The challenge: education for behaviours

Children need to do things—to participate—and not only memorize facts if they are to develop consistent hygiene habits. There are well-known participatory learning approaches, which could be adapted to SSHE but have thus far remained un-tapped resources. This case study provides an example of how existing methodologies were transformed for young children at school in Somalia and it provides some examples of these teaching-learning interactions. The methodology is called CHAST, meaning Children’s Hygiene and Sanitation Training. By 2005 CHAST, which was developed with the support of Caritas Switzerland/Luxembourg in collaboration with the European Commission, had been used with about 5,000 children.

CHAST is part of an integrated approach working on different but parallel levels for greater impact. Caritas Switzerland implements the CHAST approach in the rural areas of Somalia at the same time as construction of school buildings and water and sanitation facilities. When CHAST comes to the schools, community facilitators also take up PHAST activities with the adults in the community. It has usually been these field workers who have facilitated CHAST in the classroom.

CHAST grew out of a series of sessions with schoolchildren in Northwest Somalia (Somaliland) in the latter half of 2002, during which the exercises and lessons of two other programs were reviewed and adapted to suit the needs and natural understanding of young Somali children in

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primary school. The resulting exercises seek to deliver basic hygiene lessons and information in a fun and memorable way – and a way that supports hygiene-conscious practices of daily Somali life and traditional Islamic culture. By giving children practical lessons and tips on improving their own cleanliness and hygiene, CHAST also aims to create a channel for delivering these messages directly into local homes.

Adapting Child-to-Child and PHAST

The CHAST program is based on two earlier experiences. The first of these is the ‘child-to-child’ approach which encourages children to actively participate in open discussions and, wherever possible, to share their experiences and ideas with their peers.

The second source for CHAST is the similarly-named PHAST program. PHAST (Participatory Hygiene And Sanitation Transformation) was developed in the 1990s with support from WHO and the UNDP/World Bank Water and Sanitation Programme. The approach involves specific participatory activities meant to help community groups discover for themselves the faecal-oral contamination routes of disease. They can then analyze their own hygiene behavior in the light of this information and plan how to block these ‘disease routes’. Caritas’s experiences have shown that, with a few key modifications, the PHAST methodology can be adapted for rural Somali communities. However, because the PHAST approach was designed for adults and is based on principles of adult learning, it had to be adapted to suit the needs of young children. Children have less experience; they have a different concept of time and the future and they are also naturally inquisitive and eager to learn. The CHAST approach builds on these natural attributes. CHAST is not learning by the book, but through exercises, educational games, and discussions. Many of the seven steps of PHAST find their counterparts in CHAST. However, the CHAST approach replaces PHAST activities with methods such as coloring drawings, playing games and hygiene activities more suitable to children.

In the CHAST approach, children are encouraged to work independently in pairs or in small groups, before presenting their thoughts and findings to the larger group. Three characters – Aisha, Jama and Ali – have been created to encourage the children to speak out on specific (often sensitive) subjects, while a puppet called Luuf is passed around to encourage young or shy children to take part in these discussions. Above all else, CHAST tools are meant to be fun – with games, exercises and role-plays that prompt the children to discuss and genuinely understand key issues related to cleanliness and hygiene.

The framework for CHAST

CHAST is organized in four blocks or steps. For each of these there are specific exercises and materials.
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<th>ACTIVITY</th>
<th>TOOL</th>
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<td>1. Introduction of children and characters</td>
<td>1. Puppet “Luuf”</td>
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<td>2. Every day life stories.</td>
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<td>3. Drawings to color</td>
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<td>2. Problem Identification</td>
<td>1. Good Hygienic and Bad behaviour (habits)</td>
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<td>1. Review of habits</td>
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<td>3. Closing Session</td>
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**Step 1: Introduction**

This step is meant as an icebreaker and allows the children to become familiar with the methods they will use. The children introduce themselves with the help of the puppet *Luuf*, which is combined with the introduction of the facilitators, the objectives of the course, the characters and the tools. A second activity allows the children to reflect on their daily lives by telling stories with the help of drawings. To make it more suitable for children, the storytelling can be linked with the coloring of drawings.

**Step 2: Problem Identification**

**Activities:**  
1. **Good and bad habits**

This activity focuses on common health and hygiene problems. This tool is used with two pile sorting so that children can analyze healthy and unhealthy practices. The pictures show either a good or a bad behavior and many of pictures have a corresponding pair. Children first sort the pictures (healthy or unhealthy) and afterwards...
they try to find all possible pairs. The behaviours are those that can cause the spread of diseases.

**Step 3: Problem Analysis**

Activities: 1. Review (un) healthy habits 2. How germs are spread 3. Flies spread germs

Activity 1 reviews the problem identification using a game. Activity 2 and 3 explain some of the common diseases that children can suffer from. This is done through telling a short story on the basis of posters, and a role-play done by some of the children after instruction from the facilitators.

**Step 4: Practising Good Behaviour**

Activities:
1. Blocking the Routes of Germs
2. Practicing: hand washing, toilet use, brushing teeth, handling food

This step demonstrates different actions for blocking the spread of diseases. It focuses on practical training in good hygiene behaviours combined with role-plays and puppet shows. All the activities connect knowledge about the spread of diseases and their prevention to improved hygiene practices. Practical exercises are carried out in small groups. During the final session, all of the participating children receive an award.

**The CHAST Tools**

The CHAST sessions use a variety of games and tools to encourage children to explore and discuss their own hygiene and sanitation. The main tools include:

**Al Hadiths**

Al Hadiths are statements from the Koran. They are put on top of drawings, which are coloured by the children during several exercises. Around 20 Al Hadiths, which are related to personal hygiene, have been chosen.

<table>
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<tr>
<th>قبل وَالوَضوء بعده بركة الطعام الوضوء</th>
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<tr>
<td>“Allah’s messenger said: the blessing of food is (received by) washing (the hands) before and washing (the hands) after.”</td>
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The messenger of Allah said: let not one of you urinate in stagnant water.”

Posters

The more than 100 posters are usually of A4 size and laminated to make them more solid and durable. The posters are used for several purposes, such as introducing the three characters of Aisha, Jama and Ali, who will guide the children through the CHAST course. Posters are used in games such as sorting the healthy and unhealthy habits.

Puppets

Both facilitators and children, successfully use the puppets to talk about important hygiene and sanitation issues. They are particularly useful with young girls and quiet children, who may otherwise be shy about taking part in such discussions. Although the use of puppets is a new concept in Somali education, they have become a popular addition to CHAST exercises in Northwest Somalia.

The use of a puppet – rather than a person – in little plays is helpful in dealing with sensitive subjects and activities (i.e. latrine use) making it much easier for children and adults to discuss previously ‘untouchable’ subjects. Puppets can also be used to criticize some unhealthy practices. Humor is an important part of a puppet show, helping to break down any embarrassment the children may feel in discussing sensitive subjects – and encouraging them to engage in freer conversations during and after the show.

Role-Playing

In general, role-plays are used in the context of raising awareness and in encouraging interaction between groups of children who previously did not know each other. In CHAST sessions, they can be used to illustrate situations from everyday life in order to raise awareness about common hygiene problems, to support decision-making processes, and to create a

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positive environment for the discussion of more sensitive topics. Because role-plays do not require obvious acting skills, they can successfully be used to help children enact and honestly describe real life situations.

Card Games
Two card games have been designed to reinforce lessons about proper and poor hygienic behaviour. Memory is used to help younger children remember good hygienic practices, while Pass the Buck encourages older players to find two cards illustrating the right and wrong ways of conducting their personal hygiene.

The CHAST Characters
Three characters – Aisha, Jama and Ali – have been created to encourage the children to discuss specific hygiene and sanitation topics. These characters have been carefully designed so that Somali children can identify with them and their attitudes and actions.

Somali Songs
As an important part of traditional Somali culture, the act of singing well-known songs is an entertaining way to end a CHAST session. This includes using local songs – and creating new ones – that carry messages related to cleanliness or personal hygiene.

Presentations
Many activities can be successfully ‘wrapped up’ with children presenting the main lessons they have learned. In making such a presentation, children are encouraged to follow the easy steps of the ‘3 Ts’:

**Turn:** Face the audience and look directly at them

**Touch:** Point to a poster or flipchart highlighting the points you are presenting

**Talk:** Take a deep breath and start your presentation with an introductory sentence, such as, “I / We want to explain to you this poster, which shows…”

Implementation
CHAST calls for trained PHAST facilitators. Negotiations are currently ongoing with the Ministry of Education and UN agencies for the incorporation of CHAST tools into the formal primary school curriculum in Somaliland. A manual has been prepared: *Children’s Hygiene And Sanitation Training (CHAST): A Practical Guide* (Caritas Switzerland/Caritas Luxembourg, Hargeisa, 2003), to provide the facilitators with a step-by-step instructions for facilitating each session and using each tool, largely for use by trained field workers who deliver the program in the school. An accompanying Compact Disc contains easily replicable illustrations of the
CHAST characters and posters, instructions for building the puppet *Luuf*, and other useful training tips.

The current plan is to continue the CHAST training and school activities under the leadership of the community workers, but at the same time to begin training teachers using separate, specially-tailored materials. The teacher materials in the form of flipcharts focus on 5 key hygiene behaviors, fecal transmission routes, examples of exercises and tools to be used with children and will be distributed in 2007-8.

**Lessons learned and key questions**
Key issues relate to effectiveness, costs and potential for scaling up, specifically:

CHAST seems to be a good approach to participatory education about water, sanitation and hygiene, including the development of improved behaviors. It is also an interesting experience about adapting programmes from one age group to another.

A good program has proven results. To investigate this further, an assessment is needed to identify results as well as investigating key issues such as continuation of hygiene practices, program costs, minimum inputs needed for the program and so on. A related issue may be how to adapt the program to different water situations… to arid environments and to nomadic populations.

CHAST uses a wide range of materials in the classroom (such as 100 cards). Other expensive inputs are the repeated training for field workers which has been provided through the water sector. What are ways to simplify the package while, at the same time, retaining its basic effectiveness? Addressing this question is central to scaling up a program with quality. The issue is important as well because while the programme expands it will be probably be the teachers or health workers and not community field workers in water projects who will work with the children in the class.

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Annex

About the WASH in schools case studies

Developed by IRC International Water and Sanitation Centre under the SSHE Global Sharing project financed by UNICEF.

Over the decade a rich poorexperience and programming has evolved in school programs for water, sanitation and hygiene education, which we call WASH in schools or SSHE. Hundreds of millions of children are currently attending schools that have, in one way or another, become part of this ambitious effort to enhance the lives and life opportunities of young people around the world.

In the 1980s and early 1990s, these programs focused largely on construction. This usually meant building water points and toilets in schools. Current experience, however, has provided a strong evidence basis on the crucial need to combine hardware (facilities) with software, that is, management, organization, capacity development, educational methodologies and promotion of hygiene behaviors. Participation of key stakeholders—teachers and educational staff, local government and community groups, parents and children – is seen as key to the success of these new WASH in school programs.

This collection of case studies examines both hardware and software aspects of WASH in schools and in different settings. The case studies focus in one way or another on four general themes: planning and management; actions in the school and teaching-learning; technology and design; and, scaling up or expanding WASH in schools while retaining its quality. The case studies are drawn from experience in Africa (Burkina Faso, Ghana, Kenya, Malawi, Senegal, Somalia, Zambia), Asia (Bangladesh, India, Nepal, Pakistan, Vietnam) and South America (Bolivia, Colombia, Nicaragua). The case studies provide insights into programs supported by UNICEF and also by other institutions such as the Aga Khan University, Caritas, Plan International and NETWAS International. Despite the breadth of institutional and national experience upon which the case studies draw, it must be noted that these 14 papers only provide a glimpse of the rich and often exciting experience in WASH in schools from around the world. Nonetheless, this is a ‘glimpse’ which will hopefully provide the reader with worthwhile insights into the current state of the art in school programming. At the end of each case study there is contact information for the reader seeking further information.

The case studies were prepared by the staff of the IRC International Water and Sanitation Centre in collaboration with Annemarieke Mooiman and Sumita Ganguly. The preparation of the case studies was overseen by Therese Dooley and Henk van Norden of UNICEF (New York) whose support is greatly appreciated.

All case studies are available at the WASH in Schools web site: [http://www.schools.watsan.net](http://www.schools.watsan.net)

December, 2006

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