



**End Line Survey:
Change in Health Seeking Practices
Among Brick Kiln Workers
in Batapur**

December 2016



End Line Survey: Change in Health Seeking Practices Among Brick Kiln Workers in Batapur

December 2016



Acknowledgements

Development Impact Solutions would like to thank Palladium Pakistan & DFID UK for their support of “Linking Brick Kiln Women Workers with Formal Health Services” project implemented in Lahore, Pakistan.

This baseline research was authored by Dr. Saifullah Chaudhry. Field work was carried out by field team. We would like to thank the women and men brick kiln workers who participated in the research, and Malik Bashir, Brick Kiln Owner who facilitated research team access the cluster of brick kiln in Batapur, district Lahore.

Suggested Citation: Development Impact Solutions (2016). *End Line Survey: Change in Health Seeking Practices of Brick Kiln Workers in Batapur*. Islamabad: Development Impact Solutions

Contact

Development Impact Solutions Private Limited
111 Park Towers, F-10, Islamabad, Pakistan
Email: info@developmentimpact.org
www.developmentimpact.org

All images © 2016 Development Impact Solutions (Pvt) Ltd.



ACRONYMS

ANC	Antenatal Care
ANCE	Association of Network for Community
BHU	Basic Health Unit
BKOAP	Brick Kiln Owners Association of Pakistan
CNIC	Computerized National Identity Card
DIS	Development Impact Solutions
HANIF	Health and Nutrition Innovation Fund
ILO	International Labour Organization
LHV	Lady Health Visitor
PHCS	Primary Health Care Satellite
PNC	Post Natal Care
RHC	Rural Health Centre
TBA	Traditional Birth Attendant
UC	Union Council



Contents

1.	INTRODUCTION:.....	6
1.1.	Innovation:.....	6
1.2.	Baseline Key Results	7
2.	METHODOLOGY	7
2.1.	Locale.....	7
2.2.	Sampling:	8
3.	FINDINGS	9
3.1.	Demographics.....	9
3.2.	Information about PHCS and Awareness	11
3.3.	Awareness Sessions	12
3.4.	Behavioral transformation.....	13
3.5.	Services Received at PHCS and BHU	15
3.6.	Level of satisfaction with PHCS Services	16
3.7.	Future preferences for health services.....	20
4.	CONCLUSION.....	22
5.	Annex-A: End Line Questionnaire	26

1. INTRODUCTION:


The Brick kiln workers in Punjab province lack access to proper health services because of their poor health-seeking behavior and health systems' lack of outreach to these marginalized segments of the society. The Punjab Labour Department estimates about 5,900 registered brick kilns with an estimated workforce of 158,000. Contrary to this, the media reports and civil society organization project about 10 million workers directly or indirectly engaged with the brick kiln industry in Pakistan¹ - much higher than the official estimates. These women and men workers living and working in extremely poor condition face multiple health-related challenges.

1.1. Innovation:

The Development Impaction Solutions (SMC-PVT) LTD (DIS) designed innovation to transform the health services seeking behaviors of women brick kiln workers from quacks to formal health services. This DIS implemented the pilot of this innovation with the support of Palladium Pakistan (Pvt) Ltd and funding of DFID. The innovation-focused on helping women brick-kiln workers realize the value of seeking formal health services as opposed to going to quacks. The innovation works both on the demand and supply of formal health services among the target women. In this regard, DIS is implementing a project "Linking Brick Kiln Women Workers with Formal Health Services (LBW&FH)" in district Lahore.

The Brick Kiln Owners Association of Pakistan (BKOAP) signed a Memorandum of Understanding with the DIS. Under the MOU, the BKOAP has identified a cluster of 16 brick kilns in the Batapur Area and requested DIS to pilot interventions and establish Primary Health Care Satellite (PHCS). The PHCS is envisaged to provide free basic health services to brick kiln workers and referral to the government health system including Basic Health Units. The Punjab Health Department has endorsed the intervention and directed the EDO Health to sign a Memorandum of Understanding (MoU) with the DIS and notify health professionals to visit the PHCS and provide basic health and referral services to women brick kiln workers and their families. The DIS is implementing this project from End March 2016 till the end of January 2017. The project carried out its field intervention from April 2016, and from late June the Primary Health Care Satellite (PHCS) started offering free basic health

¹ <http://www.aljazeera.com/indepth/features/2014/07/pakistan-kiln-workers-live-like-slaves-20147212238683718.html> (Accessed on 21st Nov 2016)



services to Brick Kiln women and men workers. Extensive health awareness activities were also carried out in the cluster.

1.2. Baseline Key Results

At the start of the Project in May 2016, the DIS has conducted a baseline study to gauge the existing health-seeking behavior of workers at the target 16 brick kilns in the Battapur area. The baseline found that the predominant majority of brick kiln women and men workers were illiterate and reported they visit quacks when sick. Most of them reported that health treatment at quacks is cheap and in proximity, which was an interesting finding. In the target location of Batapur, there were two Basic Health Units, and all health services were either free of cost or at very negligible rates. Most females and males have reported that for antenatal, delivery, and post-natal services the brick kiln women workers rely on traditional *Dai* (traditional birth attendant). Overall, the baseline survey has found dismal health-seeking behaviors prevalent among women and men brick kilns workers in the Batapur area.

2. METHODOLOGY

At the end of November 2016, the End Line survey was carried out to gauge if any change in the health-seeking behavior of the brick kiln women and men workers has taken place. Following were the objectives of the End Line Survey:

- a. To document if target brick kiln women & men workers actively access health services at Primary Health Care Satellite (PHCS)
- b. To document if target brick kiln women & men workers value the health services provided at the PHCS
- c. To document if target brick kiln women & men workers health-seeking behavior improved towards formal health services and away from quakes.

2.1. Locale

The end line was also conducted in the same cluster of Batapur area of District Lahore, where the baseline was carried out. The target cluster of 16 brick kilns touches three union councils, UC 177, UC 179, and US 182. The mapping of the target 16 clusters conducted during the baseline, it was found that an estimated 2615 (44% females) workers reside on the brick kilns and another 2534 (32% females) workers daily come to brick kilns to perform their work.

2.2. Sampling:

During the end line, the purposive sampling² technique was used as well. The target 16 brick kilns have on average 35 families and a total of 560 families in the target areas. From each brick kiln, one adult brick kiln worker was randomly selected from every fifth family. Thus, from each brick kiln seven brick kiln workers, five women, and two men were selected to be interviewed, in total 112 workers were interviewed. Following is the total sample of the brick kilns.

#	Name of brick kiln/owner	No. of End Line Families	Sample end line Workers		
			M	F	Total
1	Malik Sadiq Ali Bricks Co, Malaik Afzaal	7	2	5	7
2	Malik Faqeer Muhammad / Malik Iftikhar	7	2	5	7
3	Younas Awan Brothers Brick, Malik Abbas	7	2	5	7
4	Malik Wazir Ali	7	3	5	7
5	Malik Boby Bricks'	7	2	5	7
6	Ghulam Bricks, Malik Asim	7	2	5	7
7	Haji M Yousaf Bricks	7	2	5	7
8	Malik Hashim Bricks	7	2	5	7
9	Malik Khadim Bricks	7	3	5	7
10	Malik Wazir	7	2	5	7
11	Rana Khalil Bricks	7	2	5	7
12	Malik Shahid Bricks	7	2	5	7
13	Zubair Bricks, Malik Bashir	7	2	5	7
14	Awan Estate Developer Bricks/Malik Asad	7	2	5	7
15	Haji Niamat Ali Bricks & Co / Malik Asghar	7	2	5	7
16	Malik Ashraf Awan Bricks	7	2	5	7
	Total		32	80	112

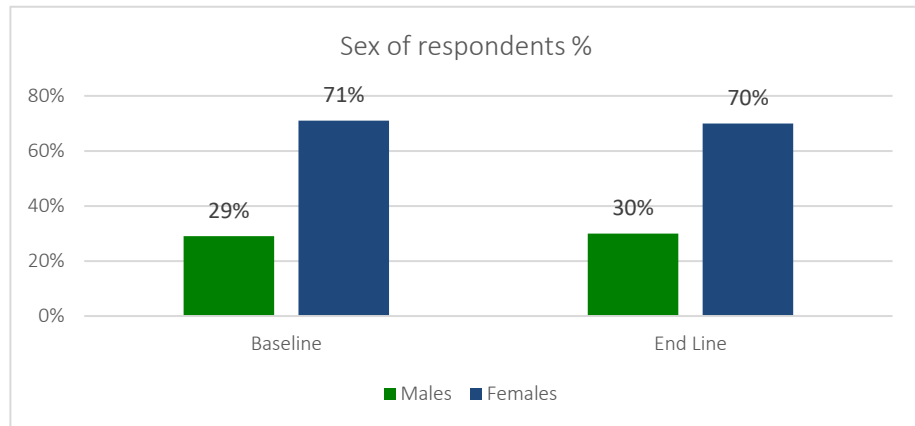
Since primary beneficiaries of the project intervention are women brick kiln workers, therefore, the effort was made to ensure more women workers' views were captured in the baseline. Out of the total 112 respondents, 70% were female brick kiln workers.

² Purposive sampling, also referred to as judgment, selective or subjective sampling is a non-probability sampling method that is characterized by a deliberate effort to gain representative samples by including groups or typical areas in a sample. The researcher relies on his/her own judgement to select sample group members.

3. FINDINGS

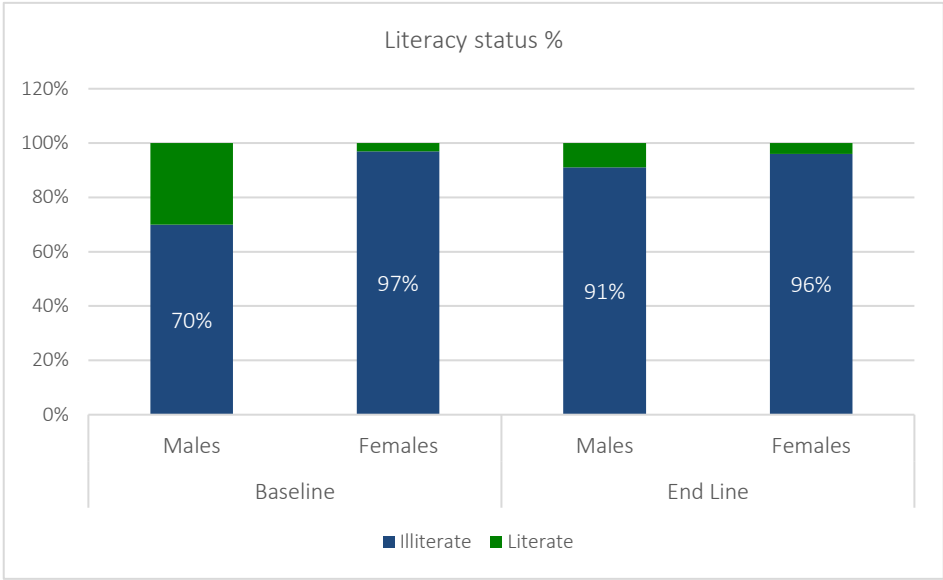
Like the baseline study, the end line study also examined the demographic profile of the target brick kiln women and men workers, their general health-seeking behaviors; practices to seek medical held during, and after pregnancy and for the delivery. Moreover, the end line has also ascertained the level of women and men brick kiln workers' satisfaction with the PHCS services, awareness efforts, referral, and its usages. The following subsection provides an in-depth analysis and compares it with the baseline data.

3.1. Demographics

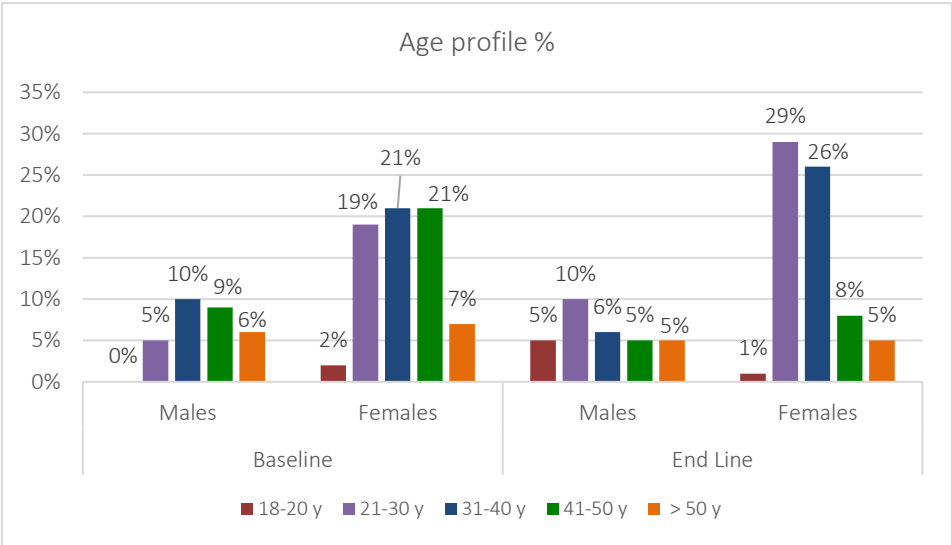


Since primary beneficiaries of the project intervention are women brick kiln workers, therefore, the effort was made to ensure more women workers' views were captured in the baseline. During the end line out of the total 112 respondents, 71% were female brick kiln workers. All these workers were residing at the target brick kilns.

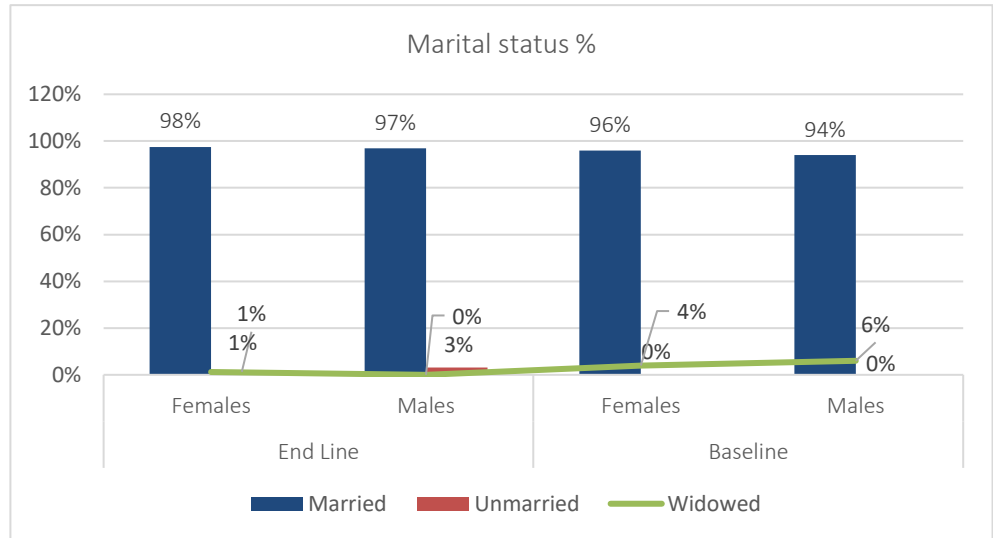
In both end line and baseline, a large majority of women were found to be illiterate (96%, 97%). However, during the end line more male respondents were illiterate than the baseline (91%, 70%).



The end line's female sample shows younger women interviewed as compare to the baseline data. In the baseline, 58% of the total sample were women in the age bracket of 40 years, and less as compared to the baseline where this was 42% only. Below two graphs give sex and age disaggregated percentage share of the total respondents during end line and baseline.

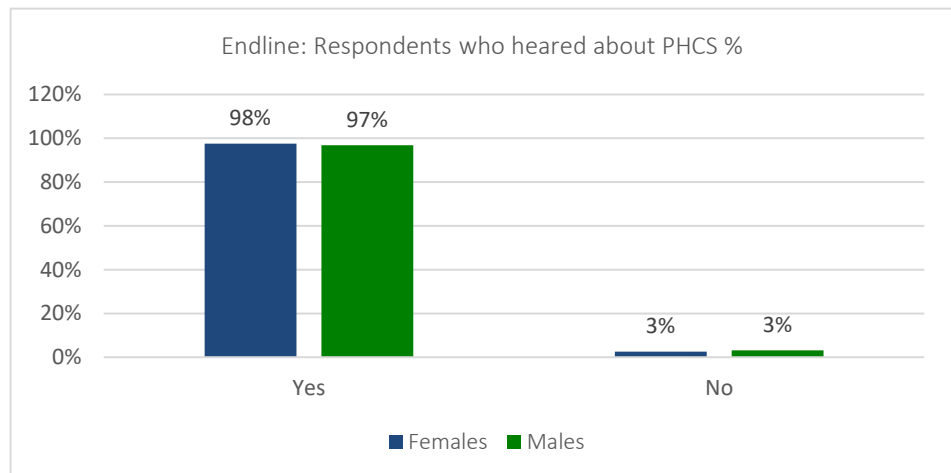


Predominant respondents both females and males across the end line and baseline were married. In all data points, the females and males respondents reported more than 90% as married. A tiny minority during the end line, males 3% and females 1%, were reported to be unmarried; only 1% females reported as widowed. During baseline, 4% females and 6% males also reported being widowed. The graph below presents the full picture:

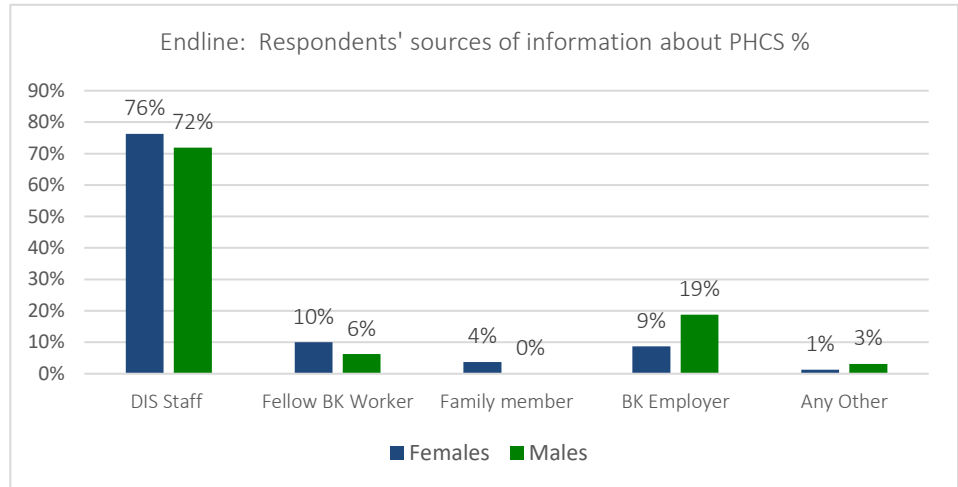


3.2. Information about PHCS and Awareness

Under the project, a Primary Health Care Satellite (PHCS) was established at the target brick kiln. It was known among the brick kiln women and men workers as “*Sehat Ghar*” (House of Health). An overwhelming number of female (98%) and male (97%) respondents shared that they have heard about the Primary Health Care Satellite (PHCS) - in Urdu *Sehat Ghar*.

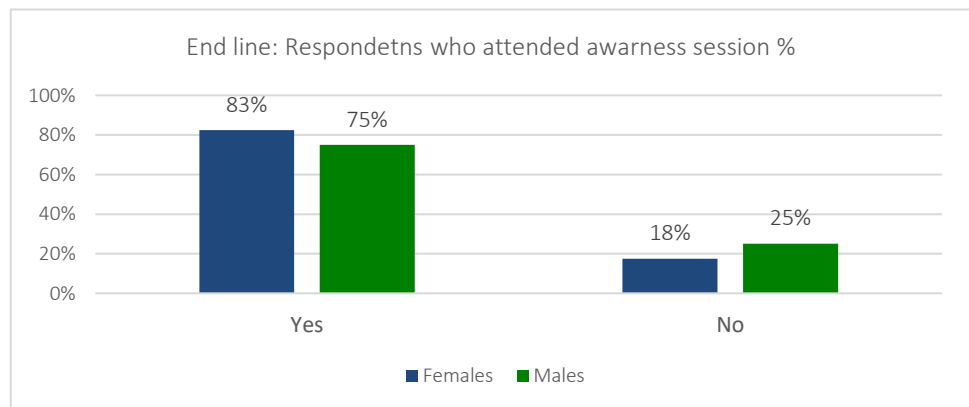


Regarding where they heard about the PHCS, the majority (females 76% and males 72%) said from the DIS staff. Other prominent sources of information about the PHCS included their respective brick kiln employers and fellow brick kiln workers. Some also indicated that they heard about the PHCS from their family members.

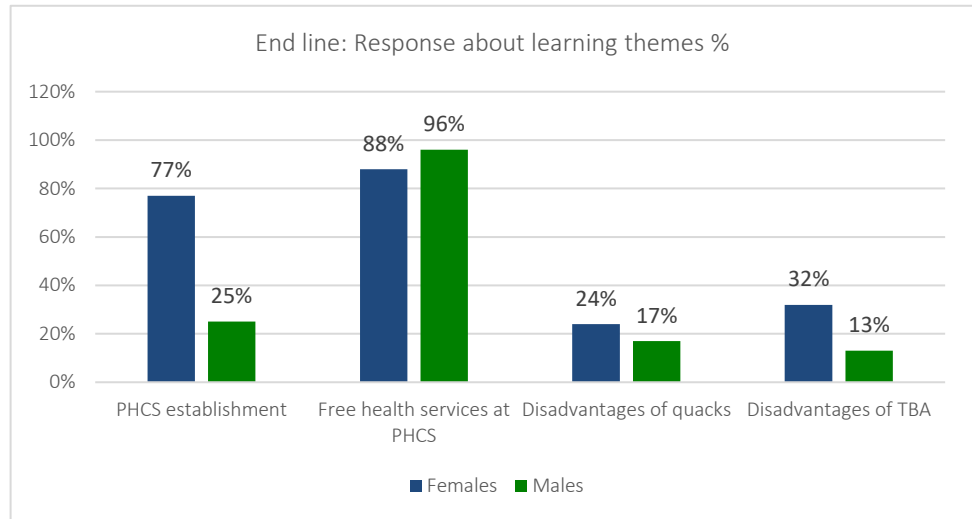


3.3. Awareness Sessions

The Project has carried out series of awareness sessions with the target brick kiln women and men workers to educate them about the benefit of formal health services and introduced the Primary Health Care Satellite (PHCS) and availability of government medical services. Among the brick kiln workers, there is a migratory trend, as some workers after spending few months at a brick kiln tend to move to a different brick kiln cluster. Despite this migratory trend, most of the women (83%) and men (75%) workers interviewed at the end line stage reported learning to attend the awareness session organized by the project.

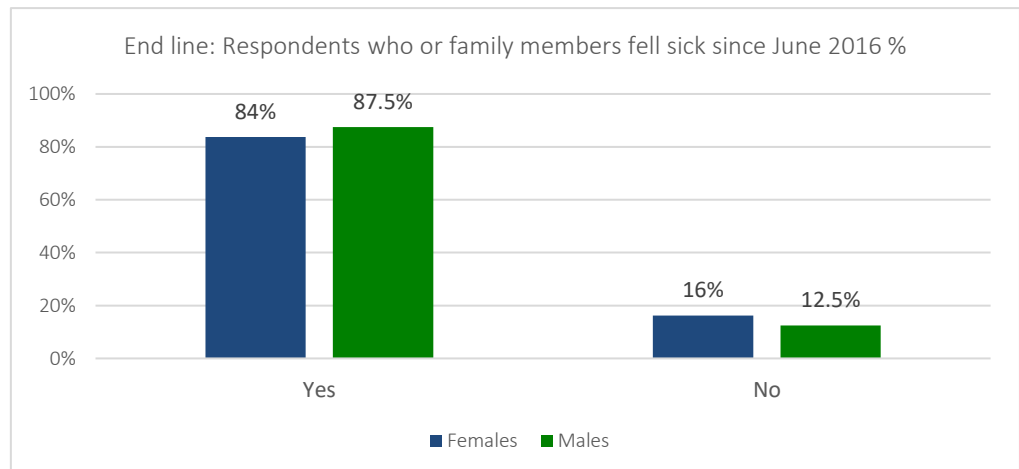


The respondents were asked about what they learned in the awareness-raising sessions. They were given four options, establishment of PHCS, Free health services at the PHCS, disadvantages of quacks, and disadvantages of the traditional birth attendants (TBA). The overwhelming majority of women (88%) and men (96%) remembered free health services at the PHCS.



3.4. Behavioral transformation

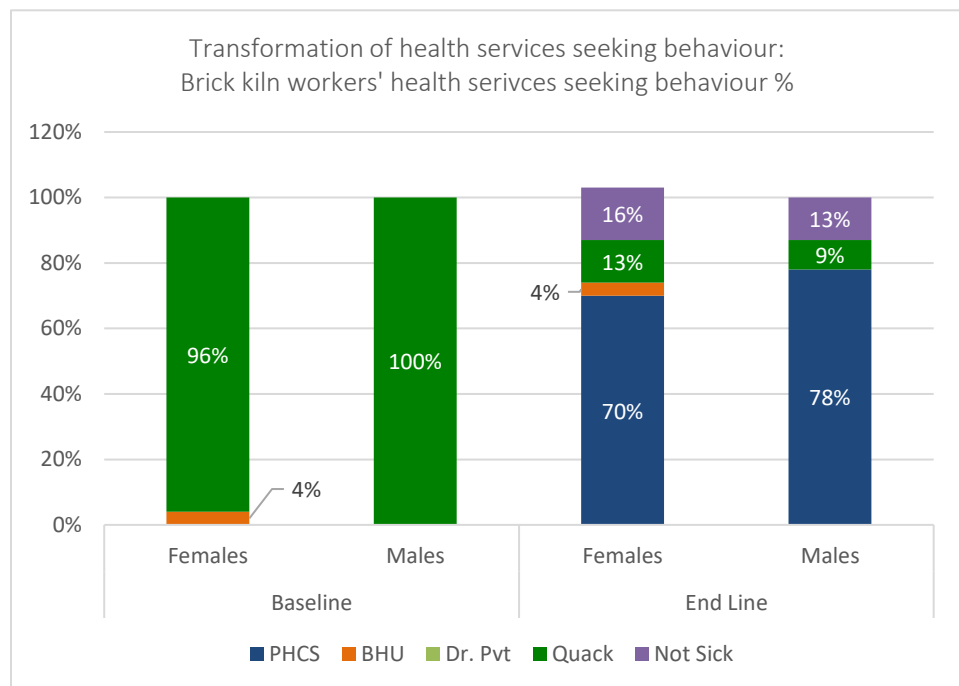
The project had established PHCS in the target cluster from the end of June 2016 when Punjab Health Department notified the health professional to visit the PCHS. Therefore, the female and male respondents were first asked if they or any of their family members had fallen sick since the end of June 2016. Overwhelming, most women (84%) and men (87.5%) said yes either then, or their family member fell sick since the end of June 2016.



Subsequently, when the respondents were asked where they went for the treatment of their ailment, the responses indicated a massive change in the health-seeking behaviors of the target women and men brick kiln workers.

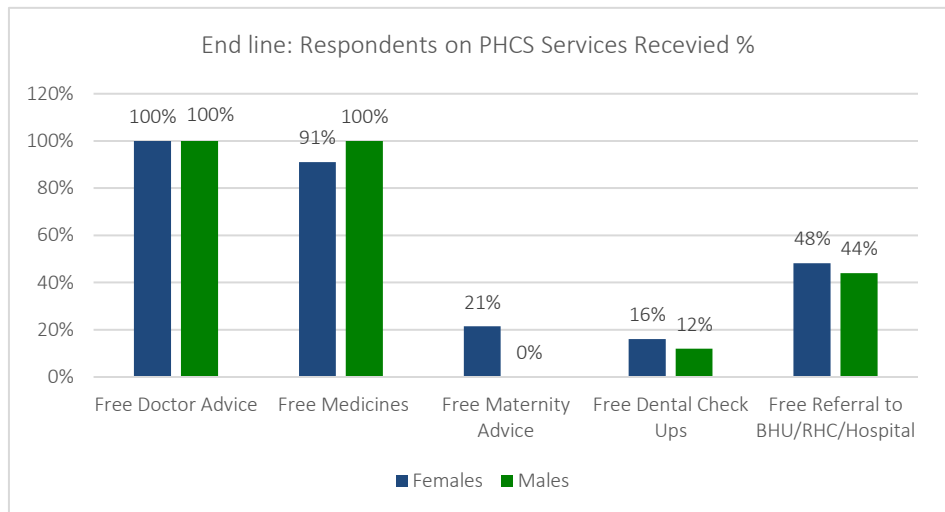
During the end line, a huge majority of women reported they were going to PHCS, 70%, and to BHU, 4%, for health services. At the time of baseline, only 1% had reported visiting BHU for health services. Similarly, there has been a huge decline in women who reported going to quacks for health treatment, from 96% at the baseline time to merely 13% at the time of the end line. It is also important to note that during the end line 16% of females have reported that they did not fell ill since June 2016. These huge positive results have been gained during the project's short work between July and Nov 2016.

Similar, positive results have been reported among the male respondents. During the end line, a massive majority of men reported they were going to PHCS, 78%, for health services. At the time of baseline, none of the male respondents reported visiting BHU for health services. Similarly, there has been a huge decline in men who reported going to quacks for health treatment, from 100% at the baseline time to merely 9% at the time of the end line. It is also important to note that during the end line 13% of males have reported that they did not fell ill since June 2016. These dramatic positive results have been gained during the project's short work between July and Nov 2016.

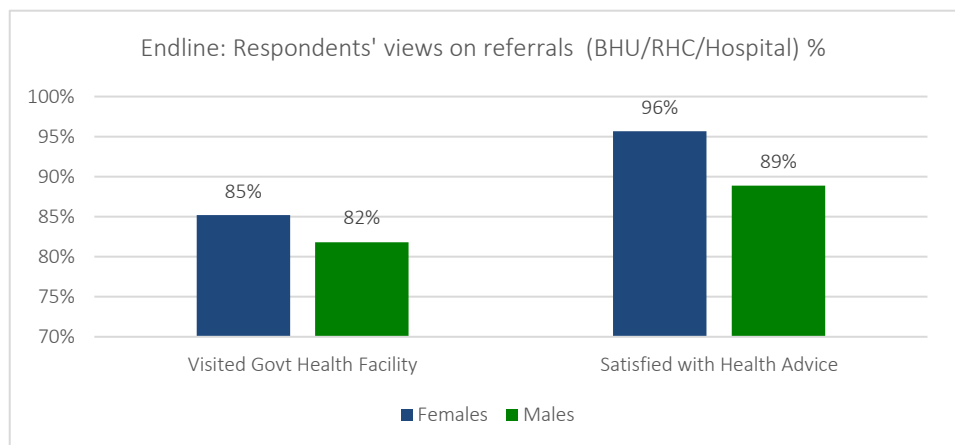


3.5. Services Received at PHCS and BHU

Among those respondents who visited PHCS for health services, all respondents reported benefiting from free doctor advice, free medicine (91% women), getting free maternity advice (21% women reported), free medical checkups (16% women and 12% men). A significantly large number of women (48%) and men (44%) reported they were referred to BHU/RHC/Hospital.

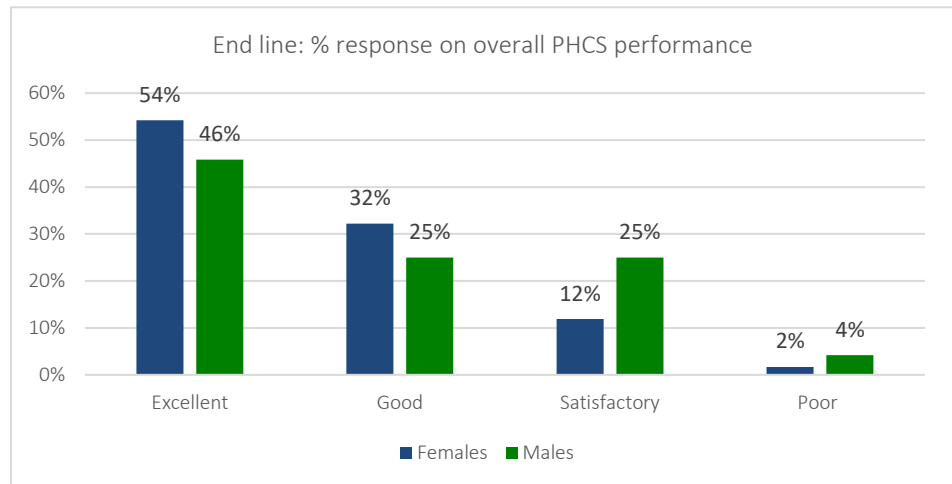


Among those who received free referral advice, asked if they visited BHU/RHC/Hospital and if they were satisfied with the services at that government facility. Out of the total patients who were advised referral at the government health facility, many women (85%) and men (82%) did visit. Among those who visited a predominant number of women (96%) and men (89%) reported satisfaction with the health services received.

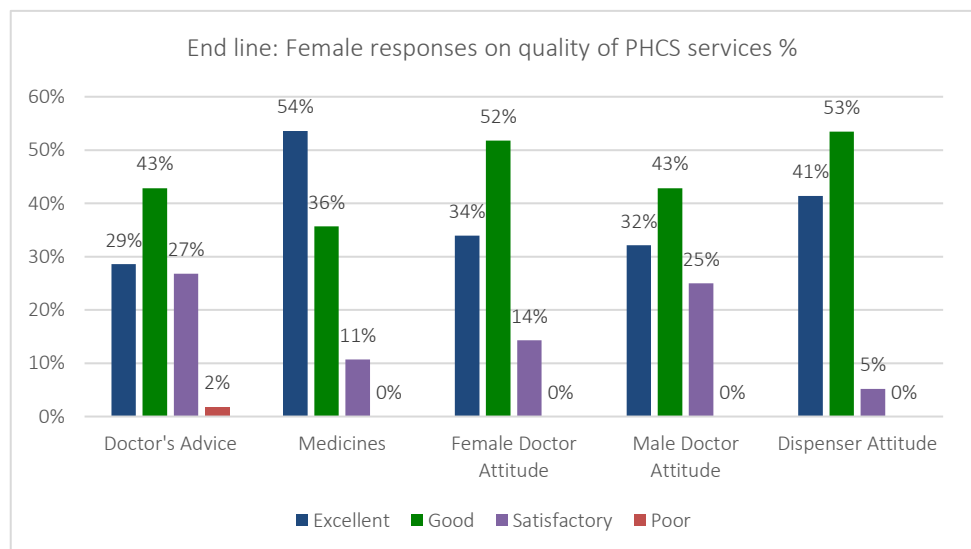


3.6. Level of satisfaction with PHCS Services

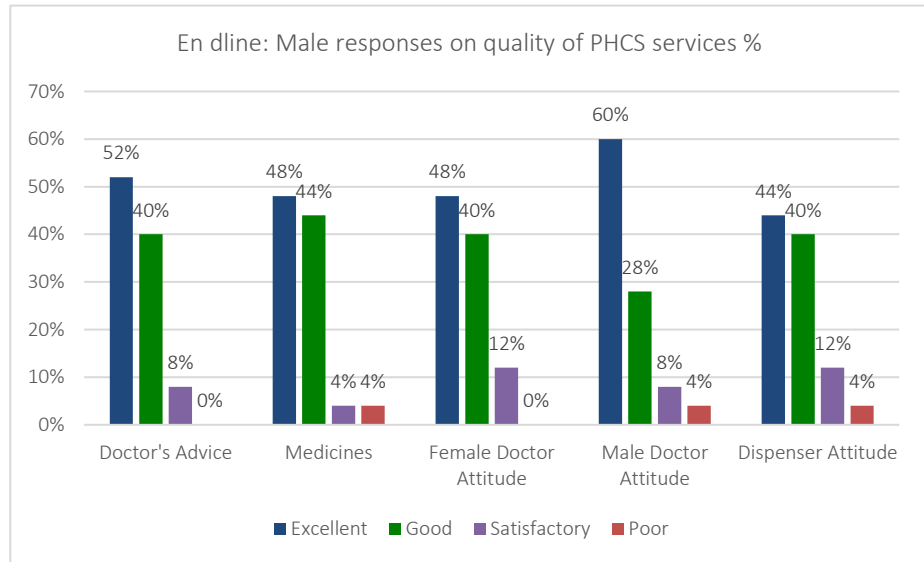
Those who visited the PCHS were asked to grade their experience on a four-point scale response, ranging from excellent, good, satisfactory to poor. An overwhelming number of female respondents said either excellent, 54%, or good, 32%. Similarly, among the males, many respondents either said excellent, 46%, or good 25%. There were 2% women and 4% men who were considered the health services at the PCHS were poor.



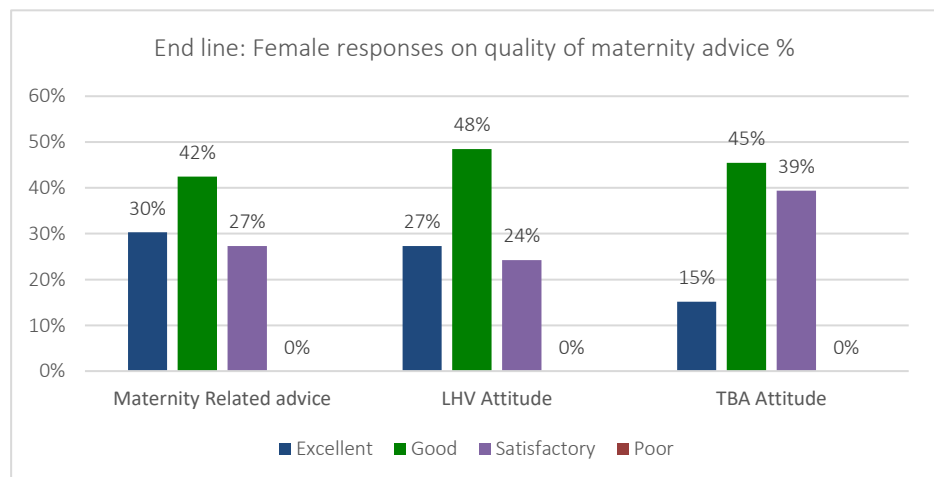
Subsequently, the female respondents were asked to rate the quality of health services at the PCHS on the four-point scale response, ranging from excellent, good, satisfactory to poor. Female respondents graded doctor’s advice, medicines (received), female doctor attitude, male doctor attitude, and dispenser attitude. Most female respondents have rated them either excellent or good across all these five services. However, 2% of females rated doctor’s advice as poor.



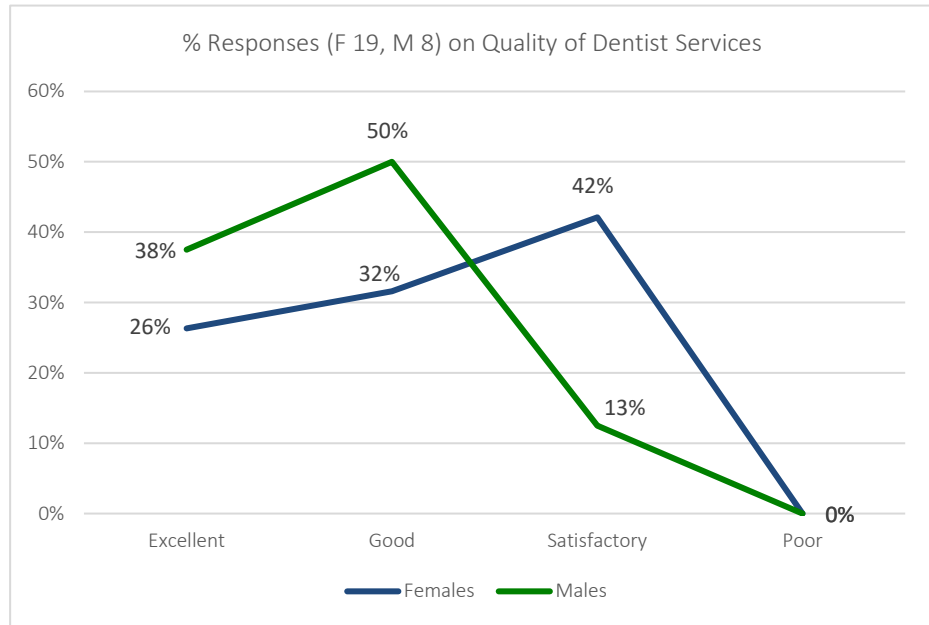
Similarly, the male respondents were asked to rate the quality of health services at the PCHS on the four-point scale response, ranging from excellent, good, satisfactory to poor. Male respondents also graded doctor's advice, medicines (received), female doctor attitude, male doctor attitude, and dispenser attitude. Most male respondents rated them either excellent or good across all these five services. However, 4% of males rated medicine, male doctor's attitude, and dispenser attitude as poor.



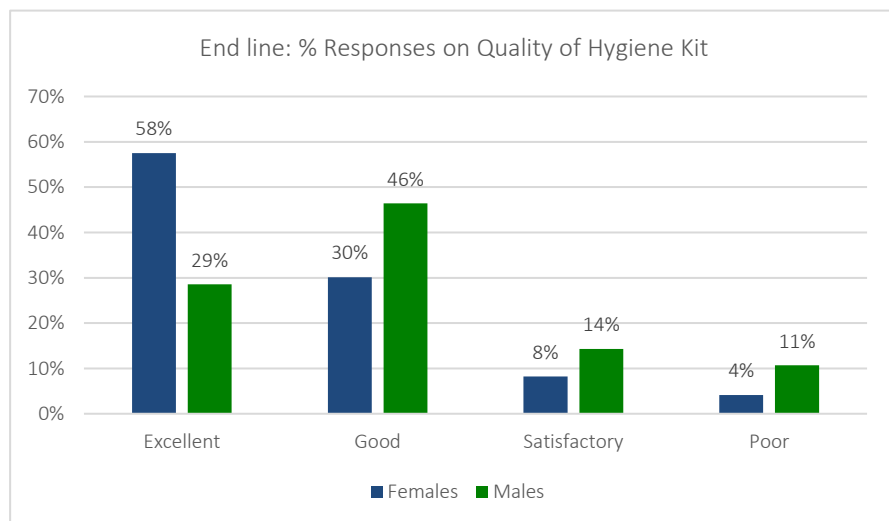
Female respondents were also asked to rate maternity-related services received at the PCHS on the four-point scale response, ranging from excellent, good, satisfactory, and poor. Female respondents graded maternity-related advice, LHV attitude, and Attitude of Trained Birth Attendant. Most female respondents, who received these three services have rated them either excellent or good.



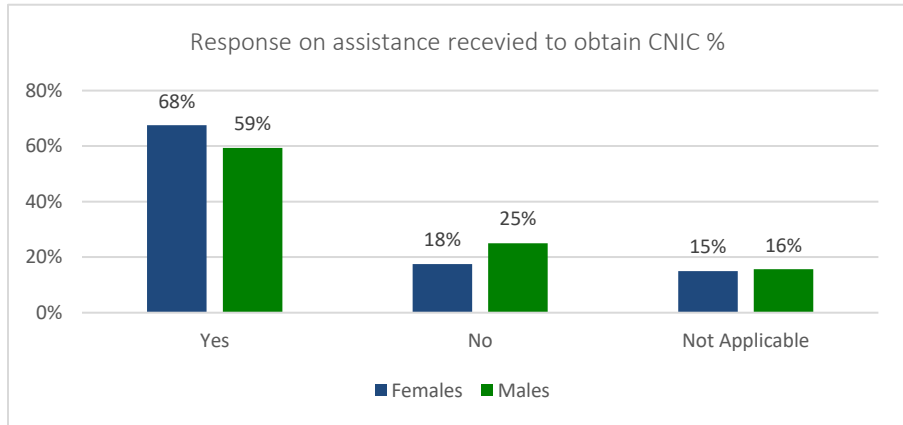
Respondents were also asked to grade dental services that they received at the PHCS on the four-point scale response, ranging from excellent, good, satisfactory, and poor. Most female and male respondents who received the dental services have rated it either excellent or good.



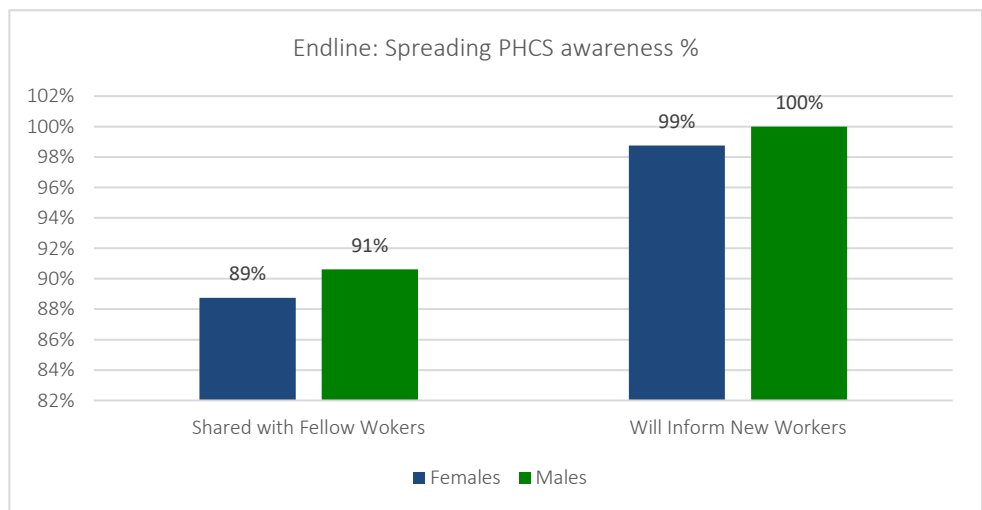
Respondents were asked to grade the quality of hygiene kit they received on the four-point scale response, ranging from excellent, good, satisfactory, and poor. Most female and male respondents who received the hygiene kits have rated it either excellent (58% females, 29% males) or good (30% females, and 46% males). Only 4% of females and 11% of males have rated the hygiene kits as poor.



Regarding if from the project, support was received to obtain a Computerized National Identity Card (CNIC) majority of women (68%) and men (59%) said yes. Still, there were 18% women and 25% men who said that they did not receive any support for CNIC. Some respondents (15% women and 16% men) said it did not apply to them as they already had a CNIC.

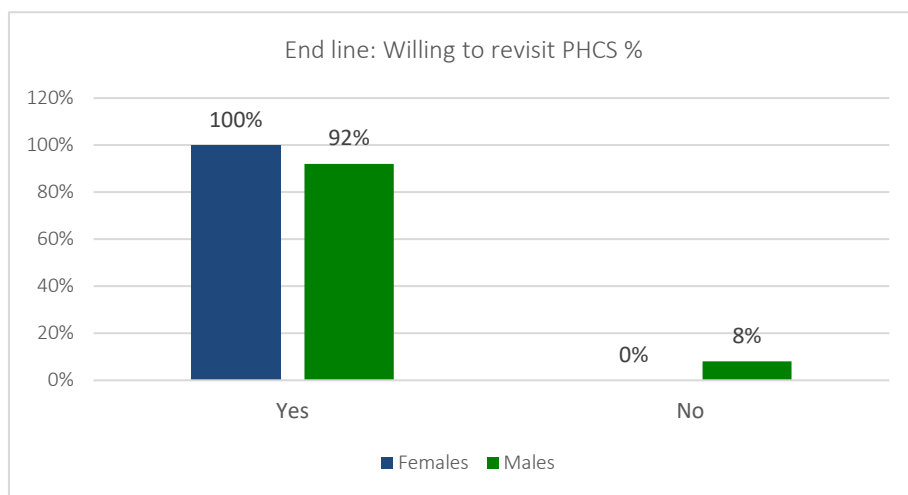


Respondents were also asked if they shared information about PHCS with fellow workers and 89% of women and 91% of men responded in affirmative. When respondents were asked if they would be willing to inform new brick kiln workers about the PHCS almost all (99% women and 100% men) responded in affirmative to share PCHS information.



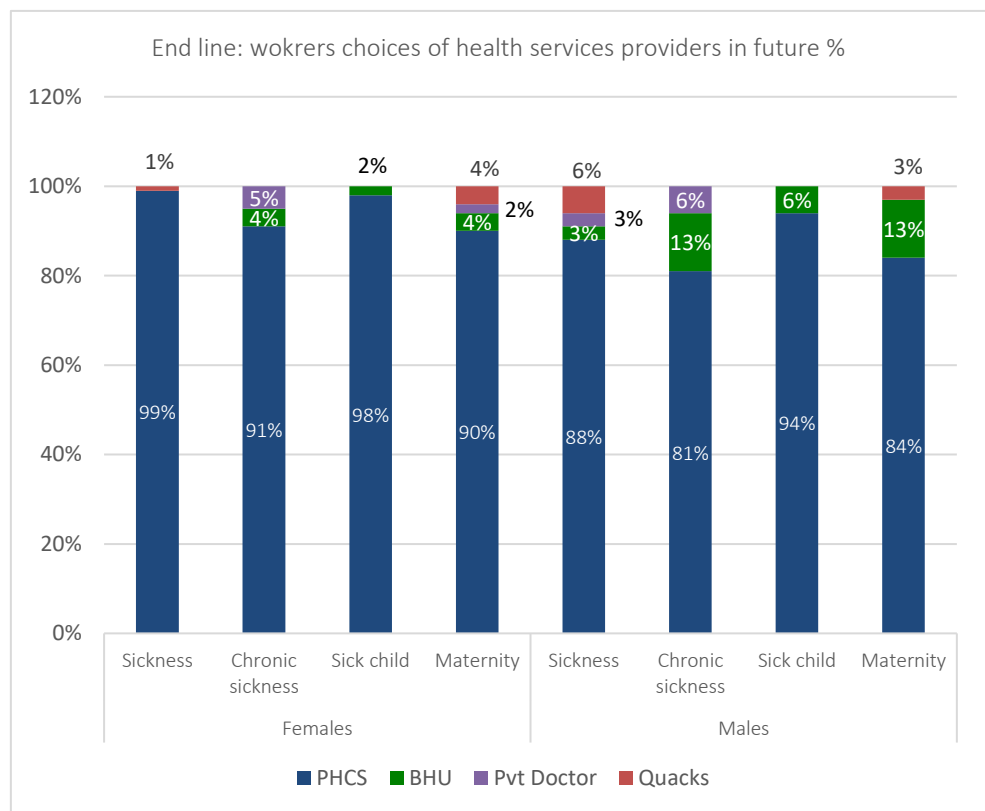
3.7. Future preferences for health services

During the end line, the female and male respondents were asked about the nature of their future preferences for health services. Out of the sample, 56 females and 25 males have visited the PHCS. All these female respondents and 92% of male respondents shared that if needed they would revisit the PHCS for health services.



All male and female respondents were asked about which place they would visit for health services in case of future sickness, chronic sickness, a sick child, and maternity. Regarding sickness and child's sickness, almost 100% of female responses were to the PHCS. However, for chronic sickness and maternity 91% and 90% respectively females report visiting PHCS. There were some responses on visiting BHU or private doctors. Still, some female respondents (1% for sickness and 4% for maternity) also reported quacks as a choice in the future.

Similarly, male respondents in most cases reported visiting PHCS in the future. For sick child 94%, for sickness 88%, for maternity 84%, and chronic sickness 81% of male respondents said they would come to PHCS. Several male respondents said that they would go to BHU for chronic sickness 13% and maternity 13%. However, still, some male respondents said they would go to quacks for sickness 1% and maternity 3%.

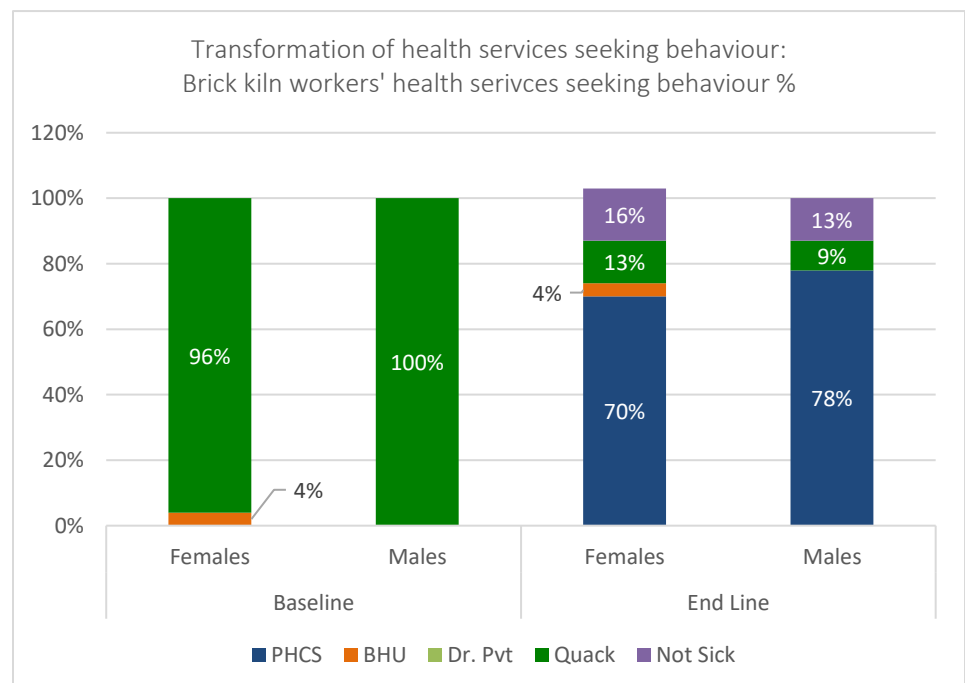


4. CONCLUSION

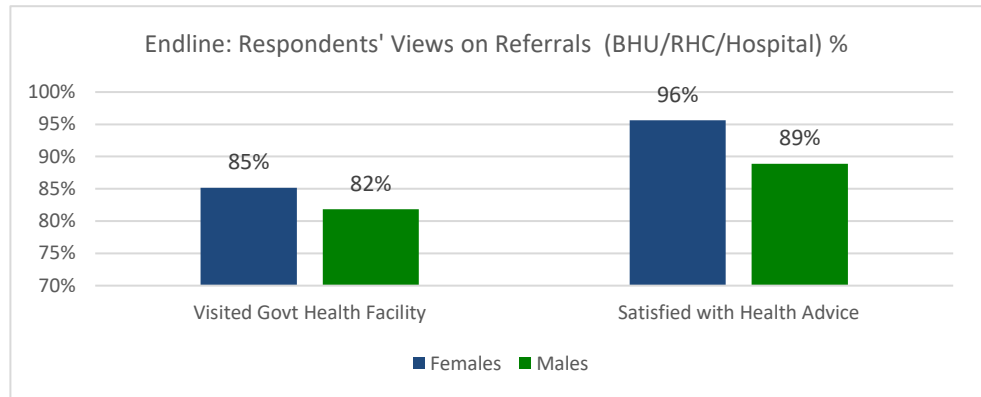
There has been a massive change in the health-seeking behaviors of women and men brick kiln workers in the innovation pilot's cluster area, Batapur district Lahore. The data collected during the baseline survey indicated 96% of women and 100% of men reported quack as their choice to seek health services. Even though the target cluster of brick kiln falls within the catchment areas of two government-run Basic Health Units (BHU), and one was working 24/7.

The innovation during the pilot period made two-dimensional interventions, firstly, at the supply side to extend formal government health services to the target brick kilns and secondly, at demand side to create an appreciation of formal health services and rejection of quacks among the target brick kiln workers. The innovation established Primary Health Care Satellite (PHCS), where government health professional team from the nearby BHU visit six days of the week after office hours. Between May and November 2016, a brief period of five months, the project has succeeded in bringing about a transformative effect on the health-seeking behaviors of brick kiln workers.

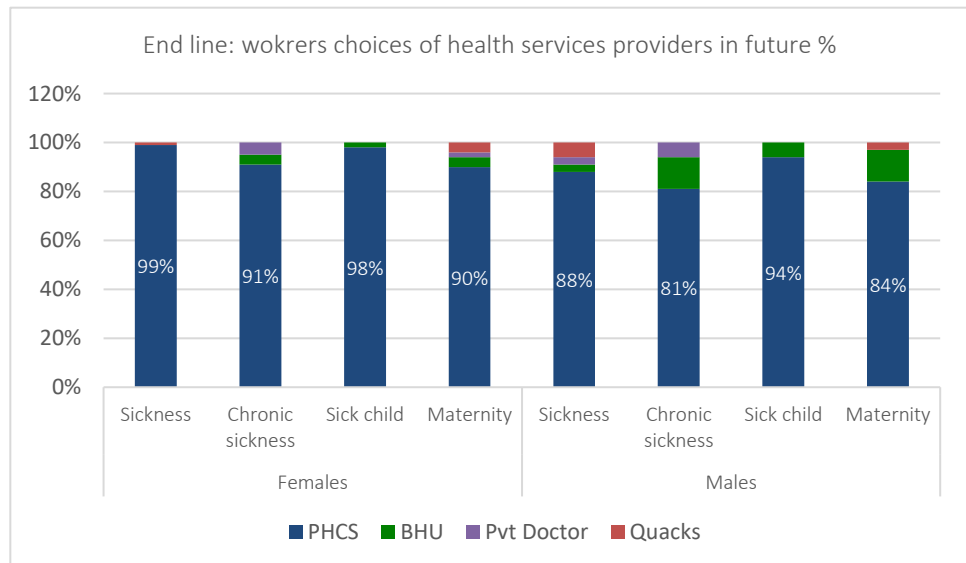
The end line study has found that the predominant majority of female (70%) and male (78%) workers reported seeking health services at the Primary Health Care Satellite (PHCS). At this project created facility, these workers were getting health services from the same doctors who were offering a better range of services in the nearby BHU. A tiny minority 13% females and 9% male workers were still visiting quacks.



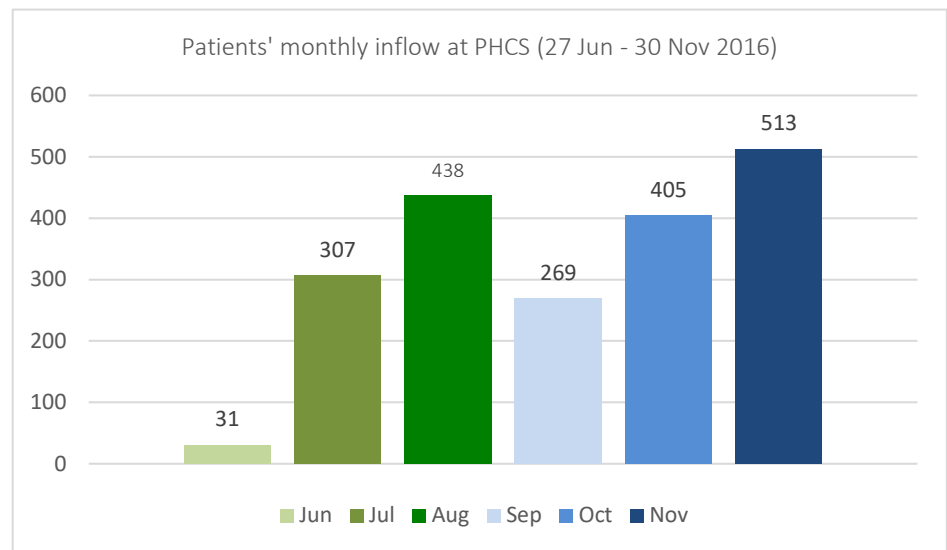
Furthermore, it was also pertinent that to note that those brick kiln women and men workers who were referred to BHU and other government health services, the majority of these (85% women, and 82% men) did seek those formal health services. When these respondents were further asked if they were satisfied with the health services that they received at government facilities an overwhelming majority (96% women, 89% men) said yes. This also clearly indicates that once these brick kiln women and men workers experienced the formal health services, they became satisfied.



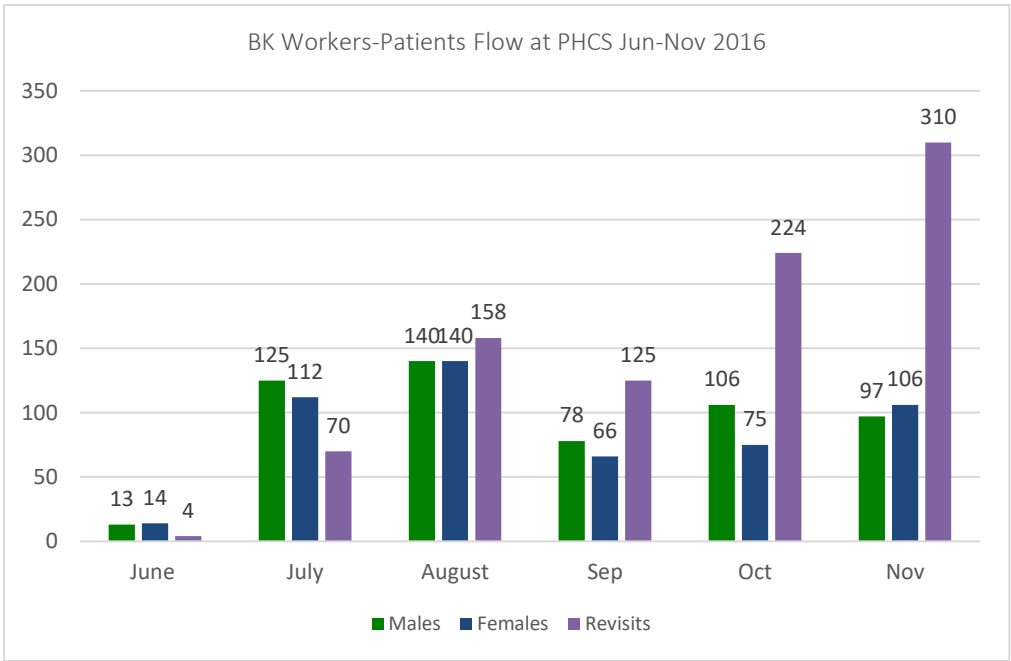
In the end line, both female and male workers were asked which place they would visit for health services in case of future sickness, chronic sickness, a sick child, and maternity. For all these issues, an overwhelming majority of women and men brick kiln workers responded they would visit the PHCS for health services. It confirms that these brick kiln women and men workers have now started to see value in getting formal health services.



This end line data is consistent with the patients' inflow data recorded at the PHCS. During the PHCS operational period between 27 June and 30 Nov 2016. The line chart below depicts almost a constant rise in the inflow of brick kiln women and men workers visiting the PHCS for their or their family members' health-related services. The last three days of June saw 31 patients, and from July it rose ten times to more than 300 patients. November 2016 saw the greatest number of patients as 513 brick kiln women and men and their family members visiting the PHCS.



The Sex-disaggregated data in the graph below shows that females and males benefitted from the PHCS services. Furthermore, the date also presents revisits of brick kiln workers to the PCHS indicating their increased level of confidence in the PCHS offered health services. The month of October and November recorded 224, and 310 respectively revisits, depicting evidence of the increased level of confidence of brick kiln women and men workers on the PCHS health services. The graph below presents a fuller picture of visits and revisits by the brick kiln workers at the PHCS:



The patient's data from the PHCS clearly, substantiate what the women and men brick kiln workers have reported regarding the change in their behaviors to now seek formal health services and reject quacks.



5. Annex-A: End Line Questionnaire

End Line Study Questionnaire

Health Seeking Behavior of Brick Kiln Workers and their Families

“Linking Brick kiln Workers with Formal Health Care System”

EVA-BHNHealth and Nutrition Fund (HANIF)

Information to be collected from Brick Kiln Workers, Batapur, District Lahore

Location: _____ Union Council: _____ Date: ___/___/2016

Name and Owner of Brick Station: _____

1. Name of Brick Kiln worker with Father/Husband Name: _____

2. Age (in years): _____

3. Gender:

3.1. Male,

3.2. Female

4. Education (Tick the appropriate):

4.1. Illiterate,

4.2. Literate,

4.3. Below primary

4.4. Primary,

4.5. Middle,

4.6. Matric,

4.7. Any other: _____

5. Currently, where you are residing:

5.1. At brick kiln

5.2. Nearby brick kiln

5.3. Any other _____

6. Marital status:

6.1. Married

6.2. Unmarried

6.3. Widowed

7. If married how many children you have? (Give detail below)

Children	Below 14 years	14-18 years	Total Children
7.1 Girls			
7.2 Boys			
Total			

8. No. of adult family members residing with you.

Gender	Numbers	Numbers who work at BK
8.1 Males		
8.2 Females		
Total Family members		

To document if target brick kiln women & men workers actively access health services at Primary Health Care Satellite (PHCS)

9. Have you heard about the PHCS (صحت گهر) at Zubair bricks?

- 9.1. Yes (go to question 10)
 9.2. No (go to Question 14)

10. How did you hear about the PHCS (صحت گهر) at Zubair bricks?

- 10.1. In a meeting from DIS Staff
 10.2. Fellow Brick kiln Worker
 10.3. From a Family member
 10.4. From Brick Kiln Employers
 10.5. Any Other _____

11. Have you ever attended any awareness session / meeting organized by DIS social mobilizes?

- 11.1. Yes (go to question 12)
 11.2. No (go to Question 13)

12. What did you learn in those awareness sessions? (multiple responses)

- 12.1. Disadvantage of going to quacks for health services
 12.2. Disadvantage of going to untrained birth attendants for pregnancy issues
 12.3. Establishment of PHCS (صحت گهر) at Zubair bricks for Brick kiln workers
 12.4. Availability of Free health services (doctor, basic medicines) at PHCS (صحت گهر)

13. What do you know about types of health Services available from PHCS (صحت گهر) for Brick Kiln workers? (Check all that apply)

- 13.1. Free Medical Advice from a Govt. Doctor
 13.2. Free basic medicines
 13.3. Free Maternity Related advice
 13.4. Free Dental Check Ups
 13.5. Free Referral to BHU/RHC/Hospital
 13.6. Any Other _____

14. Have you or your any family member been sick in the past five months (from June 2016)

- 14.1. Yes (go to Question 15)
 14.2. No (Go to Question No 23)

15. Where did you/family go to seek health services?

- 15.1. PHCS (صحت گھر) at Zubair bricks (Go to Question 17)
15.2. BHU (Go to Question 16)
15.3. Private MBBS Doctor (Go to Question 16)
15.4. Quake Why _____ (Go to Question 16)

16. Did you ever visit PHCS (صحت گھر) for health services?

- 16.1. Yes (Go to Question 17)
16.2. No (Skip Q. 17 to Q. 22 and Go to Question No 23)

17. What health related services did you receive from PHCS (صحت گھر)

- 17.1. Free Medical Advice from a Govt. Doctor
17.2. Free basic medicines
17.3. Free Maternity Related advice
17.4. Free Dental Check Ups
17.5. Free Referral to BHU/RHC/Hospital (Got To Question 18)
17.6. Any Other _____

18. If PHCS Doctor referred to BHU/RHC/Hospital, did you visit that government health facility?

- 18.1. Yes Check facility visited (BHU , RHC, Hospital) (Go To Question 19)
18.2. No Why Not _____

19. Were you satisfied with health services received at the visited Government Health Facility

- 19.1. Yes
19.2. No

To document if target brick kiln women & men workers value the health services provided at the PHCS

20. If required, will you/family member visit the PHCS again?

- 20.1. Yes
20.2. No Please explain why _____

21. In your view, how has been the overall performance of PHCS (صحت گھر) to provide health services to brick kiln workers?

- 21.1. Excellent
21.2. Good
21.3. Satisfactory
21.4. Poor

22. Rate each of the services you received at the PHCS (صحت گھر)
 (First ask respondents if he/she used a particular services at PHCS, if used then mark is yes; **only then ask** respondents to rate between poor, satisfactory, good or excellent.

	Health Services Used at PHCS	Y/N	Poor	Satisfactory	Good	Excellent
22.1	Free Medical Advice from a Govt. Doctor					
22.2	Free basic medicines					
22.3	Free Maternity Related advice					
22.4	Free Dental Check Ups					
22.5	Free Referral to BHU/RHC/Hospital					
22.7	Attitude of Female Doctor					
22.8	Attitude of Male Doctor					
22.9	Attitude of Dentist					
22.10	Attitude of LHV					
22.11	Attitude of Trained Birth Attendant (Mid wife)					
22.12	Attitude of Dispenser					
22.13	Attitude of DIS Social Mobiliser (male)					
22.14	Attitude of DIS Social Mobiliser (female)					

To document if target brick kiln women & men workers health seeking behavior improved towards formal health services and away from quakes.

23. In future, if you/family member is sick where will you/they go for health services and why?

- 23.1. PHCS (صحت گھر) Why _____
- 23.2. BHU Why _____
- 23.3. Private MBBS Doctor Why _____
- 23.4. Quake Why _____

24. In future, where will you/married women in family go to receive pre and post neonatal check-ups?

24.1. PHCS (صحت گھر) Why _____

24.2. BHU Why _____

24.3. Private MBBS Doctor Why _____

24.4. Quake/untrained dai Why _____

25. In future, where will you/family member go to receive health services for any chronic health problems?

25.1. PHCS (صحت گھر) Why _____

25.2. BHU Why _____

25.3. Private MBBS Doctor Why _____

25.4. Quake Why _____

26. In future, where will you take your sick children if they need health services?

26.1. PHCS (صحت گھر) Why _____

26.2. BHU Why _____

26.3. Private MBBS Doctor Why _____

26.4. Quake Why _____

27. In future, will you have your small children vaccinated?

27.1. Yes

27.2. No

28. Have you advised any of your fellow workers about the benefits of the PHCS

28.1. Yes

28.2. No

28.3. Not Applicable

29. If any new worker families come to the BK where would you advise them to go for health services?

29.1. PHCS (صحت گھر)

29.2. BHU

29.3. Private MBBS Doctor

29.4. Quake

30. Have you or any of your family members received Hygiene kit?

30.1. Yes

30.2. No

31. In your view, how was the Quality of the Hygiene Kit?

31.1. Excellent

31.2. Good

31.3. Satisfactory

31.4. Poor

32. If you did not have CNIC, had the project helped you to obtain CNIC?

32.1. Yes

32.2. No

32.3. Not Applicable

33. If you want to give any suggestion to improve health facility, please describe?

Name Designation and Signature of Data Collector: _____

Date & Time