

ABSTRACT

In Kenya, Maternal Mortality Rate (MMR) is high at 510 deaths per 100 000 live births. Under-five and infant mortality rates are also high at 74 and 54 deaths per 1000 live births respectively. In Kitui County, MMR is high at 330 per 100 000 live births while under five mortality rate is high at 57 per 1000 live births. Community Health strategy (CHS) is a Community Health Worker led intervention designed to promote primary health care in Kenya. Since inception of CHS intervention in Mwingi West sub-county, effect of the intervention on Maternal and Child Health (MCH) outcomes is not known with certainty. Specific objectives of this study were to establish the effect of CHS on; Focused Antenatal Care (FANC) coverage, utilization of Skilled Birth Care (SBC), Infant Vaccination Coverage (IVC), practice of Exclusive Breast Feeding (EBF), and utilization of modern Postpartum Family Planning (PPFP) methods in Mwingi West sub-county. The study was a pretest-post-test experiment with intervention and control sites. Mwingi West and Mwingi North sub-counties were intervention and control sites respectively. Participants in intervention and control sites received MCH care under CHS intervention and the standard MCH care in Kenya respectively. In each site, 1 pre-intervention and 2 post-intervention surveys were conducted with each survey having a sample size of 422 participants. Main respondents were women with a child aged 9-12 months. Compared to control arm CHS increased; FANC coverage in intervention site by 16.1%, SBC utilization in intervention site by 8.6%, IVC in the intervention arm by 8.5%, practice of EBF in intervention arm by 8.8%, and utilization of modern PPFP methods in the intervention arm by 7.1%. In the intervention arm; women at end term survey were 1.7 times more likely to seek ANC services for at least 4 times compared to baseline survey (*Adj. OR* 1.717, 95%CI: 1.464-2.014, $P < 0.0001$), women in end-term survey were 1.6 times more likely to deliver under SBC compared to baseline (*Adj. OR* =1.556, $P < 0.0001$; 95%CI: 1.295-1.868), infants in end-term survey were 2.5 times more likely to have received all recommended vaccines compared to infants at baseline survey (*adj. OR* =2.516, $P < 0.0001$; 95%CI: 1.796-3.5240), infants in end-term survey were 1.4 times more likely to be breastfed exclusively compared to baseline (*Adj. OR* =1.447, $P < 0.05$; 95%CI: 1.145-1.829), and women in end-term survey were 1.4 times more likely to utilize modern PPFP methods compared to women at baseline survey (*adj. OR* =1.386, $P < 0.05$; (95%CI: 1.164-1.651). The results suggest that CHS significantly improved MCH outcomes in Mwingi West sub-county. These findings are supported by several studies conducted to evaluate CHW led interventions in resource poor countries. To improve MCH outcomes in Kenya, all county governments need to scale up implementation of CHS in areas where implementation has not yet been done.