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DEVELOPING AND TESTING AN INNOVATIVE BEHAVIOR CHANGE PROGRAM FOR SAFE CHILD FECES MANAGEMENT IN ODISHA, INDIA

FINDINGS FROM BEHAVIOR SURVEY FINAL REPORT

NOVEMBER 2021

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Photo: Household Visit #1, Khetmundali village of Ganjam district, Premlata Gomango

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Tetra Tech Contacts: Morris Israel, Project Director
morris.israel@washpals.org

Jeff Albert, Deputy Project Director
jeff.albert@washpals.org

Lucia Henry, Project Manager
lucia.henry@tetrattech.com

Tetra Tech
1320 N. Courthouse Road, Suite 600, Arlington, VA 22201
Tel: 703 387 2100, Fax: 802 658 4247
www.tetrattech.com/intdev

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

TABLE OF CONTENTS

ACRONYMS	11
EXECUTIVE SUMMARY	3
1.0 INTRODUCTION	4
2.0 METHODS AND APPROACHES	8
2.1 Behavior Survey Tool.....	8
2.2 Data Collection.....	8
2.3 Data Issues.....	8
2.4 Data Analysis.....	9
3.0 RESULTS	10
3.1 Change in CFM Behaviors.....	10
3.2 Changes in CFM Behaviors by Child Age Group	11
3.2.1 Infants: 0–6 Months, 7–12 Months.....	12
3.2.2 Toddlers: 13–18 Months, 19–24 Months, 25–36 Months	13
3.2.3 Young Children: 37–48 Months, 49–<60 Months, ≥60 months	13
3.3 Adoption of CFM Hardware	13
3.3.1 Bucket with Lid and Wash Basin.....	14
3.3.2 Latrine Training Mat.....	14
4.0 DISCUSSION	16
4.1 Limitations.....	16
ANNEX 1. CFM PRACTICES OVER TIME BY CHILD AGE AND SEX	18
ANNEX 2. CFM BEHAVIOR SURVEY	21

ACRONYMS

CFM	Child Feces Management
GV	Gram Vikas
HHV1	Household Visit 1
HHV2	Household Visit 2
JMP	Joint Monitoring Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASHPaLs	Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability
WHO	World Health Organization

EXECUTIVE SUMMARY

Globally, access to sanitation is on the rise, with related reductions in open defecation. Yet an often-overlooked component of sanitation is safe child feces management (CFM). Child feces may contain more pathogens compared to adult feces and are likely a significant source of fecal exposure in rural Indian households and other similar settings. Improvements in safe CFM are key to achieving reductions in fecal exposure and improvements in health, particularly for infants and young children. Only a few studies have been conducted on behavioral factors that influence the adoption of safe CFM practices and the role of novel CFM hardware might play to facilitate improved CFM practices. To address this information gap, USAID funded Gram Vikas (GV) to develop and test behavior change programming for safe CFM in Odisha, India. GV is also charged with designing and testing hardware and a behavior change strategy that promotes safe CFM behaviors along the entire child feces exposure pathway for households with children under five years old.

Project implementation followed four phases:

1. Formative research to understand existing practices
2. Design and pilot of the intervention
3. Implementation
4. Evaluation

The GV team followed a user-centered design approach to develop novel and low-cost hardware as part of the program design and piloting. The intervention focused on two CFM behaviors of interest: (1) safe disposal of child feces, and (2) child latrine training. Target participants were primary caregivers of children less than 5 years old, often the mother of the child. However, other household members and secondary caregivers, such as fathers and grandmothers, were also engaged during certain activities. The intervention included five activities:

1. Opening meeting: hardware distribution and action knowledge/skills building
2. First household visit (HHV1): building self-efficacy and goal setting
3. Caregiver support group meeting
4. Second household visit (HHV2): building self-efficacy and goal setting
5. Closing meeting: celebrating “Safe CFM Families”

Each activity in the set was designed to address particular determinants which had been previously identified in the formative research and piloting phases to influence the practice of the targeted behaviors.

Between December 2020 and April 2021, the GV supervisor team delivered the CFM program to 37 intervention villages across Ganjam and Gajapati Districts. At the end of each household visit, GV supervisors administered a brief behavior survey to the caregiver. HHV1 took place in January 2021, and HHV2 took place between mid-February and the end of March 2021. On average, the household visits took place about 1.5 months apart. Both intervention and evaluation activities experienced delays due to national COVID-19 prevention measures. The impact evaluation analysis is forthcoming but extends beyond the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project contract window, so will be informally submitted and disseminated outside of the contract deliverable.

This summary reports the results of the behavior surveys carried out by project supervisors following HHV2 and answers the following questions:

- How did the caregivers’ CFM behaviors change throughout the course of the program?

- To what extent did caregivers adopt the CFM hardware, and was the hardware used as intended?

The behavior surveys assessed caregivers' reported CFM practice for each child at three different time points: before the CFM program (655 children), in the week before HHV1 (831 children), and in the week before HHV2 (834 children). The study found that child latrine use and caregivers' safe disposal steadily increased over time throughout the CFM program. Before the CFM program, only 21 percent of children used the latrine. By HHV1, uptake increased to 46 percent and reached 53 percent by HHV2. Caregiver safe disposal also saw an increase over time: only 16 percent of children had their feces safely disposed of into a latrine before the program. By HHV1, this figure had increased to 22 percent and by HHV2 had risen to 31 percent. Consequently, increases in safe CFM behaviors led to a significant decline in the proportion of children whose feces were unsafely managed by caregivers, from 59 percent before the program to only 13 percent by HHV2. Few caregivers practiced a mix of behaviors at any point before, during, or at the end of project implementation, whether a mix of safe behaviors or mix of safe and unsafe.

The steady increase in child latrine use and caregiver safe disposal differed by child age group, as expected, but did not differ by child sex. Children in the infant age groups saw a dramatic increase in caregiver safe disposal over time but no change in child latrine use (a practice rarely used with infants). Toddlers between 1 and 3 years old can be viewed as the "transition" age group for CFM, where children become developmentally ready to transition from having their feces safely disposed to learning to use the latrine. This is evident in the survey results. The toddler age group increased in both caregiver safe disposal and child latrine use, with greater gains in safe disposal for younger toddlers and greater gains in child latrine use for older toddlers. Children over three years of age saw steady gains in child latrine use over time. Study results suggest that the combination of group and household strategies designed to focus on determinants of behavior, together with increased access to enabling technologies, may be highly effective at changing CFM and latrine training behaviors. Although the results are quite promising in nature, it may be too early to draw broader conclusions for the population because the intervention was conducted only in villages with existing sanitation infrastructure. More rigorous impact analysis is pending, which will examine the gendered impacts of the intervention, including a review of household support with CFM tasks and caregivers' perceptions of equitable CFM workload distribution.

I.0 INTRODUCTION

The world has made great progress in increasing access to basic sanitation and reducing open defecation. As reported by UNICEF/WHO in the latest JMP report, as of 2017, only 9 percent of the global population reportedly practice open defecation. In India, the World Health Organization (WHO) and UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation, and Hygiene, estimates an open defecation rate of 22 percent in rural areas, while the Government of India declared the country open defecation free in 2019. However, an often-overlooked component of sanitation is safe child feces management (CFM). Child feces often contain more pathogens compared to adult feces and are likely a significant source of fecal exposure in rural Indian households, and other similar settings. The latest National Family Health Survey (2015–2016) reported that only 36 percent of Indian households safely dispose of their child’s feces into a latrine despite the availability of a latrine in 61 percent of households. The State of Odisha has the lowest rate of safe CFM at 13 percent, with 35 percent latrine coverage. Effective behavioral interventions that focus on safe CFM practices among caregivers are needed to counter these trends. Early use and intergenerational uptake of this practice may also lead children learning to use the latrine.

Emory University and Gram Vikas (GV) collaborated to develop and evaluate a CFM program that aims to reduce fecal exposure by promoting safe CFM behaviors. The two teams worked to bring together their collective research expertise and experience implementing community-based programs. The USAID Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project funded program design, team capacity building, and implementation. The Bill and Melinda Gates Foundation also contributed funds for impact evaluation and hardware distribution.

The CFM program activities were developed based on the Risks, Attitudes, Norms, Ability, and Self-Regulation (RANAS) approach to behavior change.¹ The approach comprises four phases: (1) formative research to understand the existing practices; (2) design and piloting of the intervention; (3) implementation; and (4) evaluation. GV also designed novel and low-cost hardware following a user-centered design approach. The intervention focused on two CFM behaviors of interest: safe disposal of child feces and child latrine training. Target participants were primary caregivers of children less than 5 years old, frequently the mother of the child. However, other household members and secondary caregivers, such as fathers and grandmothers, were also engaged in certain activities.

Between December 2020 and April 2021, the GV supervisor team delivered the CFM program to 37 intervention villages across Ganjam and Gajapati Districts in Odisha, India. The program included five activities:

1. Opening meeting: hardware distribution, addressing action knowledge/skills building, attitudes and social norms
2. First household visit (HHV1): building self-efficacy and goal setting, addressing self-regulation and ability
3. Caregiver support group meeting: addressing self-regulation and ability
4. Second household visit (HHV2): building self-efficacy and goal setting, addressing self-regulation and ability
5. Closing meeting: celebrating “Safe CFM Families” and reinforcing positive social norms.

¹ Hans-Joachim Mosler (2012). A systematic approach to behavior change interventions for the water and sanitation sector in developing countries: a conceptual model, a review, and a guideline, *International Journal of Environmental Health Research*, 22:5, 431-449, DOI: 10.1080/09603123.2011.650156

As noted above, each activity in the set was designed to address particular determinants which had been previously identified in the formative research and piloting phases to influence the practice of the targeted behaviors.

TABLE I. OVERVIEW OF BEHAVIORAL DETERMINANTS AND BEHAVIOR CHANGE TECHNIQUES (BCT) ADDRESS IN THE SET OF ACTIVITIES

Activities	Key steps	Factor and BCTs
Opening hardware meeting	<ul style="list-style-type: none"> Discuss and watch video story of two mothers and their experience with disposal of child feces and latrine training. 	<p>Risks: inform about risk</p> <p>Attitudes: Inform about costs & benefits</p> <p>Describe feelings about performing behavior</p> <p>Norms: Provide positive identity</p>
	<ul style="list-style-type: none"> Explain how to use each hardware (wash basin and bucket with lid; latrine mat with tray), ask some volunteers to demonstrate to the group (with positive praise afterwards), and then distribute the hardware to the caregivers accordingly 	<p>Ability:</p> <p>Provide infrastructure and instruction</p> <p>Prompt guided practice</p>
	<ul style="list-style-type: none"> Ask the caregivers to make a commitment in front of each other that they will practice safe disposal or latrine training (that all child feces will end up in the latrine) 	<p>Norms: Prompt public commitment</p>
Household visit #1	<ul style="list-style-type: none"> Review the behavior <ul style="list-style-type: none"> *SD: Ask caregiver to demonstrate how she safely disposes and give feedback LT: Prompt caregiver to reflect on her experience with latrine training so far 	<p>Self-regulation:</p> <p>Feedback on performance</p> <p>Direct experience reflection</p>
	<ul style="list-style-type: none"> Discuss any challenges and setbacks <ul style="list-style-type: none"> SD: Create ‘barrier plan’ for safe disposal challenges and put sign in backyard to remind not to dispose there LT: Explain setbacks are normal and celebrate successes 	<p>Self-regulation:</p> <p>Prompt coping with barriers</p> <p>Restructure the physical environment</p> <p>Ability:</p> <p>Reattribute past successes and failure</p>
	<ul style="list-style-type: none"> Set personal goal to always safely dispose/teach child how to use latrine using goal tracker (containers with stones) 	<p>Self-regulation:</p> <p>Prompt goal setting</p>
	<ul style="list-style-type: none"> Ask other household members to share their support and approval <ul style="list-style-type: none"> LT: Discuss with fathers their role in latrine training 	<p>Norms: Inform about others’ approval</p> <p>Ability: Organize social support</p>
Caregiver group meeting	<ul style="list-style-type: none"> Caregivers reflect on their behavioral goal Caregivers together talk about their experiences with safe disposal/latrine training and support each other by providing strategies for challenges faced and encouraging words 	<p>Self-regulation:</p> <p>Prompt (self-) monitoring of the behavior</p> <p>Ability: Organize social support</p>
	<ul style="list-style-type: none"> Review the behavior – ask caregiver to demonstrate how she safely disposes and/or 	<p>Self-regulation:</p>

Activities	Key steps	Factor and BCTs
Household visit #2	teaches child how to use the latrine and give feedback as needed.	Feedback on performance
	<ul style="list-style-type: none"> Review the goal tracker to see if the caregiver met her goal of always safely disposing/teaching child to use the latrine. Ask caregiver to reflect on her experience with adopting the new CFM practice(s). If goal was not met, then discuss the challenges and revisit the barrier plan as needed. Congratulate the caregiver for what she has achieved so far in practicing safe disposal/latrine training, explain setbacks are normal. 	Self-regulation: Direct experience reflection (based on self-monitoring / goal setting) Prompt coping with barriers Ability: Reattribute past successes and failure
	<ul style="list-style-type: none"> Ask the caregiver to reflect on how she views herself now that she is safely disposing of her child's feces / teaching her child to use the latrine. 	Self-reevaluation
	<ul style="list-style-type: none"> Ask other household members to reflect on (1) the benefits their household has experienced from the caregiver's new CFM practices and (2) <i>how</i> they have supported the caregiver with these new practices. Encourage continued commitment from other household members to support caregiver. 	Norms: Inform about others' approval Ability: Organize social support
Closing celebratory meeting	<ul style="list-style-type: none"> Celebrate caregivers and their household for now always safely disposing of child's feces/teaching child how to use the latrine (have important village members attend) 	Norms: Provide positive group identity Inform of others' approval

*SD = safe disposal / LT = latrine training

At the end of each household visit, the GV intervention supervisors administered a brief behavior survey to the caregiver. HHV1 took place in January 2021 while HHV2 took place between mid-February to end of March 2021. On average, the household visits took place about 1.5 months apart. This report reviews the methodology, results, and analysis produced from the following questions:

- How did the caregiver's CFM behaviors change throughout the course of the program?
- To what extent did caregivers adopt the CFM hardware, and was the hardware used as intended?

2.0 METHODS AND APPROACHES

2.1 BEHAVIOR SURVEY TOOL

The Emory research team developed two behavior survey tools: the HHV1 behavior survey and the HHV2 behavior survey. The survey tool is attached in Annex 2. Both surveys asked the caregiver about their CFM practices in the past week. The caregiver was asked to report their practices for each of their children less than 5 years old. Most caregivers only had one child in this age group. The survey team posed the following three behavioral questions:

- In the past week, in what locations did your child defecate?
- In the past week, on what materials did your child defecate?
- In the past week, where did you dispose of your child's feces?

In the HHV1 behavior survey, caregivers were also asked how they “usually” manage their child’s feces before taking part in the GV program. The same three behavioral questions were asked but with the phrasing “usual” instead of “in the past week.”

Both surveys also asked a series of questions about the caregiver’s use of CFM hardware distributed at the start of the program. Caregivers with children less than 7 months old received a bucket with lid and wash basin to safely wash soiled clothes and nappies, and caregivers with children between 7 months to less than 4 years old received a latrine training mat with a tray to aid safe disposal as well as latrine training. The caregiver was first asked to confirm which hardware they had received. The survey team then asked a set of standardized questions on each selected hardware. The hardware questions primarily asked about how often the hardware was used and whether it was used in the manner intended.

2.2 DATA COLLECTION

The Emory Junior Research Manager trained GV supervisors on the behavior survey tools. The supervisors administered the questions using the ODK Collect application on an encrypted and password-protected Android phone. The GV supervisors administered the survey at the end of each household visit after discussing the caregiver’s CFM practice in detail. The team decided to administer the survey after discussion to mitigate response bias. (Caregivers may have been more likely to report the desired CFM behaviors and use of the hardware if the survey were conducted at the start of the visit, as compared to the end of the visit after the supervisor had built rapport with and conducted a conversation with the caregiver about any challenges they faced.) The team uploaded completed surveys to a password-protected server whenever the supervisor had internet connection.

2.3 DATA ISSUES

The GV supervisors faced a learning curve in working with the ODK form and incorporating it into their implementation. As a result, HHV1 behavior survey data collection encountered issues, and data featured some inconsistencies.

Out of the 720 HHV1 behavior surveys, 149 surveys (21 percent) did not include the series of questions about the caregiver’s CFM practices before the program started. This was a result of two GV supervisors accidentally using a pilot version of the HHV1 behavior survey instead of the finalized version when they visited their eight assigned villages (N=148 surveys, between 11 to 27 surveys per villages). One other GV supervisor also accidentally used a pilot version for one survey in one of their assigned villages. As a result, a total of 149 HHV1 behavior surveys are missing information on how the caregiver usually managed their child’s feces before the program started. However, all other questions between the pilot version and final version of the HHV1 behavior survey were the same. In addition, one

GV supervisor did not complete the HHV1 behavior surveys in one of their assigned villages but did complete the HHV2 behavior surveys in this same village. As such, the team estimates that for the HHV1 behavior survey dataset, approximately 27 households were not surveyed and are missing data.

2.4 DATA ANALYSIS

The team analyzed the data descriptively using STATA v17. They examined CFM behaviors at three points in time: before the intervention, in the week before HHV1, and in the week before HHV2. Based on the computed percentage, the results were drawn for “child latrine use,” “caregiver safe disposal,” “mix of child latrine use and caregiver safe disposal,” “mix of latrine use/safe disposal and unsafe disposal,” and “caregiver unsafe disposal.” GV’s definition of “safe disposal” is not the same as JMP’s metric, which combines child latrine use and disposal of child feces into one metric of “improved latrine use.” Instead, the team examined the two as distinct behaviors. GV uses the specific phrase “caregiver safe disposal” to describe the behavior of a caregiver safely disposing their child’s feces into a latrine. GV uses the phrase “child latrine use” to describe the behavior of a child using the latrine directly for defecation. In measuring behavioral metrics, GV does not require the latrine to be improved, as the JMP metric does. However, since this study took place among GV villages, most households have an improved twin-pit, pour-flush latrine as their sanitation facility.

3.0 RESULTS

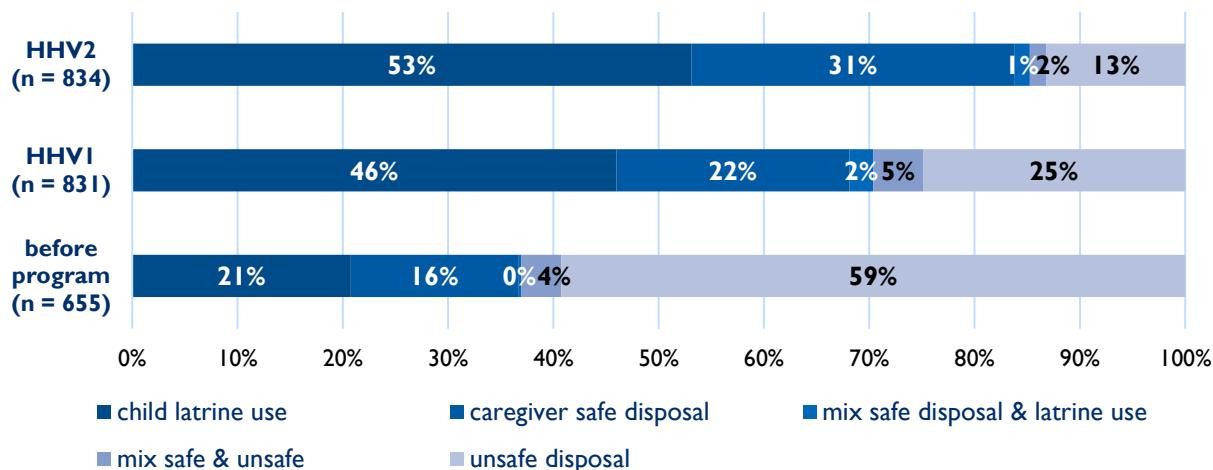
The sample included 720 caregivers surveyed at HHV1 and 721 caregivers surveyed at HHV2. Mothers represented the large majority of respondents (HHV1: 94 percent; HHV2: 98 percent). Most families only had one child less than 5 years old (HHV1: 85 percent; HHV2: 85 percent). Questions about latrine and water access were included in the HHV2 behavior survey. With regard to latrine access, 84 percent of caregivers had a functional latrine, 11 percent had no household latrine, and 5 percent reported their latrine to be broken. Similarly with water access, 81 percent of caregivers had a functional piped water supply, 17 percent had no water supply within their household compound, 1 percent had access to a non-piped water source within their household compound, and less than 1 percent (two caregivers) had non-functioning piped water systems.

3.1 CHANGE IN CFM BEHAVIORS

The behavior surveys assessed the caregiver's reported CFM practice for each child at three different time points: before the CFM program (655 children), in the week before HHV1 (831 children), and in the week before HHV2 (834 children). Due to the use of a pilot version of the HHV1 behavior survey (discussed above), the "before program" sample size is smaller (i.e., 655 children reported on by 571 caregivers) than the sample size for the other time points. Since the behavioral questions asked about the caregiver's "usual" practice or their practice "in the past week," caregivers could report on a range of behaviors. Accordingly, the caregiver's practice for each time point was categorized into one of five mutually exclusive groups: child only used latrine, caregiver only safely disposed, mix of child latrine use and caregiver safe disposal, mix of latrine use/safe disposal and unsafe disposal, and caregiver only unsafely disposed. The team conducted this analysis of CFM behaviors for each child.

Overall, child latrine use and the caregiver safe disposal steadily increased over time throughout the CFM program (Figure 1). Before the CFM program, only 21 percent of children used the latrine, but use increased to 46 percent by HHV1, and reached 53 percent by HHV2. Caregiver safe disposal also saw an increase over time: caregivers for only 16 percent of children disposed feces safely into a latrine before the program, but this figure increased to 22 percent by HHV1 and reached 31 percent by HHV2. Consequently, increases in safe CFM behaviors led to a large decline in the proportion of children who had their feces unsafely managed, from 59 percent before the program to only 13 percent by HHV2. Few caregivers practiced a mix of behaviors at any of the time points, be it a mix of safe behaviors or mix of safe and unsafe.

FIGURE 1. PROPORTION OF CHILDREN WITH THEIR FECES SAFELY AND/OR UNSAFELY MANAGED AT DIFFERENT TIME POINTS OF THE CFM INTERVENTION



3.2 CHANGES IN CFM BEHAVIORS BY CHILD AGE GROUP

The steady increase in child latrine use and caregiver safe disposal differed by child age group, as expected, but did not differ by child sex (Figures 2-4, also see Annex 1).

FIGURE 2. CFM PRACTICES BEFORE THE GRAM VIKAS PROGRAM, STRATIFIED BY CHILD AGE GROUP (N = 655)

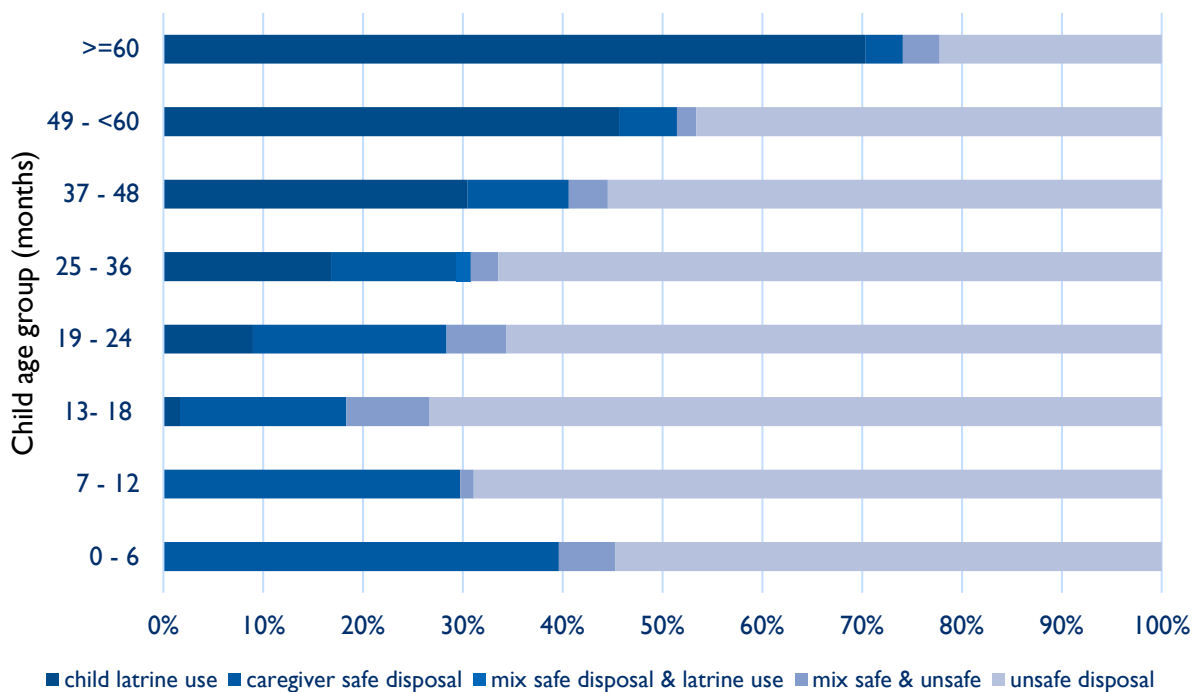


FIGURE 3. CFM PRACTICES IN THE WEEK BEFORE HHV1, STRATIFIED BY CHILD AGE GROUP

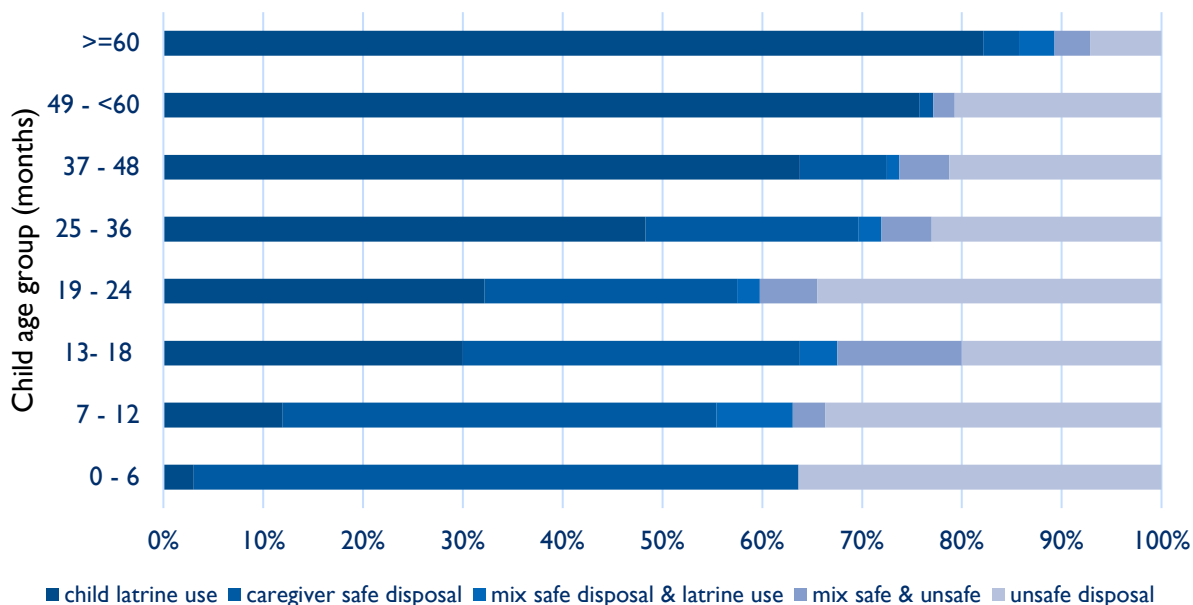
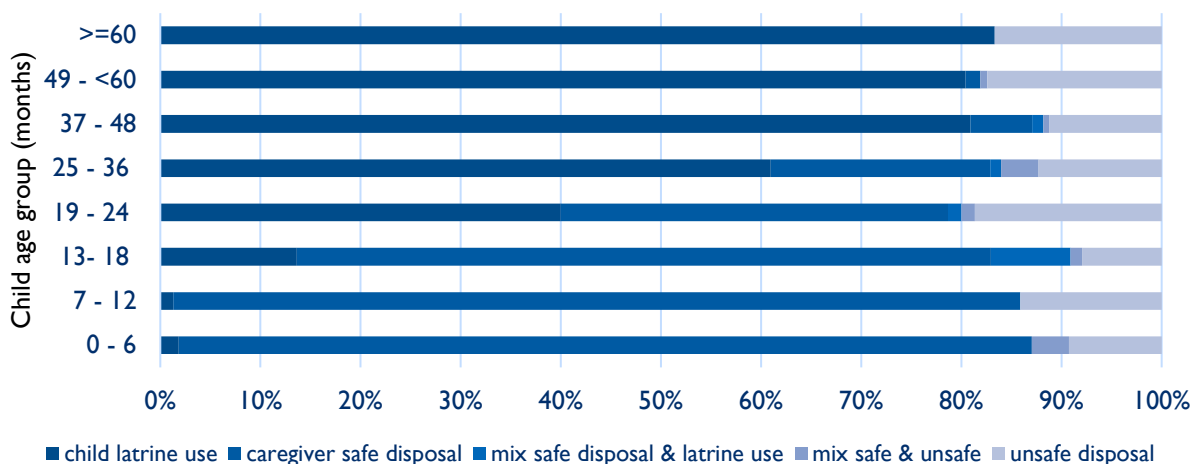


FIGURE 4. CFM PRACTICES IN THE WEEK BEFORE HHV2 STRATIFIED BY CHILD AGE GROUP (N = 834)



3.2.1 INFANTS: 0–6 MONTHS, 7–12 MONTHS

Children in the infant age groups saw a dramatic increase in caregiver safe disposal over time but no change in child latrine use, which was rarely practiced.

Before the program, 40 percent of infants 0–6 months old and 30 percent of infants 7–12 months old had their feces safely disposed. This proportion of safe disposal was much higher compared to any of the other age groups because infants are not yet able to walk and typically defecate on cloth. These factors likely make it easier for caregivers to be in control and safely manage the child’s feces. Throughout the program, the proportion of safe disposal more than doubled among the infant age group, reaching 85

percent for infants 0–6 months and 85 percent for infants 7–12 months old. In contrast, there was an absence of child latrine use among the infant age group both before the program and by HHV2, as anticipated. While some cultures practice assisted infant toilet training, families that GV observed in rural Ganjam and Gajapati did not. However, GV noted an unanticipated slight jump in child latrine use among the 7–12 months age group at HHV1 (12 percent). This suggests some caregivers attempted latrine use with their infant but did not continue with it at HHV2.

3.2.2 TODDLERS: 13–18 MONTHS, 19–24 MONTHS, 25–36 MONTHS

The toddler age group increased in both caregiver safe disposal and child latrine use, with greater gains in safe disposal for younger toddlers and greater gains in child latrine use for older toddlers. As shown in the survey results, toddlers between 1 to 3 years old can be viewed as the “transition” age group for CFM. Between these ages, children become developmentally ready to transition from having their feces safely disposed by a caregiver to learning to self-manage and use the latrine.

Toddlers 13–18 months saw greater gains in caregiver safe disposal compared to child latrine use. Before the program, only 2 percent of toddlers 13–18 months old used the latrine and caregivers for 17 percent of children disposed the child’s feces safely. By HHV2, latrine use modestly increased to 14 percent while caregiver safe disposal reached 69 percent. Interestingly, like the 7–12 months age group, there was a similar jump in child latrine use in HHV1 (30 percent) that dissipated by HHV2. Again, this suggests caregivers tried teaching their child to use the latrine at this younger age but then stopped.

Toddlers 19–24 months old saw large increases in both child latrine use and caregiver safe disposal. Before the program, only 9 percent of toddlers 19–24 months old used the latrine, but this figure increased to 40 percent by HHV2. This indicates the CFM program led to an introduction of child latrine use among the younger age group when it was previously rare. Caregiver safe disposal increased from 19 percent before the program to 39 percent by HHV2.

Toddlers 25–36 months old saw greater gains in child latrine use compared to caregiver safe disposal. Before the program, 17 percent of toddlers 25–36 months old used the latrine and 13 percent had their feces safely disposed. By HHV2, latrine use drastically increased to 61 percent, while caregiver safe disposal more modestly increased to 22 percent.

3.2.3 YOUNG CHILDREN: 37–48 MONTHS, 49–<60 MONTHS, ≥60 MONTHS

Children over 3 years of age saw steady gains in child latrine use over time. By HHV2, child latrine use reached similarly high levels across the young child age groups, ranging from 80 percent to 83 percent. As shown in other studies, by HHV2 caregiver safe disposal remained rarely practiced among children over 3 years of age (0 to 6 percent). Instead, children in this age group who did not use the latrine had their feces unsafely disposed.

3.3 ADOPTION OF CFM HARDWARE

At the start of the CFM program, the team provided caregivers with children less than 7 months old with a bucket with lid and wash basin to safely manage soiled cloths, while GV provided caregivers with children between 7 to 48 months old a latrine mat to assist with safe disposal and latrine training. At the time of the behavior surveys (HHV1-HHV2), 73–76 percent owned a latrine training mat, 10–11 percent had a wash basin and bucket with lid, and 19–17 percent lacked hardware (likely because their child was older than 48 months). A few caregivers had received all three types of CFM hardware since they had multiple children of different ages.

3.3.1 BUCKET WITH LID AND WASH BASIN

Caregivers reported high levels of adoption for the bucket and wash basin (Table 2). Most caregivers used the bucket every time the child defecated at HHV1 (76 percent), and by HHV2 the practice was used by 94 percent of observed families (nearly universal use). Similarly, most caregivers used the wash basin every time the child defecated at HHV1 (64 percent), but with only a modest increase by HHV2 (70 percent). In order to safely store soiled cloth nappies in the bucket, caregivers were instructed to always use the lid that came with the bucket. Among those caregivers who used the bucket, 78 percent reported always using the lid at HHV1, and this number reached 95 percent by HHV2.

Caregivers were advised to solely use the wash basin for soiled cloths and to dispose of the wash water into the latrine. Almost all caregivers reported that they only used the wash basin for their child's soiled clothes and did not use it for washing other clothes (HHV1: 96 percent; HHV2: 100 percent). Most caregivers at HHV1 disposed of the dirty wash water only into the latrine (65 percent), and this increased by HHV2 (79 percent). Between one and three caregivers in both visits reported disposing into the latrine as well as other locations. Among those caregivers with a functional latrine at HHV2, only one caregiver did not dispose of the wash water into her latrine but instead disposed in a pond/surface water.

3.3.2 LATRINE TRAINING MAT

The latrine training mat can be safely used in two different ways: over the ground with a tray underneath and over the squat pan in a latrine. Caregivers who had received the latrine mat reported high to moderate levels of adoption, with 65 percent using the mat to some degree at HHV1 (43 percent every time the child defecated) and 50 percent at HHV2 (40 percent every time the child defecated) (Table 2). While these results suggest a decline in latrine mat use over the course of the CFM program, a substantial proportion of caregivers reported their child was already using the latrine by HHV2 (29 percent) and did not have a need for the latrine mat.

Among those caregivers who reported using the latrine mat to some degree, about half reported that they always used the mat over the ground in the past week (HHV1: 46 percent; HHV2: 58 percent) while one-fifth always used the mat in the latrine (HHV1: 22 percent; HHV2: 21 percent). The majority of caregivers reported their children were able to use the latrine mat on their own at HHV1 (52 percent). This increased by HHV2 (64 percent), likely due to children becoming more comfortable with using the mat.

The team asked caregivers who used the latrine mat specific follow-up questions to determine if they used the mat in a unique or unsafe manner. Caregivers were asked if they put anything in the tray before their child defecated to make it easier to dispose of the feces and clean the tray. Many caregivers said they used water (HHV1: 40 percent; HHV2: 47 percent), a few used paper (HHV1: 4 percent; HHV2: 1 percent), and the remainder did not put anything in the tray (HHV1: 56 percent; HHV2: 52 percent). A small proportion of caregivers said their child defecated over the tray directly without using the mat part of the hardware (HHV1: 7 percent; HHV2: 3 percent). With regard to unintended use, very few caregivers who used the latrine mat over the ground did so without the tray underneath (HHV1: 7 percent; HHV2: 1 percent).

TABLE 2. HOW OFTEN CAREGIVERS USED THEIR CFM HARDWARE IN THE WEEK BEFORE HHV1 AND HHV2

In the past week, how often did you use the hardware?	Bucket with lid				Wash basin				Laraine training mat				
	HHV1		HHV2		HHV1		HHV2		HHV1		HHV2		
	N	%	N	%	N	%	N	%	N	%	N	%	
Never; child already uses latrine	-	-	-	-	-	-	-	-	-	-	-	159	29%
Never	8	11%	2	3%	6	8%	4	5%	187	35%	119	22%	
At least once a day	10	13%	2	3%	19	25%	19	24%	56	11%	37	7%	
Every time the child defecates	58	76%	72	94%	48	64%	55	70%	226	43%	218	40%	
Other	0	0%	1	1%	2	3%	1	1%	60	11%	15	3%	
TOTAL	76		77		75		79		529		458		

4.0 DISCUSSION

India has taken long strides, mostly through government intervention, to eradicate open defecation practices. Most projects improve access to infrastructure for safe defecation. Yet in all activities the GV team reviewed, child feces management was ignored. The results from the GV program suggest that caregivers changed their CFM behaviors over the course of the intervention. The percentage of children using a latrine (at a younger age) increased from 21 percent to 53 percent, and the proportion of caregivers, mostly mothers, who disposed of their child's feces into a latrine increased from 16 percent to 31 percent. This suggests that the combination of group and household strategies designed to focus on certain determinants of behavior, together with increased access to enabling technologies such as the mats and buckets provided by the GV team, may be highly effective at changing CFM and latrine training behaviors.

GV expects more information on the true effectiveness of the program strategies in its forthcoming impact analysis of the larger randomized controlled trial. The analysis assesses behavior between 4 and 6 months after intervention delivery. The analysis will also examine gender impacts of the intervention, including level of household support with CFM and caregivers' perceptions of their CFM workload. The CFM intervention included specific strategies to mobilize support among household members to assist caregivers with practicing safe disposal and child toilet training. The latrine training mat with tray was also designed to make feces disposal and toilet training a less burdensome practice. Future research and ensuing interventions might consider similar strategies and be careful not to exploit gendered roles and responsibilities that place the onus for safe disposal of child feces on women. Implementation design should seek to engage men in CFM and also consider the additional workload placed upon women by CFM programs.

Acknowledging the results of the intervention implemented in the villages where GV has worked previously, it would be interesting to find out if the same strategy works in the non-GV villages. In GV operational villages, over 80 percent of households have access to sanitation infrastructure, and most have a piped water supply system in place. Another area to explore is on the issue of sustainability and the long-term effect of addressing a range of behavioral factors with these activities. While trends indicate positive long-term outcomes, GV cannot confirm whether changes are sustained over time or whether behaviors are replicated with subsequent children in the younger age cohorts.

The hardware distributed for encouraging the safe disposal of children's feces was made in collaboration with members of the community. The items were developed using a user-centered design approach to ensure maximum uptake with the target community. Items were made using locally available materials. Affordability and simplicity of design will be crucial in replicating the tools used in this project. Where possible, GV recommends developing the tools locally to facilitate local buy-in and build important relational links to access the community. In the cases discussed here, the team distributed hardware to participants free of charge, so recommendations on affordability or willingness of communities to pay for the materials falls beyond the scope of this report.

Nevertheless, the analysis of these villages demonstrates that combining an effective behavioral change program at the village level together with government activities such as the national Swachh Bharat Mission II (to establish and sustain open defecation-free status) can aid in eradicating open defecation, irrespective of age group.

4.1 LIMITATIONS

The results may not be generalizable, as the surveys were conducted in the villages with existing sanitation infrastructure.

The movement of implementation team was restricted due to the regulations imposed for prevention of COVID-19 spread. A few of the participants were hesitant to receive visits from strangers.

All behaviors were reported by participants and may be subject to courtesy or other bias, particularly because participating households were given CFM hardware. In addition, the survey required participants to recount events that took place the week prior to discussion, which can introduce recall bias; although the recall interval was relatively short to minimize such bias.

In addition, GV only conducted the surveys with participants of the program's study arm. Therefore, findings on CFM behavior are relevant only for program participants, and this study did not analyze or compare them to the participants in the control villages. Endline survey data may highlight the missing links, if any.

ANNEX I. CFM PRACTICES OVER TIME BY CHILD AGE AND SEX

TABLE I-I. CFM PRACTICES BEFORE THE GRAM VIKAS PROGRAM, STRATIFIED BY CHILD AGE AND SEX

Child age (months)	Only child latrine use		Only caregiver safe disposal		Mix of safe disposal & child latrine use		Mix of safe and unsafe		Only unsafe disposal		TOTAL
	N	%	N	%	N	%	N	%	N	%	
0-6	0	0%	21	40%	0	0%	3	6%	29	55%	53
7-12	0	0%	22	30%	0	0%	1	1%	51	69%	74
13-18	1	2%	10	17%	0	0%	5	8%	44	73%	60
19-24	6	9%	13	19%	0	0%	4	6%	44	66%	67
25-36	24	17%	18	13%	2	1%	4	3%	95	66%	143
37-48	39	30%	13	10%	0	0%	5	4%	71	55%	128
49-<60	47	46%	6	6%	0	0%	2	2%	48	47%	103
>=60	19	70%	1	4%	0	0%	1	4%	6	22%	27
TOTAL	136	21%	104	16%	2	0%	25	4%	388	59%	655
Child sex											
Female	61	20%	48	16%	1	0%	14	5%	178	59%	302
Male	75	21%	56	16%	1	0%	11	3%	210	59%	353

TABLE 1-2. CFM PRACTICES IN THE WEEK BEFORE HOUSEHOLD VISIT #1, STRATIFIED BY CHILD AGE AND SEX

Child age (months)	Only child latrine use		Only caregiver safe disposal		Mix of safe disposal & child latrine use		Mix of safe and unsafe		Only unsafe disposal		TOTAL
	N	%	N	%	N	%	N	%	N	%	
0-6	2	3%	40	61%	0	0%	0	0%	24	36%	66
7-12	11	12%	40	43%	7	8%	3	3%	31	34%	92
13-18	24	30%	27	34%	3	4%	10	13%	16	20%	80
19-24	28	32%	22	25%	2	2%	5	6%	30	34%	87
25-36	86	48%	38	21%	4	2%	9	5%	41	23%	178
37-48	102	64%	14	9%	2	1%	8	5%	34	21%	160
49-<60	106	76%	2	1%	0	0%	3	2%	29	21%	140
>=60	23	82%	1	4%	1	4%	1	4%	2	7%	28
TOTAL	382	46%	184	22%	19	2%	39	5%	207	25%	831
Child sex											
Female	179	46%	81	21%	7	2%	25	6%	93	24%	385
Male	203	46%	103	23%	12	3%	14	3%	114	26%	446

TABLE 1-3. CFM PRACTICES IN THE WEEK BEFORE HOUSEHOLD VISIT #2, STRATIFIED BY CHILD AGE AND SEX

Child age (months)	Only child latrine use		Only caregiver safe disposal		Mix of safe disposal & child latrine use		Mix of safe and unsafe		Only unsafe disposal		TOTAL
	N	%	N	%	N	%	N	%	N	%	
0-6	1	2%	46	85%	0	0%	2	4%	5	9%	54
7-12	1	1%	66	85%	0	0%	0	0%	11	14%	78
13-18	12	14%	61	69%	7	8%	1	1%	7	8%	88
19-24	30	40%	29	39%	1	1%	1	1%	14	19%	75
25-36	114	61%	41	22%	2	1%	7	4%	23	12%	187
37-48	144	81%	11	6%	2	1%	1	1%	20	11%	178
49-<60	111	80%	2	1%	0	0%	1	1%	24	17%	138
>=60	30	83%	0	0%	0	0%	0	0%	6	17%	36
TOTAL	443	53%	256	31%	12	1%	13	2%	110	13%	834
Child sex											
female	219	56%	108	28%	4	1%	6	2%	52	13%	389
male	224	50%	148	33%	8	2%	7	2%	58	13%	445

ANNEX 2. CFM BEHAVIOR SURVEY

CFM BEHAVIOR SURVEY	
<p>1. ଗ୍ରାମର ନାମ :</p> <p>Village name:</p> <hr/>	<p>2. ଗ୍ରାମର ID __ __ __ </p> <p>Village ID</p>
<p>3. ଦସ୍ତାକରି ଆଜିର ତାରିଖ ଲଖେନତୁ:</p> <p>Please enter the current date:</p> <p> __ __ / __ __ / __ __ </p>	<p>4. ଦସ୍ତାକରି ବର୍ତ୍ତମାନର ସମୟ ଲଖେନତୁ :</p> <p>Please enter the current time:</p> <p> __ __ : __ __ </p>
<p>5. ଆପଣଙ୍କ ନାମ? What is your name?</p> <p><input type="checkbox"/> 1= Joshoda</p> <p><input type="checkbox"/> 2= Swapna</p> <p><input type="checkbox"/> 3= Ranjit</p> <p><input type="checkbox"/> 4= Debaraj</p> <p><input type="checkbox"/> 5= Jayanti</p> <p><input type="checkbox"/> 6= Kalpana</p> <p><input type="checkbox"/> 7= Monalisa</p> <p><input type="checkbox"/> 8= Dalei</p> <p><input type="checkbox"/> 9= Rupali</p>	<p>6. ଘରର ID __ __ __ / HHID</p> <p><i>ନଠି-ନଠି:</i></p> <p>ଘରର ID , ତିନି ସଂଖ୍ୟାର ହେବ, ଏବଂ 1 ଓ 300 ମଧ୍ୟରେ (ex: 001, 025, etc.).</p> <p>Household ID must be between 1 and 300 and contain 3 digits (e.g., 001, 025).</p>

<p>7. ଯତ୍ନକାରୀଙ୍କ ପୁରା ନାମ</p> <p>Caregiver's full name</p> <hr/>	<p>8. ଉତ୍ତରଦାତା ଓ ଫ ବର୍ଷ ରୁ ସାନ ପିଲା ମଧ୍ୟରେ ସମ୍ପର୍କ କଣ ?</p> <p>What is the relationship between the caregiver and the child?</p> <p><input type="checkbox"/> 1. ମା mother</p> <p><input type="checkbox"/> 2. ବାପା father</p> <p><input type="checkbox"/> 3. ନନ୍ଦେମା/ଆଇ grandmother (paternal/maternal)</p> <p><input type="checkbox"/> 4. ନନ୍ଦେବୋପା/ଅଜା grandfather (paternal/maternal)</p> <p><input type="checkbox"/> 5. ପିତୃଣୀ/ମାଉଁ/ମାଉସୀ aunt (paternal / maternal)</p> <p><input type="checkbox"/> 6. ପିତୃଣୀ/ମାମୁ/ମଉସା uncle (paternal/maternal)</p> <p><input type="checkbox"/> 7. ଭଉଣୀ sister</p> <p><input type="checkbox"/> 8. ଭାଇ brother</p> <p><input type="checkbox"/> 88. ଅନ୍ୟ (ଟିପ୍ପଣୀ) _____ Other: (record) _____</p>
<p>9. ଆପଣଙ୍କର ଫ ବର୍ଷ ରୁ ସାନ କେତେଟି ପିଲା ଅଛନ୍ତି ?</p> <p>How many children <5 years old does the caregiver have? _____</p> <p><i>ନଟିଟ:</i> ଯଦି ଯତ୍ନକାରୀଙ୍କର ପାଞ୍ଚ ବର୍ଷରୁ କମ ଗୋଟିଏ ରୁ ଅଧିକ ପିଲା ଅଛନ୍ତି, ତାହଲେ ସର୍ତ୍ତରେ ପ୍ରତିଟି ପିଲା ପାଇଁ ପୁନରାବୃତ୍ତି ହବେ।</p> <p>If caregiver has more than 1 child, then the survey will repeat for each child.</p> <p>*PROGRAMMING = repeat questions 11a onwards for each child <5</p>	<p>10. ପାଖରେ କଣ ହାର୍ଡୱେର ଅଛି, ଯଦି ଅଛି?</p> <p>(ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>What hardware does the caregiver have, if any?</p> <p><input type="checkbox"/> 1. କିଛି ନୁହେଁ (ଯଦି ବାଛନ୍ତି, ଅନ୍ୟ କେଉଁ ବିକଳ୍ପକୁ ବାଛି ପାରିବେ ନାହିଁ)</p> <p>None (if selected, then can't select the others)</p> <p><input type="checkbox"/> 2. ଢାଙ୍ଗୁଣୀ ସହ ବାଲଟି Bucket with lid</p> <p><input type="checkbox"/> 3. ଖାଣବସିନ Wash basin</p> <p><input type="checkbox"/> 4. ପାଇଖାନା ମଝାଟ Latrine mat</p>

CFM Practice BEFORE

First, I would like to ask you some questions about how you **usually** managed your child’s feces before taking part in this Gram Vikas program. Please think about what you usually did to manage your child’s feces **BEFORE** you (or your household member) attended the meeting that took place a few weeks ago that included a video screening and distribution of hardware. ପ୍ରଥମେ ମୁଁ ଆପଣଙ୍କୁ କିଛି ପ୍ରଶ୍ନ ଆପଣ ଏହି ଗ୍ରାମ ବିକାଶ କାର୍ଯ୍ୟକ୍ରମରେ ଅଂଶଗ୍ରହଣ କରିବା ପୂର୍ବରୁ ଆପଣ ସାଧାରଣତଃ କିପରି ନିଜ ପିଲାଙ୍କ ଝାଡ଼ା ପରିଚାଳନା କରୁଥିଲେ, ସେ ବିଷୟରେ ପଚାରିବି। କିଛି ସମ୍ଭାବ୍ୟ ପୂର୍ବରୁ ହଜେଇଥିବା ଏକ ସତ୍ୟ, ଯଦେଠାରୁ ଏକ ଭିଡ଼ି ଦଖୋ ଯାଇଥିଲା ଓ ହାର୍ଡୱେର ପ୍ରଦାନ କରାଯାଇଥିଲା, ତା ପୂର୍ବରୁ ଆପଣ (କିମ୍ବା ଘରର ଅନ୍ୟ ସଦସ୍ୟ) ସାଧାରଣତଃ ନିଜ ପିଲାଙ୍କ ଝାଡ଼ାକୁ ପରିଚାଳନା କରିବାକୁ କଣ କରୁଥିଲେ, ଦୟାକରି ସେ ବିଷୟରେ ଭାବନ୍ତୁ।

<p>11. ଆପଣଙ୍କର ପିଲା ର ପୁରା ନାମ କଣ ?</p> <p>What is the name of your child?</p>	<p>_____</p>
<p>12. ପିଲାଟିର ବୟସ କେତେ? (ମାସରେ)</p> <p>How old is the child? (in months)</p>	<p>_____ (ମାସରେ) (months)</p>
<p>13. ପିଲାଟି ପୁଅ ନା ଝିଅ ?</p> <p>Is child male or female?</p>	<p><input type="checkbox"/> 1. ପୁଲିଙ୍ଗ Female</p> <p><input type="checkbox"/> 2. ସ୍ତ୍ରୀଲିଙ୍ଗ Male</p>
<p>14. ଆପଣଙ୍କ ପିଲାଟି ସାଧାରଣତଃ କେଉଁଠାରେ ଝାଡ଼ା କରୁଥିଲା?</p> <p>(ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>Where did your child usually defecate?</p> <p>(select all that apply)</p>	<p><input type="checkbox"/> 1. ଘର ଭିତରେ ଚଟାଣରେ Inside the household on the floor</p> <p><input type="checkbox"/> 2. ଘର ଭିତରେ ଖଟରେ Inside the household on the bed</p> <p><input type="checkbox"/> 3. ଘର ପରିସର ଭିତରେ Inside the household compound</p> <p><input type="checkbox"/> 4. ଘର ପରିସର ବାହାରେ, ପାଖରେ Just outside the household compound</p> <p><input type="checkbox"/> 5. ଘର ପରିସରରୁ ଦୂରରେ Away from the household compound</p> <p><input type="checkbox"/> 6. ନିଜ ପ୍ୟାନ୍ଟ/ଡ୍ରସେ/କପଡ଼ାରେ In their pants/clothing/nappy</p> <p><input type="checkbox"/> 7. ପାଲଖାନାରେ In latrine</p> <p><input type="checkbox"/> 8. ପାଲଖାନାରେ କିନ୍ତୁ ପ୍ୟାନ ଉପରେ ନୁହେଁ In latrine but not over pan</p>

<p>15. ଆପଣଙ୍କ ପିଲା ସାଧାରଣତଃ କେଉଁ ଜିନିଷ ଉପରେ ଝାଡ଼ା କରୁଥିଲା? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>What did your child usually defecate on? (select all that apply)</p> <p>SKIP PROGRAMMING: If only “6” or “7” selected for Q15 then skip Q16</p>	<p><input type="checkbox"/> 1. ସିଧା ଚଟାଣ ଉପରେ (ମାଟି) on ground directly (soil)</p> <p><input type="checkbox"/> 2. ସିଧା ଚଟାଣ ଉପରେ (ସିମେଣ୍ଟ) on ground directly (cement)</p> <p><input type="checkbox"/> 3. କପଡ଼ାରେ on cloth</p> <p><input type="checkbox"/> 4. ଅଏଲ କ୍ଲଥରେ on oil cloth</p> <p><input type="checkbox"/> 5. ଅବକାରୀ ଖବରକାଗଜ/ପତ୍ତର ରେ on waste newspaper/paper</p> <p><input type="checkbox"/> 6. ଯତ୍ନକାରୀ କିମ୍ବା ପିଲାକୁ ଧରିଥିବା ଲୋକ ଉପରେ on caregiver/person holding the child</p> <p><input type="checkbox"/> 7. ନିଷ୍କାସିତ କରାଯାଇ ପାରୁଥିବା ତାଏପରରେ (Huggies, Pampers) in disposable diaper (Huggies, Pampers)</p> <p><input type="checkbox"/> 8. ପ୍ୟାଣ୍ଟରେ/ଡ୍ରସେସରେ/କପଡ଼ାରେ in their pants/clothing/cloth nappy</p> <p><input type="checkbox"/> 9. ପଟ୍ଟିରେ in potty</p> <p><input type="checkbox"/> 10. ପାଣିରେ on surface water</p> <p><input type="checkbox"/> 88. ଅନ୍ୟ: (ଟିପ୍ପଣୀ) _____</p> <p>Other: (record) _____</p>
<p>16. ଆପଣ ସାଧାରଣତଃ ନିଜ ପିଲାର ଝାଡ଼ାକୁ କେଉଁଠାରେ ନିଷ୍କାସନ କରୁଥିଲେ? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>Where did you usually dispose of your child’s feces? (select all that apply)</p>	<p><input type="checkbox"/> 1 = ପାଇଖାନାରେ Into latrine</p> <p><input type="checkbox"/> 2 = ପଟ୍ଟିରେ ଦିଆ ଯାଇଥିଲା Buried</p> <p><input type="checkbox"/> 3 = ପରିସର ଭିତର ବାରି ପଟ୍ଟିରେ into backyard of household compound</p> <p><input type="checkbox"/> 4 = ଘରର ଅଳିଆଗଦାରେ Into household garbage pile</p> <p><input type="checkbox"/> 5 = ଘରର କମ୍ପୋଷ୍ଟ ଗଦାରେ into household compost pile</p> <p><input type="checkbox"/> 6 = ଖୋଲା ପଡ଼ିଆରେ (ଘର ପରିସର ଭିତରେ ନୁହେଁ) Into open field (NOT on household compound)</p> <p><input type="checkbox"/> 7 = ଗଣ୍ଠି ଅଳିଆଗଦାରେ Into community garbage pile</p> <p><input type="checkbox"/> 8 = ଗଣ୍ଠି କମ୍ପୋଷ୍ଟ ଗଦାରେ Into community compost pile</p>

	<input type="checkbox"/> 9 = ରାସ୍ତା କଡ଼ରେ Along roadside <input type="checkbox"/> 10 = ଗାଡ଼ିଆ/ନଦୀ/କନୋଲ ପାଣିରେ In pond/surface water <input type="checkbox"/> 11 = ନାଳରେ/ଗାଡ଼ରେ Into drain/ditch <input type="checkbox"/> 12 = ସିଧା ଗାଧୁଆଘରରେ ଧୋଇଦେଲି Washed directly in bathroom <input type="checkbox"/> 13 = ଖୋଲାରେ ଛାଡ଼ି ଦିଆ ଯାଇଥିଲା Left in open (in household compound) <input type="checkbox"/> 88. ଅନ୍ୟ: (ଟିପ୍ପଣୀ) _____ Other: (record) _____
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CFM Practice CURRENTLY

Now I would like to ask you some questions about how you managed your child's feces in the PAST WEEK. Please focus on what you did ONLY in the past week.

ବର୍ତ୍ତମାନ ମୁଁ ଆପଣଙ୍କୁ ଆପଣ ଗତ ଏକ ସପ୍ତାହ ମଧ୍ୟରେ କିପରି ପରିଚାଳନା କଲେ, ସେ ବିଷୟରେ ପଚାରିବି। ଦୟାକରି କେବଳ ଗତ ସପ୍ତାହରେ କରିଥିବା କାମ ବିଷୟରେ ହିଁ ଧ୍ୟାନ ଦିଅନ୍ତୁ।

<p>17. ଗତ ଏକ ସପ୍ତାହ ଭିତରେ, ଆପଣଙ୍କ ପିଲାଟି କେଉଁ କେଉଁ ସ୍ଥାନରେ ଝାଡ଼ା କରିଥିଲା? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>In the past week, in what locations did your child defecate? (select all that apply)</p>	<input type="checkbox"/> 1. ଘର ଭିତରେ ଚଟାଣରେ Inside the household on the floor <input type="checkbox"/> 2. ଘର ଭିତରେ ଖଟରେ Inside the household on the bed <input type="checkbox"/> 3. ଘର ପରିସର ଭିତରେ Inside the household compound <input type="checkbox"/> 4. ଘର ପରିସରରୁ ଅଳ୍ପ ଦୂରରେ Just outside the household compound <input type="checkbox"/> 5. ଘର ପରିସରରୁ ଦୂରରେ Away from the household compound <input type="checkbox"/> 6. ନିଜ ପ୍ୟାମ୍‌ଟ/ଡ୍ରୋସେ/କପଡ଼ାରେ In their pants/clothing/nappy <input type="checkbox"/> 7. ପାଇଖାନାରେ In latrine <input type="checkbox"/> 8. ପାଇଖାନାରେ ପାଇଖାନା ମ୍ୟାଟ ବ୍ୟବହାର କରି In latrine using latrine training mat <input type="checkbox"/> 9. ପାଇଖାନାରେ କିନ୍ତୁ ପ୍ୟାନ ଉପରେ ନୁହେଁ In latrine but not over pan
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<p>18. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣଙ୍କ ପିଲାଟି କେଉଁ ଦିନିଷ ଉପରେ ଝାଡ଼ା କରିଛି? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>In the past week, on what materials did your child defecate? (select all that apply)</p> <p>SKIP PROGRAMMING: If only “6”, “7”, OR “8” selected for Q16, then skip Q19</p>	<p><input type="checkbox"/> 1. ସିଧା ଚଟାଣ ଉପରେ (ମାଟି) on ground directly (soil)</p> <p><input type="checkbox"/> 2. ସିଧା ଚଟାଣ ଉପରେ (ସିମେଣ୍ଟ) on ground directly (cement)</p> <p><input type="checkbox"/> 3. କପଡ଼ାରେ on cloth</p> <p><input type="checkbox"/> 4. ଅଏଲ କ୍ଲଥରେ on oil cloth</p> <p><input type="checkbox"/> 5. ଅବକାରୀ ଖବରକାଗଜ/ପତ୍ତର ରେ on waste newspaper/paper</p> <p><input type="checkbox"/> 6. ଯତ୍ନକାରୀ କିମ୍ବା ପିଲାକୁ ଧରିଥିବା ଲୋକ ଉପରେ on caregiver/person holding the child</p> <p><input type="checkbox"/> 7. ନିଷ୍କାସିତ କରାଯାଇ ପାରୁଥିବା ଡାଏପର (Huggies, Pampers) in disposable diaper (Huggies, Pampers)</p> <p><input type="checkbox"/> 8. ପୁଷ୍ଟାଣ୍ଡର/ଡ୍ରେସେର/କପଡ଼ାରେ in their pants/clothing/cloth nappy</p> <p><input type="checkbox"/> 9. ପୋଟ୍ଟି ରେ in potty</p> <p><input type="checkbox"/> 10. ପାଣିରେ on surface water</p> <p><input type="checkbox"/> 11. ପାଇଖାନା ମୁଣ୍ଡାଟ ଉପରେ ଟ୍ରେ ସହିତ on latrine training mat with tray</p> <p><input type="checkbox"/> 88. ଅନ୍ୟ: (ଟିପ୍ପଣୀ) _____</p> <p>Other: (record) _____</p>
<p>19. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣ ନିଜ ପିଲାର ଝାଡ଼ାକୁ କେଉଁଠାରେ ନିଷ୍କାସିତ କରିଥିଲେ? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>In the past week, where did you dispose of your child's feces? (select all that apply)</p>	<p><input type="checkbox"/> 1 = ପାଇଖାନାରେ Into latrine</p> <p><input type="checkbox"/> 2 = ପୋଡ଼ା ଦିଆ ଯାଇଥିଲା Buried</p> <p><input type="checkbox"/> 3 = ପରିସର ଭିତର ବାରି ପଟ୍ଟେ into backyard of household compound</p> <p><input type="checkbox"/> 4 = ଘରର ଅଳିଆଗଦା ରେ Into household garbage pile</p> <p><input type="checkbox"/> 5 = ଘରର କମ୍ପୋଷ୍ଟ ଗଦା ରେ into household compost pile</p> <p><input type="checkbox"/> 6 = ଖୋଲା ପଡିଆରେ (ଘର ପରିସର ଭିତରରେ ନୁହେଁ) Into open field (NOT on household compound)</p>

	<input type="checkbox"/> 7 = ଗଣ୍ଡାଣ୍ଡି ଅଳିଆଗଦା ରେ Into community garbage pile <input type="checkbox"/> 8 = ଗଣ୍ଡାଣ୍ଡି କମ୍ପୋଷ୍ଟ ଗଦା ରେ Into community compost pile <input type="checkbox"/> 9 = ରାସ୍ତା କଡ଼ରେ Along roadside <input type="checkbox"/> 10 = ଗାଡ଼ିଆ/ନଦୀ/କନାଲ ପାଣିରେ In pond/surface water <input type="checkbox"/> 11 = ନାଳରେ/ଗାଡ଼ରେ Into drain/ditch <input type="checkbox"/> 12 = ସିଧା ଗାଧୁଆଘରରେ ଧୋଇଦେଲି Washed directly in bathroom <input type="checkbox"/> 13 = ଖୋଲାରେ ଛାଡ଼ି ଦିଆ ଯାଇଥିଲା Left in open (in household compound) <input type="checkbox"/> 88. ଅନ୍ୟ: (ଟିପ୍ପଣୀ) _____ Other: (record) _____
<p>20. ଅବସ୍ଥାକ୍ରମ : କଣ ଯତ୍ନକାରୀ ଭାବୁଛନ୍ତି କି ଯେ ତାଙ୍କ ପିଲାଟି ଏକ ନୂଆ ଅଭ୍ୟାସକୁ ପରିବର୍ତ୍ତନ କରିବାରେ ପ୍ରସ୍ତୁତ ଅଛି?</p> <p>Transitions: Does caregiver think her child is ready to transition to new behavior?</p>	<input type="checkbox"/> 1. ହଁ - କପଡ଼ାରୁ ପାଇଖାନା ମ୍ୟାଟ <input type="checkbox"/> 2. ହଁ - ଚଙ୍ଗାଣ ଉପରେ ପାଇଖାନା ମ୍ୟାଟରୁ ପାଇଖାନା ଉପରେ ପାଇଖାନା ମ୍ୟାଟ <input type="checkbox"/> 3. ହଁ - ପାଇଖାନା ଉପରେ ପାଇଖାନା ମ୍ୟାଟରୁ ବିନା ପାଇଖାନା ମ୍ୟାଟରେ ପାଇଖାନାର ବ୍ୟବହାର <input type="checkbox"/> 4. ନାହିଁ → ASK 20a
<p>20a. ଯଦି ନୁହେଁ, ଯତ୍ନକାରୀ କଣ ଭାବୁଛି ଯେ ତାଙ୍କ ପିଲା କେବେ ଏହି ଅବସ୍ଥାକ୍ରମ କରିବାକୁ ପ୍ରସ୍ତୁତ ହେବ?</p> <p>If no, when does she think her child will be ready to make the transition?</p>	_____

Bucket with lid *SKIP PROGRAMMING: IF response option 2 is selected in Q10 then ask Q21-Q22	
<p>21. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣ ନିଜ ଡାଞ୍ଜୁଣି ଥିବା ବାଲଟି କୁ ପ୍ରାୟତଃ କେତେ ଥର ନିଜ ପିଲାର ମଇଳା ଝାଡ଼ା କପଡ଼ା ରଖିବାରରେ ବ୍ୟବହାର କରିଛନ୍ତି?</p> <p>In the past week, how often did you use the bucket with lid to store cloths soiled with your child's feces?</p>	<p><input type="checkbox"/> 1. କେବେ ନୁହେଁ → SKIP Q22 Never</p> <p><input type="checkbox"/> 2. ଦିନରେ ଥରରେ At least once a day</p> <p><input type="checkbox"/> 3. ପ୍ରତିଥର ଯେବେ ପିଲା ଝାଡ଼ା କରନ୍ତେ Every time the child defecates</p> <p><input type="checkbox"/> 4. ଅନ୍ୟାନ୍ୟ: _____</p> <p>Other</p>
<p>22. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ମଇଳା କପଡ଼ାକୁ ବାଲଟିରେ ରଖିବା ବଳେ ଆପଣ ପ୍ରାୟତଃ କେତେଥର ବାଲଟି ଉପରେ ଡାଞ୍ଜୁଣି ଘୋଡ଼ାଇଛନ୍ତି?</p> <p>When storing dirty cloths in the bucket in the past week, how often did you put the lid on the bucket?</p>	<p><input type="checkbox"/> 1. କେବେନୁହେଁ Never</p> <p><input type="checkbox"/> 2. ବଳେବଳେ Sometimes</p> <p><input type="checkbox"/> 3. ସବୁବେଳେ Always</p>
Wash basin *SKIP PROGRAMMING: IF 3 is selected in Q10 then ask Q23-25	
<p>23. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣ ନିଜ ପିଲାର ଝାଡ଼ା କପଡ଼ାକୁ ଧୋଇବା ପାଇଁ ପ୍ରାୟତଃ କେତେଥର ଖାଗବେଶିନର ବ୍ୟବହାର କରିଛନ୍ତି?</p> <p>In the past week, how often did you use the wash basin to wash cloths soiled with your child's feces?</p>	<p><input type="checkbox"/> 1. କେବେ ନୁହେଁ → SKIP Q24 and Q25 Never</p> <p><input type="checkbox"/> 2. ଦିନରେ ଥରରେ At least once a day</p> <p><input type="checkbox"/> 3. ପ୍ରତିଥର ଯେବେ ପିଲା ଝାଡ଼ା କରନ୍ତେ Every time the child defecates</p> <p><input type="checkbox"/> 4. ଅନ୍ୟାନ୍ୟ: _____</p> <p>Other</p>
<p>24. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣ ନିଜ ଖାଗବେଶିନକୁ ଅନ୍ୟ କିଛି ଧୋଇବାରରେ ବ୍ୟବହାର କରିଥିଲେ କି, ନା କେବଳ ପିଲାର ଝାଡ଼ା କପଡ଼ା ଧୋଇବା ପାଇଁ ହୁଏ?</p> <p>In the past week, did you use the wash basin for washing other things as well, or</p>	<p><input type="checkbox"/> 1. କେବଳ ପିଲା ଝାଡ଼ା କପଡ଼ା ସଫା ପାଇଁ ବ୍ୟବହାର ହୁଏ Used only for child feces soiled items</p> <p><input type="checkbox"/> 2. ବସିନ କୁ ଅଲଗା କାରଣ ପାଇଁ ମଧ୍ୟ ବ୍ୟବହାର କରାହୁଏ Also used the basin for other things</p>

<p>only for washing cloths soiled with child feces?</p>	
<p>25. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ବର୍ତ୍ତମାନରେ ପିଲାଙ୍କ ଝାଡ଼ା କପଡ଼ାକୁ ଧୋଇବାରେ ବ୍ୟବହୃତ ହୋଇଥିବା ପାଣିକୁ ଆପଣ କେଉଁଠାରେ ନିଷ୍କାସନ କରିଛନ୍ତି? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛିନ୍ତୁ)</p> <p>In the past week, where did you dispose of the wash water used in the basin to wash cloths soiled with your child's feces? (select all that apply)</p>	<p><input type="checkbox"/> 1. In the latrine ପାଇଖାନା ରେ</p> <p><input type="checkbox"/> 2. In the bathing room ବାଧରୁମ ଭିତରରେ</p> <p><input type="checkbox"/> 3. Near the latrine ପାଇଖାନା ପାଖରେ</p> <p><input type="checkbox"/> 4. In pond/surface water ଗାଡ଼ିଆ/ନଦୀ/କନୋଲ ପାଣିରେ</p> <p><input type="checkbox"/> 5. In a ditch ଗାଡ଼ରେ</p> <p><input type="checkbox"/> 6. On the ground of the household compound ଘର ଅଗଣା ର ଚଟାଣ ରେ</p> <p><input type="checkbox"/> 7. On the ground outside of the household compound ଘରଠାରୁ ବାହାରରେ, ଭୂଇଁ ରେ</p> <p><input type="checkbox"/> 8. Onto garbage pile ଅଳିଆ ଗଦା ରେ</p> <p><input type="checkbox"/> 9. Near the handpump ଗଭୀର ବନ୍ଧାରେ ହାଲ୍/ନଳକୂପ ପାଖରେ</p> <p><input type="checkbox"/> 88. Other ଅନ୍ୟାନ୍ୟ : _____</p> <p><input type="checkbox"/> 99. Don't know ଜାଣି ନାହିଁ</p>
<p>Latrine mat with tray</p> <p>*SKIP PROGRAMMING = IF response option 4 selected in Q10, then ask Q26-Q32</p>	
<p>26. ଗତ ଏକ ସପ୍ତାହ ମଧ୍ୟରେ, ଆପଣ ପାଇଖାନା ମଝାଟକୁ ପ୍ରାୟତଃ କେତେ ଥର ବ୍ୟବହାର କରିଛନ୍ତି? In the past week, how often did you use the latrine mat?</p>	<p><input type="checkbox"/> 1. କେବେ ନୁହେଁ → SKIP Q28 Never</p> <p><input type="checkbox"/> 2. ଦିନରେ ଥର At least once a day</p> <p><input type="checkbox"/> 3. ପ୍ରତିଥର ଯେବେ ପିଲା ଝାଡ଼ା କରନ୍ତେ Every time the child defecates</p> <p><input type="checkbox"/> 4. ଅନ୍ୟାନ୍ୟ: _____</p> <p>Other</p>

<p>27. ଗତ ଏକ ସପ୍ତାହ ମଧ୍ୟରେ, ଆପଣ କେବେ ପାଇଖାନା ମ୍ୟାଟକୁ ଗ୍ରନ୍ଥ ସହିତ ଚଟାଣ ଉପରେ ବ୍ୟବହାର କରିଛନ୍ତି? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛିନ୍ତୁ)</p> <p>In the past week, when did you use the latrine mat over the ground with the tray? (select all that apply)</p>	<p><input type="checkbox"/> 1. Never କେବେ ନୁହେଁ → SKIP Q28 and Q29</p> <p><input type="checkbox"/> 2. Always ସବୁବେଳେ</p> <p><input type="checkbox"/> 3. In the early morning (before sunrise) ପ୍ରାତଃ ସକାଳେ (ସୂର୍ଯ୍ୟୋଦୟ ପୂର୍ବରୁ)</p> <p><input type="checkbox"/> 4. During the day (between sunrise and sunset) ଦିନବେଳେ (ସୂର୍ଯ୍ୟୋଦୟ ଓ ସୂର୍ଯ୍ୟାସ୍ତ ମଧ୍ୟରେ)</p> <p><input type="checkbox"/> 5. In the night (after sunset) ରାତିରେ (ସୂର୍ଯ୍ୟାସ୍ତ ପରେ)</p> <p><input type="checkbox"/> 6. When it is raining ବର୍ଷା ହେଉଥିବା ବେଳେ</p> <p><input type="checkbox"/> 7. When there is no one available to put that mat in the latrine ଯତେବେଳେ ପାଇଖାନା ରେ ମ୍ୟାଟକୁ ପକାଇବାକୁ କହି ନଥାନ୍ତି</p> <p><input type="checkbox"/> 88. Other ଅନ୍ୟ: _____</p>
<p>28. ଗତ ଏକ ସପ୍ତାହ ମଧ୍ୟରେ, କଣ ଆପଣ ପାଇଖାନା ମ୍ୟାଟକୁ ଚଟାଣ ଉପରେ ଗ୍ରନ୍ଥ କୁ ମ୍ୟାଟ ତଳେ ନ ରଖି ବ୍ୟବହାର କରିଛନ୍ତି? (select all that apply)</p> <p>In the past week, did you ever use the latrine mat over the ground without the tray in place under that mat?</p>	<p><input type="checkbox"/> 1. ନା No</p> <p><input type="checkbox"/> 2. ହଁ Yes</p>
<p>29. ଗତ ଏକ ସପ୍ତାହ ମଧ୍ୟରେ, ପିଲା ଖାତା କରିବା ପୂର୍ବରୁ କଣ ଆପଣ ଗ୍ରନ୍ଥରେ କିଛି ରଖିଥିଲେ ଯାହା ଗ୍ରନ୍ଥକୁ ସଫା କରିବା ସହଜ କରିଥାଇପାରେ? (select all that apply)</p> <p>In the past week, did you ever put anything in the tray before the child defecated to make it easier to clean?</p>	<p><input type="checkbox"/> 1. ନା No</p> <p><input type="checkbox"/> 2. ହଁ- ପାଣି Yes - water</p> <p><input type="checkbox"/> 3. ହଁ-ପତେର Yes - paper</p> <p><input type="checkbox"/> 4. ହଁ- ଅନ୍ୟ (ଦୟାକରି ଲେଖନ୍ତୁ): _____</p> <p>Yes – Other (record) _____</p>

<p>30. In the past week, did you ever have your child defecate over the tray directly, without using the latrine mat part?</p>	<p><input type="checkbox"/> 1. ନା No</p> <p><input type="checkbox"/> 2. ହଁ Yes</p>
<p>31. ଗତ ଏକ ସପ୍ତାହ ଭିତରରେ, ଆପଣ ପାଇଖାନା ମ୍ଲାଟକୁ ପାଇଖାନା ଉପରେ କେବେ ବ୍ୟବହାର କରିଛନ୍ତି ? (ଉପଯୁକ୍ତ ସମସ୍ତ ବିକଳ୍ପକୁ ବାଛନ୍ତୁ)</p> <p>In the past week, when did you use the latrine mat over the latrine? (select all that apply)</p>	<p><input type="checkbox"/> 1. କେବେ ନୁହେଁ Never</p> <p><input type="checkbox"/> 2. ସବୁବେଳେ Always</p> <p><input type="checkbox"/> 3. In the early morning (before sunrise) ପ୍ରାତଃ ସକାଳେ (ସୂର୍ଯ୍ୟୋଦୟ ପୂର୍ବରୁ)</p> <p><input type="checkbox"/> 4. During the day (between sunrise and sunset) ଦିନବଳେ (ସୂର୍ଯ୍ୟୋଦୟ ଓ ସୂର୍ଯ୍ୟାସ୍ତ ମଧ୍ୟରେ)</p> <p><input type="checkbox"/> 5. In the night (after sunset) ରାତିରେ (ସୂର୍ଯ୍ୟାସ୍ତ ପରେ)</p> <p><input type="checkbox"/> 88. Other ଅନ୍ୟ: _____</p>
<p>32. କଣ ପିଲାଟି ବର୍ତ୍ତମାନ ପାଇଖାନା ମ୍ଲାଟ ବ୍ୟବହାର କରିବା ସମୟରେ ତାକୁ ଧରିବାକୁ ପଡ଼େ ନା ସେ ନିଜେ ଏହାକୁ ବ୍ୟବହାର କରିପାରେ?</p> <p>Does the child currently need to be held when using the latrine mat or can they use it on their own?</p>	<p><input type="checkbox"/> 1. ପିଲାକୁ ଧରିବାକୁ ପଡ଼େ Child must be held</p> <p><input type="checkbox"/> 2. ପିଲା ନିଜେ ବ୍ୟବହାର କରିପାରେ Child can use it on their own</p>