

CHAST — Children Hygiene and Sanitation Training

Methodology Outline



Version: 2019

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Background

The Children Hygiene and Sanitation Training (CHAST) was first developed by Caritas Switzerland team in Somaliland between 2002 and 2003 with support of the European Union and the Government of Luxembourg. It grew out of a series of sessions held with school children during which the exercises and lessons of the Participatory Hygiene and Sanitation Transformation (PHAST)¹ approach were reviewed and adapted to suit the specific needs and understanding of children. The first edition of the CHAST manual for the Somali context came out in 2004.

CHAST materials were then tailored to suit the context of other countries such as Ethiopia (2005), South Sudan (2008) and Kenya (2012 and 2015). CHAST has also been used by other organizations worldwide.

In 2012, Caritas Switzerland and Caritas Luxembourg produced a generic manual called 'CHAST–A Practical Facilitation Handbook'. It was copyrighted in 2014. In 2015, the topic of Menstrual Hygiene Management (MHM) was added to CHAST, after testing and piloting different exercises with teachers and children in Kenya. In 2017, specific exercises on Trachoma prevention through improved hygiene practises were added.

As per 2019, From Caritas Switzerland's projects in East Africa only, it is estimated that:

- In Kenya (2012–2019): About 137 teachers from 67 schools were trained in CHAST and implemented CHAST in their school, benefitting more than 25,700 children
- In South Sudan (2007–2019): About 180 teachers from 87 schools were trained in CHAST and implemented CHAST in their school, benefitting more than 17,700 children
- In Ethiopia (2014–2019): About 672 teachers from 169 schools were trained in CHAST and implemented CHAST in their school, benefitting more than 91,800 children
- In Somaliland (2011–2015): About 211 teachers from 127 schools were trained in CHAST and implemented CHAST in their school, benefitting to more than 31,800 children
- → Within Caritas Switzerland projects between 2007 and 2019, a total of 1,200 teachers were trained in CHAST and implemented it in 450 schools, benefitting a total of 167,000 children!

Since its first edition, Caritas Switzerland has collected feedback and learnings on the relevance and effectiveness of CHAST from project teams and teachers in different countries. In the last five years, several research studies and one impact evaluation were carried out to assess the impact of CHAST and come up with recommendations on how to further improve the methodology. This was the basis for Caritas Switzerland to come up with a new edition of CHAST, in the form of three different documents:

- CHAST-Methodology Outline. For any organisation, donors or education authorities interested in understanding, what CHAST is about, what it aims to do and how it works.
- CHAST-Facilitator's Guide: A step-by-step facilitation handbook. For facilitators, with detailed guidance on how to facilitate the different steps and activities.
- CHAST-Flipchart: Visualization material for facilitators to use with children.

This document is the CHAST-Methodology Outline.

¹ Wood, S., Sawyer, R., Simpson-Hebert, M., 1998. PHAST Step-by-step Guide. World Health Organisation (WHO), Geneva.

Why targeting primary school children?

In most schools in developing countries, the water and sanitation situation is still highly precarious. There are many problems around access to safe drinking water, latrine coverage as well as hygiene and sanitation behaviour, all leading to high prevalence of waterborne and hygiene-related diseases such as diarrhoeal diseases (cholera, typhoid, dysentery), intestinal worms, and trachoma. Diarrhoea kills more children than HIV/AIDS, malaria and measles combined.²

Changing adults' behaviour is not that easy. Particularly habits on hygiene and sanitation acquired during childhood. Children, on the other hand, are naturally more inquisitive and more eager to learn than adults and have less preconceptions and habits.

Working in primary schools with teachers and inducing behaviour change in children is an efficient way towards improving hygiene and sanitation practices, and ultimately health, in communities. By replicating good hygiene and sanitation practices at home and transmitting the knowledge to parents and siblings who do not go to school, children become change agents. Further, schools have a central place in communities and teachers are often perceived as role models, for both children and parents.



Figure 2: CHAST session, Ethiopia (photo: Andreas Schwaiger)

² UNICEF/WHO, 2009. Diarrhoea: Why children are still dying and what can be done. World Health Organisation (WHO), Geneva.

What is CHAST?

CHAST objective

CHAST promotes good hygiene and sanitation practices in schools and at home by raising children's awareness on transmission routes of waterborne and hygiene-related diseases and how to block them.

More specifically, CHAST focuses on **practices** that help blocking the transmission routes of germs and improve children's health, such as:

- Drinking safe water;
- Using well-maintained latrines;
- Keeping good personal hygiene such as hand washing, face washing, tooth brushing and keeping clothes clean, covering food, washing utensils;
- Keeping the environment clean and healthy;
- Managing menstruation hygienically and with dignity (only for upper primary schools);

For children to put the learnings into practice, a key requirement is that the school have access to a reliable water source and functioning sanitation facilities.

Key principles

CHAST is a **step-by-step** methodology that encourages the **'learning by doing'** as the best way for children to understand and then put the learnings into practice:

"Tell me, and I forget"

"Show me, and I may remember"

"Involve me, and I will understand"

CHAST is meant to be **participative and fun** – it prompts the children to discuss among themselves, practice together and learn from each other, this way promoting a child-to-child approach.

CHAST components

CHAST provides different materials and learning techniques for lower primary school children and for upper primary school children. CHAST also encourages the establishment of a children's club, often called School Health Club (SHC), and provides inspiration for the club's activities. In subsequent chapters, the process for lower primary school children and for upper primary school children is further explained.



CHAST learning techniques

CHAST offers a variety of educational games and practical exercises to ensure that each child can learn based on its learning style preferences and age.

Puppet Dolly

In lower primary school, a puppet is used to encourage young or shy children to take part in the discussions and games. The puppet can be used in different ways: either by the teacher, to break the ice and catch children's attention, by throwing the puppet to children who want to talk, or for children to talk to the puppet in case they are too shy to address the classroom directly. We normally refer to her as Puppet 'Dolly'. The name of the puppet can be adapted to the local context (think of language, culture, etc.).

The CHAST characters

Three characters have been created and used in all drawings used for CHAST. These characters have been carefully designed so that children can identify with them and with their behaviour. We normally refer to them as *Smarty*, the boy who always behaves well, *Naughty*, his friend, who tends to have bad hygiene and sanitation habits, and *Naughty's* elder sister, called Ruby, who is also acting as a model child. The names of the characters can be adapted to the local context.



Figure 4: Learning with puppet Dolly, Tanzania (photo: Christoph Stulz)

Colouring

Asking children to colour simple black-and-white drawings illustrating everyday situations or good and bad hygiene and sanitation practices can serve as an icebreaker. Taking time to discuss children's favourite daily activities is important for children to make the link between everyday life and good health. It also helps children understand that good hygiene and sanitation practices are daily activities.

Using visuals

Coloured posters displaying *Smarty, Naughty or Ruby* in different situations are used to discuss good and bad hygiene and sanitation practices, tell stories and reflect on the transmission routes of diseases and how to block them.

Role-plays

A role-play is a powerful tool that builds on children's creativity and encourages them to learn from each other. It is a fun way to pass and memorise a message while enacting a real life situation and it creates a positive environment for discussions. Role-plays can also be initiated by the school to animate special days when parents visit the school to pass key hygiene and sanitation messages to the broader community.

Card games

An easy-to-play card game called the memory card game is introduced to reinforce learnings about good and bad hygiene and sanitation practices. A set of cards displaying pairs of good and bad hygiene and sanitation practices is turned upside down so that children cannot see the drawings. It makes children memorise hygiene and sanitation practices when trying to find two matching cards with the same illustrations.



Figure 5: CHAST drawing session, Ethiopia (photo: Andreas Schwaiger)

Songs and story telling

As an important part of many traditional cultures, the act of telling stories and singing well-known songs is an exciting way to attract children's attention. It may be possible to use local songs – or to create new ones – that carry messages related to cleanliness or personal hygiene and they can be used to begin or end a CHAST activity.

Demonstrations of good hygiene and sanitation practices

Demonstrations of good hygiene and sanitation practices, not only by the teachers, but also by the children themselves, is an important method to learn the practical skills on how to execute a certain practice. For the demonstrations, the required materials such as water and soap need to be available.

Outdoor

Sometimes, going outside of the classroom can be a good way to break the frontal teaching and make children feel more comfortable and boost their playing mood.

Practical exercises

Practical exercises include experiments, outdoor and/or creative activities that are meant to foster the understanding of a key message through practice. These practical exercises are often a good basis for further discussion on one topic.

Discussions

Any educational games or practical exercises should lead to a discussion. This is a key moment for children to raise any questions, doubts or unclarities, but also to go more in depth in understanding and learning.



Figure 6: Unsafe drinking water



Figure 7: Good personal hygiene



The CHAST Kit

All materials and instructions required to facilitate CHAST come in a bag.

This is what we call the CHAST Kit. It contains:

- The CHAST Methodology Outline;
- The CHAST Facilitator's Guide;
- The CHAST Flipchart for upper primary school children;
- Materials to facilitate the CHAST activities and topics such as puppet Dolly, more than 60 laminated coloured A4 posters, memory card games, etc.

The CHAST process – For lower primary school children

CHAST for lower primary school children follows the same logic as PHAST. In a **participative** way, it guides children in a **step-by-step** process that starts by identifying the problems at hand i. e. the bad hygiene and sanitation practices, then analyses why these practices can lead to some of our health problems and finally finds the solutions i. e. the good practices that can help blocking the transmission routes of diseases. The learning techniques are mainly educational games using colour posters, cards, role-play, demonstrations and discussions.

In a nutshell, the steps for lower primary school children are as follow:

Step 1: Introduction.

This step is meant to be an icebreaker and allows children to become familiar with the new participative learning techniques.

Step 2: Problem identification.

This step focuses on identifying the common hygiene and sanitation practices that may impact on our health.

Step 3: Problem analysis.

This step aims to understand how the common waterborne and hygiene-related diseases are transmitted (F-diagram).

Step 4: Finding solutions.

This step aims to demonstrate different hygiene and sanitation practices to block the transmission route of diseases.

Step 5: Continuing the change process.

This step aims to measure and celebrate the achievements of CHAST and clarify how to continue institutionalising good hygiene and sanitation practices in the school.

CHAST for lower primary school children - Steps and activities **Activities Steps** 1.1. Meeting the characters 1.2. Everyday stories Introduction 1.3. Assessing our hygiene and sanitation practices 2.1. Sorting good and bad hygiene and sanitation practices **Problem** 2.2. Memorising good and bad hygiene and sanitation practices Identification 3.1. Importance of washing hands with soap **Problem Analysis** 3.2. The role of flies in germs transmission 4.1. Blocking the transmission routes 4.2. Practicing hand washing with soap **Finding Solutions** 4.3. Practicing the use of latrines 4.4. Practicing face washing 4.5. Practicing tooth brushing 5.1. Measuring the changes in our hygiene and sanitation practices Continuing the 5.2. Celebrating our achievements change process 5.3. Continuing our learning journey

Table 1: The CHAST process for lower primary school children



Figures 9: CHAST session at school, Kericho Kenya (photos: Caritas Switzerland)



Figures 10: CHAST session at school, Ethiopia (photo: Andreas Schwaiger)

The CHAST process – For upper primary school children

As older children might already know how to differentiate good hygiene and sanitation practices from bad ones, CHAST for upper primary school children focuses on deeper discussions and more practical exercises.

It takes the faecal-oral transmission route (F-Diagram) as a starting point. Each route highlights a specific topic for which discussion points and practical exercises are suggested. These are following the same logic as for lower primary school children: identifying the problem, analysing it and understanding the good practices linked to the specific topic.

The topics for upper primary school children are as follow:

Topics	Focus		
Topic 1 How do we get diarrhoea?	This topic is for children to understand how waterborne and hygiene-related disease are transmitted.		
Topic 2 We drink safe water	This topic focuses on the importance of clean (not just clear) water and the steps to make water safe for drinking.		
Topic 3 We use latrines and wash our hands with soap	This topic focuses on proper latrine use and hand washing with soap.		
Topic 4 We keep ourselves clean and healthy	This topic focuses on general household and personal hygiene.		
Topic 5 We keep our school environment beautiful and healthy	This topic focuses on waste management and how bad management of waste can impact on our health and on our environment		
Topic 6 Growth and change	This topic focuses on the body changes in both boys and girls during puberty, breaking the taboos around gender and menstruation and learning how to manage menstruations in a safe and hygienic way.		

Table 2: Topics for upper primary school children

In case the facilitator feels more comfortable to follow a detailed step-by-step script, she/he can decide to use the materials for lower primary school children for the older children. CHAST materials for upper primary school children can be used as a continuation/follow up of the process for lower primary school children.

Upper primary school children can act as mentors for smaller ones. They can take the lead in cleaning duties, initiating fun activities during special days such as singing songs, playing dramas, visiting neighbouring communities and playing an active role in the SHC.

The role of the School Health Club

A School Health Club (SHC)³ is a common structure at school in some countries. It is a voluntary club formed by children's representatives from each class, often with one child being elected as chairperson (often an older child) and one as a secretary. The class representatives may be selected based on merit or on voluntary basis and the numbers can vary.

The purpose of the SHC is as follow:

- To supervise the cleanliness of Water Sanitation and Hygiene (WASH) facilities and the school compound;
- To act as a role model by demonstrating good hygiene and sanitation practices and inspiring others to do the same;
- To promote good hygiene and sanitation practices by organising fun activities with peers in the school compound or beyond;
- To monitor sanitation and hygiene practices of peers in the school.

The SHC is usually lead by a teacher, called the patron, responsible to provide guidance and inspiration for the SHC to carry out their duties.

The SHC provides an important platform to anchor and sustain good hygiene and sanitation practices in the school. CHAST materials can be an inspiration for the patron of the SHC, to initiate activities, discussions and practical exercises on good hygiene and sanitation practices. The patron can then encourage the SHC to replicate some of them to their peers or families.



Figure 11: Discussing latrine use, Tanzania (photo: Christoph Stulz)

³ For inspiration on activities that the SHC can initiate at school, please refer to the School Health Club Poster, Caritas Switzerland, 2017

Recommendations for CHAST roll-out

Eventually, how to roll-out CHAST is at the discretion of each school. Below are some recommendations drawn from experience.

How to roll out CHAST?

To reach all children in the school, the most effective way is to roll-out CHAST per class. We recommend that teachers themselves facilitate CHAST. The members of the SHC, as role model children and initiator of activities around hygiene and sanitation, play an important role in sustaining the learnings of all children.

Because of its participatory nature, each CHAST session and topic should ideally be limited to 30 children. Larger groups reduce involvement, especially by the younger and shier children. If there are over 40 children in the class, the class should be divided in groups.

When to roll out CHAST?

The frequency and the timing to roll-out CHAST can vary from one school to another. The school stakeholders are the ones to decide when to carry out CHAST activities. We recommend to plan one session per class per week, which leaves time for children to reflect and digest the new information. This is also a good way to get a time slot for hygiene and sanitation promotion into the school routine.



Figure 12: CHAST for upper primary school children, Tanzania (photo: Christoph Stulz)

How long does the CHAST roll-out take?

With one slot a week, the process for one class takes two months for lower primary school children and one and a half months for upper primary school children. Once children have gone through the CHAST process, teachers can continue promoting good hygiene and sanitation practices by initiating new discussions and using new practical exercises. The possibilities are infinite! The children's learning journey can also be broadened to the topic of gardening and environment by using the Blue Schools Kit (see more information at the end).

Organising a Training of Teachers

As a normal practice, we recommend training a minimum of two teachers per school. A CHAST Training of Teachers (ToT) usually takes 5 days, including one day practical testing in one school.

Teachers trained in CHAST should then train their colleagues so that all teachers feel a share of responsibility to make their school a healthy school. During the ToT, it is important to reflect with the teachers on the best way to roll-out CHAST to reach all children in the school, the change expected in the school and its monitoring. Discussions on the role of the SHC and ways to activate and inspire it should also be initiated.

Six months after the ToT, we recommend organising a feedback workshop with the same teachers, to discuss progress, changes observed, and exchange lessons learned and good practices. This workshop can also be used as a refresher training and is a good way to help anchoring CHAST roll-out in the school. Templates for the teacher training can be found in the road map for WASH in Schools.⁴

⁴ Caritas Switzerland has developed a road map for WASH in Schools projects based on more than five years of critical internal review and learnings from numerous project evaluations and research studies. Please find a summary of the road map in this article: https://wedc-knowledge.lboro.ac.uk/resources/conference/41/Leclert-2943.pdf [01/08/18]. For the full road map and its annexes, please contact Caritas Switzerland. The recommendations on creating an enabling environment for behaviour change are extracted from the road map.

Creating an enabling environment for sustainable behaviour change

To transform the learnings into sustainable practices, and thereby positively impacting on children's health, CHAST must be embedded in a broader intervention at school and community level that focuses on creating an enabling environment. This long-term process starts at the design phase of a project and continues throughout the project duration. Below are some key points to keep in mind:

- Combining school and community interventions: To increase the impact on children's health, hygiene and sanitation promotion should take place both in schools and communities at the same time.
- Aligning with the country policies and institutions: WASH in Schools encompasses
 different sectors. To ensure buy-in from government institutions and sustainability of the intervention, it is key to be fully aware of the regulatory and institutional framework of the country
 we work in, including recommended methodologies, national standards or guidelines, as well
 as which governmental institutions to engage with and how.
- **Selection of the schools for the intervention:** Criteria for schools selection should be the result of a consultative process with the relevant governmental institutions.
- School directors can determine the success of the intervention: Her/his buy-in is essential to the success of any interventions in schools. The motivation and willingness of the school director to improve the conditions of his school and the behaviour of children (and teachers) should be essential criteria for the selection of a school.
- Presence of functional WASH facilities: For children to put the learnings into practice, the school should have access to a reliable water source and functioning sanitation facilities.
- **Getting all school stakeholders on board:** All school stakeholders, such as school director, teachers, the board of management (also called parents/teachers association) and the parents, should be willing to take actions to improve hygiene and sanitation conditions in their school.
- Activating the SHC: In some countries, establishing a SHC is a requirement by the country
 education or health policy. It can also be that the curriculum caters for club time during the week.
 Make sure to work with existing structures and build their capacity rather than creating new
 clubs. This will also help motivate the teachers, as they will not see the SHC's activities and our
 recommendations as additional workload but as support to help them to do their work.
- Parents play a crucial role in the behaviour change of their children: The more children perform the same good hygiene and sanitation practices at home, the faster the transformation into habits can take place. It is important to encourage the school to organise regular meetings with parents to update them on the progress or challenges faced by the school. These meetings, as well as other events such as hand washing day, can be used to sensitize parents on hygiene and sanitation issues.
- Additional activities for children to put the learnings into practice: To move from raised awareness to forming habits, good hygiene and sanitation practices should be integrated into the school routine.



Monitoring change

Monitoring children's behaviour change and status of facilities should not only be important for the project team, but also for all school stakeholders. Project team should make sure to involve the school director and the teachers in their regular monitoring, so that teachers get used to doing it. When no change is observed, the school stakeholders should try to understand why and from there, take corrective actions.

Monitoring behaviour change

Depending on what we want to assess, different methods can be used for monitoring at school level.

To assess the learnings of children, a pocket chart exercise is planned at the start and at the end of the CHAST process for lower primary school children.

To assess the behaviour of children, one way is through observation. For example, to monitor the use of latrines and hand washing with soap, one can count, before and after the CHAST process, the number of children that use the latrines and then wash their hands during a school break.

Monitoring the status of WASH facilities

Monitoring the status of WASH facilities needs to be done on a regular basis by the school stakeholders, under the lead of teachers. Children and the SHC should also be involved in this activity.



Figure 14: Handwashing station, Somaliland (photo: Susanne Peters)



CHAST and Blue Schools

Once children drink safe water, use well-maintained latrines and practice good hygiene and sanitation behaviour, it is possible to extend children's learnings to the topics of environment using the Blue Schools Kit.

The Blue Schools Kit⁵ was developed in 2018 by experts of Caritas Switzerland, Eawag-Sandec, HELVETAS Swiss Intercooperation and Terre des hommes in the framework of the Swiss Water and Sanitation Consortium. In the form of catalogues, the Blue Schools Kit provides a compilation of low-cost technologies and practical exercises aiming to inspire school stakeholders on how to transform their school into a healthy and environmentally-friendly school. It takes children's learning and practices a step further than WASH by introducing the topics of school garden, waste management, and environment. While also promoting learning by doing, the Blue Schools Kit does not prescribe any solutions but leaves the school stakeholders to decide on their actions.

CHAST was a reference methodology for the development of the Blue Schools Kit, particularly for some of the practical exercises contained in the Catalogue of Practical Exercises on the topics of drinking safe water, hygiene and sanitation and Menstrual Hygiene Management.

While CHAST step-by-step guidelines for lower primary school children is unique, some practical exercises for upper primary school children are coming from the Blue Schools Kit.

For more information on the Blue Schools Kit, please see this link: http://waterconsortium.ch/blueschool/.

⁵ Leclert, L., Moser, D., Brogan, J., Mertenat, A. and Harrison, J., 2018. Blue Schools – Linking WASH in schools with environmental education and practice, Facilitator's Guide. 1st Edition. Swiss Water & Sanitation Consortium, Caritas Switzerland, Helvetas, Terre des hommes, Eawag.

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Cover photo: Caritas Switzerland

Doing the right thing