

Title

**ASSESSING THE IMPACT OF MICROFINANCE HEALTH INSURANCE PROGRAM
AMONG WOMEN ON THEIR FAMILY WELFARE AT MALIMBA VILLAGE, T/A
KALONGA IN SALIMA DISTRICT**

Author

ARNORD V MZUNGA

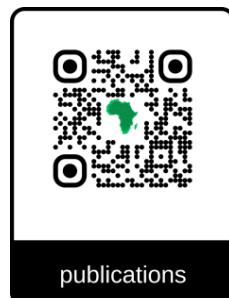
Co-Author

FREEZA JEFUTARA



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ABSTRACT

Access to quality healthcare remains a major challenge for low-income households in Malawi, particularly in rural area. Microfinance institutions have introduced health insurance schemes to support their clients, but on this research we much focus on women. This study has assesses the effectiveness of microfinance-linked health insurance program in improving family welfare among women in Salima District. A cross- sectional comparative design will be used, targeting 55 women involved in microfinance program, and others does not involved directly in with or enrolled in health insurance. Data has been collected through surveys, focus group discussions, and interviews. Quantitative data methods has been used to analyze the data and Qualitative data methods also has been used to analyze the data from interview. The findings inform policymakers and NGOs on integrating health financing into microfinance service to enhance household's wellbeing and reduce vulnerability to health shocks. Sample size 30 women and 25 women enrolled in microfinance health insurance programs and 5 women not enrolled in micro health insurance. And sample will be taken chisani village in Salima District.

Target population 55 people aged 18-65 years, residing in Malimba, salima district with or without enrollment in health insurance. And research design cross sectional comparative has been applied insured versus uninsured for the outcome of

health, income, education, and households. Data analytics has been using both quantitative and qualitative and the data collection tools structured questionnaires, interviews and group discussion. Ethical consideration was much followed up for example confidentiality and consent. And importance of this research has increase understand how microfinance health insurance influence households welfare, provide evidence based recommendation for improving programs design and scaling and empower women by highlighting their role in households financial and health decision making.

Keywords: microfinance, health insurance, women empowerment, family welfare, Salima District, Malawi

INTRODUCTION

Access to quality health care remains a critical determinant of socio-economic development, particularly in low-and middle-income countries. In many rural areas, such as Salima district in Malawi, significant barriers-including financial constraints, limited health infrastructure, and lack of health insurance continues to prevents vulnerable populations, especially women, from obtaining essential health services. The burden of out of pocket health expenditures not only undermines household welfare but also perpetuates cycles of poverty and inequality. In response, innovative approaches such as microfinance based health insurance programs are being

introduced as integrated solution to enhance health access while promoting financial inclusion. This study has assess the impact of a microfinance health insurance program on family welfare at Marimba Village, Tradition Authority Kalonga in Salima District Malawi, and exploring how such initiatives contribute to improving health outcomes and socio-economic resilience..

Background of the Study

Globally, Africa, and Sub-Saharan Africa, and Malawi the health system continues to face significant challenges, particularly in rural and low income settings where access to quality and affordable healthcare remains limited. Structural poverty, underfunded health infrastructure and social disparities contribute to poor health outcomes, especially among women. Women, who often carry the dual burden of economic contribution and family caregiving, are disproportionately affected by lack of access to timely medical care and social protection systems. These constraints not only hinder individual well-being but also impact the overall development of households and communities.

To address these interconnected issues, microfinance institutions (MFIs) have evolved from their traditional role of providing credit and savings services to becoming platforms for developing for delivering health-related interventions. One such innovation is the introduction of micro health insurance schemes- programs designed to extend affordable health coverage to low-income populations, with a

particular focus on women. By leveraging the existing networks and trust built through microfinance services, these schemes aim to reduce out of pocket health expenditure, promote households economic resilience, and improve health outcomes. And improve health outcomes.

Evidence suggests that women participation in micro finance leads to broader developmental benefits, including better loan repayment rates, increased investments in children education and health and enhanced decision making power within the households. As such, integrating health insurance into microfinance service presents a promising strategy to simultaneously address financial vulnerability and health insecurity.

However, while these schemes hold considerable promise, there is a scarcity of empirical research on their implementation and impact in Malawi, particularly within rural districts such as Salima. Understanding how micro health insurance program function in these contexts-and how they influence healthcare access, household's welfare, and economic resilience is crucial for informing policy, guiding program improvements and supporting the expansion of similar initiatives in other socio-economic setting.

Problem Statements

Despite efforts to improve healthcare access in Malawi, many rural and low-income households, particularly those headed by women, continue to experience significant

barriers to affordable and timely medical care. Micro health insurance schemes introduced by microfinance insurance institutions MFIs present a potentially effective solution to these challenges by offering financial protection and facilitating access to healthcare service. However, in rural districts like Salima, there is limited evidence on the extent to which these programs are being implemented effectively, and how they impact household's welfare, especially for women. The lack of localized, data-driven insight hampers efforts to scale and refine such interventions to maximize their benefits. Without a clear understanding of the successes, challenges, and outcomes of these schemes, policymakers and practitioners.

One Micro insurance service Ltd, and Vision Fund Malawi that aims to provide health insurance to women and their families in rural area of Malawi.

Malawi in rural area, access to healthcare is a significant challenge. With 86% of Malawi rural population (approximately 20 million people) living on less than \$3 per day, these communities are highly vulnerable to health related risks with little to no financial safety net. Lack of awareness and financial literacy are also major challenges. To address this, the project aims to enhance financial education as a precursor to introducing the Abwenzi Rural Health Insurance Product. This comprehensive, hospital cash micro insurance product is designed to provide cash benefits to subscribe in the events of hospitalization, personal accident injuries, maternity or childbirth, and outpatients visits.

On this context this study highlights the importance of evaluating such insurance products in terms of their actual impact on family welfare, particularly among women, which directly aligns with focus of this study Marimba village in Salima District. This study has filled this gap by critically assessing how microfinance health insurance program influence the welfare on women at Malimba village, tradition authority Kalonga Salima District.

RESEARCH OBJECTIVES

Main Objective

The main research objective is assessment of the implementation and impact of the microfinance health insurance program on women contribution to their family welfare in Marimba Village Tradition Authority Kalonga in Salima District.

Specifics Objectives

- To assess the implementation and impact of microfinance health insurance program on women's contribution to family welfare.
- To examine whether insured households experience reduced economic shocks during illness compared to uninsured ones.
- To identify the factors that affects the implementation of microfinance health insurance among women.
- To identify the challenges faced by implementing agencies in delivering

microfinance health insurance to women.

- To provide evidence based recommendations for improving and scaling micro finance health insurance program for next program against women.

Research Questions

- What is the implementation status and impact of microfinance health insurance program on women's contribution to family welfare?
- What impact does microfinance health insurance have on household economic shocks during illness?
- What factors that affects the implementation of microfinance health insurance among women?
- What challenges faced by implementing agencies in delivering microfinance health insurance to women?
- What evidence based recommendations can be made to improve and scale microfinance health insurance program for future interventions targeting women?

Significance of the Study

The significance of this research extends beyond the immediate context of Malawi, carrying implications and benefits on multiple levels. Firstly, this study we help to understand microfinance health insurance program. By investigating and assessing the

implementation status and impact of microfinance health insurance program, it promises to provide a deeper understanding of the practical impact of these interventions. This insight is invaluable for the nation, as it can guide more effective strategies and resource allocation for promote and addressing health challenges, ultimately saving lives and reducing the burden on healthcare and social support systems.

Secondly, the research sheds light on the integration of social work services into the healthcare system. This aspect of the study carries broader implications for the improvement of microfinance health insurance program in the country. By demonstrating how microfinance institutions, insurance institution on how can effectively collaborate with healthcare providers institution, it opens doors for a more holistic and comprehensive approach to health care. This integrated model could serve as a template not only for addressing women challenges but also for enhancing overall health services in Malawi. It can pave the way for a more patient-centred and multidisciplinary approach that offers individuals the comprehensive support they need.

Furthermore, the findings of this research have the potential to influence policymaking, healthcare delivery, and will provide evidence to inform policy decision, enhance the design and sustainability of similar programs, and contribute to academic literature on the intersection of microfinance, health and gender in rural Malawi

LITERATURE REVIEW

This chapter embarks on a comprehensive journey into the extensive body of literature related to our central research theme, which delves into the "Microfinance Health insurance and its Global and Regional Context: A Case Study of Malimba Village, Tradition Authority Kalonga, at Salima District, in Malawi." Our meticulous organization of the literature review is designed to closely align with the specific objectives driving our study. By doing so, we aim to illuminate various dimensions critical to our investigation, including the availability, accessibility, awareness, utilization, and perceived impact of microfinance health insurance among women contribution to their family in salima district

The selected focus on the Malimba Area in Salima, Malawi, provides a distinct and localized lens through which we examine or assess the implementation status of microfinance health insurance program among women on their family welfare. This literature review serves as a structured framework through which we explore existing knowledge, offering a nuanced understanding of the present landscape of social work services within the designated study area. The deliberate examination of these dimensions seeks to unveil the strengths and potential gaps in the current system, paving the way for a robust foundation for our forthcoming research endeavours. In essence, the primary objective of this chapter is to establish a solid groundwork for our research, enabling us to conduct a thorough and informed

investigation into the effectiveness of microfinance health insurance program. By synthesizing and critically analysing existing literature, we aspire to contribute significant insights and context that will enrich our own research, ultimately advancing our understanding of the complex interplay between social work interventions and the mitigation of barriers the prevents to access the healthcare setting. Through this scholarly exploration, we endeavour to make a meaningful contribution to the broader field of microfinance health insurance program.

Definition of Key Terms

- **Loan**

Term Loan defined as a financial agreement where a lender gives money to a borrower, who commits to repaying the borrowed sum plus interest within a set time frame. And vision fund argue that loan is the financial product offered to individual especially those in vulnerable or low-income communities (*VFM 2014*), to help them start, sustain or grow income -generating activities. And on other hand *NEEF (NATIONAL ECONOMIC EMPOWERMENT FUND in 2018)* define as financial product designed to provide capital for various purposes, including business development, agriculture, housing, personal needs with the aim of promoting entrepreneurship, job creation and financial inclusion. And *FINCA MALAWI* defined as a financial service provided to individual or groups to support income generating

activities, business expansion or personal development *FINCA (2015)*.

Microfinance

The term microfinance used to describe financial services for those without access to traditional formal banking. And *FINCA (foundation for international community assistance)* defines microfinance as tool to provide small loans, savings accounts, insurance and other financial services to people living in poverty, especially women. And *NEEF (National Economic Empowerment Fund, Malawi)* describes microfinance as the provision of financial services especially microloans to economically active poor individuals or small business.

Microfinance Health Insurance (MHI)

MHI is one type of health insurance specifically designed for low-income population that covers your medical expenses and it is a contract between an insurer and individual/group in which the insure agrees to provide specified health insurance cover at a particular premium according *vision fund Malawi(VFM)*.

Women Empowerment

The term women empowerment defined as process by which women gain control over their lives and have a greater voice in challenging gender based inequalities, According to the *United Nations (UN)*. And

Malawian constitution promote women empowerment by ensuring gender equality through various mechanisms, including full participation in all spheres of Malawian society and the implementation of non-discrimination principles.

Women Welfare

Women welfare this the holistic well beings of women, including health, economic status, empowerment and social standing.

METHODOLOGY

The subsequent section elaborates on the sampling method chosen to represent the broader population, along with a rationale for this selection. A discussion of the sample size follows, elucidating the considerations and calculations that determined the scope of the study's data collection efforts. The research instrument, which is the tool used for gathering data, is thoroughly expounded upon, detailing its development, validity, and reliability. The data collection procedure is outlined, articulating the step-by-step process through which information will be obtained from the research subjects.

A pilot study was then introduced, emphasizing its importance in refining the research instruments and methods before embarking on the actual data colphase Ethical considerations are thoughtfully addressed, underscoring the commitment to maintaining the rights, privacy, and dignity of the research participants. The chapter culminates with a concise summary,

providing a bird's eye view of the key components and decisions that have been discussed, thereby serving as a guidepost for the reader as they navigate the rest of the research document. This chapter, by virtue of its meticulous methodology, forms the cornerstone upon which the entire study is built, ensuring the rigor and integrity of the research endeavour.

Research Method and Design

The study has adopted a mixed methods approach combining both quantitative and qualitative designs. The quantitative aspects will assess the socio economic and health outcomes among women participating in the health insurance scheme. The qualitative aspect will explore in depth perception and experience of the participants. This design ensures a holistic understanding of the program's impact. And using a mixed methods approach will enable triangulation of findings to provide a comprehensive understanding of the research problem. According to *Creswell and Plato Clark [2018]*, mixed methods research allows the strength of both qualitative and quantitative data to complement each other, thereby enhancing the reliability and validity of findings. *Tashakkori and Teddie [2015]* also emphasize that mixed methods are ideal for understanding multifaceted social issues, such as the impact of microfinance health insurance program outcomes.

Research Setting

The study has been conducted at Marimba village at tradition authority kalonga in Salima district located in central region of Malawi. The district has several microfinance institutions that have integrated health insurance into their service. Salima is predominantly rural, and many households depend on small-scale agriculture and informal income generating activities. This design has enabled the Researcher to explore interaction, behaviors, and processes related to microfinance health insurance outcomes from multiple stakeholder perspective which is important to community as well as researcher.

Study Population

According to *Best and Khan 2003* a population is defined as any group of individuals who have more characteristics in common that is in the interest of the researcher. Study population can also mean all elements (individuals, objects and events) that meet the sample criteria for inclusion in a study. The study population for this research was a diverse and inclusive cohort of individuals who have proactively sought health service through microfinance health insurance program. Mouton defines a sample as elements selected with the intention of finding out something about the total population from which they are taken. *Sekaran (2005)* and *punch (2002)* defines population as entire group of people, events or things of the same interest that a researcher wishes to investigate. A convenient sample consists of subjects included in the study because they happen to

be in the right place at the right time. This encompassing and comprehensive approach ensures that the research examines the experiences, challenges, and outcomes of a wide spectrum of patients who have engaged with the social work services offered by social workers at the health centre.

First and foremost, this population spans all age groups, acknowledging that microfinance health insurance has impact on this daily life. Whether its adolescents grappling with the pressures of adolescence, adults navigating the complexities of midlife, or elderly individuals confronting the challenges of aging, the research considers the unique needs and circumstances of each age group. This holistic perspective is pivotal in examining the effectiveness of social work services more especially in microfinances health insurance programs across different life stages.

Furthermore, the study population includes individuals of all genders, recognizing that microfinance can manifest in anyone, regardless of gender identity. Socio-economic backgrounds are another dimension considered within the study population. Suicidal tendencies can manifest in a multitude of socio-economic contexts, and the research acknowledges this by encompassing patients from various socio-economic strata. From those facing financial hardships to those with greater resources, the study aims to capture the influence of socio-economic factors on the effectiveness of the implementation of microfinance health insurance in addressing health service challenges.

In summary, the target will consists of women enrolled in microfinance health insurance program in selected village within Marimba village tradition authority Kalonga in Salima district. The study will also consider households members (clients for vision fund) and microfinance staff (relationship officer) for qualitative insights, enabling a more holistic analysis of the programs impacts.

Sampling Methods

Brinker (2006) defines a sampling as a systematic selection of representative cases from the larger population. To gather a robust and comprehensive dataset for this research, a two-pronged approach to sampling methods is adopted. Firstly, for the qualitative component of the study, a purposive sampling method will be utilized. This deliberate and thoughtful selection process is designed to ensure that a diverse array of perspectives is effectively captured. By employing purposive sampling, the research team can pinpoint and include individuals whose experiences and insights are highly relevant to the study's objectives.

This qualitative component benefits from the rich tapestry of voices it encompasses, representing a wide spectrum of lived experiences. Purposive sampling allows for the inclusion of individuals from different age groups, gender identities, socio-economic backgrounds, and varying degrees of involvement with social work services. This method ensures that the research explores a broad spectrum of perspectives, shedding light on the nuanced intricacies of

how social work services impact individuals facing suicidal tendencies.

Conversely, for the quantitative component of the study, a systematic random sampling approach is employed. This method provides a structured and unbiased means of selecting a representative sample of service users from the health centre's records. By systematically and randomly selecting participants from these records, the research can minimize bias and obtain a sample that accurately reflects the broader population of service users at the Malimba area. This approach is particularly useful for drawing statistically significant conclusions about the overall effectiveness of social work services in alleviating suicidal tendencies. By utilizing a systematic random sampling method, the research ensures that the quantitative data collected is generalizable to the larger population accessing these services, thus enhancing the study's external validity.

In combination, these two sampling methods provide a comprehensive and well-rounded approach to data collection, allowing the research to explore the depth of individual experiences and perceptions through qualitative insights while also generating statistically sound quantitative data to draw more generalized conclusions about the effectiveness of microfinance health insurance context, and purposive sampling is ideal for selecting participants based on their knowledge or experience with the phenomenon under investigation.

Sample Size

The study use a total sample size of 55 people in microfinance health insurance program at Marimba village in salima district. The sample is divided based on mixed methods design where 40 people will participate in quantitative. And 15 people will respond to quantitative surveys. These individuals will be selected based on their involvement in or awareness of the microfinance health insurance program. This mixed sampling strategy will ensure the study balances numerical analysis with rich narrative insights, aligning with recommendation by Creswell [2028].this study will employ a quantitative dominant mixed methods design, involving a total sample of 40 people from the target population. Of these, 15 people will be selected for qualitative data collection, using purposive sampling to ensure diversity in experience and perspectives related to microfinance health insurance participation. This sample size is consistent with qualitative research standard, where the aim is to achieve data saturation- the point at which no new themes emerge from the data. Healthcare access, and inform future large scale studies. This approach allows for an in depth understanding of the phenomenon under study while incorporating limited quantitative data to complement and triangulate the qualitative findings.

Research Instruments

The study has use the following tools, Interview guides for qualitative data from women and other stakeholders, Focus groups discussion guide for in depth insights

from small groups of participants, Questionnaires for collecting quantitative data.as I mention from above to be effectively gather data relevant to assessing the impact of microfinance health insurance program among women on their family welfare at Marimba village traditional authority Kalonga in Salima district. A combination of research instruments will be employed. These will include structured questionnaires, semi-structured interview guided, and observation checklists. Each instrument will be developed in alignment with the study objectives to ensure validity, reliability, and appropriateness for both the quantitative and qualitative components of the research.

Qualitative data collection, semi-structured interviews guides will be administered to clients and loan officers. These guides will allow the researcher to explore perceptions, experience, and opinions related to the microfinance health insurance in greater depth.

All the instruments will undergo a process of pre-testing through a pilot study to identify ambiguities, difficulties in administration, or unclear wording. Revisions will be made on pilot feedback to enhance clarity and internal consistency. And furthermore, expect validation will be sought from professionals in lending institutions and health programs to confirm content validity. The instruments will also be translated into Chichewa for participants who may not be fluent in English to ensure inclusiveness and accurate data collection.

Data Collection Procedure

The first crucial step in the data collection process is securing informed consent from the participant; a fundamental ethical requirement that ensures their willingness to participate in the study, a letter from university ethics department was also be collected and included. In the qualitative component of the research, in-depth interviews take place in a secure, private, and confidential environment, where participants can freely express their thoughts and experiences without fear of judgment or disclosure. This intimate setting allows for rich, in-depth discussions that help uncover nuanced insights.

In contrast, the quantitative aspect of data collection involves the administration of surveys. The method of survey administration is tailored to the preferences of the participants to facilitate their participation and make the process as convenient as possible. This can involve conducting face- to-face interviews for those who prefer a more personalized interaction, which allows the interviewer to clarify any ambiguities and ensure a high response rate. Alternatively, for those who prefer a degree of anonymity or flexibility, self-administered questionnaires can be provided. These self-administered surveys can be completed at the participants' convenience, empowering them to provide responses at their own pace and in a comfortable environment. By offering these options, researchers aim to maximize data quality and participant engagement while respecting individual preferences and privacy.

Pilot Study

Dominic Muriithi Wanjohi (2014) defines a pilot study as a trial run, done in preparation to the complete study. Before embarking on the full-scale data collection process, it is essential to carry out a pilot study. This preliminary investigation serves several critical purposes, primarily aimed at ensuring the feasibility and clarity of the research instruments being used. A subset of ten participants, selected from the study population was invited to participate in the pilot study. These participants play a pivotal role in helping researchers fine-tune their data collection tools and procedures. During the pilot study, the selected participants engage with the research instruments, which could include surveys, questionnaires, interviews, or any other data collection methods. They provide valuable insights, feedback, and observations regarding the clarity and comprehensibility of the questions or tasks. This feedback is a crucial source of information that allows researchers to identify any potential issues, ambiguities, or areas of improvement in the research instruments.

Based on the feedback received from the pilot study participants, necessary adjustments and refinements were made to the research instruments. The changes involve rephrasing questions, restructuring survey items, modifying interview protocols, or addressing any issues that might hinder the smooth flow of data collection. All these processes were done to ensure that the final data collection instruments are clear, effective, and free from potential biases or ambiguities.

Once the necessary refinements have been made, researchers can proceed to the full-scale data collection with confidence, knowing that their instruments have been thoroughly tested and improved. This careful and systematic approach to the pilot study has helped to enhance the overall quality and reliability of the research, ultimately contributing to the validity of the findings. And a pilot study was conducted at neighboring village named Chisani Village in Salima district with the purpose of improving credibility.

Data Analysis

Data analysis was conducted and has been using a dual strategy to accommodate the mixed methods design of the study. Qualitative data will be analyzed using thematic analysis to identify key patterns and narratives that reflect the program impact and quantitative methods also will be used. The qualitative data, the study will employ thematic analysis which is suitable for identifying, analyzing, and reporting patterns or themes within interview and observational data. Audio-recorded interviews with clients and loan officers will be transcribed verbatim. The transcripts will be read repeatedly to ensure formalization with content. Initial coding will then be performed to assign labels to significant statements, which will subsequently be grouped into broader categories or themes such as improved health care and family well-being and the challenges of implementing microfinance health insurance program. The thematic analysis as a

methodical and flexible approach to qualitative analysis that helps uncover underlying meanings and relationships within the data. It will allow the researcher to construct an interpretative that explains the influence of the microfinance health insurance from the viewpoints of various stakeholders. To ensure rigor and credibility in qualitative analysis, the study will use strategies such as members checking, where summaries of interview responses will be reviewed by research supervisors or peers to reduce bias.

While quantitative data obtained from the structured questionnaires will be analyzed using descriptive statistics with the help of statistical package for social science [SPSS] software version 26. This analysis will include computation of frequencies, percentages, means, and standard deviation to describe and summarize the client's participation. This approach will allow the researcher to identify trends and patterns within the dataset. And *Creswell [2014]* recommends descriptive statistics for summarizing and presenting quantitative data in social work programs where you exploring correlations between interventions and outcomes. And ultimately, the integration of both qualitative and quantitative findings during interpretation will provide a holistic understanding of the impact of microfinance health insurance programs on women's on their family welfares, reflecting the strengths of convergent mixed methods design as described by *Creswell and Plano Clark [2028]*.

DISCUSSION

The study employed a descriptive research design using a qualitative approach and quantitative approach. This design was appropriate because it allowed the researcher to collect and analyze information from non-existing sources to understand and make an assessment of the microfinance health insurance program among women on their family welfare and the data collected was non repetitive data drawn from a specified population at a particular time because base on primary data and Study Area the research was based on Malimba Village, T/A Kalonga, Salima District, Majority of the population rely on agriculture for their livelihood. Beside agriculture, petty and formal trade has provided employment to many of the population. The survey for this study therefore tried to reach out to a total of 40 respondents from the one organization but same area at Malimba. Although direct access to microfinances women's was a challenge, and some Information was obtained from; lending institutions like (government loan offices, microfinance institutions, and NGOs), Official reports and documents on youth loan programs, and non- governmental organization that include visionfund Malawi (VFM), that provides small and business loan in salima district such agriculture loan, business loans, group loans and individual loans, And also FINCA Malawi promote youth by offering some loans such as education loans, solar system loans that mention a few and NEEF this National Economic Empowerment Fund that own by Government, and NEEF promote development by creating jobs to the youth and as well as provision of Loans at

affordable interest rate to compared with other lending institution. Previous research studies, journals, and publications related to access to finance and youth development and Community development office records in Salima District. Development and construction of the questionnaire was the first step preparation for data collection. The contents of issues reviewed in the literature review in relation with the study objectives and the impact of microfinance health insurances construct a questionnaire that which was also used to collect data about respondents. Structure questionnaires were divided into: socio-demographic profile of the respondents, implementation assessment, examine whether insured house experience reduced economic shocks during illness, to explore factors that affects women when accessing microfinance health insurance program, the challenges that affect implementing agencies in delivering microfinances health insurance program and recommendations for improving and scaling microfinance health insurance program. The study opted to mixed methods approach, using both a Likert scale and a semi structured interview guide for the following reasons like to strengthen data accuracy through triangulation and to capture both measurable trends and deeper explanations. And the help of use both Likert-scale questionnaires and interview guide has enhances the rigor of my study providing both statistical evidence and contextual understanding of women experiences with microfinance health insurance. The questionnaire was pre-tested by use of small sample of respondents (15 respondents) in order to ensure that the instrument can

measure what it is supposed to measure in the study. The questions that were found to have needed adjustments were corrected and finally 55 questionnaires were distributed to the targeted respondents to get the raw data, and data was collected through survey and group discussion in the field. And table below show how participate are dived so that you can be understanding.

The age of the household and number of people headed by family also has is negatively as well as positively impact on implementations to household expenditure or consumption poverty and is significant with a relatively small marginal effect. Households headed by older household heads, holding other variables constant, will tend to be poorer than those headed by younger household heads. This could be due to the fact that agriculture in Malimba village in salima district requires heavy physical labor and if households with older heads have insufficient labor in their household, they are at a disadvantage economically to undertake agricultural work. Among the demographic factors, household size has a significant negative effect on household expenditure as measured by real consumption per adult equivalent. Households with a larger family size are poorer than households with a smaller family size this facts and based on this research.

CONCLUSION

The findings suggest that the microfinance health insurance program plays an important role in improving the welfare of women and

their families in the study area. The program provides clearly understanding the benefits of joining the health insurance program, helping households manage stress and some medical expenses without falling deeper into poverty. Many women acknowledged the value of the insurance scheme, particularly its ability to reduce depressions when a family falls sick and promote timely access to healthcare for family members.

However, despite these benefits, a significant number of participants expressed dissatisfaction with how the program is operated and implemented. Concerns included limited service coverage, fail to financial protection

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