leaders to preach systematic message to the people and avoid contradicting themselves with NGOs, government.

The researcher used WHO report to argue for a need on NGOs to sensitize the residents more about contraceptive methods, proper and consistent use of condoms incase one can not abstain until marriage.

Bearman (2000) argues that teens who pledge abstinence until marriage are not less likely to engage in premarital sexual activity than others, but are less likely to use condoms when they do engage in sexual activity. He further observes that because of this, it may result in to the ineffectiveness of contraception in abstinence curricula. He also argues that many abstinence programs advocate and administer virginity pledges as part of their curricula but don't give another alternative to abstinence programs.

This study correlates strongly with the trend of decreased contraceptive use for adolescent in abstinence only programs, and increased use for adolescents in comprehensive programs leading young girls to be lured into sexual activity, hence contracting HIV/AIDS.

The researcher used Bearman's idea to strongly influence NGOs to revise the programs on abstinence and include safe sex, proper use of condom and students engage in educative activities so that they can avoid catching HIV/AIDS.

According to UNAIDS (2001) report, a survey on young people's attitudes towards condom use in Angola, it appears that, at the most basic level, there is a fundamental lack of understanding of the risk and need for change in sexual behaviour. Some remarks deserve quotation "some people say that AIDS does not exist, others say it was invented to break the passion of lovers". Boys and girls assert that they "only use them in occasional sexual relations that they consider risky" and "when they want to avoid pregnancy"

The researcher agrees with the study that people's attitude towards condom use promotes the spread of HIV/AIDS, despite their knowledge of effectiveness of condoms in HIV/AIDS prevention. He also agrees with the writer that lack of proper campaign of condom use which makes the young boys and girls to develop their assumption on how to prevent themselves from contracting the virus.

Elizabeth Rauh (1995) asserts that condoms are commonly used in some areas for family planning purposes, but in most populations, despite vigorous promotion campaign the use of condoms with spouses is very low. She observes that because of low condoms rate in marriage either or both partners, has prompted them to have unprotected sex outside marriage. She also attributes, perhaps not surprisingly, given this low rate of condom use fully ¾ of the sex workers responding to the survey in this high prevalence area of east Africa tested positive for HIV.

The researcher agrees with Elizabeth that one of the causes of HIV/AIDS spread is low rates of condom use among couples. The researcher also agrees with the writer that lack of proper campaign for condom use is a major out let for common breakages in marriage and sexual promiscuity in both couples.

The researcher used Elizabeth information to alert the NGOs carrying out related services in Makindye division to be aware of the fact that programs of HIV/AIDS prevention and care should be implemented in the fight against the HIV/AIDS.

UNAIDS (2001) report argues that further evidence shows that condom usage vary, but most research indicates that only 25% to 35% of young persons engaging in sexual intercourse use condoms consistently.

"Ms Florence Ngombeni in south Africa, commented that our men are no longer putting on condom because of the statement made by the president Thambo Mbeki that "Aids is not here but poverty is one killing people" She also observes that due to the fact that girls can not negotiate for safe sex, they are forced to have unprotected sex with many partners, and they are at an extreme high risk of HIV/AIDS and other STDs infection. It however, connotes that poor negotiation about condoms and misconception makes the effectiveness of condom use less to people.

The researcher agrees with the writer that poor negotiations about condoms and misconception about condoms makes the effectiveness of condom useless to people leading to the spread of HIV/AIDS epidemic. He further agrees with the writer that despite all the efforts to promote condom use for protection against HIV/AIDS and other STDs, few people use condoms on a consistent and regular basis. Still the researcher agrees with the writer that condom usage vary, where most research indicate that only 25% to 35% of young persons engaging in sexual intercourse use condoms consistently

Therefore, the researcher used the magazine and UNAIDS report to argue for proper negotiation about condoms and argue for good sexual behavior among the couples, so that they will realize the importance of life.

Bolton R (1992) shows the relationship between risky sexual behavior and the use of alcohol has been debated since it was first described there is no relationship between the frequency of condom use and the use of drugs of alcohol before sex. He observes that, actual frequency of alcohol and drug use before sex may be less important factors to assess for intervention than a person's perceived self-efficiency to use condoms, even under the influence of alcohol or drugs. However, self efficiency to use condoms [which did predict greater condom use] included the perception that one could use condoms even after drinking or using drugs.

The researcher agrees with Bolton that the relationship between risky sexual behavior and use of alcohol makes one to ignore condom use hence leading to the spread of HIV/AIDS. The

researcher further agrees that risky sexual behavior due to use of alcohol lures the person into having unprotected sex.

The researcher argued for proper drinking habits among the people so that to avoid the outcomes of alcohol. This information helped the NGOs to sensitize the men and women who drink irresponsibly to stop the habit or else risk be lured into contracting the HIV/AIDS.

Anda RF et al (1990) argues that depressed persons may perceive themselves as having less to live for, thus evaluating risk behavior as un important or they may be preoccupied with significant life problems that appear more important than an unprotected sexual encounter. He observes that, depressive symptoms among people may be associated with low rates of use of condoms with secondary partner in the previous years and negative attitude towards condom use with a secondary partner. While those findings might appear to be surprising, people who are depressed are less likely for example, to be able to quit smoking and are more likely to relapse from methadone maintenance making them addicted.

The researcher agrees with the writer's idea that depressed persons may perceive themselves as having less to live for future, leading to the spread of HIV/AIDS epidemic.

Finally, measures, policies and prescription that are designed by whatever institution to bring about effective prevention of HIV/AIDS which fall short of addressing the cardinal issue of HIV/AIDS, and other structures of international economy in Africa.

2.3. RESPONSE OF VOLUNTARY, COUNSELING AND TESTING SERVICES

Lambourag (2000) looks at over coming the stigma associated with HIV is the biggest challenge to its prevention and care among NGOs. He proposed that wider access to VCT and a larger number of peoples greater a awareness of their HIV status within a community are important element in challenging stigma He further observes that because of high stigmatization challenges most people are turned down and shy away from accessing VCT services, hence silently spread the Virus to others.

The researcher agrees with the writer that stigma, denial and discrimination builds upon and reinforces existing prejudices. They play into and strengthen existing social inequalities, especially those of gender, sexuality and race, hence playing a key role in producing and reproducing relations of power and control which caused some groups to be devalued and others to feel that they are superior.

Ultimately, stigma creates and is reinforced by social inequality whereby HIV/AIDS victims are denied health services and education, or may lose employment on the grounds of their HIV status. He also agrees that impacts trigger solidarity to combat government, community and individual denial and offer support and care to people living with HIV/AIDS who are stigmatized and ostracized by their communities.

The researcher used Lambourages idea to advocate for free and fair environment for the HIV/AIDS patients and to reduce on the stigma by including their programs so that people can come to understand properly, then adopt into developmental sectors.

The HIV/AIDS epidemic is taking a devastating toll in terms of human suffering, its jeopardizing economic growth, development prospects and political stability, especially in sub-Saharan Africa (UNECE:2000). The scientist said while important progress has been made in the Aids response including increase in funding and access to treatment, the HIV/AIDS prevalence at 6% remains an exceptional threat.

> "According to latest HIV/AIDS sero-behavioral survey 2004/5 released on Monday by Health Minister Stephen Malinga said the 6.4% prevalence in the general population in Uganda is still unacceptable and calls for the re-launching of preventive strategies" (Monitor :2006)

Although the HIV/AIDS prevalence has shown a decline in the past, its has stabilized at unacceptably high level of 6.4%. Well, we must look vary critically at what we shall be doing to prevent new infection through new approaches to HIV counseling and testing including routine and home based counseling and testing

Decock (1998), states that if VCT services were offered routinely, and more people would accept VCT as an important component of medical care, it would promote 'normalization' of HIV, (Decock et al: 1998). Actually, Decock further, states that the excessive caution a round HIV testing has had the detrimental effect of preventing people with HIV from accessing care. Therefore, WHO report supports this finding as the following statement illustrates;

> "A feeling of helplessness on the part of the consumer who feels [rightly or wrongly] that the VCT services and the personnel within them are progressing a long an un controllable path of their own which may be satisfying to the health profession, but which is not most wanted by the consumer"[WHO:1976]

In contrast to the scenario presented above, the people in Kampala are involved in making their own decisions and taking their own actions. This is achieved through health education and information disseminated in a culturally acceptable manner at the community level by NGOs in health services provision.

Goma et al (1999) quoted a study from Zambia which contrasts the individual confidential approach to counseling with a more open family–oriented one. He proposed that the latter creates more open and proactive responses at the community level. He however, observes that no studies have been assessed specifically at the roles of VCT in promoting openness in communities and this is an important area in which prioritization of future research.

The researcher agrees with the writer that due to lack of proper counseling services most people will shrink away from attending the services because of lack of confidential approach to counseling with a more-open family oriented leads to silent re-surgent spread of HIV/AIDS.

The researcher used Goma's ideas to argue for proper counseling services among the NGOs so that most people can be very free to access the services without any inconviences.

Sweat et al (1999) argues that Cost-effectiveness analysis, leaves out many of the hidden benefits of VCT, particularly in the areas of care and quality of life, which may be cost-saving, results from the multi-centre trial have shown that VCT can be a highly cost-effective intervention.

According to Gregorich et al (1998) notes that in the multi-centre study high levels of marital break-up were reported. However, the authors concluded that negative outcome rather it may be a risk-reduction strategy to fight for the spread of HIV/AIDS.

The researcher will use Sweat and Gregorich analysis to advocate for more cost-effective methods which may be cost saving life of the people and provide good care and quality of life. The researcher took this opportunity to alert the NGOs operating in the area to adopt good VCT services in the area so that people will not have bias for the service.

Finding out that one is seropositive, as with serious medical diagnosis, will almost inevitably cause shock and distress and have a major effect on the individual and his or her family. Dautzenberg et al (192).

He also observes that the aim of counseling is to help the person understand, accept and cop with the diagnosis and prevent serious reaction such as suicide or long-term intractable depression. A study in India found that some clients who had tested at hospital sites were found to be unaware of their HIV status and had not received any follow up. [Abraham et al: 1998]

The researcher agrees with Dautzerbergs's idea that ones sero-postive status as with serious medical diagnosis causes shock and distress, hence have negative attitude response towards VCT services because they rise someone's emotions, psychologically leading to complications. He also agrees with the writer that VCT services need urgent response in order to curb the virus.

The researcher used their ideas to argue for proper counseling and testing services in order to help the residents to understand, and prevent serious reaction such as suicide or long term intractable depression. This made many people to appreciate the VCT services and seek for testing hence leading to low spread of the disease. He also argued the NGOs to implement community participation programs and modify them to attract the public.

The initiatives for community participation in VCT services provided by NGOs and government in Kampala district should be modified. Abraham et al (1998) observes that VCT services should match the needs of the target group including the medical and emotional needs, to maximize client uptake, participation and involvement. Actually, poor quality VCT services is a considerable problem in most parts of Kampala and lack of behavioral changes following the VCT services could be attributable to the poor standard of counseling observed.

Altman (2000) quoting, Dr. Noerine Kaleeba, a Ugandan UNAIDS official says "most people with HIV do not know they are infected because testing for HIV is not widely available in Africa"

The researcher agrees with Dr. Noerine's observation of deep shame associated with AIDS and most people in the region who die of AIDS do so in silence of truth and most men in particular rarely test for or know their HIV status. Those women who bravely tell of their sickness are often shunned, ridiculed and beaten. Because of this stigma, many do not admit that they are dying of AIDS. Others do not want to know and so the cycle continues. However, many young people expressed concern about issues of confidentiality; cost and location of services as well as a lack of trust in their sexual partners remain faithful after having the test.

The researcher used their ideas to argue for provision of a proper VCT services and fight stigma, denial and fear factor among the people, medical staff, counselors and community leader so that most clients would be considered as others. Also advocate for quality services among the NGOs in confidentiality.

2.4. CULTURAL PRACTICES INFLUENCE HIV/AIDS

Culture is a complex set of distinctive, spiritual, material, intellectual and emotional features that characterize and define a society or social group. In addition to arts and letters it

encompasses way of life, values system traditions and belief. (DMCP: 1982). Culture encompasses two essential elements.

i. Its not the possession or a accomplishment of an individual, but defines away of being together with others and essentially social
ii. Its not made up of a given range of activities but consists of all and only those activities through which a society defines and identifies itself. UNESCO: (1997). Actually, from this definition, it would therefore, follow that a cultural approach to HIV/AIDS epidemic one is which all activities undertaken as a society pertaining to prevention, treatment and care are identified for their contributions in containing the scourge.

Bahl.Vinay (1997) argues that, although genetic, biological, political and economic factors influence the susceptibility, continuation, and spread of HIV infection in sub-Saharan Africa, he maintains that cultural behaviors and beliefs have provided ideal conditions for the deadly HIV virus to flourish in this region.

The researcher agrees with the writer that sub-Saharan women are pressured into a high-risk category for contracting HIV/AIDS largely due to traditional and customs and the need to fulfill cultural expectations and obligations.

He also agrees with the writer that strong cultural determinant contribute to an increased likelihood that women in Buganda are and continue to be at greater risk in contracting

HIV. The author still observes that the way in which male and females identify and relate to one another within their cultural and social contracts plays abroad and significant role in the spread of HIV/AIDS.

Further more, the researcher agrees with Balhl that, the pervasive cultural practices not only increase a woman's risk in contracting HIV from an infected male, but also limits choice for women regarding personal health and well-being, given the poor economy, lack of education and opportunity and female dependence on males, sub-Saharan women are sentenced to a life time of domestic and sexual subservience.

It also shows that living in poverty, with extremely limited or possibly no other options available, many sub-Saharan women occasionally and secretly or become commercial sex workers and prostitutes as a means of supporting themselves and children. Given there behaviors, the probability of transmission increases exponentially.

Further suggestions indicate that the ways in which males and females identify and relate to one another within their cultural and social constructs plays a broad and significant role in the spread of HIV/AIDS.

These, and other pervasive cultural practices not only increase a woman's risk in contracting HIV from an infected male, but they also limit choices for women regarding personal health and well-being. Given the poor economy, lack of education and opportunity, and female dependence on males, sub-Saharan women are sentenced to a

lifetime of domestic and sexual subservience. Living in poverty, with extremely limited or possibly no other options available, many sub-Saharan women occasionally and secretly or become commercial sex workers and prostitutes as a means of supporting themselves and children. Given these behaviors, the probability of transmission increases exponentially.

Nigel Barley (1997) looks at African's cultural beliefs and practices and maintains that these have provided ideal conditions for the deadly HIV virus to flourish in this region. He attacks very strongly the cultural practice of widow inheritance where by upon the death of the husband, the brother of the dead is to marry his widow.

Many indigenous cultures in sub-Saharan Africa practice some form of the redistribution of social alliance," even the position of friend and lover may be inherited by other s and rewoven into the altered network of relations" Barley (1997)

Nigel is also suspicious about the so called right of the groom's father to have sex with the new bride. These and other pervasive cultural practices increase the woman's risk in contracting HIV from an infected male as well as limiting choices for the woman regarding personal health and well being.

The researcher agrees with the writer that cultural practices such as widow inheritance, right of the groom's relatives to have sex with the bride and female dependence on males increase women's risks of contracting HIV.

The researcher argued for a need to out low widow inheritance except after the HIV test of both the widow and the one to inherit her, and for a need to empower women

economically so that the dependency syndrome on men is curtailed. This made them less prone to male psychological and economic coercion into irresponsible and unsafe sex.

The importance of family in sub-Saharan Africa is reflected not only in the cultural value of producing children but also in extensive variation of social inclusion. A husband's male relatives may be granted sexual access to the new bride, wife or widow. For example, in Uganda some cultures, the groom's father has the right to have sex with a new bride. In Baganda tradition, a young girl may end up being an 'heir' to an older female family member. Upon the death, the relative of the girl is expected to take over the relative's role and responsibilities as wife and mother.

CULTURE, ENVIRONMENT, HUMAN RIGHTS AND BEHAVIOR

UNCSW (1999) argues that Stigma and discrimination, early marriage, domestic and sexual violence, exploitation of sex workers (male as well as female), transmission of other STDs, alcohol and drug abuse are among the socio-cultural factors linked to the spread of HIV/AIDS. The report also observes that young women are especially vulnerable to HIV infection and other STDs because of biological, cultural and economic factors in Kampala.

The low social status of women in many societies encourages discrimination, domestic and sexual violence, coercion and psychological abuse, so that they are less able to negotiate

safe sexual practices. Studies of the impacts of sexual abuse at an early age suggest that this can also lead to risky sexual behavior and low self esteem in women in the longer term.

In general the researcher agrees that women have less access to information and education and are therefore less able to make an informed response to the disease. Women face immediate income needs and hence some are forced to resort to offering sex in order to pay for schooling and families.

UNAIDS a. (2000) agrees that these factors, compounded by cultural norms, such as polygamy, increase the threat of HIV/AIDS to women, poses many complex questions with regards to sexual behavior from an ethical, moral and religious standpoint. Humanitarian and faith communities all over the world are having to help fight against rising prejudice and discrimination, as well as cope with ever greater numbers of people who need their moral and spiritual support and guidance.

2.5. POVERTY HAS LED TO SPREAD OF HIV/AIDS

Although there are numerous factors in the spread of HIV/AIDS, it is largely recognized as a disease of poverty, hitting hardest where people are marginalized and suffering economic hardship. The relationship between poverty and ill-health is well established. The economic austerity policies attached to World Bank and IMF loans led to intensified poverty in many African countries in the 1980s and 1990s. This increased the vulnerability of African populations to the spread of the disease and to other health problems.

The deep poverty a cross the continent has created fertile ground for the spread of infectious diseases. Declining living conditions and reduced access to basic services have led to decreased health status. In Africa today almost half of the population lacks access to safe water and adequate sanitation services. As immune systems have become weakened, the susceptibility of African people to infectious disease has greatly increased.

Deconick (1991) quoting Mwalimu Mushesh of the Uganda Rural Development and Training program observes that due to the high levels of poverty in Uganda, some parents can not afford to buy their daughters basic necessities.

He observes that because their girls are lured by rich men into sexual relations resulting even into defilement.

He also attributes sexual promiscuity to sharing of small rooms by both the old and children who are later tempted to experience on what their parents also do.

The researcher agrees with the writer that one of the causes of sexual promiscuity is poverty which makes parents fail to provide basic necessities for their daughters who later resort to prostitution. He also agrees with the writer that lack of spacious accommodation separating the young from the old can be a recipe for early sexual promiscuity in families and society.

The researcher used Mwalim Mushesh's information to alert the NGOs operating in Makindye Division to be aware of the fact that programs for HIV/AIDS prevention and care should go hand in hand with poverty alleviation as poverty is one of the major causes pushing people into sex, hence spreading HIV/AIDS.

Trade in child marriage due to poverty was also identified as a major factor in rural areas Uganda law Reform: (2000). Despite these economic achievement, household incomes have remained low, though there has been a reduction in levels of absolute poverty from 66.3% in 1994/95 to 46% in 1996/97 with the north and east showing lower levels of poverty reduction. This economic situation has contributed to the poor health status of population. Ministry of Finance: (1998)

The researcher agrees with the report that poverty is a factor in HIV transmission and exacerbating the impact of HIV/AIDS. He also agrees that experience of HIV/AIDS by individuals, households and even communities that are poor can readily lead to an intensification of poverty and even push some non-poor into poverty. Thus HIV/AIDS can impoverish or further impoverish people in such a way as to intensify the epidemic itself.

Blooms'(2002) observes that poverty has increased susceptibility to contracting HIV/AIDS through several channels including increased migration to urban areas, limited access to health care, nutrition and other basic services limited access to education and information sexual exploitation and gender inequality.

The information of Blooms was used to advocate for poverty eradication plan among these NGOs in order to curb the spread of HIV among the residents of Makindye division.

2.6 DOMESTIC VIOLENCE

Violence directed against girls and women in a sense, the most egregious sign of male domination makes them vulnerable to HIV infection in a number of direct and indirect ways. Domestic violence reduces women's control over the exposure to HIV. Obviously, in setting where violence is regarded as a man's right, women are in a poor position to question their extra marital encounters, negotiate condom use or refuse to have sex.

UNAIDS (2002) in their report work on domestic violence as also a cause of HIV/AIDS spread, observes that violence against women and girls makes them vulnerable to HIV infection. They observe that in a setting where violence is regarded as a man's right, women are denied chance to negotiate for safe sex.

In the study carried in Zambia, the report discovered that most women could not refuse to have sex with their husbands although they knew their husbands to be unfaithful. Such a situation encourages the acquisition and spread of HIV/AIDS.

The researcher agrees with UNAIDS report that cultural practices which promote male violence against women and girls lead to the spread of the AIDS epidemic. He also agrees with the writer that women's subservience in marriage offers re-enforced by violence makes them fail to negotiate for a condom or refuse to have sex.

The researcher used the UNAIDS report to argue for a need to pass urgently the Domestic Violence Bill, so that women's' right to decision can be respected. He also argued that no cultural practice should compel women to have sex with husbands they suspect to be infected.

The researcher also used this information to argue for a need for NGOs to educate women about their rights as one of the strategies against HIV/AIDS. The researcher recommended that NGOs involve men in the broad HIV/AIDS education and sensitization.

2.7. IMPACTS OF HIV/AIDS

More than 60 million people have been infected with HIV since the beginning of the epidemic almost 20 years ago. In 2001 alone, the HIV/AIDS epidemic claimed an estimated 3million lives. In the 45 most affected countries, between 2000 and 2020 an estimated 68 million people will die due to AIDS. In many countries, AIDS is erasing decades of progress in human development by drastically reducing life expectancy [UNAIDS: 2002]

The socio-economic impacts

UNAIDS (2002) in their report, the impacts on development is felt at all levels of society in countries and regions with a mature epidemic. The report observes that, it must be appreciated that even countries with low prevalence will experience a minimum significantly increased costs to health care.

The report further observed that, if the country has a welfare system, expenditures are bound to increase due to an increased number of absenteeism from work and deaths from AIDS. The report argues that, because of the overall the overall loss to society measured in forgone welfare opportunities [development] due to premature deaths might be minimal in countries with a low prevalence, but the loss to affected families and communities can still be of devastating magnitude.

The researcher agrees with the report, that, while macro-economic effects are of importance in evaluating the socio-economic impact of HIV/AIDS, they can never be a stand alone exercise. He also agrees with the report that, at best, they provide figures of the minimum impact and gives little indication of what can be done to mitigate the impact on house hold, communities and the public/private sectors of society.

The researcher still agrees with the report that, the impacts on development is felt at all levels of society in countries and region with a mature epidemic.

The researcher used the report o argue for NGOs to incorporate the message of socio-economic aspect in their activities, so that, they can get mechanism to oust out or eradicate the poverty in the division and provide the residents with incentives.

The researcher also advocated for the government to strengthen its scope of providing its citizens with loans so that they can star small business. Still the researcher also advocated for educative programs by NGOs, so that people are sensitized about the impacts of social-economic which is a major in home steads.

Impacts on House holds

Kongsin et al (1997) observes that, from the few household surveys that have examined the impact of HIV/AIDS on families with a person sick from AIDS we know that the family experiences a dramatic decrease in income (52-67%) for average families.

He also observes that a decrease in income will lead to a decrease in consumption and savings.

In a Thai study, researchers (Kongsin et.al.1997) found that one third of rural families experienced a halving of their agricultural output, threatening found security; that 15% had to take the children out of school, 57% of elderly people are left to take care of themselves.

The researcher agrees with Kongsin on household impacts, caused by HIV/AIDS. He also agrees that as parents and young people are affected, household income may fall. The researcher further, agrees that additional costs of healthcare, funerals and transport to clinics and hospital may have to be met, while many households develop new ways of coping. Others are severely stressed and the changing balance of labor within the home may encourage less labor intensive and less nutritious cope to be grown.

The researcher also agrees that widows and elderly people may lack financial and moral support when, as the sole adult within the family, whereby, they have to take on added responsibilities for the care of children and young people. The researcher used Kongsin information to advocate for NGOs operating in Makindye Division to be aware of the fact that HIV/AIDS has caused a serious impact on household, so that they can fight for the impact by providing such services which can go hand in hand with prevention and care of HIV/AIDS in Makindye.

The researcher argued for NGOs to build sufficient health centers, provision of ARVs, financial support to the families affected, in order to fight for household impacts.
According to UNAIDS, (2002) In order to help families cope, children and especially girls, may be kept away from school. The report also observes that, young people who are orphaned as a result of AIDS may face new risks. They may lack access to a stable and

secure social network of adults and may be vulnerable to child labor, exploitation, prostitution and sexual abuse.

The researcher agrees with the report that, vast majority of people living with Aids worldwide are in the prime of their working lives. He also agrees that AIDS weakens economic activity by squeezing productivity, adding costs, diverting resources, and depleting skills.

The researcher further agrees with the report that, the epidemic hits productivity through absenteeism, organizational disruption and the loss of skill and organizational memory. Actually, the researcher agrees that, a noticeable decline in school enrolment occurs as AIDS hampers the ability of education systems to fulfill basic social mandates as teachers succumb to the disease.

The researcher used UNAIDS report to advocate NGOs operating in Makindye Division to provide young people with knowledge and information and to equip them with life skills to put knowledge into practice within more holistic issues of family education. Also encourage educational institutions to adopt and function well, in HIV message then influence more societies to recover from epidemic.

Impacts on Health sector

The effect of HIV/AIDS on the health sector can be dramatic. As the demand for health services rises, the capacity of the health care system to respond may diminish UNAIDS (2002). The report also observes that, Loss of staff through HIV-related illness and death may compound the difficulties facing already over-crowded hospitals and clinics.

While new and potentially more effective drugs have been found, these remain out of reach of all but the richest people in the majority of developing countries.

The researcher agrees with the report, that in all affected countries, the HIV/AIDS epidemic is putting the health sector under strain. Overall quality of health care dropped. There is a shortage of hospital beds. While demand for health services is expanding, more health care personnel are affected by HIV/AIDS.

The researcher used the report to advocate for NGOs to implement Home-care initiatives as a key in coping the mechanism for mitigating impact.

Ahaabwe R (2005) argues that HIV/AIDS-related stigma and discrimination builds upon, and reinforces, existing prejudices. He argued that, they play into and strengthen existing social inequalities, especially those of gender, sexuality and race. They also play a key role in producing and reproducing relations of power and control which caused some groups to be devalued and others to feel that they are superior.

The researcher agrees with Ahaabwe, that ultimately, stigma creates and is reinforced by social inequality whereby HIV/AIDS victims are denied health services and education, or may lose employment on the grounds of their HIV status. Then on the other hand, individuals suffering from HIV/AIDS are stigmatized and ostracized by their communities, and discriminated against individually as well as institutionally.

The researcher used Ahaabwa's ideas to sensitize the NGOs, governments, community and individual denial, and offer support and care to people living with HIV/AIDS.

Demographic impact

In the long term HIV/AIDS will have a profound demographic impact. In the most seriously affected countries life expectancy has already been reduced and past gains in infant mortality are being corroded and even reversed. UNAIDS (2002).

The report further observes that, the impact of life expectancy is proportional to the severity of the local epidemic. The demographic impact of AIDS is significantly in high prevalence countries in sub-Saharan Africa like Uganda, Zambia, Zimbabwe and Botswana.

The researcher agrees that, the significant decline in life expectancy between 10-20years destroying gains in development achieved with difficulty within the last decades. Another sign of decline in development is the rapidly increasing child mortality rates as more infants are born with HIV/AIDS because of vertical transmission from infected mothers.

Although, approximately three million children have died of AIDS since the majority of these children acquired the infection from their mothers before or a round the time of birth, or through breast milk

Impacts on Agricultural sector

Agriculture is one of the most important sectors in many developing countries, particularly when measured by the percentage of people dependent on it for their living. According to Ellis F (1988) argues that, although the sector may produce only 20% of countries wealth measured as a percentage of the gross national product, it might provide a living or survival for as much as 80% of the country's population. He also observes that indirectly, it provides a livelihood for still other parts of the population such as processing workers on sugar estates.

A 1997 study by the Food and Agricultural Organization of the United Nations. (FAO) showed that in the Midwest of Cote de'lvoire,care for male AIDS patients cost on average about US$300 a year, representing a quarter to a half of the net annual income of most small-scale farms.

The researcher agrees with Ellis view that, the effect of AIDS is devastating at family levels. As an infected farmer becomes increasingly ill, he and the family members looking on after him spend less and less time working on his family's crops.

The family begins to lose income from un marketed or incompletely tended cash crops, has to buy food, it normally grows for itself, and may even have to sell off farm equipment or house hold goods to survive.

The vicious circle is compounded by the high costs of health care, whether the sick person turns to a traditional healer or to the health services. The time lost by family members must also be taken into account. For instance, the repeated absence of another member of the family to accompany the patient to a healer also reduces the farm's production. And when the most debilitating phases of AIDS coincide with key farming periods such as sowing or clearing, the time spent nursing a sick person and lost to farm labour is sorely missed.

Paradoxically, some usually positive features can also fuel a country's HIV epidemic, such as a good road network which enables people from low and high prevalence areas to travel and mix more freely. The researcher used Ellis' ideas to argue NGOs, implement measures, policies and prescription that are designed by whatever agency or institutions to bring a bout effective prevention of HIV/AIDS which fall short of addressing the cardinal issue of poverty, and other structures of international economy in Uganda and Africa at large. It's

important to anticipate such unintended impacts so as to take them fully into account in national development and AIDS prevention plans.

Finally, it's important, therefore that HIV/AIDS strategies in Africa be double-pronged. This will economically empower the poor and also target the prevention of HIV/AIDS. That is why strategies used by NGOs, government, churches to prevent and care the scourge of HIV/AIDS should be critically analyzed to find out whether or not they are capable of bringing about meaningful prevention and care of HIV/AIDS.

2.8. NGOS STRATEGIES IN PREVENTION AND CARE OF HIV/AIDS

The FBOs, CBOs, NGOs, government of Uganda, and partners, private enterprise have set prevention strategies of sexual transmission of HIV/AIDS, accounting for 90% of the total infections in the country, mitigation of the personal and community impact of AIDS, and building institutional capacity to manager the HIV/AIDS epidemic as major priority areas. The three major priority and controlling HIV/AIDS in the workplace as well as in the general population.

According to UNAIDS (2002) Pro-abstinence-only organizations are increasingly using Uganda as an example to indicate the success of their methods. But this is inappropriate, since the multiplicity of prevention methods used in Uganda mean that the decline in HIV prevalence was certainly not due to abstinence-only messages.

It's observed that, Uganda's success was based not only on encouraging abstinence until marriage but also on encouraging fidelity therefore and condom use. It involved pragmatic discussion of risky sexual behaviors, strong governmental leadership and condom

distribution. The open and frank discussion of the sexual means of HIV transmission that took place is certainly not a feature of the pro-abstinence-only agenda.

The researcher agrees with the report that abstinence-only message can not help in reducing the prevalence of HIV/AIDS among the citizens of Uganda, without using other methods like involving the Faith Based Organization, Churches and proper sensitization of the public about the disease.

The researcher used the information to advocate for Faith-Based Organizations, Church leaders, Community Based Organizations to come up and help the government in the fight against HIV/AIDS prevalence in Makindye Division. The researcher recommended that government should agree with the Faith Based Organizations on which method to use instead of each organization promoting different methods.

The ABC approach in Uganda involved more than only abstinence, but a large cut of the money is still being channeled through Christian organizations to preach Abstinence until marriage. Be faithful to only one partner as the Bible promotes. The plans drawn up by some of these faith-based groups tend to be ideological rather than abstinence until marriage without looking at these issues is a recipe for failure, and Uganda's example cannot be allowed to be misused in this way.

Unfortunately, there is no easy solution to an HIV epidemic. Uganda may have decreased its HIV prevalence but there have been many deaths in the country, and will be many more yet. There is no simple way to reducing the number of new infections-a number of different interventions are required. Foremost among these are a balanced ABC approach, committed

political leadership, a willingness to discuss openly the ways in which HIV transmission can be prevented, and a vigorous response from communities a cross the country.

Another strategy adopted by NGOs is voluntary, counseling and testing [VCT] has been shown too useful as a public health intervention. In Uganda persons who know their HIV sero-status are more likely than those who do not know their HIV sero-status to change their behaviours. Studies at [VCT] centre show that people who know their HIV sero-status are more likely to use condoms and reduce the number of sexual partners.

The researcher observes that, currently, the STD/AIDS control program and an NGO known as the AIDS formation Centre (AIC) are sensitizing the general population including persons in the workforce to go for VCT because of the expenses involved, these services are only available in some districts of the country.

The researcher agrees with the statement that VCT services provided are only available to urban areas, so there is need to re-address the provision of this service in order to fight the prevalence of HIV/AIDS in the country.

The researcher used the information to argue for Faith-based organizations, NGOs and CBOs to extend the services of treatment, care and support for individuals and families affected by HIV/AIDS, including provision of ARVs and spiritual support, provide vocational skills training and development and share experiences and learn about effective ways for tapping available environmental opportunities and overcome that negatively impact livelihood.

According to UNAIDS (2002), Care and support of infected and affected persons with HIV/AIDS should be implemented, Although most workplaces have programs of preventing HIV, very few have programs for offering medical care and counseling for HIV infected employees.

The researcher agrees with the report, that most workplaces have programs of preventing HIV/AIDS, very few have programs for offering medical care and counseling for HIV/AIDS infected employees. The infected employees are expected to receive care and counseling from government health units and FBOs, NGOs with this component. From community level up to district hospital level, various cadres of people are trained in care of persons with AIDS, including counseling and home visiting.

The researcher used the information to recommend FBOs, NGOs and CBOs to extend the services of offering prevention and care to all sectors of the country and even provide spiritual support and pastoral care to the infected and affected employees. Also provide them with medical, social, psychological, spiritual, and emotional support. In fact they need this sort of care because for many, the disease, and pain in itself, traumatizes hem so much that the world seems to come to an end! Yet, there is a lot that health workers, including family care givers, can do to alleviate the suffering PLHAs.

Another strategy is sensitization of the public like promotion of safer sexual behaviors using electronic and print media, drama, songs, videos, films, small group discussions as well as face to face personal interactions [peer educators] is one of the major strategies for checking spread of HIV/AIDS in the workplaces as well as in the general population. Clark J (1990)

Clark further observes that, appropriate and focused information, education and communication [IEC] messages for target populations e.g. police, army, factory, long distance drivers and plantation workers are developed.

The researcher agrees with Clark that sensitization of the public like promotion of safer sexual behaviors using electronic and print media, drama, songs, videos, films, small group discussions as well as in the general population.

The researcher used Clark's information to argue for the Faith-based organization and NGOs to adopt the strategy of sensitizing the public sector about the prevalence of HIV/AIDS among the population, and its out comes to the community.

NGOs also used the strategy of Networking among themselves which helped them increase, and promote different forms of co-operation and co-ordination aimed at sharing operational experiences, building networks and broad coalitions for effecting change and influence those with resources and power. Kelly (2000)

The researcher agrees with Kelly that, developing and evaluating the effectiveness of an interactive internet program or HIV prevention models from the research arena to NGOs in developing countries with high HIV incidence will highlight areas of improvement.

According to Kelly, previous research, found that technology transfer methods that provide intervention manuals, face-face staff training, and individualized consultation for implementing research-based HIV prevention interventions facilitate their adoption by service providers

Beckmann (1991) explains that most networks link like-minded organizations to share information, plan joint activities and make a united response to political pressure from government agencies.

He further argues that NGOs become more concerned about the sustainability of local development initiatives. They also become more conscious of detrimental consequences of the many existing development policies and institution and the need for collective advocacy efforts. The researcher used the knowledge of Beckmann and Kelly to argue for proper networking systems so that they can achieve success in their programs.

Furthermore, collaboration with community-based organizations (CBOs) is another strategy adopted by NGOs. According the World Bank (1994), points it that the changing role of NGOs from that of direct implementation to that of capacity builders of local community based groups. The advocates set up by NGOs can be eventually taken over by CBOs and user communities at the end of the project period. In addition, to expect CBOs to take facilities set up by NGOs obscures the conditions on the ground.

The report also observes that, most NGOs heavily depend generous funding from outside and on expatriates for managerial responsibilities. Furthermore, the cost structure and incentives extended to their staff and volunteers, is beyond the capacity of CBOs to sustain those facilities and services even for a very short period.

The above view assumes that there are local based groups whose capacity provides basis for strengthening such projects. It doesn't however; concretely reveal the true nature and

potential for community–based groups and the type of services that can be effectively carried out by these groups. Moreover, many CBOs lack the legitimacy from the local point of view, Clark (1991). Well, this study therefore investigates the nature of partnership and collaboration between community based groups and HIV/AIDS related NGOs.

The researcher used the information to argue for the NGOs, FBOs to adopt the system of collaborating with other organizations in order to achieve great outcome in preventing the HIV/AIDS spread and implement projects among the residents of Makindye Division,

Another strategy, resource mobilization. Clark contends that the growing NGO sector is associated with increased financial transfer from developed countries to developing countries. Clark (1991). In 1992 alone the NGO sector attracted US$6.4 billion from donors countries. [Ministry of Finance and Economic planning (1992)
Well, this flow of resources has been mainly channeled through international NGOs because of their world wide connection and experience in fundraising and advocacy for the spread of HIV/AIDS.

However, the Ugandan government, in spite of its early and swift action to address the HIV/AIDS epidemic, has been accused of placing too high an emphasis on purchasing weapons instead of AIDS drugs. In May 2004, foreign donors including the European Union threatened to stop all foreign aid to the Ugandan government unless it channeled resources away from defense spending which has grown by 48% over the past two years.

The researcher agrees with Christian aid which has noted a dangerous drift towards channeling money intended for HIV/AIDS spending in Uganda towards the 'war on terror'- essentially, military budgets. Of recent, the Global Fund money intended for the fight against HIV/AIDS, malaria and Tuberculosis [TB] was misappropriated by the officials in the ministry of health which is still under Justices Ogoola probe commission. All these raise the need for more specific and focused study on the collaboration among the NGOs operating in the area.

The researcher used the information to argue the NGOs to utilize the funds meant for HIV/AIDS prevention and care properly, so that the international organizations continue to mobilize resources

Prevention and control of sexually transmitted disease (STDs) is another strategy adopted by NGOs, this is because of overwhelming evidence linking the transmission of HIV and STDs, prevention and control of STDs in workplaces as well as in the general population form an important strategy for preventing the spread of HIV infection. David Brown (1991)

Brown further observes that, the health personnel both in private units and clinics that see the general population and workers, as well as health personnel in government units are trained in comprehensive syndrome management of STDs.

In Uganda, a significant proportion of patients with STDs and other illness go to traditional healers and traditional birth attendants.

The researcher agrees with Brown that, in efforts to improve the STDs health seeking behaviors, these traditional birth attendants and healers are sensitized on early recognitions

and referral of patients with STDs to health units with qualified personnel. In addition to essential drugs, the ministry of health provides STDs drugs to health units, both government and some private clinics.

The researcher used Brown's information to advocate the NGOs to prevent the spread of HIV and other infections (e.g. TB, malaria, STDs) improve care and support for families affected by AIDS and other diseases through building and strengthening individual capacities, service delivery structures and social support networks in slum and low resourced areas in Kampala District.

Finally, Research as another strategy, many professional e.g. health, social workers have been involved in research to study, knowledge, altitude, practices, HIV infection trends, natural history of HIV etc. Which has resulted in all that we know about HIV/AIDS in Uganda.

The researcher agrees that, little research has been done about the workers themselves, specifically the impact of HIV/AIDS on workers in all sectors.

The researcher recommended the, FBOs, NGOs to adopt the strategy and carryout a lot of research in order to get more and current information concerning the HIV/AIDS prevention and care methods.

In conclusion, therefore, HIV/AIDS remain major public health, socio-economic as well as a developmental issue in the work places in Uganda. Although the story in Uganda is encouraging as shown by the recent change in sexual behaviors and declining HIV infection

rates. There is need for concreted efforts and sustainability of the strategies that have shown success and for addressing HIV/AIDS related problems in the country.

2.9. PROBLEMS AFFECTING HIV/AIDS RELATED NGOS

Crane & Carswell (1990) argues that these activities depend on a highly motivated and culturally sensitive staff and that where staffs intensify and motivation can not burn out. Since NGOs often operate with volunteer or modestly paid staff, they risk the likelihood of erosion due to burn-out. They need to maintain a balance between paid and volunteer staff in order to maintain project continuity, while preventing attrition which especially common in the emotionally demanding field of combating HIV/AIDS.

They argue that it has often been the case that NGOs work in isolation, reluctant to collaborate with each other or with the government. The researcher agrees that, this leads limited sustainability, which does not focus on developing local capacities to carry on without FBOs, NGO or other external support.

This problem obscures NGO projects which are highly successful on a small scale. Early successes of a project are often found to be related to unique characteristics within the community or the NGO and may not be replicable on a large scale. Johnson and Soderholm (1994)

The researcher argued NGOs, FBOs to observe the aspect of motivating the staff and organize for refresher courses in order to equip them with great skills.

Actually, there is lack of proper networking among most NGOs. There seems to be notable lack of networking among instructions working on HIV/AIDS. John and Soderholm (1994). They further observed that, most NGOs are involved in the same type of activities, related to HIV/AIDS and culture, inevitably targeting the same population groups.

The researcher agrees that, this also explains why most of their activities undertaken by the NGOS, even though they address cultural aspects, are not based on research findings in this area, as there is no link between research work and institutional activities. This lack of networking could also be explained by the fact that most NGOs working on HIV/AIDS target the same donors. The researcher advocated for the NGOs to network with the inter Religious Council in Uganda, CRS, Ministry of Health, and the Global Fund.

UNESCO (1999) observes that duplication of efforts, due to lack of networking most institutions are involved in the similar activities related to HIV/AIDS and culture. This could be advantageous if carried out in different parts of the country, because of the similarity of some cultural factors.

The researcher agrees with the report that, duplicating efforts is a waste of resources, since the curbing of HIV/AIDS depends on the efficient use of available resources, especially countries, where rampant poverty is the hardest.

Finally, most NGOs activities don't last for generations, the activities are limited and confined few places. According to Conink and Riddell, NGOs programs of sustainability are problematic in various ways.

They argue that despite the beneficiaries' participation, the general level of participation ranges from mediocre to poor. The second one is that project success is critically related to the quality and input of the current staff serving the projects. Well, if the desire to incorporate target groups and staff commitment cannot ensure the long-term sustainability of programs, neither can they guarantee the sustainability of the operational NGOs themselves. Conink and Riddell:(1992)

CHAPTER THREE

3.0. RESEARCH METHODOLOGY

3.1. RESEARCH DESIGN

The research employed both qualitative and quantitative research methods. The research was based on a cross-survey design. The design was preferable because it would collect original data of a population, which was too large to be observed, to study attitude and opinions prevalent within a large population like Kampala. Also given this limited time and resources available, it was very appropriate to select part

3.2. STUDY POPULATION

The study was conducted in Kampala district, Makindye division. The study was limited to Kansanga parish Ggaba parish and Nsambya parish. The targeted populations of the research were residents of Kansanga parish, Nsambya parish and Ggaba parish, the staff of Action Aid International. This selection of residents was made in order to assess the effectiveness of action aid international activities on them and Makindye at large.

3.3. SAMPLING AND SAMPLE SIZES

The sample size constituted ninety five (95) respondents selected from the total population of 320 and they were grouped in 3 categorise residents of Kansanga parish, Nsambya parishes, Ggaba parish, the key informants and field staff of action aid international.

a. The key informants formed a sub-group of 15 respondents. These include Director of Action Aid, Deputy Director, Program Co-ordinator, Research Officer, five Local

Council Executives, Officer in charge of Field Staff, Training and Extension Officer and Executive Members of Action Aid

b. The other group included 10 respondents. These included the field staff of Action Aid International like extension workers, research assistants and trainers
c. Another group of respondents consisted of 70 respondents. These were residents of Kansanga,Nsambya Ggaba parishes, randomly selected from the different areas of the parishes

To select the sample size, judgemental sampling and stratified random sampling technique was used to select a sample population of 95 respondents from total population of 320 respondents. Judgemental sampling method was used in sub-group of (a) and (b). This was used simply because it offered a great chance of selecting certain respondents with very useful information for this study. Actually, this was used by identifying those people with detailed information about the issues under investigation. Then were picked through a face-to face contact in the organization

The stratified random sampling technique was also used because the sub-group of parish residents contained very many participants from different villages. To reach the real respondents on the ground sample was applied using lottery methods. This was because sampling was easily available. Using the registers of names of residents from local counsel officers. They were assigned with letters, names were written on separate pieces of paper folded, then put in a container mixed thoroughly and one person was to pick one at a time, until the required number of respondents in that village reached whoever was picked was included in the sample. The selection was done without replacement. This was also done to

save time because instead of interviewing the whole population a sample was interviewed which represented the whole group of residents.

3.4. DATA COLLECTION PROCEDURES

The collection of data was done using 4 main methods and they include;

The self-administered questionnaire was applied to the field staff with open ended questions, with the intent of getting in-depth information. Then interview guide was applied for collecting information from key informants because they possessed a lot of key information about the activities of Action Aid international.

Focus group discussion was mainly used to those who could not read and write. A group of 18 people were involved in the discussion. This instrument was to enable a detailed and thorough discussion of issues related to the study. Participants discussed issues, insights and experience and each member was free to comment or elaborate on views and experience of others

Observation was also a method of data collection where intentional examination of something particularly for the purpose of gathering data. It's the only method that was used when the respondents could not express themselves meaning fully for example, I could not interview AIDS patients because sometime they can feel like not talking to anybody.

3.5. PROCEDURE

The researcher sought a letter of introduction from the school of post graduate of Kampala International University to conduct research in Kampala district. A copy of this letter was presented to the management of Action Aid International. Then, questionnaires were distributed to the selected respondents. In the preliminary stages, visits were made to the study area in a bid to establish contacts and schedule appointment for the interviews and focus group discussion.

3.6. DATA PROCESSING AND ANALYSIS

The collected data was edited and cross-checked during the field research to ensure their accuracy and legibility. Data was analyzed by assessing the frequency of respondents per question. Questions addressed particular themes and followed the sequence, which had been analyzed. Tabulated frequencies and necessary analysis were then made using an SPSS computer program to represent the quantitative data analysis.

The variables under investigation were community's attitude towards condom use, response of VICT Cultural practices and poverty were correlated with the NGOs' activities to prevent and care HIV/AIDS patient. Actually, this was done in order to determine their effectiveness on this NGO's capacity to prevent and care HIV/AIDS. Here content analysis was made, descriptions done and conclusions reached.

In observation method a checklist was used and tallies done on frequency of events, deduction and description done. For qualitative data, the researcher was guided by principles of triangulation taking into account focus group discussion, in-depth interviews and direct

observation. The researcher organized what was in data into patterns categories and descriptive units while attaching meaning and significance to this analysis through interpretation i.e. thematic analysis was used to analyze qualitative data.

3.7. LIMITATION OF THE STUDY

Respondents were not willing to be interviewed; most of them had to continue with their normal activities so it was difficult to get them home for interview. This study was therefore limited in that the responses obtained from the respondents might be false.

Respondents could not discuss freely during focus group discussion. This study was therefore limited, in the way that not all the required information desired from the focus group discussion was obtained.

The methods the researcher used to obtain the information were not accurate enough to regard the finding true, because most respondents in the parishes were not interviewed.

The study was limited to only three parish of Nsambya, Kansanga, and Ggaba parishes so the results obtained do not represent the whole Makindye division.

CHAPTER FOUR

4.0. DATA PRESENTATION, ANALYSIS AND INTERPRETATION.

4.1 INTRODUCTION

The purpose of this research was to assess the extent to which NGOs have played their role in prevention and care of HIV/AIDS.

This chapter analyzed the data obtained from the field and set out to present the findings of the study. The performance of NGOs in prevention and care of HIV/AIDS, especially Action Aid International, Uganda was the basis upon which data was analyzed and presented. The other aspects are the effectiveness of such NGOs on prevention and care activities in Kampala District. The effectiveness was measured in terms of what activities the NGOs have carried out in the areas of the respondents who participated in the study, and whether the prescribed roles had brought any remarkable changes in the way such respondents would prevent and care for HIV/AIDS epidemic. The researcher distributed 70 questionnaires for the residents but only 67 were collected, and the data analyzed was based on the 67 questionnaires.

Answers to objectives of the study were sought. For easier understanding and interpretation of the results, tables and quotations have been used from the questionnaires, interview guide, focus group discussion and observations provided to the respondents.

Their responses were tallied to get frequency counts. The researcher then drew tables for each question and calculated the frequency counts and the percentage relevant to it. The data

analysis and presentation were done under six objectives as follows. The results which correspond with the sections of the questionnaires are presented in section A and B.

4.2. BACKGROUND INFORMATION

The results of this section are derived from the instruments administered to the two categories of respondents to provide background information about their occupations, age, sex, area of resident, levels of education and marital status. The purpose of presenting this part was to portray the characteristic of the respondents and show how representative the population in the study.

Table 4.2.1: The Age of respondents

Category (Age)	Frequency	Percentage
18-24	3	4.5
25-30	20	29.9
31-40	25	37.3
41-50	9	13.4
51+	10	14.9
Total	67	100

Source: Primary data 2006

Table 4.2.1 shows the Age groups of the respondents who were involved in this study. The Age groups are categorized into five sets. These include 18-24, 25-30, 31-40, 41-50 and 51+. The results show that the respondents to this study were above 20years old. The results also indicate that most of the respondents were aged between 31-40 years old constituted

37.3% of the population. The respondents between 25 and 30 years old constituted 29.9%. Those above 50 years old constituted 14.9%, 41-50 13.4% and 18-24 years constituted 4.5%. This meant that the majority of respondents were youth and active to know the activities of Action Aid international and other NGOs operating in their area.

Table.4.2.2: Marital status

Category(Marital Status)	Frequency	Percentage
Single	14	20.9
Married	25	37.3
Divorced	10	14.9
Widow	18	26.7
Total	67	100

Source: Primary data 2006

Table 4.2.2 is about the marital status of the respondents who were involved in this study. Their responses indicated that the respondents who participated in this study were mostly the married constituting 37.3%, widow 26.7%, Divorced 14.9% and Single 20.9%. This means that the respondents who were involved with the study were mostly married. They are the people who are basically more concerned on the issues of health.

Table.4.2.3: Respondents by Gender

Category(Gender)	Frequency	Percentage
Male	28	41.8
Female	39	58.2
Total	67	100

Source: Primary data 2006

Table 4.2.3 shows that 58.2% of the respondents were female, where as 41.8% were male. The analysis of the results show that most female were involved in the study, however, the study was fairly distributed with 41.8% male.

Table.4.2.4.Respondents by Religious Affiliation

Religion	Frequency	Percentage
Protestant	15	22.4
Catholics	22	32.8
Moslems	20	29.9
Others	10	14.9
Total	67	100

Source: Primary data 2006

Table 4.2.4 shows the different religious affiliations from which the respondents were selected. The Catholics had 32.8%, followed by Moslems 29.9%, Protestant 22.4% and Others 14.9%. This means that the analysis of HIV/AIDS prevention and care showed that

Catholics were more, though Moslems also followed with 29.9%. It therefore shows that the majority of the respondents were Christians although Moslems showed up.

Table: 4.2.5.Respondents by educational levels

Educational level	**Frequency**	**Percentage**
Degree	9	13.4
Diploma	16	23.9
Certificate	28	41.8
None	14	20.9
Total	67	100

Source: Primary data 2006

The results on table 4.2.5 measures that 41.8% of the respondents were certificate holders, 23.9% were diploma holders, 13.4% degree and 20.9% None (representing no qualification). The majority of the respondents obtained qualifications from tertiary institution, which shows that most of the respondents were knowledgeable to the study.

Table.4.2.6.The occupation of the respondents

Category(occupation)	Frequency	Percentage
Health workers	10	14.9
Teachers	14	20.9
Social workers	9	13.4
Traders	21	31.3
Farmers	13	19.4
Total	67	100

Source: Primary data 2006

Table 4.2.6 about the occupation of the respondents who were involved in this study. Their responses are presented in the frequency column above. Analysis of the results of this table indicate that the respondents who participated in this study were mostly traders constituting 31.3%,followed by Teachers' 20.9%,then farmers with 19.4%,social workers 13.4%,and health workers had 14.9%. This means that the people who were involved in the study were mostly traders and teachers'. They were the people who were basically targeted by HIV/AIDS programs.

Table.4.2.7.Respondents by Parish

Parish	Frequency	Percentage
Kansanga	40	59.7
Nsambya	20	29.9
Ggaba	07	10.4
Total	67	100

Source: Primary data 2006

Table 4.2.7 shows the different parishes from which the respondents were selected. The majority of the respondents were from Kansanga parish constituting 59.7%, followed by Nsambya parish 29.9%, then Ggaba parish with 10.4%.This shows that respondents from Kansanga parish were more concerned and most of the activities of these NGOs are concentrated so most people responded to the study.

Background information about the staff of Action Aid International

The information presented in the tables below regards age, sex, qualification and positions held by the staff of the NGOs. The respondents of the NGO constituted fifteen and their information is presented in the following table

Table 4.2.8.Respondents in Action Aid by Sex

Sex	Frequency	Percentage
Male	9	60
Female	6	40
Total	15	100

Source: Primary data 2006

Table 4.2.8.The results in the table shows that the majority of the staff of Action Aid International. Male constituting 60% and the female constituted 40%. This means that the information given has adequately presented both groups.

Table 4.2.9.Respondents in the Action Aid by Age

Category(Age)	Frequency	Percentage
18-24	1	6.7
25-30	5	33.3
31-40	4	26.7
41-50	2	13.3
51+	3	20
Total	15	100

Source: Primary data 2006

Table 4.2.9 shows that the age category of Action aid respondents revealed that the majority of the staff were youthful ranging from 18-40,constituted 66.7% and other elderly constituted 33.3%. It therefore, means that the people involved in this study were mature to analyze what was being asked in the questionnaire.

Table: 4.2.10 Qualifications

Qualifications	Frequency	Percentage
Degree	9	60
Diploma	4	26.7
Certificate	2	13.3
Total	15	100

Source: Primary data 2006

Table 4.2.10 shows that qualification of the respondents from Action aid international indicates different levels of education such as Degree, Diploma and Certificate levels. It

shows that most of the respondents were Degree holders with 60%, followed by Diploma with 26.7%, then the rest of the respondents were certificate constituted 13.3%. This indicates that most respondents were well educated and capable of giving out information required by them, hence making clear information for research basing on the questionnaire.

Table 4.2.11.Respondents by position held

Position Held	Frequency	Percentage
Research Assistants	7	46.7
Field Trainers	3	20
Extension Workers	5	33.3
Total	15	100

Source: Primary data 2006

Table 4.2.11 shows the positions held in Action Aid, the analysis of the results in the study show that research Assistants indicate 46.7% of the staff, extension worker with 33.3% and Field trainers had 20% only meaning that little was done in the grass root level with few trainers. It also indicates that the NGO is more concerned with providing research on HIV/AIDS, yet more is needed in prevention and care.

4.3. THE EFFECTIVENESS OF COMMUNITY ATTITUDE TOWARDS THE METHODS OF HIV/AIDS PREVENTION AND CARE

This section comprises of the different responses to the research questions of this study. Therefore, the results of the research question are presented as deduced from the data

provided by the respondents. The researcher distributed two questionnaires in order to investigate the research questions posed to the residents and the staff of the NGOs.

4.3.0 The first research objective focused on the effectiveness of community's attitude towards condom use as a method of HIV/AIDS prevention. The specific items intended to answer this section B for beneficiaries. The respondent's answers to each question are presented in Table 4.12 as shown below with corresponding frequencies and percentages.

Table 4.3.1.Condoms use is compulsory to everybody

Responses	Frequency	Percentage
Strongly Agree	15	22.4
Agree	5	7.5
Disagree	10	14.9
Strongly disagree	37	55.2
Total	67	100

Source: Primary data 2006

The table 4.3.1 shows whether condom use is compulsory to every body among the residents of Makindye Divisions. The results in this table show that 55.2% of the respondents answered that condoms are not compulsory to every body, 22.4% responded strongly agree that condoms are compulsory to every body in order to prevent HIV/AIDS, 14.9% disagreed that condoms are compulsory to everybody in Makindye division in HIV/AIDS prevention and 7.5% agreed that condoms are a must to everybody in order to prevent HIV/AIDS. According to the above responses, it can be deduced that big percentage

of the community strongly disagree that condoms should be compulsory to everybody in HIV/AIDS prevention and care in Makindye division, Kampala district, compared to 22.4% who strongly agreed that condoms are compulsory to everybody in HIV/AIDS prevention.

> The LC official of Kansanga commented "Right now we are facing a cute shortage of free condoms in the area which has caused a lot of problems to our people who need free condoms" (LC official)

Table.4.3.2.Free provision of condoms in Makindye division

Responses	Frequency	Percentage
To some extent	07	10.4
To large extent	NIL	NIL
To minimal extent	20	29.9
Not at all	40	59.7
Total	67	100

Source: Primary data 2006

Table 4.3.2 deals with the free provision of condoms by NGOs among the residents of Makindye Division. It shows whether the local residents acknowledged the free provision of condoms in order to fight HIV/AIDS. The results in this table indicate that the majority of respondents with 59.7% acknowledge that there is no free provision of condoms. Only 10.4% of the respondents agreed that to some extent there is free provision of condom, while 29.9% said to minimal extent condom provision was there in helping to prevent HIV/AIDS among the residents.

Table 4.3.3. Positive attitude towards condom use among residents of Makindye division

Response	Frequency	Percentage
Positive attitude	05	7.5
Minimal attitude	28	41.8
Negative attitude	25	37.3
Not at all	09	13.4
Total	67	100

Source: Primary data 2006

Table 4.3.3 shows the positive attitude towards condom use among residents of Makindye division. The results in the table show that 41.8% of the respondents have minimal attitude towards condom use, 37.3% have negative attitude towards condoms use, 13.4% do not value condoms at all, then 7.5% only have positive attitude towards condoms. According to the above responses it shows that majority of respondents have minimal attitude towards condom use.

> "Condoms encourage youth to engage in premarital sex, hence contracting HIV/AIDS, unwanted pregnancies" (Male youth FGD, Nsambya parish)
> "Condoms especially lifeguard have bad smell, so I don't use". (Male youth FGD, Ggaba parish)
> "Using condoms one doesn't get satisfied, its like chewing unwrapped sweet".(Women FGD,Kansanga parish)

Table 4.3.4.NGOs provide ARVs to the residents of Makindye division

Responses	Frequency	Percentage
Strongly agree	10	14.9
Agree	15	22.4
Disagree	27	41.8
Strongly disagree	14	20.9
Total	67	100

Source: Primary data 2006

Table 4.3.4 shows whether NGOs provide ARVs to the residents of Makindye. The results show that 41.8% disagree that NGOs don't provide ARVs to the residents, then 22.4% agree that NGOs provide ARVs to the residents of Makindye division,20.9% strongly disagree and 14.9% strongly agree that NGOs provide ARVs to the residents of Makindye division. The results show that there is no provision of ARVs in Makindye divisions, while in some parishes they try to provide but not enough for the division.

4.4 .THE RESPONSE OF THE RESIDENTS OF MAKINDYE DIVISION TOWARDS VOLUNTARY, COUNSELING AND TESTING SERVICES

This research objective examined the responses of the residents of Makindye division towards Voluntary, Counseling and testing services. This question was intended to assess the responses of the residents of Makindye division towards VCT services .Responses to these questions are presented in table.

Table 4.4.1.Voluntary, counseling and testing services has helped people positively

Responses	Frequency	Percentage
To some extent	12	17.9
To a great extent	31	46.3
To minimal extent	16	23.9
Not at all	08	11.9
Total	67	100

Source: Primary data 2006

This table shows that VCT services offered to the residents of Makindye are good. The results in this table indicate that 46.3% of the respondents agreed that VCT services were effective in alerting respondents on how to behave, know their sero-status in order to live a good life, 23.9% a greed to minimal extent, 17.9% to some extent and only 11.9% of the respondents argued that VCT services were not effective in helping in HIV/AIDS prevention and care. The results, therefore means that VCT services were effective to the residents of Makindye in HIV/AIDS prevention.

Table 4.4.2.Voluntary, counseling and testing services are adapted to provide supportive care and HIV prevention for sex workers and their clients and other marginalized groups

Responses	Frequency	Percentage
To some extent	10	14.9
To a great extent	29	43.3
To minimal extent	17	25.4
Not at all	11	16.4
Total	67	100

Source: Primary data 2006

Table 4.4.2 indicates whether voluntary, counseling and testing services be adapted to provide supportive care and prevention of HIV/AIDS for sex workers and their clients and other marginalized groups. The results show that 43.3% agreed to a great extent, 25.4% to minimal extent, 14.9% agreed to some extent and only 16.4%didnt agree. This shows that majority of respondents were welcomed the idea of providing voluntary counseling and testing services to the sex workers and their clients.

Table 4.4.3.The wider availability of voluntary, counseling and testing services promote normalization and reduce stigma in communities.

Responses	Frequency	Percentage
To some extent	05	7.5
To a great extent	32	47.8
To minimal extent	17	25.4
Not at all	13	19.4
Total	67	100

Source: Primary data 2006

Table 4.4.3 shows that the wider availability of voluntary, counseling and testing services promote normalization and reduce stigma in communities among residents of Makindye division. The above table indicates that 47.8% agree to great extent that voluntary counseling and testing services will promote normalization and reduce stigma in communities of Makindye division, 25.4% also accepted to minimal extent, 7.5% to some

extent and 19.4% rejected that provision of voluntary counseling and testing services will not promote normalization and reduce stigma. The above information shows that majority agree that if voluntary counseling and testing services are provided will promote normalization and reduce stigma among the residents of Makindye division.

The findings concur with Decock [1998], that if VCT services were offered routinely, and more people would accept VCT as an important component of medical care, it would promote 'normalization' of HIV. Actually, Decock further, states that the excessive caution a round HIV testing has had the detrimental effect of preventing people with HIV from accessing care.

These respondents were also asked whether the counselors keep the information that they provide confidential and there responses were presented in Table 4.4.4 below

Table 4.4.4 Counselors keep the information confidential

Response	Frequency	Percentage
To some extent	45	67.2
To a great extent	10	14.9
To minimal extent	09	13.4
Not at all	03	4.5
Total	67	100

Source: Primary data 2006

Table 4.4.4 concerns whether counselors keep the information confidential or not. The results in this table indicated that 67.2% argued that to some extent counselors keep the

information confidential, and then 14.9%revealed that to a great extent counselor keep the information confidential, while 13.4% agreed to minimal extent and 4.5% disagreed. According to the results of this table shows that counselors are effective in carrying out their duties and follow there medical professional ethics, though some of them don't follow the medical ethics.

4.5 THE VARIOUS CULTURAL PRACTICES WHICH HAVE LED TO THE SPREAD OF HIV/AIDS AMONG THE RESIDENTS OF MAKINDYE DIVISION

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The research objective in section D focused on finding out the various cultural practices have led to the spread of HIV/AIDS among residents of Makindye division

Table 4.5.1.There is cultural practice like wife inheritance among the residents of Makindye

Responses	Frequency	Percentage
To some extent	10	14.9
To a great extent	04	6.0
To minimal extent	25	37.3
Not at all	28	41.9
Total	67	100

Source: Primary data 2006

Table 4.5.1shows whether there is wife inheritance among respondents, 41.9% of the respondents indicated that there isn't such cultural practice, 37.3% indicated to minimal

extent, 14.9% to some extent and 6.0% indicated to a great extent. One respondent from the community household said,

"Wife inheritance was for the early days, but not now in the error of HIV/AIDS"

The findings disagree with Nigel Barley, (1997) who looks at African's cultural beliefs and practices and maintains that these have provided ideal conditions for the deadly HIV virus to flourish in this region. He attacks very strongly the cultural practice of widow inheritance where by upon the death of the husband, the brother of the dead is to marry his widow. Many indigenous cultures in sub-Saharan Africa practice some form of the redistribution of social alliance," even the position of friend and lover may be inherited by other s and rewoven into the altered network of relations

Table 4.5.2.The cultural practices are primarily the cause of HIV/AIDS among the residents of Makindye

Responses	Frequency	Percentage
Agree	06	9.0
Strongly agree	05	7.5
Disagree	10	14.9
Strongly disagree	46	68.7
Total	67	100

Source: Primary data 2006

As shown in table 4.5.2, 83.6% of the respondents indicated that cultural practices are not the major cause of HIV/AIDS among the residents of Makindye division. This therefore,

shows that the cultural practice doesn't enable residents to catch HIV/AID simply because people are knowledgeable.

The findings disagree with UNAIDS a. (2000) that these factors, compounded by cultural norms, such as polygamy, increase the threat of HIV/AIDS to women, poses many complex questions with regards to sexual behavior from an ethical, moral and religious standpoint. Humanitarian and faith communities all over the world are having to help fight against rising prejudice and discrimination, as well as cope with ever greater numbers of people who need their moral and spiritual support and guidance.

Table 4.5.3. Respondents' attitude towards the provision of services by NGOs

Responses	Frequency	Percentage
Positive attitude	43	64.2
Minimal attitude	20	29.9
Negative attitude	04	6.0
Not at all	NIL	NIL
Total	67	100

Source: Primary data 2006

Table4.5.3 deals with community attitude towards the provision of services by NGOs.The results in this table indicate that the majority of the respondents acknowledged that 64.2% had positive attitude towards NGOs service provision, 29.9% of the other respondents argued that there was minimal positive attitude towards NGO service provision in Makindye division. The other 6.0% of the respondents contended that there was no positive attitude at all in NGO service provision. According to the above responses, it can be concluded that there is positive attitude towards the provision of services by NGOs.

Table 4.5.4.Community practices like early marriages is dying out

Responses	Frequency	Percentage
To some extent	04	6.0
To great extent	10	14.9
To minimal extent	38	56.7
Not at all	15	22.4
Total	67	100

Source: Primary data 2006

Table 4.5.4 concerning the community practice like early marriage is dying out. The results in the table show that 56.7% of the respondents answered that to minimal extent community practice is dying out. 22.4% of the other respondents argued that community practice is not dying out, 14.9% of the other respondents argued that to a great extent community practice is dying out. Basing on the results of this table, it can be concluded that to a great extent community practice of early marriage is still rampant among the residents of Makindye division.

> "The girls are looking at money but not any other thing. Changing men on daily basis is not a practice they are a shamed of". (Community leader Kansanga Parish)

The findings concur with UNCSW (1999) which argues that Stigma and discrimination, early marriage, domestic and sexual violence, exploitation of sex workers (male as well as female), transmission of other STDs, alcohol and drug abuse are among the socio-cultural factors linked to the spread of HIV/AIDS. The report also observes that young women are especially vulnerable to HIV infection and other STDs because of biological, cultural and

economic factors in Kampala. The findings agree with Uganda Law Reform [2000] that trade in child marriage due to poverty was also identified as a major factor in rural areas.

4.6. THE EXTENT TO WHICH POVERTY HAS LED TO THE SPREAD OF HIV/AIDS AMONG THE RESIDENTS OF MAKINDYE DIVISION

Table 4.6.1.Poverty has led to the spread of HIV/AIDS in Makindye, division Kampala district

Responses	Frequency	Percentage
Agree	15	22.4
Strongly agree	43	64.2
Disagree	05	7.5
Strongly disagree	04	6.0
Total	67	100

Source: Primary data 2006

Table 4.6.1 indicates how poverty has led to the spread of HIV/AIDS among residents of Makindye division. It shows that Poverty has strongly contributed to the spread of HIV/AIDS among the respondents with 86.6% then 13.5% only disagreed.

During focus group discussion with the drummer group, one female youth gave a testimony that

"She was infected with HIV/AIDS because of the poverty of her parents. She further said that her parents were very poor that they could not afford school fee yet she was 18years, so she was forced to marry a business man whom she thought with time could help her parents,

unfortunately the man was HIV/AIDS positive and he died after some time, after she had married him and left her pregnant" (FGD female youth Nsambya)

According Deconick (1991) quoting Mwalimu Mushesh of the Uganda Rural Development and Training program observes that due to the high levels of poverty in Uganda, some parents can not afford to buy their daughters basic necessities. He observes that because their girls are lured by rich men into sexual relations resulting even into defilement. He also attributes sexual promiscuity to sharing of small rooms by both the old and children who are later tempted to experience on what their parents also do.

The findings further agree with Blooms' (2002) who observes that poverty has increased susceptibility to contracting HIV/AIDS through several channels including increased migration to urban areas, limited access to health care, nutrition and other basic services limited access to education and information sexual exploitation and gender inequality.

Table 4.6.2.Effect of poverty on the performance of NGOs in HIV/AIDS prevention and care in Makindye, division. Kampala

Responses	Frequency	Percentage
To some extent	11	16.4
To a great extent	47	70.1
To minimal extent	03	4.5
Not at all	06	9.0
Total	67	100

Source: Primary data 2006

Table 4.6.2 deals with the effect of poverty on the performance of NGOs in HIV/AIDS prevention and care. The results in the table show the respondents view on effect o poverty on the performance of NGOs. 70.1% of the respondents argued that to a great extent poverty has affected the performance of NGOs in prevention and care of HIV/AIDS. 16.4% argued to some extent, while 4.5% to minimal extent, then only 9.0% argued that poverty has not affected the performance of NGOs. The results above therefore, imply that the performance of NGOs in HIV/AIDS prevention and care has been affected by poverty. This shows that HIV/AIDS is causing a serious decline in development in Makindye division.

Table 4.6.3.Poor people are vulnerable to HIV/AIDS infection

Responses	Frequency	Percentage
Agree	15	22.4
Strongly agree	35	52.2
Disagree	09	13.4
Strongly disagree	08	12.0
Total	67	100

Source: Primary data 2006

Tables 4.6.3 shows poor people are vulnerable to HIV/AIDS infection. The results in the table show that 74.6% of respondents strongly agreed that poor people are more vulnerable to infection, 25.4% of the other respondents disagreed that poor people are vulnerable to the infection. This means that poor people are vulnerable to the HIV/AIDS infection due to a lot of problems associated with them.

The findings concur with Blooms'(2002) who observes that poverty has increased susceptibility to contracting HIV/AIDS through several channels including increased migration to urban areas, limited access to health care, nutrition and other basic services limited access to education and information sexual exploitation and gender inequality.

Table 4.6.4.NGOs provide feeding and fund for HIV/AIDS infected persons in Makindye division

Responses	Frequency	Percentage
Satisfactory	15	22.4
Very satisfactory	04	6.0
Unsatisfactory	28	41.8
Very unsatisfactory	20	29.9
Total	67	100

Source: Primary data 2006

Its was observed from the table 4.6.4 that 71.7% of the respondents argued that NGOs provision on feeding and funds for HIV/AIDS infected persons is unsatisfactorily, 28.4% argued satisfactorily. This shows that the respondents felt the provision of feeding and funds to infected persons was not satisfactorily.

Although NGOs can be a political force to reckon with in Ugandan case, the majority is involved in development and relief programs to enable the country recover from decades of anarchy and decay. Lancaster T C, (1996). The main concern for the population is to survive and ensure that basic services are accessible.

4.7. HOW DOMESTIC VIOLENCE HAS CONTRIBUTED TO THE SPREAD OF HIV/AIDS IN M AKINDYE DIVISION

Tables 4.7.1. Women are less income earners among the residents of Makindye division

Responses	Frequency	Percentage
Agree	18	26.9
Strongly agree	08	11.9
Disagree	30	44.8
Strongly disagree	11	16.4
Total	67	100

Source: Primary data 2006

Table 4.7.1 shows how women are less income earners among the residents of Makindye. The results show that 61.2% argued that women are not less income earners, while only 38.8% of the respondents argued that women are less income earners that's why they are vulnerable to infection more than men. These responses demonstrated that women are not less income earners.

> "Most women are low income earners; they have to fend for the families, whereby the husbands are not providing anything. This makes them easily enticed. (L.C Official)

Table 4.7.2.Women's emancipation has no effect on the family management in Makindye division

Responses	Frequency	Percentage
To some extent	40	59.7
To a great extent	15	22.4
To minimal extent	05	7.5
Not at all	07	10.4
Total	67	100

Source: Field research

Table 4.7.2 shows the responses on whether women's emancipation has no effect on the family management in Makindye division. The results of this table indicated that 82.1% argued to a great extent, 17.9% argued that women emancipation has no effect on the family management. The findings conclude that women emancipation has not played a great role in family management among the residents of Makindye division.

Table 4.7.3.The marginalization of women has contributed to the spread of HIV/AIDS in Makindye division

Responses	Frequency	Percentage
Agree	37	55.2
Strongly agree	15	22.4
Disagree	12	17.9
Strongly disagree	03	4.5
Total	67	100

Source: Primary data 2006

It's observed from the above 4.7.3 that 55.2% of the respondents indicated that marginalization of women had contributed to the spread of HIV/AIDS, 22.4% also strongly agreed that women marginalization has contributed to the spread of HIV/AIDS. Only 22.4% of the other respondents disagreed that it's not marginalization of women that has spread HIV/AIDS. This shows that majority of women are marginalized in Makindye division hence leading to infection of HIV/AIDS. The findings concur with UNAIDS (2002) in their report work on domestic violence as also a cause of HIV/AIDS spread, observes that violence against women and girls makes them vulnerable to HIV infection. They observe that in a setting where violence is regarded as a man's right, women are denied chance to negotiate for safe sex.

Table 4.7.4.Government contributes actively in curbing domestic violence among the residents of Makindye division.

Responses	Frequency	Percentage
To some extent	22	32.8
To a great extent	07	10.4
To minimal extent	34	50.7
Not at all	04	6.0
Total	67	100

Source: Primary data 2006

The table 4.7.4 shows the responses whether Government contributes actively in curbing domestic violence among the residents of Makindye division. The results of this table indicated that 50.7% of the respondents who answered this question argued that to minimal

extent government contributed, 32.8% argued to a great extent, then 10.4% argued to a great extent and only 6.0% argued that government had not contributed at all in curbing domestic violence among the residents of Makindye. The results show that government had contributed in curbing domestic among the residents of Makindye division.

4.8 HOW BEST CAN NGOs CARRY OUT PREVENTION AND CARE IN HIV/AIDS AMONG RESIDENTS OF MAKINDYE DIVISION

This section comprises of the different responses posed to the NGO official. Some research questions were put to the staff of Action Aid, because some questions needed technical information. The questions put to the NGOs are discussed below.

Table 4.8.1.Networking with other organizations in providing social services to the infected persons

Responses	Frequency	Percentage
Agree	04	26.7
Strongly agree	07	46.7
Disagree	03	20.0
Strongly disagree	01	6.7
Total	15	100

Source: Primary data 2006

Table 4.8.1 shows the respondents perceive whether there is net working in the NGOs with other organization. The results in this table indicated that net working has helped a lot the NGOs whereby 46.7% of the respondents strongly a greed, 26.7% agreed, only 20.6%,

disagreed and 6.7% strongly disagreed. These responses demonstrated that net working has contributed a lot to the NGOs social activities in prevention and care. The findings however do not concur with Beckmann (1991) who explains that most networks link like-minded organizations to share information, plan joint activities and make a united response to political pressure from government agencies. He further argues that NGOs become more concerned about the sustainability of local development initiatives. They also become more conscious of detrimental consequences of the many existing development policies and institution and the need for collective advocacy efforts.

Table 4.8.2.Action Aid get fund regularly from the government or international body

Responses	Frequency	Percentage
Agree	04	26.7
Strongly agree	07	46.7
Disagree	03	20
Strongly disagree	01	6.7
Total	15	100

Source: Primary data 2006

Table 4.8.2 shows whether Action Aid gets funds regularly from other bodies. The results in the table shows that Action aid regularly gets fund from donors, 73.4% of the respondents agreed that Action aid gets funds regularly from donors. 26.7% of the respondents disagreed. This means that much of Action aid funds come from donors to facilitate its programs.

Table 4.8.3.The extent to which NGOs have provided Health services to the residents of Makindye division

Responses	Frequency	Percentage
Very satisfactory	01	6.7
Satisfactory	09	60
Unsatisfactory	02	13.3
Very unsatisfactory	03	20
Total	15	100

Source: Primary data 2006

It was observed from the table above that 66.7% of the respondents felt that the provision of Health related services by NGOs was satisfactory. Only 33.3% of respondents argued that the Health services provided by NGOs are unsatisfactory. The reasons advanced by interviewees were that the services do not cover everyone in the district. This means that provision of health related services by NGOs are satisfactory.

Table 4.8.4.Are there any challenges you face as you try to offer services to HIV/AIDS infected persons

Responses	Frequency	Percentage
Agree	04	26.7
Strongly agree	08	53.3
Disagree	01	6.7
Strongly disagree	02	13.3
Total	15	100

Source: Primary data 2006

It's observed from table 4.8.4 shows that 80% of the respondents indicated that there are challenges faced on service provision by the NGOs, only 20% of the respondents indicated that there are no challenges faced by the NGO in trying to offer services to HIV/AIDS infected persons. According to the above responses, it can be concluded that there are challenges faced by the NGO.

4.9 INTERVIEW REPORT FROM KEY INFORMANTS

The researcher also had face- to- face interview with ten(10) key informants Action Aids International which included Field officers, programme coordinator, researcher officers, extension workers, training officers, LCs Kansanga, Nsambya and Ggaba parishes. This was intended to tap more information from them since their questionnaires limited their free expression. All the research questions were put to them for detailed information about their activities, effective of their methods and ways of operations.

The questions were posed to the informants to assess the effectiveness of community's attitude towards the methods of HIV/AIDS prevention and care, most of the respondents argued that there was minimal attitude towards the methods of prevention and care of HIV/AIDS on their capacity. While other respondents argued that Action aid could not extend its services beyond the funds. They further argued that Action aid ventured in such activity because it was one of the urgent areas and most people were poor.

Another question was asked to assess the responses of the residents of Makindye division towards VCT services. Some of the respondents argued that to a great extent VCT services were attended to by most of the residents. They further agreed that VCT services provided are conducive to the residents and counselors had trust of maintaining medical professional ethics by keeping information of the clients confidential. They argued that VCT services

were bridging the gap of stigma, fear and denial among the clients. When another question was asked to find out the various cultural practices which have led to the spread of HIV/AIDS among the residents of Makindye division. Some respondents argued that to some extent various cultural practices were fond to be causing HIV/AIDS like inheritance of wife, early marriage. Indeed most of the respondents agreed that though the practice still exists but its slowly dying because most people are now knowledgeable about such cultural practices.

Responding to the question about to assess the extent to which poverty has led to the spread of HIV/AIDS, most of the respondents argued that indeed poverty was a major cause of residents getting infected of HIV/AIDS. Situation whereby young women, girls are lured to prostitution in order to make ends meet, so in the process contracting the virus. Still to note, some respondents argued that poverty had affected the performance of NGOs in HIV/AIDS prevention and care by offering few services meant that poverty had caused a serious problem to the performance.

Furthermore, responding to the questions to assess how domestic violence has contributed to the high spread of HIV/AIDS. Most respondents argued that women were less income earners which has made them to be lured into sexual immorality.

On the last question to determine how best NGOs can carryout prevent and care in HIV/AIDS. Some respondents argued that there was networking, with other organization, the funds also were obtained from the international bodies, whereas other respondents argued that the NGO had satisfactorily provided health services to the residents of Makindye Division.

CHAPTER FIVE

5.0. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter five summarizes the study findings, gives conclusions from the study and it lastly provides recommendations from the researchers and from the respondents.

5.2 SUMMARY

The questions were posed to the informants to assess the effectiveness of community's attitude towards the methods of HIV/AIDS prevention and care, most of the respondents argued that there was minimal attitude towards the methods of prevention and care of HIV/AIDS on their capacity. While other respondents argued that Action Aid could not extend its services beyond the funds. They further argued that Action Aid ventured in such activity because it was one of the urgent areas and most people were poor.

In conclusion, therefore the effectiveness of community attitude towards the methods of HIV/AIDS prevention and care in the capacity of Action Aid shows that condoms, abstinences, and faithful methods were also having strength. However, there is still high spread of HIV/AIDS in the Division.

Another question was asked to assess the responses of the residents of Makindye division towards VCT services. Some of the respondents argued that largely VCT services were attended to by most of the residents. They further agreed that VCT services provided are conducive to the residents and counselors had trust of maintaining medical professional

ethics by keeping information of the clients confidential. They argued that VCT services were bridging the gap of stigma, fear and denial among the clients.

The response of the residents towards VCT services provided by Action Aid shows that to a great extent VCT services were playing a role in helping the residents. Action Aid tends to confirm to Lambourag (2000) classification on VCT services. He looks at over coming the stigma associated with HIV is the biggest challenge to its prevention and care among NGOs. He proposed that wider access to VCT and a larger number of peoples greater a awareness of their HIV status within a community are important element in challenging stigma He further observes that because of high stigmatization challenges most people are turned down and shy away from accessing VCT services, hence silently spread the Virus to others.

When another question was asked to find out the various cultural practices that have led to the spread of HIV/AIDS among the residents of Makindye division. Some respondents argued that to some extent various cultural practices were fond to be causing HIV/AIDS like inheritance of wife, early marriage. Indeed most of the respondents agreed that though the practice still exists but its slowly dying because most people are now knowledgeable about such cultural practices. Although this assertion was made by 41.9% of the respondents, its worth noting that the practice is still existing In conclusion, this shows that the various cultural practices have led to spread of HIV/AIDS, so, there is need to curb the existing community practices like early marriage, prostitution and others. It's now time for the church to break its silence in the face of this HIV/AIDS pandemic. We need to inculcate moral and spiritual values into our children, youth, men and women, but more than this we need to develop policies and guidelines on how to respond as well as having people and pastors committed to dealing with AIDS.

Widow inheritance conflict with the Christian belief that death ends the marriage union. Romans.7:2 states that "A married woman is bound by the law to her husband, as long as he lives, but if he dies then she is free from the law that bound her to him. Since the care of widows has long been an important task of the church, widows have good reason to turn to the church as the resource most likely to extend emotional support and spiritual guidance.

Responding to the question about to assess the extent to which poverty has led to the spread of HIV/AIDS, most of the respondents argued that indeed poverty was a major cause of residents being infected of HIV/AIDS. Situation whereby young women, girls are lured to prostitution in order to make ends meet, so in the process contracting the virus. Still to note, some respondents argued that poverty had affected the performance of NGOs in HIV/AIDS prevention and care by offering few services meant that poverty had caused a serious problem to the performance.

Indeed poverty was observed among the residents of Makindye. This showed that the NGOs should do much to curb the alarming poverty in the division because many residents are affected by poverty. The observation made here seems to agree with Deconick (1991) quoting Mwalimu Mushesh of the Uganda Rural Development and Training program observes that due to the high levels of poverty in Uganda, some parents can not afford to buy their daughters basic necessities. He observes that because their girls are lured by rich men into sexual relations resulting even into defilement. He also attributes sexual promiscuity to sharing of small rooms by both the old and children who are later tempted to experience on what their parents also do.

The observation further concurs with Blooms'(2002) who observes that poverty has increased susceptibility to contracting HIV/AIDS through several channels including increased migration to urban areas, limited access to health care, nutrition and other basic services limited access to education and information sexual exploitation and gender inequality.

Furthermore, responding to the questions to assess how domestic violence has contributed to the high spread of HIV/AIDS. Most respondents argued that women were less income earners that have made them to be lured into sexual immorality.

In conclusion, domestic violence had indeed contributed to more vulnerability of women to HIV/AIDS. However, NGOs have tried to preach the message of domestic violence but its still among most homes in Makindye division.

The observation made here agrees with UNAIDS (2002), that work on domestic violence has also led to HIV/AIDS spread, the report further observes that violence against women and girls makes them vulnerable to HIV infection. They observe that in a setting where violence is regarded as a man's right, women are denied chance to negotiate for safe sex.

In the study carried in Zambia, the report discovered that most women could not refuse to have sex with their husbands although they knew their husbands to be unfaithful. Such a situation encourages the acquisition and spread of HIV/AIDS.

On the last question to determine how best NGOs can carryout prevention and care in HIV/AIDS. Some respondents argued that there was networking, with other organization, the funds also were obtained from the international bodies, whereas other respondents argued that the NGO had satisfactorily provided health services to the residents of

Makindye division. In a nutshell, it's observed that networking with other NGOs, donors was satisfactorily.

5.3 CONCLUSION

In view of the foregoing discussion and analysis of the role played by NGOs in HIV/AIDS prevention and care, the following conclusions were drawn;

The effectiveness of community's attitude towards the methods of HIV/AIDS prevention and care according to the findings shows that, the methods of preventions carried by Action Aid International are under utilized by the residents of Makindye division, hence, there is still high spread of HIV/AIDS in the division.

To assess the response of residents of Makindye division towards VCT services provided by Action Aid International shows that VCT services were conducive to the residents and most residents attended to the services. This confirms that the VCT services provided by Action Aid International bridged the gap of stigma, fear and denial among the residents hence reducing the spread of HIV/AIDS.

To find out the various cultural practices that have led to the spread of HIV/AIDS, although Action Aid International have played its role in HIV/AIDS prevention and care. The findings show that various cultural practices have confirmed to be spreading HIV/AIDS, among the residents of Makindye division.

In spite of the fact that Action Aid International has played its role in HIV/AIDS prevention and care, poverty has remind the leading cause of HIV/AIDS among the residents of Makindye division.

Domestic violence has indeed contributed to more vulnerability of women to HIV/aids among the residents of Makindye division.

NGOs network with each other regularly. It was found out to be satisfactorily basing on the findings, and that it has helped them to prosper with various activities.
Quite often, NGOs activities are misdirected to other irrelevant efforts and the focus is lost. For instance, despite the fact that Action Aid International is focused on health activities, this remains more in name than in practice.

In conclusion therefore, the role of NGOs in prevention and care of HIV/AID among the residents of Makindye divisions basing on the findings HIV/AIDS is still high due to various cultural practices, poverty, attitude towards prevention and domestic violence.

5.4 RECOMMENDATIONS

In view of the findings and conclusion in this study, the following recommendations are made;
NGOs should incorporate religious leaders to preach the best method of preventing and caring HIV/AIDS by providing, promoting and supporting basic education, vocational skills training and functional adult literacy opportunities for the indigent and orphaned children, school drop-outs and the girl child through the Christian informal school, vocational training centers.
In response to the VCT services among the residents, NGOs should include the churches, religious leaders and nurture spiritual care and support by providing primary health care

services, counseling, bereavement care, and support to persons infected with and affected by HIV/AIDS and the general community.

NGOs should plan, implement, monitor and evaluate youth development and sexual and reproductive health activities, personal development skill workshops, entrepreneurial skills development, career guidance, peer support clubs formation and behavior change workshops for young people.

NGOs should gather document and disseminate information and experiences about factors that shape opportunities and constraints for indigent and orphaned children, women and girls, youth, street children, the elderly, the disabled persons living with HIV/AIDS and affected households and the general community

NGOs should targeted IEC and BCC strategies should be embraced to deliver information on VCT and PMTCT with a view of closing knowledge gaps on these services. Such strategies/messages should also focus on gender issues in access and utilizations of these services.

A Religious phased approach to gender sensitization and conflict should be established and relevant sensitization manuals covering gender and how it impacts on access and utilization of services and the reproductive health rights be developed. This can be achieved by utilizing an integrated and holistic approach to community development in providing treatment, care and psychosocial support to individuals and household affected by HIV/AIDS.

There is need for coordination of HIV/AIDS interventions. The existing interventions are marred with competition and duplication of efforts and resources given the demand of NGOs targeting the same communities in the city.

There's need to empower the intervening agencies in delivering packages that mainstream gender and HIV/AIDS issues, as were as adolescent counseling since most agencies lacked competencies in these areas.

On domestic violence legal Aid services will be essential in improving the plight of orphans, youth, marginalized women and men. This should be re-enforced by effective sensitization campaigns on human rights, by engaging citizen in long-term processes that enable them to have a voice, share experiences and learn about effective ways for tapping available environmental opportunities and overcome poverty, HIV/AIDS and other factors that negatively impact livelihoods.

NGOs should extend micro credit and enterprise development services and financial assistance in form of soft loans to the communities most especially to women to enable then carry out income generating activities so as to eradicate poverty which is a contributory factor to HIV/AIDS.

More palliative care training and a holistic approach to the patients' need, should also be extended to the employees of FBOs, CBOs and NGOs especially specialized areas like handling trauma among clients administering ARVs and spiritual care and pastoral care, VCT, so that they can handle all categories.

Collaboration with Faith-based organizations and community-based organization should be done with NGOs that have similar goals, so that CBOs take facilities set up by NGOs obscure the conditions on the ground.

More care and support of infected and affected persons with HIV/AIDS should be extended to the employees, work places, so that stigma, fear and trauma are fought among the people.

NGOs should endeavor to involve many participants like Faith-Based Organizations, Catholic Relief Services, (CRS), AIDS Relief, Inter-Religious Council of Uganda, Ministry of Health, and the Global Fund, instead of restricting themselves to only a few activities that they can achieve instead of a few whose involvement may not have a good outcome.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

This study suggests that further research should be done on the following;

Recognition of the importance of Religion and culture in the war against HIV/AIDS. Hence Religious and cultural aspects are, to a limited extent taken into account when implementing HIV/AIDS programs. Pastoral care, and counseling move hand in hand and provision of ARVs and spiritual support will play a great role in fight against HIV/AIDS.

Insufficient consideration of research on the subject. A number of research studies have already been undertaken and have proposed some strategies for combating the epidemic. However, organizations and institutions working on HIV/AIDS because of the lack of accessibility to these studies do not use most of the results of research. A lot is left out and only employed for purposes of academic.

Possible ways of community involvement in NGOs projects in dealing with the Religious and cultural aspects of HIV/AIDS at the grass root level by lobbing and advocating for health and social development services for the poor and marginalized.

Flexible implementation requirement/procedures and policies which will allow religious and cultural features to be taken into account, particularly positive ones e.g. abstinence which they think would have a negative impact on their primary objective.

Advocate for the protection and respect of children and women's right. Actually, women have been left and have no choice to decide whether to have protected sex or not.

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Appendix A: Work Plan

Activity	Time Frame	Outcome
Proposal writing	Feb 17th –march 17th 2006	Well approved proposal
Field study	20th march-march 20th April	Field work to be completed
First draft Research report	20th may 2006	1st draft of research report to be submitted
Final copy of Research Report	30th June 2006	Final copy of report to be submitted

Appendix B: Budgetary frame work for Research

Item	Unit cost	No of Items	Total cost
Stationary			
Pen	200	½ dozen	1200
Papers	7500	3 reams	22500
Ruler	500	1piece	500
Pencil	50	½ dozen	300
Files	1000	2	2000
Rubber	500	1piece	500
White wash	2500	1piece	2500
Sub-total accessories			**29,500**
Travel fields			350000
Feeding			300000
Miscellaneous			100000
Sub-total			**750,000**
Print outs/book			
Typing	500 per page	100 pages	50000
Printing	500 per page	100 pages	50000
Photocopying	10000 per book	5 copies	50000
Binding	6000 per book	5 copies	30000
Sub-total			180000
Grand total			**959,500**

Appendix C: RESEARCH QUESTIONNAIRE

INTRODUCTION LETTER

Dear respondent,

I am Edabu Paul a student of masters of Education in Religious Studies. My research topic **"The role of NGOs in HIV/AIDS prevention and care among the resident of Makindye division, Kampala district.** A Case Study of Action Aid International, Uganda.

This instrument is meant to gather data about the above mentioned topic and the information will be used for this study. Kindly assist to fill as you could. It's not meant to test your knowledge, but rather gather necessary information about the topic under study. It's for academic purpose and any information given shall be treated with utmost confidentiality.

Thanks,

SECTION A
BACKGROUND INFORMATION.

1. Name of the organization.....

2. Department.....

3. Sex male ☐ Female ☐

4. Occupation.....

5. Age 18-24 ☐ 25-30 ☐ 31-40 ☐ 41-50 ☐ 51+ ☐

6. Marital status: Single ☐ Married ☐ Divorced ☐ Widow ☐

7. Religious Affiliation: Catholic ☐ Protestant ☐ Muslim ☐ Others ☐

SECTION B
THE EFFECTIVENESS OF COMMUNITY ATTITUDE TOWARDS THE METHODS OF HIV/AIDS PREVENTION AND CARE

1. Condom use is compulsory to every body

Agree ☐ Strongly Agree ☐ Disagree ☐ Strongly disagree ☐

2. There is free provision of condom in Makindye division

To some extent ☐ To large extent ☐ To minimum extent ☐ Not at all ☐

3. Residents of Makindye have positive attitude towards condom use.

Positive attitude ☐ Negative attitude ☐ Minimum attitude ☐ Not at all ☐

4. NGOs provide ARVs to the residents of Makindye division

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐

SECTION C
4.3. THE RESPONSE OF THE RESIDENTS OF MAKINDYE DIVISION TOWARDS VOLUNTARY, COUNSELING AND TESTING SERVICES

5. Voluntary, counseling and testing services has helped people positively

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

6. Voluntary, counseling and testing services be adapted to provide supportive care and HIV prevention for sex workers and their clients and other marginalized groups

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

7. Will the wider availability of voluntary, counseling and testing services promote normalization and reduce stigma in communities

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

8. Counselors keep the information you give them confidential

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

SECTION D

4.4. THE VARIOUS CULTURAL PRACTICES WHICH HAVE LED TO THE SPREAD OF HIV/AIDS AMONG THE RESIDENTS OF MAKINDYE DIVISION

9. There is cultural practice like wife inheritance among the residents of Makindye division

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

10. The cultural practices are the primary cause of HIV/AIDS among the residents of Makindye division.

Agree ☐ Strongly Agree ☐ Disagree ☐ Strongly disagree ☐ Not at all ☐

11. The resident of Makindye have positive attitude towards the provision of services by NGO

Positive attitude ☐ Negative attitude ☐ Minimal attitude ☐ Not at all ☐

12. Cultural practices like early marriages and wife inheritance is dying out of Makindye division.

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

SECTION E

4.5. THE EXTENT TO WHICH POVERTY HAS LED TO THE SPREAD OF HIV/AIDS AMONG THE RESIDENTS OF MAKINDYE DIVISION.

13. Poverty has led to the spread of HIV/AIDS in Makindye division, Kampala district

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

14. There is effect of poverty on the performance of NGOs in HIV/AIDS prevention and care in Kampala district

To some extent ☐ To a greater extent ☐ To minimal extent ☐ Not at all ☐

15. Poor people are vulnerable to HIV/AIDS infection.

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

16. NGOs provide feeding and fund for the HIV/AIDS infected persons in Makindye division

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

SECTION F

4.6. HOW DOMESTIC VIOLENCE HAS CONTRIBUTED TO THE SPREAD OF HIV/AIDS IN MAKINDYE DIVISION.

17. Women are less income earners among the residents of Makindye division.

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐ Not at all ☐

18. Women's emancipation has no effect on the family management in Makindye Division.

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

19. The marginalization of women has contributed to the spread of HIV/AIDS in Makindye, and

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

20. Government contribution actively in curbing domestic violence among the residents of Makindye, and Division.

To some extent ☐ To a great extent ☐ To minimal extent ☐ Not at all ☐

SECTION G

4.7. HOW BEST CAN NGOs CARRY OUT PREVENTION AND CARE IN HIV/AIDS IN MAKINDYE DIVISION

21. There is networking with your organization in providing social services to the HIV/AIDS infected persons in and out of Uganda.

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

22. Action aid international get funds regularly from the government or international body like UN

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

23. The extent to which NGOs have provided health services to the residents of Makindye division.

Very satisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Very unsatisfactory ☐

24. Are there any challenges you face as you try to offer services to HIV/AIDS infected persons?

Agree ☐ Strongly agree ☐ Disagree ☐ Strongly disagree ☐

THANK YOU FOR YOUR KIND CO-OPERATION!

APPENDIX D

RESEARCH QUESTIONNAIRE FOR NGO OFFICIALS

INTRODUCTION LETTER

Dear respondent,

I am Edabu Paul a student of masters of Education in Religious Studies. My research topic **"The role of NGOs in HIV/AIDS prevention and care among the resident of Makindye division, Kampala district.** A case study of Action International, Uganda.

This instrument is meant to gather data about the above mentioned topic and the information will be used for this study. Kindly assist to fill as you could. It's not meant to test your knowledge, but rather gather necessary information about the topic under study. It's for academic purpose and any information given shall be treated with utmost confidentiality.

Thanks,

SECTION A

BACKGROUND INFORMATION.

1. Name of the organization.....

2. Department.....

3. Sex male ☐ Female ☐

4. Occupation.....

5. Age 18-24 ☐ 25-30 ☐ 31-40 ☐ 41-50 ☐ 51+ ☐

6. What is their qualification?

Degree ☐

Diploma ☐

Certificate ☐

7. Are there any challenges you face as you try to offer services to HIV/AIDS infected persons?

Yes ☐ No ☐

a)If yes, what challenges do you face as you try to offer social services to the HIV/AIDS infected persons?.....

.....

b) If no, why do you think so?.....

c) What are the likely causes of the above challenges?.....

d) What is the effect of the above challenges in running your organization.....

8.Is community attitude towards your NGO positive or negative, If positive or negative, why?.....

.....

9. Is there provision of social services offered to HIV/AIDS infected persons by your organization?

Yes ☐ No ☐

a) If yes, what are they?.....

b) If no, why?.....

10.How does your organizational social services help the HIV/AIDS infected persons?.....

.....

.....

.....

11 .a) How many counselors and social workers do you have in your organization

Counselors ☐

Social workers ☐

c) Do counselors/social workers keep the information of the HIV/AIDS infected persons confidential?.....

.....

i).If yes, how does it help both the social worker, counselor and the HIV/AIDS infected persons

respectively.....
.....
ii).What are the effects of disclosing the clients information to other people?.....

12 .a).What is the source of funding for your organization?.....
b)Are there some conditions attached to the funds provided?.....
c).If yes, name.....

13. a) Do you co-ordinate/network with any organization in providing social services to the HIV/AIDS infected persons here in Uganda or out side Uganda?

Yes ☐ No ☐

b).If yes, which one.....
c).If no, why.....

14. Does the provision of HIV/AIDS services fulfill the objectives of the organization?

YES NO

b).If yes, how will this fulfill your objectives?
.....
.....
c).If no, what would be the major causes for failure to meet your organization's objectives?

15. What ways can be used to ensure effective HIV/AIDS service delivery to the population in the District?
.....
.....
.....

THANK YOU VERY MUCH FOR YOUR KIND CO-OPERATION!

KAMPALA
INTERNATIONAL UNIVERSITY

P.O.BOX 20000
KAMPALA- UGANDA.
TEL:-041-266813

OFFICE OF THE ASSOCIATE DIRECTOR
SCHOOL OF POST-GRADUATE STUDIES

10th June 2006

To:
The DIRECTOR
Action Aid International, Uganda
P.O. Box 676
KAMPALA

RE: INTRODUCTORY LETTER FOR MR. EDABU PAUL (MED-PT-2004-002)

The above mentioned is our student in the School of Post Graduate Studies. He is offering a Masters of Education in Religious Studies (MED/RS).

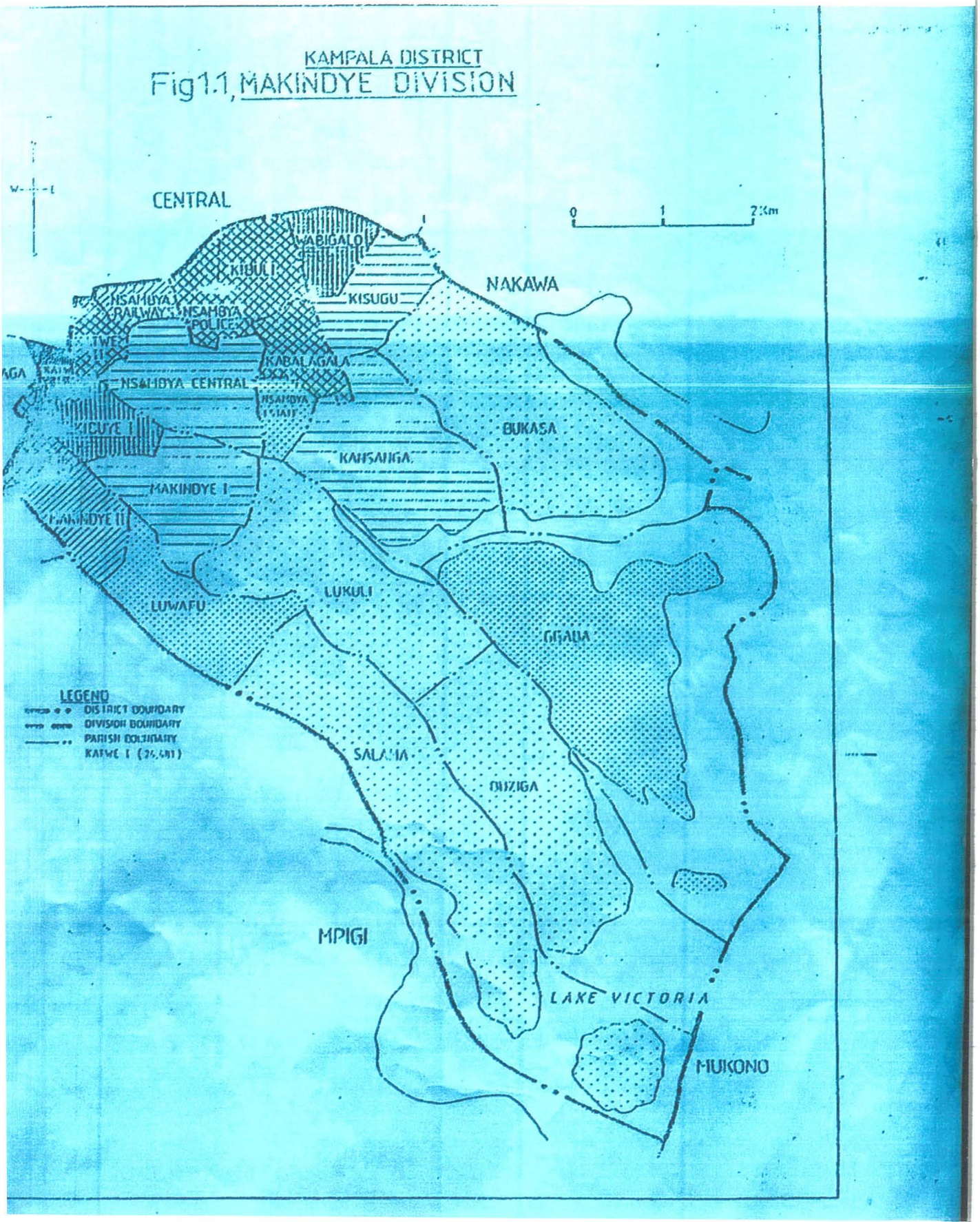
Paul is currently doing his research on **"The Role of NGOs in HIV/AIDS prevention and care among residents of Makindye Division, Kampala District"** as a final requirement in fulfillment to the award of Master of Education in Religious Studies.

Any assistance accorded to him regarding research will be highly appreciated.

Thank you very much.

KAMPALA INTERNATIONAL UNIVERSITY
SCHOOL OF POST GRADUATE STUDIES
P.O. BOX 20000 KAMPALA

DR. ANGELITA PESCADERO-CANENE
Associate Director


KAMPALA DISTRICT
Fig1.1, MAKINDYE DIVISION
CENTRAL
0
1
2Km
WABIGALO
KIBULI
NAKAWA
KISUGU
NSAMBYA POLICE
KABALAGALA
NSAMBYA CENTRAL
BUKASA
KANSANGA
MAKINDYE I
LUKULI
LUWAFU
SALAMA
MPIGI
LAKE VICTORIA
MUKONO
LEGEND
DISTRICT BOUNDARY
DIVISION BOUNDARY
PARISH BOUNDARY