



MIGRANT SATISFACTION SURVEYS ON HEALTH DAYS IN PERU

Case study

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1. BACKGROUND

The lack of access to health services is one of the most relevant problems faced by the migrant population in Peru. For this reason, The Peruvian Red Cross, with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC) Andean Cluster Office, implemented community primary health-care days aimed at the Venezuelan migrant population¹ and the most vulnerable local population.

The Health Days were carried out during 2019 at different locations of the country, such as Arequipa, Lima, Puerto Maldonado, Tumbes and Tacna. In Lima, these health events took place in the most vulnerable areas of the metropolitan region in order to monitor vital signs and collect the necessary information to provide medical care. The health services included some talks on disease prevention and health promotion to patients in the waiting rooms, and medical care, delivery of prescribed medication and a voluntary satisfaction survey².

The IFRC had the initiative to conduct the satisfaction surveys using a user-friendly software for collecting, managing, and using data. Even though the mode to conduct these surveys and obtain the migrants' feedback to adapt the services to the needs of the target audience³ is already indicated in the *Guía de Jornadas Comunitarias*, on this occasion the IFRC used the Open Data Kit (ODK) software to conduct the surveys. Using this mode improved the data processing for decision-making.

This mechanism for collecting the feedback of migrant population enabled the implementation of quick improvements regarding the provision of services, including changes in the health service hours, the development of a mobile service, that is, bringing the service closer to the locations where there is a large number of migrant population, and the improvement of the signage to direct users through the health care route. Likewise, given that Red Cross volunteers took part in the whole process of organizing the Health Days and were in close contact with the migrants during these events, they participated in a survey at the end of the day so that the IFRC was able to collect their feedback in order to improve the services⁴. These surveys also proved that the ODK is an effective and user-friendly software for data collection and management which improves the survey instrument.

¹ International Federation of Red Cross and Red Crescent Societies. (2019). *Campañas comunitarias de salud*. Lima. [Report]

² Venezuelan Red Cross. (2019). *Jornada de salud CRV, Guía de implementación*. [Guide]

³ International Federation of Red Cross and Red Crescent Societies. (2019). *Campañas comunitarias de salud*. Lima. [Report]

⁴ International Federation of Red Cross and Red Crescent Societies. (2019). *Campañas comunitarias de salud*. Lima. [Report]

2. MIGRANT SATISFACTION SURVEYS

General objective

- To implement a feedback system during the Health Days that helps to improve the provision of services.

Target audience

- In-transit or settled migrant population who participated in the Health Days.
- Red Cross volunteers who participated in the Health Days.

Preparing the survey conditions, design, and validation of the instrument

The following decisions were made before designing and implementing the instrument:

- **Identifying the right moment to conduct the survey.** Collecting the migrant's feedback at the end of the health care route during the Health Days was the best way to learn about how they perceived the whole process.
- **Selecting the mode of collecting the data.** Given that the Health Days took place in locations without Internet access and there were few people to process the data, there was a need of using an automatic data collection platform which did not require Internet access to conduct the surveys. The Open Data Kit (ODK) was selected for this reason, since it is an open-source and offline data collection tool that provides these features⁵, where data can be automatically uploaded, stored and downloaded later in an Excel spreadsheet report ready to be analysed⁶. Regarding the volunteer surveys, the data was collected using in paper questionnaires (printed survey form) and was processed later by the CEA focal point.
- **Procurement of the necessary equipment to use ODK.** The ODK software requires a cell phone and a server to store the data, therefore cell phones were bought, and coordination was ensured so that the collected data would be stored in the IFRC Andean Cluster server⁷.

The design of the survey for migrants and volunteers required to explore specific and differentiated types of information. The migrant satisfaction survey included closed-ended and open-ended questions and the use of a Likert scale. The following points were explored: Promotion of the Health Days, level of satisfaction with the health care services, preferences in services hours, recommendations for improving the services and recommendations for improving the Red Cross' work.

On the other hand, the volunteer surveys included questions to learn about their views regarding their level of satisfaction with the Health Days and with the overall organization (and specifically with the distribution of tasks), as well as their satisfaction with logistic aspects (work materials, tidiness in the facilities, etc.) and the overall assistance provided. Each question allowed to give additional feedback to complete the requested information.

⁵ Fernandez, G. (Personal communication, 11 August 2020).

⁶ Monzón, M. (Personal communication, 10 August 2020).

⁷ Fernandez, G. (Personal communication, 11 August 2020).



During the Health Days, there were minor changes made to the migrants' questionnaire based on their feedback. Even though the first questionnaire was technically validated with the key areas involved in the Health Days, it was not validated with the population. This experience made clear that this validation should be considered for future initiatives.

Training of volunteer survey takers

The survey takers were Peruvian Red Cross' volunteers that had previously received CEA training and had experience working with migrant population. The group of volunteers received one-hour training in ODK, as well as in the use of cell phones as a technological tool, the appropriate use of the forms, the understanding of the questions and the best way to interact with the migrant population that had willingly accepted to take part in the survey⁸.

Conducting the survey, processing the results and decision-making

The migrant satisfaction survey was conducted by volunteers with their cell phones. The volunteers waited for the patients to leave the doctor's office and then interviewed them following the questionnaire.

On the other hand, volunteers also took part in the survey as respondents. They initially filled in a printed survey form and later they received a link to answer the questionnaire in their cell phones.

⁸ Fernandez, G. (Personal communication, 11 August 2020).

When the process of collecting the data offline was completed, the ODK uploaded the data to the system when an Internet connection was available, via Wi-Fi or mobile data. Then, the ODK reports and Google Forms were displayed in real time allowing the responsible team members to view and analyse the results and provide timely solutions.

The team in charge of analysing the migrant survey reports and make decisions based on this information was composed of decision-makers from various IFRC areas. Weekly meetings were held to analyse the collected data and make improvements to be implemented during the next Health Day⁹.

As for lessons learnt regarding decision-making, the IFRC considers that it is essential to formalise the decision-making process by using timetables and scheduling periodical meetings where agreements and decisions can be kept on record. Likewise, the IFRC highlights the importance of using flowcharts that have been developed and validated by the areas involved in the process, with the aim of defining deadlines and team member roles based on their skills and experience.



3. RESULTS

The main results of the feedback mechanism are as follows:

- On average, 30% of users answered the satisfaction survey in each Health Day¹⁰.
- The mechanism helped to identify that the migrant population was asking for more medical specialties to be included in the health care services¹¹. This resulted in an increase of the number of services and medical specialties¹².
- The migrant population also requested to change the date and the service hours of the Health Days¹³, so that the health care services would not interfere with their working hours.
- Some changes were made as a result of the volunteer surveys, including the improvement of the organization and logistic aspects of the Health Days. For instance, the signage to direct users through the health care route was improved.

⁹ Monzón, M. (Personal communication, 10 August 2020).

¹⁰ International Federation of Red Cross and Red Crescent Societies. (2019). *Campañas comunitarias de salud*. Lima. [Report]

¹¹ International Federation of Red Cross and Red Crescent Societies. (2019). *Campañas comunitarias de salud*. Lima. [Report]

¹² Fernandez, G. (Personal communication, 11 August 2020).

¹³ Fernandez, G. (Personal communication, 11 August 2020).

4. LESSONS LEARNT

- **ODK is an especially useful option for collecting key information from the migrant population.** In operational terms, the ODK software has proven to be highly effective because it is easy to use and can collect data offline and then process this information and deliver reports where data can be viewed, monitored and analysed in real time and decisions can be timely made.
- **Information Management (IM) should be the area/department in charge of processing the ODK data.** Managing the ODK should be a task performed by an area/department specialised in information management. With regard to the IFRC Andean Cluster, initially many people had access to all the information that was collected in the survey and some questionnaires were accidentally deleted. After this inconvenience, Information Management became the only office supervising the access to the ODK information¹⁴.
- **Conducting the satisfaction surveys without the help of Red Cross volunteers should be considered.** There might be an unintentional bias in data collection because the place where the surveys take place and the person conducting the interview are part of the organization that is being evaluated. A solution could be to set up tablet computers on a table or a display cabinet located at the end of the health care route, so that the users could fill in the questionnaires themselves with the help of a video explaining the importance of participating in the surveys since their answers will help to improve the service. A volunteer might be there helping to answer any doubts that the users may have when answering the questionnaire.



¹⁴ Monzón, M. (Personal communication, 10 August 2020).



- **Health Days are an opportunity for collecting feedback on other key issues.** During the Health Days there is usually a waiting time of 30 minutes and this might be a great opportunity to make contact with the target audience¹⁵. During this waiting time, other research techniques can be used, such as in-depth interviews that help to learn more about the information needs of the migrant population, the channels they use to get information, the problems they are facing, the complains they have about the services provided, etc.
- **Executive reports must be prepared immediately for decision-making.** It is key to define specific roles and responsibilities and set clear deadlines for the process of collecting, processing, and analysing information. This will ensure not only a quality data collection but also a quick executive report that will allow timely decision-making.
- **Giving feedback to the migrant population about the actions taken as a result of their participation in the survey.** It is important to inform the migrant population about which decisions were taken and implemented using their feedback and recommendations. This helps to improve organizational transparency and builds trust between the migrant population and the organization's staff and volunteers.
- **Strengthening a positive attitude among volunteers towards the migrant population.** Generally, volunteers treat the migrant population with respect, but it is important to build their capacities as survey takers, taking into account key issues for effective communication, such as assertive listening, using the right language by acknowledging cultural differences, etc.

¹⁵ Fernandez, G. (Personal communication, 11 August 2020); Monzón, M. (Personal communication, 10 August 2020).

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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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