

Question: Why is the use of iCCM so low in Shebedino District, Sidama Zone, SNNPR Ethiopia?

Findings:

Barriers to use of evidence-based treatment included: (1) home remedies of uncertain effect and safety that delay care-seeking; (2) absent decision-maker; (3) fear of stigma; (4) expectation of non-availability of service or medicine; (5) geographic and financial barriers; (6) perception of (or actual) poor quality of care; and (7) accessible, available, affordable, reliable, non-standard, alternative sources of care.

- *Reasons for under-reporting actual use of treatments were: malnourished children registered in Outpatient Treatment Program but not in IMNCI Register, HEWs treating sick children during household visits without registers, high patient loads, and forgetfulness.*
- *Geographic and financial access barriers were common for services at health centers, but not at health posts – sometimes aggravated by seasonal harvest responsibilities and flooding.*
- *The technical quality of case management at all health facilities (especially at health centers) was not high. Indeed, some mothers suspected HEW ability and some were uncomfortable with some health worker attitudes, but the main concern was medicine shortages.*
- *A host of factors limited demand for evidence-based treatment: (1) lack of awareness of illness signs; (2) reliance on a variety of home treatments for multiple syndromes; (3) belief that illness is self-limited; (4) reluctance to bring young infants out of the home, fearing “evil eye” or shame; (5) preference for prayer or traditional healing and resorting to “western” care only if conditions worsened; (6) use of pharmacies or private clinics; and (7) lack of mothers’ autonomy to seek care outside the home if there is a financial implication.*

How findings have influenced implementation:

- Systems strengthening approach needed, including community systems strengthening through community mobilization & engagement

How findings can be applied to other countries/settings:

- Most findings applicable to other settings. Requires formative research into attitudes, knowledge, beliefs, traditional practices.

Additional evidence or knowledge gaps:

- N/A

Publication:

Tefera W; Tesfaye H; Bekele A; Kayessa E; Waltensperger KZ; Marsh DR. Factors influencing the low utilization of curative child health services in Shebedino District, Sidama Zone, Ethiopia. Ethiop Med J. 2014; 52 Suppl 3:109-17 (ISSN: 0014-1755).