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What Do Beneficiaries Think?
Analysis of Data Collection Process
From The Beneficiaries' Point of View

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Student's signature

A handwritten signature in blue ink, reading "Filia Pastorelli". The signature is written in a cursive style with a large initial 'F' and a long, sweeping tail.

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I would like to thank everyone who dedicated me and this research their time and energy.

To Caritas, that in all its forms permeated my personal, professional, and finally academic life.

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ABSTRACT

This thesis examines the perspectives of beneficiaries of humanitarian aid and development projects on Beneficiary Feedback Mechanisms (BFMs), with first-hand research conducted in the context of the Hashemite Kingdom of Jordan. The sample population is selected among the beneficiaries of a local NGO, Caritas Jordan, that annually delivers over 130,000 services to about 35,000 beneficiaries (2023 data) in the fields of health, mental health, protection, humanitarian assistance, education, and livelihood. CJ employs various BFMs to monitor project success, including Feedback Calls, Focus Group Discussions, and Home Visits. A sample of 113 beneficiaries who experienced at least one of these mechanisms in 2024 was surveyed, assessing BFMs based on four criteria: perceived effectiveness of the mechanism, relationship with the interviewer, intrusiveness, and willingness to provide honest feedback. The findings reveal a correlation between the "closeness" of the mechanism to the beneficiaries and higher positive evaluations across two criteria; relationship with interviewer and intrusiveness, while honesty and effectiveness do not follow the same trend. Notably, results varied by nationality, with unexpected trends contradicting the assumption that Syrian beneficiaries would provide the highest ratings.

Overall, BFMs are well-received, with beneficiaries expressing generally positive attitudes. However, the research identifies opportunities for enhancing the monitoring and evaluation process, offering a possibility for fostering a more beneficiary-centered approach. These findings contribute to a broader understanding of BFMs and their role in improving accountability and project outcomes in the humanitarian and development sectors.

EXTENDED SUMMARY

La ricerca si vuole focalizzare sulla fase di monitoraggio e valutazione dei progetti di cooperazione internazionale, ad in particolare sui meccanismi utilizzati per la raccolta dati. Nasce dalla volontà di spostare il focus dell'attenzione dai tecnicismi del processo di MEAL, ad un punto di vista più umano, quello del beneficiario. Nonostante le legittime motivazioni che spronano la raccolta dati, non ci si sofferma a sufficienza a considerare l'impatto che questi processi hanno sugli intervistati, che sono per la maggior parte categorie vulnerabili.

La ricerca ha luogo in Giordania, dove la Caritas Jordan opera da decenni fornendo solo nel 2023 più di 130,000 servizi a poco meno di 35,000 beneficiari negli ambiti medici, di salute mentale, di protezione, dell'assistenza umanitaria, dell'educazione e del sostentamento. Annualmente conduce raccolte dati con i propri beneficiari per valutare l'efficacia del loro intervento e la soddisfazione dei beneficiari stessi. Questo avviene principalmente attraverso tre meccanismi: telefonate (Feedback Calls), discussioni di gruppo (Focus Group Discussion), e visite domiciliari (Home Visits). 113 beneficiari di CJ, che nell'ultimo anno hanno partecipato ad almeno uno dei tre meccanismi di raccolta dati, sono stati intervistati per capire quale fosse il loro giudizio riguardo lo strumento. È stato chiesto loro di differenziare tra la percezione di efficacia dello strumento in questione, la relazione con l'intervistatore, il grado di intrusività dello strumento e la loro propensione all'onestà nelle risposte. I dati raccolti hanno dimostrato che, più il meccanismo creava una vicinanza con il beneficiario e maggiore erano i risultati per le categorie di relazione con l'intervistatore ed intrusività. Mentre gli elementi efficacia ed onestà contraddicono l'ipotesi. Ciò significa che i beneficiari di visite domiciliari, lo strumento dei tre che più coinvolge sia intervistato che intervistatore, hanno una migliore relazione con l'intervistatore. Allo stesso tempo anche l'intrusività aumenta, creando un senso di maggiore invasione della privacy.

I dati, disaggregati per nazionalità, hanno poi smentito la seconda ipotesi secondo la quale i Siriani, essendo più avvezzi a metodi di raccolta dati, avrebbero fatto registrare punteggi più alti, risultando quindi più insensibili all'invasione della propria privacy. Questa ipotesi si è rivelata infondata per tutte le caratteristiche e i meccanismi.

I dati emersi mostrano quindi come ci sia una generale accettazione positiva da parte dei beneficiari di tutti e tre i meccanismi, con alcune variazioni nelle caratteristiche e tra le nazionalità. I beneficiari apprezzano la possibilità di condividere le proprie idee e opinioni, ma chiedono anche maggior rispetto.

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PREFACE

It all started in July 2024. I was participating in the annual meeting with my organization, when all the “expats” working for the organization abroad are gathered in the head quarter to share and discuss. During a workshop on food security indicators one participant paused the presentation to ask a question “Isn’t it a little bit too personal?”. What the participant was asking is if the extremely detailed questions about what the beneficiary has eaten, drank, consumed in the past few days/weeks were invasive of their privacy. Another participant promptly answered “No, they (beneficiary of aid intervention) are used to it! They even know what they should answer to obtain the service”. The question was dropped with an awkward laugh.

“They are used to it”. That sentence got stuck into my head; it sounded presumptuous and limited. And I started thinking if it was even possible that people who are constantly questioned and interviewed develop a sort of numbness towards the whole process. At the same time, do we - humanitarian aid and development workers – ever pause to reflect on our methods? We bother constantly our beneficiaries asking them all sorts of questions to collect the precious data we need to justify our work. But do we ever stop to think about this system? Do we ever really evaluate if all this data is necessary? Do we even consider our beneficiaries’ opinion? Do they want to participate and share their experiences, problems and opinions with us, or are we forcing them?

This thesis is my personal attempt to start engaging with some of these questions, and to try to have a first insight into the beneficiaries’ point of view.

I will discuss the Beneficiaries Feedback Mechanisms (BFMs), or the set of tools and mechanisms used to collect the beneficiary’s feedback and opinion on a specific topic. These tools constitute the core of a participative monitoring and evaluation process for humanitarian and development agencies. NGOs and other organizations need to regularly collect data to assess if their planned and implemented intervention is achieving the aimed goals to be able to report their progresses to the donors or for visibility. While there are different ways to measure the achievement of indicators, beneficiaries’ opinion and insight remains a fundamental element to prove the level of satisfaction, engagement and success of the program within the recipient community.

While much has been written on the feedback mechanisms, there is little to no literature on how the beneficiaries themselves perceive the whole data collection process and what are their hopes, fears and thoughts regarding the mechanisms. There are a lot of myths and assumption linked to the beneficiary. We sometimes talk about them as if they were not the

people that we meet every day in our centers, but some sort of homogeneous group with specific characteristics. Those characteristics are taken for granted even if sometimes are the result of preconception and some hidden racism. With this research I aim at starting a first reflection on the BFM's in use from the beneficiaries' perspective.

1. INTRODUCTION: RESEARCH GOALS

In the humanitarian and development field, NGOs and other agencies are called to design and implement projects and programs to support the local population or other specific groups, like the refugees, IDPs (internally displaced people) or migrants. One important element to ensure accountability both to the donor and the beneficiaries of the intervention is the monitoring and evaluation that involves data collection to ensure the achievements of the aimed goals. Beneficiaries are one of the most important sources of information and are therefore frequently involved in this phase of data collection through different mechanisms. The objectification of the beneficiary is a concerning issue in the humanitarian and development world and there are several ongoing discussions aimed at making the whole process more participative.

The starting point of this research is therefore the beneficiary and their opinion. This time not on the activities or the organization, but on the whole data collection process itself. The thesis aims at understanding what the beneficiaries think about the different mechanisms used to collect their feedback and how they respond to them.

The research focuses on the beneficiaries of humanitarian and development intervention of Caritas Jordan (CJ), who have participated in a data collection in the last year. The target population have either received a Feedback Calls (FC), a Focus Group Discussions (FGD), or a Home Visits (HV) from June 2024 until October 2024 as part of the monitoring and evaluation process for Caritas Jordan's projects. The target population received different services, including the sectors of health, mental health and psychosocial support, cash assistance and protection, that are the core of the intervention of CJ. The data collection done for this thesis took place in Jordan, though questionnaires administered over the phone by CJ case workers and data collected through Kobo links

Currently there are a few scientific papers that study specifically the impact of data collection on targeted population, especially when it comes to vulnerable groups, like refugees and migrants who are subject to harder living conditions and have a higher probability of carrying traumas and mental health issues. There are no papers studying the preferences of beneficiaries when it comes to feedback mechanisms. This is particularly worrying given the exposure that such groups have to those mechanisms, including other forms of questioning like need assessments, studies and research. NGOs and agencies are the main initiators of data collection for project reporting or drafting purposes as well as advocacy both at a national and international level. It might appear hypocrite that the same organizations that dedicate their work to the support of those populations are also those burdening them with questioning that

could be perceived as intrusive and force the beneficiary to disclose personal and private information about their lives and their families. Although the participation is without constraints, beneficiaries might feel compelled to comply for fear of being excluded by future projects, or others might believe that altering the reality will increase their chances.

NGOs and agencies, on the other hand, heavily rely on that information and justify this invasion of the beneficiaries' privacy as a mean to achieve a greater good: acquiring funds to be then used for their and their communities' benefit. Donors need to know and need to base their fund allocation decision on reliable data. The end justifies the means.

It is therefore clear that the lack of data and studies in this field is leaving a void and potentially creating harm to an already vulnerable population. Organizations who pledge to do no harm are avoiding facing the impact that their research have on the beneficiaries.

With this research I do not intend to demonize beneficiaries' involvement in data collection, but I aim to expand the knowledge regarding their preferences. The research is limited to the work of a specific organisation, Caritas Jordan, in a specific context, the humanitarian and development intervention in Jordan. The focus will be on two beneficiaries' categories, refugees and local host population. The refugee population is further divided into Syrians and Iraqis, that constitute the two biggest groups of beneficiaries. Even though the two groups are both labelled as refugees, they enjoy a different status due to internal regulations in Jordan. Local host population are the Jordanians, and in this case the most vulnerable part of the community. The preferences of the three nationalities will be measured on the three feedback mechanisms, highlighting how and when there are elements that should be taken into consideration when planning the monitoring and evaluation tools. This research should be a starting point for a deeper reflection on the internal monitoring and evaluation mechanisms within Caritas Jordan and how the relationship between the organization and the beneficiary could be enhanced.

2. RESEARCH QUESTIONS

The research was initiated based on a set of assumptions, passed off as being common knowledge on the intrinsic characteristics of beneficiaries of different nationalities. These sentences were heard in work related contexts in the past three years, from colleagues of the same and other organizations. The first one is that refugees are not particularly bothered by questions regarding their private sphere since they are used to them. Furthermore, refugees are smart and know what to say to obtain support from NGOs and agencies. On the contrary, Jordanians are prouder and are more affected by the questioning. The two groups will therefore perceive the feedback process differently and consequently suffer in a lower or higher degree due to the intrusiveness of the questions and methods.

While rejecting some of those assumptions due to the lack of scientific evidence, what is interesting is the possible existence of a preference among the different types of Beneficiaries Feedback Mechanisms (BFMs) and the variation in the reaction of the three nationalities to the BFMs.

The empirical research was based on two hypotheses to be verified through an ad hoc data collection. Hypothesis number one is that the closer the interviewer gets to the beneficiary during the data collection the more the level of effectiveness, relationship with the interviewer, intrusiveness and honesty increases. There is therefore a direct positive correlation between closeness and the four elements and as the mechanism becomes closer to the beneficiary the higher the effectiveness, the relationship with the interviewer, the intrusiveness and the honesty. Intrusiveness is treated as an unavoidable element of all data collection processes, and no judgment is attached to it. Although the term typically carries a negative connotation, this research focuses on evaluating its degree and the factors that influence it.

Once defined if this correlation is true, a second level of analysis introduces the nationality variable studying how each nationality reacts to each mechanism. The second hypothesis is that Syrians and Iraqis, as refugees, would have an overall higher score when evaluating their experience with the BFMs. An increase in the level of closeness of the interviewer during the data collection would not influence negatively their perception. At the same time, as the mechanism becomes personal and direct, Jordanians would report higher level of distress and discomfort towards the feedback mechanism.

It is essential to remember that the whole research is aimed at investigating the beneficiaries' point of view. As a consequence, the area of analysis effectiveness, relationship with

interviewer, intrusiveness and honesty, are also from their perspective, and not from the organisation's point of view.

The effectiveness focuses on the beneficiary's perception that the tool was actually appropriate to the scope and that their participation mattered. In other words, if they have trust that the BFM is not actually making them waste their time without giving them a fair chance to speak their mind and, most importantly, influence the future work of CJ.

Beneficiaries can also express how they feel about the relationship with the interviewer. As it will be discussed later (Chapter 5.2), the ability and personal skills of the interviewer are important for the success of the process as well as their ability to develop a positive image in the eyes of the interviewed.

Intrusiveness is, again, as perceived by the beneficiary and it covers the degree to which they feel that their private sphere was invaded by the interviewer and the method chosen. It does not entail an evaluation of if it was worth it, but merely focuses on the if they felt intruded or not.

Lastly, the honesty inquires the elements that would make the beneficiary less prone to answer openly and truthfully to the posed questions. The beneficiary is asked to reflect on the situation and self-evaluate their propensity to honesty. There is no interest in fact checking if the answers were really honest since this is not the objective of the research.

Some of the questions that I will try to answer in this thesis are linked to these two hypotheses. How much does the "closeness" of the interviewer affect the positive and negative perception of the beneficiary towards the tool? How significant are those variations among mechanisms? Is it possible to identify a preferred tool? Can we see a clear pattern among nationalities? Are those patterns directly influenced by the type of mechanism or not?

3. THEORETICAL FRAME & LITERATURE REVIEW

“Research into others’ suffering can only be justified if alleviating that suffering is an explicit objective “ (Turton, 1996).

3.1. RESEARCH ON REFUGEES

Research on refugees and other vulnerable groups is essential to understand the issues faced, and particularly relevant for social workers or humanitarian aid workers, called to develop and implement appropriate and effective responses. Hugman, Pittaway and Bartolomei (2011) identify five reasons to justify the importance of doing research on refugees and other vulnerable groups, especially from the perspective of social workers. What they refer to as “social workers” can be expanded to include all those professionals that engage in the design and implementation of services aimed at those groups, like development and humanitarian aid workers and service specialists.

The first reason is that social workers provide services to vulnerable groups at individual, family, group and at community level and good research informs the planning of those services. Social workers are at the same time users and producers of research for direct practice creating and adapting methodologies and tools. Second, knowledge produced is used for advocating and policy development by them and other professions. Third, they contribute to debate in the refugee and forced migration fields in the national contexts, in some cases even openly speaking up against unfair treatment of refugees in the country. Fourth, social workers contribute to scaling up the debate also at international level through federations and associations of category. And last, social workers in other fields have started using more thoughtful methods in their roles, aiming to help service users express their own views on their needs and how services should be provided. (Hugman, Pittaway, & Bartolomei, 2011, p. 1273-1274)

Unlike what happens in other disciplines, most of the literature available on migrants and refugees is not scientific research but derives from advocacy documents and reports developed by human rights organizations (Jacobsen & Landau, 2003). The main aim of these documents is to advocate for marginalized people’s right and to develop projects to support those population, and not scientific research. A rigorous and scientific approach is mostly overlooked since it is not considered as important as suffering alleviation. The fear is that by moving towards a more scientific approach would limit the usefulness of the research:

practitioners need data to inform their actions, therefore need to be timely collected and expressed in a language free of academic jargon. (Jacobsen & Landau, 2003, p. 186)

These research projects often present data and results without detailing the methodological process behind it, leaving the readers with no information to evaluate the credibility of the results. There is a strong reliance on the so called “advocacy research” (Myron Weiner, cited in Jacobsen&Lindau 2003) where researchers already know what they want to prove and look for confirmation of their hypothesis. This might lead to inaccuracies (Jacobsen & Landau, 2003, p. 187). For starter, when researching refugees’ issues, it is important to clarify the terminology and definition related, since even the term “refugee” has different understandings linked to international agreements or conventions on one side, and the understanding of local authorities on the other side. The same applies to a multitude of concepts, that need to be clarified for the sake of clarity. A clear conceptualization does not include only the terminology, but also a clear definition of variables and hypothesis that will be developed in the research. Interestingly, Jacobsen and Landau claim that when these essential parts of all scientific research are lacking or missing, the research still receive little to no criticism and are not met with the vigorous disagreement about normative assumptions, as it happens in more established social science research. Migration and refugee research projects are mostly based on a set of quantitative and qualitative data, gathered on the field, and the collection methods are not described nor challenged. The only critics that those papers might receive by peer practitioners and researchers are mainly on the normative or pragmatic principles, as for example questioning the feasibility of the solutions suggested, but do not cover the methodology (Jacobsen & Landau, 2003, p. 188).

3.2. PRINCIPLES AND APPROACHES OF RESEARCH IN THE HUMANITARIAN FIELD: DO NO HARM AND PARTICIPATIVE APPROACH

While no methodological concerns are raised by academic researchers, other types of concerns are raised and discussed in the humanitarian field. One of the issues linked to data collection with fragile groups, such as refugees, is the difficulty in respecting the principle of “do no harm”, one of the core values of NGOs. These imperative mandates that organizations take measures to prevent and alleviate any adverse consequences of their actions on the affected populations. The reason why this value is relevant in research is mainly linked to the already precarious position of refugees, hosted in foreign countries with limited rights. The information refugees might disclose during data collection could worsen their situation, for example highlighting actions or affiliations with organization that are considered illegal in the

recipient country. Stigmatization can also result from the disclosure of a person's whereabouts as in victims of sexual and gender-based violence (SGBV) (Jacobsen & Landau, 2003, p. 193). A second concept taken from the humanitarian aid field is the participative approach and beneficiaries' involvement. When talking about participative approach, a concept that is permeating humanitarian aid and development projects since the 1980s and becoming mainstreaming since the end of the 90s, the degree of participation varies greatly depending on the organization, on the project or on the research. Scholars like Beresford (2000) argue that research without active involvement of service users (read beneficiaries) can be harmful. It sidelines their perspectives, reinforcing their dependency, and can even put them at risk due to a lack of accountability from professionals or researchers. This highlights power imbalances that place significant responsibility on professionals and academics (Hugman, Pittaway, & Bartolomei, 2011, p. 1276).

The word "participative" is often used to show an engagement with local community and beneficiaries that most of the time remains on the paper, without really translating into practical actions. Even less frequent is participation in the monitoring and evaluation phase of the project cycle, where relevant data collection occurs. Beneficiaries are mostly conceived and perceived as passive actors in this phase. Their role is to answer pre-determined questions, providing their feedback on the services and activities implemented for them. The engagement is minimal, with no real space for interaction or providing inputs on the projects. In this void of participation, there are some niche experiences of true beneficiaries' direct involvement in the monitoring as in the experience of the Movement organization (Jupp, Ibn Ali, & Barahona, 2009), operating in Bangladesh. They show how it is possible to apply a participatory evaluation technique, specifically in rights-based projects, when the empowerment of the right-holders is an outcome. To do so the community is involved from the early steps, from the same definition of the funding concepts. Empowerment, for instance, has several shades. It is not a linear concept, and it is the concerned community that should be involved in the definition of their understanding. Different means of community expressions, such as drama, pictures, conversations, discussions, storytelling and others, can be used to generate statements about project-driven changes at individual and collective level. In other words, beneficiaries define through some statements their definition of empowerment, and how they picture the change that the project will bring in terms of empowerment. These statements are compiled to describe the processes, outputs, and outcomes of participation and empowerment and reviewed by other groups living in a comparable situation. This provides a tool, that can be used periodically by the community itself for self-assessment; beneficiaries

gather and discuss whether the change and improvement has occurred or not, if the indicators were reached or not. Once data is collected by the beneficiaries themselves, data analysis is performed by the project staff according to pre-determined scales. For example, each statement could be associated with a point and the achievement or not achievement of each statement would contribute to building the final scoring allowing the project team to respond to the indicator (Jupp, Ibn Ali, & Barahona, 2009, p. 26).

This is possible embracing the non-linear and context-specific nature of empowerment and overcome the concerns that solely quantitative evidence could prove effectiveness (Jupp, Ibn Ali, & Barahona, 2009, p. 16). At the same time, this approach emphasizes how different stakeholders interpret each factor differently and this has a relevant impact on indicators and monitoring. For example, when talking about poverty reduction the beneficiary might interpret it as being able to eat three meals a day and send children to school. The NGO could see it as improving livelihood, while the donor as achieving SDGs targets (Jupp, Ibn Ali, & Barahona, 2009, p. 34). These differences are usually not considered, and the donor's perspective is the one dictating the logframe structure and some indicators while the implementing organization decides on remaining indicators and monitoring tools. It is evident, that the beneficiaries' opinion and preferences are not considered and do not contribute to building the M&E process. The example presented of the Social Movement in Bangladesh is a virtuous one, where the beneficiaries design the monitoring tools and collect the data with little supervision of the project team. Nevertheless, it faced several challenges, especially due to donors' inability to understand the modality and their lack of flexibility. Donors were not able to step away from the classical M&E methodology implemented by NGOs and embracing a more participatory one and tried to impose logical frameworks and standard M&E approaches (Jupp, Ibn Ali, & Barahona, 2009, p. 40).

3.3. ETHICAL CONCERNS AND DATA JUSTICE

Along with the previously analysed concern linked to the “do no harm” principle, research with vulnerable groups, such as refugees, raises other ethical concerns. Ethically inappropriate practices are unfortunately common, such as the commodification of information provided in good faith by refugees to researchers. Beneficiaries share their life stories and images, but rarely see the results of such research or completely understand the aim they are used for. Privacy and protection from further harm is often neglected, without considering negative outcomes that participants might face. The praxis would require that beneficiaries are asked

for their explicit consent in giving information and asking questions and this consent must be obtained without coercion, deceit or omission of information otherwise it will violate the terms of all code of conducts, being it of an NGO, research institution, academia, or newspaper. Even when consent is explicitly asked, there are situations where the condition of the refugees does not allow them to make an informed and free decision. In some contexts, people are so desperate for help that would consent to participate in any research and disclose all the most private information in the hope that this will help them access some sort of support or bring them material benefit. There is a strong power dynamic, that is heavily weighted in favour of the researcher (Hugman, Pittaway, & Bartolomei, 2011, p. 1278).

One way to overcome this unbalance is through the “reciprocal research”, a win-win relationship in which the costs of participating in the research are counterbalanced by the potential for gains valued by participants. The scholar Eileen Pittaway experienced this first hand when conducting research in a refugee camp in Thailand where the women, the research target group, refused to take part in the project due to past bad experiences. Their reluctance was overcome through a deep dialogue that ended up in a mutual agreement: the women involved in the research process would acquire knowledge in human rights documentation and advocacy through trainings. They became interviewers in their own communities and were able to use the collected material for advocacy. In this example, research participants were involved in all stages achieving a participatory action research where the interaction researcher-researched was not limited to a single event but becomes a process (Hugman, Pittaway, & Bartolomei, 2011, p. 1279-1280).

When conducting research in situation of forced migration, Clark-Kazak (2017) identifies four key guiding principles. First of all, equity. Researchers should foster fair relationships by being mindful of power dynamics and ensuring diverse perspectives are included avoiding assumptions based on identity factors such as gender or ethnicity. They exercise an effort to build trust and remain aware of biases and responsibilities. Second, the right to self-determination emphasizes respecting individuals' autonomy in deciding how to participate in the research. In this view, the dignity and well-being of respondents is prioritized over research objectives. Third, competence requires acting professionally by using appropriate methods, understanding cultural differences, training research teams effectively, providing accurate information to participants, and recognizing limitations when further support or referrals are needed. Fourth, partnership ensures that relevant collaborators are involved throughout the research process, with mechanisms for conflict resolution and shared ownership of the research (Clark-Kazak, 2017, p. 12).

To transform these principles in practical actions there are three main steps. First, ensuring voluntary and informed consent is properly received and making sure participants can withdraw it at any time.

Research participants must voluntarily and formally consent after being informed of potential risks and benefits. When researchers gain access to participants through service providers or in case of M&E activities of an NGO, it is important that participants understand their right to refuse participation without affecting their current and future access to services. Financial compensation, if provided, should cover costs like transportation or childcare and not pressure participation for financial gain. In other words, participation should be free of constraints, being it psychological or economic. Researchers must also clearly explain the potential risks, including financial, emotional, social, and legal, and outline the limits of confidentiality, especially concerning disclosures of criminality or self-harm.

The second step involves ensuring the confidentiality and privacy of participants. Researchers have a duty to protect respondents' personal information and ensure anonymity, especially in small sample sizes. Research should avoid collecting potentially incriminating data and anonymize all information immediately upon collection. Respondents must be informed about any legal limitations that could expose their data to third-party access, particularly if electronic tools are used with servers located in other countries. Researchers should also inform participants about the limits of confidentiality, particularly regarding abuse, exploitation, or self-harm disclosures, and have strategies for external referrals. Special care should be taken when handling audiovisual materials, as they pose challenges to confidentiality. Any use of such material should be with explicit permission, and participants must have the option to request its destruction. All involved in the research process, including interpreters, must sign confidentiality agreements. In cases where participants wish to be named, this should be respected without compromising others' anonymity.

Finally, researchers should minimize harm and maximize benefits of research collaborating with similar studies to avoid over-researching specific populations and avoid re-traumatizing topics unless directly relevant to the research. When such topics are necessary, external support services should be available for referrals. Diverse perspectives should be included, with targeted strategies to capture varied experiences based on factors like age, gender, sexuality, ability, and language. Research findings should be widely disseminated in relevant languages and accessible formats, ensuring participants know where to find the results (Clark- Kazak, 2017, p. 12-13).

In a digitalized world, where more and more data are gathered continuously traditional concerns like privacy and data protection remain and become imperative. An answer is

provided by the concept of data justice. It is based on a 2018 conference held at Cardiff University by the Data Justice Lab, where scholars and practitioners from diverse fields gathered to discuss how the increasing datafication of society intersects with long-standing social justice issues. Data justice refers to addressing inequalities and biases that emerge from the use of data, especially in how it is collected and used. This concept moves beyond technical questions, focusing on the social and political impacts of data usage. The generation, collection, and use of data are though not merely technical processes but involve complex power dynamics that deeply influence governance, labor relations, democracy, and border control. Data practices shape the ways we understand the world, access services, and participate in society, raising critical questions about fairness, discrimination and inclusion (Dencik, Hintz, Redden, & Tréré, 2019, p. 873-874). It can be derived that the use of data is not neutral. Data are information, and information can be used both to alleviate suffering and to discriminate and worsen someone's situation. Data collection carries a responsibility, especially when dealing with vulnerable groups that could be further harmed by the misuse of their data as well as the lack of control over them. At the same time, data are essential to make informed decision and to shape interventions in favour of the most vulnerable groups. Without appropriate data that represent the reality of a context, situation, or group it is not possible to address the current issues.

3.4. DATA COLLECTION MECHANISMS IN HUMNITARIAN FIELD: BENEFICIARIES FEEDBACK MECHANISMS (BFMs)

In the humanitarian field, where most of the work is done with and for the most vulnerable groups of society, including refugees, data are collected frequently as part of the daily fieldwork or to be able to report on project and program indicators. There are several tools and mechanisms that practitioners use to capture beneficiaries' feedback, that are referred to as Beneficiaries Feedback Mechanisms (from now on BFM). BFM are defined as a context-appropriate mechanism that responds to three goals. First, they solicit and listen to, collate and analyse feedback. Second, they trigger a response/action at the required level in the organisation and/or refer feedback to other relevant stakeholders. And third, they communicate the response/action taken where relevant back to the original feedback provider and if appropriate, the wider beneficiary community. To be functional, a BFM needs to have all the three components (Jean, 2013).

BFMs can be divided into two categories: informal (or unsolicited) and direct (or solicited). Informal feedback mechanisms are unsolicited and unstructured way to gather feedback on

any issue. They are, for example, suggestion boxes, hotlines or toll-free community phone numbers, SMS feedback, logbooks. Direct, face-to-face mechanisms are solicited and structured feedback allowing beneficiaries to outline specific issues related to the project, collected via pre-determined indicators. Examples are Focus Group Discussions (FGDs), individual discussions, Key Informant Interviews (KIIs), Customer service mechanisms, Project design meetings, Regular beneficiary feedback meetings, Feedback committees, Client forums, Surveys/Questionnaires, Routine community visits. For the purpose of this research we will focus on the second group, the direct, solicited mechanisms and in particular on Feedback calls, Focus Group Discussions and Home Visits (HV).

Interviews and Focus Group Discussions are the primary qualitative methods used by scholars when addressing matters concerning social constructions and the negotiations of meaning (Atkinson, 2017, p. 69). Interviews can be structured or unstructured. The former depends on a predefined set of questions that the interviewer will follow meticulously. The latter, also known as unstandardized, consists in a guide containing the list of all the important topics to be addressed during the interview. In this case, the interviewer does not have a list of questions or a specific order to ask but “goes with the flow”. It is the direct interaction with the interviewed that shapes the interview. In structured interviews, the interviewers do not enjoy the same flexibility because there is little to no room to change the questions formulation. This produces data that are already structured and easier to analyse compared to those collected through unstructured. The comparative process is smoother, and it is easier to train assistants since the rigidity of the tools ensures the production of comparable data even when collected by a plurality of interviewers (Atkinson, 2017, p. 70). The two typologies respond to different needs: while structured interviews are aimed at answering directly to a specific research question pertaining to a subject or phenomenon, the unstructured one is more addressed at giving an insight into lived experiences and meanings. (Atkinson, 2017, p. 71)

Interviews are used in Caritas Jordan as monitoring tool through mainly feedback calls., conducted through structured questionnaires over the phone. When talking about the telephone medium there are some specific psychological properties that communication theorists observed. The telephone is considered as restricted in its channel capacity, since there is a smaller set of messages that can be communicated compared to face-to-face interactions. The reason is the absence of visual stimuli that reduces information retention. As a consequence, people who are asked to make a judgment based on information acquired solely through audio are less confident than those acquiring the same information in a face-to-face setting. The absence of non-verbal cues in telephone conversations reduces the ability to

form a judgment. At the same time, the social distance created by the telephone is thought to have a positive impact in sharing also those information and characteristics that are believed to be negative and would be hidden in in-person interactions. Groves argues that this theory is incomplete since a crucial role is played by the credibility that confidentiality will be kept, and this is a judgment, therefore harder to do via telephone. At the same time, it is easier to terminate a telephone call than a face-to-face interaction due to social norms and the nature of the interaction itself. When the interviewer enters somebody's house, they become a semi- guests and the same cultural norms apply. (Groves, 1990, p. 228) The non-verbal part of the communication gets lost in the phone call, and the interviewer will not be able to capture some specific information such as non-understanding of the question, the mood of the interviewed and other clues, unless the interviewed makes them explicit. Parallely, the interviewer cannot obtain important information from the appearance of the interviewed. (Groves, 1990, p. 228). The second tool analysed, Focus groups, or group interviews, can also be structured or unstructured. It is a form of interview where questions are asked to a multitude of people at the same time. This format is used to mine "information or engaging in building a framework for exploring the participants' reality" (Atkinson, 2017, p. 75). The simultaneous presence of different interviewed generates a discussion: the question is not simply answered to, but the different opinions mix and merge. In some cases, researchers moderate actively the time dedicated to each person to answer, while others favour a "large conversation that flows organically" (Atkinson, 2017, p. 75). FGD is least time consuming than individual interviews because it allows to collect more opinion at the same time, and it is also used for brainstorming purposes and to better understand group and organizational dynamics (Atkinson, 2017, p. 75). The focus group methodology has also some potentially negative dynamics that need to be taken into consideration. One is the typical one that emerges in every group dynamic: some participants can control the conversation leaving little to no room for other members to express their opinions. This can happen in groups of people who know each other, where these roles are already established, but can also emerge in groups of strangers as soon as they start interacting. (Atkinson, 2017, p. 76)

A third tool used to collect data and feedback from beneficiaries are Home Visits. This tool can be associated with ethnography, a qualitative method used by researchers that encompasses the direct involvement of researcher into the culture of the studied group and its dynamics. Compared to the previous methodologies, ethnography does not consist in only one format of data and information collection. On the contrary, it is a process that includes several tools, such as participant observation, interviews, textual analysis and several others.

(Atkinson, 2017, p. 77) The objective is to immerse in the studied object to be able to observe also what the participants would consider irrelevant and taken for granted, while for the researcher it is not and provides valuable information. It allows to capture that information that would have been left out by participants during interviews and narrations since considered as not important. This is a lengthy process, and even if there is not a set amount of time deemed enough to understand the context, the general idea is that the minimum would be 1 or 2 years in the field (Atkinson, 2017, p. 78).

This “immersion” of the researcher into the researched object is similar to the approach used for Home Visits. Families are “studied” and followed up over a variable amount of time and different data can be collected by the direct interaction of the interviewer within the beneficiaries’ houses. The literature and research projects available on home visits concern mainly the spheres of child protection, health, and education. Home visits in the social work are work methodologies used at the same time as data collection and intervention, especially when it comes to monitoring the progresses of vulnerable families or households where there are signs of abuses and violence. In this case the methodology involves the presence of professionals that perform not only a data collection function, but mainly a therapeutic function. A few studies that focus on the home visits mechanism in these contexts could help shed light on some mechanisms that could find application also in the humanitarian context.

In a research project on home visits done in 2013, based on the US electronic database from 1990 until 2012, was observed that bringing the services directly into beneficiaries’ homes improved their sense of control and comfort while receiving tailored interventions, especially when workers performing the visit have a specific background, is trained and has the mandate to intervene. At the same time, perception of intrusiveness, reluctance towards opening one’s house to strangers and other cultural blocks can be seen as obstacles. The study highlighted the generally positive impact of home visits by paraprofessionals to socially high-risk families with young children. The included studies found that HV intervention programs were associated with decreases in harsh parenting, improved cognition and language development in young children, reductions in low birth weight, improved weight-for-age in young children, and reduction in child health problems (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013).

Another study done in the UK with ethnographic methodology (Ferguson, 2018), focused on the practice of home visits, envisaged in the law, but not defined in the structure and modality. In his study, Ferguson, discusses how the practice of social workers is shaped mainly by their ability to be creative and improvise according to the environment they face. Social workers create spaces of dialogue, moving around the house and dedicating time and

space to each member of the family to effectively assess the evolving situation and authoritatively express their concerns when needed. The experience of opening one's house can be perceived as intrusive or as positive, depending on the attitude of the family members, their fears, their past and present relationship with social workers etc. From the social workers' point of view, it can be an overwhelming experience: houses can be extremely dirty and decadent, with strong odours and lack of fresh air or light. The people inside the house can be abusive, use alcohol or drugs, and therefore be a threat not only for their family, but for the social worker as well. The social worker needs to be able to navigate all the possible scenarios to reach their objectives.

3.5. RESEARCH ON BENEFICIARIES FEEDBACK METHODOLOGIES

Relevant literature concerning beneficiaries' feedback mechanisms is extremely scarce. One of the few research projects on beneficiaries' response to feedback mechanisms was carried out between 2014 and 2016 among seven organisations working in six countries. The seven organisations piloted a range of Beneficiary Feedback Mechanisms (BFM), attached to maternal and child health (MCH) projects funded by DFID's Global Poverty Action Fund (NOW UK AID DIRECT). Implementation was supported by World Vision, Social Impact Lab and INTRAC. Three approaches were piloted. The first including mechanisms seeking unsolicited feedback, using low-cost, accessible mobile technology, such as SMS or voice messages. This was intended as a low resource approach.

The second approach included mechanisms seeking feedback on specific indicators. A social research approach soliciting feedback from target beneficiaries using pre-determined questions determined by the partner organisation. Beneficiaries participate in the method used to feedback, using a range of methods including client satisfaction surveys and beneficiary reference groups. This was intended to represent a medium resource approach.

The third approach used mechanisms developing indicators and tools in a participatory way. A beneficiary-led feedback approach (with partner support) in which beneficiaries decide on what, how, and when they provide feedback. This was intended to represent a high resource approach (INTRAC, 2016, p. 10).

The research highlighted some key takeaways, relevant for practitioners. First of all, adaptation and sensitization are key to success: tailoring BFM design to the local context and investing in community awareness are critical. Communities often lacked confidence initially, and ongoing efforts to familiarize them with the feedback system proved necessary for generating meaningful engagement. In contexts with low literacy level, feedback boxes are

tricky. Some experiments used alternative methods like colour coded paper or “thumbs up/thumbs down” pictorial formats that were effective but then gave little to no information to project staff to work on. SMS could not be adapted, and toll-free voice were dependent on network providers (INTRAC, 2016, p. 26).

Sensitization of beneficiaries to the process and purpose of giving feedback was necessary to make beneficiaries aware of the mechanisms and build their confidence to give feedback. The presence of a pre-existent relationship with the community facilitated this task through the trust build throughout the years. Sensitization was furthermore essential to overcome initial reluctance, especially among marginalized groups especially when they feared victimization. In some contexts, beneficiaries feared that the feedback given could be used against them, as it happened in past experiences (INTRAC, 2016, p. 27-30).

In addition, beneficiaries often perceived the services received as a gift, and did not feel entitled to them. Providing beneficiaries with information about their entitlements increased awareness but did not necessarily overcome deeper barriers to giving feedback, or fears about withdrawal of services following critical feedback. Beneficiaries were reluctant to give honest feedback for fear of retaliation and organizations/donors stopping the provision of those services. A shift towards the concept of entitlement is therefore necessary, but unfortunately not sufficient to foster BFM use. Another key aspect is perception of those in authority as higher status creating a social separation preventing feedback-giving (INTRAC, 2016, p. 30-32).

The simultaneous provision of multiple feedback mechanisms aided inclusion by ensuring the availability of channels that meet beneficiaries’ different needs. Being it literacy, physical capacity to access feedback areas, social norms, gender segregation or others, most barriers can be overcome if multiple forms of feedback are provided to the community (INTRAC, 2016, p. 35-37).

In the studied contexts, beneficiaries showed a preference for traditional feedback mechanisms (face-to-face interactions, suggestion boxes, voice calls) over more technologically advanced methods like SMS. Focus group discussions (whether open or via the use of pre-determined questionnaires as in Approach 2) and suggestion boxes were the most popular feedback channels across all projects and approaches. Where both methods were provided (Approaches 2 and 3), it seems that FGDs generated the most feedback. This preference was influenced by factors such as literacy levels, proximity to feedback channels, the immediacy of response, and the confidentiality. Low levels of literacy and cultures of oral rather than written communication, seem to have influenced beneficiaries to favour mechanisms where feedback is given verbally. The poor economic conditions of beneficiaries

appear also to have severely limited the use of mobile SMS as a feedback channel. The immediacy of response, i.e. the possibility of receiving timely response to the feedback, also played a role with beneficiaries favouring those mechanisms involving quicker response rate. Some beneficiaries suggested also to make the response even quicker, by using social medias. Anonymity and confidentiality were relevant and especially adolescents appeared to prefer confidential mechanisms while women preferred women-only groups. In general, where fears of reprisal were greater, beneficiaries were more concerned that the feedback mechanisms should be anonymous (INTRAC, 2016, p. 40-43).

With all the above-mentioned limitations, BFMs showed a positive impact by empowering beneficiaries to claim their entitlement and for providing a platform through which beneficiaries can exercise voice.

3.6. CLOSING THE LOOP

An important concept emerges in the research paper, the idea of “closing the loop”. In other words, addressing the concerns raised by beneficiaries through feedback acting upon and reporting to the beneficiary or the community about the actions taken. In the praxis, most of the feedback were handled at project implementers level by categorizing the feedback as resolvable at their level, out of scope or non-actionable. The main focus lays on the first category where implementers can directly act and report the solution to the beneficiary. The second group - out of scope - remains mostly unaddressed, although repeated feedback about the same issue may lead staff to refer the issue to project level or to external stakeholders or could be integrated in “frequently asked questions”. The third group, non-actionable feedback, could have many reasons including the lack of enough details and the impossibility of gathering them. An example is the use of pictorial and tick-box response forms used alongside suggestion boxes (to make them accessible for non-literate beneficiaries) that resulted in feedback lacking the necessary detail to define an appropriate response (INTRAC, 2016, p. 49-51).

When looking at BFM, it should be kept in mind that most of them have been initiated from the implementing organization side. Pressure from management and donors on the implementing staff can result in improvised and generic mechanisms that fail to adequately address the diverse contextual, cultural, and operational needs. This supply-side driven approach leaves limited to no room for demand-side, i.e. community or civil society led initiatives to advocate for improved services. This includes ensuring transparency and

accountability for funds raised on their behalf and the quality of programs implemented in their communities. Most feedback remains "managed" within a framework shaped by development organizations, influenced by their priorities, systems, and culture (Jean I. , 2017, p. 5).

According to Isabella Jean (2017), to exit this impasse “development experts” need to humbly step back from their role and engage in a deeper and meaningful interaction with local communities. The staff perception of their role and their relationship with beneficiaries need to change while accountability to communities should be prioritized in relation to accountability to donors. Another huge obstacle is the “tick the box effect,” where organisations cite accountability and feedback mechanisms in their reports, but do not use the feedback data to improve their programming (Jean I. , 2017, p. 6).

When feedback and complaints are collected regularly, triangulated, and validated, they provide valuable data for decision-making, performance management, and quality enhancement. Most decision-makers agree that feedback data should be integrated into program monitoring and performance management. They acknowledge that the information gathered by Monitoring, Evaluation, Accountability, and Learning (MEAL) teams can be used to guide program improvements, make course corrections, redesign or refine programs, support advocacy efforts, and, at times, contribute to strategy development. Jean argues that, nevertheless, most aid agencies do not systematically use feedback information in decision- making, but prioritize other information such as expenditure, procurement, output and activity monitoring data (2017, p. 10).

About all the data collected, what is relevant is the way they are used to foster improvement in programming and ultimately benefit the beneficiaries. In order for data to reach decision makers, data analysis and presentation is crucial. Data needs to be accessible and easy to use, information condensed in a visually organized format so that management can quickly identify what is relevant. On the other hand, some human stories are also important to illustrate critical points and give texture and nuance to numbers. Institutional processes such as strategic planning, institutional learning, staff and partner performance management could be informed by collected data if these data are not only project-related but collected across the programs to highlight patterns and recurring issues. At the same time, as information scale up to the management for high-level decision making, once the decision is taken the information flow should be reverted. Frontline staff need to have a clear understanding of the process in order to inform communities and stakeholders (Jean I. , 2017, p. 11).

To summarize there are several reasons that support the need for BFM. Accountability of implementing organizations towards its beneficiaries and its donors. The possibility to operate

real time adaptation of projects without needing to wait for set monitoring reports. And finally, the empowering effect of the tool for beneficiaries, who can express their opinions and exercise voice (UKaid, p. 2).

4. PRESENTATION OF THE RESEARCH CONTENT

4.1. WHAT IS CARITAS?

Caritas is the operative arm of the Catholic Church when it comes to acting to support the most vulnerable population. It started with the founding of the first Caritas in Germany in 1897, and then spread around the world until it became a confederation of over 160 members who are working at the grassroots in almost every country of the world. Almost every Nation has its own national Caritas, and in most countries also Diocesan Caritas, linked - as the word says - to the dioceses. A diocese is a church-related administrative division, the ecclesiastical district under the jurisdiction of a bishop. Therefore, in each country there is a National Caritas and there could be local smaller Caritas linked to a diocese. In Italy, for example there is the national one “Caritas Italiana” and 217 Diocesan Caritas.

In every country the organization can either keep the Caritas name associated with the country name, ex. Caritas Italiana, Caritas Española (Spanish Caritas), Caritas Ayiti (Caritas Haiti), and so on. Or the organization can choose a completely different name as for example CRS – Catholic Relief Service- for the US, Secours Catholique for France, and so on.

Every national Caritas works independently from one another, and responds in almost all cases, to the local Bishop Conference. Even if almost each Nation has its independent Caritas organization, Caritas refer to each other as “Caritas sisters” and are bound to the principle of “fraternal cooperation”. According to this principle, Caritas are called to collaborate with each other to foster growth and support. All national Caritas have the mission to respond to the internal needs and support the most vulnerable, but the range of the intervention varies greatly. Some Caritas have developed an international department, aimed at planning and implementing humanitarian assistance programs in third countries to respond to urgent needs arising either from natural or man-made crisis, or as the result of unequal socioeconomic conditions.

Caritas Jordan (CJ) is the national Caritas operating the Hashemite Kingdom of Jordan and established in 1967 in response to the humanitarian crisis caused by the Six Days War between Palestine and Israel. Since the first Arab Israeli war in 1948, Jordan has been considered the safest and closest shelter for the Palestinian refugees coming from the West Bank. Hundreds of thousands have crossed Jordanian borders, with the inevitable effect of destabilize Jordan, both on the social and political levels.

CJ is a member of Caritas Internationalis, a worldwide confederation which figures among the world’s largest humanitarian networks. CJ is also part of the MONA regional network, which

includes North Africa and the Middle East. Amman, the capital of the Hashemite Kingdom of Jordan, is the Head Centre for the Organization's presidency. Since CJ's establishment many centres were opened in different areas of the Kingdom.

Currently Caritas has centres in 8 Governorates delivering services in Health, Mental Health and Psychosocial Support (MHPSS), Protection, Cash Assistance, Livelihood, Education to vulnerable Jordanians, Refugees and Migrant Workers. Regarding Health, CJ is one of the largest non-state actors and one of the main partners of the Jordanian Ministry of Health. CJ has been implementing health projects for several years with funding from the Danish, German, Italian and Canadian governments and has recently become the sole UNHCR implementing partner in the care of refugee populations outside the camps. In terms of Protection, CJ has accumulated distinctive experiences in applying Case Management approach, which added to its unique services based on psychological wellness and counselling, under the MHPSS umbrella. Case Management involves taking charge of a single beneficiary or household in a holistic way, analysing the protection needs along with others in order to provide a comprehensive response that might be transversal to several sectors. The approach aims at looking at the beneficiary as a whole, without limiting the intervention to a single service, but integrating it with others until the situation has improved and it would be possible to close the case.

Regarding Cash Assistance, CJ has updated its Standard Operating Procedures (SOPs) and guidelines to improve the selection criteria and procedure, as well as the follow-up, strengthening the effectiveness of this measure that is always highly requested by beneficiaries. Cash assistance was in the past mainly linked to basic needs, but it has evolved strengthening its protection component, integrating the support to women at risk, children at risk and other vulnerable groups.

4.2. MONITORING IN CARITAS JORDAN

In 2023 Caritas Jodan delivered 135.140 services to about 34.814 beneficiaries through its centres in 8 governorates of the Hashemite Kingdom of Jordan. Most of the beneficiaries receive medical support (28.901), followed by mental health and protection (8.346), humanitarian assistance (1.408) and finally education (695). For monitoring and reporting purposes, periodical data collection takes place and part of these data are derived directly from the beneficiaries. Beneficiaries are faced with several feedback mechanisms, through which their knowledge, preferences, opinions and suggestions are collected. The three most used tools are Feedback Calls, Focus Group Discussions and Home Visits. The tools have

different modalities and are adapted to serve to different purposes according to the donor's request or the preference of the project staff or MEAL Unit.

The interviewers are all part of CJ and cover different functions within the organization. There is not only one person, or one team, dedicated to data collection, but the workload is spread across different centres and departments, according to availability and skills. The whole process is planned and coordinated by the MEAL Unit, that defined the type of mechanisms, the questionnaire to be used, selects the beneficiaries to be interviewed and assigns them to the right interviewers.

When the interview methodology requires a lower degree of skills, like the administration of a satisfaction questionnaire over the phone (this is usually the occurrence when FC are used) the interviewers are chosen according to staff availability; FC are usually done by case workers at the centres, who are generally more available. The interviewers are assigned by the MEAL Unit random names from beneficiaries who have received services all over Jordan, not only the names of beneficiaries associated with their specific centre. It is possible, even if highly unlikely, that some beneficiaries had previously met their FC interviewer, but the chances that the beneficiary is able to connect the name of the interviewer with that of the CJ staff they met are extremely low.

FGD are usually carried out by a staff member of the MEAL unit itself. The MEAL unit staff does not work at centres, but in the central administrative office of CJ. In this case, the beneficiary would meet the interviewer for the first time during the interview. The interview itself will happen in a familiar context since beneficiaries have visited the centre before and interacted with the centre staff. Each beneficiary is in fact associated with a specific centre, according to their residency location, and (only in Amman) to their nationality. In this centre they will register, receive the services, and if needed, participate in FGDs.

Interviewers' skills are particularly important when it comes to collecting data in sensitive cases and scenarios, like for HV that are addressed to recipients of Cash for Protection (Women and Children at risk of abuse or survivors). In this case it is essential to select interviewers with specific backgrounds and competences, and who have received a proper training. As a result, the interviewers for HV are fixed and predetermined. The persons (always at least one man and one woman) who perform the field visit and collect the data are part of the Field Visit Team, made of counsellors and animators working at the centres, that have a social work or psychology background, and have frequent interactions with the beneficiaries. Each centre has its own Field Visit Team made predominantly of CJ staff working daily in that specific centre. In this scenario, the probability for beneficiaries of having already met and interacted with the interviewer is much higher.

All CJ staff is composed of Jordanians, several with Palestinian roots and even nationality. There are no Syrian or Iraqi refugees among the CJ staff due to several factors, including the strong limitations refugees face when accessing the work market. A few refugees have been integrated in the past years in the volunteer program but are not involved in the data collection process.

Data collection is therefore completely carried out by Jordanians CJ staff, that according to their competence, role, and availability are associated to the different BFM.

The difference among the BFM is not limited to the type of interviewer, but they serve different purposes.

Feedback calls are structured interviews carried out over the phone by CJ's staff working at the centres. This tool is used to collect information from large groups, in order to assess satisfaction with the services received. It is low costs since the beneficiaries are not compensated for their time and became predominant during COVID time when social interactions had to be limited. The questionnaires are prepared by the MEAL Unit in collaboration with the project manager and other relevant staff, often including a staff member from the donor. Once the questionnaire is finalized, the IT unit digitalizes it using mainly KOBO or PowerApp. The MEAL unit then informs and coordinates the data collectors and once the phone calls have been completed receives from IT the raw data to be analysed according to the indicators. FC are usually used to collect data when the sample size is consistent, and the information needed can be collected by simply answering to direct questions. The data collected is used for statistical purposes, to answer directly to indicators. Focus Group Discussions are used when qualitative data are needed, or there is the need to dig deeper into a specific issue or hear the opinion of a particular group or nationality. Usually, the participants are aggregated by nationality and typology of service received by CJ, depending on the objective of the FGD. The number of participants is small, between 5 to 8 participants per group and are compensated with transportation fees. The discussions, that last about 1 hour, are held at the centres and moderated by the MEAL unit or a centre staff. FGD are not usually used to collect data to answer to project indicators, but mainly to provide an insight and new perspectives.

For example, given the high number of beneficiaries in the health unit, a semestral monitoring through FC is regularly planned, followed by FGD to dig deeper into possible issues. The participants to both BFM are chosen randomly among the lists of all the beneficiaries who have received Health services. If we consider that in 2023 about 28.901 people have received Health services and only 1.855 has been interviewed with FC it is possible, but extremely improbable, that the same exact person participates in both BFM.

The other sectors do not rely on a pre-determined monitoring, but feedback is collected upon donor's request and following their specific requirements. Activities that have a high protection component are monitored also through Home Visits. HV, was widely used in the pre-COVID time and stopped completely for about 4 years. This mechanism is associated with the case management approach that foresees a closer attention to beneficiaries throughout the whole process. Starting with women at risk, the HV program expanded to include other cases at risk of protection like children, elderly and others. It is particularly associated with prolonged cash programs, to ensure a proper monitoring of the cash assistance on the households and intervene timely in case additionally services are required.

During the HV quantitative and qualitative data are collected through a questionnaire, but the observation and direct dialogue with the interviewer allows for a deeper analysis, developed then in a field visit report to be added to the beneficiary's file. HV are therefore personal, while some of the information constitute the basis for updating the project's indicators, and some general considerations can be drawn, there is no anonymity. It is important to be able to link every answer to each beneficiary in order to continue monitoring the advancement of their situation.

Each BFM is therefore used for a specific reason within CJ, according to the final scope of the data collection. Nevertheless, CJ's efforts are mainly focused on designing efficient and effective questionnaires to collect beneficiaries' feedback on services, planning the use of the most adapt tool, coordinate the MEAL among different project, no attention is consciously given to the beneficiary and their personal preference. Planners and the interviewers rarely pause to reflect on the feedback mechanism from the beneficiary's point of view. They might have internalized some positive good practices and generally try to be culturally sensitive, being aware of the vulnerability of the interviewed people. These attentions are not granted, and highly depend on the sensitivity of the MEAL staff and the interviewers. Being aware that this is not enough to grant the full respect of the beneficiary and moved by a deep interest in starting a process that would lead to a MEAL system more consciously in line with the values and principle of Caritas, this research was developed.

4.3. HYPOTHESIS

The research originated by the intention of better understanding how beneficiaries from different nationalities react to different feedback mechanisms. This is intended as a first step to acquire a better understanding and insight on the feedback mechanisms currently used from the beneficiary's point of view.

The reason for choosing the three BFM (FC, FGD, and HV) and the three nationalities (Iraqi, Jordanian, and Syrian) is to be able to compare and contrast the data from both perspectives. The first analysis focuses on the correlation between the type of mechanism and the four areas: effectiveness, relationship with the interviewer, intrusiveness and honesty. The hypothesis is that as the level of closeness to the beneficiary increase the more the effectiveness, the relationship with the interviewer, the intrusiveness and the honesty increase. The “increasing closeness” is arbitrary defined only relating to the mechanism itself, taking into consideration the duration of the tool’s administration and the type of relationship with interviewer. FC is the mechanism with the lowest degree of “closeness” since the questionnaire lasts about 10 minutes and is administered anonymously by phone, without any form of direct interaction with the interviewer. There is a limited time and no space sharing involved.

The second tool in the “closeness” scale is FGD. The administration of the questionnaire lasts about one hour and is administered in presence by an interviewer who asks the questions and manages the time dedicated to each participant. The FGD takes place always within one of the centres of Caritas Jordan.

The mechanism with the highest degree of “closeness” is the HV. The visit is performed by a CJ field visit team, composed of at least one woman and one man, who enter the beneficiary’s house. The duration of the visit can vary depending on the situation but is between 20 min to one hour and the same beneficiary can receive more than one visit, according to the needs. In this case, the beneficiary and the interviewer share the intimate and personal space of the beneficiary.

Other elements that might affect the sense of “closeness” are the previous interactions between interviewer and beneficiary, being it positive or negative, and the familiarity that the beneficiary has with the organization, CJ. Furthermore, the experience and personal attitude of the interviewer can play a crucial role as well as the personal predisposition of the beneficiary to monitoring tools and monitoring process in general. All these factors are not taken into account for the purpose of this research.

What should therefore be expected is that beneficiaries who received FC have a lower trust in its effectiveness, have a worse relationship with the interviewer, consider the tool less intrusive and have lower honesty rates. On the contrary, HV beneficiaries should have a higher degree of trust towards the effectiveness of the tool, have a better opinion of interviewers, perceive the tool as more intrusive and be less influenced by negative external elements and be more honest in their answers. FGD should find an intermediate position between FC and HV.

It is important to notice that with the “closeness” not only positive outcomes are expected, i.e. effectiveness, relationship with interviewer and honesty, but also a higher degree of intrusiveness.

A second level of analysis introduces a new layer of complexity, the nationality of the respondent. This starts from the hypothesis that refugees are more used to being subject to questioning and are therefore more positive towards BFM. Especially Syrians who are the most targeted population by aid and development programs in Jordan and are therefore regularly questioned. On the contrary Jordanians are less used to these mechanisms and suffer more from the questioning.

This second hypothesis analyses therefore how beneficiaries from different nationality perceive the effectiveness of the tool, the relationship with the interviewer, the intrusiveness and the honesty. According to what previously stated the expectation effectiveness is to be higher for Syrians while lower for Jordanians. The relationship with the interviewer should also follow the same patterns, even though a factor that might influence this answer is the nationality of the interviewer: even though we expect Jordanians to be more reticent towards BFMs, the fact that the interviewer is from their same nationality might make them feel more at ease and increase their trust towards them. The intrusiveness should follow an opposite trend: since Syrians have been exposed over the years to NGOs systems and mechanisms, including questionnaires and monitoring tools, they are “used to” answer to questions. They developed a sort of indifference towards questioning that reduces their feeling of intrusiveness even when the questions become personal, and they are faced with invasion of their privacy. Iraqis are also refugees but are not as targeted as the Syrians since several funds are explicitly earmarked for the Syrian Crisis therefore, they should be less used to the tools resulting in a higher perception of intrusiveness. Finally, Jordanians are expected to be ones that would suffer the most from the questioning. In the common understanding, this is linked to a sense of shame and higher degree of pride and willingness to protect their privacy, especially since they are part of the local community and might feel judged if associated with a humanitarian organization. This sense of pride is supposed to alter also the results linked to honesty: Jordanians might feel more ashamed and be more reticent to speak the truth about their personal situation, while Syrians should be more honest as well as Iraqi.

At the same time, the expectation is that also the “closeness” of the BFM, as described before, plays an important role. The higher the closeness the more the described trends among the nationalities should be accentuated.

5. RESEARCH DESIGN

5.1. TARGET GROUPS

The research is centred around three target groups: Jordanians, Syrians and Iraqis, that are the three most populous nationality groups in Jordan. Jordanians, also referred to as vulnerable host community, are the citizens holding full rights. Unfortunately, due to an unprosperous local economy worsened in recent years by the deteriorating situation in the area and in particular by the Israelo-Palestinian conflict that curbed its touristic revenues, the numbers of Jordanians in need of support are rising constantly.

Historically, Jordan has been a country of both origin and destination for migrants, including refugees and migrant workers (MWs), whether hosted legally or illegally. According to the United Nations Department of Economic and Social Affairs, international migrants, including both migrants and refugees, comprised about 34% of Jordan's population in 2020. Jordan has a long history of welcoming and providing haven for Arabs forced to leave their country due to wars, persecutions, and invasions. Some early examples are the Circassians and Chechens between 1910 and 1930 fleeing the Russian conquest of the Caucasus, followed by Armenians escaping the genocide. In 1948, following the creation of the state of Israel and the beginning of the hostilities, the first wave of Palestinians arrived in Jordan, followed by the second wave in 1967 after the Six-Day War. In 2003, following US invasion of Iraq and the consequent instability Iraqis started to seek shelter in Jordan with recurrent waves that are continuing until today. The last, and currently most consistent group of refugees in Jordan, is constituted by Syrians who fled in mass their country after the outburst of the Syrian Civil War in 2011. Jordan adopted an “open door” policy towards these populations that were considered as brothers or cousins due to their common culture and language. Borders were made permeable, and especially during the first years of the Syrian War people could simply walk through the borders. Several testimonies refer that Jordan police and army along the border went as far as entering the Syrian territory to collect those, elderly, pregnant women, and sick, who could not make the journey on their own all the way through the border. Currently, Syrians count for more than 600.000 registered refugees. Registration implies being the holder of an UNHCR official registration document. UNHCR in fact collaborates with the Hashemite Kingdom of Jordan to deal with the refugee crisis in the country. Syrians benefit from a special status among all the refugees and have therefore priority access to several services including free education and the possibility of accessing legally the work market. These

benefits are mostly only on paper since the Jordanian Government is not able to provide services for everybody and refugees are discriminated when accessing services.

The third group consists of Iraqi, about 50,000 registered refugees. Several thousands are not registered because starting in 2019 Jordan officially requested UNHCR to stop registering new refugees. This caused a severe problem for Iraqis who used to travel to Jordan on a normal tourist visa to start then the refugee registration process once in the country. Without the UNHCR registration the person is not considered a refugee and needs therefore to pay to receive a residency permit if they are eligible and are subject to foreigners rate for all the services.

The decision of the three target groups in this research derives therefore from their inherent status difference within Jordan that deeply influences their access to services and support. The aimed target was to involve for each feedback modality 15 beneficiaries from each nationality, meaning a total of 45 beneficiaries for each tool. The total aimed number of beneficiaries interviewed is 135.

The sample size was determined based on the two main considerations. First, the need for a practical and efficient timeframe that minimizes disruptions to the operations of CJ centres, fosters meaningful participant engagement, and ensures the timely delivery of outcomes. Second, the limited availability of individuals who participated in Focus Group Discussions (FGDs). Around 60 beneficiaries participated in FGD in 2024, but not all names could be used since the beneficiaries were from nationalities others than the one of interest for this research.

For each tool an excel was created with the full list of names of people who have received that BFM divided by nationality. For example, for FC there were three excel sheet, one for Jordanians, one for Syrians and one for Iraqi. The sample units were selected randomly: for each sheet the total number of beneficiaries was divided by 15, and then rounded down to obtain an interval number (ex. 260 divided by 15 gives 17,3, rounded down at 17). In each sheet the first name selected was the third and then continued adding the interval number until the end of the list. Depending on the list, a variable number between 16 and 18 names were selected. Every beneficiary exceeding the fifteen, was listed as back-up: if one or more beneficiaries refused to answer the questionnaire the interviewer could have some spare numbers to call.

The list of names initially selected proved to be insufficient because about 21% of the people addressed did either not want to answer the questionnaire or the numbers were not working. Unfortunately, given the precarious economic situation of the beneficiaries of CJ, the deactivation of phone number is frequent and keeping in contact with the beneficiary with a

deactivated phone number is not possible until the beneficiary itself decides to approach one of CJ centres again. In fact, it is a protocol to check and confirm the beneficiary's data any time they approach the centre to limit this problem.

In total, to reach the 113 beneficiaries who responded, a total list of 202 names was shared with the centres. The response rate for FC was the lowest with 45%, followed by FGD with 65%, and last HV with 68%.

In addition, the target could not be fully reached for the FGD beneficiaries. In fact, the tool has not been used to its full potential until now and some FGD planned for October 2024 had to be cancelled, further reducing the number of beneficiaries available.

5.2. DATA COLLECTION PROCESS

The research is not based on previous studies in the same field. The topic is relatively new and has never been addressed from this perspective in the specific field of development or emergency response. The lack of previous studies did not allow to build on previous experiences but posed a challenge on how to structure the research questions and tools. At the same time, there wasn't an existing database to extract the data from, but the data collection had to be carried out from scratch.

Since the research itself was aimed at studying research mechanisms, the question regarding the best way to perform a data collection was risen.

Taking into account the timeline constraints and the objective of enhancing data collection consistency, the telephone interview format was deemed the most effective and suitable methodology. The mechanism is in fact low cost and less time consuming both for the interviewing organization and the interviewed beneficiary. It further accelerates the process since there is no need to organize a specific time and place and invite the beneficiaries over to the centre and no transportation costs need to be budgeted. The questionnaire was developed in three versions, each adapted to the specific BFM it was aimed at analysing.

The data collection process was carried out through Caritas Jordan staff in three centres: Hashmi Centre in Amman, Jerash and Huson Centres. Jerash and Huson are both located in the northern part of Jordan. Jerash is about 50 km northern from Amman and is the main city in the Jerash governorate. Huson is in the Irbid governorate and is about 80 km northern of Amman. One case worker per centre was appointed to the data collection. Each centre was responsible for one specific tool and received the list of beneficiaries to contact. The spreading of the workload was aimed not only at avoiding overworking one single centre that

had to carry out parallelly also the regular service to beneficiaries, but also to avoiding confusion when switching among questionnaires.

While this methodology prevented some mistakes in the data collection it did not ensure a homogeneous result since the different abilities of the interviewers might have influenced the process. Even though all data collectors were informed of the process and briefly trained, each one have their individual style and sensitivity.

Data were gathered through questionnaires on an online survey tool called Kobo Toolbox, an online free source to develop questionnaires and create a link that can be shared with accredited data collectors. The collected data is automatically gathered on the platform and can be extracted as excel tables, but also elaborated on the internet webpage. There is one specific person within CJ designated to prepare the online questionnaire and share the link and it is only this person who can access the collected data. Data can be retrieved and shared only through the official work emails and upon written request.

The data collection lasted 8 days between the end of October and the beginning of November 2024.

The coordination with the data collectors went through several rounds since 56 percent of the called beneficiaries (total of 202 names shared with the centres) either did not respond or refused to answer the questions. New names were selected according to the needs and shared with the data collector.

5.3. THE QUESTIONNAIRE

For the purpose of data collection three comparable questionnaires were developed, one for each feedback tool. A draft questionnaire was revised and improved through several rounds with the supports of three professors of the Padua University and the staff from the MEAL Unit of Caritas Jordan. Once an agreement was reached, the questionnaire was shared with other Jordanian colleagues to ensure contextualization was done correctly. The questionnaires were then translated into Arabic and double checked for possible double interpretations.

The questionnaire (see Annex) is composed of an introduction section and five thematic sections.

A preliminary section includes the opening speech, a text that the interviewer will read out loud presenting himself, his role in the organization, the aim of this phone call and the terms of confidentiality. This is followed by an explicit request for consent to participating into the research (Do you agree to proceed with the questionnaire?). If the person denies their consent,

for statistical purposes the interviewer will record methodology (questionnaire/FGD/ home visit), gender, nationality, and if possible, reason for not participating. Although in several telephone surveys it is important to develop procedures to avoid refusal of answering and techniques for refusal conversion, i.e. convince those that initially refused to participate, in this research this principle was not applied (Brick, Edwards, & Lee, 2007). There are multiple reasons for this decision. First of all, it is a general practice in all the monitoring process in Caritas Jordan to terminate immediately the interview if the beneficiaries refuse to answer questions. Second, the specific vulnerability of the targeted population and the principle of do not harm suggest a delicate approach. Third, this research started from the idea of analysing and if possible contrasting intrusiveness in data collection.

The first section includes general information regarding the beneficiary, such as nationality, gender, age. Two questions were added, the date of first registration into the Caritas System (CRM) and whether the interviewer recalled participating in the data collection in the past few months. The former was meant to elaborate some analysis connected to the “seniority” within Caritas. The latter is intended to help the interviewed focus and start thinking about that experience (Q5. In the last few months do you recall being called / participating in a FGD / receiving a home visit?). In addition, if the answer to the question would be a no, the interviewer is encouraged to try to help them remember. If, despite the efforts, the interviewed still cannot remember participating, then the interviewer should terminate the interview.

The second section focuses on the effectiveness of the BFM, with four questions to be rated on a scale 1 to 10 and one final open question. In this section the focus is on whether the beneficiary felt that the tool allowed them to effectively express their ideas and comments, evaluating the time available (Q6. *On a scale from 1 to 10, how would you rate the amount of time dedicated to you to answer the questions completely and express what you wanted to say?*), the questions asked (Q7. *On a scale from 1 to 10, how suitable do you think the questions were for collecting your opinion?*), the ability to communicate their needs (Q8. *On a scale from 1 to 10, how well do you think you were able to communicate your needs (tell what you need)?*). The fourth question focuses on the expected effect: if they believe that their answers will influence and improve Caritas services (Q9. *From 1 to 10, how much do you think your answers will influence and improve Caritas services (in the future)?*). With these questions in mind, the last open one asks the beneficiaries to provide their input to improve the tool (Q10. *How would you improve the tool (call/FGD/home visit)?*).

The third section focuses on the relationship with the interviewer who administered in the past the BFM, starting with evaluating how much the interviewer was cold, empathic, nosy,

professional, judgmental, friendly and patient (Q.11). Positive and negative adjectives are alternated. There are only four answer options, “Absolutely not”, “A little bit”, “Fairly”, and “Absolutely yes”. There is no middle answer, so the beneficiary must take a clear stand on if the behaviour was positive or negative. It follows two close questions with scale 1 to 10 asking how comfortable the beneficiary was talking to the interviewer (*Q12. From 1 to 10, how comfortable did you feel talking with the interviewer?*) and the level of trust towards them (*Q.13 From 1 to 10, how would you rate the level of trust you had with the interviewer during the call/meeting/visit?*). A final open question asks the beneficiary for suggestions on how to improve the attitude and trust of the interviewer (Q.14).

The fourth section examines the intrusiveness of the data collection method. While the first 3 parts were common for all the tools, this part varies for each questionnaire to mirror the specific characteristics of the tool itself. Seven (feedback call and FGD) to eight (Home visit) sentences describe different state of minds, opinions, feelings beneficiaries could have had during the data collection. Some sentences are repeated for all the tools, while others are adapted accordingly. The interviewed is asked to state if they strongly disagree, disagree, is neutral, agree, or strongly agree with said statements. In this case the beneficiary could also chose a middle neutral option. Most of the statements are written in the negative form, as for example “I did not feel like answering all the questions because some were too private” or “The call/FGD/home visit was too long”. The aim is to legitimize “negative feelings” without the beneficiary feeling judged for expressing them. A final open question (Q.16) asked what would make, in their opinion, the tool less intrusive.

The fifth and last part focuses on honesty, or how sincerely they answered during the feedback data collection. The structure with statements and a five-point scale (strongly disagree to strongly agree) is used introducing five sentences. Some elements contributing to dishonest answers are taken into consideration like peer judgment (*I sometimes modified my answer because I was afraid of being judged (by interviewer or other people present)*), perception of privacy (*I could not always answer sincerely because I was concerned by the lack of privacy*), unwillingness to share personal information about their situation (*When the questions were too personal, I did not feel comfortable sharing all the details of my situation or life*). A final open question asks if the beneficiary could think of another method that would make them more comfortable providing honest responses (*Q18. Would you prefer a different data collection method to feel more comfortable providing honest responses?*).

The questionnaire is then terminated thanking the interviewed for their participation.

5.4. ETHICAL CONSIDERATIONS

The research with vulnerable population poses significant ethical concerns, aimed at reducing to the minimum the possible negative effects. Vulnerable Jordanians and Refugees are the subject of the research, and specific protection measures need to be included.

The type of information collected through the questionnaire of this research does not constitute a direct threat to the beneficiary since it does not broaden the amount of personal data already stored in the Caritas system (CRM). On the system the beneficiary is associated to a file containing the assessment of their situation and the type of services received through Caritas. Beneficiaries who have the UNHCR registration have it enlisted in order to facilitate checking on the UNHCR portal their updated situation and services received by other organizations. Those who do not have a UNHCR registration are technically illegally residing within Jordan since cannot be recognized as refugees and therefore are not covered by the special status. Nevertheless, the Jordanian government is not actively taking any direct measures against non-registered refugees as long as they do not enter the labour market illegally.

The participation in the research will not be noted in the personal file of the beneficiary and will therefore not have a direct or indirect impact in the services or relationship with Caritas Jordan.

Beneficiaries' identity is protected to the largest extent possible even though anonymity could not be granted due to the feedback tool selected. Anonymity could only have been granted through online feedback questionnaire, but the instrument was not compatible with the context. Not all beneficiaries have access to smart phones, and it was decided that the medium of the interviewer was necessary to ensure a proper understanding of the questions. Also filling out paper questionnaires in person was avoided due to the costs related to transportation and concerns about using beneficiaries' time.

For the sample selection, all the names of those who fitted the criteria were inserted in excel lists: beneficiaries were divided according to BFM used and nationality. Lists were not even shared with me, but remained within the Caritas Jordan system, and the selection had to be done through the MEAL unit computers. The list of selected beneficiaries was then shared internally with the staff member in charge of data collection. Data collected on Kobo was then anonymized.

The sampled beneficiaries were thoroughly explained the aim and purpose of the data collection and their explicit consent was requested. Additionally, they were informed that consent could be retrieved at any point. As a policy, if the interviewer received a refusal, no

attempt to convince the beneficiary had to be made and the interview had to be stopped, and the beneficiary informed of the Feedback Mechanisms they could use to present a complaint or provide feedback.

6. DELIMITATIONS, LIMITATIONS, ASSUMPTIONS

The research was limited to a specific time and space, Jordan in 2024. Interviewed are only people who received services from Caritas Jordan within 2024 and participated in one of the Beneficiaries' Feedback Mechanism: Feedback Call, Focus Group Discussion or Home Visit. The investigation timeframe was not expanded due to assumption that people who participated in BFMs over 4 months prior to the interview might not have a vivid memory of the situation and would therefore not be motivated and able to provide their feedback.

The target group is limited, and an arbitrary decision on the number of participants to the research had to be made due to time constraints. In fact, the research work was done with the collaboration of Caritas Jordan staff on a voluntary basis. Their collaboration was essential in all steps, from the creation of the questionnaire to the collection of data through phone calls.

In fact, another limitation was the language. In the middle east there is a common language, Arabic. At the same time, each country speaks its own version of the language that varies greatly from the Classic Arabic, the language of the Qur'an. Jordanians, Syrians and Iraqi all speak their local variations of Arabic. Nevertheless, since the interviewed people are either Jordanians or Refugees who have been living in Jordan long enough to acquire a good understanding of the local dialect, the questionnaire was administered in Jordanian Arabic.

The interviewers are bilingual Arabic and English and were therefore able to record the answer to the open questions in English. When this was not possible, answers recorded in Arabic were then translated using free translations tools (Google translate) and double checked with a native speaker in case of incoherence.

The necessity of translating constantly between languages has slowed down the whole process and might have led to misinterpretations. This eventuality was reduced by carefully testing the translations, but a mistake cannot be completely ruled out.

Another limitation concerning the target group is the nationality. Only Jordanians, Syrians and Iraqi were interviewed. All other refugee nationalities, like Yemeni, Sudani, Somali, and others were excluded because there were not enough beneficiaries from those nationalities. In addition, the inclusion of other nationalities would have made the analysis too complicated without providing enough beneficial outcomes since their situation is similar to that of Iraqi refugees.

This does not mean that there are no differences among the nationalities. There are several elements that worsen the situation of beneficiaries coming from African countries, especially

when it comes to bullying and harassing faced by People of Colour. Nevertheless, for the sake of this research this aspect does not fall within the scope.

Another group that was excluded are Migrant Workers, whose status and service access differs greatly from that of refugees. The choice for exclusion is similar to the other refugee nationalities: not enough cases available.

Only one mechanism was used to investigate the three BFM, a phone call. Even though this might seem like a paradox, the choice was made because it was the most time and cost effective and would provide data easier to compare and analyse. It would have been interesting to test different tools and maybe try some participative approach, where beneficiaries could have more control over the whole process as in the example of the Social Movement in Bangladesh, presented in chapter 4.2. At the moment, Caritas Jordan has no experience in innovative participative tools that would require ad-hoc training for staff to be used.

The choice to focus only on solicited BFMs and not to include unsolicited BFMs like complaint boxes has several reasons. This research was based on receiving feedback on the BFMs from people who received them in the period June 2024 until October 2024. Given the anonymity of the unsolicited BFMs like complaint boxes it would be impossible to trace back those beneficiaries who used those tools.

The questionnaires presented three types of scales: numerical scale 1-10, ordinal scale with 4 options, and ordinal scale with five options. In the questions with the scale 1-10 it was registered a high occurrence of 5 and 10. In fact, some numbers were associated with a short description; 1 – not at all, 5 – fairly, and 10 – completely. Since the response were collected over the phone there is a high chance that the interviewer unwillingly influenced the respondents while reading and explaining the options.

7. RESULTS & FINDINGS

In this chapter, the collected data will be presented, following the structure of the questionnaire, without giving conclusive and interpretative observations that will be developed in the following chapter.

7.1. GENERAL DATA

A total of 141 beneficiaries answered the phone calls, of whom 113 agreed to respond to the interview for a total response rate of 80.1%. Disaggregating the data by mechanism the highest occurrence of denial is registered in the HV with 30.8%, followed by FC with 15.1%. No participant of FGD refused to continue the interview.

Do you agree to proceed with the questionnaire?			
	No	Yes	Grand Total
FC	8	45	53
Iraqi	1	15	16
Jordanian	6	15	21
Syrian	1	15	16
FGD		23	23
Iraqi		7	7
Jordanian		11	11
Syrian		5	5
HV	20	45	65
Iraqi	14	15	29
Jordanian	3	15	18
Syrian	3	15	18
Grand Total	28	113	141

Table 1 - "Do you agree to proceed with the questionnaire?"

Disaggregating the data by nationality, Iraqis are generally more resistant to answering with a total of 28% refusal rate, followed by Jordanians with 18% and Syrian with 10.3%.

The data presented in the following pages includes only the people who agreed to participate to the interview.

Table 2 presents the number of participants to the research disaggregated by nationality and mechanism.

Nationality	FC	FGD	HV	Grand Total
Iraqi	15	7	15	37
Jordanian	15	11	15	41
Syrian	15	5	15	35
Grand Total	45	23	45	113

Table 2 - Number of participants to the research disaggregated by nationality and mechanism

Table 3 presents the target population disaggregated by mechanism, nationality, and gender. Female representation is higher and can be explained, in the HV, due to the fact that most of the beneficiaries are recipients of “Cash for Women at Risk”. There is no real difference in beneficiaries’ distribution among genders for the other BFM’s since services are not gender-based. The imbalance is probably the result of the random selection process.

	Female				Male				Grand Total
	Iraqi	Jordanian	Syrian	Total	Iraqi	Jordanian	Syrian	Total	
FC	8	7	11	26	7	8	4	19	45
FGD	3	6	1	10	4	5	4	13	23
HV	7	14	15	36	8	1		9	45
Grand Total	18	27	27	72	19	14	8	41	113

Table 3 - Target population disaggregated by gender and nationality

Table 4 presents the answer of the target population to question Q_5 “In the last few months do you recall being called/participating in an FGD/receiving a home visit?”. Overall, about 42.5% of the interviewed population reported not recalling participating in the BFM, with the highest incidence for FC with 73.3% of respondents, followed by HV with 31.1% and last FGD with only 4.3%. There can be two possible explanations. First, the FC were mostly carried out in June 2024, while HV and FGD between August and October. Second, it is easier to forget about a phone call of a few minutes rather than a FGD or HV that require a higher effort from the beneficiary’s side to participate. The most surprising is the result of the HV since they are a lengthy process and receiving a visit in their homes is not a recurring event for most beneficiaries. The interviewer was encouraged to explain to the beneficiary what the tool was and give them some details to help them remember. If the beneficiary was still unsure the interviewer was expected to terminate the interview. Some beneficiaries refused even to start the interview if they did not remember participating in the BFM (data

displayed in Table1). The easiest explanation is that the beneficiary was not familiar with the terminology used, so was not able to link the name FC, FGD or HV with the monitoring experience they had. Once the mechanisms explained beneficiaries were able to recall the experience and proceed with the interview.

Do you recall participating in the BFM?	FC	FGD	HV	Total
No	33	1	14	48
Yes	12	22	31	65
Grand Total	45	23	45	113

Table 4 - "Do you recall participating in the BFM?" (Q_5)

Table 5 shows the year of registration of the target population into the CJ data base, the CRM. It should be noted that the CRM system was introduced in 2017 therefore there cannot be any registration date prior to that moment. The table shows how, beneficiaries who have been in the Caritas system since 2017 are still receiving services today, showing a long-lasting relationship.

CRM registration	2017	2018	2019	2020	2021	2022	2023	2024	Grand Total
FC		17	12	2	2	1	6	5	45
Iraqi		2	4				4	5	15
Jordanian		9	3	2		1			15
Syrian		6	5		2		2		15
FGD	1	6	2		1	8	3	2	23
Iraqi		2				3	1	1	7
Jordanian	1	3	1		1	3	1	1	11
Syrian		1	1			2	1		5
HV		10	7		2	9	6	11	45
Iraqi		5	3			5	2		15
Jordanian		4	3		1	3		4	15
Syrian		1	1		1	1	4	7	15
Grand Total	1	33	21	2	5	18	15	18	113

Table 5 - Year of registration of the target population into the CJ data base

7.2. EFFECTIVENESS

The second section, from question Q_6 to question Q_10 include information regarding the effectiveness of the BFM. Table 6 present the average of the answers provided by the beneficiaries for Q_6 until Q_9 disaggregated by nationality and mechanism.

	FC				FGD				HV			
	Iraqi	Jordanian	Syrian	Total	Iraqi	Jordanian	Syrian	Total	Iraqi	Jordanian	Syrian	Total
Q6 Average	10.00	10.00	8.87	9.62	10.00	9.73	9.80	9.83	9.40	8.87	9.60	9.29
Q7 Average	9.80	10.00	9.53	9.78	10.00	9.64	9.00	9.61	9.07	9.07	9.53	9.22
Q8 Average	9.80	9.87	9.00	9.56	10.00	9.36	8.60	9.39	9.00	8.87	9.60	9.16
Q9 Average	9.67	9.87	6.53	8.69	10.00	9.55	8.20	9.39	8.33	8.27	9.40	8.67
Total	9.82	9.93	8.48	9.41	10.00	9.57	8.90	9.55	8.95	8.77	9.53	9.08

Table 6 - Average of the Q_6 to Q_9 disaggregated by mechanism

Q_10 was an open question asking how the beneficiary would improve effectiveness of the mechanism. While most of FC and FGD respondents did not comment, HV respondents commented requesting more visits (10 people), or in two cases longer visits.

7.3. RELATIONSHIP WITH THE INTERVIEWER

The third section concerns question from Q_11 until Q_20. The first table shows the percentage of beneficiaries who attribute positive characteristics to the interviewer. In the questionnaires the interviewed were faced with an alternance of positive and negative adjectives. In the chart the adjectives have all been converted to positive to simplify the analysis and only the highest positive value was counted.

	Empathic	Friendly	Patient	Not cold	Not nosy	Professional	Not judgmental
FC	77.78%	86.67%	88.89%	93.33%	95.56%	28.89%	93.33%
FGD	82.61%	91.30%	95.65%	78.26%	91.30%	86.96%	82.61%
HV	84.44%	93.33%	95.56%	97.78%	93.33%	77.78%	93.33%

Table 7 - Percentage of beneficiaries who attribute positive characteristics to the interviewer (Q_11 to Q_17).

Table 8 presents the average of the answers provided by the beneficiary to question Q_18, inquiring how comfortable they felt with the interviewer, disaggregated by tool and nationality.

Average of Q_18	Iraqi	Jordanian	Syrian	Grand Total
FC	9.80	9.80	9.60	9.73
FGD	10.00	9.91	9.80	9.91
HV	9.60	9.73	9.87	9.73
Grand Total	9.76	9.80	9.74	9.77

Table 8 – “How comfortable did you feel talking to the interviewer?” (Q_18).

Table 9 presents the average of the answers provided by the beneficiary to question Q_19, inquiring on the level of trust that beneficiaries had during the administration of the feedback mechanism, disaggregated by tool and nationality.

Average of Q_19	Iraqi	Jordanian	Syrian	Grand Total
FC	9.73	9.87	9.07	9.56
FGD	10.00	9.64	9.60	9.74
HV	9.47	9.47	9.80	9.58
Grand Total	9.68	9.66	9.46	9.60

Table 9 – “How would you rate the level of trust you had with the interviewer?” (Q_19)

7.4. INTRUSIVENESS

The fourth section concerns question from Q_21 until Q_29. For Feedback Calls and Focus Group discussion the section includes eight questions, while for home visit seven questions. The three following tables illustrate the agreement or disagreement with specific statements expressed in percentage. Table 10 presents the data as they were collected, without performing any positive/negative shift. For this reason, Q_26 and Q_28, that were formulated as positive statements, show results completely opposite with respect to the other questions

	FC							
	Q_21	Q_22	Q_23	Q_24	Q_25	Q_26	Q_27	Q_28
Strongly disagree	86.67%	73.33%	77.78%	55.56%	55.56%	4.44%	40.00%	6.67%
Disagree	11.11%	17.78%	13.33%	22.22%	42.22%	2.22%	26.67%	4.44%
Neutral	2.22%	6.67%	4.44%	13.33%	0.00%	0.00%	31.11%	2.22%
Agree	0.00%	0.00%	2.22%	2.22%	0.00%	8.89%	2.22%	2.22%

		FC							
		Q_21	Q_22	Q_23	Q_24	Q_25	Q_26	Q_27	Q_28
Strongly agree		0.00%	2.22%	2.22%	6.67%	2.22%	84.44%	0.00%	84.44%
Total		100%	100%	100%	100%	100%	100%	100%	100%

Table 10 – Intrusiveness - FC

		FGD							
		Q_21	Q_22	Q_23	Q_24	Q_25	Q_26	Q_27	Q_28
Strongly disagree		56.52%	43.48%	65.22%	65.22%	52.17%	0.00%	30.43%	0.00%
Disagree		34.78%	34.78%	34.78%	34.78%	34.78%	0.00%	4.35%	0.00%
Neutral		8.70%	4.35%	0.00%	0.00%	0.00%	4.35%	30.43%	0.00%
Agree		0.00%	0.00%	0.00%	0.00%	0.00%	13.04%	21.74%	52.17%
Strongly agree		0.00%	17.39%	0.00%	0.00%	13.04%	82.61%	13.04%	47.83%
Total		100%	100%	100%	100%	100%	100%	100%	100%

Table 11 - Intrusiveness - FGD

		HV							
		Q_21	Q_22	Q_23	Q_24	Q_25	Q_26	Q_27	Q_28
Strongly disagree		46.67%	33.33%	66.67%	60.47%	22.22%	0.00%	71.11%	
Disagree		46.67%	22.22%	31.11%	34.88%	60.00%	4.44%	24.44%	
Neutral		0.00%	6.67%	0.00%	0.00%	6.67%	2.22%	0.00%	
Agree		4.44%	11.11%	0.00%	2.33%	11.11%	20.00%	0.00%	
Strongly agree		2.22%	26.67%	2.22%	2.33%	0.00%	73.33%	4.44%	
Total		100%	100%	100%	100%	100%	100%	100%	

Table 12 - Intrusiveness - HV

In order to summarize previous tables/results, Table 13 shows the percentage of beneficiaries who expressed a positive reaction to the statements inquiring about different elements that could constitute intrusiveness. Only the answers “strongly agree” for positive statements, and “strongly disagree” for negative statements have been taken into consideration. In the chart the statements have all been converted to positive to simplify the analysis.

	Not too long (Q_21)	No bad timing (Q_22)	Privacy respected (Q_23)	Questions not too private (Q_24)	Comfortable (with people or type of questions) (Q_25)	Enjoyed sharing (Q_26)	Comfortable with interviewer (Q_27)
FC	86.67%	73.33%	77.78%	55.56%	55.56%	84.44%	40.00%
FGD	56.52%	43.48%	65.22%	65.22%	52.17%	82.61%	30.43%
HV	46.67%	33.33%	66.67%	60.47%	22.22%	73.33%	71.11%

Table 13 - Overall percentage of beneficiaries who expressed a positive reaction to the statements on intrusiveness.

7.5. HONESTY

The fifth section includes the question from Q_30 to Q_35, inquiring about the degree of honesty of the beneficiaries participating in the feedback mechanisms according to specific situations or characteristics. The following three tables present the data disaggregated by mechanism. As the distribution of data show, Q_30 was the only positive statement, while the others were formulated in a negative form.

FC					
	Q_30	Q_31	Q_32	Q_33	Q_34
Strongly disagree	0.00%	60.00%	60.00%	33.33%	75.56%
Disagree	0.00%	24.44%	26.67%	31.11%	22.22%
Neutral	0.00%	6.67%	11.11%	33.33%	2.22%
Agree	8.89%	2.22%	2.22%	2.22%	0.00%
Strongly agree	91.11%	6.67%	0.00%	0.00%	0.00%
Total	100%	100%	100%	100%	100%

Table 14 – Honesty - FC

FGD					
	Q_30	Q_31	Q_32	Q_33	Q_34
Strongly disagree	0.00%	34.78%	34.78%	39.13%	52.17%
Disagree	4.35%	43.48%	34.78%	52.17%	34.78%
Neutral	0.00%	4.35%	26.09%	4.35%	4.35%
Agree	30.43%	0.00%	0.00%	0.00%	0.00%
Strongly agree	65.22%	17.39%	4.35%	4.35%	8.70%
Total	100%	100%	100%	100%	100%

Table 15 – Honesty - FGD

HV					
	Q_30	Q_31	Q_32	Q_33	Q_34
Strongly disagree	0.00%	57.78%	48.89%	42.22%	53.33%
Disagree	2.22%	35.56%	48.89%	46.67%	46.67%
Neutral	0.00%	2.22%	0.00%	0.00%	0.00%
Agree	20.00%	0.00%	0.00%	6.67%	0.00%
Strongly agree	77.78%	4.44%	2.22%	4.44%	0.00%
Total	100%	100%	100%	100%	100%

Table 16 – Honesty - HV

Table 17 shows the percentage of beneficiaries who expressed a positive reaction to the statements inquiring about different elements that could prevent honesty. Only the answers “strongly agree” for positive statements, and “strongly disagree” for negative statements have been taken into consideration. In the chart the statements have all been converted to positive to simplify the analysis.

	Free to answer (Q_30)	Enough privacy (Q_31)	No fear of Judgment (Q_32)	No impact of presence of other people (Q_33)	Questions not too personal (Q_34)	TOTAL
FC	91.11%	60.00%	60.00%	33.33%	75.56%	64.00%
FGD	65.22%	34.78%	34.78%	39.13%	52.17%	45.22%
HV	77.78%	57.78%	48.89%	42.22%	53.33%	56.00%

Table 17 - Overall percentage of beneficiaries who expressed a positive reaction to honesty

8. DISCUSSION

8.1. HYPOTHESIS 1

Hypothesis 1: Increasing the level of closeness to the beneficiary the effectiveness, relationship with the interviewer, intrusiveness and honesty increase.

8.1.1. EFFECTIVENESS

Regarding the effectiveness of the tool, the respondents were asked to evaluate on a scale from 1 to 10 if the respective BFM gave them enough time to answer the questions (Q_6), if the type of questions asked were suitable for collecting their opinion (Q_7), if they were able to communicate effectively their needs (Q_8), and finally, if they thought that answering the question would have an impact on the services provided (Q_9). The average for each question was calculated, disaggregated by tool.

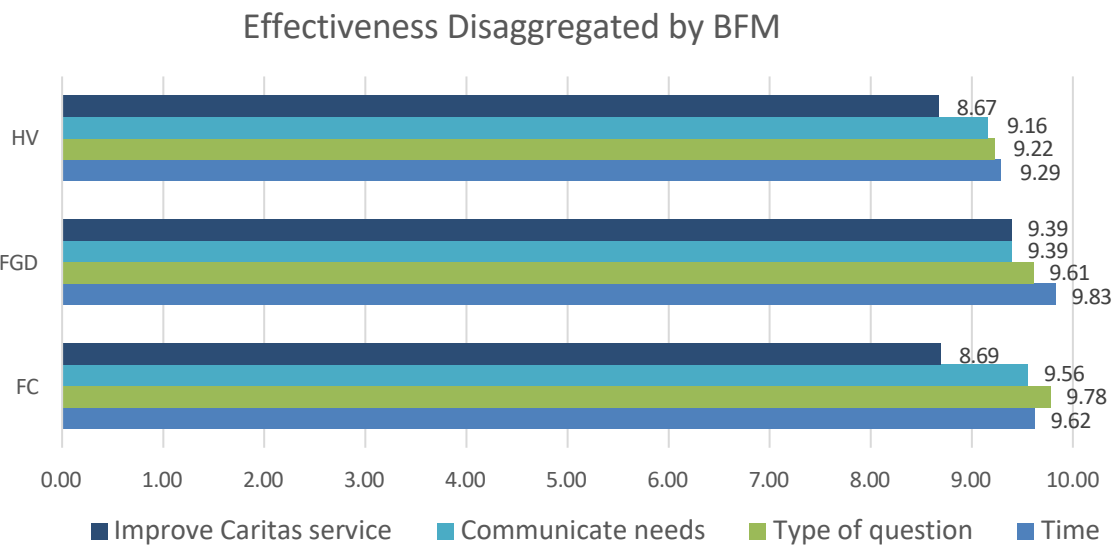


Chart 1 - Effectiveness Disaggregated by BFM hypothesis 1

Looking at the data it appears clear that the respondents, with little exceptions, evaluate positively the effectiveness of all the three tools since all the averages are above 8.6 out of 10. What appears counterintuitive, and against my assumption is that the lowest average for all the four questions were registered by the Home Visit tool (9.08), followed by Feedback Calls (9.41), and Focus Group Discussions that has the highest total score (9.55).

Especially the ability to influence the future work of Caritas Jordan seems underestimated with this question receiving the lowest scores for all the three tools, led by HV with 8.67. Even if it might appear impossible to evaluate the effect that the answers can have on future programs and project of CJ what is relevant here is that beneficiaries believe that they can play a role.

Contrary to the hypothesis 1, there is a negative correlation between the level of “closeness” of the BFM and the perception of effectiveness of the mechanism by the beneficiary. As the BFM becomes closer to the beneficiary the less it is perceived as effective.

8.1.2. RELATIONSHIP WITH INTERVIEWER

To inquire about the relationship with the interviewer, respondents were asked to rate seven adjectives; if the interviewer seemed cold (Q_11), emphatic (Q_12), nosy (Q_13), professional (Q_14), judgmental (Q_15), friendly (Q_16), and patient (Q_17). The possible answers were “Absolutely not”, “A little bit”, “Fairly”, “Absolutely yes”. Since the adjectives were both positive and negative, all were converted to positive during the data analysis for simplicity. Only the highest, and most positive value, being it “Absolutely not” or “Absolutely yes” depending on the case, were taken into consideration. Chart 2 shows the average of all the people who gave the most positive answer to each question. Looking at the chart, most of the respondents were satisfied with the attitude of the interviewer, with slight differences between the tools. The result that stands out is related to the adjective “Professional” that received the lowest scores. Less than 30% of the FC questionnaires’ respondents answered “Absolutely yes” to that question, and the percentage raises to 64% if also the “Fairly” answers were taken into account.

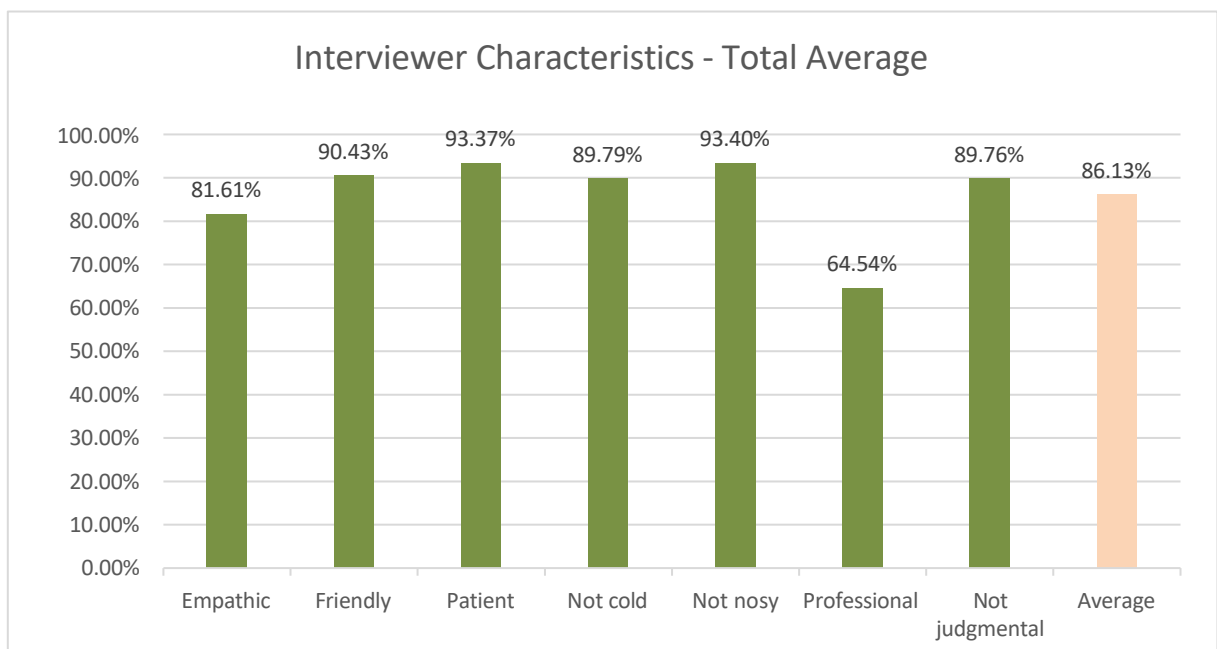


Chart 2 - Interview Characteristics - Total average hypothesis 1

Chart 3, that presents the total average of positive characteristics of the interviewer disaggregated by tool, shows a more positive trend linked to the HV, followed by FGD and last FC. The data shown are the result of the average among all the people who answered with the most positive answer to the seven questions, aggregated by mechanism.

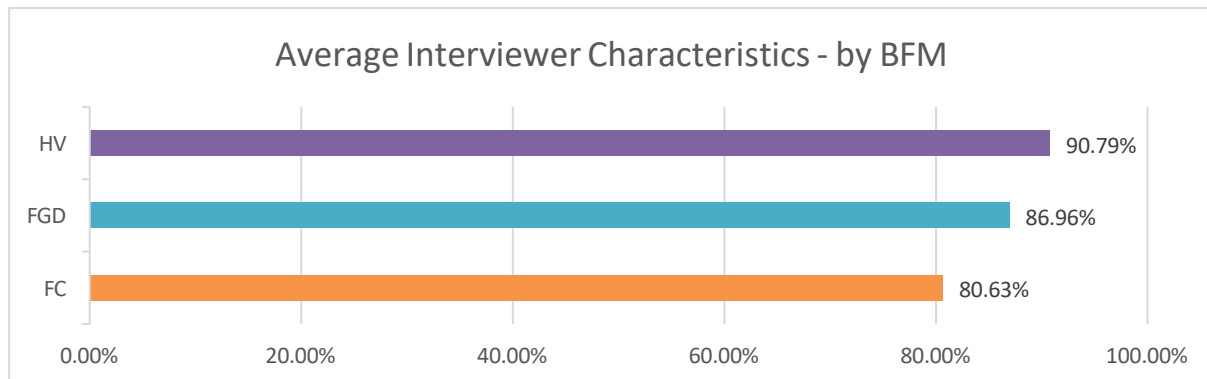


Chart 3 – Average Interviewer Characteristics - by BFM hypothesis 1

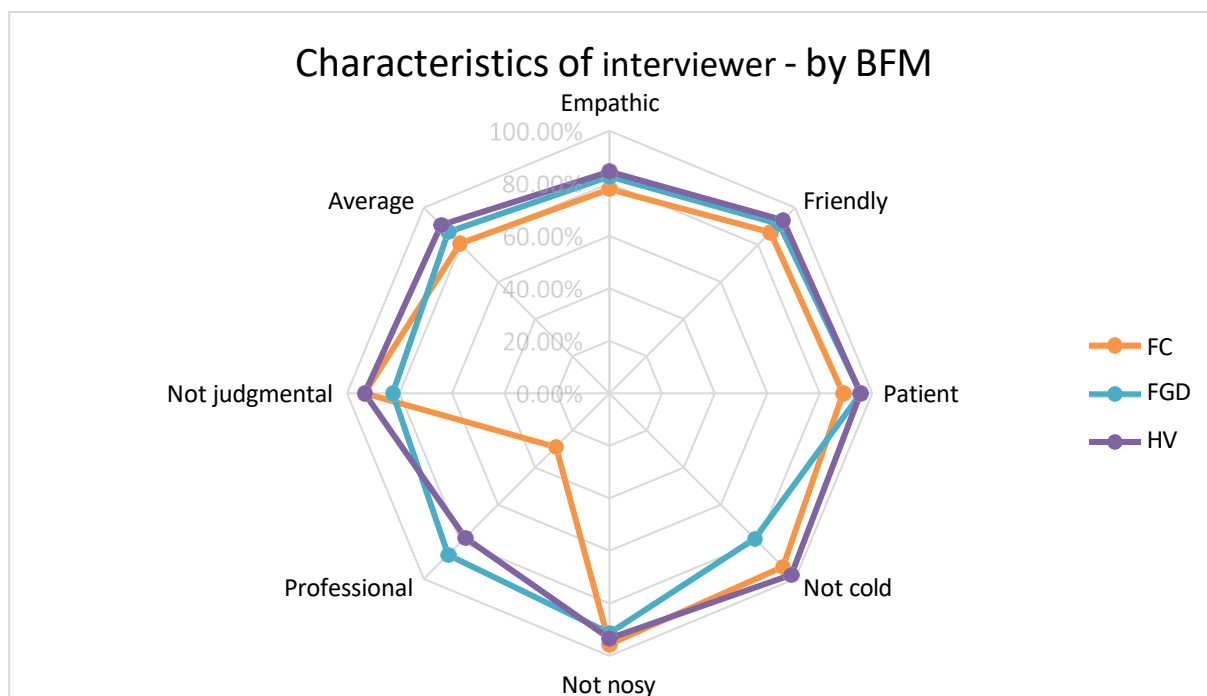


Chart 4 - Characteristics of interviewer - by BFM hypothesis 1

This is confirmed by Chart 4. Confirming the original hypothesis, beneficiaries attribute more positive characteristics to the interviewer when the direct interaction increases. The only adjectives that are evaluated better in the FC is the “nosiness” and “judgmental”, 95.56% of the interviewed thought that their interviewer was not nosy and 93.33% did not feel judged by them.

When inquired about how comfortable they felt talking to the interviewer (Q_18) the difference among tools were minimal with both HV and FC scoring 9.73 while FGD 9.91.

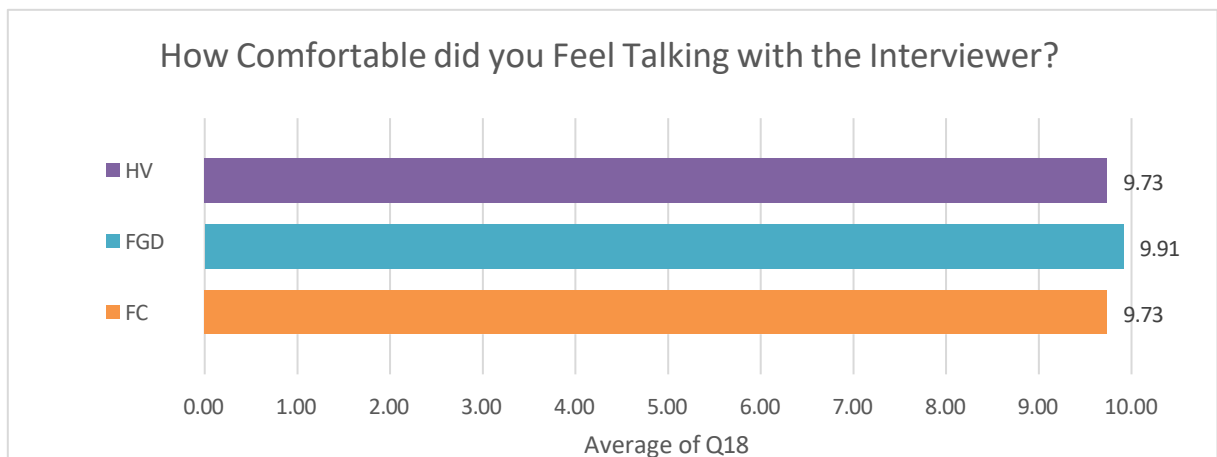


Chart 5 – “How comfortable did you feel talking with the interviewer?” hypothesis 1

A similar scenario is highlighted in Chart 6, with a higher level of trust to the interviewer registered for FGD, followed by HV and FC

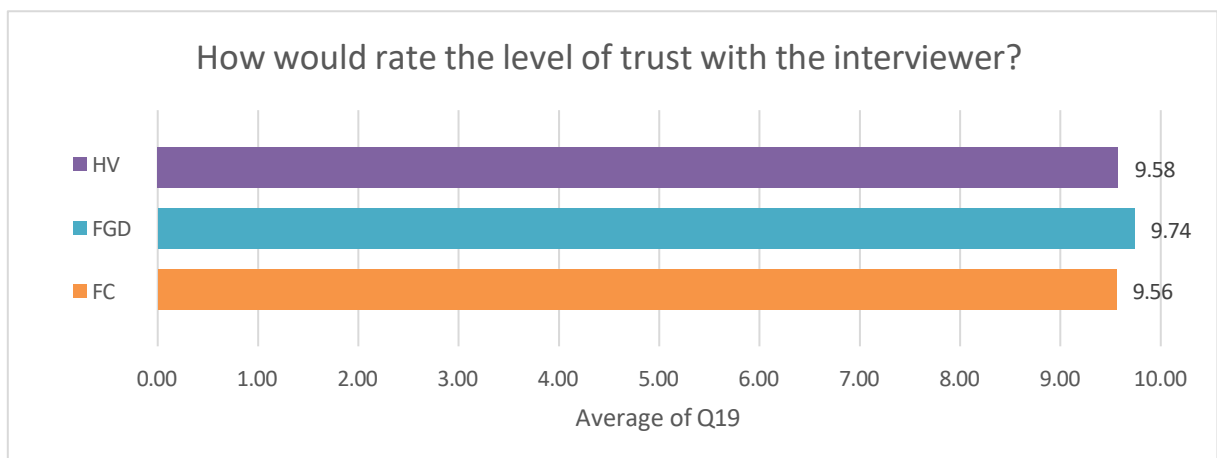


Chart 6 – “How would rate the level of trust with the interviewer?” hypothesis 1

When looking at the single set of questions (Q_11-Q_17, Q_18 and Q_19) the results are not conclusive since the Q_11 to Q_17 confirm the hypothesis with higher positive characteristics attributed to the interviewer of HV, followed by FGD and FC. The beneficiaries are more comfortable talking to interviewers of FGD, while HV and FC are at the same level.

The highest level of trust to the interviewer is registered for FGD, followed by HV and FC.

If we compare the average results for the 3 questions collectively then the hypothesis 1 is confirmed, even if with low margins: HV score the highest with 94,63%, followed by FGD with 94.49% and last FC with 91.17%.

8.1.3. INTRUSIVENESS

The intrusiveness of the BFM was analysed through a set of statements, mostly negative to which the interviewed needed to say if they “Strongly disagree”, “Disagree”, is “Neutral”, “Agree”, or “Strongly agree”. The first statement regarded the duration of the tool administration (The call/FGD/visit was too long Q_21), the second if the time and day chosen inconvenienced or disturbed the participant (Q_22), the third the lack of privacy of the setting (Q_23), the fourth if some of the questions were too private (Q_24). Fifth (Q_25) the perception of discomfort caused by the type of questions (FC), the presence of other people (FGD) or the presence of too many Caritas Field Visit staff (HV). The sixth statement was a positive one, stating that the beneficiary enjoyed sharing their feedback with the interviewer/other people (Q_26). The seventh (Q_27) also focused on the feeling of discomfort caused by not being able to see the interviewer (FC), the interviewer being too pushy (FGD) or too nosy (HV). FC and FGD also had an eighth question (Q_28) focused on the clear voice and no lagging (FC) and the interviewer being confident and professional (FGD). Chart 7 presents the result disaggregated by BFM, with the 7 comparable statements reversed to positive and only taking into consideration the most positive answer.

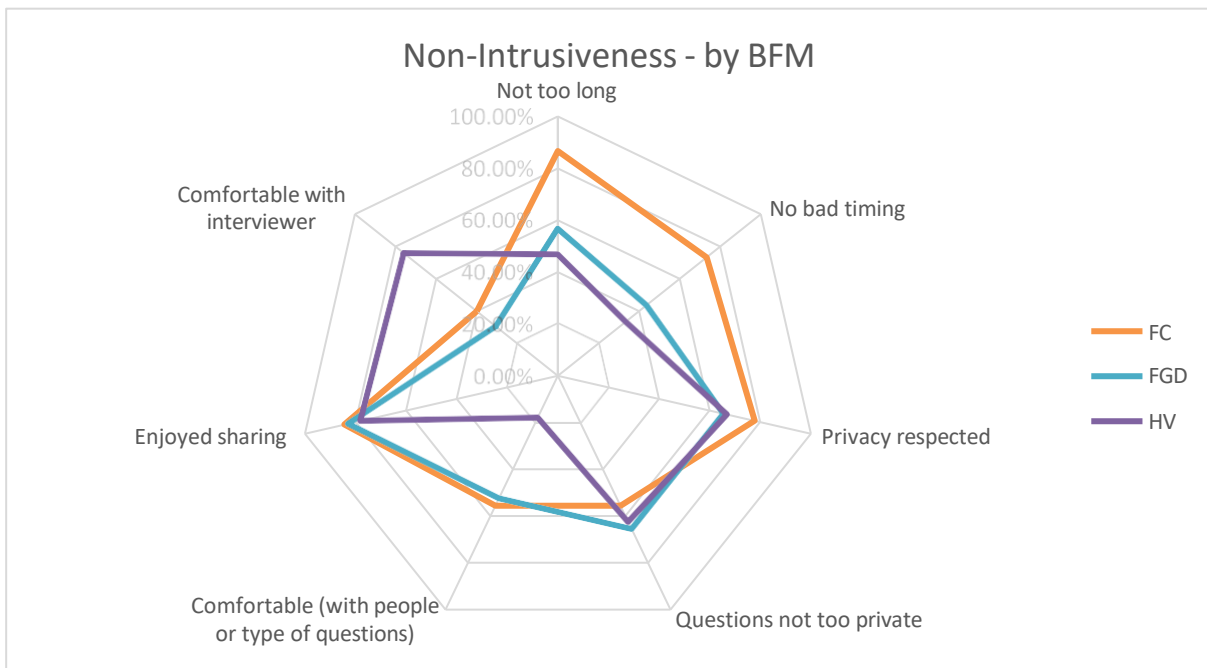


Chart 7 – Non-Intrusiveness by BFM hypothesis 1

The result is fragmented, showing that the beneficiaries do indeed perceive all three BFMs as moderately intrusive, with some peaks both on the positive and negative direction. When taking into consideration only the most extreme answers (“Strongly disagree” for negative statements and “Strongly agree” for positive statements) the HV results overall the most intrusive with an average of 53.40%, followed by FGD with 56.62% and then FC with

67.62%. Beneficiaries who received a HV found some elements particularly intrusive, namely the length of the visit, the timing chosen, the presence of other people in the house and enjoyed slightly less sharing their experience with the people who paid them a visit. HV respondents score also the highest when it comes to the last question stating that the interviewer did not seem too nosy. Participants to FGD were particularly concerned by their privacy since the dedicated room was not enough separated with consequent privacy violation, and felt that the interviewer was too pushy, pressing them for answers. Participants to FC scored the lowest rate only in one field, they perceived that the questions were too private and sometimes did not feel like answering.

When it comes to intrusiveness as perceived by the beneficiaries, hypothesis 1 is confirmed: HV results overall the most intrusive with an average of 53.40%, followed by FGD with 56.62% and then FC with 67.62%.

8.1.4. HONESTY

Honesty was analysed through five statements, common for the three tools, to which the beneficiaries could state of they agreed with “Absolutely not”, “A little bit”, “Fairly”, “Absolutely yes”.

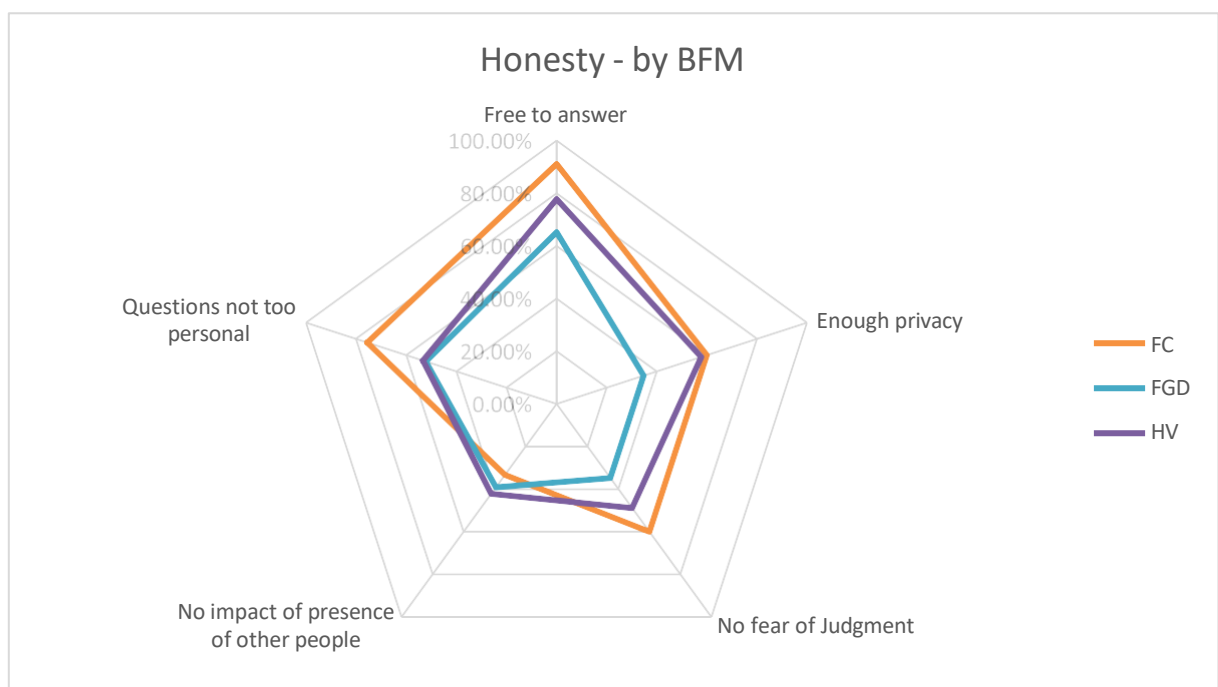


Chart 8 - Honesty by BFM hypothesis 1

The data collected show how the FC is the tool that ensures the highest degree of honesty (according to the beneficiaries) with 64%, followed by HV with 56% and FGD with 45.22%. The main reasons for the low honesty rate in FGD are lack privacy, the fear of judgment by peers and other people present in the room. With these two elements the participants to FGD

reported that in case of questions considered too personal they did not feel comfortable sharing personal details of their lives. If we broaden the analysis taking into account both the highest and second highest value HV is the tool that ensures the highest degree of honesty with 95.56%, followed by FC with 86.67%. FGD remain in the last position.

The Hypothesis 1 is not confirmed in the honesty section since there is no direct positive correlation between the increasing closeness and the beneficiary's perception of their honesty. The data collected show how the FC is the tool that ensures the highest degree of honesty (according to the beneficiaries) with 64%, followed by HV with 56% and FGD with 45.22%.

8.2. HYPOTHESIS 2

Hypothesis 2: Refugees are more used to being subject to questioning and are therefore more positive towards BFM's. Especially Syrians who are the most targeted population by aid and development programs and are therefore regularly questioned. On the contrary Jordanians are less used to these mechanisms and suffer more from the questioning.

Premise: When the data are disaggregated by mechanism and then by nationality, the number of beneficiaries is greatly reduced. An observation of the obtained results could still be relevant, however, because they could highlight regularities or trends. These could lead to deeper reflection within CJ, even though they would need further research to be confirmed.

8.2.1. EFFECTIVENESS

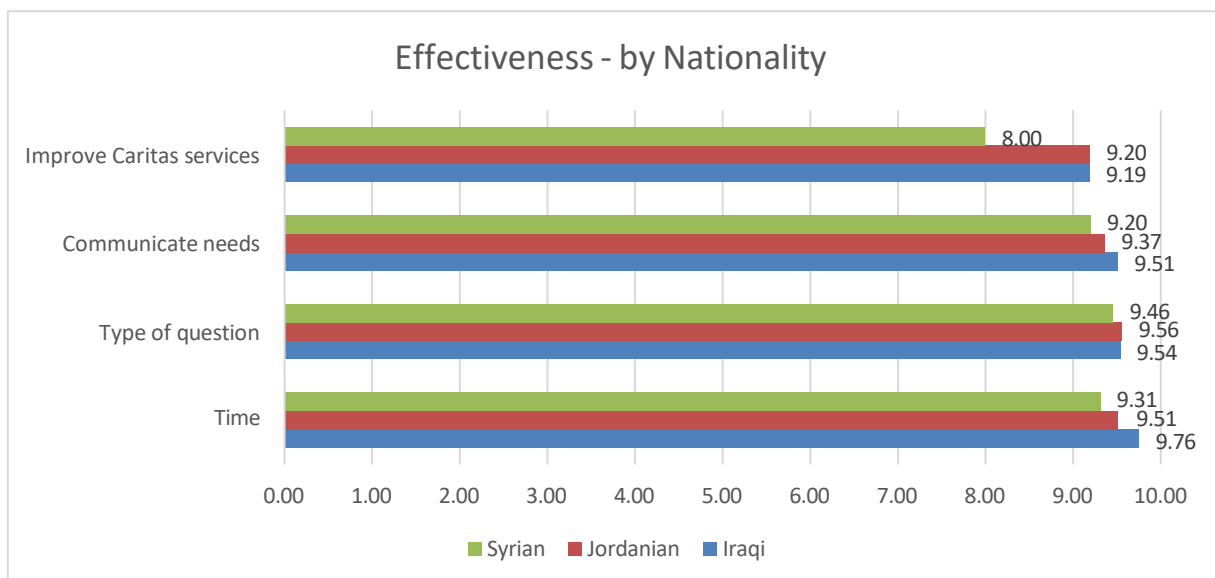


Chart 9 - Effectiveness - by Nationality hypothesis 2

When analysing the data related to effectiveness of the tool disaggregated by nationality it can be noticed that all nationalities generally believe in the effectiveness of the BFM's. The group that scores better is the Iraqi with an average of 9.50, followed by Jordanian with 9.41 and then Syrian with 8.99. The element that scores relatively lower than the others is Q_9, the ability to influence and improve Caritas' services. In this case Jordanians and Iraqis are a little more optimistic while Syrians are the most pessimistic.

While the results for FGD and HV are more homogeneous among the three groups, Syrians are particularly negative regarding their impact on Caritas activities when it comes to FC and have, in general, lower scores also in the other fields as shown in Chart 10. The situation is the opposite in the HV, where Syrians have higher scores than Jordanians and Iraqi in all elements, including the possibility of improving Caritas services

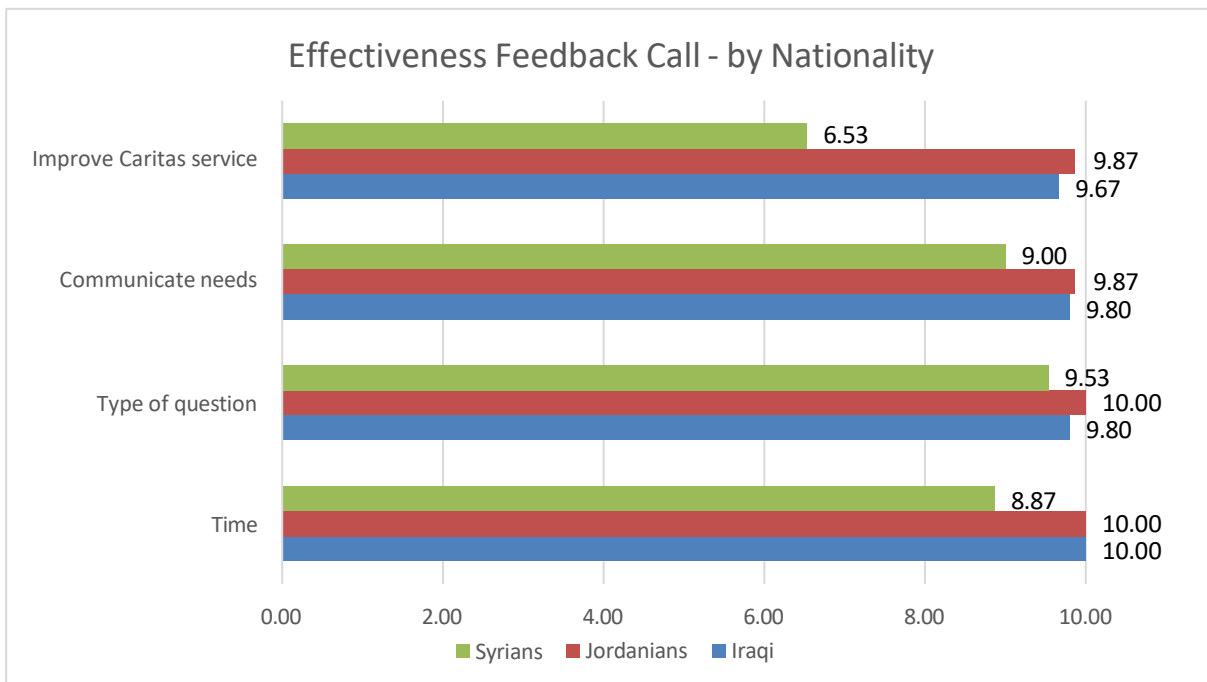


Chart 10 - Effectiveness Feedback Call - by Nationality hypothesis 2

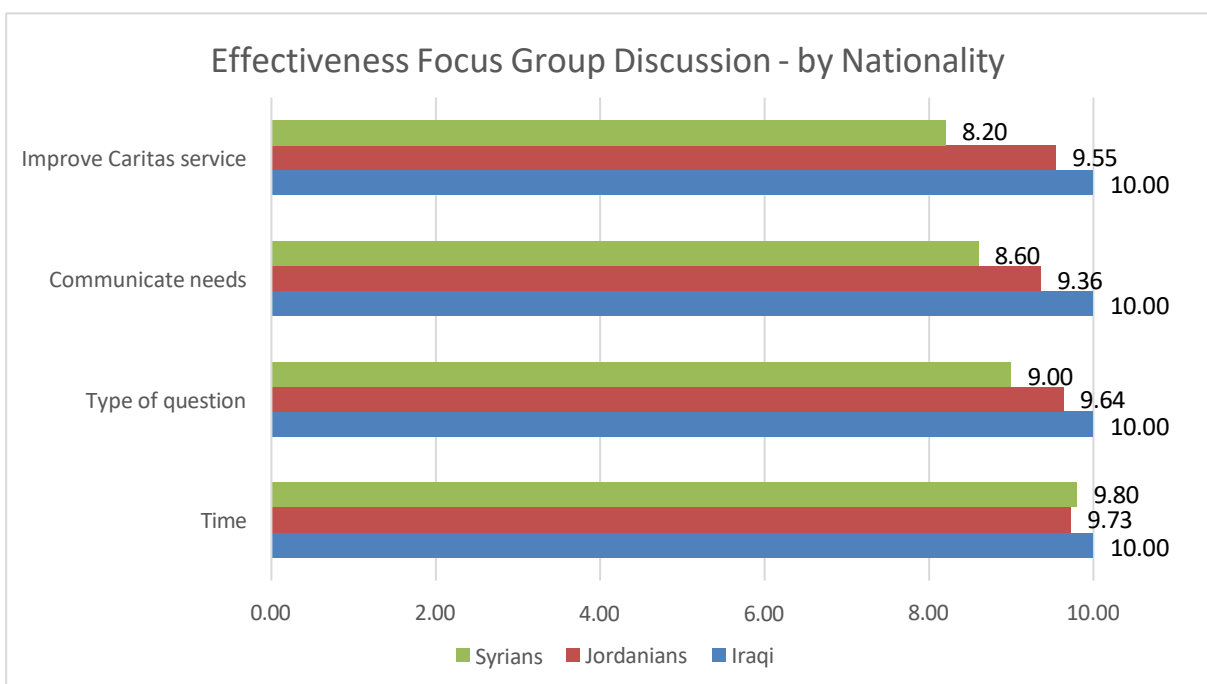


Chart 11 - Effectiveness Focus Group Discussion - by Nationality hypothesis 2

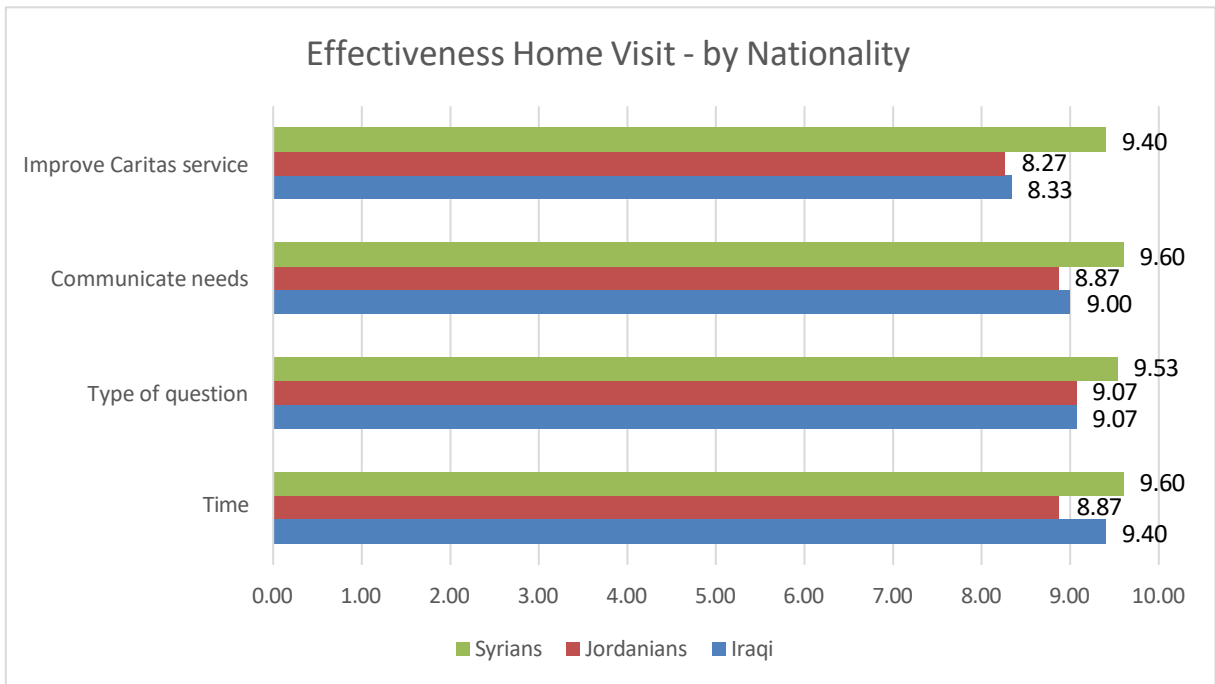


Chart 12 - Effectiveness Home Visit - by Nationality hypothesis 2

Contrary to the prediction of the hypothesis, in general all groups believe in the effectiveness of BFM's. Nevertheless, Syrians are not the group that trusts more in the effectiveness of the BFM's, but it is the Iraqi (average of 9.50), followed by Jordanians (9.41) and only last Syrians (8.99). Syrians believe that HV are more effective (average 9.53), Iraqi prefer FGD (average 10), while Jordanians prefer the FC (9.93).

8.2.2. RELATIONSHIP WITH INTERVIEWER

When it comes to the relationship the group that attributes the most positive characteristics to the interviewer are the Iraqi with an overall 88%. Looking at the distribution among tools Iraqi attribute better characteristics to the interviewers of FGD (91.84%), followed by HV (86.67%) and then FC (85.71%).

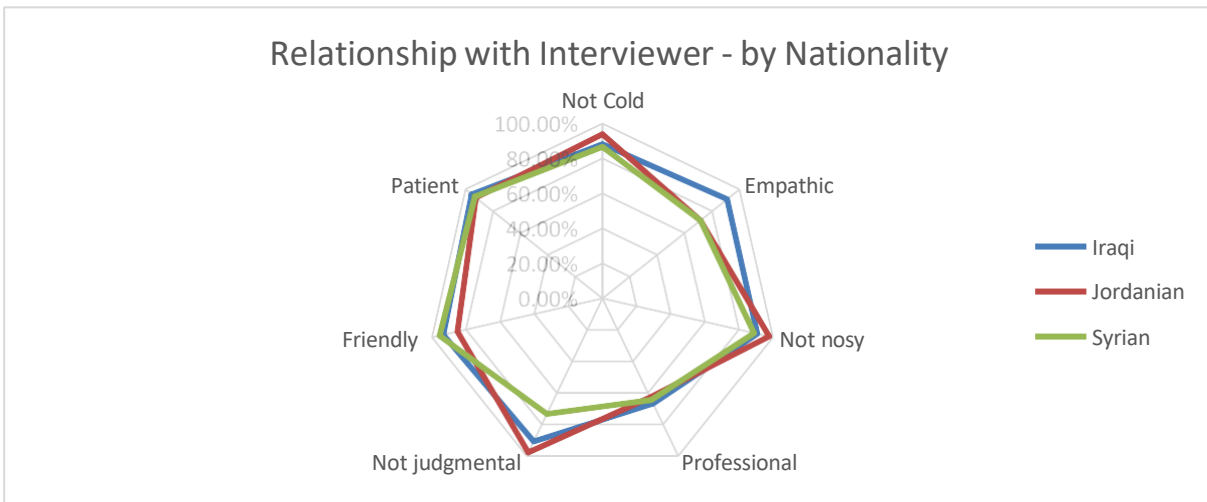


Chart 13 - Relationship with Interviewer - by Nationality hypothesis 2

Jordanians follow with an overall average of 85.95% of respondents attributing positive characteristics to the interviewer. The preferred interviewer was in the FGD (88.31% positive), followed by HV (86.67% positive), and lastly FC (82.86%). Syrians, on the other hand record consider their interviewer cold, less empathic, nosy and more judgmental than the other nationalities with an overall 81.99% of positive characteristics. They appreciate especially the interviewer for HV (95,24% positive), but not so much the interviewer of FGD (80.26% positive) nor FC (70.48% positive).

Regarding the comfort in talking with the interviewer (Q_18) there are no significant differences among the nationalities. The highest average is for the Jordanians (9.80), followed by Iraqi (9.76) and Syrians (9.74).

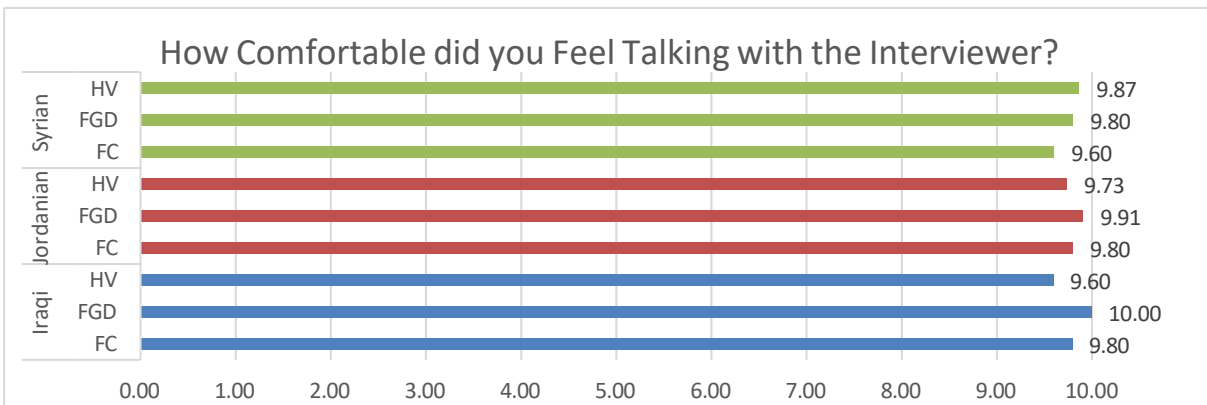


Chart 14 – “How Comfortable did you Feel Talking with the Interviewer” (Q_18) hypothesis 2

The level of trust with the interviewer (Q_19) is also extremely similar among the nationalities. The highest average is for the Iraqi (9.68), followed by Jordanians (9.66) and Syrians (9.46).

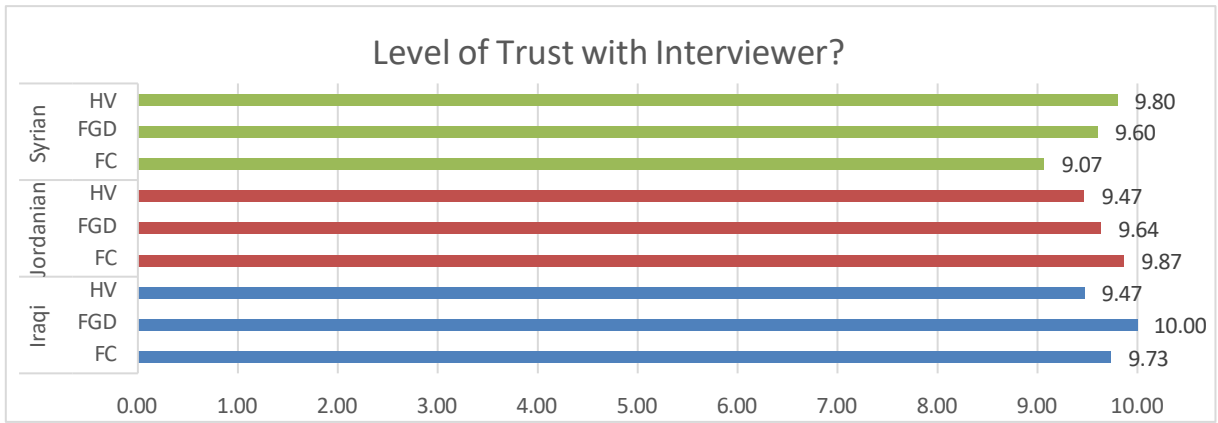


Chart 15 – “How would you rate the level of Trust with Interviewer?” (Q_19) Hypothesis 2

Also in this case, the group that has higher trust and better relationship with the interviewer are the Iraqi (average 9.41), followed by Jordanians (9.35) and Syrians score the lowest overall average (9.13).

8.2.3. INTRUSIVENESS

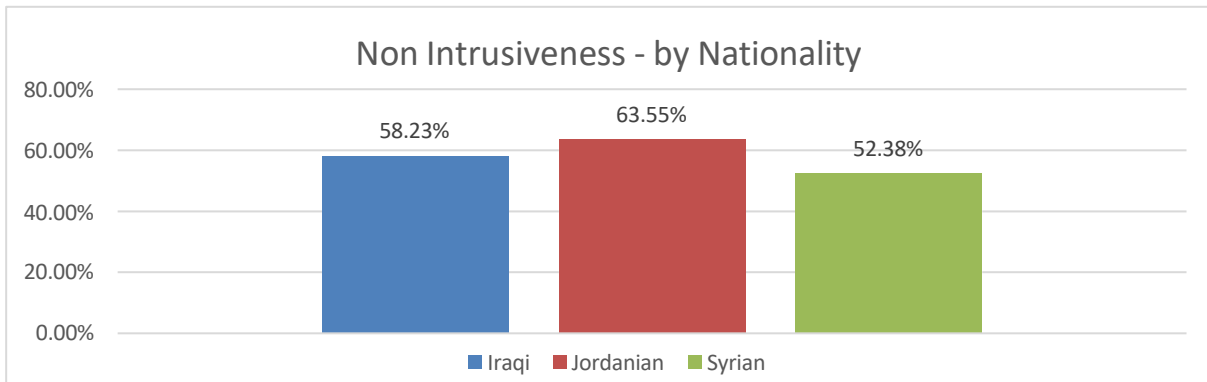


Chart 16 – Non-Intrusiveness - by Nationality hypothesis 2

Aggregating the data taking into account the total average of all beneficiaries who answered questions from Q_21 to Q_27 disaggregated by nationality, the group that perceive the BFM as less intrusive are the Jordanians with 63.55%, followed by Iraqi with 58.23% and last the Syrians with 52.38%. This result is strongly influenced by the results of the FGD where only 11.43% of the Syrian interviewed felt not intruded by the tool. If we take into consideration also the second-best answer for the Syrians, the percentage increases dramatically to 82.86% of people that do not feel intruded. The only element that does not improve is that Syrians still perceive the interviewer of FGD as extremely pushy (100% between neutral and agree).

When analysing the single BFM it emerges that for FC Iraqi are particularly sensitive to not seeing the interviewer (0% completely disagreed) and felt that the questions made them feel uncomfortable (only 33% completely disagreed) while Syrians felt that the questions were too private (only 40% completely disagreed).

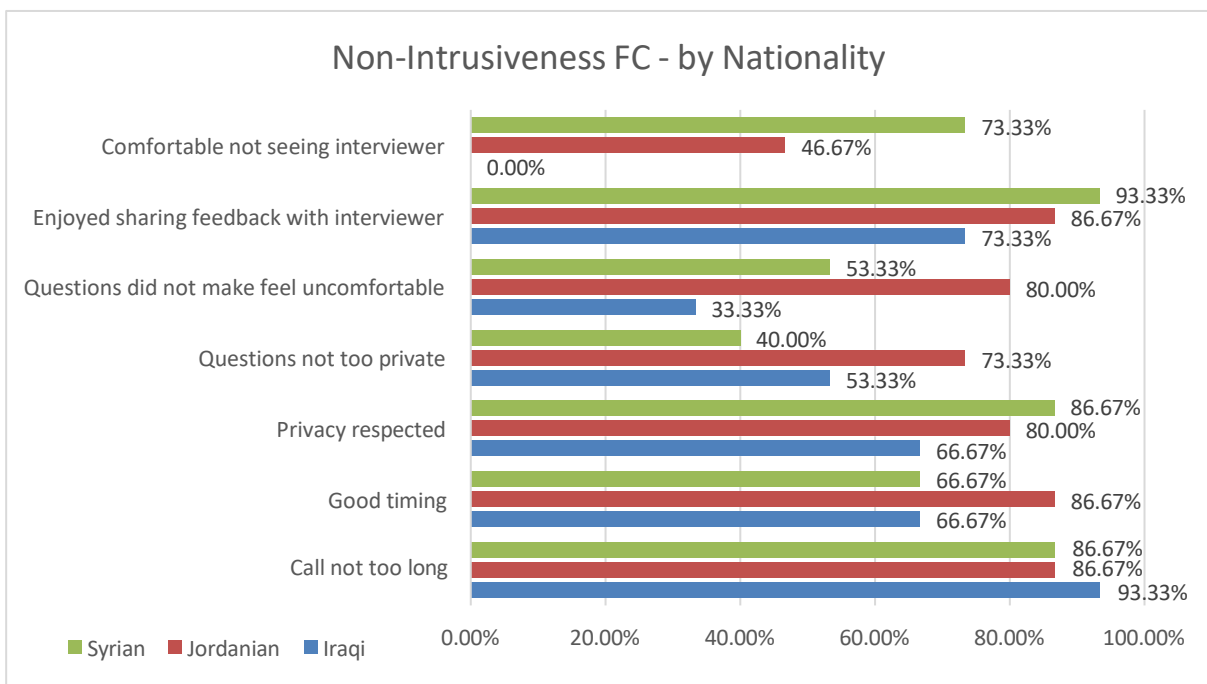


Chart 17 – Non-Intrusiveness FC - by Nationality hypothesis 2

For FGD Syrians avoided almost completely the two extreme answers (completely agree/disagree) skewing the results. Nevertheless, it can be noticed other two particularly low values: both Jordanians (27%) and Iraqi (57%) felt that the interviewer was pushing too much to receive the answers. The presence of other people also decreased the sense of comfort with only 57% of Iraqi and 72% of Jordanians feeling comfortable. The day and time in which the FGD was organized was also not the best, only 42% of Iraqi and 63% of Jordanians did not feel inconvenienced.

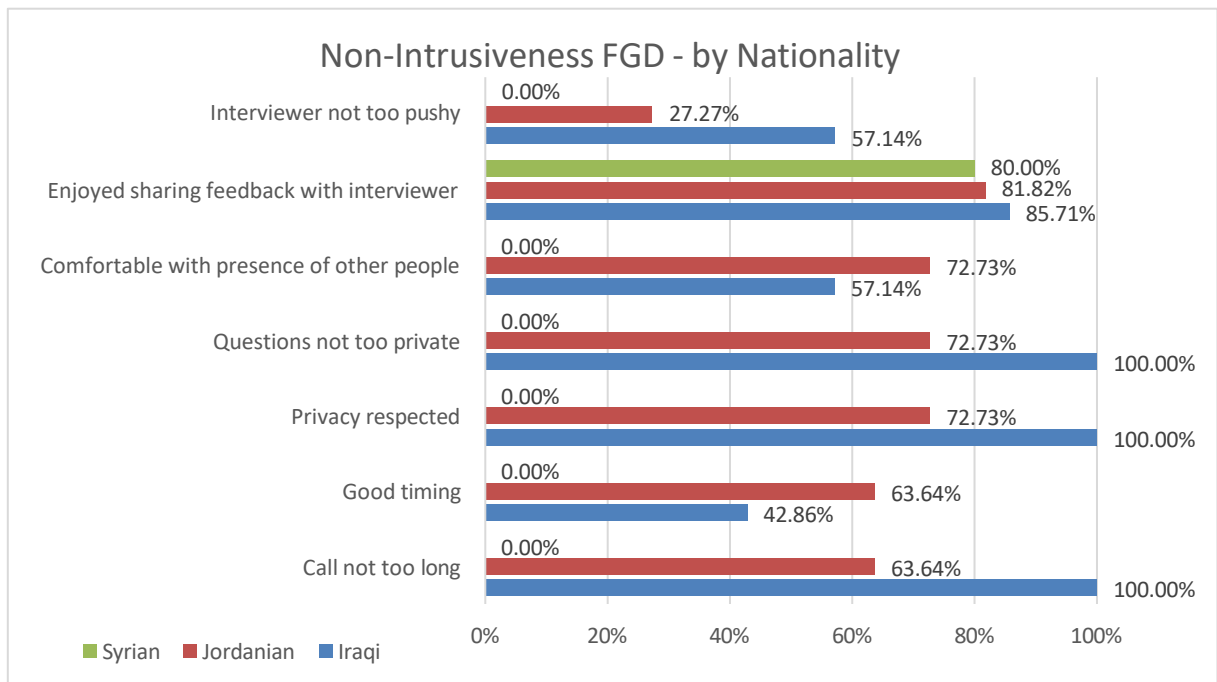


Chart 18 – Non-Intrusiveness FGD - by Nationality hypothesis 2

While in the previous analysis it was already discussed that HV were the most intrusive tool, when looking at the data disaggregated by nationality it is clear that Iraqi were particularly affected by them. Over 85% were somewhat inconvenienced by the timing chosen and around 70% found the visit a little bit too long. These two elements were criticized also by Jordanians, and to a lesser extent by Syrians. All three nationalities felt also that there were too many people from Caritas visiting: about 34% of Iraqi and 20% were either neutral or negative about the presence of people. Even though this might look like a little percentage, if we make the parallel with the other questions it appears clear that interviewed were generally generous with their positive answers therefore the neutral and negative ones should be weighted more.

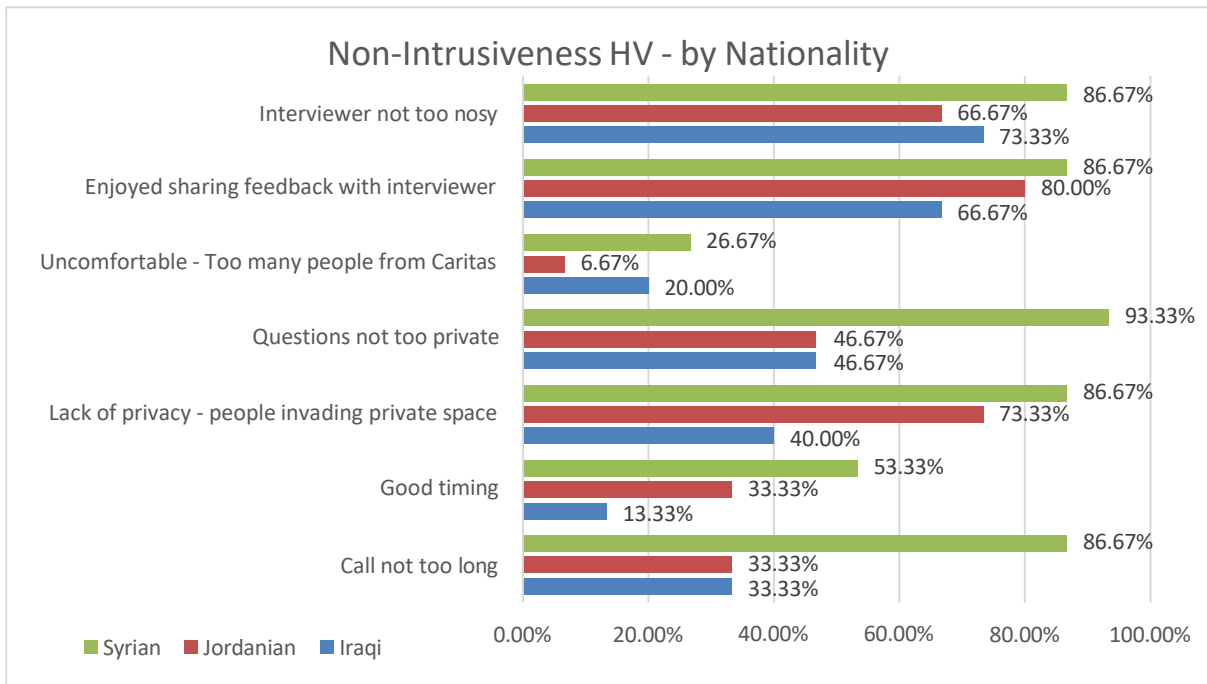


Chart 19 – Non_Intrusiveness HV - by Nationality hypothesis 2

Overall, hypothesis 2 is not confirmed by the data collected in the “intrusiveness” field: the group that perceive the BFM as less intrusive are the Jordanians with 63.55%, followed by Iraqi with 58.23% and last the Syrians with 52.38%.

Also in this case, each nationality has its preferred BFM when it comes to the sense of intrusiveness. In the FC the group who feels less intruded are the Jordanians (77.14%), in the FGD the Iraqi (77.55%), and in the HV the Syrians (74.29%).

8.2.4. HONESTY

Comparing honesty among nationalities shows once again that the overall average is similar: Syrians are the least influenced by external factors and 56% of them are not influenced in their honesty, followed by Iraqi with 55.81% and last by Jordanians with 50.55%.

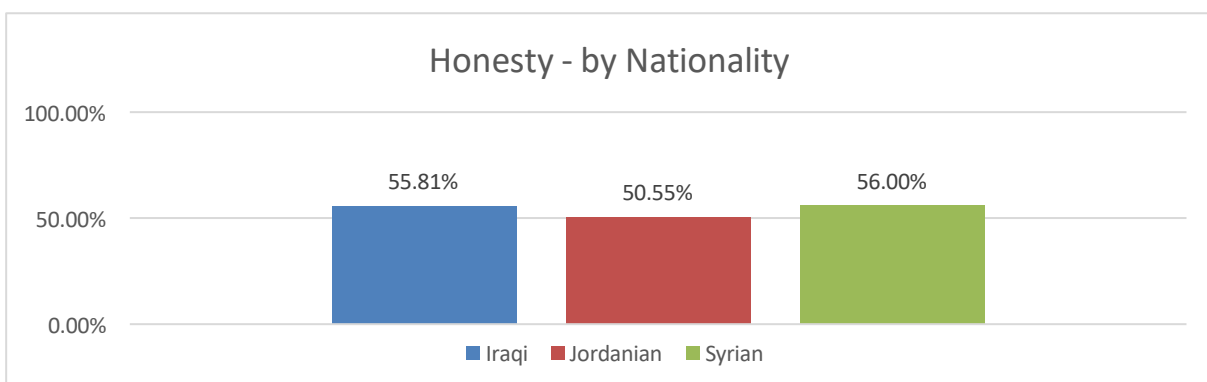


Chart 20 - Honesty - by Nationality hypothesis 2

The positive outcome for Syrians is sustained by their outstanding high averages in both FC (74.68%) and HV (81.33%) while their answers for the FGD were not so positive with only 12% of respondents reporting they strongly agree/disagree with the statements.

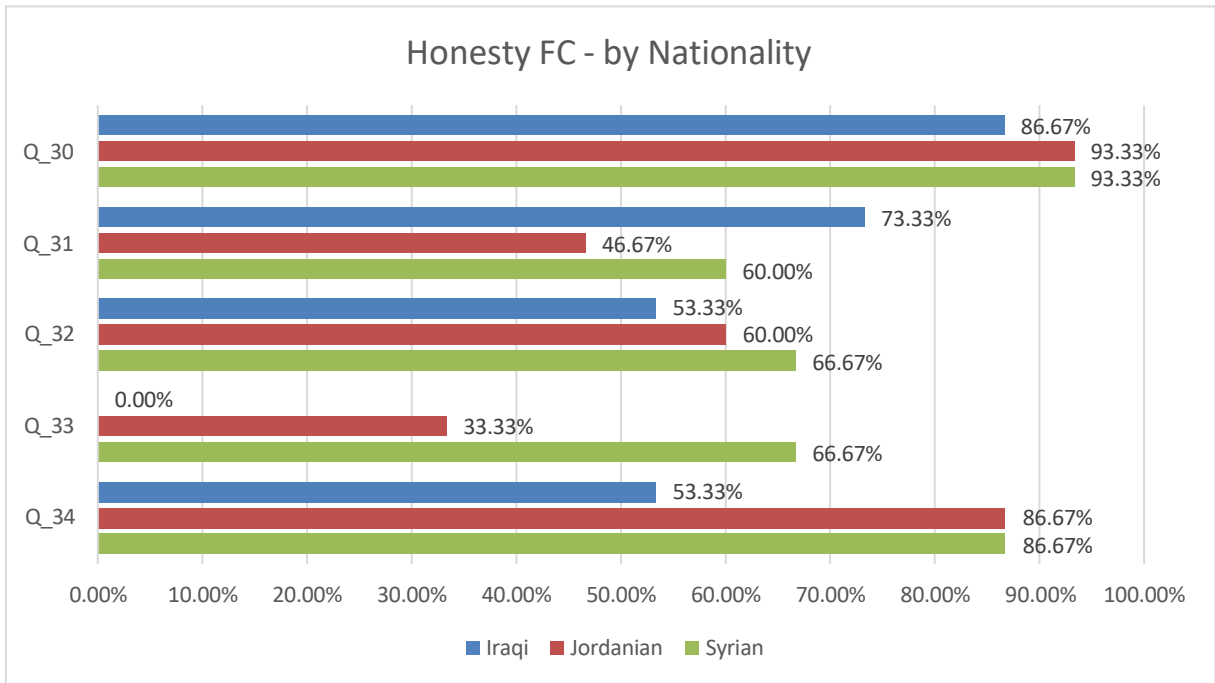


Chart 21 - Honesty FC - by Nationality hypothesis 2

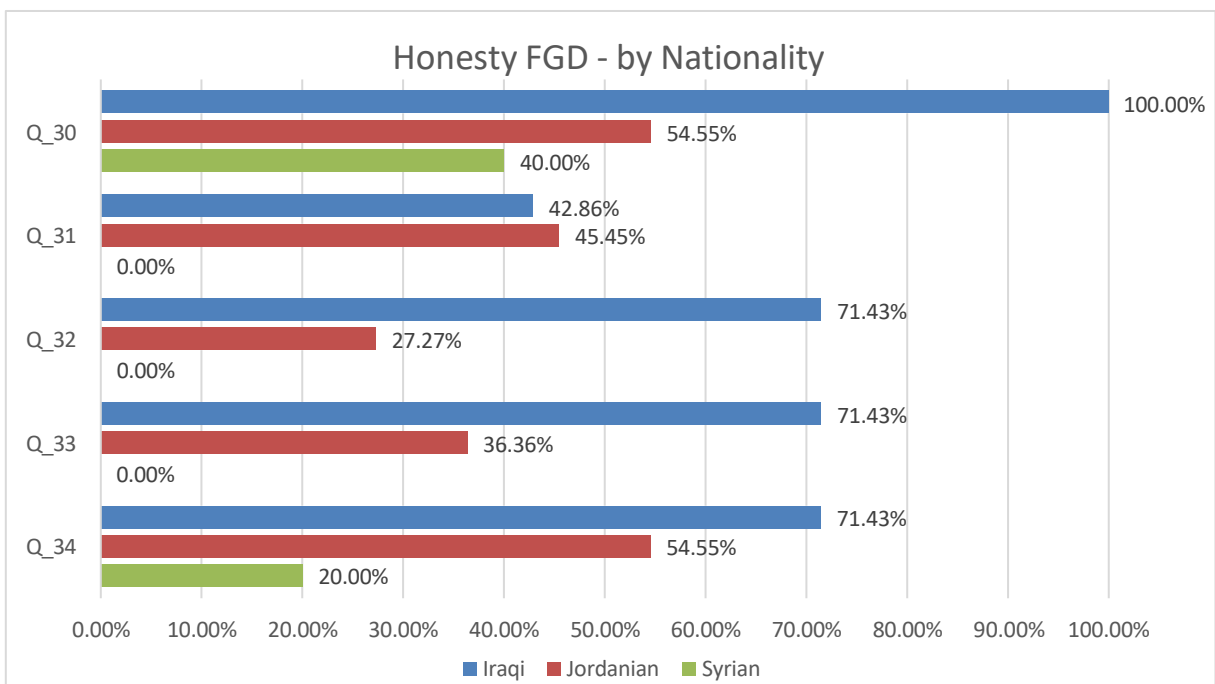


Chart 22 - Honesty FGD- by Nationality hypothesis 2

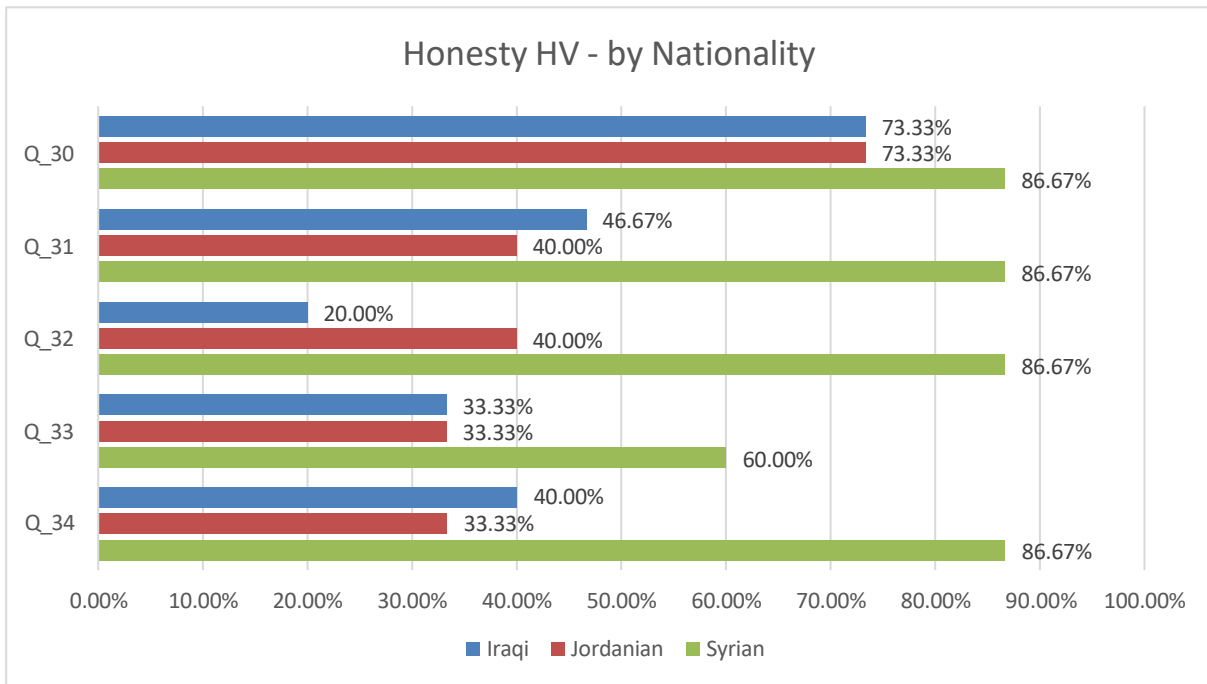


Chart 23 - Honesty HV - by Nationality hypothesis 2

Honesty in FGD could also be questioned for Jordanians that have an average of 43.64% of positive answers; they share some doubts regarding peers' judgment, the presence of other people limiting their ability to speak and the overall lack of privacy. Iraqi do not find these elements disturbing and have an average of 71.43% of extremely positive answers when it comes to honesty for FGD. On the other side, Iraqi score in average the lowest both in FC (53.33%) and HV (42.67%). For both tools Iraqi are particularly concerned by the presence of people limiting their ability to speak, the overall lack of privacy and that if the questions were too personal, they would not always feel comfortable sharing details of their lives and situation. Overall, Syrians have the highest honesty scores in both FC (74.67%) and HV (81.33%), while Iraqi in FGD (71.43%). Jordanians do not have outstanding results in any mechanism, but in general prefer the FC (64%).

9. CONCLUSIONS

What emerges from the discussion is that regarding the first hypothesis, the data only partially confirm the positive correlation between the level of closeness of the BFM to the beneficiary and the effectiveness, relationship with the interviewer, intrusiveness and honesty increase.

There is not a direct correlation between the level of “closeness” of the BFM and the perception of effectiveness of the mechanism by the beneficiary. HV have the lowest score in effectiveness. Regarding the relationship with the interviewer, when looking at the single set of questions the results are not conclusive. The correlation is present for Q_11-Q_17 but gets lost in Q_18 and Q_19. If we compare the average results for the 3 questions collectively then hypothesis 1 is confirmed, even if with low margins: HV score the most positive relationship with the interviewer with 94,63%, followed by FGD with 94.49% and last FC with 91.17%.

When it comes to intrusiveness as perceived by the beneficiaries, hypothesis 1 is confirmed: HV results overall the most intrusive with an average of 53.40% of interviewed who do not perceive the mechanism as intrusive, followed by FGD with 56.62% and then FC with 67.62%. The Hypothesis 1 is not confirmed in the honesty section since there is no direct correlation between the increasing closeness and the beneficiary’s perception of their honesty. The data collected show how the FC is the tool that ensures the highest degree of honesty (according to the beneficiaries) with 64%, followed by HV with 56% and FGD with 45.22%. Hypothesis 1 is therefore confirmed for relationship with the beneficiary and intrusiveness, but not for effectiveness and honesty.

The element of intrusiveness is tricky and might even sound contradictory with what was highlighted so far by the data. It might appear that the single fact that a mechanism is perceived as the most intrusive might automatically disqualify it from the use in the monitoring and evaluation process. What is not taken into consideration in this vision is that all forms of data collection entail some forms of disturbance: interviewed are asked to stop their daily activities, sometimes even move to a specific place, and then they are expected to answer to a set of questions with a variable degree of intrusiveness in their private life and privacy. And this, most of the time, with an unknown interviewer, without being properly informed about the purposes and with absolutely no control of the future use of that information.

I argue that intrusiveness is an intrinsic element of the data collection process, and the more practitioners are aware of this, the more they can act upon. What is relevant is not that a BFM is intrusive, but how it is intrusive. Interviewed answers are precious in this sense because explain what are the elements that make the BFM intrusive. The answers to the open

questions (Q_10, Q_20, and Q_29) give us another layer of interpretation. Even if the HV was considered the most intrusive, 13 of the interviewed people asked to be visited more, three to prolong the time of the visit, while only two suggested to make an appointment before the visit.

The second hypothesis is that refugees are more used to being subject to questioning and are therefore more positive towards BFM's than Jordanians. Especially Syrians who are the most targeted population by aid and development programs and are therefore regularly questioned. On the contrary Jordanians are less used to these mechanisms and suffer more from the questioning.

In the perception of effectiveness, contrary to the prediction of the hypothesis, in general all groups believe in the effectiveness of BFM's. Nevertheless, Syrians are not the group that has the higher trust in the effectiveness of the BFM's, but it is the Iraqis (average of 9.50), followed by Jordanians (9.41) and only last Syrians (8.99). Syrians believe that HV are more effective (average 9.53), Iraqi prefer FGD (average 10), while Jordanians prefer the FC (9.93).

The relationship with the interviewer confirms this trend; the group that has higher trust and better relationship with the interviewer are the Iraqi (average 9.41), followed by Jordanians (9.35) and Syrians score the lowest overall average (9.13).

Intrusiveness also contradicts the hypothesis: the group that perceive the BFM's as less intrusive are the Jordanians with 63.55%, followed by Iraqi with 58.23% and last the Syrians with 52.38%. Also in this case, each nationality has its preferred BFM's when it comes to the sense of intrusiveness. In the FC the group who feels less intruded are the Jordanians (77.14%), in the FGD the Iraqi (77.55%), and in the HV the Syrians (74.29%).

Honesty is the only element in which the hypothesis 2 is confirmed: Syrians have the highest honesty scores in both FC (74.67%) and HV (81.33%), while Iraqi in FGD (71.43%). Jordanians do not have outstanding results in any mechanism, but in general prefer the FC (64%).

It can be concluded that the second hypothesis was overall not sustained by the data collected. This second hypothesis was in fact provocative, starting from a "common knowledge" that is not based on clear evidence, but on mere assumptions. The over exposition to the BFM's does not make people, and in this case refugees, more docile and indifferent to the continuous intrusion into their personal sphere. On the contrary, Syrians, the group that has been the focus of attention in the last 12 years, is the one that appears to be the most uncomfortable with the whole process.

It should be mentioned that the sample, especially when fragmented by nationality, is not wide enough to grant an undeniable truth. Nevertheless, it shows a trend opposite to the predicted one.

The results show a general appreciation of all the three mechanisms but contribute also to highlight the areas where improvement might be necessary. All three mechanisms are useful and can provide reliable information to monitor and evaluate current projects and shape future interventions.

This research was not aimed at changing drastically the BFMs in use, but it lays the foundation for a deeper understanding of the beneficiaries' point of view on the monitoring mechanisms and at the same time provides useful insight to improve both the approach and use of the BFMs.

10. RECOMMENDATIONS FOR FUTURE RESEARCH

As discussed in chapter 4, there is little to no research on the Beneficiaries Feedback Mechanisms. The number is further reduced when we want to focus on the Humanitarian field and becomes equal to zero if the research should take into consideration the point of view of the interviewed or beneficiary. The complete void regarding this thematic is unjustifiable in the light of the thousands of data collection, research, monitoring to which beneficiaries of humanitarian and development projects are subjected every year. Especially so because of the vulnerability status of those people, who most of the time feel compelled to comply with the requests of NGOs and agencies in the hope of pleasing them and benefit further from their assistance.

There are almost infinite possibilities to further develop this first research attempt. First of all, the results obtained should be further tested, on a larger sample group to understand if the trends are confirmed and possibly become even more clear when the number of participants is more consistent. Furthermore, different mechanisms could be used to test the hypothesis providing a wider and more diversified range of data.

Second, this study focuses only on three nationalities, while excluding several others. Assuming that Syrian and Iraqi are representative of all refugees is not correct and does not take into consideration the specificity and uniqueness of every experience. At the same time, an analysis disaggregated by gender and age group might provide further insight.

Third, this research only focuses on four elements: effectiveness, relationship with beneficiaries, intrusiveness and honesty. On one side, there might be several more angles to help study this issue, introducing new elements. On the other side, a deeper reflection on the questionnaire used in this research could lead to a better formulation of the questions and scales. While the used questionnaire was the result of a collaboration between different expertise and cultures, there is still an important element missing: the point of view of the beneficiary itself. It would be an interesting exercise to involve beneficiaries in the revision/preparation of the tool itself in order to ensure a real culturally sensitive and understandable questionnaire.

GLOSSARY

Within the framework of this research some common words of the humanitarian field have been used and need to be further clarified. When needed, a more detailed explanation of the term tailored to the context and the intervention done by Caritas Jordan is made.

BENEFICIARY

The beneficiary is the recipient of humanitarian or development aid projects and programs. Beneficiaries can be direct, when are the primary target of the intervention, or indirect, when they benefit indirectly from the services received by the direct beneficiary. Within this research, beneficiaries are all those people who have received any of the services delivered by Caritas Jordan. Beneficiaries are usually grouped in Local Vulnerable Population, Refugees, and Migrant Workers. Refugees are then divided according to nationality, or at least in two big groups, the Syrian Refugees and the non-Syrian refugees.

DEVELOPMENT AID

Development aid is a kind of assistance that aims at addressing the underlying socioeconomic factors. It focuses on long term changes that will improve the lives of affected population.

DONOR

The donor is the entity – National Aid Agency (like AICS), Institution or private person – that finances projects. Is the financial support that allows for the implementation of activities that in exchange asks for periodical reporting, both narrative and financial, to prove how their financial contribution is being spent for the benefit of the local population.

HUMANITARIAN AID

Humanitarian aid is the delivery of services to people suffering from the consequences of a natural or man-made disaster. The primary objective of humanitarian aid is to save lives, alleviate suffering, and maintain human dignity.

HUMANITARIAN ASSISTANCE

While Humanitarian aid focuses on the immediate post-emergency and life-saving operations, humanitarian assistance focuses on the mid- to long-term. It encompasses a broader range of activities, including longer-term support for recovery, rehabilitation, and capacity building.

LOCAL VULNERABLE POPULATION

Local vulnerable population are those Jordanian citizens who are inscribed in the lists of the Ministry of Social Security or have completed the registration with Caritas Jordan assessing their vulnerability status and are therefore considered eligible for receiving services.

MEAL

Monitoring, Evaluation, Accountability and Learning can be considered as the qualitative and quantitative appraisal of a project or program. Within Caritas Jordan the MEAL Unit is the one in charge of preparing data collection tools for project monitoring, programming data collection calendar and overseeing the whole process. Once data is collected the MEAL Unit operates some basic analysis to inform the project staff and management.

REFUGEE

The definition of refugee is a complex one. Refugees are protected by international law under the 1951 United Nations Refugee Convention, supplemented by its 1967 Protocol.

Article 1 of the 1951 Convention defines a refugee as someone who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themselves] of the protection of that country; or who, not having a nationality and being outside the country of [their] former habitual residence, is unable or, owing to such fear, is unwilling to return to it."

Jordan does not belong to the signatory members of the convention therefore is not bound to its principles. Nevertheless, it recognises a special refugee status to some of the foreigners residing within its territory, especially Syrians, through the collaboration of UNHCR. UNHCR oversees registering all the refugees, providing them with a refugee ID, and conducting periodic review of their status. Since 2019, The Hashemite Kingdom of Jordan ordered UNHCR to stop all registering of new arrival of Non-Syrian Refugees.

For the sake of this research, and in general as Caritas, all people who fall under the Convention criteria are considered refugees and receive services, regardless of their registration with UNHCR are not.

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ANNEXES

Annex 1 – Feedback Call

INTRODUCTION

Hello, my name is XXX, and I work for Caritas Jordan as XXX. In the last few months, you were contacted by us to collect your feedback regarding some services received. We need now to collect your opinion regarding the data collection experience from your side. This is very important for us to improve our services and learn how we can improve and ameliorate the way we interact with beneficiaries. I would therefore ask you to answer some questions, and I would like to record your sincere answer.

Your safety is important to us, therefore, you can skip any question or choose to end the survey at any time. If you do not understand a question, please ask me to explain it. Your answers will be kept confidential, your name will not be linked to it and it will NOT affect your eligibility to potentially receive any of Caritas Jordan services in the future. Your answers will be kept confidential and used for research purposes.

Do you agree to proceed with the questionnaire?

- Yes
- No

(If no, the questionnaire will be ended: recorded 1) Instrument (call/FGD/home visit) 2) Gender 3) Nationality 4) If possible, reason for not answering)

PERSONAL DATA

1. Nationality
2. Gender
3. Age
4. FROM CRM: Date of first registration in the Caritas system
5. In the last few months do you recall being called by Caritas Jordan to answer a questionnaire over the phone?
 - a. Yes
 - b. No (if No, we would need to try to remind the person, otherwise end the interview)

Please, try to remember the call. The questions I am about to ask you are about that specific experience.

EFFECTIVENESS OF THE TOOL

6. On a scale from 1 to 10, how would you rate the amount of time dedicated to you to answer the questions completely and express what you wanted to say?
 - 1 (Not sufficient at all)
 - 2
 - 3
 - 4
 - 5 (Fairly sufficient)
 - 6
 - 7
 - 8

- 9
 - 10 (Completely sufficient)
7. On a scale from 1 to 10, how suitable do you think the questions were for collecting your opinion?
- 1 (Not suitable at all)
 - 2
 - 3
 - 4
 - 5 (Fairly suitable)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely suitable)
8. On a scale from 1 to 10, how well do you think you were able to communicate your needs (tell what you need)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
9. From 1 to 10, how much do you think your answers will influence and improve Caritas services (in the future)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
10. How would you improve the phone questionnaire? (OPEN)

RELATIONSHIP WITH THE INTERVIEWER

Please, now think about the people who interviewed you and focus on them...

11. Did the interviewer seem cold (in attitude)?
- Absolutely not
 - A little bit
 - Fairly
 - Absolutely yes
12. Did the interviewer seem empathic?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
13. Did the interviewer seem nosy?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
14. Did the interviewer seem professional?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
15. Did the interviewer seem judgmental?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
16. Did the interviewer seem friendly?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
17. Did the interviewer seem patient?
- a. Absolutely not
 - b. A little bit
 - c. Fairly
 - d. Absolutely yes
18. From 1 to 10, how comfortable did you feel talking with the interviewer?
- 1 (Not comfortable at all)
 - 2
 - 3
 - 4
 - 5 (Fairly comfortable)
 - 6
 - 7
 - 8

- 9
- 10 (Completely comfortable)

19. From 1 to 10, how would you rate the level of trust you had with the interviewer during the call?

- 1 (No trust at all)
- 2
- 3
- 4
- 5 (moderate trust)
- 6
- 7
- 8
- 9
- 10 (Complete trust)

20. Do you have any suggestions for us to improve the attitude and trust of the interviewers? (OPEN)

INTRUSIVENESS

Please, tell me if you agree or not with the following statements?

- 21. The call was too long
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree
- 22. The call arrived in a time of the day when I was busy and disturbed me
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree
- 23. I felt my privacy was not respected
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree
- 24. I did not want to answer all the questions because some were too private
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree

25. The type of questions asked made me feel uncomfortable

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

26. I enjoyed sharing my feedback with the interviewer

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

27. Not seeing the interviewer in person made me feel uncomfortable

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

28. The voice was clear and there were no lagging

- a. Strongly disagree
- b. Disagree
- c. Neutral
- d. Agree
- e. Strongly agree

29. In your opinion, what would make the feedback call less intrusive? (OPEN)

HONESTY

Please tell me if you agree or not with the following statements thinking about your experience.

30. I always felt free to answer all the questions sincerely

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

31. I could not always answer sincerely because I was concerned by the lack of privacy

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

32. I sometimes modified my answer because I was afraid of being judged (by interviewer or other people present)
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
33. The presence of other people limited my ability to speak sincerely
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
34. When the questions were too personal, I did not feel comfortable sharing all the details of my situation or life
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
35. Would you prefer a different data collection method to feel more comfortable providing honest responses?
- Yes (please specify which): _____
- No, I am satisfied with the current tools

Annex 2 – Focus Group Discussion

INTRODUCTION

Hello, my name is XXX, and I work for Caritas Jordan as XXX. In the last few months, you were contacted by us to collect your feedback regarding some services received. We need now to collect your opinion regarding the data collection experience from your side. This is very important for us to improve our services and learn how we can improve and ameliorate the way we interact with beneficiaries. I would therefore ask you to answer some questions, and I would like to record your sincere answer.

Your safety is important to us, therefore, you can skip any question or choose to end the survey at any time. If you do not understand a question, please ask me to explain it. Your answers will be kept confidential, your name will not be linked to it and it will NOT affect your eligibility to potentially receive any of Caritas Jordan services in the future. Your answers will be kept confidential and used for research purposes.

Do you agree to proceed with the questionnaire?

- Yes
- No

(If no, the questionnaire will be ended: recorded 1) Instrument (call/FGD/home visit) 2) Gender 3) Nationality 4) If possible, reason for not answering)

PERSONAL DATA

1. Nationality
2. Gender
3. Age
4. FROM CRM: Date of first registration in the Caritas system
5. In the last few months do you recall being called by Caritas Jordan to answer a questionnaire over the phone?
 - Yes
 - No (if No, we would need to try to remind the person, otherwise end the interview)

Please, try to remember the call. The questions I am about to ask you are about that specific experience.

EFFECTIVENESS OF THE TOOL

6. On a scale from 1 to 10, how would you rate the amount of time dedicated to you to answer the questions completely and express what you wanted to say?
 - 1 (Not sufficient at all)
 - 2
 - 3
 - 4
 - 5 (Fairly sufficient)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely sufficient)

7. On a scale from 1 to 10, how suitable do you think the questions were for collecting your opinion?
- 1 (Not suitable at all)
 - 2
 - 3
 - 4
 - 5 (Fairly suitable)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely suitable)
8. On a scale from 1 to 10, how well do you think you were able to communicate your needs (tell what you need)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
9. From 1 to 10, how much do you think your answers will influence and improve Caritas services (in the future)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
10. How would you improve the FGD? (OPEN)

RELATIONSHIP WITH THE INTERVIEWER

Please, now think about the people who interviewed you and focus on them...

11. Did the interviewer seem cold (in attitude)?
- Absolutely not
 - A little bit

- Fairly
- Absolutely yes

12. Did the interviewer seem empathic?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

13. Did the interviewer seem nosy?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

14. Did the interviewer seem professional?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

15. Did the interviewer seem judgmental?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

16. Did the interviewer seem friendly?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

17. Did the interviewer seem patient?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

18. From 1 to 10, how comfortable did you feel talking with the interviewer?

- 1 (Not comfortable at all)
- 2
- 3
- 4
- 5 (Fairly comfortable)
- 6
- 7
- 8

- 9
- 10 (Completely comfortable)

19. From 1 to 10, how would you rate the level of trust you had with the interviewer during the FGD?

- 1 (No trust at all)
- 2
- 3
- 4
- 5 (moderate trust)
- 6
- 7
- 8
- 9
- 10 (Complete trust)

20. Do you have any suggestions for us to improve the attitude and trust of the interviewers? (OPEN)

INTRUSIVENESS

Please, tell me if you agree or not with the following statements?

21. The FGD was too long

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

22. The FGD was organized in a time/day that inconvenienced me

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

23. The room used was not separate enough and I felt my privacy was not respected

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

24. I did not feel like answering all the questions because some were too private

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

25. The presence of other people made me feel uncomfortable in sharing my opinion

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

26. I enjoyed sharing my experience with other people

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

27. The interviewer was pushing too much to receive the answers

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

28. The interviewer was confident and knew what he/she was talking about

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

29. In your opinion, what would make the FGD less intrusive? (OPEN)

HONESTY

Please tell me if you agree or not with the following statements thinking about your experience.

30. I always felt free to answer all the questions sincerely

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

31. I could not always answer sincerely because I was concerned by the lack of privacy

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

32. I sometimes modified my answer because I was afraid of being judged (by interviewer or other people present)
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
33. The presence of other people limited my ability to speak sincerely
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
34. When the questions were too personal, I did not feel comfortable sharing all the details of my situation or life
- Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
35. Would you prefer a different data collection method to feel more comfortable providing honest responses?
- Yes (please specify which): _____
 - No, I am satisfied with the current tools

Annex 3 – Home Visit

INTRODUCTION

Hello, my name is XXX, and I work for Caritas Jordan as XXX. In the last few months, you were contacted by us to collect your feedback regarding some services received. We need now to collect your opinion regarding the data collection experience from your side. This is very important for us to improve our services and learn how we can improve and ameliorate the way we interact with beneficiaries. I would therefore ask you to answer some questions, and I would like to record your sincere answer.

Your safety is important to us, therefore, you can skip any question or choose to end the survey at any time. If you do not understand a question, please ask me to explain it. Your answers will be kept confidential, your name will not be linked to it and it will NOT affect your eligibility to potentially receive any of Caritas Jordan services in the future. Your answers will be kept confidential and used for research purposes.

Do you agree to proceed with the questionnaire?

- Yes
- No

(If no, the questionnaire will be ended: recorded 1) Instrument (call/FGD/home visit) 2) Gender 3) Nationality 4) If possible, reason for not answering)

PERSONAL DATA

1. Nationality
2. Gender
3. Age
4. FROM CRM: Date of first registration in the Caritas system
5. In the last few months do you recall being called by Caritas Jordan to answer a questionnaire over the phone?
 - Yes
 - No (if No, we would need to try to remind the person, otherwise end the interview)

Please, try to remember the call. The questions I am about to ask you are about that specific experience.

EFFECTIVENESS OF THE TOOL

6. On a scale from 1 to 10, how would you rate the amount of time dedicated to you to answer the questions completely and express what you wanted to say?

- 1 (Not sufficient at all)
- 2
- 3
- 4
- 5 (Fairly sufficient)
- 6
- 7
- 8
- 9
- 10 (Completely sufficient)

7. On a scale from 1 to 10, how suitable do you think the questions were for collecting your opinion?
- 1 (Not suitable at all)
 - 2
 - 3
 - 4
 - 5 (Fairly suitable)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely suitable)
8. On a scale from 1 to 10, how well do you think you were able to communicate your needs (tell what you need)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
9. From 1 to 10, how much do you think your answers will influence and improve Caritas services (in the future)?
- 1 (Not at all)
 - 2
 - 3
 - 4
 - 5 (Fairly)
 - 6
 - 7
 - 8
 - 9
 - 10 (Completely)
10. How would you improve the home visit? (OPEN)

RELATIONSHIP WITH THE INTERVIEWER

Please, now think about the people who interviewed you and focus on them...

11. Did the interviewer seem cold (in attitude)?
- Absolutely not

- A little bit
- Fairly
- Absolutely yes

12. Did the interviewer seem empathic?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

13. Did the interviewer seem nosy?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

14. Did the interviewer seem professional?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

15. Did the interviewer seem judgmental?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

16. Did the interviewer seem friendly?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

17. Did the interviewer seem patient?

- Absolutely not
- A little bit
- Fairly
- Absolutely yes

18. From 1 to 10, how comfortable did you feel talking with the interviewer?

- 1 (Not comfortable at all)
- 2
- 3
- 4
- 5 (Fairly comfortable)

- 6
- 7
- 8
- 9
- 10 (Completely comfortable)

19. From 1 to 10, how would you rate the level of trust you had with the interviewer during the home visit?

- 1 (No trust at all)
- 2
- 3
- 4
- 5 (moderate trust)
- 6
- 7
- 8
- 9
- 10 (Complete trust)

20. Do you have any suggestions for us to improve the attitude and trust of the interviewers? (OPEN)

INTRUSIVENESS

Please, tell me if you agree or not with the following statements?

21. The HV was too long

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

22. The visit was organized in a time/day that inconvenienced me

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

23. I felt uncomfortable having people entering my house and invading my privacy

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

24. I did not feel like answering all the questions because some were too private

- Strongly disagree

- Disagree
- Neutral
- Agree
- Strongly agree

25. There were too many people from Caritas

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

26. I enjoyed sharing my experience with other people

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

27. The people who came to my house were too nosy

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

28. (Blank)

29. In your opinion, what would make the home visit less intrusive? (OPEN)

HONESTY

Please tell me if you agree or not with the following statements thinking about your experience.

30. I always felt free to answer all the questions sincerely

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

31. I could not always answer sincerely because I was concerned by the lack of privacy

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

32. I sometimes modified my answer because I was afraid of being judged (by interviewer or other people present)

- Strongly disagree
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- Neutral
- Agree
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33. The presence of other people limited my ability to speak sincerely

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

34. When the questions were too personal, I did not feel comfortable sharing all the details of my situation or life

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

35. Would you prefer a different data collection method to feel more comfortable providing honest responses?

- Yes (please specify which): _____
- No, I am satisfied with the current tools