THE IMPACT OF AIDS HEALTH FOUNDATION AHF PROGRAM ON THE WELLBEING OF PEOPLE LIVING WITH HIV/AIDS IN MASAKA DISTRICT

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A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR AWARD OF A DEGREE OF BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I, Nakato Jackline, hereby declare that this dissertation was written entirely by me and has never been submitted to another institution for consideration for any award.

Signature:..... Date: 19/09/24

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APPROVAL

This dissertation was produced under my supervision and now due for submission to the School of Social Sciences, Uganda Christian University.

Signature:..... Date: 19/09/24

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DEDICATION

I dedicate this study to my family especially my parents; Mr. Lawrence Theissen and Mrs. Namuganyi Eva; Aunty Namiiro Esther and Childcare Worldwide, who sponsored, guided, and mentored me throughout my studies up to the University. Above all, I give thanks to the Almighty God for His abundant grace and provision in this journey.

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LIST OF ACRONYMS

AHF: - The AIDS Health Foundation

ART: - Antiretroviral therapy

BSSR: - Behavioral and Social Science Research

HIV/AIDS: - Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

PMTCT: - Prevention of mother-to-child transmission

SPSS: Statistical Package for Social Sciences

UBOS: - The Uganda Bureau of Statistics

UNAIDS: - Joint United Nations Programme on HIV/AIDS

UPHIA: - Uganda Population-Based HIV Impact Assessment

WHO: - World Health Organization

ABSTRACT

The study aimed at examining the impact of the AIDS Health Foundation (AHF) Program on the well-being of people living with HIV/AIDS in Masaka District. It specifically focused on; establishing the influence of ARVs' supply on the well-being of people living with HIV/AIDS, examining the influence of testing services on the well-being of people living with HIV/AIDS and finding out the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district.

The study was carried out using an explanatory research design where both quantitative and qualitative research approaches were also used. The data was collected using questionnaires and interviews during the data collection, both purposive and simple random sampling methods were used. A sample size of 55 respondents who are adults aged 18-60 years with HIV/AIDS in Masaka and the health practitioners from AHF Uganda also participated in the study.

From the findings, it was revealed that AHF's ARV supply, testing services, and education/counseling programs in Masaka district have received predominantly positive feedback. Respondents reported improved health outcomes with ARV programs, citing easy access and reliability, although some concerns about ARV quality were noted. Testing services were praised for accessibility, confidentiality, and effectiveness in promoting early diagnosis and treatment. Education and counseling were seen to empower individuals, enhance knowledge about HIV management, and mitigate emotional challenges, though areas for improvement in comprehensive patient needs were identified. Overall, AHF's integrated approach positively impacts wellbeing and health outcomes for people living with HIV/AIDS in Masaka district.

Lastly, the study recommended that AHF Uganda should focus on improving ARV supply quality and consistency, enhancing HIV testing service accessibility and confidentiality, and integrating comprehensive education and counseling programs in Masaka district. By ensuring rigorous monitoring of ARV quality and supply chains, expanding outreach efforts for testing services, and diversifying educational and counseling support, AHF can enhance patient confidence, promote early diagnosis and treatment, and improve overall health outcomes effectively.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study aimed at investigating the impact of AIDS Health Foundation (AHF) programs on the wellbeing of people living with HIV/AIDS in Masaka District, examining how AHF's initiatives affect their health, access to care, and overall quality of life. Therefore, this chapter provides an overview of the research, outlining the study's background, addressing the central problem, and detailing its purpose and objectives. It also defines the research questions, specifies the scope, highlights the study's significance, and presents the conceptual framework guiding the investigation.

1.1 Background of the study

HIV/AIDS has had a devastating impact on global health, with millions of people affected and millions of lives lost since the emergence of the epidemic in the 1980s. Efforts to combat the disease have been ongoing, with various organizations, programs, and interventions implemented worldwide (UNAIDS, 2016). The AIDS Health Foundation (AHF) is one such organization that has been actively involved in addressing the challenges posed by HIV/AIDS. AHF is a global nonprofit organization that provides comprehensive HIV/AIDS prevention, care, and advocacy services (McDonald, 2016). It operates in numerous countries across the globe, with a focus on areas heavily affected by the epidemic. The organization aims to improve the well-being and quality of life of people living with HIV/AIDS through the provision of accessible and affordable healthcare services, advocacy for policy change, and community mobilization (Qiao et al., 2019).

Sub-Saharan Africa remains the most heavily affected region by the HIV/AIDS epidemic. According to the Joint United Nations Programme, on HIV/AIDS (UNAIDS), in 2020, approximately 67% of all people living with HIV worldwide resided in sub-Saharan Africa. The region also accounted for 71% of new HIV infections and 75% of AIDS-related deaths globally. Despite the devastating impact of HIV/AIDS in Africa, significant progress has been made in recent years. Increased access to antiretroviral therapy (ART), prevention interventions, and improved healthcare infrastructure have contributed to a reduction in new infections and AIDS-

related deaths (Bulstra et al., 2020). However, challenges such as stigma, limited resources, and weak healthcare systems continue to hamper efforts to control the epidemic effectively (Anywar et al., 2020).

Uganda has made significant strides in combating the HIV/AIDS epidemic over the past few decades. In the early years of the epidemic, Uganda faced high infection rates, but the country's response, including an emphasis on prevention, behavior change communication, and community engagement, led to a decline in HIV prevalence (UNAIDS 2018). Over the years, Uganda implemented a comprehensive and multi-sectoral approach to HIV/AIDS prevention and control. The government, in collaboration with national and international organizations, prioritized prevention strategies, including behavior change communication, condom promotion, and voluntary counseling and testing. These efforts, combined with increased access to antiretroviral therapy (ART), contributed to a decline in HIV prevalence and a reduction in AIDS-related deaths (WHO, 2020). Despite the progress made, Uganda still faces significant challenges in addressing the HIV/AIDS epidemic. Factors such as stigma, limited resources, gender inequalities, and the presence of key populations at higher risk of infection (such as sex workers and men who have sex with men) continue to impact the overall response to HIV/AIDS in the country (Karamagi et al., 2018).

Masaka District, located in the central region of Uganda, has been identified as one of the areas with a relatively high prevalence of HIV/AIDS. According to the Uganda Population-based HIV Impact Assessment (UPHIA) 2020 survey, the overall HIV prevalence in Uganda was estimated at 5.7% (Ssemwanga et al., 2020). However, the prevalence varies across regions and districts. While specific data on HIV prevalence in Masaka District might not be available for the most recent years, previous studies provide valuable insights. For instance, the Uganda Population and Housing Census of 2014 indicated that Masaka District had an HIV prevalence of 7.9%, which was higher than the national average at that time. This highlights the need for targeted interventions and programs to address the specific challenges faced by individuals living with HIV/AIDS in the district (Muttai et al., 2021).

The AIDS Health Foundation (AHF) Program operates in Masaka District, providing a range of services to people living with HIV/AIDS. The program aims to improve the well-being and quality of life of individuals affected by HIV/AIDS by addressing their comprehensive needs (Bbosa et

al., 2021). Some of the key components of the AHF Program in Masaka District include: HIV Testing and Counseling, access to Antiretroviral Therapy (ART), adherence support, prevention interventions and psychosocial support. The AHF Program in Masaka District is implemented through partnerships with local healthcare facilities, community-based organizations, and other stakeholders (Ssewamala et al., 2021). By working closely with these entities, the program aims to strengthen the healthcare system, enhance service delivery, and promote community engagement in HIV/AIDS prevention and care (Kavuma et al., 2022). Despite the great strides made, the people in Masaka still face significant challenges in addressing the HIV/AIDS epidemic which necessitates the need to conduct this study.

1.2 Problem statement

The AIDS Health Foundation (AHF) Program plays a crucial role in addressing the challenges faced by individuals affected by HIV/AIDS and contributes to improving their overall well-being (Karamagi et al., 2018).A study conducted by King et al. (2018) in Uganda showed that community-based interventions, such as those implemented by the AHF Program, effectively increased HIV testing rates and improved knowledge about HIV/AIDS among community members. Despite the benefits that come with the AHF Program in fighting HIV/AIDS, the wellbeing of the people living with HIV/AIDS especially in developing countries like Uganda is very low (Bbosa et al., 2021).

For example, statistics show that Masaka District has been identified as an area with a relatively high prevalence of HIV/AIDS, according to UBOS (2022); the district had an HIV prevalence rate of 7.9%, surpassing the national average at that time. This could be attributed to the limited healthcare resources available to implement the program, limited healthcare resources, stigma and discrimination, poverty and socioeconomic inequalities and limited education and awareness. If this poor well-being of people living with HIV/AIDS in Masaka District is not adequately addressed, several negative consequences are likely to arise like health deterioration, increased transmission rates, social and economic burdens and mental health and psychosocial consequences (Kavuma et al., 2022).

Furthermore, despite the existence of the AIDS Health Foundation (AHF) Program in Masaka District, there is a lack of comprehensive research examining the specific impact of the program

on the well-being of people living with HIV/AIDS in the region. While studies like (Ogwang, 2014;Kalibala et al., 2016) have highlighted the overall benefits of HIV/AIDS programs, there is a specific gap in understanding the effectiveness of the AHF Program in addressing the unique challenges faced by individuals in Masaka District and its direct impact on their well-being. This research therefore aimed to fill this gap by conducting a thorough evaluation of the AHF Program and its effects on the well-being of people living with HIV/AIDS in Masaka District.

1.3 Purpose of the study

The purpose of the study was to examine the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District.

1.4 Objectives of the study

i. To establish the influence of ARVs' supply on the wellbeing of people living with HIV/AIDS in Masaka district.
ii. To examine the influence of testing services on the wellbeing of people living with HIV/AIDS in Masaka district.
iii. To find out the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district.

1.5 Research questions

i. What is the influence of ARVs' supply on the wellbeing of people living with HIV/AIDS in Masaka district?
ii. What is the influence of testing services on the wellbeing of people living with HIV/AIDS in Masaka district?
iii. What is the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district?

1.6 Scope of the study

The scope of the study covered three dimensions that is; content, geographical and time and these were discussed in detail below:

1.6.1 Content scope

This study specifically focused on; establishing the influence of ARVs' supply on the wellbeing of people living with HIV/AIDS, examining the influence of testing services on the wellbeing of people living with HIV/AIDS and finding out the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district.

1.6.2 Geographical scope

Geographically, the study was conducted in Masaka district located in the central region of Uganda. The district is bordered by Bukomansimbi district to the north-west, Kalungu district to the north, Kalangala district to the east and south, Rakai district to the south-west, and Lwengo district to the west. Masaka district was chosen because it's one of the areas with high HIV/AIDS prevalence where the AHF Program has been implemented a shown in Appendices 3 & 4.

1.6.3 Time scope

The study focused on scholarly material from the period 2018 to 2023. This period was selected to ensure the study incorporates the most recent and relevant data on AHF's impact and current HIV/AIDS care practices. It was also carried out for a period of three months from April to June, 2024.

1.7 Justification of the study

Despite the existence of the AIDS Health Foundation (AHF) Program in Masaka District, there is a lack of comprehensive research both past and present examining the specific impact of the program on the well-being of people living with HIV/AIDS in the region. While studies like (Ogwang, 2014; Kalibala et al., 2016) have highlighted the overall benefits of HIV/AIDS programs, there is a specific gap in understanding the effectiveness of the AHF Program in addressing the unique challenges faced by individuals in Masaka District and its direct impact on their well-being. Therefore, once this study was finalized, it was hoped that it will provide necessary strategies that can be undertaken by the implementers of the AHF Program to improve on the services provided in the bid to improve the well-being of the people living with HIV/AIDS.

1.8 Significance of the study

To the individuals living with HIV/AIDS, this study will help them to understand the effectiveness of the program in addressing their needs and improving their overall quality of life. The study may also identify areas for improvement, leading to enhanced healthcare services, reduced stigma, increased support, and improved access to treatment and psychosocial services.

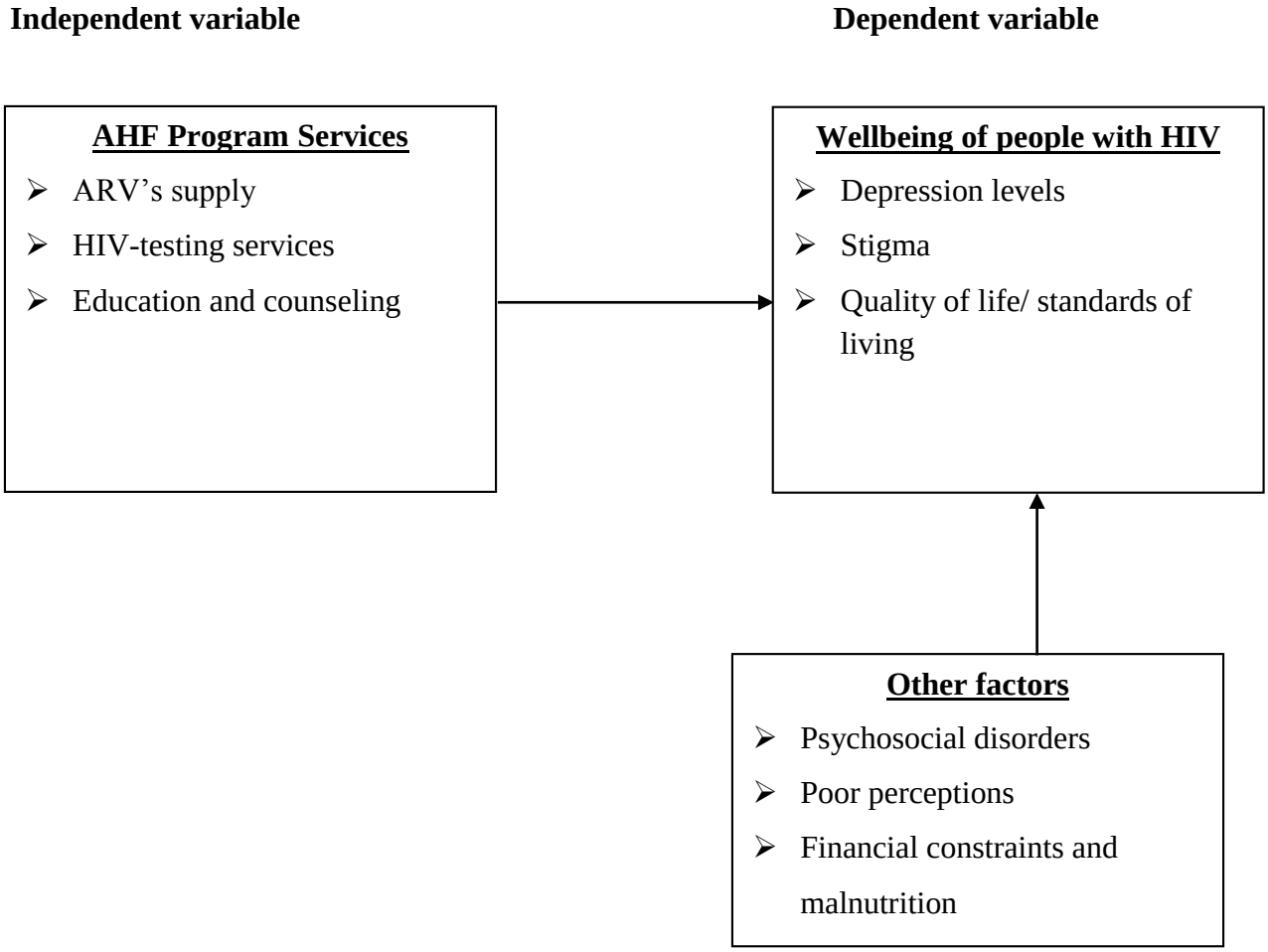
To the healthcare providers, the study findings will help them to identify best practices, gaps, and areas for improvement in the delivery of HIV/AIDS care. This information can guide healthcare providers in enhancing their services, adopting evidence-based approaches, and improving patient outcomes. The study may also provide insights into capacity-building needs and opportunities for professional development.

To the policymakers in Masaka District and beyond, the study findings will provide evidence-based recommendations for program improvement and policy development to enhance the well-being of people living with HIV/AIDS. Policymakers can utilize these recommendations to shape policies, allocate resources, and implement interventions that address the specific challenges faced by individuals affected by HIV/AIDS. The study may also highlight the importance of investing in HIV/AIDS programs and advocate for increased support at the policy level.

To the future researchers, the study will contribute to the existing body of knowledge on HIV/AIDS programs and their impact on the well-being of individuals. Future researchers can build upon the findings of this study to conduct further investigations, explore specific aspects of the AHF Program's impact, or compare the effectiveness of different interventions. The study may provide a foundation for future research and inspire new inquiries into improving the well-being of people living with HIV/AIDS in other contexts.

1.9 Conceptual Framework

Figure 1: Conceptual Framework



Source: *Adapted from Anywar et al. (2020) and modified by me as the researcher (2023)*

The conceptual framework above shows the relationship between the independent variable (AHF Program) and the dependent variable (well-being of people with HIV/AIDS). AHF Program is measured using the services provided under the program which are; ARV's supply, HIV-testing services, and education and counseling. On the other hand, the wellbeing of people living with HIV/AIDS is measured using; physical health, mental health, social support, quality of life and access to care & support services.

1.10 Operational definitions of the study

AIDS Health Foundation (AHF) Program: Refers to the specific program implemented by the AIDS Health Foundation in Masaka District, Uganda, aimed at providing comprehensive healthcare services, including HIV testing, counseling, access to antiretroviral therapy (ART), psychosocial support, and community engagement initiatives for individuals living with HIV/AIDS.

Well-being: In the context of this study, well-being refers to the overall state of physical, mental, and social health and satisfaction experienced by individuals living with HIV/AIDS. It encompasses dimensions such as physical health, mental health, social support, quality of life, and access to care and support services (Marsh et al., 2020).

Human Immunodeficiency Virus (HIV): HIV is a retrovirus that attacks the immune system, specifically the CD4 cells (T cells) which are crucial in fighting off infections. HIV can be transmitted through certain bodily fluids such as blood, semen, vaginal fluids, and breast milk. Once a person is infected with HIV, the virus replicates and gradually weakens the system, leading to a compromised ability to fight off infections and diseases (Winston & Spudich, 2020).

Acquired Immunodeficiency Syndrome (AIDS): AIDS is the advanced stage of HIV infection characterized by severe damage to the immune system. It leaves the individual highly susceptible to opportunistic infections and certain types of cancers. The diagnosis of AIDS is based on the presence of specific opportunistic infections or a severely compromised CD4 cell count below a certain threshold (Pepin, 2021).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the literature that was reviewed on the basis of the study objectives. The literature was selected, studied and arranged according to the themes relating to the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS. The chapter presentation was under three sections; review of various theories and concepts, highlighting the objectives of the study and synthesis of literature and research gap analysis. Literature sources include books and journals aimed at providing insight in what has already been done within this area of study.

2.1 Concept of HIV/AIDS

The HIV/AIDS epidemic remains one of the most urgent global public health crises. AIDS causes over 1 million deaths each year, and there are over 2 million new HIV infections annually (UNAIDS, 2018). The United States has advanced a comprehensive national strategy to gain ground against HIV/AIDS, and reducing HIV/AIDS is featured in the US Department of Health and Human Services' Healthy People 2020 goals. These strategic plans and actions are joined by global organizations, nations, and communities around the world who are collectively responding to the crisis of HIV/AIDS (Gaist & Stirratt, 2017).

Important advances have been made that could turn the tide in HIV/AIDS. Recent ground-breaking trials indicate that HIV pre exposure prophylaxis (PREP) and "treatment as prevention" (TasP) reduce HIV transmission (Cohen et al., 2011). Early initiation of antiretroviral treatment (ART) offers significant clinical benefits to people living with HIV (PLWH). These advances have changed treatment and public health guidelines and have fostered greater emphasis on identifying PLWH and engaging them in treatment and care, along with improving PREP access and use among individuals at substantial risk for infection. Contributions from behavioral and social science research (BSSR) have occurred in parallel (Coates et al., 2014). Trial results indicate that mobilizing communities and reducing stigma can increase HIV testing and reduce HIV incidence,

and that the delivery of technology-based interventions can increase viral suppression. On many fronts, this is a transformative time for HIV/AIDS research and practice (Kurth et al., 2015).

HIV/AIDS is a significant public health concern in Uganda, with notable progress and ongoing challenges in combating the epidemic. According to the Uganda Population-Based HIV Impact Assessment (UPHIA) 2016-2017 survey, the national HIV prevalence among adults aged 15-64 was estimated at 6.2%. This indicates that approximately 1.4 million adults in Uganda are living with HIV. Among children aged 0-14, the HIV prevalence was estimated at 0.5%. It is worth noting that HIV prevalence varies across regions, with higher rates observed in fishing communities and urban areas where mobility and risky behaviors may contribute to the spread of the virus (Musumari, 2021).

In terms of new HIV infections, Uganda recorded an estimated 53,000 new cases in 2019. Among these, young people, particularly adolescent girls and young women, remain a key population at higher risk of acquiring HIV. Factors such as gender inequality, early sexual debut, limited access to comprehensive sexual and reproductive health services, and social and economic vulnerabilities contribute to the disproportionate burden of HIV among young women (Lunkuse et al., 2022).

Uganda has made significant strides in expanding access to antiretroviral therapy (ART). As of 2020, approximately 1.4 million people were receiving ART, representing 77% of the estimated 1.8 million people living with HIV in the country. This progress is a result of efforts to scale up HIV treatment services, improve access to testing, and enhance care and support programs. However, the coverage of ART among children is lower compared to adults, with only about 56% of children in need of treatment receiving ART. Addressing this gap is crucial to ensure that all individuals living with HIV, including children, can access the life-saving treatment they need (Dirlikov et al., 2023).

Prevention of mother-to-child transmission (PMTCT) services have also shown improvement in Uganda. The mother-to-child transmission rate was estimated at 6.2% according to the UPHIA 2016-2017 survey. This indicates progress in reducing the transmission of HIV from mother to child. PMTCT interventions, including antiretroviral prophylaxis, HIV testing during pregnancy, and support for safe infant feeding practices, play a vital role in preventing new infections among children (Muwanguzi et al., 2019).

Certain populations face a higher risk of HIV/AIDS in Uganda. These key affected populations include female sex workers, men who have sex with men, transgender individuals, injecting drug users, and mobile populations. These groups often experience unique challenges, including stigma, discrimination, limited access to healthcare services, and increased vulnerability to HIV transmission. Tailored prevention and treatment interventions are necessary to address the specific needs of these populations and reduce HIV transmission within these communities (Nakiganda et al., 2021).

While Uganda has made significant progress in reducing HIV/AIDS-related deaths and improving access to treatment and prevention services, sustaining these gains and further reducing new infections remains a priority. Challenges such as inadequate resources, stigma, discrimination, and limited access to healthcare services in rural areas persist. Strengthening health systems, increasing investments in prevention, expanding access to testing and treatment, and promoting comprehensive sexual and reproductive health services are key strategies to address the HIV/AIDS epidemic in Uganda (Cooke et al., 2019).

2.2AIDS Health Foundation (AHF) Program

The Los Angeles-based AIDS Healthcare Foundation (AHF) is a global nonprofit organization providing high-quality HIV care and services to those in need. They generate new, innovative ways of treating and addressing barriers to care for our clients through a network of pharmacies, thrift stores, health and wellness centers, affordable housing locations, and food service programs (UNAIDS, 2016). Founded in 1987, AHF began as a network of hospices committed to "fighting for the living and caring for the dying." Since then, AHF has expanded, turning hospices into healthcare centers, and building a new paradigm for HIV care both in the United States and around the world (McDonald, 2016). Under the leadership of President and co-founder Michael Weinstein, AHF has grown from a group of friends dedicated to creating dignified hospice care to the largest AIDS organization in the world. President Michael Weinstein has been at the forefront of creating cutting-edge healthcare and advocacy programs and continues to drive the organization forward with the aim of saving more lives around the world (Qiao et al., 2019).

In Uganda, AHF's work is focused on addressing the HIV/AIDS epidemic and improving the lives of people living with HIV/AIDS through various programs and initiatives. The AHF Program in

Uganda aims to provide accessible and high-quality healthcare services to individuals affected by HIV/AIDS (Bulstra et al., 2020). The program encompasses a range of interventions, including HIV testing and counseling, provision of antiretroviral therapy (ART), prevention services, support groups, and community-based initiatives. AHF collaborates with local healthcare facilities, government agencies, and community organizations to deliver these services effectively. One of the key objectives of the AHF Program in Uganda is to increase access to HIV testing and counseling services. AHF promotes widespread testing through mobile testing units, community outreaches, and partnerships with healthcare facilities. By encouraging early detection and diagnosis, the program aims to link individuals to appropriate care and treatment services promptly (Anywar et al., 2020).

AHF also plays a crucial role in providing comprehensive treatment and care for individuals living with HIV/AIDS in Uganda. Through its clinics and healthcare facilities, AHF offers free or low-cost antiretroviral therapy (ART) to eligible individuals. The program emphasizes adherence to treatment, regular monitoring, and support to ensure positive health outcomes for patients. AHF clinics also provide other essential healthcare services, including prevention of mother-to-child transmission (PMTCT), sexual and reproductive health services, and management of opportunistic infections (UNAIDS 2018).

Additionally, the AHF Program in Uganda focuses on prevention strategies to reduce new HIV infections. This includes promoting awareness, education, and behavior change through community-based initiatives, outreach programs, and campaigns (Karamagi et al., 2018). AHF advocates for comprehensive prevention approaches, such as condom distribution, voluntary medical male circumcision, and pre-exposure prophylaxis (PREP) services. The AHF Program in Uganda operates within the broader national HIV/AIDS response framework, collaborating closely with the Ugandan Ministry of Health and other stakeholders. By working in partnership with local communities, healthcare providers, and organizations, AHF aims to strengthen the healthcare system, build capacity, and create sustainable interventions that improve the lives of people living with HIV/AIDS in Uganda (Ssemwanga et al., 2020).

The AHF Program in Uganda has made significant contributions to the HIV/AIDS response in the country, particularly in terms of expanding access to testing, treatment, and prevention services. The program's comprehensive approach, community engagement, and focus on quality care have

had a positive impact on the lives of individuals affected by HIV/AIDS in Uganda. Continuous evaluation, monitoring, and improvement of the program ensure that it remains responsive to the evolving needs of the population and aligns with national HIV/AIDS strategies and goals (Muttai et al., 2021).

2.3 Influence of ARVs' supply on the wellbeing of people living with HIV/AIDS

A study by Bbosa et al. (2021) demonstrated a powerful cause-and-effect relationship: consistent access to ARVs directly suppresses HIV replication. This viral suppression significantly reduces the viral load in the body, allowing the immune system to rebuild its depleted CD4+ cell count. As a result, individuals experience a strengthened defense against opportunistic infections, which are illnesses that exploit the weakened immune system in people with HIV. This translates to a notable decrease in mortality rates and a marked improvement in overall physical health for people living with HIV.

The psychological burden of living with HIV can be significant, with depression and anxiety being common co-occurring conditions. Research by Wagner et al. (2023) suggests a positive feedback loop between consistent ARV access and mental well-being. A reliable ARV supply fosters successful treatment adherence, which effectively controls the virus and improves physical health. This, in turn, reduces HIV-related stress and anxieties. Furthermore, the sense of control and empowerment gained from managing the virus effectively can alleviate feelings of depression and hopelessness. This positive cycle ultimately leads to a significant improvement in overall mental health and a better quality of life for people living with HIV.

A study by Musumari (2021) showed that implementing multi-month dispensing, made possible by a consistent ARV supply chain, leads to significant improvements in adherence rates. This, in turn, strengthens the effectiveness of the medication. Consistent intake of ARVs allows for optimal viral suppression, maximizing the treatment's ability to control the virus and prevent resistance. As a result, individuals experience a reduced risk of opportunistic infections and a greater chance of achieving a sustained, healthy state. A reliable ARV supply directly addresses a critical barrier to treatment adherence– the disruption caused by stock outs and frequent pharmacy visits. This eliminates the anxiety of running out of medication and missing doses.

A study by Qiao et al. (2019) demonstrating a clear link between a stable ARV supply chain and reduced anxiety among patients. When the fear of running out of medication is alleviated by a reliable supply system, it fosters a sense of security and control over their health. This reduction in anxiety allows patients to focus on treatment adherence and overall well-being, creating a positive impact on their mental and emotional state. The constant worry about stock outs and potential disruptions in their HIV treatment can be a significant source of anxiety and fear for patients

The improvements in physical and mental health brought about by consistent ARV access empower individuals to re-engage more actively in social life because with a strengthened immune system and reduced illness burden, individuals experience increased energy levels and a greater capacity for physical activity. This translates to improved work productivity and the ability to contribute more meaningfully in their professional spheres. Furthermore, the alleviation of depression and anxiety fosters stronger relationships with family and friends. The overall sense of well-being and restored control over their health allows individuals to participate more confidently in social activities and reconnect with their communities. This renewed social engagement strengthens feelings of belonging and purpose, creating a positive feedback loop that further enhances overall well-being (Ssewamala et al., 2021).

Reliable access to ARVs fosters a sense of agency and empowerment for people living with HIV. A study by Kavuma et al. (2022) has shown this translates into a stronger commitment to treatment adherence. The consistent availability of medication removes the fear of disruption and empowers individuals to take control of their health. This newfound sense of control motivates them to prioritize taking their medication as prescribed, a crucial factor in maximizing the effectiveness of ARVs. Furthermore, the positive health outcomes associated with successful treatment, like increased energy levels and a stronger immune system, further fuel feelings of hope and empowerment. This creates a positive cycle where a sense of control leads to better adherence, which in turn leads to improved health, ultimately fostering a more hopeful outlook on the future for individuals living with HIV.

Stigma surrounding HIV can be a significant hurdle to well-being, leading to social isolation and hindering access to healthcare. However, consistent ARV access can indirectly contribute to a reduction in perceived stigma (Muttai et al., 2021). When individuals achieve viral suppression

through effective treatment, the risk of transmitting the virus to others becomes significantly lower. This demonstrably positive health outcome can empower people living with HIV to challenge negative stereotypes and misconceptions. Studies on the psychological impact of ART further support this – as individuals experience improved health and a restored sense of control over their illness, they are more likely to disclose their HIV status confidently and advocate for themselves. This open communication and management of their condition can help to chip away at stigma and discrimination, fostering a more accepting and understanding social environment (Bbosa et al., 2021).

Consistent ARVs translate to a significant economic benefit on both individual and societal levels. Improved health due to effective viral suppression allows people living with HIV to maintain employment or return to the workforce. This contributes directly to economic growth through increased productivity and tax contributions. Additionally, the reduced risk of opportunistic infections due to ARVs leads to a substantial decrease in healthcare costs. Individuals avoid hospitalizations and expensive treatments for these illnesses, while healthcare systems experience a lessened burden on resources. This economic benefit frees up funds that can be allocated to other crucial areas within the healthcare system or the broader economy. Overall, a reliable ARV supply fosters a healthier, more productive population, creating a positive ripple effect that strengthens both individual and national economies (Anywar et al., 2020).

2.4 Influence of testing services on the wellbeing of people living with HIV/AIDS

Studies by Mfinanga et al. (2023) highlight the empowering effect of early HIV diagnosis through testing. Knowing their HIV status allows individuals to take a proactive approach to managing their health. This empowers them to seek prompt medical attention and initiate antiretroviral therapy (ART) as soon as possible. Early treatment initiation is crucial for maximizing the effectiveness of ARVs in suppressing the virus and preventing the development of complications. This, in turn, translates to a stronger immune system, reduced risk of opportunistic infections, and a better overall prognosis. The sense of control gained through early diagnosis empowers individuals to make informed decisions about their health and well-being, ultimately leading to improved health outcomes (Bukenya et al., 2019).

The uncertainty surrounding HIV status can be a significant source of anxiety and fear for individuals at risk. A study by Nyirenda et al. (2023) demonstrated the potential of testing services to alleviate this burden. Regardless of the test result, simply knowing their status empowers individuals to confront the reality of their situation. This eliminates the fear of the unknown and allows them to make informed decisions about their health moving forward. A negative test result provides peace of mind and eliminates the anxiety associated with potential transmission. Even a positive test result, while undoubtedly challenging, can be a catalyst for seeking early treatment and taking control of the situation. This newfound sense of agency can significantly reduce anxiety and fear, allowing individuals to focus on managing their health and living a fulfilling life (Waldron et al., 2021).

Untreated HIV infection can have a detrimental impact on mental health; with depression being a common co-occurring condition according to research by Radoi et al. (2023). They suggested that timely testing and adherence to treatment can disrupt this negative cycle. Early diagnosis allows for prompt initiation of ARVs, which effectively suppress the virus and prevent damage to the central nervous system. This, in turn, helps to preserve cognitive function and reduce the risk of mental health issues like depression associated with late-stage HIV. Additionally, the improved physical health and overall well-being achieved through successful treatment can alleviate feelings of hopelessness and isolation, further contributing to better mental health outcomes. Early diagnosis paves the way for timely intervention and management of HIV, ultimately leading to a reduced risk of cognitive decline and depression (Kilcrease et al., 2022).

HIV testing services, when combined with effective risk reduction counseling, empower individuals to make informed decisions about their sexual health and prevent transmission to others Mavhu et al. (2023). Knowing their HIV status allows individuals to assess their personal risk profile and engage in safer sexual practices. Counseling sessions can equip them with the knowledge and skills necessary to adopt behaviors that minimize transmission risk. This can include consistent condom use, negotiation of safer sex practices with partners, and consideration of pre-exposure prophylaxis (PREP) for those at high risk. By promoting responsible sexual behavior, testing services coupled with risk reduction counseling play a crucial role in curbing the spread of HIV and protecting the health of both the individual and their partners (Singer & Mendenhall, 2022).

While HIV testing services offer numerous benefits, a positive test result can have unintended negative consequences according to Araya et al. (2023), underscores the potential for social isolation and stigma. The fear of discrimination and rejection can lead individuals to withdraw from social circles and isolate themselves. This social isolation can exacerbate feelings of depression and anxiety, further hindering well-being. To mitigate these negative impacts, testing services need to be coupled with robust anti-stigma interventions. These interventions can include educational programs that address misconceptions about HIV transmission, promote social acceptance, and empower individuals to disclose their status confidently. Additionally, connecting individuals with support groups and counseling services can provide a safe space for them to navigate the emotional challenges associated with a positive test result and foster a sense of belonging within the HIV-positive community (Watts et al., 2019).

A positive HIV test result can be a deeply emotional experience, potentially triggering a cascade of negative emotions like anxiety, depression, and even suicidal ideation, as highlighted in studies by Frick et al. (2023). The emotional burden of such a diagnosis can be overwhelming, leading to feelings of fear, isolation, and hopelessness. This psychological distress can be further compounded by the stigma associated with HIV. To address this critical aspect, testing services need to be integrated with accessible mental health support. This can include providing referrals to counselors or therapists specializing in HIV-related challenges. Additionally, support groups specifically designed for people living with HIV can offer a safe space to connect with others facing similar challenges and build a sense of community. By integrating mental health support alongside testing services, individuals are better equipped to cope with the emotional impact of a positive result and navigate the path towards well-being (Kilcrease et al., 2022).

Increased HIV testing rates contribute significantly to improved public health outcomes. By identifying individuals who are infected, testing services create opportunities for early intervention and treatment initiation. This not only benefits the individual's health by suppressing the virus and preventing transmission to others, but also plays a crucial role in controlling the epidemic at a population level. Early treatment with ARVs effectively reduces the viral load in an infected person, making them much less likely to transmit the virus to others. This shrinks the overall "viral reservoir" within the population, the pool of infected individuals who can potentially transmit HIV. Consequently, as testing rates rise and more people are diagnosed and treated, the overall

transmission rate of HIV slows down. This creates a ripple effect, leading to a gradual decline in new HIV infections and a healthier population overall (Waldron et al., 2021).

2.5 Influence of education and counseling on the wellbeing of people living with HIV/AIDS

Education and counseling are integral components of HIV/AIDS management, aiming to empower people living with HIV/AIDS (PLWHA) with knowledge, coping strategies, and support networks. Understanding the influence of education and counseling on the wellbeing of PLWHA is crucial for optimizing healthcare interventions and improving health outcomes. Education programs provide PLWHA with essential knowledge about HIV/AIDS, treatment options, and self-care practices, thereby promoting physical wellbeing (Oleribe et al., 2019). Research by Weiser et al. (2017) suggests that increased health literacy through education leads to better adherence to antiretroviral therapy (ART), viral suppression, and reduced risk of opportunistic infections. Furthermore, education on nutrition, medication management, and prevention of secondary complications enhances overall physical health outcomes among PLWHA (Nachega et al., 2019).

Counseling services offer psychosocial support and coping mechanisms to address the psychological challenges faced by PLWHA. Studies by Nakimuli-Mpungu et al. (2020) indicate that counseling interventions reduce anxiety, depression, and stress among PLWHA, enhancing psychological wellbeing. Moreover, counseling facilitates disclosure of HIV status, improves communication within relationships, and fosters resilience in coping with stigma and discrimination (Bogart et al., 2018).

Education and counseling programs contribute to the formation of social support networks among PLWHA, which are crucial for enhancing social wellbeing. Research by Earnshaw et al. (2018) demonstrates that participation in support groups and peer counseling fosters a sense of belonging, reduces isolation, and promotes social integration among PLWHA. Additionally, education on rights and advocacy empowers PLWHA to challenge stigma and discrimination, thereby fostering inclusive social environments (Ware et al., 2019). Educational programs equip PLWHA with a solid understanding of HIV, its treatment options (including ARVs), and potential side effects. Studies by Iacob et al. (2017) demonstrate a clear link between increased health literacy and improved medication adherence, as well as better management of opportunistic infections.

PLWHA who grasp the intricacies of their condition are better positioned to make informed decisions and actively participate in their treatment plan.

Educational sessions can clarify the importance of consistent ARV use and address adherence challenges faced by PLWHA. Research by Tactacan-Abrenica et al. (2022) highlights the effectiveness of combining educational interventions with counseling support in significantly improving adherence rates. This combined approach tackles both the knowledge gap and the emotional barriers that can hinder consistent medication use. Furthermore, the fear and uncertainty surrounding HIV can be a significant source of anxiety and depression for PLWHA. Educational programs can alleviate these burdens by providing accurate information and dispelling myths. Studies by Simoni et al. (2023) demonstrate that interventions combining education and counseling can lead to a decrease in depression symptoms among PLWHA. By addressing misconceptions and fostering a sense of control, these interventions empower individuals to manage their anxieties and emotional well-being.

Educational programs equip PLWHA with the knowledge and skills to navigate the healthcare system confidently and make informed decisions about their treatment. Research by Poku et al., 2020) highlights how such interventions can foster a sense of empowerment, allowing individuals to become active participants in managing their health. This newfound sense of control translates into improved self-efficacy and a greater ability to navigate potential health challenges. Educational sessions often promote healthy eating habits and behaviors that can enhance the immune system and overall well-being of PLWHA. Studies by Menten et al. (2022) revealed that interventions combining education and counseling can lead to positive lifestyle changes like increased physical activity and improved dietary choices. These changes can further empower individuals to manage their health proactively.

Research by Dassah et al. (2018) associated social stigma surrounding HIV as a major obstacle for PLWHA. Educational programs aimed at communities can foster understanding and acceptance highlighting the positive impact of community-level education in reducing stigma and discrimination faced by individuals living with HIV. By addressing misconceptions and promoting empathy, these programs can create a more supportive social environment for PLWHA. Counseling services provide a safe space for PLWHA to voice their concerns, receive emotional support, and connect with others facing similar challenges. Studies by Meuldijk et al. (2021)

established that counseling interventions can strengthen social support networks and equip individuals with coping mechanisms to manage the emotional challenges of living with HIV. This social support network fosters a sense of belonging and reduces feelings of isolation.

Despite their benefits, education and counseling programs face challenges that can impact their effectiveness in promoting wellbeing among PLWHA. Limited access to trained counselors and linguistically and culturally appropriate educational materials may hinder the reach of these interventions, particularly in resource-constrained settings (Pellowski et al., 2016). Moreover, stigma surrounding HIV/AIDS and mental health issues may deter PLWHA from seeking education and counseling services, underscoring the need for targeted outreach and de-stigmatization efforts (Mall et al., 2017).

According to research by Ford et al. (2021), the integration of education and counseling services within healthcare systems is critical for ensuring comprehensive care for PLWHA. They emphasized the importance of incorporating education, and counseling into routine HIV care visits, thereby maximizing their accessibility and impact. Moreover, collaboration between healthcare providers, community organizations, and peer support networks strengthens the continuum of care and enhances the effectiveness of education and counseling interventions (Gupta et al., 2018).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the researcher describes how the study was conducted. Inclusive is the research design, the study area and the population, sampling procedures, sample size and composition, data collection methods, data processing, data analysis methods, data quality control, reliability and ethical considerations.

3.1 Research design

This study used an explanatory research design which is developed to explore a phenomenon that had not been studied before or had not been well explained previously in a proper manner. Its main intention is to provide details about where to find a small amount of information (Aspers & Corte, 2019). It also helped to ascertain how and why a particular phenomenon is occurring and further predict future occurrences. Lastly, it helped in investigating patterns and trends in existing data that haven't been previously investigated.

The mixed-method research combining quantitative and qualitative research approaches were also used during the study. The quantitative study was conducted using questionnaires with selected people aged 18-60 years living with HIV/AIDS in Masaka district that have been receiving HIV treatment from AHF Uganda. Qualitative study was conducted using interviews where the health practitioners working with AIDS Health Foundation Uganda and these were used as key informants in order to get an in-depth analysis about the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District.

3.2 Study area

The study was conducted in Masaka district located in the central region of Uganda. The district is bordered by Bukomansimbi district to the north-west, Kalungu district to the north, Kalangala district to the east and south, Rakai district to the south-west, and Lwengo district to the west. Masaka district was chosen because it's one of the areas with high HIV/AIDS prevalence where the AHF Program has been implemented.

3.3 Study population and size

The study population included people aged 18-60 years living with HIV/AIDS in Masaka district that have been receiving HIV treatment from AHF Uganda. These patients were obtained from the medical files of AHF Uganda with consent and permission from the health practitioners/ doctors and the patients. The study population also included health practitioners from AHF Uganda who acted as key informants.

Table 1: Population study and its categories

Respondents	**Population**
Adults aged 18-60 years with HIV/AIDS	50
The Health Practitioners from AHF Uganda	5
TOTAL	**55**

Source: *AHF Uganda Medical Files (2024)*

3.4 Sample size determination

The researcher used Slovin's formula to determine sample size from the 50 population of the selected category of people as follows;

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

"n" is sample size, "N" is population, "e" is error (0.05) or level of confidence 95%

"N" (population) = 50 adults aged 18-60 years with HIV/AIDS

$$n = \frac{50}{1 + 50(0.05)^2}$$

$$n = \frac{50}{1 + 50(0.0025)}$$

$$n = \frac{50}{1 + (0.125)}$$

$$n = \frac{50}{1.125}$$

n = 44

Therefore from the table above, the sample size was 44 respondents from a total population of 50 people aged 18-60 years living with HIV/AIDS in Masaka district that have been receiving HIV treatment from AHF Uganda.

3.5 Sampling method

The researcher used both purposive and simple random sampling methods. A purposive sampling method was used to select the Health Practitioners/ Doctors from AHF Uganda. This was because of their knowledge about the subject study and given that they are few in number. The people aged 18-60 years living with HIV/AIDS in Masaka district that have been receiving HIV treatment from AHF Uganda were selected using simple random sampling given that these were big in number and using this method eased their selection and gave each person a chance to participate in the study, simple random sampling was preferred because its procedure is un biased and prevent bias in their work and makes research on large populations more practical.

3.6 Sources of data

While carrying out the research study, both primary and secondary data were used by the researcher.

3.6.1 Primary source

Primary data are important for all areas of research because they are accurate information about the results of an experiment or observation. Primary data from the field was obtained through questionnaires and interviews to selected respondents in order to get their opinions. Primary data helped the researcher in collecting information for the specific purposes of their study. The researcher collected the data herself, using questionnaires and interviews.

3.6.2 Secondary source

Secondary data refers to handling, collecting and possibly processing data by people other than the researcher in question. For the purposes of a historical research project, secondary sources are generally scholarly books and articles. This source was used to collect data from already written literature for example e-books, journals, published articles and periodicals. And documentary resources were classified in order to facilitate the data collection and textual analysis (Mubazi 2008).

3.7 Data collection methods and instruments

The data collection methods and research instruments that were used during the process of data collection include; questionnaires and in-depth interviews.

3.7.1Questionnaires

A uniform self-administered open and close-ended questionnaire encompassing background information, on the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District were used. These questionnaires were distributed to the selected people aged 18-60 years living with HIV/AIDS in Masaka district that have been receiving HIV treatment from AHF Uganda. This method was used to collect primary quantitative data (Amin, 2005). For purposes of this study the researcher designed closed ended questionnaires consisting of questions and answers for easy analysis. The researcher used close-ended questionnaires, which enabled coding data during analysis. The questionnaires were measured using a Likert scale where 5 (Strongly Agree), 4 (Agree), 3 (Not sure), 2 (Disagree) and 1 (Strongly Disagree).

3.7.2 Interviews

Interviews were conducted in a quiet place without noise with the key informants who were the Health Practitioners/ Doctors from AHF Uganda that offer treatment to the adult patients with HIV/AIDS in Masaka and then the purpose of the interview was explained followed by addressing the terms of confidentiality. Data obtained during the interview supplemented that obtained through the questionnaire.

3.8 Data collection procedure

The researcher obtained an introductory letter from the School of Social Sciences in Uganda Christian University, after which she sought permission from the management of AHF Uganda who gave the researcher permission to talk to the different respondents (people living with HIV/AIDS aged 18-60 years) receiving treatment from AHF Uganda to use as a case study. The researcher approached various respondents to conduct interviews and distribute the questionnaire guides.

3.9 Quality and error control

According to Agbabiaka & Sule (2010), controlling quality is about ensuring acceptable levels of validity and reliability of the study through proper control of extraneous variables. The researcher therefore used a systematic approach to check the quality of the information collected in order to avoid double counting.

3.9.1 Validity of the research instrument

Instruments are supposed to measure what they are supposed to measure, the researcher ensured the validity of the tools used in data collection first by carrying out pre-test of questionnaires with the people living with HIV/AIDS aged 18-60 years, and the researcher tried by all means to be highly involved in data collection and analysis so as to avoid number of errors in her research. Therefore, validity was measured by addressing how accurate the instruments measure the outcomes or how they construct an intervention that it attempts to affect. In context, an instrument is valid if it happens to measure what the researcher intends to measure.

3.9.2 Reliability of the research instrument

An instrument is reliable if it measure consistently what it is supposed to measure even if other - researchers administer it, it should be able to produce the same results to ensure reliability. And a pilot study was carried out on some of the few respondents on this research topic before the questionnaires are sent to different respondents. Therefore, reliability was ensured by first conducting a pre-test and then followed by a post-test of the research. Reliability of the empirical measurements was done by using the retest method in which the same test were given to some of

the people after a period of time. The reliability of the test was therefore estimated by examining the consistency of the responses between the two variables/sets.

3.10 Data analysis

The quantitative data collected from the questionnaire was coded, keyed into SPSS (a computer software database), organized, and cleaned for any errors that occurred during data collection. The data was then analyzed using descriptive statistics with aid of the SPSS and Microsoft Excel (computer software). Qualitative statistical techniques were used to describe and summarize data. The results were then interpreted in the form of descriptive statistics the frequencies and percentages. The findings were presented in form of tables and figures.

3.11 Ethical considerations

Prior to conducting the study, a letter for requesting permission was sent to the management of AHF Uganda in order to introduce the researcher to the patients involved in the research. Before conducting the research, the researcher aimed at upholding confidentiality towards the client's information that was gathered during and after the research study. Informed consent was also obtained from the respondents before they were involved in the study.

3.12 Limitations and delimitations of the study

The limited time frame the researcher was accorded to gather the information needed led to the missing out of some other information about the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter sets to outline and analyze the findings of the research by the use of SPSS software for analyzing quantitative data. Data was collected from the selected adults aged 18-60 years with HIV/AIDS in Masaka using questionnaires and the health practitioners from AHF Uganda using interviews and their responses are presented and interpreted as follows;

4.1 Response rate

A total of 44 questionnaires were distributed and all the 44 were fully filled and returned. The response rate for the questionnaires was therefore 100% as shown in table 2 below;

Table 2: Response rate

Response Rate	**Sample Size**	
	Frequency	**Percentage (%)**
Questionnaires returned	44	100.0%
Questionnaires not returned	00	00.0%
Questionnaires issued	44	100.0%

Source: *Primary data*

According to table 2 above, a total of 44 (100%) respondents who are selected adults aged 18-60 years with HIV/AIDS in Masaka were expected to respond to the questionnaires and all of them responded to the questionnaires giving a 100% response rate. The reason for the 100% response rate was due to the fact that the respondents were eager to be involved in the study and given that the researcher had enough time to collect the required data.

4.2 Descriptive analysis of the demographic characteristics of respondents

The researcher established the demographic characteristics of respondents who are the selected adults aged 18-60 years with HIV/AIDS in Masaka and these included; gender, age, level of formal education, marital status, religion and occupation of the respondents.

Table 3: Showing of demographic characteristics of respondents

Item	**Description**	**Frequency**	**Percentage (%)**
Gender	Male	19	43.2
	Female	25	56.8
	Total	**44**	**100.0**
Age	Below 20 years	6	13.6
	21-30 years	16	36.4
	31-40 years	13	29.5
	Above 40 years	9	20.5
	Total	**44**	**100.0**
Level of education	Primary	8	18.2
	Secondary	17	38.6
	Tertiary	14	31.8
	No education	5	11.4
	Total	**44**	**100.0**
Type of business	Single	15	34.1
	Married	18	40.9
	Divorced	7	15.9
	Separated	4	9.1
	Total	**44**	**100.0**
Religion	Catholic	13	29.5
	Anglican	11	25.0
	Muslim	6	13.6
	Pentecostal	10	22.7
	Others	4	9.1
	Total	**44**	**100.0**
Occupation	Employed	16	36.4
	Business owner	12	27.3
	Unemployed	7	15.9
	Others	9	20.4
	Total	**44**	**100.0**

Source: *Primary data*

From table 3 above, the findings of the study revealed that the majority of the respondents, represented by 56.8%, were female, while 43.2% were male. This indicates that there is a slightly

higher representation of females among the selected adults aged 18-60 years with HIV/AIDS in Masaka district.

The findings of the study also revealed that the largest age group among the respondents was 21-30 years, accounting for 36.4%, followed by the 31-40 years group at 29.5%. Respondents aged above 40 years comprised 20.5%, and those below 20 years represented the smallest group at 13.6%. This suggests that the majority of the respondents are in their prime working age, which may influence their capacity to manage their health and business responsibilities.

Furthermore, the findings of the study revealed that most respondents had completed secondary education 38.6%, followed by those with tertiary education 31.8%. Respondents with primary education represented 18.2%, while 11.4% had no formal education. This indicates that the majority of the respondents have at least attain different levels of education, which may facilitate better understanding and adherence to HIV/AIDS treatment and management practices.

More so, the findings of the study revealed that a majority of the respondents were married 40.9%. These mostly belonged to the age brackets of (21-30), (31-39) and (40 and above), followed by those who were single at 34.1% dominated by those in the age brackets of (20 years and below), and (21-30). Divorced and separated individuals represented 15.9% and 9.1% respectively. This distribution highlights the significance of family and marital relationships in the lives of the respondents.

In addition, the findings of the study revealed that the highest proportion of respondents identified as Christians (Catholics 29.5%, followed by Anglicans 25.0%. and Pentecostal respondents made up 22.7%), Muslims comprised 13.6%, and those identifying with other religions represented 9.1%. This religious distribution suggests that religious beliefs and affiliations might play a role in the lives of the respondents.

Lastly, the findings of the study revealed that the largest group of respondents was employed 36.4%, followed by business owners 27.3%. Unemployed respondents accounted for 15.9%, and those in other occupations represented 20.4%. This occupational distribution suggests that a significant portion of the respondents have a stable income, which may impact their ability to access healthcare services and maintain their wellbeing.

4.3 The influence of ARVs' supply on the wellbeing of people living with HIV/AIDS

Table 4 summarizes respondents' responses on the influence of ARVs' supply on the wellbeing of people living with HIV/AIDS in Masaka district by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 4: The influence of ARVs' supply on the wellbeing of people living with HIV/AIDS

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SDA
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
The availability of ARVs through AHF programs has improved my overall health	19 43.2%	13 29.5%	8 18.2%	2 4.5%	2 4.5%
I can easily access ARVs whenever I need them	10 22.7%	20 45.5%	7 15.9%	4 9.1%	3 6.8%
The supply of ARVs through AHF programs is reliable and consistent	10 22.7%	24 54.5%	8 18.2%	2 4.5%	00
The quality of ARVs provided by AHF meets my expectations	13 29.5%	23 52.3%	3 6.8%	5 11.4%	00
I am satisfied with the information provided about ARVs by AHF	15 34.1%	12 27.3%	13 29.5%	1 2.3%	3 6.8%
The ARV program by AHF has reduced my frequency of opportunistic infections	18 40.9%	23 52.3%	3 6.8%	00	00

Source: *Primary data*

According to the study in table 4 above, majority of the respondents, represented by 43.2%, strongly agreed that the availability of ARVs through AHF programs has improved their overall health. Additionally, 29.5% agreed, while 18.2% were not sure. A small percentage of 4.5% disagreed or strongly disagreed with the statement. This indicates a strong positive perception among respondents regarding the impact of ARV availability on their health. The implication is that the consistent supply of ARVs by AHF is perceived as significantly beneficial, contributing to improved health outcomes and overall wellbeing for PLWHA in Masaka district.

The findings of the study also revealed that 45.5% of the respondents agreed that they can easily access ARVs whenever needed, while 22.7% strongly agreed. On the other hand, 15.9% were not sure, and 9.1% disagreed. A small percentage of 6.8% strongly disagreed. This suggests that while a significant majority found ARV access easy, there are still some respondents who experience challenges in accessing ARVs. The implication is that although the AHF program is effective for most, there may be barriers that need addressing to ensure universal ease of access.

Furthermore, the study found that 54.5% of respondents agreed that the supply of ARVs through AHF programs is reliable and consistent, with an additional 22.7% strongly agreeing. However, 18.2% were not sure, and only 4.5% disagreed. This indicates a generally high level of confidence in the reliability and consistency of the ARV supply, though a minority experience issues. The implication is that AHF's supply chain is effective for the majority, but improvements could be made to address the concerns of those who are unsure.

More so, the findings revealed that 52.3% of respondents agreed that the quality of ARVs provided by AHF meets their expectations, and 29.5% strongly agreed. However, 6.8% were not sure, and 11.4% disagreed. None of the respondents strongly disagreed. This indicates that while the majority is satisfied with the quality, there is a notable portion of respondents who are unsure or dissatisfied. The implication is that AHF might need to review and possibly enhance the perceived quality of their ARVs to address the concerns of those who are unsure or disagree.

In addition, the study found that 34.1% of respondents strongly agreed and 27.3% agreed that they are satisfied with the information provided about ARVs by AHF. Meanwhile, 29.5% were not sure, and only 6.8% disagreed. A small percentage of 2.3% strongly disagreed. This suggests a high level of satisfaction with the information provided, reflecting positively on AHF's communication and educational efforts. The implication is that AHF’s information dissemination strategies are effective and well-received, contributing to better-informed patients.

Lastly, the findings showed that 52.3% of respondents agreed and 40.9% strongly agreed that the ARV program by AHF has reduced their frequency of opportunistic infections. However, 6.8% were not sure, and none disagreed or strongly disagreed. This indicates that a significant portion of respondents perceive a reduction in opportunistic infections due to the ARV program, though a notable percentage remain unsure. The implication is that while the ARV program is effective for

many, further assessment and targeted interventions may be needed to ensure all patients experience the same benefits.

Overall, the study's findings indicate that the majority of respondents perceive the AHF's ARV supply programs positively, particularly in terms of health improvement, ease of access, and reliability. However, there are areas where some respondents experience challenges, particularly regarding ARV quality and the reduction of opportunistic infections. This suggests that while AHF's efforts are largely successful, ongoing evaluation and enhancement are necessary to ensure all individuals living with HIV/AIDS in Masaka district benefit equally from the programs.

4.3.1 The influence of ARVs' supply on the wellbeing of people living with HIV/AIDS

From the interviews conducted with the health practitioners from AHF Uganda, they were asked to give their views on how the ARV supply through AHF has impacted the health outcomes of your patients. The responses of these respondents are discussed below as follows;

The key informants, who are health practitioners from AHF Uganda, reported that the ARV supply through AHF has significantly improved the health outcomes of their patients. They highlighted that the consistent availability of high-quality ARVs has led to a substantial reduction in the viral loads of patients, thereby improving their overall health and quality of life. Many patients who were previously struggling with frequent opportunistic infections have seen a notable decrease in these infections, allowing them to lead more productive and fulfilling lives. The health practitioners emphasized that the reliability of the ARV supply has been crucial in ensuring continuous treatment adherence, which is vital for maintaining low viral loads and preventing the progression of HIV to AIDS.

Furthermore, the key informants noted that the patients' improved health outcomes are also reflected in their mental and emotional well-being. With the assurance of consistent ARV supply, patients experience less anxiety and stress about their treatment regimen, which contributes positively to their mental health. The practitioners also observed that patients are more engaged in their treatment plans and exhibit better adherence behaviors, thanks to the support and education provided alongside the ARV distribution. This holistic approach, combining reliable ARV supply with comprehensive patient education and support, has been instrumental in achieving better health

outcomes for people living with HIV/AIDS in Masaka district. One of the health practitioners from AHF Uganda had this to say;

> "*.....what I can say is that the availability of ARVs through AHF has been a game-changer for our patients. We've seen stabilization in their health and many achieving undetectable viral loads.....*"

The findings are in line with the literature by Wagner et al. (2023) who suggested a positive feedback loop between consistent ARV access and mental well-being. A reliable ARV supply fosters successful treatment adherence, which effectively controls the virus and improves physical health. This, in turn, reduces HIV-related stress and anxieties. Furthermore, the sense of control and empowerment gained from managing the virus effectively can alleviate feelings of depression and hopelessness. This positive cycle ultimately leads to a significant improvement in overall mental health and a better quality of life for people living with HIV.

4.4 The influence of testing services on the wellbeing of people living with HIV/AIDS

Table 5 summarizes respondents' responses on the influence of testing services on the wellbeing of people living with HIV/AIDS in Masaka district by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 5:The influence of testing services on the wellbeing of people living with HIV/AIDS

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
The HIV testing services provided by AHF are easily accessible	15 34.1%	25 56.8%	1 2.3%	3 6.8%	00
I am satisfied with the confidentiality of the HIV testing services by AHF	19 43.2%	14 31.8%	10 22.7%	1 2.3%	00
The staff conducting the tests are professional and supportive	18 40.9%	21 47.7%	2 4.5%	3 6.8%	00
The frequency of HIV testing recommended by AHF meets my needs	21 47.7%	18 40.9%	3 6.8%	2 4.5%	00
The testing services by AHF have helped me better understand my health status	13 29.5%	16 36.4%	10 22.7%	3 6.8%	2 4.5%
I feel more confident in managing my health due to the regular testing services provided by AHF	14 31.8%	22 50.0%	2 4.5%	6 13.6%	00

Source: *Primary data*

According to the study in table 5 above, the findings of the study revealed that majority of the respondents, represented by 56.8%, strongly agree that the HIV testing services provided by AHF are easily accessible. Additionally, 34.1% agree, while 6.8% were not sure. None of the respondents disagreed or strongly disagreed. This indicates a strong positive perception among respondents regarding the accessibility of testing services. The implication is that AHF has effectively structured their services to ensure ease of access, which is crucial for promoting regular testing and early intervention among PLWHA.

Regarding satisfaction with the confidentiality of HIV testing services, 43.2% of respondents strongly agreed, and 31.8% agreed, indicating a high level of satisfaction among the majority. However, 22.7% expressed uncertainty about confidentiality, suggesting a need for AHF to reinforce confidentiality protocols to address concerns and enhance trust further. Ensuring confidentiality is critical in encouraging individuals to seek testing without fear of stigma or discrimination, thereby supporting overall wellbeing and health management.

Furthermore, 47.7% of respondents strongly agreed that the staff conducting the tests is professional and supportive, while 40.9% agreed. Only 4.5% were unsure, with no respondents expressing disagreement. This highlights AHF's success in maintaining professional standards and supportive interactions during testing, which fosters a positive healthcare experience. The implication is that these qualities contribute significantly to patient trust and satisfaction, facilitating better health outcomes and continued engagement with testing services.

Moreover, 47.7% of respondents strongly agreed that the frequency of HIV testing recommended by AHF meets their needs, and 40.9% agreed. With only 6.8% unsure, and no respondents disagreeing, this indicates that AHF's testing frequency recommendations align well with patient preferences and health needs. However, ongoing monitoring of patient needs and preferences is essential to adapt recommendations as necessary, ensuring continued adherence to testing protocols and early detection of health issues among PLWHA.

Regarding the impact on understanding health status, 36.4% agreed and 29.5% strongly agreed that testing services have helped them better understand their health status. While 22.7% were not sure, 6.8% disagreed, and 4.5% strongly disagreed. This suggests that while many benefit from testing in understanding their health, there remains a need for AHF to improve communication and

education strategies to enhance patient understanding comprehensively. Effective communication about test results and their implications is vital in empowering individuals to manage their health proactively.

Lastly, 50.0% of respondents agreed and 31.8% strongly agreed that regular testing services have increased their confidence in managing their health. With 13.6% expressing uncertainty and no respondents disagreeing, this underscores the role of consistent testing in empowering PLWHA to take control of their health outcomes. The implication is that AHF's emphasis on regular testing not only aids in early diagnosis and treatment but also fosters patient empowerment and self-management, crucial for improving overall wellbeing.

4.4.1 The influence of ARVs' supply on the wellbeing of people living with HIV/AIDS

From the interviews conducted with the health practitioners from AHF Uganda, they were asked to give their views on the ways in which testing services have influenced the early diagnosis and treatment of HIV/AIDS in this area. The responses of these respondents are discussed below as follows;

Key informants from AHF Uganda emphasized that their testing services have significantly impacted the early diagnosis and treatment of HIV/AIDS in Masaka district. They noted that by offering easily accessible and confidential testing, AHF has facilitated early detection among individuals who might otherwise have delayed seeking testing due to stigma or logistical barriers. This early detection enables prompt initiation of antiretroviral therapy (ART), which is crucial for suppressing the virus and preventing progression to AIDS. According to the informants, the proactive testing approach has also identified asymptomatic individuals who would not have otherwise known their HIV status, allowing them to start treatment early and maintain better health outcomes.

Furthermore, the key informants highlighted that AHF's testing services have streamlined the pathway to treatment initiation. By recommending appropriate testing frequencies tailored to individual needs, AHF ensures that patients are regularly monitored, leading to timely adjustments in treatment plans when necessary. This proactive monitoring and adjustment help in maintaining viral suppression and overall health stability among PLWHA in the area. Overall, the informants stressed that AHF's testing services play a critical role not only in early diagnosis but also in

ensuring continuous engagement in care, ultimately contributing to improved health outcomes and quality of life for PLWHA in Masaka district. One of the health practitioners from AHF Uganda had this to say;

> "*.....our testing services have been instrumental in detecting HIV early, allowing for timely initiation of treatment and better health outcomes.....*"

The findings are in line with the literature by Mfinanga et al. (2023) who highlighted the empowering effect of early HIV diagnosis through testing. Knowing their HIV status allows individuals to take a proactive approach to managing their health. This empowers them to seek prompt medical attention and initiate antiretroviral therapy (ART) as soon as possible. Early treatment initiation is crucial for maximizing the effectiveness of ARVs in suppressing the virus and preventing the development of complications.

4.5 Influence of education and counseling on the wellbeing of people with HIV/AIDS

Table 6 summarizes respondents' responses on the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 6: Influence of education & counseling on the wellbeing of people with HIV/AIDS

Statements	Extent of agreement and disagreement				
	SA	A	NS	D	SDA
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
The education sessions provided by AHF have increased my knowledge about living with HIV	13 29.5%	19 43.2%	8 18.2%	2 4.5%	2 4.5%
Counseling services from AHF have helped me cope with the emotional aspects of living with HIV	20 45.5%	10 22.7%	7 15.9%	4 9.1%	3 6.8%
I feel more empowered to make decisions about my health due to AHF's education and counseling programs	24 54.5%	10 22.7%	8 18.2%	2 4.5%	00
The counseling I receive from AHF helps me deal with HIV-related stigma	23 52.3%	13 29.5%	3 6.8%	5 11.4%	00
AHF's educational programs have improved my adherence to treatment	12 27.3%	15 34.1%	13 29.5%	1 2.3%	3 6.8%
I am satisfied with the quality of information and support provided by AHF's counseling services	23 52.3%	18 40.9%	3 6.8%	00	00

Source: *Primary data*

According to the study in table 6 above, the findings of the study revealed that majority of the respondents, represented by 54.5%, strongly agree that AHF's education and counseling programs empower them to make decisions about their health. Additionally, 22.7% agree, while 18.2% were unsure. This indicates a significant positive impact of AHF's programs in empowering PLWHA to take active roles in managing their health decisions, which is crucial for their overall wellbeing. The implication is that effective education and counseling can enhance patient autonomy and self-management skills, leading to improved health outcomes and quality of life.

Regarding coping with emotional aspects, 45.5% of respondents strongly agree and 22.7% agree that counseling services help them cope, indicating strong emotional support provided by AHF. However, 15.9% were unsure, suggesting a need for AHF to bolster communication about available emotional support resources. Effective emotional support is essential for addressing the psychological challenges associated with HIV/AIDS, promoting mental wellbeing, and encouraging continued engagement with healthcare services.

Moreover, 52.3% of respondents strongly agree and 29.5% agree that counseling helps them deal with HIV-related stigma, underscoring AHF's success in mitigating stigma through supportive counseling. However, 11.4% expressed disagreement or uncertainty, highlighting ongoing challenges in stigma reduction efforts. AHF should continue enhancing stigma-reduction strategies and ensuring comprehensive support to sustain positive impacts on mental health and social wellbeing among PLWHA.

In terms of knowledge improvement, 43.2% of respondents agree and 29.5% strongly agree that education sessions have increased their knowledge about living with HIV. Nevertheless, 18.2% were unsure, indicating the need for AHF to enhance educational content and delivery to address knowledge gaps effectively. Improved knowledge empowers individuals to make informed decisions about their health, including treatment adherence and lifestyle choices, thereby contributing to better health outcomes.

Furthermore, 52.3% of respondents are satisfied with the quality of information and support provided by AHF's counseling services, and 40.9% agree. This indicates high satisfaction levels with counseling services, reflecting positively on AHF's ability to deliver informative and

supportive care. Continuous improvement in service delivery and personalized support can further enhance patient satisfaction and engagement with healthcare interventions.

Lastly, while AHF's educational programs have positively impacted treatment adherence for 34.1% of respondents who agree and 27.3% who strongly agree, challenges remain with 29.5% expressing uncertainty and 6.8% disagreeing. This suggests opportunities for AHF to refine educational strategies to bolster treatment adherence and ensure consistent health outcomes among PLWHA.

4.5.1 Influence of education & counseling on the wellbeing of people with HIV/AIDS

From the interviews conducted with the health practitioners from AHF Uganda, they were asked to give their views on the influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district in this area. The responses of these respondents are discussed below as follows;

The key informants from AHF Uganda emphasized that education and counseling programs have had a profound impact on the wellbeing of individuals living with HIV/AIDS in Masaka district. They highlighted that these initiatives play a crucial role in equipping patients with essential knowledge about HIV management and treatment options. According to the informants, the educational sessions are tailored to address the specific needs of PLWHA, enhancing their understanding of treatment adherence, symptom management, and overall health maintenance.

Furthermore, AHF's counseling services were noted for their effectiveness in providing emotional support and helping patients cope with the psychological challenges associated with HIV/AIDS, such as stigma and mental health concerns. The key informants emphasized that this comprehensive approach not only improves health literacy but also empowers patients to take active roles in managing their health, thereby fostering better health outcomes and quality of life.

In addition, the key informants highlighted that AHF's education and counseling initiatives contribute to building a supportive community environment for PLWHA in Masaka district. They noted that these programs create spaces where patients feel safe to discuss their concerns and receive personalized guidance on managing their condition. By promoting open dialogue and mutual support, AHF enhances patient engagement in care and encourages adherence to treatment

regimens. The informants emphasized the importance of ongoing education and counseling efforts in addressing the evolving needs of PLWHA, ensuring that individuals continue to receive the necessary support to navigate their HIV/AIDS journey effectively. Overall, AHF's commitment to education and counseling was underscored as integral to promoting holistic wellbeing and resilience among PLWHA in Masaka district. One of the health practitioners from AHF Uganda had this to say;

> "*.....counseling plays a vital role in addressing the emotional challenges of HIV/AIDS, helping patients cope with stigma and fostering a supportive community environment.....*"

The findings relate with the literature by Tactacan-Abrenica et al. (2022) who asserted that the effectiveness of combining educational interventions with counseling support in significantly improving adherence rates. This combined approach tackles both the knowledge gap and the emotional barriers that can hinder consistent medication use. Furthermore, the fear and uncertainty surrounding HIV can be a significant source of anxiety and depression for PLWHA. Educational programs can alleviate these burdens by providing accurate information and dispelling myths.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes all findings reported in chapter four according to questions of the study, draws conclusions, suggests recommendations and also proposes some areas for further study.

5.1 Summary of findings

The findings from the study on the influence of ARVs' supply by AHF on the wellbeing of people living with HIV/AIDS in Masaka district indicate a predominantly positive perception among respondents. A significant majority agree that AHF's ARV programs have substantially improved their overall health, facilitated easy access to medications, and provided reliable and consistent supply. Satisfaction with the quality of ARVs and the information provided by AHF was also high, contributing to better treatment adherence and reduced frequency of opportunistic infections for many respondents. However, there were notable concerns regarding ARV quality and effectiveness for a minority of respondents, suggesting areas for potential improvement. Overall, AHF's ARV supply programs are perceived as effective in enhancing health outcomes and quality of life for individuals living with HIV/AIDS in Masaka district, underscoring the importance of continued support and enhancement of these services.

Furthermore, the findings from the study on the influence of testing services provided by AHF on the wellbeing of people living with HIV/AIDS in Masaka district indicate positive perceptions among respondents regarding accessibility, confidentiality, and effectiveness of these services. A significant majority find the testing services easily accessible and express satisfaction with their confidentiality and the professionalism of staff conducting the tests. Moreover, respondents feel that AHF's recommended testing frequencies meet their needs and that the testing services have helped them better understand their health status, thereby enhancing their confidence in managing their health. These findings underscore the crucial role of AHF's testing services in promoting early diagnosis, facilitating timely initiation of treatment, and supporting ongoing health management for individuals living with HIV/AIDS in Masaka district.

Finally, the findings from the study on the influence of education and counseling provided by AHF Uganda on the wellbeing of people living with HIV/AIDS in Masaka district demonstrate significant positive impacts across various dimensions. A majority of respondents highlighted that AHF's education sessions significantly increased their knowledge about living with HIV, empowering them to make informed decisions about their health. Counseling services were also highly regarded for their roles in helping individuals cope with emotional challenges, including stigma, and improving their confidence in managing their health. Moreover, both education and counseling programs were perceived to enhance treatment adherence and satisfaction with the quality of information provided, though there remains room for improvement in addressing all patients needs comprehensively. Overall, AHF's integrated approach to education and counseling emerges as pivotal in promoting resilience, empowerment, and improved health outcomes among people living with HIV/AIDS in Masaka district.

5.2 Conclusion

In conclusion, the comprehensive study on AHF Uganda's initiatives in Masaka district reveals overwhelmingly positive perceptions regarding the impact of their ARV supply, testing services, and education/counseling programs on the wellbeing of people living with HIV/AIDS. These programs are recognized for significantly improving health outcomes through enhanced access to medications, early diagnosis facilitated by accessible and confidential testing, and increased knowledge and empowerment from educational and counseling sessions. While the majority express satisfaction and benefit from these services, there are noted areas for improvement, particularly in ARV quality and addressing all aspects of patient needs comprehensively. Overall, AHF's integrated approach plays a crucial role in supporting individuals with HIV/AIDS in Masaka district, promoting resilience, empowerment, and better health outcomes. Continued commitment to enhancing service delivery and addressing remaining challenges will be essential in sustaining and expanding these positive impacts.

5.3 Recommendations

Based on the results of the study, the following recommendations are provided towards the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District.

The study recommends the need for AHF Uganda to prioritize the quality and consistency of ARV supply in Masaka district. While most respondents reported positive experiences with AHF's ARV programs, concerns regarding ARV quality highlight areas for improvement. Ensuring rigorous monitoring of ARV quality, maintaining reliable supply chains, and promptly addressing reported issues are crucial steps. Enhancing these aspects will strengthen confidence among patients and healthcare providers, ultimately improving health outcomes and adherence to treatment regimens.

The study also recommends that AHF Uganda enhance accessibility and confidentiality in their HIV testing services across Masaka district. While a significant majority found the testing services accessible and confidential, some expressed concerns or uncertainties. To address this, AHF should expand outreach efforts to remote or marginalized communities, improve signage and information dissemination at testing sites, and reinforce confidentiality protocols. Prioritizing these measures will ensure all individuals feel comfortable accessing testing services without fear of stigma or discrimination, promoting early diagnosis and treatment initiation.

Additionally, the study recommends AHF Uganda continue integrating comprehensive education and counseling programs into their HIV/AIDS care initiatives in Masaka district. While respondents praised AHF's efforts in increasing knowledge and supporting emotional wellbeing, there is room to meet diverse patient needs more effectively. AHF should diversify educational materials to cater to different literacy levels and cultural contexts, expand counseling services to include specialized support for mental health and stigma reduction, and ensure consistent availability of these services across all healthcare facilities. By adopting a more tailored approach, AHF can empower individuals to manage their health effectively, improve treatment adherence, and enhance overall quality of life.

5.4 Areas for further research

This study aimed at examining the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District. Therefore, the study recommends the following areas of further research;

- Further research could explore the long-term impacts of AHF Uganda's interventions beyond immediate health outcomes among people living with HIV/AIDS in Masaka district.

- Specifically, longitudinal studies could assess the sustainability of improved health outcomes observed, including viral suppression rates, adherence to treatment over time, and quality of life indicators.
- Additionally, investigating the cost-effectiveness of AHF's programs and their scalability to other regions would provide valuable insights into broader implementation strategies.
- Finally, exploring the inter-sectionality of HIV/AIDS with other health conditions and socio-economic factors could deepen understanding of how integrated healthcare approaches can optimize overall wellbeing in similar contexts.

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APPENDICES

Appendix 1: Questionnaire

For selected adults aged 18-60 years with HIV/AIDS in Masaka

Dear Respondent,

I am Nakato Jackline a bachelor's student of Social Work and Social Administration from Uganda Christian University-Mukono conducting a research on "the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District". You have been selected to participate in this study because the contribution you make to your organization is central to the kind of information required. The information you provide is solely for academic purposes and will be treated with utmost confidentiality. Please kindly spare some few minutes to respond to the following questions.

SECTION A: BACKGROUND DATA

***Please tick (√) the numbers representing the most appropriate responses for you*:**

1. Gender

a) Male ☐ b) Female ☐

2. Age

a) Below 20 years ☐ b) 21-30 years ☐

c) 31-40 years ☐ d) Above 40 years ☐

3. Level of education

a) Primary ☐ b) Secondary ☐

c) Tertiary ☐ d) No education ☐

4. Marital status

a) Single ☐ b) Married ☐

c) Divorced ☐ d) Separated ☐

5. Religion

a) Catholic ☐ b) Anglican ☐

c) Muslim ☐ d) Pentecostal ☐

e) Others specify……..

6. Occupation?

a) Employed ☐ b) Business owner ☐

c) Unemployed ☐ d) Others specify……..

Note: In the following sections, rate your degree of agreement on each statement under each objective using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

Section B: AIDS Health Foundation (AHF) Program

	Statements	**Responses**				
s. no	**ARVs' supply**	**5**	**4**	**3**	**2**	**1**
1	The availability of ARVs through AHF programs has improved my overall health					
2	I can easily access ARVs whenever I need them					
3	The supply of ARVs through AHF programs is reliable and consistent					
4	The quality of ARVs provided by AHF meets my expectations					
5	I am satisfied with the information provided about ARVs by AHF					
6	The ARV program by AHF has reduced my frequency of opportunistic infections					
s. no	**Testing services**	**5**	**4**	**3**	**2**	**1**
1	The HIV testing services provided by AHF are easily accessible					
2	I am satisfied with the confidentiality of the HIV testing services by AHF					

3	The staff conducting the tests are professional and supportive					
4	The frequency of HIV testing recommended by AHF meets my needs					
5	The testing services by AHF have helped me better understand my health status					
6	I feel more confident in managing my health due to the regular testing services provided by AHF					
s. no	**Education and counseling**	**5**	**4**	**3**	**2**	**1**
1	The education sessions provided by AHF have increased my knowledge about living with HIV					
2	Counseling services from AHF have helped me cope with the emotional aspects of living with HIV					
3	I feel more empowered to make decisions about my health due to AHF's education and counseling programs					
4	The counseling I receive from AHF helps me deal with HIV-related stigma					
5	AHF's educational programs have improved my adherence to treatment					
6	I am satisfied with the quality of information and support provided by AHF's counseling services					

Section C: The wellbeing of people living with HIV/AIDS in Masaka District

	Statements	**Responses**				
s. no	**Wellbeing of people living with HIV/AIDS**	**5**	**4**	**3**	**2**	**1**
1	My overall quality of life has improved since engaging with AHF's programs					
2	I feel physically healthier due to the services provided by AHF					
3	My mental health has improved since participating in AHF's programs					
4	I feel supported by the community due to AHF's initiatives					

5	I have experienced fewer health complications since engaging with AHF's services					
6	I feel optimistic about my future health and wellbeing due to the support from AHF					

Thank you very much for your cooperation

Appendix 2: Interview Guide

For Key Informants (The Health Practitioners from AHF Uganda)

Introduction

Dear Respondent,

I am Nakato Jackline a bachelor's student of Social Work and Social Administration from Uganda Christian University-Mukono conducting a research on "the impact of AIDS Health Foundation (AHF) Program on the wellbeing of people living with HIV/AIDS in Masaka District". You have been selected to participate in this study because the contribution you make to your organization is central to the kind of information required. The information you provide is solely for academic purposes and will be treated with utmost confidentiality. Please kindly spare some few minutes to respond to the following questions.

Section A: Introduction

1) What position of leadership do you hold in AHF Uganda?
2) How long have you been holding this position?

Section B: The influence of ARVs' supply on the wellbeing of people living with HIV/AIDS in Masaka district

3) How do you ensure the consistent supply of ARVs to patients in Masaka district?
4) What challenges do you face in maintaining the ARV supply chain in this region?
5) How has the ARV supply through AHF impacted the health outcomes of your patients?

Section C: The influence of testing services on the wellbeing of people living with HIV/AIDS in Masaka district

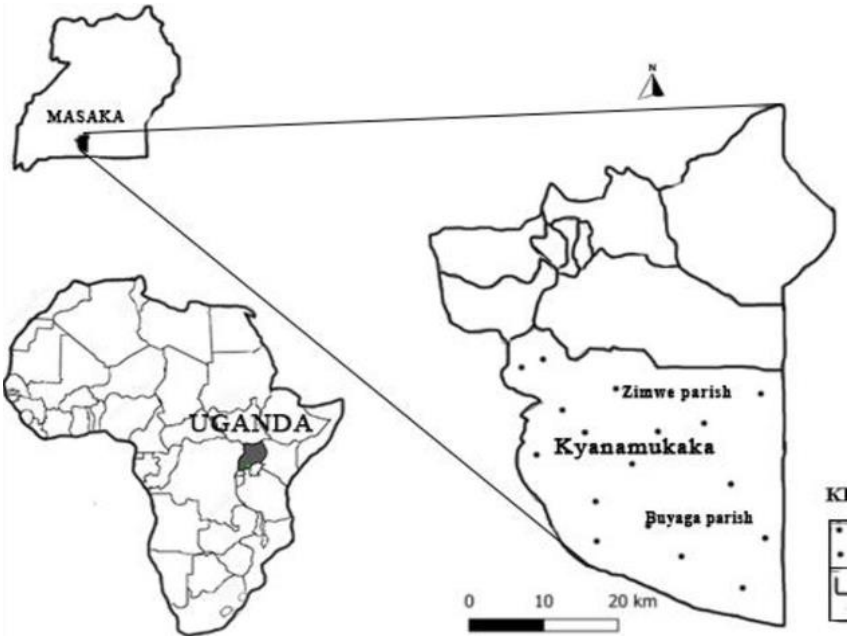
6) How accessible are the HIV testing services provided by AHF in Masaka district?
7) What measures are in place to ensure the confidentiality of HIV testing services?
8) In what ways have the testing services influenced the early diagnosis and treatment of HIV/AIDS in this area?

Section D: The influence of education and counseling on the wellbeing of people living with HIV/AIDS in Masaka district

9) How effective are the education programs in increasing awareness and knowledge about HIV/AIDS among patients?
10) What role does counseling play in helping patients manage their condition?
11) Can you share any specific outcomes or improvements observed in patients due to AHF's education and counseling services?

Thank you for your cooperation

Appendix 3: Map showing location of Masaka in Uganda



Appendix 4: Map showing location of AIDS Health Foundation (AHF) main offices