

EMPOWERING COMMUNITY TO TAKE RESPONSIBILITY OF THEIR **HEALTH**



T H R O U G H

S **A** **L** **T**

S TIMULATE • **A** PPRECIATE • **L** ISTEN, LEARN • **T** RANSFER

WHAT IS SALT/ COMMUNITY LIFE COMPETENCE PROCESS (CLCP) APPROACH



SALT and CLCP approach is a community engagement approach which reveals the community's capacity to build a vision for the future, assess their situation, act and inculcate ownership. The cycle through which this is done is called the Community Life Competence Process. Communities go through a natural and simple learning cycle that continuously fosters local ownership and lets the community address its concerns in an organized way.

SALT is an acronym (S – stimulate, A – appreciate, L – listen, learn, T – transfer) which acts as philosophy embedded in our community interaction to build a rapport with community and help them realize their strength and motivate them. Eventually it invokes them to solve their problem in an organized way through a cycle called Community Life Competence Process (CLCP).

This approach was envisaged and conceptualized by an international NGO named constellation which is registered in Belgium. Since 2005, the Constellation has grown as a global movement of communities' empowerment from over 60 countries. Members at Constellation believe and have experienced that two things are required for a community to take local action 1) Ownership of the issue and the response to it 2) Realization of own strengths and using it to overcome the issues.

COMMUNITY LIFE COMPETENCE PROCESS (CLCP) CYCLE



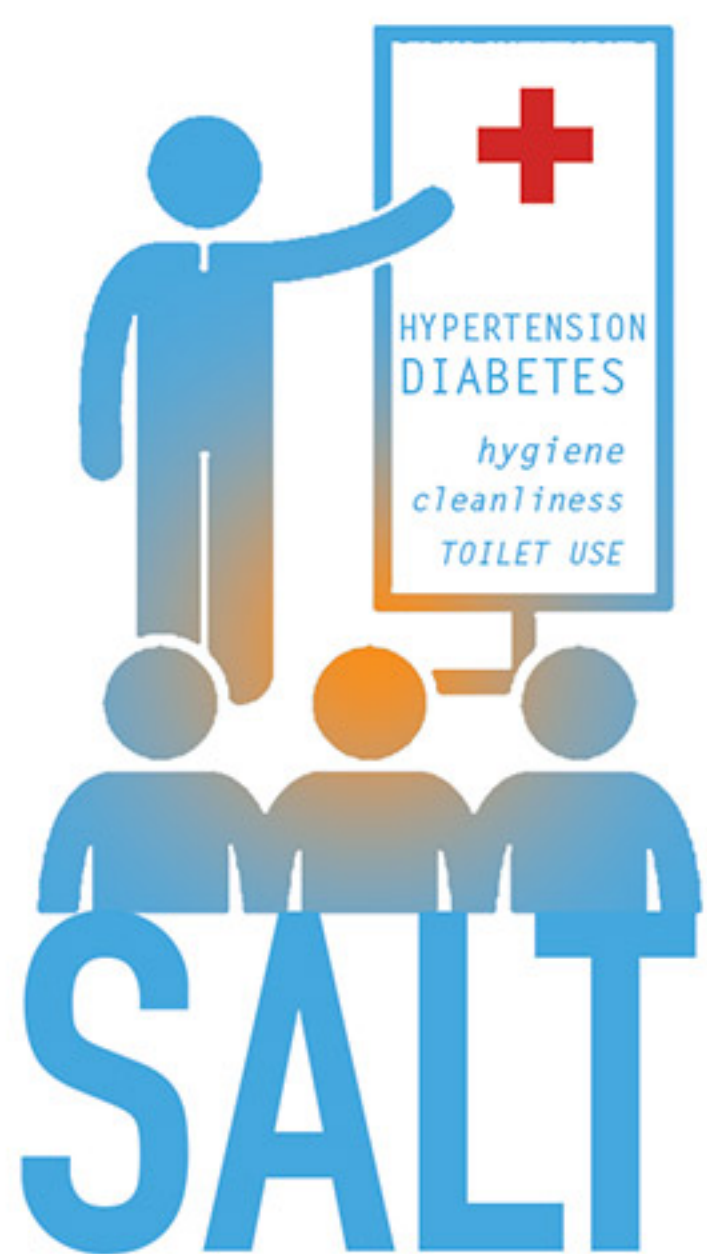
USE OF THE SALT/CLCP APPROACH IN PATIENT SUPPORT GROUPS (PSG) OF HEALTHRISE

Under the HealthRise project, we implemented the SALT/CLCP approach to strengthen patient support groups of 5 villages in Udaipur and 14 villages in Shimla for 10 months. Trained SALT facilitators (Outreach worker of HealthRise, ORW) interacted with community (patients, family members and other stakeholders - individually and in group) maintaining the philosophy of SALT during their interaction with them. This means that during their interaction with community, they tried **stimulating** them through questions like “What have you done good in your life?”, “What are you proud of?”, “What are your strengths?” Once stimulated the facilitators carefully **listened** to their answers, **appreciated** their efforts and tried identifying their strengths out of their answers, they made the community realize their strengths through this thought-provoking interaction. This exercise carried a sense of empathy with community and helped our ORWs have a good rapport with them. After this exercise, communities (patients and other stakeholders) were called for group meetings where they underwent a systematic cycle to approach problem of diabetes and hypertension.

This systematic cycle is called the CLCP cycle where the group had a collective dream of controlling diabetes and hypertension of the patients (named as Dream building exercise); They assessed what are they doing currently to achieve their dream (named as Self-assessment exercise); What else do they need to do to achieve their collective dream as a group (named as Action planning exercise); further they assessed again how far they have reached and what else do they need to do to go yet further (named as Measure and Learn exercise). All the mentioned exercises (group meetings) happened in a sequential way which promoted a collective effort to manage health conditions (not only diabetes and hypertension, but also other health issues such as hygiene, toilet use, drinking water, cleanliness, etc.) of the group invoked by a collective ownership, mutual learning and **transferring** the learnings among one another. Finally, these patients support groups not only took charge of their own, but also transferred their learnings and best practices to other communities during their different interface with other communities.



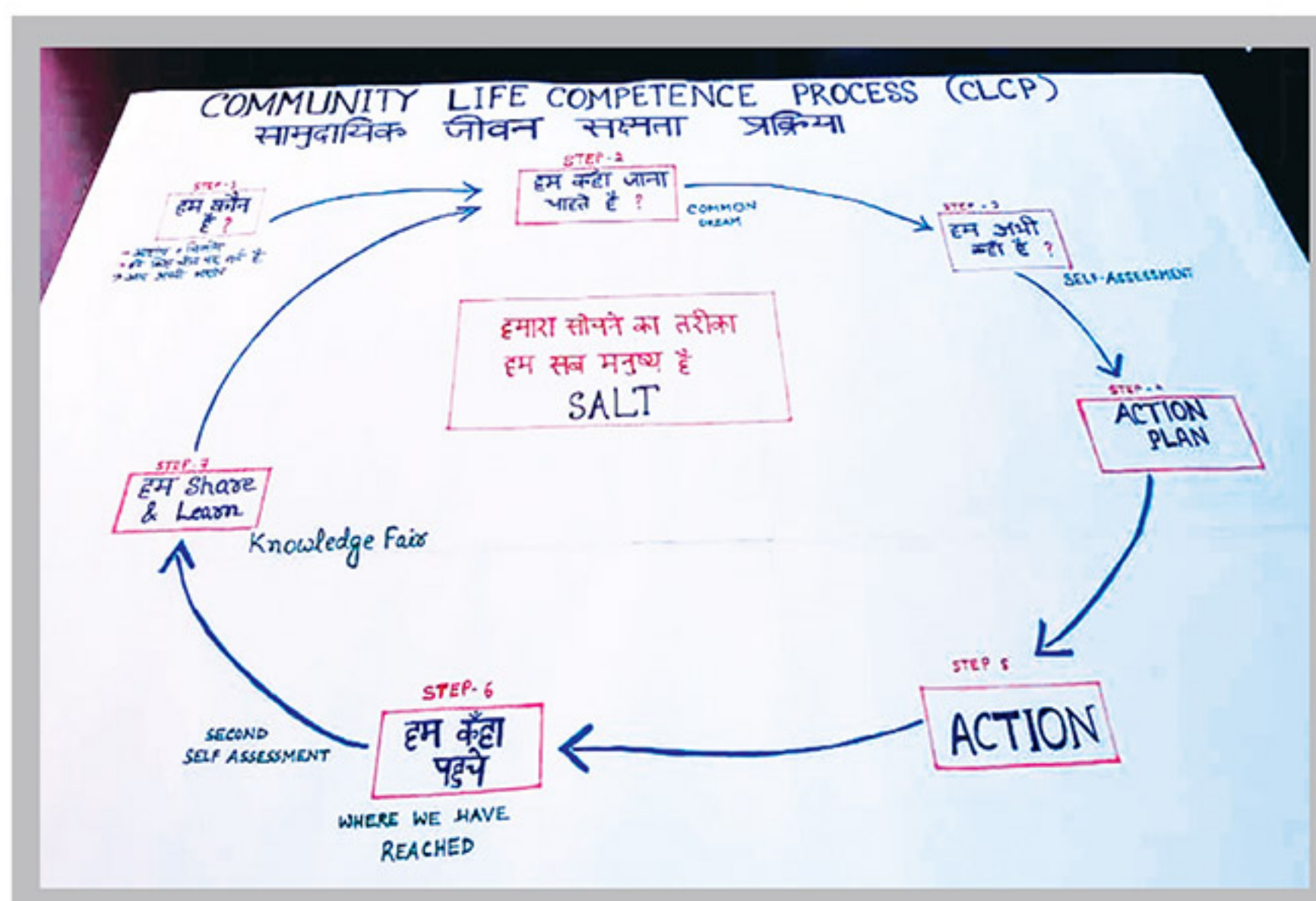
WHY SALT



During the course of incepting patient support group meetings (before using SALT technique) in the community, it was a challenge for the implementation partners to convince the patients to come for regular meetings and learn from each other as group. So, HealthRise introduced SALT and Community life competence process which enabled the patient support groups to take interest and ownership to organize meetings on their own and make efforts to manage their health condition through a sequential and systematic learning process. With support from family, Key Opinion Leaders (KOLs) and Front Line Health Workers (FLHWs) who were part of these patient support groups, the collective ownership and efforts started taking place resulting in communities' efforts not only to manage diabetes and hypertension, but other health issues as well. Through this model, HealthRise tried addressing barriers to self-management care for diabetes and hypertension and also ensured sustainability of our efforts beyond the life of the project. Instead of directing and dictating community, this approach tried invoking ownership in them to find their solutions and take care of their own conditions using the SALT approach. This has unique feature of transfer as well where communities meet different communities to transfer their learnings and best practices. Thereby a strong tool to scale up the effort by contagious sharing, stimulation, and learning. Though it required initial hand holding by our facilitators to make them walk on the path of collective efforts and ownership, it was worth seeing the long term sustainable effects.

How it works

It is unique technique of fostering ownership in the community by banking on their strengths and more importantly making them realize the same. Most of the community engagement techniques are dictating and directing while this is just a paradigm shift from the conventional approach. This approach supports community to learn and make efforts in systematic way, but not by dictation or directing them. The paradox is that the SALT/CLCP approach stimulates them and tries to invoke a sense of ownership, eliminating dependency on any external agency to an extent possible. Further, it also encourages community to transfer their learnings and share their best practices with other communities which creates an environment of mutual learning and motivation, making it contagious.



THE PATHWAY COMMUNITIES (PATIENT SUPPORT GROUPS) FOLLOWED TO EMPOWER THEMSELVES AND TAKE OWNERSHIP

SALT visit with Stakeholders of PSGs



Trained SALT facilitators interacted with Stakeholders of Patient support

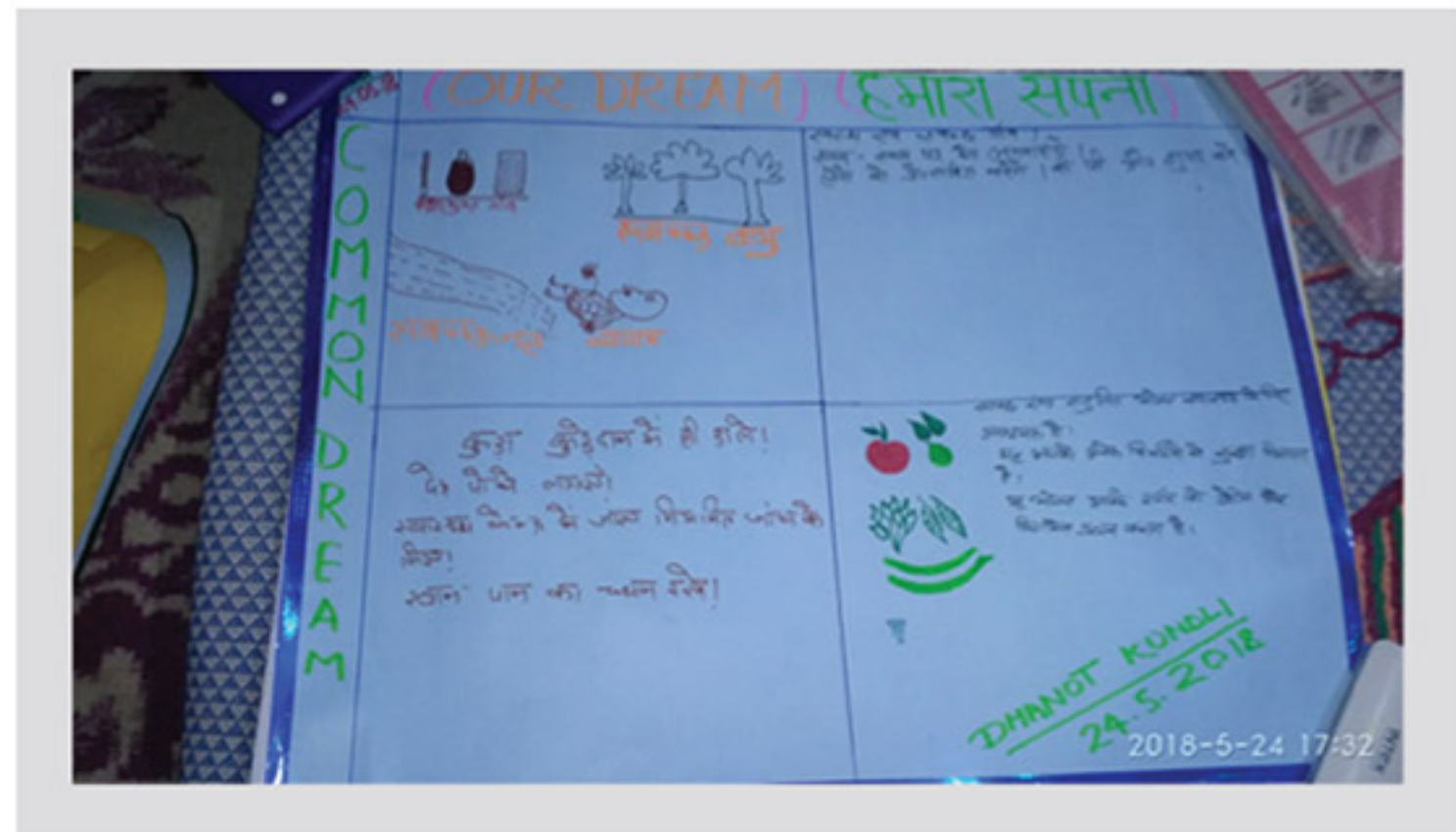
groups (Patients, Family members, Key opinion leaders - KOLs, Panchayati Raj Insitution - PRIs members etc) following the Philosophy of SALT, i.e. Stimulate, Appreciate, Listen and Transfer and invited them for group meetings in their respective villages.

SALT visit with Stakeholders of PSGs



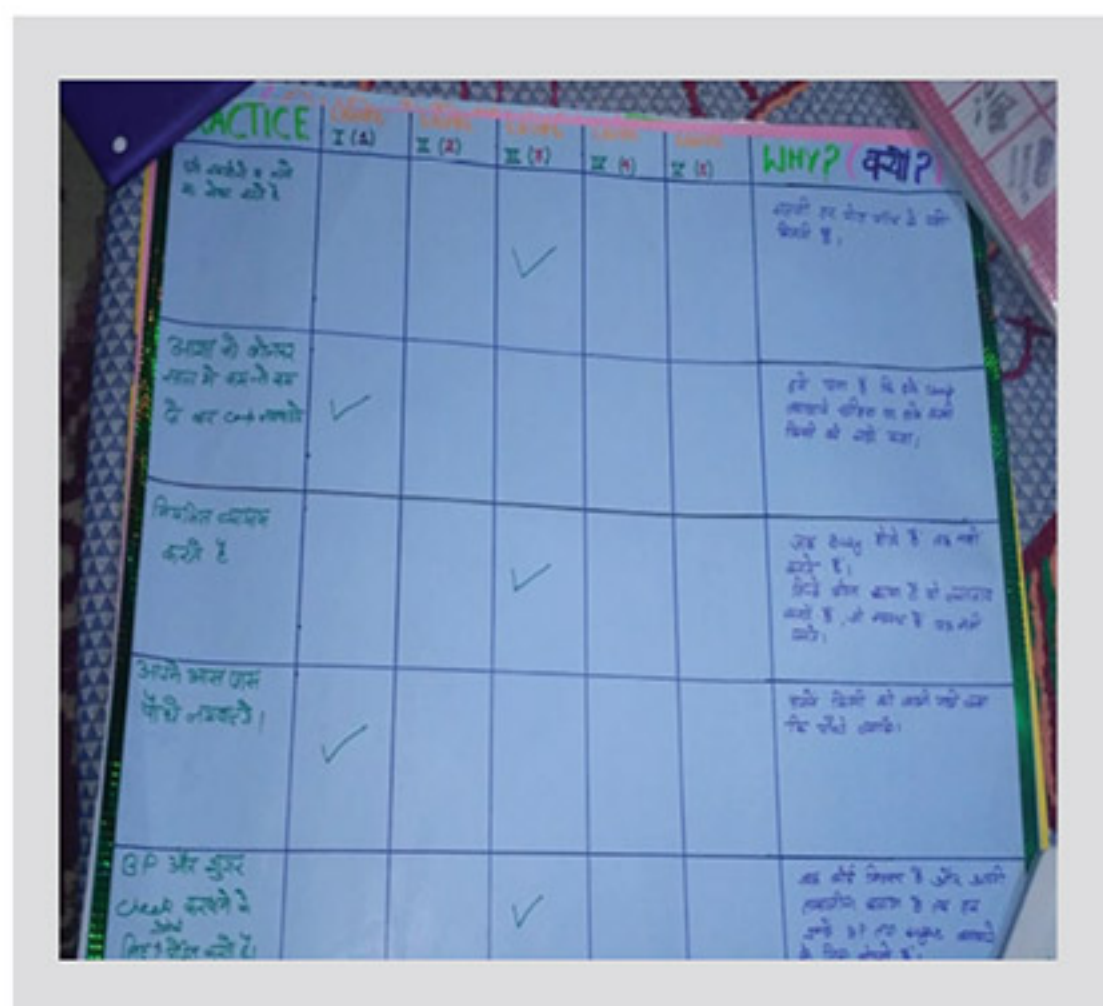
Dream building exercise

All the invited stakeholders did group meetings for building a common dream for their group. During this meeting, all the stakeholders made a dream for healthy life. Specially, they dreamt for better control and management of diabetes and hypertension of patients in the group.



Self-assessment exercise

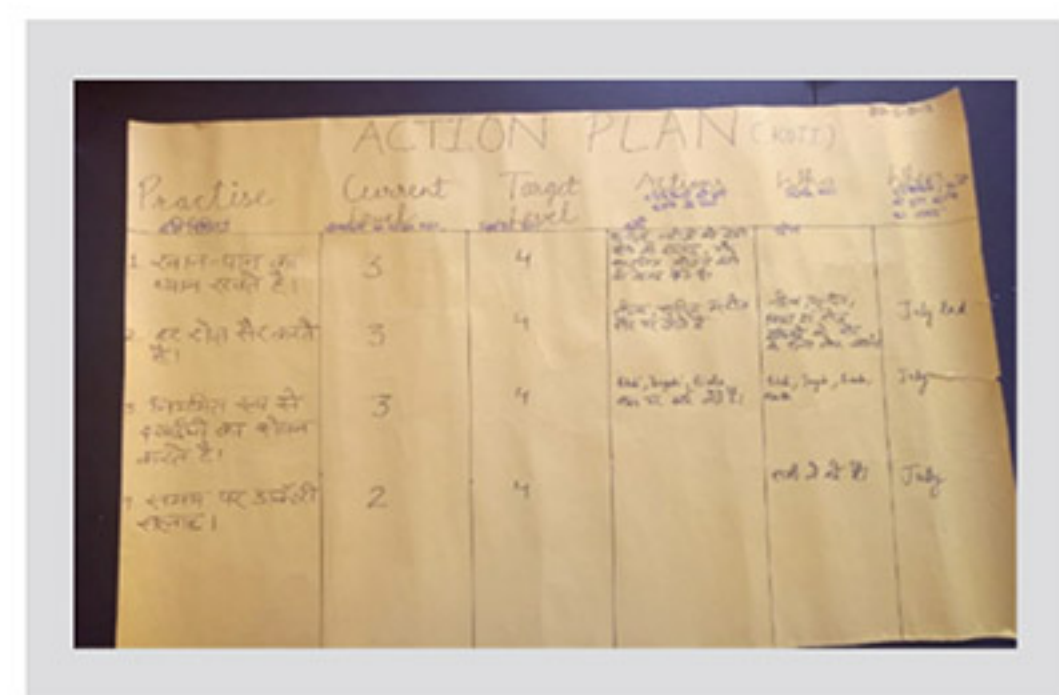
The groups met for self-assessment of their status regarding their dream decided in earlier meeting. They developed a self-assessment tool to check where they are on their path to achieve their decided dream.





Action plan exercise

The groups met this time to plan action to fulfill their decided dreams considering their assessment done in earlier exercise.



Dream into action (assessing actions taken)

The groups met to assess their progress towards their action plan developed during the last meeting, and they planned again to modify actions/strategies to achieve their dream, they also discussed the actions taken by them since they made their action plan.



Knowledge fair

Knowledge fair is an important milestone in the course of empowering communities. As an integral part of SALT/CLCP approach, the “knowledge fair” acts as platform to bring the communities (PSGs) together to stimulate, appreciate and learn from each other. At this platform, different PSGs talked about their achievements, challenges they faced and how they overcame them in the quest of managing diabetes and hypertension to maintain a healthy life.

Such a platform where people of different villages showcased their efforts and shared experiences, served as an immense source of inspiration for communities and signified the “Transfer” of SAL”T” in real means. The Stimulation done, Learning shared and the Appreciation heard, motivated the community to continue the good work and improve it further after listening to others’ experiences."



Knowledge fair at Shimla



Knowledge fair at Udaipur



EFFECT ON PATIENTS



RESULTS OF SALT INTERVENTION ON PARAMETERS OF SELF CARE

Shimla
Udaipur

TREATMENT ADHERENCE : <i>Patients taking medication regularly</i>	▶ Pre intervention	69.1	73
	Post intervention	71.9	86
FOOD REGULATION : <i>Patients taking food as per the doctor's advice/ as required to take in their condition</i>	▶ Pre intervention	39	27
	Post intervention	46.7	86
PHYSICAL ACTIVITY: <i>Patients doing 30 minutes of physical exercise 5 days a week (minimum)</i>	▶ Pre intervention	34.6	68
	Post intervention	48.1	86
PATIENTS PREVENTING INJURIES AND CARE OF ANY PRE INJURIES <i>(Only for diabetes)</i>	▶ Pre intervention	51.4	0
	Post intervention	83.8	83
REGULAR TESTING : <i>Patients going for scheduled follow up check-ups and testing</i>	▶ Pre intervention	55.1	77
	Post intervention	59.3	86
COMPLICATION MANAGEMENT : <i>Patients managing complication</i>	▶ Pre intervention	0	68
	Post intervention	28.6	86
COMPLICATION PREVENTION : <i>Patients preventing complication</i>	▶ Pre intervention	35.3	73
	Post intervention	38.5	86
PATIENTS TAKING ALCOHOL	▶ Pre intervention	0.7	5
	Post intervention	0.7	0
PATIENTS SMOKING	▶ Pre intervention	5.9	15
	Post intervention	0.7	0

RESULTS OF SALT INTERVENTION ON CLINICAL OUTCOME

PATIENTS HAVING TEST VALUES UNDER CONTROL WHO ARE ENROLLED UNDER PSGS	▶ Pre intervention	33.9	43.8
	Post intervention	58.9	63.6

"All the figures mentioned are in percentages and are calculated for available responses".

LARGER IMPACT



- ▶ A. There is a significant improvement in community ownership and sense of responsibility regarding health problems.
- ▶ B. Communities have started taking action on Issues not only on health (diabetes and hypertension) but other problems such as Hygiene, drinking water, toilet use and alcohol etc.
- ▶ C. The approach inculcated a sense of collective approach and sharing responsibilities among the group members, when they shared a common dream of good health for all.
- ▶ D. Special focus on diabetes and hypertension revealed the group members' zeal to support each other as per their designated roles. For example, family members supported patients in motivating them for taking medicine on time, taking care of their appropriate diet, neighbors and friends played a catalyst role to motivate patients for physical exercise (like walking, sports and other physical activities) and follow-up visits to health facility, other stakeholders of groups such as Pradhan, key opinion leaders, members from Village Health and Sanitation Committee (VHSNC) and Mahila Arogya Mandal (who were part of Salt Patient Support Group) played an instrumental role in other ecological efforts such as plantation, influencing public health system to organize screening camps etc.
- ▶ E. The approach showed an improved social capital induced due to collective dream and mutual support leading to strong chances of sustainable efforts for better health outcomes.
- ▶ F. The approach improved the communication skills of ORWs (Facilitators) with community as claimed by the ORWs themselves which in turn helped them to have good rapport with community and get them motivated.

SUCCESS story

In start, I was irregular with medication, once I got myself checked and found my sugar levels had risen considerably, almost reaching a level of 500. I was anxious and then I was introduced to patient support group meetings with CLCP (Community Life Competence Process) and SALT approach. During meeting (PSG meeting), I was asked about my dream and I dreamt to be healthy and control my sugar levels, then I realised that it is essential for me to take my medicine. The dream and action plan I made in the meeting helped me to be regular with medication and take other measures to control sugar level. My group supported me in my dream with other patients of the group motivating me for exercise and walk. Today my sugar level is 140.

- Diabetes Patient, Jamog Village of Shimla

VOICES from the Field

“SALT has changed our thought process of community interaction. Earlier we use to dictate and teach them. Now we listen to them and stimulate them to take actions”.

- Out reach worker, Udaipur

“With this technique (SALT/CLCP) our work has gone easy as I see people coming forward to act on their own. Now my job is just to facilitate them in right direction. Earlier I had to push and still it was tough to make them take actions”.

- ASHA, Shimla

SALT has made us learn things which we didn't realize as yet, we would carry the learnings even if project (HealthRise) is not there and continue to keep our health and village health good through these (PSG) meetings.

- Hypertension Patient, Shimla

NOW
WE ARE READY
TO KEEP OUR VILLAGE
HEALTHY
AND ARE CONTINUOUSLY STRIVING FOR IT



Our sincere thanks to HealthRise team for empowering us
to take care of our health through the
Systematic approach of SALT/CLCP

