

**DIOCESE OF KINKIIZI COU  
ANGLICAN CHURCH OF UGANDA**

**PROJECT PROPOSAL ON COMMUNITY HEALTH EMPOWERMENT MINISTRY**

IMPLEMENTING ORGANIZATION: DIOCESE OF KINKIIZI

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LOCATION OF HEAD OFFICE:

Diocese of Kinkiizi, Kanungu District Uganda

PROJECT PERIOD

2023 -20230(7Years)

PROFILE OF THE DIOCESE OF KINKIIZI.

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**Background.**

The Diocese of Kinkiizi is one of the 37 Dioceses of the Province of Church of Uganda. It was created in 1995, carved out of North Kigezi Diocese-Rukungiri District.

The Diocese comprises eleven Archdeaconries, 61 Parishes and 200 congregations.

**Location**

The Diocese of Kinkiizi lies in the South West of Uganda having an international boundary with DRC on the North Western side. The total geographical area of the Diocese is 1228.28Km<sup>2</sup>. It is found in Kanungu District.

**Population**

According to the UBOS (2014) the total population of Kanungu District is 252,075 desegregated as 131,714 females and 120,361 males. There are thirteen sub counties and four Town councils with 79 Parishes and 530 villages. There is a total of 56,217 households with average house hold size of 4.5. The population represents a number of ethnic and tribal groups of which the Bakiga being the single largest group followed by the Bafumbira. These tribal and ethnic groups include Christians, Muslims and Sects.

**Economic activities**

Agriculture is the main land use in Kanungu District and a major economic activity and 88% of the population of Kanungu is involved in agriculture. The land is highly fragmented due to traditional practices of inheritance and high population density. Grazing lands are communally owned and land fragmentation is a common feature with an average house hold size of 0.02 sq. kilometres. However most of the agriculture is subsistence in nature.

Crops grown include: beans, groundnuts, millet, sorghum soya beans, bananas, potatoes and cassava. These are grown for home consumption and the surplus for sale. Cash crops include: coffee, tea, tobacco and upland rice.

However studies conducted in Kinkiizi Diocese (Kanungu District) show that most households are food insecure. According to Kanungu District Local Government abstract 2012/2013, poverty in the district stands at 34.3 with human development index of 0.473. Household farm labour is provided mostly by women with hand hoes

**Natural Resources**

The Diocese of Kinkiizi is endowed with natural forests and two game parks; Bwindi Impenetrable forest national park(home of the mountain gorillas) and Queen Elizabeth national park which has a variety of animals that include: elephants, leopards, lions, Uganda cob and hippos. The soil is fertile but lacks maintenance of its fertility. However, poverty and financial difficulties continue to reduce resilience and increase vulnerability to climate change.

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## COMMUNITY HEALTH EMPOWERMENT MINISTRY OVERVIEW

Community Health Empowerment Ministry is a Holistic ministry which encompasses both physical and spiritual. Today many people lack Wholistic gospel in approaching to their needs. Therefore with this ministry we focus on what man needs less or most for a health life through Christ's providence.

**Note;** Social Action and Evangelism-(SAE) is a necessity, therefore Social Action without evangelism is irrelevant and Evangelism without social action is also irrelevant. This means that man must know Christ and His provisions for proper salvation. The purpose of the Church as the Diocese of Kinkiizi is purely God's application in the social action-(GASA) and the consumption of Evangelism which drives the main goal of God's call for man to join the framework of Re-creation, Co-workers as well as partners and shaping the major key productive choices in the Godly business world.

The chief aim and purpose of community Health Empowerment Ministry is Christian Development through evangelism on biblical basis and Integration of physical dimension. Simply on the rating note, the Community Health Approach-(CHA) will ensure the alleviation of the health problems common in our community as defined by the Millennium Development Goals-MSDGs which must be a focus of all continents.

This program will deliberately create a definite route of concern to ensure the relevance, success and rehabilitation of key productive human and natural resource utilization at the expense of human capital and resource accumulation and Development. The combination of both physiological and Spiritual needs is to address common challenges which are directly caused by lack of ideological mindset and deliberate intervention in the act of the of both anthropological Organizations and the Church present in the Global community together with the governments in power of any nation.

In the operation of Community Health Empowerment Ministry (CHEM), there is an emphasis on the adoption of paradigm shift which carries the transferrable innovations and inventions in the areas of creativity branch. This model and approach will inevitably bring higher efficiency and preferable Developments and creation of employment opportunity in the new generation. Alternatively under the basis of equitable programming, an action plan and planning unit under Directorate of Community advisory board (CAB) in the Diocese of Kinkiizi will ensure appreciative inquiry on the Gender sensitivity and Parish progress investment Unit along with Selection Planning and Management (SPM)

Community Health Empowerment Ministry is one of the major arms of strategic choice for community transformation used in integrating the approaches for economic Integration and equitable distribution of Developments through the arms of Food security, Health Care, Care for Environment, Education and spiritual growth in the community mapping.

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Objective 1: Foster relationships, networking, coordination, and collaboration among formal, civil society organizations, grassroots organizers, activists, historically excluded communities, scholars, and donors.

- Objective 2: Promote practices that cultivate leadership, Building capacity Development, strategic

decision-making, and nonviolent discipline of activists, grassroots actors, and organizers.

- Objective 3: Increase flexible to accessible funding Opportunities available to bolster the agency and

resilience of activists, grassroots actors, and organizers.

- Objective 4: Improve documentation, translation, and dissemination of learning, strategies, best practices, and other knowledge that activists and grassroots organizers identify as central to the success of their movements.

Key and Coverage: We want to help women and youth in any area of the world.

Offering inspirational life coaching through Community Health Empowerment Ministry Partnership. Building Health Communities and Homes through Health Education for mental health and physical health. Helping young moms in the role of rising children in a healthy environment even in a challenging environment. Teaching and training in weakened communities.

Establishment of Community Health Empowerment Institute equipped for training in both physical and Spiritual Transformation Lessons while Teaching for obedience and Community Development programs.

Acknowledge the social determinants of health within the home and provide resources, answers and help the family in the needs from a different perspective which allows them to have the best quality of life and care. Working with social service providers and long-term care facilities and other family members to undertake the process of Community Transformation Agenda and Integrated Development programs among vulnerable families and Homes.

There are so many people who have limited resources faced with Poverty-Hunger index taking an example in Uganda, Congo, Rwanda, Kenya, Sudan, Brazil and other weaker Countries because they do not have understanding of what is available and they have deeper scarge effects of wars and Emergency route cases of Climate change. Many young and elderly individuals who do not understand their health care benefits and other suffer Malnourishment of Young Generations which counts 60% in Sub Saharan Africa.

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Chronic Care Management from a non-provider view. Failure to change mental attitude and lack of proper education in relation to services needed by the local communities. Creates severe vulnerabilities, Stricken Poverty-Hunger, poor health, low incomes and stunted growth in children. Which are core challenges and they hinder Economic, Social and Mental Development of the societies in the said Countries and American villages.

Social, mental development and Gender inclusion is key. So, when we strengthen the community, we all win. Helping people in the community connect to resources is vital. Holding educational inspiring conferences.

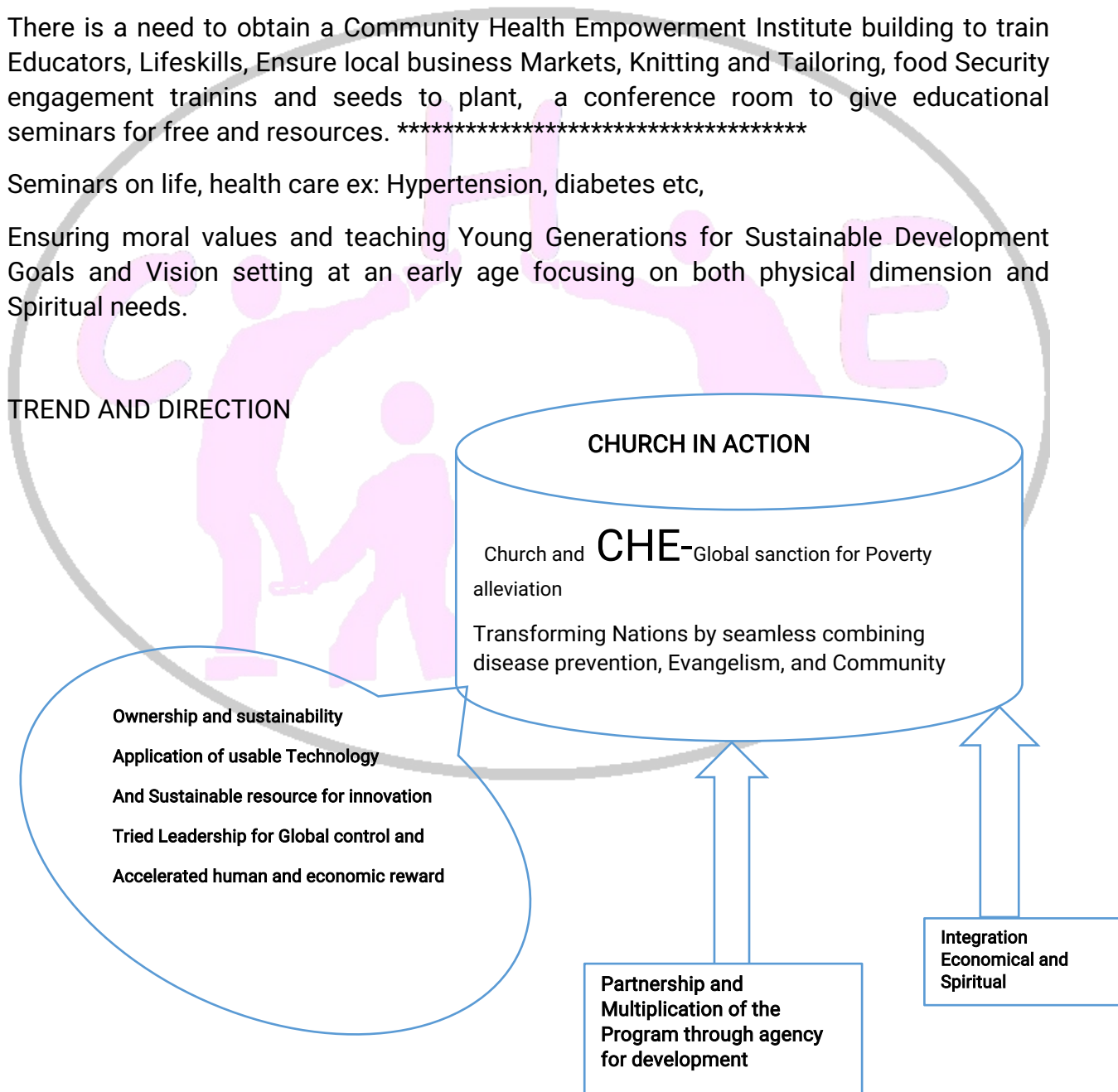
In order to achieve these objectives and vision under Community Health Empowerment Ministry Partnership ;

There is a need to obtain a Community Health Empowerment Institute building to train Educators, Lifeskills, Ensure local business Markets, Knitting and Tailoring, food Security engagement trainins and seeds to plant, a conference room to give educational seminars for free and resources. \*\*\*\*\*

Seminars on life, health care ex: Hypertension, diabetes etc,

Ensuring moral values and teaching Young Generations for Sustainable Development Goals and Vision setting at an early age focusing on both physical dimension and Spiritual needs.

**TREND AND DIRECTION**



**VISION OF COMMUNITY HEALTH EMPOWERMENT MINISTRY**

To see the Church built up in faith purpose, zeal and mission for our Lord Jesus Christ so





that its members are equipped to reach out with the Gospel of Christ through a whole person Ministry of Love and Compassion.

**Goal:** To provide holistic ministry and foster development that will lead to the improved quality of life of every one in Kanungu –District

### **OBJECTIVES.**

1. To assist in equipping and strengthening the Church Leaders and her members. Mark 28:10, 25:34-40.  
Prevention of common diseases. Promotion of a healthy life style.
2. Promotion of Christian Discipleship that lead to an abundant life in Christ.
3. To reproduce spirit filled trainers, committee members and community Health education (CHES) that will in turn Disciple others.
4. Promotion of skill development and provide essentially Socio-Economic for Community Development Opportunities as we fight Poverty and Hunger.

### **COMMUNITY HEALTH EMPOWERMENT ACTION PLAN FOR 2022-2027.....**

1. Promotion of Bio-Sand Water Sand Filter Production in some areas where there is neither water nor dirty water. This approach is basically the modest means of pure, clean and safe water to about 97%. The complete engine booklet for this program is available in Community Health Empowerment office.
  2. Empowering Community Health Empowerment Groups to enhance Goat, Cow and Piggery project like it has been done in Kirima Community Health Empowerment Group for Cows.
  3. To Promote new partnerships for Community Health Empowerment (CHEM) locally and internationally mainly for Collaboration and Connectivity. To follow the existing Partnership with Global Water Partnership located in SWEDEN-Stockholm and its office branch in Eastern Africa head office being located at Entebbe in Uganda. This friendship was initiated in 2018 by Community Health Empowerment officer.
  4. To participate in Health and Hygiene in all Community Health Empowerment Homes and other homes. Giving awards and certificates for excellence to communities and individuals.
  5. Promote Community Health Empowerment Clubs in schools and Churches considering Learner Centered, Problem solving, Self-Discovery, Action oriented and Spirit guided (LEPSAS) Method/Approach of Training
  6. Designing the strategic Sustainable Plan for Community Health Empowerment Ministry in the Diocese with a suitable mode of Community Empowerment.
  7. To promote and establish Community Health Empowerment Institute, Christian Gospel Music Industry (Podium) Center, for Skilling the young Generation such as Knitting school at All-saints Church Katete and Mpungu Church of Uganda which
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will call for Commissioning.

8. Bible study and prayer to be promoted and raising responsible CHE groups.
9. To support Community Health Empowerment Ministry with Human resource and funding.
10. To promote Parish Progress Investment Crop Action (PPIC) which aims at contributing and restoring the productive Agricultural package for livelihood and enhancing food security of farmers in Community Health Empowerment (CHE.) Teams.

### Sub-objectives:

To help farmers acquire health and improved seed varieties considering value addition on production.

To promote crop Investment Act as a way of improving and increasing food production.

To create Alternative sources of incomes that can easily supplement on the existing sources.

### The problem statement

Table 1:1. Poverty distribution by Sub-county Sub county Index % individuals.

Below Index Poverty Inequality Poor individuals estimated number

| Sub county   | Index % individuals. Below | Index | Poverty Inequality | Poor individuals | Estimated number |
|--------------|----------------------------|-------|--------------------|------------------|------------------|
| Rutenga      | 36.41                      | 9.81  | 0.29               | 6,335            | 17,398           |
| Mpungu       | 36.42                      | 9.59  | 0.27               | 2,939            | 8,069            |
| Rugyeyo      | 24.83                      | 5.97  | 0.3                | 4,518            | 18,197           |
| Nyamirama    | 23.76                      | 5.47  | 0.28               | 4,004            | 16,852           |
| Kihiihi      | 24.39                      | 5.97  | 0.34               | 10,452           | 42,852           |
| Kayonza      | 19.11                      | 4.4   | 0.34               | 5,421            | 28,365           |
| Kanyantorogo | 16.96                      | 3.68  | 0.31               | 2,853            | 16,823           |
| Kambuga      | 19.33                      | 4.3   | 0.3                | 6,118            | 31,649           |
| Kambuga      | 19.33                      | 4.3   | 0.3                | 6,118            | 31,649           |
| Kirima       | 21.72                      | 5.06  | 0.31               | 3,139            | 14,450           |
| Kanungu      | 33.21                      | 9.45  | 0.31               | 64,703           | 194,831          |

**SOURCE: UBOS2014-KANUNGU DISTRICT**

As a result of the above phenomenon, the following shows causes of poverty in Kanungu District;

Mpungu with 36.42%, Rutenga with 36.41%, Kanungu with 33.21 % and Rugyeyo with 24.83% have the highest poverty index below the poverty line. This is a serious problem and it is contributed by other factors related to Socio- Economic challenges and the related factors as observed below;

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High dependency burden. This is one of the critical areas where most majority population in Kanungu face it a danger where most youth and men do not work together with women to produce maximum for the population. Where are men and youth instead of working with the women to increase on their food production? Most men are many in bars and other gambling activities such as playing cards and watching footballs. Youths are also redundant in towns and trading centers. This has led more risks to poverty and hunger.

According to the census 2014 results, the proportion of children (population below 18years) is 57 % compared to 56 % at national level. While the proportion of older persons aged 60 years and above was 4.4 % compared to 5 % at national level. Such a scenario presents a high dependency burden at the household and local government levels.

High teenage pregnancies. There are high adolescent teenage pregnancies in the district of about 50% exacerbated by early marriages and several defilement cases. Early teenage pregnancies have indeed occurred even below age of 18 years with 19.6% contributing to high fertility rate of 7 and high maternal mortality rate in the district. Abortions are also high, in 2012/2013, 294 abortions occurred in the district. High unmet need for family planning Like at the national level, there is growing demand for family planning services among the population but these services are not readily accessible in the district. According to the Annual District HMIS report 2013/2014, the district contraceptive prevalence rate was 42.7% slightly higher than the national contraceptive prevalence rate of 38%. The low contraceptive prevalence rate partly explains the unmet need for family planning. This has contributed to the high fertility rate in the district.

Orphanage and Education in 2012 Available statistics indicate that there are 10,603 orphans in the district. However there are no deliberate programmes in the district that are focusing on orphans. A total of 64,720 pupils in school, of these 50,418 pupils are 6-12 years of age and 14,302 pupils are either above age 12 or below age 6. The estimated dropout rate for the district is at 18% while the completion rate is 27%.

High unemployment levels especially among the youth. Most educated with skills and unskilled youth have no ideas where to get employment opportunities hence we have many who are jobless and redundant in towns. This means that we little out puts in the labor markets as well as in the manual labor sector. This leaves behind an issue of poverty unrectified all different levels.

High burden of preventable diseases including HIV/AIDS. Further analysis shows that women are more disproportionately affected by the epidemic than men. The HIV pandemic is profound heterogeneous by Gender, Geographical area, Socio-demographic and economic characteristics. Despite a sharp decline in the prevalence rate of HIV/AIDS in the district to 18.4% from 7.1% in 2014, HIV still remains a challenge contributing significantly to the District's morbidity and mortality. In FY 2012/2013, only 157 pregnant women were on ARV's out of 451 women eligible for ART. In Kanungu the drivers for the epidemic include poverty, limited knowledge about the epidemic, risk perceptions, and poor access to health care, culture (widow inheritance) gender inequality, stigma discrimination and violation of human rights. Gender Based Violence cases are more rampant and have been among the top most driver of Human Immune Virus.

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Declining soil fertility. In almost all Sub-Counties in Kanungu District there is a greater decline in soil fertility as a result of over cultivation and over grazing. This leads to a big danger to agriculture development since farmers experience low and poor yields in the farming process. As result of this situation poverty and hunger rises each year.

It's impossible to ignore the impact of COVID-19 on our lives and our world. Reflecting on the challenges we face navigating this global pandemic, quite often and simultaneously there has been a great loss and hope. Since 2020 to 2022, Covid-19 disproportionately impacted the most vulnerable families in our world, with the number of people facing acute hunger doubling to 250 million these two years. With a global economic recession, we anticipated Development partners for households had to significantly regress. Extreme poverty line has been raising up every day. Given the ability to overcome unexpected hardships, we remain optimistic that our partner families will bounce back from this major development shock. However, with the uncertainty of the coming of these effects, we anticipate increased hardship through 2021 to 2023.

The COVID-19 crisis is stunting economic activity and magnifying the number of people living at or below the poverty line. The World Bank projects over 49 million people will be pushed into extreme poverty, and the World Food Programme projects the number of people facing acute food insecurity stands to rise to 265 million. Between these adverse effects and the virus itself, for many families this truly does feel like a double pandemic. Families with big number of children and pregnant mothers living in Kanungu District Like many in villages, their livelihood have been deteriorating following the market and other sources of incomes had been disrupted as imposed lockdown measures in the wake of the pandemic. Here one has to say "My family and I reached a point where we would eat plain matooke (plantains) on a daily basis because we did not have money to buy sauce".

Land shortage and fragmentation. This becomes a serious problem among the population since the population has kept on increasing because there is early marriages and polygamous cycle. The land does not increase but the population increases every time. There is also producing of many children on less lands. As a result the little and available small lands are sub-divided into fragments amongst many children which can longer sustain any agriculture for food production and any other productivity. This has severely led to severe poverty and hunger in Kanungu District.

High total fertility rates and birth rates. As earlier said, higher fertility rates and birth rates automatically leads to over dependence on little resources available and there after causes total threat of poverty and hunger in the communities. This is because at least you will find most families with over 7 seven children with poor feeding habits.

Poor farming practices is also one of the highest causes of poverty and hunger in Kanungu District. Most small holder farmers use poor rudimentary tools and ill farming practices. They do not apply specific relevant and modern farming layout practices which would increase the productivity of farming sector. In other words farmers use poor technologies of poor quality which are not favorable in crop and animal multiplication. Therefore the government and researchers should employ basic teachings and technologies favorable for the farmers to reduce the level of poverty and hunger in the long run.

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Limited value addition for agricultural products. Improving agricultural production and productivity is one of the most effective ways to improve people's incomes. Current levels of agricultural production and productivity are low for majority of the smallholder farmers due to use of rudimentary tools in production; limited uptake of improved crop and animal varieties; resistance to change from traditional/cultural agricultural practices to commercial agricultural business enterprise system of production; and reliance of rain-fed agriculture, which is highly prone to weather changes. The opportunities that exist to spur growth in the agricultural sector include: fertile soils in the District to support varieties of crop production; and abundant water resources (rivers, and streams), which could be used for irrigation. There is also a wide market for agricultural commodities both within the District, country and neighboring countries; and abundant labour to engage in commercial agriculture – which would give a comparative advantage to Kanungu farmers in relation to neighboring Districts. There is a need to promote modern farming practices in the District and to explore the opportunity for water for irrigation

High levels of stunting of children under five years. This accelerates the level at which poverty and hunger affects the majority families which cannot afford the basic needs for their families in Kanungu District. In 2005, Kanungu district had a population 217,903 of which 56% were children<sup>2</sup>. Of the 123,277 children, 8.4 % were orphans.<sup>3</sup> In addition, about 7,200 children had a disability. With majority of the households in Kanungu living below the poverty line<sup>6</sup>, many children live a vulnerable existence. This is evidenced by poor health indicators an infant mortality rate 122/1000, under five mortality 206/1000 and a 60.2% childhood stunting<sup>4</sup>. In addition an estimated 10,516 school going children are illiterate<sup>6</sup>. Unique to Kanungu district are the Batwa and Banyabutumbi minority populations. These minority populations are grossly underserved by government social programs. Furthermore, their resource base has either been destroyed or denied them, through deforestation and control exerted over them by neighboring farming communities. As a result, these populations have been reduced to abject poverty. The majority of the services to Orphans and vulnerable children are provided through the local government sectors of health, education and social development. There is a significant contribution from individuals, communities, private sector, faith-based and civil service organizations

The Problem of animal and vermin Contributes to the level of poverty in our District. Kirima, Kihiki, Kanungu town council, Kayonza, Rutenga and Mpungu. Planting of nonpalatable crops (to animals) by farmers adjacent to the protected areas. - Inadequate management of practices - Crop damage by vermin. - Loss of property and human life. - reduced crop harvests. -community conservation awareness. - Collaborative management. - Employment of vermin guards. Poor sanitation related to waste management and low latrine coverage. District wide but very common in urban town councils. Unplanned urban centres. - limited funding to departments concerned. - irrational traditions and beliefs. -inadequate environmental education. -open dumping of bio and nonbiodegradable wastes. -increased water borne and water based disease outbreak. -undesirable stenches. Mobilizing and sensitizing on domestic hygiene. - establishment of central dumping points and properly managing them. 6 Bush burning District wide Cultural and traditional farming methods. - need for fresh pasture. - Reduced plant diversity. - Increased soil erosion. - Burnt ground patches. - Enacting by

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laws. - Awareness creation. Source: 5 -Year District Development Plan 2010-2015 Population & Health Whereas the overall goal for the health sector, is for every Ugandan is to attain a certain standard of health for enhanced quality of life, which is one of pillars of the National Development Plan, the attainment of this goal is still limited in Kanungu district.

Low household incomes and Food security and Nutrition. A large population of Kanungu district practice subsistence farming. They produce for consumption and the little in surplus is sold for basic family necessities. Most households eat two meals per day, while some eat once in a day In Rutenga, Rugyeyo, Kanyatorogo, Kirima, and Kayonza sub counties, population pressure has led to land fragmentation, reduced productivity and food shortages. The nutrition indicators in Kanungu district are poor. In 2001, the Uganda Demographics Health Survey reported childhood stunting at 34% and underweight 23%. However preliminary nutrition reports by the department of nutrition indicate childhood stunting and underweight levels have worsened now at 41 %and 30%. Other serious nutrition problems in the district include iron deficiency disorders (IDD), Iron deficiency Anemia (IDA), and Vitamin A deficiency (VAD). Food insecurity levels.

Low levels of supervised deliveries in Health units. Under this sector, most of the equipment and medicine supplies are smuggle by the Health workers and stocked in their side health units. This creates a big problem in Health Sector because the government faces high expenditure on the sick population when there high discrepancies and stealing as part of smuggling. The sick people stays at the hospitals and fails to get healing. This renders them to poverty and hunger because they experience constant illness and sicknesses.

Access to health services is very crucial to the well-being of the population. Household welfare is looked at as the quality of life of the household members. The distance to a health facility has a strong impact on accessing health care and in the district patients' access to qualified staffs is still very low besides the number of Health Facilities has increased from 26 to 48 both Government since the creation of the district in 2001. Nearly 73 percent of the population is within the average distance of 5kms to health centers.

## **BESICS AND INTERVENTION OF COMMUNITY HEALTH EMPOWERMENT MINISTRY**

A model to disseminate services and department for quick transformation

Empowering Communities Esther 4:14, Mordecai expected a divine Deliverance. Mordecai and Esther believed in God's care and because they acted at the right time God used them to save his people the Jews. While Ezra 8:21 Ahava Canal proclaimed fast so that we might be humble before God and ask him for a safe journey and verse 23 so we fasted and petitioned our God about this and he answered our prayer.

Administering Economic Ventures and spiritual sustainability through stewardship and activity formation and tithing. Deuteronomy 22.The Hebrews were charged to take care for and return the lost animals or possessions to their rightful owners

To support the vulnerability and the poor

## **KEY AREAS TO ADDRESS**

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- Child neglect by parents and care givers (guardians)
- New Technology. This concerns the appropriate utilization of new knowledge without misuse and risk taking handling with life.
- Drug abuse addict such as marijuana taking, kuba, and others
- Abortion. This circles the dangers and others related risks involved causing awareness and availing the possible ways of dealing against abortion
- Poverty. Collectives and involvement of every body into production without fail.
- Menstruation period. Causing awareness of young girls both in villages and towns who usually experience challenges during this period
- Alcoholism, HIV/AIDS, Pornography. Conveying and availing skills and knowledge about effects and dangers of alcohol, HIV/AIDS avoidance and pornographic dangers. This will be emphasized an higher level through youth and learning through groups since it has become a major root cause of life imprisonment and destruction all over in all ages.

### **COMMUNITY HEALTH EMPOWERMENT DIRECTORATE AND FINANCING STRATEGY**

To promote Business skills amongst the people involved. This will be one of the major successive inter-twined action plan geared to influence economic Development of the communities and villages. Under this strategic Vision we aim at inauguration and establishment of small markets and gazette Market segments in areas where we shall initiate business endowment ventures. Under this economic view, categories of skills and hand zone fund will capitalize under the approach as we reward for each business launch.

To improve the incomes of the people in Community Health Empowerment Ministry. Through bench marking on the level of each community Health Empowerment priority catchment and location we shall advertise each economic activity on demand and area opportunity cost depending on the survey on our master plan. Goat, Sheep, cows, rabbits, Chicken, piggery, Fruit farming and other long term ventures in agriculture diversification. This will definitely follow the new approach of Selection Planning and Management- (SPM).

To improve the social quality people from different settings. The social quality of our people must be improved basing on Gender sensitivity. A tool to fight against poverty among the poor people in all homes of our engagement through Community Health Empowerment Ministry.

### **CHE MICRO-FINANCE COMPOSITION AND ECONOMIC VENTURES**

- Cluster development in Parish level and District Development Micro-Finance Entity
  - Unit focus Group formation. This will focus on deliberate economic Transformation on an arrangement at the Village level which will feed into the Community Health Empowerment Micro-Finance at the higher level. Note the level of definite integrity and transparency will maximally be required under the
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recruitment and administration in administering quality leadership held under checks for avoiding any fraud and theft at all levels.

- Agriculture under macro and micro through crop and Animal husbandry for Commercialization
- Skillization and Hand Zone Market Segmentation Development Initiative.

## **OTHER KEY AREAS**

There is Community Health Empowerment sustainability

Ensuring Health Homes, Individuals and the safety of the community in addressing diseases through Medical clinical establishment in areas with higher risks depending on the advice and care necessary identification by the health teams.

Income generating activity

Fundraise both Local and international through Partnerships, Advocacy and creating platforms for international Linkages in tapping for Economic integration and development ventures on Community Health Empowerment Ministry.

Establishing Community Health Empowerment Resource Centre for both economic, social and spiritual formation as a study resolution center.

Development of Human resource, equipping with Community Health Empowerment knowledge in communities

Upgrade Community Health Empowerment facilitators with advanced qualification

## **THE ROLE OF CHE TRAINING TEAMS**

Identifying the problem and advantages

Train the concerned groups

To act as role models

To prepare people for the Ministry

Discipleship Ministry, have the skills to offer the vision

Walk with potential people (showing them the way).

To help people to solve their own problems (problem solving skills)

F.A.T IN FULL-*Friendly, Available and Teachable*

## **THE ROLE OF TRAINING OF TRAINERS (TOTs)**

Born again

Coordinate between training teams

They are community representatives

## **ROLES OF CHEs**

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Do the survey work?

Be role models to the Communities

They do evangelism and discipleship

Do follow ups

Promote Health and prevent Diseases to activate the abundant Christian life.

They should be multipliers

Bible study

Do home visitation two by two

Refer patients to clinics.

### **RATIO FAMILIES PER CHE**

1:20-50 Families in each Sub-County

To identify the resource persons

Spiritual mapping survey. This shall include Baseline survey, Health Home Award, Community Visit Log, CHE Monthly reports and evaluation for monitoring and management.

Economic impact and climate setting

### **IMPORTANCE OF SPIRITUAL MAPPING**

To know the coverage of people

To know where to begin

To know the root cause of the problem

To be relevant to the community

To know the norms and values and beliefs

To know the approach to use and apply.

### **METHODOLOGY**

LEPSAS;

Learner centered, Problem solving, Self-discovery, Action oriented, Spirit guided.

NOTE; Enable the participants to answer the following questions;

Who, Where, when and how?

Who has the problem?

Where is the problem?

When did the problem begin, start?



How can we solve the problem?

Why should we solve that problem?

### SHOULD question.

**S**-What do you see? **H**- What is happening? **O**-Does this happen in our place? **W**-Why does this happen? **D**-What will we do about it?

### SHOULD question.

Establish Community Health Empowerment project to support families and the Church.

Skill development and Small Income Generating Activities (IGAs)

### STRATEGY

To train, mentor, and disciple the church leaders, learners so that they are equipped to lead others into the experience of salvation, fullness of the Holy Spirit and Christian growth

It is an approach to integrated ministry that addresses the spiritual, physical, emotional, and social needs of the community with the goal of transformation of individuals, congregations and communities.

To train Families into role models with sustainable love with integrity and raising children of a sensitive planned move of obedience and form of desired character. This is to follow up the children and youth in schools, holidays and preparing them into future marrieds whose hearts are sustainable

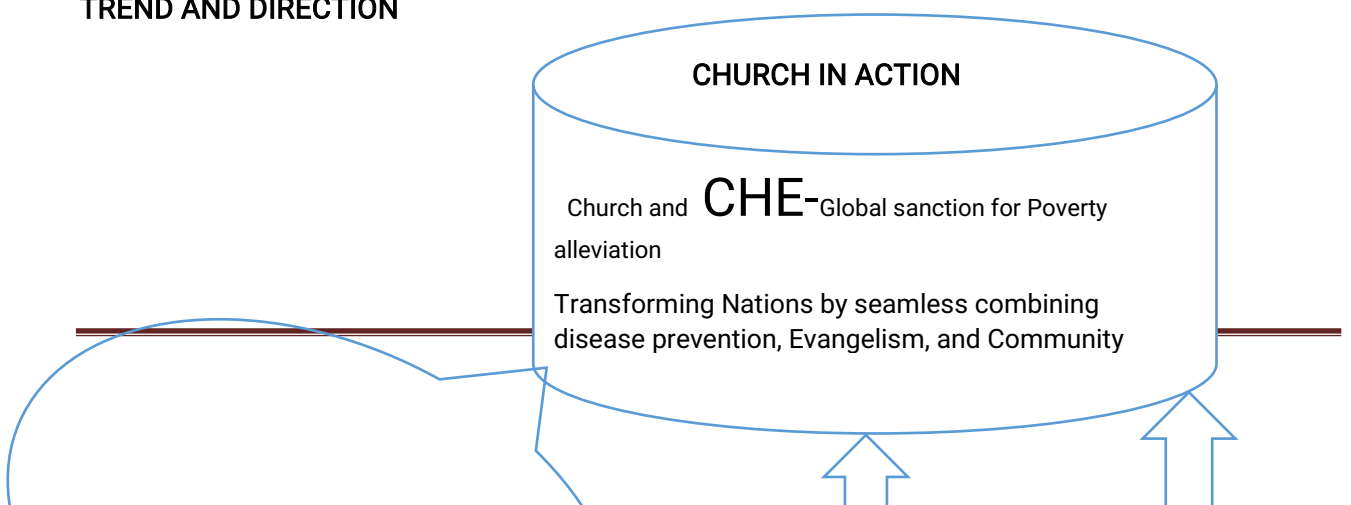
### THE DEMAND GOAL OF COMMUNITY HEALTH EMPOWERMENT (CHE)

The focus and the heart of Community Health Empowerment Ministry is adjacently coined to be visible as a global focus and axis or cylindrical platform to see that the Church is built upon faith, purpose, zeal and Mission

To assist the Church to disciple the nation through witness of integrity through the gospel transforming power and renewing of mindset to adopt what should be in real human life without compromising God's word as the power to save human life.

To attain health family families and distinguished with integrity with role models who in doing good deserve rewards on a ceremonial arrangement.

### TREND AND DIRECTION



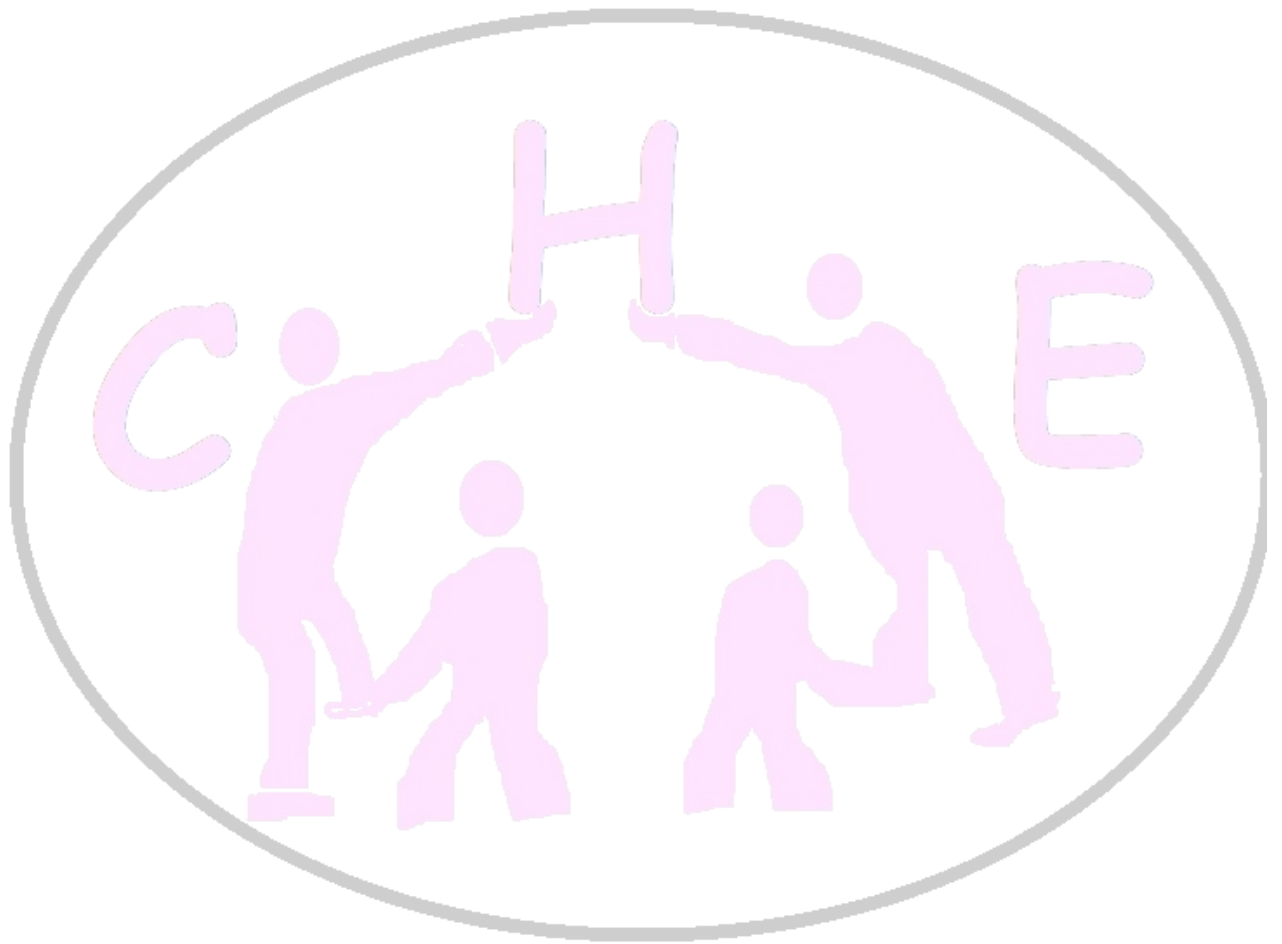
**Ownership and sustainability**

**Application of usable Technology**

**And Sustainable resource for innovation**

**Tried Leadership for Global control and**

**Accelerated human and economic reward**



## PURPOSE OF CHE MINISTRY

The goal of Community Health Empowerment Ministry is to equip and strengthen the church and the community Members.

It also entails the fulfillment of the great commission in Matthew 28:18-20 and the great concern in Matthew 25:34-40

The strategy is to train trainers who will in turn train parish and sub-parish model committees

Community health educators.

CHEs will train and minister the selected homes in the following areas;

Disease prevention, Promotion of good health, Water purification, sanitation and hygiene, Agriculture and nutrition, maternal child care, Healthy homes, HIV/AIDs prevention and care.

|   |
|---|
| -To start another CHE Foundation in Mpungu Parish, Kayonza, Kambuga, Kanyantorogo, Rutenga and Kanungu Town Council<br>To engage all CHE groups in food security and other important capital investment |
| -To empower and source financial or Materially support for Nyamirama CHE Group on local fund mobilization for CHE Knitting and Tailoring Centre   |
| -Training other new CHEs in new areas.  |
| -To do many proposals and Concept/ Proposal development for this lucrative Community Health Empowerment Ministry  |
| -To continue training Kambuga CHE mixed farming enterprise group. And engage in Agriculture diversification (cows, goat, rabbits, fish and piggery).  |
| -To mentor, train and consolidate CHE trainers and quality Ministry   |
| -To Establish Gospel Musical Training Centre and Daily guide preaching for soul winning   |
| -To promote Health and Hygiene in all families as well as Medical   |
| -To establish a strong relationship with Global Water Partnership in Stockholm, International funding Agencies, World Bank and other related body functions   |
| -To continue lobbying for funds to support CHE Ministry   |
| -To engage all CHE Members and other registered members in Pineapple plantations, Ovacado and other Income generating fruits by April 2023  |
| -To train Bio-Sand Water production in areas where there is dirty water consumption and the rate of disease spread is high.   |

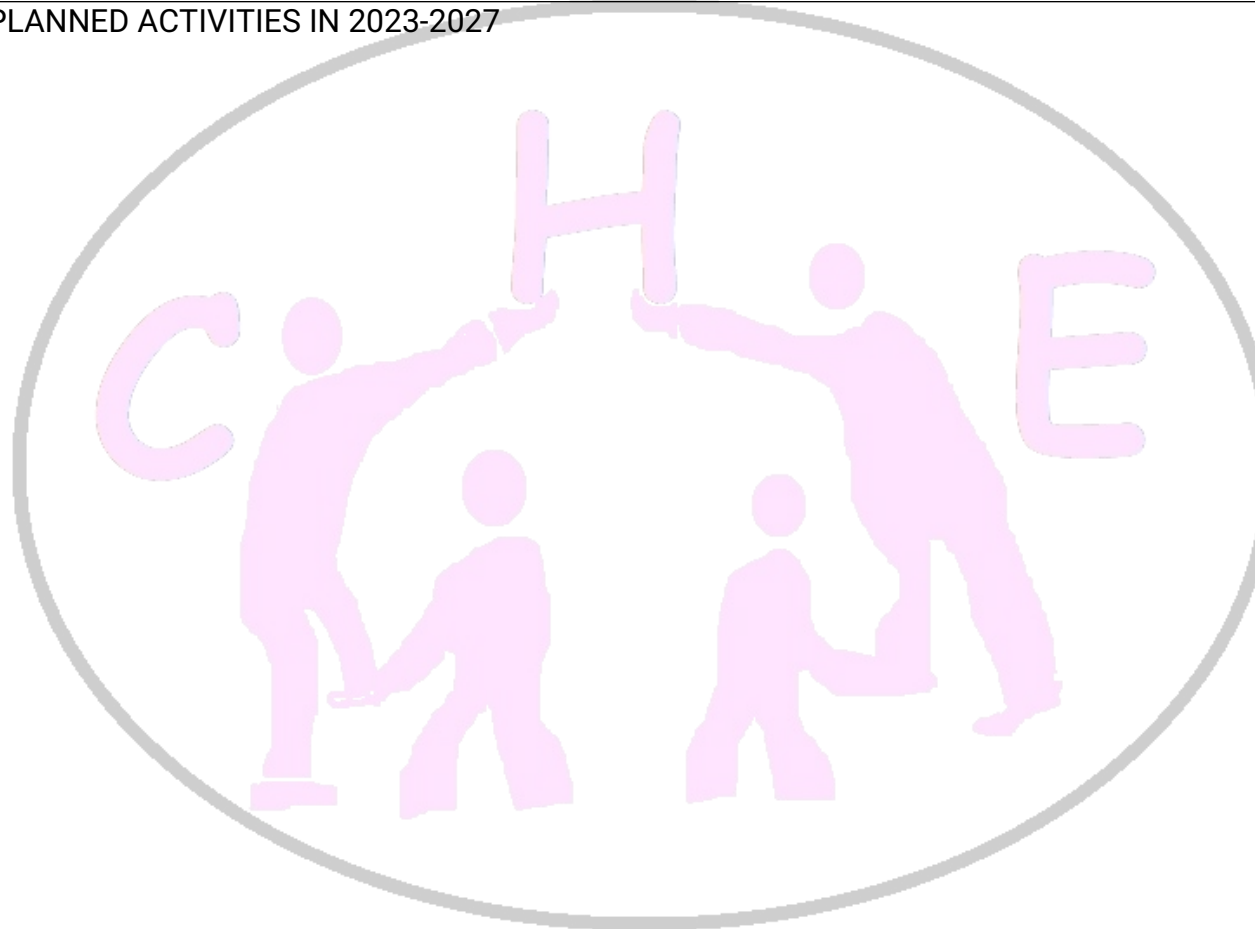
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Establishment of Micro-Finance and other Focus Development Groups in Kanungu District. Establish Village Markets for local business endowment

Recruitment of workers and trainings ensuring all the resources are available to launch this project.

-To have quality, sustainable, model and Health growth of CHE Ministry in the province of Uganda

Table 2: ADVANCED PLANNED ACTIVITIES IN 2023-2027





## **SPIRITUAL ASPECTS;**

Will cover the following;

Intercessory prayers and counseling services

Healing and Deliverance Ministry are vital part of the program

The intent of the program is to raise up Educators, volunteers who will model who share the physical and spiritual truth they will have learned with their neighbors in the home settings as well as in the church.

The program is designed to be transferable, Multipliable and sustainable.

b) The biblical basis on Community Health Empowerment core value is that Christian Development must be biblically based

We are mandated in Luke 10:27, love God totally and to love our neighbors as our selves.

If we apply this truth we will truly be concerned about the welfare of others both spiritually and physically. We will want to help our neighbors to live more abundant life as well as meaningful life.

## **THE NEED OF COMMUNITY HEALTH EMPOWERMENT MINISTRY**

There is an immense needs in our communities in areas of both physical, social, emotional and spiritual

- 1) Children under five years are at a higher risk due to malnutrition, Malaria, and other preventable diseases. UNICEF reports 400,000 children in the developing world who die every day of the diseases that could be prevented.
  - 2) Morbidity and mortality rates due to malaria are high.
  - 3) Potable water that is easily accessed is still a dream for many people around the countries in the developing world. Unsafe water and poor sanitation are major causes of so called preventable diseases and death.
  - 4) HIV/IDS is still a menace and it is killing many people all over the world. This infection becomes many in the productive years leaving thousands orphans.
  - 5) Spouse and child abuse create difficulties to solve social problems. Unfaithfulness of the spouses leads to broken families and homes as well as emotional pains.
  - 6) Early sexual practices has led to the high rates of teenage pregnancy and sexually transmitted Diseases increase.
  - 7) Many Christians are not solidly founded in faith through Jesus Christ leading to a belief that there are many ways to know God. This universalism undermines the very foundation of Christian faith and Mission
  - 8) There is denominational disunity that dilutes the impact of witness for Jesus Christ our lord.
  - 9) Alcohol, drugs, pornography, immorality, are becoming difficult problems in many communities
-

Trained Christians working through churches can be a vital catalyst for community Health Ministry

Through training they can help alleviate health issues or problems by sharing with their neighbors the spiritual, physical and social truth they have learned.

Integration of the physical and spiritual approach is the key role distinctive of Community Health Empowerment (CHE). We have found that it is the one of the thing to see the importance the importance of the program that integrated of both physical, and spiritual truths but it is not another way to implement this combination.

The integration of spiritual truth and physical outreaches is a way of thinking which must be consistently reinforced.

### **FACTORS FOR SUCCESSFUL COMMUNITY HEALTH EMPOWERMENT MINISTRY (CHE-M).**

Based on a Christian world view, following the principles must be under consideration in successful CHE Development ministry;

Emphasize changed individual lives than social structures

Emphasize the concept of self-Help transformation is a paramount, beyond this, it is the role of the encourager, catalyst, advisor, trainer, vision giver and implementer to identify the necessary development among the community ceasing the poverty level.

Demonstrate the local initiative by the community dwellers

People centered development

Use simple cost effective methods and local resources. Financing may be larges contributed by both local and international bodies and partners in the translation of transformation agenda.

Commit homes visits regularly by Community Trainers, Educators and supervisory structures

Share common basis of experience

Process and results are transferable to other locations and people

### **COMMUNITY HEALTHY EMPOWERMENT CORE VALUES (CHE)**

Articulated core values ensure that an organization's commitment to vision becomes a reality

Community Healthy Empowerment guarantees that during implantation, the vision, program integrity, sustainability, effectiveness and applicability are preserved.

It is also important to ensure that the Community Health Empowerment vision, goal actually happens and develop properly

Secondly it ensures that the Community Health Empowerment Vision is not compromised any time in the implantation strategy.

Only a singular determination that integration indeed occurs in every program will

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actually make it happen.

Wholistic integration is based on Christ's ministry model and his example. Such integration occurs at each ministry opportunity and it is practiced by each worker as well as a neighbor

Each Coordinator and trainer must understand and be committed to integrated approach of physical and spiritual Ministry, teaching and modelling physical and spiritual topics

Leadership must be committed to people coming to Christ and in their new- found-faith in conjunction with the improvement of physical health indices of the community.

## **MULTIPLICATION THROUGH INTENSIVE TRAINING**

Trainers, CHE volunteers are trained using Medical ambassadors international and Church of Uganda materials and adult education methodologies such as LEPSAS approach

In a local community Multiplication takes place when physical and spiritual truth passes on from trainers to educators. The result is multiplication of Community Health Empowerment program from the first fulgent area into adjacent tangent area.

The CHE Program features and favor a preventative health care model yet clinics will be used or begin as required

Curative care must be available with reasonable distance to a CHE Program. Preventative care is more persuasive but not as visible as curative care

Preventative care allows for more teaching and facilitates people taking more responsibility for their own health.

## **RECOMMENDATION AND JUSTIFICATION**

There is a lot of work to be done in Community Health Empowerment Ministry if we are to manifest God's intension and power among His people.

We need to train **30 trainers** in Community Health Empowerment Concepts so that we can build strong team at all levels as they will be responsible for Committees, and CHES at the lower level. This is very important and significant as one of the recommendations from the CHE Coordinator as aim at CHE Vision fulfilled and attain Sustainable Development.

Community Health Empowerment is working well in a small part of the Diocese of Kinkiizi because we have so far grounded this ministry in the areas where it is working. Community Health Empowerment Office is mainly emphasizing sustainability from all levels especially from the Diocese to the community churches. CHE ministry should be integrated in the whole Diocese.

I thank the Diocese of Kinkiizi and the Management for the efforts they have put in supporting Community Health Empowerment Ministry which provide routes for sustainability in supporting CHE Coordinator as the whole process.

It is my appeal to international Development Agencies, Funders of anthropology and Community Organizations at their respective positions to provide resources to facilitate

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the process and activities in Community Health Empowerment Ministry and break the roots of poverty in the next generation.

Given an opportunity to acquire funding to finance the activities of Community Health Empowerment, total holistic transformation will take on the agenda of poverty eradication and hunger, Disease control, Misuse of media, environmental protection, Skilling process, health and hygiene, Market segmentation development and Spiritual development will be realized in our District.

### **Statement of commitment**

We, the Heads of Departments forming the Technical Planning Committee of Diocese of Kinkiizi in Community Health Empowerment;

Recognizing that the current levels of poverty and other related challenges, are unacceptably high and aware that despite the progress made in addressing this problem in the diocese and the District, it continues to affect the most vulnerable population groups especially children, pregnant and lactating women, and adolescents attracting other problems.

Acknowledging that the consequences of poverty on social and economic development, which will impede our aspiration of transiting into a middle income by 2030 since 2023;

Understanding that there is adequate national and global scientific evidence and experience in scaling-up high impact, poverty specific and sensitive hunger interventions;

Accepting that it is possible to make progress in addressing vulnerability during the second Strategic Development Plan of 2015/16 – 2019/20 as an essential step towards middle-income status by 2030 and the national goal of eliminating Poverty, Hunger and malnutrition as a problem of public health significance by 2030;

### **WE, THEREFORE COMMIT OURSELVES TO THE FOLLOWING:**

Take practical steps to ensure our department strategies, programs and budgets for Community Health Empowerment Ministry is sensitive supervised and monitored effectively to avoid any embarrassments;

Actively participate in the implementation of all activities through the Diocesan Community Health Empowerment Office in Coordination together with the Bishop and his Technical Planning Committee, departmental platforms and the Supporting team (Funding Agency)-

Take the necessary leadership in the application of the execution of our held duties in relation to the department assigned by the Supporting body and Policy designating the role duty for every worker in this program.

Ensuring total transparency and highest degree of trust by the employers and the workers at all levels. Beyond this, an action will deter and rule the destiny and control of any misused funds or resources or neglect on duty. This will no doubt be effected on all persons given responsibility in demand of good results without any compromising any element.

### **Community Health Empowerment Governance Intermediate Outcomes**

1: Strengthened Community Health Empowerment Governance in the District (Diocese) and

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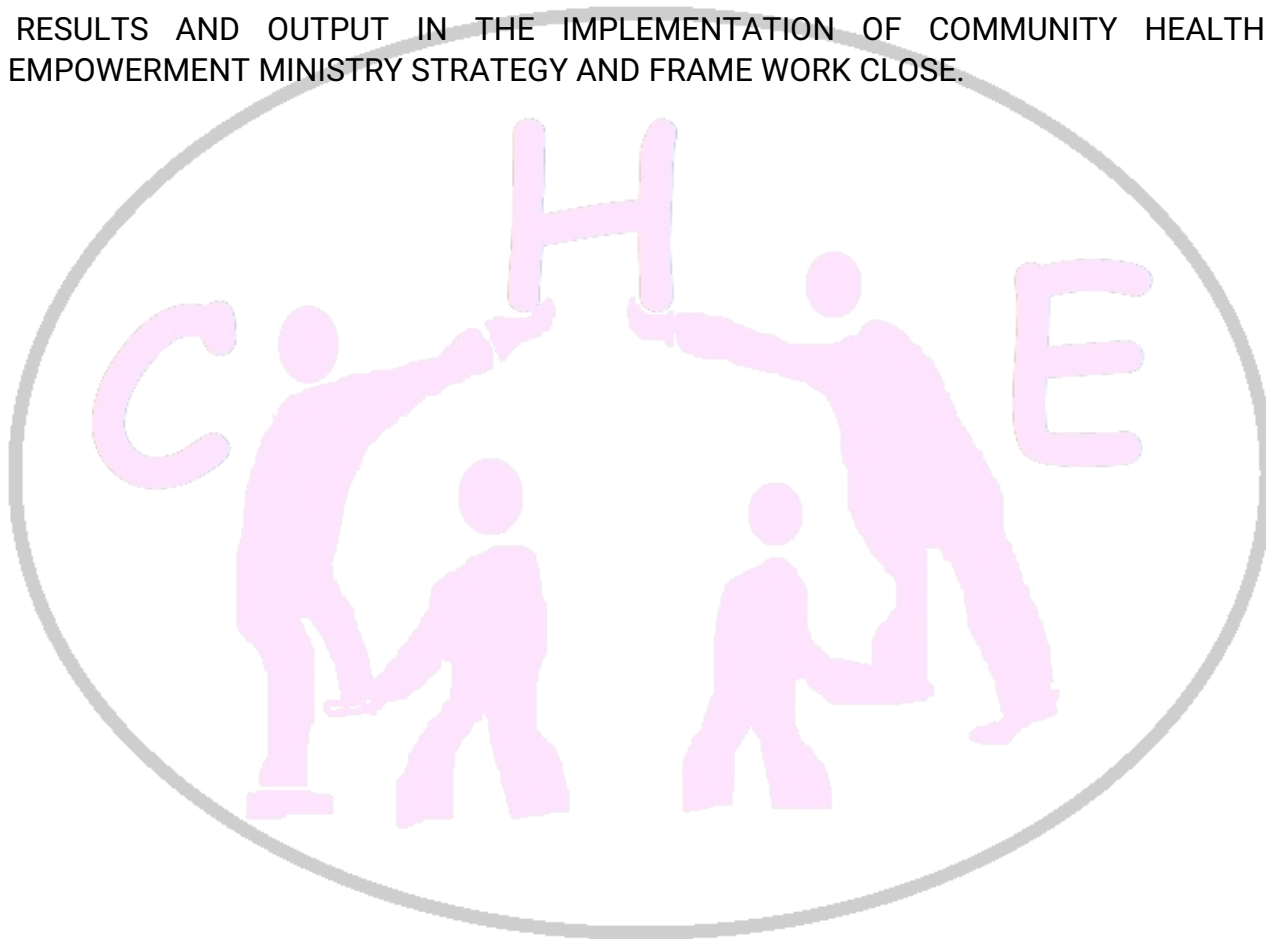
Sub-County levels (Parish levels).

2: Improved Partnerships, Lobby, Advocacy and Fundraising to Finance Community Health Empowerment Ministry priority activities focusing on Millennium Sustainable Development Goals-M-SDGs.

**Matrix Table 3: Community Health Empowerment Program Based Implementation matrix and Annual Work Plan.**

The results framework provides a direction and link between the implementation matrixes for which priority actions have been detailed. The implementation matrix provides a foundation of the development of the implementation matrix annual work plan.

RESULTS AND OUTPUT IN THE IMPLEMENTATION OF COMMUNITY HEALTH EMPOWERMENT MINISTRY STRATEGY AND FRAME WORK CLOSE.





**Community Health Empowerment Ministry;**  
To eradicate poverty and all forms of vulnerabilities and Integrated Transformational

Partnerships, Lobby, Advocacy and Fundraising to Finance Community Health Empowerment Ministry priority activities focusing on Sustainable Development Goals-SDGs

**Established fully fledged CHE institute for Christian Gospel Music Industry and Discipleship training focus**

**Increased access to and utilization of basic needs of life, Health Communities.**

Established CHE Clubs and Gospel Music Centre, Training of Trainers, Educators and Committees.  
Sustainable families, award of Health competitive families in Spiritual mapping and Integrity development

Development of focus groups and Discipleship Teams, teaching against early marriage, abortion and drug abuse

Increased coverage of integrated Micro-Finance under Community Health Empowerment Ministry

Community recovery programmes from Covid-19 focusing Animal and crop husbandry basing on Parish Progress Investment Action Plan.

Improved healthy lifestyles on Community Health Empowerment to address the problem of preventative and curative related diseases in Communities

Increased Medical Health Clinics, Utilization and establishment of Care Centers.

Increased awareness on Social Economic Development and Selection Planning and Management (SPM) priority investment act.

Improved access to Social protection programs with a food and nutrition security objective

Increased coverage water, sanitation and hygiene (WASH) and Water Purification in difficult areas

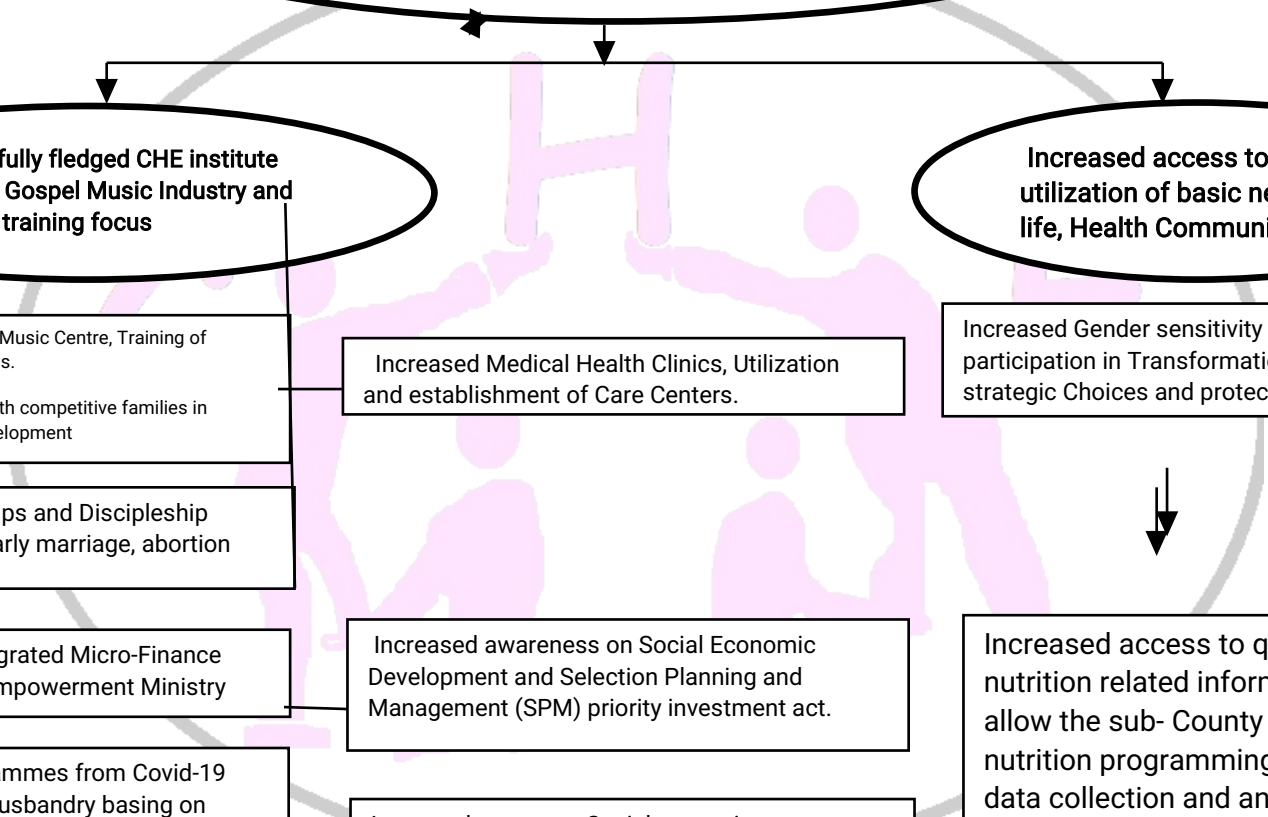
Skill development, utilization of community resources and Economic-Social enterprises

Increased Gender sensitivity and participation in Transformational strategic Choices and protection

Increased access to quality nutrition related information to allow the sub- County to inform nutrition programming based on data collection and analysis

Increased access to integrated early childhood development, Youth Engagement and child protection services.

Increased engagement and involvement in the business sector in scaling, soap, jelly production, Agriculture (fruit, food) and establishment of CHE Market development.



**Figure 1: The Result Framework for Community Health Empowerment Ministry Action Plan drive from 2023-2030.**

The Priority actions that have been included in the Activities, outputs and output indicators plus the activity costs are derived from the, district development plan and /development partner work plans for the period 2023-2030). The Program Based Implementation matrix provides a linkage between the priority actions, the costs, the annual work plan Intermediate outcomes of the projects Synergies. This includes the implementation working slanted proposed budget shown below

