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RESEARCH ARTICLE

COMMUNITY PARTICIPATION IN PROGRAMME PLANNING FOR UNIVERSAL HEALTH COVERAGE IN INDIA: AN EXPLORATORY STUDY

Yogesh Chandra, Ajai Kumar Jain*

Amity Institute of Public Health & Hospital Administration, Amity University Noida, India

Correspondence: dryogi23@gmail.com

ABSTRACT

Health can never be adequately protected by health services without the active understanding and involvement of communities whose health is at stake. For attaining Universal Health Coverage, community participation is important, as their active role helps in sustained efforts, collaboration, and a commitment to addressing the underlying social determinants of health, leading to equity in healthcare. Traditional Indian society is cut across by rigid religion and caste lines, and the appropriate role for each caste group has been a serious obstacle in securing complete community participation.

This study employed a quantitative exploratory survey design aimed at understanding public health professionals' perceptions of community participation in healthcare planning. The questionnaire's development included expert consultation and a pilot test to ensure validity and reliability, while the implications of the low response rate on the study's findings was also reported transparently.

This study reflects the opinion on the importance of community participation in healthcare policy and program decisions, identifies the different barriers faced during such vital participation, and recommends measures to enhance community participation for a more equitable healthcare system in the local area.

KEYWORDS

Demedicalize, Community participation, Universal Health Coverage, Support network

INTRODUCTION

Health can never be adequately protected by health services without the active understanding and involvement of communities whose health is at stake. Until quite recently, throughout the world, people were neglected as a health resource; they were merely looked upon as sources of pathology or victims of pathology and consequently as a "target" for preventive and therapeutic services. This negative view of people's role in health has changed because of the realization that there are many things that the individual cannot do for himself except through a united community effort. Individual and community responsibilities are complementary, not antithetical. The current trend is to "demedicalize" health and involve communities in a meaningful way. This implies a more active involvement of families and communities

in health matters, viz., planning, implementation, utilization, operation, and evaluation of health services [4]. In other words, the emphasis has shifted from health care for the people to health care by the people.

The World Health Organization (WHO) has been instrumental in promoting this approach, proposing three core dimensions of universal health coverage: the proportion of a population covered by existing healthcare systems, the range of healthcare services available to a population, and the extent of financial risk protection available to local populations [5, 13].

Community participation came to the fore with the 1978 Alma Ata declaration, which framed the community as central to the planning, organizing, operation, and control of primary health care [7]. However, community involvement is not easy to obtain, as extensive experience has indicated. Traditional Indian society is cut across by rigid religion and caste lines, and the appropriate role for each caste group has been a serious obstacle in securing complete community participation.

Recent developments to enhance community participation include the integration of digital health technologies, the rise of community health worker programs, and an increased focus on social determinants of health in healthcare planning. Despite these advancements, gaps remain in our understanding of how to effectively implement and sustain community participation across diverse contexts.

This study aims to address this knowledge gap by exploring the perspectives of public healthcare professionals and policymakers on the importance of community participation in effective healthcare program planning to achieve Universal Health Coverage. Specifically, we seek to answer the following research questions:

- How do public healthcare professionals and policymakers perceive the importance of community participation in healthcare planning?
- What are the perceived barriers and facilitators to effective community participation?
- How can community participation strategies be further optimized to support the achievement of Universal Health Coverage?

This study is significant as it contributes to the evolving body of knowledge on community-based healthcare approaches. Practical implementation of policy is equally important as policy intentions, and this study can further bridge this gap and identify more potential strategies for effective community engagement in healthcare decision-making, leading to improved health outcomes, more equitable access to healthcare, and progress towards achieving Universal Health Coverage.

The insights gained from this study will be valuable to a range of stakeholders, including policymakers, healthcare administrators, community health workers, and public health researchers. Ultimately, by enhancing understanding of effective community participation, this research study intends to contribute to the development of more responsive, efficient, and equitable healthcare systems that truly meet the needs of diverse communities.

OBJECTIVES OF THE STUDY

1. To study the perception of healthcare professionals about community participation in program planning for Universal Health Coverage in the Delhi NCR region.
2. To identify barriers and facilitators to community participation in program planning for Universal Health Coverage.

RESEARCH METHODOLOGY

STUDY DESIGN:

This study employs a quantitative approach using an exploratory survey design. This design is appropriate for our research questions as it allows us to gather insights from a broad range of public health professionals on their perceptions of community participation in healthcare planning. The exploratory nature of the study is suitable given the complex and context-dependent nature of community participation in healthcare.

DATA COLLECTION METHOD:

Data were collected through a self-designed survey questionnaire comprising 20 items. The questionnaire was distributed in 2023 via Google Forms to public health professionals in two WhatsApp groups dedicated to public health professionals. A 5-point Likert scale was used for response options, allowing for a nuanced measurement of attitudes and perceptions.

INSTRUMENT DEVELOPMENT:

The questionnaire was developed based on a comprehensive literature review and expert consultation (Table 1). To ensure content validity, the instrument was reviewed by a panel of experts in public health and community engagement. A pilot test was conducted with a small sample (n=10) to assess clarity and reliability, with Cronbach's alpha calculated to ensure internal consistency.

SAMPLING UNIT:

Public Health professionals were the respondents for this study.

SAMPLING METHOD:

While initially planned as a census of all 415 group members, the actual responses resulted in a convenience sample of 52 public health professionals.

SAMPLE SIZE (FORMULA):

- The sample size was calculated based on Cochran (1963, p. 75) [14].
- Calculated for an infinite population: $n_0 = Z\ 2\ X\ P\ (1-P)/\ e^2$
- Z = the critical value taken for the desired confidence level of 95%, which is 1.96
- e = the margin of error, which is 5% = 0.05.
- P=Maximum probability of variation in population distribution, that is, 50% = 0.5
- Now, putting all these values in the formula, we get the value of $n_0 = 384$.
- As the study was conducted in two groups of health professionals with a total of 415 (N) members, the values were adjusted against the known population of 415 and put in the given formula.
- $n = nx_0\ N/n_0 + (N-1)$ Sample size was calculated as to equal 200 and a questionnaire was distributed, but only 52 responses were received and analysed.

TRANSPARENT REPORTING:

In our results and discussion sections, we clearly communicate the limitations due to the low response rate and discuss how this may affect the interpretation and generalizability of our findings.

SAMPLING PROCEDURE

A convenience sampling method was adopted.

TABLE 1: SURVEY QUESTIONNAIRE-COMMUNITY PARTICIPATION IN POLICIES RELATED TO HEALTHCARE PROGRAMME DECISIONS -RESPONSE FORM

S.No.	Questions	SD(1)	D (2)	I(3)	A (4)	SA (5)
1	Do you think healthcare facilities affect the community more than individuals?					
2	Do you agree that the community can play a vital role in raising healthcare awareness?					
3	Do you agree that the local community understands their healthcare needs better?					
4	Does the community understand the accessibility of healthcare services in their local area?					
5	Do you agree that the community can affect the acceptance of healthcare facilities by individuals in the local area?					
6	Do you think the local community plays a vital role in the pricing of healthcare services in their local area?					
7	Do you agree that the community can affect the adaptability of healthcare facilities for individuals in the local area?					
8	Do you think community participation ensures equity in healthcare delivery in the local area?					
9	Do you consider that community participation can help in useful data collection from the local area regarding healthcare services?					
10	Do you think the community can help in identifying efficient human resources for healthcare services?					
11	Do you agree that the community can help in identifying the financial resources for healthcare if needed?					
12	Does the community have the ability to help in controlling the environmental factors determining healthcare services?					
13	Do you think literacy can increase community participation in healthcare service planning?					
14	Do you think socio-cultural factors can affect community participation in healthcare service planning?					
15	Do you agree that community participation will help in customizing the healthcare policy in their local area?					
16	Do you agree that community feedback about healthcare services helps the healthcare delivery system?					
17	Do you agree that community participation helps to build a better relationship between the community and healthcare providers?					

18	Do you think community participation can play a vital role in reducing Out of Pocket Expenditure in healthcare?					
19	Do you think the community has better knowledge of its surroundings to adapt to any change effectively?					
20	Do you think the government should promote community participation in healthcare policy-making?					

SD-Strongly Disagree, D-Disagree, I-Indifferent, A-Agree, SA-Strongly Agree

DATA ANALYSIS

Quantitative Analysis: Descriptive statistics, such as frequencies and percentages, were used to analyze quantitative data. Data analysis was done by IBM SPSS Statistics V29.0 for the normality of the data, and descriptive statistics were used for analysis.

RESEARCH ETHICS:

Data used in the study was collected through a Google Form on an individual basis where independent respondent's identities were kept confidential. The study rests on the principles of confidentiality and informed consent. Further it is also confirmed that the selected study topic is general in nature and did not involve vulnerable populations which could lead any harm to an individual included in the study. The concerned university's policy did not require any ethical clearance in this regard.

FINDINGS AND DISCUSSION

Perceptions were received in qualitative form and converted into quantitative form for data analysis. Researchers assessed the reliability of the Likert scale to ensure that the measured construct is consistent and accurately reflects the underlying concept. The most commonly used measure of reliability is Cronbach's alpha, which has a value of 0.804 and is higher than an acceptable 0.7, suggesting the internal consistency of the scale used in this study is good to excellent. This range suggests a high level of reliability, indicating that the items are highly correlated with each other and consistently measure the same construct.

Table 2 suggests that most of the responses were in the categories of Strong Agree and Agree for all items. Questions with higher D or I responses (e.g., Q9, Q11, Q17) may indicate aspects where improvements in community participation are needed.

The mean, median, and mode of every item suggest great acceptability of the statement about the importance of community participation in healthcare program/policy decision-making (Figure 1).

TABLE 2: SUMMARY OF THE RESPONSES OBTAINED IN SURVEY QUESTIONNAIRE

Res	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
SA	24	37	11	13	12	15	11	8	18	7	4	12	27	20	13	21	17	6	11	28
A	22	15	27	24	39	22	37	27	32	32	28	33	24	31	36	30	35	24	27	24
I	1	0	7	8	0	7	2	7	1	5	12	4	0	1	1	0	0	11	6	0
D	3	0	6	7	1	7	2	9	1	8	8	3	1	0	2	1	0	11	7	0
SD	2	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Total	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52

FIGURE1. DESCRIPTIVE STATISTICS INDIVIDUAL ITEM-WISE

Descriptives																				
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
N	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52
Mean	4.21	4.71	3.79	3.83	4.19	3.83	4.1	3.62	4.29	3.73	3.54	4.04	4.48	4.37	4.15	4.37	4.33	3.48	3.77	4.54
Median	4	5	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5
Mode	5	5	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5
Standard deviation	1.02	0.457	0.977	0.964	0.525	1.06	0.634	1.01	0.605	0.888	0.851	0.74	0.61	0.525	0.638	0.6	0.474	0.96	1	0.503
Minimum	1	4	1	2	2	1	2	1	2	2	2	2	2	3	2	2	4	2	1	4
Maximum	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Skewness	-1.73	-0.96	-0.87	-0.59	-0.632	-0.766	-1.04	-0.681	-0.774	-0.829	-0.52	-0.968	-1.27	0.149	-1.08	-0.9	0.76	-0.29	-0.85	-0.159
Std. error skewness	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
Kurtosis	2.94	-1.12	0.406	-0.47	5	-0.168	3.47	-0.269	2.58	0.0601	-0.44	1.72	3.36	-1.07	3.66	3.02	-1.48	-0.92	0.2	-2.06
Std. error kurtosis	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65
Shapiro-Wilk W	0.709	0.568	0.836	0.842	0.592	0.849	0.682	0.841	0.7	0.771	0.823	0.757	0.67	0.684	0.673	0.67	0.592	0.849	0.83	0.635
Shapiro-Wilk p	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001

The Mean, Median, and Mode of every item suggest great acceptability of the statement about the importance of community participation in healthcare program/policy decision-making.

TABLE 3: PERCEPTION DECISION FOR SURVEY RESPONSES OF INDIVIDUAL ITEMS OF SURVEY

S.No.	Item	SA(%)	A(%)	I(%)	D (%)	SD (%)	Mean	SD	Decision
1	Do you think healthcare facilities affect the community more than individuals?	46	42	2	6	4	4.21	1.02	**High Perception**
2	Do you agree that the community can play a vital role in raising healthcare awareness?	71	29	0	0	0	4.71	0.46	**High Perception**
3	Do you agree that the local community understands their healthcare needs better?	21	52	13	12	2	3.79	0.98	Low Perception
4	Does the community understand the accessibility of healthcare services in their local area?	25	47	15	13	0	3.83	0.96	Low Perception
5	Do you agree that the community can affect the acceptance of healthcare facilities by individuals in the local area?	23	75	0	2	0	4.19	0.53	**High Perception**

6	Do you think the local community plays a vital role in the pricing of healthcare services in their local area?	29	42	13	14	2	3.83	1.06	Low Perception
7	Do you agree that the community can affect the adaptability of healthcare facilities for individuals in the local area?	21	71	4	4	0	4.1	0.63	**High Perception**
8	Do you think community participation ensures equity in healthcare delivery in the local area?	15	52	14	17	2	3.62	1.01	Low Perception
9	Do you consider that community participation can help in useful data collection from the local area regarding healthcare services?	35	62	1	2	0	4.29	0.61	**High Perception**
10	Do you think the community can help in identifying efficient human resources for healthcare services?	13	62	10	15	0	3.73	0.89	Low Perception
11	Do you agree that the community can help in identifying the financial resources for healthcare if needed?	8	54	23	15	0	3.54	0.85	Low Perception
12	Does the community have the ability to help in controlling the environmental factors determining healthcare services?	23	63	8	6	0	4.04	0.74	Low Perception
13	Do you think literacy can increase community participation in healthcare service planning?	52	46	0	2	0	4.48	0.61	**High Perception**
14	Do you think socio-cultural factors can affect community participation in healthcare service planning?	38	60	2	0	0	4.37	0.53	**High Perception**

15	Do you agree that community participation will help in customizing the healthcare policy in their local area?	25	69	2	4	0	4.15	0.64	**High Perception**
16	Do you agree that community feedback about healthcare services helps the healthcare delivery system?	40	58	0	2	0	4.37	0.60	**High Perception**
17	Do you agree that community participation helps to build a better relationship between the community and healthcare providers?	33	67	0	0	0	4.33	0.47	**High Perception**
18	Do you think community participation can play a vital role in reducing Out of Pocket Expenditure in healthcare?	12	46	21	21	0	3.48	0.96	Low Perception
19	Do you think the community has better knowledge of its surroundings to adapt to any change effectively?	21	52	12	13	2	3.77	1.00	Low Perception
20	Do you think the government should promote community participation in healthcare policy-making?	54	46	0	0	0	4.54	0.50	**High Perception**

Note: N = 50, SA = Strongly Agree: A = Agree: I = Indifferent: D = Disagree: SD = Strongly Disagree.

In this study, the decision was made using the perceptions of the respondents, and for that, the weighted average value was considered. The weighted average value is calculated by summing up the mean values for the items divided by the total number of items.

- So, the weighted average in this study is 81.37/20 = 4.06.
- The item that scores >4.06 is considered a high perception response, and the remaining are low perception responses.
- By analyzing the percentages calculated and mentioned in Table 3, it is inferred that most of the participants agree with the questions asked and have been identified as having a high perception for items numbers 1,2,5,7,9,13,14,15,16,17,20 2, 5, 7, 9, 13, 14, 15, 16, 17, and 20. A few participants also strongly disagreed with items numbers 3, 4, 6, 8, 10, 11, 12, 18, and 19 and were identified as having a low perception

High overall perception:

Most items show a positive perception of community participation in healthcare planning, with 11 out of 20 items categorized as "high perception."

Strongest agreement:

- Item 2: The community's vital role in healthcare awareness (100% SA/A)
- Item 20: Government promotion of community participation (100% SA/A)
- Item 17: Improved relationship between community and healthcare providers (100% SA/A)

Areas of high perception:

- Healthcare facility's community impact (Item 1)
- The community's influence on healthcare acceptance (Item 5)
- The community's role in data collection (Item 9)
- Literacy's impact on participation (Item 13)
- Socio-cultural factors' influence (Item 14)
- Customizing healthcare policy (Item 15)
- Community feedback's importance (Item 16)

Areas of lower perception:

- Understanding local healthcare needs (Item 3)
- Accessibility of healthcare services (Item 4)
- The community's role in healthcare pricing (Item 6)
- Ensuring equity in healthcare delivery (Item 8)
- Identifying efficient human resources (Item 10)
- Identifying financial resources (Item 11)

Mixed opinions:

Controlling environmental factors (Item 12): high agreement but categorized as "low perception".
Reducing out-of-pocket expenditure (Item 18): Divided opinions

A study shows that community participation in healthcare policy-making decisions is essential to making healthcare equitable for achieving Universal Health Coverage in the following manner:

Population Coverage:

- Community involvement helps cover more people with healthcare.
- It is especially good for reaching underserved groups.
- The high score (4.21) shows people think this is important.

Healthcare Services:

- Communities know their special health needs.
- Their input helps create services that fit local needs.
- The good score (4.12) suggests people agree that this is helpful.

Financial Protection:

- Out-of-pocket costs are a big worry.
- Community input can help make healthcare more affordable.
- The lower score (3.84) shows these needs more work.

Health Awareness:

- Communities are great at spreading health information.

- They can influence others to be healthier.
- Local knowledge helps make health messages more effective.
- Community groups can organize health events and support.

Policy Making:

- Community voices help make better health policies.
- It ensures policies match real needs and local situations.
- This approach builds trust and helps policies work better.

TABLE 4: LIST OF ITEMS REPRESENTING THE THREE COMPONENTS OF UHC WITH M

S.No.	Universal Health Coverage (UHC) Component	Question no represents the component	Mean Score
1	Population covered by existing healthcare systems	Q1, Q2, Q7, Q8, Q10, Q13, Q17, Q20	4.21
2	Range of healthcare services available to a population	Q3, Q4, Q5, Q9, Q12, Q14, Q15,Q16,Q19,Q20	4.12
3	The Extent of financial risk protection	Q6, Q11, Q18, Q20	3.84

Table 4 suggests that:

1. **Population Coverage**: It is represented by Q1, Q2, Q7, Q8, Q10, Q13, Q17, Q20(Table No. 4) of used scale have a mean score of **4.21**, this component indicates strong performance in ensuring that a substantial portion of the population is covered by existing healthcare systems.
2. **Range of Healthcare Services**: It is represented by Q3, Q4,Q5,Q9,Q12,Q14,Q15,Q16,Q19,Q20 (Table No. 4) of used scale, have a mean score of **4.12** reflects a broad availability of healthcare services, demographics which is essential for comprehensive care and aligns with UHC goals.
3. **Financial Risk Protection**: It is represented by Q6, Q11, Q18, Q20 (Table No. 4), have a mean score of **3.84** for this component points to challenges in safeguarding individuals from financial hardships associated with healthcare costs. This underscores the need for further improvements to ensure that financial barriers do not prevent access to necessary health services.

Community participation plays a crucial role in the success of universal health coverage (UHC) programs in India. It ensures equitable access, quality, and affordability of health services [1]. However, there are challenges in operationalizing community participation and ensuring its effectiveness and equity [8]. Limited public awareness about health insurance and the importance of participation hinders the success of UHC [3]. Inadequate coordination among community members and health centres, the absence of proper guidelines, and a lack of resources also contribute to the limited success of community participation in health development [11]. To address these challenges, it is important to strengthen user associations and enhance public awareness about their role in decision-making processes [2]. Additionally, improving coordination, providing proper guidelines, and allocating resources for community participation can enhance the success of UHC programs in India.

Sustainability is very important in healthcare, and it needs knowledge of community resources, networks, and various initiatives taken at ground level. Integration of all this information in policymaking will help in leveraging local assets for better healthcare outcomes.

Various barriers exist to impede community participation in healthcare policy decisions due to a lack and asymmetry of information. Differences in language and culture create a communication gap. Socioeconomic factors, such as the struggle for basic needs, put the knowledge of local healthcare needs backward. Stigma about various health issues like mental health and substance abuse leads to underreporting of such cases, resulting in a paucity of information about such cases. This will further dent to efficient health care programs and policy decisions. Lack of resources and infrastructure may create impediments in identifying the various opportunities to address the specific healthcare challenges. Limited access to data, expertise, and financial information makes the local community unable to understand the pricing of various healthcare services.

LIMITATIONS OF THE STUDY

1. Limited Sample Size: The low response rate resulted in a smaller sample than initially planned, which may limit the generalizability of findings.
2. Potential for Selection Bias: The use of WhatsApp groups as the sampling frame may have led to a non-representative sample of public health professionals.

RECOMMENDATIONS

1. Community representation and consultation can be increased through town hall meetings, focus group discussions, and surveys that include individuals from different backgrounds, cultures, and ethnic communities.
2. To promote community participation in healthcare policymaking, governments can establish mechanisms such as public consultations, community forums, advisory committees, and partnerships with community organizations. They should actively seek input from a diverse range of stakeholders, including patients, healthcare professionals, community leaders, and advocacy groups.
3. Healthcare-related literacy within the community may be facilitated by increasing accessibility to information about healthcare policies, programs, and decision-making processes, making terminology understandable.
4. Leveraging digital technology and various social platforms for virtual participation in various healthcare policy decisions can enable the community to provide for their healthcare needs more effectively. Establishing a feedback mechanism for community views and opinions can play a vital role in healthcare policy decisions.

Ultimately, involving the community in healthcare policy-making fosters collaboration, inclusivity, and accountability, leading to policies that are better aligned with the needs and aspirations of the population.

CONCLUSION

In conclusion, the community plays a vital role in raising healthcare awareness by disseminating information, influencing social norms, tailoring interventions to diverse populations, providing support networks, and advocating for positive change. By harnessing the power of community engagement, we can improve health outcomes and promote a culture of wellness by the following means:

- Enhanced stakeholder engagement
- Addressing health inequities
- Capacity Building and Training
- Technology Integration
- Improved service delivery, etc.

DECLARATION OF CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

FUTURE RESEARCH AREAS

Further research can explore the effectiveness of various community participation models, the impact of digital technology, and intersectionality (gender, ethnicity, socioeconomic factors, etc.) on community participation.

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