



**Baseline Survey Report:
Capturing Health Seeking Behaviours of
Women Brick Kiln workers in
Lahore & Rawalpindi**

November 2017



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Development Impact Solutions (Pvt) Ltd.



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Development Impact Solutions would like to thank Palladium Pakistan & DFID UK for their support of the “Linking Brick Kiln Women Workers with Formal Health Services in Rawalpindi and Lahore Districts” project implemented at four brick kilns clusters in Lahore and Rawalpindi, Pakistan.

This baseline research was authored by Dr. Saifullah Chaudhry. Fieldwork was carried out by the field teams. We would like to thank the women and men brick kiln workers who participated in the research, and the support of the Shoaib Khan Niazi, President, All Pakistan Brick Kiln Owners Association, Pakistan facilitating access to the brick kiln clusters.

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ACRONYMS

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



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EXECUTIVE SUMMARY

The Development Impact Solutions (DIS) designed and implemented an innovative pilot project “Linking Brick Kiln Women Workers with Formal Health Services (LBW&FH)” in district Lahore from May 2016 to Jan 2017. DIS implemented the pilot with the support of Palladium Pakistan (Pvt) Ltd and funding of DFID, and with the collaboration of the Punjab Health Department and Brick Kiln Owners Association of Pakistan (BKOAP). After the completion of the pilot, both Punjab Health Department and BKOAP expressed satisfaction with the implementation of the pilot phase and the positive results that the pilot achieved. Both stakeholders at the final Project Steering Committee in Dec 2017 asked DIS to scale up the project in two districts and measure if the project strategy still holds for possible government replication.

The project conducted a baseline survey at three new brick kiln clusters in District Rawalpindi and one new cluster in District Lahore. A total of female and male randomly selected workers from 183 households residing at 61 brick kilns at the four clusters were interviewed to determine their health-seeking behavior and practices. Among the respondents, 67% were female workers and 33% were male workers.

Demography: More than 85% of workers were illiterate, and more than 90% to 100% of respondents were married. Predominant Majority of respondents across all four clusters reported having children in two age bands, that is, under 5 years and between 12 to 5 years. Almost 100% of respondents reported residing at the brick kiln. The predominant number of male and female respondents reported that the adult family members were earning, and a small percentage also reported earning family members between the age group of 12 to 18 years and even acknowledged the presence of child labor under the age of 12.

Health Service Seeking Behaviours: Regarding health services seeking behavior most of the respondents reporting seeking health services from Quacks (BKC 1 Rawat 88%, BKC 2 Rawat 94%, BKC 3 Wagha 78%). In the control group, respondents reported almost similar health services seeking behavior as 47% were visiting Quacks. Although significant percentages of respondents across the four clusters reported awareness (at least 39%) about BHU services but only



less than 20% reported ever using BHU services. However, a Predominant number of respondents (at least 75%) said they would like to use BHU services.

MNCH: The respondents have reported poor practices of seeking formal health services during ANC, Childbirth, and PNC. Most of the respondents reported either not visiting any health providers for ANC or visiting Quacks. A significant number of respondents across the four clusters have reported childbirth at home by untrained ‘Dai’ (BKC 1 Rawat 25%, BKC 2 Rawat 50%, BKC 3 Wagha 78%, and BKC Control 44%). When the respondents were asked to identify health provides for Post Natal Care (PNC), the predominant did not identify going to any health provider during this period (BKC 1 Rawat 63%, BKC 2 Rawat 74%, BKC 3 Wagha 22%, and BKC Control 67%). The respondents gave mixed responses regarding the status of vaccination during ANC – with a significant majority of pregnant women not receiving vaccination during pregnancy. Respondents had reported almost 100% of their children having received Polio vaccination. Many of the respondents were not aware of the Primary Health Care Satellite (PHCS) and 100% expressed their willingness to use PHCS once established.

Legal Rights: A significant percentage of respondents reported not having a Computerized Nationality Identity Card (CNIC); responses were in the range of 39% to 54% across the four clusters. Similarly, most respondents reported not having birth certificates of their children; responses were in the range of 42% to 83% across the four clusters. Respondents have reported having their children enrolled in school and not in school. Most of the reason for children not in school was “too young” – like 47% to 82% respondents reported across the four clusters.

Hygiene: Predominant number of the respondents reported not cleaning teeth at night across the four clusters. Many respondents in two clusters reported not cleaning their teeth in the morning. Most respondents reported taking a bath daily or 2 to 3 times a week across all four clusters. Most of the respondents informed washing hands before taking meals; however, the trend of washing hands after the meal was not as high. Out of the four clusters only in one cluster significant respondents reported not washing hands after toilet (BKC 1 Rawat 32%).



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 organizations 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.

The Development Impact Solutions (DIS) designed and implemented an innovative pilot project “Linking Brick Kiln Women Workers with Formal Health Services (LBW&FH)” in district Lahore from May 2016 to Jan 2017. DIS implemented the pilot with the support of Palladium Pakistan (Pvt) Ltd and funding of DFID. The innovation was focused on helping women brick-kiln workers realize the value of seeking formal health services as opposed to going to quacks. The innovation worked both on the demand and supply of formal health. The pilot was implemented with collaboration and supervision from the Punjab Health Department. The Brick Kiln Owners Association of Pakistan (BKOAP) was another key collaborator, as their members provided free space to establish a health facility that was linked with the nearby Government Basic Health Units (BHU). The Punjab Health Department designated medical staff to visit the project established free health facility to offer health services and referrals to brick kiln women workers.

After the completion of the pilot, both Punjab Health Department and Brick Kiln Owners Association expressed satisfaction with the implementation of the pilot phase its positive results that it achieved. Both stakeholders at the final Project Steering Committee in Dec 2017 asked DIS to scale up the project in two districts and measure if the project strategy still holds for possible government replication.

The baseline was also conducted at the two Brick kiln clusters in the Rawat area of district Rawalpindi, and one brick kiln cluster in the Wahga area of District Lahore. Besides, a baseline was also conducted in one controlled brick kiln cluster in the Mandra area of District Rawalpindi.

¹ <http://www.aljazeera.com/indepth/features/2014/07/pakistan-kiln-workers-live-like-slaves-20147212238683718.html> (Accessed on 25th Oct 2017)

2. RESEARCH METHODOLOGY:

A randomized controlled trial (RCT) methodology was adopted for the baseline research. The RCT approach was adopted to subsequently determine if the cause and effect relationship exists between an intervention and an outcome.

2.1. Locale

In consultation with Brick Kiln Owners Association of Pakistan and the Health Department, Government of Punjab, four brick kiln clusters were identified – one in district Lahore three in district Rawalpindi. All four clusters have similar characteristics of demographics with the number of brick kilns between 10 and 20, with women and men workers residing at the worksite.



2.2. Sampling

During the baseline, a purposive sampling² technique was used. There were four brick kiln clusters – three in district Rawalpindi and one in district Lahore. It was decided to randomly select three households from each brick kiln. The random frequency selection was calculated through the following steps:

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.

- Listing of households at each brick kiln at the cluster was developed and numbered.
- The total number of households at each brick kiln was divided by 3 to obtain “Frequency Number” for that brick kiln.
- The first house was arbitrarily selected from the list and then the “Frequency Number” automatically determined the next two houses.
- From the sample of three houses, two female workers were interviewed from two households and a male worker from the third house.

If the female or male worker was not available at the time of the field interview, then the next adjacent house was selected. The clusters collectively had 61 brick kilns with a total of 1347 households residing. Three households from each brick kiln were randomly selected and that provided a total sample of 183 households – 14% of the total households. The sample households were 14% of the total 1347 households at the 61 brick kilns.

From each of the 183 households, one adult respondent was interviewed – comprising of 122 female workers (67%) and 61 male workers (33%) were interviewed. The following table presents the sampling of female and male workers across the four brick kiln clusters:

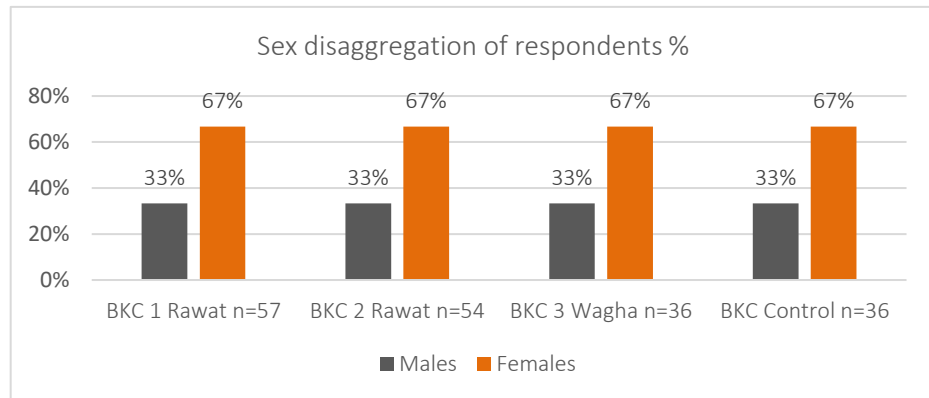
SAMPLE							
District	Brick kiln clusters	# of Brick Kilns	HH	Sample HH	Sample % HH	Female	Male
Rawalpindi	Rawat - 1	19	475	57	12%	38	19
Rawalpindi	Rawat - 2	18	405	54	13%	36	18
Lahore	Wagha	12	467	36	8%	24	12
Rawalpindi	Mandra	12	322	36	11%	24	12
Total		61	1347	183	14%	122	61

3. FINDINGS

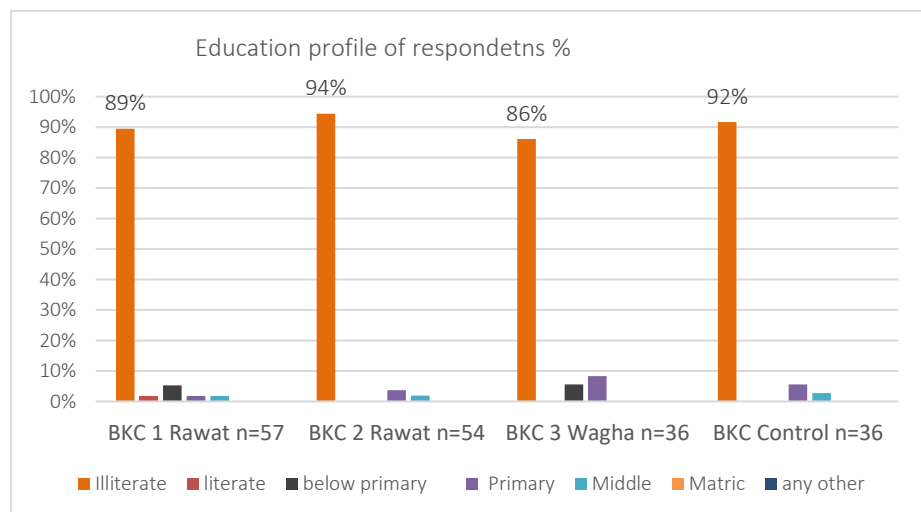
The following subsection provides an in-depth analysis of data collected from the four brick kiln clusters.

3.1. Demographics

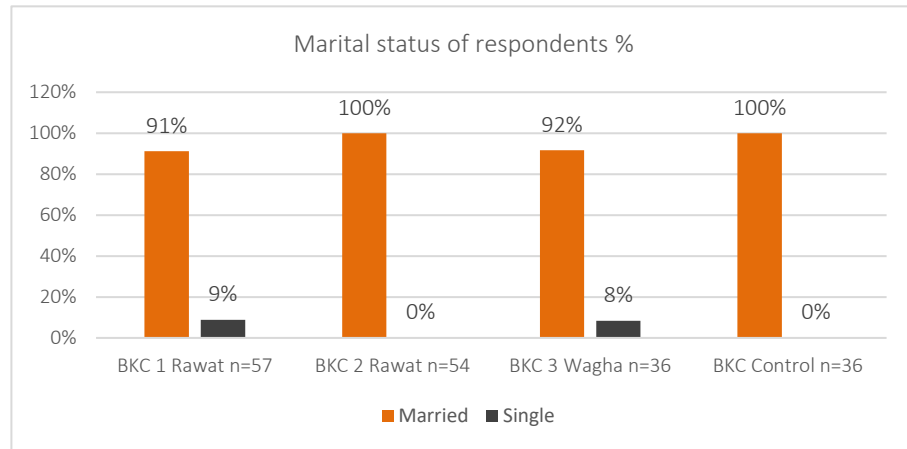
Across the four clusters, 67% of the sample consists of female brick kiln workers and 33% of male workers.



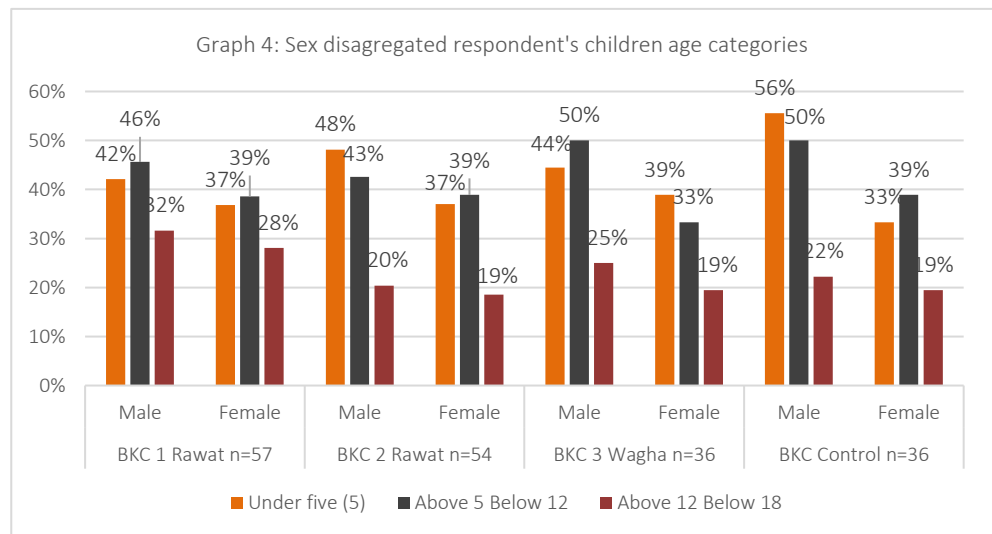
Both male and female workers have reported a very high incidence of illiteracy among them across the four clusters. The predominant majority of workers (more than 85%) across the four clusters were illiterate.



The marital status reported by the majority of respondents came across to be married. Only a small proportion among them was single.

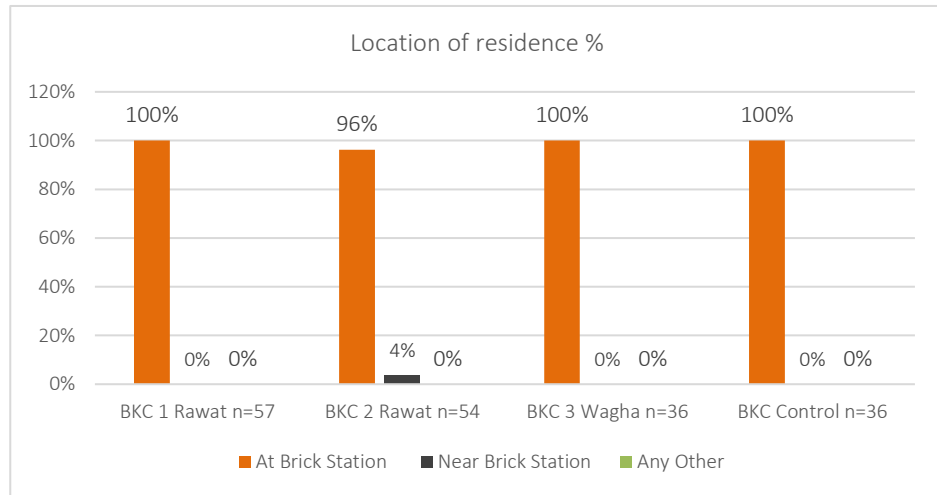


The graph below illustrates the responses gathered from the male and female respondents on the age band of their children. The majority of both females and males reported having children under two age bands, that is under 5 years and between 12 to 5 years across all four clusters.

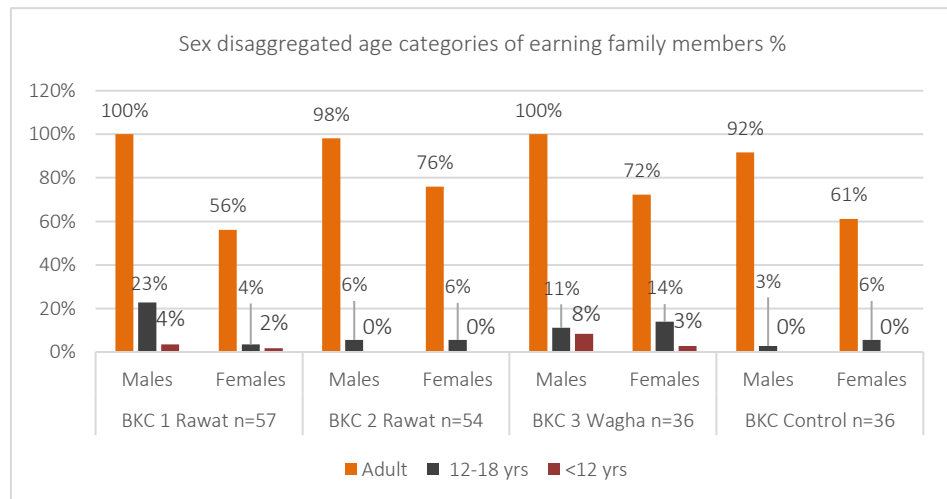




The majority of respondents across the four clusters were residing at the brick kilns.

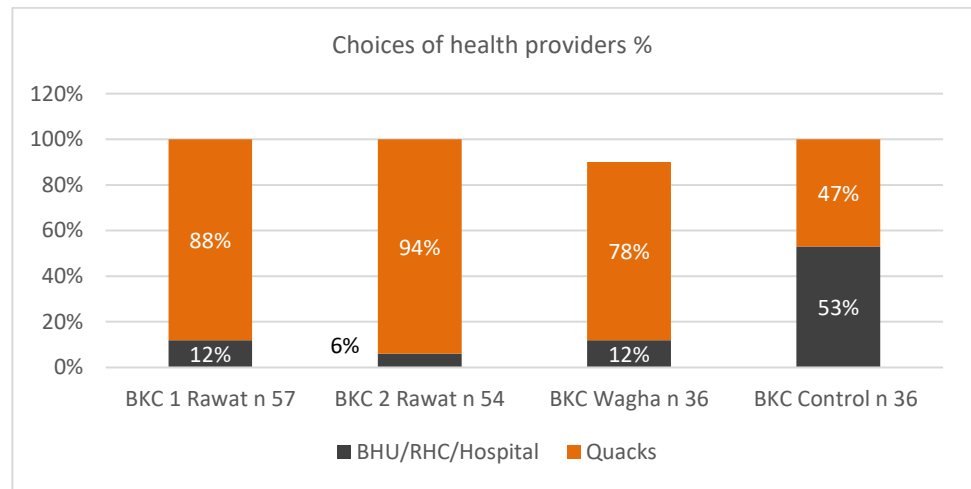


The predominant number of male and female respondents reported that the adult family members were earning. However, the female respondents comparatively reported less number of adult earning members. The graph below also reports a small percentage of earning family members between the age group of 12 to 18 years and even the presence of child labor under the age of 12.

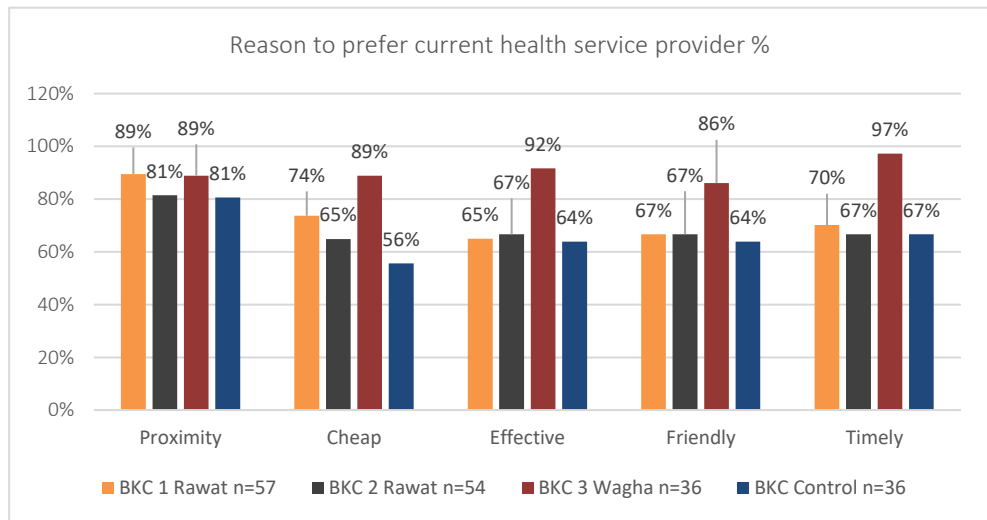


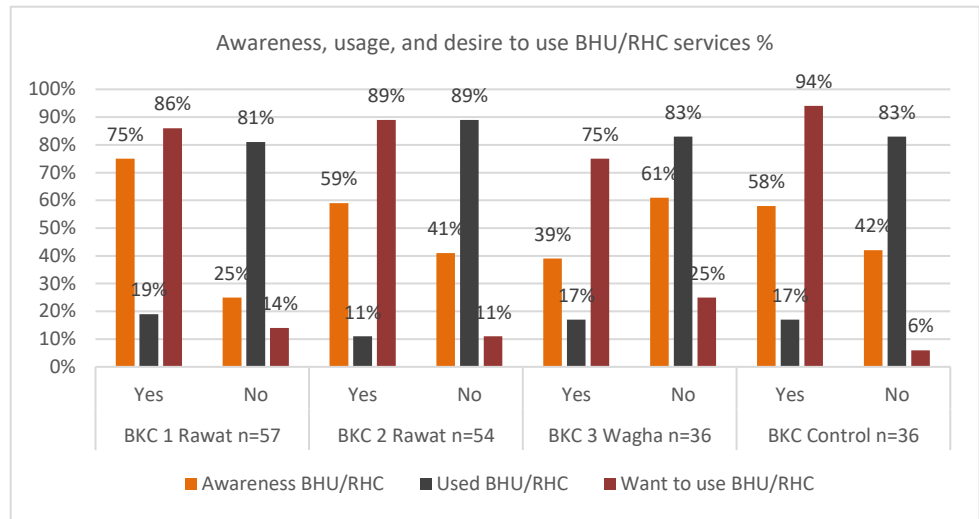
3.2. Health Seeking Patterns

Most of the respondents were seeking health services from Quacks. In the control group, respondents reported almost similar health services seeking behavior, as 47% reported visiting quacks, and 53% indicated going to government health facilities (BHU/RHC/Hospital). Across all the four clusters, small percentages of respondents were seeking health services from government health facilities.



The respondents' justification to seek health services from their current health providers was a combination of five factors, namely, proximity, cheap, effectiveness, friendly, and timely.



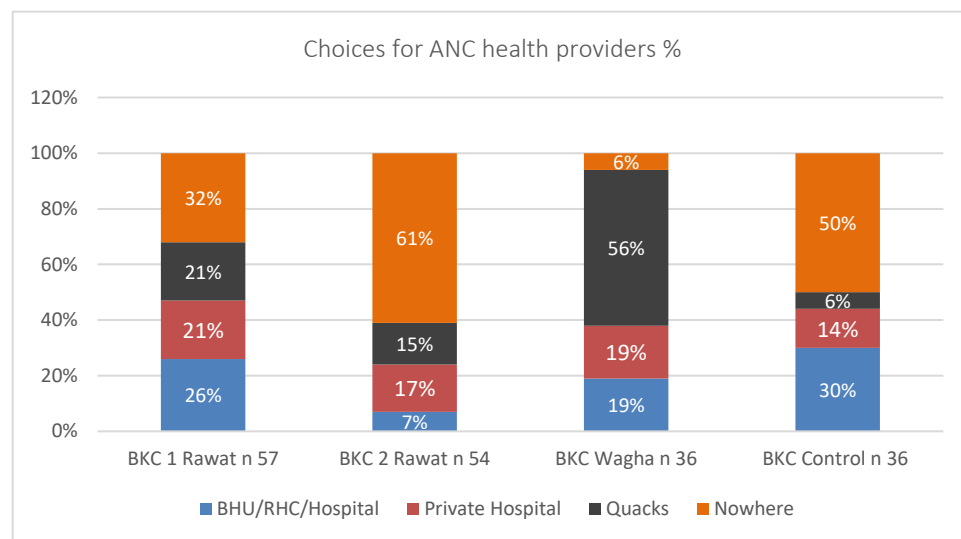


The respondents were asked if they are aware of BHU service, ever used nearby BHU services and if they want to use BHU services. Across the four clusters, respondents did report a significant level of awareness about BHUs. However, a small proportion of respondents have used BHU services. When asked if they want to use health services provided by BHUs, the predominant majority said yes.

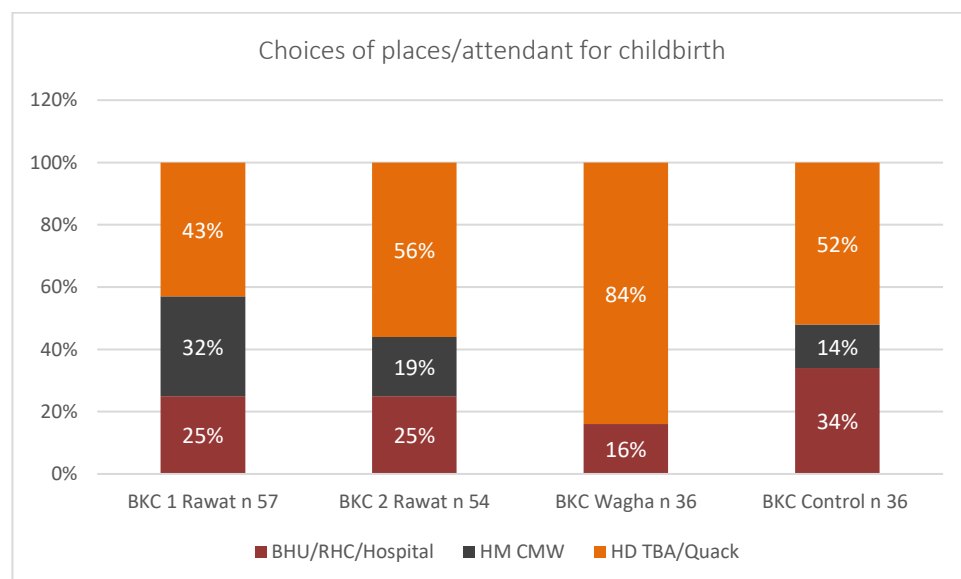


3.3. Maternal Newborn and Child Health (MNCH):

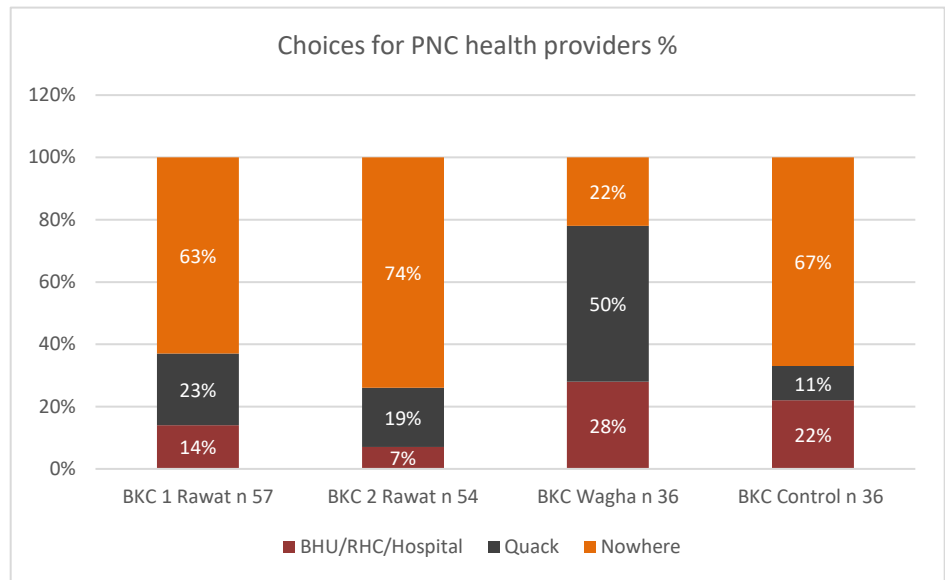
The respondents were asked about the choices of health providers during Antenatal Care (ANC). Most of the respondents reported either not visiting any health providers for ANC or visiting Quacks. However, significant percentages of respondents shared that during ANC, women visiting private hospitals for ANC services



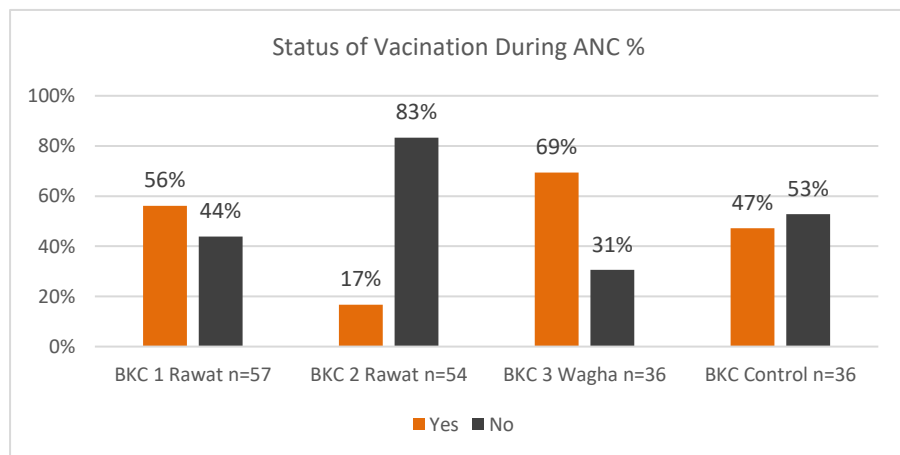
The respondents across the four clusters have reported childbirth at home by untrained traditional birth attendant 'Dai'. However, a trend was visible of respondents visiting the hospital for childbirth or having a child delivered at home under the supervision of a community midwife.



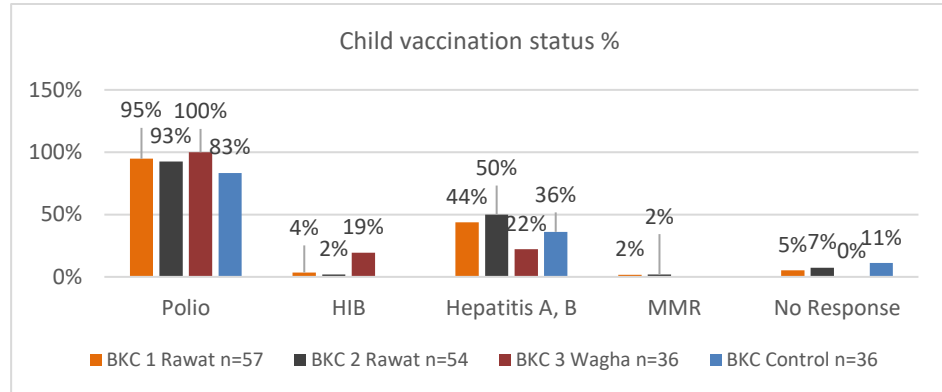
However, when the respondents were asked to identify health providers for Post Natal Care (PNC), the predominant did not report any health provider during this period. A significant number also identified quacks as their choice of health provider during PNC with the BKC 3 Wagah reporting the highest 50%.



The respondents gave mixed responses regarding the status of vaccination during ANC. A significant number of respondents shared pregnant women not getting vaccination during the ANC period.

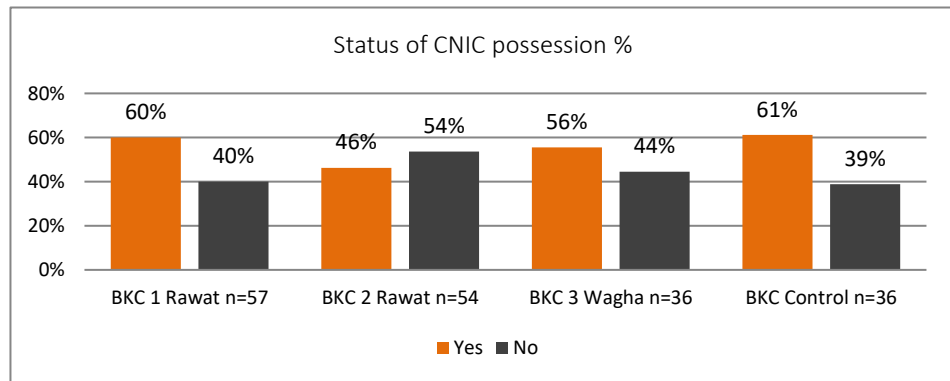


When the respondents were asked about the status of child vaccination, the vast majority reported having received Polio vaccination for their children.

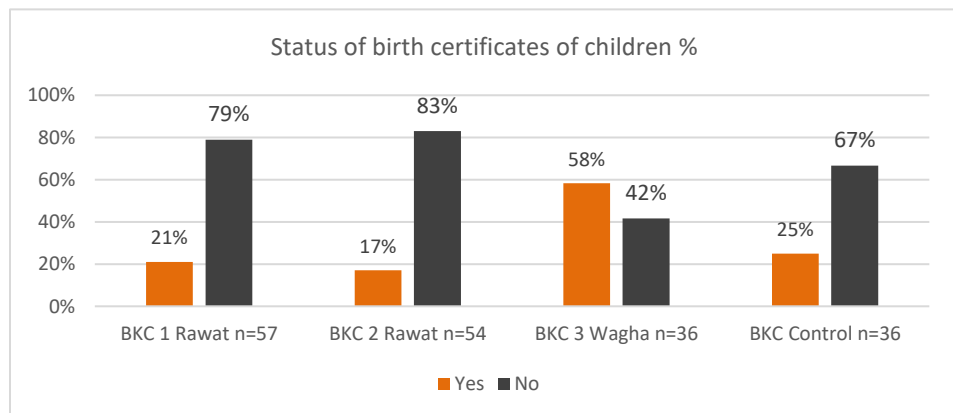


3.4. Legal Rights

A significant percentage of respondents reported not having a Computerized Nationality Identity Card (CNIC).

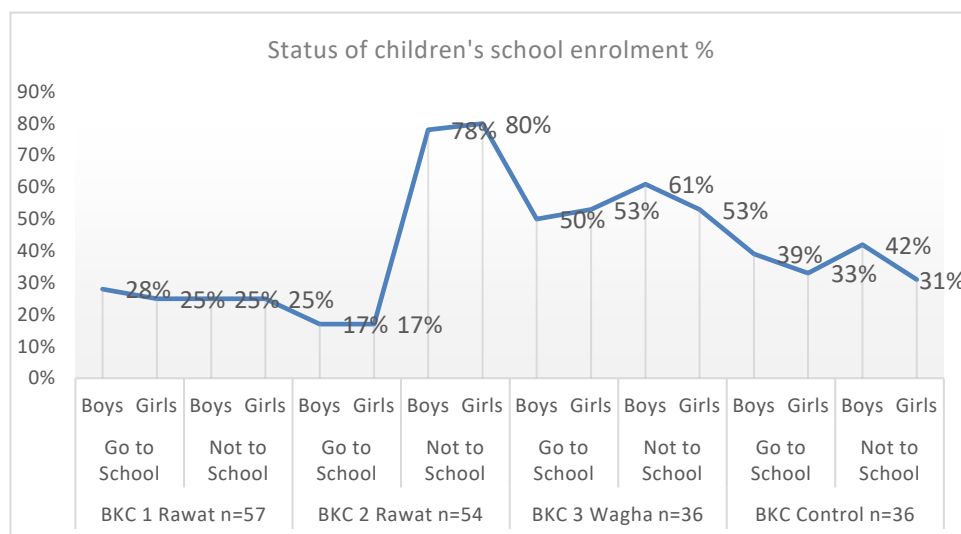


The predominant majority of respondents reported not having birth certificates of their children (BKC 1 Rawat 79%, BKC 2 Rawat 83%, BKC 3 Wagha 42%, and BKC Control 67%).

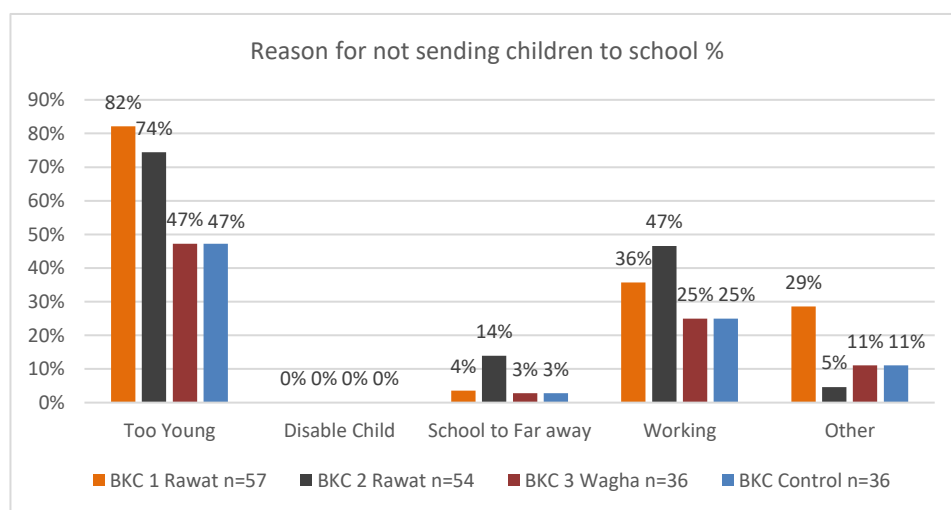


3.5. School enrolment

A diverse trend of children's school enrollment has been reported across the four clusters. Both boys and girls have been reported going to school and not going to school.

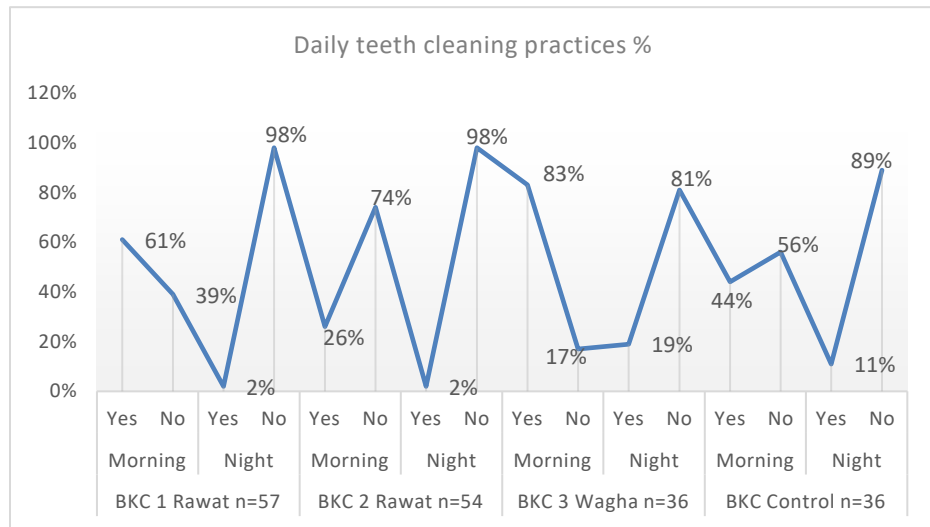


The majority of the respondents identified their children as too young for school and a significant percentage of respondents reported child labor as a reason for not going to school.

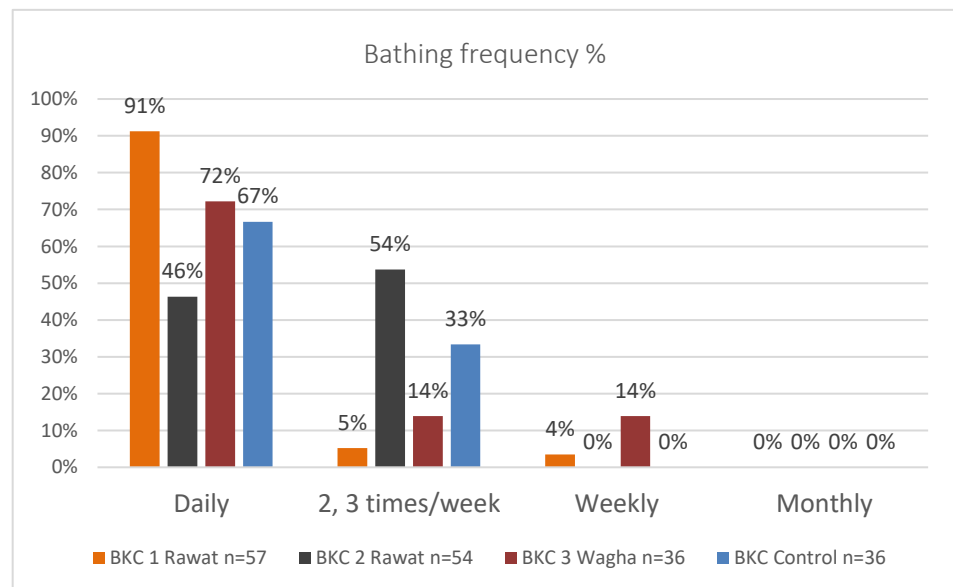


3.6. Hygiene

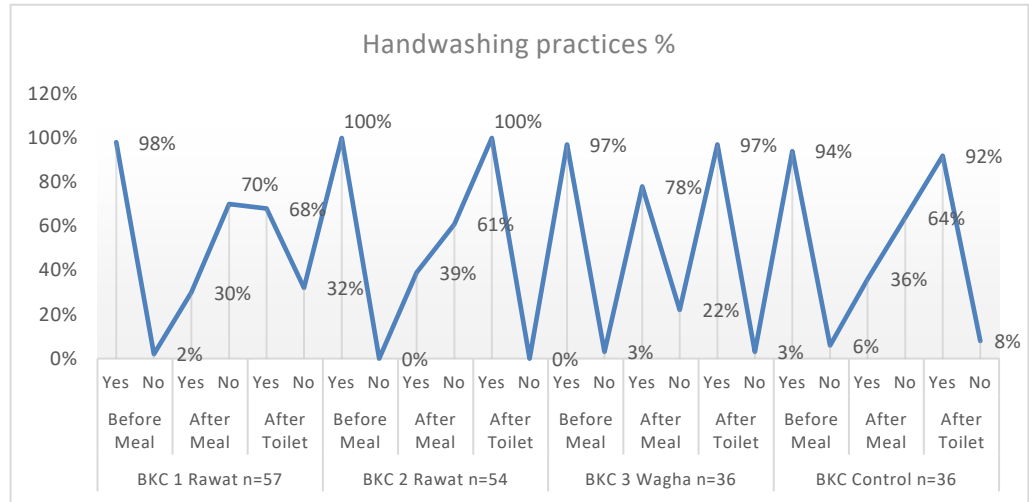
The respondents reported a mixed trend for daily oral hygiene practices across the four clusters. A predominant number of the respondents reported not cleaning teeth at night. The majority of respondents in two clusters reported not cleaning their teeth in the morning (BKC 2 Rawat 74% and BKC Control 56%).



Most respondents reported taking a bath daily or 2 to 3 times a week across all four clusters.



Most of the respondents informed washing hands before taking meals; however, the trend of washing hands after the meal was not as high. Out of the four clusters only in one cluster significant respondents reported not washing hands after using the toilet (BKC 1 Rawat 32%).





4. CONCLUSION

The baseline survey has confirmed very poor health services seeking behavior among the brick kiln workers in the four clusters. The majority of the respondents have confirmed visiting Quakes (BKC 1 Rawat 88%, BKC 2 Rawat 94%, BKC 3 Wagha 78%, and BKC Control 47%). The majority of the clusters have reported an almost negligible trend of visiting the Basic Health Unit (BHU) for health services. Even during pregnancy, the trend of visiting government health services (BHU/RHC/Hospital) has been insignificant during the ANC and PNC. Even for childbirth, the preference at these clusters appears to have a child delivered at home through an untrained birth attendant. Similarly, there are high trends of not getting vaccination during pregnancy. The baseline data indicate extremely poor health services seeking behavior among the brick kiln women and men workers.

Awareness about legal rights, for example, to obtain CNIC and obtaining a birth certificate for their children, was also low. Almost half of the respondents did not possess CNIC and the majority have not obtained the birth certificate of their children. The respondents also have relatively poor hygiene practices, as the predominant number of the respondents reported not cleaning teeth at night. The majority of respondents in two clusters reported not cleaning their teeth even in the morning. Out of the four clusters only in one cluster significant respondents reported not washing hands after toilet (BKC 1 Rawat 32%).

In the nutshell, the target population of brick kiln workers across the four clusters has poor health-seeking behavior where the majority rely on quakes and does not benefit from government health services. However, almost 100% of respondents said that they would like to benefit from the PHCS once it is established, and 75% to 94% of respondents said they would like to benefit from the BHU provided health services.

It transpires, that with the provision of establishing PHCS in the brick Kiln cluster and requisite social mobilization the target brick kiln workers population will improve their health-seeking behavior and start benefitting from government-provided health services at the BHUs.

5. Annex – 1: Baseline Questionnaire

Base Line Study

“Linking Brick kiln Women Workers with Formal Health Care System” in District of Lahore and Rawalpindi
EVA-BHN Health and Nutrition Fund (HANIF)

Name of Surveyor: _____ Date: ____/____/2017 Time: _____

Location: _____ Union Council: _____

Name of Brick Station: _____ Owner of Brick Kiln: _____

-
1. Name of Brick Kiln worker/ head of household: _____
 2. Relationship of respondent with BK worker/head of household: S/D/O/W _____
 3. Name of respondent: _____
 4. Age (in years): _____
 5. Gender: Male / Female _____
 6. Education (Tick the appropriate):
 Illiterate, literate, below primary Primary, Middle, Matric, any other: _____
 7. Occupation (patheer, etc) : _____
 8. Where is your native District: _____
 9. Currently, where you are residing: At brick kiln nearby brick kiln any other _____
 10. Marital status: Married / unmarried (if married ask Q. 11 otherwise direct ask Q. 12)
 11. How many children you have?

Children	Under five (5)	Above 5 Below 12	Above 12 Below 18
Boy			
Girl			

12. No. of family members:

Sex	Adult (Above 18)	Above 12 Below 18	Above 5 Below 12	Under five (5)
Male				
Female				

13. Number of earning members in family. _____

Sex	Adult (Above 18)	18 or below	12 or below
Male			
Female			

14. Cumulative monthly income of the family (Rs): _____

15. When you or anyone in the family falls ill where you frequently go for treatment?

- i) RHC ii) BHU iii) Hakim iv) Hospital
 v) Quack (vi) Dispenser (vii) Homeopath (viii) Dum darood

	Why you seek this service provider? (check all relevant)	Check
16.1	Service provider is close to where I live.	
16.2	Cost less money for consultation and medicine	
16.3	Effective treatment as ensures quick recovery from illness	
16.4	Friendly health service provider, and treat with respect	
16.5	Timely availability of health service provider	
16.6	Any other	

	Cost for Health Treatment (for general illness per visit)	Rs
17.1	What is average travel cost to visit health provider (chinkchi etc.)	
17.2	How much fee health provider charge for consultation	
17.3	Cost of medications	

	Awareness and utilization of nearby government health facilities:	YES	NO
18.1	Have you heard about nearby BHU/RHC		
18.2	Are you aware of the services provided at BHU/RHC		
18.3	Have you ever used the BHU/RHC		
18.4	Do you want to seek health services from BHU/RHC		

	Why you discontinue/not use health services at BHU/RHC? (all relevant)	Check
19.1	BHU/RHC too far away	

19.2	Health Professional rude and disrespectful	
19.3	Health treatment does not offer quick remedy to illness	
19.4	No medications provided	
19.5	Timing of BHU/RHC does not suit	
19.6	Any other	

20. Do any of your family member have major diseases/illness and what is? (Enlist all) What are the ailments or health problems you or your family members have? (Enlist all)

Family member	Ailment/Health problem	Since when	Service provider	Treatment

21. During pregnancy (Antenatal) in your family where you/they go for medical checkup?

- i) RHC ii) BHU iii) LHW/LHV iv) CMW
v) Government Hospital vi) Private Hospital vii) Hakim viii) Quack

22. How many Antenatal visit to BHU/RHC you/women in family undertake before child birth?					
		Check			Check
21.1	None		21.5	Four times	
21.2	One time		21.6	Between 4 to 5 times	
21.3	Twice		21.7	Between 6 to 7 times	
21.4	Thrice		21.6	Eight times	

23. Vaccination during antenatal period					
23.1	Do you/women in family took vaccination?			Yes	No
23.2	If yes, how many vaccinations shots received (give #)				
23.3	From whom vaccination received: Check One from below				
	Visiting LHW/Vaccinator	BHU	RHC	Private Doctor	

24. In your family where you/women prefer to go for child delivery services?

- i) RHC ii) BHU iii) LHW (vi) Home delivery by trained CMW
iv) Hospital v) Quack (vii) Home Delivery by Untrained Dai

25.	Cost for Delivering Child	Rs
25.1	What is average transport cost to visit health facility for child birth	
25.2	What fee health providers charge for normal child delivering child	
25.3	What fee health providers charge to operate for child delivery (C-Section)	

25.4	Cost of medications	
25.5	Another medical related costs	

26. After delivery in your family where you/they go for postnatal medical checkup?

- i) RHC ii) BHU iii) LHW iv) Hospital v) Quack vi) Hakim

27.	Why you/women in family don't consult any government health facility during pregnancy (Antenatal) and after child birth (Postnatal)? (Ask if Q.21 and/or 26 reply is Quack or Hakims) – (Check all relevant)	Check
27.1	Not aware of BHU/RHC existing nearby	
27.2	Not aware BHU/RHC services	
27.3	No need to visit BHU/RHC etc	
27.4	BHU/RHC far away	
27.5	Health staff rude or disrespectful	
27.6	Husband does not allow	
27.7	Cannot go alone	
27.8	others	

28. Do children in your family have (Immunization) injection courses after birth? If yes check immunization card?

- i) Polio vaccination ii) HiB iii) Hepatitis A, B iv) MMR

29. Have you heard about the establishment of PHCS (صحت گھر) at the brick kiln?

- Yes No

30. How did you hear about it?

- 30.1 Fellow Brick kiln Worker
 30.2 From a Family member
 30.3 From Brick Kiln Employers/Munshi
 30.4 From health care provider
 30.5 Any Other _____

31. Have you ever attended any awareness session regarding health care services available in the areas?

- Yes No

32. If yes, who organized these awareness sessions?

- 32.1 Brick kiln employer
 32.2 Local organization/NGO/CSO
 32.3 Health Department
 32.3 Any Other _____

33. What did you learn in those awareness sessions?

- 33.1 Disadvantage of going to quacks for health services

- 33.2 Disadvantage of going to untrained birth attendants for pregnancy issues
- 33.3 Availability of Free health services (doctor, basic medicines)
- 33.4 Awareness about availability of BHU/RHC in surrounding area

34. If we provide/arrange for basic medical health facility free of cost at your workplace will you adopt it?

- 34.1. YES
- 34.2. NO (if no, Why?)

35. Do you have CNIC?

- 35.1. Yes
- 35.2. No (if no, Why?)

36. If we facilitate you, will you obtain your CNIC?

- 36.1. Yes
- 36.2. No (if no, Why?)

37. Do you both boys and girl children/children in family have birth certificates:

- 37.1. Yes
- 37.2. No

38. Do all boys and girls (5-14 years) in family go to school?

- 38.1. How many go to school: Boys _____ Girls _____
- 38.2. How many do not go to school:
Boys _____ Reason: _____
Girls _____ Reason: _____

- i. Too young
- ii. Disable child
- iii. School to far away
- iv. Working

39. Do you clean your teeth with toothpaste/manjan/Miswak etc

- 39.1. Daily after waking up: Yes NO
- 39.2. Daily before Going to sleep: Yes NO
- 39.3. Both a & b Yes NO

40. Do you wash your hands:

- 40.1. Before taking meals: Yes NO
- 40.2. After eating meals: Yes NO
- 40.3. After using toilet: Yes NO

41. How often you take shower/bath:

- 41.1. Daily
- 41.2. Two/three times a week
- 41.3. Once a week
- 41.4. Once a month

Signature of Supervisor: _____