

**Title:** Factors influencing the performance community health workers in primary health care in Matayos division, Busia district, Kenya

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**Abstract:** Community Health Workers (CHWs) provide basic Primary Health Care (PHC) services at the community level in order to contribute to better health. Despite their efforts, the burden of disease continues to increase in magnitude and diversity. This puts to question the performance and thus effectiveness of CHWs as one of the key strategies of health care delivery. This study was undertaken to identify and analyse factors that influence the performance of CHWs in Matayos Division of Busia District in Kenya. Job satisfaction was assessed by determining the level of support the CHWs receive from the Government of Kenya (GOK), Non-Governmental Organizations (NGOs) and the community. The attitudes and perceptions of the community and the formal health workers towards CHWs were also evaluated. The workload of CHWs and the most frequently performed tasks were also analyzed. Matayos Division has two public health facilities, a health centre and a dispensary that serve a population of 55,186 people. There are 30 service providers and 492 trained CHWs in the Division. Data was collected using structured questionnaires administered to the PHC team consisting of 26 CHWs, 344 heads of households and 30 formal health providers both in private and public health institutions. The data was then analyzed using Statistical Package for Social Sciences. The results revealed that among key variables influencing the performance of CHWs were: (i) their organizational structure, (ii) support supervision, (iii) intersectoral collaboration, (iv) selection, (v) recruitment and (vi) level of training. Additionally, knowledge and perceptions of the community and health workers towards CHWs were identified as other important motivating factors. The results indicated that there was no significant difference between gender and performance levels of CHWs (males: low 54.55%, medium 9.09%, and high performance at 36.36%; whereas female had 30.77% low performance, 46.15% medium and 23.08% high) ( $P = 0.137$ ). A substantial proportion of CHWs (38.5%) join the services in anticipation of remuneration. Several formal health workers indicated that CHWs dropped out due to inadequate monetary rewards (33.3%) whereas 47.7% of the community members interviewed stated that lack of monetary incentives contributed to high dropout rates among CHWs. There was no significant difference between the mode of selection of CHWs and their performance. But it is significant that those CHWs who received monetary rewards performed better than those who did not ( $p = 0.020$ ). Overall, 83.33% of CHWs who received a reward were high performers compared 22.22% of those who did not receive any reward. Additional training ( $p=0.482$ ), and duration of training ( $p=0.723$ ), had no effect on the competency of CHWs in handling ailments afflicting their communities. The community's main expectations from the CHWs entails provision of advice on health problems afflicting them. Health workers too recognize the services of CHWs and advocate for its continuity. These results are expected to contribute to the health sector in the formulation and implementation of policies and programs on the skills/ roles of CHWs. The findings further reinforce the fact that selection of CHWs should be undertaken by their communities. These CHWs should be adequately trained to improve their knowledge and skills in responding to health concerns and mobilizing resources. CHWs should relate effectively with other development partners and have supportive

supervision. Monetary support is key in CHWs performance. This needs to be addressed in all programs.