# Suggestions for Health Clusters and Health Experts on the field on how to use information on health-seeking behaviours

To enhance usefulness and usability of DTM data on health, the Global Health Clusters developed recommended questions and options for answers for DTM Location Assessment (apt for non-health expert Key Informants). While the DTM Field Companion (available in this toolkit) includes suggested use for each questions, the specific use of the question on Health-Seeking behaviour, recommended by Global Health Cluster, is also included here. In addition, this document proposes a table to document the correspondence between local options for answer and those identified at global level.

Health-seeking behaviour recommended question:

*What do people do when they or one of their family members get sick?*

*Options for answer (suggested by Global health Cluster):*

*a)Buy medicine from drug shop,*

*b)Go to formal (recognized) traditional healer who prescribes herbal or other types of remedies;*

*c)Go to informal traditional healer (neighbour/wise man/ woman);*

*d)Go to religious centre;*

*e) Go to health worker (not a doctor but a health professional),*

*f)Go to the doctor;*

*g)Go to health facility,*

*h)Nothing,*

*i)Other (specify),*

*j)do not know/ no answer*

# Recommended use of the question on Health-Seeking behaviours (HSBs)

* Results of this questions will allow better assess affected people engagement with the health care systems in their respective socio-cultural, contextual, economic and demographic circumstances.
* Results might support decision making at operational level (attitudes towards a specific pathology or a type of response) as well as strategic (i.e. to implement a sensitisation campaign...).
* Analysing HSBs would finally support provision of some answers and interpretations to the several ‘why?” and ‘how’ emerging from the quantitative data collected from the DTM and the other health surveys which do not collect data at facility level.

# Documenting Correspondence between Global and Country-specific Options

*NOTE: to enhance accuracy of results, relevant boxes should be filled by Health Cluster/ WGs and shared and explained to DTM coordinator.*

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| When designing the questionnaire, identify correspondence between locally -relevant options of **Health-Seeking Behaviours** and thoserecommended by Global Health Cluster and included in DTM.  *- More than one country-specific type can correspond to one global type -* | |
| **Global Category** | **[COUNTRY] Category Name/s** |
| **Formal (recognized) traditional healer who prescribes herbal or other types of remedies** *These types of healers are normally recognized by institutions and belongs to associations. Their awareness on basic hygiene is normally higher than other counterparts and might be more in favour to be involved in trainings and other health promotion initiatives.*  *Sometimes they are called herbalists as they refer to a kind of ‘phyto-therapeutic’ knowledge, but this might sometime lead to confusion.*  *It might happened that those people refer to themselves and are labelled with the name of ‘doctor’, ‘hakim’, etc.* |  |
| **Informal traditional healer (neighbour/wise man/woman)**  *These types of healers might belong more to the spiritual sphere but not necessarily cure spiritual diseases only. Some disease which are attributed to the spiritual sphere might have physical manifestation/symptoms. In some cases governments recognise those types of healers, but in others there is not acknowledgment of their skills and practices.*  *In other cases, those healers are also related to witchcraft and evil eye dynamics, which could be overlapping in the perspective of people to some health-related issues, also with physical symptoms.* |  |
| **Religious centre** *In some contexts, religious centres are associated with healing practices (i.e. the use of holy water in Ethiopia). In other cases, as religion occupies also the space of the etiological universe (case of disease), these types of locations have a lot of importance in the health seek process of some patients.* |  |
| **Health worker (not a doctor but a health professional)** *Medical doctors might occupy a small percentage of the health workforce in a specific context. Often, other types of health professionals (i.e. community health works, health officers, nurses) undertake functions that might also comprehend diagnosis and cure contributing to a high percentage of the workload, particularly in rural setting and in support to the referral system available. It should be also pointed out that in many contexts, beneficiaries do not know the different typologies, hierarchies and graded of the health workforce available and perceive them all also ‘doctors’, hakim, etc.).* |  |
| **Doctor**  *Medical Doctor as per country legal definition* |  |
| **Health facility** *(e.g., hospital, clinic…)* |  |