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# **School Sanitation and Hygiene Education Symposium**

## **The Way Forward : Construction is not Enough!**

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### **CHAST “CHILDREN’S HYGIENE AND SANITATION TRAINING” IN SOMALIA**

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#### **Abstract**

CHAST is based on the proven premise that personal hygiene practices are usually acquired during childhood – and that it is much easier to change the habits of children than those of adults. Because the PHAST approach was initially designed for adults, it has been carefully revised and adapted to suit the needs of young children. While children have less knowledge and experience, fewer responsibilities and a different conception of time and the future, they are also naturally inquisitive and eager to learn. The CHAST approach takes advantage of these natural attributes.

CHAST encourages children to actively participate in open discussions and, wherever possible, to share their experiences and ideas with their peers.

Three characters – Aisha, Jama and Ali – have been created to encourage the children to speak out on specific topics, while a puppet named *Luuf* is passed around to encourage young or shier children to take part in the discussions.

In the CHAST exercises, children are encouraged to work independently in pairs or in small groups, and then to present their thoughts and findings to the larger group. Above all else, CHAST tools are meant to be fun – involving games, exercises and role-plays that prompt the children to discuss and genuinely understand the key issues related to personal cleanliness and hygiene.

#### **1. An Introduction to CHAST**

Children’s Hygiene And Sanitation Training (CHAST) is a newly developed approach for promoting personal hygiene among children living in the rural areas of Somalia. Based upon the well-established Participatory Hygiene And Sanitation Transformation (PHAST) approach, CHAST uses a variety of exercises and educational games to teach children aged between five and 12 about the links between personal hygiene and health. The approach is based upon the premise that hygiene practices are largely acquired during childhood – and that it is much easier to change children’s habits than those of adults.

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 PHAST were reviewed and adapted to suit the needs and natural understanding of young Somali children. The resulting exercises seek to deliver fundamental hygiene lessons and information in a fun and memorable way – and a way that is conducive to the 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 aims to create an important channel for delivering these messages directly into local homes.

CHAST uses a ‘child-to-child’ approach to encourage children to actively participate in open discussions and, wherever possible, to share their experiences and ideas with their peers. 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 shier children to take part in these discussions. In the CHAST exercises, children are encouraged to work independently in pairs or in small groups, before presenting their thoughts and findings to the larger group. Above all else, CHAST tools are meant to be fun – involving games, exercises and role-plays that prompt the children to discuss and genuinely understand key issues related to cleanliness and hygiene.



Drawing: card game Memory

## 2. PHAST in Somalia

PHAST (Participatory Hygiene And Sanitation Transformation) is a joint programme developed by WHO and the UNDP/World Bank Water and Sanitation Programme. PHAST is based on the fact that lasting behavioural changes require a proper understanding of the links between poor hygiene and poor health. The approach involves specific participatory activities, using visual aids and other tools for community groups to discover for themselves the faecal-oral contamination routes of disease. They can then analyse their own hygiene behaviour in the light of this information and plan how to block these ‘disease routes’.

The PHAST approach for Somalia is based upon the *PHAST Step-by-Step Guide: A Participatory Approach for the Control of Diarrhoeal Disease* (Wood S., Sawyer R. and Simpson-Hébert M., World Health Organisation, Geneva, WHO/EOS/98.3). The steps described in the guide utilise drawings from the CD *PHAST: Drawings for Use in Somalia*, which was produced by Caritas Switzerland with funding from the European Union. The original PHAST approach was adapted to the local Somali situation in a joint venture between Caritas Switzerland and Luxembourg (operating under the name SwissGroup), Oxfam GB, SCF UK and COOPI. In the further development of the PHAST approach for Somaliland, many other international, local and UN organisations participated in training workshops facilitated by Caritas Switzerland, which took a leading role and now acts as a focal point in coordinating Hygiene and Sanitation activities between local authorities, international and local organisations all over Somalia.

Different PHAST tools were adapted to the specific social and cultural environment in Somalia, including illustrations of typical Somali settings and role-plays linking development with H&S issues. A series of posters was designed with typical Somali characters devised by local artists. Caritas’s experiences have shown that, with a few key modifications, the PHAST methodology can easily and effectively be replicated in the Somali context.

Many of the seven steps of PHAST find their counterparts in CHAST. Different to PHAST the CHAST approach misses activities like mapping, planning and selecting options. Instead there are methods like colouring drawings, playing games and exercising hygienic activities more suitable to the children.

Photo: CHAST activity with men



### 3. The framework of CHAST

# CHAST Children's Hygiene And Sanitation Training

## Five Steps for Changing Children's Hygienic Behaviour

STEPS	ACTIVITIES	TOOLS
<b>1. Introduction</b>	<ol style="list-style-type: none"> <li>1. Introducing yourself</li> <li>2. Stories about everyday life</li> </ol>	<ol style="list-style-type: none"> <li>1. Character posters</li> <li>2. The puppet <i>Luuf</i></li> <li>3. Drawings for colouring</li> </ol>
<b>2. Problem Identification</b>	<ol style="list-style-type: none"> <li>1. Good and bad hygienic behaviour</li> </ol>	<ol style="list-style-type: none"> <li>1. Two-pile sorting</li> </ol>
<b>3. Problem Analysis</b>	<ol style="list-style-type: none"> <li>1. Review of good and bad hygienic behaviour</li> <li>2. How diseases are spread</li> <li>3. How flies spread disease</li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Memory and Pass the Buck</i> card games</li> <li>2. Short story</li> <li>3. The 'Flies' role-play</li> </ol>
<b>4. Practising Good Behaviour</b>	<ol style="list-style-type: none"> <li>1. Blocking the spread of disease</li> <li>2. Review of disease blocking</li> <li>3. Hand-washing Tooth-brushing Food handling Toilet use</li> <li>4. Closing session</li> </ol>	<ol style="list-style-type: none"> <li>1. Practical hygiene demonstrations and exercises</li> <li>2. Role-plays</li> <li>3. Puppet shows</li> <li>4. Awarding of stickers</li> </ol>
<b>5. Monitoring</b>	<ol style="list-style-type: none"> <li>1. Baseline survey</li> <li>2. Collection of data</li> <li>3. Review and adaptation of tools</li> </ol>	<ol style="list-style-type: none"> <li>1. Interviews</li> <li>2. Observation of children's H&amp;S practices</li> </ol>

## **Step 1: Introduction**

This step is meant as an icebreaker and allows the children to become familiar with the facilitators and the methods they will use.

- Activities:
1. Participants introduce themselves
  2. Everyday stories

During the first activity, the children introduce themselves with the help of the puppet *Luuuf* which is combined with the introduction of the facilitators, the objectives of the course, the characters and the tools.

The 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 colouring of drawings.

## **Step 2: Problem Identification**

- Activity:
1. Good and bad habits

This activity focuses on common health and hygiene problems. This tool is used with two pile sorting as the problem analysis of good and bad hygienic behaviours. They show either a good or a bad behaviour and many of them are forming corresponding pairs. Used with the children they first have to classify them, afterwards they try to find all possible pairs. It compares good and bad habits and focuses on hygienic behaviour that can cause the spread of diseases.

## **Step 3: Problem Analysis**

- Activities:
1. Revision of good and bad habits
  2. How germs are spread
  3. Germs are spread by flies

The first activity is a revision of the problem identification. It is performed as a card game: *Pass the Buck* for older children, and *Memory* for younger ones.

The second and third activities give an explanation of some of the common diseases that children can suffer from. This is done through a telling 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. Hand-washing Exercise
  3. Toilet Use Exercise
  4. Tooth-brushing Exercise
  5. Food Handling Exercise
  6. Closing ceremony

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

## **Step 5: Monitoring**

- Activities:**
- 1. Baseline surveys**
  - 2. Collecting data**
  - 3. Review and adaptation of tools**

Monitoring needs to be planned from the beginning with a proper baseline survey. The monitoring and follow-up should prove the impact of CHAST and provide suggestions on how to improve its methods and tools.

#### **4. The CHAST Tools**

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

##### *Coloured Posters*

The more 100 posters are generally of A4 size and are laminated to make them more solid and durable. Coloured posters are much more attractive and easier to recognise than black-and-white ones.



The posters may be used for the following purposes:

- To introduce the three characters of Aisha, Jama and Ali, who will guide the children through the CHAST course.
- To start the CHAST sessions. These are mainly posters showing the characters involved in different situations within each topic.
- To show Somali children involved in proper and poor hygienic behaviour (for ‘two-pile sorting’ exercises).
- To illustrate short stories told by the children about hygienic problems and solutions.
- To illustrate more wide-ranging H&S presentations by groups of children.

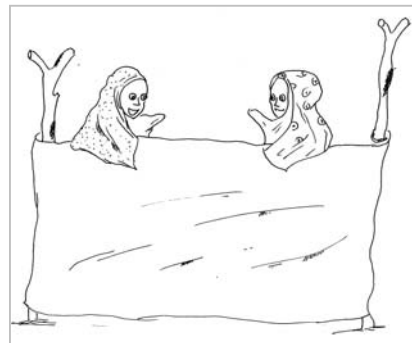
##### *Drawings for Colouring*

Simple black-and-white drawings illustrating situations related to each exercise can serve as a useful and fun introduction to each topic – or be used as an ‘ice-breaker’ for the children to introduce themselves to the facilitator and the other children.

##### *Puppets*

The puppet *Luuf* can be successfully used by both facilitators and children to contribute to discussions about important hygiene and sanitation issues – particularly by 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, *Luuf* has already proved a particularly popular addition to CHAST exercises in Northwest Somalia – and it has now been joined by a second puppet, *Timiro*.



### *Puppet Shows*

A puppet show is a special type of role-play, through which young children are encouraged to follow and take part in the scripted antics of the talking puppet, *Luuf*. The use of a puppet – rather than a person – to raise sensitive subjects and activities (ie. latrine use) makes it much easier for children to discuss previously ‘untouchable’ subjects. Puppets can also be used to criticise traditions or other sacrosanct issues. Humour should be 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-Plays*

In general, role-plays are used in the context of awareness raising 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 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* (*isdhaafi kaadhka gaarka ah*) 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 a fun way to end a CHAST session – and one that is often hard to end itself! In some situations, it may be possible to use local songs – or to create new ones – that carry messages related to cleanliness or personal hygiene.

### *Al Hadiths*

Al Hadiths are Islamic proverbs from the Koran. They are put on top of the drawings, which are coloured by the children during several exercises. Around 20 Al Hadiths, which are related to personal hygiene, have been chosen, the others are more general or not suitable for children.

قبله والوضوء بعده بركة الطعام الوضوء

“Allah’s messenger said: the blessing of food is (received by) washing (the hands) before and washing (the hands) after.”

نهى (ص): ان يبال في الماء الراكد

“The messenger of Allah said: let not one of you urinate in stagnant water.”

### *Presentations*

Many activities can be successfully ‘wrapped up’ with a presentation of the main lessons learned by the children themselves. In making such a presentation, children should be encouraged to follow the easy steps described as 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...*”

## 5. Implementation

At the moment the CHAST approach is different from the teaching methodology used at the schools of Somalia. Although the CHAST approach is fundamentally different from that of PHAST, it initially calls for trained PHAST facilitators to introduce its sessions to Somali children. Negotiations are currently ongoing with the Ministry of Education in Hargeisa, Somaliland, and UN agencies for the incorporation of CHAST tools into the formal primary school curriculum in Somaliland.

The manual, *Children’s Hygiene And Sanitation Training (CHAST): A Practical Guide* (Caritas Switzerland/Caritas Luxembourg, Hargeisa, 2003), is designed to provide CHAST/PHAST facilitators with a detailed methodology for Children’s Hygiene And Sanitation Training (CHAST), together with step-by-step instructions for facilitating each session and using each exercise and tool. 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 ‘child-to-child’ approach extends the usual definition of the term, ensuring that children’s training on Hygiene and Sanitation will also have an impact on their families and peer groups.

The steps described in the guide and the drawings therefore provide a complete package of tools for launching a comprehensive H&S promotion programme for primary school children. However, before using the tools with children, it is vital that facilitators seek proper training in using the CHAST methodology – in order to ensure that they will deliver an effective programme that will bring about positive behavioural change.

Caritas Switzerland is successfully implementing the CHAST and PHAST approaches in the rural areas of Somaliland in combination with construction of school buildings and water and sanitation facilities, whereas other organisations are also implementing it in other regions and urban areas. Caritas implements CHAST in villages where the community facilitators are also taking up PHAST activities with the adult villagers to have a bigger impact by working on different but parallel levels and in combination with hardware provision as well.

For further information, please contact [swissgroup@caritas-switzerland.org](mailto:swissgroup@caritas-switzerland.org)

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