

EVALUATING BUGANDA KINGDOM'S HIV/AIDS PREVENTION AND TREATMENT PROGRAM: A CASE OF NSANGI COUNTY, WAKISO DISTRICT

ESTHER NELIMA

RJ23M66/ 011

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER
OF ARTS IN DEVELOPMENT MONITORING AND EVALUATION OF UGANDA CHRISTIAN
UNIVERSITY**

December, 2025



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

DECLARATION

I certify that this Dissertation is solely my original work and that all sources and materials used have been duly acknowledged and referenced. I also declare that I have not submitted this Dissertation for any other academic or professional purpose.

Signature.

A handwritten signature in blue ink, appearing to read 'Nelima Esther', is shown next to the 'Signature.' label.

Nelima Esther

Date: 10/12/2025

APPROVAL

A Dissertation titled "Evaluating Buganda Kingdom's HIV/AIDS Prevention and Treatment Program" has been reviewed and approved.

Supervisor: Solomon Mwije

A handwritten signature in black ink, appearing to read 'Solomon Mwije', is positioned below the supervisor's name.

Date: 5/12/2025

ACKNOWLEDGEMENT

I sincerely believe that God has been with me throughout this hectic research process and for His strength and unwavering grace, I am truly thankful. My research supervisor, Mr, Solomon Mwije also made it a worthwhile research journey of learning, benefiting, guidance, correction and persistence, and for this am greatly indebted and thankful.

More thanks go to all my mothers, Erin and Norah, MDME classmates, who helped and encouraged me during this journey to successfully complete the dissertation.

I also extend my gratitude to the health specialist for Buganda Kingdom, in charge Muteesa ii Royal Medical centre and all staff, respondents in Nsangi community and Nsangi Health centre iv who spared their time to answer my research questionnaire and those who allowed me to interview them and get helpful information for my research

ACRONYMS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency syndrome
ART	Antiretroviral Therapy
M&E	Monitoring and Evaluation
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UBOs	Uganda Bureau of Statistics
UCU	Uganda Christian University
PMTCT	Prevention of mother to child transmission
FGD	Focus Group Discussion
KII	Key Informant Interviews
CDC	Centre for Disease Control

TABLE OF CONTENTS

Contents

DECLARATION	i
LIST OF TABLES.....	ix
ABSTRACT	x
CHAPTER ONE	1
1.0 Introduction	1
1.1 Background.....	1
1.2 Problem Statement.....	5
1.3.1 Research objectives.....	6
1.3.2 Research Questions.....	6
1.4 Scope of the Study.....	6
1.4 .1 Content Scope.....	7
1.4.2 Time Scope	7
1.5 Justification.....	7
1.6 Significance.....	8
1.7 Programs Theory	9
CHAPTER TWO	13
LITREATURE REVIEW	13
2.0 Theoretical Perspective.....	13
2.1 Accessibility and availability of HIV/AIDS testing facilities.....	16
2.2 The influence of Peer Support and Counseling Services on the Health of People with HIV/AIDS.....	18

2.3 Influence of Awareness Campaigns on Knowledge and Behaviour	19
2.3 Research gap.....	20
CHAPTER THREE	22
METHODOLOGY.....	22
3.1 Introduction	22
3.1 Research Design	22
3.2 Study Area.....	23
3.3 Study Population	23
3.4 Sample size	24
3.5 Sampling procedures and techniques.....	25
3.5.1 Stratified Random Sampling	25
3.5.2 Purposive Sampling.....	25
3.5.4 Simple Random Sampling.....	25
3.6 Data Collection Methods.....	26
3.6.1 Structured Questionnaires	26
3.6.2 Semi-Structured Interviews.....	26
3.6.3 Key Informant Interviews	26
3.7 Data Collection Tools	26
3.7.1 Structured Questionnaire	26
3.7.2 Semi-Structured Interview Guide.....	26
3.7.3 Key Informant Interview Guide	27

3.7.4 Data Analysis and Presentation	27
3.8 Quality control	27
3.9 Ethical consideration.....	28
3.10 Anticipated Limitations	29
CHAPTER FOUR.....	30
PRESENTATION OF FINDINGS AND ANALYSIS.....	30
4.0 Introduction	30
4.1 Summary.....	30
4.2 Response Rate	31
4.3 Demographic Characteristics of Respondents.....	31
4.4 Accessibility and Availability of HIV/AIDS Testing Facilities.....	33
4.5 Impact of Peer Support and Counselling Services.....	37
4.6 Influence of Awareness Campaigns.....	41
4.7 Inferential Analysis.....	46
4.7.1 Correlation Analysis.....	46
4.8.2 Multiple Linear Regression Analysis.....	48
CHAPTER FIVE	51
DISCUSSION OF FINDINGS.....	51
5.0 Introduction	51
5.1 Summary of Findings	51
5.2 Accessibility and Availability of HIV/AIDS Testing Facilities.....	51
5.3 Peer Support and Counselling Services	52

5.4 Influence of Awareness Campaigns.....	53
5.5 Synthesis of Findings	55
CHAPTER SIX	57
CONCLUSION AND RECOMMENDATIONS	57
6.0 Introduction	57
6.1 Conclusion	57
6.2 Policy Recommendations.....	58
REFERENCES	62
APPENDICES.....	74
Appendix i. Structured Questionnaire for HIV/AIDS patients	74
Appendix ii: Semi-Structured Interview Guide for HIV/AIDS Patients	82

LIST OF TABLES

Table 4.3 1 Descriptive results on characteristics of respondents	32
Table 4.4 1 summarizes descriptive Results for Accessibility and availability of HIV/AIDS testing facilities. 34	
Table 4.5 1 summarizes descriptive Results for Peers Support and counselling Services. 38	
Table 4.6 1 Summarizes Influence of Awareness Campaigns 42	
Table 4.7 1 summarizes Correlation between Study Variables 47	
Table 4.8 1 summarizes Multiple Linear Regression Results for Predictors of Program Effectiveness48	

ABSTRACT

This study sought to evaluate HIV/AIDS Prevention and Treatment Program in Buganda kingdom, focusing on the accessibility of testing facilities, the role of peer support and counseling services and the impact of awareness campaigns on behaviour and knowledge. A mixed-method sequential explanatory design was utilised in this study, beginning with a quantitative cross-sectional survey and followed by qualitative semi-structured and key informant interviews to explore the reasons behind observed trends. To ensure representativeness and depth of insights, stratified random, purposive and simple random sampling techniques were used. Descriptive statistics, correlations and regression analyses were used to analyse quantitative data meanwhile qualitative data was examined through thematic analysis and triangulated to integrate findings from both methods.

Study findings revealed that peer support and counseling services had the strongest influence on patient well-being, improving adherence to antiretroviral therapy, reducing emotional distress as well as fostering resilience. Change in behaviour was influenced by awareness even though their effectiveness was limited by cultural stigma and gender disparities. Accessibility to testing facilities for HIV/AIDS varied across communities and respondents, with rural areas facing the most constraints. This study contributes empirical evidence on the benefits of blending structural and behavioural interventions in programs for HIV/AIDS within cultural contexts. The study recommends strengthening peer support networks, expanding access to testing facilities in underserved areas and tailoring awareness initiatives so as to address cultural and gender-specific barriers, thereby guiding policymakers and program implementers toward more effective HIV/AIDS interventions in Buganda Kingdom and similar settings

CHAPTER ONE

1.0 Introduction

This study is about "Evaluating Buganda Kingdom's HIV/AIDS Prevention and Treatment Program. This chapter encompasses of Background, Problem statement, purpose of the study, objectives, research questions, study scopes, justification, significant, theoretical framework and conceptual framework.

1.1 Background

HIV/AIDS pandemic has been a global health crisis for decades with an approximate of 38 million people living with HIV/AIDS across the globe according to UNAIDS, (2020). The HIV/AIDS prevalence in Uganda among adults aged 15-49 as stated by Uganda Bureau of Statistics, (2020) is estimated to be around 6.2%, with the central region which comprises of Buganda Kingdom having a higher prevalence of HIV/AIDS of around 8.4% as cited in the report by Uganda Bureau of Statistics (2020). This prompted the initiation of HIV/AIDS prevention and treatment program in Buganda Kingdom in the early 2000s when the government of Uganda and International partners began to scale up HIV/AIDS prevention and treatment efforts, as an immediate response to mitigate the widespread occurrence of HIV/AIDS within the region and the desperate need to provide full-range HIV/AIDS services to the disadvantaged population. This program was launched in Buganda Kingdom as a holistic drive aimed at responding to the ominous HIV/AIDS prevalence rate of 12.1% among adults aged between 15 to 49 in the region (Uganda Bureau of Statistics,2020). Its fundamental goal is to minimize the rate of HIV/AIDS transmission, raise awareness about the disease and foster the quality of life for HIV/AIDS patients within the Kingdom of Buganda. HIV/AIDS testing and counseling, mother-to-child transmission and Antiretroviral therapy are the core services. the

program Intends to address the intricate factors contributing to the persistent high-transmission-rates of HIV/AIDS in Buganda Kingdom, such as limited access to antiretroviral therapy and other evidence-based programs, social and structural health determinants and limited availability and accessibility to preventive resources as observed by Lesotho Ministry of Health (2020),

The Buganda Kingdom Health Principal said that the Kingdom places a strong emphasis on prevention, awareness campaigns and treatment, which are primarily facilitated in collaboration with government health facilities. In recognition to his outstanding commitment to prevention and awareness, the Kabaka of Buganda was appointed as the Ambassador for HIV/AIDS for Uganda and later for Africa due to his continued advocacy. His tireless efforts have since then captivated international attention, with other chiefdoms from Lesotho (Eswatini) seeking to learn from Buganda's model of leadership-driven health campaigns with HIV/AIDS in particular. The kabaka was invited in 2024 to a special convention in Namibia, organized for traditional leaders and chiefdoms across Africa, to share experiences on community-led HIV/AIDS responses. Also, other monarchies, for instance, the Zulu King in South Africa, came to Uganda to consult Buganda Kingdom on its HIV/AIDS prevention strategies.

The birthday which had been celebrated annually across Buganda Kingdom earlier on for several years since 1993, did not have any social or developmental purpose beyond commemorating the monarch's birth. However, in 2017, the kabaka decided to attach a meaningful cause to this celebration on recognizing the potential of this assembly to drive positive change. The birthday celebration in 2017 started with a campaign raising awareness and support for the "fight against sickle cells disease" which ran until 2019.

Afterwards, from 2020 up to now, his focus then shifted towards the fights against HIV/AIDS, a public concern continuing to affect many Ugandans under the theme, “Abasajja babele basele okutasa omwana omuwala okusigiwa silimu”. The Kingdom is working closely with the ministry of Health to provide integrated health services to the community, and these include community awareness, HIV/AIDS testing and counselling, among others.

In addition, the Kabaka’s birthday has evolved into a powerful platform for health promotion, social mobilization and collective action against HIV/AIDS through partnerships with UNAIDS, the AIDS Information Centre (AIC), The AIDS Support Organisation (TASO), Airtel Uganda, I&M Bank, Centenary Bank, Uganda AIDS Commission, Ntake Group, Mandela Group of Companies, among many others.

Since then, the Kabaka’s Birthday Run has become one of the most innovative public engagement campaigns encouraging broad participation such as non-Baganda communities as well as targeting male involvement in the HIV/AIDS prevention. Men, in this campaign are called upon to protect the girl child from HIV/AIDS and promote male circumcision as a preventive measure against HIV/AIDS transmission. To strengthen this initiative, Buganda Kingdom, in addition intends to construct health facilities across all its 18 counties, with three already operational, which include Kalasa, Nsimbi and Nsangi (Mutesa II Royal Hospital in Nsangi, Wakiso), reflecting on an approach that is culturally integrated, combining awareness campaigns, male engagement, structural interventions and partnership with government health services in fighting HIV/AIDS transmission.

Several traditional monarchies global-wise have been engaged in the prevention and treatment efforts of fighting against HIV/AIDS harnessing their power and cultural influence to suppress the epidemic, with Buganda Kingdom's HIV/AIDS prevention and Treatment Program as being part of the broad initiative. Traditional institutions, such as the Royal Family of Thailand has executed the Royal Project for HIV/AIDS prevention and treatment (Thailand Ministry of Public Health, 2019), while the Royal family of Lesotho has implemented the King's Call to Action campaign aimed at averting stigma and encouraging testing and treatment (Lesotho Ministry of Health, 2020). In a similar context, the Cambodian king has also established the King's Fund For HIV/AIDS intended to support HIV/AIDS strategies as highlighted by UNAIDS (2018), without forgetting the King of Zulu in South Africa and the Asantehene in Ghana, for their remarkable and tremendous efforts in creating HIV/AIDS awareness and education (UNAIDS, 2019). The potential for traditional institutions in addressing public health concerns is demonstrated in their recommendable and notable contribution to HIV/AIDS prevention and treatment.

Sadly, the epidemic remains a fundamental public health alarm with high transmission rates of an approximate of 12.1% in the adult population ranging between the age of 15-49 as reported by Uganda Bureau of Statistics, 2020, despite laudable endeavors geared towards combating HIV/AIDS in Buganda Kingdom, it is indicated that there is a substantial drop in the effectiveness of current prevention and treatment strategies. The high transmission rates in Buganda Kingdom have consistently been influenced by a range of complex factors such as limited access to antiretroviral therapy, social and structural health determinants and accessibility to preventive resources. Valuable

insights into the program's strengths and weaknesses will be provided from the findings of this study, thus offering guidance to future programming in addressing the persistent HIV/AIDS crisis in Buganda Kingdom.

1.2 Problem Statement

The epidemic still remains a loud public health concern in Buganda Kingdom, In spite of relentless efforts towards combating HIV/AIDS, with a prevalence rate of 12.1% among adults aged 15-49 as reported by Uganda AIDS Commission (2020), with dire challenges still persisting in prevention, treatment and care service. The continued prevalence of HIV/AIDS despite the implementation of prevention and treatment programs is the problem at hand which suggests possible gaps in accessibility to HIV testing services, effectiveness of counselling and peer support services, and the influence of awareness campaigns on people's behaviour and knowledge. Evaluating the effectiveness of Buganda Kingdom's HIV/AIDS Prevention and Treatment Program, which has been designed to reduce HIV/AIDS transmission, improve access to treatment and raise awareness is the primary aim of this study. The absence of robust monitoring and evaluation mechanisms, additionally, raises concerns about the ability of the program to track outcomes and align them with the realities of the affected communities. The magnitude of the problem is reflected in the 12.1% prevalence rate of HIV/AIDS which indicates that a big proportion of the population continues to be affected by HIV/AIDS and challenges related to social, economic, and health. Studies conducted by Kisaka (2016) and Tumwesigye et al. (2017) emphasize the cultural context and community-specific interventions benefits to enhance the success of HIV/AIDS programs. Local research evaluating the effectiveness of these campaigns within the unique cultural, social and economic context of the region is not adequate, as such, this study seeks to fill the gap

in local research by evaluating the program's effectiveness, identifying areas for improvement as well as providing recommendations for future initiatives in Buganda Kingdom and similar contexts. Findings from this study will contribute to developing more culturally appropriate and sustainable strategies for HIV/AIDS prevention and treatment.

1.3.1 Research objectives

- i. To assess the accessibility and availability of facilities for HIV/AIDS testing facilities across various in Buganda Kingdom.
- ii. To analyze the impact of peer support and counseling services on the health of HIV/AIDS patients in Buganda Kingdom.
- iii. To evaluate how awareness campaigns influence people's behaviour and knowledge of HIV/AIDS in Buganda Kingdom.

1.3.2 Research Questions

- i. What is the level of accessibility and availability for HIV/AIDS testing services in Buganda Kingdom.
- ii. How do counseling and peer support services influence the well-being of individuals living with HIV/AIDS in Buganda Kingdom?
- iii. To what extent do awareness campaigns for HIV/AIDS influence the behavior and knowledge of people regarding HIV/AIDS in Buganda Kingdom?

1.4 Scope of the Study

This research will be carried out within the Buganda Kingdom, with concentration on Wakiso district where the program of HIV/AIDS prevention and treatment is being implemented with the majority of the kingdom's economic, social and cultural activities concentrated. By shedding light on Buganda Kingdom's HIV/AIDS landscape, this study

has the potential of transforming lives, communities and the future of Uganda's public health, thus making way for scalable solutions to combat Uganda's HIV/AIDS epidemic

1.4 .1 Content Scope

This research study evaluates the 2014 HIV/AIDS Prevention and Treatment program in Buganda Kingdom, with a prime focus on Wakiso district. Its concentration is on its historical context, policy framework, service delivery components, community engagement, implementation strategies, challenges, impact and sustainability in reduction of HIV/AIDS transmission rates, promotion of behavioral change and health outcomes.

1.4.2 Time Scope

This research study undertakes a profound examination of the HIV/AIDS prevention and treatment program in Wakiso district, with this timeline enabling thorough assessment of the impact of the program on HIV/AIDS transmission rates, community engagement and change in behavior together with its responsiveness to unfolding challenges and evolving population patterns.

1.5 Justification

The critical and imperative need to confront the consistent increased transmission rate of HIV/AIDS in Uganda despite the existence of prevention and treatment campaigns is the validation for this research. The need to examine, in particular the HIV/AIDS prevention and treatment program in Buganda Kingdom is vital in ensuring optimal utilization of resources and the community is impacted. Findings from this study will help provide crucial insights into the program's effectiveness, improve the allocation of

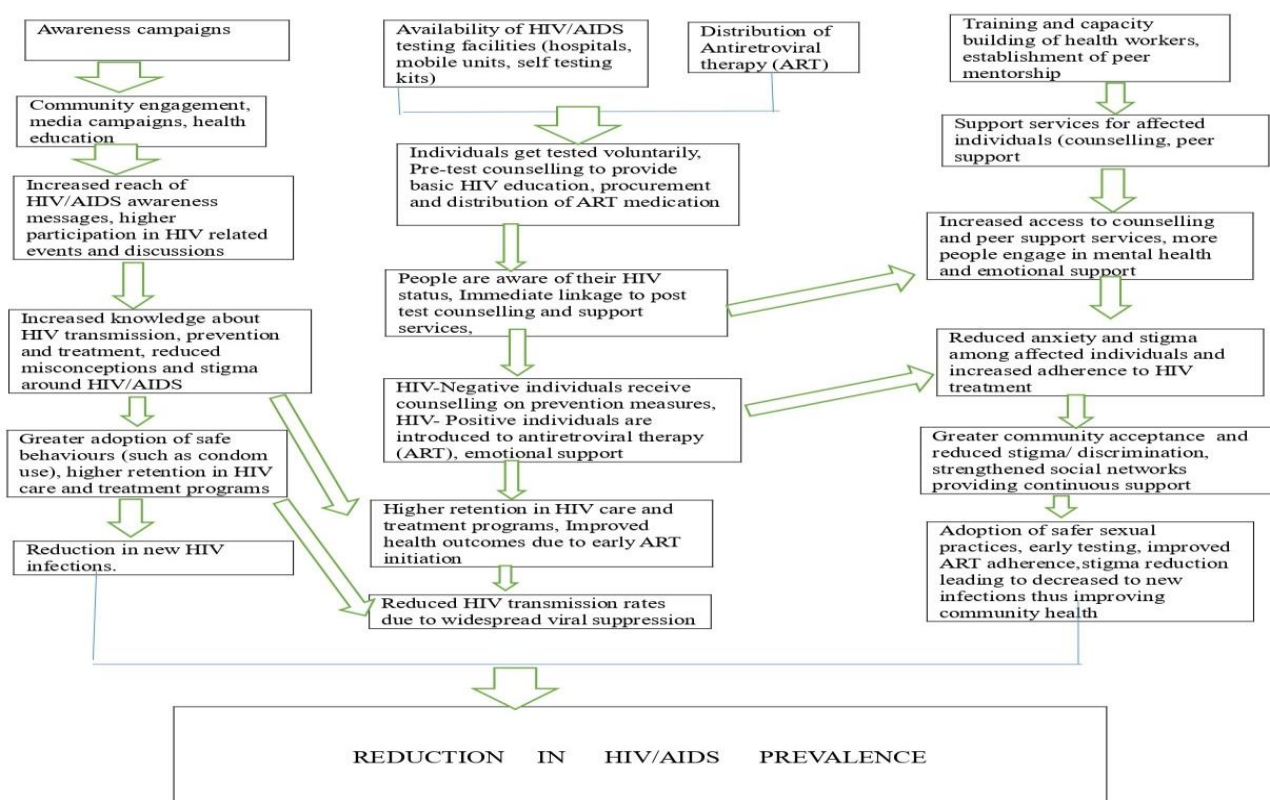
resources, inform data-driven decisions to enhance its impact as well as minimizing HIV/AIDS transmission rates. Findings got from exploring the HIV/AIDS Prevention and Treatment program will contribute significantly to the global efforts to fighting HIV/AIDS, improving the health and well-being of individuals and communities in Uganda as well as supporting the achievement of the Sustainable Development Goals (SDGS).

1.6 Significance

This study has the potential to influence the success of programs for HIV/AIDS prevention and treatment in Uganda and other comparable contexts, in turn supporting the worldwide effort to fight against HIV/AIDS. Thorough analysis of the program's impact on HIV/AIDS transmission rates can help guide evidence-based policy, ultimately improving individual and community health and well-being decimated by the epidemic., Program implementers and researchers, parrell to this study, will be offered profound insights by closing the gap, practical application and research in the field of prevention and treatment while illuminating towards a more effective and sustainable initiatives hence forth saving lives while enhancing the well-being of individuals living with HIV/AIDS.

1.7 Programs Theory

BUGANDA KINGDOM'S HIV/AIDS PREVENTION AND TREATMENT PROGRAM



This theory of change is rooted in evidence-based public health paradigms which accelerate progress from strategic inputs towards sustained reduction in HIV/AIDS. Available and accessible centers for HIV/AIDS testing for instance mobile units, reliable provision of antiretroviral therapy supplementing with Human capital in form of trained health care workforce and peer mentors are primary resources the HIV/AIDS prevention and treatment program commences with. This enables activities such as voluntary HIV/AIDS testing together with pre-test counselling, healthcare provider capacity development and large-scale community engagement through education and media. This consolidated strategy is supported by research, while acknowledging the interplay

between structural and behavioral interventions in HIV/AIDS prevention as stated by World Health Organization, (2021) and UNAIDS (2020). Increased sensitization about HIV/AIDS prevention and treatment which is Community-based, uptake of HIV/AIDS testing and prompt connection to antiretroviral therapy for those who test positive are the immediate outputs created by the above-mentioned activities during program implementation. Conducting early diagnosis together with immediate treatment-initiation proven by research conducted by Centers for Disease Control and Prevention (2019) are key for viral suppression and improved health outcomes. Simoni et al. (2015) notes that this minimizes social stigma while combating mental health issues which are seen as an obstacle to treatment adherence to treatment. These are affiliated to the systematic integration of peer support and continuous counseling which lead to intermediate outcomes where there is awareness of HIV/AIDS status by individual participants, exhibition of lower anxiety levels and improvement in behavioral outcomes which result from immediate access to support services and community level outcomes, for instance increased knowledge about HIV/AIDS, increased factual understanding and a more supportive environment. Also, there is an ultimate reduction in HIV/AIDS infections, morbidity and mortality stemming from viral suppression which result from early initiation to antiretroviral therapy, retention in care and sustained change in behavior. And how the program's approach can attain reduction in HIV/AIDS prevalence is clearly demonstrated from resource allocation and activity implementation which progress to measurable output.

On the other hand, this theory of change presumes that individuals with available services will participate actively, antiretroviral therapy and testing kits remain resilient

and reliable. The intervention not only conforms to global health strategies but also emphasizes the interplay between structural and behavioral interventions in mitigating HIV/AIDS (Rosenstock, 1974; McLeroy et al., 1988) once these conditions are met.

Assumptions

A number of fundamental factors ought to remain constant all through its execution to ensure the success of the program and these include the assumption that community members will trust and use the readily available HIV/AIDS testing and counselling services which are important for early diagnosis and treatment and this trust is grounded in constant delivery of exceptional, non-discriminatory care by health professional and peer coaches. Also, the dependability of HIV/AIDS testing kits and antiretroviral therapy provision is similarly essential which ought to guarantee that those who test positive are able to access instant without any failure (World Health Organization,2021). People might not feel secure and free to engage with the services provided as noted by UNAIDS (2020) in case there's no change in community behaviors and attitudes justifying the need of outreach initiatives and media campaigns to minimize stigma related to HIV/AIDS. Furthermore, the program is dependent on the reliability of socio-political and economic environment empowering continuous policy commitment and funding and that in the event of funding disruptions or political instabilities, continuity of training, services and community engagement can be jeopardized. Findings by Simoni et al. (2015) and Centers for Disease Control and Prevention (2019) narrate that long-term change in behavior and compliance to treatment protocols in public health interventions are fostered not only by skilled personnel and technical resources but also a conducive external environment. In a

nutshell, consistent monitoring and reinforcement of key elements throughout the program's lifespan are fundamental in avoiding any disruptions that may impede the progress of the program and also the desired outcome of minimizing HIV/AIDS prevalence depend on core elements such as elevated testing, treatment and community support left intact.

CHAPTER TWO

LITREATURE REVIEW

2.0 Theoretical Perspective

Originally advanced by Beck (1977), Cognitive theory postulates that an individual's behaviour is largely determined by internal thought processes, perceptions and interpretations of their environment. Human actions in this theory are emphasized as not merely reactions to external stimuli but rather influenced by individuals' perception of situations. For example, cognitive processes such as attention, memory, perception and logical reasoning play a critical role to shape one's emotional responses and behavioral patterns. It is also argued that people develop cognitive schemas like mental frameworks which influence how they interpret experiences and make decisions. Often, Individuals exhibit adaptive behaviors once cognitive structures are positive and rational. On the contrary, often, distorted or negative thought patterns lead to maladaptive behaviors.

This study is mainly grounded in Cognitive Theory advanced by Beck (1977) and complemented by the Cognitive Appraisal Theory developed by Lazarus and Folkman (1984). These theories explain how individuals' thoughts, beliefs, perceptions, and interpretations influence their behavioural responses toward HIV/AIDS prevention, testing, treatment adherence, and psychosocial support services. The theories therefore provide the foundation for understanding how awareness campaigns, counselling, peer support, and accessibility to HIV/AIDS services shape health-seeking behaviours among people in Buganda Kingdom.

Lazarus and Folkman's (1984) concept of cognitive appraisal complement Cognitive theory in relation to health behaviour, by explaining that individuals evaluate potential threats and choose coping mechanisms based on their interpretation of risks and personal resources. This helps in understanding behaviors associated with HIV/AIDS prevention and treatment, for instance, individuals who perceive themselves as susceptible to HIV/AIDS infection and believe in their ability to control the risk are more likely to involve themselves in preventive behaviors like condom use, voluntary testing and adherence to treatment. Those with misconceptions or denial about HIV/AIDS, on the contrary, may exhibit riskier sexual behaviors, avoid testing, even neglect treatment. Therefore, Cognitive theory provides a useful framework to understand how people's beliefs, attitudes and perceptions do influence their engagement in protective or preventive health behaviors.

Cognitive Theory explains how awareness campaigns and sensitization programs implemented by Buganda Kingdom influence individuals' knowledge, attitudes, and perceptions towards HIV/AIDS prevention and treatment. On the other hand, Cognitive Appraisal Theory explains how individuals assess the risks associated with HIV/AIDS and decide whether to seek testing, counselling, treatment, or peer support services. The two theories together provide a comprehensive theoretical foundation for evaluating the Buganda Kingdom's HIV/AIDS prevention and treatment program.

'Evaluating Buganda Kingdom's HIV/AIDS prevention and treatment program', the cognitive theory is relevant, in this study's context, because the program's interventions are designed to influence individual and collective cognition. Kabaka' leadership in the fight against HIV/AIDS campaign, under the theme '*Abasajja babele*

basele okutasa omwana omuwala okusigiwa obulwadde bwa silimu' , the focus is on reshaping social norms, beliefs and attitudes among men in particular, so as to promote responsible sexual behaviour and challenge stigma which is associated with HIV/AIDS. It is intended to alter individuals' cognitive perceptions of HIV from one of fear and denial to one of awareness, responsibility and empowerment through leveraging cultural influence and community engagement.

A strong explanatory foundation in relation to the objectives of the study is provided by this theory, aiming to assess the accessibility and availability of HIV/AIDS testing facilities, analyse the impact of peer support and counseling services, and evaluate the influence of awareness campaigns on people's behaviour and knowledge in Buganda Kingdom. The way Individuals' perceptions, beliefs and understanding influence their health-seeking behaviors and willingness to utilize the available services is highlighted in this theory, for example, the availability of testing facilities alone may not guarantee increased uptake unless individuals cognitively perceive testing as beneficial, safe and free from stigma. Partnering with institutions such as the Ministry of Health, TASO, UNAIDS and AIC not only improves physical access to services but also targets cognitive and perceptual barriers through sensitization and community engagement.

Reshaping individuals' cognitive interpretations of living with HIV/AIDS is also largely influenced by peer support and counseling intervention. Provision of psychosocial support, sharing lived experiences, and promoting self-efficacy services, help clients to reframe negative thoughts, reduce internalized stigma and develop adaptive coping mechanisms, hence forth, such transformation strengthens treatment adherence, encourages disclosure as well as enhancing overall well-being.

This Theory, henceforth, offers a broad framework to interpret how the strategies of HIV/AIDS prevention and treatment program implemented by Buganda Kingdom influence behavioral outcomes. The theory helps to explain the mechanisms through which the Kingdom's interventions promote sustainable change in behaviour, by focusing on how awareness, counseling, and accessibility and availability to services interact with individuals' cognitive processes, which is an important step towards reducing prevalence of HIV/AIDS and improvement in treatment outcomes across Buganda and Uganda as a whole.

2.1 Accessibility and availability of HIV/AIDS testing facilities.

Early diagnosis, immediate initiation to treatment is made possible through HIV/AIDS testing, which continues to be a cornerstone in the collective global response to fight HIV/AIDS epidemic thus minimizing transmission rates. Several International Health Organizations such as World Health Organization and UNAIDS have also come out to emphasize the importance of easy access to HIV/AIDS testing services. A prime example of the United Kingdom, several individuals have taken public HIV/AIDS tests to promote acceptance to testing and motivate others to know their status (The Guardian, 2025), such bold steps are enhanced by innovative strategies like mobile testing units and digital health initiatives which continue to ensure accessibility of testing services to all. Nevertheless, operational challenges such as lack of time, training requirements and concerns about delivering output and follow-up of HIV/AIDS positives cases still persist. (Wiley, 2017). On the other hand, pervasive social stigma, inadequate testing facilities and limited healthcare infrastructure are the significant challenges faced by low and middle-income countries. In Sub-Saharan Africa, bearing a big portion of the global

HIV/AIDS load, inequalities in the coverage for testing are rampant in rural and marginalized communities. For instance, in Uganda, the HIV/AIDS incidence among adults per year is 0.29% with a striking prevalence among women (7.2%) compared to men (4.3%) (PHIA project,2022). Uganda has been so active in establishing widespread HIV/AIDS strategies to mitigate the epidemic. Uganda AIDS Commission runs a multi-sectoral response as structured in the National HIV/AIDS (NSP) 2020/21-2024/25, offering guidance to the execution of national responses aligning with critical drivers of the epidemic and other national development plans (Uganda AIDS Commission. 2024). Social-oriented programs have been critical in enhancing testing uptake. The AIDS Information Centre launched in 1990 avails voluntary counselling and testing services using several branches and outreach programs aiming populations to infection, by December 2010, AIDS Information Center had served more than 2.9million clients with yearly figures exceeding 300,000 in subsequent years (AIDS Information Center, n.d.). The Buganda cultural institution has been so instrumental in promoting HIV/AIDS prevention and testing. The institution has reinforced HIV/AIDS prevention messages using several forums including ‘Ekisaakaate cultural camps’ held each year targeting the youth and other community members (UNAIDS,2018). Furthermore, the involvement of male initiatives supported by the kingdom of Buganda and private sector financing have enhanced access to testing for HIV/AIDS, viral load screening and treatment. These initiatives help combat harmful gender beliefs and practices, gender-based violence, stigma and discrimination encouraging men to take part in family healthcare and planning (UNAIDS, N.D.).

2.2 The influence of Peer Support and Counselling Services on the Health of People with HIV/AIDS.

Evidence globally reveals the importance of emotional and psychosocial support for HIV/AIDS patients to minimize psychological distress, improve adherence to antiretroviral therapy (ART) and enhance overall well-being (World Health Organization, 2022). Initiatives which are peer-based have been effective especially in reducing stigma, fostering resilience and promoting social cohesion. While community-oriented counselling services improve disclosure rates and support mental wellness (Pérez et al., 2021; Reif et al., 2020). In Africa where the prevalence of HIV/AIDS remains high, peer support campaigns have been shown to foster ART compliance, reduce emotional distress and even increase patient engagement in care (Okello et al., 2021; Mugisha et al., 2021). Campaigns and community support groups which are socially oriented provide emotional, mental and behavioural guidance, especially in rural areas with limited healthcare resources thus improving health outcomes for HIV/AIDS patients (Wachira et al., 2021; Mugambi et al., 2020). Challenges such as stigma, cultural norms, insufficient funding and limited training of counsellors continue to constrain the long-term effectiveness and sustainability of these initiatives despite these benefits. (Kiene et al., 2020; Nyblade et al., 2019).

Significant progress has been made in Uganda, to integrate peer-led counselling initiatives into national HIV/AIDS response strategies. Networks of HIV/AIDS positive individuals provide counselling and psychosocial support to newly diagnosed patients which improve adherence to ART and reduce the psychological burden of diagnosis (Nanfuka et al., 2021; Kigozi et al., 2020). Cultural and community structures in the

Buganda Kingdom, such as clan-based systems, religious organizations, traditional monarchies, women's groups and youth networks, reinforce these efforts by promoting social acceptance, knowledge-sharing and emotional resilience (Sewanyana et al., 2022; Mugerwa et al., 2021; Nakigozi et al., 2020). Nonetheless, constraints for instance confidentiality concerns, inadequate resources and persistent stigma continue to limit the full potential of peer support and counselling services, especially in conservative communities (Figueroa et al., 2021; Tumwine et al., 2019). These findings consequently highlight that community-oriented, culturally sensitive peer support and counselling are essential components of effective HIV/AIDS care which provide both psychosocial reinforcement and practical guidance for improved health outcomes.

2.3 Influence of Awareness Campaigns on Knowledge and Behaviour

The knowledge, attitudes and protective behaviours of people regarding HIV/AIDS is largely shaped by awareness campaigns. Cognitive Theory (Beck, 1977; Lazarus & Folkman, 1984) therefore states that individuals' perceptions, beliefs and thought processes influence decisions which are health-related decisions, such as HIV testing, adherence to treatment and engagement in protective practices and that campaigns that target these cognitive processes enable individuals to internalize accurate information and adopt proactive health behaviours. Health promotion initiatives which are culturally tailored such as community gatherings, media messages and peer-led programs, from the global perspective, are proven to increase HIV/AIDS knowledge, reduce stigma and encourage preventive behaviours (WHO, 2022; Pérez et al., 2021; Reif et al., 2020). Peer networks and social support systems in East Africa serve as critical channels to disseminate awareness, reinforce protective behaviour as well as

enhancing community cohesion in areas where healthcare resources are limited in particular (Nakigozi et al., 2020; Sewanyana et al., 2022).

The Buganda cultural institution, established in Uganda has been instrumental in delivering effective awareness campaigns about HIV/AIDS Prevention and Treatment in the community. Kabaka's birthday run, 'Ekisaakaate cultural camps', male engagement programs and other community initiatives have successfully conveyed prevention and treatment messages about HIV/AIDS to youth and the broader community (UNAIDS, 2018; UNAIDS, n.d.). These campaigns, when integrated with both culturally relevant messaging, leadership support and social networks, not only improve knowledge but also foster behavioural change, reduce stigma and encourage proactive health-seeking practices.

2.3 Research gap

There still is limited localized investigation on the distribution, accessibility and affordability of testing facilities in Buganda Kingdom despite the emphasis on the benefits of widespread HIV/AIDS testing services by global and regional studies with impediments like stigma, cost and healthcare constraints are under-investigated. Furthermore, in-depth investigations to examine the influence of peer support and counselling on treatment adherence, mental health and overall well-being in the kingdom of Buganda remain sparse in spite of the fact that they have been acknowledged as essential in managing HIV/AIDS vindicating the need to investigate the influence of culture on acceptance of counselling services. Research on the efficacy of awareness campaigns in Buganda kingdom especially in diverse demographic group like the youth is still inadequate despite their role in molding knowledge and conduct, while the role played by traditional monarchies in influencing awareness and change in

behavior is also another undiscovered area. Comparative studies examining Buganda kingdom's outstanding challenges especially in terms of rural-urban disparities in response to HIV/AIDS as compared to other regions in Uganda and East Africa are inadequate. Therefore, relevant perspectives to improve HIV/AIDS services and initiatives in the kingdom of Buganda can only be provided using localized investigations to approach the identified gaps.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The research approach deployed in this study is presented comprehensively under this chapter which comprises the research design, sampling strategy, data collection methods and analysis techniques meticulously picked to examine HIV/AIDS prevention and treatment program in Buganda Kingdom.

3.1 Research Design

A mixed-method sequential explanatory design was used starting with a quantitative phase that uses a cross-sectional survey to investigate the accessibility of HIV/AIDS testing facilities and assess the effectiveness of peer support, counseling and awareness programs in the kingdom. It was further followed by a qualitative phase comprising of in-depth interviews to understand well the reasons behind the observed numerical trends. A blend of generalizable structured data with nuanced detailed contextual insights is facilitated under this design justifying its application hence forth addressing the aspects of what and why of the research issue. Sequential explanatory designs are said to be applicable in health studies for connecting quantitative patterns with qualitative insights as noted by Creswell and Plano Clark (2017) and for revealing the factors which affect health behaviors as revealed by Ivankova, Creswell and Stick (2006). On the same note, another study carried out by Smith et al. (2020) asserts that “cultural and structural issues that impact service delivery in settings with limited resources are easily identified using this method further justifying its value”.

3.2 Study Area

The Kingdom of Buganda was the area of study gearing towards HIV/AIDS prevention and treatment interventions in various settings such as healthcare facilities, schools and communities. Moreover, analyzing the efficiency of these initiatives was possible through the heterogeneous population in Buganda Kingdom which is characterized by diverse ethnicities, socio-economic statuses and religious affiliations offering a unique setting. A comprehensive understanding of the impact of the program on the rate of HIV/AIDS transmission in the area of study was also enhanced by varied infrastructures and resources which include urban and rural settings. And by exploring programs in this diverse setting, the study identified the best practices, challenges and opportunities applicable for growth in HIV/AIDS prevention and treatment in the Kingdom of Buganda.

3.3 Study Population

Participants in this study comprised stakeholders engaged in the execution of HIV/AIDS prevention and treatment initiatives in Buganda Kingdom, specifically, health personnel who provide HIV/AIDS services such as doctors and nurses together with program implementers, community leaders, people living with HIV/AIDS and policy makers.

The approximate size of the population of 200 individuals lied in the records and reports of Buganda Kingdom from 2022(Buganda Kingdom's HIV/AIDS program, 2022; Ministry of Health, Buganda Kingdom,2022). It is evident from these records that 20 program implementers, 150 healthcare providers and 30 community leaders were actively involved in HIV/AIDS prevention and treatment campaigns, in addition, Buganda Kingdom HIV/AIDS program reported an approximate of 500 people living with HIV(UNAIDS,2022).

To ensure that the study covers a wide range of perspectives and experiences, the population study was complex encompassing of people from diverse origins and professions and by targeting this demographic this investigation achieved an in-depth understanding of the efficacy of HIV/AIDS prevention and treatment campaign in Buganda kingdom

Yamen's formula was used to determine the sample size while considering the size of the population and desired precision level.

3.4 Sample size

Formula

n= sample size, N= population size, E =error size

$$n = N / (1 + (N * e^2)),$$

$$n = 200 / (1 + (200 * 0.1^2))$$

$$n = 200 / (1 + (200 * 0.01))$$

$$n = 200 / (1 + 2)$$

$$n = 200 / 3. \quad n = 67$$

Given a fairly homogeneous population, a sample size of around 67 was enough to attain a 10% margin of error with 90% reliability, in reference to the above calculation.

3.5 Sampling procedures and techniques

A blend of sampling techniques such as stratified random sampling, purposive sampling and simple random sampling was utilized to ensure a fair representation and unbiased sample size.

3.5.1 Stratified Random Sampling

Participants from the population were selected using stratified random sampling with the population split into strata based on critical benchmarks such as urban vs rural settings or healthcare facilities vs community-based organizations. The required and ideal sample size was obtained through random picking of participants and distinct populations from each subgroup and by using this approach, biased selection and unfair representation are avoided.

3.5.2 Purposive Sampling

This approach helps researchers to pick participants purposively such that they can provide detailed and contextualized quantitative information which offers a well profound and nuanced exploration. Participants for interviews were selected using purposive sampling method, while ensuring that there was active participation in the study of professionals with the desired expertise and HIV/AIDS-related knowledge and experiences about prevention and treatment

3.5.4 Simple Random Sampling

Simple random sampling was used to pick healthcare facilities from Buganda Kingdom which enabled a population representative sample facilitating widely relevant findings.

3.6 Data Collection Methods

This study deployed mixed method approach, and these included Key informants and an integration of structured questionnaires and interviews.

3.6.1 Structured Questionnaires

Structured questionnaires were administered to beneficiaries of Buganda Kingdom's HIV/AIDS prevention and Treatment program.

3.6.2 Semi-Structured Interviews

Semi-structured interviews were conducted with selected HIV/AIDS patients, benefiting from Buganda Kingdom's HIV/AIDS prevention and treatment Program so as to gain In-depth insights into their experiences with HIV/AIDS services.

3.6.3 Key Informant Interviews

Key informant interviews were administered to Program stakeholders such as implementers, healthcare providers, community leaders and policymakers actively involved in Buganda kingdom's HIV/AIDS Prevention and Treatment program to generate in-depth knowledge and strategic insights into the design, coordination and service delivery.

3.7 Data Collection Tools

3.7.1 Structured Questionnaire

A structured questionnaire entailed closed-ended questions with structured answer choices, so as to allow efficient and effective data collection and quantitative analysis.

3.7.2 Semi-Structured Interview Guide

A semi-structured interview guide, comprising of open-ended questions to collect qualitative insights into participants' experiences, perspectives and challenges related

to program implementation and service delivery was administered to key program stakeholders.

3.7.3 Key Informant Interview Guide

This was designed with open-ended questions, intending to elicit in-depth, qualitative perspectives from program implementers and policy makers.

3.7.4 Data Analysis and Presentation

Data was analyzed using an approach that integrates both quantitative and qualitative methods, examining quantitative findings from structured questionnaires using statistical package for the social sciences (SPSS) to create descriptive statistics, correlations and regression analysis. This then uncovered insights and correlations in the data and provided statistical proof used to either support or refute investigative hypotheses. This strategy expedited clear communication of findings to both academic and non-academic audiences confirming that research results are accessible and actionable. Qualitative data derived from interviews was examined using thematic analysis, coding and categorizing interview transcripts so as to uncover common trends and cycles associated with the study. This provided thorough insights into experiences, opinions and constraints encountered by key informants. Thematic maps were used to visualize qualitative findings whereas quantitative data and narrative explanations were displayed in a clear and concise manner using tables, charts and graphs for clarity, moreover triangulation of results from both quantitative and qualitative assessments were done for a clear and deeper understanding of the research topic.

3.8 Quality control

Several quality control strategies such as pre-testing questionnaires were used to ensure the reliability and validity of both quantitative and qualitative data thus

identifying ambiguities and improving question clarity as asserted by Bryman, (2016). Accuracy and completeness were attained through keen expert review of interview guides (Merriam & Tisdell, 2016), consistency in data collection routines were achieved through capacity building for data collectors (Creswell & Creswell, 2018), and data integrity was maintained through meticulous data cleaning and coding which helped reduce errors as noted by Field, (2018), meanwhile to enforce credibility, there was thorough checking and peer debriefing through validation of interpretations with participants and colleagues (Lincoln & Guba, 1985).

3.9 Ethical consideration

Not only does ethical consideration maintain the integrity of the study, but it is also fundamental to ensuring the rights, safety and well-being of the participants. Potential harm is identified and further minimized through risk assessment which guarantees that non-invasive methods are used. The participants were allowed to make voluntary and informed decisions about their involvement in the study through informed consent by ensuring that they understand the objectives, procedures, likely risks and benefits, and also by allowing participants to withdraw at any stage without facing any negative consequences through voluntary participation further reinforces autonomy. Moreover, honesty and trust were enhanced through confidentiality and anonymity which safeguarded participants' personal information through securely storing records and anonymizing data while unauthorized access to sensitive data was achieved through reinforcement of privacy protection measures such as removal of personal identifiers. Adhering to these ethical standards, research approval from the University Research Ethics Committee was fundamental certifying compliance with standard protocols at the same time enforcing oversight of any study research modifications, and by

conforming to these ethical considerations, the study participants were preserved with the credibility of the study and ethical standards in the academic inquiry maintained

3.10 Anticipated Limitations

Potential constraints such as sampling bias and limited access to data were anticipated (Bryman et al.,2016; Nederhof, 1985) and to confront these limitations, purposive sampling was used to escalate representativeness (Palinkas et al.,2015) guaranteeing anonymity of participants to lessen social desirability bias (Nederhof,1985) and put in place partnerships with essential stakeholders ensuring access to data and participants (Bryman,2016), thus enhancing accuracy and credibility of findings .

CHAPTER FOUR

PRESENTATION OF FINDINGS AND ANALYSIS

4.0 Introduction

Chapter four presents the findings and analysis of the study Evaluating HIV/AIDS prevention and treatment programs in Buganda Kingdom.

4.1 Summary

Data was collected from a sample of 67 respondents which include patients, caregivers, peer counselors, healthcare professionals, community leaders and program implementers. One of the primary program implementers at the palace in Mengo noted that the Kingdom's primary focus is on HIV/AIDS prevention. He emphasized "engaging men as central actors in reducing transmission, particularly to protect the girl child, which shapes the targeting strategies of the program". Nsangi county, found in Wakiso district, is where the study was conducted, it is among the 18 counties of Buganda Kingdom where HIV/AIDS treatment and Prevention initiatives are implemented. Its focus was on key delivery points such as Nsangi community, Nsangi Health Centre III- a government Hospital collaborating with Mutesa II Royal Hospital to implement HIV/AIDS prevention and treatment program.

In order to generate descriptive statistics, correlations and multiple regression outputs, Statistical Package for the Social Sciences (SPSS) was used to analyze quantitative data. Meanwhile, Qualitative data was analyzed thematically to deepen the understanding of numerical trends while providing contextual explanations. The area of focus for the analysis is on the objectives of the study which are to 'assess the accessibility and availability of HIV/AIDS testing and treatment facilities, analyze the impact of peer

support and counseling services on the health of HIV/AIDS patients and evaluate how awareness campaigns influence people's knowledge and behavior regarding HIV/AIDS'

4.2 Response Rate

A response rate of 83.75% yielded from a total of 80 structured questionnaires distributed to study participants, of which 67 were fully completed and returned, thus reflecting strong participant engagement and suggesting that the collected data are both dependable and representative of the study population. Mugenda and Mugenda (2003), reveal that a response rate above 70% is considered adequate for social science research, which indicates that the current study adequately meets and exceeds this benchmark.

4.3 Demographic Characteristics of Respondents

In order to interpret the findings of the study, demographic characteristics of respondents were analyzed to provide that context. Patients, caregivers, health professionals, peer educators, community leaders and program implementers within Nsangi Community were the participants of this study.

Majority of the participants (71.6%) reported active involvement in Buganda Kingdom community health programs, for example 'Obulamu Campaigns'.

Table 4.3 1 Descriptive results on characteristics of respondents

Vvariable	Category	Freq	%
Age	15-25	18	26.9
	26-35	20	29.9
	36-45	16	23.9
	46+	13	19.3
Gender			
	F	38	56.7
	M	28	41.8
	Prefer not to say	1	11.9
PWD			
	Yes	8	11.9
	No	59	88.1
County			
	Busiro	36	53.7
	Others	19	28.4
	None	12	17.9

Most participants were between 26 and 35 years (29.9%), reflecting the high HIV/AIDS risk and service utilization among sexually active youth and young adults. Consistency in gender trends in health-seeking behavior was seen, where females (56.7%) were slightly more represented than males and a small percentage (11.9%) of respondents were persons with disabilities (PWDs) which indicates inclusivity, though highlighting the need for targeted support. Most respondents came from Busiro and Kyadondo counties, where Mutesa II Royal Hospital and Nsangi Health Centre III are located thus emphasizing the centrality of Wakiso District in Buganda Kingdom's HIV/AIDS response.

The demographic composition of respondents provided Powerful insights into the effectiveness and inclusivity of the Buganda Kingdom's HIV/AIDS prevention and treatment efforts, and to ensure that both men and women's experiences are adequately captured in assessing HIV/AIDS treatment and prevention interventions of Buganda Kingdom, commendable gender responsive is reflected by the nearly balanced

gender distribution of 50.7% female and 49.3% male. Also, the representativeness of the study's findings is strengthened by this balance, suggesting that the program's outreach and service delivery mechanisms are successfully involving both genders found in the community. Participants aged between 26-35(29.9) dominated the study, which reveal that the program is effectively reaching the population most vulnerable to HIV/AIDS infection and transmission, for instance, sexually active youth and young adults. The HIV/AIDS prevention and treatment program aligns strategically with Uganda's national HIV/AIDS response priorities as illustrated by their strong representation which emphasizes youth-focused prevention and treatment services. Lastly, the centrality of Wakiso District as a hub for HIV/AIDS response within Buganda Kingdom is highlighted by the concentration of respondents in Busiro and Kyadondo counties, a home to Mutesa II Royal Hospital and Nsangi Health Centre III. This pattern indicates where program intensity and resource investment are highest while reflecting the accessibility of services. Altogether, these findings collectively portray a well-targeted and inclusive program effectively reaching its key demographics whilst revealing areas especially among men, Persons with Disabilities and peripheral counties where outreach and service delivery can be further strengthened for a more equitable and comprehensive HIV/AIDS response.

4.4 What is the level of Accessibility and Availability of HIV/AIDS Testing services in Buganda Kingdom

The purpose of this study was to examine the extent to which HIV/AIDS testing facilities are accessible and available to community members within the Kingdom of Buganda, Wakiso District (Nsangi community where Buganda kingdom's HIV/AIDS initiatives are implemented) in particular. Key indicators such as proximity of testing centers, ease of

access, service hours, adequacy of facilities and the presence of mobile testing services helped measure accessibility and availability. The level of the participants' agreement was rated on a five-point Likert scale from Strongly Disagree (1) to Strongly Agree (5).

Table 4.4 1 summarizes descriptive Results for Accessibility and availability of HIV/AIDS testing facilities.

Accessibility of HIV/AIDS testing facilities	SD	D	N	A	SA
Testing centers for HIV/AIDS are located near my home	7	17	20	15	8
I can easily access testing services without any difficulty	8	12	18	20	9
Working hours at the facility are convenient for me	10	14	16	15	12
(ii). Availability of HIV/AIDS testing facilities					
Enough testing facilities are available in my community	9	14	10	20	14
Testing services for HIV/AIDS are readily available when needed	11	16	12	17	11
HIV/AIDS mobile testing services are available in my community	10	8	9	20	20

Source: Primary data

Moderate accessibility to HIV/AIDS testing services in Nsangi community was revealed from the study findings, indicating that 43.3% of respondents agreed or strongly agreed that they could easily access testing services, 23.9% disagreed or strongly disagreed, which shows that a considerable proportion of residents still face difficulties to reach health facilities. 47.8% of respondents agreed that testing facilities were located near their homes and 29.9% disagreed which suggests that physical distance remains a key barrier for some community members.

Convenience of working hours at the facilities received slightly higher ratings, with 40.3% of respondents agreeing that service hours were convenient and 29.9% strongly disagreed, which reflects operational constraints that may affect service utilization.

Mobile testing services were the most positively rated, in terms of availability, with 59.7% of respondents agreeing that these services were accessible within the community. The adequacy of testing facilities in the community on the other was rated lower, with 50.7% of respondents agreeing that there were enough testing facilities to meet community needs.

There is moderate access to HIV/AIDS testing services in Nsangi county with clear disparities noted across different dimensions of accessibility and availability. Meanwhile, in regard to physical accessibility, 43.3% of respondents strongly agreed that they could easily access testing services, while 23.9% strongly disagreed, indicating that nearly a quarter of residents face challenges reaching facilities. The proximity of testing centres mirrored this pattern, for instance, 47.8% of respondents reported that centres were located near their homes, with 29.9% disagreeing which highlights that distance remains a major barrier to accessing services for those in remote villages in particular. Qualitative accounts further support these quantitative findings, when a county leader observing, narrated that,

“Those living far from trading centres tend to miss out due to limited transport and staff shortages even though such services are positioned to reach us the young men and youth. We don’t have that much money to travel every week or month”

Similarly, a, elderly female participant explained that,

“I came all the way from Bukomansimbi to Muteesa Royal ii health facility to test because no one knows me here. This was during the medical camp after losing my hushusband to HIV/AIDS, so when i also tested positive,

immediately, I started to treatment. Because I come from far and I don't want people who know me to know that I am sick, I face challenges with distance and transport costs, yet I need my medication. I am left with no option sometimes but pay a taxi driver to bring my medicine when I cannot come myself."

40.3% of respondents agreed that service hours were convenient while 29.9% were dissatisfied, which indicate that long queues and limited staff tend to reduce the likelihood of accessing services even when facilities are nearby. Real life consequences of such operational constraints were described by one female participant who said that,

" Most times the line is too long even when the centre is close by. This is because there are few nurses who are tired of waiting for us, which discourages some people who get tired of waiting and end up going back home without testing. I can come with my child early in the morning hoping I'd leave early, instead I end up leaving in the afternoon."

59.7% of respondents agreed that these services were present in their community thus rating mobile testing units most positive in terms of availability. This was qualitatively backed up by one of the respondents highlighting their outstanding role, clearly highlighting that mobile outreach provides an essential means for reaching populations which cannot access fixed facilities due to distance, stigma or other barriers. He narrates,

"these mobile vans provided by our kingdom are very good. Because most times when they come to our village, all the services we need are provided

by nurses who come along. However, they do not come regularly, it would be very helpful if they come at least 2 times a month. Even though we stay in wait for them because they deliver services near our homes”.

In regard to fixed facility coverage, 50.7% agreed that there were enough testing centres in the community, which means that fixed facility coverage remains limited. The majority of the community members explained that reliance on mobile units is high even though irregular schedules and staffing constraints reduce effectiveness. They stressed that,

“ They said that we were happy when our kabaka came up with idea of mobile services. We rely on these mobile services because our government hospitals are too far from us and if you try to get there, you find them when they are crowded. So, we are forced to wait for these mobile services. However, they take so long”

A health worker corroborated this challenge:

“ In some villages, people rely entirely on mobile units, and once they don’t come, they don’t test. But when they come, we try as much as possible to reach as many people as possible, though we are constrained by the inadequate staff.

4.5 How do counselling and Peer Support Services influence the well-being of individuals living with HIV/AIDS in Buganda Kingdom?

Responses for the second objective which focused on assessing how peer support and counselling services influence the emotional and physical well-being of HIV/AIDS

patients were measured using a lickert scale ranging from strongly agree to strongly disagree. Table 4.5 presents quantitative findings.

Table 4.5 1 summarizes descriptive Results for Peers Support and counselling Services.

(i). Peer Support	SD	D	N	A	SA
I am part of a peer support group	3	7	13	27	17
Peer support has helped manage my emotional/mental health	1	5	13	30	18
I often attend peer support sessions	2	4	16	27	18
I feel safe confining in my peers with my concerns	2	4	14	29	18
(ii), Counselling services					
Counselling has helped me cope emotionally	2	4	16	27	18
The rate of counselling services is good	3	7	18	22	17
I apply counselling advice in my daily life	2	5	17	25	18
Counselling services are readily available	5	10	15	22	15

Source: Primary Data

The study sought to examine the impact of peer support and counselling services on the emotional and physical well-being of HIV/AIDS patients under Buganda Kingdom HIV/AIDS treatment and prevention program. Findings from the quantitative account revealed that 64.2% of respondents were active members of peer support groups, whereas 14.9% were not involved, which demonstrates that even though peer networks are used widely there are some individuals who remain unengaged. 67.1% reported regular attendance at peer sessions while the majority, 72.8% respondents agreed that peer support had a positive effect on their emotional and mental health henceforth fostering trust and creating safe spaces for sharing personal challenges. 70.1% of respondents shared that they feel comfortable confining in their closest friends, clearly bringing out safety and confidentiality as major strengths of peer support. Persistent

concerns, however, among some individuals linked to stigma and fear of disclosure were indicated by the 9% respondents who disagreed. 67.1% of respondents reported that counselling provided emotional support and 64.2% applied the advice in their daily lives, with 55.2% agreeing that counselling services were readily accessible. This means that there is limited availability due to staffing shortages and dependence on volunteers.

Findings from the study revealed emotional stability, change in behaviour and adherence to treatment among people living with HIV/AIDS are boosted by the peer support and counselling services provided under the program of HIV/AIDS prevention and treatment in Buganda Kingdom . Findings from the study showed that the majority of beneficiaries are engaged in community-based peer networks when 64.2% of respondents agreed to be active members of peer support groups and 14.9% reported non-participation. Individuals receive both moral and social support through these peer groups which strengthens their emotional well-being.

Qualitative responses strongly echoed these survey findings by highlighting that a sense of belonging provides emotional reassurance which is enhanced by peer group participation. During an interview, one respondent narrated that,

“at least I feel I am not alone every time we meet as a group, just to share life’s experiences when living with HIV/AIDS. I have been encouraged by my fellow men to stay on treatment and overcome fear and still come out and do my daily chores as a man.”

Which reveals how shared experiences within peer groups enhance encouragement and collective motivation to maintain adherence to ART and self-acceptance to positive living.

67.1% of respondents furthermore reported attending peer support sessions regularly, which means there is consistent engagement and trust in these community-based systems. Attendance of patients regularly on treatment shows that beneficiaries find ongoing psychosocial and social value in these sessions. This was also made evident in the qualitative accounts emphasizing the vital role of group continuity in building confidence and openness when a female youth participant echoed that,

“when I started attending peer sessions with my fellow mothers who are living with HIV/AIDS, I started feeling encouraged and learned to open up. I do not worry a lot about what others might say like I used to before. I even opened up to my children about my status and they’re supportive. My daughter who’s my first born even calls to remind me of the time to take my medicine.”

The above statement reveals that regular peer interactions strengthen emotional resilience and promote open communication, thus ensuring consistent adherence to treatment.

70.1% of respondents indicated that they felt safe and confident sharing their experiences within peer support networks, revealing that groups provide a trusted and confidential environment where members can freely express themselves. Respondents emphasized confidentiality, empathy and shared understanding as key elements that encouraged continued participation while sharing in their interviews. One male youth explained that,

“ When we meet and share our experiences, it feels different and because of this, I no longer lonely and isolated like I used to before because we all share just the same experiences.”

Qualitative responses such as this align with the findings from the quantitative data, henceforth confirming that peer groups are instrumental in building social trust and emotional security.

4.6 To what extent to Awareness Campaigns influence the behaviour and knowledge of people regarding HIV/AIDS in Buganda Kingdom?

The third objective evaluated how awareness campaigns influence community knowledge and behavioral change toward prevention and treatment of HIV/AIDS. Respondents were asked to indicate their level of agreement with statements assessing both behavioral outcomes using a lickert scale such as adoption of safe sexual practices, testing advocacy and stigma reduction and knowledge outcomes such as understanding of transmission, treatment, and adherence. The responses provide evidence on how effectively the campaigns have shaped individuals' awareness, attitudes and practices regarding prevention and treatment of HIV/AIDS, results from survey data are summarized in table 4.5.

Table 4.6 1 Summarizes Influence of Awareness Campaigns

(i). People's Behavior	SD	D	N	A	SA
I intend to use safe sexual and preventive practices	7	17	20	15	8
I encourage others to get tested for HIV/AIDS	8	12	18	20	9
I prioritize my sexual health and well-being	10	14	16	15	12
Awareness messages have reduced stigma round HIV/AIDS in my community	9	13	15	17	13
(ii). People's Knowledge					
Now I know the main ways HIV/AIDS is transmitted and how it is prevented	5	10	12	22	18
I know the treatment for HIV/AIDS patients	6	12	14	20	15
HIV/AIDS patients can live longer if they adhere to treatment and healthy living	4	8	10	25	20
Awareness messages have reduced stigma around HIV/AIDS in my community	7	10	12	22	16

Source: Primary data

Behavioural outcomes revealed moderate improvement following Buganda Kingdom's HIV/AIDS prevention and treatment program in Nsangi county. About 56.3% of respondents reported intending to use safe sexual and preventive practices, whereas 13.8% disagreed. That suggests that even though many participants adopted positive behaviours, continued support and engagement remain key to sustaining these practices and reach those who remain constant. 14.8% disagreed while 55.2% of respondents encouraged others to get tested for HIV/AIDS, highlighting moderate but growing community engagement in HIV testing advocacy. The highest behavioural outcome was prioritizing sexual health, reported by 62.7% of participants who shared that they are actively engaged in preventive measures such as consistent condom use, regular health check-ups and discussions on sexual health. 70.1% of respondents agreed that

awareness messages helped normalize HIV/AIDS discussions and reduced stigma in their communities, such reduction in stigma shows positive progress. In addition to that, Knowledge levels were generally high, with 79.1% of respondents understanding HIV/AIDS transmission and prevention while 70.2% were aware of treatment options and 92.6% recognized that adherence to treatment enables longer life.

Findings from the study indicate that HIV/AIDS prevention and treatment program in Buganda Kingdom has led to moderate but significant behavioural and knowledge improvements among participants, however, there still remain certain gaps. Behavioural data reveal that 62.7% of respondents prioritized sexual health, with the highest indicator signifying strong behavioural alignment with the program's goals. This suggests that the culturally grounded messaging and community-based campaigns have successfully influenced participants to take responsibility for their own sexual health.

Narratives from the interviews emphasized this, with a male youth saying that participating in the Kabaka's Birthday Run has motivated him and his friends to adopt safer sexual practices.

“Now that it has been told to me and my friends that we are key in safeguarding the girlchild, we play cards wisely and with only one partner, I mean we use condoms and even go for checkups whenever there is a drive”.

The influence of cultural identity and leadership to change in behaviour with community events organized under the leadership of the Kabaka are evident, thus strengthening collective responsibility toward prevention of HIV/AIDS. Correspondingly, the role of peer influence was emphasized by one teenage mother who explained how

observing her friends participate in medical camps inspired her to overcome fear and openly discuss testing, she narrated that,

“ when I saw my friends talking about testing for HIV/AIDS during medical camps, I started doing it freely. I never used to be brave”.

Such insights reveal how social influence, peer learning and visibility of participation are core to sustaining change in behaviour.

On the other hand, intention to use safe sexual and preventive practices, where only 56.3% agreed while 13.8% disagreed, signals that behaviour adoption is still uneven and fragile, especially among some groups. This highlights the need for continued reinforcement and follow-up interventions in order to convert awareness into consistent practice.

92.6% of respondents agreed that adherence enables longer life stemming out as the strongest area in terms of knowledge outcomes- understanding the importance of adherence to treatment and healthy living, reflecting the success of community health education and counseling efforts. One clinician commented that,

“ we have many clients coming regularly to ask about drug timing and adherence. I am so happy that most of them understand that early and consistent treatment is good for their health.”

Contrarily, knowledge about treatment options scored lowest with only 70.2% expressing awareness, revealing that even though general awareness of HIV/AIDS has improved, many people in the rural community still lack adequate knowledge of where and how to access treatment. A caregiver to one of the HIV/AIDS patients narrated a

deeply personal experience highlighting both the consequences of limited knowledge and the transformative impact of access to care.

“I feel so sad that some people still believe treatment is only for those who very sick. but when I see my mother getting stronger because she was initiated on treatment early, I wish I can go around and encourage everyone that early treatment keeps people strong. I picked her when she was very sick and brought her to Muteesa Royal thinking it was malaria, but when they tested, she was found HIV/AIDS positive. We went through counselling and later referred to this hospital near here for the government. She started getting treatment, met new friends who visit her home regularly, she is stronger than before” narrated a caregiver to one of the patients.

Even if reduction in stigma was among the stronger behavioural outcomes, with 70.1% of the participants agreeing that awareness messages have helped normalize discussions about HIV/AIDS. Qualitative data further sheds light on why this change occurred, when one of the elderly respondents from Mpigi said that,

“You know we love our Kabaka, and I love to tune to ‘Radio ya Buganda’. His message about HIV/AIDS encourages us to stay safe and go for testing. Because of such messages, it is now normal for us to also talk about HIV/AIDS”.

Such a statement highlights the power of respected cultural figures and local media in shaping attitudes and reducing stigma. The leadership of the Kabaka of Buganda and his frequent public discussions on HIV/AIDS have normalized conversations and fostered

openness within communities. The program's reach, however, remains uneven, particularly in rural and remote areas where information dissemination is limited. One female responded and noted that;

“most of our friends deep in the villages hide their status due to fear. Most of them are even unaware of these campaigns. As for me, I got to know that these campaigns are there when my husband shifted to Nsangi. People in my village go and drink, and then start indulging themselves in unsafe sex, spreading it the more because they do not know their status and the safe sexual practices”.

The observation above reveals the continuing gaps in information, which indicate the dire need for targeted rural engagement strategies, community health outreach as well as localized communication approaches.

4.7 Inferential Analysis

4.7.1 Correlation Analysis

Pearson's correlation coefficient was computed at 95% and 99% confidence levels to determine the relationships between independent variables (Service Accessibility, Community Awareness, and Counseling Support) and the dependent variable (Program Effectiveness).

Table 4.7 1 summarizes Correlation between Study Variables

Variable	Program effectiveness	Sig	N
Service accessibility and availability	0.541	0.001	67
Community awareness	0.613	0.000	67
Counselling support	0.488	0.003	67

Source: *Primary data, 2025*

From Table 4.6.1, the correlation coefficients indicate that all three independent variables are positively associated with program effectiveness. Community Awareness exhibited the strongest relationship ($r = 0.613$, $p < 0.01$), which implies that increased community sensitization and awareness campaigns are closely linked to higher program effectiveness. Service Accessibility ($r = 0.541$, $p < 0.01$) and Counseling Support ($r = 0.488$, $p < 0.01$) also showed moderate positive relationships, confirming that infrastructure and psychosocial support contribute to improved outcomes, although not as strongly as awareness interventions. The positive coefficients imply that as Service Accessibility, Community

Awareness, and Counseling Support improve, the effectiveness of HIV/AIDS prevention and treatment initiatives also increases.

4.8.2 Multiple Linear Regression Analysis

To determine the combined effect of Service Accessibility, Community Awareness and Counseling Support on Program Effectiveness, and also to identify which predictor contributed most to the observed variation, Multiple Regression analysis was performed,

Table 4.8 1 summarizes Multiple Linear Regression Results for Predictors of Program Effectiveness

Model summary

R	R ²	Adjusted R ²	Std error
0.672	0.452	0.423	0.427

Anova

Model	Sum	Df	Mean	F	Sig
Regression	11.430	3	3.810	12.54	0.000
Residual	13.820	63	0.219		
Total	25.250	66			

Coefficient

Model	Unstandardized Coefficients		Standardised Coefficients		
	B	Std error	Beta	T	Sig
Constant	1.182	0.412	-	2.87	0.005
Service accessibility	0.137	0.087	0.181	1.58	0.119
Community awareness	0.324	0.091	0.412	3.56	0.001
Counselling and peer support	0.289	0.085	0.367	3.39	0.002
a. Predictors: (Constant), Service Availability and Accessibility, counselling and peer support and Awareness Campaign.					
b. Dependent variable: Program delivery					

Source: Primary data, 2025

The multiple linear regression analysis demonstrate that community awareness and counselling and peer support are the core drivers of program effectiveness of HIV/AIDS prevention and Treatment program in Buganda Kingdom's initiatives. The model summary shows $R = 0.672$ and $R^2 = 0.452$, which means that 45.2% of the variance in program effectiveness is explained by these predictors synchronously. The model is confirmed as statistically significant by the ANOVA results ($F = 12.54$, $p = 0.000$) which demonstrate that these factors jointly exert a meaningful influence on program delivery. Among all the predictors, community awareness came out as the strongest, with a standardized beta of 0.412 ($B = 0.324$, $p = 0.001$). This highlights that educational campaigns, outreach activities and public messaging significantly improve engagement, adherence and the adoption of safe behaviors. On a similar context, counselling and peer support had a positive effect ($B = 0.367$, $B = 0.289$, $p = 0.002$). This emphasizes the role of structured psychosocial support in enhancing emotional well-being, fostering trust, reducing stigma and encouraging adherence to HIV treatment regimens.

Although positively related to program effectiveness ($\beta = 0.181$, $B = 0.137$), on the contrary, service accessibility was not significant statistically ($p = 0.119$) which suggests that having services physically available does not guarantee improved outcomes. This finding is reinforced by qualitative data when respondents reported being deterred by barriers such as long waiting times, transport challenges and fear of stigma limiting practical access to services. Some respondents, for example, reported traveling long distances to access treatment while some rely on mobile testing units which do not come often, hence forth reducing the overall impact of accessibility. These highlight

that an integration of awareness campaigns and psychosocial support is very crucial for enhancing program effectiveness, as they address behavioral, social and emotional determinants directly. Comprehensive awareness initiatives should therefore be prioritized as well as strengthening peer and counselling networks while simultaneously addressing operational challenges to ensure equitable and meaningful access to HIV/AIDS services in the community.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

Chapter five presents the discussion of the results of the study.

5.1 Summary of Findings

A summary of the key findings of the study based on its major themes is presented in this section. The conducted research examined how HIV/AIDS interventions have enhanced service delivery in Nsangi County, Wakiso District, with a focus on the three objectives of the study, that is, Accessibility and Availability of HIV/AIDS Testing, Peer Support and Counselling Services and Influence of Awareness Campaigns.

5.2 What is the level of Accessibility and Availability of HIV/AIDS Testing services in Buganda Kingdom?

This study revealed that accessibility remains uneven despite the availability of HIV/AIDS testing services at primary health facilities within the kingdom of Buganda. Respondents highlighted challenges such as long distances to facilities, fear of social judgment, confidentiality concerns and stigma as major deterrents to accessing HIV/AIDS testing services. There is a consistency of these results with studies across Uganda and Sub-Saharan Africa, which report persistent inequalities in access to testing rural and marginalized areas in particular (PHIA Project, 2022; Wiley, 2017).

From the lens of cognitive theory, these challenges to accessibility are not merely structural but also cognitive, that is to say, the willingness of individuals to test for HIV/AIDS is strongly shaped by their perceptions, beliefs, as well as internal evaluations of safety, stigma and personal risk (Beck, 1977; Lazarus & Folkman, 1984). A prime

example of an individual who cognitively appraises testing as confidential and beneficial is more likely to seek services than one associating it with shame or discrimination. Utilization of services is not guaranteed by the physical presence of testing facilities alone, but behavioral engagement depends on the individual's cognitive interpretation of the service environment.

This finding from the study is consistent with the Program Theory of the Buganda Kingdom's HIV/AIDS initiative, which emphasizes a continuum from strategic inputs like accessible testing centres, mobile units and trained personnel toward behavioral outcomes like early diagnosis. Close collaboration with the Ministry of Health, TASO, UNAIDS and the AIDS Information Centre (AIC) among other partners are central to this model, enhancing both structural access and cognitive acceptance of testing through sensitization and community outreach (AIDS Information Centre, n.d.; UNAIDS, 2018). Forums targeting the male and *Kabaka's Birthday Run* initiatives reframe HIV/AIDS testing as a civic and moral responsibility which transform individual cognition and promote proactive health-seeking behaviour.

5.3 How do Counselling and Peer Support and Services influence the wellbeing of individuals living with HIV/AIDS in Buganda Kingdom?

Peer support and counselling proved to be significant components of Buganda Kingdom's HIV/AIDS prevention and treatment program, which enhance adherence to treatment, emotional well-being and social integration among HIV/AIDS patients. It was consistently emphasized by respondents that HIV/AIDS positive-peer counsellors in particular offer reassurance, shared experience and a bridge to professional care, which aligns with global and regional literature. This shows that peer-based counselling improves antiretroviral therapy (ART) adherence, reduces stigma and even fosters

psychosocial resilience (Pérez et al., 2021; Okello et al., 2021; Mugisha et al., 2021; Wachira et al., 2021).

Cognitive theory states that “counselling is most effective when it reshapes internal thought patterns and cognitive appraisals”. And that counselling interventions help individuals replace fear and self-stigmatization with adaptive coping mechanisms (Beck, 1977) by promoting self-efficacy, positive self-perception and realistic beliefs about living positively with HIV. This restructuring enables commitment to treatment, improves rates of disclosure and as well as enhancing resilience. Cognitive transformation therefore explains why counselling drives sustainable change in behaviour rather than merely providing information

This are consistent with Buganda Kingdom’s Program Theory which position human capital as important program inputs, for instance trained counsellors, peer mentors and healthcare workers. Continuous counselling, psychosocial support and community mentorship activities generate outputs such as reduced anxiety, increased adherence to ART and improved emotional stability which overtime translate into intermediate outcomes of change in behaviour and long-term impacts of reduced morbidity and mortality. Additionally, the utilization of existing cultural structures by the Kingdom such as clans, religious groups and traditional leadership enhance cognitive receptivity by embedding health messages within trusted social frameworks (Sewanyana et al., 2022; Mugerwa et al., 2021).

5.4 To what extent do Awareness Campaigns influence the behaviour and knowledge of people regarding HIV/AIDS in Buganda Kingdom?

The results from the study reported that awareness campaigns under the kingdom of Buganda’s HIV/AIDS prevention and treatment program enhanced HIV/AIDS knowledge, encouraged testing and even reduced stigma across individuals in the communities. Initiatives which are culturally rooted, such as community dialogues, radio talk shows,

Ekisaakaate youth camps as well as public messages from the Kabaka and Nnabagereka were acknowledged by respondents to resonate strongly with audiences, leading to higher engagement and acceptance, aligning with the evidence that culturally tailored and leadership-driven health communication enable message retention and behaviour adoption (UNAIDS, 2018; WHO, 2022; Pérez et al., 2021).

Cognitive theory states that “awareness campaigns operate by modifying how individuals perceive, interpret and internalize health messages” (Beck, 1977; Lazarus & Folkman, 1984). It goes further to say that cognitive processing determines whether knowledge leads to action, campaigns that challenge misconceptions and replace them with accurate information, which empowers beliefs to foster protective behaviors such as regular testing and treatment adherence and that messages become cognitively persuasive and emotionally resonant when they appeal to cultural identity and social belonging, which lead to lasting attitude change.

The Program theory further illustrates how these awareness campaigns function within the broader framework of inputs and outputs. The program produces immediate outputs through educational outreach, media engagement and cultural mobilization, enhanced knowledge and reduced misinformation which lead to intermediate outcomes like change in attitude and community support for HIV services. Overtime, such cognitive shifts contribute to the ultimate impact of the program, such as a fall in the rates of transmission, improved treatment outcomes and sustainable health-seeking behaviors. Culturally grounded campaigns such as *abasajja babele basele* exemplify this process, as they aim to transform cognitive perceptions among men, encourage responsibility, empathy as well as proactive involvement in family health.

5.5 Synthesis of Findings

The results of this study reveal that effective HIV/AIDS prevention and treatment in Buganda Kingdom depends on an approach that is synergistic and multi-dimensional. Their mere availability does not guarantee that individuals will access them even though testing services form the backbone of care. Instead, utilization continues to be limited by factors like distance, stigma and confidentiality highlighting the importance of complementary interventions.

Awareness campaigns were found to be so influential in increasing knowledge, reducing stigma and encouraging proactive health-seeking practices while on the same note, Peer support and counselling services emerged as primary components enhancing adherence to treatment as well as promoting psychosocial well-being. Emotional reinforcement, guidance and practical support services help patients navigate the challenges of living with HIV/AIDS and internalize protective behaviours. Campaigns which were culturally tailored, delivered consistently and supported by community leaders proved effective in shaping individual and collective behaviour.

This study, furthermore, reveals that initiatives for HIV/AIDS are most successful when grounded in theory. Cognitive Theory explains how the knowledge, perceptions and beliefs of HIV/AIDS patients guide their protective behaviours.

These study results, collectively suggest that strengthening HIV/AIDS programs requires multi-level approaches simultaneously addressing individual cognition, social support networks and institutional barriers. For instance, some of the key practical steps include expanding mobile outreach to underserved areas, increasing the number of trained staff and counselling services, strengthening peer support initiatives and

sustaining culturally sensitive awareness campaigns. when blended together, Such strategies when blended together are very important in improving access and health outcomes as well as ensuring the long-term sustainability of HIV/AIDS prevention and treatment efforts in Buganda Kingdom.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

Chapter six presents conclusions and presentations from the study.

6.1 Conclusion

The primary aim of the study was to assess the effectiveness of HIV/AIDS interventions in Buganda Kingdom, while paying attention on accessibility and availability of testing services, the impact of peer support and counselling and the influence of awareness campaigns on knowledge and behaviour. This study employed a mixed method strategy blending survey data, interviews with patients and key Informants such as health professionals, program implementers and community leaders. Afterwords, the data was analysed to determine how different intervention strategies influence on engagement, adherence to treatment and health-seeking behaviour.

The first objective examined the accessibility and availability of testing services for HIV/AIDS. Study findings from the study indicated that while testing facilities are important for service provision, moderate accessibility challenges exist especially for HIV/AIDS patients in rural districts such as Mpigi and Masaka. Some of the factors identified influencing service utilization include long travel-distances, transportation costs and concerns about confidentiality .

The second objective focused on the impact of peer support and counselling services. The study revealed that emotional well-being, adherence to treatment and patient disclosure are improved due to such campaigns. Health professionals revealed how peer support complements formal clinical care by addressing psychosocial challenges

and mitigating stigma and also fostering a strong sense of community and reassurance among patients.

The third objective examined the influence of awareness campaigns on people's knowledge and behaviour. Findings from the study demonstrated that campaigns which are culturally sensitive and strategically targeted campaigns as revealed are effective in improving HIV/AIDS knowledge, encouraging early testing, reducing stigma and promoting protective behaviours such as consistent condom use.

This research in a tandem, demonstrates that HIV/AIDS service delivery in Buganda Kingdom is significantly influenced by peer support, counselling and awareness campaigns. And that they still remain significant for reaching rural and marginalized populations even though accessibility and mobile outreach have a moderate impact. Effective campaigns for HIV/AIDS require multi-level approaches addressing structural, social and psychosocial determinants of health while leveraging peer networks, culturally tailored campaigns and community engagement so as to improve patient outcomes.

6.2 Policy Recommendations

Several policy recommendations, based on the findings from the study are proposed to strengthen prevention and treatment programs for HIV/AIDS within Kingdom Buganda and other similar settings in Uganda. It is therefore recommended that peer support networks should be expanded and institutionalized to ensure that newly diagnosed individuals receive comprehensive guidance from trained peer counsellors. This is derived from the findings that reveal that peer support services play an essential role

in improving ART adherence, resilience and psychosocial well-being among HIV/AIDS patients. Continuous training, mentorship and supervision should be provided in order to maintain the quality and integrity of support services, thus by enhancing patients' confidence, treatment adherence and long-term engagement with care.

Furthermore, It is recommended that mobile outreach programs should be scaled up to reach rural and underserved communities where there is limited access to health facilities, this informed by the findings from the study that established that accessibility remains a critical factor influencing service uptake. There's need for decentralisation of services for HIV/AIDs to lower-level health centres so as to reduce travel burdens as well as promoting regular follow-up. Ensuring confidentiality, implementing community sensitization initiatives will help address fear and stigma, which will enable patients to seek care safely and confidently. Close collaboration with community leaders and cultural institutions should be prioritized in order to boost inclusivity and strengthened community-level awareness and participation in HIV/AIDS campaigns.

It is then recommended that awareness campaigns ought to be maintained, expanded and culturally tailored to reach diverse population groups, such as youth, men and other vulnerable categories which are often overlooked. This is because it was revealed that awareness campaigns strongly influence patient knowledge, prevention behaviors and engagement with HIV/AIDS services. Integrating feedback mechanisms with campaign activities is important for monitoring the effectiveness of HIV/AIDS campaigns and ensuring timely adjustments in messaging and strategy. This approach will promote preventive behaviour, encourage early testing and even strengthen continuous community participation in HIV/AIDS programs.

Lastly, it is recommended that policymakers and program implementers develop sustainable policy frameworks and allocate resources adequate enough to support peer networks, mobile outreach and awareness campaigns. Ensuring dependable funding from both government and development partners will support in sustaining these interventions, expanding coverage to underserved populations and also boost the entire quality of service delivery. It is also very important to strengthen institutional coordination between cultural institutions, health authorities and community-based organizations to ensure program sustainability and long-term impact within Uganda's HIV/AIDS response system.

6.3 Future Research

Since this study was conducted within Buganda Kingdom context, results may not fully represent the realities of other healthcare settings for instance government hospitals, rural health centres and private clinics taking part in HIV/AIDS care across Uganda. Future studies, in this regard should be conducted at different levels of the health system, such as, at district hospitals, faith-based or community health centres so as to establish whether peer support, counselling, mobile outreach and awareness campaigns produce similar effects on HIV/AIDS service delivery under varying operational and resource conditions.

Even though the study revealed that peer support, counselling and awareness campaigns significantly influence patient engagement, adherence to antiretroviral therapy and overall knowledge about HIV/AIDS, the researcher acknowledges that there may be other health system and programmatic factors that could equally affect service delivery outcomes. These include the availability of patient-centred care models,

degree of community participation in program design and implementation, sustainability of interventions, integration of HIV/AIDS services with other health programs and the adequacy of health system infrastructure and human resources. Future studies should therefore investigate these additional variables to develop a more detailed understanding of the determinants of effective HIV/AIDS prevention and treatment programs.

Furthermore, the researcher recommends conducting additional research; to explore how different funding mechanisms and partnership models influence the accessibility, quality, efficiency and long-term sustainability of HIV/AIDS programs since most HIV/AIDS interventions depend on donor and external funding. Critical insights to guide evidence-based planning, policy formulation, and optimization of services for HIV/AIDS would be provided, within Uganda and across similar sub-Saharan African contexts.

REFERENCES

- Admin. (2025, April 8). IUEA Runs towards Ending AIDS/HIV at the Kabaka Birthday Run. *IUEA Blog*. <https://iuea.ac.ug/blog/iuea-runs-towards-ending-aids-hiv-in-kabaka-run/#:~:text=The%20Kabaka:%20A%20UNAIDS%20Goodwill,Social%20media%20engagement>
- Ayala, G., Sprague, L., Van Der Merwe, L. L., Thomas, R. M., Chang, J., Arreola, S., Davis, S. L. M., Taslim, A., Mienies, K., Nilo, A., Mworeko, L., Hikuam, F., De Leon Moreno, C. G., & Izazola-Licea, J. A. (2021). Peer- and community-led responses to HIV: A scoping review. *PLoS ONE*, 16(12), e0260555. <https://doi.org/10.1371/journal.pone.0260555>
- Blackburn, I. M., Bishop, S., Glen, A. I. M., Whalley, L. J., & Christie, J. E. (1981). The Efficacy of Cognitive Therapy in Depression: A Treatment Trial Using Cognitive Therapy and Pharmacotherapy, each Alone and in Combination. *The British Journal of Psychiatry*, 139(3), 181-189. <https://doi.org/10.1192/bjp.139.3.181>
- Brunger, R. G. (2009). Richard A. Krueger and Mary Anne Casey. (2009). Focus Groups: A Practical Guide for Applied Research (4th ed.). Thousand Oaks, CA: Sage. 205 pages, plus preface, acknowledgements, references, and indices. *Canadian Journal of Program Evaluation*, 24(1), 179-181. <https://doi.org/10.3138/cjpe.024.007>
- Buganda Kingdom. (2025, March 20). *Counties (Amasaza) - Buganda Kingdom*. <https://buganda.or.ug/counties/>

bugandauk.com. (2024a, July 18). *Inauguration of the Muteesa II Health Center in Nsangi*. <https://bugandauk.com/en/news/buganda-news/inauguration-of-the-muteesa-ii-health-center-in-nsangi>

bugandauk.com. (2024b, December 1). *Commemorating World AIDS Day: Men leading the fight against HIV to protect the girl child*. <https://bugandauk.com/en/news/buganda-news/commemorating-world-aids-day-men-leading-the-fight-against-hiv-to-protect-the-girl-child>

cfeditoren. (2024, July 31). *31 Years of Buganda under Mutebi: what has Changed? - Uganda*. Uganda. <https://www.africa-press.net/uganda/all-news/31-years-of-buganda-under-mutebi-what-has-changed>

Community Support Groups and Home-Based Care among Persons Living with HIV and AIDS in Lira District, Uganda. (n.d.). https://www.researchgate.net/publication/393384241_Community_Support_Groups_and_Home-Based_Care_among_Persons_Living_with_HIV_and_AIDS_in_Lira_District_Uganda

Creswell, J. W. (1994). *Research Design: Qualitative, quantitative, and mixed methods approaches*. http://www.revistacomunicacion.org/pdf/n3/resenas/research_design_qualitative_quantitative_and_mixed_methods_approaches.pdf

Cummings, B., Gutin, S. A., Jaantilal, P., Correia, D., Malimane, I., & Rose, C. D. (2014). The Role of Social Support Among People Living with HIV in Rural Mozambique. *AIDS Patient Care and STDs*, 28(11), 602-612. <https://doi.org/10.1089/apc.2014.0193>

Default	Page	Title.	(n.d.).
		https://collegepublishing.sagepub.com/products/designing-and-conducting-mixed-methods-research-3-241842	
		Etikan, I. (2016). Comparison of convenience sampling and purposive sampling. <i>American Journal of Theoretical and Applied Statistics</i> , 5(1), 1.	
		https://doi.org/10.11648/j.ajtas.20160501.11	
		<i>Evaluating the Effectiveness of Peer-Led Counseling on Improving ART Adherence among Adolescents Living with HIV: A Randomized Control Stud.</i> (n.d.).	
		https://www.google.com/search?q=Evaluating+the+Effectiveness+of+Peer-Led+Counseling+on+Improving+ART+Adherence+among+Adolescents+Living+with+HIV%3A+A+Randomized+Control+Stud&rlz=1C1GCEA_enUG1161UG1161&oq=Evaluating+the+Effectiveness+of+Peer-Led+Counseling+on+Improving+ART+Adherence+among+Adolescents+Living+with+HIV%3A+A+Randomized+Control+Stud&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIGCAEQRRg8MgYIAhBFGDwyBggDEEUYPNIBCDUxNDJqMGo0qAlAsAIB&sourceid=chrome&ie=UTF-8	
		Eysenck, H. (1985). Stress, appraisal, and coping. <i>Behaviour Research and Therapy</i> , 23(6), 714-715. https://doi.org/10.1016/0005-7967(85)90087-7	
		Field, A. (2017). <i>Discovering statistics using IBM SPSS statistics</i> . https://dl.acm.org/citation.cfm?id=2502692	
		<i>Fighting HIV and AIDS in Uganda.</i> (n.d.).	
		https://oxfamlibrary.openrepository.com/bitstream/handle/10546/123226/bk-	

country-profile-uganda-ch6-10-010101-

en.pdf;jsessionid=E1D6A570D1649E5D61B3C91ACD0589BE?sequence=17

Folkman, S. (2013). Stress: appraisal and coping. In *Springer eBooks* (pp. 1913-1915).

https://doi.org/10.1007/978-1-4419-1005-9_215

Fox, J. (1987). Book Reviews : NATURALISTIC INQUIRY. Yvonna S. Lincoln and Egon G.

Guba. Beverly Hills, Sage Publications, 1985. 416pp. £27.50 (cloth). *Journal of Sociology*, 23(3), 481-483. <https://doi.org/10.1177/144078338702300329>

Garcia, P. J., Miranda, A. E., Gupta, S., Garland, S. M., Escobar, M. E., & Fortenberry,

J. D. (2021). The role of sexually transmitted infections (STI) prevention and control programs in reducing gender, sexual and STI-related stigma. *EClinicalMedicine*, 33, 100764. <https://doi.org/10.1016/j.eclinm.2021.100764>

Gill, M. M., Ndimbii, J. N., Otieno-Masaba, R., Ouma, M., Jabuto, S., & Ochanda, B.

(2022). Adherence challenges and opportunities for optimizing care through enhanced adherence counseling for adolescents with suspected HIV treatment failure in Kenya. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-022-08373-9>

Green, E. C., Halperin, D. T., Nantulya, V., & Hogle, J. A. (2006). Uganda's HIV

Prevention success: the role of sexual behaviour change and the national response. *AIDS and Behavior*, 10(4), 335-346. <https://doi.org/10.1007/s10461-006-9073-y>

Greenfield, V. A., Evans, S. K., Werber, L., Cherney, S., & Colabella, L. P. (2022).

Performance Management and Assessment of Federally Funded Research and

Development Centers: Lessons from Academic Literature and Practitioner Guidance.
In *RAND Corporation eBooks*. <https://doi.org/10.7249/rr-a737-2>

Guaraldi, G., Milic, J., Martinez, E., Kamarulzaman, A., Mussini, C., Waters, L., Pozniak, A., Mallon, P., Rockstroh, J. K., & Lazarus, J. V. (2020). Human Immunodeficiency Virus (HIV) care models during the Coronavirus Disease 2019 (COVID-19) ERA. *Clinical Infectious Diseases*, 73(5), e1222-e1227. <https://doi.org/10.1093/cid/ciaa1864>

Hedge, B., Devan, K., Catalan, J., Cheshire, A., & Ridge, D. (2021). HIV-related stigma in the UK then and now: to what extent are we on track to eliminate stigma? A qualitative investigation. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11000-7>

Hodgson, I., Nakiyemba, A., Seeley, J., Bitira, D., & Gitau-Mburu, D. (2012). Only connect - the role of PLHIV group networks in increasing the effectiveness of Ugandan HIV services. *AIDS Care*, 24(11), 1368-1374. <https://doi.org/10.1080/09540121.2012.656568>

Integration of mental health and HIV interventions. (n.d.). https://www.unaids.org/sites/default/files/media_asset/integration-mental-health-hiv-interventions_en.pdf

Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2005a). Using Mixed-Methods Sequential Explanatory Design: From Theory to practice. *Field Methods*, 18(1), 3-20. <https://doi.org/10.1177/1525822x05282260>

Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2005b). Using Mixed-Methods Sequential Explanatory Design: From Theory to practice. *Field Methods*, 18(1), 3-20. <https://doi.org/10.1177/15258222x05282260>

Karver, T. S., Barrington, C., Donastorg, Y., Perez, M., Gomez, H., Page, K. R., Celentano, D., Smith, K. C., & Kerrigan, D. (2022). Exploring peer navigation and support in the quality of HIV care experiences of female sex workers in the Dominican Republic. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-021-07439-4>

Key global organizations. (2020). In *Palgrave Macmillan UK eBooks* (pp. 3-25). https://doi.org/10.1057/978-1-349-95940-2_1

Know Your Status HIV campaign receives praise for the achievements accomplished in Lesotho | WHO | Regional Office for Africa. (2025, October 16). WHO | Regional Office for Africa. <https://www.afro.who.int/news/know-your-status-hiv-campaign-receives-praise-achievements-accomplished-lesotho#:~:text=Know%20Your%20Status%20HIV%20campaign%20receives%20praise%20for%20the%20achievements%20accomplished%20in%20Lesotho,-Know%20Your%20Status>

King Oyo named UNAIDS envoy in anti-HIV fight. (n.d.). <https://www.monitor.co.ug/uganda/news/national/king-oyo-named-unaid-envoy-in-anti-hiv-fight-1665996>

Kremer, C., Kamali, A., Kuteesa, M., Seeley, J., Hens, N., & Nsubuga, R. N. (2023). Modelling the impact of combining HIV prevention interventions on HIV dynamics in

- fishing communities in Uganda. *BMC Infectious Diseases*, 23(1).
<https://doi.org/10.1186/s12879-023-08113-2>
- Li, X., Lu, H., Ma, X., Sun, Y., He, X., Li, C., Raymond, H. F., McFarland, W., Pan, S. W., Shao, Y., Vermund, S. H., Xiao, Y., Ruan, Y., & Jia, Y. (2012). HIV/AIDS-Related stigmatizing and discriminatory attitudes and recent HIV testing among men who have sex with men in Beijing. *AIDS and Behavior*, 16(3), 499-507.
<https://doi.org/10.1007/s10461-012-0161-x>
- Mark, D., Hrapcak, S., Ameyan, W., Lovich, R., Ronan, A., Schmitz, K., & Hatane, L. (2019). Peer Support for Adolescents and Young People Living with HIV in sub-Saharan Africa: Emerging Insights and a Methodological Agenda. *Current HIV/AIDS Reports*, 16(6), 467-474. <https://doi.org/10.1007/s11904-019-00470-5>
- Mmbaga, E. J., Leyna, G. H., Leshabari, M. T., Tersbøl, B., Lange, T., Makyao, N., Moen, K., & Meyrowitsch, D. W. (2019). Effectiveness of health care workers and peer engagement in promoting access to health services among population at higher risk for HIV in Tanzania (KPHEALTH): study protocol for a quasi experimental trial. *BMC Health Services Research*, 19(1). <https://doi.org/10.1186/s12913-019-4675-z>
- Morgan, D. (n.d.). *Focus Groups as Qualitative Research*.
<https://doi.org/10.4135/9781412984287>
- Nabaggala, M. S., Parkes-Ratanshi, R., Kasirye, R., Kiragga, A., Castlenuovo, B., Ochaka, I., Nakakawa, L., Bena, D. A., & Mujugira, A. (2018). Re-engagement in HIV care following a missed visit in rural Uganda. *BMC Research Notes*, 11(1).
<https://doi.org/10.1186/s13104-018-3865-9>

Nattabi, B., Li, J., Thompson, S. C., Orach, C. G., & Earnest, J. (2011a). Factors associated with perceived stigma among people living with HIV/AIDS in Post-Conflict Northern Uganda. *AIDS Education and Prevention*, 23(3), 193-205. <https://doi.org/10.1521/aeap.2011.23.3.193>

Nattabi, B., Li, J., Thompson, S. C., Orach, C. G., & Earnest, J. (2011b). Factors associated with perceived stigma among people living with HIV/AIDS in Post-Conflict Northern Uganda. *AIDS Education and Prevention*, 23(3), 193-205. <https://doi.org/10.1521/aeap.2011.23.3.193>

Nnabagereka Development Foundation - Leveraging culture for development. (n.d.).

[https://www.nnabagereka.org/#:~:text=Ekisaakaate%20kya%20Nnabagereka%20\(Royal%20Enclosure\)%20is%20a,%E2%80%93%20mainly%20for%20young%20people%20from%20Uganda](https://www.nnabagereka.org/#:~:text=Ekisaakaate%20kya%20Nnabagereka%20(Royal%20Enclosure)%20is%20a,%E2%80%93%20mainly%20for%20young%20people%20from%20Uganda)

Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., Mitchell, E. M. H., Nelson, L. R. E., Sapag, J. C., Siraprapasiri, T., Turan, J., & Wouters, E. (2019). Stigma in health facilities: why it matters and how we can change it. *BMC Medicine*, 17(1). <https://doi.org/10.1186/s12916-019-1256-2>

Okot, S. P., Izudi, J., Ssenyonga, R., & Babirye, J. N. (2024). Factors associated with completion of intensive adherence counseling among people living with HIV at a large referral hospital in Uganda: a retrospective analysis. *BMC Health Services Research*, 24(1). <https://doi.org/10.1186/s12913-024-11528-5>

PHIA Project. (2025a, June 20). *Lesotho Final Report 2020 - PHIA Project* %.
[https://phia.icap.columbia.edu/lesotho-final-report-](https://phia.icap.columbia.edu/lesotho-final-report-2020/#:~:text=The%20Lesotho%20Population%2Dbased%20HIV,position%20of%20the%20funding%20agencies.)

[2020/#:~:text=The%20Lesotho%20Population%2Dbased%20HIV,position%20of%20the%20funding%20agencies.](https://phia.icap.columbia.edu/lesotho-final-report-2020/#:~:text=The%20Lesotho%20Population%2Dbased%20HIV,position%20of%20the%20funding%20agencies.)

PHIA Project. (2025b, July 18). *Uganda Summary Sheet 2020-2021 - PHIA Project*.
<https://phia.icap.columbia.edu/uganda-summary-sheet-2020-2021/>

Programmes, G. H. H. a. S. (2023, June 14). *Integrating psychosocial interventions and support into HIV services for adolescents and young adults*.
<https://www.who.int/publications/i/item/9789240071476>

Ray, D., Reddy, P., Shinnie, P., Owusu-Sarpong, C., Crothers, C., Sharma, K., Biyela, B., Wright, C., Kgosi, D., Tutu, O., & King, A. (2003). *Grassroots governance?*
<https://doi.org/10.2307/j.ctv6gqrhd>

SAfAIDS_Addressing_Harmful_Cultural_Practices.pdf. (n.d.).
https://journals.lww.com/aidsonline/fulltext/2020/09011/integration_and_scale_up_of_efforts_to_measure_and.11.aspx#:~:text=Results:,discrimination%20beyond%20the%20health%20system.

Schwarcz, S., Richards, T. A., Frank, H., Wenzel, C., Hsu, L. C., Chin, C. J., Murphy, J., & Dilley, J. (2011a). Identifying barriers to HIV testing: personal and contextual factors associated with late HIV testing. *AIDS Care*, 23(7), 892-900.
<https://doi.org/10.1080/09540121.2010.534436>

Schwarcz, S., Richards, T. A., Frank, H., Wenzel, C., Hsu, L. C., Chin, C. J., Murphy, J., & Dilley, J. (2011b). Identifying barriers to HIV testing: personal and contextual

factors associated with late HIV testing. *AIDS Care*, 23(7), 892-900.
<https://doi.org/10.1080/09540121.2010.534436>

Sharp, C. A. (2003). Qualitative Research and Evaluation Methods (3rd ed.). *Evaluation Journal of Australasia*, 3(2), 60-61. <https://doi.org/10.1177/1035719x0300300213>

sing Logic Models October 2015 DOI: 10.1002/9781119171386.ch3 John A. McLaughlin Gretchen B. Jordan. (n.d.).
https://www.researchgate.net/publication/305357892_Using_Logic_Models

Stover, J., Glaubius, R., Kassanjee, R., & Dugdale, C. M. (2021). Updates to the Spectrum/AIM model for the UNAIDS 2020 HIV estimates. *Journal of the International AIDS Society*, 24(S5). <https://doi.org/10.1002/jia2.25778>

Taylor, M., & Horgan, J. (2006). A conceptual framework for addressing psychological process in the development of the terrorist. *Terrorism and Political Violence*, 18(4), 585-601. <https://doi.org/10.1080/09546550600897413>

The Role of Community-Based Programs in HIV/AIDS Management in Uganda: Challenges, Strategies, and Impact. (n.d.).
https://www.researchgate.net/profile/Kiu-Publication-Extension/publication/384455198_OPEN_ACCESS_The_Role_of_Community-Based_Programs_in_HIVAIDS_Management_in_Uganda_Challenges_Strategies_and_Impact/links/66fa7cbd869f1104c6bccc4/OPEN-ACCESS-The-Role-of-Community-Based-Programs-in-HIV-AIDS-Management-in-Uganda-Challenges-Strategies-and-Impact.pdf

Thousands of Ugandans turn out for Kabaka Birthday run to support fight against HIV/AIDS Source: Xinhua| 2024-04-08 21:59:15|Editor: Huaxia. (n.d.). *Thousands of Ugandans Turn Out for Kabaka Birthday Run to Support Fight Against HIV/AIDS* Source: Xinhua| 2024-04-08 21:59:15|Editor: Huaxia. <https://english.news.cn/africa/20240408/9d89079acccf4a23b25405f3a9b95588/c.html#:~:text=East%20African%20country.-,Dubbed%20the%20Kabaka%20Birthday%20Run%202024%2C%20the%20annual%20event%20was,and%203.8%20percent%20among%20men.%22>

Thousands take part in the Kabaka Birthday Run to support the HIV response in Buganda 04 July 2022. (n.d.).

UNAIDS. (n.d.-a). *HIV and AIDS - Basic facts* | UNAIDS. <https://www.unaids.org/en/frequently-asked-questions-about-hiv-and-aids>

UNAIDS. (n.d.-b). *King of Buganda, UNAIDS Goodwill Ambassador for ending AIDS among men in East and Southern Africa* | UNAIDS. <https://www.unaids.org/en/aboutunaids/unaidssambassadors/king-of-buganda>

UNAIDS. (n.d.-c). *Thousands take part in the Kabaka Birthday Run to support the HIV response in Buganda* | UNAIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2022/july/20220704_kabaka-birthday-run-uganda

UNAIDS. (2025, July 4). *Cambodia* | UNAIDS. <https://www.unaids.org/en/regionscountries/countries/cambodia>

- Van Hout, M. C., Zalwango, F., Akugizibwe, M., Chaka, M. N., Birungi, J., Okebe, J., Jaffar, S., Bachmann, M., & Murdoch, J. (2023). Implementing integrated care clinics for HIV-infection, diabetes and hypertension in Uganda (INTE-AFRICA): process evaluation of a cluster randomised controlled trial. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-023-09534-0>
- Wilson, E. C., Garofalo, R., Harris, R. D., Herrick, A., Martinez, M., Martinez, J., & Belzer, M. (2009). Transgender Female Youth and sex work: HIV risk and a comparison of life factors related to engagement in sex work. *AIDS and Behavior*, 13(5), 902-913. <https://doi.org/10.1007/s10461-008-9508-8>
- Wolpe, J. (1977). Cognitive therapy and emotional disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, 8(2), 219-220. [https://doi.org/10.1016/0005-7916\(77\)90053-2](https://doi.org/10.1016/0005-7916(77)90053-2)
- Zia, Y., Nambala, L., Stalter, R. M., Muwonge, T. R., Ssebuliba, T., Nakyanzi, A., Nampewo, O., Boyer, J., Morrison, S., Nsubuga, R., Bagaya, M., Nyanzi, R., Matovu, F., Yin, M., Wyatt, C., Mujugira, A., & Heffron, R. (2023). Depression and PrEP uptake, interruption, and adherence among young women in Uganda. *AIDS Care*, 35(9), 1365-1374. <https://doi.org/10.1080/09540121.2023.2177250>
- Thailand National Strategy to End AIDS-A4*. (n.d.). <https://www.prepwatch.org/wp-content/uploads/2022/07/Thailand-National-Strategy-to-End-AIDS-2017-30.pdf>

APPENDICES

Appendix i. Structured Questionnaire (HIV/AIDS patients)

Introduction

My name is Esther Nelima, a student at Uganda Christian University. I am conducting a study intended to assess Buganda Kingdom' s campaign for HIV/AIDS prevention and treatment in Nsangi county, Wakiso district. The primary aim of this study is to inform future improvements that will benefit the people living with HIV/AIDS and communities affected by HIV/AIDS.

I request you to participate in this study, provide valuable insights and experiences that can help better understand the impact of the program on people's lives and the community. Your voice matters and can contribute highly to a more effective response to HIV/AIDS.

I will have conversation with you through a questionnaire, where we will talk about your views, experiences and opinions and this may take approximately 15 minutes. You are free to choose the time and place of convenience. There's absolutely no right or wrong answer, we would like to learn from what you share.

Your participation is solely voluntary; you are free to decline to participate or withdraw at any time and your withdrawal has no negative consequences. Whatever you will share with us will be held with utmost dignity and confidentiality, if at any point you feel uncomfortable or emotional, kindly pause or stop the session. Whereas there may not be any direct benefits, your contribution could help shape better programs for prevention and treatment of HIV/AIDS in Buganda and beyond.

All information you provide will be treated with strict confidentiality; your name will not appear in any reports or presentations resulting from this conversation and all data will be stored securely and strictly and used for academic purposes related to HIV/AIDS.

Do you agree to take part in this study? If yes, then let's get started and if not, you are free to leave. Thank you

SECTION A

Biography

1. Age: ☐ 15-25 ☐ 26-35 ☐ 36-45 ☐ 46-above
2. Gender (tick where applicable): ☐ Female ☐ Male ☐ prefer not to say
3. PWD: ☐ yes ☐ No
4. Buganda Kingdom County:

SECTION B

Objective: To assess the accessibility and availability of HIV/AIDS testing services

(i) Accessibility of HIV/AIDS testing facilities

1. How far is it from your home to the nearest HIV/AIDS testing facility?

☐ 0- 1km ☐ 1-5km ☐ 6-10km ☐ 10 - above

2. Can you easily access the testing facility?

☐ Yes ☐ No

3. What mode of transport do you often use to the testing facility?

☐ Walking ☐ vehicle ☐ taxi/ car ☐ Boda

4. What are the challenges you face when accessing the facility? And what improvements do you suggest for better services?

(i). Accessibility of HIV/AIDS testing facilities	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Testing centers for HIV/AIDS are located near my home					
I can easily access testing services without any difficulty					
Working hours at the facility are convenient for me					
(ii). Availability of HIV/AIDS testing services					
Enough testing facilities are available in my community					
Testing services for HIV/AIDS are readily available when needed					
HIV/AIDS mobile testing services are available in my community					

SECTION C

Objective: Evaluating the Impact of Peer Support and Counselling Services on the Health of HIV/AIDS Patients in Buganda Kingdom

1. What activities are included in your peer support sessions?

☐ Open sharing ☐ Health Education ☐ Emotional support ☐ others

(ii) **Impact of counselling services**

1. I have been receiving counselling services since diagnosis

☐ Yes ☐ No

2. I frequently access counselling services

☐ Yes ☐ Once in a while ☐ No

3. The type (s) of counselling services I have received

☐ Pretest ☐ post-test ☐ treatment adherence ☐ mental health

Others(specify

(i). Peer Support	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I am part of a peer support group					
Peer support has helped manage my emotional/mental health					
I often attend peer support sessions					
I feel safe confining in my peers with my concerns					
(ii), Counselling services					
Counselling has helped me cope emotionally					
The rate of counselling services is good					
I apply counselling advice in my daily life					
Counselling services are readily available					

SECTION D

Objective: To evaluate how awareness campaigns influence people's behavior and knowledge of HIV/AIDS in Buganda Kingdom

(i) Influence of awareness campaigns on people's behaviors

1. Have you ever interfaced any awareness about HIV/AIDS in your area? ☐s ☐N

2. Did awareness information improve your understanding about HIV/AIDS? ☐s ☐N

3. Changes in your behavior after the awareness campaign? ☐Got tested

☐ Adherence to treatment

☐ Condom use

☐ Abstinence

(ii) Influence of awareness campaigns on people's knowledge

1. Have you ever heard of HIV/AIDS? ☐Yes ☐No

2. Where did you first hear about HIV/AIDS?

☐ Radio/Tv

☐ Partner/colleague

☐ School

☐ Hospital

☐ Other

3. I know where to get HIV/AIDS test, treatment and counselling in my area. Yes ☐

No ☐

(i). People's Behavior	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
I intend to use safe sexual and preventive practices					
I encourage others to get tested for HIV/AIDS					
I prioritize my sexual health and well-being					
Awareness messages have reduced stigma around HIV/AIDS in my community					
(ii). People's Knowledge					
Now I know the main ways HIV/AIDS is transmitted and how it is prevented					
I know the treatment for HIV/AIDS patients					
HIV/AIDS patients can live longer if they adhere to treatment and healthy living					
Awareness messages have reduced stigma around HIV/AIDS in my community					

Appendix ii: Semi-Structured Interview Guide for HIV/AIDS Patients

SECTION A

Introduction

You are invited to participate in a research study being conducted by Esther Nelima, a student at Uganda Christian University. This research intends to assess Buganda Kingdom's initiative for HIV/AIDS prevention and treatment in Wakiso district, with the primary aim of informing future improvements that are of benefit to the people living with HIV/AIDS and communities affected by HIV/AIDS.

You are requested to participate in this study, provide valuable insights and experiences that can help better understand the impact of the program on people's lives and the community. Whether you are a beneficiary, community leader, program implementer, your voice matters and can contribute highly to a more effective response to HIV/AIDS.

This study will involve a conversation with you, through an interview, where we will talk about your views, experiences and opinions. This will take an approximate of 15 minutes and you are free to choose the time and place of convenience. There's absolutely no right or wrong answer, we would like to learn from what you share.

Your participation is solely voluntary; you are free to decline to participate or withdraw at any time and your withdrawal has no negative consequences. Whatever you will share with us will be held with utmost dignity and confidentiality, if at any point you feel uncomfortable or emotional, kindly pause or stop the session. Whereas there may not be any direct benefits, your contribution could help shape better programs for prevention and treatment of HIV/AIDS in Buganda and beyond.

All information you provide will be treated with strict confidentiality; your name will not appear in any reports or presentations resulting from this conversation and all data will be stored securely and strictly and used for academic purposes related to HIV/AIDS.

Do you agree to take part in this study? If yes, then let's get started and if not, you are free to leave. Thank you.

SECTION A

Biological Information

1. Age: ☐ 15-25 ☐ 26-35 ☐ 36-45 ☐ 46-above

2. Gender (tick where applicable): ☐ Female ☐ Male ☐ Prefer not to say

4. Buganda Kingdom County:

SECTION B

Objective: To assess the accessibility and availability of HIV/AIDS testing facilities across various areas in Buganda Kingdom

(i). Level of accessibility of HIV/AIDS testing facilities

How far is it from your home to the nearest HIV/AIDS Testing facility, and what transportation means do you use to get there?

Are the testing services for HIV/AIDS available every time you visit the facility?

Are there any challenges you face in accessing these services, such as long queues, stigma?

(ii) Level of affordability of HIV/AIDS testing facilities

1. Do you have to pay for testing services provided or are they free?
2. Are the means you use to use to the testing facility affordable?
3. In your own view, what improvements would you suggest for better and affordable delivery service?

SECTION C

Objective: To analyze the impact of peer support and counseling services on the health of HIV/AIDS patients in Buganda Kingdom.

(i) Impact of peer support services

Are you a part of any peer support group for people living with HIV/AIDS?

Do you attend these sessions frequently, if so, how often?

Has your emotional or physical health improved since? And do you feel more supported?

Do you face any limitations in being a part of a peer support group? What improvements do you suggest would make these peer support services better?

(ii) Impact of counselling services

Have you been receiving counselling services since diagnosis? If yes, do you still attend those counselling sessions?

In what specific way has counselling helped you deal with emotional challenges related to your HIV/AIDS status?

From what you have learned through counselling, have you made any changes in your lifestyle, adherence to treatment or choices?

Are you satisfied with the counselling services provided? In your opinion, what could be improved to better support your mental health and well-being?

SECTION D

Objective III: To evaluate how awareness campaigns influence people's behavior and knowledge of HIV/AIDS in Buganda Kingdom

(i). Influence of awareness campaigns on People's behavior

1. Have you heard of any HIV/AIDS awareness campaigns recently? If yes, what are they?

2. Can you please share any actions as an individual you took after hearing HIV/AIDS sensitization messages?

3. Have the sensitization HIV/AIDS messages influenced your decisions about how you engage in sexual or other risky behaviors?

Have you observed any behavioral changes in the community as a result of HIV/AIDS awareness campaigns?

(ii). Influence of awareness campaigns on people's knowledge

Have you learned anything from HIV/AIDS awareness campaigns about HIV/AIDS, how it is transmitted and how people can protect themselves?

Did the sensitization messages provide you with the necessary information on where and how to access HIV/AIDS testing, counselling and treatment?

Prior awareness campaigns, are there any misconceptions you heard about HIV/AIDS that have since changed? And what were they?

Appendix iii: Key Informant Interview Guide

Introduction

My name is Esther Nelima, a student at Uganda Christian University. I am conducting a study intended to assess Buganda Kingdom' s campaign for HIV/AIDS prevention and treatment in Nsangi county, Wakiso district. The primary aim of this study is to inform future improvements that will benefit the people living with HIV/AIDS and communities affected by HIV/AIDS.

I request you to participate in this study, provide valuable insights and experiences that can help better understand the impact of the program on people's lives and the community. Your voice matters and can contribute highly to a more effective response to HIV/AIDS.

I will have conversation with you My name is Esther Nelima, a student at Uganda Christian University. I am conducting a study intended to assess Buganda Kingdom' s campaign for HIV/AIDS prevention and treatment in Nsangi county, Wakiso district. The primary aim of this study is to inform future improvements that will benefit the people living with HIV/AIDS and communities affected by HIV/AIDS.

I request you to participate in this study, provide valuable insights and experiences that can help better understand the impact of the program on people's lives and the community. Your voice matters and can contribute highly to a more effective response to HIV/AIDS.

I will have conversation with you, through a questionnaire, where we will talk about your views, experiences and opinions and this may take approximately 15 minutes. You

are free to choose the time and place of convenience. There's absolutely no right or wrong answer, we would like to learn from what you share.

Your participation is solely voluntary; you are free to decline to participate or withdraw at any time and your withdrawal has no negative consequences. Whatever you will share with us will be held with utmost dignity and confidentiality, if at any point you feel uncomfortable or emotional, kindly pause or stop the session. Whereas there may not be any direct benefits, your contribution could help shape better programs for prevention and treatment of HIV/AIDS in Buganda and beyond.

All information you provide will be treated with strict confidentiality; your name will not appear in any reports or presentations resulting from this conversation and all data will be stored securely and strictly and used for academic purposes related to HIV/AIDS.

Do you agree to take part in this study? If yes, then let's get started and if not, you are free to leave. Thank you through a questionnaire, where we will talk about your views, experiences and opinions and this may take approximately 15 minutes. You are free to choose the time and place of convenience. There's absolutely no right or wrong answer, we would like to learn from what you share.

Your participation is solely voluntary; you are free to decline to participate or withdraw at any time and your withdrawal has no negative consequences. Whatever you will share with us will be held with utmost dignity and confidentiality, if at any point you feel uncomfortable or emotional, kindly pause or stop the session. Whereas there may not be any direct benefits, your contribution could help shape better programs for prevention and treatment of HIV/AIDS in Buganda and beyond.

All information you provide will be treated with strict confidentiality; your name will not appear in any reports or presentations resulting from this conversation and all data will be stored securely and strictly and used for academic purposes related to HIV/AIDS.

Do you agree to take part in this study? If yes, then let's get started and if not, you are free to leave. Thank you

SECTION A

Objective: To assess the accessibility and availability of HIV/AIDS testing facilities across various areas in Buganda Kingdom

(i). Accessibility of HIV/AIDS testing facilities.

1. Are HIV/AIDS testing facilities easily accessible to the people in your community?
2. Are there any mobile testing or community outreach programs provided to people who can't access facilities
3. what particular groups such as the youth, PWDs, women face difficulties in accessing testing facilities?

(ii) Availability of HIV/AIDS testing facilities

- 1.what HIV/AIDS testing services are currently available in your community?
- 2.Are these services provided regularly or occasionally?
3. In your own opinion, what resources are needed to expand the availability of testing facilities?

SECTION B

Objective: To analyze the impact of peer support and counseling services on the health of HIV/AIDS patients in Buganda Kingdom

(i). Peer Support Services.

1. What forms of peer support services are provided to people living with HIV/AIDS through the program?
2. How do you identify and train peer supporters?
3. What particular role do peer supporters play in helping patients adhere to treatment and well-being?
4. What are the challenges faced in sustaining or scaling peer support services?

(ii) Counselling Services

What type of counselling services do you offer to people living with HIV/AIDS?

Are the services made available to all or are limited to a certain group?

Have counselling services impacted patient outcomes, such as treatment adherence, stigma?

What are the limitations affecting the effectiveness of these counselling services?

SECTION C

Objective: To evaluate how awareness campaigns influence people's behavior and knowledge of HIV/AIDS in Buganda Kingdom

(i). People's Behavior

Have you observed any changes in people's behavior as a result of awareness campaigns?

If yes, what are they?

Are there some groups of people that have remained hesitant to seek services or change behavior despite awareness campaigns?

After awareness, do people in the community now freely seek services?

According to your opinion, what challenges limit the impact of awareness campaigns in behavioral change?

(ii). People's knowledge

How well do people in your community understand HIV/AIDS transmission, prevention and treatment after sensitization messages? Has public knowledge about HIV/AIDS improved?

Do myths/misconceptions still exist in the community? If yes, what are they?

According to your view, how can future campaigns better address knowledge gaps?

Appendix iv: Consent Form

Research consent Form

Uganda Christian University

Student Research Consent Form

Title of study: Evaluating Buganda Kingdom's HIV/AIDS Prevention and Treatment Program

Purpose of the Study

I am inviting you to take part in a study aimed at understanding Buganda Kingdom's HIV/AIDS Prevention and Treatment program in Wakiso district, this study seeks to explore how accessible and available HIV/AIDS testing facilities are to the community, the role of peer support and counselling services in the lives of HIV/AIDS patients and how awareness campaigns influence people's knowledge and behavior related to HIV/AIDS in Buganda kingdom.

Voluntary Participation

Your participation in this study is literally voluntary. If you decide to participate, you will be asked to respond to a few questions through either an interview or a questionnaire, The session will take an approximate of 20 to 30 minutes, and will cover your experiences, views, and insights concerning HIV testing services, peer support and counselling and awareness activities in your community. The discussions will be conducted in a language that you are comfortable with, and you may choose to end the

discussion or skip any question you are not comfortable with, at any time without giving a reason.

Benefits

There are no potential benefits to your participation, however, the information you provide will contribute to improving HIV/AIDS programs in Buganda Kingdom and potentially lead to better services for you and others in your community. Some of the questions may be personal or sensitive, and this may cause you to experience emotional discomfort, you are free to stop the interview or seek assistance from a trained counsellor who will be available to support you.

Confidentiality

Everything you share with us will be treated with utmost dignity and confidentiality. Your name and any other personal information will not appear in any reports or publications resulting from this study. The data you provide will be stored securely and used only for research purposes.

Withdrawal

You have the right to withdraw from the study at any time and there are no consequences to the services or care you receive from the program. Your participation in this study is completely optional and declining to take part will not affect you in any way.

Contact Information

In case you have any questions about this study or your rights as a participant, please feel free to contact:

No	Researcher's name	Designation	contact information	Affiliated institution
1.	Esther Nelima	Researcher	nelimaesther93@gmail.com +256 787 663 357	Uganda Christian University
2.	Mr. Mwijje Solomon	Academic Supervisor	smwijje@ucu.ac.ug +256 772 049 094	Uganda Christian University

By signing below, you confirm that you have understood the purpose of this study, your role and rights as a participant. Once again, you voluntarily agree to take part in this research. Thank you

Participant's name & Signature:

Date:

Researcher's Name & Signature:

Date:

This consent form was read to the participant who cannot read or write in a language they understand, and they voluntarily agreed to participate:

Name & Signature of the Witness:

Date:

TRANSLATED VERSION

Entandikwa

Oyaniliziwa okwetaba mu lusomo lw'okunoonyereza okukoleddwa Esther Nelima, omuyizi ku Uganda Christian University. Okunoonyereza kuno kugenderera okuzuula engeri enteekateeka y'obwakabaka bwa Buganda ey'okwewala n'okujanjaba obulwadde bwa mukenenya (HIV/AIDS) bw'ekola mu Disitulikiti y'e Wakiso. Ekigendererwa ky'okunoonyereza kuno, kwe kufuna enongesereza ez'omumaaso nga zigendererwamu okuyamba abantu abalina obulwade bunno, awamu n'ebitundu ebikoseddwa ekilwadde kino. Osabiddwa okwetaba mu lusomo luno, otuweeko amagezi okusingira ddala agava mu mbeera gy'oyitamu, eby'oyiseemu kumugaso gw'akino eri abantu n'ebitundu mwe bawangaalira. Oba oly'omu kubaganyulwamu munteekateeka eno, omukulembeze w'abantu mu kitundu, oba omuteesiteesi w'emirimu, eddoboosi lyo ly'amugaso nnyo era esobola okuyamba mu kuteekateeka enkola ennungi ennyo mu kulwanyisa obulwadde bwa mukenenya.

Olusomo luno lujja kukozezebwa mu ngeri y'okwogerezeganya, mu ngeri y'okubuuza ebibuuzo bwetunaayogerera kundowooza yo, by'oyiseemu ne by'owulira ku nteekateeka eno e'yo kujanjaba obulwadde bwa mukenenya. Kino kijja kutwala akaseera akatono nga dakiika 30 zokka, era oli wa ddembe okulonda ekiseera n'ekifo kyo wulililamu eddembe Tewali kidibwamu ekituufu oba ekikyamu — tukulowoozaako ng'omuntu asobola okutuyigiriza okuva ku bulamu bw'oyitamu. Okwetaba kwo kwa ddembe, osobola okugaana oba okukiriza okwetaba mu kino. Byonna byonaba oyogende bijja kukwatibwa mu kyama ennyo . Oba ng'owulira okwenyamira, osobola okusaba okukomy

an oba okuwa essuubi ssiwadde. Newankubadde ng'osobola obutafuna mubagasa mukunonyeleza kuno, by'ogenda okugabana naffe bijja kuyamba mu kuteekateeka emirimu egy'enjawulo mu kulwanyisa n'okujanjaba obulwade bunno obwa mukeneya mu Buganda n'ewalala.

Amagezi gonna ag'ogenda okugabana, erinnya lyo terijja kuzaalibwa mu alipoota yonna oba mu kwanjulwa kwonna kunaggya mu kunoonyereza kuno. Ebibalo byonna bijja kuweereddwa obukuumi obumala era bijja kukozezebwa byokka ku lw'ebigendererwa by'amasomo ku nsonga ya mukeenenya.

EKITUNDU A

Ebifa ku muntu (Biography)

Emyaka ☐15-25 ☐-35 3☐15 46- ☐ggulu

Ekikula (Londako ekigasa):

☐Awami. ☐Mukyala. ☐genda ku kyogerako

Omuntu alina obulemu (PWD):

☐ee ☐dda

Saza lya Buganda Kingdom gy'ova?

EKITUNDU B

Ekigendererwa: Okumanya okubaawo n'okusobola okufuna empeereza y'okwekebeza kwa mukeenenya mu bitundu eby'enjawulo eby'obwakabaka bwa Buganda.

(i) Obusobozesezi bw'okutuuka ku bifo eby'okukebera HIV/AIDS

Buwanvu ki bw'otambula okuva ewaka wo okutuuka ku kifo ekikuli okumpi eky'okwekebezaamu ekilwadde kya mukeenenya?

☐-1km ☐km 6-☐km 10+ ☐

Osobola okufuna obulungi empeereza y'okwekebeza mu bifo ebiteekedwaawo?

☐ee ☐dda

Enkola y'entambula ki gy'okozesa ennyo okugenda ku kifo ky'okukebera mukeenenya?

☐Okutambula n'amagulu ☐motoka ☐ki/Car Bo☐ boda

Ebizibu ki by'osanga ng'ogenda mu bifo by'okuberebwamu? Kiki kye wandiyagadde okukyusibwa kulw' empeereza ennungi?

Londako ensonga egamba ku ndowooza yo:	Nzikiriza Nyo	Sikirizigannya nakyo	Sigenda ku kyogerako	Ssikiliza ddala	Ssikiliza
i). Obusobozi bw'okutuuka ku bifo by'okukebera obulwade bwa mukeneya (HV/AIDS)					
Ebifo by'okukebera mukeenenya biri kumpi n'ewaka wange					
Nsobola okufuna buweereza bw'okukebera HIV/AIDS nga tekinkaluubiriza					
Essaawa ez'okukolerako ku kifo ky'okukebera zinkolera bulungi					
(ii) Obusobozi obuliwo ku bifo by'okukebera HIV/AIDS					
Ebifo eby'okugezaako (testing centres) ebimala biri mu kitundu kyange					
Onsobola okufuna empeereza eno nga sifunye kutawaana kyonna					
Ebikozesebwa mu kutambuza (mobile testing services) HIV/AIDS biriwo mu kitundu kyange					

EKITUNDU C

Egigendererwa: Okumanya omugaso gw'abanamikago n'okubuulirirwa eri obulamu bw'abalwadde ba mukeenenya mu Bw'akabaka bwa Buganda.

1. Biki ebikolebwa mu nkungaana zammwe ez'okuyambaganamu n'abannamukago?

- a), Okwewunyisizaamu mu bwangu
- b). Okuyigiriza ku by'obulamu
- c). Obuyambi obw'omutima
- d). Ebirala

(i) Obuyambi bw'Okubuulirirwa (Counselling Services)

Nnatandika okufuna okubuulirirwa okuva lwe nnategeera nti nnina HIV/AIDS

☐ Yee

☐ Nedda

Nfuna

okubulirirwa

buli

kaseera

☐ Yee

☐ Nedda

Engeri

y'okubulirirwa

kwe

nnazze

nfuna

a), Obw'okusooka nga tonakebwa (pre-test)

b). Obw'ennuma nga omaze okukeberegwa (post-test)

c). Obw'okunyweza okunywa eddagala mu budde (treatment adherence)

d). Obw'amawulire ku by'omutwe (mental health)

c). Ebirala (laga)

(i). Obuyambi okuva mu bannamukago (Peer Support Services)	Sikirizigannya nakyo ddala	Sikiriziganya nakyo	Sigenda ku kyogerako	Nzikiriza nakyo	Nzikiriza nakyo ddala
Ndi memba wa kibiina ky'abannamukago					
Obuyambi okuva mu bannamukago buntabuddeko mu by'omutima ne ku bwongo					
Nzijjamu emirundi mingi mu nkungaana z'abannamukago					
Nneetaaganga okugamba bannange ku nsonga ezinsobedde					
(ii) Obuweereza bw'okubudaabuda (Counselling Services)					
Obukubiriza bwannyamba okuddamu amaanyi mu by'omutima					
Nkozesa okubudaabuda mubulamu bwange obwa bulijjo					
okukubirizibwa kubeerawo bulungi					

EKITUNDU D

Ekyenjula: Okumanya engeri kaweefube w'okutegeeza abantu gy'ali okukyusaamu empisa n'okumanya kw'abantu ku by'obulwadde bwa mukenenya mu Bwakabaka bwa Buganda

(i) Enkyukakyuka mu mpisa z'abantu olw'empandiika z'okumanyisa

Wali omanyisibwa ku mukenenya mu kitundu kyo?

☐ ee

☐ edda

Obubaka bw'oyiwulira ku mukenenya bwakuyambye okwongera okumanya ku bulwadde buno?

☐ Yee ☐ Dda

Enkyukakyuka ki gye wafuna nga omaze okumanyisibwa ku mukenenya?

- a). Nagenda ne mpimibwa ku mukenenya
- d). Nnatandika okugoberera obujjanjabi bulungi
- c). Nnatandika okukozesa kapooti
- d). Nnatandika obugumu (obutakola ng'eby'enfuna)

(ii). Enkyukakyuka mu kumanya kw'abantu olw'empandiika z'okumanyisa

Wali owuliddeko ku mukenenya?

☐ Yee ☐ Dda

Ku lunaku lwe wasooka okuwulira ku mukenenya, waali wa?

- a). Ladiyo/Telefayina
- b). Munange/mukwano gwange
- c). Ku ssomero
- d). Ku ddwaliro

Mmanyi w'ensobola okugenda okufuna obujjanjabi, okubuulurirwa,

ku mukenenya mu kitundu kange.

☐ Yee ☐ Dda

En'eyisa y'abantu	Sikirizigannya nakyo ddala	Sikirizigan nya nakyo	Sirina ky'enkyog erako	Nzikirizigan ya nakyo	Nzikiriziganya nakyo ddala
Ngenderera okukozesa enkola entuufu ey'obukuumi munsonga z'okwegatta.					
Ntegeeza abalala okwekebejja ku mukenenya					
Nteeka mu maaso obulamu bwange mu nsonga z'ekisa					
Obubaka ku mukenenya bwakoze ku kusalawo okw'okuggya ekivume mu bantu					
(ii)) Kumanya kw'Abantu					
Kaakano mmanyi engeri enkulu gye bayitiramu mukenenya n'engeri gye baggyamu obulwadde					
Mmanyi enjanjaba ey'aba mukenenya					
Abantu abalina mukenenya bayinza okuba abalamu obulungi ssinga bagoberera obujjanjabi					
Obubaka ku mukenenya bweyambye mu kuggyawo ekivume ku bantu abalina mukenenya					

EKITUNDU A

Okwekenneenya / Okutegeeza.

Osiibye otya! oyanirizidwa mu kunonyereza kw'okusoma okugenda mu maaso nga kukolebwa Esther Nelima, omuyizi ku Uganda Christian University. Kunonyereza kuno kugenderera okukebera enkozesa n'obuwanguzi bw'enkola ya bwa kabaka bwa buganda Buganda Kingdom gy'etaddewo okumalawo n'okwewanyisa obulwadde bwa mukeneya mu disitulikiti y'e Wakiso. Ekigendererwa kikulu kwe kutumbula enkola ennungi ez'okuyamba abantu abali n'obulwadde bwa HIV/AIDS n'abatuuze abakoowoola obulwadde buno.

Osabiddwa okwettanira mu kunonyereza kuno, era otuwe amakulu g'obumanyi bwo, ebyo by'oyiseemu n'endowooza yo. Obanga oli omuyambi, omutuuze, omukulembeze w'ekitundu oba omukozi w'enteekateeka eno - eddoboosi lyo liri mu kifo kya kitiibwa nnyo era lisobola okuyamba okukyusa engeri gy'etambuzibwamu. Tugenda kukola okuteesa naawe nga mu nkiiko y'akaboozi, tusinginkana n'okutandika okwogera ku byo oyagala okutuukiriza. Kino kijja kumala akaseera ka ddakika 30, era ogenda kusalawo ekiseera n'ekifo ky'osobola okusisinkana ku lw'obusobozi bwo.

Okukyusa kw'olina kw'awamu kw'obulondebwa; osobola okuwakana oba okukomya okwetaba buli kiseera, era tekuli kibonerezo kyonna ku kusalawo kwewo. Buli ky'ogera kirikwatibwa mu kyama ennyo, era bwe kiba nga kikutamye oba kikuyisa bubi mu bwongo, osobola okukyusa oba okukomya nkiiko. Wadde nga tewali mpenda ya buwanguzi eri ggwe ng'omuntu, ebyo by'ogera birisobola okuyamba mu kutumbula enteekateeka ez'amagezi ku HIV/AIDS mu Buganda n'awalala.

Amakulu gonna g'otuwa gajja kukwatibwa nga mu kyama; erinnya lyo teririyitibwa mu lipoota yonna oba mbooji yonna ey'ejja okuva mu nkiiko eno. Amakulu gano galina okukozesebwa mu by'okusoma byokka ebikwata ku bulwade bwa mukenenya.

Otegeera era okwagaliza okwetaba mu kunonyereza kuno? Oba oyagala, tugende mu maaso. Oba tokyagadde, toyina buzibu kuba osobola okuleka. Webale

EKITUNDU A

Ebifa Ku muntu

Emyaka: ☐15-25 ☐26-35 ☐36-45 ☐46- waggulu

Ekikula

☐Omukazi ☐Omusajja ☐Njagala kusigala nga sisabye

Saza gy'ovaamu mu bwakabaka bwa Buganda:

EKITUNDU B

Ekigendererwa: Okumanya okutuuka n'okubaawo kw'ebifo ebikebererwamu mukeenenya okweetoolola Obw'akabaka bw'a Buganda.

(i) Engeri y'okutuuka Ku bifo ebikebererwamu.

Buwanvu ki okuva w'osula okutuuka ku kifo ekiri okumpi gye wekebezaamu mukeenenya era okozesa ntambula ki okutuuka yo?

Empeereza y'okwekebeza ebeerawo buli kiseera w'ogenda mu kifo eky'okwekebezaamu?

Waliwo obuzibu bw'osanga bwonna ng'ogezaako okufuna empeereza zino nga okusosolwa?

(ii) Obusobozesezi mu by'ensimbi we bakebelera obulwadde bwa mukenenya

Olina okusasula okukeberwa HIV/AIDS oba be bawa ku bwereere?

Entambula gy'okozesa okugenda ku kifo kino, eyinza okukusasulirwa obulungi?

Mundowooza yo, enongesereza ki ezandikoledwa mu mpeereza eno?

EKITUNDU C

Ekigendererwa: Okunoonyereza ku nkyukakyuka ku bulamu bw'abantu abali n'obulwadde bwa mukeenanya eziva mu buweereza bw'abagenyi bannaffe n'okubuulirirwa (counseling)

(i) Enkyukakyuka eziva mu buweereza bwa peer support (abayambi bannaffe)

Oli mu kibiina kyonna kya bantu abawangaala n'obulwadde bwa mukeenanya ekibayamba okukwatagana?

Obeera ku nkungaana zino buli kiseera? Oba yee, kyekyamu kangaki?

Obulamu bwo obw'emmeeme oba obw'omubiri bwakyuka bukya ogenda ku nkungaana zino? Era obeera ng'oyambibwako nnyo?

Waliwo obuzibu oba eby'owulidde ebikutangira okubeeramu? Olina endowooza ki eyandiyambye okunyweza peer support services zino?

(ii) Enkyukakyuka eziva mu buweereza bw'okubuulirirwa.

Wali owebwedwako okubuulurirwa okuva lwe baakutegeeza nti oli n'obulwadde bwa mukeenenya? Oba yee, okw'akakiiko kuno okwongera okukugendako?

Okubuulurirwa kw'ofuna kuyambye kutya mu kuzuula engeri y'okukola n'embeera z'obulwadde n'okunoonya obuwanguzi mu meeme yo?

Ku byoyize mu n'okubuulurirwa, waliwo enkyukakyuka ze wakoze mu mbeera yo — nga okussa obudde ku ddagala, engeri gy'owuliriza omubiri gwo oba n'enkola z'obulamu?

Obusanyufu ku buweereza bwa counselling obuliwo buweze? Era mu maaso go, ki kyandyongerwamu okunyweza obulamu bwo obw'omunda n'obulamu obulungi obw'okwegatta n'abalala?

EKITUNDU D

Ekigendererwa III: Okukebera engeri enkungaana z'okumanyisa abantu ku bulwadde bwa mukenenya gye'yinza okukyusa e'neyisa yaabwe n'okumanya ku bulwadde buno mu Bwakabaka bwa Buganda.

(i) Enkyukakyuka mu nkola oba e'neyisa y'abantu eziva mu nteekateeka z'okumanyisa

Wawulilako ku nteekateeka yonna ey'okumanyisa abantu ku bulwadde bwa mukenenya mu bbanga eri tali ly'awala Oba yee, z'iriwa z'owulidde?

Waliwo ekikolwa ky'okoze ng'omuntu ng'owulidde obubaka bw'okukunga ku mukeenenya?

Obubaka buno obw'okukunga bukyusizza engeri gy'ogendamu mu mukwano oba mu nkola eziri mu katyabaga?

Wabaddewo enkyukakyuka y’oyambye okulaba ku bantu mu kitundu, ku ngeri gye’ beyisamu eziva mu nteekateeka zino z’okumanyisa ku bulwadde bwa mukenenya

(ii) Enkyukakyuka mu kumanya kw’abantu eziva mu nteekateeka z’okumanyisa

Waliwo kye wayize ku bulwadde bwa mukenenya okuva mu nteekateeka zino — ku ngeri gye bukwatibwa n’engeri abantu gyebayinza okwewalamu?

Obubaka buno bwakuwadde amawulire ag’amazima ku ngeri n’ewatuuka ku buweereza; nga okukeberwa, okubudabuda n’okufuna eddagala?

Nga tonawuliriza ku nteekateeka zino, waliwo eby’obulimba bye wawulanga ku HIV/AIDS? Oba yee, ebyo byakyuka otya?

Ebibuzo bya'abamanyilivu (Key Informant Interview Guide)

Entandikwa

Oyaniliziwa okwetaba mu kunoonyereza okw'akolebwa Esther Nelima, omuyizi ku Uganda Christian University. Okunoonyereza kuno kugenderera okukebera engeri enteekateeka y'Obwakabaka bwa Buganda ey'okulwanyisa n'okujanjaba obulwadde bwa mukeenenyanya gy'ekola mu disitulikiti y'e Wakiso, nga ekigendererwa kisinziira ku kufuna enkyukakyuka ez'oluvannyuma eziyinzisa obulungi ob'empereza eri abantu abali n'obulwadde bwa mukeenenyanya awamu n'abantu abakoseddwa ku lulwe.

Osabiddwa oyogereko kunoonyereza kuno, oyambeko okutuusa obubaka, ebirowoozo n'obumanyirivu ku ngeri enteekateeka eno gy'eyambye abantu n'ebitundu gye babeera. Obanga oli omuganyulwamu, omukulembeze w'abantu oba omuteekateeka w'ensonga zo obulwade bwa mukenenya, ekigambo kyo kikulu era kijja kuyamba okuteekawo engeri eddala ezisinga obulungi mu kulwanyisa HIV/AIDS.

Tujja kukola okwebuza naawe mu ngeri y'okwogera awatali kubiibwa, ebinaatwala akaseera akabanga obukadde bwa ddakiika 30. Osobola okulonda ekifo n'ebbanga ekikusemberera. Tebulina kuddamu kwa mazima oba obutali mazima; tukwagala okuyiga okuva ku by'olina.

Okwetaba kwo kwa bwesige era kwa kwerinda- osobola okugaana oba okulekawo wonna nga toyinza kwonoona kintu kyonna. Ebinaagambibwa bijja kukwasibwa mu bugezigezi obusukkiridde, nga byonna bisigala bya kyama era bijja okukozesebwa mu kunoonyereza kwa masomo ku bulwadde bwa mukenenya. Otegeera era weekirizza

okwetaba mu kunoonyereza kuno? Oba yee, tukirizza okutandika. Oba naawe, oli mu ddembe okulaga

EKITUNDU A

Ekigendererwa: Okumanya njeri y'okufuna n'okubaawo kw'ebifo ebikebererwamu obulwade bwa mukenenya mu Bw'akabaka bw'a Buganda.

(i) Obusobozivu bw'abantu okutuka mu bifo omu kebererwamu mukeenanya.

Ebifo ebikebererwamu by'angu okutuuka ko mu bitundu abantu gy'ebabeera?

Waliwo enteekateeka z'okwekebeza mu bantu - nga mobile clinics oba okutuukirira abantu - eri abo abatayinza kutuuka ku malwaliro?

Waliwo ebibinja by'abantu - abavubuka, abakyala, abantu abalina obulemu - abazuulibwa nga basanga obuzibu mu kutuuka ku testing services?

(ii) Obusangwamu bw'ebifo ebikebererwamu HIV/AIDS

Mundowoozayo, obuweereza ki obw'o kwekebeza obusangibwa mu kitundu kyo?

Obuweereza buno butuuka mu kiseera?

W'oyita, nkizo ki oba ebikozesebwa ki ebyetaagisa okwongera obunene bw'ebifo by'obukeberwa?

EKITUNDU B

Ekigendererwa: Okunoonya enkyukakyuka eziva mu buweereza bwa bunamikago n'okubuulirirwa ku bulamu bw'abantu abali n'obulwadde bwa mukenenya mu Bwakabaka bwa Buganda.

(i) Obuweereza bwa

Engeri ki obunamikago gy'eba ekolebwa eri abantu abali n'obulwadde bwa HIV/AIDS mu nteekateeka eno?

Osobola otya abagenda okubeera peer supporters? Era mubateeka mu nkola etya?

Peer supporters bakola ki eky'enkizo mu kuyamba abantu okugoberera ddagala n'okubeera mu bulamu obw'eyagaza?

Waliwo ensonga ezikugira obunamikago okutuukiriza emirimu gyabwe obulungi? Obuzibu ki bw'ebasanga?

(ii) Obuweereza bw'okubuulirira.

Obuweereza obw'okubudaabuda ki obuweebwa eri abantu abali n'obulwadde bwa mukenenya?

Buweebwa abantu bonna oba bulekebwa ku bantu abamu bwoka?

Buweereza buno bwavaamu enkyukakyuka ezirabika - nga okugoberera ddagala oba okwewala akataliiko - mu bulwadde?

N'obulabe ki obulemesa buweereza buno okutuukiriza ebigendererwa byabwo?

EKITUNDU C

Ekigendererwa: Okumanya engeri enkungaana z'okumanyisa abantu ku mukeenenyanya bwe zikyusizza enkola n'okumanya kw'abantu mu Bwakabaka bwa Buganda.

(i) Enkyukakyuka mu nkola y'abantu

Olabako enkyukakyuka mu neyisa y'abantu okuva lwe batandika okufuna obubaka bw'okumanyisa ku mukeenenyanya? Oba yee, ebyo biri bitya?

Waliwo abantu abamu abagaanye okwettanira obuweereza buno era n'okukyusa mu n'eyisa y'abwe newankubadde ba manyisiddwa?

Oluvannyuma lw'okumanyisa, abantu batandika okwettanira buweereza buno obw'obwereere?

Okusenziira ku kundowooza yo, buzibu ki obulemesa okumanyisa kw'abantu mu kukyusa mu mbeera zaabwe eza bulijjo?

(ii) Okumanya kw'abantu

Bantu mu kitundu gy'obeera bategeera ki ku mukeenenyanya ku by'okukwatibwa, okuziyiza n'okujanjaba, oluvanyuma lw'obubaka? Okumanya kw'abantu ku mukeenenyanya kukyuse?

Waliwo eby'obulimba oba ensobi ezikyali mu bantu ku ekilwadde kya mukeenenyanya? Oba yee, biki ebyo?

Mundowoozayo, enkungaana eziddako zandyinza tutya okukola okutuusa amazima ne kuggya ebikyamu abantu byebakkiriza?