Integrating 'do-no-harm' principles into sanitation & hygiene collective behaviour change programmes



'Do-no-harm' means taking every precaution to ensure people will not be adversely impacted by the programme, including inadvertently. Whilst it is understood that 'community problem, community solution' should remain core to community-led approaches, facilitators also have an ethical obligation to step in if initiatives pose a risk to the rights, dignity or well-being of people who may be disadvantaged.

Do-no-harm principles





Respect everyone equally

Be aware that personal prejudices can contribute to exclusion. Respect everyone and ensure their dignity, even if you don't agree with a person's lifestyle. Respect the beliefs of all but recognize that some practices do not respect the rights of others and should be challenged. Do not discriminate against or allow bullying, harassment or other mistreatment of colleagues or community members.



Use acceptable methods for influence

Persuasion is a process of reasoning with and convincing others to change their behaviour through free choice (eg. 'triggering' tools). Coercion is when someone in power seeks to control another using fear, force, threats, manipulation or intimidation. Facilitators should never encourage the use of coercive methods—especially if they target people who may be disadvantaged.



Be conscious about power dynamics and risks of violence

Lack of access to sanitation and hygiene is not the root cause of violence; the root cause of violence stems from the power differences between people. Be aware that unequal levels of power exist everywhere, marginalization may be considered normal by the wider community, and that programmes can inadvertently increase vulnerabilities to violence. Understand risks that people may face, establish safe means of communication, and consider ways to reduce vulnerabilities when supporting the community. Violence is never acceptable and incidents should be responded to seriously.



Be transparent

Be as transparent as possible about programme decisions and seek input and direction from community members wherever possible.



Ensure people's rights to privacy

Ensure confidentiality and people's right to privacy. Show discretion when dealing with individuals who may face (further) stigmatization and marginalization.



Do not allow the shaming of individuals or groups

Shame involves feelings of humiliation, distress or indignity caused by the consciousness of wrong behaviour. While shame is not typically a primary motivator, it often derives from disgust/revulsion. Shame is never acceptable if its is an externally imposed humiliation from the facilitator, or if it leads to community members stigmatizing or bullying.



Establish and implement a clear Code of Conduct

Programmes should require all people involved (staff, partners, facilitators and community volunteers) to sign a Code of Conduct outlining their obligations to treat people with respect and not abuse positions of power. Each programme should also be required to establish a reporting and response mechanism through which staff, partners and community members are encouraged to report suspected malpractice or infringement of the Code of Conduct.



Monitor and encourage feedback

Learn from people who may be most disadvantaged and establish processes for feedback to staff and partners. Monitor the processes, outcomes and impact for those who are potentially disadvantaged. This includes using disaggregated data in routine programme monitoring and including the situation of people who may be the most disadvantaged within ODF verification and certification criteria.

Key lessons learned



- Respectful terminology: establish a set of appropriate and respectful terminologies in each country and context (being aware that differences in opinion exists). Ask community members who may be disadvantaged, or organizations that represent them, what terms they consider acceptable. Always use a respectful tone of voice that acknowledges others as equals.
- People with mental health conditions: facilitators must recognize that mental health conditions are widely prevalent and are extremely diverse. People with mental health conditions are also amongst the most vulnerable and marginalized. Facilitators must proactively ask, listen and learn about the situation and needs of these people to find appropriate ways of supporting them, and ensure that the community does not take any actions that violate their rights.
- Using community maps: facilitators should avoid including the disadvantage status of individuals or households on community maps as it may lead to negative outcomes such as further stigmatization, or even put people in danger especially people in minority groups facing active discrimination. Instead, facilitators should ask which households are not represented on the map, and then prioritize these households during follow-up visits.
- Participation of people who may be disadvantaged: Facilitators should make a special effort to ask directly for the thoughts and opinions of people who may be disadvantaged during all community meetings and household visits and ensure that they are represented as Natural Leaders or in WASH committees. Do not isolate or set apart people who may be disadvantaged from the group during community activities, except where discrimination makes it difficult for people to participate fully. In these cases, separate session should be held.
- Mitigate adverse pressure: Collective pressure to build and use latrines is an important element for reaching and sustaining
 ODF status. On the other hand, pressure directed at people who are struggling due to their disadvantaged position can make
 them worse off (eg. increased stress, reduced participation, selling key assets, taking out risky high-interest loans, humiliation
 and stigma, physical threats and coercion). Facilitators should facilitate positive community support, and if external support
 options exist, facilitators should inform struggling households on how they can access this support.

Read more





In 2016, WSSCC's Global Sanitation Fund (GSF) recruited an independent team of experts to undertake an in-depth two-part diagnosis of GSF's approach to equality and non-discrimination (EQND). The first part of the diagnosis – an assessment comprising of visits to six countries (Ethiopia, Malawi, Nepal, Nigeria, Senegal and Togo) and a review of documentation across all GSF-supported programmes – was completed in 2017, resulting in this study.



The Equality and Non-discrimination (EQND) and Community-led Total Sanitation (CLTS) Handbook provides practical guidance for ensuring that behaviour change interventions leave no one behind. Drawing on experience from across the sector, this handbook is targeted towards those implementing or supervising CLTS interventions. Key features include a summary of EQND principles, step-by-step guidance for pre-triggering, triggering meetings, and post-triggering follow-up visits, as well as annexes with practical tools, templates, and resources.









