

# Editorial: Feeling our way forward

*RICHARD C. CARTER*

THE SCALE, SCOPE AND LEVEL of ambition embodied in the Sustainable Development Goals (the SDGs) is daunting. At the country level, the corresponding aspirations encapsulated in national development strategies and plans are equally formidable. Dwelling on the challenges would be understandable, but only useful up to a point. While it is essential to analyse the nature and magnitude of the problems which we are trying to address, it is even more critical that we are not overwhelmed by them. Analysis must lead to action, not paralysis. Action will lead to numerous failures along the way, but it is through failures and occasional successes that we learn how to do better. Failure – and success – must be embraced.

It is clear that no single approach to the improvement of water, sanitation, and hygiene is sufficient. Different approaches, technologies, and management and financing arrangements are needed for urban and peri-urban settlements, for small towns and growth centres, for rural villages, for very dispersed low density habitations, and for non-sedentary (e.g. pastoralist) communities. Different adaptations and measures are needed to enable access by able-bodied, disabled, very young, and elderly people. Even within a single district, multiple approaches to water supply (including utility-managed and private operator services, community-managed services, and self-supply) are usually needed. For sanitation, both sewered and non-networked services are needed; various arrangements for faecal sludge management are required; and the relative roles of households, the private sector, and others in managing safe disposal of human waste are sure to vary. All this may be stating the obvious, but it sometimes seems as though the sector is seeking one-size-fits-all solutions while, in reality, even where clothing is concerned, this does not work.

Much work has been done in our sector over the last 10–15 years focusing on the ways in which services can reach all. All, meaning everyone. Young, old, able-bodied, people with mental or physical disabilities, people with HIV-AIDS, people who do not fit neatly into the gender categories of ‘male’ and ‘female’. The assertion that all people are of equal value, that all matter equally, and that all must receive services in ways which are adjusted to their needs, is a declaration which we must continue to affirm. Finding ways to do this while challenging societal and institutional stereotypes and prejudices is one of the major cross-cutting commitments of the SDGs.

In committing to the realization of the 2030 Agenda for Sustainable Development, Member States recognized that the dignity of the individual is fundamental and that the Agenda’s Goals and targets should be met for all nations and people and for all segments of society. Furthermore, they endeavoured to reach first those who are furthest behind (UN, 2016).

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<https://dx.doi.org/10.3362/1756-3488.2017.36-4ED>, ISSN: 0262-8104 (print) 1756-3488 (online)

The global goals increased in number from 8 in the Millennium Development Goal period (to 2015) to 17 in the SDGs (2016–30). Inevitably, the more that global goals proliferate, the greater the need to recognize important cross-cutting themes. One such theme relevant to our own sector is that which links water and sanitation to nutrition. Poor nutrition is not simply a matter of consuming insufficient food, or a poorly balanced diet; nutrition in infants and children is also strongly affected by poor sanitation, hygiene, and water supply. The impact can be lifelong. Furthermore, one aspect of food security at the household level is the ability of farmers to produce enough of the right types of food; and part of this has its roots in effective water and land management. Addressing development issues in an integrated manner becomes ever more important. Finding ways for currently sector-focused government and non-government organizations to “do” integration better is imperative.

We have long argued in these editorials for a focus on the right level of results – the changes and transformations we are seeking to facilitate. It is clear that simply counting *outputs*, ‘taps and toilets’, is insufficient. We also contend that investing large sums of research money into questions about the health *impacts* of water and sanitation programmes should only be done in exceptional circumstances. We know much already about the causal links between poor health and inadequate water, sanitation, and hygiene. We know that the consistent consumption, by all, of enough good quality water, daily utilization of safe and clean sanitation facilities, and habitually practising good hand and food hygiene are among the many prerequisites for good health.

The right level of focus, in our view, is that of *outcomes*. Outcomes lie at the intermediate level, between the provision of infrastructure and management arrangements on one hand, and ultimate (possibly long-term) health-related and other impacts on the other. We should be asking what kind of programming by central and local governments, non-governmental organizations (NGOs), and others leads to sustained use of services. We need deeper understanding of what kind of programme designs result in changed behaviours by most members of most communities. Knowing how to design programmes in which taps and toilets are used, are managed, are paid for, and in which all members of the community benefit – this is where research funding and sector learning should focus attention.

## Reference

UN (2016) Sustainable Development Goals report: leaving no one behind [online], New York: United Nations Statistics Division <<https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>> [accessed 2nd October 2017].

*Richard C. Carter*