ABSTRACT

Background:

The constitution of the Republic of Uganda recognizes the importance of community participation and further emphasized this in the national health policy. Uganda is still classified as a high burden country with high number of persons living with HIV which has continued to increase as a result of continuing spread of HIV, and increased longevity among persons living with HIV. In Koboko Hospital, the number of enrolled clients in 2015 was 3,046 out of these the clients started on Anti-Retro Viral therapy (ARV) was 1,225 and 1,821 on Septrine (HMIS, 2015).

Objective:

The study based on the justification above sought to achieve the following objectives: The general objective is to examine the role of community involvement in planning for integrated HIV/AIDS services at Koboko Hospital, Uganda and through this the specific objects were introduced to describe methods of community involvement in planning for integrated HIV/AIDS health services in Koboko Hospital, to depict the effects of community involvement in planning for integrated HIV/AIDS health services in Koboko Hospital, to assess challenges that affect community involvement in planning for integrated HIV/AIDS health services in Koboko Hospital, to assess challenges that affect community involvement in planning for integrated HIV/AIDS health services in Koboko Hospital, Uganda.

Methodology:

The research techniques that were used in the study including; study design, area of study, study population, sample size and sample selection criteria, study tools, sources of data, method of data editing, coding and analysis, critical assumptions, study variables, inclusion and exclusion criteria and limitations of the study. This employed a cross sectional study design using both qualitative and quantitative methods for data collection and analysis. It involved descriptive and correlation analysis to ascertain the frequency of occurrence and measure the relationship of the study variables. The researcher employed purpose sampling technique to collect qualitative data from key informants (KI). The researcher used the Statistical Package for Social Scientists (SPSS) for data entry and analysis.

Data cleaning was done to ensure correct data entry through data transformation and coding for qualitative data so as to quantify it for ease of analysis.

Results:

Thematic analysis of the data reveals that participation was significant (p=0.016) through peer outreach and education, role models, social networks, care and community situation analysis. Additionally, participation of the community members had no significant effects (p=0.524) on addressing critical issues around empowerment, ownership, resource mobilization, trust, patient-health staff relations; increases satisfactions; sense of dignity and self-worth and health challenges in the communities. Due to the ineffectiveness of community involvement, the challenges of resource, representation, collaboration, empowerment and conflicts of interests were not found to be significant (p=0.840) hamper health planning for integrated HIV/AIDS services in Koboko District.

Conclusions:

The core findings from this study demonstrate that the community involvement in health planning complements not only national HIV/AIDS intervention but also community HIV/AIDS intervention. The study assessed ways in which society individuals are concerned in wellbeing preparation for integration of HIV/AIDS services. Society participation was found to be effective in addressing critical issues around empowerment, ownership, resource mobilization, trust, patient-health staff relations; and health challenges in the communities.

Recommendations:

The study recommends that: strengthening of the community networks through national guidelines and resource allocation as well as research; strengthening of local governments and political commitment to incorporate community involvement initiatives; strengthening of cultural institutions to scale up HIV/AIDS awareness as well as planning of programs; streamlining the existing patient tracking system to make it sensitive for tracking all patients in care in the community and this to be done by volunteers; and a critical assessment of how the community involvement models impact on the general

health system and HIV/AIDS interventions.