

Received: 31 October 2022 Accepted: 5 February 2023

DOI: <https://doi.org/10.33182/ml.v20i2.2837>

‘How much do we need to know?’ On the Ethical implications of Operational Research in Humanitarian Settings

Nuni Jorgensen¹

Abstract

International Non-governmental Organisations (INGOs) have long conducted operational research (OR), a mode of investigation that follows specific rationale and criteria. In the present work, I draw on my experience of conducting a survey with Central-American migrants in Mexico in the context of a humanitarian organisation to outline some of the particularities of operational research and examine the ethical dilemmas that arise from this modality of investigation. By centring my analysis on a question often posed by colleagues— ‘how much do we need to know?’ - I explore three interrelated topics. First, I look at the process of obtaining consent, reflecting on the organisation’s dual role as both healthcare provider and researcher. Next, I examine how research questions are defined and in relation to whose interests. Lastly, I discuss the definition of survey categories, examining how OR often contributes to framing migrants’ experiences according to pre-determined narratives of victimhood.

Keywords: Humanitarianism; Operational Research; Témoignage; Ethics

Introduction

Non-governmental Organisations (NGOs) have long been conducting research within the Global South, both in partnership with academic institutions or independently. Operational research (OR), as it is often called by these organisations, although bearing similarities with academic research, is usually based on different premises. First, OR generally takes place within the framework of a programme that is already being implemented and its main objective is to identify the gaps, challenges, and constraints of a particular intervention. As such, the research questions in OR tend to be determined inductively, rather than being posed in relation to theoretical debates. Operational Research can also be used to generate evidence for advocacy purposes, in which case, it can either be employed as a means to publicise a successful intervention that can be replicated in other settings, and/or as a way of calling attention to certain phenomena, particularly to human rights violations.

In the present work, I outline some of the particularities of operational research by examining what are the specific ethical dilemmas that arise from this modality of investigation. To that end, I draw upon my experience of conducting a quantitative survey with migrants and asylum seekers in Mexico, while working for an International Non-Governmental Organisation (INGO) focused on the provision of medical humanitarian aid. By centring my analysis on a query that was often posed by colleagues— ‘how much do *we* need to know?’ - I explore three interrelated topics. First, I look at the process of obtaining consent, reflecting on how the organisation’s role as a healthcare provider affects migrants’ willingness to take part in the

¹ Nuni Jorgensen, Queen Mary University of London, UK. E-mail: n.vieirajorgensen@qmul.ac.uk

study and on 'do no harm' considerations. I then explore how relevant research questions are defined, and in relation to whose interests, and examine the potential tensions that may arise between the organisation's attempts to make research processes more participatory and the INGO's *modus operandi*. This is followed by an appreciation of the research categories, examining how OR can contribute to framing migrants' experiences according to pre-determined narratives of victimhood. Overall, I argue that the adoption of stringent ethical review processes and guidelines, whilst a positive move, cannot answer to many of the ethical conundrums posed by OR, as they emerge from the nature of relationships established between humanitarian organisations and local communities.

Methodology

This discussion is based on my personal reflections while working with operational research in an INGO for more than three years, and more specifically while acting as co-investigator in a cross-sectional survey conducted by the organisation in Mexico in 2018. The survey was conducted with Central American migrants and asylum seekers in different shelters in Southern and Central Mexico. The organisation was either providing or had provided medical attention in the shelters that were chosen as study sites. Annually, hundreds of people flee Guatemala, Honduras, Nicaragua and El Salvador, a movement driven by decades of chronic poverty, violence, and environmental degradation (Gandini et al., 2020). Although scholars and practitioners agree that Central American displaced populations should be recognised as refugees on the basis of the Cartagena Declaration, most have had their asylum requests refused by the Mexican state (Torre-Cantalapiedra et al., 2021.) The obstacles facing migrants seeking to reach Mexico and the United States have substantially grown since the implementation of the *Plan Frontera Sur*, in 2014, a US-funded program aimed at strengthening the policing and control of Mexico's southern borders.

The purpose of the survey was twofold: first, it aimed at identifying the main health needs of the population passing through each of the selected shelters and, based on this assessment, to evaluate the medical services that were currently being offered by the INGO or its partner organisations. Second, it sought to generate evidence on the impact of Mexico's *plan Frontera Sur* on the health of displaced populations crossing Mexico en route to the United States, and how their entrapment put them at high risk of experiencing violence within Mexico. The study also aimed at documenting peoples' experiences of violence in their home countries, which could help to challenge the argument posed both by Mexico and US administrations that those leaving Central America were labour-oriented migrants. The survey therefore had both an advocacy component and a monitoring and evaluation component.

Over the course of two months, more than 400 migrants and asylum seekers were interviewed. The questionnaire comprised socio-demographic questions, questions about experiences of violence in home countries, questions about experiences of violence in the journey during Mexico, and health questions, including depression and generalised anxiety screenings. Before the study began, all survey instruments underwent a stringent ethical review process, consisting of multiple rounds of evaluation carried out by the INGO's ethical review board. Due to the sensitivity of the study, which asked questions about mental health and episodes of violence, a strict referral procedure was put in place and all survey teams were closely followed by the INGO's mental health staff.



Some Reflections on the Ambivalent Nature of Operational Research

Consent and 'Do No Harm'

Traditional paradigms of informed consent in research are derived from paradigms of consent in bioethics: potential participants, or patients, should be able to decide whether they want to take part in the study, or treatment, based on a clear understanding of the purpose of the intervention and the risk and benefits it entails. Consent, under this paradigm, is seen as a contractual agreement, whereby participation is obtained in exchange of information in a specific point in time (Klykken, 2022). In order to give consent, it is generally assumed that participants must gain something in this transaction; in other words, there must individual or collective benefits accrued from the study. Under this framework, the more vulnerable participants are perceived to be, the more stringent should risk-benefits calculations be (See Bredal et al., 2022).

In a review of Operation Research experiences, Zachariah et al. (2010) argue that one of the key elements of OR is that research should not be perceived as an additional burden to care delivery and that all research questions should be decided in accordance with a consideration of what are the direct, practical relevance of their answer for medical action. This rationale is in line with the ideas of 'do no harm' and with the notion that research into the suffering of others is only justifiable to the extent that it can explicitly alleviate that same suffering (Mackenzie et al., 2007; Zwi et al., 2006). In the organisation, mental health experts were also particularly concerned with violence-focused studies and with the possibility that interviews could trigger processes of re-traumatisation –that is, when the retelling of a story triggers the onset, return, or intensification of Post-Traumatic Stress Disorder (PTSD) symptoms associated with the original traumatic event (Brounéus, 2008).

In the case of OR, the benefits to research participants were direct and did not lie in the abstract plan of public policies: it could credibly be argued that the investigation would improve the medical services being offered to migrants, a medical service that most participants had received themselves. The fact that research settings were also places where the organisation offered health services clearly enhanced the study's credibility. Migrants were keener to participate because they knew and trusted the organisation that was conducting the research: many had been in the shelters on multiple occasions or for long periods of time, and often knew the medical staff personally. In fact, participation rates were much higher than expected, considering the sensitivity of questions being asked.

Yet, the symbiosis between research and healthcare provision led to challenging ethical conundrums. It was important to explain to participants that their refusal to take part in the study would not affect the care they received or would receive in the future. Although this was clearly stated and explained through ethical consent forms, scholars have variously recognised the difficulties in obtaining meaningful consent in migration settings. (Espinoza, 2020; Mackenzie et al., 2007; Seagle et al., 2020; Zwi et al., 2006). Standard procedures for obtaining consent generally assume that participants fully understand the implications of the research and stand in equal positions of power with researchers (Mackenzie et al., 2007; Zwi et al., 2006). This was clearly not the case in Mexico's shelters: not only were participants often exhausted from weary journeys, but many were physically ill. In addition, it is possible that some thought medical services were tied to their participation in the study or felt that their consent was a way of reciprocating the attention they had received. Power hierarchies

among participants and researchers are intrinsic to any study, but in the case of OR, a double hierarchy operates that should not be underestimated: participants are also in many ways dependent on the actor that is asking questions.

As a means of *building*, instead of *obtaining*, meaningful consent, scholarly work has been increasingly challenging the contractual paradigm of research ethics. Rather than an action restricted in time, this stance sees consent as an interactive process that may change from person to person and that takes the situated positions of both participants and researchers into account (Klykken, 2021). Although the INGO ethical review board did have several questions about how to make the research process more participatory, any attempt to build consent iteratively stumbled upon the bureaucratic ethics review process itself. Before being implemented, the study protocol spent months circulating between the desks of different medical and mental health experts based in different European branches, who were all committed to determine the level of harm that the study could pose to potential participants. Ironically, this was done without any prior or on-going engagement with migrants and refugees themselves and once the protocol received ethical clearance, the study had to be conducted in two months due to operational reasons. Framed *a priori* as vulnerable, Central American migrants were therefore, automatically seen as deprived of reason to determine how the study could impact or improve their lives. In that respect, 'do no harm' considerations were not construed *with* them but imposed *upon* them; from subjects they are, hence, displaced to the position of objects of research, a long-standing form of domination through knowledge that has its roots in colonialism (Quijano, 2007).

This tendency is by no means restricted to INGOs and there are growing concerns about how risk-based approaches to ethics have been driving scholars away from the situated and relational character of research (Connor et al., 2018). As I will argue, however, this pattern is more difficult to change in the case of OR because the very rapport established between humanitarian organisations and migrants is built upon ideas of vulnerability and victimhood.

Whose Questions?

Discussions about the obtention of consent were intrinsically dovetailed with debates around which questions should be part of the study. 'How much do we need to know?' was a question often posed to me by fellow colleagues. The inquiry encapsulated the idea that the organisation should only pose questions whose answers could lead to clear operational answers. By this, they generally meant that research findings should translate into improvements in the provision of healthcare delivered by the organisation. If questions, and their respective answers, required the action of other parties, such as national governments, international organisations, or other NGOs, but were out of the scope of action of the organisation, then they were not easily justifiable. This meant that research had to be clearly framed within the organisation's mandate.

Despite this seemingly straightforward criteria for the inclusion of survey questions, things got much more complicated when the relevance of operational research in terms of advocacy came into consideration. This is because not all the questions that are relevant for advocacy can be easily translated into the operational mindset: whilst the analysis of migration determinants was important to debunk common political discourses around the nature of the Central American displacement, and to challenge the fact that people are not being granted asylum, the results of this inquiry would not change the nature of the care provision being



offered. Before the survey implementation, different teams spent months discussing what they would *do* with those questions, and whether those inquiries that could trigger a political response were also relevant. Albeit important, all these debates took place, again, in the very high spheres of the INGO's ethical boards and coordination cells, technical support teams and field coordination teams. Rarely were discussions open to the staff working directly in the field in Mexico and, previously put, migrants, refugees and migrant-led organisations were not involved in any stage of the research design. As in the case of 'do no harm' considerations, the organisation headquarters assumed that they knew what should be known about this particular context in order to design appropriate interventions (See Fiddian-Qasmiyeh, 2019).

While it is important to question the bureaucratic procedures of ethical review boards, the contradictions between co-participation and research conducted in the realm of a humanitarian organisation lie in a much more serious dilemma. Part of *the modus operandi* of some large international NGOs is that they generally work autonomously and do not link up with other civil society organisations, including migrant-led groups. This tendency is finely attuned with the idea of *témoignage*, a particular form of witnessing that fundamentals humanitarianism. As extensively explored by Fassin (2011), in order to be neutral and impartial in a certain political conflict, humanitarian organisations take up the position of victims. From this, it follows that the relationship they establish with communities tends to erase their political subjectivity. Instead of being victimised or vulnerable *to* something or someone, worthy-of-compassion humanitarian subjects gain the universalising label of victims, and, to that end, they must be devoid of voice, agency, history, political will and contradictions (Fiddian-Qasmiyeh, 2014; Malkki, 1996; Moulin, 2012; Vera Espinoza, 2018).

In this scenario, any attempt to create a connection with communities that goes beyond the beneficiary-health care provided relationship stand in contradiction with the possibility that people will demand and fight for things that go beyond the organisation's mandate; that challenge their label of victims; and, as a consequence, disrupt humanitarian narratives of neutrality. In the realm of OR this translates into the impossibility of adopting more up-to-date epistemological stands that put participants' and community interests at the same priority level as researchers' inquiries (Klykken, 2021). In fact, the design of research questions, methodology and instruments has been conceived as an exclusive attribution of the INGO. Similarly, microdata and outputs of many operational research endeavours are not made publicly available. In this sense, there is tendency to uphold information that could also be relevant to migrants and other civil society organisations, academics, and public institutions. Although, in this case, results circulated in the media and were used to influence public debate, the knowledge construction monopoly heightens the divide between those who have resources to carry out large studies and pose their questions and those upon whom questions are asked. Importantly, I believe that if migrants and refugees were able to define how much they want to know, how much they want others to know about their stories, and how they want this knowledge to be produced and shared, research results could have far more radical implications.

Survey Categories

One of the research aims was to document the link existing between chronic violence in Central America, forced migration, and further violence experienced by migrants in their journey towards Mexico and the US. Similar to initiatives that aim to count migrants' deaths and disappearances (see Heller & Pécoud, 2020), part of the study sought to count events of

violence that often remain unseen by official statistics, including the number of persons who experienced robberies, kidnappings, torture, sexual violence or who had witnessed any of these episodes happening to someone else. Research questions, which are different from questionnaire questions, stand here in second plan, as the main aim is to use the figures for a particular narrative, which although valid and politically defiant, had already been construed.

Witnessing in this case takes on a new facet – not one that talks about bodies and wounds in the abstract sense, but one that effectively enumerates the wounds, be them physical or psychological. Although counting may be a powerful strategy to show how experiences of violence are not an isolated phenomenon among this population, when used as the only research method, it runs the risk of overshadowing participants' voices, including their own accounts of violent episodes, in addition to imposing pre-determined categories to peoples' subjective experiences. Malkki (1996) argued that refugees are often portrayed by humanitarian organisations *in spite* of them. 'Through photographs and testimonies of refugee experts (not refugee themselves), displaced persons are often represented as a 'sea of humanity', with 'no names, no funny faces, no distinguishing marks, no esoteric details of personal style' (p.388). Similarly, in the case of Central American migrants, their individual and collective histories become subsumed into facts and figures of suffering, or victimisation events.

A clear example happened in one interview I joined as a survey supervisor. The interviewer asked a young male participant at what frequency he would hear gunshots from his house in Honduras; to which he answered, 'All the time because I was the one shooting'. The participant was being more than bluntly honest with his answer; he was also ironically challenging the language employed by the survey, and the implicit category of 'victim' to which he had been assigned. Yet, due to the nature of the study, we never knew why, when and who was he shooting at, and, most importantly, how he conceptualised this experience in relation to his own multiple identities. Crucially, the very fact that he had multiple identities conflicted with humanitarian narratives of pure victimhood – the survey categories ensured that his story was contained by those.

In humanitarian organisations, it is not uncommon for communication campaigns and staff to state that 'we speak out for underheard voices', or for 'those who are voiceless'. As Fassin (2011, p.537) reminds us: 'in the contemporary world, the prolixity of humanitarianism increases in parallel to the silence of survivors'. At a moment where so much doubt is being cast on the veracity of asylum seekers' accounts, credible humanitarian agents have become migrants' perfect spokespersons. And as Fiddian-Qasmiyeh (2019) points out, any critique to this approach may, at the outset, even seem counter-productive or unethical; yet, what are their consequences? In the case of the survey conducted in Southern Mexico, the study's main aim was to offer quantitative, irrefutable evidence to arguments that had already been constructed much prior to the study implementation, most of which were centred on the concepts of victimhood. In this sense, I contend that research, and more specifically, quantitative research has become another tool for *témoignage*, one that takes on a double function: strengthening the organisation's reliability as a witness, since quantitative data is rarely put into question, at the same time as downplaying participants' own representations, interests, and narratives.



Concluding Remarks

This paper has discussed the ethical challenges emerging from the implementation of a research project conducted with migrants and asylum seekers in Latin America, in the realm of a Western humanitarian organisation. Although operational research has become more common over the past years, there is scant analyses on the contributions and implications of this type of initiative. Humanitarian organisations often have facilitated access to sites that would be hard to reach for most academics, both because they can set up complex security infrastructures that are not available to independent researchers and due to the relationships of trust that they are able to establish with migrants, local populations, and gatekeepers. Due to the INGO's privileged position and its dual identity as a healthcare provider and investigator, the study's results had clear and immediate benefits to research participants. The organisation was also able to use its credentials to publicise the study results in large-circulation media and, thereby, directly influence migration policy debates.

As someone who has worked in these research initiatives and who has published analyses stemming from the data, my own position as a researcher is also filled with contradictions: whilst recognising the importance of OR in under researched contexts I question its possibility to generate radical change. In this analysis, I have argued that the facilitated access and relationship of trust that is genuinely established between the organisation and research participants has not translated in the inclusion of migrants, refugees, and migrant-led organisations in any stage of the study design. This happens, I believe, because any attempt to make operational research more participatory and less Eurocentric, necessarily stumbles upon the problem that people – in this case, migrants - might not only demand things that are far beyond the organisation's mandate, as they might also want to reframe their experiences in ways that are incompatible with narratives of victimhood. In this sense, operational research may become the perfect new modality of *témoignage*, one that gives 'voice to the voiceless' by necessarily suppressing people's voices, i.e., their narratives, categories, and own theorisations. Finally, I argue that the question 'how much do *we* need to know?' perfectly encapsulates these tensions: if, on the one hand, it shows an honest and valid concern for the possibility that research will harm participants, it also creates a divide between us – humanitarians who want to know about others – and them – migrants, upon whom knowledge is generated.

References

- Bredal, A., Stefansen, K., & Bjørnholt, M. (2022). Why do people participate in research interviews? Participant orientations and ethical contracts in interviews with victims of interpersonal violence. *Qualitative Research*, 146879412211384. <https://doi.org/10.1177/14687941221138409>
- Brounéus, K. (2008). Truth-Telling as talking cure? Insecurity and retraumatization in the rwandan gacaca courts. *Security Dialogue*, 39(1), 55–76. <https://doi.org/10.1177/0967010607086823>
- Connor, J., Copland, S., & Owen, J. (2018). The infantilized researcher and research subject: ethics, consent and risk. *Qualitative Research*, 18(4), 400–415. <https://doi.org/10.1177/1468794117730686>
- Espinoza, M. V. (2020). Lessons from Refugees Research Ethics in the Context of Resettlement in South America. *Migration and Society: Advances in Research*, 3(May), 1–7. <https://doi.org/10.3167/arms.2020.0>
- Fiddian-Qasmiyeh, E. (2014). *Gender and Forced Migration - A Brief History of Feminist and Gendered Analyses of Forced Migration*. 395–408.
- Fiddian-Qasmiyeh, E. (2019). Disrupting Humanitarian Narratives. *Refugee Hosts*

- Gandini, L., Fernández de la Guerrero, A., & Narváez Gutiérrez, J. C. (2020). *Caravanas*. Universidad Nacional Autónoma de México.
- Heller, C., & Pécoud, A. (2020). Counting Migrants' Deaths at the Border: From Civil Society Counterstatistics to (Inter)Governmental Recuperation. *American Behavioral Scientist*, 64(4), 480–500. <https://doi.org/10.1177/0002764219882996>
- Klykken, F. H. (2022). Implementing continuous consent in qualitative research. *Qualitative Research*, 22(5), 795–810. <https://doi.org/10.1177/14687941211014366>
- Mackenzie, C., McDowell, C., & Pittaway, E. (2007). Beyond "do no harm": The challenge of constructing ethical relationships in refugee research. *Journal of Refugee Studies*, 20(2), 299–319. <https://doi.org/10.1093/jrs/fem008>
- Malkki, L. H. (1996). Speechless Emissaries: Refugees, Humanitarianism, and Dehistoricization. *Cultural Anthropology*, 11(3), 377–404. <https://doi.org/10.1525/can.1996.11.3.02a00050>
- Moulin, C. (2012). Ungrateful subjects? Refugee protests and the logic of gratitude. In P. Nyers & K. Rygiel (Eds.), *Citizenship, Migrant Activism and the Politics of Movement*. Routledge.
- Quijano, A. (2007). Coloniality and Modernity/Rationality. *Cultural Studies*, 21(2–3), 168–178. <https://doi.org/10.1080/09502380601164353>
- Seagle, E. E., Seagle, E. E., Seagle, E. E., Dam, A. J., Dam, A. J., Shah, P. P., Shah, P. P., Webster, J. L., Webster, J. L., Barrett, D. H., Ortman, L. W., Cohen, N. J., & Marano, N. N. (2020). Research ethics and refugee health: A review of reported considerations and applications in published refugee health literature, 2015-2018. *Conflict and Health*, 14(1), 1–15. <https://doi.org/10.1186/s13031-020-00283-z>
- Torre-Cantalapiedra, E., & E. Giorguli, S. (2016). Movilidades internas e internacionales en Colombia. *Revista Latinoamericana de Población*, 10(19), 7–32. <https://doi.org/10.31406/relap2016.v10.i2.n19.1>
- Vera Espinoza, M. (2018). The Politics of Resettlement: Expectations and Unfulfilled Promises in Chile and Brazil. In A. Garnier, K. Bergtora, & L. L. Jubilut (Eds.), *Refugee Resettlement: Power, Politics and Humanitarian Governance* (pp. 223–243). Berghahn Books. <https://doi.org/10.2307/j.ctvw04brz.14>
- Zachariah, R., Ford, N., Draguez, B., Yun, O., & Reid, T. (2010). Conducting operational research within a non governmental organization: the example of Médecins Sans Frontières. *International Health*, 2(1), 1–8. <https://doi.org/10.1016/j.inhe.2009.12.008>
- Zwi, A. B., Grove, N. J., MacKenzie, C., Pittaway, E., Zion, D., Silove, D., & Tarantola, D. (2006). Placing ethics in the centre: negotiating new spaces for ethical research in conflict situations. *Global Public Health*, 1(3), 264–277. <https://doi.org/10.1080/17441690600673866>

