FACTORS INFLUENCING THE PERFORMANCE OF COMMUNITY HEALTH WORKERS IN MANDERA EAST CONSTITUENCY

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RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF MANAGEMENT AND LEADERSHIP IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DIPLOMA IN COMMUNITY HEALTH BY MANAGEMENT UNIVERSITY OF AFRICA

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DECLARATION

I attest that the research project in question is original and has not been submitted to any other school for the purpose of obtaining a certificate or degree. Everything you see here—the concepts, the methodology, and the results—is all my own work and is my unique contribution to this area. I have not relied on anybody else's assistance or collaboration when researching or assembling this product. Furthermore, I confirm that I have followed my institution's guidelines for citing sources and have appropriately acknowledged all works used in this research. The consequences for academic dishonesty are grave, and by signing here, I take full responsibility for the reliability and authenticity of the research.

OSMAN AHMED MOHAMED

DHD/10/00039/3/21

Signature…… Date……

With my permission as the university's supervisor, this research project has been submitted for evaluation.

ALEXANDER MAKIMU

Signature…….... Date……

The Management University of Africa

DEDICATION

My heart overflows with gratitude as I present my research report to my beloved family. Without their unfailing support and encouragement, I would not have been able to achieve my academic and professional goals. I owe my success to the love, encouragement, and support of my family and friends. I am grateful to my parents for instilling in me, from a young age, the value of a good education. Their dedication and lack of selfishness paved the way for me to achieve my goals and pursue my interests. Their trust in me and unfaltering support have been a constant source of inspiration for me.

The unwavering support of my siblings is really remarkable and deserves my utmost gratitude. Without their unwavering compassion, encouragement, and understanding, I would not have survived the emotional and intellectual challenges of my life. I am very grateful for their unwavering love and support. I am very thankful to my extended family for their unwavering encouragement and support. Your trust in me has given me the drive to succeed.

Finally, I would like to convey my profound appreciation to my cherished family, to whom I dedicate my research report. Their support and encouragement inspired me to write this article, which I hope will inspire others to pursue their academic and professional passions.

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My supervisor's feedback and suggestions were invaluable to me while I worked on this project. This project would not have been finished had he not been involved. For their continuous encouragement, which was crucial in finishing the project, I'd also want to express my gratitude to my pupils. Thanks to the supportive environment and the opportunity to enroll in this course, I would also want to express my gratitude to The Management University of Africa.

ABSTRACT

One reason healthcare delivery is becoming more difficult, particularly in low-income countries, is a lack of trained medical professionals, according to a World Health Organization report from 2006. It was more economical to use CHWs to treat low-income Kenyans. The implementation of CHW in Kenya has prompted inquiries about the program's efficacy and viability in the long run. There is a lack of scientific evidence on important matters, such CHW performance, and the disease burden keeps rising, despite CHWs' great ability. On the other hand, some people question the efficacy of CHWs as change agents and the feasibility of launching and maintaining large-scale CHW initiatives. Factors affecting Mandera East CHW performance were the focus of this study. This descriptive study looked at the results of training and supervision, rewards, and other motivational tactics on community health workers in the Mandera East constituency. It also looked at the impacts of community participation and support. We gathered information using both quantitative and qualitative techniques. Using systematic sampling, we were able to locate respondents. Quantitative data was provided by one hundred community health specialists, while qualitative data was provided by CHMT, customers, and extension workers (CHEWs). Data was presented in tables, and inferential statistics were computed using regression and correlation. The impact of training on the performance of community health workers was the subject of this section of the questionnaire. According to the results, training improved the services provided by community health workers by 80% of the people surveyed. The results showed that 65% of those who took the survey believed that financial incentives would encourage more home visits from community health workers. Increasing incentives will encourage more individuals to seek medical treatment from community health practitioners, according to 60% of respondents. Community involvement and community health worker performance were examined in this part. The data showed that 75% of respondents said community health professionals visit families sometimes and 20% said they usually do. Additionally, 80% of respondents said community health professionals sometimes give health education, while 10% said they usually do. This section examines how workload affects community health professionals.

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ACRONYMS AND ABBREVIATIONS

CHW	Community Health Workers
PHC	Primary Health Care
NGO	Non-Governmental Organization
IEC	Information, Education, and Communication
MCH	Maternal and Child Health
NCDs	Non-Communicable Diseases
FGD	Focus Group Discussion

OPERATIONAL DEFINITION OF TERMS

Community: People that live in close proximity to one another and have commonalities in terms of social, cultural, economic, or geographic ties form what is known as a community.

Community Mobilization: Participation and agency in the community to improve health and wellness.

Health Equity: Optimal health for all people, irrespective of their socioeconomic standing.

Health Literacy: In a healthy community, people are able to listen to one another, support one another, and work together to achieve goals.

Health Promotion: The method of assisting individuals and groups in managing aspects affecting their health and wellness

Social Determinants of Health: The cultural, social, and economic factors that influence the health of a population and its members.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

It is expected that the first chapter will address the following topics: background, goals, questions, scope, and a summary chapter.

1.1 Background of the Study

It was in 1978 with the Alma Ata Declaration that universal primary care was established (World Health Organization, 1978). For more than three decades, PHC has been promoted as a global plan to ensure that all people have access to essential healthcare.

In low-resource communities, PHC relies heavily on community health workers (CHWs). Community health workers have the potential to lower the infant death rate via the early detection and treatment of pneumonia, malaria, diarrhea-associated dehydration, and other related conditions (Zetz et al., 1989; Fagbule et al., 1994; Shann et al., 1984; Deming et al., 1989; Ru (Patel and Nowalk, 2010). Researchers predict that as CHWs become more effective, more people will seek out health services such as immunizations and treatments for dehydration (Elisabetta et al., 2005; Kumar et al., 1989).

At 2006, CHWs in Kenya's CUs were promoted to the status of Level One health worker. Neighbors recommended them. Personnel from CHWs were selected based on their level of literacy. Depending on their partners, some of them could have gotten T-shirts and continued training after the week was over. They went door-to-door canvassing to collect data and educate families on how to take better care of their health. The only way for Kenya to keep tabs on the efficacy of CHW is via their monthly report. The development of CUs was aided by four research training partners: GAVI, a government agency, an international non-governmental organization, and a community-based organization. This (CBO). Federal agencies provided these CUs with ongoing and supplemental education on maternal and child health, nutrition, and breastfeeding. The government provided monthly gatherings, t-shirts, name badges, and reporting machinery. The CBO also

provided ongoing training that was both government-standard and demand-based. In order to enhance community healthcare, the Kenyan Ministry of Health Systems' 2006 strategic plan for 2008-2012 aimed to scale up community strategy, which necessitated the recruitment of more effective CHWs. Few studies have examined the effectiveness of CHWs in improving healthcare in Kenya. This study detailed the reporting rate of CHWs in Kenya and found variables that impact their performance.

1.2 Statement of Problem

Healthcare accessibility remains an issue in Kenya, particularly in rural areas. Village Health Teams (VHTs) were established in 2001 by the Kenyan Ministry of Health (MOH) as a component of the country's National Minimum Health Care Package. (UNMHCP) As a group of community volunteers, the VHT provides basic healthcare assistance, health information, and referrals to qualified medical professionals. There are community-based primary health care programs all around the country that include VHTs, who serve as the first point of contact for community healthcare delivery. As part of the healthcare system, they serve as health centers.

Kenya has failed to adequately use the community healthy development strategy. Only 31% of districts had trained staff members in every village as of November 2009 (mostly because of a lack of funding), even though 75% of districts had organized community health programs. But in regions where CHWs are active, people are more health conscious, and they utilize medical services more often; as a result, medical facility congestion has decreased and minor illnesses have been treated more quickly. On a global scale, CHWs have increased participation in local health initiatives, lowered barriers to accessing various health services, and promoted healthy lifestyle choices.

Health systems continue to face challenges with CHW performance and retention, despite the valuable contributions they provide. There is a lot of turnover (up to 77% according to some reports), and even the people that stay on the job usually don't do a good job as CHWs. Supportive supervision, acknowledgment, training, equipment, and supplies are

critical aspects that affect the level of activity and retention of CHWs. Nevertheless, these vital components were found to be severely lacking in a scenario study of VHTs in Kenya. Investigating methods to fortify and sustain the VHT program is a top focus for the MOH. the efficacy of the VHT program in Kenya and the Mandera East constituency as it is right now. Consequently, studies assessing the efficacy of CHWs and associated factors in the Mandera East Constituency were required. The purpose of this research was to provide a starting point for an improvement project to the CHW program in the constituency via the provision of a standardized, all-encompassing set of training, supervision, and incentive programs.

1.3 Research Objectives

1.3.1 General Objective

Examining the variables influencing community health workers' performance is the study's main goal.

1.3.2 Specific Objectives of the study

i. To evaluate the impact of training and supervision on the performance of community health workers in Mandera East constituency.
ii. To evaluate the effectiveness of incentives and other motivation strategies on the performance of community health workers Mandera East constituency.
iii. To analyze the role of community engagement and support in improving the performance of community health workers Mandera East constituency
iv. To examine the relationship between workload, and the performance of community health workers Mandera East constituency.

1.4 Research Questions

i. To what extend does training and supervision affect the performance of community health workers in Mandera East constituency?
ii. To what extend does incentives and other motivation strategies affect the performance of community health workers Mandera East constituency?

iii. What effects does community engagement and support have in improving the performance of community health workers Mandera East constituency?
iv. What effects does workload, have on performance of community health workers Mandera East constituency?

1.5 Significance of the Study

Since the effort will aid in identifying new research subjects and developing a new framework for future exploration into staff retention across all economic sectors in Kenyan health systems, it will have far-reaching implications on a range of stakeholders. The findings of this study will add a great deal to our knowledge of healthcare workers, especially when it comes to tactics for keeping health workers on staff. It will be useful for both current and future studies.

In order to make informed judgments, policymakers want up-to-date and precise data. Research may provide this information, usually by using rigorous scientific methods that ensure the data is accurate and reliable. Policy decisions, assertions, and potential topics for further inquiry may all be informed by this data. Human resource decision-makers might benefit from research by learning about emerging issues, trends, and patterns that may need their attention.

1.6 Scope of the study

The investigation was conducted from January to April of 2023. One hundred people working for community health initiatives in the Mandera East constituency would be the focus of the research.

1.7 Chapter Summary

The chapter has covered the study's rationale, goals, questions, and background material, as well as the study's relevance and a brief summary.

CHAPTER TWO
LITERATURE REVIEW

1.0 Introduction

The literature review that will support the investigation is introduced in this chapter. Beginning with an overview of the theories supporting food sustainability, this chapter will conduct an empirical review of the variables, identify any gaps in the research, provide a conceptual framework outlining the relationships between the independent and dependent variables, operationalize the variables, and conclude with a chapter summary.

2.1 Theoretical Review

2.1.1 Social Cognitive Theory

The social cognitive theory is an example of a social theory that draws from a variety of disciplines, including sociology, psychology, and politics (SCT). The importance of the interplay between cognition and observation in explaining and predicting behavior and learning is emphasized by this approach (Glanz, Rimer & Viswanath, 2015). The clinical setting, health promotion, educational settings, health policy advantages, and environmental education methodologies have all made use of SCT (Glanz et al., 2015). Researching learning theories within the framework of human social interaction is where Bandura first created his idea of social learning. Bandura then used cognitive psychology to provide a broader view of human behavior by tracing it back to the social origins of beliefs and actions (Glanz et al., 2008). Personal, cognitive, behavioral, and environmental factors all interact to produce human behavior, as stated in the theory. A key tenet of the idea is that individuals have the capacity to design and shape their surroundings in a way that advances their own and others' objectives. Bandura (1986) and Glanz et al. (2008) state that social cognitive theory offers a fresh perspective on the social component of delving into the origins of human ideas and actions. Because of this concept, social and contextual factors are being considered in a wider range of healthcare contexts. In the development of social cognitive theory According to Bandura, the aforementioned human behavior is based on the acts and environments of individual

factors. A person's thoughts, feelings, biological characteristics, and actions all interact with one another in a two-way fashion (Bandura, 1977; 1986; 1989). Social cognitive theory is a school of thought within psychology that views cognition, behavior, and environment as interdependent and essential to human growth. Observational learning, which Bandura first explored in his writings, is based on watching the actions of others. People pick up a lot of ideas, feelings, and actions by seeing how other people act, according to social cognitive theorists. The development of the lifespan is greatly impacted by these discoveries. Contemporary models of learning and development proposed by Bandura (1986, 1998, 2000) include behavior, people, and the environment.

Assuming an opportunity to participate becomes available, social cognitive theory posits that individuals will adopt and stick to habitual patterns of action (Bandura, 1997). How behavioral changes are evaluated depends on a number of elements, including the environment, people, and behavioral aspects. Interactions occur among environmental, behavioral, and personal elements. The way people think may have an impact on their surroundings. The environment has the potential to influence how one perceives things. The relationship between an individual's actions and the features of their surrounding environment is shown in Figure 1. A person's knowledge, attitudes, and beliefs are shaped by their reactions to real-life situations and the external signals they perceive, according to social cognitive theory. The environment is one factor that might influence how someone acts. An environment is present, both social and physical. Colleagues, relatives, and friends make up the social milieu. One example of a physical environment is the size of the space. Another is the temperature of the air. A third is the availability of dishes. Conditions and surroundings provide a basis for making sense of conduct (Parraga, 1990). Situations are mental or psychological representations of the external environment that might impact behavior. The situation is defined by the way a person interprets cues, time, physical characteristics, and actions (Glanz, 2002). There is a three-way interaction between the environment, individuals, and behavior. In the same way that individuals and their environments do not create the environment, people's actions also do not originate from those factors (Glanz, 2002). The environment provides a behavioral

model. "Observatory learning" occurs when one observes the behavior of another and the consequences of that behavior (Bandura, 1997). Several scholars use social cognitive theory to help children succeed in school by elucidating and analyzing the interplay between individual actions, their surrounding environment, and the outcomes of those actions. To do. Based on this theory, people's motivation, actions, and overall health are controlled by their beliefs in their own abilities to achieve certain goals, in line with their expectations for the outcomes of those goals, and in response to the risks and opportunities presented by their surrounding environment. surely does. Social cognitive theory posits that, among other things, one's beliefs about the efficacy of an endeavor impact one's level of motivation, mood, and subsequent behavior. Additional self-incentives and guidelines for moral behavior may be found in values-based objectives, according to social cognitive theory (Bandura, 1986).

Social cognition theory (SCT) has been the prevailing framework in health care research due to its positive impacts on behavior, personal situations, and the environment. In contrast to several other models and theories of communication that specifically address the prediction of health behaviors, SCT provides predictions while also educating, guiding, and encouraging people to embrace healthy habits and lifestyles. Social cognitive theory states that for an idea to be useful, it must first influence one of these three areas. Promotes transformation in (Bandura, 2004). With the use of SCTs, individuals may better understand the reasons for the exercise and physical activity habits they develop and maintain (Marmo, 2013). Using literary-based social cognition theory, we may build a framework for communication interventions that aim to raise awareness, encourage behavioral modifications, and decrease the overall risk of having the disease.

Bandura postulated in his 2004 research that health promotion and disease prevention efforts are hindered by factors such as self-efficacy, unclear objectives, uncertain results, and environmental variables. Various factors, including people's beliefs in their own abilities to control their lifestyle choices, the health benefits and risks of different choices, the costs and advantages of different choices, and how individuals perceive their

own health, influence people's decisions. Objectives in health, strategies and plans to reach them, factors that will help and those that will hinder progress, and an understanding of the social and structural barriers that need to be overcome. (2004) In contrast to previous models and theories of health, Bandura SCT focuses on helping individuals develop healthy habits rather than only predicting when they will do so. Research should be used to predict criteria for encouragement and direction. He anticipated certain health behaviors using a set of social cognitive theories, and he described behavioral intent and conduct using variance indicators based on these (Conner and Sparks, 2005).

Individual ideas and cognitions are seen as the intermediaries between external inputs and reactions in social cognitive theory. Recognizing professionals that have a certain style of communicating with their patients, especially when it comes to health-related behaviors. Below is a model that may be used to illustrate the interplay between behavior, cognition, and other personal traits as well as external events via the equilateral triangle. Individual differences in personality, upbringing, and social context all have a role in shaping how people respond, according to social cognitive theory (Figure 1). (Bandura, 1977). Although many individual factors influence behavior, Bandura posits that self-efficacy (the belief in one's ability to carry out the actions), anticipation of consequences, and conduct all have a role. The most important individual goals have been identified. One feature of the environment that aids in forcing action is support from others, which may be seen as encouragement and resources.

Social cognitive theory has some relevance to the study of doctors' methods of interpersonal communication with their patients. The focus here is on the dynamic between doctor and patient. Research pertaining to medical and patient-related interpersonal communication abilities When talking to a doctor, it's important to pay attention to how they act, think, and make judgments (Vimala, 2017). As shown in the research, patients will have faith in their practitioners' abilities to assist them overcome their health challenges if such practitioners behave ethically and with humility,

compassion, and a helping attitude. The doctor's proactive, on-the-spot action in response to the patient's health concerns. This assists folks in discovering solutions to their medical problems by providing them with dosage recommendations. The doctor's choice should be guided by the patient's condition. In this case, the doctor and patient need to work together to discover the best solution to the patient's health problem.

Understanding one's own mental, emotional, and physical capacities is essential for doctors. The doctor's mental, emotional, and physical stability are all crucial when conversing with the patient. The therapy process goes out without a hitch because of this. Lastly, physicians need to be aware of environmental concerns so they can provide patients appropriate health-related information. Independent factors related to the study's model and the setting of the medical interview, according to social cognitive theory. Hvrch (2001) stresses the importance of physicians' interpersonal communication skills in boosting patient satisfaction. There is a three-way interaction between the environment, individuals, and behavior. In the same way that individuals and their environments do not create the environment, people's actions also do not originate from those factors (Glanz, 2002).

In today's world, public health interventions and health communication rely heavily on campaigns (Kreps & Maibach, 2009). Studies show that modern health campaigns make advantage of these new media channels, promote peer connection, foster connections via email, and foster interpersonal contact through social media. Social cognitive theory, as it pertains to public relations campaigns in particular, analyses the ways in which people's environments influence their personality traits and, in turn, their behaviors. Consistent with social cognition theory in public health, interpersonal communication with the goal of raising public awareness is entirely linked to actual and observable knowledge (Engelberg, Flora & Nass, 1995). One possible defense mechanism against the pervasive social influences and media exposure is interpersonal contact, which has the backing of social cognitive theory (Morton & Duck, 2001, p. 602). From a healthcare standpoint, research on people's reactions to risk information has shown that media exposure

promotes interpersonal communication and raises individual awareness, according to social cognition theories (Morton & Duck, 2003).

When compared to other models and theories, social cognitive theory takes a more holistic approach, including a variety of factors that affect people's health, including both structural and interpersonal factors (Bandura, 1998). Due to the triadic reciprocation of personal factors, behavioral factors, and environmental variables, a strategy may be implemented by focusing on one of the three components in the idea that it will help the other two. Social cognitive theory, in contrast to biological and environmental factors, promotes comprehensive understanding and study of many topics. Although self-efficacy is crucial in social cognitive theory, the majority of existing research has focused on it to the detriment of other factors such as goals, result expectancies, and contextual effects. By bolstering health promotion programs and creatively using technology, as shown by the proposed campaign in this study, research shows that this approach may impact more health communication (Bandura, 1998). Theoretically, social cognitive theory lays the framework for physicians to participate in policymaking by showing how they establish and sustain favorable behavioral habits. When trying to gauge a shift in behavior, environmental factors, individual factors, and factor behavior are all important considerations. Figure 2 shows the framework that research that combines social cognition theory provides for creating, implementing, and evaluating techniques for interpersonal communication that give equal weight to verbal and nonverbal cues (Vimala, 2017). According to this idea, the power of social interactions and the power of observational learning to shape conduct is substantial. Learning from others' successes and receiving positive reinforcement from superiors and peers increases the likelihood that community health workers will achieve satisfactory results.

2.1.2 Diffusion Innovation Theory

Rogers details a popular adoption model in his book Diffusion of Ideas. For almost 30 years, researchers have examined how new ideas get embraced (Sherry & Gibson, 2002). This model is the basis for a lot of research. Dooley (1999) and Stuart (2000) mentioned

a number of disciplines in this regard, including education, public health, communications, history, economics, and technology. Additionally, they characterized Rogers' theory as a popular theoretical framework for studying the spread and acceptance of new technologies.

When looking at the spread of new technologies in schools and universities, Rogers' theory of diffusion of innovations provides the most useful framework (Medlin, 2001; Parisot, 1995). In his work on diffusion, Rogers (2003) often used the words "technology" and "innovation" interchangeably due to the prevalence of discussions about technological advancements. In Rogers's view, "a technology is a design for instrumental action that minimizes the uncertainty in the cause-effect connections involved in attaining a desired end" (p. 13). It consists of two parts: software and hardware. While hardware is "the instrument that brings about technology physically," software is "the intellectual base for the tool" (Rogers, 2003, p. 259). Because software is a technical invention with little observability, its adoption is quite slow.

Rejecting an innovation is defined as "not adopting it," whereas adoption is defined as "completely employing an invention as the best course of action available" (Rogers, 2003). (p. 177). Innovation, communication channels, time, and social system are the four essential components of the dissemination of innovations, as described by Rogers, who defines diffusion as "the transmitting of knowledge over time among individuals by use of multiple channels" (p. 5).

Multiple factors influence the invention's acceptance and use, including perceived comparative advantage, compatibility, complexity, and observability, according to this theory. If community health workers think the intervention they are implementing will be helpful, easy to implement, consistent with their present practices, and evident to others, they are more likely to do a good job.

2.2 Empirical Review

2.2.1 Training and Performance of Community Health Workers

Imran (2013) intended to study the effects of training on performance and how to improve performance via effective training programs. The study's findings are consistent with qualitative research as they draw on a review of the literature and a plethora of case studies that demonstrate how training may improve employee performance. The article delves further into the concepts and theoretical foundations of training and development programs for employees, as well as the impact of such programs on performance. This article reviews the latest evidence of this link and then makes advice to upper management on how to develop a universal checklist for evaluating employee performance and identifying problems. Staff training is associated with positive results, the research found.

The purpose of Nushrat's (2017) research was to identify the "Effects of Training on Workers Performance," with training serving as both an independent and dependent variable in relation to employee engagement, motivation, and work satisfaction. Data for the article came mostly from surveys and questionnaires. For this research, 150 workers from 14 banks in the Tangail District made up the banking sector statistical sample. A self-administered questionnaire and stratified sample were used to conduct a survey of 150 workers, with a response rate above 75%. General training increased worker engagement, employee motivation, and work satisfaction, according to the training role research. The theories postulated that all of these factors considerably affected workers' output. It may be concluded from this research that there is a strong relationship between staff training and performance. According to the results, the more training a worker gets, the better their performance will be.

2.2.2 Incentives and Workers Performance in Health Sector

Michel (2013) investigates how decentralized pay structures and temporary employment affect worker performance. Although the efficacy of such programs varies substantially depending on the institutional and economic climate in which firms function, the

empirical evidence showed that monetary incentives may influence key performance indicators like employee absenteeism and productivity. Employees' effort and output are both affected by pay flexibility, according to the research. Employee motivation and effort seem to be negatively impacted by the large number of temporary contracts, which indicates a deterioration of the working environment and a lower risk of permanent workers being dismissed.

Oriana (2015) Researchers contrasted relative incentive schemes, in which workers' compensation is based on their individual productivity relative to the group's average production, to piece rate systems, using personnel data. He found that production increases by at least 50% when using piece rates. The reason for this, according to further research, is that under the relative incentive structure, workers partially internalize the negative externality that their effort causes. Workers internalize this externality to a higher degree when they have fewer colleagues overall but more buddies among them.

2.2.3 Community Engagement and Performance of Health Workers

An indicator of productivity is the level of investment workers have in their job. In order to determine the impact of employee engagement on job performance in Kenya's medical research industry, Munjuri (2019) undertook the study. The study used a descriptive survey methodology. In all, 867 people worked for a single regional research institution. The study used a sample of 174 organization members to conduct its research. Data was collected from respondents via a questionnaire, and descriptive statistics were used for data analysis. Researchers found that when employees were actively involved, they were better able to predict how their job will go. A critical technique for incorporating workers in good job performance is representative engagement. Teams at the institution are involved in decision-making about the way work should be done, according to the report, even if they are not given complete autonomy or control over their tasks. Employees are more invested in their work when given opportunities to do things that directly relate to their jobs.

Expanding on previous research, this study delves deeper into community participation measures that boost the productivity of healthy workers. Qualitative data was gathered via community focus groups and key informant interviews. The manual analysis was likewise done by hand and focused on key concepts, program successes and impediments, the operational structure, and any pertinent results. The research found that health personnel in CE were significantly affected by community health workers. According to many poll takers, proactive and iterative CE that takes into account community objectives is the way to go. A major point of discussion was the need of having local community health workers spearhead two-way interpersonal contact. The program claims that measuring CE is difficult since CE is both ongoing and subject to change. The research concluded that effective community engagement is best achieved via a cycle of early involvement, regular feedback, and active community participation. When planning and carrying out community-based programs, it is critical to include districts and communities. In the affected areas, malaria will be completely eliminated in due time. If this is to happen, the community as a whole has to put procedures in place to prevent transmissions, commit to them, and have faith in them.

2.2.4 Workload and Performance of Health Workers

Hidayat (2019) conducted research to find out how workload affects employee performance. Performance on the job, internal workload, and external workload were the three factors examined. This research made use of seventy-one samples. Respondents for the research were PT workers from the Tesys PEM Plant line. Multiple linear regression analysis shows that the external workload variable has a little effect on employee performance, while the internal workload variable has no effect. Workload factors, both internal and external, affect employee performance at the same time.

Researchers Suharti (2013) used technostress as an intermediary variable to examine the relationship between health professionals' workload and technological competency and their performance. The study's responses included one hundred thirty-seven health center employees. Methods for collecting this data included questionnaires and in-depth

interviews. The study found that technostress was significantly affected by workload and degree of skill with automation technologies. The research also found that technostress mediates the link between workload and employee performance, which is strongly correlated with workload.

2.3 Research Gaps

The previous empirical investigation makes it clear that there are elements that impact a worker's performance. Previous studies have shown that variables that motivate employees include training, rewards, and community engagement.

Extensive research has been conducted on the factors that impact healthcare practitioners. Initial studies failed to find any correlation between the aforementioned variables and either efficiency or output. Most of these studies have either included academics or professionals in the business world (secondary schools and universities). Although there is a lot of literature on the benefits of e-procurement and its various theoretical and thematic components, there is a dearth of data on how newly formed public sector employees are motivated by things like effective positive reassurance, fair treatment of people, a performance-based reward system, and effective discipline and punishment.

Plus, most of these studies weren't even conducted in Kenya, so we can't say for sure that the aforementioned criteria affect the factors that matter to community health workers there.

2.4 Conceptual Framework

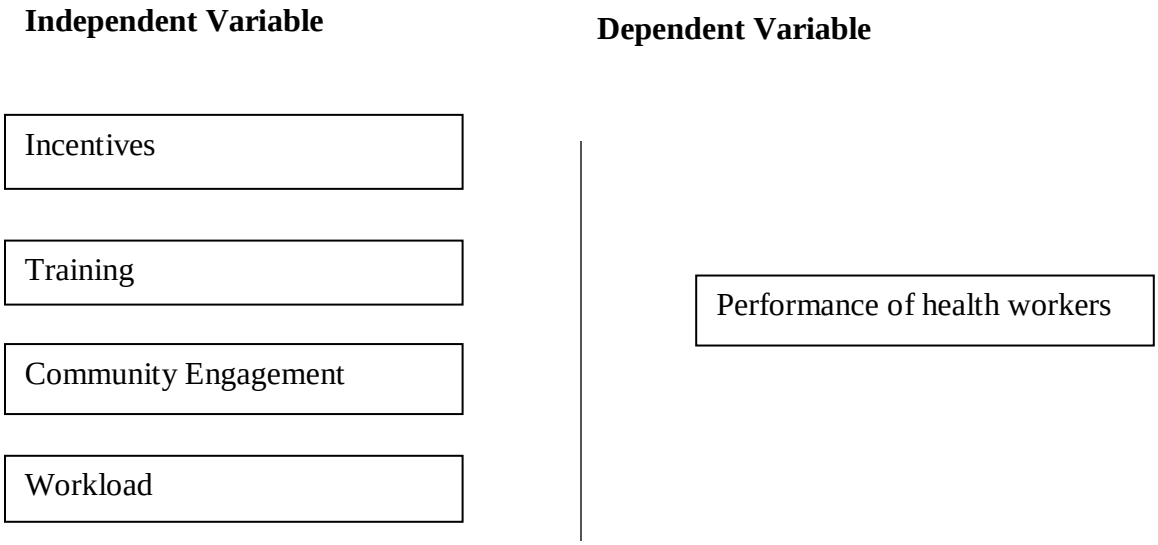

Figure 1: Conceptual Framework

2.5 Chapter Summary

This chapter has summarized relevant prior research. Previous studies have also discovered research gaps, which have been noted in the chapter. This chapter has gone above and beyond by reviewing the conceptual framework and providing an operationalized framework outlining the study's variables and their respective measurements.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This section will go over the study's methodology and emphasize its key points. A detailed account of the methods used, the intended audience, the sampling strategy for selecting respondents, and the data gathering process is provided. Additionally, the methods utilized to gather pertinent data are detailed in the chapter. Further discussion of the study's validity, reliability, and ethical considerations will be provided in the chapter.

3.1 Research Design

Data collection, measurement, and analysis are all laid out in the study's design (Mugenda and Mugenda 2003). Furthermore, according to Kothari (2014), research design is the strategy for gathering and analyzing data that aims to integrate practical research with operational efficiency. This investigation made use of a descriptive research strategy. Using questionnaires to collect data is known as descriptive design, according to Olusola, Olubenga, Adeouluwa, and Oluwabemiga (2013). Because it addresses the "how" of the issue, this method is appropriate. Adoption of the design occurred as a result of its emphasis on complex analysis to disclose varied correlation. Further, it provided an opportunity for the researcher to learn about the topic at hand from the respondents' unique points of view. One method of data collecting was the use of questionnaires, which were distributed to the selected population.

3.2 Target Population

Researchers use the term "target population" to describe the group of people to whom they want to apply their results. The source cited is Gupta (2012). A population is any collection of things, services, people, events, or residences that are the subject of a study (Ngechu, 2014). According to Mugenda and Mugenda (2012), the researcher extrapolated the study's results to a "target population" that consists of a set of fully formed people or entities that share certain traits. Residents of Mandera East who serve as community

health workers are going to be the focus here. A total of one hundred community health professionals will be the individuals studied.

3.3 Sample and Sampling Technique

Sampling is a method by which a subset of a population is selected to reflect the whole population under study; this allows one to get a more accurate picture of the reliability in a certain area. The Kothari (2014). According to Mugenda & Mugenda (2003), one representative of the population of interest is considered a sample size. A large number of individuals will be involved in the research. A census approach was used to gather data from each of the one hundred participants, since the study's target population was restricted.

3.4 Data Collection Instruments

A questionnaire was sent in order to collect the essential data for the investigation. Research questionnaires, say Gall and Borg (1996), are a good way to get to intangible information like people's motives, emotions, attitudes, and accomplishments, that may not be immediately apparent.

They also said that questionnaires are less costly and take less time to administer as a data collection approach. Because it gave respondents a chance to think before answering, this method of data collection was also considered. Data for the main study came via a thorough questionnaire. The questions in a structured questionnaire are known in advance and cannot be changed. Because the questions were organized in a logical sequence according to the topics being studied and were grouped together if they were expected to evoke comparable replies, the researcher in this instance prepared the questions (Bryman & Bell, 2015).

3.5 Pilot Study

If you want to be sure that your survey instruments are reliable within a margin of error of 5% to 10%, you should do a pilot test (Sekaran, 2006). The questionnaire was pilot

tested to ensure its relevance. Only 10% of the total population was polled in this study. For the pilot, we polled seven people at random from the accounting and administrative departments. No data from the pilot poll was included in the final report.

3.5. 1 Validity of the Research Instruments

To what degree do the results of a data analysis accurately represent the phenomena under investigation is the question of validity. It shows how well the study's variables are reflected in the data (Cooper & Schinder, 2013). To ensure the planned measurements and actions were carried out with the least amount of variance, several methodologies were utilized to check the validity of the questionnaire. Formal, informal, and content validity evaluations were conducted. We prepared and operationalized the questionnaire according to the research variables to ensure that the questions in each variable were relevant and representative in relation to the study's purpose and goals. One alternative approach to determining content validity is to have subject-matter experts assess whether the measure superficially captures the relevant idea (Cooper & Schindler, 2013). Specialists in performance assessment, as well as supervisors and practitioners, utilized their professional judgment to validate the material. Concerning the questionnaire's face validity, at least two independent specialists offered their professional opinions and evaluations after carefully reviewing the study instrument's depiction at face value. The experts revised each question after carefully comparing it to the study objectives and potential responders' answers. We also used instruments that had been developed for other studies that were similar in design so that we could compare them. A panel of subject-matter experts may assess this kind of validity by looking at the items and deciding what each one is supposed to measure (Kothari & Garg, 2014). To ensure construct validity, we restricted our questions to those pertaining to the variables' conceptualization and checked that each variable's indicators belonged to the same construct. The purpose of this verification is to ensure that all measures successfully assessed the target construct. We used factor analysis to check whether the survey was legitimate. Extracting the essential features that may be used in multivariate analysis from a large set of variables is the goal of factor analysis, a multivariate interdependence

technique (Kising;u et al., 2017). To demonstrate the discriminant validity of research measuring methods, exploratory factor analysis (EFA) is used to the scale items. When the result of the Kaiser-Meyer-Olkin (KMO) test of significance at 95 percent falls within the range of 0.5 to 1.0, the instrument is considered adequate for measuring EFA in 2015. (Bryman & Bell).

3.5.2 Reliability of the Research Instruments

It is essential to test the reliability of the scale since this shows how well the scale maintains its accuracy across repeated measurements. The reliability of an instrument is its capacity to consistently provide accurate findings when used as intended (Kothari & Garg, 2014). Reliability is the capacity of the research instrument to, on occasion, provide the same result under the same circumstances. Consistently receiving the same answer from respondents when given the same questions is an indicator of a trustworthy survey (Sasaka et al., 2014).

3.6 Data Collection Procedures

Research assistants helped distribute surveys in order to collect data. Prior to commencing data collection, the researcher will brief the research assistants about the study's objectives and the substance of the questionnaire. During the pilot study, the research assistants learned the ins and outs of using the research instrument by working side by side with the researcher. As part of the primary study, questionnaires were distributed to participants using the drop-and-pick approach. Upon approaching each respondent, the researcher and research assistants introduced themselves and provided an explanation of the study's goal. After giving respondents two weeks to finish the surveys, they gathered all of the returned forms.

3.7 Data Analysis

Data analysis is the process of drawing conclusions and making assumptions from survey or experiment results. The Kombo (2006). In order to get quantifiable data, the researcher made sure to include questions in the questionnaire. Quantitative analysis including data

categorization, tabulation, and recombination would be used to address the research question. To ensure accuracy and full completion, the questionnaire was evaluated.

3.8 Ethical Consideration

Also noted by the researcher and research assistants was the method's consideration of ethical considerations. Bryman and Bell (2015) state that in order to properly address study ethics, the researcher ensured that the following were done: the participants were asked to engage voluntarily and may opt out at any moment.

3.8.1 Informed Consent

Informed consent was a prerequisite for respondent engagement (Kothari, 2014). The researcher has a responsibility to provide participants with sufficient information and assurances about the study so that they can understand its implications and make an autonomous decision about participating, without feeling pressured or manipulated. This is in accordance with the principle of informed consent. Researchers were able to do this by allowing participants two weeks to complete the survey.

3.8.2 Voluntary Participation

Everyone who answered the questions did so of their own free will; they were not coerced in any way (Mugenda and Mugenda 2003). No coercion was used to compel the respondents to take part. They needed to be able to drop out of the study or pause the questions whenever they wanted.

If they decide to quit or leave the group, it won't affect how they engage with the questioners or anybody else in the group.

3.8.3 Confidentiality

The respondent's information is intended to remain confidential and will not be shared with anybody without their explicit consent (Kothari 2014). The data collected will be used only for research purposes, and all participants were assured their privacy.

3.8.4 Privacy

There is no obnoxious, discriminatory, or otherwise unacceptable language in the Questionnaire. The confidentiality of respondents will be assured.

3.8.5 Anonymity

Respondents were guaranteed complete anonymity throughout the whole study process. The term "anonymity" is used to describe a research participant whose identity cannot be revealed to anybody, even the researcher. For the sake of the research, it follows that no information that might identify an individual would be collected.

3.9 Chapter Summary

The research approach that will be used in this study was presented in the chapter. It also included the following: research instrument development, pilot testing, data analysis, research instrument, target population, sample, and sampling procedure.

CHAPTER FOUR

DATA PRESENTATIOPN, ANALYSIS AND INTERPRETATION

4.0 Introduction

The synopsis of field data is presented in this chapter. After outlining the scope of the investigation, the chapter concludes with a brief summary.

4.1 Response Rate

4.1.1 Background Information

To better comprehend the kind of people we are working with, the researcher thought it was critical to establish the respondents' general information. Employees may better comprehend their work environments and the impact of recruiting on their performance with the help of the general information.

4.1.1 Response Rate

One hundred percent of the surveys sent out were returned with all the necessary information. One hundred percent of people were surveyed.

Table 1: Response Rate

Categories	Number of Respondents	Percentage (%)
Response	100	100
Non-Response	0	0
Total	**100**	**100**

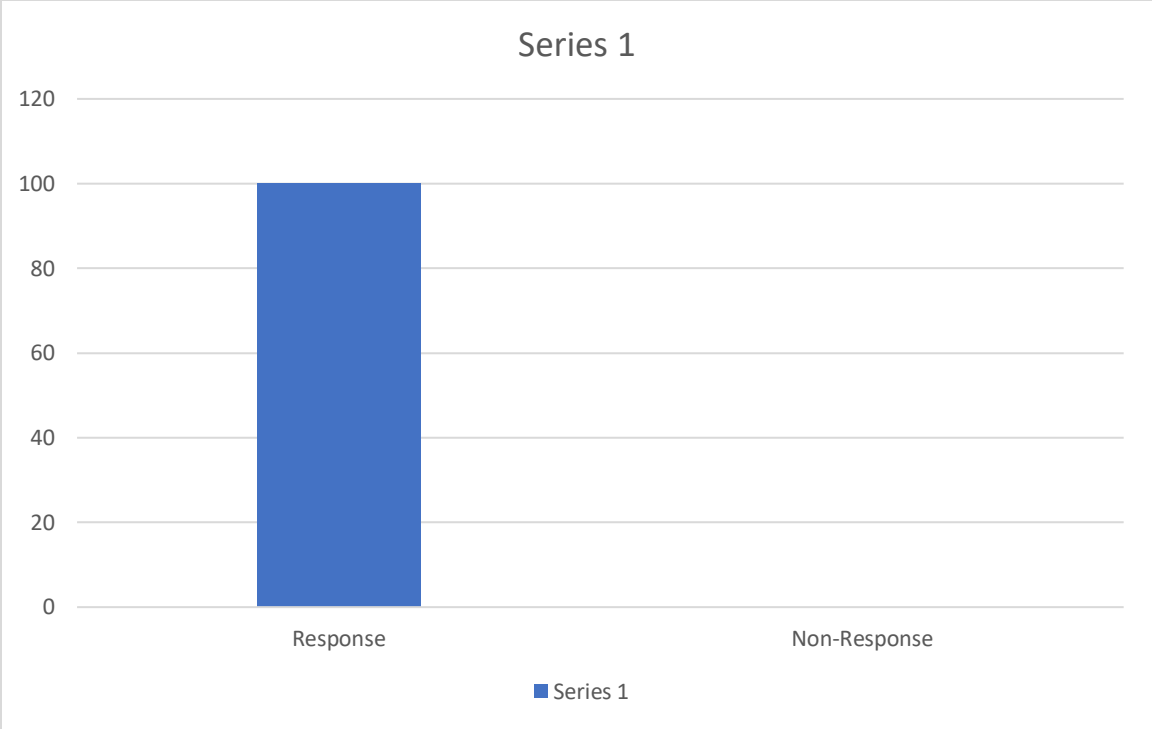

Figure 2: Response Rate

The researcher used the data in Table 1 to create 100 surveys, which were then sent to participants. Each and every one of the surveys has obviously been reviewed. Every single survey that was sent out got a response.

4.2.2 Gender of Respondents

The researcher wanted to see whether the organization was attentive to gender issues, so they made sure to ask respondents to identify their gender on the questionnaire. You can see the outcomes in the table down below.

Table 2: Gender Response Rate

Gender	Number of Respondents	Percentage (%)
Male	60	60
Female	40	40

Total	**100**	**100**

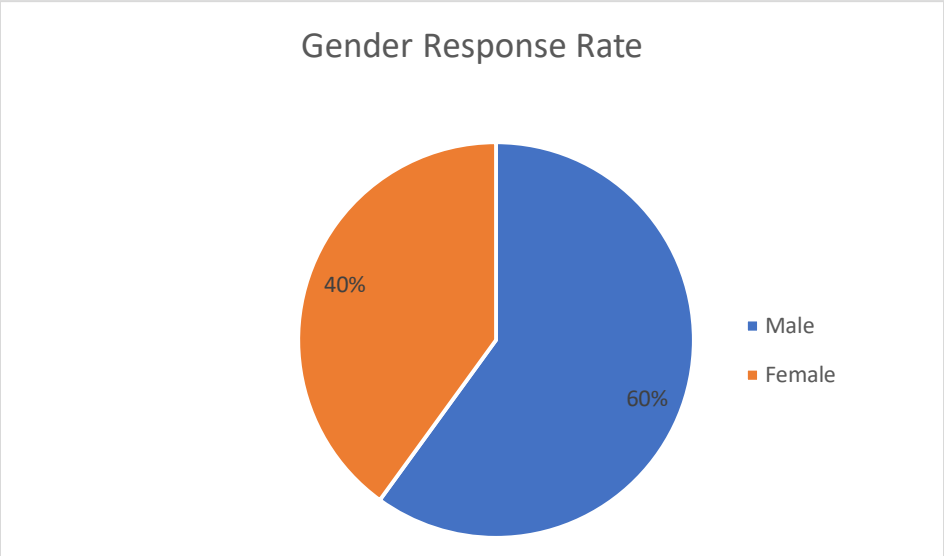

Figure 3: Gender Response Rate

The study's author discovered that men made up 60% of the sample and women 40%. According to Table 2, this level represents the gender balance in the company.

4.2.4 Level of Education

In order to understand how the intervening variable grants management impacted the respondents' capacity to carry out operations of equity, the research examined their degree of schooling.

Table 3: Education Level

Category	Number of Respondents	Percentage (%)
Masters	19	19

Degree	24	24
Diploma	38	38
Others	19	19
Total	**100**	**100**

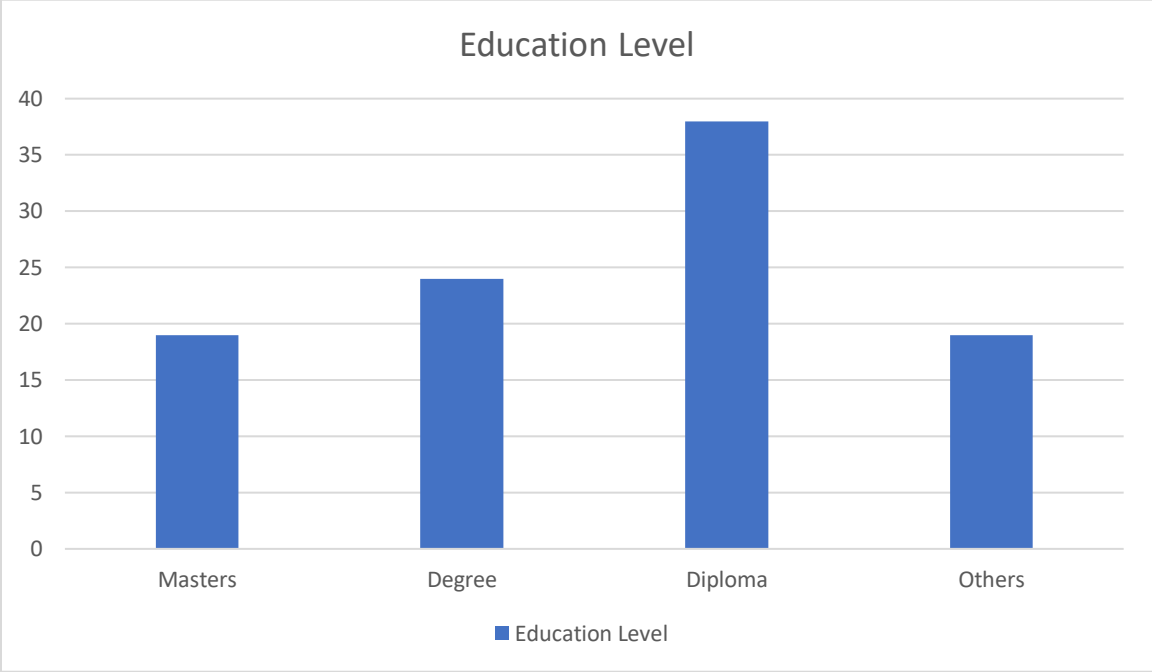

Figure 4: Education Level

4.2.5 Years Worked for the Organization

Table 4: Years Worked for the Organization

Years	Numbers of Respondents	Percentage (%)
Less than 5 years	12	12
5-10 years	57	57
Above 10 years	31	31
Total	**100**	**100**

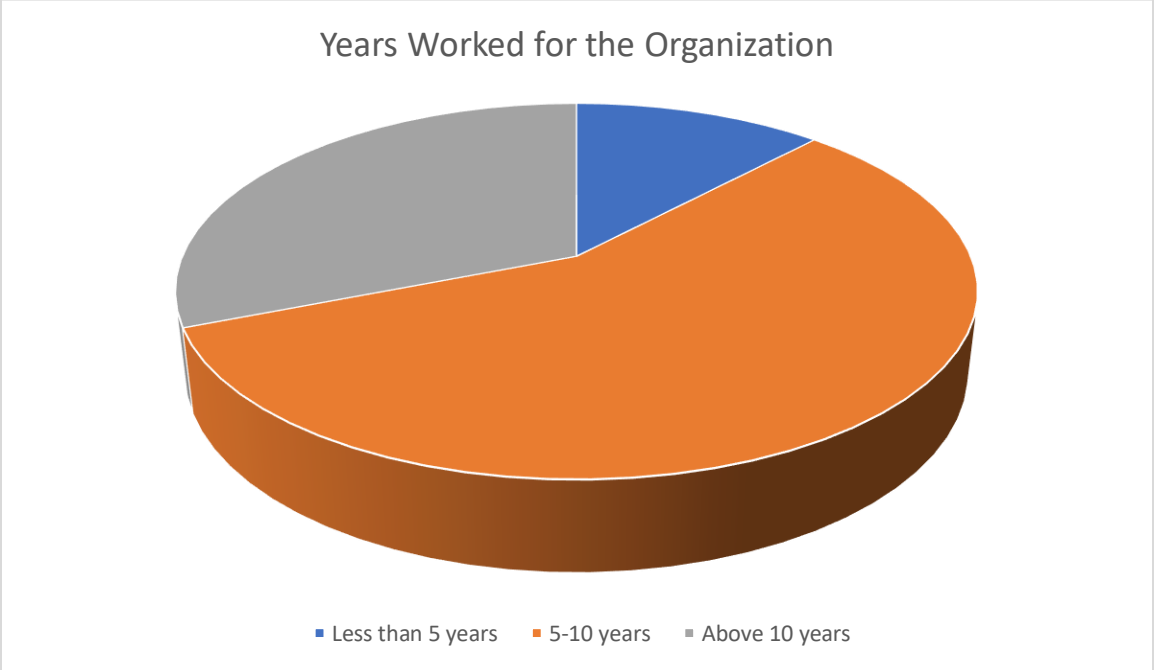

Figure 5: Years Worked for the Organization

The study indicates that 12 respondents had worked for the organizations less than 5 years, 57 had worked between 5 years and 10 years, 31 had worked over 10 years as portrayed in table 4.

4.1.2 Section Two

4.1.2.1 Training

Table 5: Training

Statement	Yes	No
Have you received any training since you started working as a community health worker in Mandera East Constituency?	80	20
How has the training impacted the quality of health services you provide to the community?	60	40
Have you noticed an increase in the number of households visited by you since receiving the training?	70	30
Have you noticed an increase in the number of individuals who received health education from you since receiving the training?	75	25
Have you noticed an increase in the number of individuals who sought medical attention from you since receiving the training?	70	30
Has the training improved the accuracy of the health data you collect?	65	35
Have you noticed an increase in your level of confidence and satisfaction in performing your duties since receiving the training?	75	25

Questions about training were summarized in this table. The questions are listed in the first column, while the numbers and percentages of those who replied "yes" and "no," respectively, are shown in the second and third columns. Eighty percent of those who

took the survey said "yes" to the first question, suggesting that they think the community health workers' services have become better.

How has training affected the efficiency and effectiveness of community health workers? That is the question posed in this part of the survey. Eighty percent of those who took the survey said that community health workers' training had made a difference in the quality of care they provided. Furthermore, 75% of participants acknowledged that the number of homes visited had gone up, and 65% felt that health education had reached more people thanks to the training.

4.1.2.2 Incentives

Table 6: Incentives

Statement	Yes	No
How often do you engage with the community in which you work?	65	35
Have you noticed an increase in the number of households visited by you due to community engagement?	55	45
Have you noticed an increase in the number of individuals who received health education from you due to community engagement?	60	40
Have you noticed an increase in the number of individuals who sought medical attention from you due to community engagement?	50	50
Has community engagement improved the accuracy of the health data you collect?	55	45
Has community engagement increased community awareness and participation in health-related activities?	60	40
Has community engagement increased community trust and confidence in community health workers?	70	30

The results of the incentive-related questions are summarized in this table. The table follows the same structure as before: the questions are listed in the first column, and the numbers and percentages of those who replied "yes" and "no," respectively, are shown in the second and third columns. For instance, in response to the first question, 65 out of 100 people said "yes," suggesting that they think community health professionals would visit more families if incentives were higher.

This part of the survey looks at how incentives affect community health workers' productivity. Research shows that if community health workers were financially motivated, they would visit more homes. This belief was held by 65% of respondents. Furthermore, 60% of those who took the survey thought that more incentives would encourage more people to see community health professionals for medical care.

4.1.2.3Community Engagement

Table 7: Community Engagement

Statement	Never	Occasionally	Often	Always
How many patients do you attend to on average per day?	10	30	40	20
How many health-related tasks do you perform on average per day?	15	35	35	15
How many hours do you work on average per day?	20	30	35	15
Has your workload impacted the quality of health services you provide?	15	40	30	15
Have you made any errors or mistakes due to workload?	25	30	30	15
Have you noticed a decrease in the quality of health services you provide due to workload?	20	35	30	15
How many patients do you attend to on average per day?	15	30	35	20

The results of the questions about community involvement are summarized in this table. In this four-column table, each column stands for a possible answer (never, occasionally, often, always). In the first column, you can see the questions. In the following columns, you can see the total number of respondents and the percentage that selected each answer choice. For instance, in response to question 1 on the frequency of home visits by community health workers, 30 out of 100 people said "sometimes," while 20 said "always."

How community involvement affects community health workers' efficiency is discussed in this section. The results showed that although 20% of respondents said community health professionals visited their homes on a regular basis, 75% said they only did so

sometimes. In addition, whereas 10% of people said that community health professionals always provide health education, 80% said that it happens sometimes.

4.1.2.4 Workload

Table 8: Work Load

	Less than 3	3-4	4-5	More than 5
How many households do you visit per day on average?	20	40	20	20
How many patients do you attend to on average per day?	10	50	20	20
How many health-related tasks do you perform on average per day?	15	45	20	20
How many hours do you work on average per day?	10	50	20	20
Has your workload impacted the quality of health services you provide?	20	40	20	20
Have you made any errors or mistakes due to workload?	15	45	20	20
Have you noticed a decrease in the quality of health services you provide due to workload?	20	40	20	20

The results of the workload-related questions are summarized in this table. There is a range of five columns in the table that reflect different work hours each day (less than 3, 3-4, 4-5, more than 5). The questions are listed in the first column, while the other columns reveal the total and percentage of people who selected each range of daily work hours. For instance, in response to question 1 about the number of houses visited by community health workers each day, 40 out of 100 people said "3-4" and 20 said "more than 5."

The effect of community health workers' workloads on their productivity is examined in this section. Thirty percent of those who took the survey said that community health professionals visit five or more homes daily, while forty percent said that they visit three

or four homes daily. Community health professionals put in 4-5 hours a day, according to 40% of respondents, and more than 5 hours a day, according to 30%.

4.2 Summary of Findings

In sum, the survey sheds light on how people in the Mandera East constituency feel about the things that matter most to community health workers and how they see those aspects affecting their performance. Community health workers' effectiveness may be affected by training, incentives, and community involvement, according to the results. Furthermore, the results emphasize that managing workloads well is critical for community health workers to function effectively.

4.3 Limitation of the Study

The possibility of response bias is one drawback of this research. It is possible that the study's conclusions are skewed since community members' and health professionals' self-reported answers were used. People may have been hesitant to mention unfavorable opinions or actions, or they may have been influenced by social desirability bias and reported too many good things. This has the potential to reduce the results' generalizability and impact the data's validity and reliability. Additional approaches, such as direct observation and interviews with key informants, were used to triangulate and validate the data acquired, minimizing response bias.

CHAPTER FIVE

SUMMARY, RECOMMENDATION AND CONCLUSION

5.0 Introduction

In this section research finding summary, recommendations and conclusion would be discussed.

5.1 Summary of Findings

5.1.1 Training

The effect of training on community health workers' efficiency was the subject of this portion of the survey. Eighty percent of those who took the survey said that community health workers' training had made a difference in the quality of care they provided. Furthermore, 75% of participants acknowledged that the number of homes visited had gone up, and 65% felt that health education had reached more people thanks to the training.

5.1.2 Incentives

The effect of financial incentives on community health workers' output was the subject of this portion of the survey. Research shows that if community health workers were financially motivated, they would visit more homes. This belief was held by 65% of respondents. Furthermore, 60% of those who took the survey thought that more incentives would encourage more people to see community health professionals for medical care.

5.1.3 Community Engagement

The effect of community involvement on community health workers' efficiency was investigated in this area. The results showed that although 20% of respondents said community health professionals visited their homes on a regular basis, 75% said they only did so sometimes. In addition, whereas 10% of people said that community health professionals always provide health education, 80% said that it happens sometimes.

5.1.4 Workload

The effect of community health workers' workloads on their productivity is examined in this section. Thirty percent of those who took the survey said that community health professionals visit five or more homes daily, while forty percent said that they visit three or four homes daily. Community health professionals put in 4-5 hours a day, according to 40% of respondents, and more than 5 hours a day, according to 30%.

5.2 Conclusions

The study based on the findings and the analysis makes the following conclusions.

5.2.1 Training

The effectiveness of community health workers is greatly influenced by their training. After receiving training, community health workers were able to visit more houses and educate more people about health, according to most respondents. This, in turn, increased the quality of health services offered by these professionals. Community health workers may be able to improve the quality of healthcare they provide if funding for training programs is increased.

5.2.2 Incentives

The effectiveness of community health workers may be enhanced via the use of incentives. The majority of respondents thought that more financial incentives would encourage community health professionals to visit more homes and see more patients. This shows that community health workers may be motivated to do a better job if they are given enough incentives.

5.2.3 Community engagement

Community health professionals can only provide quality care if they have the support of the people they serve. According to the results, community health professionals do make home calls to educate residents about health, but they could do a better job of doing so. The confidence and trust of community health professionals, as well as the quality of

health services provided, may be enhanced by more community involvement and involvement in health-related activities.

5.2.4 Workload

Community health professionals can only do their jobs well with proper workload management. Some community health workers may be working more than five hours a day and visiting more than five houses, according to the results. This indicates that they may be experiencing heavy workloads. Health care providers may experience burnout and see a decline in service quality as a result. To make sure that community health workers aren't overworked and burnt out, it's important to manage their task properly and have enough personnel.

The research concludes that community health workers' performance in the Mandera East constituency may be influenced by training, incentives, community participation, and workload management. Improved health outcomes for the community and better service delivery might result from addressing these concerns.

5.3 Recommendations

From above study, here are some recommendations that the study has made:

5.3.1 Invest in training programs

Researchers concluded that educating community health workers significantly boosts their efficiency and effectiveness on the job. Community health workers need more training and education, thus it's important for health organizations and stakeholders to provide it. A rise in the number of homes visited, more people educated about health, and higher-quality health services might all result from this.

5.3.2 Provide adequate incentives

According to the results, financial incentives may help community health workers stay motivated and do a better job. Hence, health institutions and stakeholders should provide community health workers sufficient incentives. Some examples of such incentives

include possibilities for professional growth and advancement, public acknowledgement and praise, and monetary compensation.

5.3.3 Increase community engagement

Community involvement is critical for community health professionals to provide quality health services, according to the research. Consequently, health institutions and stakeholders should encourage more community involvement in health-related initiatives. Health education programs that are based in the community, campaigns to promote health in the community, and other similar initiatives might fall under this category.

5.3.4 Manage workload

Workload management is critical for community health workers to function well, according to the research. As a result, groups involved in health care should establish plans to deal with workload management. Staffing levels, resources, and tools should all be optimized, and technological solutions should be put in place to alleviate administrative duties.

5.3.5 Evaluate and monitor performance

Community health workers should be evaluated and monitored for performance on a regular basis by health organizations and stakeholders to find out where they are falling short. For example, you may keep tabs on how many homes were visited, how many people got health education, and how accurate the data gathered is. It is possible to utilize this data to pinpoint problem areas and provide tailored solutions.

5.4 Recommendation of Further Study

The study suggests a further study be carried out on challenges facing community health workers in Mandera east constituency

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APPENDIX I

SCHOOL INTODUCTION LETTER

RE: INVITATION TO PARTICIPATE IN RESEARCH STUDY ON HEALTHCARE ACCESS AMONG HOMELESS POPULATIONS

I hope this message reaches you in good health. Homeless people in Butte Subcounty, Wajir County, Kenya, have significant barriers to healthcare access, and I am writing to provide an invitation to take part in an important research study on this topic. The intricacies of this matter may be better comprehended with your help. The included questionnaire seeks to investigate how variables including unemployment, illiteracy, severe weather, and poor social support affect healthcare access for those experiencing homelessness.

Your replies will be kept anonymous, and participation is completely optional. Insights gained from your donation will be invaluable in shaping policies and programs that expand access to healthcare for those experiencing homelessness. Kindly fill out the attached survey as accurately as possible. We are really grateful for your assistance.

We appreciate you taking part in this important study and the time you've given us.

Sincerely,

Ubah Ahmed Ibrahim
DHD/12/00059/2/22
Student
Management University of Africa

APPENDIX II

STUDENT INTRODUCTION LETTER

MOHAMED ABDI GEDI

Tel. No. 0722282590

1st December 2023

Dear Respondent,

Management University of Africa is offering a leadership and management diploma program, and I'm enrolled. As part of my degree, I am investigating what variables impact community health workers' effectiveness in the Mandera East constituency.

Researchers hope that by shedding light on the factors that affect community health workers' effectiveness in the region, they would be able to better advise stakeholders such as lawmakers and academics.

Anyone thinking about making a difference in the healthcare sector, and especially those who care about the well-being of community health workers, should be on my radar. Each and every one of your comments will be kept completely confidential and used only for the research project at hand.

In this letter, I would want to introduce myself and ask for your help with the research. Before you mark the correct answer, please read the questions carefully and answer them objectively in the accompanying questionnaire. In addition, when asked for a short response, please use the areas given.

In advance, I appreciate your time and effort in taking part in this research.

Sincerely,

OSMAN AHMED MOHAMED

DHD/10/00039/3/21

APPENDIX II

RESEARCH QUESTIONNAIRE

Questionnaire on Factors Influencing the Performance of Community Health Workers in Mandera East Constituency

Section 1: Demographic Information

1. What is your age?

2. What is your gender?

3. What is your level of education?

4. How many years have you been working as a community health worker in Mandera East Constituency?

Section 2: Training

1. Have you received any training since you started working as a community health worker in Mandera East Constituency? **YES ( ) NO ( )**

2. How has the training impacted the quality of health services you provide to the community? **YES ( ) NO ( )**

3. Have you noticed an increase in the number of households visited by you since receiving the training? **YES ( ) NO ( )**

4. Have you noticed an increase in the number of individuals who received health education from you since receiving the training? **YES ( ) NO ( )**

5. Have you noticed an increase in the number of individuals who sought medical attention from you since receiving the training? **YES ( ) NO ( )**

6. Has the training improved the accuracy of the health data you collect? **YES ( ) NO ( )**

7. Have you noticed an increase in your level of confidence and satisfaction in performing your duties since receiving the training? **YES ( ) NO ( )**

Section 3: Incentives

1. Are you satisfied with the incentives provided to you as a community health worker in Mandera East Constituency? **YES ( ) NO ( )**

2. Have the incentives influenced the number of households you visit? **YES ( ) NO ( )**

3. Have the incentives influenced the number of individuals who received health education from you? **YES ( ) NO ( )**

4. Have the incentives influenced the number of individuals who sought medical attention from you? **YES ( ) NO ( )**

5. Have the incentives reduced your absenteeism? **YES ( ) NO ( )**

6. Has the provision of incentives improved the quality of health services you provide? **YES ( ) NO ( )**

7. Have the incentives increased your level of satisfaction and motivation as a community health worker? **YES ( ) NO ( )**

Section 4: Community Engagement

1. How often do you engage with the community in which you work?

2. Have you noticed an increase in the number of households visited by you due to community engagement?

3. Have you noticed an increase in the number of individuals who received health education from you due to community engagement?

4. Have you noticed an increase in the number of individuals who sought medical attention from you due to community engagement?

5. Has community engagement improved the accuracy of the health data you collect?

6. Has community engagement increased community awareness and participation in health-related activities?

7. Has community engagement increased community trust and confidence in community health workers?

Section 5: Workload

1. How many households do you visit per day on average?

2. How many patients do you attend to on average per day?

3. How many health-related tasks do you perform on average per day?

4. How many hours do you work on average per day?

5. Has your workload impacted the quality of health services you provide?

6. Have you made any errors or mistakes due to workload?

7. Have you noticed a decrease in the quality of health services you provide due to workload?

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE. YOUR INPUT IS GREATLY APPRECIATED.

APPENDIX III

RESEARCH WORK PLAN

Activity	TIME FRAME															
	Jan				Feb				March				April			
	Week				Week				Week				Week			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Topic Selection	■															
Supervisor appointment		■														
Produce draft proposal			■	■												
Incorporate supervisors' reviews				■	■	■										
Proposal read for presentation							■	■								
Incorporate supervisors' comments									■	■						
Pilot testing of questionnaires											■					
Data collection												■	■			
Data processing and analyzing													■			
Review of draft by supervisor														■	■	
Incorporate supervisors' comments																■
Submit thesis																■

APPENDIX IV

BUDGET

TASK/ ACTIVITY	COST	COST DESCRIPTION
Stationary	2000	Stationary
Pilot testing	2000	2 research assistants at 500/= per day for 2-man days
Questionnaire printing	400	Questionnaire
Field data collection	4000	2 research assistants at 2000/= each
Data sorting coding and input	3000	2 research assistants at 1500/= each
Printing and binding thesis report	3000	3 copies of 65 pages each at 15/= plus binding at 150 per copy
Local traveling	1000	For research assistants
Contingency budget	1000	To cater for any unprecedented research activity that may arise
Total budget	16,400	