

# What to do with Infant Poo?

Evidence-based Programming to support safe disposal of young children's feces

March 2015





# Participant Introduction



# Agenda

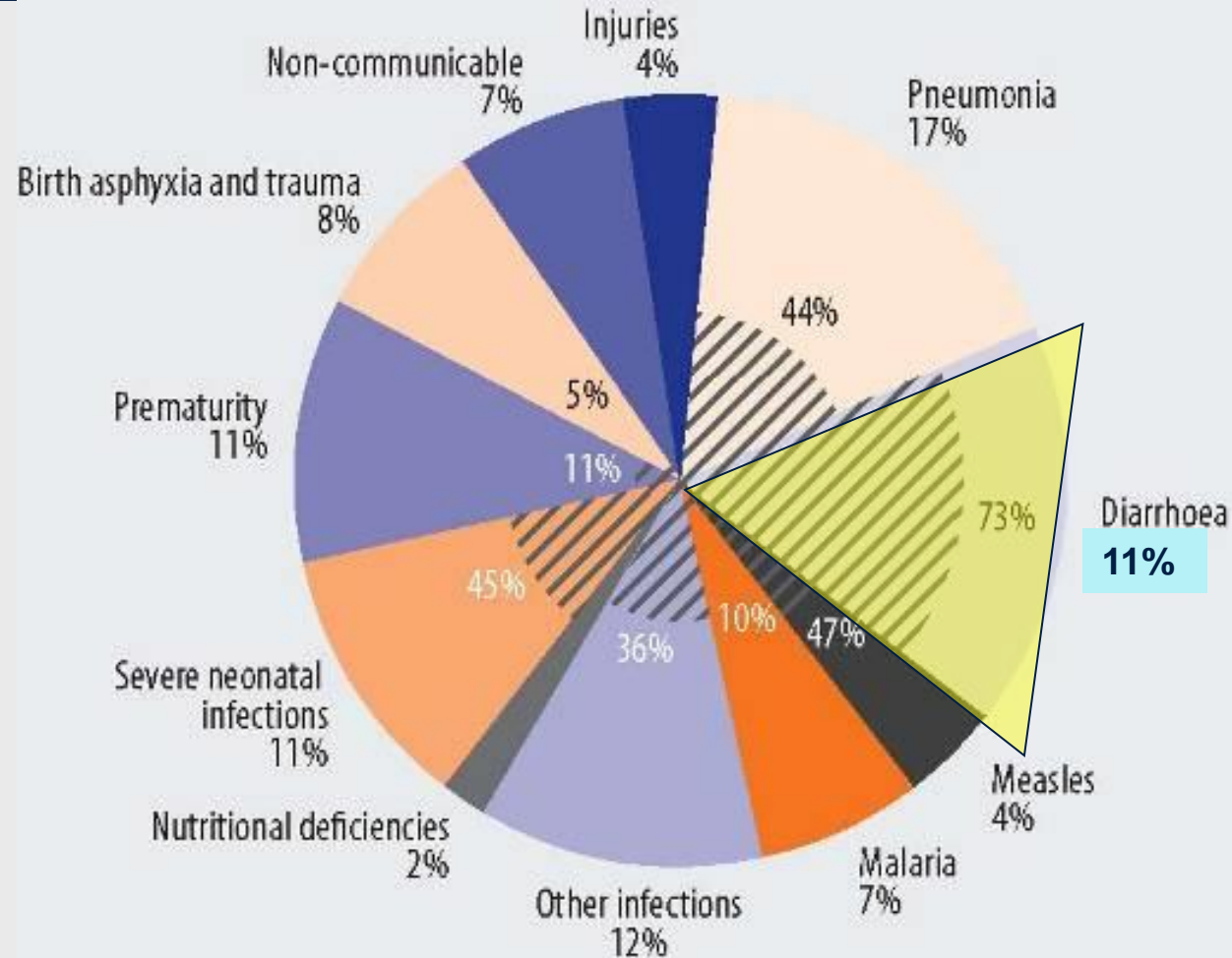
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- Participant Introduction
- Why Infant Feces?
- Child Feces Profile Introduction
- Small Group Work
- Group Speed Presentations
- Closing

# Percentage of Diarrheal Deaths Attributed to Undernutrition

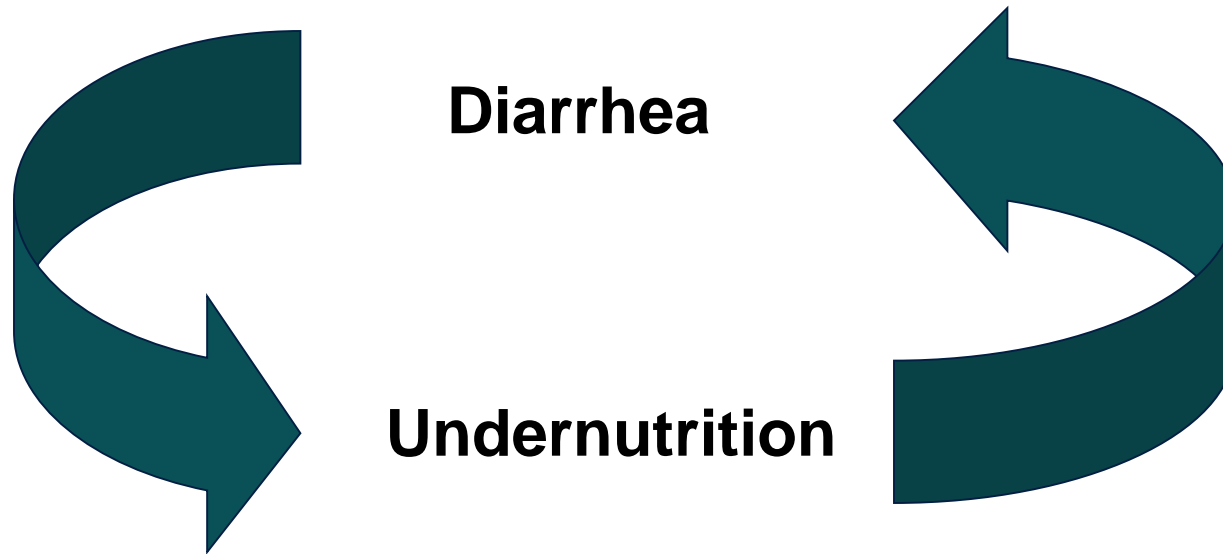
Diarrhea: 11% of all child deaths

Undernutrition contributed to **73%** of these deaths



Shaded area indicates contribution of undernutrition to each cause of death

# Connecting WASH and Nutrition



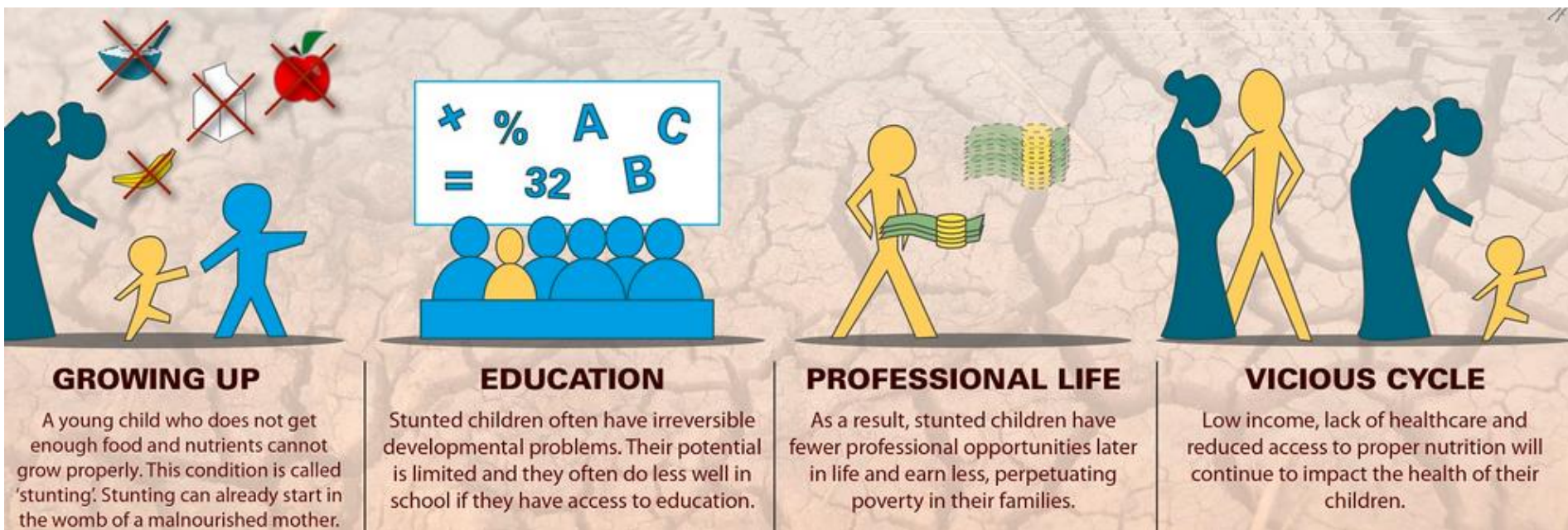
- Children with diarrhea tend to eat less
- With diarrhea, nutrients from food are not well-absorbed
- Undernourished children are more susceptible to diarrhea

# Stunting – *low height (or length) for age*

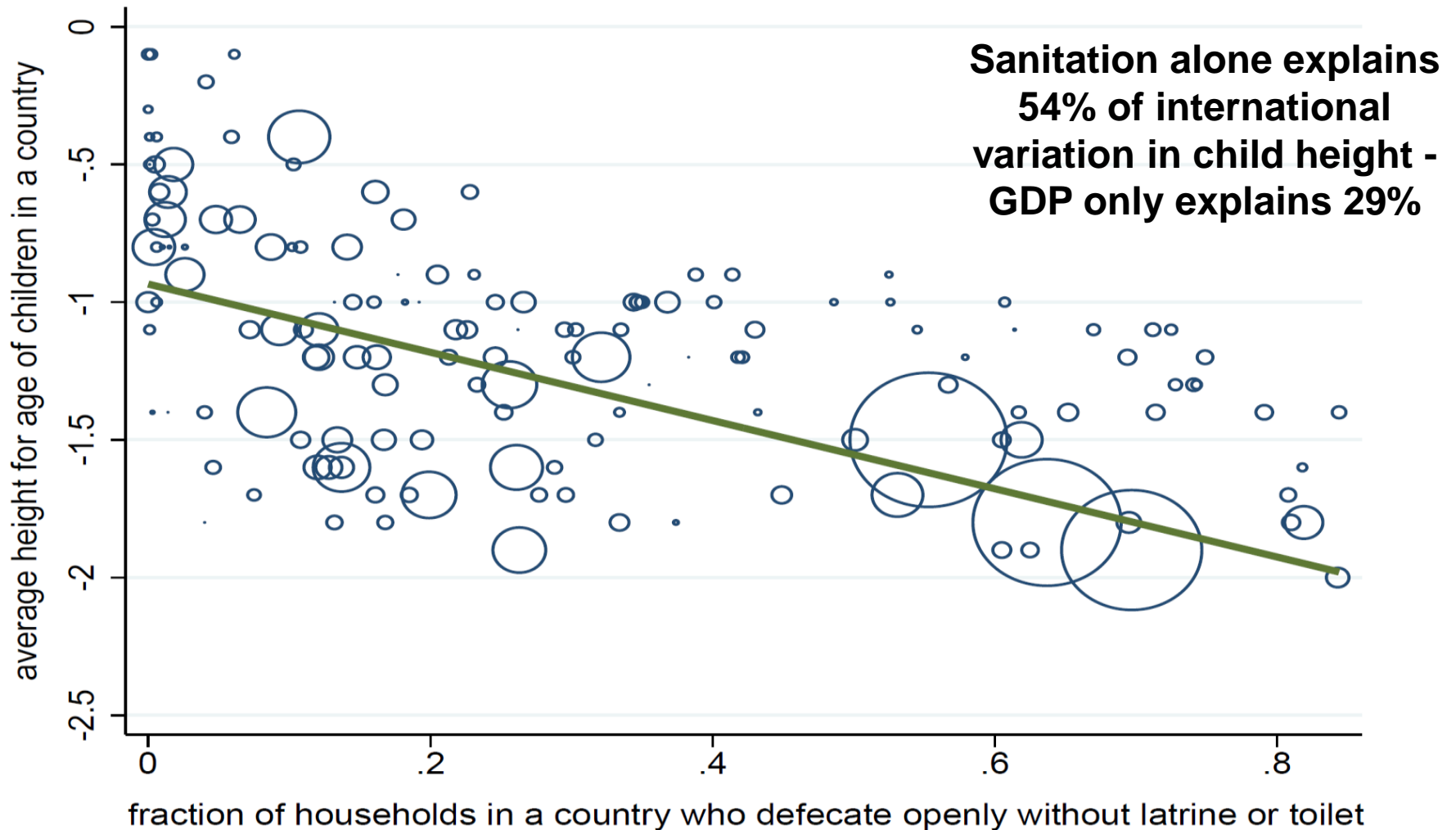
- One of three common anthropometric measures
- Sign of chronic under-nutrition



**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



Source: Each data point is a collapsed DHS survey round (country-year), proportional to population. Spears (2012) [www.riceinstitute.org](http://www.riceinstitute.org) #13



**Safe Feces Disposal**



**30% ++**

**Focus on WASH behaviors  
for Diarrhea Disease  
Reduction....**

**Safe Storage & Treatment of Water**



**21%**



**30-50%**



**Handwashing**



**43%**

# Profiles outlining the current practices and programs to improve those practices

## Child Feces Disposal in BANGLADESH

unicef | wsp

### OVERVIEW OF CURRENT PRACTICES

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMPS) tracks progress towards Millennium Development Goal 7, "to reduce the number of people without access to adequate sanitation by half." However, by only monitoring coverage of infrastructure such as toilets and latrines, the current sanitation target overlooks sanitation practices of children. Due to their developmental status and safety concerns, young children may not be able to use a toilet or latrine, even if their household has access to one.

Just as with adult sanitation, safe disposal of children's feces should ensure separation of the stool from human contact and an uncontaminated household environment. Instances where a child uses or their feces are put or rinsed into a toilet or latrine are considered most likely than other disposal methods to break the fecal-oral transmission chain. For the purposes of this document, instances where a child uses or their feces are put or rinsed into a toilet or latrine are referred to as safe while other methods are termed unsafe.

**In Bangladesh, in 2006, only 22% of households reported that their children under three defecated into a latrine or defecated in the open but the feces was then disposed into a latrine.** Therefore, the stools of over 7.3 million children under three were not disposed safely. This includes over 3.5 million children whose feces were left in the open.<sup>1</sup> In the South East Asia region, the Maldives, Iran, Nepal, Kyrgyzstan, Afghanistan, Bhutan, Kazakhstan and Tajikistan all have lower rates of unsafe child feces disposal, while India has higher rates.

**In Bangladesh, marginalized households and younger children consistently report higher rates of unsafe disposal of child feces.** Households without improved sanitation, rural areas and poorer households were generally less likely to report safe disposal.

Households with unimproved sanitation facilities were generally more likely to report unsafe disposal. Households practicing open defecation reported the highest level of unsafe child feces disposal. However, it is important to note that in Bangladesh, even among households with improved sanitation, 63% reported unsafe behaviors. Among households with improved sanitation, the feces of 22% of children are being left in the open and those of 17% of children are being put or rinsed directly into drains or ditches.

In addition, households with younger children were generally more likely to report unsafe disposal methods. Households are most likely to report child feces being unsafely disposed of during the first 0-11 months of age.

**FIGURE 1** The proportion of children aged under three reporting safe child feces disposal in South Central Asia. Bangladesh is outlined in red.

**FIGURE 2** Percentage of children aged under three by type of feces disposal, Bangladesh. Segments shaded brown and gray are considered unsafe disposal methods while green colors are used to designate other disposal methods that are considered more safe.

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

# www.wsp.org/childfecesdisposal

Child Feces Disposal | WSP x

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an international partnership  
to help the poor gain sustained access to improved  
water supply and sanitation services

wsp  
water and sanitation program

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Child Feces Disposal

**Topics**

- Domestic Private Sector Participation Initiative
- Scaling Up Rural Sanitation Sanitation Core Components
- Publications and Tools
- Global Scaling Up Handwashing Project
- Country Profiles: Child Feces Disposal
- Delivering Water Supply and Sanitation (WSS) Services in Fragile States
- Mitigating and Adapting Water and Sanitation Service Delivery to Climate Change Impacts
- Supporting Poor-inclusive WSS Sector Reform
- Targeting the Urban Poor and Improving Services in Small Towns

Safe disposal of children's feces is as essential as the safe disposal of adults' feces. This series of country profiles provides an overview of the available data on child feces disposal in 25 countries. Each brief concludes with keys to strengthen safe disposal practices, based on emerging good practice. The briefs are developed jointly by WSP and UNICEF.

Part 1 of 2: Child Feces Disposal in **BANGLADESH**

UNICEF WSP WORLD BANK GROUP

**OVERVIEW OF CURRENT PRACTICES**

In Bangladesh, 100% of children use latrines for defecation. However, 60% of these latrines are not used for child feces disposal. This is due to a lack of appropriate facilities for child feces disposal. The majority of children's feces are disposed of in the open, in the back yard, or in the open field. This is a major public health concern as it leads to the contamination of water and soil, and the spread of disease.

**KEYS TO STRENGTHEN SAFE DISPOSAL PRACTICES**

1. Provide appropriate facilities for child feces disposal. This includes the construction of latrines with separate compartments for child feces disposal. 2. Promote the use of these facilities through community-based organizations and other stakeholders. 3. Provide education and training to parents and children on the importance of safe disposal practices. 4. Provide incentives to encourage the use of these facilities.

Child Feces Disposal in **CAMBODIA**

UNICEF WSP WORLD BANK GROUP

**OVERVIEW**

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Country Profile: Bangladesh Part 1 | Part 2

Country Profile: Cambodia

Additional profiles will be available soon:

Africa: Tanzania | Uganda | Senegal | Kenya | Ethiopia | Niger | Burkina Faso | Madagascar | Malawi | Mozambique | Sierra Leone | Nigeria | Zambia | Chad | Sudan

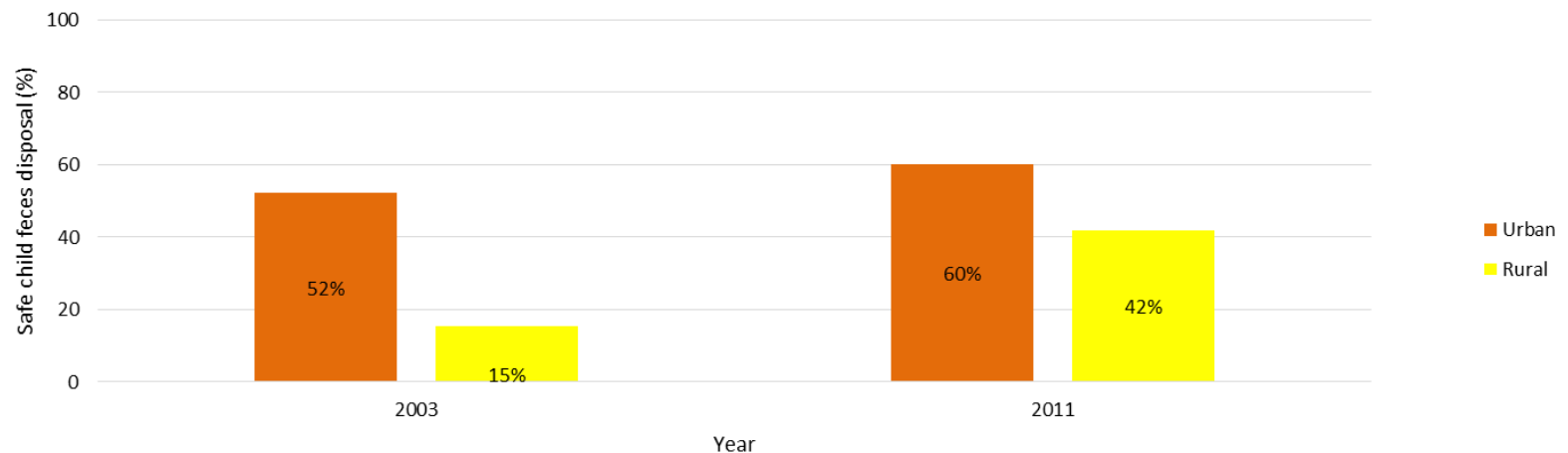
East Asia: Lao PDR | Philippines | Indonesia | Vietnam

South Asia: India | Nepal | Afghanistan

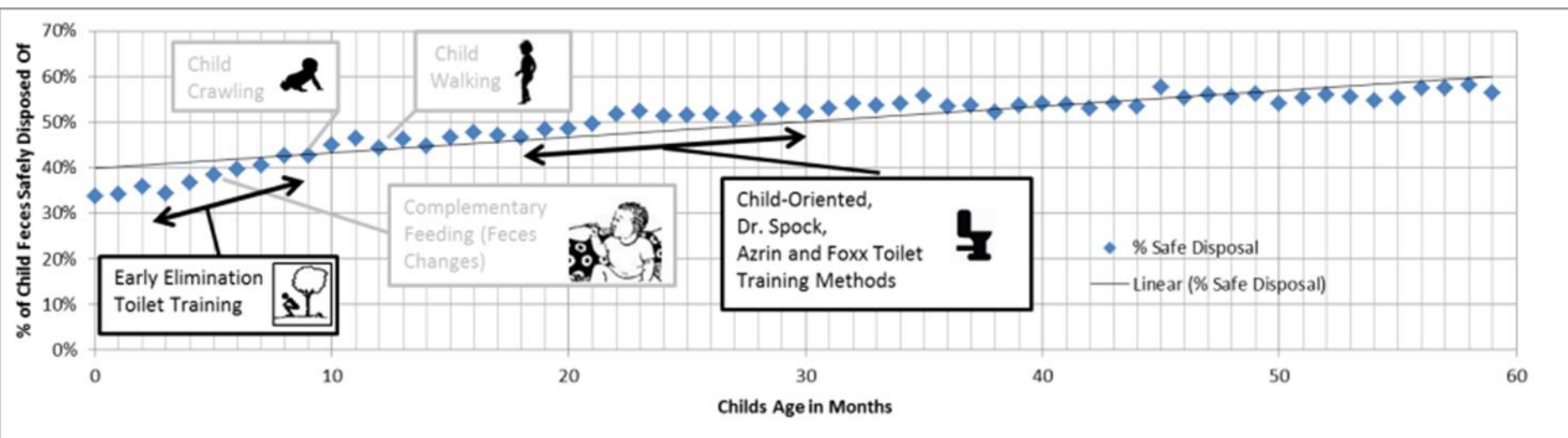
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# Rural households consistently reported higher rates of unsafe disposal

Percent of households reporting safe feces disposal for their youngest child under age 3, by urban and rural residence in Mozambique

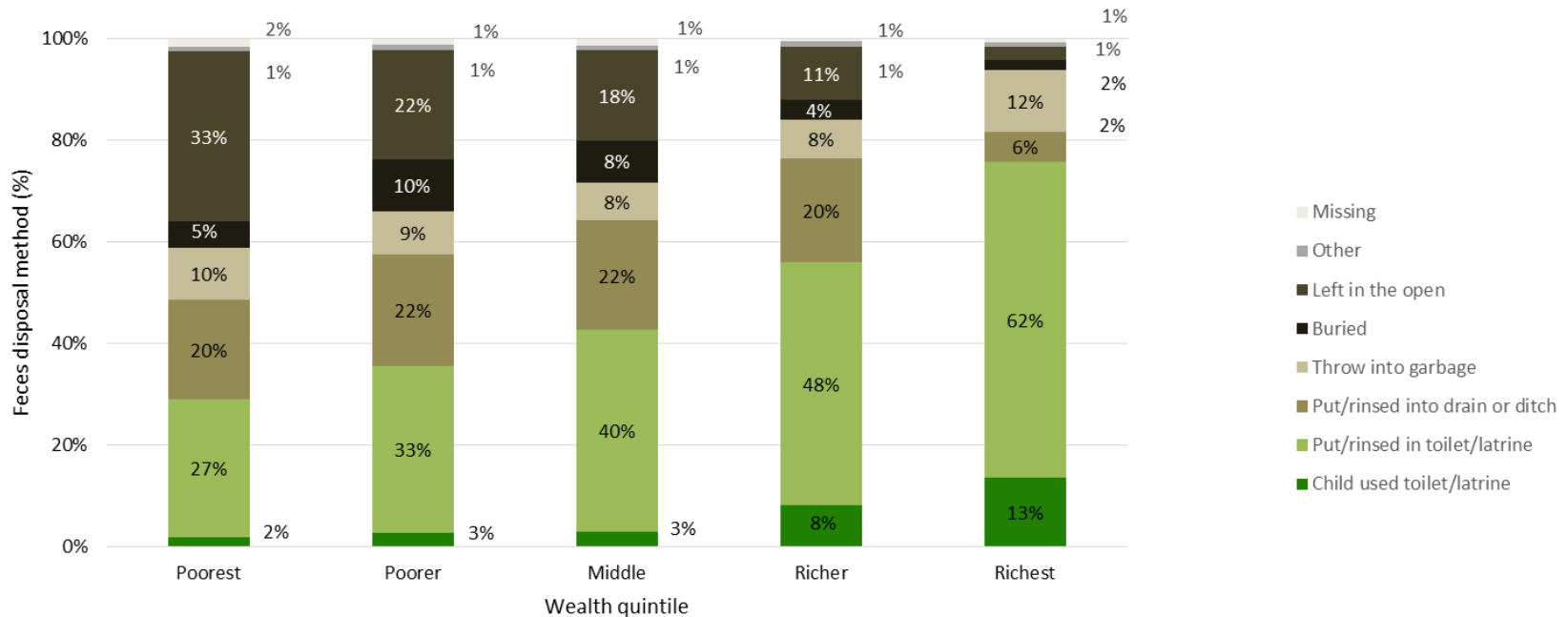


# Households with younger children consistently reported higher rates of unsafe disposal

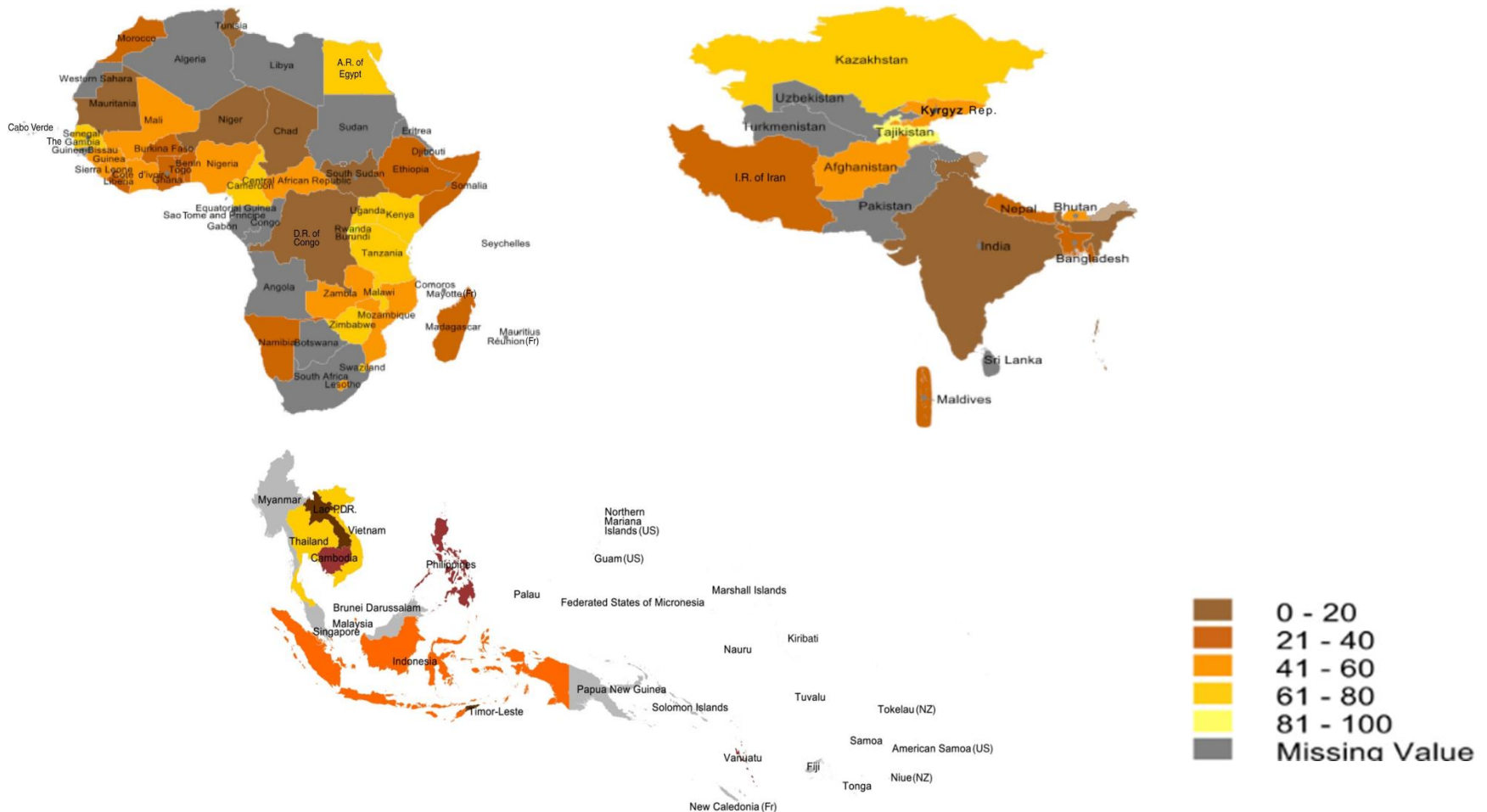


# The poorest households consistently reported higher rates of unsafe disposal

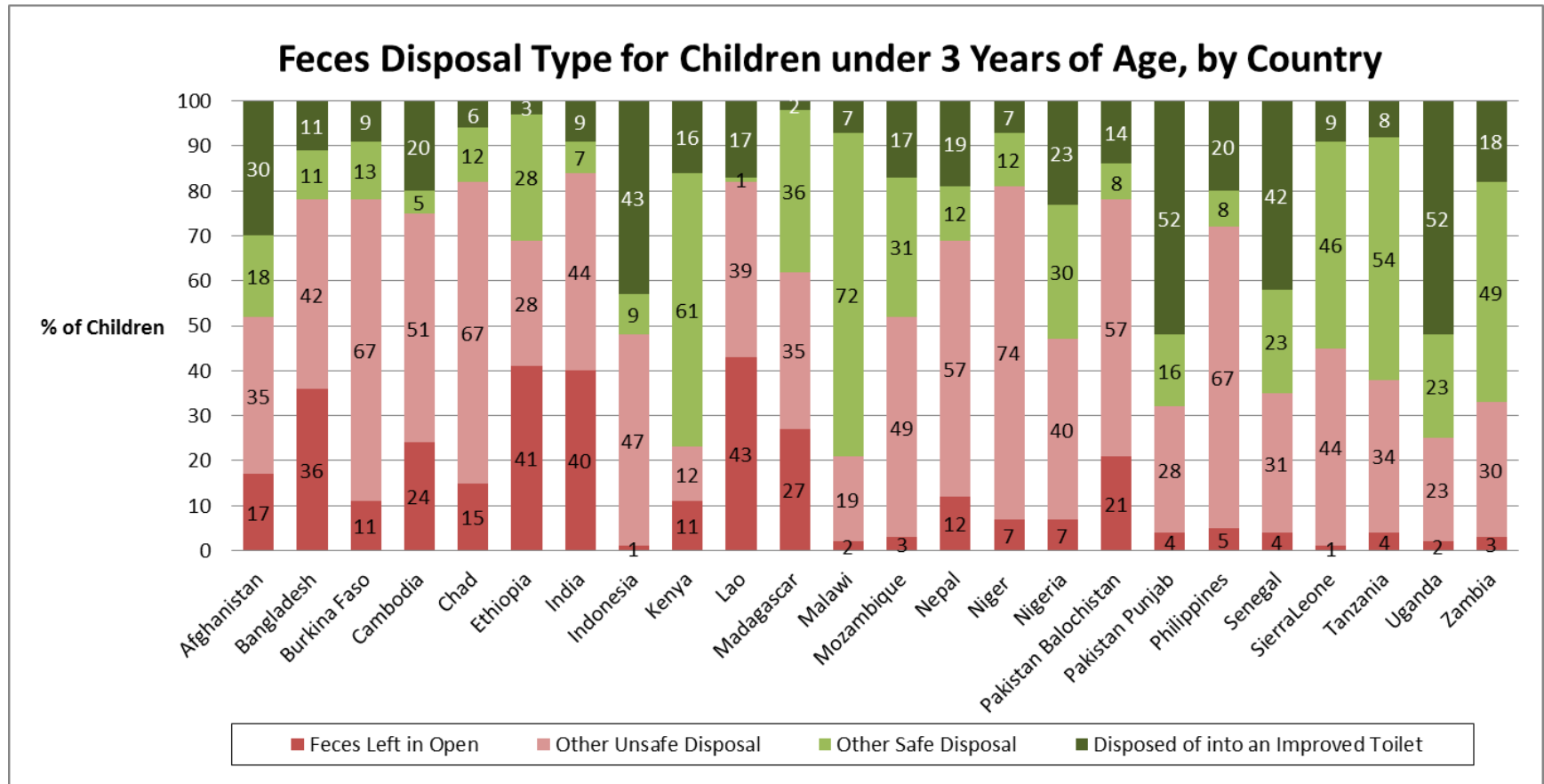
Reported feces disposal practice for households' youngest child under age 3, by household wealth quintile in Afghanistan



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.

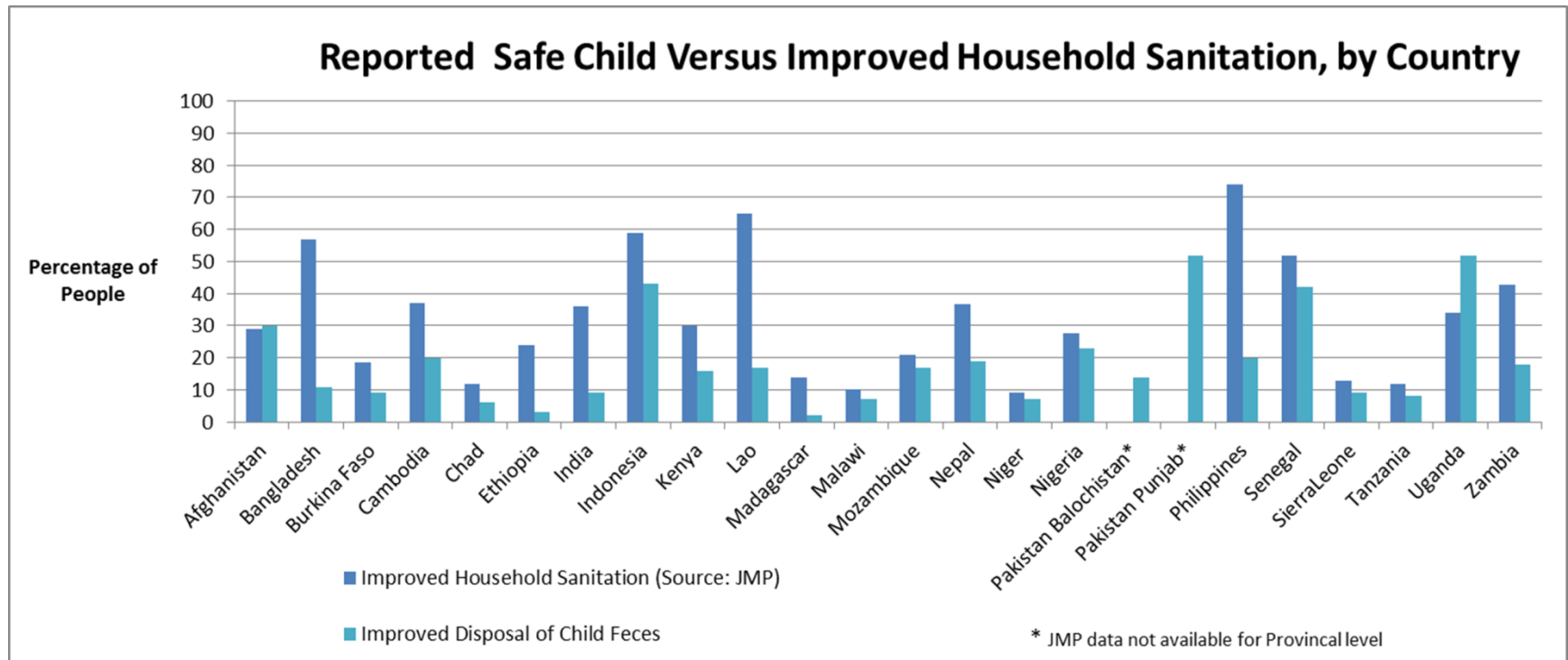


# In 12 of the 24 countries, the feces of more than 10 percent of children were reported to be left in the open.



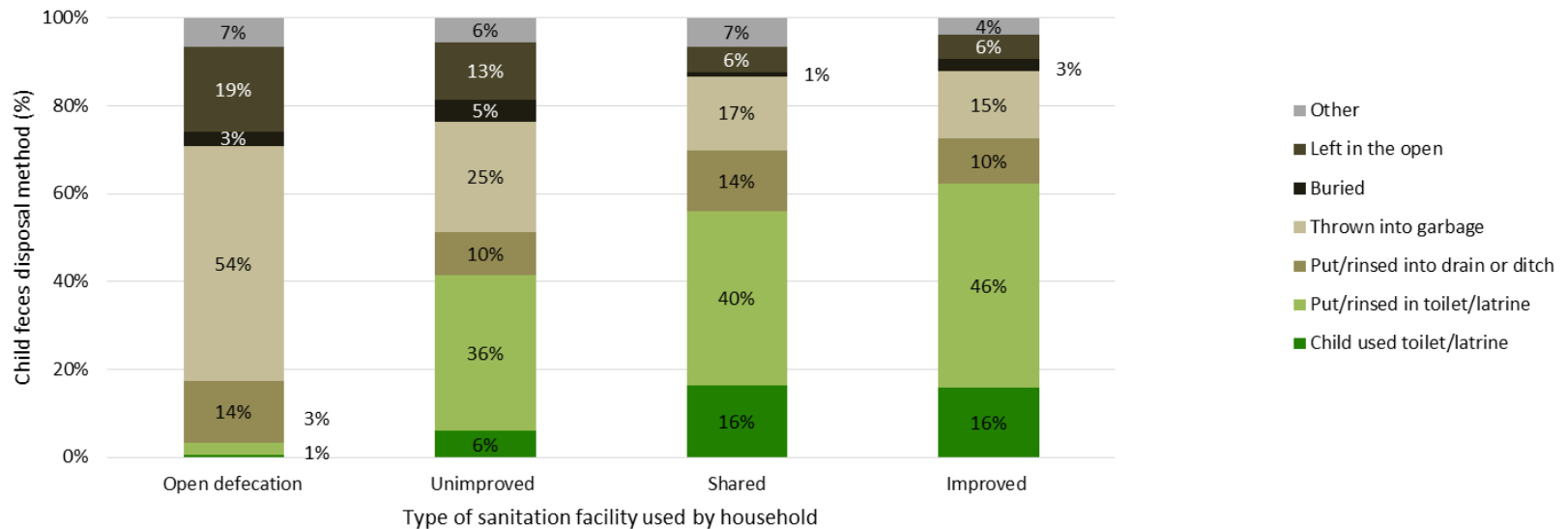


# Young children had worse access than the general population to improved facilities in 22 of the 24 countries.



# Even among households with improved toilets or latrines, all countries reported some unsafe child feces disposal behavior.

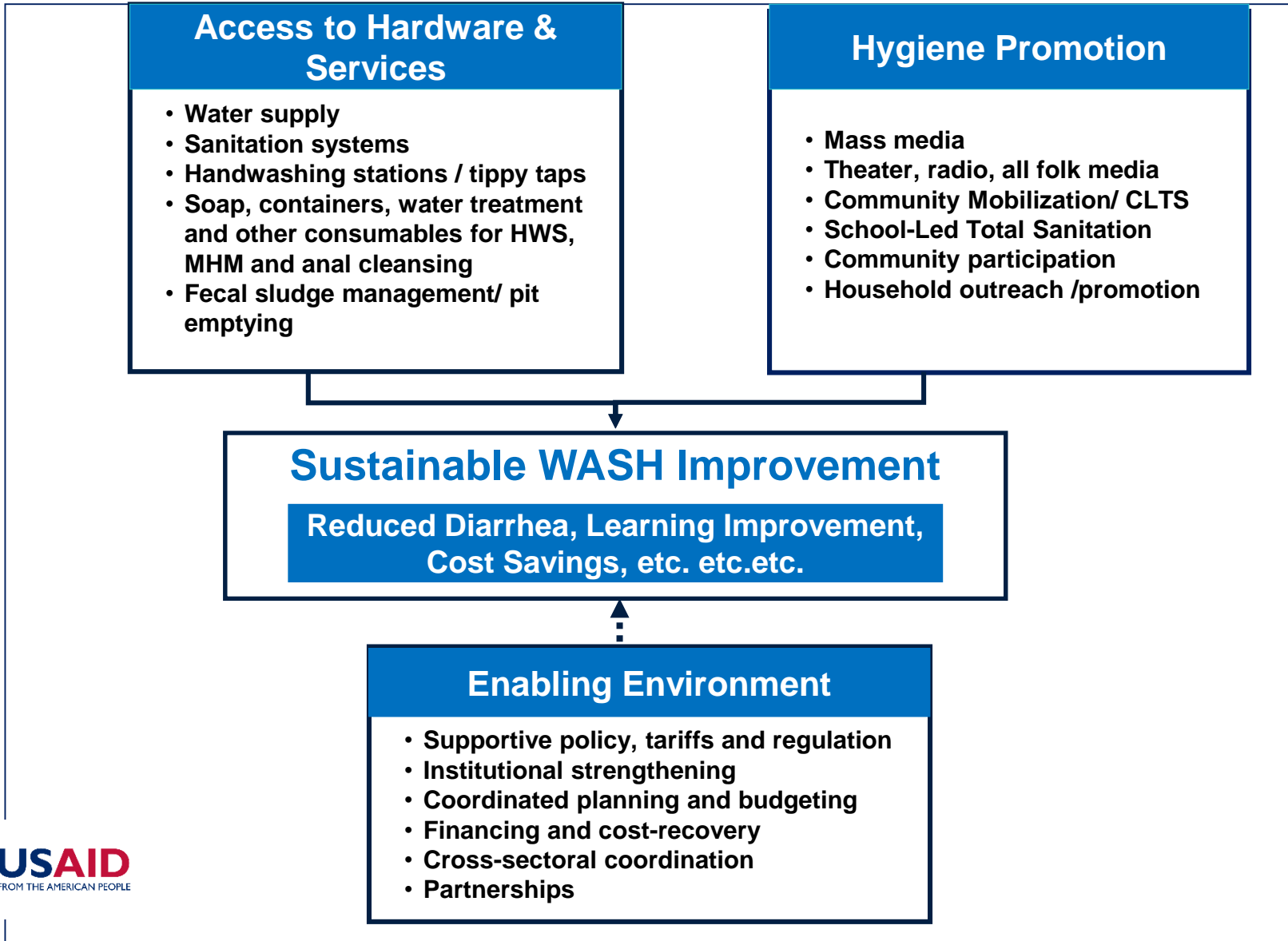
Reported feces disposal practice for households' youngest child under age 3, by household sanitation facility type in Nepal



# Ideas for Consideration Disclaimer

*Given the relatively few programs focusing on children's sanitation globally, there is not **YET** a strong evidence base of effective strategies for increasing the safe disposal of child feces.*

# WASH Improvement Framework



# 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



# 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

## বাড়ির সকল সদস্য ল্যাট্রিন ব্যবহার করবে

- যদি ল্যাট্রিন থাকে, তাহলে পরিবারের সকলেই তা ব্যবহার করবে। এমনকি শিশুদের ব্যবহারের জন্য স্বাস্থ্যসম্মত ল্যাট্রিন থাকা প্রয়োজন।
- সঠিকভাবে ল্যাট্রিন ব্যবহার করুন। ওয়াটার সিল যাতে না ভাঙে সেদিকে লক্ষ্য রাখুন। পরিষ্কার পরিচ্ছন্ন রাখুন। (ওয়াটার সিল ভেঙে গেলে সেটি অস্বাস্থ্যকর ল্যাট্রিনে পরিণত হয়)

- ❓ আপনি কি জানেন একটি ছোট শিশুর মলেও অনেক রোগজীবাণু থাকে? শিশুর মল ল্যাট্রিনে ফেলুন।
- ❓ বাড়ির সকলের পাশাপাশি শিশুদেরও ল্যাট্রিন ব্যবহারে অভ্যস্ত করুন।

- ❓ যেহেতু আপনি ল্যাট্রিনের জন্য অর্থব্যয় করছেন, সুতরাং তা রক্ষণাবেক্ষণ করা কি জরুরি নয়?
- ❓ আপনি আপনার প্রতিবেশীর ক্ষতি চান না। সুতরাং আপনি স্বাস্থ্যসম্মত ল্যাট্রিন ব্যবহার করুন। আপনি কি আপনার প্রতিবেশীর দ্বারা ক্ষতিগ্রস্ত? তাকে একটি স্বাস্থ্যসম্মত ল্যাট্রিন স্থাপন করতে বলুন।



# 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.



Using a handwashing station

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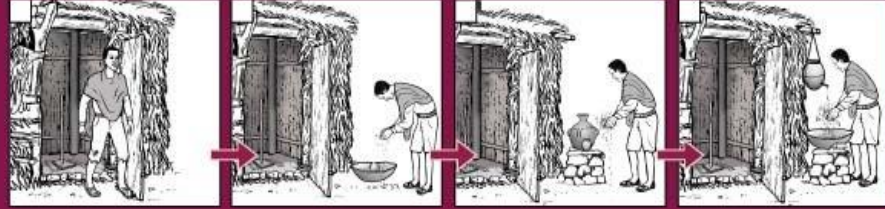
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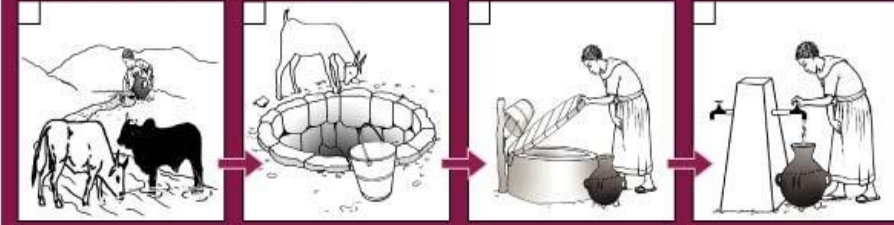
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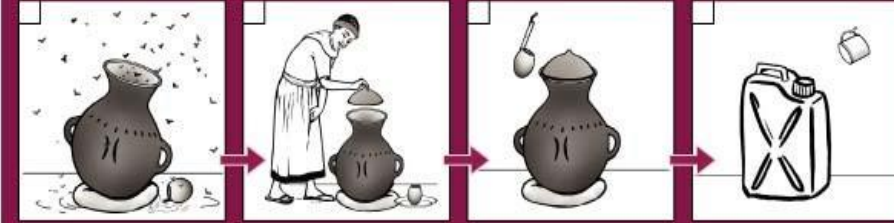
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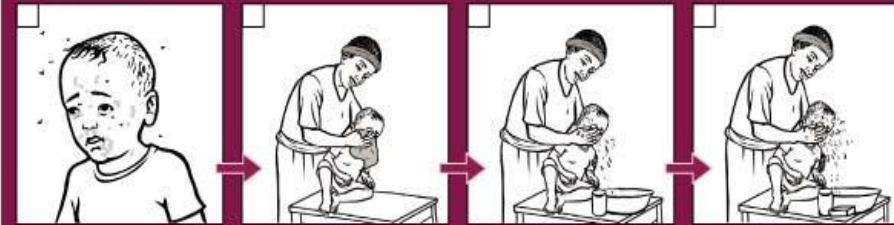
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# SMALL DOABLE ACTIONS FOR SAFELY DISPOSING OF CHILD FECES

- 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





**USAID**  
FROM THE AMERICAN PEOPLE

**washplus**  
Supportive Environments for Healthy Communities



**USAID**  
FROM THE AMERICAN PEOPLE

**washplus**  
Supportive Environments for Healthy Communities





# Debrief

## Small Doable Actions for Safe Feces Disposal



	CLEANING	SMALL DOABLE ACTION TO IMPROVE
<b>INFANT</b>		
Katha (old cloth)	Wash the baby with cloth	
Diaper/ Paper	Use cloth to clean him completely	Use the trowel/ho, take it to the toilet
Rubber /Plastic	Use Soap	Plastic sheeting
When they know, they stand them up	Anticeptic (savlon) just one	Plastic pants
Use the trowel/ho, take it to the toilet	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)	
<b>TODDLER (but we need a name )</b>		
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 talk to them	Brush	
They make noise... they tell	Detergent powder, clean it, dry it	



# Thank you !

More information??

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