

Guided Thesis

Improving Healthcare Services in Nakalya Village

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Contextualization

Introduction

Before joining the ICD program, my research (field working) knowledge was limited to identifying a community challenge and working towards finding a solution. However, learning about contextualization, my understanding of field working completely changed. Contextualization goes beyond interacting with the people; it emphasizes understanding the context of life they are living in, their backgrounds, values, beliefs, and lifestyle. Using contextualization, I had to change my research topic simply because of my findings. Initially I was interested in understanding why children from poor families drop out of school, but this was hidden into the major problem of poor health services that were affecting the community. Contextualization helped me to understand and appreciate the cultural behaviors of the community members, which was instrumental in the success of my fieldwork. This brought me to the conclusion that to understand the challenges of an area of study, it is important for the researcher to use contextualization to find relevant solutions to the challenges. In the next paragraph, I will share how contextualization helped me find the challenges affecting my research area.

Importance of contextualization in designing and implementing programs, processes, and intervention.

It is hard to penetrate communities without values like contextualization. As project implementers, we are often perceived as strangers, spies, or undercover agents. Kuenkel advises that “observing trends and developments and maintaining dialogue with the people we serve all improves results” (112). Using contextualization helps to bridge that gap between us, the implementors, and the community we are working with. To demonstrate this, I will use my fieldwork that I carried out in July 2021 in Nakalya village located in Uganda to

show the importance of contextualization. Below were initially my research questions before changing my research topic:

1. Why do children in rural areas frequently drop out of school?
2. Is education a priority for every family?
3. Why do so few girls graduate?
4. Why do parents fail to educate their children?

After changing my research topic, I came up with the questions below to guide my research:

1. Why do rural areas have poor healthcare services?
2. How do poor healthcare services affect the development of the rural areas?
3. What does it take to improve healthcare services in rural areas?
4. Who is responsible for improved healthcare services in communities?
5. How do families suffer from poor healthcare services?

Using my own findings coupled with research done by other professionals, I came to the conclusion that poor healthcare services in the community is the reason as to why the community of Nakalya is struggling with various challenges such as children dropping out of school, poverty, and poor water and hygiene facilities. Like Nelson Mandela mentions, “health cannot be a question of income; it is a fundamental human right”. The people of Nakalya have had their children drop out of school due to a number of health complications such as eye blindness, jiggers, and heart issues. This is why contextualization is so important to use during any research; it helps to identify the root cause of the challenges the community is facing; it connects you to the stakeholders you need to have successful fieldwork. Sustain and Chiseri-Strater confirm that “it helps to investigate the cultural landscape, the larger picture of how a culture functions: its rituals, its rules, its traditions, and its behaviors” (3). This makes it easy to work and tailor a solution that best suits the community based on the understanding of the context people are living in.

Contextualization enabled me to come up with the solution of constructing a hospital in the community. The community donated labor, construction materials such as sand and bricks, and free labor to help construct the community hospital. The construction has already started and two phases—breaking ground and building of the foundation—are already done. I believe with proper treatment, community members will be healthy enough to work and children will be healthy enough to attend school. After my fieldwork, it was all evident that a hospital is ideal for the community. One of my contacts Layla mentioned that “development starts with good health”. Contextualization answered my long-held question of why many projects here in my country have failed to achieve their intended goals. Projects have always been forced onto people; implementors use little effort to understand the real needs of the people and often create unhelpful solutions. The most common example is the many well-constructed markets that vendors continue to ignore in favor of working on the roadsides. This has led to wasting of limited resources which in turn makes it hard for funders to fund similar projects in the future. The chairman of the community narrated to me that, “his community has a number of boreholes that are not working, simply because the implementors never involved the members of the community, that the boreholes worked for a few months and have now turn out to be scraps in the village” (Luutu). This is why contextualization is important to understand the cultural values, behaviors, and general life in the community in order to design a solution that involves them and is relevant to them. I engaged the district health officer on my plan to construct the hospital in the community and he said, “It is something they have been yarning for, there three villages that form the parish where Nakalya community is found but all are struggling, so the hospital will save the situation” (Lutwama).

Creativity and innovation in contextualization

To apply contextualization in research one must be creative in order to get the information needed. During my fieldwork, I often visited families and spent time with them. As Merriam and Tisdell write, “to understand the culture of a group, one must spend time with the group being studied” (29). This helped me gain their trust and confidence. It was initially difficult for me to get any information from this community but working with the families paved a way for me to get the information I wanted. Nakalya is one of those communities in the country that was badly affected by the rebellion war that brought the current government in power. The war was between the years 1980 to 1986. Many lives were lost, women and girls raped, property lost, people displaced and many children left orphans during the war. The village is still traumatized and is afraid of intruders, especially people like me, who ask endless questions. Merriam and Tisdell warn us to avoid being “labelled as a spy or traitor” (144). This is why I always introduced myself to the community members to avoid negative perceptions about me. I attended most of the village meetings and church services where I was always introduced to different people, and this eased my fieldwork. Uganda is built on culture; every community has a culture that one must first understand to carry out successful research. This calls for the researcher to be creative in order to understand the life context of the group. I remember at a certain point in my fieldwork, I creatively utilized ethnographic inquiry method which helped me to understand:

Description of the sort that can emerge only from a lengthy period of intimate study and residence in a given social setting. It calls for the language spoken in that setting, it calls for the language spoken in that setting, first-hand participation in some of the activities that take place there, and most critically, a deep reliance on intensive work with a few informants drawn from the setting. (Merriam and Tisdell 29)

The innovation and creativity of fitting myself into the village and later in the families opened doors for me to get the information I needed. It brought me close to the community and helped me understand the cultural contexts.

Also being people centered helped me. It creatively enabled me to study the context of the people of Nakalya. As the book of Creative Confidence advises, “deep empathy for people makes observation powerful sources of inspiration” (Kelly and Kelly 21). This helped me in understanding why the people have remained in the situation of poor health care and also in understanding their plans to solve the challenge.

How I will use the values and practices of contextualization in my future vocational work.

Considering the context of the communities that I am going to be working with will be vital in determining the success of the projects that I will be implementing. I will be using ethnography as a tool to help me understand the cultures of the communities that I will be working with. Uganda is a diverse country with over 50 ethnic tribes, each tribe with its own norms and cultures. And due to limited resources, intermarriages, over population, and an influx of refugees from the neighboring countries, cultures have mingled. Therefore, it is vital for me use contextualization in order to identify these cultures and to understand the similarities and differences in these cultures. This will make my vocational work successful long-term because I will be able to understand the different dos and don'ts of the people in the community or communities that I will be working in.

My firsthand testimony is the hospital we are constructing; it was an idea from the people in the community. I initially had my own assumptions about the community; however, through our contextualization and interactions through sharing of ideas, many people I interviewed revealed that the outstanding need of the community is better health care

facilities. Nassali the vice chairperson of the village mentioned in our interview that the hospital “will restore the lost hope in this community on the side of health”. With my decision to construct a hospital in this community, their chairman Mr. Luutu Christopher, offered free land, labor and some construction materials which have so far helped in breaking the ground and construction of the foundation. Using contextualization, it enabled me to build trust in the community because I was always in the faces of the community members to understand their challenges and be part of the solution; this portrayed me as a man who cares and respects the values of the community and people themselves. This earned me full support from the community members and they owned my project and are working tirelessly to have it completed. This community ranks high on collectivism on Hofstede’s cultural dimensions scale: “there is a great importance placed on the goals and well-being of the group”. Despite other differences in the community like tribes, beliefs, and talents, the community unites to find solutions to challenges that affect them. I have appreciated that solutions to challenges in communities are always with the affected group and if given time to listen to them they will always reveal and suggest their ideas. Bryant Myers mentions, “The poor themselves must be the actors if their capability is to increase” (30). The challenge I have observed is that organizations hire expensive expatriates to solve challenges from their own limited perspective without doing additional research. This has caused many well-funded projects to fail. I witnessed a number of boreholes which had broken down in the community and on asking the community leaders, they informed me that the organization came implemented the projects without training and involving the community in any stage; this made it difficult for the community to protect and maintain what they didn’t understand. Additionally, donations are wasted from generous, and change loving people, who care about others.

Conclusion

Contextualization of research helps not only to identify the challenges communities face, but also helps in appreciating the culture, norms, and beliefs of the community. This in turn leads to contextualized solutions to challenges the community is facing. For example, the community of Nakalya has different tribes such as the Buganda, Banyankole, Bakiga, Iteso's, Basoga, and others that live together. Contextualization helps us to understand critically the values of each tribe and come up with similarities or common factors that these cultures or tribes share in order to plan with them solutions for the challenges they are facing. In the community of the Nakalya, despite the differences in tribes' beliefs, using contextualization helped me to identify the similar challenges such as poor healthcare, high school dropout rates, poor education quality, and poverty which did not discriminate any culture. This brought us together on a common ground to agree that with good healthcare, one can work and educate his children well and this will reduce the school dropout rate. According to a 2019 UNESCO report, the dropout rate for children from school is 42.8%. Contextualization gives us an avenue to be better researchers and change makers. It helps us to identify knowledgeable people in the communities who are vital to the success of the projects that we intend to implement.

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ESSAY 2: Qualitative Inquiry.

Qualitative Inquiry (QI) is a research tool that is used to achieve an understanding of how people make sense out of their lives, delineate the process (rather than the outcome or product) of meaning, making, and describe how people interpret what they experience. Like Kelly and Kelly mention, “it’s about deeply understanding human needs” (20). Qualitative research uses words as data “collected and analyzed in all sorts of ways while quantitative research uses numbers as data and analyzes them using statistical techniques” (Merriam and Tisdell 6). QI helps to address specific problems in a practice-based setting - for example, in our communities, schools, or organizations. This helps me as a researcher gain a deeper understanding of the community or my group of study in order to tailor a solution that is bound to bring the desired and expected change in the community. Qualitative inquiry helped me in understanding the different challenges the community of Nakalya is facing, the people’s thoughts about them, and the possible solutions they have for them.

Values

Qualitative Inquiry requires a spirit of high tolerance; our communities or groups of study have different cultures, beliefs, and backgrounds, so by default there will always be a number of things that we do not share in common. I will give an example of the community in Nakalya in Uganda where I carried out my research: there are some cultures where not bathing is okay, children and women are expected to greet while kneeling down, among other cultural differences. While I did not necessarily agree with all the cultural practices of this community, understanding their lifestyle through observing and interviews helped me conduct my research. As Merriam and Tisdell recommend, “One has to be comfortable with the ebb and flow of a qualitative investigation and trust in the process” (18). Understanding and appreciating the cultures in the community really helped to coordinate well with the people and succeed in my research.

Careful observation is another good value of qualitative inquiry; there is a lot of information that is gained when a careful observation is done. As Merriam and Tisdell write, “It is a systematic process, not a casual occurrence” (18). With careful observation, we are able to study many things such as body language, the environment of the community, and the different structures and the norms of the community.

A qualitative approach requires a lot of patience with the community of study; one must dedicate a lot of time to the group of study to be able to collect the information that is required. Time is needed to conduct observations, ask the right questions in interviews, and record this information. Time is also needed to get an accurate understanding of people’s experiences, how they construct their worlds, and what meaning they attribute to their experience.

A qualitative approach is a discovery-oriented research method; the researcher does not control or manipulate the results. As Merriam and Tisdell mention, “findings are not predetermined” (7). The researcher must be involved with the people or community of study in order to get results unlike other methods of research where the researcher can predict the findings. QI requires contact with the people in order to understand the challenges they are going through and why those challenges are happening. The research findings from using qualitative inquiry helped in tailoring a solution to help the community of Nakalya. In my field work that I carried out in 2021, using qualitative inquiry, community members revealed a number of challenges they are going through such as the lack of clean water, poor education, famine, insecurity which involves animal theft, sexual harassment, early marriages, and tribalism. In analyzing the findings collected from the research, I concluded that the community needs a medical center to save the many lives lost due to failure to get treatment. During my interviews, one individual mentioned, “we lose our family members and friends in attempt to rush them to hospitals which are 10kms away, with no reliable

transport” (Ssegane). This contributed to my decision to construct a hospital in this community to save lives. The hospital is currently on the foundation level and when completed, it will serve 3 parishes (communities) which combined have a population of 5,000 to 6,000 people.

Qualitative inquiry helps participants to take the perception of others not in a superficial, mechanistic sense but in a way that enables them to understand empathetically the complex and deeply rooted forces that move their lives. This helps in creating a thoughtful project to help the community. Stringer explains that “it provides the basis for immediate action” (137). For example, during my fieldwork in Nakalya village in Uganda, people revealed a number of challenges, but, the issue of poor health care was the main challenge. The spirit of doing something developed within me and together with the community, we decided to construct a hospital. Initially I had some fear about the success of the project, but my creative confidence kept on pushing me. As Kelly and Kelly state:

People with creative confidence have a do something mind set. They believe their actions can make a positive difference, so they act, they recognize that waiting for a perfect plan or forecast might take forever, so they move forward, knowing they will not always be right but optimistic about their ability to experiment and conduct midcourse corrections further down the road. (115)

“Creative confidence” helped me to make a big decision of constructing a hospital which will now help three communities with the health care challenges they are facing. In response to the cause, people of the community offered free land, labor, and food for eating at the construction site. This scored high on the collectiveness index of the community. Over eighty percent of the population in the community were willing to either provide food or labor at the construction (Hofstede). They exhibited a great spirit of togetherness and were very committed to seeing the project succeed. This immediate action really amazed me and it

brought out the importance of qualitative inquiry in the work we do and what we shall be doing in the future.

Qualitative inquiry was very useful to me during my fieldwork that I carried out in 2021, in the village of Nakalya. It changed my understanding and perception of the community. Initially I perceived the community members as lazy people who just did not want to work. As Bornstein and Davis mention “we see things the way our minds have instructed our eyes to see” (75). I was being judgmental with assumptions that had no basis in fact. However, using qualitative inquiry helped me to appreciate and understand the challenges that the community is going through.

Nakalya has a number of challenges, the most outstanding being poor health care services. These challenges have kept people in poverty and static in development. Their thinking and creativity have been affected by poverty which made me assume that they are lazy and just do not want to work. The community cannot have any development if members of the community are not healthy. As Iris and Bernard write, “there can be no development without a critical mass of people who can are sufficiently healthy to do whatever it takes for development to occur” (1). The people of the village were going through a difficult health challenge which qualitative inquiry helped me to understand.

With success of the construction of the hospital in Nakalya village, I would love to see zero people dying due to a lack of medical healthcare in the community. I will be a happy person seeing the hospital serving and protecting lives. This is the most outstanding marker that will evaluate my efforts in the Nakalya village. Additionally, I would love to see the number of children dropping out of school due to health issues reduced. This will help ensure that children enroll and complete their education because it is their right to study. The success of my project will also be a catalyst for other development in the community. I would be happy to see roads being constructed, schools built, the village connected with electricity,

and transportation services improving. And, finally changing the mindset of the people in the community to take girls to school will be evidence to demonstrate the impact of my project. Girls in the community face a number of health issues and their menstruation periods normally keep them out of school. They therefore need health counselling on how to keep proper hygiene as girls and training them to speak up about their health and educating them about their body and puberty. Our hospital will offer all these services at no cost; both the parents and the girls will be empowered which will in turn eliminate the problem of the failure to educate girls due to their health issues.

Contextualization in my project.

My project of constructing a hospital in Nakalya village was 80% initiated by the community members. I personally had a different perspective about the community but using contextualization, I lived with the people and tasted the life they are living. This helped me to understand a lot and appreciate their lifestyle, culture, and values. Without contextualization it really becomes hard to understand the community and this has a negative impact on the success of the project. Therefore, in my project and projects to come, contextualization will always be at the center of my work. To measure the impact of my project, contextualization will help me to observe the change in the living standard of the people in the community. This will be important in the evaluation of my hospital in Nakalya village. Contextualization also brings me close to the community members to get feedback about my project by asking open ended questions such as: how do you find the service of our hospital? This helps me to determine whether the intended goals and objectives have been achieved. As Lynch and Walls advise, “You must be clear, from the outset, about what you really want to have happen in the world because of the existence of your enterprise” (132). My purpose is already set (improving the healthcare services in Nakalya village); therefore, when using

contextualization to connect with the beneficiaries, it will help me to see the impact of my efforts in the families and lives of the people in the community.

Action Research in my project.

Action research is another qualitative research method that will help me to measure the impact of my project. Action research seeks to understand how participants make meaning or interpret a particular phenomenon or problem in their workplace, community or practice. According to Sunstein and Chisteri-Strater, “it seeks to engage participants at some level in the process in order to solve a practical problem” (49). This research method will help me to engage the community members to understand how the hospital project supports them as the community. In doing this, I can use open-ended questions like: How do you find the hospital? This will help me collect feedback on how the project is performing in the community. Lynch and Walls advise that “it is a two street, it is not just about tracking what your enterprise is doing to improve a social condition, and you discover that it is also worth measuring what improving a social condition does to your enterprise” (138). This benefits the project as well as the community. If some feedback is about the service of the hospital, it will prove to be more relevant to the community. And in the spirit of being more effective, the hospital will use the suggestions to improve and meet the expectations of the community. Action research emphasizes allowing “people to be able to think about all aspects of the situation, to critically examine all features of the setting so they are able to fashion solutions to the problems they confront” (Stringer 135). Once people are given this, evaluation also becomes easy after implementation of the project. People can always give feedback to whether their raised concerns were addressed by the project implemented.

It is important for me as a community developer to include qualitative elements in effective evaluation of the project. These elements include direct or participant observation, interviews, focus groups, case studies and written documents. As Merriam and Tisdell

indicate, “elements like observation help in making sense of our world and guide our future” (138). The qualitative elements enable us to see physical progress and to track the performance of projects. For my project in Nakalya village, observation will help me to see the health status of the people in the community. This will require me to visit homes and organize discussion forums with members of the community to evaluate the effect of the hospital. The results will help in analyzing whether the project is making a difference in the lives of people. Also, observation can be used in conjunction with other elements such as interviewing and information analyzing, which help in recording a behavior as it is happening. This is why during effective evaluation these qualitative elements are needed to provide knowledge of the context, which enables us to understand the impact of our projects.

Additionally, when looking for feedback, it is very difficult to get individuals who can freely talk about the topics or challenges they may be facing; however, using qualitative research elements, which involves studying small groups of people which helps in revealing the feedback needed in making our projects better. The qualitative elements help us to build confidence in the people we work with, in order to get the needed information that makes our projects successful. During my field work in 2021, I carried out an interview with one community member called Nakandi. She narrated to me a story on a couple of projects that had been in the community and failed. One outstanding reason why the projects failed was because “people were never involved” (Nakandi). She took me to one of the abandoned markets that was set up and the community neglected it. To people in the community, it was totally new to them and they needed guidance on how to use it and why it had been set up. However, all the questions were left unanswered and people were left with no option apart from neglecting the market.

Qualitative approaches will not only bring me very close to the people but it will also help me understand their challenges, understand their different recommendations, and also

get their full support. For people who will not accord me the necessary support, it will still be my responsibility to re-engage by helping them to appreciate the importance of the hospital in their lives and to the community at large. My fieldwork taught me that the affected people always have solutions and willingness to support efforts geared to change their lives. My testimony is the full support they offered towards the construction of the hospital. They gave me free land, offered free labor, bricks, and the food to be eaten at the site. This was all possible because of the qualitative inquiry approaches which helped me connect to the people in Nakalya and they trusted me. The chairman of the community said, “we are giving you land to construct the hospital because of the trust you have built with us” (Luutu). This represents bright future as an agent of social change if I stick to using qualitative approaches in all my future projects.

Conclusion.

Qualitative inquiry and other research methods lay the foundation for the success of our projects. It is very difficult to implement a successful project in a community without justification or proof that the project is indeed needed in that community. This is what qualitative inquiry helps us to find: people contribute ideas, challenges and possible solutions which gives us a basis to tailor a solution suitable to the community. If we choose to ignore the power of QI, projects may not have the desired impact in a community.

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ESSAY 3: ICD VALUES

International Community Development (ICD) values are instrumental in building an effective program needed to contribute to change or provide solutions to challenges or problems that are affecting communities. Values such as copowerment help to appreciate the importance of working with other stakeholders in order to collectively achieve the intended goals. For example, in village of Nakalya, education is a challenge. For the last 3 decades the community has not experienced education beyond first grade. Therefore, for anyone working towards overturning this status quo, it will be important to work together with other development partners to find a solution to the poor education. The same goes for healthcare challenges where innocent lives are lost due to lack of treatment. Using the ICD values will help me to complete the hospital in this community in order to improve the health care services.

Personal Transformation

Before joining the ICD program, I was doing some projects here in Uganda. The projects were based around my personal passions and the life experience I went through as a person. I spent most of my childhood without my parents and life was really a struggle. I survived by collecting bottles and metals on the streets to sell and earn a living. Some people hired me on their farms to dig and walk their animals to eat. It was very painful and hard work for me, but I had no option apart from persevering. The hardest part of my life was seeing children of my age going to school while I was holding a hoe heading to the garden. It was such a hopeless life that I experienced until one kind lady called Susan (May her soul rest in peace) adopted me and gave me shelter in her house. She was a single mother of 4 children living in one room, but this did not stop her from adding me to her responsibilities. She was a teacher and sacrificed part of her salary for me to have an education. This was a turning point in my life and when I grew up and completed my bachelor's, I chose to pay

forward the love and care to many children rotting on the streets. I started an organization (Mengo Children's Foundation) to help all the children going through what I had experienced or worse.

The foundation had a good impact, but I really lacked principles of running the organization. I had zero ideas when it came to sustainability of the program. My knowledge on management controls, staff management, building networks, making work plans, report writing, using digital platforms like Zoom, and conferencing was limited; this knowledge is needed for the success of any project; one should be able to write and express his cause well to gain funding and support. The ICD program has really helped me a lot. The principles like contextualization and copowerment have introduced me to all these great ideas that are now helping the organization. For example, the organization is now adapting to what they call social enterprise which helps a lot when it comes to sustainability. The beneficiaries pay less for the services which helps in the acquisition of materials like books, chalk, manila papers and paying employees.

The education center currently offers high quality and low-cost education to underprivileged children. This allows many to access education and the fees paid help in buying some of the school materials and food. All this transformation has been caused by attending the ICD program. As Palmer Parker writes in his book *Let Your Life Speak*, "today I understand vocation quite differently" (10). The ICD program has equipped me with all of the above ideas which are making my vocation successful. The program also opened my eyes to the fact that any successful project involves more than the founders of the organization. As Sunstein and Chiseri-Strater mention, "founders play central roles initiating and navigating changes, processes and marketing ideas, but they accomplish little by themselves" (26). These show the importance of appreciating and working with others in order to achieve the intended goals.

The ICD program has also empowered me with research skills. I now know how to collect qualitative information, use action research, and use values like contextualization to understand the context and cultures in a community. ICD values have equipped me with skills to take time, go out in the field, understand the cultures, observe, ask questions, write findings and review in order to come up with an informed solution that is going to change lives in a community.

ICD has transformed me into an open-minded person. I now understand the importance of collaboration in my vocation. As Sunstein and Chiseri- Strater mention, “It is an insight that leads to greater humility and a greater feeling of responsibility” (23). We achieve more with less energy if we open our eyes and minds to work with others in order to achieve the intended goals collectively. This really answered my long-time question as to why many organizations in the same locality, almost having the same goals, fail to address the challenges of a given community. The answer is collaboration to co-create; many ideas can be shared and resources will be sufficient since different groups pull resources to solve a given challenge in the community. This is what I have started implementing in our community. I have engaged the churches, Rotary clubs, the district authority, organizations and schools, and we have all teamed up in order to address the issues of poor-quality education and healthcare problems affecting the community. We are still in negotiations on how we can work together but I believe once we agree, the community will get better services. I have been able to do this with the methods I have learned in the ICD program. It has transformed my thinking, reasoning and advanced my way of how I perceive things.

Social Justice

To me social justice means equal distribution of power and resources, as well as meeting basic needs such as health care. There are a lot of injustices in the world, many that I have witnessed personally in Uganda. For example, the unequal distribution of healthcare

services: most of the good hospitals are centered in urban centers. Because of this, people in rural areas suffer. In Nakalya village, there is no hospital or a clinic where someone can even buy medicine. This has endangered many lives in the area. Additionally, other services like education and safe and clean water were all lacking. People were sharing water with both domestic and wild animals which exposes them to a number of diseases such as cholera and dysentery. On engaging the community leader, he informed me, “they have engaged the people concerned but they are still waiting for feedback” (Luutu). It is very unfortunate for people in this community because some die with diseases which can be treated.

The ICD program has equipped me with the skills to advocate for change and fight social injustices affecting communities. I will add my voice to the voices of the community leaders of Nakalya village to speak up on the social injustices affecting this community. Like Brenda Salter McNeil in her *Roadmap to Reconciliation* mentioned, “it is so important for us to use our personal power to speak up and not keep silent when we see injustice happening” (102). This helps to put those with authority to act and deliver services to the suffering people.

For the above to happen, there should be care about the community. As McNeil states, “We must find constructive ways to integrate our insights and the new skills gained with their everyday life” (100). I cannot support the community of Nakalya from the injustices it is going through when I am not part of them; it is therefore very important for me to spend more time with the community in order to find a solution to the many injustices, starting with the health care challenge. We do not know the reality of something until we dive into it. Therefore, I personally plan to move with my family to this village permanently in order to change many lives and influence development in the community. I will also use the communication channels such as radio and television. It is important to develop a communications strategy that enables us to amplify the message and voices of others,

especially those who are not heard. Salter advises “joining our voice with others in protest to focus public attention on a particular issue of injustice” (102). These peaceful demonstrations such as marches, prayer vigils, or in church services create a constructive tension which Salter referred it to us “light to the urgency of the situation” (102). Also, I will use the social media platforms like Instagram and Facebook to communicate the injustices running around in the community of Nakalya. I will also continue to advocate for this community of Nakalya to have better healthcare services, education, and electricity among other services that this village has lacked for years. In this modern era, it is very hard for a community to develop without electricity, internet, healthcare services and education. I will be at the forefront to see that the people of Nakalya enjoy the best life that God created for them. I have already started on the healthcare by constructing a hospital that is going to serve over three villages: Nakalya, Nakikungube and Biika- Mayanja.

Copowerment

To me copowerment is the ability to listen and work with other stakeholders in order to address or find a solution to challenges affecting a group or community at any given time. I will give an example of Nakalya village, I found a number of non-functioning boreholes and when I engaged to find out the reason, one of the community members informed me, “we were never involved in the implementation, we don’t have any idea on how to fix nor do we have their phone numbers to contact them” (Nassali). This makes copowerment so important in our vocation because every person’s input can contribute to the solution of the community. As Kuenkel advises, “building on the ideas of others requires humility, you have to first acknowledge at least to yourself that you don’t have all the answers” (103). This is very important to me to know that the solutions I am looking for are already with the people that I am going to work with. Therefore, involving them at every stage of my project is crucial.

I have already started using this dynamic (copowerment) in my projects and this is evidenced in the community hospital that I am constructing in the community of Nakalya. The project was suggested by the people in the community. They offered free land, labor and some building materials all in the spirit of having better health services in the community. As Kuenkel mentions, “when we lead collectively, we more consciously operate as the network” (35). This opens doors of learning from each other and supporting different ideas.

Copowerment is not just limited to working with the community members, but it also extends to other development partners in the community. For example, in my hospital project it is very important to involve the district health department, schools in the community, churches, mosques and other organizations that are in the same community. This paves way for me to get many ideas and their support as well to help me have a successful project. I must avoid ignoring their contribution because my projects can also be ignored as the boreholes were.

I plan to have management committees on all my projects. These committees will involve the community members, local leaders, district representatives and church leaders. They will help in overseeing, decision making and management of the projects. For example, they will be involved in hiring staff, making a budget for the hospital, and more. Their input will be very important to me and the project in general since they will be representing the beneficiaries from different levels.

I will also make it an initiative to look for the organizations that implemented projects before in this community; as per the values of copowerment, it is important for me to learn from their experience. As Katongole insists, “there is much to learn from the lives and journeys of those who have gone before us” (124). They teach us a number of things like the challenges they faced, the key people to consider, and the mistakes they made which all help us to succeed in our projects.

My philosophy of service

The ICD program has completely changed my philosophy. Before joining, I had a high individual index when executing my projects and I think it is the reason why some had failed. I used to take myself as the alpha and omega but this was very wrong. ICD has introduced me to the idea of collectivism. I now rank high on using collectivism in all my initiatives (Hofstede). In everything I do now, be it in my house, at Mengo Children's Foundation, and all my socials, before I contribute anything I first listen and appreciate the views of others on what we want to achieve. The ICD program has made it easy for me to learn through the different discussion groups created, writing groups, and proofreaders: all these were evidence or lessons to show me that there is nothing you can achieve alone. Lederach calls it “developing an ability to avoid the urgency that pushes for quick solutions” (48). I must build this network to support me succeed in all the projects I will implement in future.

Going into my vocation, I have started networking with other organizations such as Rotary Clubs, individual researchers, churches, schools and development partners first to share experiences and learn from each other. I believe with my experience, passion for changing lives, and now collectivism, I will go places and many lives will be changed and communities transformed.

Conclusion

The ICD program has filled my wide gaps in understanding how the charity world operates. It goes beyond having passion. You must have the skills and values to implement programs that will contribute to the change that you are looking for. You must know how to do effective research (qualitative), networking, writing, copowerment and more to succeed in this field. Additionally, having a positive mindset to accept critics and other people's input will make our projects successful.

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Appendix.

Project Proposal

Introduction

Nakalya Village is located in Wakiso District, Nakikungube Parish, Masulita Sub County, Uganda. The village is forty kilometers from the capital city of Kampala. Nakalya is one of the three villages that make up Nakikungube Parish, along with Biika Mayanja and Kijjanangabo. The three villages have a total of 12,450 households and the entire parish has no hospital to manage emergencies and diseases affecting the people. Many people resort to self-treatment in this community, which leads to a number of health complications. During my fieldwork in August 2021 the issue of lack of health services was raised in most of the interviews I carried out. I observed the pain and struggle people go through to get to the one health care center in the area, which is 10 kilometers away. There is no reliable transportation to take someone to the hospital, so one has to walk or be carried by able-bodied men. Even this distant clinic lacks the equipment and human resources necessary to handle most of the health problems faced by the people. This leaves the community members with only one option, to go to the National Referral Hospital in Mulago, which is 40 kilometres away from the village. This has increased the cost of living because the transportation alone costs as much as the medical bills. In addition, many people fail to make it to the referral hospital, which leads to loss of many innocent lives.

Understanding the challenge of the community and praying to God for guidance, I developed a “do something mindset” (Kelly and Kelly 115). Having also suffered on the street for more than 6 years without medical attention whenever I fell sick, I resolved to construct a hospital in this community. The community gave me more courage when they offered free land to me construct a hospital in their community, the chairperson mentioned to me that “your honesty and love for our village is the reason as to why we have decided to

donate land to you to construct the hospital” (Luutu). When the hospital is completed it will restore lost hope and will save community members from moving long distances in search of medical care. The hospital will have the name Grace Medical Center because it’s by God’s grace that I was led to this village. I have no relative, parents nor a biological child living here, but I am standing on faith which I learned from the Bible, where God instructed Abram, “leave your native country, your relatives and your father’s family and go to the land that I will show you.” (Genesis 12:1) God showed me Nakalya Village and I am happy to construct a hospital here to help people get medical services. This project will address the challenges of maternal death, immunization of children against different diseases, bone issues with elders, rehabilitation, emergencies, and support of AIDs patients, among other illnesses. The first phase of this hospital has already been done thanks to friends and the community which offered free land and labor for me to construct this hospital. The foundation of the hospital is completely done as seen in picture 1.



Picture 1: The foundation of Grace Medical Center.

The community is actively involved in the implementation stage of the project by providing free labor, and other stakeholders like the local government of Wakiso are supportive on the technical side of construction. They have guided us on the measurements of

the building and the position and spacing of the pits. Picture 2 below shows the members of the community working at the site.



Picture 2, community members working at the site.

The hospital will offer general medical services which means children, adults and elders will all have access to services. In one of the interviews I carried out one of my participants mentioned, “the parish health problem has been addressed” (Lutwama). Good health is very important for everyone and it has a direct or indirect effect on other sectors. Directly, sectors like education have been suffering because children miss school or completely drop out due to different illnesses that go untreated. Like Jamila mentioned during our interview, our children miss classes due to different illness most especially cough and flu which affects the whole school. This has made the community to remain stagnant in terms of development due to lack of medical services that attract development agents.

The current State and distribution of hospitals in Uganda

According to the Republic of Uganda’s Ministry of Health, Uganda currently has a total of 6,937 health facilities. The largest share of these (45%) are government-owned. Private, for-profit companies own (40%), not-for-profit agencies operate (15%), and the

remainder are community-owned facilities. In addition, there are 139 general hospitals, 14 regional hospitals, 5 national referral hospitals, and 5 specialized hospitals.

With so few hospitals in the country, Nakalya and the entire parish of Nakikungube have been left out of the distribution structure which has contributed to chronic health issues among people in this community. In my interview with Yudita Nakanjako, he stated that “people are suffering with diseases like malaria, dysentery, typhoid, eye problems, toothache, maternal complications, AIDs, measles, polio, cough, flu etc. which some can be permanently treated but because of absence of a medical services many have scammed to these diseases” (Nakanjako). Petra Kuenkel describes how “as leaders and change agents for sustainability we are nodes in a sometimes invisible network” (35). The health care service network for my village Nakalya is invisible at the moment, but with my vision and passion for constructing a hospital Nakalya will soon be visible as a village with health care services. Authors David Bornstein and Susan Davis observe how “we see things the way our minds have instructed our eyes to see” (35). My mind, and my eyes, are now focused on completing Grace Medical Center to offer healthcare services, and any form of support is highly appreciated.

The Need

- I. **Construction budget:** The construction is budgeted to cost thirty thousand dollars (\$30,000)

In USD (Exchange rate 3,600) = 108,000,000 /3600 = USD 30,000

- II. **Equipment budget:** The initial equipment needed will cost two hundred eight thousand four hundred twenty five dollars (\$208,425) and below are the types of equipment needed.
- III. **HealthCare workers and other professionals.** As a new hospital we will need four doctors, eight nurses, one accountant, two service people, two security guards, one

administrator and one lab attendant. This team will work tirelessly to restore the lost hope in the community.

The hospital will offer subsidized services to the community and funds collected will help in meeting some of the costs above. As described in the book *Mission, Inc.: The Practitioner's Guide to Social Enterprise*, I will need “both mission and margin to be a successful social enterprise” (Lynch and Walls 30). I therefore request financial assistance in meeting the above costs since the hospital will be a start up in the community.

IV. Management of Grace Medical Center.

Grace Medical Center is health project for Mengo Children's Foundation. Therefore, the Executive Committee, which is led by me, will oversee all the activities of the hospital and will be responsible for acquiring resources, allocating budgets, making partnerships and representing the hospital in the different forums.

Above the Executive Committee will be the Board of Directors. This will be composed of the village leaders, district health officials, board members of Mengo Children's Foundation and other prominent people in the village. This team will oversee the activities of the Executive Committee.

Below the Executive Committee will be the chief executive officer, department heads, doctors, nurses, the administrator, and other support staff.

V. Monitoring and Evaluation of the hospital

Under my leadership, the Executive Committee will on a monthly basis evaluate the performance of the CEO and his team and a detailed report will be forwarded to the board for approval. This report will include a sampling of the beneficiaries in the community to find out the quality of service they received at the hospital. The hospital staff will keep records of

patients that get service at the hospital, to help in tracking their progress. Two bank accounts will be opened in the name of the hospital. One will be the collections made in the hospital such as donations and other income. The other account will be for expenditures made by the hospital. Both internal and external audits will be done every year to check the general performance of the hospital.

VI. Future prospects

I look forward at having comprehensive health care available at our hospital. Future expansion of the hospital could include a training section for nurses and doctors. The training will be subsidized and this will help in bridging the labor issue. We also hope to set up a well-equipped laboratory to carry out research on various endemic diseases, and get mobile vans to take services deep down into the community, especially to those who may fail to make it to the hospital.

VII. Partnerships

The hospital's partners will include the district health department, referral hospitals in the country, churches, schools, development partners and different companies and individuals that will give a hand in this dream.

Conclusion

Falling sick or having a health emergency is unavoidable in life. The presence of a hospital nearby is very important to every person no matter their status. Grace Medical Centre, once completed, will bring back the lost hope in the community of Nakalya and many lives will be saved. Providing medical care at a subsidized fee "will prevent children from dropping out of school" (Lukwago). The hospital is expected to be completed by January 1, 2023, and I look forward to inviting the President of the Republic Uganda, Yoweri Kaguta Museveni, or the Minister of Health, Dr. Ruth Acheng, to the commissioning. I therefore request all your support in prayer, advice and monetary assistance for the completion of this

project to serve the community of Nakalya and the entire parish of Nakikungube. I look forward to moving Nakalya village from a “stable but inherently unjust equilibrium to a new stable equilibrium” (Bornstein 21), where people will enjoy a healthy life as given to them by God.

(The image below will be the appearance of the hospital after completion.)



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