

Supplementary file 1: Qualitative results, Community Health Worker Attrition Study, Kwale County, Kenya.

Key Theme	<u>Key Sub-themes</u>	Active CHW	Inactive CHW	Comparison of Active CHW to Inactive CHWs
Roles of a CHW	<ul style="list-style-type: none"> -Understood CHW duties -educating community on topics like basic sanitation -encourages seeking medical attention -registration of households -Focus on special groups: <ul style="list-style-type: none"> pregnant women to facilities Children <5 to immunizations -TB/ARV defaulters to care 	<p><i>We also need to know what is going on in the community, for example there could be a sick person who is not able to go to hospital. That will be a good opportunity for you to talk to him so that person to go to a health facility. We also reduce (harmful) traditions</i></p> <p><i>During the mango season we were told not to eat a lot of mangoes because we would suffer from malaria. But I came to learn that malaria is not caused by mangoes but it's caused by mosquitoes and I started sleeping under a mosquito net</i></p>	<p><i>Our visiting the households was not just to record HIV or malaria incidences but also to advise people on how to maintain a clean environment)</i></p>	Similar
Trainings	<p>Appreciated training organized by Aga Khan on health matters. Topics covered were malaria, cholera, HIV, and exclusive breast feeding. They reported that the training had also benefited them personally in</p>	<p><i>I have received a lot of training and I am very thankful for this. For example, during our time there was no exclusive breastfeeding. Children were given porridge earlier but after training we have learned that exclusive breastfeeding makes</i></p>	<p><i>I received training about malaria, HIV, how to care for the disabled people-all of us were trained. For me when I went for the training my knowledge was improved</i></p>	Similar

	learning about the causes of malaria and how to prevent it.	<p><i>a baby grow healthy. We are now going out in the village to tell people that breast milk is good for the baby and the results are seen (Active CHW FGD)</i></p> <p><i>Now I know that sweeping, cutting down bushes and cleaning the environment is a way of preventing many ailments.[...] In my family I can stay for up to one month without getting any cases of diarrhea or malaria because of the knowledge I acquired during trainings. (Active CHW FGD)</i></p>		
Perceived compensation or benefits	Arrangements for work differed for active and inactive CHWs	<i>I was motivated by the recognition I received from the community and by completing tasks by the community members for example when I educated the community to do something such as building a toilet and when I return the task was completed I got satisfaction.</i>	<i>I volunteered to work for free because had I refused to take the job then people would think I was against development of the village (Inactive CHW FGD)</i>	Different: inactive CHWs felt that their role/payment would change or that the social motivation was insufficient
Social motivators	Motivation came from the recognition that they received from the community and by a sense of accomplishment for tasks recognized by community members. For example when	<i>When you get to the community you are warmly welcome. They know me as a doctor and they give me an opportunity to speak (Active CHW FGD)</i>	<i>For me I thought I would get a means of transport because it could easily make me go to the hospital. Like a motor bike, a vehicle. You can imagine if some(one) has a</i>	Different: inactive CHWs felt that they needed to be provided a means of transportation

	<p>they educated the community on building a toilet and upon return the task was completed, they get satisfaction. Recognition also came from being asked for assistance by community members at critical moments, like a mother in labour calling the CHWs for help.</p>	<p><i>The trainings give us motivation and we also notice that we are recognized by organizations like Aga Khan. We have done many trainings with them and after the training I am able to buy like a khanga (from the small meeting allowance) to put at home. Also when community asked me for assistance at critical moments, like a mother in labor calling for help (Active CHW FGD)</i></p>	<p><i>headache here and has to go to Vanga Hospital. Even people will ask what kind of an organization we are working for that doesn't have even a bicycle (Inactive CHW FGD).</i></p>	<p>which they could use to ferry sick villagers to hospital</p>
<p>Community perceptions of the CHWs</p>	<p>Community beliefs and perceptions of the health and also of the relationship between the CHW and the community might either facilitate or hamper the work.</p>	<p><i>Some people thank you for what you do but others see you as an obstacle because they are not willing to construct toilets. When you go to their homes frequently to advise them to construct toilets they see you as a nuisance because according to their tradition they are used to going to the bush as their toilet. Such people even have their special bush to use as a toilet (Active CHW FGD)</i></p> <p><i>Some people don't want to leave their traditions. For example, when a child suffers from high fever and convulsions they don't prefer going to hospital. Instead they will look for chicken and take the child to a traditional healer. Or the</i></p>	<p><i>A CHU is supposed to have an account to help the members but this did not happen to us here. You see Aga Khan (University) is a large organization but did not do such a thing. They said they would help us. They said they would add something to the 50 shillings we contributed but this did not happen. We will discuss about that. Also when we started we were told this organization has money, Aga Khan (University), a big organization but we didn't see it happening (Inactive CHW FGD).</i></p>	<p>Similar:</p> <p>community perceptions were a barrier for both active and inactive CHWs</p>

		<i>mother can urinate on the child believing that a mother's urine cures convulsions. (Active CHW FGD)</i>		
Advice on how to retain CHWs	Each CHW had an initial target of 20 households which has now been revised to 100 households (according the new Government guideline) visited each month. They have two meetings each at mid and end of the month, and in the second meeting they review the work plan and discuss and submit the household data to the CHEWs who summarize and share the data with the Sub-county records officer.	<p><i>When we were taught by Aga Khan we had each 20 households, but now we have a guideline from the government where each of us has 100 households (Active CHW, FGD)</i></p> <p><i>To make the work easier I wish the 20 houses system should come back. One will be going round her neighbourhood unlike the 100 houses where one does up 10 kilometers per days, it's quite tiresome. (Active CHW FGD)</i></p>	<p><i>I am telling Aga Khan to know that the world has changed. It is better to be blamed. People blame me a lot at home. (A loud laughter from the group)</i></p> <p><i>People ask your wife where you have gone and they are told you have gone to the people who misuse you. So it's better to give us something small even if it's one shilling (Inactive CHW FGD).</i></p>	Similar: the change in CHW allotment was a barrier as reported by both active and inactive CHWs

<p>Logistical barriers</p>	<p>Transportation, equipment, health care access and other logistics impacted CHW work.</p>	<p><i>Transport is also a challenge because our houses have been increased. It was fair when we had twenty houses each but they are now one hundred. We do a lot of walking every day in order to visit all the households within a month because that is what will enable one to make a report. When you come back home you are tired and hungry</i></p> <p><i>If you get a motorbike or a bicycle one can visit up to twenty households in one day. After one week you will have covered all the households and will be free to do other things as a parent. With this volunteerism will not affect our families</i></p>	<p><i>One of the challenges is about transport. We are all together but from Jego to this place is a very long distance to walk through. We still used to walk to that village hoping that in the future we would benefit, like getting bicycles. But we continued that way until we realized nothing would change, we would continue walking (Inactive CHW FGD)</i></p>	<p>Similar: logistical challenges were similarly reported for both active and inactive CHWs.</p>
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