Negative Brief: India Water & Sanitation

By “Coach Vance” Trefethen

***Resolved: The United States federal government should substantially reform its foreign aid.***

AFF plan gives US foreign aid to India to clean up rivers and do sewage treatment. The Status Quo is already doing this, both by US foreign aid and locally by Indian government programs.

India’s own programs are well on the way to getting water and sanitation more widespread. But even US aid added some value, there’s no clear evidence that such programs actually decrease the death rate or improve public health. There are multiple factors local to India that will block the success of our water aid projects, and even USAID admits such projects have a large failure rate. And the dependency US foreign aid creates and its lack of accountability means we’ll not only not solve anything, we’ll probably just make things worse.

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Negative: India Water & Sanitation

TOPICALITY

1. Nothing reformed

Link: Status Quo already has extensive US engagement in foreign aid to India on water & sanitation

*S. K. Sarkar 2017. (Distinguished Fellow and Senior Director at TERI University, a not-for-profit, independent research institute in India) State of Urban Water and Sanitation in India, Oct 2017* [*https://urban-links.org/wp-content/uploads/2018/04/pbaah742.pdf*](https://urban-links.org/wp-content/uploads/2018/04/pbaah742.pdf)

Over the past five decades USAID has been working towards ending extreme global poverty and enabling resilient, democratic societies to realize their potential across the world. In India, USAID has been working extensively on sanitation and particularly supports the Government of India through provision of technical expertise, building partnerships, sharing best practices and innovative development models, and capacity building for realizing the goals of SBM (Urban). USAID is working closely with the Ministry of Housing and Urban Affairs (MoHUA) to contribute to India’s vision of extending clean water and sanitation services to the urban population.

Violation: Not a substantial reform

A substantial reform to an existing big US foreign aid program of water & sanitation in India would be abolishing it. Just adding more money to an existing program isn’t a substantial reform and isn’t worth debating. It’s really a minor repair, something the Negative could just as easily advocate for.

Impact: Resolution was not upheld, so there’s no Affirmative team

Advocating a position that doesn’t require affirming the resolution means we can do their plan without agreeing that the resolution is true. If no one proves the resolution is true, it means there’s no true Affirmative team in the round, so no matter who wins, you should vote Negative. The resolution by default remains false by presumption until someone proves it to be true.

INHERENCY

1. USAID programs already up & running

USAID/India Partnership already active developing water and sanitation

US Agency for International Development 2018 (foreign aid agency of the US State Department) last updated 15 Oct 2018 “PARTNERSHIP FOR WATER SANITATION AND HYGIENE (WASH) <https://www.usaid.gov/india/water-and-sanitation>

USAID partners with the Government of India to create healthier urban communities by increasing access to clean water and sanitation. This objective is stated in both the USAID Water and Development Strategy and the Water for the World Act. USAID and the Government of India test and identify models for safe, affordable drinking water and sanitation services.

USAID/India Partnership producing results

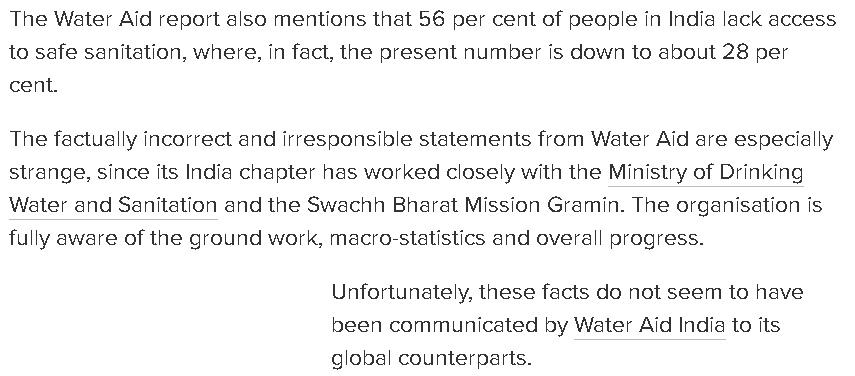
US Agency for International Development 2018 (foreign aid agency of the US State Department) last updated 15 Oct 2018 “PARTNERSHIP FOR WATER SANITATION AND HYGIENE (WASH)“ <https://www.usaid.gov/india/water-and-sanitation>

WASH results in 2017  
300,000 more people have access to household toilets  
25,000 communities are open defecation free and healthier  
175,000 more people now have access to safe drinking water  
Secured more than $5 million funding from the private sector to implement WASH solutions identified by USAID and its partners

1. India’s “Swachh Bharat Mission” is solving sanitation

“Water Aid” report about “56% lack access to sanitation” is wrong. Today it’s dropped to 28% under Swachh Bharat

TIMES OF INDIA 2017. “Water Aid’s comments on Swachh Bharat ‘Out of Order’ 21 Nov 2017 <https://timesofindia.indiatimes.com/india/water-aids-comments-on-swachh-bharat-out-of-order/articleshow/61739328.cms>



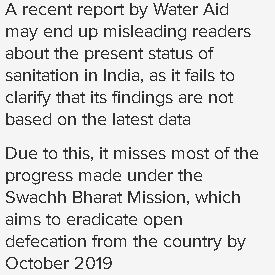
Drinking water in India – targets have been met. Now, Swachh Bharat Mission is solving for sanitation

*S. K. Sarkar 2017. (Distinguished Fellow and Senior Director at TERI University, a not-for-profit, independent research institute in India) State of Urban Water and Sanitation in India, Oct 2017* [*https://urban-links.org/wp-content/uploads/2018/04/pbaah742.pdf*](https://urban-links.org/wp-content/uploads/2018/04/pbaah742.pdf)

The decision to focus mainly on sanitation was deliberate as India’s progress in achieving the targets set under the Millennium Development Goals (MDGs) is far more impressive for sustainable access to safe drinking water when compared to that on sanitation. More than half the global population defecating in the open lives in India. As such, a focused attention on improved sanitation would contribute significantly towards achieving the Sustainable Development Goal 6, namely ‘Ensure availability and sustainable management of water and sanitation for all’. Although the last few decades have seen major changes in sanitation policies and regulation, the Swachh Bharat Mission (SBM) is a mega push in the nation’s war against poor sanitation.

India’s own sewage cleanup project “Swachh Bharat” is solving (don’t believe reports by Water Aid that say otherwise)

TIMES OF INDIA 2017. “Water Aid’s comments on Swachh Bharat ‘Out of Order’ 21 Nov 2017 <https://timesofindia.indiatimes.com/india/water-aids-comments-on-swachh-bharat-out-of-order/articleshow/61739328.cms>



1. Status Quo is well funded

India pours massive funding into its own sanitation programs: $25 billion

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Recognizing the need to improve sanitation services and realizing the gaps in the sector, the Prime Minister of India gave a clarion call from the ramparts of the Red Fort on 15 August 2014, the Independence Day, to make India free of OD [open defection] by 2 October 2019, the 150th birth anniversary of Mahatma Gandhi, as a tribute to the ‘Father of the nation’. This led to the rolling out of the biggest ever drive on sanitation in India, the Swachh Bharat Mission (SBM) to achieve total sanitation. The mission has two sub-programmes, namely SBM (Rural) and SBM (Urban), and has unprecedented political support. The scheme has mobilized nearly $25 billion from the government, the private sector, and civil society.

SOLVENCY

1. “More money” won’t solve #1: Lots of other sanitation capacity issues involved

5 other factors needed: 1) consolidation of policy reforms 2) capacity building 3) demand-responsive approaches 4) regulatory reform 5) mindset change

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Meeting the goals of the urban water and sanitation sectors requires a wide range of measures, including consolidation of policy reforms, capacity building of the sector, and participatory and demand-responsive approaches. The government on its part should ensure that public funds are allocated principally to promote and stimulate demand generation and infrastructural development for managing and processing solid waste and septage. The regulations that govern waste management could be reviewed based on strict enforcement of the polluter-pays principle, and ULBs [urban local bodies] on their part need to devise innovative ways to raise funds through tariffs in order to sustain the infrastructure and assume greater responsibilities for service delivery. In the coming years, India, with its huge rural-to urban migration, will face major challenges in the water and sanitation sectors, which will make the current business-as-usual approach highly untenable. Improving the sectors’ performance is critical for meeting the growing needs of the urban population, and the sectoral mindset needs to change from focusing only on asset creation to dealing with issues of equity, quality of service delivery, and sustainability.

More infrastructure can’t solve issues on the ground – must change the mindset of the people

**Hard to say this gently but… you have to convince people that they “need” a toilet and shouldn’t just “go” outside on the ground.**

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In terms of regional performance, the northern-region workshop offered a noteworthy insight, namely that although the policy framework is theoretically correct, it cannot solve some issues on the ground, because the gaps in and challenges to the WASH sector are not related to infrastructure alone but call for a change in the mindset of people.

Behavioral changes are even more important than technical development

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The sanitation sector has witnessed tectonic shifts in the last three years and will continue to do so. To bring in changes, technical interventions alone are not enough: behavioural changes are even more important. Community participation is essential if the interventions are to be sustainable. A drastic change in the mindset is called for, and local organizations have a key role to play in ushering in changes in the sector.

1. “More money: won’t solve #2: Cultural issues block improvement for the poorest

Current cultural barriers block improvements for the poorest: They will never get access to better services

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In cities, economic class and land ownership override traditional socio-cultural exclusions. Slum dwellers and people living in unplanned areas in general do not get counted and are left out in planned interventions. Amid the poor, some groups are more marginal than others, such as the newly migrated, tenants, women, the elderly, children, those with disabilities, minority groups, the poorest, and informal workers. Such groups have negligible access to local institutions, democratic spaces, or interactional processes that could respond to their special needs. These barriers may be invisible, but are concrete enough to keep the poorest away from any rightful access to urban services.

1. Cities won’t cooperate

City governments in India won’t engage in the dialog and planning needed to come up with real solutions

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Governments usually find it hard (and threatening) to engage people in a dialogue and prefer to plan for them instead. Over the years, urban institutions have developed practices that are entrenched, unable to entertain disruptive, innovative, or diverse ideas that may emerge from communities engaged in a dialogue with the state. No pathways exist at present that connect people and cities—pathways that may enable ground-level solutions to get incorporated into infrastructure design. On the other hand, service institutions have also become more complex and functionally fragmented and lack the capacity for community processes. Together, these factors contribute to a reluctant city, uninterested in creating democratic spaces and institutionalized forms of participation. The fact is that changes are generally more sustainable if people are involved in matters of governance that affect their lives.

USAID admits: Without good governance at local level, foreign aid won’t work

Heather Skilling 2014 (water & sanitation specialist at US Agency for International Development) 27 Aug 2014 The Sustainability Index Tool (SIT): one of USAID’s responses to reducing WASH system failure <http://sanitationandwaterforall.org/partner_perspective/the-sustainability-index-tool-sit-one-of-usaids-responses-to-reducing-wash-system-failure/>

In 2011, President Obama signed a Presidential Policy Directive on Global Development, the first of its kind by a U.S. administration. The Directive made clear that sustainable development is a long-term proposition, and progress depends on the choices of political leaders and the quality of institutions in developing countries. Where leaders govern responsibly, set in place good policies, and make investments conducive to development, sustainable outcomes can be achieved. Where those conditions are absent, it is difficult to engineer sustained progress, no matter how good USAID’s intentions or the extent of engagement.

1. Won’t reduce disease

Water aid projects don’t improve health because there are so many other vectors of disease and hygiene improvement is difficult

Give Well 2009. (nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of our analysis to help donors decide where to give;conducts in-depth research aiming to determine how much good a given program accomplishes) “Failure in international aid” (ethical disclosure: article is undated but footnotes indicate it was written in 2009) <https://www.givewell.org/international/technical/criteria/impact/failure-stories>

Many aid project rests on some assumptions about the people it's helping. When these assumptions turn out to be wrong, the project can fail to help them even if it's carried out as intended. Many projects focused on improving the water supply have failed to substantially improve health outcomes. Waterborne diseases are generally transmitted in many ways other than the water supply; simply improving the water supply may not be enough, and changing hygiene-related behavior may be difficult.

India Study finds no health benefit after water intervention. People don’t comply with protocols, and contamination from other sources

Sophie Boisson and 6 other researchers 2013. (Sophie Boisson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom . Matthew Stevenson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Lily Shapiro - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Vinod Kumar - Indian Institute of Health Management Research, Jaipur, India. Lakhwinder P. Singh - I ndian Institute of Health Management Research, Jaipur, India. Dana Ward - Population Services International, New Delhi, India. Thomas Clasen - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. ) Effect of Household-Based Drinking Water Chlorination on Diarrhoea among Children under Five in Orissa, India: A Double-Blind Randomised Placebo-Controlled Trial 20 Aug 2013 <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001497>

Our study was designed to overcome the shortcomings of previous double-blinded trials of household water treatment in low-income settings. The sample size was larger, the follow-up period longer, both urban and rural populations were included, and adherence and water quality were monitored extensively over time. These results provide no evidence that the intervention was protective against diarrhoea. Low compliance and modest reduction in water contamination may have contributed to the lack of effect. However, our findings are consistent with other blinded studies of similar interventions and raise additional questions about the actual health impact of household water treatment under these conditions.

Sophie Boisson’s India Study methodology

Sophie Boisson and 6 other researchers 2013. (Sophie Boisson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom . Matthew Stevenson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Lily Shapiro - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Vinod Kumar - Indian Institute of Health Management Research, Jaipur, India. Lakhwinder P. Singh - I ndian Institute of Health Management Research, Jaipur, India. Dana Ward - Population Services International, New Delhi, India. Thomas Clasen - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom.) Effect of Household-Based Drinking Water Chlorination on Diarrhoea among Children under Five in Orissa, India: A Double-Blind Randomised Placebo-Controlled Trial 20 Aug 2013 <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001497>

We conducted a double-blind randomised controlled trial between November 2010 and December 2011. The study included 2,163 households and 2,986 children under five in rural and urban communities of Orissa, India. The intervention consisted of an intensive promotion campaign and free distribution of sodium dichloroisocyanurate (NaDCC) tablets during bi-monthly households visits. An independent evaluation team visited households monthly for one year to collect health data and water samples.

Most water quality health studies are flawed because of methodology bias

Give Well 2013. (nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of our analysis to help donors decide where to give; conducts in-depth research aiming to determine how much good a given program accomplishes) Water Quality Interventions, Nov 2013 <https://www.givewell.org/international/technical/programs/water-quality#Meta-analyses_of_developing_world_RCTs>

In most water quality studies, researchers measure diarrhea rates through participant reports and study participants know whether or not they have received an intervention. This knowledge may influence reporting of diarrhea cases. For example, participants who know that their water is being treated may be less likely to report diarrhea, inflating estimates of the treatment effect. This knowledge may also influence the investigators surveying participants. Because of this potential bias, some studies conceal, or "blind", who has received the intervention by distributing a placebo (e.g. a sham filter) to the control group. None of the studies included in the above meta-analysis of effects on odds ratios are blinded, so this result may be biased.

Other studies find no health effect for water quality interventions

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The 5 blinded studies of water quality interventions in developing countries did not find a statistically significant effect. All 5 blinded studies examine household interventions (4 evaluate chlorination and 1 evaluates a water filter), which the Cochrane review finds to be more effective than interventions at the water source. Four of the blinded studies report longitudinal prevalence ratios (LPRs) as their primary outcome and one of the studies reports rate ratios. Pooling the 4 blinded studies that report LPRs, we calculate a 5% reduction with a 95% confidence interval ranging from a 6% increase to a 14% reduction in the percent of days with diarrhea for children under 5 and no reduction with a 95% confidence interval ranging from a 12% increase to a 11% reduction for all ages.

1. USAID admits frequent failure

Even USAID admits many water & sanitation aid projects fail

Heather Skilling 2014 (water & sanitation specialist at US Agency for International Development) 27 Aug 2014 The Sustainability Index Tool (SIT): one of USAID’s responses to reducing WASH system failure <http://sanitationandwaterforall.org/partner_perspective/the-sustainability-index-tool-sit-one-of-usaids-responses-to-reducing-wash-system-failure/>

USAID has a dual interest in ensuring that the WASH services we support are reliably available to the people who depend on them and that the development investments supported by U.S. citizens are efficient and effective. It has become increasingly clear to the development community and stakeholders that WASH services frequently fail whether through a lack of parts, a lack of finance or a lack of capacity. These service failures leave people vulnerable to health risks and/or necessitate reinvestment.

DISADVANTAGES

1. No accountability

Link: Not in the AFF plan

Affirmative’s plan contains no measurements or mandates to followup and measure the success or failure of their plan. They just give money and never find out if it worked or not.

Impact: Economic harm in poor countries. It makes them poorer by increasing the power of government and harming economic growth opportunities

Jonathan Lea 2016 (British attorney with over 13 years of experience at both large international firms and smaller practices; for the last five years he’s worked on a self-employed basis with a network of other independent lawyers focused on serving the needs of entrepreneur-led businesses and startups around the UK and further afield) 19 May 2015 **updated** 7 Jun 2016, “Why foreign aid is harmful,” <https://www.jonathanlea.net/2015/why-foreign-aid-is-harmful/>

Similarly, in donor countries, for all the billions of dollars of foreign aid money appropriated from their taxpayers over the years, no clear, effective system has ever been put in place to hold aid recipients and governments accountable for how the money is spent. Such spending serves to increase the power and unaccountability of governments and lessen the influence of otherwise free thinking and responsible individuals who would be able to trade and produce wealth through voluntary exchange.

2. Dependency

Link: Foreign aid encourages reliance on hand-outs by the people and government in poor countries

Jonathan Lea 2016 (British attorney with over 13 years of experience at both large international firms and smaller practices. For the last five years he’s worked on a self-employed basis with a network of other independent lawyers focused on serving the needs of entrepreneur-led businesses and startups around the UK and further afield) 19 May 2015 **updated** 7 Jun 2016, “Why foreign aid is harmful,” <https://www.jonathanlea.net/2015/why-foreign-aid-is-harmful/>

The dependence on foreign aid means that it becomes the opiate of the Third World. In a similar way to how the development of the welfare state in the UK and other developed countries has completely undermined and destroyed society by removing the need for communities to develop themselves through cooperation and exchange and by instead supporting and facilitating anti-social and irresponsible behaviour, foreign aid has largely encouraged Third World governments and their populations to rely on hand-outs instead of on themselves for development.

Impact: Trapped in poverty. They can’t pull themselves out of poverty if their governments fail to deliver

Daron Acemoglu and James A. Robinson 2014 (authors of Why Nations Fail; **Acemoglu**—Turkish-American economist from the Massachusetts Institute of Technology; **Robinson**—British political scientist from the University of Chicago) 25 Jan 2014, “Why foreign aid fails - and how to really help Africa,” <https://www.spectator.co.uk/2014/01/why-aid-fails/>

The people in poor countries have the same aspirations as those in rich countries — to have the same chances and opportunities, good health care, clean running water in their homes and high-quality schools for their children. The problem is that their aspirations are blocked today — as the aspirations of black people were in apartheid South Africa — by extractive institutions. The poor don’t pull themselves out of poverty, because the basic ability to do so is denied them. You could see this in the protests behind the Arab Spring: those in Cairo’s Tahrir Square spoke in one voice about the corruption of the government, its inability to deliver public services and the lack of equality of opportunity.

Works Cited

1. US Agency for International Development 2018 (foreign aid agency of the US State Department) last updated 15 Oct 2018 “PARTNERSHIP FOR WATER SANITATION AND HYGIENE (WASH) https://www.usaid.gov/india/water-and-sanitation
2. TIMES OF INDIA 2017. “Water Aid’s comments on Swachh Bharat ‘Out of Order’ 21 Nov 2017 https://timesofindia.indiatimes.com/india/water-aids-comments-on-swachh-bharat-out-of-order/articleshow/61739328.cms
3. S. K. Sarkar 2017. (Distinguished Fellow and Senior Director at TERI University, a not-for-profit, independent research institute in India) State of Urban Water and Sanitation in India, Oct 2017 https://urban-links.org/wp-content/uploads/2018/04/pbaah742.pdf (brackets added)
4. Heather Skilling 2014 (water & sanitation specialist at US Agency for International Development) 27 Aug 2014 The Sustainability Index Tool (SIT): one of USAID’s responses to reducing WASH system failure http://sanitationandwaterforall.org/partner\_perspective/the-sustainability-index-tool-sit-one-of-usaids-responses-to-reducing-wash-system-failure/
5. Give Well 2009. (nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of our analysis to help donors decide where to give;conducts in-depth research aiming to determine how much good a given program accomplishes) “Failure in international aid” (ethical disclosure: article is undated but footnotes indicate it was written in 2009) https://www.givewell.org/international/technical/criteria/impact/failure-stories
6. Sophie Boisson and 6 other researchers 2013. (Sophie Boisson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom . Matthew Stevenson - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Lily Shapiro - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Vinod Kumar - Indian Institute of Health Management Research, Jaipur, India. Lakhwinder P. Singh - I ndian Institute of Health Management Research, Jaipur, India. Dana Ward - Population Services International, New Delhi, India. Thomas Clasen - Department of Disease Control, Faculty of Tropical and Infectious Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. ) Effect of Household-Based Drinking Water Chlorination on Diarrhoea among Children under Five in Orissa, India: A Double-Blind Randomised Placebo-Controlled Trial 20 Aug 2013 https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001497
7. Give Well 2013. (nonprofit dedicated to finding outstanding giving opportunities and publishing the full details of our analysis to help donors decide where to give; conducts in-depth research aiming to determine how much good a given program accomplishes) Water Quality Interventions, Nov 2013 https://www.givewell.org/international/technical/programs/water-quality#Meta-analyses\_of\_developing\_world\_RCTs
8. Jonathan Lea 2016 (British attorney with over 13 years of experience at both large international firms and smaller practices; for the last five years he’s worked on a self-employed basis with a network of other independent lawyers focused on serving the needs of entrepreneur-led businesses and startups around the UK and further afield) 19 May 2015 **updated** 7 Jun 2016, “Why foreign aid is harmful,” https://www.jonathanlea.net/2015/why-foreign-aid-is-harmful/
9. Daron Acemoglu and James A. Robinson 2014 (authors of Why Nations Fail; **Acemoglu**—Turkish-American economist from the Massachusetts Institute of Technology; **Robinson**—British political scientist from the University of Chicago) 25 Jan 2014, “Why foreign aid fails - and how to really help Africa,” https://www.spectator.co.uk/2014/01/why-aid-fails/