What to do with Infant Poo?
Evidence-based Programming to support safe disposal of young children’s feces

March 2015
Participant Introduction
Agenda

- Participant Introduction
- Why Infant Feces?
- Child Feces Profile Introduction
- Small Group Work
- Group Speed Presentations
- Closing
Percentage of Diarrheal Deaths Attributed to Undernutrition

Diarrhea: 11% of all child deaths

Undernutrition contributed to 73% of these deaths

Shaded area indicates contribution of undernutrition to each cause of death
Connecting WASH and Nutrition

- Children with diarrhea tend to eat less
- With diarrhea, nutrients from food are not well-absorbed
- Undernourished children are more susceptible to diarrhea
Stunting –
*low height (or length) for age*

- One of three common anthropometric measures
- Sign of chronic under-nutrition
Stunting has lifelong implications…
A stunted child will **never** learn or earn as much as if they’d been properly nourished…

*And the damage can’t be un-done…*
Open defecation accounts for much of excess stunting - global trends

Sanitation alone explains 54% of international variation in child height - GDP only explains 29%

Source: Each data point is a collapsed DHS survey round (country-year), proportional to population. Spears (2012) www.riceinstitute.org #13
Focus on WASH behaviors for Diarrhea Disease Reduction….

Safe Storage & Treatment of Water
- 21%
- 30-50%

Handwashing
- 43%

Safe Feces Disposal
- 30% ++
Profiles outlining the current practices and programs to improve those practices

Afghanistan  
Burkina Faso  
Cambodia  
Chad  
Ethiopia  
India  
Indonesia  
Kenya  
Lao PDR  
Madagascar  
Malawi  
Mozambique  
Nepal  
Niger  
Nigeria  
Pakistan  
Philippines  
Senegal  
Sierra Leone  
South Sudan  
Sudan  
Tanzania  
Uganda  
Vietnam  
Zambia
Rural households consistently reported higher rates of unsafe disposal.

Percent of households reporting safe feces disposal for their youngest child under age 3, by urban and rural residence in Mozambique.
Households with younger children consistently reported higher rates of unsafe disposal.
The poorest households consistently reported higher rates of unsafe disposal
Over 50% of households with children under 3 in 14 of the 24 countries reported that the feces of their youngest child under age three were not deposited into any kind of toilet or latrine—i.e. they were unsafely disposed.
In 12 of the 24 countries, the feces of more than 10 percent of children were reported to be left in the open.
Young children had worse access than the general population to improved facilities in 22 of the 24 countries.
Even among households with improved toilets or latrines, all countries reported some unsafe child feces disposal behavior.
Given the relatively few programs focusing on children’s sanitation globally, there is not \textit{yet} a strong evidence base of effective strategies for increasing the safe disposal of child feces.
WASH Improvement Framework

Access to Hardware & Services
- Water supply
- Sanitation systems
- Handwashing stations / tippy taps
- Soap, containers, water treatment and other consumables for HWS, MHM and anal cleansing
- Fecal sludge management/ pit emptying

Hygiene Promotion
- Mass media
- Theater, radio, all folk media
- Community Mobilization/ CLTS
- School-Led Total Sanitation
- Community participation
- Household outreach /promotion

Sustainable WASH Improvement
- Reduced Diarrhea, Learning Improvement, Cost Savings, etc. etc etc.

Enabling Environment
- Supportive policy, tariffs and regulation
- Institutional strengthening
- Coordinated planning and budgeting
- Financing and cost-recovery
- Cross-sectoral coordination
- Partnerships
Increase Demand for Sanitation from Children and caregivers
Strengthen Supply of products that fit the context
Improve the Enabling Environment for management of children’s feces

Including related criteria in:

• open defecation free verification protocols,
• sanitation policies,
• strategies, and
• monitoring mechanisms.
Explore opportunities to integrate child sanitation into existing interventions that target caregivers of young children.
Conduct additional formative research to understand the behavioral drivers and barriers.
WaterShed in Cambodia conducted Consumer Research
UNICEF in Madagascar is using Counseling Cards to change behaviors.
WASH Benefits and icddr,b examined and refined current products

Icddr,b & Luby (2013)
UNICEF’s SHEWA-B program trained 10,000 local community workers
BRAC is targeting over 17 million people in Bangladesh with safe feces disposal interventions.
Government of Ethiopia (with USAID/WSP support) promotes safe feces disposal as part of health extension worker essential health actions.
Small Doable Actions for Behavior Change

• Identify, promote and facilitate improved behaviors that....
• Have significant **positive impact** on health
• Are **feasible** to achieve, (people both willing and able to make changes)
Small Doable Action Approach

• Construct a continuum
• Identify feasible incremental steps that move people from a current hygiene practice toward the ideal practice
• Identify existing hygiene and sanitation good practices to be reinforced or modified
• Identify practices to be improved and negotiate the options with family member
Hand Washing

Current Practices Needing Improvement

• Hand washing without soap when soap is not available
• “Dip” hand washing from communal bowl
• No systematic hand washing after cleaning baby, the potty or after defecation
• No systematic hand washing before eating/cooking
Washing (continued)

Small Doable Actions

• Use tippy tap to conserve water

• Create hand washing station next to cooking and eating area

• When soap is not available, use ash for hand washing—rub hands together, rinse, and air drying.
SMALL DOABLE ACTIONS FOR SAFELY DISPOSING OF CHILD FECES

• Document CURRENT household practices for handling child feces by age cohort.
• Prioritize riskiest of practices
• Work with mothers to identify a few ‘small doable actions’ for each of these risky behaviors that will make it easier for mothers to manage child feces, but that still get them out of the environment.
• Test these with mothers, over time, for effectiveness and feasibility
GROUP EXERCISE
Small Doable Actions for Safe Feces Disposal

3 groups
* 6 months and under
* 7 - 24 months
* 2 - 5 years

List
Current pooping practice
Current cleaning practice

Brainstorm
Small doable actions to improve
## Debrief
### Small Doable Actions for Safe Feces Disposal

<table>
<thead>
<tr>
<th>CLEANING</th>
<th>SMALL DOABLE ACTION TO IMPROVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash the baby</td>
<td>Use the trowel/hoe, take it to the toilet</td>
</tr>
<tr>
<td>Used the soft cloth</td>
<td>Plastic sheeting</td>
</tr>
<tr>
<td>Clean him completely</td>
<td>Plastic pants</td>
</tr>
<tr>
<td>Rubber/Plastic sheet (under katha)</td>
<td>Water to clean him completely</td>
</tr>
<tr>
<td>Cleaned the baby</td>
<td>Anticeptic (savlon) just one</td>
</tr>
<tr>
<td>Diaper/Pamper/Cloth/Rag</td>
<td>Put the baby</td>
</tr>
<tr>
<td>Clean themselves/sari/camis</td>
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</tr>
<tr>
<td>Then took feces toilet</td>
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</tr>
<tr>
<td>Few admitted toss in ditch, bush, garbage pit</td>
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<tr>
<td>Really insistent NOT in pond, not in garden</td>
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<tr>
<td>Throw into water body that they don’t drink (e.g. canal)</td>
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</table>

### INFANT
- Katha (old sari quilt)
- Diaper/Pamper/Cloth/Rag
- Rubber/Plastic sheet

### When they know, they stand them up
- Use the trowel/hoe, take it to the toilet
- Anticeptic (savlon) just one
- Put the baby
- Clean themselves/sari/camis
- Then took feces toilet
- Few admitted toss in ditch, bush, garbage pit
- Really insistent NOT in pond, not in garden
- Throw into water body that they don’t drink (e.g. canal)

### TODDLER (but we need a name)
- Some said as of 6 months... start using potty
- Take it to the latrine
- Like the potty, use it like a toy
- Put water
- They just know.... When kid has to go
- Dump it
- They make noises... they tell
- They make noises... they tell
- Brush
- Detergent powder, clean it, dry it
Thank you!

More information??

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