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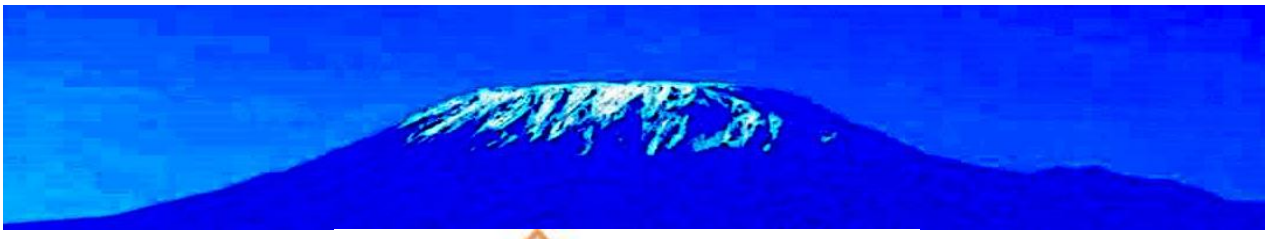

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An exploration of rural communities' response towards joining the improved Community Health Fund (iCHF): A Case of Monduli Juu Ward, Tanzania

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ABSTRACT

There are a number of efforts by the Tanzanian Government to promote accessible and equitable health services to deprived rural communities throughout the country. The government, among other things, has been mobilizing various stakeholders to contribute to the provision of health services to poor rural communities through community based health insurance schemes. However, the provision of health services, through health insurance schemes, continues to face poor response from the intended beneficiaries. Using *a case of Monduli Juu Ward,* this study explored rural communities' response towards Joining the improved Community Health Fund (iCHF). The study adopted a mixture of cross- sectional research design and Participatory Action Research (PAR). The collected data were analyzed by using SPSS and content analysis. Overall, the findings show that there are several issues that affect the extent of rural communities' response to joining the schemes. Lack of awareness and the prevalence of poverty among households have been proven to gravely block a number of households from joining the scheme. It is recommended that the government and other stakeholders should work closely with poor rural communities to create economic empowerment programs and massive awareness campaigns. The measures will enable the local communities to improve their socio - economic wellbeing as well as to awake them on the benefits they would have obtained by joining the iCHF. Finally, PAR is instrumental in the mobilization of communities for them to own the process.

Key words: **Community Development Practices, improved Community Health Fund (iCHF), Poor Households, PAR**

1.0. Introduction

Weaknesses in financing health care delivery schemes make millions of poor people living in low and middle income countries fail to access affordable health interventions (World Bank, 1997; World Health Report, 2000). World Health Organization (WHO) being the organ responsible for health affairs has been developing different strategies to achieve universal health care coverage in such countries. One of the strategies is Community Based Health Insurance (CBHI) schemes [Berkhtout and Oosting, 2008; Rufaro and Tumusiime, 2004). The WHO advocates formal and compulsory social health insurance as one of the alternative sources of health care finance aimed at mobilizing resources (Escobar et al, 2012).

Tanzania, like many countries in sub-Saharan Africa, face challenges in the provision of reliable health services. About 85% of the poor rural populations do not have access to reliable health services (Quijada & Comfort, 2002). As part of the country's strategies to enable citizens to access equitable healthcare, the Government has expanded health facilities by introducing Community Health Fund (CHF) since 2001 (Kamuzora, 2007). The Community Health Fund (CHF) is a form of voluntary based health financing scheme aimed at enabling community members to have access to reliable and effective health care. It involves the creation of a

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sustainable financial mechanism through empowering households to compliment the government health financing efforts (National Policy Consensus Center (NPCC), 2004; Ware, 2013). The improved Community Health Fund (iCHF) is an advanced version of Community Health Fund (CHF) aimed at increasing access to affordable quality healthcare for people in rural low-income groups (GoT, 2018).

Despite the proven effects of community based health insurance schemes in enhancing access to services and financial protection in developing countries including Tanzania, many studies show that the enrolment trend of people has been declining (Spaan, et al, 2012). Mtei and Mulligan (2007) found that, health insurance coverage across all schemes in Tanzania has stagnated at about 5-16 percent for a long time. CHF is not performing well since its establishment; the coverage has remained low below the target of the Health Sector Support Program III (HSSP). HSSP targeted to enroll 45 percent of the population by 2015 (World Bank 2011).

The present study adheres to the Tanzanian Government Guideline for Community Engagement in Community Development (CDTIs) and Social Work Training Institutes (SWTIs) of 2019 (GOT, 2019). The guideline requires all CDTIs to work collaboratively with their surrounding communities to enable students to engage in practical learning experiences. The practice also addresses the challenges affecting the well-being of the surrounding communities. In the implementation of community engagement programs, there are steps which are to be followed. The steps are community profiling (research), feedback to the community (triggering & visioning), resource mobilization and implementation. The objective of the study was to explore rural communities' response towards Joining the improved Community Health Fund (iCHF).

2.0. Literature Review

A number of previous studies have examined the constraints to increasing enrolment to community health insurance schemes. They have arrived at a conclusion that poor understanding of the risk pooling concept and unaffordability of premiums, block a number of households from joining community health insurance schemes [Waheke, 2015; Acharya et al, 2012; Amporfu, 2013; Bonu, 2003). However, there is limited evidence on the action undertaken by various stakeholders to address the challenges. To address this gap, the study adopted the Participatory Action Research (PAR) approach illustrated in the community engagement guideline of GoT 2019. The guideline requires CDTIs to not only investigate the sources of various problems facing their surrounding communities (community profiling) but also to find ways of addressing them. The article, among other things, reports the practice of mobilizing private firms to support rural communities join iCHF. According to Madaha (2021), PAR is useful in the mobilization of communities to participate in their development at least in the Tanzanian context. Kemmis and McTaggart (2005), PAR allows local communities serving as co-researchers to explore social challenges in collaboration with researchers to attain the right and appropriate knowledge that is required to take appropriate action at the local level.

PAR was also instrumental in fostering community participation. According to Robertson and Minkler (1994) community participation is a social process whereby communities actively pursue the identification of their needs, take decisions and establish mechanisms to meet these needs. Here, a community refers to a specific group of individuals with shared needs or relate to each other who have come together, voluntarily and deliberately, around common identity, interest, cause or territory (Minkler, 1994; Kenny et al, 2018). Community participation also refers to the actual process of enabling individuals and communities, in partnership with professionals and other stakeholders, to participate in defining their problems and shaping solutions to those problems (Rifkin et al., 1988; Wallerstein, 1992). Community participation enhances the success and sustainability of any community intervention (Shrimton, 1989); promotes good governance

and democracy as well as strengthens skills and self-esteem of community members (Kenny et al, 2018); promotes sustainability and local ownership of projects and programs (Marsland, 2006); helps the adoption of the correct changes and enhances dignity and self – reliance of communities (Lancaster, 2002); and ensures efficiency, effectiveness, increased coverage, equity, sustainability and self-reliance of community interventions (Mlozi et al, 2006)

3.0 Methodology

The study was conducted at Monduli Juu Ward, Monduli District, Arusha region. The choice of this Ward was based on the fact that the Maasai Community leads nomadic lifestyle living in temporary residences. They lead such a lifestyle in search of pasture for their cattle. The first part of the study involved cross-sectional design of data collection. The second part involved PAR (see section 4.0 for details). The cross-sectional design was used to obtain quantitative and qualitative data. A sample of 75 respondents was randomly selected to respond to a questionnaire. Some of the qualitative data were generated through in-depth interview using checklist. The study also involved key informant interviews (KII) of government officials from Ward level and villages: -1 Ward Community Development Officer, 1 iCHF Officer and 1 Ward Executive Officer. Other officers were 3 Village Executive Officers and 3 Village Chairpersons. The key informants were purposively included in this study to get insights on the response of rural communities to join the iCHF. Quantitative data were analyzed using International Business Machines-Statistical Package of Social Science (IBM-SPSS. 20.0) to produce descriptive statistics. Qualitative data were subjected to content analysis to present peoples 'opinion on their responses to join iCHF.

The second part of the research (i.e. PAR) was instrumental in fostering community participation. In order to ensure sustainability of the operation of this practice, PAR has been used in the whole process of operation whereby the community engagement unit of the Institute (Monduli CDTI) has been making sure that the community concern is involved in every stage of the implementation of a community intervention. After the identification of the practical area, a comprehensive survey tools which was used to assess the community needs in a particular topic were developed. In this process students were actively engaged to put into practice various theories they learned in class room. Also during the process of identifying community problems/needs, the community members were mobilized by Monduli CDTI students (who were doing this as part of their practical session) to prioritize their needs and setting up an intervention program ready for implementation. This was done in order to facilitate sustainability and hence ownership spirit of the practice.

As part of PAR, the researcher adopted monitoring and evaluation strategy as stipulated in the Guideline for Community Engagement in Community Development and Social Work Training Institutes (GoT, 2019). Although monitoring and evaluation serve different functions, they are brought together by their use of similar data and information. The two are concerned with the collection, processing and analysis of information to measure the performance of a community intervention (Mahigi et al, 2000). Although monitoring is all about watching for what is on or behind schedule and what is or is not progressing as expected, evaluation is the comparison of actual impacts activities against the agreed targets (GoT, 2019). Once the implementation of the planned project has been commenced, the project needs to be comprehensively coordinated and monitored constantly, and at the end needs to be evaluated.

The implementation of the study involved periodical visit to the study area to verify the implementation challenges such as additional of stakeholders/beneficiaries and change in time frame. Various reports were also used as essential management tool for the practice. The reports included information on outputs as agreed in the Community Visioning stage. In preparation of these reports different issues were considered depending on the need of a particular time. The annual reports wer particularly used as a mechanism of doing evaluation.

The reports were expected to focus on not only what the project itself had achieved (or not), but also on any significant changes in the 'external' environment. They also provided an overview of prospects for the sustainability of benefits. The annual report should include an updated annual plan for the next year. European Commission, (2004) asserts that annual report provides the opportunity for project implementers to re-schedule results, activities and resource requirements in light of experience gained/lessons learned.

3.0 Results and Discussion

3.1 Community Awareness on the iCHF Operations

Education is important in studying the impact of rural communities' response to health and other social services. The more people are educated the more they are aware of various health issues (Machumu, 2001). Mechanisms Used to Create Awareness are also important (see table 3.1**).**

Table 3.1: ***Community Awareness on iCHF Operations***

Attributes	Frequency	Percentage %
Education Level of respondents		
Non formal education	60	80
Primary education	7	9.3
Secondary education	6	8
College education	2	2.7
Mechanisms Used to Create Awareness on iCHF Operations and Services		
Notified by Village/Kitongoji Chairman	25	33.3
Writing Posters	20	26.7
Announcements in Mosques/Churches	18	24
Informed When Attended Dispensary	12	16

Source: Field data, 2021

Level of education of respondents

The information revealed in table 3.1 above indicates 60 (80%) respondents had non-formal education. Mohammad (2010) asserts that illiterate people are often looked down upon as problematic. They often cannot articulate their demands and put forward their opinions in a systematic way. Their illiteracy is therefore considered as a prime factor for promoting meaningful responses to various socio economic interventions. During data collection process, educated respondents were found knowledgeable on their responses. The observation goes in line with that of Macha et al (2014) who is of opinion that the majority of illiterate respondents are unwilling to participate risk pooling of resources. For instance, one of the respondents said: - *"Why should I pay again to join for the next year, while I know my dependents have not fallen sick this year? I didn't use my money!"* Similarly, the observation goes in line with that of Charlotte et al.(2016) who conducted a study in Northern Tanzania.

Mechanism Used to Inform Rural Communities on iCHF Operations

Findings in table 3.1 above reveal that 20 (26.7%) receive information about iCHF through posters. The majority of respondents 25 (33.3%) are notified by Kitongoji/village chairperson. Announcements provided in mosques and churches enabled 18 (24 %) to access information regarding iCHF operations. Finally, 12 (16 %) of respondents are notified by the presence of

iCHF services whenever they visit health facilities. The innovative findings to this sub section is that; if poor mechanism is used to inform people on any social related issues can result to poor response. For instance, when crucial information (pertaining to people's lives) is provided through announcements in Churches and/or Mosques, some people may be excluded. Thus in order to properly access and convey the information to the intended audiences, the article suggest the use of various multiple and mixed mechanisms. Sources from different literatures are also suggest direct involvement of beneficiaries as a proper mechanism to enhance easier dissemination of information (Mtei, and Mulligan, 2007). According to Mtei, and Mulligan, (2007) the community members should be involved in any community intervention targeting them. This is due to the fact that community members need to be aware of the flow of their contributions and how this leads to improved services. In this way, the ownership of CHF can also be achieved (Rifkin et al., 1988; Wallerstein, 1992; Robertson and Minkler, 1994). Charlotte et al, (2016) suggest that influential people can be the best alternative to facilitate dissemination of information to rural communities. A former Manyara's NHIF Regional Manager Isaya Shekifu who commented: - "*People in Mbulu are very trusting of their leaders. Endorsements from community leaders, churches, doctors, politicians and peers are crucial to iCHF's success because the concept of insurance is new and the culture here is quite resistant to change."*

3.2 Factors Influencing Rural Communities' Response to join iCHF

The present study was also intended to assess the factors which discourage or encourage rural communities to join iCHF (see Table 3.2.).

Table* 3.2*: Factors Influencing Poor Responses of Rural Communities to Join iCHF

Attributes	Frequency	Percentage %
Influence of Nomadic life on joining iCHF		
YES	40	53.3
NO	35	46.7
Monthly Income Levels of respondents (in Tshs)		
Between 200,000 and above	10	13.3
Between 76,000 – 200,000	15	20
Below 76,000	50	66.7

Source: Field data, 2021

Influence of Nomadic lifestyle on joining iCHF

The Maasai communities are the dominant ethnic group who lead a nomadic lifestyle (shifting from area to another) for the purpose of searching pastures for their livestock. This is in line with past research (Elias, 2011). The findings of the study (see table 3.2) reveled that nomadic style lead to poor response to join iCHF (53.3%). During data collection process one of respondent commented that '*I did not manage to join the scheme because during the time of sensitization we were somewhere far away pasturing our cattle'.* Charlotte et al, (2016) found that Maasai with extended families of up to 5 wives (each with 3 to 4 children) do not qualify to join iCHF. The regulation allows a maximum of 6 members per household.

Income Levels of Respondents

The income level of respondents is a important determinant that may influence someone's responses in socio economic programs. There is always an assumption that higher the income, the higher the participation. Poor people poorly participate in social economic programs. The

definition of "poor" in this context refers to those people earning an income below the poverty line (i.e. US$1) (World Bank, 2015). Data in table 3.2 illustrate that 50 (66.7%) of respondents earn a monthly income below 76,000 Tshs, while 15 (20%) of respondents earn a monthly income ranging from 76,000 – 200,000 Tshs and 10 (13.3%) of respondents earn 200,000 Tshs and above. The findings suggest that the majority of respondents earn an amount bellow 76,000 Tshs (i.e. below the US$1 per month). According to World Bank, (2015) poor people cannot afford to get three meals per day let alone to pay a premium of 30,000/= for joining iCHF. This finding is in line with that of Mohammad (2010) who asserts that there is positive co-relation between peoples' income level and participation in health interventions. Mohammad (2010) asserts that people with low economic condition are not generally invited to participate in development projects. In other words, he concludes that comparatively rich people avail the opportunities while the poor and the disadvantaged remain outside the realm of participation in local development programs. The findings of the study also concur with those of Macha et al: (2014) who found that one among the determinant factors of people to join the health insurance schemes is income status of the particular household. According to Macha et al: (2014) the poor have cannot afford health premium, especially during poor harvest seasons. The participants to this study, through Focused Group Discussion (FGD) claimed that: *"Some people are poor, so [they] can't afford the premium. Nowadays earnings from farming and livestock keeping is becoming increasingly challenging*. *We have many people who can't even afford to buy food; it is not possible for them to pay Tsh 30,000".*

3.3. The Role of Other Stakeholders in influencing Rural Communities to join iCHF

The findings reveal that other stakeholders play a role in influencing rural communities to access their social services particularly health (see Table 3.3.). According to Turner (2003) stakeholders are those people or groups who have not only vested interest in the success of a project but also can significantly influence the success of a particular project. Table 3.3 below is revealing the information regarding the respondents' views on the role played by private firms and/or political will (as stakeholders) in joining iCHF.

Table* 3.3*: The Role of Other Stakeholders to Influence Rural Communities to Join iCHF

Attributes	Frequency	Percentage %
Support from Private Firms		
YES	38	50.7
NO	37	49.3
The Contribution Made by Political Will		
YES	42	56
NO	33	44

Source: Field data, 2021

Support from Private Firms

Stakeholders play an important role in the implementation of social- economical programs geared at meeting felt needs of the poor rural communities. AIDCO (2004) indicates that a stakeholder is any group of people who are affected by or has an overall view of policy or project impacts. Since the GoT (2018) suggests several alternative mechanisms for financing iCHF, including the contributions of Private firms through Corporate Social Responsibility (CSR) programs. The present study suggests that (table 3.3) the support of private firms could be the best alternative to assist the poor access iCHF services. These finding go in line with those of Waheke (2015) who argues for the involvement of other stakeholders in encouraging more people to join the health insurance schemes and other Public Private Partnership (PPP) projects. Similarly, Spaan et al, (2012) asserts that all socio-economic groups are expected to

mobilize resources to improve the utilization, quality, and access to health care services through health insurance schemes in low-income and middle-income countries. Moreover, Mtei and Mulligan (2007) stress on the involvement donors in facilitating the access of health services to poor rural communities. For example, GTZ has provided technical assistance to help some districts find ways of financing the revenue gap resulting from waivers.

The Contribution Made by Political Will

The findings of the study show that political influence the provision of health services especially community based insurance funds. According to revealed information in table 3.3 above, the majority of respondents by 42 (56%) said yes political will has a greater contribution in enabling deprived rural communities to not only accessing but also afford health services. The findings imply that even poor rural communities are aware that their government is responsible on caring their health. The findings go in line with those of Li et al, (2007) who identified that good governance, reliable legal framework, sound socio - economic policies and a stable macro-economic environment influence success of any community development programs. Charlotte et al. (2016) remark that the more funding will be allocated from the Tanzanian government both in terms of the matching grant and the amount of human resources for administration the more iCHF will reach its full potential.

4.0. Action

The action part of the PAR intervention involved the mobilization of private/public firms to support poor house hold of Monduli Juu to join iCHF. The findings obtained from the present study revealed that a significant number of respondents (i.e. 46.7%) failed to join the iCHF scheme because of poverty. Thus, in the course of addressing this challenge, Monduli CDTI, through its community engagement program, initiated a resource mobilization practice as proposed by the majority of respondents and supported by guiding in the iCHF document of 2018. Specifically, the respondents suggested the involvement of other development partners /stakeholders to support poor households through their Corporate Social Responsibility (CSR) programs. Thus the institute attempted to mobilize public/private firms to support poor households to join the improved Community Health Fund. During its first phase of implementation, Monduli CDTI managed to mobilize several Public/Private firms to donate 50 percent of contributions to 66 (66% of the target). Poor households were required to donate the remaining 50 percent of TZS 30,000. That **is** the premium amount that covers the treatment of six family members as stated in the documents.

4.1 Feedback to the Community & Triggering and Community Visioning

The feedback step of community engagement as presented in 2019 guideline document reveals that the community deserves to be informed on the results obtained from the community profiling, informed the issues identified, and what is expected to be the future trends if the problems persists. It is at this step where triggering is done in order to stimulate a collective sense of disgust and shame among community members as they confront the rude facts about their problems and their negative impacts on the entire community (GoT, 2019). Here, the mobilization team from Monduli CDTI, in collaboration with community leaders, called community meetings to inform them about the study findings and suggested measures to be taken to increase the enrollment of households to join the iCHF.

4.2 Resource Mobilization and Implementation of a Practice

According to GoT (2019) resource mobilization involve identifying resources (materials, manpower, Equipment, and space), resources providers (community members, CSOs, government, international agencies, and CSR). Similarly, the GoT (2019) asserts that the implementation should involve the allocation of tasks to groups and proper supervision of

activities within the community. The implementation stage involves initializing activities/projects; specifying and scheduling the work; clarifying authority, responsibility and relationships; and obtaining resources. Mechanisms for obtaining resources may include fundraising, diner and writing project proposals (GoT, 2019). To the context of this paper resource were mobilized to enhance effective implementation of the practice. The iCHF further suggests allocations from district council and/or village budgets; savings from cooperative society organizations; contributions from religious organizations; and fundraising activities targeting businesses and corporate social responsibility (CSR) programs run by private-sector firms **(**GoT 2018**).**

According to Bryson (2018) a stakeholder is "any person, group or organization that can place a claim on an organization's attention, resources or output, or is affected by that output". Since during data collection the majority of respondent claimed that one among major reason for their poor response to join iCHF was low level of income, the researchers took on board the suggestion proposed by the majority of respondents to involve other development partners /stakeholders as a solution to this challenge. The suggestion is also concurring with that provided in the iCHF document of 2018 which proposes a need of involving the private firms to contribute to the provision of health services to poor households. The contribution is in line with the obligation of Cooperate Social Responsibility for such stakeholders.
Basing on these suggestions provided by respondents (which were driven by their economic situation) and the support from iCHF document of 2018, Monduli CDTI through its community engagement unit, came up with a strategy to mobilize both poor household and the private/public firms to complement each other the contribution of Tsh 30,000. This is the premium amount needed for one household (with six beneficiaries) to get the health services through iCHF. In phase one of its implementation, the practice achieved to mobilize both sides (the private firms and poor households) to donate the amount money which facilitated to create 396 cards from 66 poor households out 100 targeted poor households. The table 4 bellow shows the contribution of various stakeholders including private firms such as Civil Society Organizations and Financial Institutions. Also, in a course of building a volunteerism spirit, the Monduli CDTI students who are future the community development agents of transformation were also mobilized to donate and they contributed 19% of total contribution as shown in the table 4.2 bellow.

Table 4.2 Contributions of Various Stakeholders to Support Poor Households Acquiring iCHF

S/N	**Stakeholder Category**	**Amount Contributed**	**Percentage of Contributions**	**Number of beneficiary household**	**Number of beneficiaries @household**
1	Civil Society Organizations	140,000	7.07	4.7	28.2
2	Financial Institutions	50,000	2.53	1.7	10.2
3	Monduli CDTI Staff	360,000	18.18	12	72
4	Monduli CDTI Students	377,000	19.04	12.6	75.6
5	Poor households	990,000	50	33	198
6	Others	63,000	3.18	2	12
TOTAL		**1,980,000**	**100**	**66**	**396**

Source: Field data, 2021

The table 4.2 above displays the contributions of various private/public stakeholders to support poor households of Monduli Juu ward through iCHF as mobilized by Monduli CDTI. The poor

households donated 50% of the cost and other stakeholders were played their parts as required in the mobilization. However, their contribution was regarded to their capabilities and how much the particular organization was impressed by the program. Civil Society Organizations and Financial Institutions donated a lower amount (2.53% and 7.07% respectively) compared to that by CDTI students and staff. The finding suggests that the private sector does not fulfill its Corporate Social Responsibility (CSR) in line with the government guidelines as expected. However, the findings suggest that the relatively well-off community such as CDTI students and staff can play an instrumental role in supporting surrounding communities.

5.0. Conclusion

Poor response of rural communities to join community based health insurance schemes were identified to be mostly contributed by the lack of awareness of both direct beneficiaries and other stakeholders particularly the private firms. Rural communities have been hesitating to join iCHF and other health insurance schemes due to the lack of awareness on insurance concepts like risk pooling principle. Most of private firms operating at grassroots show a will to support various development initiatives introduced by the government but the challenge has been how well they are being mobilized. That is, they need to do more to fulfill their corporate social responsibility. Thus from this experience, there is a need of more sensitization and mobilization. Community development experts can play an important role in this regard.

6.0. Recommendations

The present study reveals unwillingness of poor rural communities to enroll in social related programs (particularly health) due to poverty. As such, there is a need for structural changes to enhance socio-economic power among local poor households. In the same line, the policy makers should create an enabling environment to stimulate local government and other stakeholders working at marginalized rural areas to incorporate awareness creation in their programs. The recommendation is in line with the iCHF document of 2018. Moreover, the government should allocate sufficient budget to facilitate the smooth implementation of community engagement programs (run by Community Development Training Institutes) of which since its establishment proved to have some positive and tangible results to the surrounding communities. The allocation of sufficient budget at this area is crucial due to the fact that, the implementation of community engagement programs involves a research component. The component requires adequate funding especially during the community profiling step. The finding suggests that the private sector does not fulfill its Corporate Social Responsibility (CSR) in line with the government guidelines as expected. As such, there is a need to sensitize and mobilize the private corporations to fulfill their role.

Finally, the findings suggest that the relatively well-off community such as CDTI students and staff can play an instrumental role in supporting surrounding communities. Those also should be encouraged to develop a spirit of giving to marginalized communities.

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Policy Brief

An exploration of rural communities' response towards joining the improved Community Health Fund (iCHF): A Case of Monduli Juu Ward, Tanzania

There are a number of efforts by the Tanzanian Government to promote accessible and equitable health services to deprived rural communities throughout the country. The government, among other things, has been mobilizing various stakeholders to contribute to the provision of health services to poor rural communities through community based health insurance schemes. However, the provision of health services, through community health insurance schemes, continues to face poor response from the intended beneficiaries. Using cross-section and Participatory Action Research (PAR) designs this study found that there are several issues that affect the extent of rural communities' response to joining the schemes. Lack of awareness and the prevalence of poverty among households have been proven to gravely

block a number of households from joining the scheme. Rural communities have been hesitating to join iCHF and other health insurance schemes due to the lack of awareness on insurance concepts like risk pooling principle.

Further, poor response of rural communities to join community based health insurance schemes is partly contributed by the lack of awareness by other stakeholders particularly the private corporations. Some private corporations operating at grassroots level are willing to support various development initiatives introduced by the government but the challenge has been how well they are being mobilized. As such, there is a need to sensitize and mobilize the private corporations to fulfil their role. It is recommended that the government and other stakeholders should work closely with poor rural communities to create economic empowerment programs and massive awareness campaigns. The measures will enable the local communities to improve their socio - economic wellbeing as well as to awake them on the benefits they would have obtained by joining the iCHF.

There is also a need for structural changes to enhance socio-economic power among local poor households. In the same line, the policy makers should create an enabling environment to stimulate local government and other stakeholders working at marginalized rural areas to incorporate awareness creation in their programs. The recommendation is in line with the iCHF document of 2018. Moreover, the government should allocate sufficient budget to facilitate the smooth implementation of community engagement programs (run by Community Development Training Institutes) for their positive and tangible results to the surrounding communities. The allocation of sufficient budget is crucial due to the fact that, the implementation of community engagement programs involves a research component. The component requires adequate funding especially during the community profiling step.

Finally, the findings suggest that the relatively well-off community such as CDTI students and staff can play an instrumental role in supporting surrounding communities. Those also should be encouraged to develop a spirit of giving to marginalized communities. PAR can play an instrumental in the mobilization of students and other stakeholders to support impoverished communities.