

The story of Salt

Summary keywords

people, community, strengths, learning, communities, together, hospital, salt

Speakers Jake Lloyd, Dr Ian Campbell, Elvis Simamvwa, Robins Odiyo

Episode 20: The story of Salt

Jake Lloyd 0:15

This show is made possible by you, our listeners. If you like what you hear, and if you want to help us tell more stories and reach more people, then from only 2USD a month you can become a patron of the show. Just visit patreon.com/arukahnetwork.

What if the best way to impact a community is simply to listen to its members? That's the question we asked back in 2018 in an episode of this podcast called *The secrets of Salt*.

It told the story of Bobby Zachariah, a social worker in the Indian city of Pune, and how his use of a method of community engagement called '*Salt*' brought about transformative change, not only in a community, but also in a corporation.

Well, in this episode, we're returning to the subject and hearing the story of *Salt* from one of its pioneers.

Dr Ian Campbell 1:05

We find that trust is the best thing that comes out of this. Connection in community builds; learning and sharing is understood by everybody to be going on. Inclusion of people instead of leaving people out is a critical thing. And so this is some of, if you like, the immediate outputs, in our experience.

Jake Lloyd 1:24

I'm Jake Lloyd. You're listening to the *How to build community* show. And that's the voice of Dr Ian Campbell.

In this episode, you'll hear a story from Ian of how *Salt* began during the HIV epidemic in the 1980s. You'll hear how *Salt* works. And you'll find out how you can use *Salt* to improve relationships in your community. And all the clips you'll hear in this episode, from Ian and from two of his peers, are taken from a recent online learning session for members of Arukah Network.

But let's get started. Ian is now going to take you back to rural southern Zambia in the mid 1980s. Back then, he was Chief Medical Officer at a large Salvation Army hospital called Chikankata. And at the time, the global HIV and AIDS epidemic was threatening to overwhelm his hospital.

Dr Ian Campbell 2:20

As I think back to that experience of being in Zambia during the early onset of the AIDS epidemic, one thing that stood out very clearly is that this epidemic was going to be bigger than any of us could ever manage with systems. It was skyrocketing forward, it was like a steamroller. It was enveloping the country. One thing that became very clear is that we had to find our way back into the homes and the neighbourhoods of people, because that's where the power obviously was to lie.

It had been there. It was going to be there in the future. We needed to rely on that strength that is often hidden from health systems people. Right? Because we tend not to get out the door often enough to actually get into the local setting to really hear the story. With the HIV onset, we had to do that much more if we were to have a strategic grasp of future response.

Jake Lloyd 3:19

So lan and his colleagues set out into surrounding villages to find out more about this crisis. How HIV was spreading, how it was impacting people's lives, and what could be done to stop the spread. One of Ian's colleagues who joined him on these visits was Elvis Simamvwa. Both Elvis and Ian felt that it wasn't right to go out into communities and give lectures on HIV transmission. They wanted to take a different approach.

Elvis Simamvwa 3:32

We went in there not as experts, we went in there as human beings. And the question would be, 'how do we resolve this situation?'. Because people are dying.

Jake Lloyd 4:06

So they visited towns and villages, not to tell people what to do, but to find out what was going on. And over time, they found that the more they listened rather than lectured, and the more they acknowledged the strengths they saw in the communities rather than the problems, the more positive things began to happen. Stigma, silence, discrimination and confusion about the crisis began to be replaced by the sharing of experiences, caring for one another, and finding practical ways to respond to the situation.

For example, through these visits, Ian and his team learned that one of the ways HIV was spreading was through a ritual that formed part of many funerals in this region. This ritual involved a widow having sex with a family member of their deceased partner. And the conversations that Ian and his team had with community members about this ultimately led tribal chiefs to ban this ritual right across the country.

At the time, this work that Ian was doing wasn't called *Salt*. He described this process of visiting communities, listening to them, noticing their strengths, building relationships and sharing what was learned as experiential learning. But whatever it was called, it seemed to be working. And it started to gain the attention of others.

Dr Ian Campbell 5:40

Early in the experience of that we had so many contacts with people in Lusaka and other parts of the world, and we started to set up experiential learning visits. One comes to mind: the Minister of Health, Dr. Angela Sani, was coming to visit because he heard something was going on, and it was very controversial. He was kind of ambushed in a positive way on the way to the hospital.

We met him halfway there, and we managed to set up a visit to a family that was living with HIV. And I remember very well Dr. Angela Sani meeting the family and then being handed a bowl of food by the family, and by the woman, by the young woman who was living with AIDS. This really shifted his perspective.

Jake Lloyd 6:25

And in the past, Ian has described this change of perspective to me in the following way: he says it's getting organisations that want to support communities to adapt their own way of working from a rigid system that does not change according to context, to a more fluid way of working, that responds to the people and stories within a place. And for both Ian and Elvis, this new way of working started to change their lives.

Elvis Simamvwa 6:57

We were amazed by what we had started, it was genuinely unexpected. Because within a very short time, we had people pouring in looking for what we were doing, looking at what we were doing, looking for answers. I think because of this, we still are able at the moment to travel around and share experiences. Of course, bringing in new dimensions, new ways of working and thinking.

Jake Lloyd 7:27

Over time, Ian found others working in a similar way, and for him this helped answer an important question he had.

Dr Ian Campbell 7:35

But what did we want to call it? We didn't call it anything. So with that in mind, I met Dr Usa Dos from Thailand. She was the lead for the AIDS Education program at the University of Chiang Mai, and she had been doing a process in parallel called *Salt*. And so I attribute the word *Salt* to Usa, and she used it as a mnemonic in those days: Support And Learning Team. She was setting up taking people from districts in Thailand to local settings to hear the story of the local community.

Now, it was very effective, and she was very excited, but it took a friend to get us all connected together. From my perspective, even working globally with the Salvation Army, I saw this as a huge opportunity to continue doing what we'd been doing, but to capture it in a word that would continue to grow in terms of its meanings around approaches and actual methodologies. So that now, as we begin to look at the word 'Salt', it can and does mean a number of different things.

Jake Lloyd 8:47

So *Salt* then became an umbrella term for a few different words: stories, strengths, appreciate, listening and team. All describing a way to engage with a community that could have very real benefits. And crucially, it became a way to engage with a community, whether you live in that community or whether you are visiting from outside. So it is, in fact, actually a way to engage with anyone.

Dr Ian Campbell 9:17

You know, we've talked about the need to do *Salt*: stimulate stories, appreciate strengths, learn through listening, and do it as a team. And in doing so, we find some special things about *Salt* practice that might happen with a team of two or three or four people. We find that trust is the best thing that comes out of this. Connection and community builds. Learning and sharing is understood, by everybody, to be going on. Inclusion of people instead of leaving people out is a critical thing. Yeah. And so there's some of the, if you like, the immediate outputs of *Salt* experience.

Jake Lloyd 9:54

One key aspect of *Salt* then is strengths. And Ian has become convinced throughout his work in Zambia and beyond, that the best way to address any challenge in a community, not just health challenges, is to first look for that community's strengths.

Dr Ian Campbell 10:12

We had learned through responding to AIDS and then other issues, particularly as time went on with things like Ebola, with Covid. But along the way, addictions and abuse of all kinds of, you know, substances that cause conflict in local communities. These are just some examples of the entry point conflict-laden issues that bring out, not so much the weaknesses of people, which are easy to see, but the strengths that we need to continue to look for across the cultures, across the faiths, across the localities.

And we've learned to always enter into a conversation in the home environment and the neighbouring environment and in the facility that we come from ourselves - be it a church or be it a clinic, or be it a hospital - to always look for the strengths that are inherent within us. The care as presence; the community as belonging; the change that is not forced, but facilitated. The leadership that is servant, and the hope that is generated by the confidence that comes from a shared learning that comes out of the kind of conversations that we're talking about.

Jake Lloyd 11:21

Now, if you're familiar with terms like asset-based community development, or appreciative inquiry, then this might sound familiar. But there are things that distinguish *Salt* from some other methods of community

engagement. And one way to explain these things is by taking you through the process of visiting a community and using *Salt*. So imagine now that you've gathered one or two other people - perhaps from your community group, your work, your place of worship - and you are going to visit a home, another community group, a project or a business - really any place or group of people that you care about and would like to know more about. And on this visit you will use *Salt*. So where should you start? Well, Ian, Elvis and, from Arukah Network, Robins Odiyo, are now going to be your guides on the before, during and after of a *Salt* visit.

Dr Ian Campbell 12:19

This is not an intervention. It's not a survey. We're going to explore through good questioning the concerns that people have, the hopes that people have, the ways of working they have to make life fulfilling and to face challenges. Because we have to learn from people about how they work - not what they do so much as how they work - in order for us to grow.

Jake Lloyd 12:42

And if you don't know the community you wish to visit, find someone who does.

Dr Ian Campbell 12:47

Having people who trust you from the local setting, who can actually guide into streets and neighbourhoods and homes, is really critical.

Jake Lloyd 12:57

The way you approach the visit is crucial.

Elvis Simamvwa 13:00

When making a *Salt* visit, you don't carry notebooks and pens, and you don't go and introduce yourself as somebody that is very important, but rather just a simple interaction. Because if you go in as an expert, people tend to look and expect to hear more from you.

Jake Lloyd 13:19

During the visit, to get people talking, you need to ask good questions.

Dr Ian Campbell 14:42

So you want to explore the concerns and also the best hopes that people have. What's the vision they have for the future that works for them? And in line with that, how are they achieving that, or how are they trying to achieve it? It's: 'How would you like to change things if you had a chance? Who would help? How do the neighbours get together to do that? How do you see people like ourselves - coming from a nearby hospital, or church or something - how do you see us playing a part?' It's a conversation that is intentionally

about the local story. That's why it takes a while. It takes 30 to 45 minutes usually to get somewhere deep with that.

Jake Lloyd 14:04

Then listen to what they say.

Elvis Simamvwa 14:06

When you listen, when you are present with someone, they recognise it. They feel it. And then your success, when you are doing *Salt*, is really high.

Jake Lloyd 14:17

And then after your visit, it's important to gather for a debrief. And here we encounter a spiritual component to *Salt*.

Dr Ian Campbell 14:25

The debrief is really critically important. If it doesn't happen, you lose the learning. We have to ask three sets of questions: What strengths did we see today in the people that we visited? How did we do as a team - what strengths have come out in us? And then, how did we see God today that was really surprising?

Elvis Simamvwa 14:43

You might be in a group, but you'll realise that each and every individual was able to pick something different.

Jake Lloyd 14:52

So there's your very short guide to going on a Salt visit.

And that almost brings us to the end of this episode. But there are three more lessons we're going to share about *Salt* before that. Firstly, *Salt* is not just about trying to have a positive impact in the lives of the people that you are visiting. It's also about changing you, as well.

Dr Ian Campbell 15:15

The people who come from the centre go back to that centre, and they do their work differently. They look down a microscope differently, they do nursing differently, they do medical consultation differently, they do chaplaincy differently, or administration. And that is what it's about. *Salt* for the person of faith is a spiritual discipline, and it's a shared spiritual discipline. And that's where team life in *Salt* brings out deeper, spiritual embedding. It happens in us as well. This is a shared journey of change. And I think that's the critical point.

Jake Lloyd 15:51

Secondly, it shouldn't be a one-off visit.

Dr Ian Campbell 15:54

You need to go back and visit regularly. You don't just visit and then let it go cold. You've got to get back to a particular locality in order for the flourishing to really begin to show itself over a period of a year. And the big outcome in a year is trust. And by that time as well, there's an emergence of local facilitators who actually see how to do this and how important it really is, and invitations are coming from all sides to actually come and have it done differently in other places. So in a second year, classically, you begin to see people taking responsibility for their own actions. Action starts to take place, and that's another result. It's an outcome, if you like. Health-related action is what we're often looking for. But that definition is very broad.

I think by year three, classically, you begin to see, organically, the distribution of response, the expansion of it, and that's what we should be looking for. So you do get the classic health indicators emerging, but you get other things as well. You begin to see the emergence of community relationship variables that are about respect and integrity and connectivity and reconciliation.

So that's why it doesn't close off. It keeps going. It is organic.

Jake Lloyd 17:19

Thirdly, and finally, *Salt* isn't just about visiting people, it's something deeper.

Elvis Simamvwa 17:26

I think *Salt* should actually be understood as a lifestyle, so I use the word organic. Once you have planted the seed it grows, and grows and so on, and don't give it timelines or whatever. It should actually be something that goes on.

Jake Lloyd 17:48

That was Elvis Simamvwa ending this episode.

You also heard community worker Robins Odiyo and, of course, Dr Ian Campbell, also known as Mr Salt.

And if you'd like to know more about *Salt*, then I do recommend, as a starting point, a previous episode of this podcast called *The secrets of Salt*. You could also look up Dr. Ted Lancester's book, *Setting up Community Health and Development Programmes in Low and Middle Income Settings*, which has a chapter on *Salt*, co-written by Ian.

And you can read an article called Listen First that I wrote for *Footsteps magazine* in 2022, explaining how a *Salt* approach led to community transformation in Pune, India.

And that's almost it for this episode. Before we go, you can help support this show by making a small monthly donation on our Patreon page by visiting patreon.com/arukahnetwork.

You can read and download every edition of Tearfund's *Footsteps* magazine at learn.tearfund.org, including a recent edition on Peace and reconciliation.

You can catch up on previous episodes of *How to build community* online or in your podcast player, just search 'How to build community'.

And finally, if you have feedback on this show, or suggestions for future interviewees, then you can reach me via email: <u>jake@arukahnetwork.org</u>

But that's it for this episode, until next time. Bye for now.

Tearfund, 100 Church Road, Teddington, TW11 8QE, United Kingdom. ▲ +44 (0)20 3906 3906 publications@tearfund.org learn.tearfund.org

Registered office: Tearfund, 100 Church Road, Teddington, TW11 8QE, United Kingdom. Registered in England: 994339. A company limited by guarantee. Registered Charity No. 265464 (England & Wales) Registered Charity No. SC037624 (Scotland)

