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

October 2014
Agenda

- Child Feces Profile Introduction
- Participant Introduction
- Expert World Café
- Working Group Presentation
- Gallery Walk
- Closing
Profiles outlining the current child feces disposal practices of caregivers 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
Uganda
Vietnam
Zambia
Why Child Feces?

- Higher prevalence of pathogens in children’s feces
- Children’s feces can contaminate households leading the way to ingestion of fecal matter,
- Ingestion of fecal matter can cause poor gut health and chronic immune stimulation, leading to malnutrition
- Child feces management is not addressed in many WASH programs, yet health impacts are often measured as diarrhea or stunting on children.
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

- 2003:
  - Urban: 52%
  - Rural: 15%

- 2011:
  - Urban: 60%
  - Rural: 42%
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 a strong evidence base of effective strategies for increasing the safe disposal of child feces.
Conduct additional formative research to understand the behavioral drivers and barriers
Strengthening efforts to change the behavior of caregivers
Partnering with the private sector to improve feces management tools
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.
Exploring opportunities to integrate child sanitation into existing interventions that target caregivers of young children
Participant Introduction
Expert World Cafe
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Julia Rosenbaum</td>
<td>WASHPlus</td>
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<tr>
<td>Lindsay Voigt</td>
<td>WaterShed</td>
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<td>Lizette Burgers</td>
<td>UNICEF</td>
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<tr>
<td>Faruqe Hussain</td>
<td>icddr’b/WASHBenefits Bangladesh</td>
</tr>
<tr>
<td>Claire Null</td>
<td>WASHBenefits Kenya</td>
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Working Groups

Data Sources

Data Sources

Preliminary Integration Ideas

ACkNOWLEDGMENTS

ACKNOWLEDGMENTS

NOTES

NOTES

FIGURE 2: A policy already available in the Bangladesh market (left) and a waste survey adapted from a common live by solids, l right)
Working group inputs into program recommendation document- (45 minutes)

Given the relatively few programs focusing on children’s sanitation globally…

there is not a strong evidence base on what works best for effectively increasing the safe disposal of child feces.

Significant knowledge gaps must be filled before practical evidence-based policy and program guidance will be available.

Nevertheless, those organizations showcased today and other experts working in or researching children’s sanitation globally have made recommendations incorporating child feces management into existing programs.
Scaling Up Rural Sanitation
Theory of Change

Theory of Change

- Strengthen Supply of Sanitation Products At Scale
- Generate Demand for Improved Sanitation At Scale
- Strengthen Enabling Environment
- Learning and Knowledge
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.

Enabling Environment
- Supportive policy, tariffs and regulation
- Institutional strengthening
- Coordinated planning and budgeting
- Financing and cost-recovery
- Cross-sectoral coordination
- Partnerships
SNV Approach

- **Sustainable sanitation & hygiene for all**
- **WASH governance, regulation and compliance**
- **Sanitation demand creation and hygiene behaviour change**
- **On-site sanitation services and business development**
- **Faecal sludge treatment, disposal and re-use**
The Stool of Stools

Toilet acquisition, maintenance & use

Supply chains

User demand

Institutional & Policy Environment
Review recommended program guidance

Organized by
- Formative Research
- Increase Demand
- Improve Supply
- Create or Strengthen the Enabling Environment and Integrate with other child/caregiver programs

Self select a group (one of the ‘pillars’)

Take 25 minutes
Review/ critique/ add/ edit / subtract
Using a computer, prepare a slide/few slides to present to group
Working Group Presentation
Formative Research (To be edited by participants)

- Conducting additional formative research to understand the behavioral drivers and barriers to safe child feces disposal
- Ensure that behavior, namely safe stool disposal, is assessed according to the standard DHS/MICS approach, which asks respondents to describe the disposal of feces of the youngest child in the household, and the practice at last stool disposal.
- Additional questions such as where the child defecated, how the feces was disposed of or/and transported, can also be assessed (see sample questionnaire). Ideally, these questions should be completed by caregivers, and in reference to what they do with their child or children.
- In an ideal situation, include a household roster at the start of the interview:
  - Identify all children in the household under the age of 5 or 36 months
  - Identify their caregivers
  - Ensure that age of each child is recorded
  - Administer a short module that addresses feces disposal.
  - Analyze data at the individual level, which is among children under the age of 5 or 36 months.
- This has the advantage of increasing the sample size, without needing to go to more households, and ensures that factors such as the child’s age, whether or not he or she is ambulatory or pre-ambulatory, are also captured. An example of a roster is presented in figure X. In this example there are three children in the household under the age of five. Elizabeth is a caregiver for two of the children, while Jane is Peter’s caregiver. In this situation, Elizabeth would complete two modules that assess the how she disposed of the stool for Stephen and Rose, while Jane would complete the same module for Peter’s stool disposal.
- If that is not possible, ask about the youngest child in the household, and identify the caregiver of that child to complete the questions regarding infant feces disposal.
- Avoid using questions that assess what the respondent ‘usually does’ given this is subject to bias and greater error.
Improved Demand (to be edited by Participants)

- Strengthening efforts to change the behavior of caregivers through programs that encourage cleaning children after defecation, potty training children, and using appropriate methods to transport feces to a toilet/latrine.
- Tailor messaging to caregivers. For example, place emphasis on disposing the feces into a toilet/latrine for children not developmentally able to use a toilet.
- Introduce education programs in schools and preschools to encourage caregivers’ understanding that children’s stools are dangerous, in communities where people consider children’s feces as relatively inoffensive.
- Incorporate the entire range of relevant motivators—health, time saving, ease of cleaning and pride, etc—into communication materials for caregivers.
- Maximize the frequency of program-to-caregiver contact.
- Encourage caretakers to dispose of the wash water properly if washable diapers or nappies are used.
- Communicate the importance of consistency in the new behaviours established for preventing child feces coming into contact with humans.
Improved Supply (to be edited)

• Partner with the private sector to improve feces management tools, such as potties, diapers, and scoopers
• Look for any affordable local tool already in the market that can be redeployed and remarkeeted for safe feces disposal—thus making use of pre-existing supply and local familiarity of the product.
• Encourage the installation of household toilets and a convenient water supply to increase the availability and therefore likelihood of safe child feces disposal.
• Encourage toilet training through the use of training tools, such as the “safe squat,” with use of an improved toilet/latrine.
• Work with caregivers to define appropriate interventions and tools for each age of mobility and development.
Enabling Environment and Integration (to be edited)

- Improving the enabling environment for management of children’s feces, by including specific child feces-related criteria in open defecation free verification protocols, national sanitation policies, strategies, or monitoring mechanisms.
- Include criteria that a community cannot be certified as open defecation free unless everyone’s feces are safely disposed of, in locations using community-led total sanitation.
- Work with governments to incorporate safe disposal of child feces into existing interventions.
- Maintain a feedback loop between the management of children’s feces and its impact to correctly identify and address any issues.
- Explore opportunities to integrate child sanitation into existing interventions that target caregivers of young children, such as including key messages in antenatal and newborn care materials provided to parents or ensuring midwives’ training includes information on safe child feces disposal.
Thank You