Health Care Seeking Behavior

in

Karenga and Kapedo Sub Counties

Kaabong District

April 2010

Health Care Seeking Behavior Survey February 2010

Executive Summary

A health care seeking behavior survey was carried out in January and February 2010 by Medair Uganda in Karenga and Kapedo sub counties. The survey sought to establish the choices people make when looking for health care and what factors influence them to choose for either traditional healers or formal health care providers.

The objectives of the study were to better understand the health seeking choices people make and to collect information to better inform design of health education material.

53 people were randomly selected and interviewed during the study. 5 focus group discussions were held to collect more information on top of the individual interviews. People from inside and outside catchment areas of a health center were interviewed both individually and in focus group discussions.

Respondents identified insecurity and distance to the health centers as the main barriers to accessing health care. Other barriers were identified as social status and the perceived attitude of health workers. Other cultural beliefs, such as that particular health problems can only be treated by traditional healers also play a role in the choices people make when looking for health care providers.

The study found as well that factors delaying access to formal health care do exist and were identified as looking for money to go to the health center, obtaining permission from family and distance to the health center. It was also established that diseases are recognized at a late stage.

People however recognized that improvement of health services in both quantity and quality would encourage them to seek health care more frequently from formal health care providers.

Recommendations of the survey include accelerated roll out of the VHT program in the District to bring basic health care services closer to the community. Health education should focus on increasing knowledge of diseases among the general public and when to seek health care. It is also recommended that the role of traditional healers and traditional birth attendants in health education be further researched.

Abbreviations

ANC	Antenatal Care
BCC	Behavior Change and Communication
FGD	Focus Group Discussion
GMP	Growth Monitoring Project
HCSB	Health Care Seeking Behavior
HPSC	Healthy Practices, Strong Communities
IEC	Information, Education, Communication
LC	Local Councilor
MoH	Ministry of Health
NGO	Non Governmental Organization
TBA	Traditional Birth Attendant
UGX	Ugandan Shilling
VHT	Village Health Team[1]

[1] Usually, only one person is meant when talking about VHT, the team was originally meant to be different health volunteers. A VHT is now often charged with providing basic health care for the 20-30 families in his or her immediate surrounding.

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1 Background

When people fall sick they have many choices to make such as to when to seek help, where to seek help, and how to travel to their preferred provider. All these choices are influenced by different factors, some that may enable people to seek health care from the place of their choice, others may act as barriers. Time, insecurity, income, culture, status and other socioeconomic factors may influence health care seeking behavior and how quickly people seek health care.
Under the Healthy Practices, Strong Communities (HPSC) program, Medair carried out a health care seeking behavior (HCSB) survey in communities of Kapedo and Karenga sub counties to identify drivers and barriers. The survey looked at choices caregivers make when their children fall sick. The information gathered in this survey was collected to help Medair understand where health education with regard to health care seeking behavior can be improved.

2 Objectives of the study

1. To better understand community health care seeking choices during illness
2. To collect information on cultural practices, beliefs, drivers and barriers of health care seeking behavior,
3. To obtain information for informing the development of Information, Education, Communication (IEC)/Behavior Change Communication (BCC) material

3 Study methodology

3.1 Tool design

Two questionnaires were designed; a structured questionnaire targeting individual caregivers and a focus group discussion guide with open ended questions.
These HCSB tools were designed by Medair to capture information regarding health care seeking behavior from community members, identifying drivers and barriers that determine where people seek health care from.

The two questionnaires focused on distance, insecurity, perception of health workers (formal and informal), perception of health services (both formal and informal), culture and time.

3.2 Study design

3.2.1 Individual interview

53 households were randomly selected from ten villages in Karenga and Kapedo sub counties. The individual caregiver questionnaire targeted individual house holds/caregivers that were randomly selected from different villages both close and far away from the health facilities. In each village, a maximum number of five caregivers were selected. The caregivers were selected randomly from a household list generated by the Local Councillor (LC) I and Village Health Team volunteer (VHT).
If the caregiver wasn't available or did not want to take part in the survey, the next household with children below five years on the list would be selected.
The translator was trained on the questionnaire to understand the meaning of each question before the interview. The translator would translate the questions on the spot. A VHT helped the team in capturing the right information.

The interview was retrospective going back to the last time the child under five was ill.

3.2.2 Focus Group Discussion

The focus group discussions (FGD) focused on health care seeking behavior in general. A total of five FGDs (two women groups and three mixed groups of men and women) took part in the FGDs. Each group had a total of 12-15 members. These were selected randomly in five villages by the VHTs and mostly the decision makers in households and caregivers of children below five years were invited to participate in the FGD. The groups included community members, elders, traditional healers and traditional birth attendants. These were mobilized by the VHTs and local council leaders.

The FGD participants came from both the catchment area as well as outside the catchment area. The catchment of the health center was set at a 5 kilometer radius or within a one hour walk, with the functional distance the first criteria and the physical distance the second criteria. This means that a person living within 2 kilometers from the facility but who had to cross some obstacles on the way to the facility and walk more than one hour was regarded as someone outside the catchment area. Two FGDs were held with people living outside the catchment area, while the other three were held within the health center catchment area.
The household interviews were held before the FGDs. Participants that participated in the individual interview were not allowed to participate in the FGDs in order to avoid duplication of information.

Group discussions lasted from 2 to 3 hours each. In order to encourage group discussions, all questions were open ended with a focus on members describing their past experiences as a way to gather information.

The data collection team first went through the questionnaire and pre-tested it before collecting data. The team included Medair staffs who are experienced in data collection techniques who also trained the translators on the questionnaire before the actual interviews in order to avoid mistakes in information collection.

During these FGDs, there was the moderator, note taker and the translator. The information was also recorded and later transcribed by a different person to cross check the quality of information captured. This was done to compare with the notes taken by the note taker during the FGD exercise for accuracy.

3.3 Study population

The study population included the following categories of community members:

- different caregivers with children below five years,
- opinion leaders,
- elderly people that have influence in decision making,
- women groups,
- husbands,
- traditional birth attendants,
- and other community members.

3.4 Data collection procedures

The data was collected by Medair staffs with the help of a translator and note taker. A total of 53 completely filled forms of the interviewed individual care givers and five sets of focus group discussion notes were collected from the villages visited. Data was collected from 10th till 23rd January 2010.
Percentages in this report should be read as a percentage of the people interviewed rather than as a proportion of the population in the two sub counties.

3.5 Data management and analysis

The completed questionnaires were coded and data was entered and analysed using Epi-Info.

4 Findings

4.1 Demography

Interviews were held in both sub counties with male and female respondents. 6 male and 47 female respondents were interviewed. In Karenga the team interviewed 39 people and in Kapedo 14 people. The age of people interviewed ranged from 19 to 65. 44 people of the 53 people interviewed had received no formal education at all, while 7 had finished primary schooling and 2 finished secondary schooling.

The main source of income for 18 people was gathering firewood and grass, 17 people earned their main income through brewing and selling kwete--a local beer. Other sources of income included poultry farming and piggery, farming, small business and casual labor.

4.2 Sources of health care

People, both in the individual interviews as well as in the focus group discussions, reported seeking health care for a variety of medical complaints, including common illnesses such as: diarrhea, malaria and cough/pneumonia. People sought health care from different sources. All people in the individual interview said that they would visit a health center for any complaint; however 35 out of 53 people would still visit a traditional healer[2] as well. 34 out of 53 people would seek health care from a local drug shop in addition to seeking to the health center or traditional healer. Few people would treat patients at home[3]. 47 respondents in the household interviews said they sought health care within 24 hours of onset of the disease, while the other 6 waited for 2 or more days.

In the focus group discussions people made a distinction between diseases that could only be treated at a health center and diseases that could only be treated by traditional healers. Table 1 gives an overview of the beliefs of the majority on who should treat various diseases.

Table 1

Health Center	Traditional healer/TBA
Malaria, diarrhea, headaches, chest pain/cough, eye infections and wounds	Extracting childrens' teeth, pneumonia, evils spirits/demonic attacks, severe back pain, tuberculosis, filariasis and obstructed labor.

[2] A traditional healer is defined as a person who has not received any formal health training and who is not an officially authorized by the MoH to provide health care.

[3] Treatment at home is to be understood as any treatment given to a patient with local herbs or medication for which no outside consultation is sought, but is based on common knowledge. People may still access formal or informal health care when home treatment fails. In this regard treatment at home with ORS or any other solution with the aim of preventing dehydration is considered home treatment in this survey.

In general people do seek health care from different sources; when one health care provider fails to cure a disease people do visit another health care provider.

4.3 Barriers

4.3.1 Insecurity

The timing of when a person falls ill has a significant impact on the health seeking behavior. In the interviews people indicated that health centers cannot be accessed from late afternoon till the following morning.
The reason for this is attributed to insecurity. Warriors attack mainly after dark. If people visit the health center in the late afternoon, they do not have enough time to return home before dark. This was mainly in communities that come from villages further than 5 kilometers from the facility and people who live more than one hours walk away.
The second reason given for not visiting the health center during late afternoon hours and night was due to the unavailability of staff during these hours. In such cases people would meet with a traditional healer first as they are closer to the family. If the traditional healer was too far away, then simple practices such as bathing the patient to reduce fever would be used until morning, when alternative health care would be sought. During morning hours, the health seeking behavior varies in different places and for different reasons as discussed below.
Insecurity not only influenced health care seeking behaviors at night, but it also did during the day. Warriors reportedly hide in the hills and bushes during the day, while waiting for night to come. In the FGD people stated that areas where warriors are waiting can't be safely passed during the day and this fear forced people to walk extra distances over the main roads. The straightest line to the health center over the hills or through valleys was cut off.

1.1.1 Distance

Respondents in both focus group discussions and individual interviews agreed that distance and insecurity were the major barriers to accessing health care. The average distance to a health center in Karenga and Kapedo is over 4 kilometers, though in some parishes, people walk close to 12 kilometers to the nearest health center. Table 2 gives an overview of distance in minutes to the nearest health care provider for the 53[4] people interviewed.

Table 2

[4] People gave the distance to all their health care providers, where relevant.

	Health Center	Traditional Healer	Drug Shop
Within 30 minutes	6	15	6
Between 30 and 60 minutes	14	5	8
More than 60 minutes	33	13	21
Totals	**53**	**33**	**35**

Organized public transport in Karamoja is scarce and travel is mainly done on foot. Those interviewed who managed to use transport to travel to the health facility paid between 1,000 and 5,000 Ugandan Shillings.

4.3.2 Prescription

Other reasons people gave for not visiting a health center included fear that the health workers will give a wrong prescription or incorrect injections. In FGDs people informed that community members feel health staff are not always well trained in some areas of case management and sometimes get drunk while on duty and therefore cannot perform well. Some felt that services provided by the traditional healer are better than at the health center. Still others mentioned the influence of traditional healers as a reason for not accessing formal health care.
Traditional healers are generally well respected members of the community and therefore what they say carries a lot of clout. It was reported that some traditional healers persuade people to first visit them, before going anywhere else.

4.3.3 Health worker versus traditional healer

People were asked to rate services provided at the health center versus services provided by traditional healers and drug shops. Out of 53 people interviewed, 18 perceived the services at the health facility and from other sources both as good. 15 people perceived the services of the health facility as worse than health services from other sources. Only 4 people rated the services of a health facility better than the services of other sources.
In the FGDs people confirmed that the perception of quality and the attitudes of health workers towards them were poor compared to those of informal health providers. People felt that health workers are not always available in the health center and people reported health workers are most of the time drunk. Traditional healers were not reported to have these problems. Some people however perceive traditional healers as untrustworthy. They may take money or gift in kind and not perform services.

4.3.4 Pregnancy and delivery

In the FGDs men and women reported that women do attend ANC, although they do not usually deliver in the health facility. Interviewees gave different reasons for this. One reason given was the insecurity as presented earlier, other reasons

were that women are not always aware of their estimated due date and labor starts unexpectedly for women with no time left to reach the health facility.
Other barriers for delivery included information women receive in the health center during ANC visits. Women believed that when the midwife informs them that both the baby and the mother are fine, women do not see the need to deliver at the health center
In FGDs it was shared that deliveries in a health facility have to be paid for, while the TBAs in the villages provide free services. People in the FGDs reported it costs 2500 UGX for a normal delivery in a health center. A delivery in a health center is supposed to be free of charge and includes the delivery itself as well as a bed and other related activities.

4.3.5 Services

34 of the 53 respondents stated that the nearest health center does not provide all the services that they need.
Table 3 gives an overview of the services people would like to see provided at the health center.

Table 3

Service	Respondents
Admission	9
Maternity	15
Laboratory	9
Drugs	21
Ambulance	3
Staff	4
Other	6

Under 'others' people mentioned provision of food for patients and 24-hour service provision. In the FGDs people added that staff in the health center should be more approachable and friendly.

4.3.6 Decision making in health care seeking behavior

40 interviewees of the 53 interviewed people admitted to having to seek permission before visiting a health care provider, either formally or informally. 29 people seek permission from their spouse, a few seek permission from others, including from other males in the manyatta, in case their own spouse is in the field attending to cattle.
The primary caregiver, almost always the mother, is usually the one to identify that a child is sick. A baby is often reported to be sick when the mother experiences difficulties in breastfeeding.

The primary caregiver will make a choice whether the child is brought to a health center, a traditional healer or another place. Mothers, however do have to seek permission from their husbands as the husbands have to pay for the treatment. In case the mother does not agree with the husband or the person who pays, the mother may decide to go to another health care provider, but will have to pay herself and she will have to look for the money herself.
It is only adults who have decision-making power when a child is sick. Until the child is mature or gets married, the parents will decide when and where a sick child is treated. For example, while a child of 10 years can be sent by a parent to accompany a younger child to the health center or hospital, an adult (usually parent) must always accompany a child up to 15 years (or older) to the traditional healer in order to carry out the negotiations related to costs and treatment.
If the husband is not around, in-laws can make a decision or any other elder, designated by the husband. It was shared in FGD that other people in the community should not try to influence you because if they make the wrong decision, then the consequences would be considered to be their fault.

4.3.7 Costing of health care

The FGDs mentioned that people have to buy a notebook for the health worker to write the diagnoses and treatment in. These notebooks cost 100 UGX. A health center should have free treatment cards available. The money for the notebook is thought to go directly to the health staff.
Transport costs for patient and caretaker can vary from 2,000 to 10,000 per person per return journey.
Drugs are given for free in health facility. If not available, then the patient is referred to a drug shop. Drugs typically costs from 3,000-5,000 UGX.
Participants in the FGDs mentioned as well that when staying overnight to visit the health center a family needed to buy food, which was identified as an additional barrier. All in all one trip to the health center may cost a family 15,000 UGX. This is in an area where a daily laborer earns 3,500 UGX.

4.4 Drivers

4.4.1 Drugs

The availability of drugs seems to be a major driver to seek formal health care. When asked what services people would like to see improved at the health centers, 20 people mentioned health centers should improve on the provision of drugs. This is in line with the question what kind of services people would like to see provided at the health center. People stated they wished to see more drugs in the health center both in terms of quantity as well as increased selection and capacity to treat more diseases.

4.4.2 Waiting time

People do have to wait a considerable time once they reach the health center. Of the interviewed people 38 said they had to wait more than 1 hour after reaching the health center. 12 people had to wait between 30 minutes and 1 hour. 7 people mentioned that staff should improve on the waiting time, so the health center becomes more attractive. In general potential patients have to wait two times; the first time for consultation and the second time for treatment and medication.

4.4.3 Professionalism

The second point people mentioned to improve the attractiveness of the health center was to improve the quality of care. 9 people mentioned that health centers need more staff in the health center and that the staff already available has to be trained. People in the FGDs mentioned that nursing assistants do not address their health needs at the moment. Participants in the FGDs mentioned that people feel nursing assistants refer a lot of patients to higher level health facilities. People felt nurses and midwives would be able to handle more complex cases if more of them staffed the existing health facilities.

Other drivers that would motivate people to access formal health care would be the provision of mobile clinics, ambulances and laboratory and maternity services. People in the FGDs reported that they thought mobile clinics and other outreach activities would strengthen the link with the static health center.

4.5 After the traditional healer, health center, drug shops, where next?

Participants in the FGDs reported that after treatment from traditional healers, and western medicines have not been able to cure the patient, the patient is brought back home, and various ceremonies are performed to try and cure them. One ceremony is to change the name of the patient, as the family believes that the name has been cursed. It is also believed that if a patient cannot be cured, then they may have been delivered wrong. Therefore a ceremony is performed where a ram is presented to the aunts of the patient. The patient should then have cow dung smeared on his/her body, and sleep for 4 days without bathing. It is generally thought that this can cure the patient. Some FGD participants claimed this has actually cured people, although the majority said most patients end up dying.

5 Discussion

5.1 Distance and security

Distance and insecurity are two main barriers to accessing health care. People do rely more on traditional healers in emergencies during evening and night times. It seems that people go to the health centre in case complications do occur and when the traditional healer fails to deliver results. The opposite holds true, when people do visit the health centre first, but the visit doesn't yield the desired results people then visit a traditional healer.

Distance and insecurity seem to affect ANC visits less than other visits. This might be because from the timing perspective women do have more opportunities to have at least one ANC visit during a nine month pregnancy. The Health Facility Assessment, done earlier found 4,344 ANC visits against just over 500 health facility based deliveries. The reason for this discrepancy between the # of ANC visits and the number of facility based deliveries could be for more many reasons-- TBAs live close by, mothers trust after ANC visits that there will not be any complications, women are unable to get to the facility in time due to distance and uncertainty about their due date, and insecurity at night.

5.2 Status of the health care provider, influenced by the trust people have in a health care provider

Trends in answers from FGDs seem to suggest that people pay more attention to the behaviour of government health workers than of traditional healers. The health workers' perceived bad attitudes towards patients are taken more seriously and are affecting the care seeking behaviour; traditional healers on the other hand reportedly talk well to the patients and are people who live with them in the same village setting. Traditional healers do have somewhat a better social status than health workers. The fact that health workers seem to be more often absent, and reportedly are drunk while on duty and can be impolite to people visiting the health centre is not helping them to improve their status within the communities.

5.3 Services that people need from a health care provider

Health centres in Karamoja generally fall short in service delivery compared to the package that health centres should be delivering as verified by the HFA survey carried out in November 2009. This is mainly due to low staffing levels and the low level of education that the health staffs have. On top of this, health centres experience frequent stock out of drugs and lack equipment to deliver quality health care. People realise that their needs are not met when visiting a health centre. People may be diagnosed with malaria, but have to procure drugs

from the nearest drug shop. Such complaints are not heard about traditional healers.

5.4 Empowerment of the primary care giver to choose a preferred health care provider

Primary caregivers do have to ask permission to visit a health care provider of their choice, whether the health care provider is formal or informal. It is the husband often who will have to pay the bill. Whenever the man is herding cattle in the field, there is a delay in visiting a health care provider. When a woman decides to go against the advice of the husband, in-laws or the person she has to seek permission from, she has to cover the costs herself, in which case there may be a second delay.

5.5 Culture

People do agree that culture plays a role in choosing where they will seek health care from. Some diseases are thought to be specifically treated by a traditional healer, while other diseases are thought to only be treatable at a health centre. In the end most people however seem to have a pragmatic approach to both the health centre and the traditional healer. If one approach fails, the person will look for health care from the other source.

5.6 Time

The fact that traditional healers live, in general, closer to the people, may add to the delay in seeking care from a formal health center. If one has to walk over an hour to a health center or wait over an hour and then potentially not have your health problem adequately addressed, this might motivate one to visit a traditional healer first before visiting a formal health center. Even people who lived within an hour walk from the health facilities still thought care from the traditional healer was better due to the poor attitude of health workers towards patients and frequent drug stock outages.

6 Conclusions and recommendations

6.1 Conclusions

People living in the two sub counties have numerous factors which influence whether they seek traditional or modern medical treatment.

The main barriers to promptly seeking facility based care identified by this survey include:

- Limited knowledge on common childhood illnesses and danger signs.
- Insecurity and distance.
- Misunderstanding of the advantages of health facility deliveries with a skilled birth attendant.
- Perceived quality and attitudes of health workers as well as the services delivered.
- Travel time and cost to reach the health center.
- Lack of empowerment of the primary care giver causing delays in early care seeking.

The main drivers and incentives to promote appropriate health care seeking behavior identified by this survey include:

- Improved interpersonal communication between the service provider and the service user. For example, miscommunication during the ANC visit where women decide not to deliver in the health center after the midwife tells them that everything is going well with the pregnancy.
- Improved quality, quantity and diversity of health services and drugs provided.
- Better training and equipping of health staff especially VHTs with strengthened linkages to facility health workers.

6.2 Recommendations

- Advocacy for an accelerated roll out of the VHTs program in the two sub counties to improve basic service accessibility and availability at the community level.
- A strong referral system among the community VHTs and health centers should be established.
- Further research on a future role for traditional healers and TBAs in the formal health system should be considered especially on how TBAs and traditional healers can be trained as VHTs and provide health education.
- Health education materials and sessions should be developed and promoted focusing on the barriers identified during the HCSB survey to

improve on the health care seeking behaviors among the community. Health education should be targeted to increase the knowledge on common childhood illnesses and general danger signs as well as the importance of seeking care early in disease

- A health center health worker as well as a VHT and midwife may need different IEC materials. Where a health center worker may counsel a patient or care giver on the use of a mosquito net in the prevention of malaria, a VHT may need material showing how the mosquito net is used.
- Improving the quality of health care at the health centers through appropriate trainings of health workers in order to persuade more people to access health centers and using success stories of those with improved outcomes in community health education sessions.
- Facilitate more outreaches from health centers to the villages (e.g. immunization or mobile GMP) to improve the interaction of health workers with the public and make formal health care services more available and acceptable.

MEDAIR UGANDA
Focus Group Discussion Guide
For the Health Seeking Behaviour Survey for Karamoja

Good morning/afternoon. We are a team from Medair Uganda and we are conducting a baseline survey in Kapedo and Karenga Sub-Counties (Kaabong District) on the Health Seeking Behavior for the community. The objective of the survey is to help us identify and address the gaps in health care seeking behaviours existing among care givers/takers in this community.
Your participation in this study is voluntary and will not cause a loss of privacy. Whatever information you provide will be treated as confidential and no data reported will be linked to this group. Your views are important and the discussion will take us around _____ minutes to complete.

Record (*Sub-County*; Parish; *Village*; Names of Moderator & Note taker; *Time Taken* & Number of Participants)

Health care seeking behaviors among care givers/takers in the community

1) What are the major economic activities in this area?
2) What are the main health issues / diseases that your community seeks help for?
3) Where do the people in this community usually go for treatment when they fall sick?
4) Are there any diseases that can only be treated by traditional healers?
5) Are there any diseases that can only be treated in a health facility?
6) On average, how much time do you spend at the health facility waiting for treatment
7) How do you perceive the quality of services provided at the health facilities in this area?
8) How do you perceive the services provided by other sources?
9) What do you think can be done by HWs in this facility to make services in the health centre attractive?
10) What are the major drivers (factors influencing) to seeking health care in a Health Facility among the community.
a) For ANC and deliveries
b) For General diseases

(***Try to grade these factors according to their magnitude with the highest scoring 5 and the least 1***)

11) What are the major barriers (obstacles) to seeking health care in health facilities?
a) For ANC and deliveries
b) General diseases

(***Try to grade these factors according to their magnitude with the highest scoring 5 and the least 1***)

12) What are the major drivers (factors influencing) to seeking health care from other sources (TH, TBAs) in the community.
a) ANC
b) General diseases
(***Try to grade these factors according to their magnitude with the highest scoring 5 and the least 1***)

13) What are the major barriers (obstacles) to seeking health care from other sources in the community?
a) ANC
b) General diseases

(***Try to grade these factors according to their magnitude with the highest scoring 5 and the least 1***)

Thank You Very Much for Your cooperation

MEDAIR UGANDA
Communities (HPSC) Project

Health Seeking Behaviour Survey for Karamoja

Good morning/afternoon. My name is _____ and I am an interviewer from Medair Uganda. We are conducting a baseline survey in Kaabong District for the HPSC Project. The objective of the survey is to help us identify and address the gaps in health care seeking behaviours existing among care givers/takers in the community.

Your participation in this study is voluntary and will not cause a loss of privacy. Whatever information you provide will be treated as confidential. No data reported will be linked with this household. You can stop the survey at any time. However, we hope that you will participate in this survey since your views are important. The survey usually takes _____ minutes to complete.

Should I proceed with the Questions/Survey?

Yes ☐ Proceed, **NO** ☐ Terminate Interview

At this time, do you want to ask me anything about the survey?

Start Time: _____ End time: _____

District		Date	____/____/_____
Sub-County		Interviewer ID	
Parish		Interviewer's name	
Village		Interviewers' Signature:	

1. Health care seeking behaviours among care givers/takers in the community

100	Question	Optional answers		Skip to
101	SEX of Caregiver	Male Female	1 2	
102	AGE of Caregiver	_____	*Write age in complete years*	
103	What is your level of education?	No education Primary Secondary Tertiary	1 2 3 4	
104	What is the main source of income in your household?			
105	What health issues/ diseases make your community to seek help for?			
106	Where do you usually go for treatment?	Health Centre Traditional Healer Drug shop Other (specify)_____	1 2 3 4	*multiple answers*

107 a	How long does it take you to reach a health centre	Less than 30 minutes Between 30m-1 hour More than 1 hour	1 2 3	
107 b	How long does it take you to reach a traditional healer	Less than 30 minutes Between 30m-1 hour More than 1 hour N/A	1 2 3 4	
107 c	How long does it take you to reach a drug shop	Less than 30 minutes Between 30m-1 hour More than 1 hour N/A	1 2 3 4	
107 d	How long does it take you to reach other _____ (in 106-4)	Less than 30 minutes Between 30m-1 hour More than 1 hour N/A	1 2 3 4	
108 a	Are there any diseases that can only be treated in a health facility?	Yes No Don't Know	1 2 3	
108 b	Are there any diseases that can only be treated by a traditional healer?	Yes No Don't Know	1 2 3	
108 c	Are there any diseases that can only be treated by a drug shop?	Yes No Don't Know	1 2 3	
108 d	Are there any diseases that can only be treated by other ……..... (in 106-4)?	Yes No Don't Know	1 2 3	***Other including at home***
109	What are the main barriers that prevent the community members from seeking medical care from the health facility?			***for answers that are direct, skip 109a***
109 a	Why?			
110	What do you think can be done by HWs in this facility to make services in the health centre attractive?			
111	Do you usually pay money for treatment at the Health Facility?	Yes No	1 2	***If no, skip to qn 115***
112	How much do you usally pay		*Fill in Amount as stated*	
113	Does this influence where you seek health care from?	Yes No	1 2	
114	Why?			
115	Do you pay other health care providers money or in kind?	Yes Money Yes in kind No	1 2 3	

116	What sickness usually prompts you to seek health care	Malaria/fever Diarrhea/dysentry Cough/Pneumonia Other (specify) ……..	1 2 3 4	
117	How long after the sickness do you usually seek health care?	Within 24 hours within 2-3 days More than 3 days	1 2 3	
117a	Why?			
118	Does the distance affect your attendance in a health facility	Yes No	1 2	***if no, skip to***
119	How?			
120	Do you spend any money on transport to the health facility?	Yes No	1 2	
121	If yes, How much?	_____	Fill amount as stated	
122	How much time do you spend at the health facility waiting for treatment	Less than 30 minutes Between 30m-1 hour More than 1 hour	1 2 3	
123	Do you usually get all the services you may need at the health facility?	Yes No	1 2	
124	If no, which services are not at the health facility?	Admissions Deliveries Lab Services Other Specify) ……	1 2 3 4	
125	What services would you like to see at the health facility?			
126	How do you perceive the services provided at the health facility?	Good Fair Poor	1 2 3	
127	How do you perceive the services provided by other sources	Good Fair Poor Don't Know	1 2 3 4	
128	Do you need to seek permission from any one before you go for health care?	Yes No	1 2	
129	if yes, whom do you seek permission from?	spouse Inlaws Other (specify)	1 2 3	
130	Does this person stay with you in the same household?	Yes No	1 2	
131	Are you informed of any services provided by the health facility?	Yes No	1 2	
132	if no, do you think this can affect the level of attendance?	Yes No Don't Know	1 2 3	

Thank You Very Much for Your cooperation