



Purpose of the Do No Harm Framework (DNHF)¹

The development or humanitarian response/intervention initiated by nongovernmental organizations and governments does not operate in a neutral environment. These interventions (including the baseline/end line evaluations) are impacted by the existing social, gender, cultural norms and political environment of the intervention geography or group. If the program design does not take into account these critical factors, it is more likely to lead to some degree of “unintended harm,” depending on the nature of socio-cultural-gender norms, political environment, target group, and intervention. For example, a gender-based violence (GBV) prevention intervention during which the newly trained community-based GBV counselor makes a home visit to the house of a survivor to talk to her husband and counsel him may backfire if the survivor has spoken to the counselor without the knowledge of the husband). Projects can cause unintended harm during any stage of the project cycle, thus it is important for all teams to have a gender lens while designing, implementing, monitoring, and evaluating, to be mindful of the potential risks and unintended harm and have mitigation strategies ready in advance.

Who should use the DNHF?

- Project teams
- Proposal design teams
- Evaluation and research agencies
- Communications teams
- Partner organizations

When should the DNHF be used?

- At project design stage
- At project inception stage
- At staff training stage
- At project rollout stage
- As part of ongoing monitoring tools
- During midline evaluations
- During end line evaluations
- During post evaluations
- Designing all Social and Behavior Change Communication/Information, Education, and Communication interventions
- During all project-related dissemination/documentation

EngenderHealth is accountable for the protection of all individuals/groups/communities with which the organizations works, as well as EngenderHealth's own teams.

To help us plan for preventing/mitigating and addressing any unintended harm, we have developed a “DNHF minimum standards” for all projects to use as a mandatory framework to prevent backlash and other forms of harm. This DNHF

has been derived from Social Analysis and Action (SAA) approach of CARE USA.

¹ Adapted from CARE USA Social Analysis and Action approach: “*Social Analysis and Action Global Implementation Manual*. © 2018 Cooperative for Assistance and Relief Everywhere, Inc. (CARE).” Used and elaborated by Permission.

How should the DNHF Minimum Standards be used?

Areas of engagement	Points to consider	How to achieve this
Staff capacity	<ol style="list-style-type: none"> 1. Program staff should have a understanding of the facts, perceptions, and attitudes about gender, social norms, and power dynamics in the local context. 2. Program staff should have understanding of various forms of GBV prevalent in the community. 3. Program staff should have understanding of gender, youth, and social marginalization related issues in the community/facility. 	<ul style="list-style-type: none"> • Conduct a gender and power analysis in the community before the start of interventions (engaging with all stakeholders in the community). • Conduct SAA-based staff transformation training for all project staff.
Understanding community/service providers	<ol style="list-style-type: none"> 1. Before starting discussions with community or service providers on gender norms, conduct a gender and power analysis, and use findings to inform the tools and discussion guidelines for engaging with community/service providers on critical reflections. 2. Use locally appropriate and non-judgmental language. 3. During group discussions, often the sensitive information shared cannot be kept confidential. Therefore, the facilitator should inform the group in advance that nothing they may share can be confidential and thus they should not share something they do not want others to know. Do not make sharing mandatory. 4. If any participant shares GBV-related information, facilitator should be ready to listen and provide necessary referral. (Facilitators must have a comprehensive list of functional referral services for the area where they are facilitating). 	<ul style="list-style-type: none"> • Follow the principles of effective communication-confidentiality. • Prepare referral list. • Follow up.
Joint planning with community/service providers	<ol style="list-style-type: none"> 1. Plan for potential risks. Action to be taken if: <ul style="list-style-type: none"> - faced with strong opposition - children at risk of harm are identified 2. Be aware of the political situation. 3. Consider degree of press freedom. 4. Consider government approach to human rights. 5. Identify and discuss any potential risk to the facilitator and the team. 6. Understand how ready the community/service provider is to change gender, social, and power norms and adapt intervention activities accordingly. 7. Start with less sensitive gender norms, such as household division of labor, before attempting to address the more sensitive gender norms such 	<ul style="list-style-type: none"> • Discuss and prepare “mitigation plans” based on reality: <ul style="list-style-type: none"> - Mitigation plan for staff - Mitigation plan for children - Mitigation plan for women • Prepare a brief note on the political environment of the operating geography.

	as sexuality-related norms and violence against women.	<ul style="list-style-type: none"> • Identify a list of gender- and power-related issues in the community from least sensitive to most sensitive.
Working with community/service providers	<ol style="list-style-type: none"> 1. Ensure that there is ownership by the community/service provider for the attempted change, especially if the change is related to harmful gender norms/gender-related personal beliefs and attitudes. 2. Attempted change must be based on local knowledge and visible local leadership. 3. Facilitators should encourage groups to identify their own leaders and allies within the community/organization. 4. If community-based groups choose actions which might be harmful for any group in the community or the process of change, then the team needs to be alerted (for example, the community group working on ending child marriage decides to exclude married girls younger than 18 years age from distributing reading material to send a message to parents and girls that early marriage will deprive them of certain benefits... in a way harming the girls by exclusion. Or, for example, community-based counselors devise a strategy of conducting home visits and talking to the husband of a woman who reached them with a complaint of intimate partner violence, further increasing chances of backlash. 	<ul style="list-style-type: none"> • Help identify local individuals to lead the change; for example: <ul style="list-style-type: none"> - Community leaders - Religious leaders - Women leaders - Men leaders - Service providers • Help identify change agents/role models (<i>this is culturally sensitive, and in some communities/organizations, the role models may be more at risk of harm. Evaluate local cultural context before opting for role models</i>). <ul style="list-style-type: none"> - Women role models - Men role models - Religious leader role models - Service provider role models
Evaluation	<ol style="list-style-type: none"> 1. Continuous monitoring of the group process and meetings is important to observe any harmful outcomes and provide guidance on how to move forward. 2. Monitor for GBV-related changes (power dynamics, male engagement and response, enabling environment, etc.). 	Have regular “Reflect Practice” sessions with various groups in the community/service providers/EngenderHealth staff.