Introduction

Open defecation explains more than half the overall variation in child height (stunting). With growing evidence about impact of animal feces on child growth as well, safe disposal of all feces—infant, animal, and adult—is paramount. Although the impact of open defecation and WASH (water, sanitation, and hygiene) affects the health and growth of under fives, most sanitation programs target adults.

But what happens to the feces of the under fives? Where does it go?

Bangladesh Problem

The Water and Sanitation Program (World Bank) and UNICEF reanalyzed Demographic and Health Surveys and/or Multiple Indicator Cluster Survey Child Module to document infant and child feces disposal in 15 countries, including Bangladesh.

- Only 22% of child feces in Bangladesh is disposed of “safely” — just 11% disposed of in an improved latrine.
- In project areas, 41% of children have stunted growth.
- Poor WASH practices contribute to undernutrition and child stunting.
- Younger and poorer children’s feces are often left in the open.

While the precise practices and solutions are developed in Bangladesh, the approach is applicable to East Africa & throughout the globe!

Intervention Design: Integration with Nutrition

Built around concept of Poo’s Final Address

Wherever the child defecates, caretakers “deliver” it to the latrine. The intervention:

- Highlights use of enabling technologies already available or accessible in the home—potties, hoes, latrine supports, and modified drop holes
- Focuses on safe wash water disposal used to clean potties, diaper cloths, etc.
- Aims to shift social norms around risk of infant and child feces, appropriate place of disposal, and handwashing after handling feces
- Allows nutrition outreach workers to assess current practices and negotiate small doable actions (SDAs) appropriate for age
- Is developing outreach workers remember and negotiate improved practices

SDA Approach for Safely Disposing Child Feces

WASHplus uses SDAs to identify feasible practices in resource-poor communities to safely manage feces, including infant and animal feces.

- Document CURRENT household practices for handling child feces for four relevant age cohorts based on mobility
  - Infant/lap child – under 6 months
  - Crawling baby 6-12 months
  - Toddler – under 3 years
  - Young child 3-6 years
- Prioritize riskiest practices
- Work with households to identify a few SDAs for each of the risky behaviors
- Test these with mothers, over time, for effectiveness and feasibility

Illustrative SDAs

<table>
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<tr>
<th>Age Cohort</th>
<th>Current Pooping and Cleaning Practices</th>
<th>Possible SDAs to Promote</th>
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| Crawling baby  | When caretaker knows infant is about to poop, she stands the infant up to poop on ground. Then uses paper or leaves to transfer into ditch. | Let child poop where he/she poops then:
| (under 1 year) |                                        | Use the trowel/hoe, take it to the latrine. Socialize child to potty training. Sit the child on the potty (even when not pooping). |
| Young child    | Children often with older siblings or on their own. Poops anywhere. Caretaker cleans up when she sees or when cleaning the courtyard. Throw in ditch, anywhere out of sight, or in household garbage. | Train child to use latrine
| 3-6 years      |                                        | Make latrine more “child-friendly”
|                |                                        | Control smell with ash and regular cleaning.
|                |                                        | Pour sufficient water to flush feces
|                |                                        | Clean slab at least weekly or when feces are visible
|                |                                        | Arrange doorway or superstructure for light
|                |                                        | Install handrails to increase stability/security
|                |                                        | Make a seat placed over the hole
|                |                                        | Accompany child, keep door open, and communicate with child while pooping (congratulate or reward them)
|                |                                        | Install a child-friendly footrest in the latrine
|                |                                        | Make a latrine with smaller hole to reduce fear

Project Context

Project Area: Bangladesh

- 157 million people, most densely populated country
- Birthplace of community-led total sanitation
- High fixed-point defecation at 61% but many of these still unsanitary latrines
- ODF estimated as high as 97%, but only for adults!

Contact: For more information, a full description of process to develop small doable actions, and Bangladesh results for adaptation, contact the authors at contact@washplus.org. For infant feces, including many African countries, go to: www.wsp.org/childfecesdisposal