

Table 1: Study characteristics of the study participants, N=35

| Author | Study design | Country | Intervention details | Attrition rate | Method of data collection | Reasons for attrition |
|-------------------|----------------------------|--|---|-----------------------|--|------------------------------|
| Kastner 2017 [20] | Mixed methods | Canada | CHV + E-health technologies in betterment of NCD care | NR | Quantitative survey and qualitative semi structured interviews | NR |
| Mallari 2020 [21] | Qualitative | Philippines | NR | NR | In-depth interviews | NR |
| Glenn 2021 [22] | Qualitative | Bangladesh | CHV + financial incentives to enhance IYCF practices | NR | Focus group discussions | NR |
| Mays 2017 [23] | Mixed methods | Uganda | Voluntary health teams for delivering child health and communicable health disease services | NR | Quantitative survey and qualitative semi structured interviews | NR |
| Singh 2015 [24] | Review article | Including studies from Ethiopia, Iran, India, Bangladesh and Nepal | 5 different case studies with varying health outcomes | NR | Quantitative survey and qualitative interviews | NR |
| Jigssa 2018 [25] | Cross-sectional analytical | Ethiopia | Preventive and promotive services such as immunization; family planning | NR | Quantitative surveys | NR |
| Ritchie 2000 [26] | Case studies | Asia | NR | NR | Case studies | NR |
| Morton 2021 [27] | Review article | NR | NR | NR | An interpretive, theory-driven approach including qualitative, | NR |

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|---------------------|----------------------------------|----------|---|-------|--|---|
| | | | | | quantitative and mixed methods studies | |
| Ngugi 2018 [28] | Mixed-method study | Kenya | Maternal and Child health outcomes | 49.6% | Case control design with focus group discussions | Ae >30 years, males, participants who were separated and divorced, not receiving feedback and refresher trainings |
| Hobbs 2022 [29] | Retrospective cohort | Uganda | Maternal and Child health outcomes | 16% | Prospective follow and data collection | Age between 3-59 years, and male gender |
| Kuule 2016 [30] | Cross sectional analytical study | Uganda | Reporting of disease outbreaks and family planning | NR | Quantitative surveys | NR |
| Abbey 2016 [31] | Mixed methods design | Ghana | Acute febrile illness among children | 21.2% | Quantitative survey and qualitative interviews | Increasing age, single/divorced status, and lower levels of education |
| Ngilangwa 2018 [32] | Cross sectional analytical study | Tanzania | Maternal and Child health outcomes | 12.7% | Quantitative survey | Age, marital status, no prior volunteership for other programs, male gender, currently employment status |
| Rajaa 2021 [33] | Quantitative | India | Adolescent nutrition and anaemia | 33% | Theoretical underpinning and program evaluation | Household works, male gender, lack of remuneration |
| Botta 2015 [34] | Case studies | NR | Maternal and Child health outcomes | NR | Case studies | NR |
| Olang'o 2010 [35] | Qualitative | Kenya | Home-based care programmes for people living with HIV and | 49.2% | Ethnography and focus group discussions | NR |

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|---------------------|----------------------------------|---------|--|-------|--|--|
| | | | AIDS | | | |
| Takasugi 2012 [36] | Qualitative | Kenya | Promotive activities on sanitation and hygiene | NR | In-depth interviews | NR |
| Winn 2018 [37] | Cross sectional surveys | Kenya | Malaria control programmes | NR | Quantitative survey questionnaire | Lack of training, and lack of incentives |
| Daniels 2015 [38] | Qualitative | Ghana | Integrated community case management | NR | In depth interviews and focus group discussions | NR |
| Chatio 2015 [39] | Qualitative | Ghana | Maternal and child health outcomes | NR | In depth interviews | NR |
| Rajaa 2022 [40] | Quantitative | India | NCD screening and mobilization | 49.2% | Theoretical underpinning and program evaluation | Household works, male gender, lack of remuneration |
| Chen 2020 [41] | Cross sectional analytical study | China | Elderly care | 49.3% | Semi structured questionnaires | NR |
| Dieleman 2003 [42] | Qualitative | Vietnam | Community based outreach activities | NR | In depth interviews and Semi structured interviews | Low income and lack of training |
| Low 2003 [43] | Qualitative | Namibia | Community based outreach activities | NR | In depth interviews | Identification of CHVs and lack of training |
| Mishra 2014 [44] | Qualitative | India | Maternal and child health outcomes | NR | In depth interviews | NR |
| Lusambili 2021 [45] | Qualitative | Kenya | Community based outreach activities | NR | In depth interviews | Low income, trust, structural factors and lack of training |
| Handley 2021 [46] | Review article | NR | NR | NR | An integrative approach including qualitative, | Identification of volunteer, and training |

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|------------------|---|------------|--|-----|--|---|
| | | | | | quantitative and mixed methods studies | |
| Hanson 2011 [47] | Multiple, case method approach | Canada | Community based outreach activities | NR | Case studies and stakeholder analysis | Leadership, financing and over burden of work |
| Garg 2018 [48] | Cross sectional study | India | Health education and maternal child health activities | NR | Quantitative surveys | Transportation and remuneration |
| Baghel 2017 [49] | Cross sectional study | India | Health education and maternal child health activities | NR | Quantitative surveys | Training, support from health staff, and remuneration |
| Guha 2018 [50] | Cross sectional study | India | Health education and maternal child health activities | NR | Quantitative surveys | Training, support from health staff, and remuneration |
| Teela 2009 [51] | Qualitative | Burma | Maternal and child health activities | 24% | Qualitative interviews and focus group discussions | Transportation, gender and security reasons |
| Hadi 2003 [52] | Prospective cohort study | Bangladesh | Identification and reporting of ARI cases in the community | NR | Quantitative surveys | Lack of training and supportive supervision from health staff |
| Gazi 2005 [53] | Pre and post design with qualitative interviews | Bangladesh | Health promotion activities in urban settings | 53% | Quantitative surveys and qualitative interviews | Supportive and friendly supervision by health staffs |
| Torpey 2008 [54] | Mixed methods (cross sectional analytical study and qualitative interviews) | Zambia | NCD adherence and counselling | 9% | Quantitative surveys and qualitative interviews | NR |

Note: NR = not reported; NCD = Non communicable diseases; CHV = Community Health Volunteer; IYCF = Infant young and child feeding; HIV = Human immunodeficiency virus; AIDS = Acquired Immunodeficiency Syndrome.