

KASAMA CENTRAL CHURCH
HEALTH MINISTRIES QUARTERLY REPORT - 2018Reporting period (please tick): **1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()****Fill all information required for this quarter**

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
Number of Persons trained _____
2. Number of Departmental meetings Held _____
3. Number of Health Expos held _____
4. Number and Nature of Cookery Lessons conducted _____

5. Promotion of healthy lifestyle among children done [] Yes [] No
If yes, when _____ Topics covered _____
6. Number of Lessons on importance of body as temple of God _____
Lessons covered _____
7. Number of Lessons on health on topics such as stress mgt, malaria, TB _____
Lessons covered _____
8. Number of Lessons on principles of healthful living such as exercise, proper diet, etc. _____
Lessons covered _____
9. Any Comments/Suggestions/Recommendations

Health Ministries Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____