

Abstract

Background: Pneumonia is the leading cause of childhood illness and mortality worldwide. The number of children under five with pneumonia in Kisii County, Kenya, was 10% compared to the national average of 9% despite the integrated Community Case Management (iCCM) roll out. In order to identify factors associated with caregivers' access to iCCM services, a study was conducted.

Materials and Methods: Qualitative and quantitative approaches were used in this descriptive cross-sectional study. Purposive sampling was utilized to choose 10 informants while multistage and random sampling was applied to select 330 caregivers. Thematic content analysis and discourse analysis techniques were used to analyse qualitative data, while Statistical Package for Social Science (SPSS) version 22 was used in quantitative data.

Results: Only 33.6% of caregivers accessed iCCM for childhood pneumonia services. In 49% of cases, CHVs was the first point of contact after onset of pneumonia symptoms, with only 31.2% seeking help within 24 hours. 96% of CHVs did not follow the recommended iCCM diagnostic protocols, and only 34.8% prescribed antibiotics. Age (0.011), religion (0.007), and marital status (0.024) were significantly associated with access to iCCM. Business persons were 2.97 times (OR 2.972; CI 1.232,7.167; P= 0.015) more likely to access iCCM than farmers. Caregivers who perceived pneumonia to be severe were 3.03 more likely to access iCCM (OR 3.039;CI 1.703,5.424; P< 0.001) than opposite peers. Respondents who didn't think pandemics affected access were 10% (OR 0.119; CI .058,0.246; P< 0.001) more likely to access iCCM.

Conclusion: Access to iCCM was low and Community health volunteers (CHVs) were not the first point of care for pneumonia in children. Evidence of poor performance by CHVs in the areas of diagnosis, treatment, and the administration of antibiotics suggests that iCCM needs more monitoring and oversight.