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Influence of Motivation of Community Health Volunteers on Implementation of Community Health Projects: A Case of Mukuru Slum Community, Nairobi County, Kenya

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Abstract

Community health volunteers play an important role in delivering healthcare services, especially to underserved populations in low and middle-income countries. They have shown to be successful in providing a range of preventive, promotive and curative services. This study examined the influence of Motivation on implementation of community health project in Mukuru Slum, Nairobi County, Kenya. Nairobi County, Kenya. Kanter's theory of empowerment was used to inform the study. Mukuru is a large informal settlement, on the edge of the industrial area in the south of the city. The study adopted a descriptive research design. The target population of the study was one thousand five hundred (1,500) trained CHVs in Mukuru community slum. Yamane (1967) formula was utilized to obtain a sample size of 362 respondents. Stratified random sampling technique was employed to select the sample. The study utilized both the questionnaires and interview guide, as the data collection methods. SPSS software was used to generate the descriptive statistics and inferential statistics. Regression results indicated that motivation, of CHVs was positively and significantly related to implementation of community health projects. Based on the findings the study concluded that motivation of community health workers had a significant effect on implementation of community health projects in Mukuru Slum Community. The study recommends motivation through monetary compensation, career development, regular replenishment of supplies and work flexibility should be regularly revised.

Keywords: *Community Health Volunteers, Motivation, Community Health & Project Implementation*

1.1 Introduction

Community Health Volunteers (CHVs) are instrumental health workers who provide healthcare services at the community level. CHVs are frontrunners, extensively involved in the provision of promoting, preventive and some basic curative healthcare services, often substituting the professional health workers as a result of task shifting in a context of constrained human resources for health. It is therefore vital to recognize ways of improving the community health volunteers in health provision and attainment of universal healthcare (Muhula, *et al*, 2016). The CHV programs are implemented in many low and middle income countries to increase access to quality care for underserved populations. As stipulated by World Health Organization (WHO) this requires among other things a knowledgeable, skilled and motivated health workforce that Kenya still lacks. While CHVs cannot substitute the highly skilled health workers' role, they are trusted members of the community who are trained to provide basic primary healthcare services to their community members. Due to shortages of healthcare providers and the rise in the number of people living with both communicable and non-communicable diseases in informal settlements and slums, CHV are increasingly incorporated into healthcare projects. They provide lifesaving, culturally acceptable healthcare services that reduce preventable diseases (Perry, Zulliger & Rogers, 2014).

Community health volunteers impact on a number of individuals and population health outcomes and when appropriately organized and managed, they can be an effective mechanism to improve health, health projects, empower communities and reduce healthcare costs where expensive, fully trained healthcare workers are not available. However, despite the importance of CHV as frontline workers in healthcare provision, evaluations of CHV programs show that these health workers often lack motivation to safely and effectively implement the community health projects. The CHVs work in slums is enormous, a harsh environment and thus less motivation for work.

Motivation through compensation, career development and work flexibility is a vital factor for the implementation of the health projects. In Kenya, CHV play a critical role in saving lives, especially at the community level where people lack access to the formal health system. The Kenyan government, has a signatory of one million community health volunteers (workers)' campaign, by WHO, which underlines importance of primary healthcare, recognizes the existence of CHW (WHO, 2016). The majority of CHW in Kenya have been trained by non-governmental organizations (NGOs) in the context of primary healthcare from the early 90s. However, there has been minimal government or county council support and recognition of CHW leaving this mainly to NGOs (Ndetei, Khasakhala & Omolo, 2016) which results to demotivation.

Mukuru is a slum situated in the eastern side of Nairobi, and one of the largest slums in the city with a population of about five hundred thousand (500,000) people according to the National census result of 2009, which means there is a need to recruit more CHVs because most patients at risk are properly identified at a community level. The implementation of health-associated projects in Mukuru has not been to expectations (Likoko, 2019). The CHV facilitate the uptake of

PHC services, including the most vulnerable households. Although with some variability across different groups community health volunteers (workers) work to bridge gaps in access to care that arise from lack of communication for patient follow up.

There is a renewed interest in community health volunteers in Kenya, but also a concern that low motivation of CHVs may decrease the benefits of CHV programs. One way in which remuneration has been shown to directly impact service provision is when stipends are not sufficient to cover the expenses incurred by CHVs in performing their duties. In Mukuru slum, the implementation of health-associated projects has not been as per expectations. Most projects have recorded as low as 30% completion rate in compression to Kibera projects where most of the projects have recorded above 80% completion rate, for example, Mwangaza Poa Project on slum lightning, Riziki Project on slum welfare and Kibera Penda Project on child education (Likoko 2013).

Due to the rising population in this slum, the amount of work the community health volunteers take has been increasing. This has not been adequately matched with adequate training and motivation. Additionally, this has been without a corresponding increase in their monetary incentives for the community health workers (Oliver, 2015). Due to the level of outbreak of diseases, the volunteer spirit of implementing health projects is diminishing. The population increase and demand for basic health services in most of the urban slums in Kenya and lack of commitment has led to a constraint of resources available with the existing community health workers in the slum and therefore hindering implementations of community health projects. It is therefore vital to recognize the role of the community health workers in health provision and attainment of universal healthcare (Muhula, Memiah, Mbau, Oruko, Baker, Ikiara & Ilako, 2016).

A study of community-based reproductive health agents in Mathare slums, Nairobi, Kenya determined that the competency of CHW contributes to the success of their service provision but hindered by a lack of resources (Prata, Weirdert, Fraser & Gessessew, 2013). In another study on CHW and implementation of HIV prevention in Kibera slum, for example, found that after adjusting for socio-demographic factors, the knowledge level of CHW was the most important factor in adherence to HIV treatment among the youth (Muhula, *et a*l, 2016). This study therefore sought to examine the influence of motivation of community health volunteers on implementation of community health projects in Mukuru Slum Community, Nairobi County, Kenya.

The research hypothesis was that;

H_{01}: Motivation of community health volunteers (workers) has no statistically significant relationship with implementation of community Health Projects.

2.0 Literature Review

2.1 Theoretical framework

The study is anchored on Kanter empowerment theory. Kanter (1993) expresses the characteristics of a situation that can either constrain or encourage optimal job performance, regardless of personal tendencies or predispositions. Kanter's theory suggests that the way an organization operates is an integral component in how employees derive their attitudes and behaviors. The Moss

Kanter theory proposes that employees exhibit different behaviors based upon whether certain structural supports were in place.

According to Kanter, these lines of power emanate from formal and informal systems within organizations. Jobs that are highly visible permit discretion or flexibility in how work is accomplished, and are central to the overall purpose of the organization; describe positions that are high in formal power. When positive relationships among superior, peers, and subordinates are encouraged, the resulting alliances confer informal power. High levels of formal and informal power facilitate access to the lines of power and opportunity that enable employees to accomplish their work in meaningful ways. Formal power is derived from specific job characteristics such as; flexibility, adaptability, creativity associated with discretionary decision-making, visibility, and centrality to organizational purpose and goals. Informal power is derived from social connections, and the development of communication and information channels with sponsors, peers, subordinates, and cross-functional groups (Laschinger, Sabiston & Kutszcher, 1997)

According to Kanter, the mandate of management should be creating conditions for work effectiveness by ensuring employees have access to the information, support, and resources necessary to accomplish work and that they are provided ongoing opportunities for development. Employees who believe their work environment provide access to these factors be empowered. The focus of Kanter's theory is on the employees' perception of the actual conditions in the work environment, and not on how they interpret this information psychologically. This 'structural' empowerment has been found to predict job satisfaction

The theory is relevant as it reflects how motivation leads to increased performance, job satisfaction, individual competence and self-esteem, which in turn, increase perceptions of personal control, which may have a direct effect on implementation of healthcare projects by the community health volunteers (workers). According to the theory, empowered community health volunteers would be highly motivated and therefore able to motivate others 'experience less burnout and less job strain in implementation of respective health projects.

Coalition theory, developed by Paul Sabatier and Hank Jenkins-Smith (1993), proposes that individuals have core beliefs about policy areas, including a problem's seriousness, its causes, society's ability to solve the problem, and promising solutions for addressing it. It states that policy change happens through coordinated activity among individuals and organizations outside of government with the same core policy beliefs.

The Coalitions will be held together by agreement over core beliefs in regards policies. Secondary, for critical alignment (e.g., administrative rules, budgetary allocations should be revised). This will enable or facilitate good working relationship between CHV and supervisors to operate effectively and efficiently due to shared core beliefs; in other words, little time is needed to reach shared understanding.

Core beliefs are resistant to change, unless major external events such as changes in socio-economic conditions or public opinion are skillfully exploited by proponents of change or new

learning about a policy surfaces across various hierarchies that changes views. The advocacy would be to identify and reach out to diverse groups with similar core policy beliefs (e.g., unlikely allies). To explore and pursue multiple avenues for change such as engaging in legal advocacy and working on changing public opinion, often simultaneously, to find a route that will bear fruit and strategy can include: influencing decision makers to make policy changes, affecting public opinion via mass media; changing perceptions about policies through research and information exchange.

Grassroots theory or community organizers believe that groups of people can create power by taking mutual action to achieve social change. As laid out by Saul Alinsky 1971. The County government should reflect the wishes of people directly affected by the problem because it requires building the capacity of those affected by the problem to address it. Efforts should focus on changing how the county government and policies, not on changing individuals through actions and events.

2.2 The Concept of Motivation

Motivation may be defined as a planned managerial process, which stimulates people to work to the best of their capabilities, by providing them with motives, which are based on their unfulfilled needs. A positive motivation promotes incentives to people while a negative motivation threatens the enforcement of disincentives. By satisfying human needs motivation helps in increasing productivity. Better utilization of resources lowers cost of operations and is always goal directed. Therefore, higher the level of motivation, greater is the degree of goal accomplishment.

Adelanwa (2013) referenced Deci, Ryan and Roberts by saying,

> Traditionally, motivation has been defined by the two dimensions that comprise it, namely: energy and direction. The energy dimension of motivation is the driving force behind someone's efforts and persistence during engagement in a particular activity. Direction of motivation determines the area or field of interest in which that effort is projected. Both energy and direction are necessary elements of a complete motivational act. Energy without a direction has no purpose, and direction without energy results in a state of no motivation.

According to Raven, Akweongo, Baine, Sall, Buzuzi and Martineau (2015), "CHW motivation and implementation are linked and appear to be determined by a number of inter-related factors including access to resources, community embeddedness, ongoing training and manageable workloads. Motivation and interventions that improve motivation and job satisfaction are considered likely determinants of CHW performance. Similarly, ineffective project implementation has been attributed to a lack of incentives, poor supervision, demotivation and the absence of ongoing training. Despite these considerations, human resource management for improving CHW performance in health interventions and programmes remains inadequately understood. While the current literature offers some guidance on what factors are involved in determining the performance of CHW, little is known about how these factors interact to influence

CHW project implementation (Jaskiewicz & Tulenko, 2012). This is partially due to the methodological challenges of measuring motivation and performance and due to a preference for assessing the effects of an intervention solely on health outcomes."

Hill, Dumbaugh, Benton, Källander, Strachan, Ten Asbroek and Meek (2014), revealed that many CHWs do not feel supported nor respected by the upper level, which hinders motivation and performance. Joint training of CHWs with their supervisors could contribute to better relationships as understanding about each other's roles and competencies can be established. There is a need for improved, supportive supervision, including training of supervisors in technical skills, people management and implications of CHVs' intermediate position for relationship building with communities. As supervision is a form of human interaction, strategies that reduce social distance between supervisor and supervisee (such as team building events) could improve relationships and performance. Improved supervision from the side of the health sector could have a positive ripple effect on CHVs' relationships with their communities, through increased recognition.

Owek, Abong'o, Oyugi, Oteku, Kaseje, Muruka and Njuguna, (2013) carried out a study on motivational factors that influence retention of community health workers in Kenya, assessed the motivational approaches that determine the retention of CHW in Busia, Kenya , the revelation was that among the CHW interviewed, about 30% had served for at least three (3) years. Only 2% of the CHW who had been retained considered recognition as being able to motivate them to be retained, while 40% perceived recognition by the community as a determinant that would retain them. Currently 88% of CHW acknowledge reimbursements as motivation factor for them to continue serving as CHW. The current motivational determinants are recognition by the community members, skill development, provision incentives and supervision. The perceptions of the CHW on retention include; community support and healthcare system support. Prompt provision of the working materials for the CHW like bags, CHW kit, and reporting materials; harmonize the workload for the CHWs in order to improve on quality of care."

Sanou, Jegede, Nsungwa-Sabiiti, Siribié, Ajayi, Turinde and Kyaligonza (2016) "carried out a study on motivation of community health workers in diagnosing, treating, and referring sick young children in a multi-country study. Although CHWs are easy to recruit, motivating and retaining them for service delivery is difficult. This study investigated factors influencing CHW motivation and retention in health service delivery quantitative and qualitative data were collected to identify the key factors favoring motivation and retention of CHWs as well as those deterring them. Except for Burkina Faso, most CHWs were female. Average age was between 38 and 41 years, and most came from agricultural communities. The majority (52%–80%) judged they had a high to very high level of satisfaction, but most CHWs (approximately 75%) in Burkina Faso and Uganda indicated that they would be prepared to leave the job, citing income as a major reason. Community recognition and opportunities for training and supervision were major incentives in all countries, but the volume of unremunerated work, at a time when both malaria-positive cases and farming needs were at their peak, was challenging. Most CHWs understood the volunteer nature of their position but desired community recognition and modest financial remuneration."

The conceptual framework depicts the relationship between the independent variable (motivation of CHW) and the dependent variable (implementation of health projects). This is as shown in Figure 1.

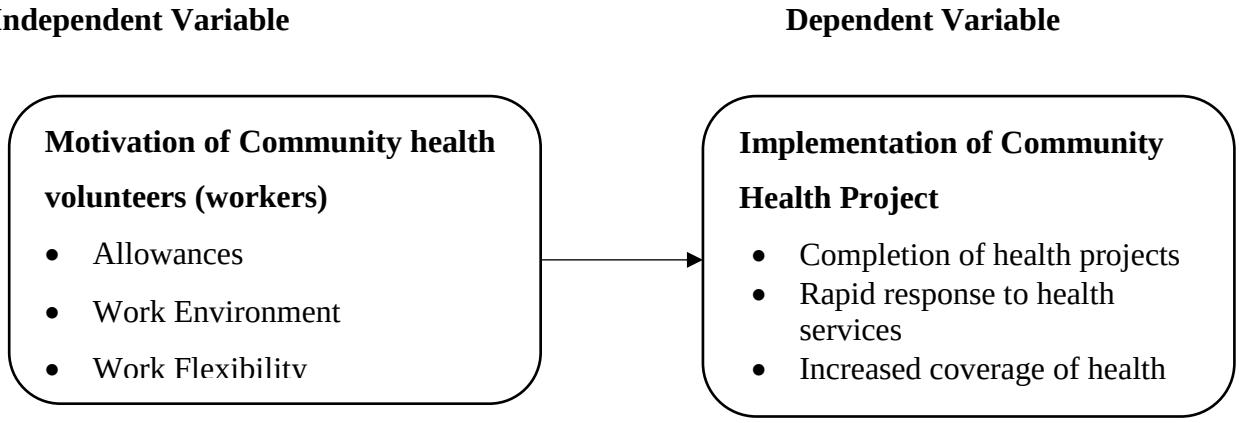

Figure 1: Conceptual Framework

3.1 Methodology

The study adopted a descriptive research design. The target population of the study was the One thousand five hundred (1,500) trained CHWs in Mukuru community slums. Yamane (1967) formula was utilized to obtain a sample size of 362 respondents. Stratified random sampling technique was employed. The questionnaires entailed both closed and open ended questions focusing on the objective under study. Prior to using a questionnaire to collect data it was pilot tested. According to Mugenda and Mugenda (2003), a pretest sample ranges from 1% to 10% depending on the sample size. The study used 10% of the sample for pilot. Therefore, 32 respondents were used in a different health project in Kibera for pretesting and the findings were not included in the final data collection. The research also made use of interviews as data collection methods. The interview guide was administered to the clinical officers and community health assistants.

The study used quantitative and qualitative techniques in analyzing the data. Descriptive analysis was employed which included mean and standard deviations. Inferential statistics included correlation and regression analysis. The data was presented in form of tables for ease of understanding. Factor analysis was conducted to assess the convergent validity of the hypothetical constructs. Correlation analysis was used to test the association between Dependent and the independent variable and results presented in form of Pearson statistic, having been worked out at the significance level set at 0.05(Kothari, 2006). A regression model was used to test the significance of the influence of the independent variable on the dependent variable.

4.0 Data analysis and Interpretation.

4.1 Descriptive Analysis on Motivation of Health Volunteers (Workers)

4.1.1 Motivation

The respondents were asked to indicate their levels of agreement or dis-agreement with statements related on motivation of community health workers in Mukuru Slum Community, The results are as follows shown in Table 1.

Table 1: Motivation of Community Health Workers

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Sometimes we receive some allowances from the community health facilitators	27.3	15.9	11.4	39.5	5.9	2.81	1.36
There is promotion of community health workers that promotes career development	30.5	31.8	6.8	24.5	6.4	2.45	1.32
Our working hours for the community health workers is flexible and allows for personal development	18.2	14.1	10.5	42.3	15.0	3.22	1.36
The management provides a suitable work environment that allows swift delivery of health services	25.0	19.1	13.6	34.1	8.2	2.81	1.35
We receive incentives and rewards when we deliver exceptional services in the community	33.6	39.5	14.5	10.0	2.3	2.08	1.04
Average						2.67	1.29

Note: The figures for the responses were presented in percentage (%).

From the results, the community health volunteers (workers) agreed by 45.4% that they sometimes receive some allowances from the community health facilitators and those who disagreed were by 43.2% with a mean of 2.81 and standard deviation of 1.36. This implies that majority of the respondents were disagreeing with the statements. On the promotion of community health volunteers that promotes career development, 62.3% disagreed while 30.9% agreed to the statement. The mean was 2.45 and standard deviation of 1.32. This implies that majority of the respondents were disagreeing with the statement which means that majority of the CHVs are not motivated to do their work

The community health volunteers were asked if working hours were flexible and allowed for personal development and 57.3% agreed while 32.3 disagreed with a mean of 3.22 and standard deviation of 1.36. This implies that majority of the respondents were disagreeing with the statements. On whether the management provides a suitable work environment that allows swift delivery of health services, 44.1% disagreed while 42.3 agreed with a mean of 2.81 and standard

deviation of 1.35. This implied that majority of the respondents were disagreeing with the statements. Lastly, on whether they receive incentives and rewards when we deliver exceptional services in the community, 73.1% disagreed while 12.3% agreed with a mean of 2.08 and standard deviation of 1.29. This implies that majority of the respondents were disagreeing with the statements which means that majority of the CHVs felt not motivated to performing their work.

The Community Health Assistants were asked how motivation of the CHVs influenced implementation of community health projects. The responses was as shown below;

"Motivation of the community health volunteers influenced implementation of community health projects in that CHVs were readily available and active, agree to report monthly, are able to meet some basic needs, there is close monitoring of the projects and home visits and referrals are frequently done."

The private clinical officers motivate the CHVs in variety of ways, for example - work environment, formal recognition, trainings, well-functioning health systems, responsive health systems, policies and legislation that support CHVs, just to mention a few.

4.1.2 Implementation of Community Health Project

The respondents were asked to indicate their level of agreement with statements related on Implementation of community Health Project in Mukuru Slum Community, Kenya. The results are as shown in Table 2.

Table 2: Implementation of Community Health Project

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
There is increased coverage of health projects in this community	15.0	14.5	17.7	40.9	11.8	3.2	1.26
The community health workers have reduced the rate of infant and mortality and preventable deaths due to appropriate medical attention	3.6	4.1	8.6	35.9	47.7	4.2	1.01
There is swift response in the case of health emergencies in this community	7.7	12.7	13.6	41.4	24.5	3.62	1.2
There is completion and operational of majority of the health project in this community	8.6	20.9	16.8	40.5	13.2	3.29	1.19
The established health projects are able to cater for majority of the health needs of this community	10.5	22.7	22.3	25.9	18.6	3.2	1.27
Average						3.5	1.19

Note: The figures for the responses were presented in percentage (%) and frequencies.

From the results, the community health workers agreed by 52.7% that there is increased coverage of health projects in this community with a mean of 3.2 and standard deviation of 1.26. On whether the community health workers have reduced the rate of infant and mortality and preventable deaths due to appropriate medical attention, 83.6% agreed while 7.7 disagreed with a mean of 4.2 and standard deviation of 1.01. This implies that majority of the respondents were agreeing with the statements. This means that CHVs are playing their support role well within the Mukuru community.

The community health volunteers were asked if there is swift response in the case of health emergencies in the community and 65.9% agreed while 20.4% disagreed with a mean of 3.62 and standard deviation of 1.2. This implies that majority of the respondents were agreeing with the statements. On whether there is completion and operational of majority of the health project in this community, the community health volunteers agreed with 53.7% and 29.5% disagreed with a mean of 3.29 and standard deviation of 1.19. This implies that majority of the respondents were agreeing with the statements. Lastly, the community health workers were asked if the established health projects are able to cater for majority of the health needs of this community and 44.5% agreed while 33.2% disagreed with a mean of 3.5 and standard deviation of 1.27. This implies that majority of the respondents were agreeing with the statements. This means that CHVs are playing their support role well within the Mukuru community.

4.2 Correlation Analysis

Correlation analysis was conducted to establish the relationship between the independent and dependent variables. Figures close to 1 indicate a stronger relationship between the dependent and the independent variable. The correlation matrix is presented in Table 3.

Table 3: Correlation Matrix

		Implementation	Motivation
Implementation	Pearson Correlation	1.000	
	Sig. (2-tailed)		
Motivation	Pearson Correlation	.622**	1.000
	Sig. (2-tailed)	0.000	

The correlation coefficient r measures the strength and direction of a linear relationship between variables. The correlation analysis was conducted for the independent variable against the dependent variable. The results in Table 3 revealed that motivation of community health workers and implementation of community health projects are positively and significantly related r= 0.622, p=0.000 and further indicated a strong uphill (positive) linear relationship. This implies that an increase in motivation of community health workers, led to an increase on implementation of community health projects. The findings are consistent with Raven, Akweongo, Baine, Sall,

Buzuzi and Martineau (2015) that CHW motivation and implementation are linked and appear to be determined by a number of inter-related factors including access to resources, community embeddedness, ongoing training and manageable workloads.

4.3 Hypothesis Testing

The study conducted regression analysis to establish the statistical significance of the relationship between motivation of CHVs on implementation of community health projects.

Table 4: Model Fitness for Motivation and Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.622a	0.387	0.384	0.88971

Motivation of CHV was found to be satisfactory variables in explaining implementation of community health projects in Mukuru Slum Community. This is supported by coefficient of determination also known as the R square of 0.387.

This means that motivation of CHV explain 38.7% of the variations in project implementation, which is implementation of community health projects. This results further means that the model applied to link the relationship of the variables was satisfactory. The Analysis of Variance (ANOVA) results are shown in Table 5.

Table 5: Analysis of Variance (ANOVA) for Motivation and Project Implementation

	Sum of Squares	df	Mean Square	F	Sig.
Regression	109.073	1	109.073	137.79	.000b
Residual	172.567	218	0.792		
Total	281.64	219			

The findings further confirm that the regression model is significant and supported by The F-Calculated (1, 219) = 137.79 which is greater than F-Critical (1, 219) = 3.96 at 95% confidence level. The findings further confirm that the regression model of implementation of community health projects on motivation is significant and supported by $p = 0.000<0.05$. The study conducted a regression of coefficient analysis to establish the statistical significance relationship between motivation of CHVs on implementation of community health projects in Mukuru Slum Community, Nairobi County, Kenya.

Table 6: Regression of Coefficients for Motivation and Project Implementation

	Unstandardized Coefficients		Standardized Coefficients		
	B	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	0.25	0.183		1.368	0.173
Motivation	0.719	0.061	0.622	11.738	0.000

The simple regression model was presented below.

$Y= 0.25 + 0.719X_1$

Where:

Y = Implementation of community health projects

X_1 = Motivation of community health volunteers (workers)

The regression results showed that motivation of CHV on implementation of community health projects in Mukuru Slum Community are positively and significantly related (β=0.719, p=0.000). The p-value was 0.000, which is less than 0.05. The results implied that while other factors are held contact, a unitary increase in motivation of community health workers would lead to an improvement of implementation of community health projects by 0.719.

The study therefore concluded that motivation of CHVs has a statistically significant relationship with the implementation of community health projects in Mukuru Slum Community, Nairobi County Kenya. This is consistent with Raven, Akweongo, Baine, Sall, Buzuzi and Martineau (2015) who found that CHV motivation and implementation are linked and appear to be determined by a number of inter-related factors including access to resources, community embeddedness, ongoing training and manageable workloads. Hill *et al* (2014) also found that social distance between supervisor and supervisee (such as team building events) could improve relationships and performance. Improved supervision from the side of the health sector could have a positive ripple effect on CHVs' relationships with their communities, through increased recognition.

4.4 Discussion of Findings

The objective of the study was to determine the influence of motivation of community health volunteers on implementation of community health projects in Mukuru Slum Community, Nairobi County, Kenya. Correlation results indicated that motivation of community health volunteers and implementation of community health projects are positively and significantly related. Regression results indicated that a unitary improvement in motivation of community health workers leads to an improvement in implementation of community health projects by beta value of 0.719 units holding other factors constant. The study deduces that motivation of community health volunteers has a statistically significant effect on implementation of community health projects in Mukuru Slum. Some of non-financial areas of motivation included giving CHVs chances in community

participation such as polio campaigns and training. Trainings on conducting meetings, outreach and through immunization programmmes. Motivation of the CHVs influences implementation of community health projects in that they are readily available and active, agree to compile monthly reports, they meet their basic needs, close monitoring of the projects, house visits and hospital referrals are frequently done.

When CHVs are employed full-time as members of the formal health system, they will enjoy many of the same legal privileges and financial benefits as other employees. When framed as volunteers, however, they can be motivated, with monthly stipends. The non-financial incentives can also be quite powerful motivators of CHVs. These motivations include not only altruism rooted in religious or cultural norms of self-sacrifice for others, but also the desire for social recognition and status. Being identified as a valued member of the community and a trained member of the health system can be an important source of social standing and affirmation for CHVs. Successful CHV programs typically offer a mix of financial and non-financial incentives. Successful incentive strategies should reflect the county's contexts and concerns of the CHVs. This includes not only the cultural or religious context but also its economic, political, and social contexts.

On advocacy for the CHVs, the Kenya Community Health Policy 2020 – 2030 advocates for remuneration of community health volunteers. The policy notes that although community health volunteers are recruited to work on voluntary basis, counties ought to pay them stipends and compensate them for their time in any other way that would motivate CHVs to continue supporting project implementation, providing the important health service to their respective communities including support supervision and provision of commodities and supplies. In order to mainstream remuneration of community health volunteer, counties shall legislate community health services through enactment of county community health bills. Advocacy efforts can focus on working with many people, not with the few meaning implementation in all counties. This will help facilitate the efforts of a collective to achieve social change. Some strategies could include training/capacity-building, community mobilizing, awareness building, action research, policy analysis, media advocacy, social protest and whistleblowing.

On financing for Community Health Services, the policy advocates for the national governments to commit adequate financial resources through budgeting processes to meet the objectives of the community health policy. Further the county governments are required to adopt programme-based budgeting and commit a prescribed percentage of health budget to meet the objectives of the community health policy.

Other organizational such Living Goods have partnered with the Kenyan government's 96,000 CHVs to improve community-level health services in 13 sub-counties within Busia, Kisii, Kakamega, Nakuru, Kiambu, and Isiolo Counties.

5.1 Conclusions and Implications

Based on the findings this study concludes that motivation of CHV has a significant effect on implementation of community health projects in Mukuru Slum Community. Under motivation, the

community health volunteers occasionally receive some allowances from the community health facilitators in partnership with NGOs. We noted that, there is no promotion of CHV that promotes career development. The working hours for the CHV was flexible and allows for personal development, management provides a suitable work environment that allows swift delivery of health services. They also receive incentives and rewards such as t-shirts, kit bags etc. when they deliver exceptional services in the community.

The present study therefore, recommends harmonization of incentives to increase commitment through assurance of some income for their families. The harmonization of incentives should be based on merit and standardized across all the community areas to enhance equality. Motivation could be increased through sufficient monetary compensation and career development.

The study is significant in remodeling of implementation of community strategy in the slums. It acts as primary benefit to the community by sensitizing on community strategy in Mukuru Slum and Nairobi in general. The study findings may also inform the policy makers and other stakeholders to come up with better mechanisms on improving the community strategy. This will propel the country to move faster towards achieving high quality healthcare as desired by the informal communities.

The government can expand its reach on CHVs by partnering with community based organizations which have shown positive results in areas such Busia, Kisii, Kakamega, Nakuru, Kiambu and Isiolo Counties. This can also be emulated in Nairobi slums to reach the informal people living there.

5.2 Future Research Studies

The study suggests the following areas for further research:

1. Future study can be conducted on the influence of monetary incentives on the performance of CHWs; the empowerment might cause a significant change in accountability attitudes and in turn correlate strongly to higher commitment to the implementation of projects in the slums.
2. Investigate the contribution of the private sector, and donors on the technical capacity of the community health projects implementation in slums.

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