
Health And Education Programmes And Community Socio-Economic Empowerment In Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church Of Uganda

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ABSTRACT

The study examined the relationship between health and education programmes and community socio-economic empowerment in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church of Uganda. The study used a cross sectional research design and a sample size of 277 respondents. Respondents were selected using stratified random sampling and purposive sampling techniques. Questionnaires and interview guide were used in collecting data and quantitative data was analysed using descriptive and inferential statistics with the help of SPSS version 22. The results demonstrated a strong positive correlation between investment in community health and education programs and levels of socio-economic empowerment within a community. Therefore, improving access to healthcare and education appears to be closely linked to strengthening the economic power and independence of community members. The study recommended that churches should continue and expand primary healthcare services provided by churches such as immunization programs, prenatal care, and disease prevention workshops. There is need to increase pastoral advocacy and discussion of important public health topics through letters and sermons.

Keywords; Community Socio-Economic Empowerment, health and education programmes

INTRODUCTION

Globally, churches of the 19th century in USA and Europe established numerous charitable programs to aid the poor and vulnerable populations experiencing hardship during periods of urbanization and industrialization. Organizations like the Salvation Army operated soup kitchens, shelters and job training to help the needy (Noll, 2012). Churches also founded schools, hospitals and orphanages to expand educational, health and social opportunities for underprivileged communities.

In Africa, when European missionaries first established their presence in the late 19th century, they developed extensive social programs alongside religious activities. Churches built schools, clinics, vocational training centers that helped spread literacy, skills and

infrastructure across the continent (Siringi, 2020). This laid a foundation for human and economic development and faith-based organizations continued operating in critical sectors like healthcare, education and agriculture when new governments faced resource constraints (Nkulu-N'Sengha, 2009).

In East Africa, the arrival of Christian missionaries in the late 19th century led to the establishment of extensive social programmes alongside their religious activities. Churches built schools, clinics, livelihood projects that helped expand access to education, healthcare and skills training across the region. This supported more inclusive human and economic development (Maxwell, 2006). After independence in the 1960s, faith-based organizations continued operating

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critical community programs as new governments faced resource constraints. Their grassroots presence positioned churches to aid communities through cooperatives, microcredit, food security and infrastructure initiatives (Berman, 1998).

The Church in Uganda has a long history of implementing programmes that have contributed significantly to community socio-economic empowerment. In the late 19th century, missionary organizations established schools, health clinics, vocational training centers when they first arrived in the country (Titeca & Costa, 2017).

In Kazo Archdeaconry, the Anglican Church of Uganda and the Catholic Church are among other Christian religious institutions which engage in uplifting of the lives of the poor, apart from Church. Ayiemba, Theuri and Mungai (2015) enunciate that Anglican Church of Uganda has a dedicated Christian Community Services (CCS) department. Christian Community Services (CCS) is a development outreach program that is credited for its duty of providing education water, sanitation, health services, and advocacy among others and this has helped to improve the lives of people in Kazo.

Nyaga (2019) narrates that church program Parish in Kazo was started by Rev. Can. Samuel Kasujja, a vicar, a visiting ordained minister, in 1978. Rev. Can. Samuel Kasujja, conducted baptism and other Church rituals that needed an ordained pastor. At the heart of its launch, the Church aimed at safeguarding the Baganda culture which was being undermined by the British

colonial government and the mission Churches (Namirembe Diocese Constitution, 2000).

The Kazo archdeaconry (2019) outlines that poverty, unemployment, corruption, low level of education and lack of sufficient health service providers are some of the social and economic challenges affecting it. During its establishment apart from propagating the Gospel, church programmes targeted economic empowerment, improving the health and education of the community through its sponsorship as well as establishment of health and learning institutions (Namirembe diocese Constitution, 2000). Guided by this purpose, there is need to find out the extent to which church programmes has gone in its transformative agenda. For this reason, this study examined the contribution of church programmes on community socio-economic empowerment in Kazo parish, Kazo Archdeaconry, Church of Uganda.

The Church programs in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese of the Church of Uganda have made significant contributions to the socio-economic empowerment of Christians in the community. The programmes address various challenges, such as poverty, unemployment, limited access to education, and inadequate healthcare. These challenges are caused by factors such as lack of income-generating opportunities, skills gaps and insufficient resources (Namirembe Diocese, 2022).

The effects include financial instability, limited economic growth, low literacy rates, and increased vulnerability to health issues. The Church programmes have been addressing these issues through initiatives

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such as skills training, vocational programs, microfinance and savings groups, education support, health outreach programs, entrepreneurship development and advocacy efforts. These programmes aim to enhance employability, create income-generating opportunities, improve access to education and healthcare, and promote sustainable development within the community (Kazo Archdeaconry, 2022).

However, one problem that Christians in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese of the Church of Uganda still face in relation to socio-economic development is the persistent issue of poverty. Many Christians in the parish continue to struggle with limited access to income-generating opportunities, lack of

resources, and inadequate financial support (Kazo Archdeaconry, 2022).

This situation hinders their ability to improve their economic well-being, resulting in a cycle of poverty that affects various aspects of their lives, including education, healthcare, and overall quality of life. Addressing and alleviating poverty remains a significant challenge for the community, requiring continued efforts and targeted interventions to promote sustainable socio-economic development (Kazo Archdeaconry, 2022). Based on this background, this study was done to examine the contribution of the church programs on community socio-economic empowerment in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese of Church of Uganda.

Statement of the Problem

Community members in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese of the Church of Uganda would experience socio-economic empowerment and improved well-being. However, the community faces significant challenges that hinder their progress. One of the primary issues is poverty that affects various aspects of their lives, including education, healthcare and overall quality of life (Nakaima et al. 2019). The causes of poverty in Kazo Parish can be attributed to several factors. These include inadequate infrastructure for education and healthcare. These factors contribute to a vicious cycle of poverty, hindering the socio-economic development and overall well-being of the community (United Nations Development Programme, 2020).

The effects of poverty are far-reaching, impacting education levels, healthcare outcomes, and overall quality of life for the Christian population in Kazo Parish. The Church of Uganda, through Kazo Parish, has implemented various programs to address the health and education. These programmes include skills training and vocational initiatives, education support, health outreach programs, entrepreneurship development and advocacy efforts. By providing educational opportunities and improved healthcare services, the Church aims to empower individuals and uplift the community from the grips of poverty. While specific details regarding the impact and effectiveness of these programs are not available, the Church's initiatives demonstrate a proactive approach to addressing the socio-economic challenges faced by Christians in Kazo Parish. Therefore, this study examined the relationship between health and education programmes and community socio-economic empowerment in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church of Uganda.

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Objectives of the Study

To identify the relationship between health and education programmes and community socio-economic empowerment in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church of Uganda.

Scope of the Study

The study was conducted in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, under church of Uganda. Kazo is found in Nansana, Wakiso and Kawempe, Kampala Uganda. Kazo parish was chosen because there were many needy community members in the parish. The content scope for this study was limited to church programmes in community economic empowerment. The study focused on the relationship between Biblical and Pastoral teachings on community socio-economic empowerment, relationship between economic activities supported by the Church and community socio-economic empowerment and the relationship between health and education programmes and community socio-economic empowerment in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church of Uganda. Church programmes in community socio-economic empowerment were measured in terms of improved access to health and education, employment opportunities, access to finances and spiritual growth. The study considered the period from 2017 to 2023 since it was between those years that Kazo Christians and community had faced challenges of economic empowerment.

METHODS

Research Design

The study used cross-sectional survey design since the design enables capturing a snapshot of the population at a specific moment, facilitating the identification of trends and patterns. The research adopted a mixed methods research approach involving collection of quantitative and qualitative data where quantitative data helped in testing the hypotheses of the study and qualitative data described the opinions of respondents.

Target Population

The total target population for this study was 905 consisting of 900 Christians and 5 church leaders (Kazo Parish Report, 2022). These were considered because they were stakeholders in church activities and therefore were affected by the problem under investigation.

Sample Size Determination

The representative sample for this study was 277 respondents that were chosen from 905. Slovin (1960) was used to determine the sample size for the research and the formula is; $n = N/(1+Ne^2)$. Here, n represents the sample of respondents needed for this study, N is the study population and e denotes level of precision (0.05). Slovin's formula was selected as the preferred method because the population under study was sufficiently large and the researcher lacked adequate information about the distribution of behavior within the population to determine the appropriate sample size by other means. The researcher determined the size of the sampled participants from which data was collected for comparison purposes as indicated below;

$$\text{➤ } n = 905/(1+905(0.05^2))$$

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- $n = 905/(1+905(0.0025))$
- $n=905/(1+2.2625)$
- $n=905/(3.2625)$
- $n=277$

Table 3.1: Actual Total Target Population and Sample Size Distribution

Population category	Study Population	Sample Size	Sampling Techniques
Christians	900	272	Simple Random Sampling
Church leaders	5	5	Purposive Sampling
Total	905	277	

Sampling Techniques and Procedure

In this study, the researcher adopted a stratified sampling approach by first categorising the population into two groups. Subsequently, using simple random sampling method 272 Christians were selected to give quantitative data. Simple random sampling was used because it would guarantee that every individual within the population possesses equitable opportunity of being selected in the sample. This aided in creating a sample that represented the complete population making the findings of the study more generalizable and applicable. Simple random sampling reduced the potential for bias in the selection process. The study also used purposive sampling to select 5 church leaders because it allowed the researcher to focus on the specific subset of the population relevant and informative to the study.

Data Collection Instruments

Babbie (2016) provides the definition of data collection instruments as standardized methods used to gather data from individuals and reliable sources. Similarly, Saunders, Lewis and Thornhill (2019) describe data collection instruments as the equipments, tools and instruments that researchers employ to gather data from respondents to address research questions. For data collection in this study, questionnaires and interviews were used as explained below;

Questionnaire

The researcher used questionnaire as one of the instrument for collecting data for this study. The researcher made copies of the questionnaires and administered them to 272 Christians since they were useful in giving quantitative data that were easily analyzed statistically allowing for the application of various statistical techniques to test hypotheses and draw conclusions. The questionnaire was divided into sections whereby section A covered the demographic characteristics of respondents, section B reflected items related to biblical and pastoral teaching, section C was about item of economic activities, section D was about health and education services and section E was about community socio-economic empowerment. To gauge respondents' agreement levels, Likert scale was used and it involved options of strongly agreed,

agreed, not sure, disagreed and strongly disagreed thereby allowing participants to express their degree of concurrence with items given.

Interview Guide

The researcher used interview guide with structured and semi-structured questions to gather qualitative data from church leaders as this would enable the researcher to gather detailed response from respondents. Through the interview guide, comprehensive information was obtained on the objectives of the study. Interview guides were used because they allowed for easy comparison of responses across different participants and it was easy to identify patterns, trends and variations in their responses since respondents were asked the same questions.

Validity and Reliability

To establish the validity of the research tools, initial drafts of these instruments were pilot tested on 30 Christians who shared similar characteristics with the selected area under study. This pilot testing helped to assess language clarity and the ability of the instruments to capture the required information. Through ascertaining validity, the reliability and dependability of the test scores or evaluation outcomes were strengthened. Furthermore, the researcher collaborated with people with expertise in research to improve the quality of questionnaires. Subsequently, the validity was evaluated by computing the Content Validity Index through the provided formula:

Content Validity Index (CVI) was expressed as the Ratio of relevant items to the Total number of items within the instrument. That is $CVI = \text{Number of valid items} / \text{total number of items}$.

$$CVI = \frac{26}{29} = 0.89$$

Content Validity Index was 0.89 was sufficient

Reliability

To validate reliability, the researcher conducted a test-retest reliability study with beneficiaries of church programmes in Kazo Parish to confirm the instruments' ability to gather dependable data. The data collected was used to calculate Cronbach's Alpha Coefficient using Statistical Package for Social Sciences version 22 to assess the instrument's internal consistency reliability. The data showed sufficient consistency because a Cronbach Alpha Coefficient exceeded 0.60 which was suitable for this study, following the recommendation of Suhr and Shay (2009).

Table 3.2: Reliability Statistics

Variables	N of Items	Cronbach's Alpha
Biblical and pastoral teaching	7	.973
Economic activities	5	.978
Health and education programmes	7	.978
Community socio-economic empowerment	7	.988

Data Analysis**Quantitative Data Analysis**

The initial stage of quantitative data analysis involved data cleaning to remove any mistakes, absent entries, anomalies or incongruities from the dataset, ensuring its accuracy and reliability for further analysis. Following data cleansing, the data was coded into distinct categories or variables that could be utilized for analysis. This entailed giving numerical labels or codes to every response within the dataset. Subsequently, a combination of descriptive and inferential statistical methods was utilized to analyse quantitative data. Descriptive statistics involved frequencies, percentages, mean and standard deviation. These presented a holistic perspective of the responses and aided in recognizing the existing patterns or trends. The analysis was done using Pearson Linear Correlation Coefficient to evaluate the significance of the results. To present data, tables were employed to exhibit the findings of analysis of data in a coherent and substantial manner. This approach aided in effectively conveying the study's outcomes to a wider audience and improving the interpretation and comprehension of the findings.

Qualitative Data Analysis

The researcher structured and prepared the data for analysis by categorizing and organizing it into different themes as outlined in an interview guide. The data was thoroughly read through to gain an overall comprehension of the collected information, followed by coding of the responses and the generation of themes for examination and understanding.

FINDINGS**Response Rate**

The researcher determined the response rate of participants to find out if the participants were enough to provide generalized results and the following were obtained;

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Table 4.1: Response Rate

Categories	Expected participants	Actual participants	Percentage
Respondents who answered questionnaires	272	227	83.5
Respondents who answered interview questions	5	5	100
Total	277	232	83.8

Source: Field Data, 2023

From Table 4.1, the response rate as indicated the above table shows 83.8% which was very good as recommended by Mugenda and Mugenda (2003) which state that a response rate of 50% is enough for analysis, a response rate of 60% is acceptable, and a response rate of 70% or above is excellent. The implication of a high response rate is that the data collected was more representative of the population being studied. A higher response rate means that the sample size was larger which could lead to more accurate and reliable results. Moreover, a high response rate suggests that the respondents were motivated to participate in the study and that they found the study to be relevant and important. This can increase the validity of the study and make the results more generalizable to the larger population. Additionally, the fact that the response rate exceeds the minimum threshold of 50% recommended by Mugenda and Mugenda (2003) suggests that the study was conducted using appropriate sampling techniques and that the survey instrument used was effective in eliciting responses from participants.

Bio-Data Information of Respondents**Table 4.2 Gender of Respondents**

Gender	Frequency	Percentages
Females	152	67.0
Men	75	33.0
Total	227	100.0

Source: Field Data, 2023

Table 4.2 presents the findings of the study on the gender distribution among beneficiaries of church programmes in Kazo Parish, Kazo Archdeaconry, Namirembe Diocese, Church of Uganda, with a focus on community socio-economic empowerment, indicate a significant predominance of female participants. The data, with 152(67.0%) of respondents being female and 75(33.0%) male, underscores the noteworthy engagement and impact of church initiatives on women in the community. This implies that the church programs have a substantial influence on enhancing the socio-economic empowerment of women, suggesting potential avenues for targeted interventions and strategies to further uplift and support the female demographic in the community. Understanding the gender dynamics in program participation is crucial for tailoring future initiatives to address specific needs and promote more inclusive community development

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Table 4.3: Age Bracket of Respondents

Age	Frequency	Percentages
21-30years	10	4.4
31-40years	120	52.9
41-50years	89	39.2
51-60years	8	3.5
60 and above	0	0.0
Total	227	100.0

Source: Field Data, 2023

The findings indicate that 120(52.9%) respondents were in the age bracket of 31-40 years, which means that they were born between a certain range of years that falls within this age range. Additionally, the statement indicates that there were 89 participants (39.2%) who were in the age bracket of 41-50 years old, 10 participants (4.4%) who were in the age bracket of 21-30 years old, and 8 participants (3.5%) who were in the age bracket of 51-60 years old. This information provides insight into the age distribution of the participants in the study, and can be used to draw conclusions or make inferences about how age may have influenced the results of the study.

Table 4.4: Educational Qualifications of Respondents

Education	Frequency	Percentage
Primary	47	20.7
Secondary	80	35.2
Certificate	50	22.0
Diploma	30	13.2
Bachelors	15	6.6
Masters	5	2.2
Total	227	100.0

Source: Field Data, 2023

From the findings in the table, 80(35.2%) of the respondents had finished secondary, 50 (22.0%) of the respondents had finished certificate, 47(20.7%) were primary holders, 30(13.2%) had diploma while the remaining 15(6.6%) had bachelors while 5(2.2%) had masters. The data suggests that the majority of respondents have completed secondary or lower education levels.

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Table 4.5: Descriptive Statistics on Health and Education Programmes

Statements	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The church has arrangement for provision of primary healthcare services like immunization, prenatal care, disease prevention workshops	0(0%)	0(0%)	0(0%)	83(36.6%)	144(63.4%)
Knowledge of operation of nutrition gardens and food security programs to address malnutrition	3(1.3%)	0(0%)	5(2.2%)	122(53.7%)	97(42.7%)
There are primary and secondary schools' scholarship programmes	2(0.9%)	2(0.9%)	3(1.3%)	131(57.2%)	89(39.2%)
The church provides adult literacy information to followers	0(0%)	0(0%)	6(2.6%)	125(55.1%)	96(42.3%)
Advocacy through pastoral letters and sermons to promote behaviors like vaccination, sanitation and family planning	19(8.4%)	15(6.6%)	20(8.8%)	129(56.8%)	44(19.4%)

Source: Field Data, 2023

The results from the above table showed that the church arrange for primary healthcare service provision, with zero respondents disagreeing or reporting uncertainty. Specifically, 83 respondents (36.6%) agreed that immunization, prenatal care and disease prevention workshops were offered, while the majority at 144 respondents (63.4%) strongly agreed. This total consensus, with 100% of the responses in agreement, signifies faith-based organizations are perceived to effectively facilitate basic medical services and health education for their congregations and wider communities. Churches organizing regular screenings, maternal programs and sessions on hygiene could significantly boost overall wellness and quality of life, especially for vulnerable groups.

The survey results showed that for knowledge of nutrition gardens and food security programs operated by the church, 3 respondents (1.3%) strongly disagreed such programs were in place, with 0 respondents disagreeing. 5 respondents (2.2%) reported being unsure. The majority, 122 respondents (53.7%) agreed initiatives were running, while 97 respondents (42.7%) strongly agreed. This demonstrates that 96.4% of respondents perceived these agriculture interventions and nutrition schemes to be implemented, as the vast majority selected agree or strongly agree options. However, a small percentage displayed dissenting or uncertain views, with 1.3% strongly disagreeing and 2.2% unsure.

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The survey results showed that the vast majority of respondents, 96.4%, perceived churches in Kazo parish to provide primary and secondary school scholarship programs. Specifically, 2 respondents strongly disagreed (0.9%), 2 disagreed (0.9%), and 3 were unsure (1.3%), compared to 131 who agreed (57.2%) and 89 who strongly agreed (39.2%). This gave an average response approaching the maximum score. While a tiny fraction displayed dissenting or uncertain views, overall the findings demonstrate faith-based organizations are widely understood within communities to support children's access to education through fee assistance initiatives.

The survey results regarding the statement "The church provides adult literacy information to followers" show that none of the 221 respondents strongly disagreed or disagreed with the statement, while 6 people or 2.6% were unsure. However, the vast majority agreed or strongly agreed - 125 people agreed, accounting for 55.1% of responses, and 96 people strongly agreed, making up 42.3% of the total. This indicates that over 97% of respondents either agreed or strongly agreed that in their experience or knowledge, the church does provide adult literacy information to its followers, with less than 3% being uncertain, and none directly feeling the statement is untrue.

The results from the table show that 19 respondents or 8.4% strongly disagreed that advocacy through pastoral letters and sermons helps promote behaviors like vaccination, sanitation and family planning, while 15 people or 6.6% disagreed. Additionally, 20 respondents or 8.8% were unsure. However, the majority either agreed or strongly agreed with the statement - 129 people agreed, accounting for 56.8% of the responses, and 44 people strongly agreed, making up 19.4% of the total. This indicates that over 76.2% of respondents agreed or strongly agreed that advocacy from church leaders through letters and sermons can positively influence behaviors related to public health, though 15.2% did not agree or were unsure, and 8.4% strongly disagreed such advocacy makes a difference.

Findings from interviews also revealed that church-run health workshops, vaccination campaigns and supporting government facilities/outreach programs. They also mentioned church-funded primary and secondary school bursaries/fees support.

Literacy programs were praised for empowering adults with reading/writing skills. Health programs were credited with reduced disease rates and improved pre/postnatal care. Vocational skills from schools led to well-paying jobs over unskilled work.

Table 4.10: Relationship between Health and Education Programmes and Community Socio-Economic Empowerment in Kazo Parish

	Health and Education Programmes	Community Socio-Economic Empowerment
Health and Education Programmes	1	.686**
		.000

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N		227	227
Community	Pearson Correlation	.686**	1
Socio-Economic			
Empowerment	Sig. (2-tailed)	.000	
N		227	227

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation results show a strong positive relationship between investment in community health and education programmes and levels of socio-economic empowerment. Based on data from 227 cases, the Pearson correlation coefficient of 0.686 indicates that as levels of involvement and investment in health and education initiatives increase within a community, the degree of socio-economic empowerment and development tends to rise significantly. The correlation is statistically significant, as demonstrated by a significance value of 0.000 which is below the standard cut-off points. This suggests that improving access to healthcare and education is closely linked to strengthening the economic power and independence of community members.

Conclusion

The results demonstrated a moderate positive correlation between biblical and pastoral teachings that promote socio-economic empowerment through caring for the vulnerable, financial literacy, entrepreneurship, health, and education, and increased perceived socio-economic enablement and standards of living within communities. Religious leaders who emphasize these types of empowering messages appear to strengthen communities economically.

The results demonstrated a moderate positive correlation between economic activities conducted by faith institutions, such as job training programs, livelihood projects, financial literacy workshops, and small business support, and increased socio-economic development outcomes within communities. As religious centers provide more programs and initiatives focused on economic empowerment, the perceived overall socio-economic enablement of the surrounding population tends to also increase.

The results demonstrated a strong positive correlation between investment in community health and education programs and levels of socio-economic empowerment within a community. Therefore, improving access to healthcare and education appears to be closely linked to strengthening the economic power and independence of community members.

Recommendations

Religious organizations should develop and expand social programs that directly address issues raised in biblical teachings around caring for the vulnerable and disadvantaged. This could include initiatives providing charitable aid, job skills training, healthcare services, etc. to lift up marginalized communities as over 70% of respondents agreed these principles are emphasized.

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Houses of worship can organize workshops and resources focused on entrepreneurship, financial literacy, and small business creation given around half of respondents agreed these themes are promoted in biblical messaging. Supporting congregation members in starting their own businesses or cooperatives could boost economic independence.

Expand vocational skills training programs focused on in-demand trades like carpentry, tailoring, agriculture and more. While over two-thirds agreed these exist, increasing course offerings and opportunities could further empower congregants with practical skills to boost employability and income generation.

Develop targeted small business assistance involving startup loans, entrepreneurship workshops and mentorship connections. Nearly half perceived this support, but strengthening dedicated programs and services could cultivate self-employment among jobseekers and lift entire neighborhoods out of poverty through business ownership.

Continue and expand primary healthcare services provided by churches such as immunization programs, prenatal care, and disease prevention workshops. The unanimous agreement that these services exist indicates they are highly valued and effective at improving community well-being.

Increase pastoral advocacy and discussion of important public health topics through letters and sermons. While a majority saw this advocacy as promoting behaviors like vaccination and sanitation, strengthening educational messaging could sway the 15% who were unsure or disagreed of its impact.

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