Project evaluation

Incorporating the principle of “Do No Harm”: How to take action without causing harm Reflections on a review of Humanity & Inclusion’s practices

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Created in 1994, **F3E** is a learning network of French international aid actors. It is a multi-stakeholder group composed of member organisations (NGOs, local authorities, networks, foundations and trade unions), including HI, which conducts development aid, advocacy and global citizenship education activities. F3E's mission is to help its members improve their practices with regard to learning, innovation, quality improvement and impact. To do so, it offers individual support (courses, training, and consultancy) and collective support (communities of practice and action research programmes). F3E worked with HI on this study which it also co-financed.

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“I will impart knowledge of the Art to my own sons and those of my teachers, and to indentured pupils who have taken the physicians oath, but to no others. I will use treatment to help the sick, according to my ability and judgment, but never with a view to injury or wrong-doing. I will give no deadly medicine to any one if asked, nor suggest any such counsel. ”

Hippocratic oath

Preamble

All the workings (evaluations, knowledge capitalisation, impact studies, etc.) on which F3E collaborates are a source of learning and inspiration for the network's member organisations as well as for many other humanitarian aid and international cooperation actors, but this review of Do No Harm (DNH) practices, commissioned by Humanity & Inclusion, resonates particularly strongly today.

Why this interest by the F3E network in "Do No Harm"?

Organisations come to F3E to review and improve their practices in the hope of bringing about social change. This review highlights the strong links between social change and DNH. Indeed, there can be no social change without a confrontation on some level between the objectives of this change and its potentially negative effects for stakeholders. The emerging debate is outlined here and raises essential questions about risks, the dignity of these risks, the responsibility of the actors, etc. The review effectively opens up new areas of reflection for us. For example, should F3E study (with a view to integrating?) DNH in Change-Oriented Approaches[1] (COA)? DNH makes us think differently about how we view the changes sought. Consultants encourage us to see it as a principle involving difficult but necessary compromises on ethical issues on the part of the partners in an action: What negative effects are acceptable? Who decides? DNH could enable certain actors to approach risk in a different way.

Revising how we consider negative effects

In theory, negative effects are evaluated in the same way as positive effects, but in practice there is a much stronger focus on positive effects. This is true of the COA developed by the F3E. DNH could help us make progress similar to that made with evaluation, i.e. to move on from fear of evaluation to acceptance of its usefulness, even when it highlights difficulties, shortcomings or even failures.

An increasingly cross-cutting issue

DNH is relevant both to humanitarian aid operators and development actors and so is fully in phase with the current rapprochement between the two sectors. Their shared concern to avoid negative effects could foster shared reflection that transcends their differences. Interest in DNH issues has effectively spread from the humanitarian sector to the development sector, and even beyond, raising hopes of future cross- cutting reflection, notably between the North and the South.

[1] Change-oriented approaches are a set of methods and tools for planning, monitoring and evaluating changes. Cf. www.f3e.asso.fr

Close links can also be found between DNH and rights-based and gender-based approaches. In fine, the negative effects that we try to reduce through DNH can be viewed from a human rights perspective, in terms of safeguarding, equality, dignity, non-discrimination or the right to a healthy environment. F3E members could also conduct a substantive debate on these links.

Developing tools for the sector

Finally, this review has revealed the need to address the existing lack of methods and tools, whether for the planning, monitoring or evaluation stage of an action, by developing a framework for DNH decision-making and rendering existing tools more DNH-sensitive. Now there's an invitation and a challenge for F3E! How can we equip the DNH principle in order to improve the quality and impact of actions without complicating the set-ups already in place? Good question!

Pending the answer, I would like to thank all the Humanity & Inclusion and F3E teams for the quality of the work they have done together.

Laurent Delcayrou
Director, F3E

Introduction

The ‘Do No Harm’ (DNH) principle was developed in response to a growing recognition of the potential negative effects of aid. It was this emerging “need" to identify and reduce the potential negative effects of its interventions that prompted Humanity & Inclusion (HI) to commission, with support from F3E, a review of its DNH practices and examine ways of integrating this concept into its ethical framework, policies, tools and practices.

In methodological terms, this review consisted in an analysis of internal and external literature, interviews and an extensive survey of HI staff. A report based on this work was produced for HI. A presentation open to members of F3E was then organised by F3E and HI at AFD on 7 March 2018. This presentation provided the starting point for this summary, which focuses on practices at HI, but which is relevant to all organisations. This summary aims to provide international humanitarian aid actors with insight into the 'Do No Harm' concept, which is not currently well-defined, and suggests ways to take it into consideration both in their institutional framework and when implementing their projects.

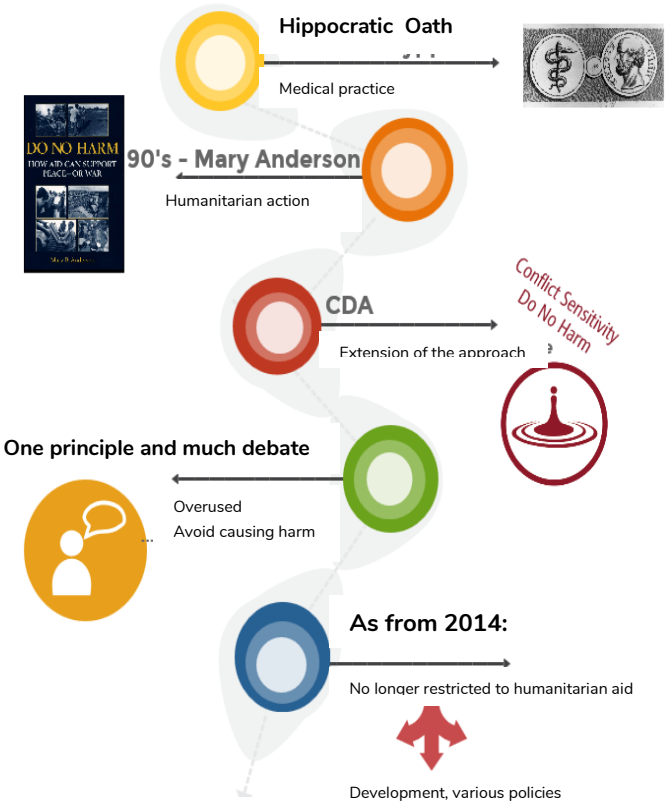
DNH: Background and definition

1. Background

The "Do no Harm" (DNH) concept is borrowed from medical practice and traces its origins to the Hippocratic Oath. It was then developed for humanitarian action by Mary Anderson in the 1990s, as an approach to working effectively in conflict-affected situations[2].

DNH was subsequently extended to other areas. It is an expression that speaks for itself and helps advance thinking on the negative effects of aid. DNH has gradually come to be regarded as a principle and no longer as an approach to conflict-affected situations. Some actors prefer to limit the use of the expression “DNH” to the interaction between aid and conflict. But we believe it should be seen as a rearguard action. Since 2014, DNH has emerged as a broad principle and is used in many different ways.

Diagram 1 – Development of the ‘Do No Harm’ principle



[2] Mary Anderson’s DNH approach centred on interaction between assistance and conflict, and evolved into the current “*Conflict sensitivity*” approach developed by the Collaborative Development Action (CDA) platform.

"The term "do no harm" is widely used—and abused—in the aid field. Many people talk about applying a "principle of do no harm" or using a "do no harm lens." Some people and organizations distinguish between capital Do No Harm (the framework) and lowercase do no harm (the principle or lens)". CDA, DNH participant manual [3].

For example, the Belgian strategy for humanitarian aid (2014) is "centred on compliance with humanitarian principles in its political and budgetary decisions. Among [these principles] "first do no harm" is the principle that requires humanitarian actors to endeavour not to cause further damage and suffering as a result of their actions."

We also note that DNH has expanded beyond the humanitarian field and into the development sector, which is logical, given efforts to limit opposition between emergency and development actions. The DNH concept is now applied even further afield, including in various OECD country policies.

However, some actors adopt the position of the CDA (Collaborative Development Action) platform in order to avoid confusion. In written documents their vocabulary focuses on the negative or undesirable effects of aid without referring to DNH. See, for example, the reference documents produced by the SPHERE project, including the humanitarian charter[4] and the basic humanitarian standard[5].

[3] CDA, DNH participant manual, p.8

[4] Humanitarian charter, point 9. "We are aware that attempts to provide humanitarian assistance may sometimes have unintended adverse effects. In collaboration with affected communities and authorities, we aim to minimise any negative effects of humanitarian action on the local community or on the environment. With respect to armed conflict, we recognise that the way in which humanitarian assistance is provided may potentially render civilians more vulnerable to attack, or may on occasion bring unintended advantage to one or more of the parties to the conflict. We are committed to minimising any such adverse effects, in so far as this is consistent with the principles outlined above". Sphere project.

[5] Quality criteria 3 of Core humanitarian standard: "Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action." HAP international; People in Aid; Projet Sphere project.

2. A principle for taking into consideration the negative effects of aid

Recognition that aid can have negative effects is the main contribution made by DNH

The potential negative effects of aid emerged as a subject of discussion during emergency situations including the genocide in Rwanda (1994) and following the major natural disasters of 2000 to 2010 (the tsunami in South East Asia and the earthquake in Haiti). This awareness led to an increased interest in preventing the negative effects of various types of intervention. In the 2000s, DNH became central to thinking on intervention in **fragile states**. The OECD developed a framework for interventions in fragile states that comprises 10 principles of which the second is: "Do no harm" [6].

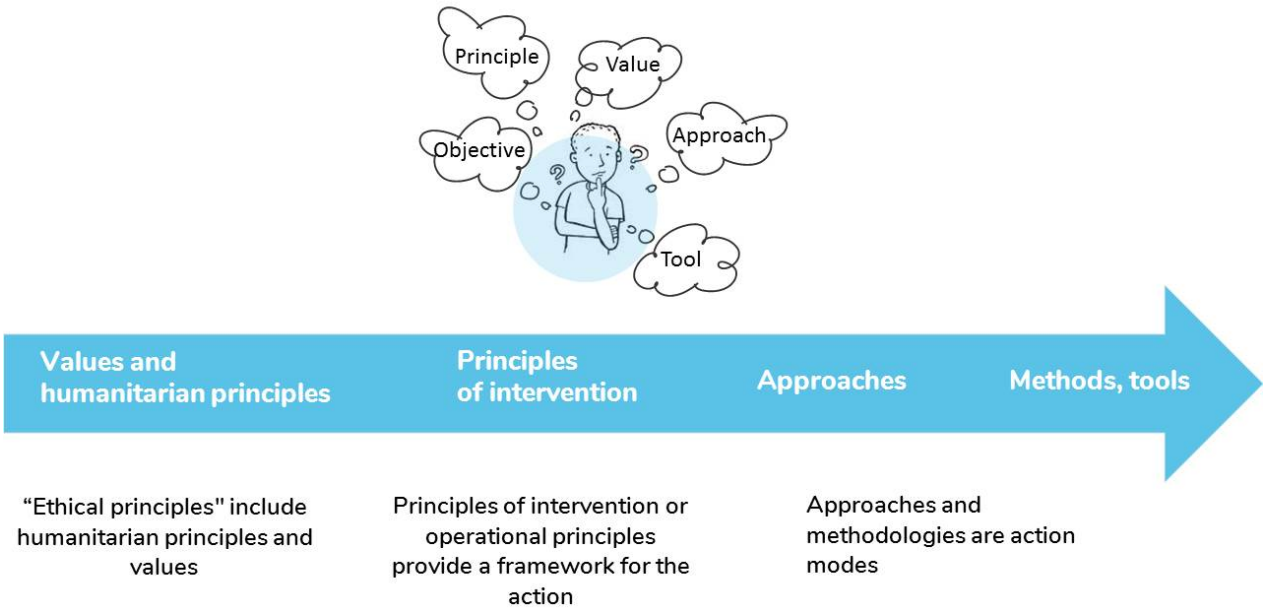
A principle without a clear definition

Although often mentioned, DNH is not a particularly well-defined concept, either in theory or practice. This was highlighted, for example, in a document compiled for Coopération Belge: "Despite a wide diffusion of the principle through international institutions, there is little knowledge by development actors of what is meant by adopting a do no harm approach and consequently, there is little systematic strategic or operational translation in most agencies"[7].

DNH is variously described as a value, intervention principle, operational principle, tool, approach or objective, revealing the inadequacy of DNH's conceptual framework.

[6] OECD. 2007. Fragile States Principles.
[7] ACROPOLIS. Guidance on Fragility.

Diagram 2 - DNH: Principle or approach?



We believe that DNH should be considered a principle:

- DNH matches the definition of a principle adopted by the ICRC: "a principle is a rule, based on judgment and experience, that is adopted by a community to guide its conduct" [8] and HI's definition of its principles of intervention: They "determine the practical orientation of our choices and intervention methods; provide a framework for the approaches and methods used in designing and carrying out our activities".
- DNH applies to all contexts and interventions, and concerns every member of an organisation.

In the case of HI, several indicators show that DNH is considered a principle. DNH is mentioned in:

- The charter: "In carrying out our actions we are determined to do no harm, to overlook nothing and to denounce and combat discrimination." Its inclusion in the charter underlines the importance of DNH as a principle for HI.
- Principles of intervention: "HI exercises its professional responsibilities as an international aid organisation according to the following principles: 'do no harm'; 'overlook nothing'". This wording clearly ranks DNH among HI's core principles.
- DNH is one of the three ethical criteria included in HI's quality guidelines, along with "values" and "non-discrimination".

[8] According to Jean Pictet, who drafted the ICRC's humanitarian principles.

Multiple perspectives

Although not well defined, the DNH principle is part of the guidelines for development aid and humanitarian action actors, in that these actors are aware of the negative effects of their interventions and often have the impression, in the absence of a detailed framework, of doing, like Molière's Mr Jourdain, DNH without knowing it.

DNH raises very different questions depending on the job you occupy and can be interpreted in different ways (a logistics officer will not ask him or herself the same questions about DNH as someone who provides a psychosocial service). Each is liable to interpret DNH in his or her own way. One of the main challenges involved in developing a clear framework for DNH is to ensure people take a wider view of this issue (everyone should understand what is important to others, whether they are logistics officers, managers or project heads, at head office or in the field).

3. Definition of DNH

Because of this historical context, and since the DNH principle emerged only recently, there is no well-established definition of DNH. As part of this practices review, we asked HI staff members who took part in our survey to rank several definitions of DNH in order of preference. The two preferred definitions (with the same level of support) were:

- "Do no harm" is to avoid exposing people to additional risks through our action.
- "Do no harm" means taking a step back from an intervention to look at the broader context and mitigate potential negative effects on the social fabric, the economy and the environment.

They reveal what HI staff members regard as central to DNH:

- **Recognition of the potential negative effects of interventions** and the need to take them into consideration.
- Taking the intervention context into consideration. The second definition explicitly states that **mitigation not only targets beneficiaries but also the wider environment**.
- By placing an emphasis on **taking a step back**, the DNH principle encourages actors to think before they act. The aim is to strengthen project design and management methodologies in a way that allows for a better understanding of the negative effects of future projects or programmes.

- The desire for **quality relationships with beneficiaries** is integral to the most common view of DNH. The survey shows that the main expected benefits of more effectively taking DNH into consideration relate to beneficiaries: improved accountability towards beneficiaries, relations with beneficiaries, understanding the contexts and community dynamics in which projects take place, and acceptance in an intervention area.

Overview

Organisations wishing to develop a definition of DNH should include the following four points: recognition of the potential negative effects of interventions; taking into consideration not only beneficiaries but also the wider environment; taking a step back from and even questioning interventions; the quality of relationships with beneficiaries. **From our point of view, beneficiaries and their environment[9] must be central to any definition of the DNH principle.**

[9] By environment, we understand the social fabric (including non-beneficiary stakeholders), the economic fabric and the natural habitat.

Scope of DNH

In this section, we discuss what DNH is and what it is not.

1. Negative effects covered by DNH

Our first contribution is to sort negative effects into four categories: 1. the rights of beneficiaries 2. community functioning and actor relations 3. the local economy and livelihoods 4. the natural environment. The diagram below gives examples of the negative effects found in these four categories.

Diagram 3 - Four categories of negative effects covered by DNH

Resilience is one of the negative effects covered by DNH[10]. The debate on the effects of aid on the autonomy of communities and their capacity to take control of their future has taken a new turn in recent years in response to the questions raised by resilience. Since then, aid has been examined from a different angle: interventions, whether emergency or development, must not affect the internal mechanisms that allow communities to adapt, anticipate and

[10] In this document, we use the following definition of resilience: "the ability of individuals, communities, and institutions to absorb and recover from shocks, while positively adapting and transforming their structures and livelihoods in the face of long-term change and uncertainty" (source: JM Châtaigner. 2014. Fragilités et Résiliences ; les nouvelles frontières de la mondialisation. Ouvrage collectif sous la direction de JM Châtaigner. Editions Karthala).

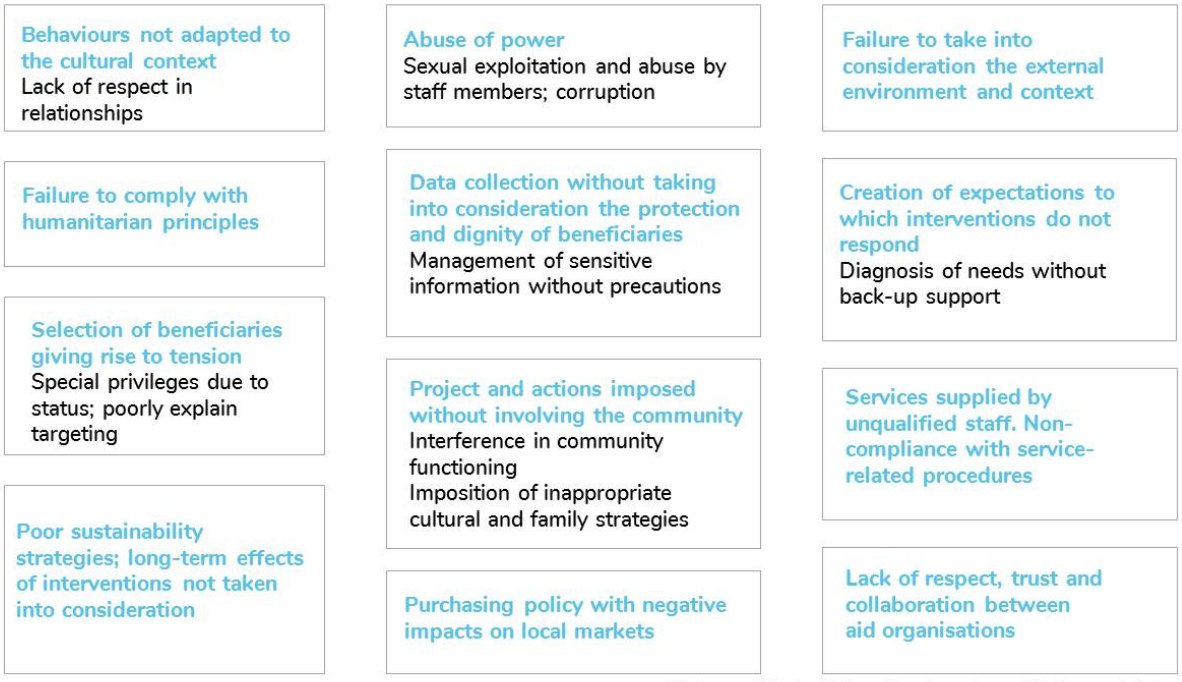
absorb shocks and stress. This is an important dimension of DNH, since it concerns the destructuring of the society receiving the aid. Many projects (particularly in terms of global warming) now aim at increasing community resilience. At the very least, all projects should take as a principle, in terms of DNH, not to negatively affect the resilience capacities of assisted communities.

2. Practices and behaviours that cause negative effects

We then differentiate between these negative effects and the practices and behaviours that cause them. These practices and behaviours must be addressed to control and reduce the negative effects of interventions. For the purposes of this review, the main behaviours and practices that we have identified are set out in the diagram below.

This list is not exhaustive, especially since the scope of DNH has become increasingly wide. The development of a new policy or approach will lead to the identification of possible negative effects and encourage people to question practices in order to control these negative effects. HI recently took this approach in the fields of data management and eco-responsible practices. This phenomenon is steadily giving rise to a body of thought on DNH, spread across different institutional documents.

Diagram 4 - Practices and behaviours that cause negative effects



List drawn up following bibliographic review and scope interviews conducted as part of the review

We suggest sorting these practices and behaviours into three categories: 1. Inadequately implemented intervention approaches/methods; 2. Services of insufficient quality; 3. Personal and group behaviours. The examples below give substance to this categorisation.

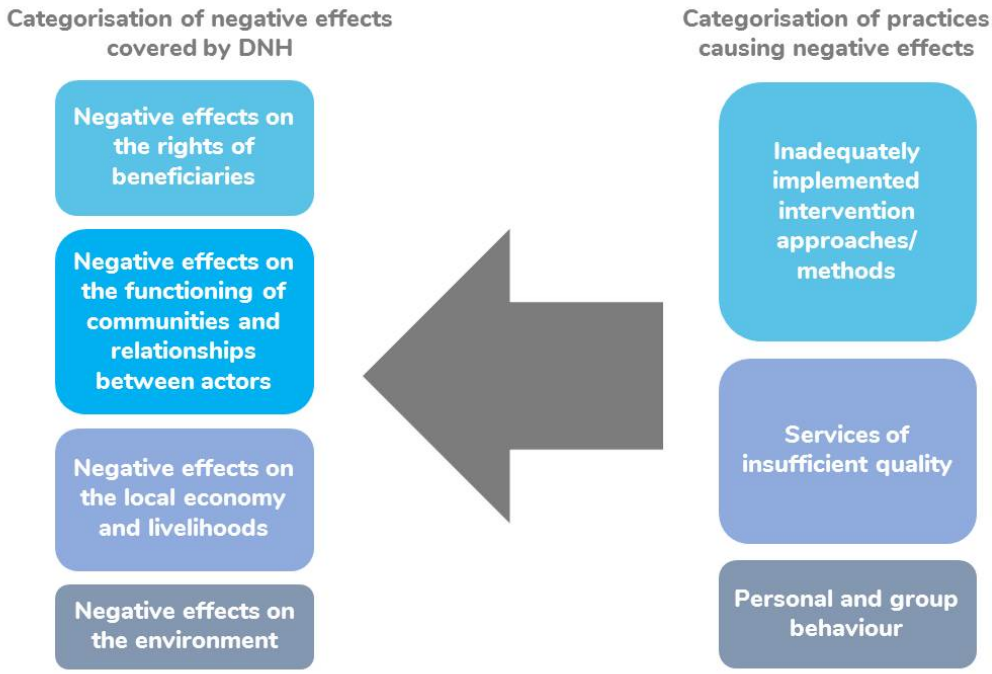
Table 1 - Categorisation of practices and behaviours

Categories	Examples
Inadequately implemented intervention approaches/methods	• Selection of beneficiaries giving rise to tension • Purchasing policy with negative impacts on local markets • Creation of expectations to which interventions do not respond • Long-term effects of interventions not taken into consideration • Etc.
Services of insufficient quality	• Unqualified staff members • Inadequate staff to beneficiaries ratio • Etc.
Personal and group behaviour	• Abuse of power • Corruption • Harassment • Lack of respect in relationships • Etc.

These categories show that taking into consideration DNH also implies an acceptance that an approach or methodology routinely used in the project cycle can have negative effects.

The diagram below summarises our thinking on **negative effects and the practices and behaviours that cause them.**

Diagram 5 - Summary of categories of negative effects and practices



This categorisation seems to us to apply to all contexts and sectors.

3. Challenging fields

Negative effects on staff of response organisations

According to our analysis, **the negative effects on staff of response organisations (stress, trauma, etc.) should not be part of DNH.** We are concerned that their inclusion will deflect attention away from the negative effects on beneficiaries and their environment, particularly because it is "easier" to address issues facing the people we have most influence over, namely staff members.

Including negative effects on teams risks focusing too heavily on team safety and security issues, whereas safety and security is only one dimension of DNH as far as beneficiaries are concerned. In fact, in many organisations, this issue is already addressed in a Duty of care[11] framework, which often includes the protection of teams and beneficiaries.

Negative effects on organisations and on the perception and acceptance of aid

By the same logic, if we include in DNH the negative effects on the credibility, image and funding of external respondents (NGO from the north, for example), we risk creating tension (who should be given priority: the institution or beneficiaries?), whereas **DNH should be the space where negative effects on beneficiaries and their environment are taken into consideration with minimal interference.**

Negative effects on local partners

Given the importance of partnership dynamics (helping local partners to advance is often a development intervention objective, which makes partners direct beneficiaries of interventions), we believe that negative effects on partners should be part of DNH.

DNH is an important subject that partners of an action need to address in order to successfully prevent and manage risks, based on a shared analysis. It entails determining how the joint development of the project, whether it includes thinking explicitly about DNH or not, can help reduce the risks of negative effects.

Overview

Beneficiaries and their environment must be central to DNH. Other important negative effects (for example, protection of teams) should not be included in it (which does not mean that they should not be addressed elsewhere), to avoid deflecting attention from beneficiaries and their environment.

[11] "The responsibility or the legal obligation of a person or organization to avoid acts or omissions (which can be reasonably foreseen) to be likely to cause harm to others", Business dictionary.

4. Should DNH be considered differently in emergency and development situations?

Although there are differences between emergency and development, we do not believe these differences warrant a different approach to DNH or that one should be regarded as more relevant in one context than the other.

In organisations intervening in both types of context, and which seek to establish transition and continuity between emergency and development interventions, it seems more important to strengthen and **promote a common understanding that combines elements central to both sectors and which they share from a DNH point of view.**

Focus

At HI, there are some differences in DNH practices between the "emergency" and "development" teams.

"Emergency" staff associate DNH more with the additional risks that intervention entails for beneficiaries (not worsening an already difficult situation) while "development" staff associate DNH more with widespread negative effects on the environment as a whole. This gives rise to a different preferred definition:

Emergency: "Do no harm" is to avoid exposing people to additional risks through our action.

Development: "Do no harm" means taking a step back from an intervention to look at the broader context and mitigate potential negative effects on the social fabric, the economy and the environment.

Moreover, staff in the "emergency" sector have a slightly better perspective on and experience of DNH: they feel better equipped than staff in the "development" sector to implement the DNH; they give greater importance to DNH; they are more aware of references to DNH in HI's institutional and methodology documents. Emergency team members also do more personal research on DNH.

Tensions

In this section, we discuss a series of conceptual tensions related to DNH.

1. Connection between DNH and humanitarian principles

DNH is particularly closely connected to the principles of humanity, neutrality and impartiality. But whereas DNH complements the principle of humanity, day-to-day operational practice leads to tension between DNH and the principles of neutrality and impartiality.

The **humanity** [12] principle covers respect for human dignity, and states that the operational response of organisations must not harm the dignity of individuals, their physical integrity, or worsen their situation. This definition establishes a strong link between humanity and DNH, and gives DNH a very important role to play, touching on humanitarian principles, even if not often mentioned explicitly within them.

Impartiality[13] and DNH: this principle entails helping individuals on the basis of their suffering and giving priority to the most urgent cases of distress. The desire to focus on "the most urgent cases of distress" may require, to achieve this, taking into consideration less needy people in order to avoid negative effects on the main beneficiaries. In doing so, DNH curtails the principle of impartiality. In the field, this results in different operational arrangements to meet needs in crisis situations (either victim-centred, or based on a very broad definition of beneficiaries)[14].

Neutrality and DNH[15]: neutrality is often what allows humanitarian workers to negotiate access to local people. In order to maintain access to beneficiaries we may involuntarily sustain or even fuel conflict (for example, diversion of aid, looting, taxation to fund an armed group). In terms of DNH, this raises the question of what sort of compromise we should make between access to beneficiaries and acceptance of certain negative effects. Humanitarian workers must therefore prevent parties to a conflict from dictating the terms of aid, at the risk of seriously undermining their position of neutrality.

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[12] The ICRC defines the humanitarian principle as: “The ICRC, endeavours, in its international capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being”.

[13] Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions (OCHA).

[14] R. Brauman – Médecins Sans Frontières and the ICRC: matters of principle. International Review of the Red Cross, Volume 94 Number 888 Winter 2012

[15] Clea Kahn and Elena Lucchi, Are humanitarians fuelling conflicts? Evidence from eastern Chad and Darfur, Humanitarian Exchange, N. 43, June 2009.

2. DNH: Absolute principle or compromise?

Several authors examine the risk that taking DNH into consideration may lead to *Do Nothing*, in other words, that DNH is applied as a kind of precautionary principle and, ultimately, may become an obstacle to action.

"We need to accept that some diversion of aid is a fact of life in all aid operations. We also need to ask ourselves, in conditions of imperfect information, how much reassurance it is reasonable to require. Finally, we need to recognize that 'do no harm' can shade into 'do nothing' resulting in a great deal of harm". David Keen, When 'Do No Harm' Hurts, The New York Times, NOV. 6, 2013.

For most analysts, "Do Nothing" is not an option. Stopping aid as a result of DNH would be morally unacceptable and cause more harm than good (Anderson 1999). For other authors, it is impossible not to "do harm", so we need to accept it and focus on minimising negative effects (Fiona Terry, 2002). This debate, which is philosophical in nature, gives rise to a permanent compromise between the positive and negative effects of an intervention. Most of the time it is assumed that the positive effects outweigh the negatives, but we must not be complacent and should bear in mind the possibility of stopping an intervention of which the negative effects are too great or impossible to mitigate.

"If we are aware of the risk that our action may adversely affect those whom it was intended to help, we can guard against it. If, for example, we agree that, in extreme cases, abstention may be preferable to action". Rony Brauman, Médecins Sans Frontières and the ICRC: matters of principle, *in* International review of the Red Cross, Vol. 94, n°888, 2012

Compromise is an inherent part of action. This gives rise to two risks. That of "Do Nothing" due to over-emphasising negative effects. And that of compromising too much, which undermines the principle itself, turning DNH into an empty slogan.

The search for an optimal balance between positive and negative effects raises difficult ethical questions:

- When are negative effects acceptable and when are they not?
- What about the cultural perception of what is negative or not?
- Who decides that the positive effects justify a certain level of negative effects?
- When, and based on which criteria, should we decide to end an operation?
- Is stakeholder participation in arbitration possible and in what form?

The review identified a shortage of methods and tools to help people make strategic decisions on DNH[16]. However, these tools are necessary to take into consideration the ethical issues above.

3. Social change and DNH

There is a certain contradiction in implementing interventions conducive to social change while wishing to prevent their negative effects on the environment more generally.[17]. However, many interventions aim at bringing about social change, though they are not the norm in the development field, for example, in terms of preventing discrimination.

Focus Social change

Social change aims at changing power relations between categories of actors by distributing resources more widely (material, economic, symbolic, cultural, political and so on), reducing unequal access to these resources, and in some cases fighting against discrimination. Social change challenges established systems. This can be a source of tension, which falls under the scope of DNH in communities.

So how should DNH be taken into consideration when the intervention brings about social change? Should the intervention be consistent and continue working towards its goal, whatever the negative effects are likely to be? How should DNH be taken into consideration if the situation worsens?

Communities are not homogenous groups. Interventions sometimes favour one section of the community over other groups that may lose privileges or power. This lies at the root of the tension between social change and DNH. Improving the situation of some is sometimes ultimately done to the detriment of others. The success of a project with social transformation objectives can lead to negative effects (conflicts, discrimination, violence, etc.) resulting from the reaction of other stakeholders. The "best possible compromise" must then be sought to achieve the objective of social change while reducing obstacles and avoiding the risk of aggravating the situation.

[16] World Vision has developed the HISS-CAM tool (Humanitarian Imperative, Impartiality and independence, Security and protection, Sustainability) to help its staff make difficult decisions in relation to humanitarian principles when interacting with military and other armed actors. The tool serves to identify the necessary balance between principles and pragmatism.

[17] This is particularly the case since the environment in the broadest sense includes a variety of actors with different interests. In all probability, there are always actors who are negatively affected by an intervention.

This is particularly the case for projects aimed at the *empowerment* of women. Such projects can provoke negative reactions from communities that are not ready to change the status of women (while compiling this review, we were informed of an HI project in Afghanistan that has experienced this situation).

It is therefore necessary to achieve a compromise between the risks to which our work exposes beneficiaries and maintaining the social change objectives of the action. The compromise will be largely influenced by the importance that an organisation gives to challenging prejudices and discriminatory practices as part of its mission. **An awareness of the organisation's mission and values and the challenges raised by interventions designed to bring about social change is therefore necessary in order to make choices about DNH in full knowledge of the facts.**

It would be useful to further reflect on this tension, particularly in the context of local authorities whose work is centred on social change, such as the F3E.

The elements to take into consideration are:

- “Social change” interventions often respond to demand from the field (a group of beneficiaries, the whole community, etc.) It is these actors who wish to change, express a strong desire for "empowerment" and are ready to take risks. Is it then up to external respondents to curb this desire for change in order to comply with the DNH principle? Sometimes it is more important to ensure that beneficiaries are aware of the risks involved and decide for themselves whether or not to take them.
- Some activists take great risks (in the field of human rights for example). They are looking for partners to help them take these risks, rather than eliminate or mitigate them. In some cases, is it necessary to adopt a particular approach based on the right of beneficiaries or partners to put themselves at risk (some speak of the "dignity of risk")? Does DNH cease to apply when beneficiaries and project leaders are aware of the risks and scope of their "political" actions?
- Accepting the risk of negative effects in order to promote social change objectives raises questions about the responsibility of project leaders and their partners: when you are aware of a potential negative effect but continue to pursue an action and acknowledge it, you clearly accept a degree of responsibility.

These three points form the basis of a debate that we believe international humanitarian aid organisations should have.

Taking into consideration and implementing DNH.

1. Institutional framework

All organisations have documents that specify their ethical framework, policies, methods of intervention, etc. In all of these documents, the DNH principle is likely to be mentioned, implicitly (for example, through references to negative effects) or explicitly, with or without a clear definition.

Example of HI

The table opposite shows the references to DNH in HI's main documents. DNH is mentioned in the most important documents, that is documents that provide the organisation's ethical framework (principles and charter) and guide its interventions.

Ethical framework and principles of intervention	
Using testimony as a means of protection. 2010	Yes
Mission, Scope of activity, Principles of intervention, Charter, Institutional policy series. 2013	Yes
Charter (2013)	Yes
Institutional policies	
Child protection policy. 2007	Implicit
Gender policy. 2007	No
Protection of beneficiaries from sexual exploitation and abuse. 2011	Implicit
Tackling the risk: HI's Safety and Security Policy. 2012	Implicit
Anti-fraud, bribery, and corruption policy. 2014	Implicit
Project Planning, Monitoring and Evaluation Policy. 2015	Yes
Policy papers	
Inclusive Local Development. 2009	No
Inclusive education. 2012	No
Victim assistance in the context of mines and explosive remnants of war. 2014	No
Inclusive Disaster Risk Reduction. 2017	Yes

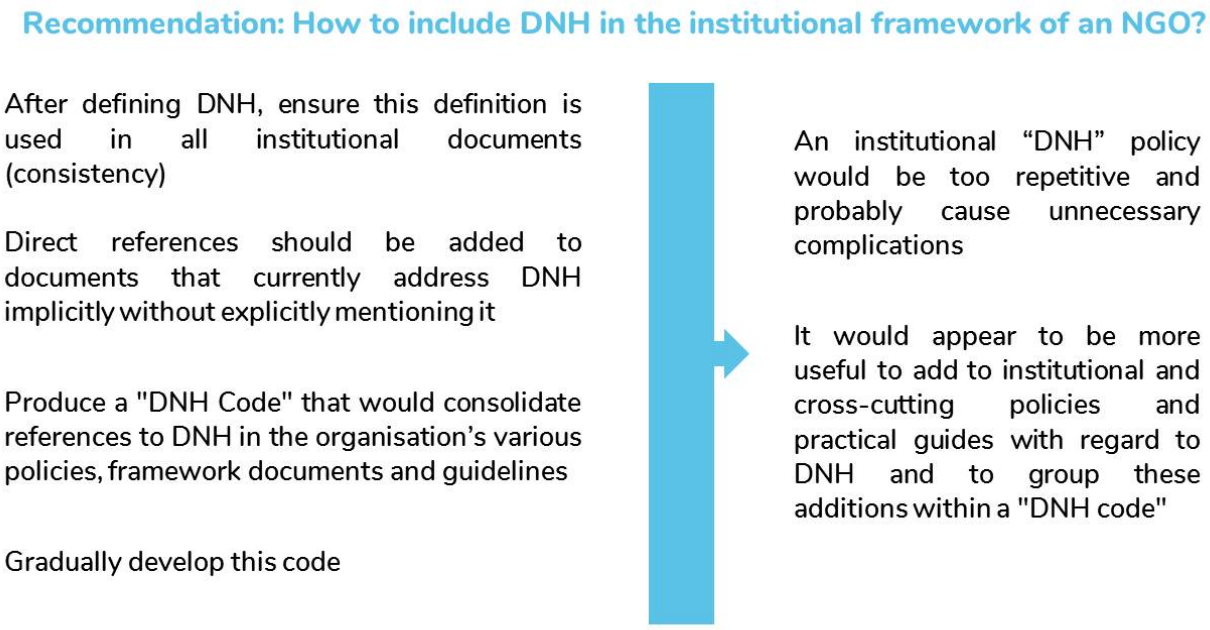
DNH has greater visibility from 2015 onwards, reflecting HI's desire to place a greater emphasis on DNH within the organisation from that time forward. In older documents, the vocabulary is more oriented towards risk control, whereas in more recent documents risk vocabulary is mixed with DNH-related vocabulary (negative effects and consequences). This development clearly shows that progress is mainly linked to acceptance of the reality of negative effects, which go from more or less precisely identified risks, to practical situations experienced by teams and resulting directly from interventions.

DNH is only mentioned in the two most recent cross-cutting policies. It is not mentioned in three institutional policies (Child Protection, Gender, Sexual Abuse) and we believe this gap needs to be filled. The safety and security policy refers to DNH implicitly rather than directly: "Avoid exposing people to additional risks because of their action" These policies are older and were all compiled before 2015. However, they make a direct link with protection and non-discrimination (two core elements of DNH).

The result of the recent emergence of DNH as a principle is a need for standardisation and formalisation. The terminology used is important and should be consistent from document to document (principles of intervention, institutional policies, methodological guides, etc.).

The diagram below sets out an approach to including DNH in an NGO's institutional framework.

Diagram 6 - How to include DNH in the institutional framework of an NGO



2. Implementing DNH

The survey of HI staff reveals considerable exposure to DNH situations. It is not an occasional problem; DNH situations are frequent and pose a challenge to teams.

In practice, there are as many (or more) possible negative effects as there are interventions. Is it necessary to identify them all and to specify the responses to implement in each situation?

We think it is more useful to develop a framework that helps to determine how to address various situations. This framework should outline how to take DNH into consideration both politically and methodologically, and advance the common guidelines on negative effects and the practices used to manage them.

This outline should include the following points: 1. Adoption of a definition of DNH; 2. The positioning of DNH within the institutional framework (mention in the charter or principles of intervention); 3. An explicit reference to and consistent consideration of the negative effects of interventions in core institutional documents (institutional policies).

Once this general framework has been established, more precise guidelines can be developed to cover specific sectors or contexts frequently confronted with DNH-related risks.

3. Practices

In this section we look at the practices implemented as part of the project cycle and aim to more fully answer the following question: which practices should projects routinely adopt to prevent and control negative effects?

The starting point for most projects is the needs analysis (initial diagnosis), which is done before the project is conceptualized. This stage involves the analysis of the actors, their positions, challenges and relationships. It is essential to give some thought to DNH at this stage. This should include an understanding of local culture and power relations in communities (including all stakeholders, and taking into account discriminated groups, especially women). On the other hand, the initial risk analysis should include the risks to beneficiaries, rather than limiting itself to the risks to the project, as is generally the case at present.

HI already has a significant number of practices that are highly sensitive to DNH. However, these practices are less often implemented than other practices used in project management. It is important in the first instance to ensure they are routinely implemented.

Mechanisms for managing data protecting beneficiaries, beneficiary feedback (including complaints management) and measures to mitigate negative effects remain inadequate and are among the practices that need to be implemented rapidly.

The table below lists some of the practices implemented by HI as part of project management (with varying frequency depending on the practices).

Table 2 - Practices implemented as part of project management

Practices referring directly to the "Do no harm" principle	Other practices related to project management
Diagnosis and design stage	
Analysis of the risks of generating negative effects for communities in the short or long term	Analysis of actors present
Analysis of conflicts to understand the context; conflict sensitivity analysis	Check that the intervention is perceived as appropriate to the context and acceptable to local populations, and does not run counter to local development strategies
Implementation phase	
Measures to mitigate pre-identified negative effects	Measures to ensure projects build on and strengthen local capacities (to prevent dependence)
Implementation of a complaints management system	Communication and information shared with beneficiaries
Implementation of a mechanism to monitor negative effects created by the intervention	Measures to ensure that marginalised and disadvantaged groups are adequately represented
Support, monitoring or evaluation missions taking into consideration the "Do no harm" principle	Implementation of a mechanism to manage and protect data
Training and managing teams and partners in relation to the Do no harm concept	Disaggregated data collection according to the most vulnerable categories
Completion phase	
Specific analysis of the potential negative effects of the completion phase and adoption of mitigation measures	Formulation of a continuity and/or exit scenario adapted to the context

Projects are managed within a framework of multiple practices implemented with varying degrees of frequency. Of these practices, a significant number have a direct link with DNH, to the extent that they are directly concerned with the negative effects of interventions. For any organisation, taking DNH into consideration starts with the more systematic implementation of these practices.

4. Staff management

Though DNH forms part of the guidelines provided to teams it is not always clear how it should be applied in practice. In addition, the DNH field is currently expanding. For example, DNH was recently introduced into the data management and eco-responsible practices fields. **There is therefore a major and growing need for staff management.**

The survey conducted as part of the review reveals that local staff are more dependent on employers for information on ethical principles and principles of intervention. **As a result, information/training should preferably be targeted at local staff.**

More recently, the DNH principle has recently become a benchmark for development sector teams. These teams therefore have more questions, especially since DNH is associated in the development sector with negative effects which affect the environment as a whole, adding to the complexity. Moreover, development interventions often aim at bringing about social change, but are a potential source of tension in relation to DNH. **Taking DNH into account is therefore perceived as more complex in development projects.** This is an important point to bear in mind, particularly when applying the following recommendations:

- Put greater emphasis on DNH in initial training. Training should be targeted in particular at local staff.
- Ensure the systematic use of a certain number of project management tools related to DNH, which are still seldom applied (see table 2).
- Ensure projects precisely identify the main risks of negative effects and include mitigation measures.
- Develop decision-making tools to resolve complex DNH-related situations.
- Implement a DNH-related negative effect monitoring mechanism for projects.

Monitoring and evaluating DNH

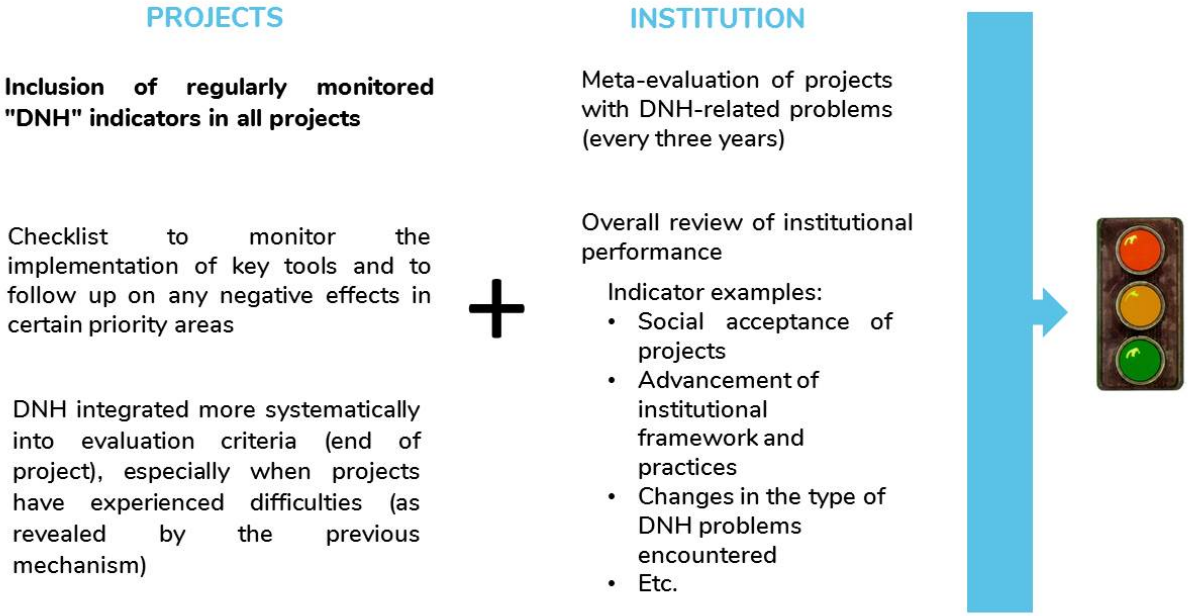
Monitoring and evaluation DNH presents a major challenge since it involves monitoring the implementation of a principle.

1. Monitoring and measuring the application of the DNH principle

A key question is whether DNH should be systematically monitored and evaluated as part of a project (action level) or whether a more holistic approach is needed to monitor the application of the principle in general. If both levels are concerned, a DNH monitoring and evaluation system could be based on:

- **Inclusion of "DNH indicators" in regular project monitoring.**
- **Systematic inclusion of DNH in evaluation criteria** (end of project), especially when projects have experienced difficulties (as revealed by the previous mechanism).
- **Inclusion of DNH in more cross-cutting reviews to monitor the application of the principle by an organisation as a whole**. These could be meta-evaluations (grouping together projects that have experienced DNH-related difficulties).

Diagram 7 - Monitoring and measuring the application of the DNH principle



At project level, the challenge presented by this kind of mechanism is to be aware of the negative effects of an ongoing intervention and to produce evidence from the field, including feedback from the people concerned and teams. This requires the use of new indicators. There are two important aspects in this regard:

- Collect disaggregated data (by gender or specific groups) as part of project monitoring to detect the effects of activities on inequality or exclusion in these groups.
- Introduce specific DNH indicators into the project monitoring framework, depending on the project and its context. This would involve identifying upstream the main risks of negative effects for beneficiaries and their environment within the framework of the project in question.

Furthermore, it seems important to monitor the progress of the use of tools that have a direct link with DNH in the projects monitored.

2. Feedback mechanisms accessible to beneficiaries

It is important that each project implements a system to monitor negative effects. Ideally it should be a participatory system that allows beneficiaries and other stakeholders to share their point of view.

It could be:

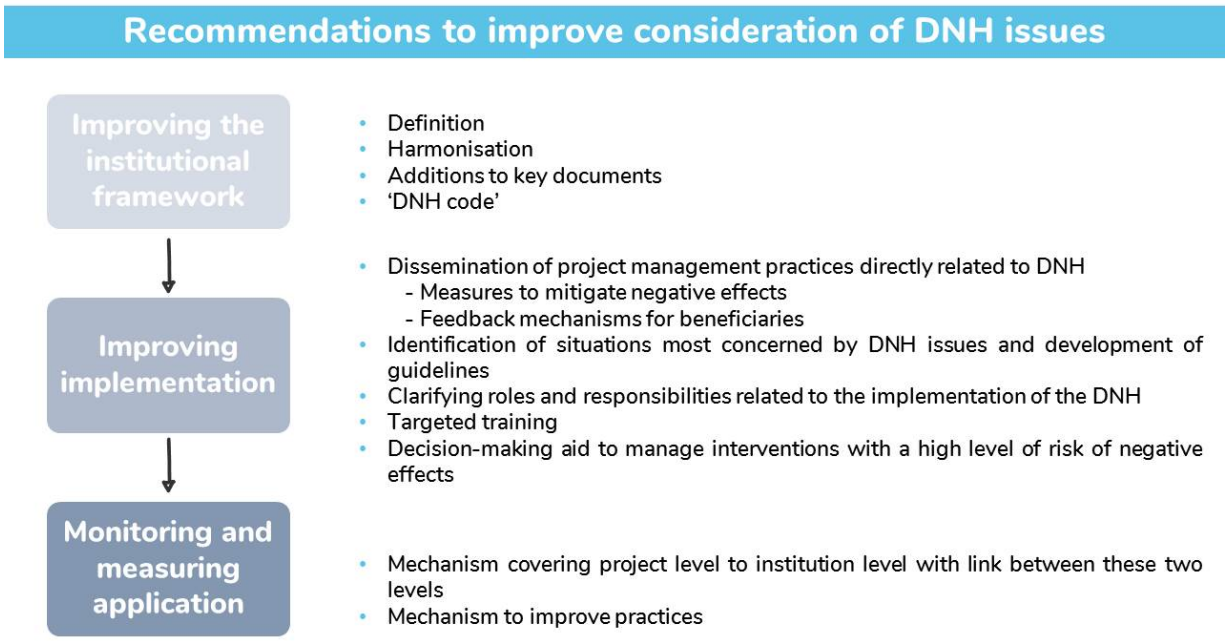
- A complaints management system;
- A steering committee, initially set up to enable communities and local authorities to participate in project design, then used to obtain feedback from beneficiaries;
- A survey of beneficiaries, non-beneficiaries and other stakeholders in order to gauge their views on activities.

Conclusion and recommendations to better take DNH into consideration

The DNH principle allows an organisation and its teams to openly question, in a structured way, the negative effects of an intervention and to seek, upstream and during the intervention, to reduce or mitigate them. This is a considerable step forward, but it is a complex task since the negative effects of an intervention can be highly varied and people view them in terms of how they personally interact with the activities. This complexity is heightened by the fact that DNH should be the subject of compromise, otherwise it may be impossible to take action (Do Nothing).

To conclude this review, we suggest a possible pathway for organisations wishing to improve their collective understanding of DNH and the way they take it into consideration. This pathway is the one described in this document, and reproduced here in summary.

Diagram 8 - Taking DNH into account in three phases



This review also identifies topics for further study, within the framework of individual or collective work by humanitarian and development organisations:

- The need to achieve an optimal balance between positive and negative effects raises difficult ethical questions (for example, what are "acceptable" negative effects and what are not? Who decides that the positive effects justify a certain level of negative effects? When, and based on which criteria, should we decide to end an operation?

etc.). Further reflection and decision-making aids are needed to answer these questions.

- Social change and taking DNH into account: social change is a source of tension at the community level. These tensions can develop into conflicts, which are seen as negative effects that DNH should help to prevent. However, social change is often an important element of civil society organisations. It would be useful to further reflect on this tension, particularly in the context of local authorities whose work is centred on social change, such as the F3E.
- Lastly, DNH is an important subject that partners of an action need to address particularly in order to successfully manage risks of negative effects, based on a shared analysis. Comparing the ways in which local actors and external responders view the negative effects of interventions is important to think about within the framework of partnership relations.

Literature and useful website

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Acronyms

CDA	Collaborative Development Action (network)
DNH	Do No Harm
HI	Humanity & Inclusion
NGO	Non-governmental organization

Incorporating the principle of "Do No Harm": How to take action without causing harm
Reflections on a review of Humanity & Inclusion's practices

The Do No Harm (DNH) principle recognises the potential negative effects of aid.

It was this growing "necessity" to identify and reduce the potential negative effects of its interventions that prompted Humanity & Inclusion (HI) to commission this review in order to document its current practices and examine ways of integrating this concept into its policies, frameworks, tools and practices.

This summary includes the main lessons learned from the practices review.

The methodology used to conduct this review included interviews, a survey and a literature review. It was supported by the F3E.

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