INTERVENTIONS AND POSSIBLE PROGRAM INTEGRATION IDEAS FROM THE FIELD

This brief is a companion to Child Feces Disposal in Bangladesh: Overview of Current Practices, which was also published by the World Bank Water and Sanitation Program (WSP) and the United Nations Children’s Fund (UNICEF). That publication provides evidence on why children must be recognized as a vital component for achieving total sanitation and associated benefits: 78% of Bangladeshi households reported that the feces of their children under three was disposed of unsafely. Poor, rural and younger children are most at risk. Despite such facts, and although the impact of poor sanitation and hygiene is often measured by the effects on children, most sanitation and hygiene interventions target adults. This brief includes all relevant information that the authors have been able to locate thus far on current interventions to improve children’s sanitation in Bangladesh, as well as collating possible integration ideas from the field. It concludes with an appeal to readers to send in any additional information they may be aware of.

In Bangladesh, a range of efforts to increase demand, improve supply, and create an enabling environment for the safe disposal of child feces during the first years of life are underway by various organizations. Within its Community-Led Total Sanitation activities, Bangladesh has added effective disposal of children’s feces as a criteria for open defecation free verification. In addition, the children’s television show Sesame Street has introduced a new Muppet named Raya (pictured in Figure 1), who will focus on teaching children across Bangladesh about good sanitation and hygiene.

Three activities addressing different aspects of the collection, transport, and disposal of child feces and toilet training are discussed in more detail below.

WASH Benefits
WASH Benefits and the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) developed an intervention with three components: 1) a sani-scoop hoe for picking up feces (see Figure 2), 2) plastic child potties with a removable tray (Figure 2), and 3) a new or upgraded dual pit latrine for each household in its compound. The intervention emphasizes safe disposal of feces from the compound. A randomized controlled trial (RCT) is being carried out to measure impacts. Self-reported data about the respondent’s use of the interventions marked improvement. However, observations of feces in the household environment found only a statistically insignificant difference.

UNICEF and SHEWA-B
Through UNICEF’s Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) project, 10,000 trained local community workers provide hygiene instruction to their neighbours, primarily focusing on the mothers of children under five. According to a study conducted in 2012, structured observations did not record statistically significant increases in the proportion of child feces disposed in a latrine or pit.

BRAC
BRAC (formerly Bangladesh Rural Advancement Committee)’s 2006–2007 baseline survey found that adults placed less importance in the contamination potential of children’s than adults’ stool and only 11% of respondents regarded “after cleaning children’s stool” to be an appropriate time for handwashing. In response to such findings, the organization is targeting over 17 million people in Bangladesh. The program educates children under five and their mothers about proper hygiene practices, through the use of flipcharts and brochures that include messages such as:

- Did you know that the feces of small children can be dangerous? Try to throw the children feces into the latrine.
- Your children need a hygienic latrine and need to use it.
- After cleaning the child’s bottom throw the child feces into the latrine; it is important to wash both hands with soap.

FIGURE 1  Sesame Street’s new Muppet, Raya (here with Elmo), will teach children in Bangladesh about healthy hygiene practices

Photo credit: © 2014 John Barrett, Sesame Workshop
Preliminary Integration Ideas

Given the relatively few programmes focusing on children's sanitation in Bangladesh and also 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 comprehensive practical evidence-based policy and program guidance will be available. Nevertheless, those organizations mentioned above plus other experts working in or researching children's sanitation globally have published a number of recommendations and possible methods for incorporating child feces management into existing programs. These are collated below.

Increase Demand:

• 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.8
• 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.9
• Incorporate the entire range of relevant motivators—health, time saving, ease of cleaning and pride, etc.—into communication materials for caregivers.10
• Maximize the frequency of program-to-caregiver contact.11
• Encourage caretakers to dispose of the wash water properly if washable diapers or nappies are used.12
• Communicate the importance of consistency in the new behaviours established for preventing child feces coming into contact with humans.13

Improve Supply:

• Look for any affordable local tool already in the market that can be redeployed and remarketed for safe feces disposal—thus making use of pre-existing supply and local familiarity of the product.14
• Encourage the installation of household toilets and a convenient water supply to increase the availability and therefore likelihood of safe child feces disposal.15
• Encourage toilet training through the use of training tools, such as the “safe squat,” with use of an improved toilet/latrine.16
• Work with caregivers to define appropriate interventions and tools for each age of mobility and development.

Create an Enabling Environment:

• 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.17
• Work with governments to incorporate safe disposal of child feces into existing interventions.18
• Maintain a feedback loop between the management of children's feces and its impact to correctly identify and address any issues.19

We're interested in your thoughts. Do you agree with the ideas outlined above? Have you found different evidence through your own programming? If you have thoughts on the possible lessons learned or know of a program which is encouraging the safe disposal of child feces, please contact WSP at: erand@worldbank.org so that we can highlight your program or incorporate your lessons learned into future program guidance.

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NOTES

6 BRAC WASH Research Team, WASH Programme of BRAC: Towards Attaining the MDG Targets: Baseline Findings (Bangladesh: BRAC Centre, 2008), 92–93.
7 BRAC, “Messages for Caregivers Regarding the Management of Child Feces” (Bangladesh: BRAC Centre, 2013.).