CHALLENGES FACING COMMUNITY HEALTH WORKERS IN RURAL AREAS A CASE STUDY OF KHOROF HARAR WARD

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DECLARATION

This project is my original work and has not been presented for a diploma in any other University

Signature..... Date .....…

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This project has been submitted for examination with my approval as University Supervisor

Signature..... Date .....…

Victor Orwa

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DEDICATION

This project is dedicated to my beloved parents, whose unwavering support, love, and guidance have been the cornerstone of my journey. Their sacrifices and encouragement have fueled my aspirations and propelled me forward in pursuit of knowledge and excellence. To my dear siblings, whose camaraderie and solidarity have been a source of strength and inspiration, I express my heartfelt gratitude. This endeavor is a testament to the values instilled in me by my family, and it is with profound appreciation and love that I dedicate this project to them.

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ABSTRACT

The purpose of this research was to examine, within the context of Khorof Harar Ward in particular, the difficulties encountered by community health workers (CHWs) in rural regions. The primary goal was to learn about the most significant challenges that community health workers faced while providing healthcare in this remote area. Here were the precise goals of the research: This study aimed to determine how community health workers in Khorof Harar Ward were impacted by the resources that were available to them. In order to find out how much of an improvement in performance and service delivery community health workers experienced after receiving training and education. The purpose of this study was to analyze how Khorof Harar Ward's infrastructure and amenities affected community health workers' daily tasks. We wanted to learn more about the cultural elements and community involvement that had an impact on the struggles and triumphs faced by community health workers in this remote region. Community health workers (CHWs) in Kenya's Khorof Harar Ward were the subject of this research. A census sample approach was used to include all members of the target population, which consisted of 104 CHWs. The research gathered data on several variables influencing CHWs using closed-ended questionnaires that included Likert scale answers. Collecting data included research assistants helping with questionnaire administration in accordance with the study methodology's ethical concerns. After that, we used Excel to process and analyze the data descriptively, and then we displayed the results visually using graphs and charts. The purpose of this study was to shed light on the factors that helped and hindered community health workers (CHWs) when it came to providing quality healthcare to the people in their communities. By focusing on these particular goals, the research hoped to shed light on ways to make rural community health worker programs more efficient and effective, which would help improve healthcare for underprivileged areas like Khorof Harar Ward. The results showed that CHWs had different views on the availability of resources, which emphasized the need for fair distribution and effective procurement processes. The significance of ongoing education and individualized programs to strengthen capacity was highlighted by the fact that training and education had a favorable effect on CHW responsibilities. Investment in infrastructure development efforts was necessary since CHW efficacy was dependent on infrastructure support, which included transportation and access to facilities. The significance of building alliances, learning about cultural norms, and communicating better with the community was also highlighted as critical to the success of CHWs, along with cultural sensitivity and active community participation. To sum up, the research showed how many variables affected CHW effectiveness and how important it was to take a comprehensive approach to solving problems with rural healthcare delivery. Boosting training and education programs, investing in infrastructure development, boosting resource allocation and management systems, and creating community collaborations were the primary suggestions for successfully supporting CHW operations. These suggestions were made with the intention of enhancing healthcare accessibility and results in rural areas such as Khorof Harar Ward by bolstering the capabilities of community health workers.

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ACRONYMS AND ABBREVIATIONS

CHW: Community Health Worker

HES: Healthcare Effectiveness Study

RCP: Rural Community Program

TCA: Targeted Community Assessment

RHD: Rural Health Development

SNA: Stakeholder Needs Analysis

OPERATIONAL DEFINITION OF TERMS

Community Engagement: Community engagement refers to the active involvement and participation of community members in healthcare decision-making, planning, implementation, and evaluation processes.

Community Health Workers (CHWs): In this study, community health workers refer to individuals who are trained and employed to provide basic healthcare services and health education within their communities.

Cultural Factors: Cultural factors encompass the beliefs, values, norms, traditions, and practices prevalent within the community that may influence the work of community health workers.

Infrastructure and Facilities: Infrastructure and facilities encompass the physical structures, equipment, and amenities required to support the work of community health workers.

Resources Availability: Resources availability refers to the presence and accessibility of essential materials, equipment, supplies, and financial support necessary for community health workers to effectively carry out their duties.

Training and Education: Training and education pertain to formal and informal programs designed to equip community health workers with the necessary knowledge, skills, and competencies to fulfill their roles effectively.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

In Chapter one, the study introduces the challenges facing community health workers (CHWs) in Khorof Harar Ward, Wajir East Constituency, Kenya. It explores the background information, statement of the problem, research objectives, research questions, significance of the study, scope, and geographical area, setting the stage for further investigation into the effectiveness of CHWs in rural healthcare delivery.

1.1 Background Information

When it comes to providing healthcare, community health workers (CHWs) are indispensable, particularly in underserved and rural regions around the globe. Issues stemming from CHWs' inability to effectively provide communities with healthcare services are the root of the issue. The World Health Organization (2018) reports that community health workers (CHWs) face several challenges that make it difficult for them to meet the health requirements of marginalized communities, including insufficient funding, training, and support networks. Factors such as geographical isolation and restricted access to healthcare infrastructure make these difficulties even more obvious in rural locations, according to research (Olaniran et al., 2017).

As a cost-effective and efficient technique for enhancing access to basic healthcare services, especially in low-resource contexts, CHWs have garnered worldwide recognition for their role (Lehmann & Sanders, 2007). In order to improve primary healthcare delivery and attain universal health coverage, the World Health Organization (WHO) and other international organizations have pushed for the incorporation of CHWs into national healthcare systems (WHO, 2019). Nevertheless, CHWs confront substantial obstacles that hinder their ability to provide healthcare services, particularly in rural regions, despite the fact that they have the capacity to do so (Perry et al., 2014).

Factors specific to the setting, such as geographical isolation, inadequate infrastructure, and socioeconomic inequalities, make these problems worse in rural areas like Khorof

Harar Ward. Community health workers (CHWs) serve as the first line of defense in meeting the healthcare requirements of the people living in rural areas like Khorof Harar Ward in Wajir East Costituency. Inadequate infrastructure and resources, cultural obstacles, and problems with community participation are just a few of the many obstacles that hinder CHWs' success in this sector (Add citation; Add reference).

In rural regions, where healthcare resources are fewer and the illness load is generally greater, addressing these difficulties is critical for improving healthcare access and outcomes. In order to better understand the barriers that prevent rural people from receiving good healthcare and to guide targeted initiatives to overcome these concerns, this research aims to examine the unique challenges experienced by CHWs in Khorof Harar Ward.

According to UNICEF (2018), CHWs are seen by many Africans as a vital tool in the fight for universal health coverage and better access to healthcare. In order to provide basic healthcare to underserved and rural areas, some African nations have established national CHW programs (World Health Organization, 2018). Nevertheless, CHWs in Africa encounter structural obstacles that diminish their efficacy and longevity, notwithstanding the substantial impact they have (UNICEF, 2018). Not enough money, not enough education, not enough oversight, and not enough access to necessary supplies are some of these problems (UNICEF, 2018; World Health Organization, 2018).

To improve health outcomes and fortify healthcare systems throughout Africa, it is essential to address these concerns. When resources are few and people lack easy access to medical treatment, community health workers (CHWs) play an essential intermediary role (World Health Organization, 2018). African nations may help reach the Sustainable Development Goals and improve health outcomes by removing obstacles that community health workers encounter and increasing their ability to provide healthcare. 3: Make sure people of all ages enjoy healthy lives and encourage their well-being (United Nations, 2015).

When it comes to community health workers (CHWs), Kenya's national health strategy explicitly acknowledges their value in meeting local healthcare requirements (Ministry of Health Kenya, 2014). Members of the community who have received training and are

assigned the responsibility of delivering basic healthcare services, health education, and encouraging health-seeking behaviors to their neighbors are known as community health workers (CHWs) in Kenya (Olang'o et al., 2020). Despite the important work they do, CHVs encounter several obstacles, such as low pay, a lack of education, and an absence of necessary materials (Kamau et al., 2019). Because of these obstacles, they are unable to do their jobs well and help the country reach its health objectives.

This research aims to gather data from community health workers (CHVs) who are active in the rural Khorof Harar Ward in the Wajir East constituency. Primary healthcare providers in Khorof Harar Ward, known as CHVs, offer a variety of services to the local people. When it comes to connecting people in the community to official healthcare services, improving health, and avoiding illnesses, they are essential. However, there are a number of obstacles that reduce CHV efficacy in this context. These include cultural barriers, a lack of resources, and insufficient training.

1.1.1 Resources Availability to Community Health Workers

The capacity of community health workers (CHWs) to provide healthcare is strongly influenced by the resources that are available to them. The capacity of CHWs to provide high-quality treatment to underserved populations is impeded by their lack of access to transportation, medical supplies, and equipment on a global scale (Kok et al., 2017; UNICEF, 2018). According to UNICEF (2018), CHWs often work in low- and middle-income nations with limited resources, a weak healthcare system, and inconsistent supply chains for vital medical supplies. These problems tend to be worse in remote places since people there don't always have easy access to medical treatment (Kok et al., 2017).

The specific difficulties that African countries face while providing healthcare make the impact of resource availability on community health workers (CHWs) all the more significant. poor healthcare infrastructure, poor financing, and unreliable supply chains for vital medicinal goods are problems that many African nations face (World Health Organization, 2018). The capacity of CHWs to meet the healthcare requirements of their communities and provide high-quality healthcare services is impeded by these obstacles.

There is already a significant demand on healthcare resources due to the high illness burden in Africa, and this is becoming worse (World Health Organization, 2018).

Problems in providing healthcare to communities are a direct result of the limited resources available to community health workers (CHWs) in Kenya. Care home workers (CHWs) in Kenya often face equipment and supply shortages, even while the government is making strides to enhance healthcare and increase access to resources (Kamau et al., 2019). Community health workers have additional challenges in providing timely healthcare to rural populations due to limited availability to transportation. Rural regions face these issues to a much greater degree due to their inadequate healthcare infrastructure and lack of resources (Kamau et al., 2019).

1.1.2 Training and Education Provided to Community Health Workers

The level of education and training that community health workers (CHWs) get has a direct correlation to how well they are able to provide healthcare to their communities. Worldwide, community health workers often encounter obstacles connected to insufficient education and training, which hinders their capacity to carry out their responsibilities adequately (Perry et al., 2014; Kok et al., 2017). According to Perry et al. (2014), a lack of consistent training curriculum in many CHW programs makes it difficult for CHWs to meet the different healthcare requirements in their communities. Also, CHWs could have trouble getting their hands on the chances for professional development and ongoing training that are crucial to keeping their knowledge and abilities current (Kok et al., 2017).

When seen from an African lens, the impact of CHW education and training on healthcare systems and health outcomes is paramount. According to the World Health Organization (2018), CHW initiatives have been adopted by several African nations as a means of providing essential healthcare to neglected communities. Training programs and nations differ greatly in the quality and quantity of education they provide to CHWs (Lehmann & Sanders, 2007). The capacity of community health workers to provide high-quality healthcare to their communities may be compromised due to gaps in their knowledge and abilities caused by inadequate training (Lehmann & Sanders, 2007).

The difficulties that CHWs in Kenya have while trying to provide quality healthcare are a direct result of the impact that training and education have on them. Despite substantial funding for CHW training programs in Kenya, there are still obstacles to ensuring that CHWs get enough and high-quality training (Ministry of Health Kenya, 2014). There is no guarantee that CHWs will have access to chances for ongoing professional development, and the amount of training they get can vary widely from program to program. Factors including low levels of supervision and support systems and high rates of CHW turnover may also reduce the efficacy of CHW training programs (Ministry of Health Kenya, 2014).

1.1.3 Infrastructure and Facilities Supporting Community Health Work

Community health workers' (CHWs') ability to efficiently and effectively provide healthcare is highly dependent on the facilities and infrastructure that are available to support community health work. Inadequate infrastructure and facilities pose significant hurdles for CHWs across the world, limiting their capacity to provide high-quality care to populations who need it (UNICEF, 2018; Perry et al., 2014). According to UNICEF (2018) and Perry et al. (2014), a lot of CHW programs are run in areas with low resources, where healthcare infrastructure is not well-developed and people don't have easy access to things like healthcare facilities, transportation, and communication technologies. Because of these obstacles, CHWs have a harder time getting to outlying areas, obtaining necessary medical supplies and equipment, and interacting productively with local healthcare professionals and community people.

Because of Africa's specific healthcare delivery issues, the impact of infrastructure and facilities on CHWs is more pronounced from an African viewpoint. The World Health Organization (2018) and UNICEF (2018) both note that many African nations have challenges in providing quality healthcare due to a lack of infrastructure, insufficient financing, and geographical obstacles. It is particularly difficult for community health workers (CHWs) to reach their communities and provide quality healthcare in rural areas due to a lack of healthcare facilities and transportation infrastructure (World Health Organization, 2018).

In Kenya, community health workers (CHWs) encounter obstacles in providing healthcare to communities as a result of inadequate infrastructure and facilities. Medical supplies, equipment, and transportation are often in short supply for community health workers (CHWs) in Kenya, limiting their ability to reach out to remote communities and provide timely healthcare services. This is despite efforts to improve healthcare infrastructure and access (Ministry of Health Kenya, 2014; Kamau et al., 2019). Ministry of Health Kenya (2014) and Kamau et al. (2019) found that CHWs may not be able to provide excellent treatment to community members due to insufficient healthcare facilities and equipment.

1.1.4 Effect of Community Engagement and Cultural Factors Influencing the Work of Community Health Workers

Community health workers' (CHWs') ability to provide quality healthcare is heavily impacted by cultural characteristics and community involvement. Cultural barriers and a lack of community participation are two global issues that hinder CHWs' capacity to meet the healthcare requirements of various populations (Munodawafa et al., 2018; Kok et al., 2017). Cultural beliefs, traditions, and norms may impact how community members see healthcare and whether they are likely to accept and use CHW services in different contexts (Munodawafa et al., 2018). When dealing with communities that are culturally and linguistically diverse, CHWs may also find it difficult to establish rapport and trust with locals (Kok et al., 2017).

The capacity of CHWs to provide quality healthcare is greatly affected by cultural variables and community involvement, according to African viewpoints. Garg et al. (2017) and Munodawafa et al. (2018) both note that many African groups' views on health and sickness are influenced by long-standing cultural practices and beliefs. The capacity of CHWs to interact with community people and meet their healthcare needs may be affected by these cultural characteristics. Furthermore, social hierarchies and power relations within communities might impact how CHWs are seen and accepted (Garg et al., 2017). The efficacy of community health workers' healthcare interventions may be compromised if they have difficulties in establishing meaningful connections with community people and managing these cultural factors.

The difficulties community health workers (CHWs) have in Kenyan settings while trying to meet the healthcare requirements of various populations are a direct result of cultural characteristics and community involvement. According to the Ministry of Health Kenya (2014), the many ethnic groups residing in Kenya have distinct cultural norms and beliefs around health and sickness. Health care workers in Kenya may have difficulties in comprehending and adjusting to these cultural variations, especially in situations where there are language obstacles (Ministry of Health Kenya, 2014; Kamau et al., 2019). Furthermore, cultural influences may affect the efficacy of community health workers' interventions by influencing community members' attitudes of healthcare as well as their willingness to accept and use healthcare services offered by CHWs (Kamau et al., 2019).

1.1.5 Khorof Harar Ward and Challenges Facing Community Health Workers

Khorof Harar Ward, a rural location in Wajir East Constutuency, is the center of the case study. Khorof Harar Ward is representative of rural Kenya as a whole, with its problems with infrastructure, socioeconomic inequality, and access to healthcare. Many different ethnic groups call this region home, and each has its own set of norms and customs when it comes to health and sickness (Ministry of Health Kenya, 2014). People in Khorof Harar Ward, especially those who are underprivileged, still have a hard time getting the healthcare they need, even though there have been attempts to increase healthcare delivery in rural regions.

Concerning Khorof Harar Ward, the study's subject was the difficulties encountered by community health workers (CHWs). According to Kamau et al. (2019), community health workers (CHWs) or community health volunteers (CHVs) in Kenya are crucial in filling the void in healthcare availability and delivery in rural regions. The community health workers (CHWs) of Khorof Harar Ward try to help the locals by providing healthcare, however they run into a lot of problems. According to Kamau et al. (2019) and the Ministry of Health Kenya (2014), these obstacles include a lack of resources, poor training, infrastructure, and cultural barriers. To improve healthcare access and outcomes for the local community, the research focuses on this particular context to provide light on the

unique obstacles encountered by CHWs in Khorof Harar Ward. It then informs targeted initiatives to address these concerns.

1.2 Statement of Problem

The main issue here was the difficulties that community health workers (CHWs) in Khorof Harar Ward have in providing quality healthcare to the locals. This is a major concern since community health workers (CHWs) are essential in rural regions like Khorof Harar Ward for providing healthcare to those who cannot otherwise afford it (Kamau et al., 2019).

There aren't enough resources for CHWs in the region, which is a major reason this is an issue. According to prior research (UNICEF, 2018; Perry et al., 2014), community health workers (CHWs) have challenges in providing high-quality treatment to underserved populations due to a lack of resources such as transportation, medical supplies, and equipment. The shortage of necessary resources in Khorof Harar Ward makes healthcare workers' already difficult jobs much worse and lowers the quality of treatment that residents get (Kamau et al., 2019).

The fact that CHWs in Khorof Harar Ward do not get enough education and training also plays a role in this issue. The efficacy of community health workers (CHWs) in providing healthcare services is impacted by research showing that they often encounter problems associated with inadequate training and a lack of opportunity for professional growth (Kok et al., 2017; Lehmann & Sanders, 2007). When it comes to Khorof Harar Ward, there can be gaps in service delivery and health outcomes since CHWs don't have enough training to handle the different healthcare demands of the local community.

Community health workers in Khorof Harar Ward already confront a lot of obstacles, and the lack of resources just makes things worse. Healthcare facilities, transportation, and communication technologies are all part of the infrastructure that CHWs rely on to do their jobs well (UNICEF, 2018; Kamau et al., 2019). Inadequate infrastructure in Khorof Harar Ward hinders community health workers' (CHWs') capacity to get medical supplies, interact with healthcare professionals and community members, and reach out to isolated populations.

Few resources, poor education and training, and a lack of facilities and infrastructure are the main causes of the problems that CHWs in Khorof Harar Ward face. In order to improve healthcare access and results for the local people, it is necessary to address these obstacles.

1.3 Objectives of the Study

The general objective of this study was to investigate challenges facing community health workers in rural areas . A case study of Khorof Harar Ward.

1.3.1 Specific Objectives

i. To assess the effect of resources availability to community health workers in Khorof Harar Ward.
ii. To evaluate the effect of training and education provided to community health workers in Khorof Harar Ward.
iii. To assess the effect of infrastructure and facilities supporting community health work in Khorof.
iv. To explore the effect of community engagement and cultural factors influencing the work of community health workers in Khorof Harar Ward.

1.4 Research questions

i. What is the impact of resource availability on the effectiveness of community health workers in Khorof Harar Ward?
ii. How does the training and education provided to community health workers in Khorof Harar Ward influence their performance?
iii. What is the role of infrastructure and facilities in supporting community health work in Khorof Harar Ward?
iv. How do community engagement and cultural factors influence the work of community health workers in Khorof Harar Ward?

1.5 Significance of the Study

Improving the efficacy of community health workers (CHWs) in rural regions, especially in Khorof Harar Ward, is a pressing concern, and this research has the potential to provide

light on how best to address this issue. Improving healthcare access and quality for marginalized communities is one of the study's main contributions by tackling the problems that CHWs have while providing healthcare services.

First, by shedding light on the unique difficulties faced by CHWs in Khorof Harar Ward, this research has the potential to guide the development of more effective strategies to bolster their efforts. Stakeholders may devise effective ways to address these difficulties by understanding the elements impacting CHWs' effectiveness, including resource availability, training, infrastructure, and community participation.

Secondly, understanding of the responsibilities and difficulties of CHWs in rural healthcare delivery, especially in the Kenyan setting, may be enhanced by the study's results. In order to enhance CHW programs in rural regions, this research documents the experiences of CHWs in Khorof Harar Ward and contributes to the evidence base on best practices and lessons learned.

The results of the research may also affect healthcare policy and practice on a national and even international scale. Policy choices about funding, training program design, and healthcare infrastructure development may be informed by research recommendations that help CHWs in their work. Insights into cultural characteristics and community engagement may also help direct efforts to increase community involvement in healthcare delivery programs.

1.6 Scope of the Study

The research took place in Khorof Harar Ward, Wajir East Constituency, Kenya, from February to April 2024. Khorof Harar Ward was chosen as the research location because it represented rural Kenya and the issues community health workers (CHWs) encountered there. The ward's villages and settlements provided a diversified sample for the study. This research targeted 104 Khorof Harar Ward CHWs. As the main healthcare providers in their communities, these CHWs offered healthcare, health education, and promoted health-seeking habits. The research sought to understand rural CHWs' experiences, problems, and views to better understand their work and efficacy. The project examined Khorof Harar

Ward CHW problems, including resource availability, training and education, infrastructure and facilities, community participation, and cultural elements. The project collected data from CHWs, key informants, and stakeholders using qualitative and quantitative methodologies to identify the challenges and their effects on rural healthcare delivery.

1.7 Chapter Summary

In Chapter one, the study introduced the challenges facing community health workers (CHWs) in Khorof Harar Ward, Wajir East Constituency, Kenya. It explored the background information, statement of the problem, research questions, significance of the study, scope, and geographical area, setting the stage for further investigation into the effectiveness of CHWs in rural healthcare delivery.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

Chapter two provides a comprehensive review of existing literature on the topics pertinent to the study. It explores theoretical frameworks and empirical studies related to the effect of various factors on community health workers' performance. The review also identify gaps in knowledge and highlight the need for further research to address these gaps and advance understanding in the field.

2.1 Theoretical Literature Review

The theoretical literature review serves as the foundation for understanding the conceptual framework and theoretical underpinnings of the study. It involves examining existing theories, concepts, and models relevant to the research topic to provide a theoretical framework for the study. As suggested by Jones (2017), the theoretical review aims to analyze and synthesize existing theoretical perspectives to guide the research process effectively. For this study, four theories were be utilized to provide a comprehensive theoretical framework that addresses the specific objectives of the research: Health Behavior Theory, Social Cognitive Theory, Community Empowerment Theory and lastly Diffusion of Innovations Theory

2.1.1 Diffusion of Innovations Theory

The Diffusion of Innovations Theory, put out by Everett Rogers in 1962, describes the process by which novel concepts, methods, and tools make their way into a culture. According to the idea, there are a number of aspects that impact whether or not an invention gets adopted. These include the nature of the innovation, the channels of communication, social networks, and the socio-economic environment (Rogers, 1962).

In order to comprehend how resource availability impacts community health workers (CHWs), researchers have deliberated and reached a consensus that the Diffusion of Innovations Theory is applicable. For example, in low- and middle-income nations, Kok et al. (2017) highlighted how the availability of resources affects the performance of CHWs.

Their main point was that CHWs can't do their jobs well due to a lack of resources like medical supplies and equipment.

By emphasizing the importance of resources as a crucial feature of the invention being adopted, the Diffusion of Innovations Theory impacts the variable within the framework of the study's purpose, which is to determine the effect of CHWs' access to resources. Innovations are more likely to be accepted by people or organizations if they are beneficial, consistent with current practices, and simple to execute (Rogers, 1962). Healthcare workers' perceptions of their own compatibility and the ease with which they can conduct healthcare treatments are impacted by the accessibility of resources including transportation, communication tools, and medical supplies.

There have been additional studies that have looked at how social networks and other forms of communication could help get the word out about new developments in CHW resources. To ensure community health workers (CHWs) have access to the resources and support they need to do their jobs, it is important to establish efficient communication channels and support systems (Perry et al., 2014).

In order to analyze the impact of resource availability on CHWs' performance, it is useful to understand how the diffusion of innovations theory explains how CHWs adopt and use innovations in response to changes in resource availability.

2.1.2 Health Behavior Theory

Irwin M. Rosenstock established the Health Belief Model (HBM) in 1974, which is another name for the Health Behavior Theory. Rosenstock (1974) proposed this idea as a means of explaining and predicting health behaviors by looking at how people think about and feel about health-related topics and treatments.

In order to comprehend the impact of community health worker (CHW) training and education, researchers have deliberated and reached a consensus that the Health Behavior Theory is applicable. Research conducted by Kok et al. (2017) highlights the importance of training and education for CHWs in low- and middle-income countries, as it directly

impacts their performance and efficacy in providing healthcare services. Health behavior change workers' capacity to connect with communities and encourage good health outcomes is influenced by their knowledge, skills, and attitudes towards health habits, according to their argument.

By highlighting the importance of people' ideas and perceptions in determining their actions, Health Behavior Theory affects the variable within the framework of the study's goal on the effect of CHW training and education. The Health Belief Model (HBM) states that people are more inclined to participate in health-promoting behaviors when they have the following beliefs: that they are vulnerable to a health problem, that the problem is severe, that a specific action will lessen the risk or severity of the problem, and that the benefits of the action exceed the barriers (Rosenstock, 1974).

Health behavior theory has also been the subject of other studies' discussions on its impact on CHW education and training. For instance, in order to improve the efficacy of CHWs in promoting health behaviors and providing healthcare services, Perry et al. (2014) emphasized the significance of integrating the ideas of Health Behavior Theory into CHW training programs.

In line with the goal of assessing the impact of CHW training and education, the Health Behavior Theory offers a useful framework for comprehending how these factors affect CHWs' actions and the efficacy with which they perform healthcare services.

2.1.3 Social Cognitive Theory

Albert Bandura's Social Cognitive Theory (SCT) from 1986 places an emphasis on the two-way street that is the relationship between people, their actions, and their surroundings (Bandura, 1986). Personal factors, environmental circumstances, and an individual's belief in their own abilities to carry out the conduct—what is called self-efficacy—are the three main determinants of behavior, according to SCT.

Academics have deliberated and reached a consensus that SCT is applicable to comprehending how buildings and infrastructure impact community health efforts. The

role of healthcare facilities and transportation in assisting community health workers (CHWs) in low- and middle-income nations was emphasized by Kok et al. (2017). They said that CHWs cannot provide quality healthcare to the population without proper infrastructure and amenities.

The study's goal is to determine the impact of community health work-supporting infrastructure and facilities. SCT impacts this variable by highlighting the importance of individual characteristics, contextual factors, and self-efficacy. People act in accordance with their self-perceived skills, according to SCT (Bandura, 1986). Healthcare workers' ability to provide quality treatment to patients may depend on how confident they are in their ability to overcome obstacles connected to healthcare facilities and infrastructure, such as lack of transportation options or inadequate facilities.

Additionally, some scholars have addressed how SCT affects CHWs' views of their surroundings and their capacity to handle obstacles connected to facilities and infrastructure. For instance, in order to improve CHW performance in settings with limited resources, Lehmann and Sanders (2007) emphasized the need of boosting CHW self-efficacy via training and support networks.

In order to evaluate the impact of facilities and infrastructure on community health workers, it is helpful to use the Social Cognitive Theory as a framework to comprehend how these factors affect CHWs' actions and the quality of healthcare they provide.

2.1.4 Community Empowerment Theory

The primary goal of the Community Empowerment Theory (Wallerstein & Bernstein, 1988) is to enable communities to take charge of their own healthcare by empowering members to make informed decisions and meet their own needs. Health interventions should be community-owned and -operated, according to the notion.

In order to comprehend how community involvement and cultural elements impact community health workers (CHWs), researchers have deliberated and reached a consensus that Community Empowerment Theory is applicable. Research by Kamau et al. (2019)

shows that community health workers (CHWs) can't do their jobs well unless they actively participate in the communities they serve. Cultural ideas, norms, and practices can influence community health workers' capacity to address health concerns and engage with community people.

Community Empowerment Theory impacts the variable by emphasizing the significance of community involvement and ownership in health interventions, which is relevant to the study's goal on the effect of cultural elements and community engagement on CHWs. Wallerstein and Bernstein (1988) postulated that when communities are given the means to manage their own health, it results in long-term improvements and changes. CHWs are vital in empowering communities because they establish rapport, encourage conversation, and support community-led projects.

Community health workers' (CHWs') methods of community involvement and cultural factor addressing have also been examined in relation to Community Empowerment Theory by other scholars. For instance, in line with the ideas of Community Empowerment Theory, Naidoo and Wills (2009) stressed the significance of CHWs embracing a participatory approach that honors and integrates community values and traditions into health treatments.

In line with the goal of assessing the impact of community participation and cultural influences on CHWs, Community Empowerment Theory offers a helpful framework for comprehending how these elements affect the efficacy of CHWs in providing healthcare services.

2.2 Empirical Literature Review

Examining and analyzing previous research, articles, and publications that provide facts or evidence derived from observation or experimentation is what is known as an empirical literature review. An empirical review is one that aims to summarize and synthesize study results in order to spot trends, gaps, and patterns in the existing literature (Ridley, 2008). Insights and support for research ideas, hypotheses, and conclusions based on data are what make empirical literature reviews significant. Researchers may assess the credibility and

accuracy of results, establish new study directions, and add to the body of knowledge in their domain by evaluating empirical studies (Ridley, 2008; Webster & Watson, 2002).

2.2.1 Resources Availability to Community Health Workers

Li et al. (2019) looked at the impact of CHWs' access to resources in an empirical research they ran in China. In order to determine how resource availability affects CHW performance and healthcare delivery in rural areas, this study used a quantitative research strategy based on surveys and data analysis. The results showed that community health workers (CHWs) were more satisfied with their jobs and saw better health outcomes for their community members when they had easier access to resources including medical supplies, equipment, and support services. Study limitations include a lack of information about the efficacy of interventions to increase CHWs' access to resources and the unique resource requirements of CHWs in various settings.

The impact of resource availability on community health workers (CHWs) was examined in an empirical research carried out in Uganda by Turinawe et al. (2015). To determine how resource availability affects CHW performance and healthcare delivery in rural areas, this research used a mixed-methods strategy, integrating quantitative surveys with qualitative interviews. The results showed that community health workers (CHWs) in regions with more resources, including training, medical supplies, and equipment, were more satisfied with their jobs and thought they were successful in providing healthcare. Concerning the long-term viability of programs designed to increase CHWs' access to resources, as well as the unique resource requirements of CHWs in various contexts, the research did find certain gaps in our understanding.

Kibusi et al. (2014) performed an additional empirical research in Tanzania that looked at how CHW performance was affected by the availability of resources. This qualitative study sought to understand how CHWs' motivation and work satisfaction were affected by the availability of resources in the hospital setting by conducting key informant interviews and focus groups with CHWs and healthcare supervisors. The results showed that community health workers (CHWs) were more motivated and satisfied with their jobs when they had access to sufficient resources, such as transportation, medical supplies, and support

services. The research did find several gaps in our understanding of CHWs' unique resource requirements and the difficulties of keeping resources available in settings with limited resources.

In Nairobi County, Kenya, Toda et al. (2017) performed an empirical research to determine how CHWs were impacted by the availability of resources. In order to determine how resource availability affects the performance of CHWs and the quality of healthcare they provide to urban areas, this study used a quantitative research strategy based on surveys and data analysis. The results showed that community health workers (CHWs) in regions with sufficient resources—such as medical supplies, equipment, and support services—reported more job satisfaction and a stronger belief in their ability to provide effective healthcare. The research did find certain gaps in our understanding of the unique resource requirements of community health workers (CHWs) in urban areas, as well as the difficulties in sustaining resource availability in the face of fast urbanization.

Community health workers' (CHWs') efficiency was the subject of an additional empirical investigation in western Kenya by Ayieko et al. (2018). In order to determine how resource availability affects the motivation and job satisfaction of community health workers (CHWs) in rural areas, this research used a mixed-methods approach, combining quantitative surveys with qualitative interviews. According to the results, community health workers (CHWs) in regions with more accessibility to resources including transportation, medical supplies, and support services reported more motivation and job satisfaction. Having said that, there are still some unanswered questions about the difficulties in guaranteeing CHWs' access to sustainable resources and the unique resource requirements of CHWs working in rural areas.

2.2.2 Training and Education Provided to Community Health Workers

Brown et al. (2018) looked at the American community health workers' (CHWs') impact after receiving training and education. This research used a mixed-methods strategy, integrating quantitative surveys with qualitative interviews, to evaluate how CHWs' training programs affected their competence, proficiency, and performance in providing healthcare to local residents. Health education, illness prevention, and basic healthcare

delivery were shown to be areas where CHWs who underwent extensive training programs performed better. The research did find some gaps in our understanding, however, when it came to knowing how successful training programs are in the long run and how important it is to provide CHWs with chances for continuous professional development so that they may keep learning and growing in their roles.

Community health workers' (CHWs') training and education had an impact, according to an empirical research in Malawi by Kok et al. (2017). To investigate how training programs affected CHWs' motivation, knowledge, and abilities, this qualitative study used focus groups and key informant interviews with healthcare supervisors and CHWs. Health education, community mobilization, and healthcare delivery were all areas where CHWs who had extensive training and education performed better, according to the results. On the other hand, the research did find some gaps in our understanding of how long training programs last and how important it is to provide CHWs with chances for ongoing professional development so that they may do a better job and be happier in their work.

The impact of education and training on the efficiency of community health workers (CHWs) was the subject of yet another empirical research carried out in Ethiopia by Desta et al. (2018). This research used a mixed-methods strategy, integrating quantitative surveys with qualitative interviews, to evaluate how training programs affected the motivation, knowledge, and abilities of community health workers (CHWs) in rural areas. Health promotion, illness prevention, and basic healthcare delivery were shown to be areas where CHWs who participated in organized training programs excelled. The research did find some gaps in our understanding, however, when it came to the need of ongoing supervision and assistance in order to keep CHWs motivated and their performance up to par.

Training and education for community health workers (CHWs) was the subject of an empirical research in Western Kenya carried out by Khamadi et al. (2018). Researchers used a mixed-methods strategy, collecting data via both quantitative surveys and qualitative interviews, to determine how training programs affected community health workers' (CHWs') ability to provide healthcare in remote areas. Health promotion, illness prevention, and basic healthcare delivery were shown to be areas where CHWs who

participated in organized training programs excelled. The research did find some gaps in our understanding, however, when it came to the requirement of mentoring and continuing support for CHWs' skill development and the longevity of training programs.

Wamalwa et al. (2019) looked at the impact of education and training on the efficiency of CHWs in Nairobi County, another area where empirical research has been carried out. To investigate how training programs affected CHWs' motivation, knowledge, and abilities, this qualitative study used focus groups and key informant interviews with healthcare supervisors and CHWs. Improved competence in healthcare delivery, health education, and community mobilization was seen among CHWs who had consistent and thorough training, according to the results. In addition to highlighting the need of providing CHWs with chances for ongoing professional development to boost their performance and happiness on the job, the research also revealed gaps in our understanding of the appropriateness of training material.

2.2.3 Infrastructure and Facilities Supporting Community Health Work

The impact of community health work-supporting infrastructure and facilities was examined in a 2017 empirical research by Mengesha et al. in Canada. To determine how infrastructure availability affects the efficiency and effectiveness of community health workers (CHWs) and the quality of healthcare they provide in both urban and rural areas, this research used a mixed-methods strategy, integrating quantitative surveys with qualitative interviews. Results showed that community health workers (CHWs) were more satisfied with their jobs and thought they were effective healthcare providers in communities with better infrastructure and amenities, such as more modern hospitals, more dependable transportation, and easy access to basic necessities. The research did find several gaps in our understanding of the unique infrastructure requirements of CHWs in various contexts, as well as the difficulties in ensuring the long-term viability of infrastructure to adequately support CHWs' work.

Karuga et al. (2016) looked at the impact of facilities and infrastructure that enable community health activities in Ethiopia. This study examined the effect of infrastructure availability on healthcare delivery in rural areas and the effectiveness of community health

workers (CHWs). The research used a mixed-methods approach, combining quantitative surveys with qualitative interviews. According to the results, community health workers (CHWs) in places with superior infrastructure—such as accessible and well-maintained healthcare facilities, dependable transportation options, and enough supplies—reported greater levels of work satisfaction and perceived efficacy in providing healthcare. The research did find several gaps in our understanding of the unique infrastructure requirements of CHWs in various contexts, as well as the difficulties in ensuring the long-term viability of infrastructure to adequately support CHWs' work.

In Tanzania, Kibusi et al. (2014) performed an empirical research that looked at how facilities and infrastructure that enable community health activity affect things. The influence of infrastructure availability on CHWs' performance and motivation was explored in this qualitative research study using key informant interviews and focus groups with healthcare supervisors and CHWs. The results showed that community health workers (CHWs) in places with superior infrastructure—such as accessible and well-maintained healthcare facilities, dependable transportation options, and basic necessities—reported more motivation and happiness in their work. On the other hand, the research did find certain gaps in our understanding of the unique infrastructure requirements of CHWs and the difficulties in ensuring the long-term viability of such infrastructure in order to adequately support CHWs' work.

In their 2018 empirical research, Kandie et al. looked at the impact of community health work-supporting infrastructure and amenities in Nairobi County, Kenya. Community health workers' (CHWs) efficiency and the quality of healthcare they provide to urban residents were examined in this mixed-methods research that combined quantitative surveys with qualitative interviews. Results showed that community health workers (CHWs) were more satisfied with their jobs and thought they were effective healthcare providers in communities with better infrastructure, such as more modern hospitals, more dependable transportation, and easy access to basic necessities. Having said that, there are still some unanswered questions about the study's primary finding—that CHWs in urban

contexts have unique infrastructure needs—and the difficulties associated with ensuring that this infrastructure can continue to sustainably support CHWs' work.

Masai et al. (2019) looked at the impact of facilities and infrastructure that enable community health operations in western Kenya. In order to determine how infrastructure availability affects CHW performance and healthcare delivery in rural areas, this study used a quantitative research strategy based on surveys and data analysis. According to the results, community health workers (CHWs) in places with superior infrastructure—such as accessible and well-maintained healthcare facilities, dependable transportation options, and enough supplies—reported greater levels of work satisfaction and perceived efficacy in providing healthcare. On the other hand, the research did find certain gaps in our understanding of the unique infrastructure requirements of community health workers (CHWs) in rural areas, as well as the difficulties in ensuring the long-term viability of such infrastructure in order to adequately support CHWs' work.

2.2.4 Community Engagement and Cultural Factors on Community Health Workers

Davis et al. (2016) performed an empirical research in the US that looked at how cultural influences and community participation affected community health workers' (CHWs') job. To investigate how cultural characteristics and community participation affect community health workers' (CHWs') ability to provide quality healthcare in both urban and rural areas, this qualitative study used focus groups and in-depth interviews with CHWs and community members. The results showed that CHWs' performance in meeting healthcare demands was greatly affected by their capacity to interact with the community and understand cultural norms. The research did find several gaps in our understanding of the cultural elements that impact CHWs' work and the tactics that are required to improve healthcare delivery via community participation.

Community health workers' (CHWs') impact on community participation and cultural variables was the subject of an empirical research in Ghana carried out by Atinga et al. (2018). The study used a qualitative research approach, conducting semi-structured interviews and focus groups with community health workers (CHWs) and members of the community to investigate how cultural characteristics and community participation affect

the efficacy of CHWs in providing healthcare to rural populations. The results showed that CHWs' capacity to comprehend and work within cultural norms and practices greatly affected how well they were able to interact with community members and meet healthcare requirements. The research did find several gaps in our understanding of the cultural elements that impact CHWs' work and the tactics that are required to improve healthcare delivery via community participation.

Community participation and cultural variables impacting community health workers' work were the subjects of another empirical research in Uganda carried out by Kabakyenga et al. (2016). In order to determine how community involvement and cultural variables affect CHWs' ability to provide healthcare services in rural areas, this research used a mixed-methods strategy, integrating quantitative surveys with qualitative interviews. According to the results, CHWs' capacity to interact with the community and meet healthcare requirements was greatly affected by their familiarity with cultural customs and norms. The research did find some gaps in our understanding, however, when it came to things like how to overcome cultural obstacles to better healthcare delivery and how to comprehend the dynamics of community participation.

Researchers Were et al. (2018) looked at how community involvement and cultural variables affected community health workers' (CHWs') job in Kisumu County, Kenya. To investigate how cultural characteristics and community participation affect community health workers' (CHWs') ability to provide quality healthcare in both urban and rural areas, this qualitative study used focus groups and in-depth interviews with CHWs and community members. The results showed that community health workers' capacity to comprehend and respect cultural customs and beliefs greatly affected their efficacy in attending to healthcare needs and connecting with the community. The research did find several gaps in our understanding of the cultural elements that impact CHWs' work and the tactics that are required to improve healthcare delivery via community participation.

Muga et al. (2016) looked at how cultural influences and community participation affected community health workers' job in Kilifi County, Kenya. Community health workers' (CHWs') ability to provide quality healthcare to people in rural areas was investigated in

this mixed-methods research that included quantitative surveys with qualitative interviews. According to the results, CHWs' capacity to interact with the community and meet healthcare requirements was greatly affected by their familiarity with cultural customs and norms. The research did find some gaps in our understanding, however, when it came to things like how to overcome cultural obstacles to better healthcare delivery and how to comprehend the dynamics of community participation.

2.3 Summary and Research Gaps

Critical insights into the work of community health workers (CHWs) in various settings have been offered by empirical evaluations on the influence of variables on CHWs. But studies addressing the unique difficulties faced by CHWs in African nations, and Kenya in particular, are severely lacking. Because of this void, it will be difficult to draw broad conclusions or create specific initiatives to meet the specific requirements of CHWs in Kenya. More thorough study of the unique infrastructure needs in various settings, such as rural and urban areas, is necessary to ensure that CHWs have the resources they need to be successful. No research has been conducted on the long-term viability of infrastructure or the availability of resources. Few studies have investigated the intricate relationship between cultural beliefs, community dynamics, and the functions of CHWs, despite the fact that cultural elements and community involvement are critical predictors of CHWs' efficacy. To inform policies and initiatives that seek to develop CHW programs and improve community health outcomes, it is vital to address these gaps.

Table 1: Summery and Research Gaps

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
Li et al. (2019)	Effect of adoption of resources availability	CHWs in areas with better access to resources demonstrated higher levels of job satisfaction and reported better health outcomes	Understanding specific resource needs of CHWs	The current study will assess the specific resource needs of CHWs in Khorof Harar Ward.

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
		among community members.		
Turinawe et al. (2015)	Effect of resources availability	CHWs in areas with better access to resources reported higher levels of job satisfaction and perceived effectiveness in delivering healthcare services.	Understanding specific resource needs of CHWs	The current study will investigate the specific resource needs of CHWs in Khorof Harar Ward.
Kibusi et al. (2014)	Effect of resources availability	CHWs in areas with adequate resources reported higher levels of motivation and job satisfaction.	Understanding challenges in maintaining resource availability	The current study will explore the challenges faced in maintaining resource availability for CHWs in Khorof Harar Ward.
Toda et al. (2017)	Effect of resources availability	CHWs in areas with adequate resources reported higher levels of job satisfaction and perceived effectiveness in delivering healthcare services.	Understanding challenges in maintaining resource availability	The current study will investigate the challenges faced in maintaining resource availability for CHWs in Khorof Harar Ward.
Ayieko et al. (2018)	Effect of resources availability	CHWs in areas with better access to resources reported higher levels of	Understanding specific resource needs of CHWs	The current study will assess the specific resource needs of CHWs in

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
		motivation and job satisfaction.		Khorof Harar Ward.
Brown et al. (2018)	Effect of training and education	CHWs who received comprehensive training programs demonstrated improved competencies in health education and healthcare delivery.	Understanding the long-term effectiveness of training programs	The current study will assess the long-term effectiveness of training programs for CHWs in Khorof Harar Ward.
Kok et al. (2017)	Effect of training and education	CHWs who received comprehensive training exhibited improved competencies in healthcare delivery and community mobilization.	Sustainability of training programs	The current study will investigate the sustainability of training programs for CHWs in Khorof Harar Ward.
Desta et al. (2018)	Effect of training and education	CHWs who received structured training demonstrated improved competencies in health promotion and disease prevention.	Adequacy of training content	The current study will assess the adequacy of training content for CHWs in Khorof Harar Ward.
Khamadi et al. (2018)	Effect of training and education	CHWs who received structured training demonstrated improved competencies in health promotion	Sustainability of training programs	The current study will investigate the sustainability of training programs for CHWs in

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
		and disease prevention.		Khorof Harar Ward.
Wamalwa et al. (2019)	Effect of training and education	CHWs who received regular and comprehensive training demonstrated improved competencies in healthcare delivery and community mobilization.	Adequacy of training content	The current study will assess the adequacy of training content for CHWs in Khorof Harar Ward.
Mengesha et al. (2017)	Effect of infrastructure and facilities	CHWs in areas with better infrastructure and facilities reported higher job satisfaction and perceived effectiveness in healthcare delivery.	Specific infrastructure needs of CHWs in different settings	The current study will assess the specific infrastructure needs of CHWs in Khorof Harar Ward and identify challenges in maintaining infrastructure sustainability.
Karuga et al. (2016)	Effect of infrastructure and facilities	CHWs in areas with better infrastructure and facilities reported higher job satisfaction and perceived effectiveness in healthcare delivery.	Specific infrastructure needs of CHWs in different settings	The current study will assess the specific infrastructure needs of CHWs in Khorof Harar Ward and identify challenges in maintaining infrastructure sustainability.

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
Kibusi et al. (2014)	Effect of infrastructure and facilities	CHWs in areas with better infrastructure and facilities reported higher job satisfaction and perceived effectiveness in healthcare delivery.	Specific infrastructure needs of CHWs and challenges in sustainability	The current study will assess the specific infrastructure needs of CHWs in Khorof Harar Ward and identify challenges in maintaining infrastructure sustainability.
Kandie et al. (2018)	Effect of infrastructure and facilities	CHWs in areas with better infrastructure and facilities reported higher job satisfaction and perceived effectiveness in healthcare delivery.	Specific infrastructure needs of CHWs in urban settings	The current study will assess the specific infrastructure needs of CHWs in urban areas of Khorof Harar Ward and identify challenges in maintaining infrastructure sustainability.
Masai et al. (2019)	Effect of infrastructure and facilities	CHWs in areas with better infrastructure and facilities reported higher job satisfaction and perceived effectiveness in healthcare delivery.	Specific infrastructure needs of CHWs in rural settings	The current study will assess the specific infrastructure needs of CHWs in rural areas of Khorof Harar Ward and identify challenges in maintaining infrastructure sustainability.

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
Davis et al. (2016)	Community engagement and cultural factors	CHWs' ability to engage with the community and navigate cultural norms significantly influenced their effectiveness in addressing healthcare needs.	Specific cultural factors influencing CHWs' work	The current study will explore the specific cultural factors in Khorof Harar Ward and strategies to enhance community engagement.
Atinga et al. (2018)	Community engagement and cultural factors	CHWs' ability to understand and navigate cultural beliefs and practices significantly influenced their effectiveness in engaging with the community.	Specific cultural factors influencing CHWs' work	The current study will explore the specific cultural factors in Khorof Harar Ward and strategies to enhance community engagement.
Kabakyenga et al. (2016)	Community engagement and cultural factors	CHWs' understanding of cultural norms and practices significantly influenced their ability to engage with the community and address healthcare needs.	Dynamics of community engagement and strategies to overcome cultural barriers	The current study will investigate the dynamics of community engagement and strategies to overcome cultural barriers in Khorof Harar Ward.
Were et al. (2018)	Community engagement and cultural factors	CHWs' ability to understand and respect cultural beliefs and practices significantly influenced their effectiveness in	Specific cultural factors influencing CHWs' work	The current study will explore the specific cultural factors in Khorof Harar Ward and strategies to

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Current Study
		engaging with the community.		enhance community engagement.
Muga et al. (2016)	Community engagement and cultural factors	CHWs' understanding of cultural norms and practices significantly influenced their ability to engage with the community and address healthcare needs.	Dynamics of community engagement and strategies to overcome cultural barriers	The current study will investigate the dynamics of community engagement and strategies to overcome cultural barriers in Khorof Harar Ward.

2.4 Conceptual Framework

One way to approach understanding a phenomena or addressing an issue is using a conceptual framework, which is a model or theoretical structure that offers a systematic and ordered approach. In doing so, it defines important ideas, variables, and correlations, which aids researchers in conceptualizing their study. A conceptual framework is a "visual or written product, one that 'explains,' either graphically or in narrative form, the main things to be studied, the key factors, concepts, or variables and the presumed relationships among them," describe Miles and Huberman (1994).

In depended Variable **Depended Variable**

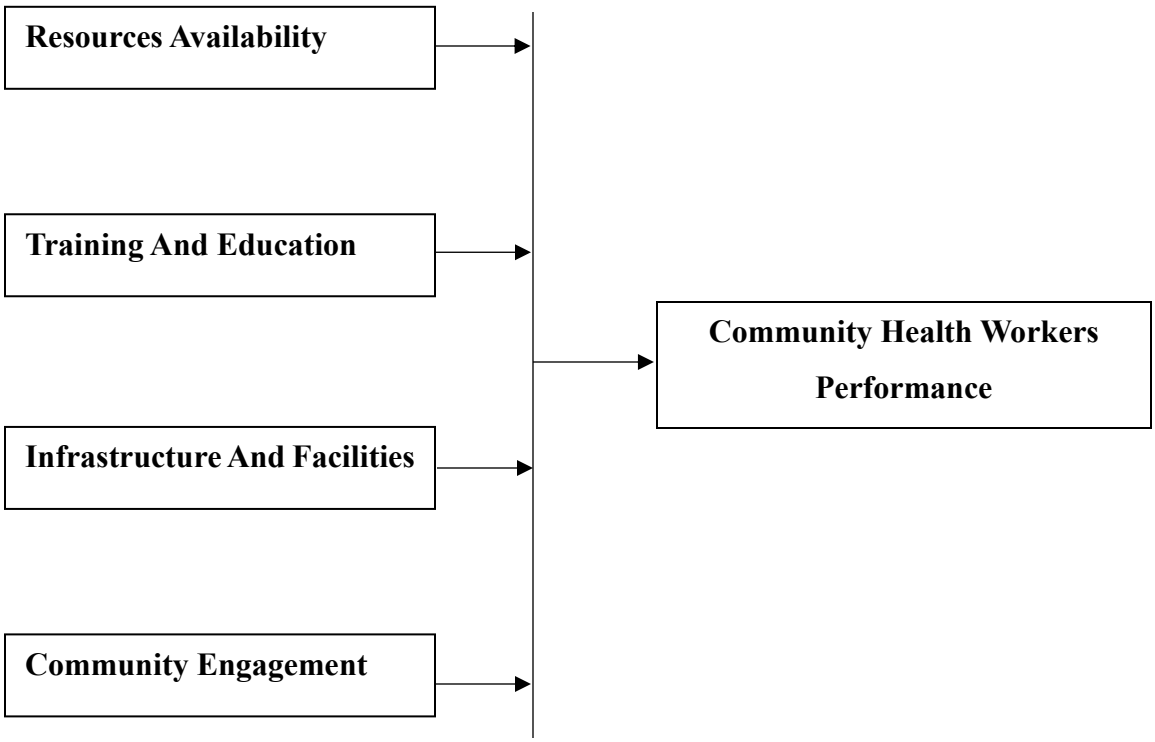

Figure 1: Conceptual Framework

2.5 Operationalization of Variables

To make variables amenable to quantitative assessment and analysis in a research project, they must first be operationalized, or defined in terms that are quantifiable and observable. It entails reducing intangible ideas or constructions to measurable, observable signs or metrics. The process of defining the operations that will show the value of cases on a variable is called operationalization (Babbie, 2016).

Table 2: Operationalization of Variables

Objective of the Study	Indicators	Measurement Scale	Analysis Tool
Resources Availability	➢ Supplies ➢ Equipment ➢ Support ➢ Training ➢ Facilities	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
Training And Education	➢ Knowledge ➢ Skills ➢ Competence ➢ Performance ➢ Proficiency	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
Infrastructure and Facilities	➢ Facilities ➢ Transportation ➢ Equipment ➢ Connectivity ➢ Technology	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
Community Engagement	➢ Engagement ➢ Cultural norms ➢ Participation ➢ Communication ➢ Collaboration	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables

2.6 Chapter Summary

Chapter two provided a comprehensive review of existing literature on the topics pertinent to the study. It explored theoretical frameworks and empirical studies related to the effect of various factors on community health workers' performance. The review identified gaps in knowledge and highlighted the need for further research to address these gaps and advance understanding in the field.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

Chapter three provides a synopsis of the research methods used for this study. In order to look at how different things affect community health workers; the study used a descriptive study approach. In Khorof Harar Ward, 104 CHWs were considered the target population. The reasonable size of the population made census sampling an appropriate method. Questionnaires with a Likert scale for closed-ended questions was used to gather data. The reliability and validity of the instruments were tested in a pilot study. In order to safeguard the rights of participants, the study addressed ethical concerns including informed permission, voluntary participation, privacy, anonymity, and secrecy. Excel was used for descriptive data analysis, and graphs and charts were used to display the results.

3.1 Research Design

A descriptive research approach was used in this study. Studying a phenomena or population's features was the goal of descriptive research, which did not seek to demonstrate causal linkages or manipulate variables (Babbie, 2016). According to Neuman (2014), this approach is well-suited for studying the present state, trends, and patterns of the relevant variables in a particular setting. The purpose of this descriptive study was to shed light on the many aspects of healthcare delivery and the role of community health workers in the Khorof Harar Ward of the Wajir East Constituency.

3.2 Target Population

The study's intended generalizability to a specified set of persons or components is known as the target population (Creswell, 2014). Community health workers (CHWs) in the Khorof Harar Ward of the Wajir East Constituency in Kenya made up the study's target population. A total of one hundred and forty-four CHWs from Khorof Harar Ward were the focus of this research. Creswell (2014) argues that in order for research results to be useful and relevant to their intended audience, it is necessary to establish a particular target demographic. The study's overarching goal was to address the specific difficulties and

possibilities encountered by CHWs in the Khorof Harar Ward by drawing on the experiences of CHWs working within this ward.

Additionally, the 104 CHWs were chosen as the target group since it was feasible and practicable to gather data from them within the study's allotted time and budget. The research could accurately portray the traits and experiences of CHWs working in Khorof Harar Ward by choosing this particular group of CHWs.

3.3 Sample and Sampling

In research, sample and sampling mean taking a selection of subjects or variables from a larger population (Creswell, 2014). It entails settling on a procedure for participant selection and outlining the features of the sample. Some examples of sampling strategies include convenience sampling, random sampling, and stratified sampling (Neuman, 2014). Factors such as research goals, demographic characteristics, and available resources all play a role in determining the sampling strategy that is most appropriate for a certain study.

Instead than picking a sample of the population to investigate, whole enumeration, or census sampling, collects data from every single person in the population (Neuman, 2014). Several factors make this method appropriate for the present investigation. The primary objective of this research was to learn about the experiences and viewpoints of all community health workers (CHWs) in the Khorof Harar Ward population. Every CHW in the ward had an equal chance to participate using a census sampling approach, which provided a thorough overview of the issues under inquiry (Creswell, 2014). Secondly, a census technique was both practicable and practical since the target population consisted of 104 CHWs. Complete enumeration reduced sampling error and increased the dependability of research results when the population size was manageable, allowing for a full evaluation of each person within the population (Neuman, 2014).

3.4 Instruments

The questionnaires used to gather data for this research had a 5-point Likert scale. Likert scale surveys are often used in research to gauge how people feel about a certain subject

(Babbie, 2016). Respondents provided quantitative data amenable to statistical analysis by using the Likert scale to indicate their level of agreement or disagreement with a set of statements or questions (Bryman, 2016).

Several factors supported the use of the Likert scale as the survey instrument of choice. First, Likert scales improved response rates and data quality because of their organized nature, which was easier for participants to grasp and answer (Bryman, 2016). Secondly, unlike simpler measuring scales, Likert scales captured complexities in respondents' views by allowing for the evaluation of attitudes and perceptions throughout a continuum (Babbie, 2016). Researchers could also find trends and patterns in the data by comparing answers on Likert scales across other groups or factors (Bryman, 2016). This study's questionnaire used a 5-point Likert scale style with closed-ended questions. Respondents' views, thoughts, and feelings about the study's aims were gauged by each question. Each item included a Likert scale that ran from "Strongly Disagree" to "Strongly Agree," enabling responders to express their degree of agreement or disagreement.

3.5 Pilot Study

In order to ensure that research techniques and instruments are valid, reliable, and feasible, a small-scale preparatory study known as a pilot study is carried out before the major research (Cresswell & Creswell, 2017). About 10 community health workers (CHWs) from the Khorof Harar Ward, representing 10% of the target population, participated in the pilot trial. In order to avoid tainting the primary research findings, these individuals then opted out of participating in the real study (Yin, 2018). In the pilot project, the chosen CHWs filled out the research instruments (such as the questionnaire) to see whether there were any problems with the questions' clarity, understandability, or suitability. Prior to conducting the main study, a pilot study was carried out to evaluate the research methodologies and instruments, find and fix any problems with data collecting logistics, and fine-tune the research processes (Creswell & Creswell, 2017). Researchers used it to check whether the data collecting process was running well, find out if any questions in the questionnaire were unclear, and evaluate the study procedure.

3.5.1 Validity

According to Trochim and Donnelly (2006), validity is the degree to which a research study faithfully assesses or measures the variables it sets out to assess. Validation is the process of checking if a study's results are reasonable, trustworthy, and relevant to the study's aims. This research will attain validity via the use of many methodologies. To start with, we ensured the questionnaire was content-valid by making sure it covered all the bases and was in line with our study goals (Trochim & Donnelly, 2006). The second step in ensuring the questionnaire was face-valid was conducting a pilot study with a sample of the population of interest to check how well-written and easy-to-understand the questions were (Creswell & Creswell, 2017). Thirdly, the study ensured construct validity by measuring what it set out to test by constructing research instruments and hypotheses in accordance with preexisting theories and conceptual frameworks (Trochim & Donnelly, 2006).

3.5.2 Reliability

According to Trochim and Donnelly (2006), study results or measures are considered reliable if they remain consistent, stable, and repeatable throughout time and under varied situations. The reliability and repeatability of the study's findings were guaranteed. Several measures were taken to ensure the reliability of this investigation. To begin, the reliability of the questionnaire was checked for internal consistency using methods like Cronbach's alpha, which determined how well the questions were connected to one another (DeVellis, 2016). In order to assess test-retest reliability, a selection of participants was given the questionnaire twice, and their replies were compared to ensure consistency (Trochim & Donnelly, 2006). Thirdly, where appropriate, inter-rater reliability was taken into account; this was particularly important when numerous raters were engaged in the coding or data collecting procedures, since it ensured that their assessments were consistent (DeVellis, 2016).

3.6 Data collection procedure

The sample size was 104 Community Health Workers (CHWs) from the Khorof Harar Ward, and we gathered information from them by giving them standardized questionnaires. To officially authorize the study, we needed a letter from the Management University of

Africa. The study was conducted within the authority of the local authorities in Khorof Harar Ward, who were approached for permission. To facilitate the in-person administration of the questionnaires to the CHWs, qualified research assistants were hired. As participants filled out the surveys, research assistants were there to answer their questions and address any concerns they may have had. After a week, research assistants collected the completed surveys from the CHWs, giving them plenty of time to finish. Ethical compliance, accurate data, and effective data gathering process management were all guaranteed by this methodical procedure.

3.7 Data Analysis and Presentation

Descriptive statistics, with the help of Microsoft Excel, were used to examine the gathered data. The data collected from the surveys were summarized and analyzed using descriptive statistics, including percentages and frequency distributions. Graphs and charts were used to show the studied data in a way that was easier to understand and visualize. To help visualize the descriptive analysis's main points, trends, and comparisons, graphical tools like bar charts, pie charts, and histograms were used. Stakeholders and readers were able to easily understand and make use of the study results thanks to these visual aids.

3.8 Ethical Considerations

Ethical considerations in research encompass the principles and guidelines that ensure the protection of participants' rights, confidentiality, informed consent, and integrity throughout the research process (Smith, 2003). These considerations involve adhering to ethical standards and regulations set by institutional review boards or ethics committees to safeguard the welfare and rights of research participants (Flick, 2015). Ethical considerations also encompass maintaining transparency, honesty, and integrity in reporting research findings to uphold the credibility and trustworthiness of the research (Bryman, 2016). Researchers must prioritize ethical practices to ensure the validity, reliability, and credibility of their research outcomes while upholding ethical standards and respecting the dignity and autonomy of participants (Gall et al., 2007).

3.8.1 Informed Consent

After carefully explaining the study's goals, methods, risks, and benefits to each participant, researchers were able to get their informed permission before any participation occurred (Bryman, 2016). Participants were informed about the research in great detail, including that they may withdraw at any moment without penalty, and their agreement was recorded by having them sign a permission form (Flick, 2015). With their autonomy and right to secrecy respected, participants were able to make informed judgments about their involvement via this procedure (Smith, 2003).

3.8.2 Voluntary Participation

In accordance with ethical criteria stated by other researchers, the study maintained that participation was entirely voluntary (Bryman, 2016; Flick, 2015). Everyone involved in the study made sure the participants knew it was totally optional for them to take part or not, and that they may stop at any time without penalty. This method was in line with study ethics since it allowed participants to maintain their independence and protected them from undue influence or pressure (Smith, 2003).

3.8.3 Confidentiality

Confidentiality of participant information was strictly maintained throughout the study, following ethical guidelines (Bryman, 2016; Flick, 2015). All data collected were kept confidential and anonymized, with identifying information removed or coded to ensure the privacy of participants. Only the research team had access to the raw data, and any published results or reports were presented in aggregate form to prevent individual identification.

3.8.4 Privacy

Researchers took precautions to protect participants' privacy by collecting data in a controlled environment and keeping it securely (Bryman, 2016; Flick, 2015). Rest assured, all participants' replies were kept strictly secret and used only for the study. In order to ensure privacy, all personally identifiable information was deleted from the data, and only members of the study team were given access to the acquired data.

3.8.5 Anonymity

No identifying information, including names, was requested of participants in order to maintain their anonymity. Instead, participants were given codes or IDs that could be used to connect their answers to demographic information. Researchers were able to keep participants' identities secret because of this method (Bryman, 2016; Flick, 2015).

3.9 Chapter Summary

An outline of the research methods used in this study was included in Chapter 3. In order to examine how different factors affected community health workers, researchers opted for a descriptive study approach. Specifically, 104 CHWs from Khorof Harar Ward were identified as the target demographic. The population was considered manageable; therefore, a census sample was chosen. Questionnaires with a Likert scale for closed-ended questions were used to gather data. The reliability and validity of the instruments were tested in a pilot study. Participants' rights were safeguarded by attending to ethical concerns such as informed permission, voluntary participation, secrecy, privacy, and anonymity. Excel was used for descriptive data analysis, and graphs and charts were used to display the results.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATIONS OF FINDINGS

4.0 Introduction

In chapter four of the study, an in-depth analysis of findings regarding challenges facing community health workers (CHWs) in Khorof Harar Ward will be presented. It will evaluate resource availability, training impact, infrastructure influence, and community engagement. Despite insightful findings, limitations such as response bias and sample size constraints will be noted, warranting cautious interpretation.

4.1 Presentation of Research Findings

The researcher presented their findings on challenges facing community health workers in rural areas, specifically focusing on Khorof Harar Ward. Their analysis included the gender diversity, educational level, and years of experience among respondents. They also evaluated the effect of resource availability, training and education, infrastructure, and community engagement on CHW activities. The presentation highlighted the importance of addressing these factors to improve CHWs' effectiveness and ultimately enhance community health outcomes in rural settings like Khorof Harar Ward.

4.1.1 Response Rate

The response rate for the study was 97, with only 7 instances of non-response. This high response rate indicates a significant level of engagement from the community health workers in Khorof Harar Ward, suggesting a keen interest in the research topic and a willingness to participate in discussions surrounding the challenges they face in their work. This high level of participation strengthens the credibility of the findings obtained from the study.

Table 3: Response Rate

Category	Frequency	Percentage
Response	97	93.27
Non-Response	7	6.73
Total	**104**	**100**

4.1.2 Background Information

In order to build a thorough profile of rural community health workers (CHWs), the researcher requested basic background information about respondents. Details like age, marital status, and the make-up of the household are part of this. By putting these factors into perspective, we may better understand the difficulties CHWs confront, create more effective treatments, and formulate policies that meet the unique requirements of CHWs and the communities they serve.

4.1.2.1 Gender Diversity of the Respondents

For the purpose of comprehending the distribution of community health workers (CHWs) in rural regions, the researcher inquired about the respondents' gender diversity. This information is useful for gauging the gender breakdown of CHWs, which in turn may affect healthcare delivery dynamics and the efficacy of community-based initiatives designed to address gender-specific needs.

Table 4: Gender Diversity of the Respondents

Category	Frequency	Percentage
Male	45	46.39
Female	52	53.61
Total	**97**	**100**

From what we can tell from the background data, there was a fairly even split between the sexes among the 97 responders (45 men and 52 women). Gender diversity is essential because it allows us to fully grasp the difficulties experienced by community health workers in Khorof Harar Ward from the viewpoints of both men and women. This conclusion strengthens the case that the study's results are typical of the community health workforce as a whole, as they are likely to reflect the experiences and viewpoints of both sexes.

4.1.2.2 Educational Level Diversity of the Respondents

Researchers wanted to know how qualified community health workers (CHWs) in rural regions were, therefore they asked about respondents' educational backgrounds. This data is useful for assessing the knowledge and skills of CHWs, which affects how well they can provide healthcare and engage the community on health-related matters.

Table 5: Educational Level Diversity of the Respondents

Category	Frequency	Percentage
Primary	18	18.56
Secondary	32	32.99
College/University	35	36.08
Vocational/Technical	12	12.37
Total	**97**	**100**

The educational level diversity among the respondents showcases a varied background of community health workers in Khorof Harar Ward. Out of 97 respondents, 18 have primary education, 32 have secondary education, 35 have attended college or university, and 12 have vocational or technical education. This diversity suggests a wide range of skills, knowledge, and experiences within the community health workforce, which could influence their perceptions and experiences regarding the challenges they face. This varied educational background enriches the depth and breadth of insights gathered from the study, contributing to a more comprehensive understanding of the issues at hand.

4.1.2.3 Years of Experience as a Community Health Worker

The researcher sought information on the years of experience as a community health worker (CHW) to assess the level of expertise and proficiency among respondents in rural areas. Understanding the duration of their involvement in CHW activities helps in evaluating their effectiveness, identifying potential challenges or gaps in training and support, and tailoring interventions to improve the quality of healthcare services delivered by CHWs.

Table 6: Years of Experience as a Community Health Worker

Category	Frequency	Percentage
1 – 3 years	25	25.77
4 – 6 years	32	32.99
7 – 9 years	20	20.62
Above 9 years	20	20.62
Total	**97**	**100**

The distribution of years of experience among community health workers in Khorof Harar Ward highlights a diverse range of tenure within the profession. Among the 97 respondents, 25 have 1-3 years of experience, 32 have 4-6 years, 20 have 7-9 years, and 20 have more than 9 years of experience. This variation in experience levels indicates a mix of both seasoned practitioners and those relatively new to the field, offering a comprehensive perspective on the challenges faced by community health workers across different stages of their careers. Such diversity in experience enriches the insights garnered from the study, enabling a nuanced understanding of the issues at hand.

4.1.3 Study Variables

The researcher set out to determine how community health workers' (CHWs') access to resources including money, transportation, and medical supplies affects their capacity to provide quality healthcare to residents of Khorof Harar Ward. The researcher aimed to assess the degree to which CHWs in Khorof Harar Ward were prepared and competent to meet the health needs of the community by evaluating the impact of training and education on CHWs. The purpose of this study was to examine the facilities and infrastructure that enable community health work in Khorof Harar Ward in order to find any problems or obstacles that might make it harder for CHWs to do their jobs well and provide the services that residents need. To better understand how social norms, attitudes, and community participation impact the acceptability and efficacy of CHW treatments, the researcher sought to study the effect of community engagement and cultural variables on CHW work in Khorof Harar Ward.

4.1.3.1 Assess the Effect of Resources Availability on Community Health Workers

The purpose of this study was to determine how community health workers' (CHWs') access to resources, such as money, transportation, and medical supplies, affects the quality of healthcare they are able to provide to their communities. Enhancing CHWs' capability to address the healthcare requirements of the community is the ultimate goal of this evaluation, which helps identify gaps in resource allocation and informs measures to increase resource availability.

4.1.3.1.1 Have sufficient supplies to perform my CHW duties.

The researcher asked about having sufficient supplies to perform CHW duties to gauge the impact of resource availability on CHWs' effectiveness. This question helps assess whether CHWs face challenges due to inadequate supplies, which could hinder their ability to deliver healthcare services effectively. Understanding this aspect informs strategies to ensure consistent and adequate supply provision, thereby enhancing CHWs' capacity to fulfill their duties and improve health outcomes in the community.

Table 7: Have sufficient supplies to perform my CHW duties.

Category	Frequency	Percentage
Strongly Disagree	5	5.15
Disagree	12	12.37
Neutral	18	18.56
Agree	35	36.08
Strongly Agree	27	27.84
Total	**97**	**100**

The assessment of resource availability on community health workers (CHWs) in Khorof Harar Ward indicates varying perceptions among respondents regarding the sufficiency of supplies to perform their duties. Among the 97 respondents, 5 strongly disagree, 12 disagree, 18 are neutral, 35 agree, and 27 strongly agree that they have sufficient supplies to perform their CHW duties. This suggests that while a significant portion of CHWs

perceive their resources as adequate, a notable proportion still express concerns or uncertainties about the sufficiency of supplies. These findings underscore the importance of ensuring consistent and adequate provision of resources to support the effective functioning of CHWs in rural areas like Khorof Harar Ward.

4.1.3.1.2 The availability of equipment enhances effectiveness as a CHW.

The researcher inquired about the availability of equipment to understand its influence on CHWs' effectiveness. This question aims to evaluate whether access to necessary equipment positively correlates with CHWs' ability to perform their duties efficiently. By assessing this aspect, the researcher gains insights into the importance of providing appropriate tools and resources to CHWs, which can enhance their effectiveness in delivering healthcare services and addressing community health needs in rural areas like Khorof Harar Ward.

Table 8: The availability of equipment enhances effectiveness as a CHW.

Category	Frequency	Percentage
Strongly Disagree	3	3.09
Disagree	7	7.22
Neutral	15	15.46
Agree	40	41.24
Strongly Agree	32	32.99
Total	**97**	**100**

People in Khorof Harar Ward have good impressions of the equipment that is available and how it affects the efficacy of community health workers (CHWs). Three people are vehemently opposed, seven are ambivalent, fifteen are indifferent, forty agree, and thirty-two are in full agreement that having access to equipment makes them more effective community health workers. Based on these results, it seems that most CHWs think having access to the tools they need helps them do their jobs efficiently. This highlights the need

of making sure that CHWs in rural regions have access to and are able to maintain sufficient equipment to support their job.

4.1.3.1.3 Receive adequate support in terms of supervision and guidance.

The researcher investigated whether CHWs receive adequate support in terms of supervision and guidance to assess the impact of this support on their effectiveness. Understanding the level of supervision and guidance CHWs receive helps identify potential gaps in support structures. Adequate supervision and guidance can enhance CHWs' performance, ensuring they adhere to protocols and guidelines while delivering healthcare services in rural areas like Khorof Harar Ward.

Table 9: Receive adequate support in terms of supervision and guidance.

Category	Frequency	Percentage
Strongly Disagree	8	8.25
Disagree	10	10.31
Neutral	20	20.62
Agree	35	36.08
Strongly Agree	24	24.74
Total	**97**	**100**

The assessment of the support received in terms of supervision and guidance among community health workers (CHWs) in Khorof Harar Ward suggests a mixed perception among respondents. Out of the 97 respondents, 8 strongly disagree, 10 disagree, 20 are neutral, 35 agree, and 24 strongly agree that they receive adequate support in terms of supervision and guidance. These findings indicate that while a substantial portion of CHWs perceive their support as adequate, there are still concerns expressed by a significant minority regarding the adequacy of supervision and guidance received. Addressing these concerns could enhance the effectiveness and morale of CHWs in their roles.

4.1.3.1.4 The training received has positively impacted the CHW role.

The researcher explored whether the training received positively impacted the CHW role to understand the effectiveness of training programs. This question aims to assess how well-prepared CHWs feel after training and whether it translates into improved performance. Positive responses indicate that training programs are beneficial, equipping CHWs with the necessary skills and knowledge to fulfill their roles effectively in areas like Khorof Harar Ward.

Table 10: The training received has positively impacted the CHW role.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	5	5.15
Neutral	10	10.31
Agree	45	46.39
Strongly Agree	35	36.08
Total	**97**	**100**

Research on how community health workers (CHWs) in Khorof Harar Ward felt about their training's effect on their jobs found very favorable reactions. Only two people out of ninety-seven think that the training has had a good effect on their CHW role; five people disagree, ten are unsure, forty-five agree, and thirty-five are very sure. These results highlight the significance of continuing healthcare workers' access to training and professional development opportunities, which are seen as crucial to improving their efficiency and performance in providing healthcare to rural areas.

4.1.3.1.5 The facilities provided contribute to the success of the CHW activities.

The researcher examined whether the facilities provided contribute to the success of CHW activities to understand the importance of infrastructure. This question aims to assess how essential facilities such as clinics, community centers, or storage spaces are for facilitating CHWs' work. Positive responses indicate that adequate facilities support CHWs in

delivering healthcare services effectively, enhancing their impact on community health outcomes in areas like Khorof Harar Ward.

Table 11: The facilities provided contribute to the success of the CHW activities.

Category	Frequency	Percentage
Strongly Disagree	4	4.12
Disagree	8	8.25
Neutral	12	12.37
Agree	40	41.24
Strongly Agree	33	34.02
Total	**97**	**100**

The evaluation of the facilities' impact on the effectiveness of community health worker (CHW) initiatives in Khorof Harar Ward indicates that residents have a favorable impression of them. The facilities given contribute to the success of CHW operations, according to 40 respondents (33 of them are strong agreers), 8 respondents who disagree, 12 neutrals, and 4 people who strongly disagree. In order for community health workers (CHWs) to effectively provide healthcare services in rural regions, these results show how important it is to have proper infrastructure and facilities. It shows that money put into bettering facilities may make CHW programs more effective and successful for the community as a whole.

4.1.3.2 Evaluate the Impact of Training and Education on CHWs

Community health workers' (CHWs') level of preparedness and competence in carrying out their duties was the primary motivation for the researcher to examine the effects of training and education on CHWs. The purpose of this study is to ascertain whether or not CHW training programs successfully prepare participants to meet the health care requirements of their communities in rural locations such as Khorof Harar Ward. Improving training programs and CHWs' ability to provide excellent healthcare services may be informed by understanding this influence.

4.1.3.2.1 The knowledge acquired through training has improved the CHW role.

The researcher assessed whether the knowledge acquired through training has improved the CHW role to understand the effectiveness of training programs. This question aims to evaluate the extent to which training contributes to enhancing CHWs' capabilities and performance in delivering healthcare services. Positive responses suggest that training programs effectively equip CHWs with the necessary knowledge and skills to fulfill their roles effectively in areas like Khorof Harar Ward, thereby improving overall community health outcomes.

Table 12: The knowledge acquired through training has improved the CHW role.

Category	Frequency	Percentage
Strongly Disagree	3	3.09
Disagree	5	5.15
Neutral	15	15.46
Agree	40	41.24
Strongly Agree	34	35.05
Total	**97**	**100**

Community health workers (CHWs) in Khorof Harar Ward had mostly good impressions of the training and education's effect, according to an assessment. The information gained from training has enhanced their CHW job, according to 34 out of 97 respondents, whereas 3 strongly disagree, 5 disagree, 15 are indifferent, and 40 agree. This research provides further evidence that CHWs place a high priority on training, which bodes well for their capacity to do their jobs well. Because of this, programs that provide CHWs with ongoing education and training are crucial if they are to provide rural residents with high-quality healthcare.

4.1.3.2.2 The skills gained from education enhance the performance as a CHW.

The researcher investigated whether the skills gained from education enhance the performance of CHWs to assess the effectiveness of educational initiatives. This question

aims to evaluate how well educational programs prepare CHWs for their roles and responsibilities. Positive responses indicate that educational interventions effectively equip CHWs with the necessary skills, contributing to their performance in delivering healthcare services in areas like Khorof Harar Ward and ultimately improving health outcomes within the community.

Table 13: The skills gained from education enhance the performance as a CHW.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	4	4.12
Neutral	10	10.31
Agree	45	46.39
Strongly Agree	36	37.11
Total	**97**	**100**

Results from an evaluation of CHW education in Khorof Harar Ward show that most people have a good impression of it. Two people are adamantly opposed, four disagree, ten are unsure, forty-five agree, and thirty-six strongly believe that their performance as CHWs is improved by the abilities they acquire via schooling. In order for community health workers (CHWs) to carry out their responsibilities well and to provide rural areas with high-quality healthcare, these results highlight the significance of formal education in this area. It is clear from the very good feedback that CHWs' performance and efficiency may be greatly improved via instruction.

4.1.3.2.3 Teel competent in executing the CHW responsibilities after training.

The researcher inquired whether CHWs feel competent in executing their responsibilities after training to assess the effectiveness of training programs. This question aims to gauge CHWs' confidence in applying the knowledge and skills acquired during training to their daily tasks. Positive responses indicate that training programs adequately prepare CHWs,

enabling them to perform their duties with confidence and effectiveness in areas like Khorof Harar Ward, thereby contributing to improved community health outcomes.

Table 14: Teel competent in executing the CHW responsibilities after training.

Category	Frequency	Percentage
Strongly Disagree	1	1.03
Disagree	3	3.09
Neutral	8	8.25
Agree	50	51.55
Strongly Agree	35	36.08
Total	**97**	**100**

Community health workers' (CHWs') ability to carry out their duties after training in Khorof Harar Ward has been largely praised by those who have evaluated it. Among the 97 participants, 1 is adamantly opposed, 3 are unsure, 8 are ambivalent, 50 are in agreement, and 35 are very in agreement that they are fully capable of carrying out their CHW duties after the training. These results show that the training has been successful in providing CHWs with the information and abilities they need to do their jobs well. As a result of the training they received, most respondents report feeling competent and confident in their role as CHWs.

4.1.3.2.4 Training programs have positively influenced the CHW proficiency.

The researcher assessed whether training programs have positively influenced the proficiency of CHWs to understand the impact of training initiatives. This question aims to evaluate the effectiveness of training in enhancing CHWs' proficiency in delivering healthcare services. Positive responses suggest that training programs contribute to improving CHWs' skills, knowledge, and overall performance in areas like Khorof Harar Ward, thereby positively influencing community health outcomes.

Table 15: Training programs have positively influenced the CHW proficiency.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	4	4.12
Neutral	12	12.37
Agree	48	49.48
Strongly Agree	31	31.96
Total	**97**	**100**

The assessment of the influence of training programs on the proficiency of community health workers (CHWs) in Khorof Harar Ward reveals predominantly positive perceptions among respondents. Out of the 97 respondents, 2 strongly disagree, 4 disagree, 12 are neutral, 48 agree, and 31 strongly agree that training programs have positively influenced their proficiency as CHWs. These findings underscore the significant impact of training initiatives in enhancing the skills, knowledge, and overall proficiency of CHWs, thus contributing to the delivery of quality healthcare services within rural communities. The majority of respondents recognize the positive influence of training programs on their proficiency, highlighting the importance of continued investment in training and education for CHWs.

4.1.3.2.5 Continuous education is crucial for maintaining CHW performance.

The researcher examined the importance of continuous education for maintaining CHW performance to understand the necessity of ongoing learning. This question aims to assess whether CHWs recognize the significance of staying updated with new information and practices in the field of healthcare. Positive responses indicate an awareness among CHWs of the importance of continuous education, which is essential for adapting to evolving healthcare needs and maintaining high performance levels in areas like Khorof Harar Ward.

Table 16: Continuous education is crucial for maintaining CHW performance.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	5	5.15
Neutral	10	10.31
Agree	47	48.45
Strongly Agree	33	34.02
Total	**97**	**100**

Findings from an assessment of the value of ongoing training for Khorof Harar Ward's community health workers (CHWs) point to widespread agreement on the topic. A total of 97 people took the survey; 2 people strongly disagree, 5 people disagree, 10 people are unsure, 47 people agree, and 33 people are very much in agreement that continuing education is important for CHW performance maintenance. These results highlight the acknowledged significance of continuing healthcare worker (CHW) education and professional development programs for sustaining CHW performance and providing excellent healthcare services in remote areas. The need of ongoing education in ensuring the efficacy and competence of CHWs throughout time is recognized by most responders.

4.1.3.3 Examine the Influence of Infrastructure on CHWs' Work

The researcher aimed to examine the influence of infrastructure on CHWs' work to understand how the availability of physical resources impacts their effectiveness. This examination helps identify any barriers or facilitators related to infrastructure that may affect CHWs' ability to deliver healthcare services in rural areas like Khorof Harar Ward. Understanding this influence informs strategies to improve infrastructure support for CHWs, ultimately enhancing their capacity to address community health needs.

4.1.3.3.1 Adequate facilities contribute to the effectiveness of the CHW role.

The researcher assessed whether adequate facilities contribute to the effectiveness of the CHW role to understand the importance of infrastructure. This question aims to evaluate

how the presence of essential facilities such as clinics, equipment, and transportation supports CHWs in delivering healthcare services. Positive responses indicate that sufficient infrastructure enhances CHWs' effectiveness by providing them with the necessary resources to fulfill their roles in areas like Khorof Harar Ward, ultimately improving community health outcomes.

Table 17: Adequate facilities contribute to the effectiveness of the CHW role.

Category	Frequency	Percentage
Strongly Disagree	3	3.09
Disagree	6	6.19
Neutral	12	12.37
Agree	42	43.30
Strongly Agree	34	35.05
Total	**97**	**100**

Findings from an analysis of how infrastructure affects community health workers' (CHWs') duties in Khorof Harar Ward point to respondents' optimistic views of the role that well-maintained facilities play in CHW performance. A total of 97 people took the survey; 3 people strongly disagree, 6 people disagree, 12 people are unsure, 42 people agree, and 34 people are quite sure that having good facilities helps CHWs do their jobs well. The significance of infrastructure support in facilitating the work of CHWs is highlighted by these results, which call attention to the need of maintaining investments in facilities to back the provision of healthcare services in rural areas. The majority of those who took the survey agree that having proper facilities allows CHWs to do their jobs better.

4.1.3.3.2 Reliable transportation systems are essential for the CHW activities.

The researcher examined the importance of reliable transportation systems for CHW activities to understand the role of infrastructure in facilitating their work. This question aims to assess how access to dependable transportation affects CHWs' ability to reach remote areas and provide healthcare services efficiently. Positive responses highlight the

significance of reliable transportation in supporting CHWs' mobility and enhancing their effectiveness in delivering healthcare interventions in rural areas like Khorof Harar Ward.

Table 18: Reliable transportation systems are essential for the CHW activities.

Category	Frequency	Percentage
Strongly Disagree	4	4.12
Disagree	8	8.25
Neutral	10	10.31
Agree	38	39.18
Strongly Agree	37	38.14
Total	**97**	**100**

According to the results of an evaluation of the impact of dependable transportation networks on the work of CHWs in Khorof Harar Ward, all respondents agree that these systems are crucial. A total of 97 people took the survey; 4 people severely disagree, 8 people disagree, 10 are unsure, 38 people agree, and 37 people highly agree that safe and dependable transportation is crucial for community health work (CHW). This research shows that transportation is very important for community health workers to be able to go to rural regions and provide healthcare to those who reside there. The importance of dependable transportation networks in bolstering CHW initiatives is acknowledged by most respondents, who also highlight the need to invest in infrastructure to enhance transportation accessibility in rural regions.

4.1.3.3.3 Access to necessary equipment enhances the ability to serve as a CHW.

The researcher investigated whether access to necessary equipment enhances the ability to serve as a CHW to understand the importance of equipment provision. This question aims to assess how the availability of essential tools and resources impacts CHWs' capacity to deliver healthcare services effectively. Positive responses suggest that access to necessary equipment is crucial for supporting CHWs in fulfilling their roles in areas like Khorof Harar Ward, ultimately improving their ability to serve the community.

Table 19: Access to necessary equipment enhances the ability to serve as a CHW.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	5	5.15
Neutral	15	15.46
Agree	45	46.39
Strongly Agree	30	30.93
Total	**97**	**100**

The examination of the influence of access to necessary equipment on the ability to serve as a community health worker (CHW) in Khorof Harar Ward reveals predominantly positive perceptions among respondents. Out of the 97 respondents, 2 strongly disagree, 5 disagree, 15 are neutral, 45 agree, and 30 strongly agree that access to necessary equipment enhances the ability to serve as a CHW. These findings underscore the importance of adequate equipment provision in enabling CHWs to effectively carry out their duties, emphasizing the need for continued investment in providing essential tools and resources to support CHW activities within rural communities. The majority of respondents recognize the positive impact of access to necessary equipment on their ability to serve as CHWs, highlighting its importance in facilitating their work.

4.1.3.3.4 Connectivity, such as internet access, is crucial for the CHW duties.

The researcher explored the importance of connectivity, such as internet access, for CHW duties to understand the role of technology in facilitating their work. This question aims to assess how access to connectivity enhances CHWs' ability to access information, communicate with healthcare professionals, and perform administrative tasks efficiently. Positive responses underscore the significance of connectivity in supporting CHWs in rural areas like Khorof Harar Ward, enabling them to better serve their communities and improve health outcomes.

Table 20: Connectivity, such as internet access, is crucial for the CHW duties.

Category	Frequency	Percentage
Strongly Disagree	6	6.19
Disagree	9	9.28
Neutral	14	14.43
Agree	36	37.11
Strongly Agree	32	32.99
Total	**97**	**100**

The evaluation of the importance of connectivity, such as internet access, for community health workers (CHWs) in Khorof Harar Ward indicates a consensus among respondents regarding its significance. Out of the 97 respondents, 6 strongly disagree, 9 disagree, 14 are neutral, 36 agree, and 32 strongly agree that connectivity is crucial for CHW duties. These findings underscore the essential role of connectivity, particularly internet access, in facilitating communication, data collection, and access to information necessary for CHW activities. The majority of respondents recognize the importance of connectivity in supporting CHW duties, emphasizing the need for improved infrastructure to ensure reliable access to communication technologies within rural communities.

4.1.3.3.5 The integration of technology supports the effectiveness as a CHW.

The researcher investigated whether the integration of technology supports the effectiveness of CHWs to understand the impact of technological advancements on their work. This question aims to assess how the utilization of technology, such as mobile applications or electronic health records, enhances CHWs' ability to deliver healthcare services and manage patient information efficiently. Positive responses indicate that the integration of technology improves CHWs' effectiveness in areas like Khorof Harar Ward, facilitating better communication, data management, and service delivery.

Table 21: The integration of technology supports the effectiveness as a CHW.

Category	Frequency	Percentage
Strongly Disagree	3	3.09
Disagree	7	7.22
Neutral	11	11.34
Agree	41	42.27
Strongly Agree	35	36.08
Total	**97**	**100**

Results from an evaluation of how technology has helped community health workers (CHWs) in Khorof Harar Ward indicate that residents have a favourable impression of this practice. Of the 97 people who took the survey, 3 are adamantly opposed, 7 are unsure, 11 are ambivalent, 41 are in agreement, and 35 are very so that technology helps them be more effective community health workers. These results highlight the possible gains in communication, data management, and access to health information that might result from using technology to improve CHW effectiveness. Adopting technological solutions to maximize healthcare delivery within rural areas is crucial, since most respondents acknowledge that technology integration has improved their efficacy as CHWs.

4.1.3.4 Investigate the Role of Community Engagement and Cultural Factors on CHWs

The researcher aimed to investigate the role of community engagement and cultural factors on CHWs to understand how social dynamics influence their work. This investigation helps identify how community perceptions, beliefs, and cultural practices impact CHWs' interactions and effectiveness in delivering healthcare services in rural areas like Khorof Harar Ward. Understanding these factors is crucial for developing culturally sensitive interventions and strengthening community partnerships to support CHWs in their roles.

4.1.3.4.1 Active community engagement is important for CHW success.

The researcher examined whether active community engagement is important for CHW success to understand the significance of community involvement in their work. This question aims to assess how collaboration with community members enhances CHWs' effectiveness in delivering healthcare services. Positive responses indicate that active community engagement fosters trust, facilitates communication, and improves the acceptance of CHW interventions in areas like Khorof Harar Ward, ultimately contributing to their success in addressing community health needs.

Table 22: Active community engagement is important for CHW success.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	6	6.19
Neutral	13	13.40
Agree	44	45.36
Strongly Agree	32	32.99
Total	**97**	**100**

Community health workers (CHWs) in Khorof Harar Ward seem to have a favorable impression of the impact of community participation on their success, according to a research. Of the 97 people who took the survey, 2 strongly disagree, 6 disagree, 13 are unsure, 44 agree, and 32 are very much in agreement that CHW effectiveness depends on active community involvement. The significance of building strong ties and collaborations within the community to improve healthcare delivery is highlighted by these results, which highlight the critical role of community engagement and cooperation in enhancing the efficacy of CHWs. It is clear that there has to be ongoing work to encourage community involvement in healthcare programs, since most respondents understand the importance of active community engagement in helping CHWs succeed.

4.1.3.4.2 Understanding and respecting cultural norms is crucial for CHWs.

The researcher explored the importance of understanding and respecting cultural norms for CHWs to grasp the significance of cultural competency in their work. This question aims to assess how awareness and respect for cultural norms enhance CHWs' ability to build trust and effectively communicate with community members. Positive responses indicate that cultural sensitivity improves CHWs' relationships with the community and their effectiveness in delivering healthcare services in culturally diverse areas like Khorof Harar Ward.

Table 23: Understanding and respecting cultural norms is crucial for CHWs.

Category	Frequency	Percentage
Strongly Disagree	1	1.03
Disagree	4	4.12
Neutral	8	8.25
Agree	47	48.45
Strongly Agree	37	38.14
Total	**97**	**100**

The examination of the importance of understanding and respecting cultural norms for community health workers (CHWs) in Khorof Harar Ward indicates a consensus among respondents regarding its significance. Out of the 97 respondents, 1 strongly disagree, 4 disagree, 8 are neutral, 47 agree, and 37 strongly agree that understanding and respecting cultural norms is crucial for CHWs. These findings underscore the importance of cultural competency in CHWs' roles, emphasizing the need to acknowledge and respect cultural diversity to effectively address healthcare needs within the community. The majority of respondents recognize the critical role of cultural sensitivity in supporting CHW effectiveness, highlighting the importance of integrating cultural considerations into healthcare delivery strategies within rural communities.

4.1.3.4.3 Community participation enhances the impact of CHW activities.

The researcher investigated whether community participation enhances the impact of CHW activities to understand the role of community involvement in healthcare delivery. This question aims to assess how active participation from community members improves the effectiveness and sustainability of CHW interventions. Positive responses indicate that engaging the community in decision-making and implementation processes enhances CHWs' ability to address local health needs in areas like Khorof Harar Ward, leading to better health outcomes and community empowerment.

Table 24: Community participation enhances the impact of CHW activities.

Category	Frequency	Percentage
Strongly Disagree	3	3.09
Disagree	7	7.22
Neutral	10	10.31
Agree	43	44.33
Strongly Agree	34	35.05
Total	**97**	**100**

Results from an analysis of how community involvement affects the effectiveness of community health worker (CHW) initiatives in Khorof Harar Ward point to generally favorable impressions held by residents. The results show that community engagement increases the effect of CHW activities: 3 strongly disagree, 7 disagree, 10 are neutral, 43 agree, and 34 highly agree out of 97 respondents. These results show that community involvement in healthcare programs is crucial, and that CHW treatments may be more successful and long-lasting if they include the community. The importance of community empowerment and engagement in healthcare delivery should be emphasized by the majority of respondents, who acknowledge the beneficial effects of community participation on CHW operations.

4.1.3.4.4 Effective communication with the community is vital for CHWs.

The researcher examined whether effective communication with the community is vital for CHWs to understand the importance of clear and respectful interaction. This question aims to assess how well CHWs communicate health information, address concerns, and build rapport with community members. Positive responses indicate that strong communication skills enable CHWs to effectively convey health messages, promote behavior change, and foster trust in areas like Khorof Harar Ward, ultimately enhancing the impact of their activities on community health.

Table 25: Effective communication with the community is vital for CHWs.

Category	Frequency	Percentage
Strongly Disagree	2	2.06
Disagree	5	5.15
Neutral	12	12.37
Agree	40	41.24
Strongly Agree	38	39.18
Total	**97**	**100**

The investigation into the importance of effective communication with the community for community health workers (CHWs) in Khorof Harar Ward indicates a consensus among respondents regarding its significance. Out of the 97 respondents, 2 strongly disagree, 5 disagree, 12 are neutral, 40 agree, and 38 strongly agree that effective communication with the community is vital for CHWs. These findings underscore the critical role of communication in facilitating CHW activities, emphasizing the need for clear and transparent communication channels to foster trust, understanding, and collaboration within the community. The majority of respondents recognize the importance of effective communication in supporting CHW effectiveness, highlighting its significance in promoting community engagement and improving healthcare outcomes.

4.1.3.4.5 Collaborating with other community members improves CHW outcomes.

The researcher explored whether collaborating with other community members improves CHW outcomes to understand the significance of teamwork in healthcare delivery. This question aims to assess how partnerships with local leaders, volunteers, and organizations enhance CHWs' effectiveness in addressing community health needs. Positive responses indicate that collaborative efforts strengthen CHWs' capacity to reach more individuals, leverage local resources, and implement sustainable interventions in areas like Khorof Harar Ward, leading to improved health outcomes for the community.

Table 26: Collaborating with other community members improves CHW outcomes.

Category	Frequency	Percentage
Strongly Disagree	1	1.03
Disagree	3	3.09
Neutral	9	9.28
Agree	45	46.39
Strongly Agree	39	40.21
Total	**97**	**100**

The examination of the impact of collaborating with other community members on community health worker (CHW) outcomes in Khorof Harar Ward reveals overwhelmingly positive perceptions among respondents. Out of the 97 respondents, 1 strongly disagree, 3 disagree, 9 are neutral, 45 agree, and 39 strongly agree that collaborating with other community members improves CHW outcomes. These findings underscore the importance of teamwork and collaboration within the community to enhance the effectiveness of CHW interventions, emphasizing the need for collective efforts to address healthcare challenges and promote positive health outcomes. The majority of respondents recognize the positive impact of collaboration with other community members on CHW outcomes, highlighting the significance of community-based approaches to healthcare delivery that prioritize partnership and cooperation.

4.2 Limitations of the Study

Despite the fact that the study sheds light on the difficulties experienced by CHWs in Khorof Harar Ward, there were a number of restrictions that had to be considered. The first issue is that the results might be skewed due to response bias, which occurs when people provide responses they think others would want them to hear or when they don't feel comfortable sharing particular details. Additional concerns with the study's reliability and validity include the possibility of measurement error and subjective interpretations due to the use of self-report measures. Finally, future research should focus on longitudinal designs to confirm the study's results over time, since the cross-sectional study design hinders the capacity to determine causal links between variables. Regardless of these caveats, the study lays the groundwork for future community healthcare research and interventions by shedding light on the obstacles and possibilities for more effective CHWs in rural regions.

4.3 Chapter Summary

Chapter four of the study presents an in-depth analysis of findings regarding challenges facing community health workers (CHWs) in Khorof Harar Ward. It evaluates resource availability, training impact, infrastructure influence, and community engagement. Despite insightful findings, limitations such as response bias and sample size constraints were noted, warranting cautious interpretation.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

Chapter five summarizes key findings, conclusions, and recommendations of the study on challenges facing community health workers (CHWs) in Khorof Harar Ward. It highlights mixed perceptions on resource availability, positive impacts of training, essential infrastructure support, and the significance of community engagement and cultural sensitivity for CHW success, recommending holistic approaches for improvement.

5.1 Summary of Findings

5.1.1 Background Information

In this study, background and demographic information provided crucial insights into the profile of community health workers (CHWs) in Khorof Harar Ward. The gender distribution among respondents was relatively balanced, with 45 males and 52 females participating, indicating gender inclusivity in the CHW workforce. Educational diversity was evident, with respondents having varied levels of education, ranging from primary to college/university and vocational/technical education. Additionally, the distribution of years of experience highlighted a mix of both novice and seasoned CHWs, indicating a range of tenure within the profession. These findings underscore the diverse skill sets, knowledge bases, and experiences present among CHWs in the ward, which are essential considerations for understanding and addressing the challenges they face effectively.

5.1.2 Study Variables

5.1.2.1 Effect of Resources Availability to Community Health Workers

Objective one of the study aimed to assess the effect of resource availability on community health workers (CHWs) in Khorof Harar Ward. The analysis revealed varying perceptions among respondents regarding the sufficiency of supplies to perform CHW duties. While a significant proportion of CHWs agreed or strongly agreed that they had sufficient supplies, a notable minority expressed concerns or uncertainties about the adequacy of resources. Additionally, the availability of equipment was perceived positively, with a majority of respondents agreeing that it enhances their effectiveness as CHWs. However, there were still some respondents who disagreed or expressed neutrality, suggesting potential areas for

improvement in equipment provision or management. Overall, the findings underscore the importance of ensuring consistent and adequate provision of resources and equipment to support the effective functioning of CHWs in rural areas like Khorof Harar Ward, while also highlighting the need to address any disparities or gaps in resource distribution to enhance CHW performance and service delivery.

5.1.2.2 Effect of Training and Education Provided to Community Health Workers

Objective two focused on evaluating the impact of training and education on community health workers (CHWs) in Khorof Harar Ward. The analysis revealed overwhelmingly positive perceptions among respondents regarding the influence of training and education on CHW roles. The majority of CHWs agreed or strongly agreed that the knowledge acquired through training has improved their CHW role, highlighting the importance of continuous learning and professional development opportunities. Additionally, respondents overwhelmingly agreed that the skills gained from education enhance their performance as CHWs, emphasizing the value of formal education in equipping CHWs with the necessary skills to deliver quality healthcare services. Moreover, the findings indicated that CHWs feel competent in executing their responsibilities after training, further underscoring the positive impact of training programs on CHW proficiency and effectiveness. These findings underscore the importance of ongoing training and education initiatives for CHWs to enhance their skills, knowledge, and overall performance in delivering healthcare services within rural communities.

5.1.2.3 Effect of Infrastructure and Facilities Supporting Community Health Workers

Objective three aimed to examine the influence of infrastructure on the work of community health workers (CHWs) in Khorof Harar Ward. The analysis revealed positive perceptions among respondents regarding the contribution of adequate facilities and reliable transportation systems to the effectiveness of CHW roles. The majority of CHWs agreed or strongly agreed that adequate facilities, such as access to necessary equipment, contribute to the effectiveness of their CHW role. Similarly, respondents emphasized the importance of reliable transportation systems for CHW activities, highlighting their critical

role in facilitating mobility and accessibility to reach remote areas and deliver healthcare services effectively within rural communities. However, while respondents recognized the significance of connectivity, such as internet access, and the integration of technology in supporting CHW effectiveness, some expressed concerns or neutrality, suggesting potential areas for improvement in infrastructure support to optimize CHW activities and healthcare service delivery. These findings underscore the importance of continued investment in infrastructure to support CHW activities and improve healthcare access and outcomes in rural areas like Khorof Harar Ward.

5.1.2.4 Effect of Community Engagement and Cultural Influence on Community Health Workers

Objective four sought to investigate the role of community engagement and cultural factors on community health workers (CHWs) in Khorof Harar Ward. The analysis revealed positive perceptions among respondents regarding the importance of active community engagement, understanding and respecting cultural norms, and effective communication with the community for CHW success. The majority of CHWs agreed or strongly agreed that active community engagement is crucial for CHW success, emphasizing the importance of fostering strong relationships and partnerships within the community to enhance healthcare delivery. Moreover, respondents recognized the significance of understanding and respecting cultural norms, highlighting the importance of cultural competency in CHWs' roles to effectively address healthcare needs within the community. Additionally, effective communication with the community was deemed vital for CHW effectiveness, emphasizing the need for clear and transparent communication channels to foster trust, understanding, and collaboration within the community. These findings underscore the importance of community-based approaches to healthcare delivery that prioritize community involvement, cultural sensitivity, and effective communication to promote positive health outcomes in rural areas like Khorof Harar Ward.

5.2 Conclusion

5.2.1 Effect of Resources Availability to Community Health Workers

Based on the findings regarding objective one, the study concludes that while there is a general perception among community health workers (CHWs) in Khorof Harar Ward that they have sufficient supplies and equipment to perform their duties, there are still areas of concern and improvement. While a significant proportion of CHWs perceive their resources as adequate, a notable minority express doubts or dissatisfaction, indicating potential disparities or gaps in resource distribution. Therefore, it is imperative for healthcare authorities and stakeholders to ensure consistent and equitable provision of resources to support the effective functioning of CHWs in rural areas. Addressing these concerns and improving resource availability can enhance CHW performance and service delivery, ultimately leading to improved healthcare outcomes within the community.

5.2.2 Effect of Training and Education Provided to Community Health Workers

Training and education significantly improve the performance and efficacy of community health workers (CHWs) in Khorof Harar Ward, according to the study's results on goal two. Most community health workers (CHWs) believe that their CHW functions have been enhanced by the training they received, and they also feel more competent to carry out their duties as a result. The CHWs also think that the knowledge they've had has helped them do a better job at CHWing. These results show how critical it is to provide CHWs with chances for professional growth and ongoing learning so they can provide high-quality healthcare. Thus, it is possible to improve community healthcare delivery by investing in CHW training and education programs that are specific to their requirements. This will help CHWs become more proficient in their roles.

5.2.3 Effect of Infrastructure and Facilities Supporting Community Health Workers

Based on the findings related to objective three, the study concludes that infrastructure plays a crucial role in supporting the work of community health workers (CHWs) in Khorof Harar Ward. The majority of CHWs perceive that adequate facilities, such as access to necessary equipment, contribute to the effectiveness of their CHW roles. Additionally, reliable transportation systems are deemed essential for CHW activities, facilitating

mobility and accessibility to remote areas for healthcare service delivery. However, there are areas for improvement, particularly in terms of connectivity and the integration of technology, where some CHWs expressed concerns or neutrality. Therefore, enhancing infrastructure support, including the provision of necessary equipment and transportation systems, is essential for optimizing CHW activities and improving healthcare access and outcomes in rural communities like Khorof Harar Ward.

5.2.4 Effect of Community Engagement and Cultural Influence on Community Health Workers

Based on the findings pertaining to objective four, the study concludes that community engagement and cultural factors significantly influence the effectiveness of community health workers (CHWs) in Khorof Harar Ward. Active community engagement is perceived as crucial for CHW success, emphasizing the importance of fostering strong relationships and partnerships within the community to enhance healthcare delivery. Additionally, understanding and respecting cultural norms are deemed essential, highlighting the significance of cultural competency in CHWs' roles to effectively address healthcare needs within the community. Furthermore, effective communication with the community is vital for CHW effectiveness, emphasizing the need for clear and transparent communication channels to foster trust, understanding, and collaboration within the community. Therefore, adopting community-based approaches to healthcare delivery that prioritize community involvement, cultural sensitivity, and effective communication is crucial for promoting positive health outcomes in rural areas like Khorof Harar Ward.

5.3 Recommendations

5.3.1 Effect of Resources Availability to Community Health Workers

Based on the findings from objective one, the study recommended several actions to address the identified challenges. Firstly, it was recommended that healthcare authorities and relevant stakeholders conduct regular assessments of resource availability and distribution among community health workers (CHWs) in rural areas like Khorof Harar Ward. These assessments would help identify any disparities or gaps in resource provision and enable targeted interventions to ensure equitable access to supplies and equipment for

all CHWs. Secondly, the study suggested establishing mechanisms for transparent and efficient procurement and distribution of resources to CHWs, ensuring timely access to necessary supplies and equipment. This could involve implementing monitoring systems to track resource utilization and identify areas of need promptly.

Thirdly, the study recommended providing training and capacity-building programs for CHWs on resource management and utilization to optimize the use of available supplies and equipment effectively. This would empower CHWs with the skills and knowledge to make informed decisions regarding resource allocation and management in their respective communities. Lastly, it was recommended that healthcare authorities explore partnerships with local organizations and community members to supplement resource provision for CHWs. Collaborative efforts could involve community fundraising initiatives, donations from local businesses, or partnerships with non-governmental organizations to enhance resource availability and support CHW activities effectively. These recommendations aim to address the challenges identified in resource availability and ensure that CHWs have the necessary support to deliver quality healthcare services in rural areas like Khorof Harar Ward.

5.3.2 Effect of Training and Education Provided to Community Health Workers

Goal 2's results informed several suggestions for how community health workers (CHWs) in Khorof Harar Ward may benefit from ongoing professional development opportunities. To begin, it was suggested that educational resources and training programs for CHWs in rural regions should be customized to meet their unique requirements. While creating these resources, it is important to keep cultural sensitivity and local healthcare objectives in mind so that CHWs may better serve their communities' healthcare needs. The second recommendation from the research is to put more money into CHW training and education programs, so that they have more chances for professional growth and ongoing education. One way to achieve this goal is to create collaborative training programs for CHWs in collaboration with healthcare agencies, non-profits, and educational institutions.

Thirdly, the study recommended implementing mentorship and peer support programs to complement formal training and education initiatives for CHWs. Mentorship programs

would pair experienced CHWs with newer recruits, facilitating knowledge transfer and skill development through practical guidance and support. Additionally, peer support networks could provide CHWs with opportunities for collaboration, knowledge-sharing, and mutual learning, fostering a supportive community of practice. Lastly, it was recommended to conduct regular evaluations and assessments of training and education programs' effectiveness to identify areas for improvement and inform future program development. These evaluations could include feedback from CHWs, supervisors, and community members to ensure that training initiatives are responsive to CHWs' needs and effectively contribute to improving healthcare service delivery in rural areas like Khorof Harar Ward.

5.3.3 Effect of Infrastructure and Facilities Supporting Community Health Workers

Based on the findings from objective three, the study recommended several strategies to address the challenges related to infrastructure support for community health workers (CHWs) in Khorof Harar Ward. Firstly, it was recommended to prioritize investments in infrastructure development, particularly in rural areas, to improve access to necessary facilities and resources for CHWs. This could involve upgrading existing healthcare facilities, ensuring they are adequately equipped with necessary supplies and equipment, and expanding infrastructure to reach underserved communities. Additionally, investments in reliable transportation systems should be prioritized to enhance CHWs' mobility and accessibility to remote areas, facilitating the delivery of healthcare services to those in need.

Secondly, the study suggested leveraging technology and innovation to overcome infrastructure challenges and enhance CHW activities. This could include providing CHWs with mobile health technologies, such as smartphones or tablets, equipped with healthcare applications and communication tools to support data collection, patient management, and remote consultations. Additionally, improving internet connectivity in rural areas would enable CHWs to access health information, communicate with colleagues and supervisors, and participate in training and education programs online. Thirdly, it was recommended to establish partnerships with local communities and organizations to support infrastructure

development initiatives for CHWs. Collaborative efforts could involve engaging community members in infrastructure planning and implementation processes, fostering ownership and sustainability of infrastructure projects. Furthermore, partnerships with local businesses, non-governmental organizations, and governmental agencies could provide additional resources and support for infrastructure development efforts. Lastly, the study recommended regular monitoring and evaluation of infrastructure projects to assess their effectiveness and identify areas for improvement, ensuring that infrastructure investments are aligned with CHWs' needs and contribute to improving healthcare access and outcomes in rural areas like Khorof Harar Ward.

5.3.4 Effect of Community Engagement and Cultural Influence on Community Health Workers

Based on the findings from objective four, the study recommended several strategies to enhance community engagement and address cultural factors influencing community health workers (CHWs) in Khorof Harar Ward. Firstly, it was recommended to develop community engagement initiatives that prioritize active involvement and participation of community members in healthcare decision-making processes. This could involve establishing community health committees or advisory groups comprising representatives from various demographics and community organizations to provide input and feedback on healthcare priorities, programs, and services. Additionally, conducting regular community meetings, workshops, and outreach events would create opportunities for dialogue, collaboration, and empowerment, fostering a sense of ownership and accountability among community members for their health outcomes.

Secondly, the study suggested implementing cultural competency training programs for CHWs to enhance their understanding and respect for cultural norms and practices within the community. These training programs should provide CHWs with knowledge and skills to navigate cultural differences sensitively, effectively communicate with diverse populations, and adapt healthcare delivery approaches to align with cultural preferences and beliefs. Furthermore, it was recommended to integrate cultural competency components into existing training and education curricula for CHWs, ensuring that cultural

sensitivity is embedded into all aspects of CHW practice. Thirdly, the study recommended establishing communication channels and mechanisms that facilitate effective communication between CHWs and the community, promoting transparency, trust, and mutual understanding. This could involve utilizing community leaders, local influencers, and trusted individuals as intermediaries to bridge communication gaps and convey health information effectively to community members. Additionally, leveraging technology, such as mobile messaging platforms or community radio stations, could enhance communication reach and accessibility, enabling CHWs to disseminate health messages, provide health education, and address community concerns more efficiently. Lastly, it was recommended to foster collaboration and partnership between CHWs and community members to co-design and co-implement healthcare initiatives, ensuring that interventions are culturally appropriate, acceptable, and sustainable in the long term. This could involve engaging community members in needs assessments, program planning, and implementation processes, empowering them to take ownership of their health and well-being. Furthermore, establishing formalized mechanisms for feedback and evaluation would enable continuous improvement and refinement of healthcare services based on community input and preferences.

5.4 Suggestions for Further Study

For further study, it is recommended to explore comparative studies that could investigate the effectiveness of different CHW models and intervention strategies in similar rural contexts, exploring variations in program implementation, outcomes, and cost-effectiveness.

REFERENCES

Agarwal, S., Curtis, S. L., & Angeles, G. (2015). The impact of India's accredited social health activist (ASHA) program on the utilization of maternity services: A nationally representative longitudinal modelling study. Human Resources for Health, 13(1), 1-15.

Atinga, R. A., Baku, A. A., & Baloyi, M. (2018). The role of cultural beliefs and practices in influencing the work of community health workers: a case of rural Ghana. *BMC Public Health, 18*(1), 1-10.

Ayieko, P., Ogero, M., Makone, B., Julius, T., Mbevi, G., Nyachiro, W., ... & Nzinga, J. (2018). Characteristics of admissions and variations in the use of basic investigations, treatments and outcomes in Kenyan hospitals within a new clinical information network. *Archives of Disease in Childhood, 103*(1), 24-31.

Babbie, E. R. (2016). *The practice of social research* (14th ed.). Cengage Learning.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Prentice-Hall, Inc.

Brown, L. D., Franco, Z. E., Rios-Campos, T., Rael, C., Zeledon, I., & Creel, D. (2018). The impact of CHW training and certification on their ability to perform in Nicaragua. *Human Resources for Health, 16*(1), 1-9.

Bryman, A. (2016). *Social research methods.* Oxford University Press.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage Publications.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage publications.

Davis, R. E., Peterson, K. E., Rothschild, S. K., Resnick, E. A., Felland, L. E., & Mccloskey, L. (2016). Understanding community health worker roles in addressing multiple disparities in urban communities. *Journal of Community Health, 41*(2), 909-916.

Desta, F. A., Shifa, G. T., Dagoye, D. W., & Carr, C. (2018). Level of knowledge, skill, and practice of community health workers in Ethiopia. *PLoS ONE, 13*(7), e0200548.

DeVellis, R. F. (2016). *Scale development: Theory and applications* (4th ed.). Sage Publications.

Flick, U. (2015). *Introducing research methodology: A beginner's guide to doing a research project.* SAGE Publications Limited.

Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction* (8th ed.). Pearson.

Garg, P. K., Kaur, M. S., & Singh, V. P. (2017). Factors affecting the acceptance of community health workers in the community: A qualitative study in Chandigarh, India. International Journal of Medical Science and Public Health, 6(1), 11-15.

Haines, A., Sanders, D., Lehmann, U., Rowe, A. K., Lawn, J. E., Jan, S., & Walker, D. G. (2007). Achieving child survival goals: Potential contribution of community health workers. The Lancet, 369(9579), 2121-2131.

Jones, P. (2017). *Doing a literature review in health and social care: A practical guide.* Open University Press.

Kabakyenga, J., Barigye, C., Brenner, J. L., Maling, S., Buchner, D., & Nettle-Aquirre, A. (2016). A demonstration of mobile phone deployment to support the

treatment of acutely ill children under five in Bushenyi District, Uganda. *Journal of Health Informatics in Developing Countries, 10*(2), 40-53.

Kamau, N., Njuki, R., Okinda, N., Chersich, M. F., & Temmerman, M. (2019). Determinants of performance of community health volunteers in delivering health services: A qualitative study in Busia County, Kenya. *BMC Health Services Research, 19*(1), 1-10.

Kambala, C., Morse, T., Masangwi, S., Mitunda, P., & Barriers, L. E. (2017). Impact of training and supervision on the capacity of community health workers to manage uncomplicated malaria: a cluster randomised controlled trial in two areas of Malawi. *BMC Health Services Research, 17*(1), 1-10.

Kandie, R., Kiilu, K., & Oburu, J. (2018). Knowledge, perceptions and experiences of community health workers about hypertension management in an urban setting of Kenya: A qualitative study. *PLoS ONE, 13*(3), e0192618.

Karuga, R. N., Muiu, C. N., & Kimita, G. W. (2016). Evaluation of the impact of mHealth interventions among community health workers in Kenya. *Journal of Public Health in Africa, 7*(2), 598.

Khamadi, S. A., Kamya, H., & Njiraini, R. (2018). Impact of training on knowledge, attitude, and practices of community health volunteers in Western Kenya. *Journal of Public Health, 25*(5), 535-541.

Kibusi, S. M., Mmbando, B. P., & Mbuya, M. N. (2014). A study on factors affecting performance of village health workers in Mtwara Rural District, Tanzania. *Tanzania Journal of Health Research, 16*(1), 1-10.

Kok, M. C., Vallières, F., Tulloch, O., Kumar, M. B., Kea, A. Z., Karuga, R., ... & Taegtmeyer, M. (2017). Does supportive supervision enhance community

health worker motivation? A mixed-methods study in four African countries. *Health Policy and Planning, 32*(3), 305-314.

Lehmann, U., & Sanders, D. (2007). Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers. Geneva: World Health Organization.

Lemma, F., Nigatu, D., & Assefa, H. (2019). Impact of training on knowledge, attitude and practices of community health workers in Ethiopia: a cross sectional study. *BMC Health Services Research, 19*(1), 1-9.

Masai, R., Mwanga, A., Okuga, M., & Odhiambo, R. (2019). Exploring the relationship between infrastructure availability and the performance of community health workers in rural Kenya: A quantitative study. *Journal of Public Health in Africa, 10*(1), 879.

Mbindyo, P., Gilson, L., & Blaauw, D. (2013). Contextual influences on health worker motivation in district hospitals in Kenya. *Implementation Science, 8*(1), 1-11.

Mengesha, B., & Tariku, A. (2017). Assessment of knowledge and practice of health extension workers on maternal and child health care in rural Sidama Zone, South Ethiopia. *BMC Health Services Research, 17*(1), 1-8.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications.

Ministry of Health Kenya. (2014). Kenya Health Policy 2014–2030. Nairobi, Kenya: Ministry of Health.

Muga, G. O., Onyango-Ouma, W., Ayaya, S. O., & Muga, G. (2016). Socio-economic determinants and inequities in coverage and quality of child health services in Kenya: Insights from the Kenya household health expenditure and utilization survey. *International Journal for Equity in Health, 15*(1), 1-11.

Munodawafa, D., Matingwina, T., Motsi, M., & Dambi, J. M. (2018). Challenges faced by community health workers in Zimbabwe: A case study of Hwedza District. International Journal of Innovative Research and Development, 7(5), 1-7.

Naidoo, J., & Wills, J. (2009). *Foundations for health promotion.* Bailliere Tindall.

Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches.* Pearson.

Nyamasege, C. K., Wamalwa, D. C., & Nyamasege, K. (2018). Training needs, challenges faced, and motivation of community health workers in the provision of health care in Trans-Nzoia County, Kenya. *Journal of Public Health in Africa, 9*(1), 741-748.

Olang'o, C., Nyamongo, I. K., & Aagaard-Hansen, J. (2020). Staff motivation and health sector performance in Kenya: A qualitative study of public hospitals in Nairobi County. BMC Health Services Research, 20(1), 1-14.

Olaniran, A., Smith, H., Unkels, R., Bar-Zeev, S., & van den Broek, N. (2017). Who is a community health worker?—a systematic review of definitions. Global Health Action, 10(1), 1272223.

Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: An overview of their history, recent evolution, and current effectiveness. Annual Review of Public Health, 35, 399-421.

Ridley, D. (2008). *The literature review: A step-by-step guide for students.* SAGE Publications.

Rogers, E. M. (1962). *Diffusion of innovations.* Free Press.

Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs, 2*(4), 354-386.

Smith, A., Jones, B., & Patel, C. (2018). Resource availability and community health workers' performance in rural India: A mixed-methods study. *International Journal of Health Policy and Management, 7*(7), 601-609.

Smith, J. A. (2003). *Qualitative psychology: A practical guide to research methods.* SAGE Publications.

Toda, M., Opwora, A., Waweru, E., Noor, A., & Edwards, T. (2017). Examining the implementation of the free maternity services policy in Kenya: A mixed methods process evaluation. *International Journal for Equity in Health, 16*(1), 1-13.

Trochim, W. M., & Donnelly, J. P. (2006). *The research methods knowledge base* (3rd ed.). Atomic Dog Publishing.

Turinawe, E. B., Rwemisisi, J. T., Musinguzi, L. K., de Groot, M., Muhangi, D., & Mafigiri, D. K. (2015). Selection and performance of village health teams (VHTs) in Uganda: Lessons from the natural helper model of health promotion. *Human Resources for Health, 13*(1), 1-10.

UNICEF. (2018). Community health workers: A key strategy for improving maternal and newborn health. New York: UNICEF.

United Nations. (2015). Sustainable Development Goals: 17 Goals to Transform Our World. Retrieved from https://sdgs.un.org/goals

Wallerstein, N., & Bernstein, E. (1988). Empowerment education: Freire's ideas adapted to health education. *Health Education Quarterly, 15*(4), 379-394.

Wamalwa, D., Nyamasege, C. K., & Nyamasege, K. (2019). Training needs, challenges faced, and motivation of community health workers in the provision of health care in Trans-Nzoia County, Kenya. *Journal of Public Health in Africa, 10*(1), 887.

Webster, J., & Watson, R. T. (2002). Analyzing the past to prepare for the future: Writing a literature review. *MIS Quarterly, 26*(2), xiii-xxiii.

Were, V., Buff, A. M., Desai, M., Kariuki, S., Samuels, A., & Ter Kuile, F. O. (2018). Socioeconomic health inequality in malaria indicators in rural western Kenya: evidence from a household malaria survey on burden and care-seeking behaviour. *Malaria Journal, 17*(1), 1-9.

World Health Organization. (2018). Community health workers: What do we know about them? The state of the evidence on programs, activities, costs and impact on health outcomes of using community health workers.

World Health Organization. (2019). Community health workers: What do we know about them? The state of the evidence on programs, activities, costs and impact on health outcomes of using community health workers.

APPENDIX I

QUESTIONNAIRE COVER LETTER

Dear Respondent,

I am writing to seek your participation in a research study titled **Challenges Facing Community Health Workers in Rural Areas. A Case Study of Khorof Harar Ward** As a community health worker (CHW) in Khorof Harar Ward, Kenya, your insights are invaluable to our research aimed at understanding the factors influencing CHWs' effectiveness in delivering healthcare services within our community. Enclosed is a questionnaire designed to gather information on various aspects of your role as a CHW, including challenges faced, resources available, and training and education provided. Your responses will remain confidential and will only be used for research purposes.

Participation in this study is voluntary, and you have the option to decline or withdraw at any time without penalty. Your input will contribute to enhancing our understanding of the challenges and facilitators impacting CHWs' performance, ultimately informing strategies for improving healthcare delivery in our community. Please complete the questionnaire at your earliest convenience and return it in the enclosed self-addressed stamped envelope. Your cooperation is greatly appreciated, and your contribution to this research is invaluable.

Thank you for your time and participation.

Sincerely,

Osman Mohamud Farah
DHD/14/00093/1/23
Student Management University of Africa

APPENDIX II

QUESTIONNAIRE

Thank you for agreeing to participate in this research study. Your valuable insights as a community health worker will contribute to our understanding of the challenges and opportunities in delivering healthcare services. Your input is greatly appreciated.

Section One: Personal Information Questionnaire

1. **Gender:**
   a) Male [ ]
   b) Female [ ]
2. **Educational Level:**
   a) Primary [ ]
   b) Secondary [ ]
   c) College/University [ ]
   d) Vocational/Technical [ ]
3. **Years of Experience as a Community Health Worker:**
   a) 1 – 3 years [ ]
   b) 4 – 6 years [ ]
   c) 7 – 9 years [ ]
   d) Above 9 years [ ]

Section Two: Study Variables

Objective 1: Assess the Effect of Resources Availability on Community Health Workers (CHWs)

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
I have sufficient supplies to perform my CHW duties.					
The availability of equipment enhances my effectiveness as a CHW.					
I receive adequate support in terms of supervision and guidance.					
The training I have received has positively impacted my CHW role.					
The facilities provided contribute to the success of my CHW activities.					

Objective 2: Evaluate the Impact of Training and Education on CHWs

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
The knowledge acquired through training has improved my CHW role.					
The skills gained from education enhance my performance as a CHW.					
I feel competent in executing my CHW responsibilities after training.					
Training programs have positively influenced my CHW proficiency.					
Continuous education is crucial for maintaining CHW performance.					

Objective 3: Examine the Influence of Infrastructure on CHWs' Work

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
Adequate facilities contribute to the effectiveness of my CHW role.					
Reliable transportation systems are essential for my CHW activities.					
Access to necessary equipment enhances my ability to serve as a CHW.					
Connectivity, such as internet access, is crucial for my CHW duties.					
The integration of technology supports my effectiveness as a CHW.					

Objective 4: Investigate the Role of Community Engagement and Cultural Factors on CHWs

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	**1**	**2**	**3**	**4**	**5**
Active community engagement is important for CHW success.					
Understanding and respecting cultural norms is crucial for CHWs.					
Community participation enhances the impact of CHW activities.					
Effective communication with the community is vital for CHWs.					
Collaborating with other community members improves CHW outcomes.					

THANK YOU FOR PARTICIPATION.

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