SNV and partners are driving innovation in inclusive WASH practice through the application of a Do No Harm (DNH) approach to reduce and mitigate risks of harm in their WASH programming in Bhutan, Lao PDR and Nepal. Led by SNV Bhutan, SNV’s three Beyond the Finish Line WASH programmes are deepening SNV’s existing organisational commitment to inclusive development and environmental safeguards, leaving no-one behind and ensuring that water and sanitation is accessible for all.

WASH programming can unintentionally harm people, including those that may already be discriminated against due to their gender, sexuality, disability, mental health, or other characteristics.

The risk of harm is heightened when WASH programming seeks to influence discriminatory norms and practices (such as gender roles in WASH) that may be deeply entrenched. These actions can result in resistance, backlash, and violence directed at the very people the programme intends to support.

Understanding and mitigating potential risks of harm is a critical step in realising inclusive development, and social changes that benefit everybody.

SNV with partners in Nepal, Bhutan and Lao PDR have three aligned projects titled Beyond the Finish Line, supported by the Australian Government’s Water for Women (WfW) Fund. Each of these projects look beyond WASH coverage and use different context-appropriate strategies to achieve safe and equitable WASH access and use for all.

This practice brief shares SNV Bhutan’s experiences in the iterative development of DNH approaches, processes, tools and staff competences. The intention is to minimise any harm arising from programme activities and institutional processes, particularly to the most vulnerable people.

What is Do No Harm?

Do No Harm (DNH) refers to ‘a conscious effort to ensure that no negative consequences or harm occur to anyone – including consequences which are unintended – because of actions taken’ (House, 2018a, p.2).

Originally used in medical or conflict situations, the approach was notably applied to WASH in 2014 with the release of the Violence, Gender and WASH: A Practitioner’s Toolkit, co-published by 27 organisations, including SNV (House, Ferron, Sommer & Cavill, 2014). This toolkit highlighted the multiple ways in which WASH programming can unintentionally increase vulnerability to violence, particularly for potentially disadvantaged persons. It presented emerging good practice to reduce vulnerability and risk within programming.

A DNH approach involves building institutional commitment and capacity to do no harm in programme activities and through organisational practices. Approaches, tools, processes and systems are reviewed and modified to minimise context-specific risks of harm and to promote gender equality and social inclusion. Monitoring and accountability mechanisms play a critical role in a DNH approach and often require strengthening to capture unintentional negative impacts of programmes and practice.
What can cause harm?

There are multiple ways that people, particularly those who may already be marginalised, can be harmed by WASH programming or institutional practices.

Harm is not always immediately obvious. People who may be marginalised are less likely than other community members to share their sanitation challenges and voice their concerns about the impacts of WASH programming or institutional practices on their lives. They may also have complex relationships of obligation to other community or organisational members (such as when help is provided to build a latrine). These can limit their voice, confidence, or perceived rights to engage in and provide feedback on WASH programmes, services or institutional practices.

Programme teams and service providers need to develop processes, approaches, and tools that prevent harm from taking place. They need to ensure that any harm unintentionally caused is identified and mitigated in a timely manner.

### TABLE 1: Examples of ways that WASH programming and institutional practices can cause harm

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<thead>
<tr>
<th>Examples of harm from poor WASH programming</th>
<th>Examples of harm from poor institutional practices, WASH</th>
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<tbody>
<tr>
<td>Potentially disadvantaged groups can be excluded from or overlooked in community processes, and/ or publicly identified and discussed without permission (e.g., sexual and gender minorities). This can increase the risk of their marginalisation, stigmatisation, and violence, and result in the introduction of sanitation services that do not benefit them.</td>
<td>Staff/ partners may model inappropriate or exclusionary language, unjust gender and social norms, and harmful masculinities in project locations and offices. This can reinforce the vulnerabilities and risks of violence of potentially marginalised groups or contribute to the feminisation of obligation.</td>
</tr>
<tr>
<td>Inappropriate coercion methods can undermine the human rights and dignity of the potentially vulnerable. For example, when people are pressured to sell their limited assets or take out unsustainable loans to build a latrine, during campaigns to achieve ODF status. This can reduce their capacity to cope with uncertainty, with implications for health, livelihoods, and wellbeing. Associated stress, frustration, and anger can also amplify the incidence and severity of any violence perpetrated by the vulnerable person.</td>
<td>Extractive and tokenistic partnerships with rights holder organisations (e.g., disabled people’s organisations), particularly when they have limited financial and human resources, may unintentionally harm the partner organisation. This can occur in contexts where extensive consultation results in participation requirements becoming a burden. Key members may feel over consulted, with no clear outcomes evident from their contributions.</td>
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<tr>
<td>Unclear criteria or processes for support, including for example subsidy provision, can also heighten risk of harm of harm towards potentially marginalised people for having a perceived advantage.</td>
<td>Programme staff may subject discriminate against, sexually exploit or be violent towards vulnerable community members, such as people with mental health conditions, children, older people and people with disabilities.</td>
</tr>
<tr>
<td>Inappropriately designed or located latrines, or unsafe emptying practices, can pose health, environmental and safety risks. These can put people – particularly women, sexual and gender minorities, and people with disabilities – at risk of violence, rape, and physical injury. In these scenarios, open defecation can be seen as a safer option.</td>
<td>Female staff may be subject to suspicion, violence, and family backlash if sent to work alone with male colleagues without the presence of another woman. This can result in a woman’s refusal to travel, engage with communities, and attend professional development opportunities, ultimately limiting their career opportunities.</td>
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<tr>
<td>People with limited financial or social capital may have to wait for others to help them build or rebuild a toilet and associated hand-washing facilities. People with disabilities may face extra resourcing barriers including additional costs for adapted toilet or hand-washing facilities, lack of locally available equipment or expertise for accessibility, or family members who don’t understand their needs or who aren’t willing to allocate required resources. This can result in a return to open defecation with health impacts and loss of dignity.</td>
<td>People who may be marginalised (e.g. due to gender, sexuality, ethnicity or disability) and take on leadership positions, may be sexually harassed, bullied or abused in the workplace or in their leadership roles or pro-actively undermined.</td>
</tr>
</tbody>
</table>
Do No Harm in practice

SNV first systematically applied DNH principles into their Beyond the Finish Line programme designs in 2018. Since that time, SNV and their partners have been iteratively developing a DNH approach, utilising DNH training, a DNH self-assessment tool, workshops, and meetings as critical tools to drive new knowledge, approaches, skills, and tools within the organisation, and through relationships with stakeholders and partners.

Skills and confidence building

A one-day DNH introductory training course was delivered to the key project team and national stakeholders, exploring the risks of harm and using good practice examples to address and minimise risk. Risks of sexual, psychological, socio-cultural, and physical violence, particularly for people who may be marginalised due to their gender, sexuality, disability, or mental health, were prominent themes in this introductory training. Do No Harm concepts were subsequently integrated in district-level inception meetings as part of the Government of Bhutan’s Rural Sanitation and Hygiene Programme (RSAHP) implementation in two new districts. Gender and social inclusion training integrated DNH concepts and promoted greater participation of people who may be marginalised. In attendance at these meetings were key district stakeholders, such as government, health and education representatives, legal and protection officers, and national partners from the Ministry of Health. The training aimed to sensitise district actors to the concept and principles of DNH, and the potential and unintended negative consequences of activities that do not adopt a DNH approach.

Do No Harm self-assessment tool

SNV Bhutan developed a DNH self-assessment tool to engage the project’s country management teams (CMTs) in measuring WASH programming and institutional practices against the key components of a DNH approach. The self-assessment tool is designed to be undertaken every 6-12 months and provides a mechanism for teams to discuss DNH principles, assess progress, and identify where direct improvements need to be made. Part of the intended assessment process involves the CMTs committing to the process, and signing and endorsing the goals and next steps in their formal meeting process. After successful application in SNV Bhutan, the self-assessment tool was utilised with SNV Lao PDR in 2019.
Integration of DNH in programme research and data collection

Do No Harm training and materials are relevant to the research design of WASH programmes. They ensure that no harm is done during data collection or analysis.

Do No Harm principles and good practice examples were applied during formative research undertaken by SNV, with partners, across three districts in Bhutan. The research sought to identify who is in ‘the last mile’ and to interact and dialogue with people who may be disadvantaged and potentially excluded from WASH activities and services. Findings of the research will be used to guide future approaches for the national programme. Key DNH questions explored include those below:

- What are the vulnerabilities likely faced by the study’s participants?
- How can we ensure that people who may be disadvantaged are engaged in all stages of the study, and that their voices are heard?
- What should we do about our practice and procedures to prevent harming potentially vulnerable people during the study?
- How should we react if we come across a violent incident during the research?

The research provided insight on drivers of disadvantage and risks faced by people who may be disadvantaged. Research findings can be harnessed to deepen the organisation’s DNH approach and adapt WASH programme elements, approaches, tools, processes, and designs to reduce harm.

Safe engagement of sexual and gender minorities

In Bhutan, no formal representative organisations exist that could facilitate the inclusion of sexual and gender minorities (SGM). Whilst SNV Bhutan has reached out to informal SGM networks, this has not resulted in the participation of SGM representatives in programme activities, such as cluster meetings. This is not surprising. Raising the visibility of SGMs has the potential to increase the risk of stigmatisation and violence. In contexts where public participation presents a risk of harm to potentially disadvantaged groups, SNV needs to apply alternative means of engagement, such as a private meetings, phone calls, or online communication. It is imperative that SNV Bhutan provides accessible information to SGM representatives about the programme, with a clear mechanism for anonymous feedback. However, it is recognised that non-engagement with SGMs, inaction or retaining the status quo could potentially escalate risks. As Bhutan begins the process of creating legal protections for SGMs, potential for public participation in programme activities may increase.

Voice and representation in programme activities

Targeted efforts to engage people who may be disadvantaged in programme activities are critical to the Do No Harm approach.

The SNV Bhutan team have been working to increase the voice and representation of people with a disability in key programme activities. Working with Disabled Peoples’ Organisations (DPOs), Ability Bhutan Society and Disabled People’s Association of Bhutan, SNV Bhutan successfully invited people with disabilities to stakeholder meetings, including, for example, two women with visual impairment and a man using a wheelchair who participated in SNV and the Ministry of Health’s formative disability research in 2015.

At the national WASH cluster meeting, DPO partners participated alongside two people with disabilities who were vocal and active during the meeting. Their active participation resulted in the following resolution, signed by all stakeholders: ‘The next B-WASH cluster meeting venue needs to be accessible for people with disabilities’.
Continuing progress

SNV Bhutan’s experience highlights the importance of assessing the risk of programme engagement and activities alongside considered actions to promote participation and inclusion of people who may be marginalised. Understanding the complex realities of people’s lives, especially power relations in any given local context is crucial in a DNH approach. So is understanding the right people to talk to, at the right time, and using appropriate and effective methods and approaches.

SNV’s iterative practice built on continuous learning has effectively enabled the first steps of DNH integration in WASH programming in Bhutan. Continuous progress is supported by a systematic review and reflection process; the most recent of which was held in June 2019, using the DNH self-assessment tool. SNV envisages that the continuous application of the DNH self-assessment tool in projects and contexts – with aligned actions to improve practice – will deliver incremental improvements in ways that sustain good organisational and professional practice and enables lasting change with benefits for all.
Beyond the Finish Line is a five-year (2018-2022) multi-country project supported by the Australian Government’s Water for Women Fund. In Bhutan and Lao PDR, the project builds on SNV’s Sustainable Sanitation and Hygiene for All (SSH4A) rural sanitation product and increases the quality of sanitation and hygiene accessed by a total of 475,000 people. In Nepal, the project contributes to professionalising gender and socially inclusive sustainable rural water supply services in two districts, based on SNV’s Area-wide Rural Water Supply Services (ARWSS) product.

SNV NETHERLANDS DEVELOPMENT ORGANISATION

SNV is a not-for-profit international development organisation. We provide practical know-how to make a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Our team of 1,300 is the backbone of SNV.

ACKNOWLEDGEMENTS

Special thanks to Dr Sarah House, whose initial guidance, training and development of tools has guided this work, along with contributions from Tshering Choden (SNV Bhutan), Jose Mott and Di Kilsby (Water for Women Fund) and Claire Rowland.

PHOTOS ©SNV

1. Diverse people, different needs require tailor-made sanitation approaches (Aidan Dockery)
2. Government and local CSO participants during the national Do No Harm training (Choden Tshering)
3. Participants discussing DNH during the Chukha district inception workshop (Ugyen Rinzin)
4. Do No Harm approaches: creating safe spaces for engagement and learning (Aidan Dockery)

WORKS CITED


NOTES

1. Institute of Sustainable Futures (ISF), CBM Australia, Care Laos, and the governments of Nepal, Bhutan and Lao PDR and local partner agencies
3. ‘Potentially disadvantaged’ refers to individuals and groups who may be vulnerable, marginalised, excluded, actively discriminated against, and/or who experience inequities, inequalities or stigma (House, Cavill & Ferron, 2017).
4. A situation where women’s existing work load is not recognised often is in their involvement in unpaid care and community work. As a result women are encouraged and expected to increase their workload and responsibilities to inequitable and unhealthy levels.
5. Including gender-based violence and violence against other people who may be marginalised, such as people with a disability.
6. Adapted from House, 2018b.

CITE AS FOLLOWS

SNV, 2019. SNV’s approach to ‘Do No Harm’: Bhutan [Practice Brief]. The Hague: SNV.

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