DIFÄM
German Institute
for Medical Mission

Training of Trainers (ToT) Manual

Strengthening community and health system ASSETs for better health

Training of SALT Community Facilitators

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Part 1 Background: Primary Health Care (PHC) and community participation

What is Primary Health Care?

The foundation for Primary Health Care (PHC) was laid in the Alma Ata Declaration of the World Health Organization in 1978. 40 years later, in 2018, the Astana Declaration renewed the commitment of the WHO members to implement PHC as one of the strategies towards reaching Universal Health Coverage (UHC).

PHC is a comprehensive approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health like sanitation, nutrition, water, education and economic factors, and focuses on the comprehensive and interrelated aspects of physical, mental and social health and well-being.

A health worker providing PHC is usually the first contact for a person with a health problem. Nurses, midwives, doctors or other health professionals who work in a PHC facility are not just dealing with a sick person but at the same time consider his or her physical, psychological, cultural and social life. Often health workers are members of the communities that they serve.

Services which are usually provided in a PHC facility include antenatal care, deliveries and follow-up after birth, immunization, treatment of infections like malaria or pneumonia, follow up of treatment for chronic conditions, wound dressing and minor surgery, direct observation of tuberculosis treatment, health education as well as screening and reporting of contagious diseases in the communities. Usually, PHC facilities don't provide inpatient services. In contrast, there are health facilities like the district or reference hospitals at a higher (secondary or tertiary) level of care that offer treatment and surgery for complex disease conditions. Usually, the PHC refers a sick person to this level when needed.

Primary Health Care also means taking care that all other entities in a community contribute to good health. Schools can educate children on nutrition and hygiene, water sources have to be clean, waste should be dumped so that it does not pollute food and water, markets must provide good foods, fields and farming should yield crops and foods which allow a balanced diet – good PHC takes care of that all.

PHC brings "health as close as possible to where people live and work" (Alma Ata Declaration, section VI), and "requires and promotes maximum community and individual self-reliance and participation" (section VII). Thus, PHC calls for bottom up approaches to strengthen the national health system. And this is where participation comes in.

Why is community participation so important?

PHC only works if communities participate in health care decisions and shape their health proactively. "Nothing about us without us" is a slogan that emphasizes that no policy should be created and no community health decision should be taken without prior consultation of those it affects. As an example, this means that villages should have health committees which discuss ideas, perceptions and priorities in health with health authorities and the staff of the health facilities.

Village health committees should also be concerned with anything in the village that promotes or endangers health. These can be tangible things such as dirt or intangible things such as behaviours or social and cultural rules. A health facility advisory committee has to include community members so that communities participate in the control and design of health services if they want them to be tailor-made to their needs.

Good health is the foundation for a good life. Every individual is concerned with his or her health and the health of beloved ones. Therefore, becoming active for health and taking ownership for our health is important if we want to take our fate and that of our families into our own hands.

Part 2 DIFÄM's ASSET approach and SALT – no one starts from point zero

When it comes to health and health care, individuals, communities and even institutions often act as if they were completely at the mercy of a given situation. But even the most vulnerable have health assets at hand on which they can rely and build. A baby's asset for example is the mother; a mother's asset may be her knowledge; a family's asset may be the friendships in the church or mosque community; a village's asset can be a health facility; a health facility's asset may be the staff working there.

Unfortunately, the awareness of health assets is not always there. Mostly, people think of money when it comes to the means at hand. However, an asset is everything that protects against ill health and promotes good health. As in the examples above, an asset can be human (skills, knowledge etc.), social and cultural (relationships, rules, village structures etc.), physical (buildings, water supply, land, trees, good climate etc.), economic (savings, tools, equipment etc.), and spiritual like hope, prayer, guidance etc.

DIFÄM's ASSET approach opens people's eyes so that they can see their strengths and the advantages in their lives. The ASSET approach appreciates and mobilizes resources that already exist.

ASSET stands for:

A Appreciate local resources and strengths of people at community level as well as institutional resources of the health system.

S Stimulate local and institutional responses through activating assets owned by communities and health structures.

S Strengthen community owned resources and responses as well as those of health staff and health services.

E Engage community members and professionals in the process of improving the health of their community and the quality of their health services.

T Transfer experiences to neighbouring communities and to other institutions of the health system.

The ASSET approach deliberately starts with looking at what is available in a community or an institution instead of looking at the deficits first and only. The focus is on the "glass half full" instead of the "glass half empty" – we start by looking at the health-enhancing assets in the communities and health facilities.

Of course, it is important to be aware of and identify health concerns, too. But it makes a difference whether we look at the assets first or start with the deficits. Most communities and health facilities are very well aware of what they don't have. They are used to list their deficits and articulate their concerns and to accept solutions developed for them from outside.

ASSET projects strengthen health systems from bottom up

An ASSET project builds on existing PHC structures, e.g. dispensaries and health centres in the villages, community health workers, and all committees in the village concerned with health such as the committee concerned with the management of the local health facility. Most countries foresee some kind of mechanism to involve local communities in health governance and steering. The ASSET project strengthens or revitalizes these structures if they are inactive. An ASSET project refrains from building up any parallel structures.

As one of its main objectives, an ASSET project bridges the gap between communities and the health facilities at primary level as well as the other levels of the district health system. As an example, health facilities are encouraged to adapt their services to the needs of the communities. Usually, in an ASSET project a project steering committee is formed including representatives of the communities, religious and traditional leaders, and representatives of the district health system. If possible, the coordinator of the ASSET project attempts to establish a lively exchange with the district health authorities and is sometimes invited to meetings of the decision-making bodies. Ideally, the ASSET project activities thus become part of the district health planning.

An ASSET project has the following main objectives that are specified in a particular context:

1. Local communities and neighbourhoods are actively engaged in the improvement of health.
2. Local communities collaborate effectively with and co-own faith-based and government health services.
3. Infrastructure, equipment, medical products and processes of service provision meet the primary health needs.
4. Health personnel has sufficient expertise to provide the needed services.

In its ASSET projects, DIFÄM combines the following activities:

Component 1: Community involvement using SALT and tools for participation

Villages are engaged by community facilitators using the SALT method[1]. SALT stands for stimulate, appreciate, listen/learn and transfer: With SALT community facilitation we stimulate community members to express their opinions, we appreciate what they think, we listen to and learn from them and we encourage them to transfer this new way of handling life to other topics and even villages. With this method, village members are encouraged to reflect their assets and to make their dreams for a healthy community life come true using their own means and resources. The SALT method is accompanied by tools which help to stimulate community ownership and participation.[2]

Component 2: Health services improvement

In addition to the work with communities, health authorities and health care personnel are also involved in an assessment of the health services using checklists for specific areas of services such as primary health care or maternal care, etc. This assessment will then be used for tailor-made investments in infrastructure and equipment. The SALT method can also be applied to look into the quality of care by building on existing capacities to improve potential weaknesses.

Component 3: Training of health staff

Together with health authorities and health care personnel, the training needs of different groups of health staff are identified according to the level of service such as dispensary or health station, health centre or hospital. Health staff at the level of a health station or a dispensary need to get other technical information than health staff working at hospital level. It is important to connect with the national health system to use nationally accredited trainers and training curricula.

This manual is dealing predominantly with Component 1 – Community Involvement.

[1]This method was developed by the British NGO AFFIRM http://www.affirmfacilitators.org

[2] These tools are called tools of appreciative inquiry or participatory action research but we will talk in this manual simply about tools that help to stimulate community participation.

Steps to implement an ASSET project

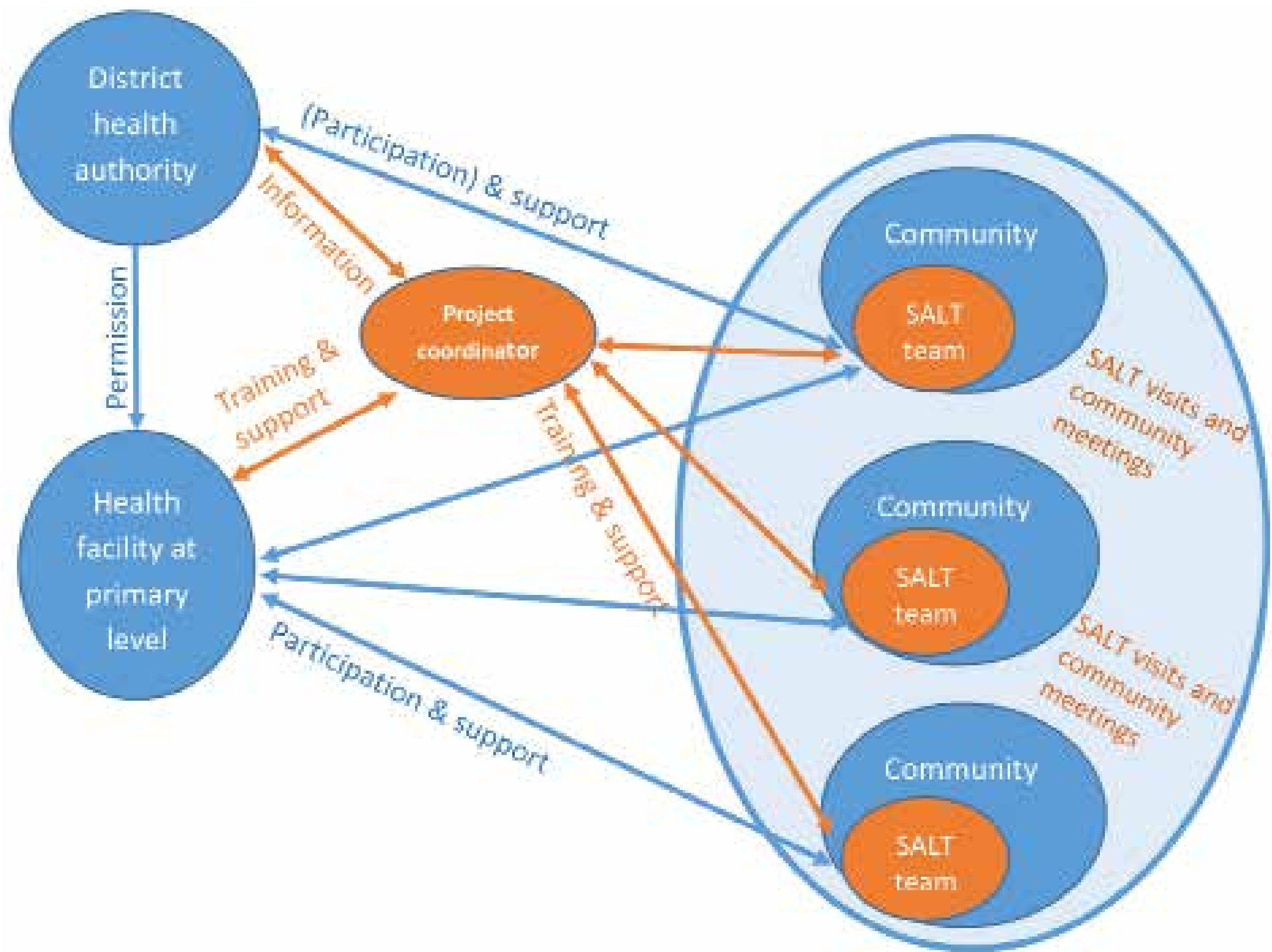
For a region selected for the implementation of an ASSET project, a project coordinator is appointed. Together with key stakeholders of the project, an operational plan is set up. The following steps are included:

- **Sensitisation**
  - o Perform a stakeholder analysis in the project area
  - o Share information about the approach and the envisaged project with representatives of the local health system (district health authorities, health centres, community health workers), religious leaders, and with the traditional authorities of the area.
  - o Conduct community meetings to get the buy-in of village members into the ASSET project

- **Preparation**
  - o Select community facilitators according to specific criteria
  - o Conduct SALT trainings
  - o Form SALT teams in the participating communities

- **Implementation**
  - o Implement the SALT methodology
  - o Strengthen the existing PHC structures, e.g. by formation and training of village health committees and health centre advisory committees
  - o Make investments in infrastructure and equipment
  - o Train health staff according to needs
  - o Create opportunities for learning and transfer at the end of the project cycle

During the implementation of an ASSET project, the ASSET coordinator is the link between the District Health Authority, the health facility and the communities with their SALT teams (see the graph below). In the SALT training, all stakeholders participate to make them aware of the potentials of the SALT method. While the SALT teams practice SALT conversations in their villages and guide the process of dream building and action planning, the ASSET coordinator as well as the staff of the health facility support the community facilitators. The ASSET coordinator keeps the district health authorities updated on the progress of the SALT process. This is vital because the district has to give its permission to involve health facilities. When SALT has been fully implemented, the communities understand their own assets and potentials, and vital structures to strengthen primary health care are functional again. From then on, the ASSET coordinator is no longer needed.



The SALT method – a way of thinking

SALT is a method that attempts to include all members of the community in health conversations. These health conversations are initiated and sustained by SALT teams consisting of trained facilitators from the communities visiting the community members in their homes, during meetings of various community groups as well as during community reunions. Thereby, women, youth, and vulnerable people who usually don't dare to speak up in bigger groups, get the chance to contribute ("no one is left behind"). Only if a majority of community members has the chance to participate in identifying strengths and health concerns, the community will be able to find ways to transform community life.

SALT stands for:

S **S**upport, Stimulate, Share

A **A**ppreciate, Analyse

L **L**isten, Learn, and Link

T **T**ransfer and Transform

The SALT team will ***STIMULATE*** community members to reflect on the assets that exist in their lives, on hopes and concerns and how they are interrelated with major issues affecting the community. People in the families and communities have the answers to their issues. The SALT facilitators ***SUPPORT*** them in identifying and ***SHARING*** their solutions and in mobilizing their assets and collective potentials to make these solutions reality. It is the role of SALT facilitators to build self-confidence, trust and relationships so that people believe in what they can do for themselves and that they can be self-reliant instead of being dependent on outsiders.

The key attitude of the SALT method is ***APPRECIATION*** for what people in a community are already doing, and how successfully they lead their lives. Therefore, when a SALT team enters a home or a group meeting, the first thing is not looking out for problems and weaknesses, but appreciating what is good. As the SALT team appreciates individual or collective successes and solutions, it encourages community members to be proud of themselves und to reflect on further assets. This is important as people are often not aware of their own assets.

The SALT team will continually stimulate the community to ***ANALYSE*** assets, hopes and concerns and how they are interlinked. Thus, the community gradually opens up discussion on significant issues, and acknowledges the underlying roots of an existing situation. Positive and negative issues will become visible and it shows how they are interrelated. It will become natural to reflect on what the community itself can do in response.

It is important for the SALT team to ***LEARN*** by asking questions about individual and community life, rather than attempting to 'enlighten' the community on issues that seem important to them. The SALT team is there to ***LISTEN*** and not to talk or teach. This phase of the process is very important – as it leaves responses and actions in the hands of the community members and does not allow a takeover by supposedly 'knowledgeable' persons.

The SALT team will always ***LINK*** with different groups and individuals in the community. The SALT facilitators should always ask themselves and their community peers: "Who is not in this discussion, but should be?" For example, if discussions take place mainly with elders in a first visit, the team will find a way to meet youth. If discussions take place with the 'upright' citizens of a community, the team can seek a way to talk to 'troublemakers'. If men are the first to discuss with, then the team will want to discuss with women as well.

The SALT method helps communities to ***TRANSFORM*** themselves with the help of their own assets and potentials and it promotes to ***TRANSFER*** the experience of power and self-reliance to other communities. This will happen when community members link to others outside their own community, and influence change in other places. For example, if stigmatization of a disease like HIV is reduced in one neighbourhood, local people will share this experience with other neighbourhoods, through extended family links, and sometimes even more systematically.

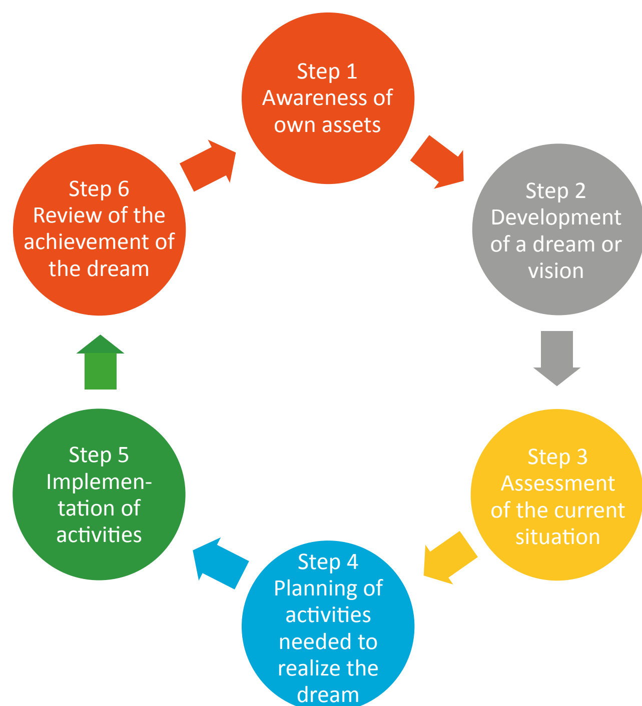
The following diagram shows how family, neighbourhood, individual or professional interest groups like a women's group or an association of dairy farmers as well as communities build up on each other.

They rely on **individual and collective assets**, they are able to develop **joint hopes**, the share **similar concerns** and they have **specific ways of working together and of addressing their life issues.**

The cycle of a SALT process

The SALT method follows different steps in the form of a cycle[3]:

This process involves six steps and asks specific questions in each step



Step 1: Awareness of own assets

Questions: Who are we? Which groups and institutions make up our community? What are our assets? What successes have we achieved in our joint history?

Tools: Assets, geographical and social mapping, the historical calendar

Step 2: Development of a dream

Questions: How do we want our community to be with regard to a certain issue or topic (e.g. child health or any other topic)? What would we like to achieve in relation to this topic? How do we want to live in this respect?

Tools: Dream building

Step 3: Assessment of the current situation

Questions: Where are we with regard to our dream? How is the situation at the moment? What works and what is still lacking?

Tools: Factors contributing positively and negatively to a specific health topic

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[3]This cycle is adapted from The Constellation's Community Life Competence Process: https://www.communitylifecompetence.org/our-approach.html

Step 4: Planning of action needed to realize the dream

Questions: What are we going to do now? Which changes are necessary?

Tools: Solution tree, high and low hanging fruits, prioritization with stones or beans, action plan

Step 5: Implementation of activities

Questions: Let's do it! How can we get organized? Who is doing what?

Tools: Action plan

Step 6: Review of the achievement of the dream

Questions: Where did we get? What is still missing? What did we learn? How can we share?

Tools: Self-assessment

Once the cycle is completed, it can restart either on the same issue if there are more things left to do, or a new topic can be chosen.

How SALT is organized and practiced

The SALT process starts with a workshop with village leaders to create a proper understanding of the SALT method and to get their support for the project. In a kick-off community meeting, the community members are informed about the project and asked to select community facilitators according to certain criteria (see below). The selected community members will then undergo a training to become SALT facilitators.

SALT facilitators do not hold meetings with families, village groups or community reunions to educate, give information or raise awareness. SALT facilitators want to listen, learn and experience first-hand how fellow community members experience a specific issue. The SALT home visit becomes a place of private sharing, where concerns, loss, grief and hope are expressed. Community meetings provide opportunities to think, discuss and dream collectively.

These key practices are necessary foundations for building relationships and a sustained response within a community. It is the building-block of a community-wide counselling process, starting from the 'safe', discrete, private environment of the home and extending to the community members in total. Home visits and community meetings combined have a greater impact than either one alone. Community meetings allow for an in-depth discussion of the assets and common concerns and are driven by the motivation of community members to meet and seek strategies for themselves. The participants of the community meetings should include community members (men, women, youth) representing different social strata of the community, traditional and religious leaders, and health professionals.

The SALT process involves the following steps in their community:

Here are the individual steps listed in detail:

1. Hold a workshop with the leaders of the village to get their buy-in for the project and the SALT method.

2. SALT conversations start with families and smaller community groups to understand the social influences on the health topic, the positive and negative factors that impact a specific topic and the dreams on this topic.

3. During a series of community meetings methods of appreciative inquiry are applied to identify community assets. In addition, discussions about the health situation in the community are stimulated. Meanwhile SALT conversations are going on to stimulate widespread reflexion. During the community meetings, the following exercises are used:

➪ Use of historical calendar
➪ Geographical mapping
➪ Social mapping
➪ Positive and negative factors

4. After the community assets have been identified, a community dream is developed involving everyone. Usually, this is done by using group work and drawings. With the dream in hand, actions can be defined and prioritized. One of the most important questions is: Which action is a low hanging fruit that we can reach without help from outside? The instruments for this section are:

➪ Developing a community dream
➪ Low and high hanging fruits
➪ Prioritization with stones
➪ Action planning

5. After the community has started to implement the action plan, there will be regular community meetings to evaluate the progress and the success of the activities:

➪ Self-assessment

After all activities have been completed, the community decides to which further subject it wants to apply the SALT method then.

SALT visits and conversations are best learned by simply doing them.
Please keep in mind the subject to which the SALT method is applied.

As guidance, the SALT teams are encouraged to build the SALT conversations along the following questions:

1. What are you happy about or proud of in your family/village group?
2. What are you happy about or proud of with regard to this topic?
3. Please share your experiences on this particular subject.
4. What are you concerned about when it comes to this topic?
5. What are your hopes in this respect?
6. What is your dream for your family/village group in this respect?
7. What do you do about your dream?
8. Would you like us to visit again?

A SALT visit is done in three steps:

Tasks

✓ List the families and households which live a bit outside of the social life of the community

✓ Set up a visit plan covering all areas of your village so that „no one will be left behind“

1 Preparation of the SALT visit
Which behaviour do you expect from someone who comes to visit you and your family or group? Act in this spirit. Prepare in advance the questions that you want to ask.

2 The SALT visit
We present ourselves as individuals who come to learn. So, we introduce ourselves with our names but not with our function in the community. During the visit, we interact with the people we meet and don't take any notes.

3 A team reflection after the SALT visit
Which experiences and hopes, which opinions and needs did we hear?
Which lessons should we learn?
How can we further improve our SALT practice?

SALT is not implemented by performing a single visit, but is an ongoing visiting process: ideally, all households of the village are visited and once all are visited, the visits start again

Criteria for selecting SALT community facilitators

The selection of capable community facilitators is a key to the success of the SALT methodology. The following criteria should apply to them:

- They should be from the village where SALT is being implemented.
- They should speak the local language.
- They should have a clear understanding of the difference between SALT facilitation and health education.
- They should be good communicators.
- They should enjoy the respect of the community.
- They should represent all ages and include young people.
- A team should consist of male and female facilitators in order to be able to address both sexes.

Community facilitators coming from the health facilities should meet the following criteria in addition to those listed above:

- They should have sufficient time.
- They should be able to bring together community and professional perspectives.

Communication skills

A SALT community facilitator needs very specific communication skills. People in the villages are commonly familiar with health educators but not with a community facilitator. Health educators are people with some expert knowledge who present facts and guidance on how to behave in order to stay healthy. There is an important difference between a SALT community facilitator and a health educator. While a SALT community facilitator encourages, stimulates and motivates community members to reflect and talk about own assets, solutions and still remaining challenges, a health educator has already identified the problem and presents solutions from the perspective of an expert. For a SALT community facilitator, the community members are the experts!

We often start a conversation with our own assumptions and then we want to affirm our own thoughts. This is not what a SALT community facilitator does. He or she does not want to affirm pre-made assumptions. He or she wants to learn and understand. Therefore, we have to improve our listening skills!

Non-verbal communication skills are culture-specific. For the SALT visiting team, self-awareness is very important as we access another person's life. Our own self-awareness helps us to be more careful about our non-verbal communication, about what we say, how we say it, when we say what we have to say and who speaks when etc.

Part 3 Exercises and tools

Exercises to enhance SALT facilitation skills

Exercise 1: What are assets?

Equipment:

- Flip chart
- Marker pen

Objective: Participants understand what assets are and are able to identify them in a story that is told.

Target group: SALT facilitators

Method: Group discussion

First ask the participants to define the meaning of "asset". You can fall back on the following definition:

ASSET	Something valuable belonging to a person or organization that can be used for solving life problems. Assets can be tangible (like personal properties or health institutions in reach) or intangible (like relationships, life skills, motivation, hope).

Read the following story to the participants:

Hawa is pregnant with her third baby. During this pregnancy, she has not been feeling as well as during her first two pregnancies. She is often tired and has headaches. She **asks** Grace the **traditional birth attendant** in the village who has been taking care of her during her last pregnancies and deliveries. But she cannot help. Up to now, she has not attended any of the **antenatal care visits** that the health centre organizes regularly in the villages around. There was always too much to do in the fields and her house is a little far away from the health post. Next week there will be **another antenatal care event** close by. **Her husband** tells her that she should go. But she has to take care of her parents-in-law and of course of the two little ones. And how shall she get there? It will take her at least one and a half hour to walk there. Probably, she will be away the whole morning. When she discusses that with her family in the evening, **her mother-in-law** tells her that she will manage **to take care of the two little ones**. Her husband says that **a neighbour is going by motorbike** in the direction of the village where the antenatal consultation will take place. He will **ask** him if he can take her. Then she will have to walk only one way back. Hawa is relieved. It will be good to go to the antenatal care and ask why she is feeling so weak.

Ask the following questions to the participants:

- What do you think of this story – does it describe a situation which could also happen in your village?
- What is dangerous to Hawa's health?
- Which assets can you identify in this story?

Use the flipchart to note down all assets mentioned by the participants. Then discuss with the participants who owns these assets: the individual, couple, the family, the neighbourhood, the village community, the health facility, the government, etc.

Then ask the participants if they have a story of assets to share.

Time: 60 minutes

Exercise 2: What is appreciation?

Equipment:

- 1-2 Flip charts
- Marker pens of different colours

Objective: Participants understand and describe the attitude of appreciation.

Target group: SALT facilitators

Method: Brainstorming and group work

The key attitude during the implementation of an ASSET project is appreciation. We appreciate what is there in a community, what people have, and we appreciate the people we interact with. Exercise 2 looks at appreciation in interpersonal encounters. Here, appreciation can be expressed by encouraging people, praising what he or she has achieved, and attentive listening, through non-verbal communication, and by touching (if this is culturally appropriate).

Ask the following questions to the participants:

- When do you feel appreciated? Can you share a personal experiecne?
- Please, describe and note down various ways of appreciation in interpersonal encounters.
- What are the effects of appreciation? Please, note down the effects or draw a picture of what happens if people feel appreciated.

The first two questions are discussed by all participants while the third one is addressed in groups who then present their results.

Time: 30 minutes

Exercise 3: What is special about a SALT community facilitator?

Equipment:

- 1-2 Flip charts
- Marker pens

Objective: Participants understand the difference between a SALT community facilitator and a health educator

Target group: SALT facilitators

Method: Brainstorming and tandem practice

Explain again the role of a SALT community facilitator:

He or she facilitates discussions with families or community groups. He or she encourages, stimulates and motivates community members to reflect and talk about own strengths, solutions and still remaining challenges.

Write down "SALT community facilitator" on one flipchart and "health educator" on the other.

SALT community facilitator	Health educator

Now ask: What is the difference between the two?

SALT community facilitator	Health educator
Possible answers: • Is not the teacher but the student • Appreciates the strengths of the people • Does not have expert knowledge • More listening than talking • Asking good questions • Does not know what the problem is and does not suggest a solution but acts like a midwife who 'gives birth' to what people already have • Brings together different perspectives • Looks out for solutions from the village • Documents the answers	Possible answers: • Has expert knowledge • Comes with the solution to a given problem • Often defines the problem from an expert perspective • More talking than listening • Presents the expert perspective only

Tandem practice:

Present the following: For a SALT community facilitator, it is most important to ask questions to encourage individuals to tell their own story. These questions normally start with "why" or "how". Sometimes it also helps to start conversations with positive comments or compliments about what you see in the home or hear from his/her story of something good he/she has done. For example, the SALT community facilitator can ask probing questions:

How do you feel about this? Or: could you tell me more about your thoughts on that? Anything else? Any other reason? What do you mean? What do you mean by ….? Why do you feel that way? Why do you say that? In what way?

There are also special techniques, which help the discussion partner to continue talking:

➪ Repeating the question
➪ A pause, accompanied, for example, by a nod of the head
➪ A verbal ´mm´ or ´yes´ followed by a pause
➪ Repeating the family member's reply can stimulate him/her to further thought

Now ask each participant to turn to his or her neighbour.

In round 1, participant 1 asks: what are you proud of in your life? The task is to get as many details as possible from the discussion partner. **Time: 10 minutes**

In round 2, participant 1 asks: what is your biggest dream in life? Again the task is to get as many details as possible from the discussion partner. **Time: 10 minutes**

After the exercise ask:

- How did you get along with asking questions?
- How did you motivate your discussion partner to tell a bit about himself or herself?
- What was difficult? How did you overcome this difficulty?

Time: 20 minutes for the brainstorming and 30 minutes for the tandem exercise

Exercise 4: Good versus bad facilitation

Equipment:
- Chairs

Objective: Better understanding of the role of a SALT facilitator

Target group: SALT facilitators

Method: Role play

Review again the difference between a SALT facilitator and a health educator. Ask participants to think of a person that they consider being a good facilitator, and what they like about him or her (skills, attitudes, behaviour). List these characteristics. Ask the same question with respect to a bad facilitator whom they have experienced. List these characteristics as well.

Now split the participants into two groups. One group will be the observers; the others will do a SALT group meeting. Two persons will be selected as SALT facilitators and will conduct a SALT conversation in a village group on a specific topic. They should cover the following questions:

- What is the group proud of with respect to a certain topic?
- What are they concerned about?
- What would be their dream in this respect?
- What have they done so far to make the dream come true?

The group around them will observe. Whenever they think that one of the two facilitators has made a mistake they should get up, tap the facilitator on the shoulder and take over facilitation. The former facilitator then joins the group of observers. After some time swap the groups so that

all participants have a chance to observe and take over facilitation.

After the role play, discuss the reasons why people were tapped on the shoulder and what everyone has learned about good and bad facilitation.

Time: 90 minutes

Exercise 5: SALT documentation and analysis

Equipment:

- Paper

Objective: Enable documentation and analysis of SALT conversation

Target group: SALT facilitators

Method: Team work, written documentation

Documentation of the visit will take place only after the visit, during the reflection period. The SALT facilitators are encouraged to actively listen and learn during the SALT visit and not to take any notes.

Documentation of the main points of the visit should include the issues as follows:

SALT visit conducted in: • Location • Who was present?	
What is the family or village group happy about or proud of with respect to our health topic?	
What is the family or village group concerned about regarding our health topic?	
What is their dream or vision?	
What do they plan to do about their dream or vision?	
Would they like us to visit again?	

Self-assessment of SALT facilitation teams

The SALT facilitators should sit together after each SALT conversation held during a family visit, a group meeting or a community reunion to self-assess the own performance.

1. What are we proud of? How do we feel about the SALT visit?	
2. What surprised us?	
3. What would we do differently? How could we improve our facilitation skills?	

Exercise 6: The community entry

Equipment:

- Flipchart
- Marker pens
- Chairs

Objective: Receive an invitation from the community to start the SALT process

Target group: SALT facilitators

Method: Brainstorming and role play

Brainstorming: Think and discuss jointly in the group how it will be best to enter the community and to introduce the SALT method and the project. The following questions will help:

- Who will I have to talk to in order to get permission for a community meeting?
- Who has to be convinced to get the buy-in of the whole village into the project?
- What are the official procedures to address village leaders?
- What are good arguments in favour of the project?

After the brainstorming, do a role play. One group of persons represent the hierarchies in the village, another two persons represent the SALT community facilitators. Let them play the situation: “SALT community facilitators discuss the SALT project with the village leaders.”

Time: 20 minutes for social mapping and 60 minutes for the role play

Exercises to be conducted during community meetings

Exercise 7: Community mapping

Equipment:

- Flipchart
- Marker pens

Objective: Participants identify health, social and religious entities in their community.

Method: Group work - female and male groups. If not all participants are familiar with the whole area, the groups should consist of people with detailed knowledge of the same area.

Form groups of males and females, each comprising not more than 10 people and ask them to draw a map of their village including all they think to be important for life in the community – such as important places, people, entities, buildings etc.

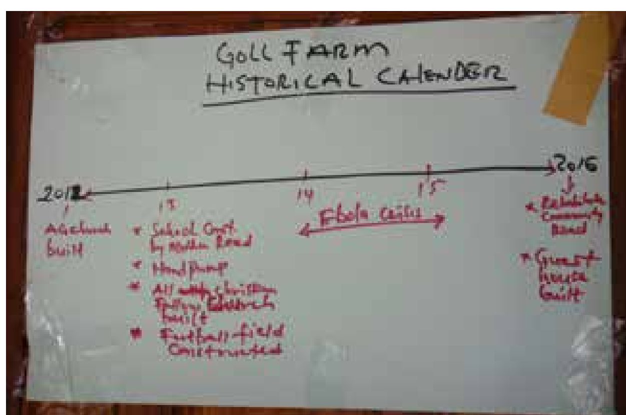
The maps are presented in the plenary. The facilitators ask questions like: How did you decide what to include? What was difficult to represent? What have been areas of disagreement? When you look at your map, how do you feel about your community?

Time: 60 minutes

Exercise 8: Historical calendar

Equipment:

- Marker and 1 flip chart for each group
- Sticks, stones, leaves, flowers ... – any symbols which can be found around the location.



Objective: Recall important community events and community achievements

Method: Group work

Draw a time line on a lane of flipchart paper. If you don't have paper, you can also mark a line on the floor with a rope or sticks. On the left side begin with a year in the past that most participants can still remember. On the right side end with the current year. Ask the participants:

- When did you as a community set up major buildings, e.g. school, church, health station?
- Did infrastructure changes occur during that time, e.g. electricity, water, roads?
- When did important disease outbreaks occur?
- Which other important events happened during that time?

Encourage participants to use symbols instead of writing on the flip chart. This also allows illiterate people to actively participate in the process.

The calendars are presented and discussed in the plenary.

Ask: To which of these events did you contribute actively? What did you do? Which action did you take against certain health issues or disease outbreaks?

Time: 120 minutes

Exercise 9: Community social mapping

Equipment:

- Flip charts
- Marker pens

Objective: Participants identify social and religious entities in their community relevant to a specific health issue

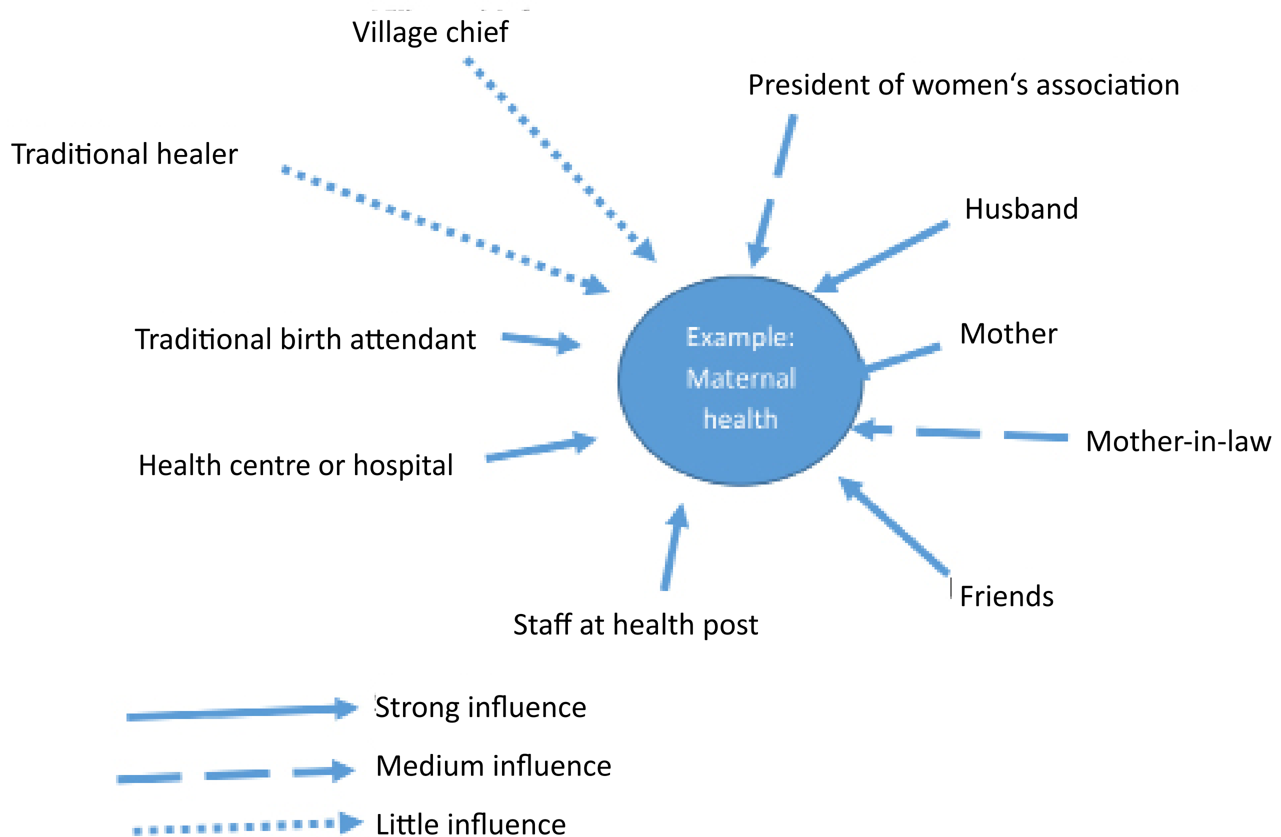
Method: Either brainstorming or group work
The community social mapping can either be done in the plenary or in groups. If it is done in the plenary, then the facilitator draws a graph with the issue in a bubble in the middle.

He or she then asks:

- Which persons or individuals are important in this context?
- Which institutions are relevant for these health issues?
- How important are they?

The facilitator arranges the responses in bubbles around the bubble in the centre. The more important an individual or an institution is, the closer to the centre-bubble it will be placed. With arrows and writing the facilitator can indicate the type of relationship or influence on the issue in the centre.

The following example shows how social mapping for maternal health could look like:



If the exercise is done in groups, participants can be divided into groups of 4-6 persons coming from the same area. If all participants are familiar with the same area of the community, the groups can also be divided into a female and a male group.

Discussion of maps and identification of key entities

The maps are presented and discussed in the plenary. The facilitators ask:

- How did you decide whom to include?
- What have been areas of disagreement?

By discussing and comparing the different maps, participants get an impression which entities might be of high importance.

Time: 120 minutes

Exercise 10: Factors contributing positively and negatively to health

Equipment:

- Marker pens
- At least 8 index cards for each participant
- 2 flipcharts

Objective: Participants identify factors that support health and factors that endanger health in the community.

Method: Brainstorming and prioritization.

This exercise can be focussed on any specific health topic such as maternal health, child health, infection prevention and control, HIV, etc.
It is important to clearly explain that we are not looking for the factors that cause a disease like bacteria or prevent a disease like vaccination. We are looking for tangible and intangible factors in the community that create a favourable or unfavourable environment for a certain health issue. These are factors contributing positively or negatively to health in the particular community.

Instruction: Mark a space on the floor for supporting factors indicated with a big "+" and another space for resisting factors indicated with a big "-". Now ask the participants to think about both types of factors – these can be various factors like resources, attitudes, behaviour patterns etc.

If your subject is prevention and control of infectious diseases, ask for example:

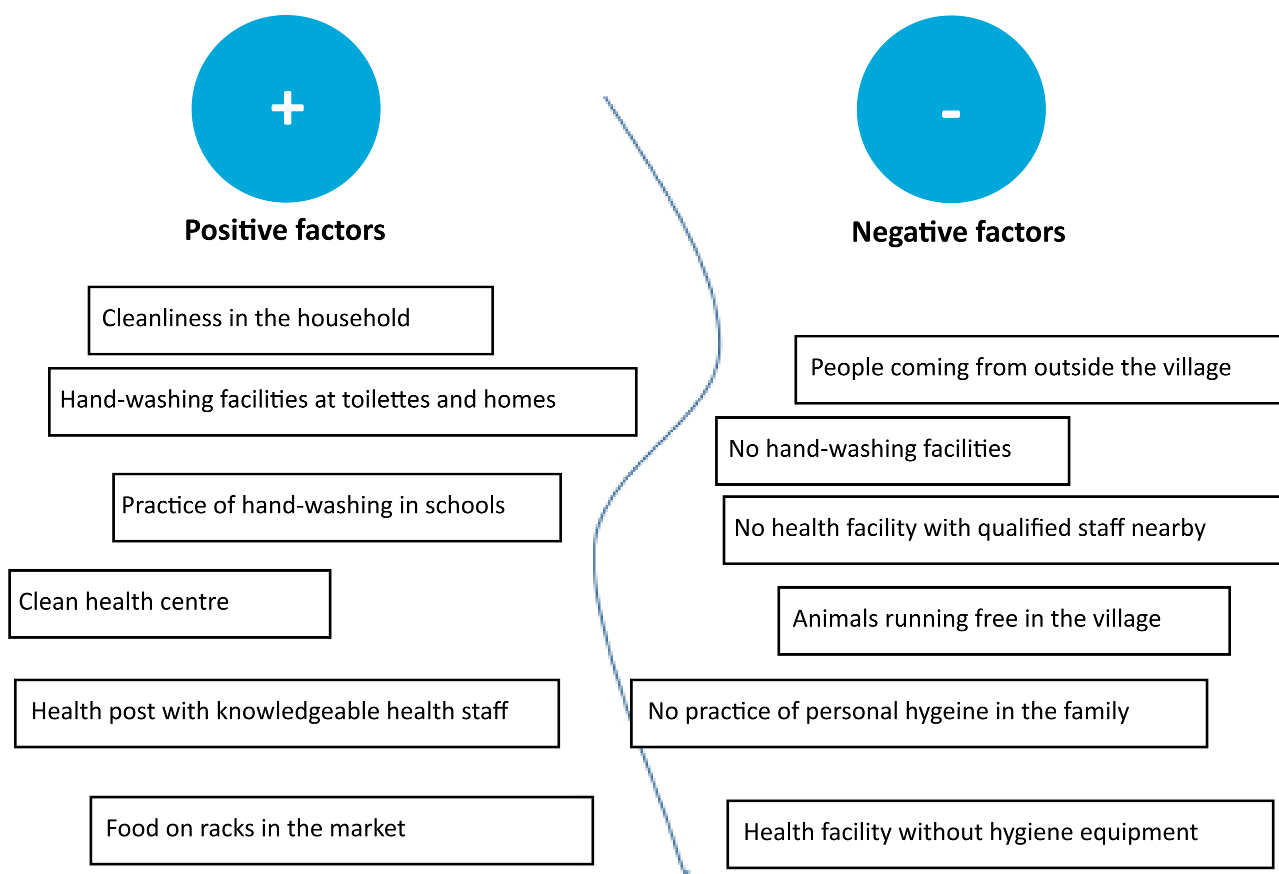
Positive factors:

- What kind of personal behaviour prevents the transmission of infectious diseases?
- Which cultural practices help us to control infections?
- How can our neighbourhoods support a disease-free environment?

Negative factors:

- What puts our community at risk for an epidemic disease?
- Which attitudes make rapid transmission of disease possible?
- Which areas in the community promote the transmission of diseases?

Every participant now takes cards or small pieces of paper and notes positive or negative factors. Instruct to write only one factor per card or paper. Now ask the participants to place their cards on the respective side.



The facilitator takes up the cards and puts them into an order according to their content. Similar cards are placed on top of each other.

Transfer exercise: Let the participants practice for themselves. Divide them into groups and ask each group to select two facilitators. Let them discuss the following topics:

- HIV and other sexually transmitted infections
- Child health
- Malaria

Time: 180 minutes: 90 minutes for first round, another 90 minutes for transfer exercise

Exercise 11: Developing a dream

Equipment:

- One flip chart paper for each group
- Markers of different colours

Objective: Participants develop a shared commitment to a future vision of a healthy community

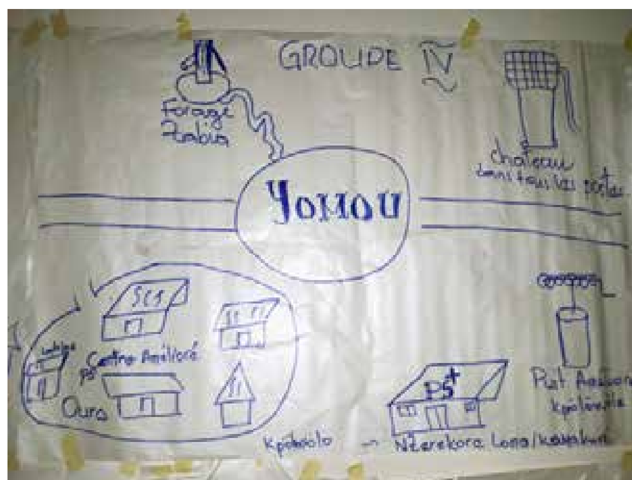
Method: Group work

Everyone has hopes and dreams, such as "I want to become...", "I want to have..." for oneself, for the family or the community. A mother may say "One day, I want my daughter to be....", and dreams for others such as "I want my neighbour to have...". A dream for the community might be "I want my village to become united and peaceful". These dreams are called visions – for ourselves, for the family, for the community or the country.

We will develop the community dream by asking ourselves: Looking at our health topic, where do we want our community to be in five years?

Where do we want to be in 5 years?

- Groups of 4-5 participants discuss their community dreams. One person volunteers to draw the parts of the dream. Each sub-group selects a representative to present the group dream to the community.
- All participants listen and appreciate
- After everyone has heard the description of the dreams of all groups, the facilitators discuss the similarities between the various dreams with the community: **which are the characteristics, the subjects, the ideas or the feelings that are similar in all dreams? These topics are noted down on a flip chart and thus the pictures of all dreams are turned into words.**



- Afterwards, the facilitators will ask if the community members are happy with the dream or if they want to add or change something. All ideas will be accommodated in the dream or the drawing.
- At the end, celebrate the joint dream with the community.

The key question is: Where do we want to be in 5 years?

Time: Depending on the group size, 120 minutes

Practical tips to make the dream building easier

- ✓ Only one person is allowed to speak at a time. While he or she talks, the others listen and appreciate.
- ✓ Questions can be asked by participants and facilitators to clarify unclear points.
- ✓ The facilitator should remind participants that everyone is important and that every dream is precious.
- ✓ Everyone has the right to dream: there is no such thing as an unrealistic dream. So, no comment, no mockery, no discussion on the merits of a dream.
- ✓ Do not reject any dream even if it is different from the others, it must be included. Each dream must be included in the global dream-building so that everyone feels to be part of the dream of the community.

Exercise 12: Low hanging and high hanging fruits

Equipment:

- Flipchart paper with a tree painted on it or a branch of a tree
- Pieces of paper shaped as mangoes or other fruits on which the elements of the community dream are written or items which represent a certain element of a dream (i.e. bottles, pieces of cloth etc.)

Objective: To identify components of the community dream that are easier to implement and those which require more work and input

Method: The fruits of the tree represent the components of the community dream that were written down. Now they are ranked in terms of easiness or difficulty with regard to implementation or achievement. There are parts of the dream that are easier to achieve – represented by low hanging fruits, easy to pick. These are the ones the community can start with right away. Other dreams are more difficult to implement – they represent the high hanging fruits that are more difficult to pick. They require more thinking and strategic action.

Ask for each component of the dream:

- What action is required to realize the dream?
- Is the component of the dream represented by a low or a high hanging fruit – is it easy or difficult to implement?

Then request the participants to place or stick the action to the tree accordingly. Ask them to discuss which opportunities exist to carry them out or whether there might be things that could get into the way. Actions may also be shifted higher or lower after discussion. At the end, one participant should present a summary of the tree.

Time: 30 minutes

Exercise 13: Prioritization with stones or beans

Equipment:

- A bag with small stones or beans

Objective: Participants decide about the priority of the fruits and think about 5 key areas they feel will help them to reach their dream

Instructions for participants:

1. Of all the fruits, we now have to select a small number to work on.
2. Please, think about the fruits that are most important for your community.
3. You will get 10 stones to be put to the fruits that are important for you.
4. Put 1-3 stones to the fruits that you prefer to be picked. 3 stones means: most important to me.

After all participants have placed their stones, they will be counted and the names of the topics and the total numbers of stones will be noted on a flip chart.

Time: 30 minutes

Exercise 14: The action plan

Equipment:

- Flipchart
- Marker pens

Objective: To define which actions will be performed when and by whom.

Method: Group work

The action planning will allow the community to engage in activities and actions in a systematic way. It will also help to follow up on what has been done and what is still on the to do list.

An action plan can be developed using a format as follows:

Example: Community action plan

Dream		
ACTION *What do we want to do?*	**WHEN** *When will we do it?* *Until when could it be completed?*	**WHO** *Who is responsible?* *Who will take the lead?* *Which other people are involved?*

Each action is discussed using the questions in the matrix above. It is important to be very specific when discussing actions and activities. Help to break down large actions into smaller activities. Sometimes, important persons are not present at the meeting. Before the plan is finalized, they must be consulted. At the end of the session, the following three questions should be asked: Does this action plan make sense? Is anything missing? Is it feasible and realistic?

Note: In the context of this training the participants will also develop an action plan for themselves as a village team. They will then be the ones who will facilitate the development of an action plan for their community.

Time: 120 minutes

Exercise 15: Self-assessment – What have we achieved?

Equipment:

- Flipchart or paper
- Marker or pen

Objective: To help communities and individuals to understand where they stand and how they are doing with respect to certain actions

Target group: Community or SALT teams

Method: Introduction of the topic and discussion, group work

The method of self-assessment can be applied in many situations. In the context of SALT, it will be used by communities and by the SALT teams themselves. A self-assessment can be done at the end of a planned project period, or earlier at mid-term or even after specific activities or meetings.

Communities have to constantly consider their level of activity with respect to certain actions that are planned to achieve specific objectives.

Action	Acitivties under way *What have we done already? What can we be specifically proud of? Is what we are doing enough? Are we doing the right thing?*	Activities left to be done *What remains to be done? What is still needed? Do we have to put in more effort?*	Responsible *Who is responsible? Is it the same person as before? Does he or she need more help or support?*

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Notes:

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