AN EVALUATION OF THE EFFECTIVENESS OF THE RETIREMENT HEALTH POLICY IN SOROTI DIOCESE IN THE PROVINCE OF THE CHURCH OF UGANDA

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DECLARATION

I Omaido Simon Peter declare that this dissertation is my original work and has never been published and or submitted to any University or Institution of learning for any award.

Signature…… Date……..

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APPROVAL

This dissertation has been submitted with the approval of the supervisor.

Signature…… Date……..

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(Supervisor)

DEDICATION

This dissertation is dedicated to my beloved family. Thanks for all the support you have given me throughout my academic career. Thank you for your genuine care, patience, inspirational advice, and spiritual and financial support. I say, Trust in God for academic victory.

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ABSTRACT

This study aimed at comprehensively evaluating the effectiveness and ineffectiveness of the Retirement Health Policy in the Province of Church of Uganda, Soroti Diocese. The study was guided by the following objectives: analyzing the existing retirement health policies and benefits offered within Soroti Diocese, examining the effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel, identifying the specific barriers hindering the effectiveness of the retirement health policies and recommending evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese. The study was conducted using a case study research design where qualitative research approach was used. Data was collected using documentary review checklists and interviews with the Retired Clergy in Soroti Diocese and the top management of Soroti Diocese totaling to 25 who were selected using purposive sampling method. Furthermore, data was analyzed qualitatively using thematic review. The study findings revealed significant gaps in the retirement health policy in Soroti Diocese, particularly in specialized and comprehensive care. Both retirees and top management highlighted the need for expanded benefits, clearer communication, and a more frequent and structured review process. Key challenges include inadequate coverage, bureaucratic delays, geographic limitations, policy complexity, and affordability issues. To address these, recommendations include broadening the policy, simplifying administrative processes, increasing financial support, and exploring partnerships with external healthcare providers to improve service quality and accessibility. In conclusion, the analysis of the retirement health policy in Soroti Diocese reveals critical gaps in coverage, particularly for specialized care and preventive services, and highlights the need for increased financial support, streamlined administrative processes, and better communication. Both retirees and management recognize these shortcomings and stress the importance of adopting best practices, including comprehensive insurance plans and partnerships with healthcare providers, to enhance the policy's effectiveness and better meet retirees' diverse healthcare needs. Lastly, the study recommended the need for a comprehensive review and expansion of the retirement health policy to cover specialized treatments, streamline administrative processes, increase financial support and coverage limits, improve communication and support mechanisms, and explore partnerships with external healthcare providers to enhance service quality and accessibility for retirees.

CHAPTER ONE

INTRODUCTION

1.1.0 Introduction

Retirement health policy refers to the set of guidelines and programs designed to provide healthcare services and support to individuals who have retired from active employment. These policies are essential for ensuring that retirees have access to necessary medical care, financial protection against health-related expenses, and overall support for their well-being during their post-employment years. The relevance of retirement health policy lies in its ability to address the specific health needs of an aging population, reduce the financial burden associated with medical care, and promote a higher quality of life for retirees. As populations worldwide continue to age and life expectancies increase, the development and effective implementation of such policies have become increasingly important to ensure that retirees receive adequate care and support.

In an era marked by demographic shifts and an increasing aging population, the formulation and effectiveness of Retirement Health Policy have become paramount for ensuring the well-being of elderly citizens. This study delved into the intricate landscape of Retirement Health Policy and its Implementation, recognizing the global significance of addressing the health needs of retirees. As societies grapple with the challenges posed by longer life expectancies and changing socio-economic dynamics, the focus on policies catering to the health and welfare of retiree's gains prominence[1]. Against this backdrop, this research aimed to dissect the complexities surrounding Retirement Health Policy and its practical application in Soroti Diocese under the Church of Uganda, seeking to contribute insights that transcend geographic boundaries and resonate with

[1] Ottuh, P., & Ihwighwu, J. O. (2021). Ethical response to the dilemma of retired clergy in the Nigerian Baptist convention. *Available at SSRN 3992640*.

the broader goal of fostering dignified and healthy aging for individuals entering retirement across diverse cultural and socio-economic contexts.

1.1.2 Background of the study

Soroti Diocese, located in the Eastern region of Uganda, is part of the Church of Uganda and serves a significant population, including many retired clergy and church workers. In the context of retirement, the diocese faces several challenges related to the economic, social, and religious lives of its retirees. Economically, many retired clergy struggle with limited financial resources, as their retirement benefits are often insufficient to cover basic needs and healthcare costs. Socially, retirees in Soroti Diocese often experience isolation due to geographic dispersion and limited social support networks, which can affect their overall well-being and quality of life. Religiously, while retirees maintain a strong sense of faith and commitment to the church, they often feel a sense of disconnection from the church community due to a lack of active engagement opportunities and support structures tailored to their needs. These conditions highlight the need for a robust retirement health policy to ensure economic security, social integration, and continued religious engagement for the retirees of Soroti Diocese.

The Bible draws attention to the scriptural principles emphasizing care for the elderly and the vulnerable within society. The Bible, in various passages, underscores the importance of honoring and providing for one's parents, recognizing the wisdom and experience they bring to communities. Proverbs 16:31, for instance, states, "Gray hair is a crown of glory; it is gained in a righteous life." The biblical mandate to care for widows and orphans (James 1:27) extends to the broader concept of elderly care, emphasizing the moral imperative of ensuring the well-being of those who have contributed significantly to society. A Biblical perspective encourages the development and implementation of retirement health policies that reflect compassion, justice,

and a commitment to stewardship, aligning with the scriptural call to love and care for one another, especially in the later stages of life[2].

The concept of retirement, a dedicated period of life set apart from full-time work, is relatively recent. Traditionally, individuals continued working until physically unable, relying on family or community support for healthcare. Social security and pension systems emerged in the 20th century, providing financial security for retirees but not necessarily comprehensive healthcare coverage[3]. This gap led to the development of dedicated retirement health policies in many countries, aiming to ensure retirees access to affordable, quality healthcare. The term retirement policy is synonymous with pension policy and superannuation policy. A retirement policy is a framework which is intended to regulate the income of the employees who leave the service of an institution and not separate from the institution after reaching a certain age[4]. Retirement therefore is considered to be a state of leaving a full time job. For many employers, there must be a policy requiring them to put in place a scheme under which the staff can receive some income when they have finally left work[5].

Globally, retirement health policy and its implementation have become increasingly significant as societies grapple with the challenges posed by an aging population. With the global increase in life expectancy, ensuring the well-being of retirees has become a critical aspect of public policy. The nexus between retirement, health, and policy implementation is multifaceted and involves intricate considerations related to healthcare access, financial stability, and social

[2] Kakooza, P., Orach-Meza, F. L., & Yiga, A. P. (2020). Retirement policy and its implementation.
[3] Ihwighwu, J. O., & Ottuh, P. O. (2022). Ethico-Religious Evaluation of Pre-Retirement Crisis of Pastors in The Nigerian Baptist Convention. *Tamaddun*, *21*(2), 264-279.
[4] Hamm, A. K., & Eagle, D. E. (2021). Clergy who leave congregational ministry: A review of the literature. *Journal of Psychology and Theology*, *49*(4), 291-307.
[5] Baruth, M., Bopp, M., Webb, B. L., & Peterson, J. A. (2015). The role and influence of faith leaders on health-related issues and programs in their congregation. *Journal of Religion and Health*, *54*, 1747-1759.

support systems[6]. The aging demographic poses unique challenges that necessitate a comprehensive and adaptable policy framework to address the diverse health needs of retirees. The success of these policies depends not only on their formulation but also on their effective implementation. Implementation challenges may include resource allocation, infrastructure development, and the coordination of various stakeholders within the healthcare system[7].

Within the African continent, the challenges and opportunities related to retirement health policies are distinct. African nations often grapple with limited resources, high disease burdens, and infrastructural gaps in healthcare[8]. The cultural importance of extended families and community support adds a unique dimension to retirement health, emphasizing the importance of community-based care and social solidarity. Analyzing the commonalities and differences in retirement health policies across Africa provides valuable insights into crafting policies that are culturally sensitive and contextually relevant[9].

Uganda as a country faces challenges such as a high disease burden, particularly from infectious diseases, and limited healthcare infrastructure. Understanding the national policies and their implementation strategies in Uganda is crucial for addressing the health needs of retirees. Social and economic factors play a significant role in shaping retirement experiences in Uganda, influencing both access to healthcare and financial security during retirement. Soroti Diocese experiences a demographic shift with a growing elderly population. The traditional social fabric,

[6] Ammerman, A., Corbie-Smith, G., St. George, D. M. M., Washington, C., Weathers, B., & Jackson-Christian, B. (2023). Research expectations among African American church leaders in the PRAISE! Project: a randomized trial guided by community-based participatory research. *American Journal of Public Health*, *93*(10), 1720-1727.
[7] Ottuh, P., & Ihwighwu, J. O. (2021). Ethical response to the dilemma of retired clergy in the Nigerian Baptist convention. *Available at SSRN 3992640*.
[8] Sanders, D. (2023). *The struggle for health: medicine and the politics of underdevelopment*. Oxford University Press.
[9] Moosa, S. (2023). Exploring the Challenges for Universal Health Coverage: A Call to Africa by AfroPHC. *Risk Management and Healthcare Policy*, 1999-2017.

characterized by strong family ties and community support, has historically played a crucial role in providing care for the elderly. However, changes in family structures, urbanization, and the impact of diseases such as HIV/AIDS have altered the landscape of elderly care in Soroti Diocese[10].

Furthermore, designing and implementing effective retirement health policies is complex. Key challenges include balancing affordability with comprehensiveness, catering to diverse retiree needs, and adapting to demographic shifts and healthcare innovations. Policy approaches vary widely across countries. Some rely on public healthcare systems, while others utilize private insurance schemes or a hybrid model. The level of benefits provided, eligibility criteria, and financial burden on retirees also differ significantly[11]. Despite the growing importance of retirement health policies, knowledge gaps and implementation challenges persist. Research is needed to critically evaluate existing policies, identify best practices, and address specific regional and contextual issues. This study aimed to contribute to this crucial field by focusing on evaluating the effectiveness of the retirement health policy in the Province of the Church of Uganda, Soroti Diocese.

1.1.3 Statement of the problem

In the serene setting of Soroti Diocese, there exists a pressing concern regarding the adequacy and effective implementation of Retirement Health Policy (Soroti Diocese Report, 2020) for the elderly especially the retiring clergy who have come to the end of their formal service in the

[10] Mbabazize, P. M. (2014). The Anglican Church in a bid to raise income among the clergy and the laity so as to contribute to their livelihood and acquire a sustainable livelihood: A case study of Bunyoro–Kitara diocese in Uganda. International Journal of Social Sciences and Entrepreneurship, 1(11), 440-466.

[11] Magwati, S. (2019). *The role of the pastor pastorum in the Zimbabwean context: A practical theological study of the pastoral needs of reformed pastors in the Harare metropolitan region* (Doctoral dissertation, North-West University).

Church[12]. The retiring clergy that are aging face a confluence of challenges, including limited access to healthcare facilities, prevailing health disparities, and a lack of targeted policies catering specifically to the health needs of retirees[13]. Furthermore, in spite of the Church of Uganda (CoU) formulating a retirement policy, its implementation has been ineffective hence the failure to realize the key objectives of the policy. This has been evidenced by cases like: the unplanned delivery of retirement benefits to retired clergy and disparities in the procedures how individual dioceses implement the policy[14].

Despite the evident health disparities and challenges faced by the retiring clergy within Soroti Diocese, there is a notable research gap in the specific realm of Retirement Health Policy under the Church of Uganda. While studies[15] have explored broader retirement policies and healthcare access in the African context, there is a conspicuous absence of focused research on the unique challenges and opportunities within faith-based communities, especially under the Church of Uganda. Existing literature tends to address general aspects of aging and healthcare, leaving a void in understanding the intricacies of Retirement Health Policy effectiveness within the specific context of a religious community[16]. This study aimed to bridge this gap by providing a nuanced analysis of the Retirement Health Policy landscape in Soroti Diocese, offering insights that can inform targeted interventions for the Church of Uganda and potentially serving as a reference for other religious communities grappling with similar challenges.

[12] Kakooza, P., & Wilson Muyinda, M. (2021). The mediation role of implementation in retirement policy and welfare of retired clergy in Buganda Dioceses of Church of Uganda.
[13] Knapp, J. L., & Pruett, C. D. (2017). Retirement among members of the clergy: Findings from a Protestant fellowship. *Journal of Religion, Spirituality & Aging*, *29*(1), 33-46.
[14] Bukenya, K. D. E., & Ebitu, O. C. (2017). Retired Bishops and their wives Report. *Church of Uganda*.
[15] Mgbemena, S. C., & Mozie, C. C. (2023). Retirement Phobia among the Clergy of the Anglican Province of the Niger: A Search for Solution. *Nigerian Journal of Arts and Humanities (Njah)*, *3*(2).
[16] Kakooza, P., & Kiwumulo, E. (2021). Church of Uganda Retirement Policy Funding and its Implementation: A Case of Church of Uganda Buganda Dioceses. *Sch J Arts Humanit Soc Sci*, *2*, 38-42.

1.1.4 Purpose of the study

The purpose of the study was to comprehensively evaluate the effectiveness and ineffectiveness the Retirement Health Policy in Soroti Diocese in the Province of Church of Uganda.

1.1.5 Objectives of the study

i. To analyze the existing retirement health policies and benefits offered within Soroti Diocese.
ii. To examine the effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel in Soroti Diocese.
iii. To identify the specific barriers hindering the effectiveness of the retirement health policies in Soroti Diocese.
iv. To recommend evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese.

1.1.6 Research Questions (Hypothesis)

i. What are the components of the existing retirement health policies and benefits provided within Soroti Diocese?
ii. How effective are the existing retirement health policies in addressing the healthcare needs of retired clergy and lay personnel in Soroti Diocese?
iii. What are the specific barriers hindering the effectiveness of the retirement health policies in Soroti Diocese?
iv. What evidence-based improvements can be recommended for enhancing the effectiveness of retirement health policies in Soroti Diocese?

1.1.7 Scope of the Study

The scope of the study defines the boundaries within which the research is conducted. The scope of the study covered three dimensions that is; geographical, content and time and these are discussed in detail below.

1.1.7.1 Geographical Scope

This study was carried out in Soroti Diocese, in the Province of Church of Uganda located in Eastern Uganda, Soroti district. It currently has 11 Archdeaconries and 81 Parishes, in seven Administrative Districts of Soroti, Kaberamaido, Kalaki, Kapelebyong, Serere Amuria and Katakwi. It is one of the 39 Anglican Dioceses that currently constitute the Province of the Anglican Church in Uganda; between 40 and 50% of the total population in these Districts belong to the Anglican church. Furthermore, Soroti Diocese was chosen due to its unique religious context under the Church of Uganda, offering an opportunity to explore the intricacies of Retirement Health Policy implementation within a specific cultural and faith-based setting.

1.1.7.2 Content Scope

The study specifically focused on; analyzing the existing retirement health policies and benefits offered within Soroti Diocese, examining the effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel, identifying the specific barriers hindering the effectiveness of the retirement health policies and recommending evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese.

1.1.7.3 Time scope

The study focused on the scholarly material available about comprehensively investigating and evaluating the Retirement Health Policy and its implementation within Soroti Diocese from 2014 to date (a period of 10 years).

1.1.8 Significance of the study

To the policy makers and church leadership, the findings of this study will provide crucial insights for policy-makers within the Church of Uganda and Soroti Diocese, helping them tailor retirement health policies to better meet the needs of the aging population. Church leadership will benefit from evidence-based recommendations for improving the effectiveness of existing policies, fostering the well-being of retired clergy and lay personnel.

The healthcare practitioners working within Soroti Diocese will also gain a deeper understanding of the challenges and gaps in the current implementation of retirement health policies. This knowledge can inform healthcare delivery strategies, enabling practitioners to better cater to the specific health needs of retirees in a faith-based context.

To the retired clergy and lay personnel within Soroti Diocese, the findings of the study will provide them a platform for their voices to be heard. By highlighting challenges and offering recommendations, the study aims to contribute to improving the quality of healthcare services and support systems available to them during retirement.

Finally, to the future researchers, this study will serve as a foundational resource for future researchers interested in exploring retirement health policies within religious communities. It will identify gaps in existing literature, paving the way for more in-depth investigations into similar contexts or expanding the scope to include comparative analyses across different faith-

based organizations. Future researchers can build upon this study to deepen the understanding of retirement health policy within the broader field of gerontology and public health.

1.2.0 Literature Review

1.2.1 Biblical teachings about retirement health policy and its implementation for retired clergy and lay personnel in the Church

Biblical teachings emphasize the importance of honoring and caring for one's parents, which can be extended to include spiritual leaders such as clergy. In Exodus 20:12, the fifth commandment instructs, “Honor your father and your mother, so that you may live long in the land the Lord your God is giving you.” This principle underscores the duty to provide respect and support to those who have devoted their lives to serving God and the community, implying a responsibility to ensure the well-being of retired clergy and lay personnel, including their health. Furthermore, the Bible frequently uses the metaphor of a shepherd to describe spiritual leaders. In 1 Peter 5:2-3, it states, “Be shepherds of God’s flock that is under your care, watching over them—not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but eager to serve.” This teaching implies that those who have shepherded God's flock should be cared for in return, extending to their health and overall well-being during retirement.

The New Testament addresses the care of widows and elders, reflecting principles applicable to retired clergy and lay personnel. In 1 Timothy 5:17-18, it states, “The elders who direct the affairs of the church well are worthy of double honor, especially those whose work is preaching and teaching.” This teaching implies that providing for the needs, including health, of those who have served in leadership roles is a mark of respect and adherence to biblical principles. The Bible also teaches that the body is a temple of the Holy Spirit, as mentioned in 1 Corinthians 6:19-20. “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies.” This principle underscores the importance of maintaining good health, even in retirement, as an act of stewardship and honoring the divine dwelling within the individual.

The biblical concept of Sabbath rest emphasizes the importance of rest and rejuvenation. In Mark 6:31, Jesus invites his disciples, “Come with me by yourselves to a quiet place and get some rest.” This teaching implies that even in retirement, there is a biblical mandate to prioritize rest and well-being, including healthcare practices that support a healthy and fulfilling life. Numerous accounts in the Bible highlight Jesus' compassion and healing ministry. Matthew 14:14 states, “When Jesus landed and saw a large crowd, he had compassion on them and healed their sick.” This principle encourages a compassionate approach to healthcare, emphasizing the importance of providing healing and care for the sick, including retired clergy and lay personnel.

The biblical emphasis on community and fellowship (Hebrews 10:24-25) underscores the importance of supporting one another. This principle can be applied to retired clergy and lay personnel, highlighting the role of the church community in providing emotional, spiritual, and physical support during the aging process, including healthcare needs. Additionally, the Bible encourages believers to focus on eternal values rather than solely on earthly concerns. 2 Corinthians 4:16-18 states, “Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day.” This perspective encourages a holistic approach to well-being, recognizing that caring for the health of retired clergy and lay personnel aligns with the eternal principles of love, compassion, and honor within the Christian faith.

1.2.2 The existing retirement health policies and benefits offered to retiring clergy

Retirement health coverage: Retirement health policies for retiring clergy typically include provisions for health coverage, ensuring access to medical services during the crucial transition into retirement. These policies often outline the extent of coverage, encompassing hospitalization, outpatient services, prescription medications, and preventive care. The goal is to provide retiring clergy with comprehensive healthcare support, acknowledging the potential increase in healthcare needs as they age[17].

Continuation of clergy health benefits: Some retirement health policies extend the continuation of clergy health benefits beyond their active service. This continuity ensures that retiring clergy can maintain access to the same level of healthcare coverage they enjoyed during their years of

[17] Njoroge, S. N., Vundi, N., & Ochieng, D. (2020). Effectiveness of social support for the well-being of retired clergy in the Presbyterian Church of East Africa, Kenya. *The Strategic Journal of Business & Change Management*, *7*(2), 372-384.

service. Such provisions contribute to a smoother and more secure transition into retirement, minimizing disruptions in healthcare access. Additionally, the continuation of health benefits reflects a compassionate approach from the religious institution, recognizing and valuing the dedicated service of clergy members, even in their retirement years. This sustained healthcare coverage becomes an integral component of the holistic support provided to retiring clergy, facilitating a smoother and more confident transition into the next phase of their lives[18].

Mental health support: Recognizing the importance of mental health, retirement health policies often include provisions for counseling services and mental health support. The transition to retirement can be emotionally challenging, and policies that encompass mental health benefits aim to address issues such as stress, anxiety, and depression. Counseling services embedded in these policies offer a crucial avenue for retirees to address and manage emotional concerns, fostering resilience and psychological well-being during this transitional phase. This holistic approach acknowledges the interconnectedness of mental and physical well-being[19].

Wellness programs and preventive care: To promote overall well-being, retirement health policies frequently incorporate wellness programs and preventive care initiatives. These may include health screenings, vaccinations, fitness programs, and educational campaigns to empower retiring clergy in maintaining a healthy lifestyle. Proactive measures contribute to preventing health issues and reducing the overall burden on healthcare resources. By instilling a culture of proactivity, retirement health policies aim to reduce the incidence of preventable health issues, consequently diminishing the strain on healthcare resources. This multifaceted approach positions retirees to embrace a healthier lifestyle, enhancing their quality of life and contributing to the sustainability of the healthcare system by mitigating the need for extensive medical interventions[20].

Long-term care provisions: Considering the potential need for long-term care as clergy member's age, some retirement health policies include provisions for extended care services. This may

[18] Kimaro, L. R. (2022). Gender and Elderly Care in Africa: A Challenge to Religious Institutions. In *Research Anthology on Supporting Healthy Aging in a Digital Society* (pp. 1322-1345). IGI Global.
[19] Tagwirei, K. (2023). (Over) Staying (Dis) Gracefully: Dissecting Pastoral transitions in AOG BTG church in Zimbabwe. *Pharos Journal of Theology*, *104*(3).
[20] Ottuh, P., & Ihwighwu, J. O. (2021). Ethical response to the dilemma of retired clergy in the Nigerian Baptist convention. *Available at SSRN 3992640*.

involve coverage for nursing homes, home health aides, or assisted living facilities, ensuring that retiring clergy have the necessary support as their health needs evolve[21]. By providing these provisions, retirement health policies aim to ensure retiring clergy members have the necessary support and resources to maintain their independence and quality of life during the later stages of aging. This not only addresses potential health challenges but also aligns with the broader commitment to upholding the dignity and well-being of retirees by facilitating access to appropriate care settings that suit their evolving needs[22].

Family coverage considerations: Retirement health policies may extend coverage considerations to the families of retiring clergy. These provisions acknowledge the interconnected nature of family health, providing a safety net that encompasses spouses and dependents. Family coverage considerations contribute to the overall well-being of the retiring clergy's household. This comprehensive approach fosters a supportive environment where the retiree can navigate the challenges of aging with the assurance that the health needs of their loved ones are also prioritized, reinforcing a sense of family well-being throughout the retirement years[23].

Health savings accounts and financial planning: Some retirement health policies include components related to financial planning, such as health savings accounts (HSAs) or similar mechanisms. These provisions empower retiring clergy to make informed financial decisions regarding their healthcare expenses in retirement. HSAs, in particular, offer a tax-advantaged savings avenue, allowing retirees to set aside funds for future medical expenses while enjoying tax benefits. HSAs can serve as a valuable tool for managing out-of-pocket costs and ensuring financial preparedness. By integrating these financial planning components, retirement health policies extend beyond immediate health coverage, contributing to the long-term financial well-

[21] Knapp, J. L., & Pruett, C. D. (2017). Retirement among members of the clergy: Findings from a Protestant fellowship. *Journal of Religion, Spirituality & Aging*, *29*(1), 33-46.
[22] Hamm, A. K., & Eagle, D. E. (2021). Clergy who leave congregational ministry: A review of the literature. *Journal of Psychology and Theology*, *49*(4), 291-307.
[23] Mbabazize, P. M. (2014). The Anglican Church in a bid to raise income among the clergy and the laity so as to contribute to their livelihood and acquire a sustainable livelihood: A case study of Bunyoro–Kitara diocese in Uganda. *International Journal of Social Sciences and Entrepreneurship*, *1*(11), 440-466.

being of retiring clergy and providing a valuable resource for navigating the financial complexities associated with healthcare in retirement[24].

Palliative and hospice care: In recognition of end-of-life healthcare needs, retirement health policies may include provisions for palliative and hospice care. These services aim to provide comfort and support to retiring clergy facing serious illness or the end of life. Comprehensive policies prioritize dignified and compassionate end-of-life care. This holistic approach underscores the commitment to compassionate end-of-life care, ensuring that retirees and their families receive the support needed for a peaceful and dignified transition, aligning with the broader values of empathy and respect within the religious context[25].

Access to clergy communities and support networks: Beyond direct health benefits, retirement health policies may facilitate access to clergy communities and support networks. These networks create a sense of camaraderie and understanding among retiring clergy, offering emotional and spiritual support during this significant life transition. Community engagement contributes to overall well-being. This network becomes a sanctuary where retirees can navigate the unique aspects of their transition with those who share a similar vocation and background. The shared understanding within these communities contributes significantly to the overall well-being of retirees, recognizing that a robust support system goes beyond physical health and is integral to the holistic experience of a fulfilling retirement[26].

Regular policy review and updates: An essential component of retirement health policies is the commitment to regular review and updates. Policies should be adaptive, considering evolving healthcare needs, advancements in medical technology, and changes in the socio-economic landscape. Regular policy reviews ensure that retiring clergy continue to receive relevant and effective healthcare benefits aligned with contemporary standards and practices. This proactive approach not only keeps retirees abreast of contemporary healthcare standards but also positions

[24] Baruth, M., Bopp, M., Webb, B. L., & Peterson, J. A. (2015). The role and influence of faith leaders on health-related issues and programs in their congregation. *Journal of Religion and Health*, *54*, 1747-1759.
[25] Sanders, D. (2023). *The struggle for health: medicine and the politics of underdevelopment*. Oxford University Press.
[26] Bukenya, K. D. E., & Ebitu, O. C. (2017). Retired Bishops and their wives Report. *Church of Uganda*.

retirement health policies as resilient and adaptable frameworks, capable of addressing the complexities of aging in an ever-changing world[27].

1.2.3 The challenges faced in the implementation of the retirement health policies

Limited funding and resource allocation: Empirical evidence reveals that one of the foremost challenges in the implementation of retirement health policies for retiring clergy in the church is the limitation of funding and resource allocation. Many religious institutions face financial constraints, impacting the allocation of resources dedicated to healthcare for retiring clergy. This challenge may result in understaffed healthcare facilities, insufficient medical equipment, and limited access to specialized healthcare services, ultimately affecting the quality and comprehensiveness of healthcare provisions. The empirical data underscores the need for sustainable financial models to support the healthcare needs of retiring clergy, ensuring that they receive adequate and dignified care during their retirement years[28].

Resistance to modern healthcare practices: Research indicates that resistance to modern healthcare practices within religious institutions presents a significant challenge in implementing retirement health policies for retiring clergy. Empirical evidence suggests that traditional mindsets may influence the perception of modern medical interventions, leading to reluctance in embracing contemporary healthcare practices. This resistance can hinder the adoption of evidence-based approaches, preventive care strategies, and advancements in medical technology, ultimately impacting the effectiveness of retirement health policies. Addressing this challenge

[27] Kakooza, P., & Muyinda, W. M. (2021). The mediation role of implementation in retirement policy and welfare of retired clergy in Buganda Dioceses of Church of Uganda.

[28] Knapp, J. L., & Pruett, C. D. (2017). Retirement among members of the clergy: Findings from a Protestant fellowship. *Journal of Religion, Spirituality & Aging*, *29*(1), 33-46.

requires targeted efforts to bridge the gap between traditional beliefs and the evolving landscape of healthcare, emphasizing the compatibility of modern practices with religious values[29].

Fragmented healthcare infrastructure: Empirical studies highlight the challenge of fragmented healthcare infrastructure, particularly in regions where retiring clergy are dispersed across diverse geographical locations. The data suggests that the scattered distribution of retiring clergy may lead to disparities in healthcare access, with some facing difficulties reaching healthcare facilities. This challenge may be exacerbated by inadequate transportation infrastructure, resulting in delayed or limited access to medical services. Empirical findings underscore the importance of addressing the geographic dispersion of retiring clergy through strategic planning and the establishment of healthcare networks to ensure equitable access to healthcare services as outlined in retirement health policies[30].

Cultural and attitudinal barriers: Empirical research points to the presence of cultural and attitudinal barriers that significantly impact the successful implementation of retirement health policies for retiring clergy in the church. The data suggests that deeply ingrained cultural beliefs about health, aging, and the role of healthcare within religious contexts can influence attitudes towards seeking medical assistance. Stigma associated with mental health issues may also be a prevalent challenge. Addressing these cultural and attitudinal barriers necessitates targeted awareness campaigns, education programs, and open dialogues to foster a more inclusive

[29] Mgbemena, S. C., & Mozie, C. C. (2023). Retirement Phobia among the Clergy of the Anglican Province of the Niger: A Search for Solution. *Nigerian Journal of Arts and Humanities (Njah), 3*(2).
[30] Kakooza, P., & Wilson Muyinda, M. (2021). The mediation role of implementation in retirement policy and welfare of retired clergy in Buganda Dioceses of Church of Uganda.

understanding of healthcare, ultimately promoting better acceptance and utilization of retirement health policies[31].

Lack of standardization and policy uniformity: Empirical evidence underscores the challenge of a lack of standardization and policy uniformity in retirement health policies within religious institutions. The data indicates that variations in policy structures, benefits, and eligibility criteria may lead to inconsistencies in healthcare provisions for retiring clergy. This lack of standardization can result in disparities, with some retirees receiving more comprehensive health benefits than others. The empirical findings emphasize the importance of establishing standardized frameworks, ensuring transparency, fairness, and equitable access to healthcare services for all retiring clergy, regardless of their specific denominational affiliations[32].

Inadequate collaboration and communication: Empirical reviews highlight the challenge of inadequate collaboration and communication among relevant stakeholders in the implementation of retirement health policies for retiring clergy in the church. Research suggests that effective policy implementation requires seamless coordination between religious institutions, healthcare providers, policymakers, and retirees themselves. Challenges arise when there is a lack of clear communication channels and collaborative efforts, leading to misunderstandings, incomplete information dissemination, and a lack of shared goals among stakeholders. Enhancing collaboration and communication is crucial for creating a cohesive and supportive ecosystem that

[31] Njoroge, S. N., Vundi, N., & Ochieng, D. (2020). Effectiveness of social support for the well-being of retired clergy in the Presbyterian Church of East Africa, Kenya. *The Strategic Journal of Business & Change Management*, *7*(2), 372-384.

[32] Kimaro, L. R. (2022). Gender and Elderly Care in Africa: A Challenge to Religious Institutions. In *Research Anthology on Supporting Healthy Aging in a Digital Society* (pp. 1322-1345). IGI Global.

facilitates the successful implementation of retirement health policies and ensures that the needs of retiring clergy are comprehensively addressed[33].

Legal and regulatory compliance: Empirical evidence suggests that navigating legal and regulatory compliance poses a significant challenge in implementing retirement health policies for retiring clergy in the church. Ensuring that policies align with regional healthcare regulations, ethical standards, and legal frameworks requires meticulous attention. Failure to comply with these regulations can result in legal ramifications and hinder the smooth implementation of retirement health policies. Legal challenges may arise concerning issues such as privacy, consent, and adherence to healthcare standards. Addressing these challenges involves conducting thorough legal reviews and actively engaging with legal experts to ensure that policies are not only ethical and compassionate but also fully compliant with existing laws and regulations[34].

Lack of tailored health education programs: Empirical reviews highlight the challenge of a lack of tailored health education programs targeting retiring clergy within religious institutions. Research suggests that inadequate health literacy and awareness among retirees can hinder their understanding and utilization of healthcare benefits outlined in retirement health policies[35]. Tailored health education programs are essential to inform retirees about preventive care, available healthcare services, and the importance of proactive health management. The absence of such programs may result in underutilization of healthcare benefits, leading to missed opportunities for early detection and intervention. Addressing this challenge involves designing

[33] Tagwirei, K. (2023). (Over) Staying (Dis) Gracefully: Dissecting Pastoral transitions in AOG BTG church in Zimbabwe. *Pharos Journal of Theology*, *104*(3).
[34] Kakooza, P., & Kiwumulo, E. (2021). Church of Uganda Retirement Policy Funding and its Implementation: A Case of Church of Uganda Buganda Dioceses. *Sch J Arts Humanit Soc Sci*, *2*, 38-42.
[35] Kakooza, P., Orach-Meza, F. L., & Yiga, A. P. (2020). Retirement policy and its implementation.

and implementing targeted health education initiatives to empower retiring clergy with the knowledge and tools necessary for optimal health outcomes during their retirement years[36].

1.3.0 Research Methodology

1.3.1 Research design

This study was conducted with the help of a case study research design. According to Creswell[37], a case study as an empirical research has the following distinguishing characteristics: an inquiry in which an investigator studies a bounded system or multi-bounded systems; investigates a contemporary phenomenon within its real-life context and when boundaries between phenomenon and context are not evident. The other characteristics include making context a relevant issue in the research problem and to answer how and why questions; probing deeply through detailed, in-depth data collection involving multi sources of information (e.g. observations, interviews and documents and reports) and analyzing interaction between the factors that explain the present status or that influence change or growth. Therefore, this thesis adopted a case study design because the study bares all the above-mentioned distinguishing characteristics to qualify it for case study design.

1.3.2 Qualitative Approach

In order to comprehensively investigate and evaluate the Retirement Health Policy and its implementation within Soroti Diocese, the interpretation of the actors' information (the retired clergy in Soroti Diocese and the top management of Soroti Diocese) was treated as primary sources of information. Data that was collected from detailed interviews and document review

[36] Adenutsi, D. E. (2011). Financial development, international migrant remittances and endogenous growth in Ghana. *Studies in Economics and Finance*, *28*(1), 68-89.
[37] Creswell, J. W. (2009). *Research design. Qualitative, quantitative and mixed methods approach.* Sage publications, California, USA.

enriched the researcher's understanding of the actors' rationality. Consequently, this research adopted a qualitative research paradigm, which was largely interested in how the social world is interpreted, understood and experienced[38].

1.3.3 Study Area

This study was carried out in Soroti Diocese, P.O. Box 107, Soroti, Uganda. Soroti Diocese was chosen due to its unique religious context under the Church of Uganda, offering an opportunity to explore the intricacies of Retirement Health Policy implementation within a specific cultural and faith-based setting.

1.3.4 Study Population and Sample Size

The study has identified and selected two categories of within-cases for detailed analysis as detailed in table 3.1 below.

Table 1: Categories and number of study participants

Category of respondents study	**Study Population**	**Sampling method**
Retired Clergy in Soroti Diocese	20	Purposive sampling
Top management of Soroti Diocese	5	Purposive sampling
TOTAL	**25**	

1.3.5 Sampling Method

The researcher purposively selected the categories within-cases to reflect expectations from those that have knowledge about the Retirement Health Policy and its implementation within Soroti Diocese and these included; the retired clergy in Soroti Diocese and the top management

[38] Mason, D. S (1999). *Agency theory and athlete representation in professional hockey*. A thesis submitted to the University of Albertain partial fulfilment of the requirements for the degree of Doctor of Philosophy.

of Soroti Diocese like the Bishop, the Diocesan Secretary and the Finance Manager among others. The sample size of 25 was considered appropriate given the nature of the deep inquiry and analysis undertaken during each interview session.

1.3.6 Data collection methods and instruments

The researcher collected data from respondents by use interviews and documentary review methods as the data collection methods.

1.3.6.1 Interviews (Key Informant Interview Guide)

According to Yin[39], interview is one of the most important sources of case study information in research. The interview process entails the use of field notes, audiotapes and transcription. It also involved varying degrees of a combination of field notes, audiotaping and transcription. The investigator prepared the interview protocol used in the study in advance. This protocol consisted of a set of questions; a factor that helped structure the interview to allow the investigator to generate probing questions for detailed inquiry. The researcher used an interview guide to collect information from the different categories of respondents. This helped to facilitate the flow of the interview with focus on the topic and undisturbed by an extremely structured and ordered interaction. The researcher broke down all the research questions to a number of prompt sub-questions to enable easy probing of the participants in the interview protocol. Interviews were scheduled with these key informants depending on the appointments given. During the interview, the researcher use a recorder to capture all the necessary data but this was done with consent from the key informants.

[39] Yin, R. K. (2003). *Case study research: Design and methods, (3rd Ed).* Applied social research methods series.5, Sage publications.

1.3.6.2 Documentary Review (Documentary Review Checklist)

Document review denotes the analysis and use of a variety of documents as sources of primary data and these include official records of the organization, minutes, legal documents (acts, statutes and regulations); and formal studies or evaluations under study, official statistics, newspaper clippings and other articles in mass media[40]. The importance of document analysis in this study was three-fold: first, it provided ground for understanding the conceptual frameworks associated with this study. Second, it enabled the researcher to conceptualize elements being studied; and third, the review of documents complemented primary data collected from alternative sources such as key informant interviews. Some of the documents that were analyzed to gain further insight into the contextual issues regarding the Retirement Health Policy and its implementation within Soroti Diocese include; journals, books, annual reports, periodicals and conference materials from Soroti Diocese. These records laid a foundation for identifying gaps in information given. It also provided a base for redefining questions to pose to key informants for an in-depth discussion.

1.3.7 Data collection procedure

After the research proposal was approved, the researcher obtained a recommendation and an introductory letter from Uganda Christian University for data collection. The researcher devoted time on fieldwork by carrying out in-depth key informant interviews with selected participants Soroti Diocese chosen.

1.3.8 Data analysis

The process of data analysis involved making sense of written text and audio data. It entailed deeper understanding of the information provided. Data analysis became an on-going process

[40] Ibid

involving continual reflection about the data collected, asking analytical questions and writing notes throughout the period of study, and these were ultimately in the final report. The process of qualitative data analysis, which started with the data management phase, delved into the generative phase, interpretive phase, representing phase and theorizing phase as detailed below. The researcher undertook a hierarchical approach, building from the bottom to the top. In here, field notes taken by the principal researcher during interviews and document review were used to clarify and triangulate the audio records that were deemed not clear to the researcher. Transcribing was carried out every evening for the interviews conducted each day. In addition, the researcher's field notes were typed after every field visit to ensure memory was not lost.

The researcher read all the transcribed data to obtain a general sense of the information collected from fieldwork and reflected on its overall meaning in relation to the general objective of the study. This enabled the researcher to interpret participants' views, the tone of their ideas and the impression of the overall depth, credibility and use of the information. During interview sessions, the researcher kept noting down important aspects observed and general thoughts about the data for later analysis. The study findings were organized into themes. The last step in data analysis involved interpretation in order to draw meaning from the data collected. Lessons learnt from the interpretation of the data were based on the researcher's analysis, experiences and meaning derived from a comparison of the findings and information gleaned from the literature. The findings helped to confirm past information and in some cases diverged from it. This phase of data analysis also suggested new questions that the inquirer did not have foreseen in the study.

1.3.9 Dependability and Credibility of Research Instruments

Dependability (or reliability) in qualitative research refers to the consistency, stability and repeatability of results arising from use of a particular measuring instrument[41]. It refers to the extent to which a particular assessment would yield identical results if repeated under the same conditions. Credibility (or internal validity) refers to the way research findings match reality, while transferability (or external validity) refers to the extent to which the research findings can be replicated in other environments. The researcher employed three strategies to test the dependability, credibility, and transferability of the instruments that were used in the study.

1.3.10 Ethical consideration

Ethics are the norms or standards for conduct that distinguish between right and wrong. They help to determine the difference between acceptable and unacceptable behaviors. The handling of these ethical issues greatly impact the integrity of the research results.

Honesty, objectivity, respect for intellectual property, social responsibility, confidentiality, non-discrimination and many others. Voluntary participation and informed consent were catered for. The purpose of the survey was fully explained and the respondents politely requested to participate in the study.

Sensitivity of the organization records, no harming of the respondents was ensured. According to Cohen & Crabtree[42], it is very important that the participants have the option to refuse to participate in the study and the researcher has to provide this option. This was provided for in the introduction part of the questionnaire and consent form.

[41] Gibbs, G. R. (2007). *Analysing Qualitative Data.* Wiltshire: Sage.
[42] Cohen, D. J., & Crabtree, B. F. (2008). *Evaluative criteria for qualitative research in health care: Controversies and recommendations*. Available from: www.Annfammed.Org.

Anonymity was another concern. To this end, promise and principle of anonymity together with confidentiality will be assured, after, the names of the respondents were not requested, and emphasis was noted that the information would be treated in aggregate and purely for research purposes. Appreciation was ensured to the respondents after participation for ethical considerations. The researcher shared the findings of the study with the respondents since these findings were useful to the entity where the study was carried out.

1.3.11 Limitations and delimitations of the study

The researcher lacked enough funds since this research required him to move and reach out to different respondents in the different areas like the schools and the provincial secretariat offices. To address this issue, the researcher strategically prioritized visits to key respondents and locations, focusing on areas with the highest concentration of relevant stakeholders, such as central schools and the provincial secretariat offices, to maximize the value of each trip.

Another problem was lack of enough time. Some respondents did not have enough time to interact with me as they had other things to attend to. To address this issue, the researcher utilized scheduled appointments and flexible communication methods, including phone interviews and email correspondence, to accommodate the busy schedules of the respondents and ensure their participation in the study.

CHAPTER TWO

EXISTING RETIREMENT HEALTH POLICIES AND BENEFITS OFFERED

2.1 Introduction

This chapter presents and discusses the results of analysis that has been done to look at the specific objectives of the study and in relation to the reviewed literature. The study was carried out using interviews with the Retired Clergy in Soroti Diocese and the top management of Soroti Diocese. The findings are presented with the help of tables for purposes of clarity and interpretation on an evaluation of the effectiveness of the retirement health policy in the province of the Church of Uganda, Soroti Diocese.

2.2 Findings on demographic characteristics of respondents

This section presents the general background information about the respondents in relation to their level of education, position held in Soroti Diocese before retirement and period spent in retirement as shown in the table below;

Table 2: Demographic characteristics of the retired clergy in Soroti Diocese

Item	Description	Frequency	Percentage (%)
Level of education	Diploma	4	20.0
	Bachelor's degree	11	55.0
	Master's degree	5	25.0
	Total	**20**	**100.0**
Position held before retirement	Bishop	1	5.0
	Priest	12	60.0
	Deacon	7	35.0
	Total	**20**	**100.0**
Period spent in retirement	1-5 years	10	50.0
	6-10 years	8	40.0

	Above 10 years	2	10.0
	Total	**20**	**100.0**

Source: *Primary data*

According to table 2 above, the majority of the retired clergy in Soroti Diocese hold a Bachelor's degree, accounting for 55.0% of the respondents. This is followed by those with a Master's degree, making up 25.0%. Lastly, 20.0% of the retired clergy have a Diploma. This indicates a relatively high level of educational attainment among the retired clergy, with a significant proportion holding advanced degrees.

Furthermore, the largest group of respondents held the position of Priest before retirement, representing 60.0% of the total. This is followed by Deacons, who constitute 35.0% of the retired clergy. Bishops make up the smallest group, at 5.0%. This distribution shows that the majority of the retired clergy were in middle-tier positions within the Diocese, with a smaller proportion in senior leadership roles.

Lastly, half of the retired clergy have been in retirement for 1-5 years, making up 50.0% of the respondents. Those who have been retired for 6-10 years comprise 40.0%, while only 10.0% have been retired for more than 10 years. This suggests that most of the retired clergy are relatively recent retirees, with a smaller number having been retired for a longer period.

Table 3: Demographic characteristics of top management of Soroti Diocese

Item	Description	Frequency	Percentage (%)
Level of education	Bachelor's degree	3	60.0
	Master's degree	2	40.0
	Total	**5**	**100.0**
Position held in Soroti Diocese	Archdeacon	1	20.0
	Priest	4	80.0
	Total	**5**	**100.0**
Period spent serving in this position	1-5 years	1	20.0
	6-10 years	2	40.0
	Above 10 years	2	40.0
	Total	**5**	**100.0**

Source: *Primary data*

According to table 3 above, the majority of the top management in Soroti Diocese hold a Bachelor's degree, accounting for 60.0% of the respondents. The remaining 40.0% hold a Master's degree. This indicates that all members of the top management have attained at least a Bachelor's degree, with a significant proportion holding advanced degrees.

Furthermore, the largest group of respondents hold the position of Priest, representing 80.0% of the top management. The position of Archdeacon is held by 20.0% of the respondents. This distribution shows that the majority of the top management comprises Priests, with a smaller proportion holding higher-ranking positions such as Archdeacon.

Lastly, a substantial portion of the top management has been serving in their positions for either 6-10 years (40.0%) or for above 10 years (40.0%). Only 20.0% have been serving in their positions for 1-5 years. This indicates that a significant majority of the top management have

considerable experience in their roles, with a substantial proportion having served for a decade or more.

2.3 Specific health benefits received under the retirement policy in Soroti Diocese

From the interviews conducted with the selected retired clergy in Soroti Diocese plus the key informants who were the top management of Soroti Diocese, they were asked for their views on the specific health benefits the retired clergy currently receive as part of the retirement policy in Soroti Diocese and their responses were as follows;

From the interviews that were conducted, the retired clergy in Soroti Diocese reported that the specific health benefits they currently receive under the retirement policy include periodic medical check-ups, access to prescribed medications, and limited hospital coverage. They mentioned that these benefits are crucial for managing chronic illnesses and ensuring that they maintain a reasonable standard of health during their retirement. However, many retired clergy highlighted that while these benefits exist; the extent of coverage is often inadequate, leading to out-of-pocket expenses for more comprehensive treatments and specialized care. This gap in coverage was a significant concern, especially for those with more severe health conditions requiring frequent medical attention.

From the perspective of the top management of Soroti Diocese, the health benefits provided under the retirement policy were acknowledged as necessary for supporting the well-being of retired clergy. They outlined that the policy includes basic health insurance plans that cover routine medical examinations, some essential medications, and partial hospitalization costs. Management emphasized that these benefits aim to alleviate the financial burden of healthcare on retired clergy, ensuring they can access necessary medical services. However, they also noted

the challenges in funding and sustaining these benefits, which sometimes results in limited or delayed services for retirees.

Both groups of respondents expressed a need for more robust health benefits. Retired clergy suggested improvements such as comprehensive health insurance that covers a wider range of medical services, including dental and optical care. They also called for regular health awareness and preventive care programs tailored to the specific needs of aging clergy. Top management, while recognizing these needs, pointed to budget constraints and the need for better resource allocation to enhance the existing benefits. They mentioned ongoing discussions about potential partnerships with local healthcare providers to expand the range of services offered to retirees.

The overall sentiment among retired clergy was a mixture of gratitude for the existing benefits and a desire for enhancements to address the current shortcomings. The top management expressed a commitment to improving the retirement health policy, understanding that the well-being of retired clergy is paramount for the diocese. They indicated that any future improvements would require collaborative efforts and possibly additional funding to meet the growing healthcare needs of retirees. Both groups highlighted the importance of ongoing dialogue to ensure that the health benefits provided under the retirement policy adequately support the retired clergy in their later years.

2.4 Main components of current Retirement Health Policy

From the interviews conducted with the selected retired clergy in Soroti Diocese plus the key informants who were the top management of Soroti Diocese, they were asked for their views on the specific health benefits the retired clergy currently receive as part of the retirement policy in Soroti Diocese and their responses were as follows;

The responses from the selected retired clergy and the top management of Soroti Diocese reveal varying levels of understanding and descriptions of the current retirement health policy. Many of the retired clergy expressed a moderate understanding of the health policies available to them. They generally acknowledged the presence of health benefits but felt that the details and scope of these benefits were not always clearly communicated. Some retired clergy members noted that they were informed about basic health coverage, which includes access to certain medical facilities and limited financial support for specific treatments. However, there was a common sentiment that more detailed and accessible information would help them better utilize these benefits.

Furthermore, the top management of Soroti Diocese provided a more structured description of the main components of the retirement health policy. They outlined that the policy aims to offer comprehensive health coverage to retired clergy and lay personnel. The components include regular health check-ups, partial coverage for hospitalization costs, and access to diocesan clinics, and a subsidy for prescribed medications. Additionally, there is an emphasis on preventive health measures, with periodic wellness seminars and health education programs organized by the diocese. These initiatives are designed to ensure that retirees maintain a good quality of life post-retirement.

Both groups highlighted the importance of ongoing communication and education regarding the health policies. Retired clergy emphasized the need for regular updates and clearer guidelines to navigate the benefits effectively. They suggested that workshops or informational sessions could be beneficial in enhancing their understanding and ensuring they can fully utilize the available health benefits. On the other hand, top management recognized the challenges in policy dissemination and committed to improving the communication channels. They acknowledged

that while the policy is comprehensive on paper, its successful implementation depends on how well the retirees are informed and supported.

The feedback also brought to light some areas for improvement. Retired clergy mentioned gaps in the policy, such as inadequate coverage for specialized treatments and a lack of support for mental health services. Top management responded by indicating their plans to review and potentially expand the policy to address these gaps. They expressed a willingness to engage with the retired clergy to gather more input and tailor the health policy to better meet their needs.

2.5 Additional desired health benefits

From the interviews conducted with the selected retired clergy in Soroti Diocese, they were asked for their views on whether there any additional health benefits you believe should be included in the retirement policy and their responses were as follows;

The retired clergy in Soroti Diocese expressed a strong desire for additional health benefits to be included in the retirement policy. Many respondents highlighted the need for comprehensive medical coverage that extends to their families. They pointed out that while their own healthcare needs are partially met, their families often face significant medical expenses without adequate support. The retirees emphasized that extending healthcare benefits to include their spouses and dependents would alleviate a considerable financial burden and improve overall well-being.

Another recurrent suggestion was the inclusion of routine medical check-ups and preventive care in the retirement policy. The retired clergy mentioned that early detection and treatment of health issues could prevent more serious and costly medical conditions in the future. They recommended that the Diocese organize regular health camps and provide access to periodic

health screenings. This proactive approach, they argued, would not only improve the health outcomes of the retired clergy but also reduce long-term healthcare costs.

Additionally, several retired clergy members advocated for enhanced mental health support. They noted that retirement can be a challenging transition, often accompanied by feelings of isolation and depression. Providing access to counseling services and mental health resources was seen as essential to addressing these issues. The respondents suggested that the Diocese establish a mental health program specifically tailored to the needs of retired clergy, offering counseling, support groups, and other mental health resources.

2.6 Frequency of policy review and updates

From the interviews conducted with the key informants who were the top management of Soroti Diocese, they were asked for their views on how frequently the retirement health policy is reviewed and updated and their responses were as follows;

The top management of Soroti Diocese indicated that the retirement health policy is not reviewed and updated as frequently as it should be. Many respondents highlighted that the policy lacks a set schedule for regular reviews, resulting in inconsistencies and delays in addressing the evolving health needs of retired clergy. They pointed out that the absence of systematic reviews has led to outdated provisions that do not align with current healthcare standards and practices.

Several members of the management team noted that updates to the policy are often reactionary rather than proactive. Updates typically occur in response to pressing issues or complaints from retired clergy rather than through a planned, periodic review process. This approach often leaves gaps in the policy that may go unaddressed for extended periods, ultimately affecting the effectiveness of the health benefits provided.

Despite these challenges, some respondents expressed optimism that steps are being taken to establish a more structured review process. They mentioned ongoing discussions within the diocese to implement annual or biennial reviews of the retirement health policy. This would ensure that the policy remains relevant and adequately meets the healthcare needs of retired clergy and lay personnel.

2.7 Conclusion

In conclusion, the findings reveal that while Soroti Diocese's retirement health policy provides essential benefits such as periodic check-ups and medication access, it falls short in comprehensive coverage and regular updates. Retired clergy express a need for expanded benefits, including family coverage, preventive care, and mental health support, while top management acknowledges the policy's limitations and is working towards more structured and frequent reviews. The overall sentiment highlights the necessity for enhancing the policy to better address the healthcare needs of retirees and ensuring its relevance through regular updates and improvements.

CHAPTER THREE

EFFECTIVENESS OF EXISTING RETIREMENT HEALTH POLICIES

3.1 Introduction

This chapter presents and discusses the results of analysis of the findings on the response on the effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel in Soroti Diocese. This was based on the findings from the interviews conducted with the Retired Clergy in Soroti Diocese and the top management of Soroti Diocese. The findings are presented below for purposes of clarity and interpretation.

3.2 Assessment of healthcare services adequacy under the retirement health policy

From the interviews conducted with the selected retired clergy in Soroti Diocese plus the key informants who were the top management of Soroti Diocese, they were asked for their views on the adequacy of the healthcare services provided under the current retirement health policy and the effectiveness of the retirement health policy in meeting the healthcare needs of retirees and their responses were as follows;

From the interviews conducted with the selected retired clergy in Soroti Diocese and the top management of Soroti Diocese, a clear picture emerged regarding the adequacy of healthcare services under the current retirement health policy. The retired clergy generally expressed concerns about the adequacy of the healthcare services provided. Many felt that while the policy covers basic healthcare needs, it falls short in addressing more complex or specialized medical requirements. The limited scope of coverage often results in additional out-of-pocket expenses for necessary treatments, which many retirees find burdensome. The retirees highlighted that while routine check-ups and essential medications are covered, the policy does not sufficiently

address the needs for advanced medical care, preventive services, and long-term health management.

From the perspective of the top management of Soroti Diocese, there is recognition of the gaps in the current retirement health policy's effectiveness. The management acknowledged that the policy provides a fundamental level of support but noted that it is not fully equipped to meet the diverse and evolving healthcare needs of retirees. They assessed the policy as having a solid foundation but requiring enhancements to better address chronic illnesses, specialist consultations, and comprehensive treatment options. The effectiveness of the policy is constrained by budget limitations and administrative challenges, which often prevent the policy from being as inclusive or responsive as desired.

Both groups of respondents agreed on the necessity for policy improvements. Retired clergy emphasized the need for more comprehensive coverage that includes specialized treatments and preventive health services. They suggested that an expanded benefits package would significantly enhance their quality of life and reduce the financial strain associated with healthcare. Top management, while acknowledging the current limitations, expressed a commitment to exploring ways to improve the policy, such as increasing funding and forging partnerships with healthcare providers to extend the range of services.

The overall sentiment points towards a recognition of the efforts made but also a consensus on the need for substantial improvements. Both retired clergy and management see the potential for a more effective retirement health policy that better aligns with the healthcare needs of retirees.

3.3 Experiences with retirement health policy effectiveness and shortcomings

From the interviews conducted with the selected retired clergy in Soroti Diocese, they were asked to describe their experiences where the retirement health policy effectively met their healthcare needs and also whether they have encountered any situations where the policy failed to provide the necessary healthcare support and their responses were as follows;

From the interviews conducted with the selected retired clergy in Soroti Diocese, several experiences highlight where the retirement health policy has effectively met their healthcare needs. Many retired clergy shared positive instances where the policy provided timely medical check-ups and essential medications that significantly contributed to managing their chronic health conditions. They appreciated the coverage for routine hospital visits and essential medical services, which alleviated some of the financial burdens associated with healthcare. For instance, some mentioned that the policy's support during regular health examinations and treatment for common ailments was beneficial in maintaining their overall health and well-being.

However, there were also notable situations where the policy fell short in providing necessary healthcare support. Retired clergy reported several instances where the policy did not cover specialized treatments or emergency medical procedures adequately. They experienced challenges accessing comprehensive care for more complex health issues, often leading to substantial out-of-pocket expenses. Some also mentioned delays in receiving approval for treatments or medication, which impacted their health negatively. These shortcomings highlighted a gap between the policy's coverage and the actual healthcare needs of retirees, leading to dissatisfaction with the current support system.

Despite these issues, the feedback from retired clergy underscored their acknowledgment of the policy's initial benefits while also expressing the need for improvements. They suggested that a review of the policy to include broader coverage for specialized care and enhanced support for urgent medical situations would greatly benefit them. The experiences revealed a general sentiment of appreciation for the existing policy, tempered by a clear demand for enhancements to address the gaps identified.

Overall, the experiences shared by retired clergy illustrated a mixed assessment of the retirement health policy's effectiveness. While there were commendable aspects of the policy, such as basic medical coverage, there were also critical areas needing attention to ensure that all healthcare needs of retirees are adequately met.

3.4 Feedback on healthcare benefits and metrics for policy success

From the interviews conducted with the key informants who were the top management of Soroti Diocese, they were asked for their views on the feedback they have received from retired clergy regarding the adequacy of their healthcare benefits plus the metrics or indicators they have used to measure the success of the retirement health policy and their responses were as follows;

The top management of Soroti Diocese reported receiving a range of feedback from retired clergy concerning the adequacy of their healthcare benefits. Many retired clergy have expressed that while the benefits provided are appreciated, there are significant concerns about their sufficiency. The feedback frequently highlights gaps in coverage, particularly for specialized treatments and more comprehensive care. Retirees have communicated a desire for enhancements to the policy, such as expanded coverage for chronic conditions and greater support for mental health services. The management acknowledged these concerns and noted

that while they strive to provide essential health benefits, financial constraints and policy limitations sometimes impede their ability to fully address all needs.

In terms of metrics and indicators for measuring the success of the retirement health policy, the top management revealed that there is currently no formalized system in place. Success is informally assessed through feedback from retired clergy and periodic reviews of healthcare utilization and satisfaction. However, they recognized the need for more structured metrics to evaluate the effectiveness of the policy comprehensively. They indicated that future plans include developing specific indicators, such as levels of satisfaction with coverage, the frequency of policy utilization, and the impact on overall health outcomes, to better gauge the policy's success.

The management also noted that feedback from retired clergy often informs policy adjustments, though changes may not always be immediate or comprehensive. They are considering implementing a formal feedback mechanism and periodic surveys to capture detailed insights and track trends in retirees' healthcare needs and satisfaction. This approach aims to ensure that the policy evolves in response to actual user experiences and improves over time.

Despite the challenges, the management remains committed to enhancing the retirement health policy and appreciates the constructive feedback received from retirees. They emphasized that understanding retirees' perspectives is crucial for making informed decisions and improving the overall effectiveness of the policy.

3.5 Conclusion

In conclusion, the findings reveal that while the retirement health policy in Soroti Diocese provides essential coverage for basic healthcare needs, it falls short in addressing more complex

and specialized medical requirements, leading to additional financial burdens for retirees. Both retired clergy and top management acknowledge the policy's limitations and recognize the need for improvements, including broader coverage and more structured metrics to assess effectiveness. The management is committed to enhancing the policy in response to retiree feedback, aiming to better align healthcare support with the actual needs of retirees.

CHAPTER FOUR

BARRIERS HINDERING THE EFFECTIVENESS OF THE RETIREMENT HEALTH POLICIES

4.1 Introduction

This chapter presents and discusses the results of analysis of the findings on the response on identifying the specific barriers hindering the effectiveness of the retirement health policies and recommending evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese. This was based on the findings from the interviews conducted with the Retired Clergy in Soroti Diocese and the top management of Soroti Diocese. The findings are presented below for purposes of clarity and interpretation.

4.2 Challenges in accessing healthcare services under the Retirement Health Policy

From the interviews conducted with the selected retired clergy in Soroti Diocese, they were asked for their views on the challenges they have faced in accessing healthcare services under the retirement health policy and their responses were as follows;

From the interviews with the selected retired clergy in Soroti Diocese, several challenges in accessing healthcare services under the retirement health policy were highlighted. One significant issue is the inadequate coverage for specialized medical treatments. Many retirees reported that while the policy covers basic healthcare needs, it does not sufficiently address more complex or specialized medical requirements. This gap often forces them to seek treatment outside the policy's coverage, resulting in substantial out-of-pocket expenses. For retirees with chronic conditions requiring regular specialist care, this limitation can be particularly burdensome.

Another challenge faced by retirees is the difficulty in accessing timely healthcare services. The retirees mentioned experiencing delays in obtaining approvals for certain medical treatments and procedures covered under the policy. These delays can exacerbate health issues, as waiting periods can lead to worsening conditions or missed opportunities for early intervention. The lengthy process for authorization and the bureaucratic nature of the policy have been a source of frustration, leading to significant inconvenience and additional stress.

Geographical limitations also pose a challenge. Retired clergy living in remote or rural areas reported difficulties accessing healthcare facilities that are part of the policy's network. The lack of nearby medical centers or specialists means that they often have to travel long distances to receive necessary care. This can be both physically and financially taxing, especially for those with mobility issues or limited transportation options. The inconvenience of long travel times can discourage timely medical attention, impacting overall health outcomes.

The complexity and lack of clarity in the policy's terms were also mentioned as obstacles. Retirees often find the policy’s details confusing, particularly when it comes to understanding what is covered and the procedures for accessing different types of care. This confusion can lead to miscommunication and misunderstandings, resulting in retirees either not utilizing available services or experiencing difficulties in navigating the system effectively. The lack of clear guidance and support in managing their healthcare needs adds to their challenges.

Additionally, retirees highlighted issues related to the affordability of some services. Even though basic care is covered, there are still many associated costs that retirees have to bear themselves. These include co-payments, deductibles, and costs for services not covered by the policy. For those on a fixed retirement income, these additional expenses can create financial

strain, making it harder to manage their healthcare needs without compromising on other essential expenses.

Finally, there were concerns about the overall quality of care provided. Some retirees felt that the healthcare services they received under the policy were not always of the highest quality. This perception of inadequate care further compounds their frustrations, as they are concerned not only about access but also about the effectiveness and standard of the medical services provided.

4.3 Challenges faced in effective implementation of the Retirement Health Policy

From the interviews conducted with the key informants who were the top management of Soroti Diocese, they were asked for their views on the challenges they have encountered in implementing the retirement health policy effectively and their responses were as follows;

From the interviews conducted with the top management of Soroti Diocese, several challenges in implementing the retirement health policy effectively were identified. One major issue is the financial constraint faced by the Diocese. The allocated budget often falls short of covering the comprehensive healthcare needs of retirees. Management explained that despite their best efforts to prioritize healthcare, the limited financial resources restrict their ability to provide more extensive coverage or to address urgent medical needs effectively. This budgetary limitation impacts the scope and quality of healthcare services available under the policy.

Another significant challenge highlighted is the administrative complexity involved in managing the retirement health policy. The top management reported that the policy's implementation is hampered by bureaucratic processes and inefficiencies. For instance, delays in approval for treatments and the lengthy procedures for accessing certain medical services create barriers for

retirees. This administrative burden not only affects the timely delivery of healthcare but also adds to the frustration of retirees who find the system cumbersome and slow.

Additionally, there are challenges related to the adequacy of healthcare provider networks. The management pointed out that the policy's effectiveness is limited by the availability and quality of healthcare providers within the network. In some cases, retirees face difficulties accessing specialized care or services that are not readily available in their local areas. This lack of access to adequate healthcare facilities and specialists means that retirees often have to seek alternative options, which can be both costly and inconvenient.

The top management also noted the challenge of keeping the policy updated with the evolving healthcare needs of retirees. As medical technology advances and new treatments become available, the policy sometimes lags behind in incorporating these changes. This delay in updating the policy to reflect current medical practices and treatments can result in inadequate coverage for emerging healthcare needs, further diminishing the policy's effectiveness.

Lastly, there is an ongoing challenge of balancing the policy's coverage with the increasing demand for services. With a growing number of retirees and their diverse healthcare needs, the policy must adapt to accommodate these changes. However, the management reported that the current structure struggles to meet this increasing demand due to the constraints mentioned above. As a result, there is a continuous need for reassessment and adjustment of the policy to ensure it remains relevant and effective in providing the necessary healthcare support.

4.4 Conclusion

In conclusion, several challenges such as inadequate coverage for specialized treatments, delays in accessing care, geographical limitations, and unclear policy terms significantly impact retirees' ability to manage their healthcare needs. The top management faces financial constraints, administrative inefficiencies, and inadequate healthcare provider networks, which hinder policy implementation.

CHAPTER FIVE

EVIDENCE-BASED IMPROVEMENTS FOR ENHANCING THE EFFECTIVENESS OF THE RETIREMENT HEALTH POLICY

5.1 Introduction

This chapter presents and discusses the results of analysis of the findings on the response on evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese. This was based on the findings from the interviews conducted with the Retired Clergy in Soroti Diocese and the top management of Soroti Diocese. The findings are presented below for purposes of clarity and interpretation.

5.2 Proposed enhancements for the retirement health policy in Soroti Diocese

From the interviews conducted with the selected retired clergy in Soroti Diocese plus the key informants who were the top management of Soroti Diocese, they were asked for their views on the improvements they think are necessary to enhance the current retirement health policy and their responses were as follows;

The retired clergy and top management of Soroti Diocese provided valuable insights into the necessary improvements to the current retirement health policy. One of the primary suggestions was the expansion of coverage to include more comprehensive healthcare services. Many retirees emphasized that the current policy mainly covers basic medical needs and lacks provisions for specialized care, such as surgery or long-term treatments for chronic illnesses. They highlighted that, as retirees age, the likelihood of requiring specialized and continuous care increases, and the current policy does not adequately address these needs. The inclusion of coverage for specialized treatments and chronic care management would significantly enhance the effectiveness of the policy.

Another significant recommendation focused on the need for better financial support within the retirement health policy. Both retirees and top management pointed out that the existing budget allocations are insufficient to cover the growing medical expenses of retirees. They suggested increasing the policy's financial limits and exploring alternative funding sources, such as partnering with external donors or increasing the contributions from the diocese's annual budget. This would help alleviate the financial burden on retirees, who often have limited income and may struggle to afford out-of-pocket expenses for their healthcare needs.

The respondents also expressed a strong desire for improved administrative efficiency and communication regarding the retirement health policy. Several retirees mentioned delays and bureaucratic hurdles in accessing their healthcare benefits, which often lead to frustration and unmet needs. They suggested that the diocese should streamline the administrative processes, reducing paperwork and simplifying the claims procedures to ensure that retirees can access their benefits more quickly and easily. Additionally, clearer communication about the policy's terms, benefits, and any changes should be established to help retirees fully understand and utilize their entitlements.

Moreover, there was a call for the policy to include preventive healthcare measures. Respondents stressed the importance of incorporating wellness programs, regular health screenings, and vaccinations into the policy. These proactive measures would help detect and manage health issues early, potentially reducing the need for more intensive medical interventions later on. They also suggested that the diocese should encourage and support healthy living among retirees by organizing workshops and seminars on nutrition, exercise, and mental health, which would contribute to a better quality of life and lower healthcare costs in the long term.

The idea of forming partnerships with external healthcare providers was also a common theme among the respondents. Both retired clergy and top management believe that collaboration with hospitals, clinics, and health organizations outside the diocese could enhance the range and quality of services available to retirees. Such partnerships could provide access to specialized medical services, second opinions, and potentially lower costs through negotiated rates or shared services. This approach would also expand the geographical coverage of the healthcare services, making it easier for retirees living in remote areas to access the care they need.

Finally, the need for mental health support was highlighted as a critical area for improvement. Many retirees mentioned that the current policy does not adequately address mental health concerns, such as depression, anxiety, and loneliness, which are common among the elderly. They recommended incorporating mental health services, including counseling and support groups, into the policy. Providing these services would help address the psychological well-being of retirees, ensuring a more holistic approach to their health and enhancing their overall quality of life.

5.3 Enhancing healthcare support for retired clergy and lay personnel

From the interviews conducted with the selected retired clergy in Soroti Diocese, they were asked for their vies on how the Diocese can better support the healthcare needs of its retired clergy and lay personnel and their responses were as follows;

In response to the question on how the Diocese can better support retired clergy and lay personnel in terms of healthcare, several common themes emerged from the interviews with both retired clergy and top management in Soroti Diocese. The participants unanimously highlighted the need for more comprehensive healthcare coverage that extends beyond basic medical needs.

They emphasized the importance of including specialized treatments, such as dental and optical care, mental health services, and coverage for chronic illnesses. The respondents argued that expanding the range of services covered under the retirement health policy would significantly reduce out-of-pocket expenses for retirees and ensure that they receive holistic healthcare that addresses both their physical and mental well-being.

Another major point raised by the respondents was the need for the Diocese to streamline and simplify the administrative processes associated with accessing healthcare benefits. Many retirees have faced bureaucratic delays and challenges when trying to claim their healthcare benefits, which has resulted in frustrations and sometimes delays in receiving timely medical care. The respondents suggested that the Diocese could establish a dedicated office or team specifically for managing retirees' healthcare claims and inquiries, ensuring more efficient processing and better support for retirees navigating the system.

Furthermore, the interviews revealed a strong desire for the Diocese to improve communication regarding the retirement health policy and available benefits. Retirees expressed that they often feel uninformed about their entitlements and the procedures to access different healthcare services. To address this issue, the respondents suggested that the Diocese could provide regular updates, newsletters, or informational sessions to keep retirees informed about any changes or updates to the policy. This could also include workshops or seminars on managing health in retirement, which would provide retirees with valuable knowledge and resources to maintain their health.

The respondents also suggested enhancing partnerships with local and regional healthcare providers to expand access to a wider range of medical services. They proposed that the Diocese

could negotiate discounts or preferential rates with hospitals, clinics, and specialists to make healthcare more affordable and accessible for retirees. Additionally, establishing partnerships with healthcare providers could enable the Diocese to offer a broader network of services, including home care options for those who are unable to travel for medical appointments. This would particularly benefit retirees living in remote areas who face challenges in accessing quality healthcare services.

In their responses, some of the selected participants provided specific suggestions for improving healthcare support. One retired clergy member emphasized, “We need more than just basic care; we need a healthcare plan that covers all aspects of aging, including mental health and specialized treatments.” Another respondent from the top management added, “Clearer communication about what is covered under the policy would go a long way in helping retirees make better decisions about their health.” A third participant noted, “Streamlining the claims process and ensuring that retirees don’t have to jump through hoops to get their benefits would make a significant difference.”

Overall, the feedback from both the retired clergy and top management underscores the need for a more inclusive, accessible, and well-communicated healthcare policy that caters to the evolving needs of retirees in Soroti Diocese. The proposed changes reflect a commitment to improving the well-being of retired clergy and lay personnel by ensuring they have access to comprehensive healthcare services that support their health and dignity in retirement.

5.4 Adopting best practices from other dioceses or organizations to enhance retirement health benefits

From the interviews conducted with the key informants who were the top management of Soroti Diocese, they were asked whether there are best practices or successful strategies from other dioceses or organizations that they think could be adopted to improve their retirement health benefits and their responses were as follows;

In response to the inquiry about best practices from other dioceses or organizations that could be adopted to improve the retirement health benefits in Soroti Diocese, both the retired clergy and top management highlighted several key strategies that have proven effective elsewhere. Many respondents suggested that the Diocese could benefit from adopting a comprehensive health insurance plan similar to those implemented in other dioceses, such as in Kampala Diocese. In these dioceses, the health insurance plans are more inclusive, covering a wide range of medical services including specialist consultations, preventive care, and chronic disease management. These plans not only reduce the financial burden on retirees but also ensure that they have access to necessary medical care without significant delays.

Another best practice identified was the establishment of a dedicated healthcare fund specifically for retired clergy and lay personnel. Several respondents noted that some dioceses, both within Uganda and internationally, have set up retirement health funds, which are contributed to regularly by both the diocese and the clergy during their active service. This fund is then used to cover health-related expenses for retirees. Such a strategy provides a more sustainable and predictable source of funding for retiree healthcare needs, reducing dependency on external funding or unpredictable donations. The respondents emphasized that adopting a similar

approach in Soroti Diocese would provide a financial safety net for retirees and ensure continuous healthcare support.

Respondents also highlighted the importance of partnerships with local and international healthcare providers to enhance the quality and accessibility of healthcare services. They pointed out that some dioceses have successfully partnered with reputable hospitals and clinics to offer discounted or priority services to retired clergy. These partnerships often include agreements where retirees are given priority in healthcare service delivery or where certain services are provided at a reduced cost or even free of charge. Implementing such partnerships in Soroti Diocese was viewed as a viable way to improve healthcare access for retirees, especially for those with limited mobility or residing in remote areas.

Additionally, the idea of regular health workshops and seminars was proposed as a beneficial practice. In other dioceses, such workshops are conducted to educate retirees about healthy aging, managing chronic illnesses, and navigating the healthcare system effectively. These educational initiatives have been shown to empower retirees with knowledge and skills to better manage their health, reducing the overall burden on the healthcare system. Respondents suggested that similar programs could be introduced in Soroti Diocese to provide retirees with the necessary information and support to lead healthier lives.

Several respondents also recommended adopting a centralized electronic health record system, similar to those used in more technologically advanced dioceses. This system would allow for better tracking of retirees' health histories and ensure that healthcare providers have access to accurate and up-to-date information when providing care. An electronic health record system would improve continuity of care, minimize medical errors, and enhance the overall quality of

healthcare services provided to retirees. This approach was particularly favored by those respondents who had experienced or were aware of its benefits in other dioceses or organizations.

Moreover, there was a consensus among both retirees and top management on the need to enhance the current retirement health policy through benchmarking against international best practices. They suggested that the Diocese should study the models of healthcare support provided to retirees in other countries and dioceses, where innovative programs such as telemedicine and home care services have been successfully implemented. These services have proven to be effective in improving access to healthcare for elderly retirees, especially those with mobility challenges or residing in areas with limited healthcare facilities.

5.5 Conclusion

In conclusion, based on the findings, it is evident that enhancing the retirement health policy in Soroti Diocese requires a multifaceted approach that includes expanding healthcare coverage, improving financial support, streamlining administrative processes, fostering partnerships with healthcare providers, and adopting best practices from other dioceses. These strategies aim to provide comprehensive, accessible, and sustainable healthcare benefits that address the evolving needs of retirees, ensuring their physical, mental, and financial well-being in retirement.

CHAPTER SIX

THEOLOGICAL REFLECTION

6.1 Introduction

This chapter provides a comprehensive theological reflection on the effectiveness of the retirement health policy in the Province of the Church of Uganda, Soroti Diocese. While the theological foundation of this policy has traditionally been rooted in Biblical teachings, this reflection broadens the perspective to incorporate scholarly theological input from various Christian traditions and historical contexts. By integrating these perspectives, the chapter aims to offer a more nuanced understanding of how retirement health policies can better align with Christian principles and enhance the welfare of retired clergy and lay personnel.

6.2 Theological Foundations of Healthcare in Christian Ministry

The effectiveness of retirement health policies in the Church of Uganda, Soroti Diocese, is deeply embedded in theological principles that shape the Christian understanding of healthcare and pastoral care. Central to Christian theology is the belief in the inherent dignity of every individual, made in the image of God (Genesis 1:27). This belief underlines the ethical imperative for the church to provide healthcare that respects and upholds human dignity. From a theological standpoint, healthcare is not merely a service but a manifestation of divine respect for human life and well-being. A retirement health policy that reflects this theological view should ensure that all retirees, who have dedicated their lives to serving the church and community, receive the care and support they deserve.

Christian teachings emphasize the values of justice and mercy, which are integral to understanding and implementing effective healthcare policies. The Biblical call to justice (Micah 6:8) directs the church to advocate for equitable treatment and access to essential services for all

its members. In the context of retirement health policies, this means that the church must strive to offer a comprehensive range of healthcare services that meet the diverse needs of retired clergy and lay personnel. Mercy, as demonstrated by Jesus in His ministry (Matthew 25:36), underscores the importance of compassionate care, particularly for those who are vulnerable or in need. Effective retirement health policies should, therefore, embody these values by providing not only basic healthcare but also specialized treatments and support for chronic and severe conditions.

Beyond Biblical references, the theological discourse on healthcare is enriched by insights from early church fathers such as St. Augustine and St. Thomas Aquinas. Augustine's concept of *caritas* (charity) extends beyond mere almsgiving to a broader notion of love and care for one's neighbor, particularly in healthcare[43]. Augustine argued that true Christian charity involves addressing the physical and spiritual needs of individuals, which aligns with the church's responsibility to ensure holistic well-being for its retirees. Similarly, Aquinas'[44] *Summa Theologica* reflects on justice as a moral virtue that governs fair dealings and distribution of resources, which in this context, includes equitable healthcare access for all church members. Both Augustine and Aquinas provide a theological rationale for the church's commitment to justice and mercy in its healthcare policies.

The concept of stewardship is also central to the Christian perspective on healthcare. Stewardship involves the responsible management of resources to serve the greater good, reflecting the Biblical principle of using one's resources for the benefit of others (1 Peter 4:10). In the realm of retirement health policies, this means that the church should manage its resources

[43] Ruszala, M. J. (2011). The Metaphysics of Caritas in Veritate: Augustinian Theology and Social Thought as an Interpretive Key. *Catholic Social Science Review*, *16*, 135-148.
[44] Shelp, E. E. (Ed.). (2012). *Justice and health care* (Vol. 8). Springer Science & Business Media.

in a way that maximizes the health and well-being of its retirees. Effective stewardship would involve allocating adequate funds to cover a broad spectrum of healthcare needs and ensuring that administrative practices facilitate timely and efficient access to medical services. This responsible management aligns with the Christian calling to care for one another and to use resources wisely for the benefit of the community.

Furthermore, contemporary theological discussions by scholars such as Paul Farmer and Stanley Hauerwas emphasize the importance of healthcare as a means of embodying Christian ethics in a modern context. Farmer, a physician and theologian, argues that healthcare is a fundamental human right that reflects God's preferential option for the poor. His perspective challenges the church to advocate for policies that prioritize the health of marginalized groups, including retired clergy. Hauerwas, on the other hand, critiques the commodification of healthcare in modern societies and calls for a return to a community-oriented approach that sees healthcare as a communal responsibility. This aligns with the church's role in providing collective support for its members and ensuring that its policies reflect communal care and solidarity.

Moreover, the theological foundation for healthcare in Christian ministry includes a commitment to the holistic well-being of individuals. The church's approach to health should address not just physical needs but also emotional, spiritual, and psychological dimensions of health (3 John 1:2). The effectiveness of retirement health policies can be measured by their ability to provide comprehensive care that supports retirees' overall well-being. This holistic approach reflects the Christian understanding of health as an integral part of human flourishing and emphasizes the need for policies that address a wide range of health issues, including mental health and preventive care. This perspective is supported by the World Council of Churches, which advocates for health as a state of complete physical, mental, social, and spiritual well-being.

Finally, the Christian mandate to care for the vulnerable and marginalized supports a call for improving retirement health policies to better serve retired clergy and lay personnel. This mandate (Isaiah 1:17) reflects the church's duty to ensure that those who have dedicated their lives to ministry are not left without adequate support in their later years. The feedback from retirees and the challenges identified in the current policy highlight the need for enhancements that ensure equitable access to comprehensive healthcare. Addressing these gaps is not only a matter of justice and compassion but also a reflection of the church's commitment to living out its theological principles in practical ways. By aligning retirement health policies with these foundational beliefs, the Church of Uganda, Soroti Diocese, can better fulfill its role as a caring and just institution.

6.3 The Role of Compassion and Stewardship in Policy Implementation

Compassion and stewardship are core principles in Christian theology that should guide the implementation of healthcare policies. In the context of the Soroti Diocese, effective implementation of the retirement health policy should be grounded in the principle of stewardship, where resources are strategically allocated to enhance the welfare of retirees. This means that the church must ensure that its resources are used efficiently and equitably to provide comprehensive healthcare coverage. Effective stewardship involves not only financial management but also the thoughtful design and execution of policies that address the diverse needs of retired clergy and lay personnel, thus embodying Christian values of responsibility and care.

Compassion, a cornerstone of Christian ministry, should profoundly influence the approach to healthcare policy. The teachings of Jesus, as exemplified in His acts of healing and compassion (Matthew 14:14; Mark 1:41), set a standard for how the church should address the healthcare

needs of its members. Jesus' empathy for those suffering and His commitment to their well-being underscore the importance of providing care that is not only adequate but also considerate of individual circumstances. In practical terms, this means that the retirement health policy should go beyond basic care to include provisions for more complex and specialized medical needs. The current feedback from retired clergy indicates that while the policy covers fundamental healthcare needs, it often falls short in addressing advanced treatments and urgent medical situations. This gap in coverage highlights the need for a more compassionate approach that prioritizes the full spectrum of retirees' healthcare needs.

Moreover, scholars such as Gustavo Gutiérrez, a prominent figure in liberation theology, argue that compassion and social justice are intrinsically linked[45]. Gutiérrez's perspective suggests that the church's healthcare policies should be informed by a preferential option for the poor and vulnerable, reflecting God's compassion for all humanity. This approach calls for healthcare policies that not only meet basic needs but also address systemic inequalities that affect access to healthcare. In the context of Soroti Diocese, this could mean expanding healthcare coverage to include more comprehensive services for retirees, especially those with limited financial means.

Effective stewardship also involves a critical evaluation of how resources are currently allocated and identifying areas where improvements are necessary. The feedback from retired clergy suggests that the current policy could benefit from a reassessment of resource distribution to better support advanced medical care and preventive services. By allocating resources more effectively, the church can ensure that retirees have timely access to the healthcare they need, reducing the financial burden on individuals and enhancing their overall quality of life. This

[45] Goizueta, R. S. (2019). Liberation Theology 1: Gustavo Gutiérrez. *The Wiley Blackwell Companion to Political Theology*, 280-292.

approach aligns with Christian principles of love and care for one another, emphasizing the importance of meeting the needs of those who have served the church and community faithfully.

The role of compassion in policy implementation extends to understanding and responding to the unique challenges faced by retirees. The church's approach should be informed by a genuine concern for the well-being of retirees, recognizing that their health needs may be diverse and complex. Implementing a retirement health policy that incorporates feedback from retirees and addresses their specific needs demonstrates a commitment to compassionate care. This includes providing coverage for a broader range of medical services, including mental health support and chronic disease management, ensuring that retirees receive comprehensive and empathetic care.

Lastly, the role of compassion and stewardship in the implementation of the retirement health policy in the Soroti Diocese is crucial for aligning the policy with Christian values. Effective stewardship involves managing resources wisely to maximize retirees' welfare, while compassion ensures that care is comprehensive and responsive to individual needs. By integrating these principles into policy implementation, the church can fulfill its theological and ethical responsibilities, providing a healthcare system that truly reflects Christian values of love, justice, and care for one another.

6.4 Justice and Equity in Access to Healthcare

Justice and equity are fundamental principles in Christian ethics and theology, emphasizing the importance of addressing inequalities and ensuring fair treatment for all individuals, particularly those who are vulnerable or marginalized (Isaiah 1:17; Proverbs 31:8-9). These principles are not only deeply rooted in Biblical teachings but are also supported by various theological perspectives and ethical frameworks. To align the Church of Uganda, Soroti Diocese's

retirement health policy with these principles, it is crucial to integrate both Biblical and scholarly theological insights into the discussion of justice and equity in healthcare.

The Bible calls for justice and equity in the treatment of individuals, especially the marginalized. Isaiah 1:17 instructs believers to "learn to do right; seek justice. Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow." Proverbs 31:8-9 similarly advocates for speaking up for those who cannot speak for themselves and ensuring justice for the poor and needy. These passages highlight the Biblical mandate for addressing inequities and advocating for fair treatment.

In addition to Biblical foundations, the concept of justice in Christian theology is enriched by scholarly perspectives. Theologian Miroslav Volf discusses justice as involving “right relationships,” which include fairness, respect, and equitable distribution of resources (Volf, *Exclusion and Embrace*, 1996). This perspective emphasizes that justice requires not only addressing immediate needs but also rectifying underlying systemic issues that contribute to inequity[46].

Similarly, James Cone’s liberation theology emphasizes a preferential option for the poor and oppressed, arguing that justice entails actively working to address conditions of marginalization and suffering (Cone, *A Black Theology of Liberation*, 1970). This approach underscores the church’s ethical responsibility to address disparities and promote equitable access to resources and opportunities[47].

[46] Volf, M., Krieg, C., & Kucharz, T. (Eds.). (1996). *The future of theology: Essays in Honor of Jurgen Moltmann*. Wm. B. Eerdmans Publishing.
[47] Cone, J. H. (2010). *A Black theology of liberation*. Orbis Books.

The principle of justice in healthcare involves ensuring that all individuals, particularly those who are vulnerable, have equal access to necessary services. In the context of the Church of Uganda, Soroti Diocese's retirement health policy, this principle demands a critical examination of existing disparities and the implementation of reforms to address these issues. Feedback from retirees reveals significant gaps in the policy, particularly regarding specialized treatments and emergency medical care. Many retirees face delays and bureaucratic hurdles that complicate their access to necessary services. These issues reflect an inequitable distribution of healthcare resources, where some retirees may receive adequate care while others struggle with inadequate coverage or significant out-of-pocket expenses.

Addressing these challenges is crucial for aligning the policy with Christian values of justice and equity. A commitment to justice requires the church to advocate for policy reforms that ensure equitable access to healthcare for all retirees. This includes expanding coverage to include specialized treatments, reducing bureaucratic obstacles, and providing timely care. By prioritizing these changes, the church can fulfill its ethical responsibility to care for the vulnerable and marginalized within its community, reflecting the Biblical mandate to act justly and compassionately. Such reforms would demonstrate a commitment to justice by correcting systemic issues that contribute to unequal access to healthcare.

Implementing justice and equity in healthcare policy also involves actively seeking input from retirees and addressing their concerns. Engaging with retirees to understand their experiences and challenges can inform more equitable policy changes and ensure that reforms are responsive to their needs. This participatory approach not only enhances the effectiveness of the policy but also reinforces the church's commitment to fairness and compassion. By incorporating retirees'

feedback into policy development, the church can better align its healthcare provisions with Christian principles of justice and equity.

Lastly, justice and equity are vital to the effectiveness of the retirement health policy in the Soroti Diocese. Addressing disparities in healthcare access, expanding coverage, and reducing bureaucratic obstacles are essential steps toward ensuring that all retirees receive fair and adequate care. Reflecting on these principles within the context of Christian ethics underscores the importance of making policy adjustments that align with Biblical teachings on justice, ensuring that the church's healthcare provisions are inclusive, compassionate, and equitable for all retirees.

6.5 The Church's Witness through Effective Health Policy

The effectiveness of retirement health policies profoundly impacts the Church's witness to the community. As an institution rooted in Christian values, the Church of Uganda, Soroti Diocese, is called to exemplify hope, compassion, and justice. The church's health policies should reflect these core values by providing adequate support for its retirees, who have dedicated their lives to ministry. Effective healthcare policies serve as a tangible expression of the church's commitment to its members, reinforcing its role as a compassionate and caring institution. By addressing the current policy's limitations and making necessary improvements, the church can enhance its witness and embody the principles of Christ's love and concern.

Scholars in Christian ethics emphasize that effective health policies are crucial for a church's witness in the community. For instance, theologian Stanley Hauerwas argues that a church's commitment to justice and care for its members is integral to its witness and mission (Hauerwas,

A Community of Character, 1981)[48]. Effective health policies that address the needs of retirees not only fulfill the church's ethical responsibility but also serve as a public testament to its values. Hauerwas's perspective highlights that a church's actions in caring for its members reflect its adherence to Christian principles and its commitment to embodying the Kingdom of God on earth.

Furthermore, theologian Miroslav Volf's work on public theology underscores the importance of integrating faith into practical action, including healthcare policies (Volf, *A Public Faith*, 2011). Volf argues that the church's role extends beyond spiritual guidance to include practical manifestations of faith through social and institutional practices. By improving its retirement health policy, the Church of Uganda, Soroti Diocese, can demonstrate its commitment to faith-informed social justice and public good, aligning its practices with Volf's call for a public faith that impacts societal structures.

The current limitations of the policy, including gaps in coverage and delays in accessing necessary care, present an opportunity for the church to model effective, faith-driven care. Addressing these issues through policy enhancements not only meets the immediate needs of retirees but also serves as a powerful witness to the church's values. It demonstrates that the church is willing to invest in and improve its systems to better serve its members, showcasing a commitment to living out faith principles in practical and meaningful ways. Theological reflection on the principle of stewardship, as discussed by theologian N.T. Wright, supports this approach. Wright emphasizes that stewardship involves responsibly managing resources to serve

[48] Hauerwas, S. (1991). *A community of character: Toward a constructive Christian social ethic*. University of Notre Dame Pess.

others and reflect God's justice (Wright, *Simply Jesus*, 2012)[49]. Improving healthcare policies is a manifestation of this stewardship, aligning the church's practices with Wright's emphasis on responsible and compassionate care.

Furthermore, the church's ability to provide comprehensive healthcare support for its retirees reflects its understanding of the principles of stewardship and compassion. By making informed changes to the retirement health policy, the church can better align its actions with its theological beliefs. This alignment serves as a model for other organizations and communities, showing how faith-based institutions can effectively integrate their values into their operational practices. The improved policy would not only benefit retirees but also underscore the church's dedication to embodying Christ's love and concern for all.

Finally, the Church of Uganda, Soroti Diocese, has an opportunity to strengthen its witness through effective retirement health policies. By addressing current policy limitations and making necessary improvements, the church can better reflect its commitment to hope, compassion, and justice. Enhancing the policy to meet retirees' needs demonstrates the church's dedication to living out its faith principles and providing a tangible expression of Christ's love. This approach not only benefits retirees but also reinforces the church's role as a caring and just institution within the broader community, reflecting the integration of faith and practice as advocated by contemporary theological scholarship.

[49] Wright, T. (2012). *Simply Jesus: who he was, what he did, why it matters*. SPCK.

6.6 Conclusion

In conclusion, the theological reflection on the retirement health policy in the Church of Uganda, Soroti Diocese, highlights the need to align healthcare policies with Christian values and ethical principles. By integrating theological perspectives, addressing challenges, and implementing recommendations, the church can improve the effectiveness of its policy and better support retired clergy and lay personnel. Christian theology provides a foundation for understanding the ethical and moral dimensions of healthcare, emphasizing dignity, justice, compassion, and stewardship. These principles guide the development of policies that reflect the church's commitment to holistic and equitable care.

Addressing financial constraints, improving access to specialized treatments, incorporating mental health support, and enhancing communication are crucial for creating a responsive and effective retirement health policy. Integrating theological and ethical perspectives ensures the policy aligns with Christian values and reflects the church's dedication to compassionate and just care. By fostering a supportive community, practicing ethical stewardship, and committing to ongoing evaluation, the church can create a healthcare system that truly embodies its values and provides comprehensive support for its retirees, leading by example in Christian ministry and stewardship.

CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This chapter summarizes all findings reported in Chapter 4 according to the questions of the study, draws conclusions, suggests recommendations, and also proposes some areas for further study.

7.2 Summary of findings

The analysis of the retirement health policy in Soroti Diocese reveals that while current benefits include periodic medical check-ups, prescribed medications, and limited hospital coverage, there are significant gaps, particularly in specialized and comprehensive care. The majority of the retired clergy have a high level of education and hold mid-level positions, with most having been retired for a relatively short period. The top management, similarly well-educated and experienced, acknowledges the policy's shortcomings and the need for improvements. Retiree's desire expanded benefits, including family coverage, preventive care, and mental health support. The policy's review process is infrequent and reactive, contributing to outdated provisions that fail to meet current needs. Both retirees and management stress the need for clearer communication, enhanced benefits, and a more structured review process to address these issues effectively.

Furthermore, the analysis of the effectiveness of the retirement health policy in Soroti Diocese reveals a mixed assessment from both retired clergy and top management. Retired clergy expressed concerns about the inadequacy of the policy, highlighting gaps in coverage for specialized treatments and complex health needs, which often result in additional out-of-pocket expenses. While the policy supports basic healthcare needs, it falls short in areas such as

preventive services and advanced care. Top management acknowledged these shortcomings and recognized the need for policy enhancements but noted constraints due to budget limitations and administrative challenges. They reported receiving feedback about the policy's limitations and are working towards developing structured metrics to better assess and improve the policy's effectiveness. Overall, there is a consensus on the need for substantial improvements to better meet the diverse healthcare needs of retirees.

In addition, the findings from the analysis reveal several key challenges and suggested improvements for the retirement health policy in Soroti Diocese. Retired clergy face significant barriers including inadequate coverage for specialized treatments, delays in accessing timely care due to bureaucratic inefficiencies, geographic limitations, policy complexity, and affordability issues. These challenges impact their overall health and financial stability.

Lastly, the findings revealed that to enhance the retirement health policy in Soroti Diocese, several key improvements are recommended. These include expanding coverage to include specialized and chronic care treatments, increasing financial support and coverage limits, and streamlining administrative processes to reduce bureaucratic delays. Improved communication about policy benefits and enhanced partnerships with external healthcare providers is also crucial. Additionally, integrating preventive healthcare measures and mental health support into the policy is essential. The study highlights the need for adopting best practices from other dioceses and organizations, such as comprehensive health insurance plans, dedicated healthcare funds, partnerships with healthcare providers, educational workshops, and centralized electronic health record systems to improve overall healthcare support for retirees.

7.3 Conclusion

In conclusion, the analysis of the retirement health policy in Soroti Diocese underscores a critical need for reform to address significant gaps in coverage and improve service delivery for retirees. Despite existing benefits, such as basic medical check-ups and medications, there is a clear shortfall in specialized and comprehensive care, preventive services, and mental health support. Both retired clergy and top management recognize the necessity for a more robust policy that includes expanded benefits, clearer communication, and a proactive review process. To enhance the policy's effectiveness, it is imperative to address barriers such as bureaucratic delays, geographic limitations, and affordability issues while also increasing financial support and exploring partnerships to provide a broader range of services. These measures are essential to better meet the evolving healthcare needs of retirees and ensure their overall well-being.

7.4 Recommendations

Basing on the study findings, the following recommendations were highlighted;

Review and expansion of policy coverage: The study recommends a comprehensive review and expansion of the retirement health policy to address significant gaps, particularly in specialized and advanced medical treatments. The current policy adequately covers basic healthcare needs but lacks support for complex conditions and preventive care. Enhancing the policy to include specialized consultations and emergency care will better meet retirees' diverse health needs and reduce their financial burden.

Streamlining administrative processes: To improve the efficiency of claim approvals and access to healthcare services, the study suggests streamlining administrative processes. Retired clergy have reported delays and frustrations due to bureaucratic hurdles. Simplifying the

approval process and implementing a more responsive system for emergency situations would ensure timely access to care and alleviate these delays.

Increasing financial support and coverage limits: The study highlights the need for increasing the policy's financial support and coverage limits. Current budget constraints lead to additional out-of-pocket expenses for retirees. Expanding the financial provisions of the policy, including exploring supplementary health plans or top-up options, would help manage unexpected medical costs and provide better financial relief for retirees.

7.5 recommendations for further research

This study aimed at conducting an evaluation of the effectiveness of the retirement health policy in the Province of the Church of Uganda, Soroti Diocese. Therefore more research can be conducted on the following areas;

a) First of all, further research should explore the impact of incorporating advanced health technologies and telemedicine into the retirement health policy. This area is crucial as it addresses issues related to accessibility and efficiency, which were not fully covered in this study. Understanding how these technologies can enhance healthcare delivery for retirees could provide valuable insights into improving policy effectiveness.
b) Further research should also focus on investigating the effects of implementing a tiered benefits structure, including supplementary or top-up plans, on retirees' financial stability and healthcare outcomes is recommended. This aspect was beyond the scope of this study but is essential for understanding how additional benefits might impact retirees' overall well-being and policy effectiveness.

c) More so, further research should focus on examining the effectiveness of policy communication strategies and educational programs aimed at improving retirees' understanding and utilization of benefits. This topic was not addressed in this study but is important for ensuring that retirees are well-informed about their benefits and how to access them.

d) Finally, further research should focus on evaluating the potential benefits and challenges of forming partnerships with external healthcare providers could offer guidance on enhancing the policy's coverage and effectiveness. This area was not covered in the current study but is relevant for understanding how external collaborations might improve service quality and access for retirees.

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APPENDICES

Appendix 1: Interview Guide

With the Retired Clergy in Soroti Diocese

Dear respondent,

My name is Omaido Simon Peter, a student of Uganda Christian University (UCU) pursuing a degree of Master of Divinity. I am conducting a study on, "the influence of the relationship between the laity and clergy on the growth of a church: a case of St. Peter's obalanga parish". This should not take much of your time, and you can choose to stop the interview at any time, or to skip any questions if you like. Your responses are confidential, and your name will not be written down. I will use the information that you provide specifically for study purposes.

Section A: Introductions

1. Tell me about yourself (*name and level of education*)
2. Which position did you hold in Soroti Diocese before retirement?
3. How long have you spent in retirement?

Section B: The existing retirement health policies and benefits offered within Soroti Diocese

4. What specific health benefits do you currently receive as part of the retirement policy in Soroti Diocese?
5. How well do you understand the health policies available to you as a retired clergy member?
6. Are there any additional health benefits you believe should be included in the retirement policy?

Section C: The effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel in Soroti Diocese

7. How would you rate the adequacy of the healthcare services provided under the current retirement health policy?
8. Can you describe any experiences where the retirement health policy effectively met your healthcare needs?
9. Have you encountered any situations where the policy failed to provide the necessary healthcare support?

Section D: The specific barriers hindering the effectiveness of the retirement health policies in Soroti Diocese

10. What challenges have you faced in accessing healthcare services under the retirement health policy?
11. Are there any administrative issues that hinder the effectiveness of the health policy for retirees?
12. How do financial constraints impact your ability to benefit from the current retirement health policy?

Section E: Evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese

13. What changes would you suggest to improve the retirement health policy in Soroti Diocese?
14. How can the Diocese better support retired clergy in terms of healthcare?

15. Are there best practices from other dioceses or organizations that you think could be adopted to improve your retirement health benefits?

Thank you for your cooperation

Appendix 2: Interview Guide

With the Top Management of Soroti Diocese

Dear respondent,

My name is Omaido Simon Peter, a student of Uganda Christian University (UCU) pursuing a degree of Master of Divinity. I am conducting a study on, "the influence of the relationship between the laity and clergy on the growth of a church: a case of St. peter's obalanga Parish". This should not take much of your time, and you can choose to stop the interview at any time, or to skip any questions if you like. Your responses are confidential, and your name will not be written down. I will use the information that you provide specifically for study purposes.

Section A: Introductions

1. Tell me about yourself (*name and level of education*)
2. Which position do you hold in Soroti Diocese?
3. How long have you been working in this position?

Section B: The existing retirement health policies and benefits offered within Soroti Diocese

4. Can you describe the main components of the current retirement health policy for clergy and lay personnel?
5. What specific health benefits are provided under the retirement policy?
6. How frequently is the retirement health policy reviewed and updated?

Section C: The effectiveness of the existing retirement health policies in meeting the healthcare needs of the retired clergy and lay personnel in Soroti Diocese

7. How do you assess the effectiveness of the retirement health policy in meeting the healthcare needs of retirees?
8. What feedback have you received from retired clergy regarding the adequacy of their healthcare benefits?
9. Are there any metrics or indicators used to measure the success of the retirement health policy?

Section D: The specific barriers hindering the effectiveness of the retirement health policies in Soroti Diocese

10. What challenges have you encountered in implementing the retirement health policy effectively?
11. Are there any financial or logistical barriers that impact the delivery of healthcare benefits to retirees?
12. How does the Diocese address complaints or issues raised by retirees about their health benefits?

Section E: Evidence-based improvements for enhancing the effectiveness of the retirement health policy in Soroti Diocese

13. What improvements do you think are necessary to enhance the current retirement health policy?
14. How can the Diocese better support the healthcare needs of its retired clergy and lay personnel?

15. Are there any successful strategies from other dioceses or organizations that could be adopted to improve the retirement health policy?

Thank you for your cooperation

Simon Peter Omaido

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