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**THE ROLE OF FAITH BASED ORGANISATIONS IN THE ENHANCEMENT OF  
THE SOCIAL WELFARE AMONG THE RURAL POOR HOUSEHOLDS IN  
NYAMWERU SUB-COUNTY, KABALE DISTRICT: A CASE STUDY**

**OF CARITAS KABALE DIOCESE**

**BY**

**HATEGEKIMANA DONISIAN**

**S15/BBUC/MSW/017**

**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL SCIENCES  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
AWARD OF THE DEGREE OF MASTERS OF SOCIAL WORK  
OF UGANDA CHRISTIAN UNIVERSITY**

**AUGUST, 2017**

## **DECLARATION**

I, the undersigned, declare that, to the best of my knowledge the work presented on the role of Faith Based Organizations in enhancement of social welfare among the rural poor households in Nyamweru Sub-County Kabale District is truly my original work and has never been submitted for the requirement of the award of a Degree or Diploma in this or any other university of learning. Where work of others has been used, due acknowledgement has been made.



Signature.....

.....

Date 05/08/2017.....

**HATEGEKIMANA DONISIAN**

**RESEARCHER**

### **APPROVAL**

This is to certify that this research report entitled; “The Role of Faith Based Organizations in Enhancement of Social Welfare among the Rural Poor Households in Nyamweru Sub-County in Kabale District; A case of Caritas Kabale Diocese” has been done under my supervision and is now ready for submission for examination.

Signature.....

Date.....

**LECTURER: AGGREY YESIGOMWE**

## **DEDICATION**

This work is dedicated to my late father Mr. Laurent Banganagira . Dad you ought to have lived to see the works of your children.



## **ACKNOWLEDGEMENT**

My warm thanks and appreciation go to my supervisor AggreyYesigomwe, who guided me through this challenging task. May God bless you abundantly

I feel overwhelmed with indebtedness to my mother MsMarisianaBagengani, who has been there for me in all my days of pursuing this course. May the good Lord bless you richly. My brothers and sisters have been with me throughout the journey, I love you very much.

On special note, I thank Rev FatherSebatwale Joseph for the endless moral, spiritual and financial support to me throughout my education.

My heartfelt gratitude goes to my lecturers in the Department of Research and Postgraduate Studies at BBUCfor all the guidance and encouragement given to me whenever I needed it especially Mr. Tumwebaze Joshua and Rev Dr. Stanley Katungwensi.

I wish to thank the staff and management of Caritas Kabale Diocese and all my respondents from Nyamweru Sub-county who were selected for this study for the warm cooperation during this study. Thanks to all the respondents, may the Lord reward you.

I wish to thank the entire staff and management of Uganda Christianity University(Bishop Barham University College) for the effective coordination, administration and management of my education.

## **LIST OF ABBREVIATIONS**

AIDS:	Acquired Immune Deficiency Syndrome
FBOs:	Faith Based Organizations
HIV:	Human Immune Virus
NGOs:	Nongovernmental Organizations
UNAIDS:	United Nations Programme on AIDS
UN-OSAA:	United Nations Organizations of South America Agency
WHO:	World Health Organization

## TABLE OF CONTENTS

DECLARATION .....	i
APPROVAL .....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENT .....	v
LIST OF ABBREVIATIONS.....	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	x
ABSTRACT.....	xii
<b>CHAPTER ONE: INTRODUCTION .....</b>	<b>1</b>
1.0 Introduction.....	1
1.1 Background to the study .....	2
1.1.1 Historical background.....	2
1.1.2 Theoretical background .....	5
1.1.3 Contextual background .....	6
1.1.4 Conceptual background .....	6
1.2 Statement of the problem .....	8
1.3 Objectives of the study.....	9
1.3.1 General objective .....	9
1.3.2 Specific objectives .....	9
1.4 Research questions.....	9
1.5 Scope of the study.....	10
1.5.1 Content scope.....	10



1.5.2 Geographical scope .....	10
1.5.3 Time scope .....	10
1.6 Significance of the study .....	11
1.7 Conceptual framework .....	11
<b>CHAPTER TWO: LITERATURE REVIEW .....</b>	<b>14</b>
2.0 Introduction .....	14
2.1 Roles of Faith Based Organizations in the Enhancement of Social Welfare among the Poor Households.....	14
2.1.1 Health Support .....	14
2.1.2 Support in Agriculture .....	22
2.1.3 Education and Skill Training .....	24
2.2 Challenges faced by Faith Based Organizations in People’s Social Welfare Enhancement ..	26
2.3 Faith Based Organizations’ Performance in Enhancement of Social Welfare among Poor Households.....	35
2.4 Conclusion .....	38
<b>CHAPTER THREE: RESEARCH METHODOLOGY .....</b>	<b>40</b>
3.0 Introduction.....	40
3.1 Research Design.....	40
3.2 Study Population .....	40
3.3 Sample Size.....	40
3.4 Sampling Techniques.....	41
3.4.1 Simple random sampling .....	41
3.4.2 Purposive Sampling .....	41
3.5 Sources of Data .....	42
3.5.1 Primary Source.....	42
3.5.2 Secondary Source.....	42

3.6 Data Collection Methods .....	42
3.6.1 Questionnaire Method.....	42
3.6.2 Interview Method.....	43
3.6.3 Focus Group Discussion .....	43
3.6.4 Documentary.....	43
3.7 Data Collection Instruments .....	44
3.7.1 Questionnaires.....	44
3.7.2 Interview Guide .....	44
3.7.3 Focus Group Discussion Guide .....	44
3.7.4 Documentary Guide .....	45
3.8 Data Collection Procedure .....	45
3.9 Data Processing, Analysis and Presentation .....	45
3.10 Validity and Reliability of the Instruments.....	46
3.11 Ethical Considerations .....	46
<b>CHAPTER FOUR: PRESENTATION OF THE STUDY FINDINGS.....</b>	<b>47</b>
4.0 Introduction.....	47
4.1 Social- Economic Characteristics of the Respondents.....	47
4.1.1 Gender Composition of the Respondents .....	47
4.1.2 Marital Status of the Respondents .....	48
4.1.3 Household Size of the Respondents.....	50
4.1.4 Education Level of the Respondents.....	50
4.1.5 Occupations of the Respondents .....	51
4.2.1 Role FBOs Play in the Enhancement of Social Welfare of the Rural Poor Households .....	53
4.2.2 Challenges FBO Face in Enhancement of Welfare of the Rural Poor Households.....	60

4.2.3 Strategies to Improve FBOs Performance in Enhancement of Social Welfare of the Rural Poor Households .....	64
<b>CHAPTER FIVE: DISCUSSION OF FINDINGS.....</b>	<b>Error! Bookmark not defined.</b>
5.0 Introduction.....	<b>Error! Bookmark not defined.</b>
5.1 Roles of Faith Based Organizations in the Enhancement of Social Welfare among the Poor Households.....	<b>Error! Bookmark not defined.</b>
5.2 Challenges faced by Faith Based Organizations in People’s Social Welfare Enhancement .....	<b>Error! Bookmark not defined.</b>
5.3 Strategies that have been put in place to enhance Faith Based Organizations’ Performance in Enhancement of Social Welfare among Poor Households .....	<b>Error! Bookmark not defined.</b>
<b>CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATION .....</b>	<b>73</b>
5.0 Introduction.....	73
5.1 Summary of Findings.....	73
5.2 Conclusion .....	77
5.3 Recommendations .....	77
3.4 Limitations of the Study.....	79
5.5 Areas for further research .....	80
REFERENCES .....	81
APPENDICES .....	87
APPENDIX A: QUESTIONNAIRE FOR BENEFICIERIES.....	87
APPENDIX B: QUESTIONNAIRE FOR MANAGEMENT OF CARITAS-KABALE .....	95
APPENDIX C: INTERVIEW QUESTION GUIDE FOR SUB-COUNTY LEADERS.....	99
APPENDIX D: FOCUS GROUP GUIDE FOR BENEFICIERIES .....	100
APPENDIX E: KREJCIE AND MORGAN TABLE OF SAMPLE SIZE DETERMINATION .....	101

## LIST OF TABLES

Table 4.1: Gender Composition of the Respondents .....	<b>Error! Bookmark not defined.</b>
Table 4.2: Marital status of the Respondents.....	<b>Error! Bookmark not defined.</b>
Table 4.3: Household Size of the Respondents .....	<b>Error! Bookmark not defined.</b>
Table 4.4: Education Level of the Respondents .....	<b>Error! Bookmark not defined.</b>
Table 4.5: Occupation of the Respondents .....	<b>Error! Bookmark not defined.</b>
Table 4.6: Whether Respondents were involved in the Activities of Caritas .....	<b>Error! Bookmark not defined.</b>
Table 4.7: Activities in which respondents are involved.....	<b>Error! Bookmark not defined.</b>
Table 4.8: Reasons for involvement in the activities of Caritas Kabale Diocese .....	<b>Error! Bookmark not defined.</b>
Table 4.10: Areas where caritas has helped people of Nyamweru Sub-county..	<b>Error! Bookmark not defined.</b>
Table 4.11: Activities offered by Caritas in Social welfare enhancement of the rural poor households.....	<b>Error! Bookmark not defined.</b>
Table 4.12: Challenges FBOs face in enhancement of welfare of the rural poor households	<b>Error! Bookmark not defined.</b>
Table 4.13: Strategies to improve FBOs (Caritas) performance....	<b>Error! Bookmark not defined.</b>

## **ABSTRACT**

FBOs have for a long time committedly made positive contributions towards provision of education, support in agriculture, skills, health to enhance social welfare but some people in rural areas still have low income, have poor health standards, have no food security, and have limited skills and lack employment due to low levels of education hence poor social welfare. This study was conducted to assess the contribution of FBOs (Caritas –Kabale Diocese) in enhancement of the social welfare among the rural poor people in Nyamweru Sub-county. This study was guided by the following objectives; to examine the role played by FBOs in enhancement of social welfare among the rural poor households; to identify the challenges faced by FBOs in enhancement of social welfare among the rural poor households and to establish the strategies that have been put in place to improve FBOs performance in enhancement of social welfare among the rural poor households. The study used a case study design which was backed up by qualitative approach. The study used a sample size of 80 respondents and these were selected both randomly and purposively. The data collection instruments used in this study included questionnaires, interview guide and focus group discussions. The analysis of data was done using descriptive statistics such as frequencies and percentages. From the findings, it was revealed that the roles of FBOs including Caritas Kabale Diocese are important in improving the welfare of rural poor households. As regards to Caritas Kabale Diocese, these roles include promotion of health in terms of HIV/AIDS awareness, promotion of agriculture, education, among others. Inputs, livestock and money are given to beneficiaries in order for them to start income-generating activities like Irish potato growing, goat and cow rearing, and poultry keeping. Based on the above findings, shortage of land, inadequate finance, and poor project selection, infertile soils due to poor conservation, poor infrastructure and poor accountability are some of the major challenges faced by Caritas Kabale Diocese. From the findings, it was recommended that Caritas Kabale Diocese needs to intensify their socio-economic empowerment programs so that rural poor households can be equipped with knowledge to reduce poverty and improve their welfare. There is need for the organizations to allow full and meaningful beneficiary participation. Involving beneficiaries in active participation allow them to make right choices of intervention and becomes responsive to such interventions.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

A Faith-Based Organization may be defined as a group of individuals united on the basis of religious or spiritual beliefs. Traditionally, faith-based organizations have directed their efforts toward meeting the spiritual, social, and cultural needs of their members. Many faith-based organizations (such as churches, temples, synagogues, and mosques) have developed health ministries and extending those ministries beyond their own members to include entire communities as a way of improving their welfare. Despite the past and current efforts by Faith based organizations, the quality of life and the general welfare of the rural poor remains in sorry state characterized by dilapidated housing, lack of access to clean water, high mortality rate, poor nutrition, high illiteracy rates, to mention but a few.

Social welfare is the sum total of the wellbeing of an individual including household income security, food security, health status/security, education levels/security among others (Ferrand, 2004). Social welfare is also the provision of a minimal level of well-being to citizens without current means to support basic needs. Poor households are those ones whose incomes are insufficient to purchase all the specified basic minimum needs which include food, good shelter and clothing (Christopher, 2006). In developed and developing countries, welfare is largely provided by the government from tax income, and to a lesser extent by charities, informal social groups, religious groups, and inter-governmental organizations (Lufumpa, 2009).

As a social work researcher, who upholds the social work professional and personal values of social justice and equality, the enhancement of social welfare of the rural poor should be a collective role of all citizens, social workers, NGOs and all concerned government agencies so that the quality of life of this category of people is improved.

## **1.1 Background to the study**

### **1.1.1 Historical background**

Caritas is a religious based organization that was established in 1970 and is the overall coordinating body for the socio-economic development of the Uganda Episcopal Conference in Kabale. The agency's main functions are in areas of social services, development and advocacy with the main goal of providing emergency relief and rehabilitation, poverty eradication, HIV/AIDS prevention, improving community livelihood, promoting good governance, enhance organizational development and peace building. Central to their work is to foster sustained development solutions by working with and through local partners and the Caritas network to help Ugandans identify and address the root causes of poverty and injustice affecting their lives.

Caritas Kabale Diocese is the charitable arm of the Kabale Diocese also called the Social Services Department of the Diocese. It aims to support the livelihood of the poorest of the poor in the communities it serves through activities and projects implemented in these communities. Caritas initiatives in the Kigezi region mostly deal with food security, women's empowerment, support to vulnerable people in communities and livelihoods of the people. Caritas Kabale has been involved in operations and achieving significant success in project implementation for the last over 30 years in the communities it serves. Caritas is active mainly in villages and has significantly implemented projects in the communities in this region. All the projects are donor

funded with progress and implementation reports being developed and submitted to donors from time to time.

Caritas works under three programmes; namely Women Promotion Programme, Sustainable Agriculture Programme and the Coordination Programme. Caritas Kabale also networks and collaborates with other organizations in the implementation of their projects; such partners include Community Connector, United States Agency for International Development (USAID) and International Fertiliser Development Centre (IFDC). These partners work hand in hand with Caritas in service delivery system in Kigezi.

Sustainable Agriculture Programme: The sustainable agriculture Programme deals with agriculture. The Structural Adjustment Programmes was adopted in 1997 at Caritas Kabale. It works with two departments that is; the women desk and the finance and administration programme, these assist in the implementation of its activities and projects. It deals with improving the farmers' livelihoods and standards of living through their activities and projects.

Some of the activities of the Structural Adjustment Programmes distribution of seeds to the farmers: The Structural Adjustment Programmes staff distributes free seeds to farmers in different areas especially villages of Nyamweru. The Structural Adjustment Programmes staff goes deep in villages where they meet different groups of farmers in their villages and seeds are distributed accordingly. These seeds are mostly approved and selected by the staff of Caritas with the knowledge and ways of maintaining these crops up to the harvest period. Examples of these seeds include sorghum, Irish, maize and vegetable seedlings such as cabbage seedlings and



spinach among others. The department also distributes fodder crop seedlings to be used by the farmers in feeding their livestock. These seeds include calliandra tree seeds.

Sensitization of farmers on modern methods of farming: the SAP staff also sensitizes farmers in deep villages on the modern methods of farming that have been approved out of extensive research. These activities include fertilizer application, farm yard manure application, use of modern farming tools, cheap and reliable irrigation skills among others. The department trains and supports the farmers through doing research on new modern methods of farming that may help the farmers in increasing the crop yields.

Group formation/dynamics: the department also equips farmers with skills of group formation and also helps them in forming groups. These groups are formed on household basis where by the group includes households instead of individual membership. It is in these groups that most activities are conducted through. The department supports them in group registration, objective setup, certification, typing and printing of the constitution.

Family building and group micro savings: the department helps the beneficiaries in building up their families through the knowledge provided to them. The department also helps the beneficiaries in microfinance savings within the formed groups. These groups help in savings and lending to the farmers. For example the SILC activity has helped in increasing the social security systems in the groups. It helps the farmers to save thus increasing investments and also helps them in increasing the lending schemes within their groups.

### **1.1.2 Theoretical background**

The study is based on Human Development and livelihood theories. This particular theoretical perspective considers increases in democracy and human choice as a direct outcome of economic development (Inglehart & Norris, 2003; Rule, 2003). This perspective holds that economic development is central to increasing the participation of all categories of people in all activities and in social power. These scholars argue that increased economic development associates with a more broad based distribution of educational and occupational resources. Greater access to educational and occupational resources increases chances of professional development, employment and poverty reduction.

The Human Development and livelihood theories give emphasis to the emancipative cultural changes that give rise to women economic empowerment and self-expression values and the autonomy of women. This rise in emancipative orientations develops mass expectations targeted at making elites responsive and inclusive. In this way, rising emancipative values lead to increases in women's empowerment throughout society and in parliament (Inglehart & Norris 2003; Inglehart & Welzel 2005).

In reference to the study, Human Development and livelihood theories are relevant to this investigation since they establish the role of FBOs in enhancement of social welfare. These theories have a common principle of developing confidence of the individual in his/her own capacities. They indicate the expression of self-strength, control, self-power, self-reliance, freedom of choice and life of dignity, in accordance with one's values, capable of fighting for one's rights, independence, own decision making, being free, awakening, and capability.

### **1.1.3 Contextual background**

Faith plays a critical role in the lives of many people throughout the world; faith in God, humanity, in science, in love. It is our undying faith in whatever form it takes that brings us hope and gives us energy to carry on, and to believe that however dire our circumstances maybe, the future can bring brighter times, healthier times, and happier times. Seventy per cent of the world's population identify themselves as members of one faith community or another and such faith communities play a significant role in influencing people's behaviors and attitudes (UNAIDS, 2008).

Faith or religious leadership has great influence in the lives of many people, and leaders speaking out responsibly on the role of FBOs on social welfare enhancement have made a powerful impact at both community and international levels. The Pope and the Archbishop of South Africa, Desmond Tutu made calls for increased funding into the fight against the AIDS epidemic during the G8 Summit in 2008 (UNAIDS, 2008).

### **1.1.4 Conceptual background**

Faith based organizations have been involved in the social and economic development in Sub-Saharan Africa through their work with the poorest and their presence in the most economically backwards areas of the (Kamaara, 2000). Olarinmoye (2012) refers to religious actors as silent actors in development who provide alternatives to the secular approaches of addressing the socio-economic welfare issues.

In capturing the role of FBOs in the promotion of social welfare activities in Uganda and sub-Saharan Africa, (Okullu, 2003) enunciated that religion has a role of intervening to help the

hungry children crying for food, provide health support to people with HIV/AIDS and provide water and sanitation, help beggars in the streets and also help those in the brink of hunger and death.

In Uganda particularly in Kabale District, the poverty indicators include high rate of mortality, unemployment, high dropout rates, low productivity in agriculture, and lack of information (Muhumuza, 20007). This is because people use poor quality seeds for agriculture and do not get enough yields and income to educate their children, buy medical services and set up other income generating projects. People lack access to information that would be vital to their lives and livelihoods: information about market prices for the goods they could produce, about health, about the structure and services of public institutions, and about their rights. They lack access to knowledge, clean water as the area is hilly ,education and skills development that could improve their livelihoods. They often lack access to markets and institutions both governmental and societal that could provide them with needed resources and services. They also lack access to information about income earning opportunities.

FBOs are not the only organizations that have worked to improve this situation/ social welfare of the poor households. Instead, NGOs have also intervened setting up income generating projects, skill training, delivery of agricultural inputs, funds and advocacy, promoting community led development, working towards conservation of the beautiful environment and, education, religious services, social or charitable to the community, good health, and provision of clean water through construction of water tanks. Ever since it came to power on 26<sup>th</sup> January 1986, the NRM has also initiated different anti-poverty programs in succession of one another to work with FBOs and NGOs in alleviating poverty and enhancement of social welfare of the people.

Some of the major ones are Program for the Alleviation of Poverty and the Social Cost of Adjustment (PAPSCA), Entandikwa Scheme, Northern Uganda Social Action Fund (NUSAF) (Muhumuza, 2007; Mugambe, 2008). But people in rural areas are still poor.

While Caritas Kabale Diocese has long delivered social, educational and health services in Kabale District, what have been lacking was independent analyses of their work and how that work is perceived by others working in the field of social welfare improvement in Nyamweru sub-county. It was against this background that the study focused on the contribution of FBOs in enhancement of the social welfare of the rural poor people in Nyamweru sub-county.

## **1.2 Statement of the problem**

Faith-based organizations are a vital part of society, providing a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions. There is therefore a need to recognize them as essential contributors towards universal health access efforts (WHO, 2007). FBOs have for a long time committedly made positive contributions towards provision of education, support in agriculture, skills, health to enhance social welfare but some people in rural areas still have low income, have poor health standards, have no food security, and have limited skills and lack employment due to low levels of education hence poor social welfare. It was against this background that this study was conducted to assess the contribution of FBOs(Caritas –Kabale Diocese) in enhancement of the social welfare among the rural poor people in Nyamweru sub-county.

### **1.3 Objectives of the study**

#### **1.3.1 General objective**

The general objective for the study was to assess the contributions of FBOs in enhancement of social welfare among the rural poor people.

#### **1.3.2 Specific objective**

1. To examine the roles FBOs (Caritas) play in enhancement of social welfare among the rural poor households
2. To identify the challenges FBOs face in enhancement of social welfare among the rural poor households.
3. To establish the strategies that have been put in place to improve FBOs performance in enhancement of social welfare among the rural poor households.

### **1.4 Research questions**

1. What are the roles FBOs play in enhancement of social welfare among the rural poor households?
2. What challenges FBOs face in enhancement of social welfare among the rural poor households?
3. What are the strategies that have been put in place to improve FBOs performance in enhancement of social welfare among the rural poor households?

## **1.5 Scope of the study**

### **1.5.1 Content scope**

The study focused on the roles FBOs especially Caritas play on enhancement of social welfare of the rural poor households. It specifically focused on HIV/AIDS awareness and treatment, education support and skill training, distribution of agricultural inputs, livestock and poultry for rearing as independent variables because of their usefulness in addressing poverty and reduced mortality, increase in household income due to increased agricultural output, employment creation and improved literacy and skills as dependents variables. The study also looked at moderating variables including government policies, political environment, improved infrastructure, monitoring and evaluation, finance and government poverty programmes. It also tackled the challenges FBOs face in social welfare enhance of the rural poor as well as the strategies to improve FBOs in enhancement of social welfare of the rural poor people.

### **1.5.2 Geographical scope**

The study was conducted in Nyamweru Sub-county, Kabale District South western Uganda. The Sub-county has six parishes of Nyamweru, Kyokyezo, Nangara, Bigungyiro, Bwayu and Kakyenaga. This place was chosen because there were many poor people and faith based organizations especially Caritas was operating in the area to help them, so the researcher wanted to assess its contributions on enhancement of social welfare of the rural poor in this area.

### **1.5.3 Time scope**

The study captured data for six years from 2010-2017 in order to gather sufficient data that helped the researcher to clearly understand the phenomenon under investigation.

## **1.6 Significance of the study**

This information would help policy makers identify particular strengths for them to build on in the fight against a common enemy, and weakness to be avoided. But most importantly perhaps, it will bring about a better understanding and appreciation of the work of FBOs in the enhancement of social welfare of the rural poor people.

In addition, the knowledge contributed should also be useful to international and national planners in designing effective HIV/AIDS interventions. Sometimes, challenges are never considered as challenges until they are highlighted, and problem identification is the first step in attempting to solve a particular problem, therefore, identifying the challenges FBOs face was a very important step for not only the organization but also other FBOs in the field of HIV/AIDS, in overcoming the barriers to successful implementation of their various interventions.

This work would provoke development thinking towards appreciating people centered development through the use of participatory techniques. Examples will illustrate the possibility and potential that FBOs have in steering people centered development.

Lastly, as it is with all research work, there are always gaps, so to academicians and researchers, the study should help to generate more intensive knowledge for further research.

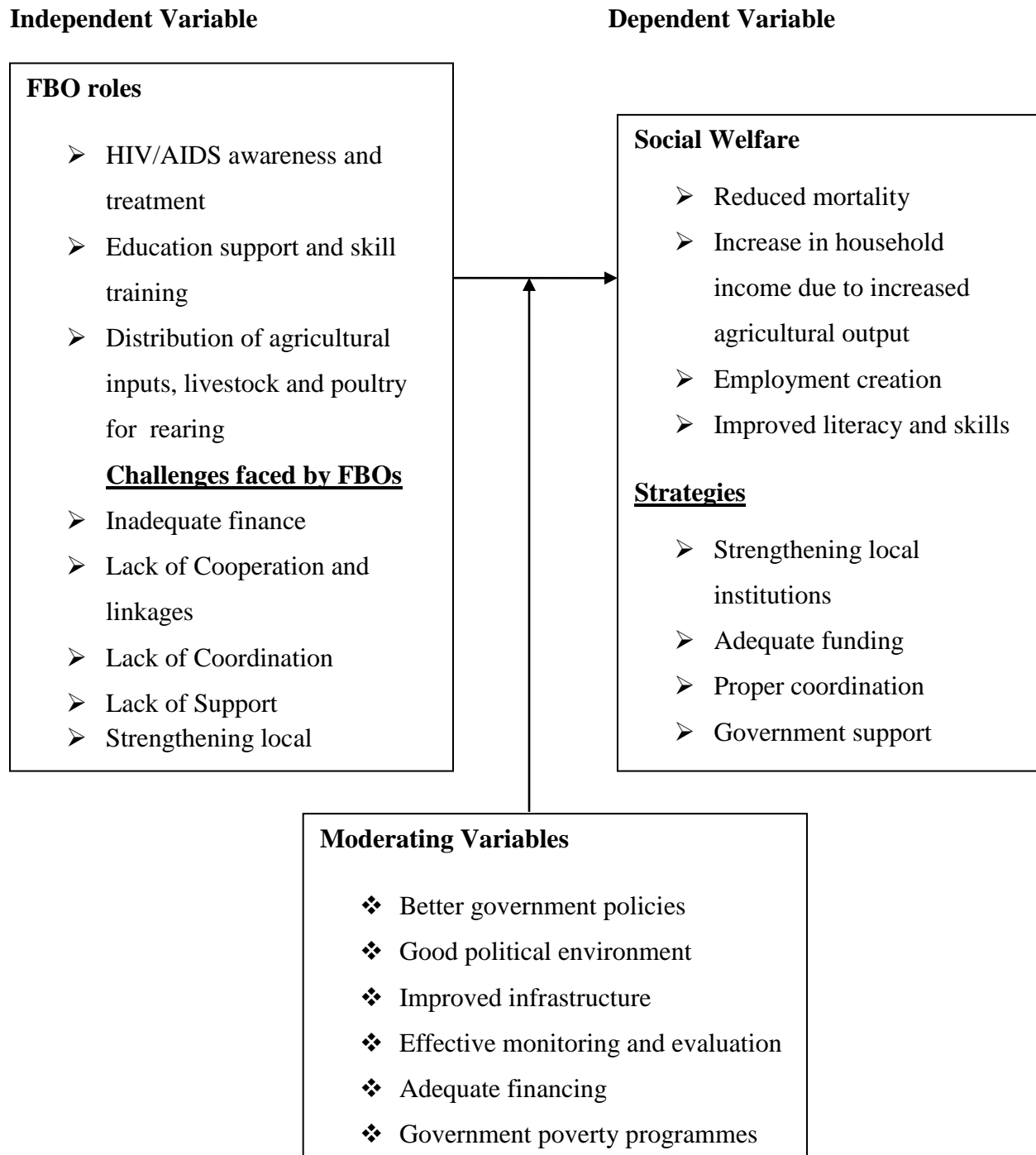
## **1.7 Conceptual framework**

A conceptual frame work is structured from a set of ideas that help the researcher to properly identify the problem he/she is looking at, formulate questions and find suitable literature. The



researcher has developed the following conceptual framework within which to understand issues pertaining FBOs' activities in enhancement of social welfare of rural poor people.

**Figure 1.1: Summary of the Conceptual framework**



**Source: Modified by the Researcher, 2017**

The conceptual framework in figure 1.1 explains that for poor social welfare indicators such as high mortality rate and diseases, low incomes & output in agriculture, high illiteracy & dropout rates, there should be provision of health support, distribution of hybrid seeds and livestock to farmers, granting full education to children from poor families (independent variables). The outcomes of these variables are reduced mortality & diseases, increased output & incomes from agriculture, improved literacy and reduced dropout rates. However, in order to achieve better results, FBOs performance ought to be favoured by moderating factors such as better government policies, good political environment, improved infrastructure, effective monitoring and evaluation, adequate financing and proper implementation of government poverty programmes. Therefore this means, effective performance of FBOs is fundamental for social welfare enhancement of the poor provided these factors are in place.

Furthermore, it is indicated that strengthening of local institutions and building linkages with development agencies at the supra level of the village would enhance performance of FBOs in social welfare:

It is widely confirmed by many studies that strengthening local institutions will address challenges associated with lack of cooperation and linkages, adequate funding will help to address inadequate financial resources while coordination and government support will ensure that difference institutions that can enhance social welfare work together with the support from the government to enhance it.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

In this chapter, we present the literature and studies on the role of FBOs in the enhancement of social welfare of the rural poor, challenges FBOs face in enhancement of social welfare of the marginalized rural poor people and strategies to improve FBOs(Caritas –Kabale) performance in enhancement of social welfare of the marginalized rural poor people.

#### **2.1 Roles of Faith Based Organizations in the Enhancement of Social Welfare among the Poor Households**

##### **2.1.1 Health Support**

NGOs in Uganda, especially religious based organizations have played an important role in financing the provision of health services that reduces mortality and improve people's quality of life/livelihoods thus enabling them work hard towards poverty alleviation. NGOs' work alone is estimated at 30 percent of all the health care services in Uganda. Both NGOs and the private practitioners provide both curative and preventive services like immunization and health education to the community that improves their health status (Asiimwe, 2004). Examples of organisations that offer health services in Uganda among others include Islamic Medical Association of Uganda in Mbale, Roman Catholic Church and The Aids Support Organisation. Reduction in mortality rate increases labour supply in agriculture and this may lead to increased productivity that may lead to poverty reduction.

In Africa especially sub-Saharan Africa, there are so many diseases and this has affected the continent in terms of economy. Poor health is one of the worst things because it causes pain and

suffering, reduces human energy and makes millions of Africans not to catch up with life hence destruction of human capital. One of the most challenges today facing many developing countries is how to provide health services. In many low-income countries, faith based organisations (FBOs) deliver basic health services in particular areas or among certain populations. Their effectiveness in establishing sustainable primary health care (PHC) systems has been linked with promotion of community participation, having close links with the poor, being flexible and having committed staff (Gellert 2006). The comparative advantage of faith based organizations might be assessed in terms of efficiency, innovation, quality of services, ability to mobilize resources, contribution to the sustainability of the local health system and coverage of grass-roots communities (Matthias and Green 2004; Stefanini, 2005).

Faith based organizations programs in Bangladesh increased contraceptive use by 78%, child immunizations by 67%, and antenatal care by 78% (Paxman, Sayeed, Buxbaum, Huber, & Storver, 2005). In terms of customer satisfaction, non-governmental organizations run health facilities received higher marks than government run facilities. A study in Mexico found that women attending non-governmental organization services reported more satisfaction than women who attended public clinics (Gomez-Jauregui, 2001). Leonard (2004) found that the African rural poor viewed non-governmental organizations health services to be of higher quality and more attractive despite the fees they charged.

Related to HIV/AIDS, a key element in HIV/AIDS care and support is the provision of psychosocial support. Counseling, spiritual support, support to enable disclosure and risk reduction strategies, medication adherence, and end of life and bereavement support are all part

of psychological support. This should be part of the care package at all levels. At its most basic level, this requires the establishment and support of peer-support groups for those found positive, and those affected by HIV. Many good examples of such services - which act as a focus for education, training, and provision of material, basic economic, spiritual and psychosocial support - currently, exist in many countries. Those most affected often create such groups through a need for solidarity in the face of broader public stigma and discrimination. The greater involvement of people affected by HIV/AIDS (GIPA) is a vehicle for generation of psychosocial support in communities, and needs to be incorporated and encouraged in designs for care and support (UNAIDS 2010).

In Cameroon, HIV/AIDS rose from 0.5% in 1987 to 5.5% in 1994. In reaction to such a threat, the Ministry of Public Health through the AIDS Programme has initiated a multi-sectorial mobilization plan that associates religious forces (FBOs) and traditional healers to the social communication programme for the AIDS prevention. It was revealed that the emergence of controversial views; especially within the ranks of religious sects and traditional healers who claim to possess a cure for AIDS distorted the public understanding of the scientific message.

Experience shows that good leadership and open discussion on HIV/AIDS are key factors in attaining stable and declining sero-prevalence rates, but so is the involvement of religious leaders and FBOs in HIV/AIDS prevention (Green 2003). In countries where religion is important, faith based involvement is as necessary as condom social marketing, treatment for sexually transmitted infections, voluntary counseling and testing, and other state of the art interventions in HIV prevention. In Uganda, FBOs have adopted a promotional approach and fight against

HIV/AIDS and as such however, educational messages focusing on HIV prevention and actual behavioral change are delivered. Such messages aim at promoting pre-marital abstinence, and marital fidelity,

Just as open and frank discussion about AIDS by the highest government authorities helped to reduce stigma in Senegal and Uganda, faith based leaders have similar authority and influence. For example, the Christian Church Association of Lesotho implemented a project, the objectives of which were “to prepare communities for accepting and supporting all people with HIV and AIDS,” and to promote “de-stigmatization of STD/HIV/AIDS patient care”(Barton et al. 1997, 8). Catholic Relief Services, which works with partners on more than 80 HIV/AIDS projects in more than 30 countries, has facilitated awareness workshops with clergy in several countries in order to “demystify and de-stigmatize HIV/AIDS (Stecker, 2003).

In 1994, Uganda launched 'True Love Waits,' an abstinence-until-marriage program that was also supported by schools, religious institutions, non-governmental organizations and local communities" (Dobson 2002). In Uganda abstinence component is also attributed to their comprehensive sexed program: "Uganda, where more than 30,000 children have signed abstinence pledges, has seen a 50-percent reduction in AIDS since 1992 because of its emphasis on abstinence"(Kellogg 2002). Reinforcing the government education efforts, faith communities have helped promote a change in sexual mores; a culture of abstinence and marital fidelity are held out as realistic and responsible lifestyle decisions. Challenging HIV/AIDS is possible - it is a preventable disease. Christian Aid sees prevention as a fundamental element of a meaningful response to the HIV/AIDS crisis, and believes this can properly be achieved when wider

development issues are also addressed. Concerted efforts, at national and community levels, are beginning to show success in some countries like Uganda, Senegal and Thailand have been able to reduce the incidence rate of new infections (Christian Aid 2005).

With strong political and religious leadership, increased education and care at community level, vigorous and targeted campaigning at all levels, and a willingness to fight the stigma and prejudice often associated with HIV/AIDS, countries like Uganda, Senegal and Thailand have been able to reduce the incidence rate of new infections (Christian Aid 2005). Faith-Based Organizations are providing holistic comprehensive care across a continuum and are major contributors to the national response. This involves providing support for people living with HIV/AIDS (PLWHA) and their families through a network of resources and services. A continuum includes care between hospital and home over the course of the illness. The care incorporates clinical management and care, education, prevention, counseling, palliative care and social support.

Orphans are an extremely vulnerable sector of the population. Not only are they subjected to all forms of abuse and exploitation but their situation often limits their choices. There is little motivation to consider the risks of HIV when day-to-day survival is all they can cope with. Faith-based organizations have all over the world been very instrumental with the provision of care for orphans and vulnerable children (OVC). This care has taken the form of institutional care, community based, fostering and adoption, day care centers, street children programs and hospices for abandoned and HIV positive children. The provision of psychosocial support, the training in parenting skills for child headed households, skills training and life skills provision to

orphans has provided lessons for other agencies to emulate. However, the magnitude of the orphan crisis is yet to be felt right across Africa. Though there are currently millions of such children, there are millions more to come, given the high sero-prevalence in Africa (Tearfund, 2004).

In a study across six countries (Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda), Foster identified the key role played by faith-based organizations in supporting orphans and other children made vulnerable by HIV/AIDS. More than 9,000 volunteers working out of 686 FBOs supported more than 150 000 orphans and vulnerable children. This was mostly through community-based initiatives, combining elements of spiritual, material, educational and psychosocial support (Tearfund, 2004). In communities that are facing desperate situations as a result of AIDS and where most people have some kind of spiritual belief, the input of FBOs is critical. This has been found to be especially true of Christian organizations in Africa. Households affected by AIDS-related sickness and bereavement, or with orphans and vulnerable children, value the combination of practical, emotional and spiritual support. The activities of an FBO may provide a means to bring affected people together when otherwise they would be isolated. Whilst in some communities the responses have been muted and activities are limited to simple prevention messages on World AIDS Day, in other communities FBOs are providing holistic comprehensive care across a continuum and are major contributors to the national response. This involves providing support for people living with HIV/AIDS (PLWHA) and their families through a network of resources and services. A continuum includes care between hospital and home over the course of the illness. The care incorporates clinical



management and care, education prevention, counseling, palliative care and social support (Parry, 2001).

Since the 1990s, the Buddhist monks of WatKienKes Temple in Battambang Province, Cambodia, have devoted themselves to AIDS education, care and support activities in their community. With technical support from USAID's Implementing AIDS prevention and care(IMPACT) Project (managed by FHI), the monks and members of a volunteer network based at the temple assessed community needs as a first step in creating programs to provide people living with HIV/AIDS, orphans and vulnerable children with counseling, vocational training and income-generation opportunities, including modest grants of materials, seeds and animals. Family Health International also helped the temple's volunteer network strengthen program management and community mobilization programs, including educational campaigns to reduce the widespread stigma that isolates individuals and families affected by AIDS (Didan, 2004).

Many FBOs have been working patiently, compassionately, and effectively for years in AIDS mitigation and prevention. This is true of large, internationally recognized FBOs and smaller ones as well. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS, including care for AIDS orphans, income generation projects for people living with HIV/AIDS and their dependents, and a variety of HIV prevention activities. Workshops and seminars have been conducted for leaders of Buddhist, Christian, Hindu, Muslim, and other faith groups, and these efforts often have resulted in programs aimed at followers of the religion as well as others in local communities. These efforts demonstrate the ability of FBOs to bring AIDS support and education to communities not being

reached by government campaigns, often using creative educational approaches (Kagimu et al. 1998).

As FBOs carry out their interventions in HIV prevention, they too have delivered messages of abstinence, faithfulness after marriage, voluntary testing, as well as behavioral change messages, and there have been significant linkages between the involvement of faith-based organizations in campaigns to prevent and mitigate HIV/AIDS, and the success of countries in reducing the pandemic thus reduced mortality (Green, 2003).

Medical care provided by FBOs consists of routine clinic care and referral, provision of AR for people whose CD4 count is between 200 and below and septrin for those whose CD4 count is above 200- and by the beginning of 2009, a total of 1500 people were on ART; treatment of opportunistic infections, Time limited support for clinically malnourished PLWHAs, support for adherence to anti-retroviral therapy, provision of treated mosquito bed nets, nutritional assessments and counseling, promotion of good personal and household hygiene, and basic preventive care for PLWHAs and their families. Another key component of medical care is HIV pediatrics care and support for children living with HIV/AIDS aged 18 years and below; it involves provision of Anti-Retroviral therapy (ART), HIV/AIDS counseling and testing, two peer support groups, among others (Kagimu et al. 1998).

FBOs such as Kamwocha Christian Caring Community provides routine clinical care and referrals and clients with cases that are too serious to be handled by the clinic are referred to hospitals like Mulago, Nsambya, Mengo, among others. This was also supplemented by clients responses on how often they come to the clinic- The majority of the respondents 71% reported

that they access clinical care when need arises usually when they get ARV stock outs, 10% monthly, 5% on a weekly basis and 3% daily (Christian Aid, 2005).

### **2.1.2 Support in Agriculture**

FBOs have an important role to play in supporting the efforts of poor people to tackle the causes and effects of food insecurity. Throughout the 1980s alongside global and national policies for economy growth there has been an increasing emphasis on the potential role of FBOs in rural food security at households level (Sahley, 2012). A rapidly growing population of overseas aid resources is now flowing through indigenous FBOs in Africa a thriving and mature FBO sector is an important catalyst of self-reliant development activities, but can also become a permanent sector in society that influences policy, empowers grassroots organizations, forges links with public and private debates. It can become a permanent sector in society actively striving to create the conditions conducive to more equitable forms of development (Sahley, 2012).

Some FBOs deliver quality seeds and livestock to farmers for them to increase agricultural output that in turn increases income which improves on livelihoods of the people. As an academic discourse, the concept of livelihoods to address poverty issues has developed in recent past. It is aimed to maintain or enhance natural resource productivity, secure ownership of assets and income earning activities as well as to ensure adequate stocks and flows of food and cash to meet basic needs (United Nations, 1992). FBOs' intervention in the delivery of agricultural inputs and training of farmers about the best farming practices increase yields that improve on socio-economic welfare of the people (Muir and Riddell, 1992).

The technical advice on inputs and diversifying the range of crops produced, assistance with ploughing, the supply of improved seeds and assistance with marketing are important in poverty alleviation (Muir and Riddell, 1992). The efforts of Faith Based Organizations in this field complement the government's efforts though they have a different approach. In Uganda and Kabale District in particular, FBOs have and are being involved in agricultural modernization which increases agricultural output/productivity for commercialization that raises peoples' income which consequently improves their livelihoods. They provide quality seeds, and improved livestock such as goat, pigs, carry out researches in agriculture which are important in increasing agricultural productivity thus contributing to improved poor household's welfare. The International Fund for Agricultural Development (2005) also puts it in plain words that, good agricultural methods can lead to successful poverty alleviation. Furthermore, countries that focus more on agriculture are much more developed than the countries that are not putting more effort on improving agriculture. An improvement in the agriculture by countries means a better chance of attaining Millennium Development Goal 1 which focuses more on eradicating extreme poverty (International Fund for Agricultural Development, 2005). This is because agricultural produce increases and people can now sell part of the produce to market for money and retain others for home consumption thus eradicating extreme poverty and hunger.

Faith Based Organizations' intervention in agriculture is also done to slow down the environmental degradation, increase produce and create employment opportunities. These interventions stimulating equitable agricultural growth where constraints faced by poor farmers such as lack of information, limited marketing opportunities and insufficient inputs are addressed. Since small farmers constitute rural poor youth, the poverty reduction impact of small

farmer development can be significant. The majority of small farmers grows their own food and contributes substantially in solving the problems of hunger (UDHS, 1995). To bring change in the income levels of the people FBOs have advanced the production levels of the villagers through distribution of inputs/seeds.

### **2.1.3 Education and Skill Training**

Traditionally, the services offered by faith-based and community-based organizations (FBOs) have helped to bridge the gaps that may leave families facing food insecurity, housing instability, and difficult choices between competing needs. Recognizing that multiple issues often challenge low-income working families and individuals, FBOs have expanded their services to include education and training, mentoring programs, life-skills training, and victims' services (Archambault, Kakuska, and Munford, 2011). While many of these small, nonprofit organizations have provided indispensable services to their communities for decades, it at times has been challenging for them to access public funds to support their efforts, primarily because of insufficient capacity to identify funding opportunities or develop competitive grant applications (Hercik and Lewis, 2013).

Education and skill training has been the centre of development strategy which can help broaden their income generating activities for a better livelihood. The usefulness and effectiveness of human capital heavily depend on the education, training, and health conditions of the people (Carney, 1998). The involvement of FBOs in education can be traced from the end of the 19<sup>th</sup> Century when missionaries introduced formal education in Uganda. The main aim of schooling was to spread Christianity but apart from teaching the Bible the schools which were opened also

offered lessons such as reading, writing, counting, carpentry, brick laying, needlecraft, farming/gardening was also an important part of this education.

Most Faith Based Organizations in education have adopted a multi-sectoral approach to development and are implementing education programmes alongside agriculture, food security, orphan care and others. FBOs through the provision of education, skills and knowledge, develop the capacity of community towards achieving sustainable development. In fact, FBOs act as providers of education to help the communities to develop the resources, building awareness, motivating to participation in project and finally improving the quality of community's lives (Megan, 2006). FBOs such as Compassion International try to deliver educational and literacy services as part of their efforts to enhance social welfare of the poor households.

Inner, (2009) has supported the view that FBOs play an important role through the provision of knowledge and skills (human capital) for the rural poor. He maintained that through provision of education, NGO's have been able to reach the poor and have contributed to the development of the beneficiaries through skills training, the provision of technical advice, exchange of experiences, research and policy advice which are keys to today's development. Since colonialism, in most developing countries, there has been a change in focus of FBOs activity in education from mere construction of schools and provision of other 'hardware components' to a more direct involvement in the implementation of education programmes and also in the policy formulation process (Megan Lambert, 2006).

## **2.2 Challenges faced by Faith Based Organizations in People's Social Welfare Enhancement**

The major challenges facing FBOs at the moment include creating an environment for cooperation. Governments have not moved fully to create a positive environment for cooperation with FBOs. But FBOs must also contribute to creating a new environment. Those FBOs who have long believed that the Government is the problem need to understand that sustainable development to reduce poverty and enhance welfare of the rural poor will require cooperation. FBOs should avoid being perceived as adversaries and competitors of the Government (Drucker, 2013).

Mobilizing local resources is the recent policy of privatization and liberalization calls upon the FBOs to take heed of the emerging private enterprise sector. Partnerships with the private sector could be a strategy for achieving the organizational and financial sustainability of the FBOs, an issue of critical concern. Local FBOs need to generate income through local resource mobilization. Drucker (2013) points out that non-profit organization themselves know that they need management all the more, because they do not have a conventional 'bottom line'! They need to know how to use management as their tool lest they be overwhelmed by it.

FBOs involved in health have encountered a number of common problems with government support. These include delays or even non-payment of grants and reimbursements, which is increasingly a problem as economic conditions decline in a number of countries, low and inflexible reimbursement rates (e.g., for bed grants), the lack of flexibility in the use of earmarked funds, and unacceptable conditions tied to the granting of funds. For instance, in

Zimbabwe the government prescribes fees in church-run hospitals that the missions consider too high (Gilson et al, 2014).

The FBOs may disclose sources of their funding at their own discretion. In reality, most FBOs are generally unwilling to disclose their funding sources and actual expenditures to anybody outside their governing board or executive body, not even to researchers (Kwesiga 2010). A study published in June in 2004 by an international consulting company on Sustainability, concluded that an "Accountability squeeze" was one of the major challenges facing non-profit organizations (Christensen, 2014).

The power and presence of FBOs has increased significantly over the past few years and they are now considered significant players in world affairs (Martens, 2012). However, this increase in prestige has been a double edge sword for many organizations. Faith based organizations are now expected to be accountable for their finances, as well as demonstrate the effectiveness of their programs and services. This focus on accountability comes at a time when there is a debate regarding the merits of faith based organisations, specifically related to service provision, cost effectiveness, and their overall contribution to civil society.

Martens further asserts that, the health systems in countries emerging from conflict are often characterized by damaged infrastructure, limited human resources, weak stewardship and a proliferation of non-governmental organizations. These conditions result in the disrupted and fragmented delivery of health services. One increasingly popular response to improve health service delivery in post-conflict countries is for the country government and international donors



to jointly contract non-governmental organizations to provide a Basic Package of Health Services like USAID, UNDP and public private partnership. This approach is being applied in Afghanistan, South Sudan and in the Democratic Republic of Congo. The approach is novel because it is intended as the only primary core service delivery mechanism throughout the country, with the available financial health resources primarily allocated to it. Although the aim is to scale up health services rapidly, including sexual and reproductive health services, there are a number of implications for such sub-sectors.

Provision of payment and other misaligned incentives is misalignment of financial and other incentives is perhaps the largest obstacle to be surmounted in reforming health care delivery. Too often, provider payment systems unintentionally reward duplication of services, use of services that may not be clinically necessary or appropriate, and other cost-escalating activities, while failing to create incentives and compensate providers for their contributions to desired outcomes (including disease prevention) and their care decisions to appropriately use fewer and less intensive services (Springer, 2010).

Incentives to develop delivery innovations for better management of high-cost patients so as to achieve desired outcomes are countered by the reality that such patients serve as an important source of provider revenue. Experts agree that the fee-for-service payment system needs to evolve and give way to more sophisticated arrangements that offer global or bundled payments that are tied to acceptance of responsibility for care episodes and outcomes. Experimentation with alternative payment arrangements is one of the most important areas of ongoing reform. Provider payment is not the only area in which misaligned incentives pose obstacles to health

care delivery reform. Throughout the health system there are tensions and conflicts of interest that can create barriers to change. While the burden of high and rising health care costs affects everyone, the health sector is also a thriving economic sector that serves as a job creator and center for lucrative opportunities that have played a vital role in the nation's economy. Deep-seated cultural, financial, and institutional vested interests constitute hurdles to recognize and overcome. Addressing these challenges will require leadership, creativity, and sustained commitment (New Health System, 2011).

Researching on FBOs is a daunting task for several reasons. First, the sheer number of and diversity among FBOs makes it difficult for researchers to examine the impact of these organizations. FBOs are highly diverse in terms of their organizational characteristics, such as size, resources, age, services and the number of sectors in which they work. This diversity also extends to the environments in which FBOs operate. Many FBOs operate on an international level, and work in countries with vastly different social, economic, and political landscapes. These factors make it difficult for researchers to measure and compare the outputs of FBOs working in different countries.

However, research conducted by Tandler (2002) and Riddell and Robinson (2012) found that faith based organizations are not automatically more cost effective than the public sectors. In fact, there is no one study which demonstrates that non-governmental organizations services are cheaper than government services (Edwards and Hulme, 2006). Though some evidence suggests larger non-governmental organizations are more cost effective than governments (Edwards and Hulme, 1996). In terms of reaching the poor, some evidence indicates that non-governmental

organizations perform better than governments (Smillie and Helmich, 2012). However Hashemi(2013) found that larger faith based organizations in Bangladesh strive to achieve breadth rather than depth, and as a result often failed to reach the poorest of the poor.

In addition, faith based organizations are often less inclined to maintain a presence in the more remote and poorer communities (Barr and Fafchamps, 2006). Additionally researchers found that faith based organizations programs were not related to community need, and that FBOs did not strive to avoid the duplication of services (Fruttero and Gauri, 2005). Much of research on faith based organizations has focused on organizational behaviors, specifically those behaviors that are thought to influence impact. Several organizational characteristics have been found to influence FBOs efficiency, longevity and success.

The power and presence of FBOs has increased significantly over the past few years and they are now considered significant players in world affairs (Martens, 2012). However, this increase in prestige has been a double edge sword for many organizations. FBOs are now expected to be accountable for their finances, as well as demonstrate the effectiveness of their programs and services. This focus on accountability comes at a time when there is a debate regarding the merits of FBOs, specifically related to service provision, cost effectiveness, and their overall contribution to civil society. FBOs are criticized for possessing weak accountability mechanisms, and poor institutional learning (Mebrahtu, 2012).

Critics cite numerous studies that demonstrate a lack of evidence from which to establish the impact of FBO services (Kelly, Kilby, and Kasynathan, 2014). These studies indicate that FBOs

often fail to monitor and evaluate their programs, and thus are unable to demonstrate the impact of their work. Instances of scandals and misdeeds concerning the use of donor funds have also contributed to the criticism of FBOs. FBOs are also charged with possessing hidden agendas, and being heavily influenced by donors (Logister, 2015).

On the other hand, proponents of FBOs argue they are effective vehicles of service delivery, reach the poorest communities, and are more cost effective than governments (Fruttero and Gauri, 2005). FBOs are under pressure to show that their organizations are efficient, effective, and accountable for their actions. Demonstrating achievement has been cited as the first step to establishing FBO legitimacy (Fowler, 2017). The FBO debate has sparked a significant amount of scientific research into the FBO sector.

In the face of growing criticism, FBOs have been called to scale up the impact of their programs (Edwards and Hulme, 2012). Scaling up refers to expanding the impact of FBO services (Uvin, Jain, and Brown, 2010). Even when FBO programs are successful the research indicates that their impact often remains small (Uvin, et. al., 2010). FBOs can scale up impact by: increasing their size and coverage; increasing their activities; networking other organizations; and enhancing organizational sustainability.

Faith-based organizations have been the recipients of many accusations of being a ‘sleeping giant’; of promoting stigmatizing and discriminating attitudes based on fear and prejudice; of pronouncing harsh moral judgments on those infected; of obstructing the efforts of the secular world in the area of prevention and of reducing the issues of AIDS to simplistic moral

pronouncements, that have not made Churches or Mosques places of refuge and solace, but places of exclusion to all those “out there” who are but 'suffering the consequences of their own moral debauchery and sin (Parry, 2001).

While we may not deny that, in some instances, these accusations may tragically and regrettably be justified, it has not been always and everywhere. Whilst the moral debate particularly around the condom issue – has raged in many circles, stalemating action, and in many eyes discrediting the Churches’ commitment to tackling AIDS and saving lives, congregations and parishes have themselves been in the forefront of care and support in Africa. A great number of these initiatives did not wait for funding in order to begin, they just responded. Their courage and determination in the face of so many obstacles is a humbling lesson to many, and a reflection of deep compassion in the real world of suffering. Faith based organisation’s efforts have been questioned due to their stand on some of the preventive mechanisms particularly condom use. As long as they are calling it ABC (Abstinence, Be faithful, Use condoms) and not bashing condoms, that would be no problem. There is no common ground between contraception educators and authentic abstinence educator (Unruh, 2005).

Whereas official statements against condom use contradict the Uganda Ministry of Health’s National Condom Policy and Strategy (June 2004), which states that “correct and consistent condom use shall be widely and openly promoted to all sexually active individuals as an effective means of preventing HIV/STI transmission and as a family planning method”, on at least one occasion, the Ugandan Government has supported an organization that spreads false information about the effectiveness of condoms against HIV. The Family Life Network, a faith-

based organization that claims to have received a grant from the Ugandan government supported by the Global Fund to Fight AIDS, TB and Malaria, teaches young people that latex condoms contain microscopic pores that can be permeated by HIV pathogens.

Public health organisations and faith based organisations working for the prevention of the spread of HIV recommend both the use of condoms. The Church's teachings have not supported these practices, arguing that they send the wrong message about sex and drugs and may ultimately lead to the increased spread of HIV. The statements recommend education and treatment aimed at changing behavior. One exception to this teaching was a statement by the Social Commission of the French Bishops' Conference in 1996. In a very limited and nuanced way, the statement acknowledges that the use of condoms to prevent the spread of HIV may be necessary (Karanja, 2005). Political factors are threatening the FBO's fight against the disease. In Zimbabwe, President Robert Mugabe cracked down non-governmental organizations, which he said, in August 2005, were being used as "conduits of foreign interference" in his country. The government then introduced a law that would give it more control over these bodies (Karanja, 2005).

Collaboration between Faith-Based organisations and other public health agencies seems a big challenge. According to an important study by the World Health Organization (WHO) in Zambia and Lesotho, efforts are needed to encourage greater collaboration between public health agencies and faith-based organizations, if progress is to be made towards the goal of universal access towards HIV prevention, treatment, care and support by 2010. The report estimates that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based

organizations, yet there is often little cooperation between these organizations and mainstream public health programmes (WHO, 2007). The study focused on Lesotho and Zambia, which had HIV prevalence rates of 23.2% and 17% respectively in 2005. It found that Christian hospitals and health centres are providing about 40% of HIV care and treatment services in Lesotho and almost a third of the HIV/AIDS treatment facilities in Zambia are run by FBOs. According to the report, FBOs play much a greater role in HIV/AIDS care and treatment in sub-Saharan Africa than previously recognized. The report concludes that greater coordination and better communication are urgently needed between organizations of different faiths and the private and public health sectors.

FBOs have inadequate resources to support their activities. Currently donors are keen to fund projects to do with good governance, human rights and environmental sustainability than HIV/AIDS as was the case in some years ago (UN-OSAA, 2003). This makes it challenging for them to function and expand their services particularly when measured against the challenges and critical issues that they have to address. This makes them explore external avenues for resources which in itself may bring problems of dependency if not well managed. Generally, community based organisation projects do not have enough resources to meet their growing needs because they find it difficult to mobilize resources due to limited skills in resource mobilization and development.

FBOs are meant to provide opportunities to the citizens for democratic participation but they have not been able to fulfill this obligation due to the method and manner in which they function and have failed to attract people interested in construction work and develop channels for

peoples' enthusiastic participation. Some of the factors responsible for such a state of affairs are general backwardness of the people, absence of adequate number of dedicated persons, over emphasis on targets and time bound programmes, political interference and vested interests, easy availability of funds without proper planning and assessment of felt needs and safeguards for the community, distrust of agencies and workers who do not have a base in the community and are unable to win its support and lack of decentralization which could give a feeling of being partners in development rather than development being thrust from above (Kakumani and Kotte, 2010).

### **2.3 Faith Based Organizations' Performance in Enhancement of Social Welfare among Poor Households**

The importance of FBOs in response to HIV/AIDS is widely recognized and has become a part of the development policy in many countries (Birdsall and Kelly, 2007). Despite this, the actual integration of these organisations in development practice has often been ineffective. This is because firstly, the real commitment of governments and government agencies to seriously recognize the support of local organizations has been very limited. Secondly, the sociological understanding of the basis for effective organisations is relatively weak within government agencies (Fisher, 2002). This offers recommendations for consideration to optimise the contribution of community based organisation projects in response to HIV/AIDS.

Wildlife (2006) argues that this may have contributed to the earlier failures of curtailing the epidemic. The AIDS epidemic is not simply about public health, and if the responses to HIV/AIDS must be effective, a broader approach to prevention, treatment, care and support as



well as mitigation must be adopted. Now that HIV/AIDS is understood as a development challenge, it is important that development practitioners draw lessons from different approaches attempted over time and consolidate them into existing opportunities for addressing HIV/AIDS as a development problem and not as an isolated sectoral issue. For example, HIV/AIDS issues have been included in core areas of development policy, such as food security and public education, and involvement of government ministries and other stakeholders in these sectors (UN-OSAA 2003). This called for the incorporation of other disciplines particularly those in social sciences to try and shape a holistic yet multi faced approach to the response against HIV/AIDS. To contain the epidemic at community level, assistance to community based organisation projects must not be based solely on the presence of HIV/AIDS, but equally on poverty indicators that reflect future vulnerability to the epidemic.

According to MFPED (2006), majority of Ugandans are employed in agriculture sector (76.8%). This means that for any rural area to reduce poverty and improve welfare, FBOs involved in agriculture are financed adequately so that they can put much emphasis on agriculture modernization and supply of inputs like fertilizers, machines like tractors so that agriculture can be carried out on a large scale. This has increased on people's livelihoods, access to health services, infrastructure development, education which lead to development.

In recent years FBOs have come under intense scrutiny by donors, clients, and the countries in which they work. This scrutiny has fostered a debate regarding the merits of FBOs, specifically related to their performance, impact, and accountability. Health FBOs have been criticized, because despite the tremendous amount of money they receive, little is known about their overall

contributions to health. Health facilities officials are required to compile financial summaries, on a monthly basis, indicating funds received and funds spent in the categories of PHC wage, PHC non-wage, PHC development, local governments, credit lines (medicine), donor projects, and others (to be specified). In the management of medicines, health facilities are supposed to use stock cards to track the movements and balance of all medicines in the health unit and the extent of (monthly) stock outs. However, a problem of incomplete or irregular data was found. Use of data for planning purposes was found to be low. Most of the health facilities do not complete the sections on medicines stock outs, health facility management and funds received and used. This problem was largely attributed to low motivation and under-staffing (Economic Policy Research Centre, 2010).

More still, Kakumani&Kotte, (2010) argue that there has been coordination of organizations to solve the problems of FBOs. These associations were done to facilitate the exchange of information between the government and the FBOs. The authors added that FBOs being welfare organizations have to maintain high standard of quality in service. The government has recognized those FBOs by giving awards or rewards with additional grants. This motivates them to work efficiently and effectively contributing to poverty alleviation hence enhanced social welfare.

Pradeep (2005) noticed that there is an urgent need that government organizations and FBOs act in collaboration for rural development. Kuponiyi and Ladele (2007) explored that FBOs are very reliable in effective adaptation and transfer of technology to farmers, delivery of agricultural support services and effective vehicles for alleviating rural poverty. He concluded that the FBOs

need more donor assistance to enable them expand the scope of their operations. Nair (2011) highlights the potential for collaboration when FBOs remain in predefined roles of service provision but the generation of conflict when FBOs step outside these to question government policies.

Furthermore, FBOs have strengthened local institutions and built linkages with development agencies at the supra level of the village: It is widely confirmed by many studies that strengthening local institutions is the best way for FBOs to make a lasting impact on poverty (Uphoff, 1998). It is also evident that one of the keys to successful program interventions rests on the formation of local institution. However, there is no systematic effort taken by these FBOs to link local institutions with supra village agencies.

As concluded by Edwards (1999), in order to make a difference in the livelihoods and capacities among poor household in the same process, FBOs fosters grassroots local institutions and link them with the markets and the political structures at the higher level. Linking the poor with the markets will provide the poor with more access to economic agencies in selling their products. Linkage with political institutions provides the poor more access to engage in decision-making process that in turn influence their life. In the view of the researcher, since most people are in rural areas, FBOs therefore operate in rural areas on a larger scale to enlist the cooperation of village people in making their lives better.

## **2.4 Conclusion**

Social work aims in inclusion of marginalized groups and so addressing issues of social exclusion lies in the backbone of social work. Poor people are undoubtedly among the most

vulnerable at risk of social exclusion. Social work practice is therefore important to ensure that improvement in social welfare. Promoting health and confronting disease challenges requires action across a range of activities in the health system. This includes improvements in the policymaking, strengthening social work roles in counseling and stewardship role of governments, better access to human resources, drugs, and a greater engagement of both public and private providers of services.

There is great need to promote the agenda of the poor. External support should work to support people in a way that is congruent with their current livelihood strategy. A holistic approach taken by the sustainable livelihood approach recognizes participation policy tools and highlights the linkages between livelihoods systems at micro level and macro level policy that affect these livelihoods. People's livelihoods are dynamic. They vary with gender age, ethnicity and geographical location. This then calls for shaping institutions according to the needs and circumstances of the beneficiaries.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the overall approach and description of the research methods that were employed to ease the success of this study. It includes the research design, population of the study; the sample size and the sampling techniques used in the selection of the respondents, sources of data, data collection methods, data collection instruments, research procedure, validity and reliability of the research instruments, data analysis, ethical considerations and limitation of the study.

#### **3.1 Research Design**

This study used a case study design. This was used because a case study design excels at bringing the researcher to an easy understanding of issues or object and can extend experience or add strength to what is already known through previous research. The study was conducted in such a way that the qualitative research approach is used to back up the design. Qualitative approach was used to explain the events and describe findings using interviews, focus group discussions and documentary review.

#### **3.2 Study Population**

A research population is a full set of cases from which a sample is taken. The study population was 230 and it comprised of beneficiaries, field staff of Caritas Kabale Diocese Nyamweru Project and Nyamweru sub-county leaders and councilors.

#### **3.3 Sample Size**

Out of 230 population, a sample size of 140 was arrived at using Krejcie and Morgan (1970) table of sample size determination.

**Table 3.1: Sample Size and Composition**

Category of respondents	Population	Sample size	Sampling techniques
Beneficiaries	210	120	Simple random
Field staff	10	10	Purposive
Sub county leaders and councilors	10	10	Purposive
<b>Total</b>	<b>230</b>	<b>140</b>	

*Source: Krejcie & Morgan table, 1970 (Appendix E)*

### **3.4 Sampling Techniques**

#### **3.4.1 Simple random sampling**

This is a technique where all respondents have equal chances of being included in a sample. In this method, each member or item from the population of beneficiaries of FBO was assigned a unique number. The numbers were then thoroughly mixed in a box and shaken. Then, without looking, the researcher picked until a sample of 120 beneficiaries was reached. Only the population members that were assigned that number were included in the sample.

#### **3.4.2 Purposive Sampling**

The researcher used purposive sampling to select ten field staff of Caritas Kabale Diocese Nyamweru Project and ten sub-county leaders as shown in the above table. Respondents were handpicked based on their knowledge about the study. Purposive sampling was used because it helps in selecting respondents with relevant data.

### **3.5 Sources of Data**

#### **3.5.1 Primary Source**

This is where data is obtained from the respondents. This data is called primary data. The data was collected through questionnaires and interviews and focus group discussion. The questionnaires were administered to selected respondent depending on the availability of time for filling the questionnaire

#### **3.5.2 Secondary Source**

Secondary data for this study was collected through review of documentary sources in which books, annual reports, journal articles, internet, magazines, newspapers and books related to the subject of the study were consulted at length to extract the information required to support the findings from the study respondents.

### **3.6 Data Collection Methods**

#### **3.6.1 Questionnaire Method**

A questionnaire method is survey method that utilizes a standardized set or list of questions given to individuals or groups, the results of which can be consistently compared and contrasted. On the other hand, structured and self-administered questionnaires were used to collect primary data in order to ensure organized procedures and control of the scope of responses within the objectives and research questions of the study. The questionnaires were designed and administered to the staff of Caritas KabaleDioceses during data collection.

### **3.6.2 Interview Method**

The researcher used face to face interview method as recommended by Sekaran (2003) and Barifaijo et al. (2010) to gather in-depth data through direct verbal interaction. The interviews were conducted with sub-county leaders and councilors. Interviews were used because they help the researcher in getting first-hand information, clarify the questions by using the appropriate language, clear doubts, and establish rapport and probe more information from the respondents.

### **3.6.3 Focus Group Discussion**

Focus group discussion is a research technique that collects information through group interaction on a topic designed by a researcher. In the Focus Group Discussions (FGDs), beneficiaries were selected purposively to participate in the discussion. With the researcher acting as a moderator, three discussions were conducted. This enabled the researcher to gather general views, emotions, feelings, perceptions and beliefs of beneficiaries about the FBOs' role on welfare of the rural poor households.

### **3.6.4 Documentary**

Available documents and reports about the study were visited as a source of secondary data in order to obtain background information of the linkages between the two variables. Documentary review was used to help the researcher fully understand the issues about the topic. This was done through reviewing of policy papers, internet, textbooks, journals and so forth.



### **3.7 Data Collection Instruments**

#### **3.7.1 Questionnaires**

The researcher used questionnaires in collecting data for the study. A questionnaire with open ended questions was distributed to the Caritas staff respondents. They were allowed to fill them for a period of one week and then after, the researcher collected them and checked for errors. Open ended questions were formulated in the questionnaire because they were suitable for collecting information for quantitative analysis. Open ended questions were used to enable the respondents add more relevant and in-depth information on the study.

#### **3.7.2 Interview Guide**

The interview guide is a research instrument that contains a list of questions the researcher asks the participants during the interview in order to obtain first hand information about a phenomenon. The data in this case were collected from some beneficiaries and sub-county leaders using an interview guide. The researcher designed structured questions and face to face interviews were conducted using logically related questions. Interviews were used because they were simple and first hand information was obtained.

#### **3.7.3 Focus Group Discussion Guide**

During the discussion, focus group discussion guide was used by the researcher to put the interviewer and interviewee on track. Beneficiaries were gathered in one place by the researcher and using focus group discussion guide, one FGD was conducted with a group of 15 beneficiaries, questions were asked and responses from respondents were recorded. Beneficiaries to participate in the study were purposively selected in order to capture information based on

respondents' independent opinion and perceptions regarding the subject matter during focus group discussions.

#### **3.7.4 Documentary Guide**

Available documents and reports about the study were visited by the researcher as a source of secondary data in order to obtain background information of the linkages between the two variables. Documentary review was used by the researcher to help him fully understand the issues about the topic. This was done through reviewing of policy papers, internet, textbooks, journals and so forth.

#### **3.8 Data Collection Procedure**

The researcher first obtained an introductory letter from the head of graduate studies at Barham University College after successfully defending the proposal and this letter was meant to introduce the researcher to Caritas Kabale Diocese Nyamweru Project where the research was carried out. The main purpose was to request for permission to do the research and to link the researcher with beneficiaries.

#### **3.9 Data Processing, Analysis and Presentation**

The process of data analysis involved several stages; the completed questionnaires were edited for completeness and consistency, checked for errors and omissions and then coded. The data that was collected was processed and analyzed using computer programmes. Microsoft Word and Excel were used by the researcher in drawing tables so as to clearly present the findings. Data was presented in terms of percentage so as to show the weight of the responses compared to the number of respondents.

### **3.10 Validity and Reliability of the Instruments**

Validity is a measure or the extent to which a score truthfully represents a concept. Reliability represents also how precise a measure is in that the different attempt at measuring the same thing converges on the point. According to classical test theory reliability means the measure of consistency in producing similar results on different comparable occasions. A measure is reliable when different attempts at measuring something converge on the same result when a measuring process provides reproducible results, the measuring instrument is reliable.

The data collection instruments, i.e. questionnaires were tested for their validity and reliability. By validity, the best indicators or questions after a critical examination of a range of possible indicators were chosen to measure the concept or subject matter which was perception or attitude of respondents with regards to the study. This was made possible after the pre-test. On the other hand to satisfy the need for reliability, indicators were analyzed to see the degree of consistency in measuring the concept at hand. To this end, ambiguity in wording and unclear questions on chosen indicators were removed or corrected subsequently.

### **3.11 Ethical Considerations**

As a research requirement, the researcher obtained an introductory letter from the Director of Graduate Studies at Bishop Barham University College which was presented to the supervisor who guided the researcher in writing a proposal and finally a dissertation. Then after, a letter was written to introduce the researcher to the FBOs where the study was conducted. Confidentiality was assured to the participants. They were informed that the research was purely for academic purposes.

## **CHAPTER FOUR**

### **PRESENTATION OF THE STUDY FINDINGS**

#### **4.0 Introduction**

This chapter presents the results of data collected from the field in accordance with the research objectives, design and methodology laid out in the previous chapter. The main purpose of the study was to assess the contributions of FBOs in enhancement of social welfare of the rural poor households with particular reference to Caritas Kabale Dioceses.

#### **4.1 Social- Economic Characteristics of the Respondents**

The description and analysis in this report were based on the study questionnaires, interviews, observation and focus group discussion guide. A sample of 140 respondents was used as the sample size to answer a series of research questions. The researcher administered 140 questionnaires and only 80 questionnaires were returned to the researcher which indicated a response rate of 57 percent.

##### **4.1.1 Gender Composition of the Respondents**

The study investigated the gender of the respondents in order to find out the gender that was more informed about the study and whether the two categories of gender held the same views about the role of FBOs in enhancing the welfare of rural households. All the two sexes were involved. From the findings, majority of the respondents were females. The findings were not biased because all the gender types were presented.

**Table 4.1: Gender Composition of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	35	43.75
Female	45	56.25
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

According to the above table 4.1, 43.75 percent of the respondents were males and the remaining 56.25 percent were females. The majority of the respondents were females because most of them were considered vulnerable to poverty than men and some of them were heads of families and therefore were receiving assistance from FBOs like Caritas so as to deal with the problem of poverty.

#### **4.1.2 Marital Status of the Respondents**

The marital status of the respondents was also covered and analyzed to assess their views in relation to the role of FBOs in enhancement of rural poor households in Nyamweru sub-county in Kabale District. In this study married, single, divorced and widows/widowers were covered and their frequencies and percentages are presented in the table below.

**Table 4.2: Marital status of the Respondents**

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Married	40	50
Single	10	12.5
Divorced	5	6.25
Widow/Widower	25	31.25
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

The marital status of the respondents according to the above table included 50 percent of the respondents who were married, 12.5 percent who were single, 6.25 percent who were divorced and 31.25 percent who were widows/widowers. Further findings indicate that people who were in the marital status widow/widower had orphans and vulnerable children that needed support from Caritas Kabale Diocese. In related instances, it was reported that some men abandon their families in search for employment opportunities in far places after which they do not return home. In this way, mothers and their children remain in the helpless families and thus falling victims of physical, psychological, economic and social poverty thus making them dependent to FBOs support. This was revealed by one of the female respondent in a focus group discussion at Nyamweru sub-county that was held.

#### **4.1.3 Household Size of the Respondents**

In the study, the researcher wanted to establish size of the household. Data obtained has been arranged into three categories; 1 to 3, 4 to 6, and 6. The results were thus presented in the table below.

**Table 4.3: Household Size of the Respondents**

<b>Household size</b>	<b>Frequency</b>	<b>Percentage</b>
1 to 3	15	18.75
4 to 6	25	31.25
6 and above	40	50
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

In the study however, it was established that the smallest household 18.75 percent had 1 to 3 people, while the middle 31.25 percent had 4 to 6 and the largest household taking the highest percentage of 50 percent in the study comprised of people who were 6 and above. This is corroborated with the idea that large families may lead to high level of poverty and dependency as a result of failure to meet all the necessary needs like food, education and health care needs.

#### **4.1.4 Education Level of the Respondents**

In order to get information from all categories of people, those that had no education, those that had finished primary, secondary, tertiary and University levels of education were approached.

**Table 4.4: Education Level of the Respondents**

<b>Education level</b>	<b>Frequency</b>	<b>Percentage</b>
No education	14	17.5
Primary	30	37.5
Secondary	13	16.25
Tertiary	15	18.75
University	8	10
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

In terms of education status of the respondents, table 4.4 above indicates that, 17.5 percent had no education, 37.5 percent had completed primary level, and 16.25 percent had completed secondary while 18.75 percent and 10 percent respectively had completed tertiary education and University. From the study, majority of the respondents had finished primary indicating that their lack of education perpetuates the existence of poor households among the group categories. This perhaps explains the reasons for 55 percent of the total respondents being peasants and entirely depending on agriculture for survival and only 28.75 percent belonging to business fraternity and 16.25 percent to government.

#### **4.1.5 Occupations of the Respondents**

The occupation of the respondents was investigated to find out which category depends much on FBOs. From the findings it was found out that peasants depend much on FBOs including Caritas Kabale Diocese.



**Table 4.5: Occupation of the Respondents**

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Peasants	44	55
Business	23	28.75
Government workers	13	16.25
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

As already noted in table 4.5 above, 55 percent of the respondents were peasants, 28.75 percent were businessmen while 16.25 percent were government employees.

From the above social-economic characteristics of the respondents, it can therefore be concluded that most of them were from relatively poor family backgrounds and thus government and faith based organizations' interventions were absolutely necessary in order to enhance the welfare and alleviate poverty from these relatively poor households. However, further findings also revealed that some people who benefited from FBOs especially Caritas Kabale Diocese are those who can afford the basic necessities. There were also those beneficiaries who received assistance from FBOs like Caritas but have remained poor. As the analysis revealed, there was high levels of dependents on hand-outs and poor mechanisms of sensitizing and evaluating projects thus not contributing fully to improved welfare of the rural poor households.

#### **4.2.1 Role FBOs Play in the Enhancement of Social Welfare of the Rural Poor Households**

The first two objectives of the study were to examine the role FBOs play in the enhancement of social welfare of the rural poor households in Nyamweru sub-county. This section therefore presents the nature of the role as well as support services provided by Caritas Kabale Diocese.

**Table 4.6: Whether Respondents were involved in the Activities of Caritas**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	80	100
No	0	0
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

The analysis in table 4.6 shows that all the respondents were involved in the activities of Caritas Kabale Diocese. The beneficiaries of Caritas revealed that Caritas has benefited its people in agriculture, health and education. According to the respondents, this has been done through provision of quality seeds such as sorghum, Irish potatoes, maize and vegetable seedlings such as cabbage seedlings and spinach, among others, which according to the respondents have made a real difference to the lives of poor household.

From the table below, respondents (beneficiaries) were required to show the activities of Caritas in which they were involved and the finds were thus presented as follows.

**Table 4.7: Activities in which respondents are involved**

<b>Activities</b>	<b>Frequency</b>	<b>Percentages</b>
Poultry rearing	17	21.25
Livestock rearing	19	23.75
Crop growing	30	37.5
Vegetable growing	14	17.5
<b>Total</b>	<b>80</b>	<b>100</b>

**Source: Field Research**

As revealed in table 4.7 above, majority of the respondents represented by 37.5 percent were involved in crop growing, followed by 21.25 percent who were involved in poultry rearing. Furthermore, 17.5 percent of the respondents practiced vegetable growing while 23.75 percent practiced livestock rearing.

The findings therefore show that Caritas Kabale Diocese was helping towards enhancement of the welfare of poor households through distribution of livestock and seeds for planting to its beneficiaries for poverty alleviation. Beneficiaries were trained in all aspects of rearing cows, pigs and poultry and how to care for them so as to ensure that they are free from disease and in good health.

Once the cows, goat and pigs have given birth, one of their weaned off springs is passed on to further beneficiaries. In this way, the project is extended to as many people as possible within the target communities. In addition to rearing cows and pigs, the beneficiaries have also been trained in basic agriculture facilitating the growing of crops that cover their subsistence needs and

generate income which enable children to acquire education, improve their livelihoods and standards of living. In so doing Caritas Kabale Diocese has stepped up agricultural activities which have formed part of the backbone for the livelihoods of many rural households in terms of household nutrition and income generation.

**Table 4.8: Reasons for involvement in the activities of Caritas Kabale Diocese**

Statements	Strongly agree		Agree		Not sure		Disagree	
	Freq	%	Freq	%	Freq	%	Freq	%
I was involved because I wanted to increase my level of income	48	60	32	40	0	0	0	0
I was involved because I wanted to increase my agricultural productivity in order to have food security	45	56	35	44	0	0	0	0
I got involved because I wanted to improve on my standards of living	44	55	36	45	0	0	0	0
I got involved because I wanted to gain more knowledge on modern methods of farming that will increase my crop yields	38	48	42	52	0	0	0	0

**Source: Field Research**

The analysis in table 4.8, shows 60 percent and 40 percent of the respondents who strongly agreed and agreed respectively that they were involved because they wanted to increase their level of income. As also strongly agreed and agreed by 56 percent and 44 percent of the respondents respectively, they noted that they were involved because they wanted increase agricultural productivity in order to have food security.

Furthermore, respondents got involved because they wanted to improve on their standards of living as strongly agreed and agreed by 55percent and 45 percent of the respondents. Lastly, 48 percent and 52 percent strongly agreed and agreed respectively that they were involved because they wanted to gain more knowledge on modern methods of farming that will increase crop yields.

**Table 4.10: Areas where caritas has helped people of Nyamweru Sub-county**

Statements	Strongly agree		Agree		Not sure		Disagree	
	Freq	%	Freq	%	Freq	%	Freq	%
Saving	40	50	30	38	0	0	10	13
Food security	45	56	25	31	0	0	10	13
Obtain employment	30	38	50	62	0	0	0	0
Increase agricultural productivity	43	54	37	46	0	0	0	0
Pay schools fees for my children	42	53	28	35	0	0	10	13

**Source: Field research 2017**

Findings from the table 4.10 shows that 50 percent of the respondents strongly agreed while 38 agreed that savings as one areas in which Caritas has helped the community. From the table however, a total of 13 percent of the respondents disagreed. In an interview with one respondent, it was disclosed that Caritas sensitizes the community on how to improve their saving culture and how their incomes from their agricultural output can be used to improve social welfare of the poor households.

Food security was strongly agreed and agreed by 56 and 31 percent respectively while 13 percent disagreed. Furthermore respondents pointed out that caritas has enabled them obtain employment. This was strongly agreed and agreed by 38 percent and 62 percent respectively. Increase in agricultural productivity was also supported by the respondents where 54 percent strongly agreed by 46 percent agreed.

Lastly, 53 percent of the respondents strongly agreed while 35 agreed that the activities of Caritas have enabled people to pay schools fees for their children. The above findings are in agreement with the findings from the interview where one beneficiaries pointed out that the increase in agricultural productivity has enabled him earn income which he uses to pay fees for his children and sustain his family. To this point the researcher concludes that Caritas Kabale Diocese has helped in enhancement of social welfare of the people in rural areas especially those from poor households.

**Table 4.11: Activities offered by Caritas in Social welfare enhancement of the rural poor households**

Statements	Strongly agree		Agree		Not sure		Disagree	
	Freq	%	Freq	%	Freq	%	Freq	%
Provision of other health care services to HIV victims	48	60	32	40	0	0	0	0
Behavioural change counseling	44	55	36	45	0	0	0	0
Public education programs	38	48	42	52	0	0	0	0
Prevention for maternal-to-child transmission	48	60	32	40	0	0	0	0

**Source: Field research**

The analysis in table 4.10 shows 60 percent and 40 percent of the respondents who strongly agreed and agreed respectively caritas Kabale diocese is involved in provision of other health care services to HIV victims.

Furthermore, behavioral change counseling was also found to be another HIV/AIDS related activity done by Caritas as strongly agreed and agreed by 55 percent and 45 percent of the respondents. As shown in the table, 48 percent and 52 percent strongly agreed and agreed respectively regarding public education programs. One staff noted that Caritas Kabale Dioceses sensitizes the rural poor people in Nyamweru about how they can improve education of their

children and how they can be safe from HIV/AIDS. This makes the people develop zeal to have their children attain good education and also improve their health standard

From the interviews with some staff of Caritas, it was disclosed that through partnership with other organisations like Reproductive Health Uganda, Caritas Kabale is in position to avail its clients with preventive interventions like condoms and other family planning methods that the organisation may not supply due to its religious beliefs and values. Various responses revealed that the values of the faith on which the organisation was founded do not permit it to provide all family planning services, the use of condoms inclusive in order to cover this gap, the organization found it necessary to partner with Reproductive Health Uganda to help their clients who are in need of such services. Caritas Kabale Diocese *“does not give us condoms but they bring other people who give us condoms” (FGD male beneficiaries of secondary prevention).*

Responses from the focus group discussions revealed that Caritas Kabale Diocese has organised seminars and workshops in communities and the themes included HIV prevention, helping women on personal hygiene, nutrition for example emphasizing that even if they do not have money to buy expensive foods, they can still have a balanced diet with the little money that they have. “We are involved in sensitising and training both the infected and affected people in disease prevention. This includes all diseases, HIV/AIDS inclusive” (Coordinator for preventive services).

Findings from the study established that orphans and vulnerable children are categorised into three groups namely; those children that have the extended family support and care after the death of both parents, however, this category is greatly affected by the fact that the extended family system. The second category is the one where both parents are dead and they have no



extended family system at all. This involves adoption although it's a very sensitive and complicated area due to the legal procedures involved. FBOs (Caritas) involves mental health counseling and treatment, support for disclosure of HIV status, end of life and bereavement care, efforts to reduce stigma, peer support groups for those found HIV positive, nutritional support, legal services like succession planning and support to income generating services.

Study findings revealed that pastoral or spiritual support is a key component in the well-being of not only people living with HIV/AIDS and those that have been affected by the pandemic in one way or the other, but to the organisation as a whole. Responses from the respondents revealed that the organisation starts everyday with prayers. The researcher also observed this during her one month's stay at the organisation while conducting research.

#### **4.2.2 Challenges FBO Face in Enhancement of Welfare of the Rural Poor Households**

The researcher investigated the challenges faced by FBOs in enhancement of welfare of the rural poor households so as to come up with the most effective strategies to improve their activities on poverty alleviation. The respondents were allowed provide more than one responses and the results were presented in the table below;

**Table 4.12: Challenges FBOs face in enhancement of welfare of the rural poor households**

Challenges	Frequency	Percentage
Inadequate finance	74	92.5
Infertile soils due to lack of conservation	75	93.75
Shortage of land	77	96.25
Dependency on donors/foreign aid and dictation by funders	77	96.25
Poor infrastructure	65	81.25
Lack of public participation	55	68.75
Poor accountability	66	82.5
Terrain/remoteness	48	60
Lack of coordination	29	36.25
Poor project selection	70	87.5

**Source: Field Research**

According to table 4.12 above, the study findings from beneficiaries and other respondents indicated that inadequate finance, shortage of land, dependency on foreign aid, infertile soils were the major challenges FBOs face in their efforts to enhance social welfare of the rural poor households. The study findings revealed 96.25 percent of the respondents who identified shortage of land and number of respondents who cited dependency on foreign aid/ donors and dictation by funders/ sponsors accounted for 96.25 percent. According to the respondents, sponsors determine terms of work, life span, type of project, and the beneficiaries. These were considered to be the major indicators of poverty. According to the respondents, many people depend on agriculture for a livelihood but land remains inadequate making agricultural based organisations not effectively address the problem of poor households. From the study findings,

93.75 percent identified infertile soils as a challenge to FBOs performance in the enhancement of rural poor households. They revealed that even though people have land, it is infertile. Respondents further revealed that a lot of money and other resources are spent on cultivation but yields have remained very low because of infertile soils. In an interview with a staff member of Caritas, it was noted that peoples' living standards has improved because of increased productivity caused by fertile soils, despite our effort to deliver agricultural inputs to increase agricultural output for livelihood improvement". The findings also show 92.5 percent of the respondents who cited inadequate finance as another challenge that hinders effective performance of FBOs (Caritas Kabale) in enhancement of social welfare of rural poor households. In an interview with one staff of Caritas, it was revealed that financial constraints have affected the implementation and operations of Caritas programmes. In addition, indigenous FBOs in particular have limited sources of funding. The financial system does not favour the organisation to operate well in the field area of study thus liming their effectiveness in social welfare enhancement.

Poor project selection was cited by 87.5 percent of the respondents. They further revealed that selection of projects and programmes do not consider what really poverty is in a given area and the FBOs meaning of poverty is not locally based. It was also pointed out by 81.25 percent of the respondents that poor infrastructure has hindered the activities of FBOs especially in inaccessible rural areas. They further noted that the physical structure of Nyamweru Sub-County is not appreciative where by most roads especially in rural areas are poorly developed and this makes Caritas fail to reach the exact and where they want to extend their services. Other challenges of Caritas as cited by the respondents included poor accountability with 82.5 percent of the respondents, lack of public participation with 68.75 percent.

Whereas FBOs including Caritas Kabale Diocese are an integral part of Uganda's struggle to fight poverty and enhance social welfare of the rural poor, the challenges as mentioned above have cropped up. These have been attributed to the nature of formation and their management in Uganda as well as the aim of which they were formed. It should be noted unreservedly that Caritas entirely depend on external support. The study revealed that external support being unsustainable and unpredictable has been detrimental to the FBOs enhancement of social welfare. Therefore, the more the FBOs dependency on donor funds, the less competent they become in performing their activities. Consequently, the data collected indicated that Caritas have been affected by different challenges but the key ones included: a culture of dependency that has developed in the organizations due to constant expectation of donor hand-outs; the flow of donor funds has encouraged the founders to accumulate absolute power from the top.

### 4.2.3 Strategies to Improve FBOs Performance in Enhancement of Social Welfare of the Rural Poor Households

**Table 4.13: Strategies to improve FBOs (Caritas) performance**

<b>Strategies</b>	<b>Frequency</b>	<b>Percentage</b>
Infrastructure and social service development e.g. roads and electricity in rural areas	79	92.5
Improve sanitation and personal hygiene to reduce diseases	70	87.5
Establishment of self-help projects	75	93.75
Government support	30	37.5
Granting education support to reduce illiteracy	68	85
Adequate financing	78	97.5
Increasing awareness/ sensitization of the people	80	100
Proper coordination and collaboration with other stakeholders	69	86.25
Environmental or soil conservation	80	100
Linking the poor with the markets will provide the poor with more access to economic agencies in selling their products	50	62.5
NGOs should carry out needs assessment	76	95
There should be economic diversification	77	96.25
Involving the community in project activities	66	82.5

**Source: Field Research 2017**

From table 4.13, based on multiple responses, the findings revealed that increasing awareness/sensitization of the people was suggested by the highest percentage of the study respondents 100 percent and thus found to be a major strategy that could improve the performance of FBOs in poverty alleviation. According to the respondent, most people do not know the activities of FBOs including Caritas Kabale Diocese thus therefore need to be sensitized or informed about their performance in social welfare enhancement.

Environmental/soil conservation was proposed to be another good strategy to improve the welfare of rural poor households. This was proposed by all the respondents 100 percent. In an interview with one field staff of Caritas, he said their effort in conserving the soil improves the quality of the soil and increases productivity. Thirty respondent representing 37.5 percent suggested government support as a strategy to improve social welfare. According to the respondents, FBOs should be given such support as finance and subsidizing their projects so that their performance in poverty alleviation is strengthened.

Establishment of self-help projects was cited by 93.75 percent respondents as another strategy to reduce poverty. The projects cited included among others, poultry, piggery, vegetable growing and provision of small loan scheme to allow people borrow money on an affordable interest. Seventy six equivalent to 95 percent of the respondents suggested that needs assessment should be done. According to respondents participatory needs assessment ensures that most serious problems are solved. However, one staff of Caritas Kabale Diocese said that welfare enhancement is still a problem because donors dictate the kind of services to be delivered to the recipients.

Economic diversification was suggested by 96.26 percent as another important strategy for improving the welfare of rural poor household. According to the respondents, this supplements people's incomes thus improving their livelihoods. From the table, 97.5 percent of the respondents suggested that in order for Caritas to be very effective in enhancing the welfare of rural poor households, it should be adequately financed. This will enable them carry out visits to different areas where people are in need of Caritas services and support. Farmers will also be able to invest a lot in productive venture and be able to get enough returns thus increasing household's incomes hence reducing poverty.

It was also suggested by 86.25 percent of respondents that FBOs should have proper coordination and collaboration with other stakeholders like government and community based organizations, private individuals and other available FBOs. This would reduce duplication of projects/programmes and services in the same area meant for social welfare enhancement.

According to the respondent, FBOs need to strengthen their support to people especially those in schools to improve on their academic standards so as to be able to acquire knowledge/skills that can best help in enhancing social welfare of rural poor households. As reflected in the above table, 92.5 percent of the respondents revealed that there should be infrastructure and social service development such as hospital, roads and electricity in rural areas so that rural poor people can set up enterprises that can earn them living thereby reducing poverty.

The findings of the study also indicated that improved sanitation and personal hygiene to reduce diseases would help in reducing poverty among rural poor people. Money that would be spent on medical care would be directed to improve the standards of living of the people. For instance,

staying in clean environment, eating good food and using clean water were suggested by 87.5 percent of the respondents.

The respondent also suggested community participation as another important strategy to improve the work of FBOs in enhancement of social welfare of the rural poor households Respondents who revealed that when involving the community in all activities of the FBOs you are increasing their awareness on the FBO activities which is essential if poverty is to be alleviated accounted for 82.5 percent.



## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS**

#### **5.0 Introduction**

This chapter presents the discussion of finding. The findings are discussed according to the research objectives;

#### **5.1 Roles of Faith Based Organizations in the Enhancement of Social Welfare among the Poor Households.**

The study revealed that people are involved in the activities of Caritas because they want increase on food security. This was strongly agreed and agreed by 56 and 31 percent of the respondents respectively. This is in agreement with Sahley, (2012) who stated that FBOs have an important role to play in supporting the efforts of poor people to tackle the causes and effects of food insecurity. Throughout the 1980s alongside global and national policies for economy growth there has been an increasing emphasis on the potential role of FBOS in rural food security at household's level.

Increase in agricultural productivity in order to increase incomes was also supported by the respondents where 54 percent strongly agreed by 46 percent agreed. Muir and Riddel, (1992) in support of the finding revealed that FBOs' intervention in the delivery of agricultural inputs and as well training of farmers about the best farming practices increases yields that improve on socio-economic welfare of the people. United Nations, (1992) also added that some FBOs deliver quality seeds and livestock to farmers for them to increase agricultural output that in turn increases income which improves on livelihoods of the people. As an academic discourse the concept of livelihoods to address poverty issues has developed in recent past. It is aimed to

maintain or enhance natural resource productivity, secure ownership of and assets and income earning activities as well as to ensure adequate stocks and flows of food and cash to meet basic needs.

The analysis in table 4.10 shows 60 percent and 40 percent of the respondents who strongly agreed and agreed respectively caritas Kabale diocese is involved in provision of other health care services to HIV victims.

Furthermore, behavioural change counseling was also found to be another HIV/AIDS related activity done by Caritas as strongly agreed and agreed by 55 percent and 45 percent of the respondents. As shown in the table 48 percent and 52 percent strongly agreed and agreed respectively public education programs. One staff noted that Caritas Kabale Dioceses sensitizes the rural poor people in Nyamweru about how they can improve education of their children and how they can be safe from HIV/AIDS. This makes the people develop zeal to have their children attain good education and also improve their health standard

Qualitative findings noted that Caritas is also involved in mental health counseling and treatment, support for disclosure of HIV status, end of life and bereavement care, efforts to reduce stigma, peer support groups for those found HIV positive, nutritional support, legal services like succession planning and support to income generating services.

The above findings are in line with Kagimu et al. (1998) who noted that many FBOs have been working patiently, compassionately, and effectively for years in AIDS mitigation and prevention. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS, including care for AIDS orphans, income generation projects

for people living with HIV/AIDS and their dependents, and a variety of HIV prevention activities.

## **5.2 Challenges faced by Faith Based Organizations in People's Social Welfare Enhancement**

From the findings, limited income was revealed by 92.5 percent of the respondents. In support of this, Gilson et al, (2014) noted that FBOs involved in health have encountered a number of common problems with government support. These include delays or even non-payment of grants and reimbursements, which is increasingly a problem as economic conditions decline in a number of countries, low and inflexible reimbursement rates (e.g., for bed grants), the lack of flexibility in the use of earmarked funds, and unacceptable conditions tied to the granting of funds.

It was also revealed that poor accountability affect the performance of FBOs in enhancing social welfare as pointed out by 82.5 percent of the respondents. This study concurs with Kwesiga (2010) who pointed out that most FBOs are generally unwilling to disclose their funding sources and actual expenditures to anybody outside their governing board or executive body, not even to researchers. In addition, a study published in June in 2004 by an international consulting company on Sustainability, concluded that an "Accountability squeeze" was one of the major challenges facing non-profit organizations (Christensen, 2014).

It was also pointed out by 81.25 percent of the respondents that poor infrastructure has hindered the activities of FBOs especially in inaccessible rural areas. They further noted that the physical structure of Nyamweru sub-county is not appreciative where by most roads especially in rural

areas are poorly developed and this makes Caritas fail to reach the exact and where they want to extend their services. The finding concurs with Barr & Fafchamps, (2006) who revealed that faith based organizations are often less inclined to maintain a presence in the more remote and poorer communities.

The respondents who pointed out dependency on foreign aid/ donors and dictation by funders/ sponsors accounted for 96.25 percent. This relates to Logister, (2015) who noted that instances of scandals and misdeeds concerning the use of donor funds have also contributed to the criticism of FBOs. FBOs are also charged with possessing hidden agendas, and being heavily influenced by donors.

### **5.3 Strategies that have been put in place to enhance Faith Based Organizations' Performance in Enhancement of Social Welfare among Poor Households**

The findings revealed that 97.5 percent of the respondents suggested that in order for Caritas to be very effective in enhancing the welfare of rural poor households, it should be adequately financed. According to MFPED (2006), in line with the finding revealed that majority of Ugandans are employed in agriculture sector (76.8%). This means that for any rural area to reduce poverty and improve welfare, FBOs involved in agriculture should be financed adequately so that they can put much emphasis on agriculture modernization and supply of inputs like fertilizers, machines like tractors so that agriculture can be carried out on a large scale. This has increased on people's livelihoods, access to health services, infrastructure development, education which lead to development.

It was also suggested by 86.25 percent of respondents that FBOs should have proper coordination and collaboration with other stakeholders like government and community based

organizations, private individuals and other available FBOs. This would reduce duplication of projects/programmes and services in the same area meant for social welfare enhancement. This is in agreement with Kakumani & Kotte, (2010) argue that there has been coordination of organizations to solve the problems of FBOs. These associations were done to facilitate the exchange of information between the government and the FBOs. The authors added that FBOs being welfare organizations have to maintain high standard of quality in service. The government has recognized those FBOs by giving awards or rewards with additional grants. This motivates them to work efficiently and effectively contributing to poverty alleviation hence enhanced social welfare.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATION**

#### **6.0 Introduction**

Chapter five gives a summary of the entire research highlighting the conclusions, recommendations and suggestions for further research. The recommendations and suggestions are based on the findings in the previous chapters and the study objectives which relied heavily on the study questions.

#### **6.1 Summary of Findings**

The findings in relation to objective one revealed that people are involved in the activities of Caritas because they want increase on food security. This was strongly agreed and agreed by 56 and 31 percent of the respondents respectively. This is in agreement with Sahley, (2012) who stated that FBOs have an important role to play in supporting the efforts of poor people to tackle the causes and effects of food insecurity.

Increase in agricultural productivity in order to increase incomes was also supported by the respondents where 54 percent strongly agreed by 46 percent agreed. Muir and Riddel, (1992) in support of the finding revealed that FBOs' intervention in the delivery of agricultural inputs and as well training of farmers about the best farming practices increases yields that improve on socio-economic welfare of the people. United Nations, (1992) also added that some FBOs deliver quality seeds and livestock to farmers for them to increase agricultural output that in turn increases income which improves on livelihoods of the people. As an academic discourse, the concept of livelihoods to address poverty issues has developed in recent past. It is aimed to

maintain or enhance natural resource productivity, secure ownership of and assets and income earning activities as well as to ensure adequate stocks and flows of food and cash to meet basic needs.

The analysis in table 4.10 shows 60 percent and 40 percent of the respondents who strongly agreed and agreed respectively caritas Kabale diocese is involved in provision of other health care services to HIV victims. Furthermore, behavioral change counseling was also found to be another HIV/AIDS related activity done by Caritas as strongly agreed and agreed by 55 percent and 45 percent of the respondents. As shown in the table 48 percent and 52 percent strongly agreed and agreed respectively public education programs. One staff noted that Caritas Kabale Dioceses sensitizes the rural poor people in Nyamweru about how they can improve education of their children and how they can be safe from HIV/AIDS. This makes the people develop zeal to have their children attain good education and also improve their health standard

Qualitative findings noted that Caritas is also involved in mental health counseling and treatment, support for disclosure of HIV status, end of life and bereavement care, efforts to reduce stigma, peer support groups for those found HIV positive, nutritional support, legal services like succession planning and support to income generating services.

The above findings are in line with Kagimu et al. (1998) who noted that many FBOs have been working patiently, compassionately, and effectively for years in AIDS mitigation and prevention. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS, including care for AIDS orphans, income generation projects for people living with HIV/AIDS and their dependents, and a variety of HIV prevention activities.

In relation to objective two, inadequate finance was noted by 92.5 percent of the respondents. In support of this, Gilson et al, (2014) noted that FBOs involved in health have encountered a number of common problems with government support. These include delays or even non-payment of grants and reimbursements, which is increasingly a problem as economic conditions decline in a number of countries, low and inflexible reimbursement rates (e.g., for bed grants), the lack of flexibility in the use of earmarked funds, and unacceptable conditions tied to the granting of funds.

It was also revealed that poor accountability affect the performance of FBOs in enhancing social welfare as pointed out by 82.5 percent of the respondents. This study concurs with Kwesiga (2010) who pointed out that most FBOs are generally unwilling to disclose their funding sources and actual expenditures to anybody outside their governing board or executive body, not even to researchers. In addition, a study published in June in 2004 by an international consulting company on sustainability, concluded that an "accountability squeeze" was one of the major challenges facing non-profit organizations (Christensen, 2014).

It was also pointed out by 81.25 percent of the respondents that poor infrastructure has hindered the activities of FBOs especially in inaccessible rural areas. They further noted that the physical structure of Nyamweru sub-county is not appreciative where by most roads especially in rural areas are poorly developed and this makes Caritas fail to reach the exact and where they want to extend their services. The finding concurs with Barr and Fafchamps, (2006) who revealed that faith based organizations are often less inclined to maintain a presence in the more remote and poorer communities. The respondents who pointed out dependency on foreign aid/donors and



dictation by funders/ sponsors accounted for 96.25 percent. This relates to Logister (2015), who noted that instances of scandals and misdeeds concerning the use of donor funds have also contributed to the criticism of FBOs. FBOs are also charged with possessing hidden agendas, and being heavily influenced by donors.

Nonetheless, the performance of the FBOs in enhancement of social welfare has been seriously hampered by over-reliance on foreign funding and its pejorative implications as well as shortage of land. Thus, where as it has been theoretically postulated that FBOs can enhance social welfare through appropriate approaches, such as local peoples' participation, working in close collaboration with local authorities, needs assessment, infrastructure development and sensitization among others, this was found lacking in Nyamweru sub-county.

In addition, there is an element of religious discrimination especially with Caritas where people who benefit from its services belong to one religious denomination. While this is attributed to the fact that the FBO belongs to the same denomination, its isolation of members from other religions poor households is intriguing. Similarly, far-to-reach poor people have no chance of being considered because the FBO mainly concentrates in urban areas. It therefore concluded that the mushrooming of FBOs was not a universal solution to social welfare enhancement the rural poor households. They were instead flag bearers of dependency promotion. This process instead sustained poverty in the developing countries.

The findings revealed that 97.5 percent of the respondents noted that Caritas is provided with adequately funds to run its activities. It was also noted by 86.25 percent of respondents that there have been proper coordination and collaboration of FBOs (Caritas Kabale Diocese) with other

stakeholders like government and community based organizations, private individuals and other available FBOs. This would reduce duplication of projects/programmes and services in the same area meant for social welfare enhancement. This is in agreement with Kakumani and Kotte, (2010) argue that there has been coordination of organizations to solve the problems of FBOs. These associations were done to facilitate the exchange of information between the government and the FBOs. The authors added that FBOs being welfare organizations have to maintain high standard of quality in service. The government has recognized those FBOs by giving awards or rewards with additional grants. This motivates them to work efficiently and effectively contributing to poverty alleviation hence enhanced social welfare.

## **6.2 Conclusion**

Based on the above findings, shortage of land, high illiteracy level in the district, inadequate finance, poor project selection, infertile soils due to poor conservation, poor infrastructure and poor accountability are some of the major challenges faced by Caritas Kabale Diocese.

From the findings of the study, one may note that there is still a lot that needs to be done so as to improve the performance of FBOs in poverty alleviation. According to the study respondents, needs assessment, increasing awareness/ sensitization of the people, economic diversification, environmental or soil conservation, adequate financing, improve sanitation and personal hygiene to reduce diseases, establishment of self-help projects, infrastructural development and social services development as perceived by the people have been encouraged.

## **6.3 Recommendations**

Caritas Kabale Diocese needs to intensify their socio-economic empowerment programs so that beneficiaries can be equipped with knowledge to reduce poverty. The organizations need to

improve vocational and life skills training such as in carpentry, crocheting, tailoring and bakery and higher education.

There is need for the organizations to allow full and meaningful beneficiary participation. Involving beneficiaries in active participation allow them to make right choices of intervention and becomes responsive to such interventions. Consequently, sustainability of organizational projects may be enhanced and promoted, leading to poverty reduction.

FBOs need to expand on the number of beneficiaries in order to reduce poverty in the areas of their operation. In addition, proper coordination between the district local government and the FBOs (Caritas) is paramount in poverty alleviation processes. Poor coordination between Caritas and the district local governments leads to duplication of projects in the district. Both parties should expose their work plans to each other so that the problem of duplication is minimized.

FBOs, therefore, should engage themselves with the communities in order to know their needs and not deciding for them. Failure to engage with the community members makes them to bring services that are not needed by the communities. Of great importance, FBOs need to do need assessment properly as it is going to help them identify the core problems of the communities.

In order to enhance social welfare of the rural poor, the FBO needs to tackle poverty dynamically, strategically and comprehensively. This is because poverty is a multidimensional phenomenon that needs a multidimensional approach. There is a need to look at other categories of needy people in the society such as the elderly, widows and disabled persons, rather than placing emphasis on one category.

#### **6.4 Limitations of the Study**

The researcher was faced with methodological problems as in interviewing respondents, who in any case were suspicious of ill motives of the researcher. An honest, intimate relationship was however developed to overcome this by requesting respondents to advise accordingly on how he/she could be questioned.

Questionnaire retrieval, leave alone filling it, took a lot of time which delayed the whole research process and few completed questionnaires were returned to the researcher. The benefits of such an exercise were, however, explained to the respondents for easy cooperation.

There was limited local literature on the subject under study. In order to overcome this, the researcher utilized local sources, research reports, the Internet and published document.

The time frame in which the research report was produced was not enough. This caused the researcher fail to exhaustively conduct the study and this limited the findings. Moreover, during interviews, some respondents did not easily disclose certain information, which reduced the amount of data collected. However, this was minimized by explaining to the respondents the purpose of the study so that they could avail enough information.

Some respondents were too busy with their daily schedule and failed to spare time for the questionnaire. To minimise this, the respondents were contacted in their free time.

## **6.5 Areas for further research**

More research should be conducted about the strategies that can sustainably address the problem of poverty. This research could be improved if supplemented by other research methods or if completely new ones are used. For example, this research could be improved if supplemented by other research methods or if completely new ones are used. Research in FBOs financing of health care should be carried out. Further research should be done on the contribution of FBOs in protecting livelihoods programme.

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## APPENDICES

### APPENDIX A: QUESTIONNAIRE FOR BENEFICIARIES

**Dear Respondent**

I am **HATEGEKIMANA DONISIAN** a graduate student of Uganda Christian University undertaking a research leading to the award of a Masters Degree in Social Work. My topic of investigation is; **The Role of Faith Based Organization (Caritas-Kabale) in the Enhancement of the Social Welfare of the Rural Poor Households in Nyamweru Sub-County in Kabale District. A Case Study of Caritas Kabale Diocese.** This questionnaire has been designed to assist me in collecting data for this research study. The research is purely for academic purposes and the information you will provide will be treated with utmost confidentiality. I kindly request you to provide me the necessary information having been chosen to participate in the study to enable me complete my research work successfully.

Thank you in advance for your co-operation

**Note: Please fill in the spaces provided or tick in the Optional Boxes with your responses**

#### **SECTION A: Biographic characteristics of the respondents**

1. Gender

(a). Male ☐ (b). Female ☐

2. Marital Status

(a) Single ☐ (b) Married ☐  
(c) Divorced ☐ (d) Widowed ☐

3. Household size

1-3 ☐ 4-6 ☐ 6 and above ☐

4. Age (a) Below 21 ☐ (b) 21-30 ☐

(c) 31-40 ☐ (d) 41 and above ☐

5. Education Level

(a) Primary ☐ Secondary ☐

(c) Tertiary ☐ University ☐ Others .....

6. Occupation

a) Peasant ☐ Business ☐ b) Government worker ☐

**SECTION B: Role Played by FBOs in the Enhancement of Social Welfare of the Rural Poor Households.**

7. Are you involved in the activities of Caritas Kabale Diocese?

Yes ☐ No ☐

8. Check out by a tick the activities you are involved in

Poultry rearing	<input type="checkbox"/>
Livestock rearing	<input type="checkbox"/>
Rabbit rearing	<input type="checkbox"/>
Crop growing	<input type="checkbox"/>
Vegetable growing	<input type="checkbox"/>

9. Please explain why you are involved in the activities of Caritas?

	Strongly Agree	Agree	Not sure	Strongly Disagree	Disagree
I was involved because I wanted to increase my level of income					
I was involved because I wanted to increase my agricultural productivity in order to have food security					
I got involved because I wanted to improve on my standards of living					
I got involved because I wanted to gain more knowledge on modern methods of farming that will increase my crop yields					

10. The FBO (Caritas) in my area has helped me in;

Activities	Strongly Agree	Agree	Not sure	Strongly Disagree	Disagree
Saving					
Food security					
Obtain employment					
Increase productivity					
Pay schools fees for my children					

Improve the feeding habits					
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11. What activities does Caritas offer in trying to enhance your welfare? (tick appropriately)

<b>Activities</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Strongly Disagree</b>	<b>Disagree</b>
<b>HIV/AIDS awareness and treatment</b>					
Voluntary HIV testing and counseling					
Provision of other health care services to HIV victims					
Sensitization and condoms to use					
Behavioral change counseling					
Public education programs					
Accessible diagnosis and treatment of other STIs					
Prevention for maternal-to-child transmission					
Prevention between sero-discordant partners					
<b>Agriculture</b>					
Distribution of seeds to the farmers					
Sensitization of farmers on modern methods of farming					
Family building and group micro savings;					
Family building and group micro savings					
Farmer support grants are provided to enable farmers invest in agriculture					

Sustainable environmental management					
Improving sanitation and hygiene					
Rain water harvest					

If any other activities, mention them

.....

.....

12. What direct support has Caritas provided to you regarding social welfare enhancement?

<b>Areas of Support</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Strongly Disagree</b>	<b>Disagree</b>
Education support					
HIV testing					
Provision of agricultural inputs					
Spiritual support					
Provision of shelter					
Support for Orphans and Vulnerable children					
Support to income generating project such as livestock rearing					
psycho-social support (mental health counseling and treatment)					

13. What would you say are the achievements of Caritas in Nyamweru sub-county?



<b>Achievements</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Strongly Disagree</b>	<b>Disagree</b>
Reduced expenditure on medical care due to improved nutrition, hygiene and sanitation					
Improved food security due to improved agronomy of food crops resulting into increased yields of food crops,					
Modernized agriculture					
Accessibility to prevention, care and support services					

14. From your experience what would you say have been the strengths of Caritas in trying to enhance your welfare?

<b>Strengths</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Strongly Disagree</b>	<b>Disagree</b>
Promoted health which has improved the my welfare					
Increased people's income through poultry, piggery, goat and rabbit rearing					
It has contributed to poverty reduction through increased crop yields					
Caritas has helped to reduce dependency of women					

on their husbands					
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**SECTION C: Challenges Faced By Caritas Kabale in the Enhancement of Social Welfare of the Rural Poor Households**

15. Does Caritas face challenges in trying to enhance your welfare?

Yes ☐ No ☐

If your response in 15 above is yes, please indicate by ticking in the box below; (more than one responses allowed)

Challenges	tick
Too many people in need of its services	
Environmental degradation	
Inadequate funds	
Limited participation of public in designing and implementation of projects.	
Poor and limited involvement of various stake holders in monitoring and evaluation.	
Limited land for agricultural purposes	

If any others, mention

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.....

.....

**SECTION D: Strategies to Improve FBOs Performance in Enhancement of Social Welfare of the Rural Poor Households**

16. Tick in the box below the strategies you know that Caritas use to enhance its performance in Performance in Enhancement of Social Welfare of the Rural Poor (more than one responses allowed).

<b>Strategies</b>	<b>tick</b>
Strengthening of local institutions and building linkages with development agencies	
Mobilizing financial resources	
Monitoring and Evaluating progress of planned intervention	
Supporting small scale entrepreneurs to research and improve products	
Infrastructure and social service development e.g. roads and electricity in rural areas	
Increasing awareness/ sensitization of the people	
Proper coordination and collaboration with other stakeholders	
Environmental or soil conservation	

If any others, mention

.....

.....

.....

## APPENDIX B

### QUESTIONNAIRE FOR MANAGEMENT OF CARITAS-KABALE

#### Dear Respondent

I am **HATEGEKIMANA DONISIAN** a graduate student of Uganda Christian University undertaking a research leading to the award of a Masters Degree in Social Work. My topic of investigation is; **The Role of Faith Based Organization (Caritas-Kabale) in the Enhancement of the Social Welfare among the Rural poor households in Nyamweru Sub-county in Kabale District..** This questionnaire has been designed to assist me in collecting data for this research study. The research is purely for academic purposes and the information you will provide will be treated with utmost confidentiality. I kindly request you to provide me the necessary information having been chosen to participate in the study to enable me complete my research work successfully.

Thank you in advance for your co-operation

**Note: Please fill in the spaces provided or tick in the Optional Boxes with your responses**

#### SECTION A: Biographic characteristics of the respondents

##### 1. Gender

(a). Male ☐ (b). Female ☐

##### 2. Marital Status

(b) Single ☐ (b) Married ☐

(c) Divorced ☐ (d) Widowed ☐

3. Household size

1-3 ☐ 4-6 ☐ 6 and above ☐

4. Age (a) Below 21 ☐ (b) 21-30 ☐

(c) 31-40 ☐ (d) 41 and above ☐

5. Education Level

a) Primary ☐ c) Secondary ☐

b) Tertiary ☐ d) University ☐

e) Other (Specify).....

**SECTION B: Role Played by FBOs (Caritas-Kabale) in the Enhancement of Social Welfare of the Rural Poor Households**

6. In which activities do you offer support to rural poor in Nyamweru sub-county?

Poultry rearing ☐

Livestock rearing ☐

Rabbit rearing ☐

Crop growing ☐

Vegetable growing ☐

Energy saving stoves ☐

7. The social welfare of the rural poor in Nyamweru sub-county has improved as a result of your support in the above areas?

Strongly agree ☐ Agree ☐ Not sure ☐ Disagree ☐ Strongly Disagree ☐

**SECTION C: Challenges Faced by FBOs in the Enhancement of Social Welfare of the Rural Poor House holds**

8. From your experience what would you say are the challenges you face in enhancement of social welfare of the rural poor?

<b>Challenges</b>	<b>Tick</b>
Over population	
Lack of involvement	
Inadequate funds	
Infertility of the soils that do not produce high yields	
Shortage of land	
Limited people participation	
Dependency on donors/foreign aid and dictation by funders	
Poor infrastructure	
Lack of public participation	
Poor accountability	
High illiteracy levels	

9. Which of the following strategies do you have in place to address the challenges faced by Caritas in enhancing welfare of the rural poor?

<b>Strategies</b>	<b>Tick</b>
Strengthening of local institutions and building linkages with development agencies	
Mobilizing financial resources	
Monitoring and Evaluating progress of planned intervention	
Supporting small scale entrepreneurs to research and improve products	
Infrastructure and social service development e.g. roads and electricity in rural areas	
Increasing awareness/ sensitization of the people	
Proper coordination and collaboration with other stakeholders	
Environmental or soil conservation	

## **APPENDIX C**

### **INTERVIEW QUESTION GUIDE FOR SUB-COUNTY LEADERS**

1. In your view how has Caritas helped you in enhancing the welfare of the rural poor in Nyamweru sub-county?
2. What would you say are the strengths of Caritas in enhancing the welfare of the rural poor?
3. What challenges does that Caritas face in enhancing the social welfare of the rural poor?
4. What do you think should be done to maximize the role of FBOs in social welfare enhancement?
5. What do you think should be done to create more awareness of activities of FBOs in social welfare enhancement?



## **APPENDIX D**

### **FOCUS GROUP GUIDE FOR BENEFICIARIES**

1. In your opinion what could be some of the activities offered by FBOs (Caritas-Kabale) in enhancement of social welfare of the rural poor people?
2. In your understanding of the performance of Caritas-Kabale what do you think are its strengths?
3. In your understanding what challenges do FBOs (Caritas-Kabale) face in social welfare enhancement?
4. In your view what do you think should be done to maximize the role of FBOs (Caritas-Kabale) in social welfare enhancement?
5. In your opinions should be done to create more awareness of activities of Caritas in social welfare enhancement?

## APPENDIX E: KREJCIE AND MORGAN TABLE OF SAMPLE SIZE

### DETERMINATION

TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size  
"S" is sample size.

Krejcie, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities",  
Educational and Psychological Measurement, 1970.

Note: "N" is the population size

"S" is the sample size