
ROLE OF NON-MONETARY INCENTIVES ON COMMUNITY HEALTH WORKERS PERFORMANCE IN MAKUENI COUNTY, KENYA

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ABSTRACT

Introduction: Community Health Workers (CHWs) were recognized as the cornerstone of comprehensive during the Alma Ata conference in 1978. CHWs were defined as being able to serve communities in the remote areas and to assist in meeting the unmet demand for health care services across countries. The CHWs would improve access to health care services among the poor and in the geographically medically underserved regions. Since the implementation of CHW programs across countries there has been an experience of high attrition rates ranging from 3.2% to 77 % which could be attributed to several factors and low morale among the CHWs.

Methods: A community based Cross-sectional comparative design was used which employed both qualitative and quantitative methods of data collection.

Findings: Receiving of subsequent training, frequency of supervision and number of households served by the CHWs was significantly associated with performance. Majority of CHWs for both groups were satisfied with their job with 40.4% of CHWs not receiving incentives compared to 46.6% among CHWs receiving monetary incentives. Majority of CHWs had ever contemplated dropping off their CHW roles with the major constraints faced by CHWs cited being lack of support of the supervisors and lack of transport.

Conclusions and recommendations: The CHWs performance can be enhanced through subsequent training, harmonization of the training curriculum, setting up of proper supervision mechanisms, harmonization of workload, and provision of transport and community support.

Key words: Community Health Workers, Community Units, Performance, Non-Monetary incentives.