

# Role of Monetary Incentives on Motivation and Retention of Community Health Workers: An Experience in a Kenyan Community

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**Abstract** Objective: The aim of the study was to assess the role of monetary incentives on motivation and retention of Community Health Workers in Kibwezi Sub-county. Methods: It was a cross-sectional comparative study in which retention of community health workers receiving monetary incentives and those not receiving monetary incentives was compared. Data was collected using a structured questionnaire, key informant interview guide and focus group discussion guide. Relationships between variables were determined using logistics regression Results: Monetary incentives were cited as the main motivator with majority of the CHWs reporting a salary as the factor that would motivate them the most. There was higher attrition rates (13%) among those not receiving any form of monetary incentives compared to those receiving monetary incentives (4%). There was a statistical significant difference in attrition rate between CHW's receiving monetary incentives and those not receiving monetary incentives. 80% of CHWs not receiving monetary incentives had ever contemplated dropping out of their CHW roles compared to 66% among CHWs receiving monetary incentives. The main reasons cited for attrition of CHWs included financial constraints and inadequate compensation for work done. Conclusion: The study findings show that provision of monetary incentives has an influence on the attrition of CHWs. The attrition rates were higher for CHWs not receiving monetary incentives compared to CHWs receiving monetary incentives. Financial incentives are the most reported incentives to enhance the retention of CHWs. Provision of monetary incentives to CHWs should be explored to enhance their retention.

**Keywords** Community Health Worker, Retention, Monetary incentives

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## 1. Introduction

Globally health workers shortage is an emerging problem especially in developing countries. This is worrisome as the achievement of Sustainable Development Goal 3 is dependent on the accessibility of adequate, affordable and quality health services to the communities. In response to the shortage of skilled health care workers, Community Health Workers have been trained across countries to deliver services in underserved communities. CHWs who were trained to provide care in 1980s in line with the Alma Atta Declaration are still providing care in communities they reside in up to date. [1]

In Kenya like other countries CHW programmes have been established by the Ministry of Health and Non-Governmental Organizations across the country. The main

aim of the community strategy which was outlined in the second National health Sector Strategic Plan was to empower communities to take responsibility of their own health. The Community Owned Resource Persons responsible for this were the CHWs who would be trained to serve their communities. The Kibwezi Rural Health Scheme (KRHS) was established by AMREF in partnership with the Ministry of Health in 1978 as a community project in a geographically underserved population with inadequate health facilities. The main aim of the project was to improve health coverage in the area using cost effective strategies. [2]

The definition and remuneration of CHWs varies across countries. In Brazil, CHWs were integrated into the civil service in 1991 and receive a salary and are recognized as professionals since the year 2002. In Malawi CHWs are employees of the Ministry of Health and receive a monthly salary and remuneration like other health care providers. [3] In Ethiopia's Gumer District, money was contributed by households and used to support CHWs in the form of a stipend. This led to the reduction of the attrition rate from

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