INSTITUTIONAL FACTORS INFLUENCING MOTIVATION OF COMMUNITY HEALTH VOLUNTEERS IN PROJECT IMPLEMENTATION IN KALOLENI SUB-COUNTY, KILIFI COUNTY, KENYA

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DECLARATION

This research project report is my original work and has not been presented for any award of adegree in any other University.

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This research has beensubmitted for examination with my approval as the university supervisor

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DEDICATION

I dedicate this work to my family, my mum Jane Wairimu for the tremendous moral support accorded me throughout my years of study. To my daughter, Eleanore Wairimu and to all Community health volunteers who deserve to be well recognized and motivated as they are very essential in provision of support for healthcare. I also bestow this work to my fellow studentJoyfridaAnindo and Diana Nyabanda for being supportive in my studies. Finally, I would like to dedicate this work to my professional acquaintances Dr. Angela Koech, Lucy Nyaga, Catherine Wanjiku, Rachel Odhiambo, OnesmusWanje, Felix Agoi and Prof. Violet Naanyu for their encouragement.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANOVA: Analysis of variance

CBOs: Community Based Organization

CO: Clinical Officer

CHV: Community Health Volunteer

CHW: Community Health Worker

CSR: Corporate Social Responsibility

NGO: Non-Governmental Organization

NGO's: Non-Governmental Organization

SPSS: Statistical Package for Social Sciences

WHO: World Health Organization

NACOSTI: National Commission for Science, Technology and Innovation

ABSTRACT

Institutional factors influence motivation of Community Health Volunteers (CHVs) to implement health care projects at a community level. CHVs undertake functions like promotion, prevention, and primary curative healthcare services. The specific study objective is to determine the influence of remuneration, establish the influence of training and capacity building, determine the influence of institutional working culture and establish the influence of technological empowerment of CHVs on the projects implementation. The research adopts a descriptive research design targeting a population of five hundred and fifty (550) trained CHVs from KaloleniSub-county, Kilifi County. The studyimplements the Slovin's formula in obtaining a sample size of 227 responders. The researcher utilized a stratified random sampling technique applied in the selected sample. The study used a questionnaire as the primary method to collect data and SPSS software for generating inferential and descriptive statistics. The researcher conducted a factor analysis to assess the validity convergence of thetheoretical constructs. The assumption on remuneration, training, institutional working culture and technological empowerment had the values greater than 0.5 thus, were adopted. The conclusion results demonstrated that remuneration, training, institutional working culture and technological empowerment were significantly and positively related. The results from regression analysis also indicated that remuneration, training, institutional working culture and technological empowerment were significantly and positively related.The results from regression analysis indicate that unitary improvement in remuneration of the CHVs results in an improved motivation in project implementation by a standard beta coefficient value of 0.88 when other factors are held constant. The unitary improvement in the training of the CHVs results in an improved motivation in project implementation by a standard beta coefficient of 0.622 when other factors are held constant. The unitary improvement in the institutional working culture of the CHVs results in an improved motivation in project implementation by standard beta coefficient of 0.499 when other factors are held constant. The finding also indicated training of community health workers and motivation in project implementation in KaloleniSub-county were significantly and positively related (β= 0.101, p=0.016) and a standardize beta coefficient of 0.87. the researcher. The research concludes that community health volunteers in KaloleniSub-county receive consistent remuneration in project implementation enabling them to implement health projects effectively regardless of the community social background. The community health volunteers must undergo objective training targeting the development project implementation curriculum. The community health volunteers participate in benchmarking and tours to acquire ideas from other project implementation areas. The research recommends harmonization of incentive remuneration to increase income commitment for community health volunteer families. Conducting benchmarking and training to effectively provide community health volunteers with exposure to implementing projects.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The motivation of Community health volunteers (CHVs) is essential for implementing health care projects in response to their responsibility in healthcare provision at a community level where, they undertake functions like promotion, prevention, and primary curative healthcare services. CHVs often substitute professional practitioners due to shifts in context resulting from a constrained human resource in the health sector. This makes it vital to improve and motivate healthcare providers to attain and provide universal healthcare (Jigssa, Desta, Tilahun, McCutcheon, & Berman, 2018). Globally, motivation intermediation in healthcare delivery aims to meet the millennium development goals and provide universal healthcare. Motivation encompasses varied healthcare practitioners, including home-based caregivers, nurse-mid-wives, volunteers, and salaried staff deployed predominantly to addressed underutilized services, understand the population and unmet health behaviors (Plan II, O. (2015). The motivation of healthcare workers in developed countries such as the United States has established significant contributions in immunization, disease control, and family planning programs.

In middle and low-income countries, motivation and coordination within the health sector effectively lower neonatal mortality, resulting from malaria and child mortality caused by pneumonia. For instance, in South Africa, motivation has resulted in active engagement in programs targeting infectious illnesses like tuberculosis, childbirth, HIV/AIDS. Malaysia's ministry of health launched KOSPEN, a health program effectively transforming public health services by establishing functional units made up of volunteers (Hussein, Otiso, Kimani, Olago, Wanyungu, Kavoo, &Karuga, 2021). The program implements strategies to create awareness among communities and individuals concerning non-communicable illnesses and the necessary risk factors like detection of risks, preventive measures, and creating a healthy lifestyle

surrounding. Consequently, motivation is the main challenge facing CHW programs regarding delicate phenomena resulting from interpersonal, psychological, and contextual factors. The most effective ways to develop and sustain motivation in the program require the utilization of discrete incentives.

Incentives enhance the motivation of CHVs to engage and perform well in the form of financial and non-financial support offered to reward specific behavior, provide a safe working environment, supportive colleagues, and community recognition. Large government programs motivate in terms of full salary, reimbursements, and stipends for better performance, while countries like Rwanda and India apply performance-based incentive programs to reward CHVs (Chung, Hazmi, & Cheah, 2017). India provides life insurance programs, while some NGOs offer further training, scholarship, and non-financial motivation like T-shirts, medical supplies, formal uniforms, and preferential access to housing health resources.

Motivation through career development, compensation, and flexibility are vital institutional factors in implementing health projects. In Kenya, Community health volunteers help save lives, particularly at the community level resulting from the training offered by NGOs in the primary health context. Kalolenisub-county in Kilifi County enjoys limited county and national recognition and support, resulting in the unimpressive implementation of health-related projects. (Singh, Cumming, Mohajer, &Negin, 2016). Moreover, the motivation of Community health volunteers helps facilitate Primary Health Care (PHC) uptake services covering the most vulnerable households. The renewed interest in CHVs in Kenya exposes the concern of motivation and external collaboration that reduces the benefits of CHVs programs.

1.2 Statement of the Problem

Strengthening the healthcare system in emergingnations is necessary for attaining Sustainable Development Goal to safeguardvigorous lives and help to improve comfort for all. Low and middle-income nations implement CHVs programs to upsurgeadmission to care in underserved inhabitants. World health organization recommend a workforce that is knowledgeable, skilled, and motivated a case Kenya lacks (Muhula, Memiah, P., Mbau, Oruko, Baker, Ikiara, &Ilako, 2016). CHVs are trusted communal members trained to deliver essential primary healthcare facilities due to the shortage of healthcare professionals and the increase in the numeral of individuals living with transmissible and non-transmissible illnesses. CHVs impact individual and population health outcome, and when effectively motivated, they improve health outcome, empower communities, health projects (Chung, Hazmi, & Cheah, 2017). However, despite the

roles played in the provision of health, evaluation of CHV programs illustrate they lack motivation to effectively and safely implement community health projects and collaborate with other stakeholders.

Research findings illustrate motivational factors affecting CHVs range from gaining knowledge and practice skills (90%), improved health (97.1%), and helping sick members (96.7%) (Chung, Hazmi, & Cheah, 2017). According to Jigssa, Desta, Tilahun, McCutcheon, & Berman (2018), factors damaginglytouching the incentive of CHVs include lack of vocationgrowth (51.7%), inadequate support and supervision (62.32%), indistinct health growthmilitary guidelines (59.26%), and lack of appreciation and recognition of accomplishment (63.22%). Consequently, this research differs from other studies as it examines the institutional motivational factors affecting CHVs in the Kalolenisub-county in Kilifi County. Kilifi County was carefully chosen because there is general interest by international NGOs to address the problems of inequity and poor coverage of maternal health programs within the county. In this study, the effects of motivational factors are explored in percentages.

1.3 Purpose of the Study

The outcomes of the research aim at looking into the institutional features that affect the motivation of the community health volunteers in project implementation in Kaloleni Sub County of Kilifi County.

1.4 Objectives of the Study

The research objectives entail:

i. To determine the influence of remuneration on the motivation of Community Health Volunteers in KaloleniSub-county.
ii. To establish the influence of training and capacity building on the motivation of Community Health Volunteers in Kaloleni Sub – County.
iii. To establish the influence of institutional working culture on the motivation of Community Health Volunteers in Kaloleni Sub – County.
iv. To establish the influence of technological empowerment on the motivation of Community Health Volunteers Kaloleni Sub - county, Kilifi County, Kenya

1.5 Research Question

The study questions listed below steered this research

i. How does remuneration influence motivation of CHVs in KaloleniSub-county?
ii. What is the Influence of training and capacity building on motivation of Community Health Volunteers in Kaloleni Sub – County?
iii. What is the Influence of institutional working culture on motivation of Community Health Volunteers in Kaloleni Sub – County?
iv. How does technological empowerment influence motivation of CHVs in Kaloleni Sub – County?

1.6Significance of the Study

This study helped the CHVs by providing them a platform to illustrate the institutional factors affecting their motivation, causing them to stop or reduce the service offered to the community in terms of project implementation. Identification of these factors will help the health sector as well as external collaborators address the challenges and consequently consider improving the motivation of CHVs, with the intention of enhancing productivity. Equally, the research findings will be helpful in child survival programs and MNCH that utilize the framework of CHVs in their operations. The government can utilize the research findings to formulate its policies through the Ministry of Health who is rolling out the community health strategy, by making CHVs the primary workforce. Upcoming researchers will utilize the findings of this research as the foundation of their references.

1.7 Delimitations of the Study

This research only covers a specific area of KaloleniSub-county of Kilifi County. This research also only looks into institutional factors that motivate CHVs with whom institutions would like to partner with for project implementation. These institutional factors are remuneration, technological empowerment, institutional working culture and training. The research study wasincomplete to a specific group of voluntary Community health volunteers undergoing implementation of public health strategy through motivation in KaloleniSub-county, Kilifi County, Kenya. CHVs in the area serve one of the Kenyan poorest communities resulting from the majority of parents dying from AIDS, and the area experiences water supply challenges. The

Studyentailed collecting data from the CHVs. This study was also conducted based on current institutional factors that motivate CHVs.

1.8Limitations of the Study

The research was mainlyrestricted to KaloleniSub-county in Kilifi County due to limited resources and time constraints, considering it would have been expensive to utilize various data collection tools. This study also had a sole respondent target of active CHVs within Kaloleni Sub County of Kilifi County. The research primarily utilized questionnaires to collect data. During the data collection process, the main challenge expected was the language barrier forcing the researchers to seek assistance with translation on data collection tools and eventually all data was collected. The majority of the Community Health Volunteers operate small-scale business and farming, leading to their unavailability during the day in targeted locations. The challenge prompted data collection organization during scheduled monthly feedback meetings.

1.9 Assumption of the Study

The research believes that the carefully chosen sample size represents the entire population, helpful in the generalization of the results, and the inclusion standards of the model are suitable. Equally, it ensures participants have a similar experience on the study phenomenon and also they have a genuine interest in contributing in study and not any other motive. The study makes limited assumptions of unknown factors in the field of study that can bias the participants' response. Collecting data from the elderly had a possibility that some recollections of situations, events and feelings could be questionable. The study assumedthat the number of subjects was appropriate to draw adequate conclusions.

1.10 Definition of Significant Terms used in the Study

Motivation of CHVs- the desire to perform and serve effectively as a community health worker when working in project implementation.

Community Health Volunteer (CHV)- the health workers living within a community who are specifically selected by their respective community and are accountable to the Community benefiting from specific health services.

Community Health Strategy- an approach derived by the Ministry of Health in Kenya for attaining a strategy aiming at sorting the declining indicators in the health sector.

Physical incentives- provision of physical enticements such as t-shirts, food, and money

Training- developing CHVs skills, behavior, knowledge attributes, and experiences target performance improvement in particular areas of specialty.

Remuneration- an act of compensating CHVs with monetary benefits.

External collaborators- organizations that are not the parent employer of an individual, with common interests in specific development areas.

Technological empowerment- involves utilization of varied technologies like telephone, computers, tablets and mobile phones to collect, save, communicate and locate information, with the intention of keeping a proper household record for the CHVs.

Institutional working culture- expectations, philosophy, and experiences within an organization to determine the values that guide inner working, self-image, future expectations and interactions with collaborators.

1.11 Organization of the Study

The study is structured into five sections. Section one encompasses the introduction of the research by providing the background of the research, stated the problem statement, purpose of the research study, and provided the objectives of the investigation. Equally, the chapter covers the research questions, their significance, the assumptions made during the research, its delimitations, limitation, and description of critical terms utilized. Section two covers the literature review that entails the introduction, theoretical and experiential literature appraisal, conceptual framework, and research gap. The third chapter niceties the study design, target population, research instruction, data gathering procedures, data analysis methods, ethical reflections, and operationalization of variables. Chapter four captures the data scrutiny, presentation, clarification, and discussion, while chapter five summarizes the discoveries, conclusion, and commendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section provides a literature evaluation on institutional factors impacting the motivation of community health volunteers in project implementation from a global, African, regional, and local perspective. The literature research is conducted through journal articles, edited academic books, articles peer review from professional journals, using information acquired from the internet database, statistical data from government websites, and website materials. The research utilizes keywords like motivation, training, CHVs, collaboration, project implementation, community health strategy, technological empowerment, and remuneration. This chapter reviews the dependent variable, independent variables, provides a theoretical framework, conceptual framework, and illustrates the research gap.

2.2 Institutional Factors Influencing Motivation of Community Health Volunteers in project implementation

Motivation represents a planned managerial process intending to stimulate individuals to perform to the best of their capability by providing motive based on unfulfilled needs. Positive motivation help promotes incentives to individuals, while negative motivation affects enforcement of disincentives. Motivation through the satisfaction of human needs assists in promoting productivity (Talisuna, Oburu, Githinji, Malinga, Amboko, Bejon, &Zurovac, 2017). Equally, effective utilization of resources reduces the cost of operations as it is goal-oriented; hence, a high degree of goals accomplishment is based on motivation. The traditional understanding of motivation is based on two-dimensions comprising direction and energy; the order of motivation determines the field of interest projecting the effort (Oti, Van De Vijver, Gomez, Agyemang, Egondi, Kyobutungi, &Stronks, 2016). On the other hand, the energy dimension drives the effort and persistence during activity engagement making both sizes complete motivational acts.

The motivation of CHVs and implementation of projects with external collaboration is determined by multiple connected factors like community embeddedness, access to resources, a manageable workload, and ongoing training. In the same view, ineffective implementation of projects is credited to inadequate supervision, lack of incentives, absence of continuous activities, and demotivation (Wamalwa & James, 2018). Irrespective of the considerations,

organization of human resources for improving the performance of CHVs in project implementation with external collaboration is inadequately understood (Stephen & Bula, 2017). Literature research offers partial leadership on issues involved in decisive the performance of CHVs; minimum data is available on the connection of the elements and the impact on project implementation with external collaboration. This results from the methodological challenge in measuring motivation and performance and assessment favorite and the effects of interventions on a health outcome (Chung et al., 2017).

The majority of the CHVs do not feel appreciated by the higher level, impacting their incentive and performance in project implementation. Combined training of the CHVs and their supervisors result in an improved relationship due to the establishment of individuals' roles and competencies. Currently, there is a need for improved helpfulmanagement involving the training of supervisors in technical skills, implementation of intermediate positions to enable relationship building within the community, and people management (Hussein et al., 2021). Consequently, improved supervision by the health sector positively impacts the relationship of CHVs and the community through increased recognition in the implementation of projects with external collaboration. A study conducted on the motivational factors influencing retention of CHVs in Kenya accessed the various motivational approaches responsible for determining the retention of CHVs in Busia (Wamalwa & James, 2018). The results indicated that out of the CHVs interviewed, 30% had served for at least three years, and 2% of the retained workforce considered recognition as the motivating factor for retention, while 40% thought that community recognition is a pivotal element.

The success and performance of the CHVs is influenced by multiple factors in delivering behavior changes strategies for both the program and individuals. Factors such as cultural and social norms, economic limitations to geographical access challenges, care- seeking, functionality and health system policy influence the performance of the CHVs (Talisuna, Oburu, Githinji, Malinga, Amboko, Bejon, &Zurovac, 2017). The challenge to interpersonal surroundings forcing the CHV to navigate the gender expectations and social hierarchy lowers the voice, autonomy and effectiveness of the healthcare practitioners. Poor motivation and poor performance of the CHVs result from lack of transportation, formal referral mechanisms and insufficient commodities. The intimate understanding of the community, familiarity with the local health challenges, knowledge and connection to a larger health system a responsibility is bestowed on the CHVs to deliver the interventions of health behavior changes like hygiene interventions and contraceptives (Wamalwa & James, 2018). The programs attract improved interest in health promotion and behavior change as the CHV experiences changes the attitude

among the peers as focus on standard duties in delivery of healthcare programs. The engagement of both government and non-governmental on CHVs in terms of behavior change strategies help in improving the community. Lack of supplies limit and reduces the motivation of CHVs in delivering the change in strategy considering neither the NGOs or MOH provide budges to identify CHVs as members of the community. The action signifies the influence on the roles, and community acceptance. The social environment affects the performance of the healthcare workers with a report peers experience low motivation in connection to extreme poverty

2.3 Remuneration and Motivation of CHVs in Project Implementation

Community health volunteers are not full-time employees of the Ministry of Health in Kenya or NGOs. Remuneration of the CHVs for their role in project implementation with external corporations is a recurrent matter within the various programs they are involved in. CHVs operate alongside salaried employees, taking long hours and sometimes full time, prompting regular compensation for their services (Ormel, Kok, Kane, Ahmed Chikaphupha, Rashid, & de Koning, 2019). The primary pragmatic benefit to remunerative incentives results from a low attrition rate among CHVs ranging from respectful, appropriate, and regular compensation as a sign of approval and acknowledgment to enable them to supplement income and earn a living. Cash remuneration occurs in multiple forms, considering the CHVs may be in paid salary and part of civil service, sometimes they get paid in stipends (Singh, Negin, Otim, Orach, & Cumming, 2015). Equally, monetary remuneration helps increase retention mainly because CHVs involve low-income individuals making efforts to support their families. However, financial remuneration may result in varied challenges in various development workers as the money may not be enough or paid regularly. Literature research indicates considerable drop out of CHVs result from lack of career perspective; hence, salaries and career perspective are strong remunerative incentives that help retain CHVs and enhance their performance (Amde, Sanders, Chilundo, Rugigana, E., Haile Mariam, & Lehmann, 2018). Continuous, stable, and flexible remuneration ensures the sustainability of the CHVs efforts in attaining community needs across the changing health environment.

Some NGOs provide in-kind payments in the form of agricultural tools, supplies, bags, backpacks, raincoats, stores for home improvements, herbal plants, educational materials, identification cards, and accessible care at MOH inpatient facilities. Small tokens provide a sense of pride to the CHVs in their role by improving the status within the community. Counseling cards, effective job aids, and frequent replenishing of supplies ascertain that they feel competent

in performing their functions (Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis, 2017). Some programs also provide bicycles and other forms of logistics and infrastructure support, equipment, and drug supplies strengthening the weak link in CHV effectiveness. Motivation individuals through development of careers, compensation, and flexibility of work is significant in implementing health projects with external collaboration.

The renewed interest in CHVs in Kenya faces low motivation concerns, reducing the program's benefits (Muthuri, Senkubuge, &Hongoro, 2020). Remuneration directly impacts service delivery through stipends that do not comprehensively cover incurred expenses of CHVs. For instance, a study conducted in Mukuru slums in Kenya indicated the implementation of healthcare projects was below expectation. The large population in the area was not attached to a consistentupsurge in financialinducements for the CHVs (Kamau, 2020). The level of an outbreak of illnesses diminished the spirits of the Community health volunteers as the demand for essential health services and lack of commitment resulted in constraints of available resources. The CHVs effectively operate within monetary and social market involving volunteering time for the common good, community appreciation, and social status. The utilization of incentives or low motivation creates an environment in which intrinsic motivation is lost, resulting in discontent and a focus on incentives.

Remuneration models impact the health challenges vital on planers; thus, utilization of full-time paid CHVs experience successful community engagement in change ownership. The CHV remuneration differs per the program, operational context, availability of funds, and commitment by the government. Programs record a high retention rate resulting in improved healthcare outcomes when CHVS are sufficiently remunerated (Ormel, Kok, Kane, Ahmed Chikaphupha, Rashid, & de Koning, 2019). Research conclusionsestablish both monetary and non-financial inducements collectively and independently advance the motivation of the CHVs, considering the monetary compensation is valued highly and enjoys the direct motivation of the CHVs to enable them to perform better. The non-financial incentives enhance motivation when complemented with other incentives such as supplies and training. Volunteers are unlikely to perform their functions with no prospect of receiving a salary in line with increased expectations within the expanded workload and task. Unavailability of salaries within the CHC programs results in attrition, making it necessary for regular training and recruitment of new volunteers (Muthuri, Senkubuge, &Hongoro, 2020). Community health volunteers are affected by the mode of engagement. The study revealing salaried and an employed CHV is demotivated due to low monetary rewards about the cost of living and the workload. Community connections illicit intrinsic motivation but face challenges in compensating the perceived low financial reward,

while strong intrinsic motivation prevents individuals from becoming dispirited in line with modest allowances (Kamau, 2020). Provision of incentives does not automatically result in improved motivation; research findings suggest job requirements lack in place, such as the minimum resources to perform effectively. For instance, a functional supply chain allows immediate task implementation such as test kits and drugs, transport in long-distance areas (Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis, 2017). Regular support-oriented, appropriate supervision, continuous education, and opportunities for professional development improve the level of CHVs in the implementation of projects. The low expectation on incentives as promised material and financial results in demotivation, causing barriers to performance.

2.4 Training and Capacity Building on Motivation of Community Health Volunteers in Project Implementation

Training enables CHVs to effectively perform their duties, considering the current policy established by MOH requiring all CHVs to undergo a ten-day basic training before initiating their operations. The preparation is complemented by practical training aligning with the roles played by CHVs and local appointment with the fitness sector through MOH strategies for practical training and local government or NGO implementation (Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis, 2017). Limited published studies have examined the model of CHVs in Kenya; descriptive intervention research in peri-urban and rural set-up investigated CHVs to inform effective strategies for development, retention, support, and recruitment. The findings established that the CHVs require continuous formal training and support supervision to attain the challenging healthcare needs in the community.

The majority of research findings indicate regular refresher training is limited, enabling knowledge and acquired skills to be lost, which is more significant than the individuals selected. Training entails providing preventive, curative, relevant community services and communicating to the residents in the community (Lodi, 2016). Increased training enables the CHVs to deliver essential treatments, e.g., first aid, and therefore enhances their motivation; hence, effective results require continuous training in consideration of the community needs. According to Shiroya-Wandabwa, Kabue, Kasungami, Wambua, Otieno, Waka, &Malonza (2018), the approach used to build the CHVs' competence in the provision of Integrated Community Case Management (iCCM) is a shifting policy to solve the chronic shortage of health care practitioners. The study established that despite the ease of teaching the healthcare workers promotion of health and preventive practices, lay workers and professional health practitioners

are distinguished in case management (Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis, 2017). The acquisition of clinical skills for effective management of sickeningoffspring requires months of oversawexercise in implementing at the community and the health facilities.

The ability to supervise trained CHVs is affected by the shortage of health professionals providing the need for an approach that ensures the mastery of a skill before independent practice. The study's main findings illustrate the skill-building approach of the CHVs; it combines initial training, coaching, and facility-based practice before commissioning independent ICCM (Lodi, 2016). However, the skill-building model is labor and time-sensitive, requiring effort and goodwill from the CHVs and health facility staff. The assumptions made by the training approach consider all the CHVs are at the same level; hence, individual training is not attainable due to the requirement to deliver the curriculum on schedule. The coaches help build a relationship between the CHVs and the facility staff as they perform tasks complementing the facility staff roles (Shiroya-Wandabwa, Kabue, Kasungami, Wambua, Otieno, Waka, &Malonza, 2018). The designing of training considers the manner the material is taught, the venue of training, skills relevant in strengthening the ability of CHVs to educate the members of the community. Problem-solving skills are also vital skills required in promoting change in behavior instead of knowledge accumulation. The majority of the training needs to occur within the community because spending time on activities improves visibility and reinforces community relationships and hence helps motivate the CHVs.

The training approach builds competencies in providing a task-shifting plan to alleviate the shortage of health workers. The skill-building approach incorporating training, coaching, and facility-based practices before commissioning the CHVs in project implementation and support improves retention and skill mastery (Lodi, 2016). Baseline skill assessment and direct clinical observation provide the confidence and skill required by the CHVs in project implementation, thus increasing motivation. Training without regular supervision is deemed inadequate in building the clinical skills to allow the health workers to practice independently, resulting in the need to add coaching at the health facility by supportive supervision (Shiroya-Wandabwa, Kabue, Kasungami, Wambua, Otieno, Waka, &Malonza, 2018). Training enables the acquisition of clinical skills to prevent death as CHV easily recognizes the signs of illnesses and signs of danger and recommends appropriate and timely care. The standard design requires the CHVs to be supervised, observation assessment, and monitoring to provide services. This act does not happen in practice as a result of limited resources and tasks competing for time. The skill-building model requires labor and time-intensive effort and goodwill from the staff at the health facility and the coaching relationship to enable mastery of skills and confidence by the CHVs

(Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis, 2017). Coaching builds, the relationship between the CHV and facility staff to ensure direct community health activities to ensure a strong foundation for the CHVs function with minimum supervision.

2.5 Institutional Working Culture and motivation of CHVs in Project Implementation

The nature of CHV programs illustrates that they are vulnerable unless owned, driven, and embedded within the community. The programs exist on the organizational and geographical periphery of the formal health system considering the culture of effectiveness in the Community health volunteers in shaping health behavior and utilizing the social capital framework. The dichotomy of needs and expectations between programs, policies, and agenda through training, supervision, and resources is met (Amde, Sanders, Chilundo, Rugigana, Haile Mariam, & Lehmann, 2018). The cultural practices improve the community's behavior in consideration of their attitude, motivation, and conceptualization of accompaniment, service, and empowerment.

According to Amde, Sanders, Sidat, Nzayirambaho, Haile-Mariam, & Lehmann (2020), the initial perspective of CHV programs in consideration of the act as a community calling considering theories for social capital lowers relationships and human behavior to expectations, benefits, and risks. Equally, community health systems are elusive on the definition and measurement of social capital as a motivating factor beyond the community's stature, respect, or financial benefit. The qualities are culturally inbuilt; for instance, some CHVs must provide services to the community for either religious or charitable reasons and are motivated through the respect and love they receive from the services they provide (Einolf, 2018). Literature research dictates unique features of care provided by the community health volunteers: home-based care, informal support system, knowledge of family members and friends, and improved adherence to a caring relationship with the family.

The institutional, cultural construct of empowerment is an objective for the CHVs, community, and family to embrace inequalities the community faces such as electricity, transport, water shortage, empowerment, high-quality education, and health care (Made et al., 2018). Institutional culture requires the inclusion of traditional and social leaders, acknowledging the role they play in the cultural and social norm, and the desire they become educated and aware of the health behavior. CHV empowerment results from their role through improved financial status and education but faces challenges in workload and lack of incentives to create more pressure on families. The results dictate that institutional culture postulates the CHVs cannot be separated from the community they serve than doctors and nurses with specific service delivery skills

(Stephen & Bula, 2017). CHVs provide the curative services required by the community after undergoing adequate training, provision of resources, and connection to the health services. Establishing cultural and social determinants of health, social welfare, and equity in terms of social justice with a study indicating utilization of incentives instead of regular payment results in a breakdown of trust.

The institutional working culture in project implementation through volunteer leadership emerging from the community to provide guidance and direction in varied aspects of life. The institutional culture requires that despite CHVs not having the formal positions, their peers have identified them to lead the efforts for change (Kok, Vallières, Tulloch, Kumar, Kea, Karuga, &Taegtmeyer, 2018). Leadership begins with working as a project-based member, task force, to work up the leadership position. Moreover, adequate provision of equipment, job aids, health diaries, and other incentives effectively to CHVs motivate the health workers incorporated with the provision of appropriate means of transport. It improves performance considering nonmonetary incentives like torch lights, raincoats, and boots provided to health volunteers motivates the CHVs enhancing their commitment to their role.

The construct to the service to the community is considered a calling regarding the social capital theories in lowering the behavior of humans and equating the relationship to the benefit, expectation, and risks. The care provided by the CHVs illustrates unique features in terms of home-based care, improved adherence according to family relationships, use of informal support system, and health behavior. The absence of the attributes lowers adherence and trust. When the CHVs cannot deliver the services in the perception, they get benefits that are not passed on to the community (Amde, Sanders, Sidat, Nzayirambaho, Haile-Mariam, & Lehmann, (2020). Equally, empowerment construct involves an individual objective, community, and family to embrace inequalities faced ranging from transport, water shortages, electricity, employment, high-quality education, and healthcare. The inclusivity of empowerment involves social and traditional leaders acknowledge their responsibilities in terms of cultural and social norms. CHV empowerment is an outcome of educational role, improved status and is bound to impact negatively due to lack of incentives and workload creating increased pressure to the family. The social justice concerns involving unpaid workforce causes unclear expectations from the training agency and community as incentives and regular payments result in trust breakdown.

2.6 Technological Empowerment and Motivation of Community Health Volunteers in Project Implementation

Digital technology is beneficial in promoting access to healthcare through the discrete functionality of digital technology in attaining health objectives. Digital health benefits are presented through patient management, support to low cadre health workers, research, disease surveillance, data collection, and analysis (Morrow, Sarriot, Nelson, Sayinzoga, Mukamana, Kayitare, & Winfrey,2021). Global, national, and regional guidelines in utilizing digital health in the CHV program help implement projects to achieve Universal Healthcare Coverage (UHC). The incorporation of electronic health in the program prompted the WHO organization to release strategies indicating digital health cannot substitute a non-functional well-being system (Shiroya-Wandabwa, Kabue, Kasungami, Wambua, Otieno, Waka, &Malonza, 2018). The East African Community (EAC) health sector ventureimportanceoutline stresses the commitment of regional block to harness the gains of e-health to inspire the CHVs by calling on the member countries to implement the strategies as it conducts an e-health willingnessvaluation.

In 2011, Kenya launched a national e-health strategy to strengthen equity in the health sector through telemedicine, information for citizens, electronic health records, and e-learning for the health professionals (Buehler, Ruggiero, & Mehta, 2013). Equally, the country implemented the e-health policy 2016-2030 to create an enabling environment the enhances the adoption, implementation, and utilization of e-health in the CHV programs at varying levels of service delivery. The policy encompasses plans to design and install infrastructure for ICT, software administration, and distribution of essential healthcare (Kweku, Amu, Adjuik, Manu, Aku, Tarkang, &Gyapong, 2020). Kenya is a prominent technological and economic hub with the highest phone penetration rate, enabling CHV programs' implementation through digital innovation for the community's wellbeing. Moreover, technological innovation help motivates the CHVs by providing financial solutions in terms of mobile money despite the numerous challenges like squandered resources and the possibleformation of digital health.

Kenya currently utilizes ICT in planning and national policy for human health resources through multiple legislation, guidelines, and regulations in defining employment requirements, healthcare workforce development, and CHVs' projects with external collaboration (Muthuri et al., 2020). The national e-health policy make out the significance of ICT training and capacity building in implementing CHV programs as it integrates ICT into existing training and education at various levels. Research findings illustrate it promotes continuous professional development, continuous education, technological support, and sensitization. According to the national continuing

professional development regulatory framework, ICT is one of the cross-cadre courses accounting for 10% of the needed CPD points hence motivating the CHVs lacking the opportunity to attain ICT skills and knowledge a platform about professional roles (Plan II, 2015). Implementation of digital pilot projects involving CHVs demonstrates health service access improvements and utilization resulting from CHV interventions resulting in immense improvements in maternal and child healthcare, resulting from improved service delivery.

Consequently, the development of innovative digital applications in response to a specific need for innovation has contributed better motherly and neonatal wellbeing and endurance in counties with a history of worst newborn and maternal health indicators (Morrow et al., 2018). The web application system and mobile phone develop communication over the internet linking health facilities and the CHVs to capture data module designed to replace the paper-based reporting tool used by MOH. The system functionality is enhanced through decision support integration to allow risk case identification and effective management of community referrals. The high exposure to digital health solutions makes it easy for CHVs to embrace innovation like the use of mobile phones, which are less cumbersome to carry compared to paper register giving the health workers high social status healthcare (Kweku, Amu, Adjuik, Manu, Aku, Tarkang, &Gyapong, 2020). The main challenge to digital health innovation lack of basic ICT literacy skills in operating the devices, like conducting zoom meetings among the health professionals. Continuous technical support entailing on-job training help increase confidence, utilization at the community level and promote acceptability in using laptops and tablets for data collection, storage, and future references. The historical data saved digitally helps the health workers examine the households' changes and make phone calls through mobile phones and zoom meetings and follow up on the households.

2.7 Theoretical Framework

This research is founded on two philosophies, namely Kanter empowerment model, to express the characteristics of situations that constrain and encourage optimum job performance regardless of personal tendencies. Coalition theory suggests individuals have the core belief on policy areas, problem seriousness, causes, the ability of the society to solve the problem, and solutions to address them. Equally, Maslow theory proposes humans are inspired to content the rudimentary needs arranged in arranged in a hierarchical order. The theory suggests individuals need to fast satisfy the lowest level of needs and move upwards until all the five needs are

satisfied. The theories are obtainablefounded on the relevance in explanation the relation between the study variables and their applicability.

2.7.1. Kanter Empowerment Theory

Kanter's theory of structural empowerment concentrates on organizational structure instead of individual qualities by believing the power of leaders grows when they share their power through empowerment (Orgambídez-Ramos, & Borrego-Alés, 2014). The result demonstrates increased performance within the organization when support, information, tools, and skills based on improvement help make informed decisions to benefit the organization. According to Puncreobutr (2016), Kanter demonstrates the two systematic sources of power in formal and informal power. Equally, official power escorts high discernibilityoccupations with a mainattentiveness on self-governing decision-making, while casual power originates from developing alliances and relations with peer associates. The theory establishes six circumstances required for enablement to occur, including an occasion for progression, access to info, access to sustenance, official power, and informal control (Muthuri, Senkubuge, &Hongoro, 2020).

Provision of the conditions to employees increases job satisfaction, trust, commitment and reduces work burnouts considering the theory contains measurable impact on job satisfaction and employee empowerment (Puncreobutr, 2016). The action boosts the organization's morale and success within the healthcare setting with an improved retention rate of healthcare professionals through empowerment principles like reduced pressure at work, support from supervisor, peer unity, and staff independence. Empowerment provides the CHV with appropriate skills, authority, resources, and opportunities to improve motivation contributing to competence and satisfaction. Structural empowerment motivates the health workers by providing access to information, opportunities, and resources in addition to psychological empowerment through a process of workplace environment motivation.

2.7.2 Coalition Theory

Paul Sabatier developed the theory, and Hank Jenkins-Smith in 1993, proposing individuals possess core beliefs on policy areas such as problem seriousness, causes, societal ability to solve the challenges, and solution promise to address it. The theory illustrates the policy changes through coordinated activities among organizations and individuals outside the government (Vercesi, 2016). Consequently, agreements over core beliefs hold the coalition together regarding policies while critical alignment in administrative rules and budgetary allocation is

revised. The action facilitates a conducive working relationship among supervisors and CHV to support operations due to shared core beliefs effectively. The minimum amount of time is spent to achieve shared understanding (Debus & Gross, 2016). The core beliefs resist change until significant external occurrences such as public opinion is skillfully exploited by change proponents concerning policy across multiple hierarchies. The advocacy requires identification and reaching out to diverse groups employing similar core policy beliefs in exploring multiple avenues for change like working to change the public opinion and legal advocacy. Community organizers believe a group of people can create power through joint action to attain social change. A close link between CHV is fundamental in generating positive outcomes as organizations embedded within the community promote motivation and attitude. CHVs promote critical consciousness in developing potential cultural, social, and political environments within the local community. It enables the CHVs to mobilize to fulfill personal needs and trigger self-efficiency and confidence, considering monetary and nonmonetary incentives contributing to positive outcomes.

2.7.3 Maslow Theory

Maslow motivational theory is considered the most motivational theory at the workplace as it suggests human beings have needs arranged in hieratical order. The desires range from psychological, security, affection and belonging needs, reverence, and self-actualization. The needs at the lowest hierarchy must be satisfied before attending to the higher needs (Shafritz, Jang, & Ott, 2016). Maslow's five-stage model is subdivided into growth and deficiency needs. The deficiency need comprises the first four needs, while the top-level represents the growing need. The deficiency needs are initiated through deprivation as they motivate individuals considering the motivation of fulfilling the need become more vital as the length of duration is denied. Maslow illustrated people must satisfy the low-level deficit needs, which does not represent an all or non-phenomenon. More or less satisfaction of deficit needs results in activities becoming habitual in an attempt to meet the next need yet to be satisfied. Equally, the growth needs do not originate from lack of something, but as a result, to grow, reasonable satisfaction of growth needs enables one to reach self-actualization. According to Stoyanov (2017), every individual can possess the desire to move up the hierarchy to achieve self-actualization. For this study, Maslow's Theory can be tied to the CHVs and the intention of meeting their basic needs while moving upwards towards meeting their less basic needs. If for example a CHV is well remunerated, what follows is capacity building by upskilling them, offering technological

support as a means of making data collection and storage easier for them and ultimately ensuring a good working culture with them for long term sustenance.

2.8 Conceptual Framework

The conceptual framework illustrates multiple variables, straight and indirectly, affecting the motivation of CHVs in the project implementation by establishing a logical connection. This study aims to establish whether remuneration through HR practices like compensation for overtime, stipends, transport allowances, and medical allowances; capacity building by training and refresher training, provision of certificates for career advancement, and sponsoring relevant workshops affect the motivation of CHVs in project implementation. Additionally, independent variables such as technological empowerment through provision of tablets for data collection and provision of mobile phones for accessible and faster communication affect the motivation. The dependent variable involving the long-term motivation of CHVs in project implementation is hinged on both the independent and moderate variables. The conceptual framework for this research is demonstrated in figure 2.1.

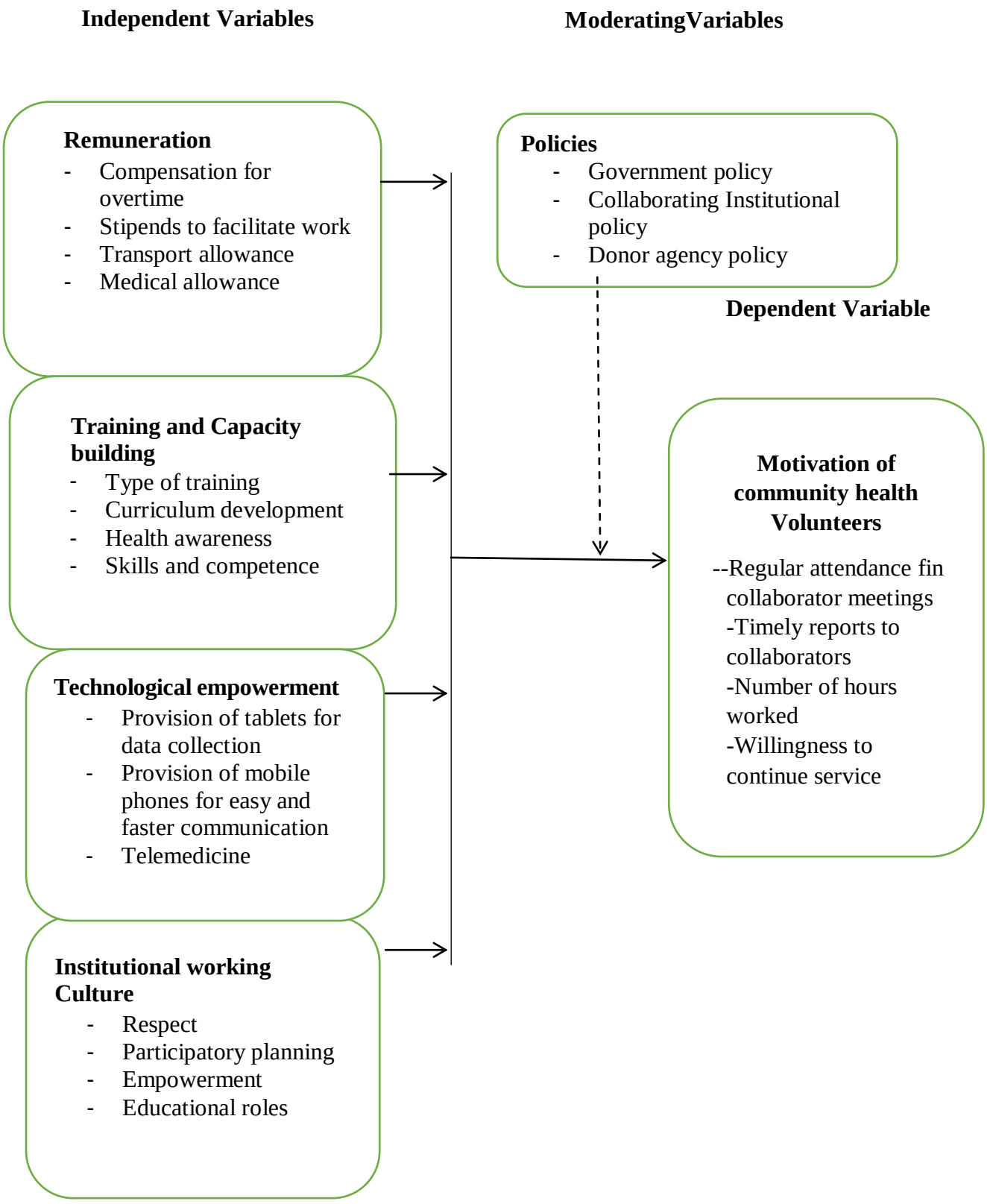
Independent Variables
ModeratingVariables
Remuneration
- Compensation for overtime
- Stipends to facilitate work
- Transport allowance
- Medical allowance
Policies
- Government policy
- Collaborating Institutional policy
- Donor agency policy
Dependent Variable
Training and Capacity building
- Type of training
- Curriculum development
- Health awareness
- Skills and competence
Motivation of community health Volunteers
--Regular attendance fin collaborator meetings
-Timely reports to collaborators
-Number of hours worked
-Willingness to continue service
Technological empowerment
- Provision of tablets for data collection
- Provision of mobile phones for easy and faster communication
- Telemedicine
Institutional working Culture
- Respect
- Participatory planning
- Empowerment
- Educational roles

Figure 1

2.9 Summary of Literature Review

Motivation entails a planned managerial process to stimulate the performance of individuals to perform to the best of their capabilities through the provision of motive based on unfulfilled needs. Positive motivation promotes incentives to individuals, while negative motivation negatively impacts disincentive enforcement. The traditional understanding of motivation is based on two dimensions comprising direction and energy; the order of motivation determines the field of interest projecting the effort. This study illustrates that CHVs do not feel appreciated by the upper level, impacting their incentive and presentation in project implementation. Combined training of the CHVs and their supervisors result in an improved relationship due to the establishment of individuals' roles and competencies. Currently, there is anessential for improved helpfulmanagement involving the training of supervisors in technical skills, implementation of intermediate positions to enable relationship building within the community, and people management. Features such as cultural and social norms, economic limitations to geographical access challenges, care-seeking, functionality, and health system policy influence the performance of the CHVs.

The challenge to interpersonal surroundings forcing the CHV to navigate the gender expectations and social hierarchy lowers the voice, autonomy, and effectiveness of the healthcare practitioners. CHVs operate alongside salaried employees, taking long hours and sometimes full time, prompting regular compensation for their services. The primary pragmatic benefit to remunerative incentives results from a low attrition rate among CHVs ranging from respectful, appropriate, and regular compensation as a sign of approval and acknowledgment to enable them to supplement income and earn a living. Cash remuneration occurs in multiple forms, considering the CHVs may be in paid salary and part of civil service, sometimes they get paid in stipends. Some NGOs provide in-kind payments in the form of agricultural tools, supplies, bags, backpacks, raincoats, stores for home improvements, herbal plants, educational materials, identification cards, and accessible care at MOH inpatient facilities. Small tokens provide a sense of pride to the CHVs in their role by improving the status within the community.

Counseling cards, effective job aids, and frequent replenishing of supplies ascertain that they feel competent in performing their functions. Community health volunteers are affected by the mode of engagement. The study revealing salaried and employed CHVs is demotivated due to low monetary rewards about the cost of living and the workload. The study findings indicate regular refresher training is limited, enabling knowledge and acquired skills to be lost, which is more significant than the individuals selected.

Training entails providing preventive, curative, relevant community services and communicating to the residents in the community. Increased training enables the CHVs to deliver essential treatments, e.g., first aid, and therefore enhances their motivation; hence, effective results require continuous training in consideration of the community needs. Equally, the training approach builds competencies in providing a task-shifting plan to alleviate the shortage of health workers. The skill-building approach incorporating training, coaching, and facility-based practices before commissioning the CHVs in project implementation and support improves retention and skill mastery. The institutional, cultural construct of empowerment is an objective for the CHVs, community, and family to embrace inequalities the community faces such as electricity, transport, water shortage, empowerment, high-quality education, and health care. The national e-health policy identifies the significance of ICT training and capacity building in implementing CHV programs as it integrates ICT into existing training and education at various levels. Research findings illustrate it promotes continuous professional development, continuous education, technological support, and sensitization. The study is founded on two theories, namely Kanter empowerment theory, to express the characteristics of situations that constrain and encourage optimum job performance regardless of personal tendencies. Coalition theory suggests individuals have the core belief on policy areas, problem seriousness, causes, the ability of the society to solve the problem, and solutions to address them.

2.10 Knowledge Gap

Variable	Author and year	Tittle of the study	Findings	Knowledge gap	Focus on the current study
Remuneration	Amde, Sanders, Chilundo, Rugigana, Haile Mariam, & Lehmann, (2018)	Exploring multiple job holding practices of academics in public health training institutions from three sub-Saharan Africa countries: drivers, impact, and regulation.	External job holding practices involve complex phenomenon featured by drivers, actors and divergent interests resulting in improved motivation among the CHVs.	The study utilized qualitative multiple case in seeking to examine external multiple job holding within the public health training institutions in sub-Saharan Africa.	The current study will be conducted in Kilifi County Kenya to examine how remuneration of CHVs improve motivation in project implementation.
	Muthuri, Senkubuge, &Hongoro, (2020).	An Investigation of Healthcare Professionals' Motivation in Public and Mission Hospitals in Meru County, Kenya.	The findings indicate difference between overall motivation and overall ownership resulting in specific motivational outcome in terms of conscientiousness, intrinsic job satisfaction and organizational commitment.	The study applied cross-sectional design investigating health professionals' motivation in mission hospitals and public by only reporting the strengths and correlation within variables.	The current study will evaluate the cost effectiveness for alternative interventions in motivating the CHVs.

Training	Aseyo, Davis, Baker, Cumming, Mumma, &Dreibelbis (2017) Lodi, (2016).	CHV's capacity for hygiene behavior change: confirmation from urban Kenya Influence Of CHVson Implementation of Community Based Tuberculosis Care, In Bungoma County, Kenya	CHV bridge the border between community in which preventable health matters and compensation help motivate CHVs lacking adequate economic incentives. Training of more CHVs on community-based tuberculosis care help create more awareness on TB. Equally, periodic training improves the quality of service provided.	Training and recruitment of enumerators for one week on data collection and consenting procedures before data collection. The study utilized descriptive cross-sectional design in collecting quantitative data in effective community-based TB care.	The current study will use descriptive statistics based on research objectives to identify specific thermic areas. The current research intends to seek permission from individual responders and county health managers.
Institutional Working Culture	Einolf, 2018 Kok, Vallières,	Providing space for Volunteer Contribution in Managementof Public Affairs: A Russian Experience Does supportive	The government performs avigorous role in financing, initiating and promotion of joint production a community level for residents' private businesses and NPOs in provision of social service and infrastructure. The findings illustrated	The study analyzed state policy in support of the volunteering performed in respect to awareness, evaluation and national measures.	The current study will examine the institutional working culture. The current research will use quantitative

	Tulloch, Kumar, Kea, Karuga, &Taegtmeyer, (2018).	supervision improveCHVs motivation? A mixed-methods research in four African countries.	the culture training of supervisors in supportive supervision and group supervision implementation in improving CHV motivation and performance.	The study used both qualitative and quantitative method in three different countries	and qualitative data in Kenya only.
Technological Empowerment	Shiroya-Wandabwa, Kabue, Kasungami,Wambua, Otieno, Waka, &Malonza 2018 Morrow, M., Sarriot, E., Nelson, A. R., Sayinzoga, Mukamana, B., Kayitare, & Winfrey, (2021).	Coaching CHVs in Integrated Community Case Management Improves the Care of Sick Children Under-5: Experience from Bondo, Kenya Applying the community health worker coverage and capacity tool for time-use modeling for program planning in Rwanda and Zanzibar	CHVs acquired iCCM by demonstrating competency skills after training, supportive supervision and facility-based coaching. Technological operation of realism is central to advancement of CHV programs through provision of C3 tools to analyze and understand challenges in time allocation resulting in motivation of the CHVs.	The study utilized a method of pre/posttest single group in accessing the changes in the knowledge and skill related to CHVs receiving a six-day training while the The study utilized the C3 method in decision making process through interactive model tool in defining priority program time commitment of CHVs.	The current study will examine the impact of technological empowerment in KaloleniKilifi County. The current study is built on prior partnership engagement with the sub national structure in Kaloleni, Kilifi

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Thissectiondefines the procedure utilized to conduct the study. It entails the study design, target population, sample size and sampling procedures, research instruments, pilot testing, validity and reliability of the research instruments, data collection procedures, data analysis practices, moral issues and considerations, and operationalization of variables.

3.2 Research Design

This study will employ aexpressive survey because the problem is appropriately stated, and the invigilator has an idea of the overall challenge. A survey describes a process in which a situation is studied to explain the reason for its nature (Kontogianni, 2016). According to Hutchings, Francis, & Kirby (2016), the design will enable accounting and compelling descriptions of objects, actions, and individuals. The type of design offers definition, explanation, identify and predict the links between the study variables. The research will utilize a cross-sectional methodology in collect quantitative data from the respondents (Kontogianni, 2016). The design is inexpensive and comparatively fast as it will provide self-supporting facts concerning the respondents, their opinions, habits, attitudes, and feelings. Descriptive survey designallows the researcher to make aprecise assessment, phenomenon relationships, implications, and events.

3.3 Target Population

A target populace represents a well-defined set of persons, elements, amenities, groups of things or events, or families investigated to generalize the results (Asiamah, Mensah, &Oteng-Abayie, 2017). The definition will assume the population is not homogeneous. According to Majid, U. (2018), the population is defined as an extensive collection of subjects in which a sample is drawn. It describes a whole group of individuals, matter, or events with standard observable features. The county public health office in Kilifi County indicates there are thirteen community units within the Kalolenisub-county with 500 active Community Health Volunteers.

Table 3.1 Target Population

Section	Target Population	Percentage %
Number of CHVs	500	100
	500	100

Source: Ministry of Health KaloleniSub-County Website (2021).

3.4 Sample Size and Sampling Procedure

A sample represents a group of research in which information is obtained, while sampling involves gathering information for the entire study (Taherdoost, 2016). Curtis, Comiskey, & Dempsey (2016) states the sampling frame will be divided into homogenous groups hence the stratified usage of random sampling strategy. The subgroups within the Kalolenisub-county consist of community health workers and public health extension workers. The benefit of using this sampling method is that every member is given an equal chance to be intervened to establish appropriate feedback. Mugenda & Mugenda (2014 highlight that a sample size of between 10-30% of the populace is sufficient to represent the entire population of the research analysis, hence, in this study, a sample size of 227 CHVs representing 41% of the entire population. Grouping of population in strata as indicated in table 3.1 makes the measurements more manageable and cheaper. The research will utilize Slovin's formula to calculate the sample size of the population as demonstrated below;

$$n = \frac{N}{1 + N(\varepsilon)^2}$$

In this case n is the sample size, N representing the size of population, ε is the level of accuracy. 95% confidence level was used which provides p = 0.05 chances of deviation from the actual. The equation is therefore;

$$n = \frac{500}{1+ 500 (0.05)^2}$$

n = 227

Table 3.2 Sample Size

Section	Sample size	Percentage %
Number of CHVs	227	100
227		100

3.5 Research Instruments

This research utilized open-ended and closed questionnaires for the data collection process. A closed-ended questionnaire was effective for this study because the questions were easy to ask, quick to answer to make data collected easy to analyze (Trigueros, Juan, & Sandoval, 2017). The studywas written in the English language with simple, clear, and briefcommands to complete the questionnaires. Equally, the researcher divided the questionnaire into four sections aligning with the objectives of the research. The scaling approach of Likert utilizing the five-point scale wasused in the study data collection. The stated objectives were marked through a selection of individual categories to indicate the corresponding numerical scores. The respondents wereobligated to act in aboldness continuum entailing of Strongly Agree = 1,

Agree =2,

Undecided = 3,

Disagree = 4,

and Strongly Disagree = 5.

Quantitative data was collected using a questionnaire that entails both open and closed-ended questions focused on the four objectives of the research. The open-ended questions enabled respondents answer open text and provide answers based on complete understanding, feelings and knowledge as the respondents is not limited to available options. The open-ended questions

will form part of integral qualitative market research because it has no limits to answers, medium for responders to answer creatively, and expect the unexpected.

3.5.1 Piloting of the Instrument

The instrument underwent a pilot testing before its utilization in data collection to ensure practical questions in the device are well understood by the respondents. Pre-testing was carried out at Rabai and Vipingo area to reveal the errors before the actual data collection exercise because it shares similar characteristics to the study area. Additionally, it will allow the researchers to obtain question assessment validity and reliability. Kothari, (2004) illustrates a 10% sample size of the study sample is adequate for piloting the research questionnaire. Piloting help reveal vague question, reviewed to convey the same meaning to all subjects. The questionnaire was revised as per the conclusions of the pilot test to be used in the actual study.The researcher pre-tested 26questionnaires which was 11.5% of the sample size of 227. Pilot testing the instrument also aided the researcher to plan and test the strategy for getting the questionnaire for the main research.

3.5.2 Validity of the Instruments

Validity represents animportance and accuracy of the implications founded on the results of the research. Validity subsists within the data measures they are intended to measure (Haber, Moro, Ng, Dores, Lewis, & Cano, 2019). The study will use both contents and construct validity in which the construct validity will use a segregated questionnaire in multiple sections. This will ensure every objective is addressed and the close relationship with the sub construct provided in the study's conceptual framework. To ascertain the content validity, the researcher will request experts and the researcher's academic supervisor in CHV project implementation to examine the questionnaire for its representativeness critically. On the receipt of the questionnaire from the experts, the inconsistent statements will be reconstructed and rephrased according to the suggestions provided and before they return to the experts to ensure nit measures the intended purpose. Upon incorporating changes and, endorsement by the specialists, the scholar will administer the questionnaire for information collection. Ameeting guide was utilized to gather quantitative information by the researcher.

3.5.2 Reliability of the Instruments

Reliability represents the point to which study instruments produce regularoutcomes or information after recurring trials or the degree to which a specific measure yields similar results

over multiple attempts. Canals (2017) illustrates a step is counted as reliable when an individual's score on a particular test is taken twice to produce the same results. The piloting process will involve issuing six questionnaires to the responders who will not be involved in the ultimate research sample. The questionnaires will be implicit, and the rejoindersmoved into SPSS to compute Cronbach's Alpha for coefficient reliability generation.

The results indicate Cronbach's alpha for items under implementation, remuneration, training, institutional working culture, and technology. According to Neuman (2014), a Cronbach's alpha of 0.70 and above indicate the collected data is reliable.

3.6 Data Collection Procedures.

This segment summarizes the process of information collection used in the collection of main data. Dropping and later collecting them through agreement at a specific time with the researcher will administer the questionnaires. A five-point Linkert scale will be utilized in measuring the forte of the rejoinders only on the closed-ended questions. Developing and pre-testing the tool will be followed with the necessary approvals from the relevant authorities to collect data. Therefore, in this case, a letter will be seeking to obtained from the Kilifi County Government and a call to the sample locations structured to craftrelationshipand preparation for the study and informationgathered. Three research assistants from the region will support the exercise and scheduled visits to prepare and share with the community health workers. These are trained data collectors with experience in data collection and knowledge of Swahili language with a minimum Diploma Level education. These research assistants will ensure questionnaires are accurately completed before submitting them as complete. For the purpose of minimizing contact in these COVID times, the research assistants will minimize contact with respondents by placing a collection box at a central point. They will communicate to the CHVs via SMS encouraging them to visit the collection point within a given timeframe. The questionnaires will then be placed in a collection box availed to the CHVs at the agreed location.

3.7 Data Analysis Techniques

The information wasscrutinized through qualitative and quantitative techniques, in which factor analysis will be conducted in assessing the covalent validity in regards to the theoretical constructs. Descriptive analysis entailing standards of deviation and mean will be employed, and inferential statistics including regression analysis and correction. The interpretation of the structuredinformation was based on consensus to goals through computer package backing,

notably the Statistical Package for Social Sciences (SPSS), in communicating the studyconclusions. The collected information will be presented in table form for easy understanding. The research will use both descriptive and inferential data analysis techniques. The descriptive statistics use analysis tools including frequencies, percentages mean, and standard deviation, while the inferential information will be handled using correctional regression. The association between vital independent variables will be measured through correlation analysis; thus, implementation and results showed using Pearson statistics working at a significant level of 0.05. A regression model will be utilized to test the influence consequence of dependent variables and independent variables.

The regression model to be used as follows:

$$\Upsilon = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where:

Υ = Motivation of CHVs

X_1 = Remuneration

X_2 = Training

X_3 = Institutional Working Culture

X_4 = Technological empowerment

ε = is the error term

Note that ε is the error component while β_0 is the y-intercept (constant) the performance when other variables are zero and $\beta_1, \beta_2, \beta_3$ are the model coefficients.

3.7.1 Regression Analysis

The regression model was utilized to analyze the research as shown on Table 3.3.

Table 3.3: Regression Analysis

Objective	Model for testing	Results Interpretation
Determining the effect of remuneration on the motivation of CHVs in KaloleniSub-county, Kilifi County, Kenya	$y= \alpha+\beta_1X_1+e$ y= motivation of CHVs; α= constant, β_1= beta coefficient, X_1= remuneration and e= error	p-value $\leq$ 0.05 reject $H_0 1\geq$ accept otherwise

	term	
Establish the effect of training and capacity building on the motivation of Community Health Volunteers in Kaloleni Sub - County, Kilifi County, Kenya	$y= \alpha+\beta_2X_2+e$ y=motivation of CHVs α= constant, β_2= beta coefficient; X_2= training and capacity building and e= error term	p-value ≤ 0.05 reject $H_0$2≥ accept otherwise
Establish the effect of institutional working culture on the motivation of Community Health Volunteers in Kaloleni Sub - County, Kilifi County, Kenya	$y= \alpha+\beta_3X_3+e$ y= motivation of CHVs, α= constant; β_3= beta coefficient; X_3= institutional working culture and e= error term	p-value ≤ 0.05 reject $H_0$3≥ accept otherwise
Establish the effect of technological empowerment on the motivation of Community Health Volunteers Kaloleni Sub - County, Kilifi County, Kenya	$y= \alpha+\beta_4X_4+e$ y= motivation of CHVs α= constant, β_4= beta coefficient, X_4= technological empowerment and *e*= error term	p-value ≤ 0.05 reject $H_0$4≥ accept otherwise

3.8 Ethical Consideration

Ethics refers to the moral principles governing an individual's behavior when performing a particular activity. The research will adhere to the ethical principles to ensure the preservation of the dignity of the responders and emotions in the process of asking probing questions (Akaranga, & Makau, 2016). The researcher appended an introductory letter to assure respondents' confidentiality. Equally, according to Fleming &Zegwaard (2018), the research will ensure the respondent encounters no emotional and physical harm. The research study will upheld the anonymity of the responders that involved observing the secrecy by not identify the ethical and cultural background of the responders, avoiding reference to their names and other sensitive data (McCradden, Baba, Saha, Ahmad, Boparai, Fadaiefard, &Cusimano, 2020). The research ascertained the provision of explicit written right from pertinent organizations related with the research. The appropriate organization relating to the research providedunequivocalright to take part in the research, with assurances all information gathered, analyzed, and conveyed will only be used for the purpose of academic.

For this study, ethical clearance waspursued from the administration research regulator National Commission for Science, Technology and Innovation (NACOSTI) as well as a clearance letter from the University of Nairobi. A study permit was also sought after from the Kilifi County Government. For health and safety purposes, contact was minimized with the CHVs by avoiding large gatherings. Permission was sought from the drop off points to place a collection and drop off point that was closely monitored by the research assistants. During data collection, respondents remained anonymous as names were not collected as part of the questionnaire. Consequently, data analysis was done in Nairobi County by a neutral party that had not interacted with the CHVs. Once data analysis was completed, final report presented to the University of Nairobi and the final publication is uploaded onto the University of Nairobi repository, the questionnaires will be destroyed.

3.9 Operationalization of Variables

Table 3.4 Operationalization of Variables

Objectives of the study	**Variables**	**Indicators**	**Data Collection Method**	**Scale of Measurement**	**Data Analysis Techniques**	**Tools of Analysis**
Establish the influence of remuneration on the motivation of CHVs in project implementation	**Independent Variable** Remuneration of CHVs	Compensation for overtime salary transport allowance medical allowance Allowances	Questionnaire	Ordinal scale Normal Interval	Descriptive Statistics Inferential	Mean, standard deviation, Correlation, Regression.
Establish the Effect of training and capacity building on the motivation of CHVsin project implementation	**Independent Variable** Training of CHVs	Type of training Curriculum development Professional conduct Health awareness Skills and competence	Questionnaire	Ordinal scale Normal Interval	Descriptive Statistics Inferential	Mean, standard deviation, Correlation, Regression.

Establish the Effect of institutional working culture on the motivation of Community Health Volunteers in project implementation	**Independent Variable** Institutional working culture	Respect Participatory planning Service Empowerment Volunteer leadership Educational roles	Questionnaire	Ordinal scale Normal Interval	Descriptive Statistics Inferential	Mean, standard deviation, Correlation, Regression.
Establish the Effect of technological empowerment on the motivation of Community Health Volunteers in project implementation	**Independent Variable** Technological empowerment	Provision of tablets for data collection Provision of mobile phones for easy and faster communication Telemedicine	Questionnaire	Ordinal scale Normal Interval	Descriptive Statistics Inferential	Mean, standard deviation, Correlation, Regression.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This section concentrates on data analysis, presentation and clarification of the conclusions by analyzing the demographic features of the respondent and addresses each objective theme in conjunction with the dependent variables. Each individual theme was analyzed, presented, and interpreted according to the findings.

4.2 Questionnaire Return Rate

The investigatordistributed three hundred (300) questionnaires to the respondents of the Kalolenisub-county, Kilifi County. Two hundred thirty-two (232) questionnaires were accordingly filled and returned, providing a rate of response of 77.33%, as illustrated in table 4.1. Sixty-eight questionnaires were not returned despite a significant effort for their completion and return. The result concurs with Mugenda (2003) in the observation that a rate of 70% response in questionnaire return is excellent. The comments by Mugenda are in line with Bailey (2002), who illustrates any speed above 70% is very effective. Referencing Bailey and Mugenda, the response rate for this study is excellent. Therefore, the context attributes a high response rate to data collection procedures.

Table 4.1: Questionnaire Return Rate

Category	Frequency	Percentage%
Respondent	232	77.33
Non-respondents	68	22.67
Total	**300**	**100**

4.3 Demographic Characteristics of Respondents

The researcher uses this section to seek and obtain info on the Gender, age, highest academic qualification and experience in years the respondent in community health volunteer in KaloleniSub-county, Kilifi County.

4.3.1 Respondent Distribution by Gender

The researcher recognized gender diversity by conducting demographics on Sex for the respondents. The respondents were requested to identify their gender. The outcomes in table 4.2 illustrate the majority of the respondents were female (169) and male 63 in Kalolenisub-county, Kilifi County. The findings indicate in the project; more females are employed due to their increased involvement in community health work.

Table 4.2: Respondent Distribution by Gender

		Frequency	Percent
Valid	Male	63	27.3
	Female	169	72.3
	Total	232	100.0

4.3.2 Respondent Distribution by Age

The investigatorrequested the respondents to specify their age in the brackets provided. Table 4.3 results illustratethat most of the CHVs were between 41-50 years old with 35.8%. A significant number of CHVs were 31-40 years old, with a represented of 31.5%, individuals

aged between 50 years were characterized by 18.5%, and below 30 were 14.2% respectively. The findings indicate most of the responders aged between 41-50 years, representing 35.8%, are engaged in community health volunteerism.

Table 4.3 Respondent Distribution by GenderAge

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30 years and below	33	14.2	14.2	14.2
	31-40 years	73	31.5	31.5	45.7
	41-50 years	83	35.8	35.8	81.5
	Over 50 year	43	18.5	18.5	100.0
	Total	232	100.0	100.0	

4.3.3 Distribution of Respondents based on Education Level

The research sought to find the education level among the respondents as shown in the table 4.4

Table 4.4: Distribution of Respondents based on Education level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary	69	29.7	29.7	20.8
	Diploma	41	17.7	17.7	47.4
	Bachelor's Degree	6	2.6	2.6	50
	Other	116	50	50	100.0
	Total	232	100.0	100.0	

The research conclusions illustrate 116(50%) of the respondents had primary school education, 69(29.7%) of the respondents had secondary education, 41(17.7%) of the total respondents had diploma education level, 6(2.6%) of the respondents had Bachelors of education while none of the respondents had Post Graduate degree. The result demonstrates most respondents only have the minimum education level.

4.3.4 Respondents' Years of Service in the Organization

The researcher sought to demonstrate the numerals in years the respondents have participated in community health volunteer program. Table 4.5 presents the conclusions.

Table 4.5: Distribution of Respondents by Number of years in Community Heath Volunteer Program

		Frequency	Percent	Valid Percent
Valid	1-5 years	48	20,7	20.7
	6-10 years	71	30.6	30.6
	11-15 years	80	34.5	34.5
	Above 15 years	33	14.2	14.2
	Total	232	100.0	100.0

The outcomes from the research conclusions indicate most of the respondents represented by 80(34.5%) had an experience between11-15 years in community health volunteer programs. A considerable number of the respondents had experience between 6-10 years representing 71(30.6%), 1-5 years 48(20.7%), and respondents with experience above 15 years were

represented by 33(14.2%) respectively. The findings imply majority of respondents in the sample were experienced in community health development projects.

4.4 Factor Analysis

Factor examination represents anarithmetic technique used in ascertaining underlying features measured by large numbers of observed variables. The researcher conducted a factor analysis to assess validity convergent of the theoretical variables. The factor loading tenets of the entire variance superior to 0.5 is pulled out and coefficients under 0.5 erased from the matrix due to their insignificance (Maberts et. al 2003).

Table 4.6:Factor Analysis

Variables	Statement	Loading factor
Motivation	1. Outside factors impact the ability to complete work given by deadlines	0.751
	2. I am excited to work in the organization as a CHV	0.631
	3. Employees are aligned to the organizational values	0.783
	4. The community health volunteers are inspired to maintain a strong organizational culture attention	0.846
	5. The community health workers feel comfortable speaking their mind at work.	0.875
Remuneration	1. Occasionally we obtain allowances from CHVs	0.700
	2. Availability of promotion of CHVs that promote career growth	0.772
	3. The working hours for CHVs allows personal development because they are flexible	0.681
	4. The organization provides appropriate working setting that permitsquick service delivery	0.829
	5. We obtaininducements and rewards on deliveryoutstanding services to the communal.	0.713
Training	We obtainconsistent training on moderntechniques and methods in implementing the health assignments	0.586
	The training provided is objective and aim towards curriculum growth	0.678

	Semi-annual tests availability for capability measure in attendance to community health amenities	0.705
	The policy demand we professionalism when conducting health servicesirrespective of the social standing of the public	0.668
	We participate in benchmarking and study tours to other community health projects to acquire of ideas.	0.591
Institutional working culture	Community health organizers occasionallyprovide allowances	0.733
	CHVs benefit from promotion of that encourage career growth	0.792
	CHVsbenefit from flexible working hours thatpermits personal growth	0.790
	The administration provides appropriate working surroundings that permitsquick service delivery	0.776
	We obtain rewards incentivesfordeliveryof outstanding services to the community.	0.764
Technology	The CHVs use modern software management programs in the implementation of community projects	0.734
	The designs and techniques utilized by the CHVs are effective with no variations	0.682
	CHVs are equipped with modern equipment and machinery	0.760
	Technology used impacts the quality of the project implementation	0.687
	The CHVs have received adequate training on the latest technology used worldwide in the implementation of community health projects and are familiar with the technology used on the ground	0.809

4.4.1 Motivation

The researcher conducted factor analysis on motivation. The action was conducted by exposing the account in SPSS for dimension reduction which sub variable containing value below 0.5 was eliminated.

Mabert (2003) illustrates the factor loading with values more than 0.5 are removed while values below 0.49 are not considered by the researcher. All the statements under motivation were approved because they had values superior to 0.5.

4.4.2 Remuneration

The study conducted a factor analysis on the statement on remuneration. The statement was subjected to dimension reduction in SPSS in which sub-variables containing values below 0.5 was removed.

All the sub-variables under remuneration had values greater than 0.5 hence, all were accepted.

4.4.3 Training

The researcher conducted factor analysis on training. This was conducted through subjection of the statement in SPSS for dimension reduction in which the sub-variables containing a value below 0.5 was eliminated.All the statements under training had values greater than 0.5 hence, were accepted.

4.4.4 Institutional Working Culture

The statement on Institutional working culture was placed under factor analysis. The action was conducted by exposing the statement to dimension reduction using SPSS in which the sub variables with the values below 0.5 were removed.

The statements on institutional working culture contained values above 0.5 hence all were accepted.

4.4.5 Technology

The researcher conducted factor analysis on the statement of technology. The action was conducted by exposing the statement in SPSS for dimension reduction in which, the sub variable containing a value below 0.5 was eliminated.

The statements under technology contained values greater than 0.5 hence, were all accepted.

4.5 Descriptive Statistics

The segment presents descriptive results of motivation of community health volunteers, remuneration, training, institutional working culture and the influence of technology in the implementation of community health volunteers.

4.5.1 Motivation and Influence in Project Implementation

The researcher asked the respondents to illustrate the level in which they agree with the statement linked to motivation of CHVsin Kalolenisub-county, Kilifi County. The participants were asked to point out as follows;

5= Strongly Agree;

4=Agree;

3=Neutral;

2=Disagree;

1= Strongly Disagree

Table 4.11 indicates the results.

Table 4.11: Descriptive Results on Motivation of Community Health Volunteers

Statements	1	2	3	4	5	Mean	S. D
Outside factors impact the ability to complete work given by deadlines	32(14.5)	39(17.7)	54(24.5)	77(35.0)	18(8.2)	3.05	1.2
I am excited to work in the organization as a CHV	30(13.6)	36(16.4)	32(14.5)	85(36.6)	37(16.8)	3.29	1.3

Employees are aligned to the organizational values	42(19.1)	45(20.5)	25(11.4)	80(36.4)	28(12.7)	3.03	1.36
The community health volunteers are inspired to maintain a strong organizational culture attention	76(34.5)	63(28.6)	36(16.4)	40(18.2)	5(2.3)	2.25	1.18
The community health workers feel comfortable speaking their mind at work.	61(27.7)	63(28.6)	34(15.5)	49(22.3)	13(5.9)	2.5	1.27
Composite Mean and Standard Deviation						2.82	1.26

Note: The response figures were presented in percentages and frequencies. The result indicates most community health workers were neutral that **o**utside factors influence the ability to complete work given by deadlines with a standard deviation of 1.20 and mean of 3.05compared to a composite mean of 3.05 meaning **o**utside factors positively influence project implementation to illustrate the values contained in the data set vitiated from the norm. An equally considerable number of community health volunteers agreed they are excited to work as a CHV with a standard deviation of 1.30 and mean of 3.29 compared to a composite mean of 3.05 meaning excitement to work as a CHV positively influence project implementationto illustrate the data set value contained variation from the norm. On the issue of employees aligned to the organizational values, many community health volunteers with a standard deviation of 1.36 and mean of 3.03 were neutral compared to a composite mean of 3.05 meaning aligned to the organizational values positively influence project implementation illustrating the values contained in the data set vitiated the norm. The CHVs disagreed they are inspired to maintain organizational solid culture attention with aa standard deviation of 1.18 and a mean of 2.25 and compared to a composite mean of 3.05 meaning maintaining organizational solid culture attention positively influence project implementation, indicating variation from the mean in the data set. Finally, the respondents disagreed they feel comfortable speaking their mind at work with a a standard deviation value of 1.27 and a mean of 2.50. The importance of

1.26 standard deviation showed the variance value from 2.82 compared to a composite mean of 3.05 meaning feeling comfortable speaking their mind at work positively influence project implementation means illustrating the level of agreement to motivation statement posed on community health workers.

The community health assistants interviewed in community health projects within Kalolenisub-county in Kilifi County were asked the impact of motivation on CHVs in project implementation had the following response. "Part of motivation facilitated by NGOs ensured the creation of awareness through issue provision of monthly and weekly incentives such as t-shirts improving community participation in campaigns such as polio.

The researcher sought information from clinical officers on whether they motivate the CHVs. Most agreed the CHVs are encouraged in multiple ways by providing job satisfaction conditions, work environment, functional health system and policies support with a standard deviation of 1.26 and a composite mean of 2.82.

4.5.2 Remuneration and Influence in Project Implementation

The researcher asked the respondents to demonstrate the level of agreement with the statementsconcerning to remuneration of co munity health workers in Kalolenisub-countyKil;ifi County.

Table 4.12 indicate the results.

Statements	1	2	3	4	5	Mean	S. D
Sometimes we receive allowances from community health facilitators	60(27.3)	35(15.9)	25(11.4)	87(39.5)	13(5.9)	2.81	1.36
CHVs benefit from promotions that promote career growth	67(30.5)	70(31.8)	15(6.8)	54(24.5)	14(6.4)	2.45	1.32
CHVs working hours is flexible and allows personal growth	40(18.2)	31(14.1)	23(10.5)	93(42.3)	33(15.0)	3.22	1.36

Suitable working environment is provided by the organization that allows quick service services	55(25.0)	42(19.1)	30(13.6)	75(34.1)	18(8.2)	2.81	1.35
CHVs receiveinducements and rewards on delivery ofoutstanding services to the public.	74(33.6)	87(39.5)	32(14.5)	22(10.0)	5(2.3)	2.08	1.04
Composite Mean and Standard Deviation						2.67	1.29

Note: The response figures were illustrated in percentages and frequencies. The results indicate most CHVs disagreed. Sometimes, CHVsobtain allowances from community health facilitators with a 1.36 standard deviation and a mean of 2.81 compared to a composite mean of 2.67 meaning allowances from community health facilitators positively influence project implementationindicating the data set values differed from the mean. The respondents disagreed on CHVs benefit from promotions that promote career growth illustrated with a mean of 2.45 and a standard deviation value of 1.32 and compared to a composite mean of 2.67 meaning promotion of community health workers positively influence project implementation representing the data set value variation from the mean. The respondents were impartial on the flexible working hours for CHVs and permitted individual growth. Astandard deviation of 1.36 and a mean value of 3.22 and compared to a composite mean of 2.67 meaning flexible working hours for community health volunteers and permitted individual growth positively influence project implementationshows the data set value variation from the mean. The respondents disagreed with the statement that management make available a suitable working setting that permits quick service delivery by the standard deviation of 1.35 and mean of 2.81 compared to a composite mean of 2.67 meaning suitable working environment that permits swift delivery of services positively influence project implementationto illustrate data set value variation from the mean. Finally, the respondents disagreed on receiving inducements and prizesfor delivery of exceptional services to the community with a standard deviation of 1.04 and a mean of 2.08,compared to a composite mean of 2.67 meaning incentives and rewards when they deliver exceptional services to the public positively influence project implementation indicating the data set values contain variation from the mean. The research sought to establish whether the

CHVs are reimbursed, and the result suggests that most agreed that CHVs are remunerated in multiple ways. An average standard deviation of 1.29 illustrated the data set demonstrate the variance in the data from a composite mean of 2.67, indicating statement neutral on the remuneration of CHVs.

4.5.3 Training andInfluence in Project Implementation

The investigatorinvited the respondents to illustrate their agreement with the statements in relation to the training of community health workers within Kalolenisub-county, Kilifi County. Table 4.13 shows the outcomes.

Table 4.13: Training

Statements	1	2	3	4	5	Mean	S. D
There is regular training on current techniques and methods to implement the health assignments	101(45.9)	60(27.7)	9(4.1)	44(20.0)	5(2.3)	2.05	1.23
The training is objective and aim towards development of the curriculum	109(49.5)	69(31.4)	15(6.8)	20(9.1)	7(3.2)	1.85	1.09
Semi-annual tests are carried outfor ability measuring in attending to public health services	93(42.3)	78(35.5)	19(8.6)	21(9.5)	9(4.1)	1.98	1.12
Professionalism services are provided irrespective of the social status of the community	95(43.2)	60(27.3)	16(3.7)	34(15.5)	15(6.8)	2.15	1.31
Study tours and benchmarking are conducted to other community health projects to acquire ideas.	70(31.8)	58(26.4)	34(15.5)	43(19.5)	15(6.8)	2.43	1.3
Composite Mean and Standard Deviation						2.09	1.221

Note: the response figure was demonstrated in percentage and frequencies. The result indicates majority of the respondents disagreed with the statement of receiving regular training on current

methods and techniques to implement the health projects with a standard deviation of 1.23 and a mean of 2.05.Compared to a composite mean of 2.09 meaning regular training on current methods and techniques positively influence project implementationindicate the data set values variation from the mean. The respondents also disagreed with the statement they acquire objective training and aim towards curriculum development.

A standard deviation of 1.09 and a mean of 1.85 illustrates data set values variation from the mean. Furthermore, the statement on taking semi-annual tests for capability measuring in attending public health services, most respondents disagreed with a standard deviation of 1.12 and a mean of 1.98. Compared to a composite mean of 2.09 meaning taking semi-annual tests for capabilitygaging in attendancepublic health servicespositively influence project implementationillustrating the data set value variation from the mean. On the issue of that essential to performwellbeing services with professionalism irrespective of the community's social status, the respondents disagreed with a standard deviation of 1.31 and mean of 2.15.Compared to a composite mean of 2.09 meaning performwell-beingamenities with professionalism irrespective of the community's social statuspositively influence project implementationillustrating the data set values variation from the mean. Finally, whether the CHVs participate in researchbenchmarking and tours to other community health projects to acquire ideas, the respondents disagreed with a standard deviation of 1.30 and a mean of 2.43. Compared to a composite mean of 2.09 meaning engaging in study benchmarking and tour to other community health projects to acquire ideaspositively influence project implementation illustrating data set values variation from the mean. An average standard deviation of 1.21 and acomposite mean of 2.09 demonstrated the disagreement level to the availability of training statements on community health workers.

4.5.4 institutional working culture and Influence in Project Implementation

The researcher bade the respondents to illustrate their agreement with the proclamations in relation to the institutional working culture of community health workers within Kalolenisub-county, Kilifi County. Table 4.14 shows the results.

Table 4.14: institutional working culture

Statements	1	2	3	4	5	Mean	S. D
There is amplified coverage on health development within the community	106(48.2)	61(27.7)	17(7.7)	27(12.3)	9(4.1)	1.96	1.19
Assuredquick rejoinder in cases of health tragedies within the community	89(40.5)	73(33.2)	18(8.2)	29(13.2)	11(5.0)	2.09	1.21
Operational of mainstream of the health projects in the community is completed	82(37.3)	48(21.8)	26(11.8)	42(19.1)	22(10.0)	2.43	1.41
The community health volunteers have lowered rate of infant mortality and preventable death as a result of appropriate medical attention	62(28.2)	63(28.6)	32(14.5)	50(22.7)	13(5.9)	2.5	1.28
The established health projects appropriately cater for the most of the health needs of the community	79(35.9)	50(22.7)	26(11.8)	48(21.8)	17(7.7)	2.43	1.37
Composite Mean and Standard Deviation						2.28	1.29

Note: The response figures were presented in frequencies and percentages. On the statement on amplifiedattention on health projects within the public, the respondents disagreed with a standard deviation of 1.19 and mean of 1.96. Compared to a composite mean of 2.28 meaning increased coverage on health projects within the communitypositively influence project

implementation illustrating data set values variation from the mean. The respondents disagreed on swift response in cases of health emergencies within the community with a standard deviation of 1.21 and mean of 2.09. Compared to a composite mean of 2.28 meaning swift response in cases of health emergencies within the communitypositively influence project implementationillustrating data set values variation from the mean. On the statement of completion and operation of the majority of the health projects in the public, the respondents disagreed with a standard deviation of 1.41 and mean of 2.43. Compared to a composite mean of 2.28 meaning conclusion and operation of the majority of the health projects in the communitypositively influence project implementationillustrating data set values variation from the mean. The respondents disagreed with the statement that CHVs have lowered the rate of child mortality and avoidable death due to appropriate medical attention with a standard deviation of 1.28 and a mean of 2.50. Compared to a composite mean of 2.28 meaning lowered the rate of infant mortality and preventable death due to suitable medical carepositively influence project implementation.Finally, the respondents disagreed with the statement that established health projects appropriately cater to most of the community's health needs with a mean deviation of 1.37 and a mean of 2.43. Compared to a composite mean of 2.28 meaning established health projects appropriately cater to most of the community's health needspositively influence project implementation showing data set variation from the mean. Consequently, an average standard deviation of 1.29 indicated an information set variation from a compositemean of 2.28 to illustrate the disagreement level to the statement on institutional working culture posed on CHVs.

4.5.5 Technology and Influence in Project Implementation

The respondents were requested by the researcher to illustrate the level they agreed with the statements in relation to the technology of community health workers within Kalolenisub-county, Kilifi County. Table 4.15 shows the results.

Table 4.15: Technology

Statements	1	2	3	4	5	Mean	S. D

The CHVs use modern software management programs in the implementation of community projects	33(15.0)	32(14.5)	39(17.7)	90(40.9)	26(11.8)	3.2	1.26
The designs and techniques utilized by the CHVs are effective with no variations	8(3.6)	9(4.1)	19(8.6)	79(35.9)	105(47.7)	4.2	1.01
CHVs are equipped with modern equipment and machinery	17(7.7)	28(12.7)	30(13.6)	91(41.4)	54(24.5)	3.62	1.2
Technology used influences the quality of the project implementation	19(8.6)	46(20.9)	37(16.8)	89(40.5)	29(13.2)	3.29	1.19
The CHVs have received adequate training on the latest technology used globally in the implementation of community health projects and are conversant with the technology used on the ground	23(10.5)	50(22.7)	49(22.3)	57(25.9)	41(18.6)	3.2	1.27
Composite Mean and Standard Deviation						3.5	1.19

Note: the response figures were presented in frequencies and percentages. The respondents were neutral on the statement that CHVs use modern software management programs to implement community projects with a standard deviation of 1.6 and a mean of 3.20. Compared to a composite mean of 3.5 meaning use modern software management programs to implement community projectspositively influence project implementation illustrating data set values variation from the mean. The respondents agreed that designs and techniques utilized by the CHVs are effective with no variations with a standard deviation of 1.01 and mean of 4.20. Compared to a composite mean of 3.5 meaning designs and techniques utilized by the CHVs are effective with no variations positively influence project implementation illustrating data set values variation from the mean. Furthermore, the respondents agreed with the statement that CHVs are equipped with modern equipment and machinery with a standard deviation of 1.20 and a mean of3.62. Compared to a composite mean of 3.5 meaning equipping with modern

equipment and machinery positively influence project implementation illustrating the data set values variation from the mean. The statement on whether the technology used influences the quality of the project implementation, the respondents were neutral with a standard deviation of 1.19 and mean of 3.29. Compared to a composite mean of 3.5 meaning technology used influences the quality of the project implementation positively influences project implementation illustrating the data set values variation from the mean. Finally, the study agreed with the statement that the CHVs received adequate training on the latest technology used globally in the implementation of community health projects and are conversant with the technology used on the ground with a standard deviation of 1.27 and mean of 3.20. Compared to a composite mean of 3.5 meaning adequate training on the latest technology used globally in the implementation of community health projects and are conversant with the technology used on the ground positively influences project implementation illustrating the data set values variation from the mean. The average standard deviation of 1.19 demonstrates that the values in the data set contain variation from a 3.50 composite mean, illustrating the statements agreement level on the implementation of community health projects posed on the CHVs.4.6

4.6 Correlation Analysis

The investigatorled a correlation analysis to demonstrate the connection between the dependent and independent variables. A weak confident correlation demonstrates that both variables rise in response to each another, then the connection is not very strong. A negatively strong correlation dictates a strong connection between the two variables where, one goes down in case the other goes up. Table 4.16 presents the correlation matrix.

Table 4.16: Correlation Matrix

		Motivation	Remuneration	Training	Institutional working culture resource	Technology
Motivation	Pearson Correlation	1.000				

Remuneration	Pearson Correlation	.880**	1.000			
Training	Pearson Correlation	.622**	.571*	1.000		
Institutional working culture	Pearson Correlation	.499**	.427*	. 562**	1.000	
Technology	Pearson Correlation	.767**	.3642*	.5555**	.565**	1.000

**. Correlation is significant at the 0.01 level (2-tailed).

The r correlation coefficient helps in measuring the direction and strength of the linear connection between variables. The researcher conducted a correlation analysis for the independent variable against the dependent variable.

Table 4.16 results demonstrate that remuneration of CHVs and motivation are significantly and positively related by r= 0.880, p=0.000 to illustrate a strong positive relationship. Equally, the results indicate community health workers' training and motivation are significantly and positively related r=0.662, p=0.000 illustrating a strong linear relationship.

The results indicated institutional working culture and motivation were significantly and positively related r=0.499, p=0.000 illustrating a moderate positive linear relationship. Finally, technology and motivation were significantly and positively related r=0.767, p=0.000, indicating a strong positive linear relationship. The findings establish a positive link of

remuneration of CHVs and a number of CHVs do not feel respected and supported by the upper-level leadership impacting their performance and motivation. Proper remuneration of community health workers has the potential to contribute to a good relationship and effective motivation. Equally, the study's findings of training of the healthcare workers established a positive relationship in the provision of support and ensuring the CHVs have the necessary skills and knowledge to help improve their services. Institutional working culture and technological empowerment are connected and seem to be determined by factors ranging from access to technological equipment, community embeddedness.

4.6.1Regression Analysis

Regression analysis conducted on the research established a significant statistical relationship between the remuneration of CHVs, training of CHVs, institutional working culture and usage of technology in the implementation of CHV projects. Regression analysis represents a statistical process to estimate the connection between variables (Chatterjee and Hadi 2015). It entails multiple techniques for analyzing and modelling various variables; the concentration is based on the connection between dependent and independent variables. According to Gunst (2018), regression analysis help understands the typical value of the changes independent variable if the independent variable is varied while the other variables are fixed.

4.6.2 Remuneration of community health workers and motivation in project implementation

The research sought to conclude the impact of remuneration of CHVs on motivation in project implementation in Kalolenisub-county, Kilifi County. The linear regression was determined using a p-value below 0.05 and p-value<0.05.

The regression analysis of remuneration of community health worker's motivation in community health projects guided by the equation;

$\Upsilon = \beta_0 + \beta_1 X_1 + \varepsilon$

Table 4.17: Model Fitness for Remuneration and Motivation in Project Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	0.880[a]	0.775	0.773	0.53975

Remuneration of CHVs was established as a satisfactory variable to explain motivation in project implementation in Kalolenisub-county. The result is supported by a R square of 0.775 meaning remuneration of CHVs explain 77.5% dependent variable variationof motivation in project implementation. The findings also indicate the model employed connect the relationship of the variables satisfactorily.

The researcher performed regression of coefficient analysis to form statistical significance connection between remuneration of CHVs on dependent variables motivated in project implementation within KaloleniSub- County.

Table 4.19: Regression of Coefficient for Remuneration and motivation in Project Implementation

	Un-standardized Coefficients		**Standardized Coefficients**	**t**	**Sig.**
Variables	**B**	**Std. Error**	**Beta**		
(Constant)	0.51	1.074		6.871	0.000
Remuneration	0.73	0.027	0.88	27.363	0.000

The regression model was presented by.

$H_{01:}$ $Y=0.51+0.88X_1+\varepsilon$

The regression findings illustrate that remuneration of CHVs and motivation in project implementation in KaloleniSub-county significantly and positively relate ($\beta=0.73$, $p=0.000$). A standard beta coefficient of 0.88, the 0.000 0f the p-value less than 0.05 and a standard error of 0.027 leading to rejection of the predictor variable.

Remuneration = 0.51+ 0.88+e; t=27.363; p=<0.05

The research adopted alternative theory that remuneration of CHVs contain a statistical significance relationship with motivation in implementation of projects in KaloleniSub-county. Remuneration aims to improve skill and knowledge in order to change behaviour and promote a sense of security at the work place and reduce labour turnover (Cole 2012). The purpose of remuneration is to provide motivation and facilitate the financial needs of the CHVs as it

provides a sense of security at the workplace. Consistent remuneration in form of stipends help motivate the CHVs by reducing absenteeism, enhancing organizational performance.

4.6.3 Training of CHVs and Motivation in Project Implementation

Determining the impact of training on motivation in project implementation was the second objective of the research in KaloleniSub-county, Kilifi County. The simple linear regression was determined using p-value not more than 0.005 in which a p-value 0f <0.05.

The regression analysisof training of community health worker's motivation in community health projects guided by the equation;

$\Upsilon = \beta_0 + \beta_1 X_1 + \varepsilon$

Table 4.20: model fitness for training and motivation in project implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.622[a]	0.387	0.384	0.888971

The study found that training of CHVs was a satisfactory variable in illustrating motivation in project implementation in KaloleniSub-county.The result is supported by a R square of 0.387meaning training of CHVs explain 38.7% dependent variable variation of motivation in project implementation. The findings also indicate the model employed connect the relationship of the variables satisfactorily.

The researcher performed regression of coefficient analysis to form statistical significance connection between remuneration of CHVs on dependent variables motivated in project implementation within KaloleniSub-county.

Table 4.22: Regression of Coefficient for training and motivation in Project Implementation

	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
Variables	**B**	**Std. Error**	**Beta**		
(Constant)	0.25	1.183		1.368	0.173
Training	0.719	0.061	0.622	11.738	0.000

The regression model was presented by.

$H_{02:}$ $Y=0.25+0.622X_1+\varepsilon$

The regression findings illustrate that training of CHVs and motivation in project implementation in KaloleniSub-county significantly and positively relate (β=0.719, p=0.000). The standard beta coefficient of 0.66, 0.000 0f the p-value less than 0.05 and a standard error of 0.061 leading to rejection of the null premise.

Training = 0.25+ 0.622; t = 11.738; p< 0.05

The research adopted alternative predictor variable that training of CHVs contain a statistical significance relationship with motivation in implementation of projects in KaloleniSub-county. The research findings concluded that training has an influence on motivation of community workers is linked and is determined by inter-related factors such as workload management.

4.6.4 Institutional Working Culture of Community Health Workers and Motivation in Project Implementation

Determining the impact of institutional working culture on motivation in project implementation was the third objective of the research in KaloleniSub-county, Kilifi County. The simple linear regression was determined using p-value not more than 0.005 in which a p-value 0f <0.05.

The regression analysis of institutional working culture of community health worker's motivation in community health projects guided by the equation;

H_{03}: $\Upsilon= \beta_0 + \beta_1 X_1+\varepsilon$

Table 4.23: model fitness for institutional working culture and motivation in project implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.499[a]	0.249	0.246	0.98499

The study found that institutional working culture of CHVs was a satisfactory variable in illustrating motivation in project implementation in KaloleniSub-county. The result is supported by a R square of 0.249 meaning institutional working culture of CHVs explain 24.9%

dependent variable variation of motivation in project implementation. The findings also indicate the model employed connect the relationship of the variables satisfactorily.

The researcher performed regression of coefficient analysis to form statistical significance connection between institutional working culture of CHVs on dependent variables motivated in project implementation within KaloleniSub-county.

Table 4.25: Regression of Coefficient for training and motivation in Project Implementation

	Un-standardized Coefficients		**Standardized Coefficients**	**T**	**Sig.**
Variables	**B**	**Std. Error**	**Beta**		
(Constant)	0.695	0.198		3.509	0.001
Institutional working culture	0.593	0.07	0.499	8.502	0.000

The regression model was presented by.

$\mathbf{H_{03}}$: $Y=0.695+0.499X_1+\varepsilon$

The regression findings illustrate that institutional working culture of CHVs and motivation in project implementation in KaloleniSub-county significantly and positively relate ($\beta=0.719$, $p=0.000$). The beta coefficient of 0.499, 0.000 0f the p-value less than 0.05 and a standard error of 0.07 leading to rejection of the predictor variable. The research adopted alternative theory that training of CHVs contain a statistical significance relationship with motivation in implementation of projects in KaloleniSub-county.

Institutional culture = 0.695+0.499; $t = 8.502$; $p< 0.05$

4.6.5 Technology empowerment among Community Health Workers and Motivation in Project Implementation

Determining the impact of technology empowerment on motivation in project implementation was the fourth objective of the research in KaloleniSub-county, Kilifi County. The simple linear regression was determined using p-value not more than 0.005.

The regression analysis of technology empowerment of community health worker's motivation in community health projects guided by the equation;

$\mathbf{H_{04}}: \gamma = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$

Table 4.26: model fitness for technology empowerment and motivation in project implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.921[a]	0.849	0.846	0.44495

The study found that technology empowerment of CHVs was a satisfactory variable in illustrating motivation in project implementation in KaloleniSub-county. The result is supported by a R square of 0.849 meaning technology empowerment of CHVs explain 84.9% dependent variable variation of motivation in project implementation. The findings also indicate the model employed connect the relationship of the variables satisfactorily.

The researcher performed regression of coefficient analysis to form statistical significance connection between the independent variables including remuneration, of CHVs, training of CHVs, institutional working culture of CHVs and technology empowerment of CHVs on dependent variables motivated in project implementation within KaloleniSub-county.

Table 4.28: Regression of Coefficient and motivation in Project Implementation.

	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
Variables	**B**	**Std. Error**	**Beta**		

(Constant)	-0.047	0.101		-0.466	0.641
Remuneration*motivation	0.520	0.030	0.627	17.071	0.000
Training	0.101	0.042	0.087	2.419	0.016
Institutional working culture	0.007	0.041	0.005	0.159	0.874
Institutional technological empowerment	0.365	0.045	0.313	8.125	0.000

$\mathbf{H_{04}}$: $Y=0.047+0.627X_1+ 0.087\mathbf{X_2}+0.005\mathbf{X_3}+0.313\mathbf{X_4}+\varepsilon$

The regression findings illustrate that Remuneration of CHVs and motivation in project implementation in KaloleniSub-county significantly and positively relate (β=0.627, p=0.000 and standard error of 0.030). The regression findings indicate term interaction of training and motivation in project implementation in KaloleniSub-county significantly and positively related (β=0.005, p=0.016 and standard error of 0.041). The findings also indicated the interaction of institutional working culture and motivation in project implementation in KaloleniSub-county significantly and positively related (β=0.007, p=0.874 and a standard error of 0.042). technological empowerment and motivation in project implementation in KaloleniSub-county significantly and positively related (β=0.313, p=0.000 and a standard error of 0.045).

$y_1= -0.047+0.627x_1+\varepsilon$

$y_2= -0.047+0.087x_1+\varepsilon$

$y_3= -0.047+0.005x_1+\varepsilon$

$y_4= -0.047+0.303x_1+\varepsilon$

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The section provides a synopsis of the primary data outcomes, deliberations, drawn conclusions and commendations. The synopsis of the research, conclusion and recommendation was based on the four study objectives. The conclusion and recommendation established purposed to address the quest of the study involving institutional factors that influence the motivation of (CHVs) to implement health care projects at a community level in KaloleniSub-county, Kilifi County.

5.2 Summary of Findings

The segment entails a synopsis of the research conclusions in order of the studygoals and information as illustrated in chapter four. The research purposed to illustrate the institutional factors that affect the motivation of (CHVs) to implement health care projects at a community level in KaloleniSub-county, Kilifi County.

5.2.1 Remuneration of community health workers and motivation in project implementation

Determining the influence of remuneration of CHVs was the first goal of the research in the KaloleniSub-county. The results generated from data correlation illustrated remuneration of community health workers and motivation in project implementation are significantly and positively related. The results from regression analysis indicate that unitary improvement in remuneration of the CHVs results in an improved motivation in project implementation by a standard beta coefficient value of 0.88 when other factors are held constant.

Remuneration provided by NGOs through the work of CHV and CHA ascertain awareness in the villages. The research established that remuneration provided to the CHVs help solve issues at the community level thus, positively influencing motivation at a community level.

5.2.2 Training of CHVs and motivation in project implementation

The study's second objective sought to define the effect of training of CHVs on motivation in project implementation in KaloleniSub-county, Kilifi County. Correlation findings illustrate the training of community health workers and motivation in project enactment is significantly and positively related. The results from regression analysis illustrated unitary improvement in the training of the CHVs results in an improved motivation in project implementation by a standard beta coefficient of 0.622 when other factors are held constant. Some training areas entail providing the CHVs to participate in activities such as polio campaigns and training in meeting conduction of outreach programs. The knowledge acquired is passed to the community, bettering them both economically and health-wise.

5.2.3 Institutional Working Culture and motivation in project implementation

The research's third objective sought to determine the effect of the institutional working culture of community health workers on motivation in project implementation in KaloleniSub-county, Kilifi County. Correlation findings illustrate an institutional working culture of community health workers, and motivation in project implementation is significantly and positively related. The results from regression analysis illustrated unitary improvement in the institutional working

culture of the CHVs results in an improved motivation in project implementation by standard beta coefficient of 0.499 when other factors are held constant. The culture to provide kits for demonstration during training by multiple NGOs to facilitate CHVs work enables better and good services.

5.2.4 Technological empowerment and motivation in project implementation

The study's fourth objective sought to define the effect of technological empowerment of CHVs on motivation in project implementation in KaloleniSub-county, Kilifi County. The regression analysis results demonstrate that community health workers' remuneration and motivation in project implementation in KaloleniSub-county are significantly and positively related (β=0.520, p=0.000) and a standardize beta coefficient of 0.67. The finding also indicated training of community health workers and motivation in project implementation in KaloleniSub-countywere significantly and positively related (β= 0.101, p=0.016) and a standardize beta coefficient of 0.87. Equally, the findings demonstrated institutional working culture and motivation in project implementation in KaloleniSub-county significantly and positively related (β=0.007, p=0.874) and a standardize beta coefficient of 0.005. Finally, technological empowerment and motivation in project implementation were significantly and positively related (β=0.365, p=0.000 and a standardize beta coefficient of 0.313.

The findings indicate increasing remuneration of community health workers, training of community health workers, observing the institutional working culture of CHVs, and technological empowerment of CHVs jointly contain a statistically importantconnection with motivation in project implementation in Kaloleni Sub- County Kilifi County. The result indicates that remuneration and institutional working culture positively and significantly affect motivation in project implementation.

5.3 Conclusion

The research's deductions concluded that remuneration of CHVS, training of community health workers, institutional working culture of CHVs, and technological empowerment of community health volunteers had a considerable impact on motivation in project implementation in

KaloleniSub-countyKilifi County. The research established that community health volunteers in KaloleniSub-county receive consistent remuneration in project implementation enabling them to implement health projects effectively regardless of the community social background. The community health volunteers must undergo objective training targeting the development project implementation curriculum. The community health volunteers participate in benchmarking and tours to acquire ideas from other project implementation areas.

On the training objective, the community health workers consistently receive training from community health facilitators leading to promotion and career development. The training hours are flexible, allowing the community health workers quality time for personal development, and they receive an appropriate work environment by the management enabling swift project implementation.

Unfortunately, community health workers lack adequate transportation to facilitate project implementation in the community urgently. They lack reliable and adequate communication equipment to enable proper communication on the project's progress. Also, inadequate funding from the relevant entities to facilitate project implementation. The lack of a prudent transport system to use community project resources.

5.4 Recommendation

The study makes the following recommendations based on the findings:

i. Harmonization of incentive remuneration to increase income commitment for community health volunteer families. Remuneration through activities like career development, overtime compensation, stipends to facilitate work, transport allowance, and medical allowance should be regularly provided for project implementation motivation.

ii. Conducting benchmarking and training to effectively provide community health volunteers with exposure to implementing projects. The research suggests redesigning training and delivery of CHVs in phases through multiple course modules spread over some time to cover more content. The multi-phased training program will upsurge the retention rate of community health volunteers and the development of career paths.

iii. Establishing an institutional working culture that requires regular supply to community health volunteers such as equipment to enable effective delivery of project implementation.

iv. Advocate for the ministry of health and all partners to adopt a community unit for project implementation by providing funds and key technological resources to enable effective communication and project implementation.

5.5 Suggestion for Further Studies

The research proposes further studies on the subsequentcapacities.

i. To investigate the argument of future monitory remuneration to motivate community health volunteers, the action can considerably enhance commitment and accountability in project implementation.

ii. Investigating donors and private sector contribution on the technical capacity to implement projects by community health volunteers.

iii. To consider a comparison of the study with other Counties.

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APPENDICES

Appendix 1: Letter of Introduction

Grace Gathoni Wairimu
P O Box 14664-00800,
Nairobi.

Dear Sir/Madam,

RE: LETTER OF INTRODUCTION FOR RESEARCH

I am a post graduate student pursuing a Master of Arts, Project Planning and Management option at The University of Nairobi. I seek to conduct a study on **Institutional Factors Influencing Motivation of Community Health Volunteers in Project Implementation inKaloleniSub-county, Kilifi County, Kenya.** I therefore appeal you to fill in this feedback form which will permit the researcher to obtain significantinfo for the research as above-mentioned.

The information presented will be preserved with the highestdiscretion and will not be disproportionatelydivulged. The material will only be used as relating to this study and not otherwise.

Your help and cooperation will be momentouslyvalued.

Yours Sincerely

Grace Gathoni Wairimu

Appendix II: Questionnaire

I am a student at the University of Nairobi undertaking a Master of Arts Degree in Project Planning and Management. It is an obligation for the progression to commence a study project in instruction to be suitable for graduation.

The heading of my study is **"Institutional Factors Influencing Motivation of Community Health Volunteers in Project Implementation in KaloleniSub-county, Kilif County.** I am modestly applying for your support in responding the feedback form, all info will be preserved with strict self-assurance.

Section A: Demographic Features of Respondents

1. Gender:

Male ☐ Female ☐

2. Highest level of education attained.

Secondary ☐
Diploma ☐
Bachelor's degree ☐
Post-graduate degree ☐
Other (specify)……

3. What is your age category (Tick appropriate range)?

30 years and below ☐
31 – 40 years ☐
41– 50 years ☐
Over 50 years ☐

4. How long have you been in CHV projects?

1-5 years ☐
6-10 years ☐
11-15 years ☐
Above 15 years ☐
Other (specify)……

Section B: Motivation of CHVs

5. Kindly specify the level in which you agree with the subsequent accounts by marking against the right choice. Using Likert scale 5-1 where;

Strongly approve 5
Approve 4
Neutral 3
Differ and 2

Strongly differ 1

SN	Motivation	5	4	3	2	1
1	Outside factors impact the ability to complete work given by deadlines					
2	I am excited to work in the organization as a CHV					
3	Employees are aligned to the organizational values					
4	The community health volunteers are inspired to maintain a strong organizational culture attention					
5	The community health workers feel comfortable speaking their mind at work.					

Does motivation of CHVs influence implementation of health projects in Kalolenisub-county?

i. Yes
ii. No

If yes, explain.

……

Section C: Remuneration

6. Kindly specifythe level in which you agree withthe subsequent accounts by marking against the right choice. Using Likert scale 5-1 where;

Strongly approve 5

Approve	4
Neutral	3
Differ and	2
Strongly differ	1

SN	Remuneration	5	4	3	2	1
1	We sometimes receive allowances from community health facilitators					
2	Community health workers benefit from promotionsthat promote development of their careers					
3	Community health volunteers enjoy flexible hours that allows personal development					
4	Suitable working environment is provided by the management that allows swift service delivery					
5	Community health workers receive incentives and rewards as a result ofexceptional services to the community.					

Does remuneration of community health workers influence implementation of health projects in Kalolenisub-county?

i. Yes
ii. No

If yes, how?

……

Section D: Training

7. Kindly specify the level in which you agree withthe subsequent accounts by marking against the right choice. Using Likert scale 5-1 where;

Strongly approve	5
Approve	4
Neutral	3
Differ and	2
Strongly differ	1

SN	Training	5	4	3	2	1
1	CHVs receive regular training on new techniques and methods in health projects implementation					
2	The training acquired is objective and aim towards development of the curriculum					
3	Semi-annual testsis conductedto measure the ability to attend to community health services					
4	Health services are conducted with professionalism regardless of the social status of the community					
5	There is study tours and benchmarking to other community health projects to acquire ideas.					

Does training of community health workers influence implementation of health projects in Kalolenisub-county?

i. Yes
ii. No

If yes, explain.

……

Section E: Institutional working culture

8. Kindly specify the level in which you agree with the subsequent accounts by marking against the right choice. Using Likert scale 5-1 where;

Strongly approve	5
Approve	4
Neutral	3
Differ and	2
Strongly differ	1

SN	Institutional Working Culture	5	4	3	2	1
1	There is increased coverage on health project within the community					
2	Swift response is assured in cases of health predicaments within the community					
3	There is completion and operational of majority of the health projects in the community					
4	The community health volunteers have lowered rate of infant mortality and preventable death as a result of appropriate medical attention					
5	The health needs of the community are appropriately catered for by the established health projects.					

Does institutional working culture of community health workers influence implementation of health projects in Kalolenisub-county?

i. Yes.

ii. No

If yes, explain.

……

Section F: Technology

9. Kindly specify the level in which you agree withthe subsequent accounts by marking against the right choice. Using Likert scale 5-1 where;

Strongly approve	5
Approve	4
Neutral	3
Differ and	2
Strongly differ	1

SN	Technology	5	4	3	2	1
1	The CHVs use modern software management programs in the implementation of community projects					
2	The designs and techniques utilized by the CHVs are effective with no variations					
3	CHVs are equipped with modern equipment and machinery					
4	Technology used in project implementation influences the quality					
5	Adequate training is provided to the CHVs on the latest technology used globally in the implementation of community health projects and are conversant with the technology used on the ground					

Does institutional working culture of community health workers influence implementation of health projects in Kalolenisub-county?

i. Yes
ii. No

If yes, explain.

……

THANKS FOR YOUR PARTICIPATION AND COOPERATION IN THIS STUDY

Appendix III: Letter from University of Nairobi

UNIVERSITY OF NAIROBI
FACULTY OF BUSINESS AND MANAGEMENT SCIENCES

Telephone: 020-8095398
Telegrams: "Varsity", Nairobi
Telex 22095 Varsities

Tel: 020 8095398
Nairobi, Kenya

DATE: 9th September, 2021

TO WHOM IT MAY CONCERN

The bearer of this letter, **Grace Gathoni Wairimu** of Registration Number **L50/36869/2020** is a Master of Arts in Project Planning and Management student in this University.

She is required to submit as part of her coursework assessment a research project report. We would like the student to do her project on ***Institutional Factors Influencing Motivation of Community Health Volunteers in Project Implementation in Kaloleni Sub-County, Kilifi County, Kenya***. We would, therefore, appreciate if you assist her by allowing her to collect data within your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organization on request.

Thank you.

PROF. JACKSON MAALU
DEAN, FACULTY OF BUSINESS AND MANAGEMENT SCIENCE

Appendix IV: Letter from Kilifi County

COUNTY GOVERNMENT OF KILIFI

DEPARTMENT OF HEALTH SERVICES

When Replying quote
Email: chmtkilifi@gmail.com
REF: DOM/KLF/RESERCH/VOL.1/117

P. O. Box 9-80108
Kilifi
Date: 28th September 2021

OFFICE OF THE COUNTY DIRECTOR

Grace Gathoni Wairimu,
Reg No. L50/36869/2020
University of Nairobi.

Dear Madam,

RE: DEPARTMENTAL AUTHORIZATION TO CARRY OUT RESEARCH ONINSTITUTIONAL FACTORS INFLUENCING MOTIVATION OF COMMUNITY HEALTH VOLUNTEERS IN PROJECT IMPLEMENTATION IN KALOLENI SUB-COUNTY, KILIFI COUNTY, KENYA.

The Kilifi County Department of Health Services is in receipt of your letter dated 22th September 2021 requesting to conduct a study on "**Institutional factors influencing motivation of Community Health Volunteers in project implementation in Kaloleni sub-county, Kilifi County, Kenya**"together with the protocol and NACOSTI permit **Ref: NACOSTI/P/21/12978.**

The Department is pleased to grant you authorization to conduct your study within Kilifi County in line with ethical consideration and approved study protocol, and within the expiry date of your approval **16th September, 2022.**
In a bid to reduce COVID-19 in the county, the department has put in measures to be adhered to during the conduct of survey in the County. Kindly adhere to the guidelines for conduct of research during COVID-19. It is required that you engage the sub county administration in Kaloleni prior to commencing data collection.

Upon completion of the study, you will be required to share your study findings, conclusion and recommendations with the Department of Health Services, Kilifi County.

Sincerely,

COUNTY DIRECTOR OF HEALTH
KILIFI COUNTY
29 SEP 2021
P.O. Box 9 - 80108, KILIFI

Dr. Cecilia Wamalwa,
For: Director of Health Services,
KILIFI COUNTY.

Cc.

- CECM- Health Services
- Chief Officers: Medical Services & Public Health
- Heads of Divisions

Appendix V: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 627548

Date of Issue: 16/September/2021

RESEARCH LICENSE

This is to Certify that Miss.. Grace Gathoni Wairimu of University of Nairobi, has been licensed to conduct research in Kilifi on the topic: INSTITUTIONAL FACTORS INFLUENCING MOTIVATION OF COMMUNITY HEALTH VOLUNTEERS IN PROJECT IMPLEMENTATION IN KALOLENI SUBCOUNTY, KILIFI COUNTY, KENYA for the period ending : 16/September/2022.

License No: NACOSTI/P/21/12978

627548

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.