

Table 1 provides a profile of those who participated (n=240) in the training programme. In all 40 principals, 40 vice-principals, 40 parent committee members, 25 ASHA management personnel and 15 trainers were trained; 81% received the Certificate in Community Leadership with an average pass mark of 65% (Department of Education, CHE Report, 2004). Each participant had to submit four written assignments based on the application of theory. In addition to the assignments, each participant also had to demonstrate certain skills (see Table 2) learned in all four modules.

Trainees were asked to complete a feedback questionnaire for which there was a response rate of 53%: 44% were completed by parents, 20% by principals and 13% by vice-principals. Of all the respondents, 44% were staff members of ASHA and 44% were parents on the parent committees of the various centres; 81,5% were female and 73,5% were older than 31 years of age. Table 2 shows the respondents' rating of the training they had received.

Rating of the curriculum

TABLE 2
RATING OF THE TRAINING

Training modules	Very poor to poor	Average	Good to excellent	Total
Personal and professional leadership	3 (2,4%)	14 (11,2%)	108 (86,4%)	125
Development management	3 (2,4%)	20 (16,3%)	54 (81,3%)	123
Service-rendering community development	3 (2,5%)	33 (27,3%)	39 (70,2%)	121
Small business entrepreneurial skills	12 (10,2%)	35 (29,7%)	41 (64,4%)	118

Overall respondents were positive about the training they had received, meaning that the modules were applicable to the situations they were exposed to. Since many were ASHA staff members in positions of authority, the modules on personal leadership (86,4%) and development management (81,3%) were highly rated. The modules on the process of community development (70,2%) and small-business entrepreneurial skills (64,4%) were also rated favourably by the respondents. The last module was also considered important, given the high rate of unemployment in Soweto. According to a study done by the Sociology Department of the University of Witwatersrand, a total of 36,8% of people over the age of 16 are unemployed in Soweto (Morris, 1999).

Personal and professional leadership

During the implementation of this programme over fifteen years, lecturers realised that the first module is of crucial importance. Lecturers came to the conclusion that before a community worker could facilitate a community towards achieving self-sustainment, he/she should be empowered on a personal basis. The items in this section of the questionnaire indicated some of the aspects covered in the first module.

TABLE 3
DEVELOPMENT OF PERSONAL AND PROFESSIONAL LEADERSHIP SKILLS

To what extent...	To a marginal extent	To a small extent	To a large extent	Total
did the training make an impact on your personal life?	8 (6,5%)	13 (10,6%)	102 (82,9%)	123 (100%)
did the programme help you resolve conflict better?	6 (5%)	16 (13,4%)	97 (81,5%)	119 (100%)
did the programme help you to communicate better?	4 (3,4%)	15 (12,5%)	101 (84,1%)	120 (100%)
did the programme help you to plan better?	6 (5,2%)	19 (16,2%)	92 (78,7%)	117 (100%)
did the programme help you to evaluate your actions better?	8 (6,6%)	20 (16,4%)	94 (77%)	122 (100%)
did the programme help you to get more self-confidence?	5 (4%)	9 (7,3%)	109 (88,6%)	123 (100%)
did the programme help you to manage your own finances better?	7 (5,8%)	19 (15,7%)	95 (78,5%)	121 (100%)
do you think the programme will help unemployed people to get a job?	17 (14,3%)	23 (19,3%)	79 (66,4%)	119 (100%)
did the programme help you to do your work better?	7 (5,8%)	11 (9,1%)	103 (85,2%)	121 (100%)
did the programme help you to be more personally motivated in general?	8 (6,5%)	13 (10,6%)	102 (82,9%)	123 (100%)
did the programme help you to motivate other people better?	10 (8,1%)	12 (9,8%)	101 (82,1%)	123 (100%)

The participants' response to the programme indicated that the module on personal and professional leadership was rated as the most appropriate (86,4%) of all the modules. There was an improvement of basic personal life skills, such as communication, problem solving, conflict management, personal motivation and handling of personal finances. As a result, participants developed self-confidence (88,6%) and articulated a clear vision for themselves.

The first module on personal and professional leadership skills formed the foundation of the training programme. These skills are seen as crucial for any community development interventions. The trainees felt that without being empowered on a personal level they would not have been able to establish any projects in their communities (Burkey, 1993; Kotzè, 1997; Swanepoel, 1997; Swanepoel & De Beer, 2006). Hence the programme contributed to social capital formation through the enhancement of networks and the development of trust between people – within families and between community members and institutions in Soweto (Brueggemann, 2002).

Development management

Feedback from the respondents suggested that the programme contributed to the establishment of better relations in all the centres – the institution of a greater customer focus and the building of a more positive atmosphere. The community leadership programme encouraged democratic

leadership and a participatory management style in the centres. Respondents were especially satisfied with the fact that all staff members participated in the management of the centre (77,4%), took responsibility for the role their work plays in the centres' success (81%), were loyal to ASHA (80%), helped to develop rules and control measures (69%), accepted the rules and control measures (69%), felt acknowledged for their contributions (75%) and acknowledged each other for their contributions (72%). Senior management was supportive of their centres (80%) and reported that information about ASHA was readily available (85%) and openly discussed in the organisation (80%).

Inclusiveness and transparency were seen as important, as borne out in the development literature (Burkey, 1993; Henderson & Thomas, 2003; Myers, 1999). Respondents believed that the leadership programme had contributed to team building: 80,2% indicated that staff members worked together productively, while 82,7% strongly agreed that staff members had sufficient capacity-building opportunities and that staff members were involved in decisions affecting their work life. Respondents (84,6%) were also of the opinion that the programme helped them to conduct meetings better. Furthermore, the respondents articulated a clear vision for their centres and developed the organisational capacity of their centres. Finally, respondents were satisfied with the way management had guided the staff through the transformation process (75%). The fact that all the staff and family members of all 40 community centres of ASHA were involved in the transformation process might have contributed to the positive response to the training programme.

Thus, it could be concluded that the 40 community centres were managed as empowering, participatory-learning organisations. The staff and family members articulated a clear vision for themselves and the centres in which they were involved and for managing these centres in a participatory, democratic way (McLagan & Nel, 1995; Senge, 1990).

Projects established

Thirty-three community projects have been launched at the different community centres as a direct result of the Community Leadership Programme. Table 4 shows the types of projects that have been established.

TABLE 4
TYPES OF PROJECTS

Projects	No.	%
HIV and AIDS (including parent support, training of care givers)	20	61%
Unemployment: Establishment of vegetable gardens, baking and catering	5	15%
Support group for the aged	3	9%
Security: Neighbourhood watch groups	5	15%
Total	33	100%

All of these projects were run by people who had been trained in the community leadership programme (n=240). Module 3 (Process of Community Development) and Module 4 (Small Business Entrepreneurial Skills) especially contributed to the establishment of these projects. Module 3 especially assisted the trainees in the initiating and establishment of community-

based projects. The elements underlying community development, as previously discussed in the article, were especially addressed in this module. The asset-based community development approach contributed to the fact that the trainees initiated projects based on their strengths and capabilities, which contributed to their motivation and helped them take ownership of their projects.

Approximately 750 people from the broader community were also involved in various ways in these projects. The survey showed that each of these 33 projects involved an average of 30 people. Therefore, 990 people were directly involved in the projects, together with the 750 from the broader community, totalling 1 740 people.

Further figures have shown that for *each* of these 1 740 people, on average a further four people indirectly benefited financially or otherwise from the projects, therefore bringing the total to 6 960. The overall number of people who benefited from these projects was 8 700.

Nevertheless, questions of sustainability remained. Participants indicated the need for increased guidance from ASHA management. Most believed that top management should have more contact with 'people on the ground' and assist in project implementation. More resources such as seeding money was needed to kick-start the projects. Some experienced that ASHA management does not provide enough support towards sustaining these projects. There were persistent issues of dependency – a by-product of the apartheid era – and reliance on government provision. However, several social commentators indicate that it is unrealistic to expect that sustainable projects could be realised in ten years in developing countries (Hemson, 1999; Kagiso Trust, 2002).

DISCUSSION AND CONCLUSION

The selection of the participatory-collaborative research approach was a judicious choice, as this approach sufficiently allowed for the demonstration of the spirit of social and community work and empowerment (Henderson & Thomas, 2003; Homan, 2008; Midgley, 1995; Patel, 2005; Rubin & Rubin, 1992; Swanepoel & De Beer, 2006).

Embedded in social development and developmental social welfare, the training programme in community development indeed showed positive results. Based on participant feedback, the skills learnt in community development were being successfully used in managing the community centres and in launching community development projects. The successful development of personal life skills appeared to be a crucial component of the training programme. Furthermore, the programme contributed to a participatory and democratic management style as a result of teambuilding and the way management had guided the staff through the transformation process.

These centres are not run as preschool crèches anymore, but as community centres to which all family members of the preschool children as well as the bigger community are part. This programme indeed contributed to the social capital of all those directly and indirectly involved (Lewis, Lewis, Packard & Souflee, 2001; Senge, 1990). For community development to be successful, it is important to strengthen organisational capacity (De Beer & Swanepoel, 1998; Henderson & Thomas, 2003; Homan, 2008; Hope & Timmel, 1994; Kotzè, 1997; Midgley, 1995; Rubin & Rubin, 1992; Swanepoel, 1997; Swanepoel & De Beer, 2006).

Collectively these 33 ASHA projects benefited approximately 8 700 people in Soweto and contributed to the upliftment of the community surrounding the 40 childcare centres.

FINAL WORD

Based on the results of this study, ASHA has developed a policy which is based on the features and characteristics of the developmental welfare policy of South Africa, as well as the knowledge, skills and elements of community development. As a consequence of this policy, ASHA has developed a democratic and participatory leadership style that aims to empower people at grassroots level. Staff members, in collaboration with parents and extended family members, are taking ownership of their programmes and projects, and a range of role players from different disciplines are assisting the centres in executing their projects. Release from poverty and oppression through empowerment rather than relief is encouraged so that people bring about change, build community capacity and leadership as well as institutional and organisational ability, and people are able to learn from their mistakes.

It further provides an excellent example of participation of civil society, with the support of government and other role-players, such as the University of Johannesburg, in the development of its own destiny. By actively pursuing the implementation of the new government welfare policy on social and community development, ASHA has established itself as one of the leading NGOs in South Africa.

The implementation of the new policy and the painful transformation process will take far more than the five-year period of the project, as described here, but ASHA has taken a step in the right direction by continuing on this less-travelled road of social and community development. Its mission is to improve the quality of life of preschool children and their families by building their capacities through integrated and sustainable development programmes. However, transformation and development are part of a long process and it is difficult to break down the dependency syndrome created over many years during the apartheid era. The ultimate goal of ASHA is indeed to free people from the deprivation trap (Chambers, 1983).

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