A COMMUNITY DEVELOPMENT PROJECT

M.J. VILJOEN AND J.C. VENTER

OPSOMMING

Die filosofie van gemeenskapsontwikkeling word kortliks bespreek, en 'n uiteensetting van die non-direktiewe- en direktiewe benadering tot gemeenskapsontwikkeling word gegee. Die skryfsters gee 'n uiteensetting van die proses wat gevolg is tydens 'n gemeenskapsontwikkelingsprojek wat op 'n plaas in die Bethlehem distrik deur gemeenskapsverpleegkundiges geloods is. Die fases van die proses word kortliks bespreek en die resultate van die projek word aangedui.

INTRODUCTION

In recognition of the important role that community members can play in health systems the Department of National Health and Population Development, in collaboration with farm workers, has launched a community development project. Its aim is to improve the standard of living of the people through community participation in a community development programme.

The philosophy behind the project is that health is an important social concept and for this reason community members must share the responsibility for the health needs of their community. A meaningful community programme must include a health component, agriculture, water supply services, creating a sanitary environment and the education of the public.

In this context, the authors describe the process involved in initiating a community development project and the approach which was necessary to commit the community to the development programme.

COMMUNITY DEVELOPMENT

Community development is probably as old as recorded history — at least as regards attempts, through some kind of collective action to improve a community's material or spiritual life. (Dore *et al* 1981: 13).

In this regard it is interesting to note how men organised themselves for community development in the past. Plato, in his exploration of community development, argued that grass-roots participation is a necessary ingredient in sustaining a community development programme. Aristotle also mentioned the necessity of involving the individual at local level. Durkheim probed the forms of interdependance in an organised community and even Sigmund Freud and the Chinese made their contributions in this regard.

According to Rothman, community development can be defined as a method and a process *to create conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance on the community's initiative* (Quoted by Hugo *et al* 1981:22) From this definition it is clear that community development is by nature multi-disciplinary.

In quantitative terms community development means an improvement in the environment that can be measured and evaluated through indicators such as the standard of living of people, birth and death rate analysis, the life span of individuals and economic standards. Related to these terms is the quality of life of individuals which can be improved by taking care of the risks and incertainties of life, building viable social institutions and developing leadership.

Arising from this the objectives of community development are twofold. Firstly, primary objectives include activation of the community, socialisation, formation of values and development of abilities. The secondary objectives include institutional, economical, physical and social development.

APPROACHES TO COMMUNITY DEVELOPMENT

To clearly illustrate the non-directive approach, which was the approach of choice in the project under discussion, the non-directive or process orientated approach will be compared with the directive or method orientated approach. These two approaches are often put in apposition to each other. However, it is important to note that in both these approaches the community's needs are central. Thus a felt need or an identified need can be regarded as the first step in the community development process.

With the community's needs in the forefront, the directive or problem solving approach is often the method of choice. This approach corresponds with the view that community development is a method, and is aimed at solving specific problems according to the plans of the agent. The non-directive, or growth orientated, approach concentrates less on problem solving. This corresponds with the view that community development is a process (See figure 1). It *represents incremental development; it moves by stages from one condition or state to the next, but the ultimate goal is stated in very broad abstract terms* (Kotzé *et al* 1983:3).

Prof M J Viljoen, BA (Verp.); M Cur (Intensiewe Verp.), BA Honn (Sos) M Cur (Verpleegadmin), GAV, GVV, GPV, GGV, geregistreerde dosent. Professor, Departement Verpleegkunde, UOVS.

Mej J C Venter, GAV, GVV, GGV. Verpleegdiensbestuurder, Departement van Nasionale Gesondheid en Bevolkingsontwikkeling, Bloemfontein.

With the directive approach facilities are provided to the community and the community is then motivated to use these facilities to solve their problems. The non-directive approach however has concrete process objectives and aims at the motivation and education of people for self help. Resources **from** the community are used.

The directive approach leads to results fairly quickly. With this advantage *it is very programmatic and precise and follows the shortest way to the solving of the problem.* (Kotzé *et al* 1983:7). When following the non-directive approach development is slower but long lasting. It can however frustrate the community.

The most important disadvantage of the directive approach is that persons from outside the community may determine its problems and needs, decide on a plan of action and set the priorities for problem solving. Under these circumstances the community can become passive and might have no concerns or motivation for their own development. Dependency on outside resources can become enhanced instead of minimised.

The non-directive approach aims to develop local leadership, . . . *and to bring about gradual and self chosen changes in the community's life with a minimum of stress and disruption.* (Kramer *et al* 1975:175). During this process change takes place from a state where a few participate with minimum co-operation to one where many participate with maximum participation.

Batten summarises the use of the non-directive approach as follows *The worker who uses the non-directive approach does not attempt to decide for people, or to lead, guide or persuade them to accept any of his own specific conclusions about what is good for them. He tries to get them to decide for themselves what their needs are, what if anything, they are willing to do to meet them, and how they can best organize, plan and act, to carry their project through* (Quoted by Hugo *et al* 1981:29).

Figure 1 Method versus process

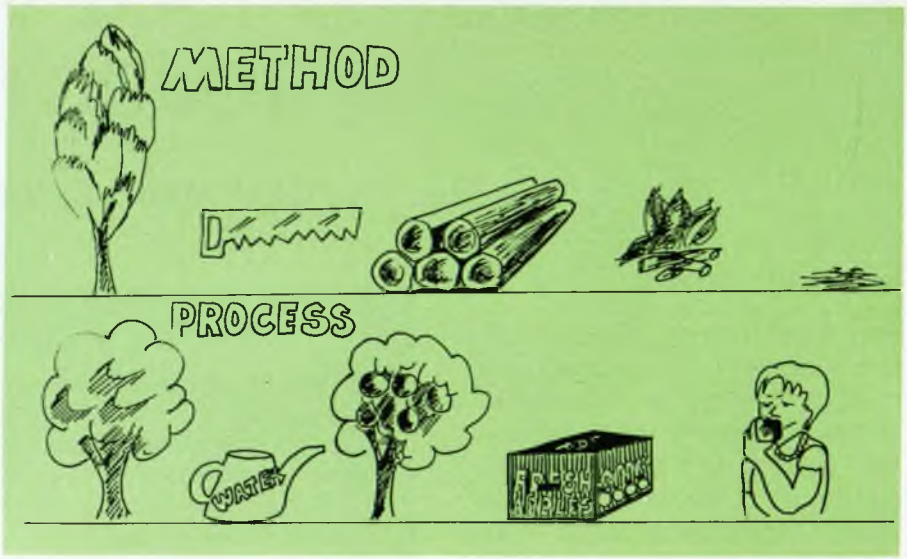
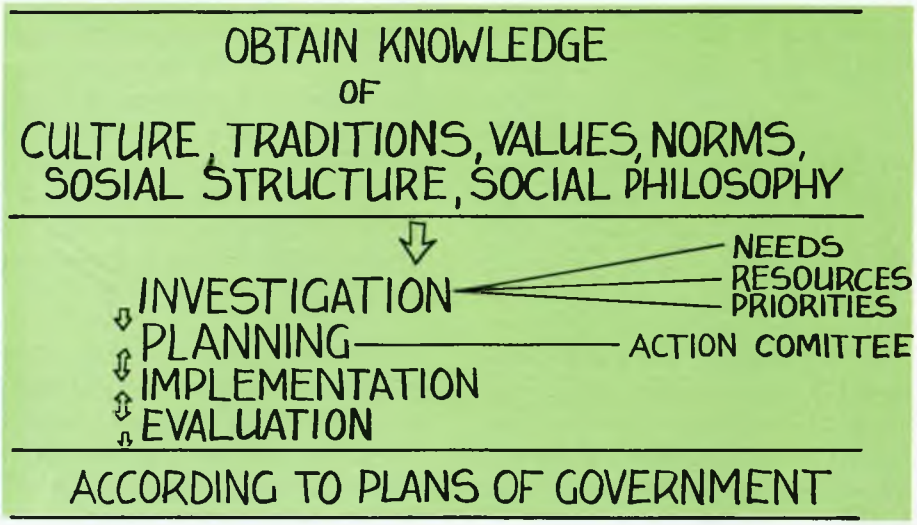


Figure 2 Phases of the community development process (Facilitated by the Community Worker)



In concluding the discussion of the philosophy of the concept of community development and the different approaches it is relevant to consider the absolute importance of an understanding of the centrality and operation of value judgements — the stances that groups and individuals take and the importance they attach to what they perceive to be the truth. This factor can be considered one of utmost importance for successful programme development.

THE COMMUNITY DEVELOPMENT PROJECT, BETHLEHEM

This project was launched during 1980 - 1981 on a farm in Bethlehem district. Ninety black families constituted the target community on the farm.

The living conditions of these families were very poor. Their physical and social health, houses, adjacent environment and agricultural activities were neglected. Although these people were supplied with the necessary facilities to develop themselves, their community and the environment, they lacked the knowledge and motivation.

The process for the abovementioned community development project was divided into four phases. These phases do not exist as separate compartments and could not be applied as such in practice. These four phases are investigation, planning, action and evaluation (see figure 2).

Mainly the phase of investigation, which is distinctive in this case, will be discussed.

The process was initiated with the help of community nurses who created sufficiently favourable conditions for successful group action without in any way infringing on group autonomy. It is important to note that the capabilities of these programme developers were much reflected in skilful interpersonal relations. Planning and programme development of this nature required deep sensibility for and understanding of the community's feeling in regard to their perceived need.

When the investigation started those involved in this phase acknowledged that sound improvements must start with conditions as they existed and must be based on them. This necessitated a knowledge of local conditions. A community self-survey was done and a number of committees were created on which the local people served to study local needs and to get them involved in thinking and expressing their ideas, in making decisions and in planning to implement their decisions to solve their identified local needs.

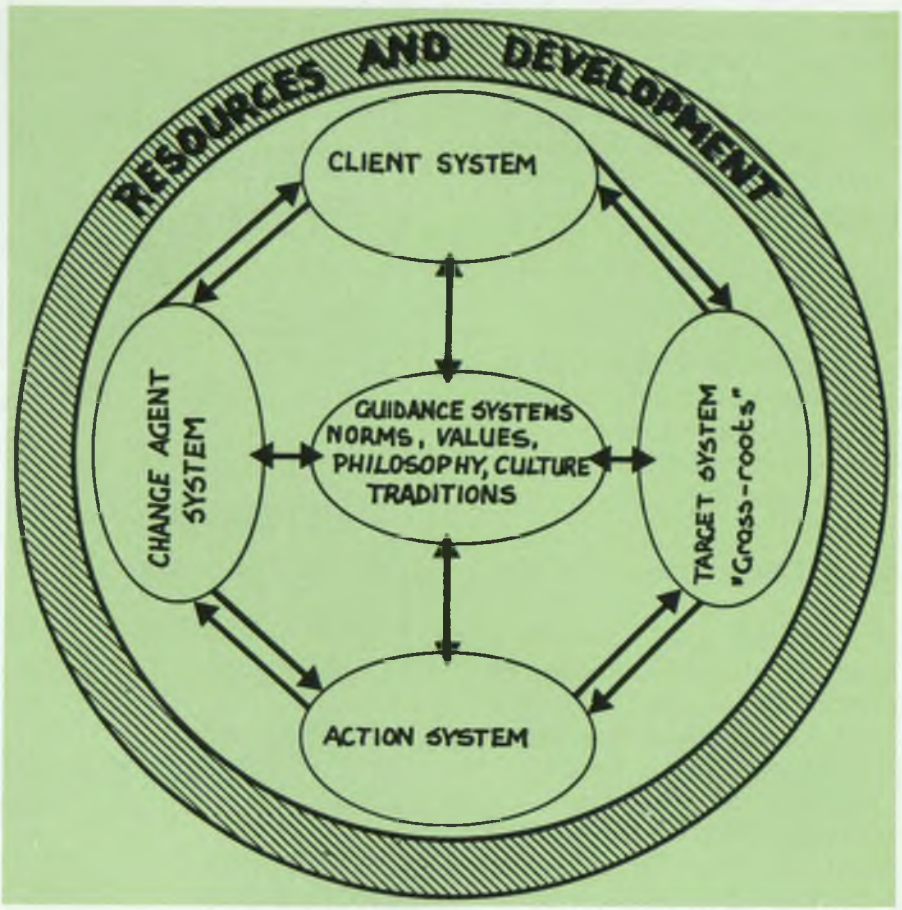
The community nurses in this project acted mainly as guides and enablers. As guides they linked the client system with the resources which they needed. As enablers they made them aware of unsatisfactory conditions which prevailed in the community. Their intervention activities were however directed to assisting clients to find the resources and coping strengths within themselves to produce the changes necessary for accomplishing the objectives. Changes occurred because of the client efforts. The consensus technique was used to achieve general accord among the parties concerned.

Systems involved with community development

The systems involved in this project were the

— **change agent system** this was the organisation system. In this case, the community nurses who initiated the project

Figure 3 Systems involved with community development



— **client system** this was the broad system which was helped, namely the community

— **target system** this was the group of people in the client system which was the target of action. These were the people who had to be reached, namely the school children and eventually their parents

— **action system** this was the existing action systems in the community, such as traditional leaders and teachers and they were approached to work together with the change agent system to form a new action committee to lead the project (see figure 3).

Ecological aspects

Apart from interaction within itself, the community also interacts with the geographic environment. This interaction between community and environment is an integral part of the community's existence. The relevance of the ecosystem is twofold. First, it is within the ecosystem that needs and resources are determined and second, planning of a community development project is based upon knowledge of all ecological components.

It was frequently difficult to distinguish resources and needs. (A need is frequently the absence of a resource). Criterium played an important role in need and resource identification. The community nurses had to ensure that western criteria were not used to determine needs and resources. The ecosystem was therefore studied and the community itself was allowed to set the criteria for need and resource identification.

The relevant ecosystem can be divided into four components, namely, human, manufactured, natural and organisational.

* The human resources include the number of people available for active participation and their skills. This included the cultural, social and economic activities of the people, the leadership structure, educational system, tradition, norms, values and attitudes. In this respect it is important to note that culture, tradition and values were not hindrances in the way of development. Development is normative and subjective and therefore tied to

tradition, norms and values of the community. They played a positive role and became valuable resources for development.

* Manufactured resources included the infrastructure such as roads, railways, schools, clinics and shops.

* Natural resources such as water, climate and rainfall.

* Organisational resources are the combination of human and other resources. The organisational potential was present, but latent, in the community.

Action Committee

At the project level a community development or action committee was constituted to plan and initiate action and also served as a channel for communication.

It is imperative that the action committee should represent all sectors of the community and should be composed from those groups as indicated on the diagram.

During the planning phase and in relation to the priorities as decided by the community, the following objectives were formulated as the specific objectives of this particular community development project, namely:

* improvement of the health status of the community,
* improvement of environmental hygiene,
* improvement of agricultural activities,
* teach children hobbies.

Agents

Agents for community development refer to all those people and organisations within and outside a community that can assist with a project or can form the nucleus or centre of a project. The agents used during the implementation phase were, schools and teachers, clinics and health staff, traditional leaders, officials, land owners and farmers and voluntary associates.

Figure 4 Constitution of the new action committee

RESULTS AND CONCLUSIONS

The intermediate evaluation was done after three months during which the evaluators were entertained by the school children with a concert, followed by a social function. This occasion was attended by all the participants involved in the project, including the traditional leaders. At this stage the school children undertook to build a health clinic on their own initiative.

The final evaluation was done after a period of six months. All the objectives have been reached. A guest speaker of great standing delivered the keynote address at a social function. The school children now had their own hobbies, the girls were taught to sew and knit, leadership was encouraged and they established agricultural activities. Environmental hygiene improved immensely and was something tangible that the community was very proud of. Equally important was the community's participation in the improvement of their general health by attending health education-, immunisation- and nutritional programmes.

The project was very successful and it was recommended that it had to be followed up. Objectives had to be expanded and resources further explored to enable the community to reach long lasting and higher levels of development.

BIBLIOGRAPHY

Batten, T.R.; Batten, M. (1967) *The non-directive approach in group and community work*. London. Oxford University Press.

Cohen, J.M.; Uphoff, N.T. (1977) *Rural development participation: concepts and measures for project design, implementation and evaluation*. Rural Development Monograph No. 2 Rural Development Committee. Center for International Studies. Cornell University.

Dore, R.; Mars, Z. (1981) *Community Development*. London. Croom Helm.

Hugo, E.A.K.; Schoeman, J.H.; Engelbrecht, J.F.P. (1982) *Gemeenskapswerk*. Pretoria. Heer Drukkers. Tweede Uitgawe.

Jay, P. (1983) Health for all: a role for the community. *Journal of the Royal College of Physicians of London*. Vol. 17, No. 2. 2 April 1983. pp.93 - 94.

Kotzé, D.A.; Swanepoel, H.J. (1983) *Guidelines for practical community development*. Silverton. Promedia Publications.

Kramer, R.M.; Specht, H. (1983) *Community organization practice*. Prentice Hall, Englewood Cliffs. Third Edition.

Twain, D. (1983) *Creating change in social settings, planned programme development* New York. Praeger Publishers.

Twumasi, P.A. (1981) Community development in solving local health problems. *Social Science Medicine*. Vol. 15A, 1981. pp.169 - 174.