

Abstract

Background: Garissa County has persistently had poor levels of maternal new-born and child health indicators, an innovation study was launched to support the provision of accessible, affordable and quality maternal newborn and child health (MNCH) care in the underserved communities. Community health volunteers (CHVs) were trained as health promoters to generate demand for and facilitate access to MNCH care in their communities.

Methods: A qualitative study was undertaken as part of impact evaluation of an innovation project in three sites (two interventions and one control). Semi-structured interviews were conducted with women who had given birth during the intervention period. Focus group discussions were conducted among wider community members and key informant interviews among health managers and other stakeholders. Data coding and analysis was performed in NVivo 12.

Results: Majority of participants reported that they were satisfied with services offered in the health facilities and would use them again. There were notable differences between the intervention and control site. However, despite the improvements, there still exist barriers to MNCH. The persistent barriers identified were insecurity, poverty, lack of transport, distance from health facilities, lack of information, absence of staff especially at night-time and quality of maternity care.

Conclusion: Financial and non-financial barriers constitute significant constraints to accessing MNCH services. There exist public health strategies in such a disadvantaged setting, but there is need for additional support to address both supply and demand barriers.

Keywords: persistent barriers, MNCH, Garissa