

**An Asset Based Approach to Community Development within  
a Southern African Context: How Local NGO's Understand  
and Practice Development and Empowerment.**

**by Natalie Marie Perkins**

A Practicum Report

Submitted to Saint Mary's University, Halifax, Nova Scotia in partial fulfillment for the  
Masters of Arts in International Development Studies  
Saint Mary's University

© Natalie Marie Perkins, 2007

Approved \_\_\_\_\_

Dr. Anthony O'Malley  
Supervisor

Approved \_\_\_\_\_

Dr. Henry Veltmeyer  
Reader



Library and  
Archives Canada

Published Heritage  
Branch

395 Wellington Street  
Ottawa ON K1A 0N4  
Canada

Bibliothèque et  
Archives Canada

Direction du  
Patrimoine de l'édition

395, rue Wellington  
Ottawa ON K1A 0N4  
Canada

*Your file* *Votre référence*  
*ISBN: 978-0-494-44661-4*  
*Our file* *Notre référence*  
*ISBN: 978-0-494-44661-4*

**NOTICE:**

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

**AVIS:**

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

---

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

  
**Canada**

## **Contents**

<b>1. Introduction</b>	<b>4</b>
1.1 Organizations Involved in the Study	
1.2 Methodology	
<b>2. Landscape of the Debate</b>	<b>19</b>
2.1 Theoretical Foundation	
2.2 Empowerment in Community Development	
<b>3. Background &amp; Case Study</b>	<b>37</b>
3.1 South Africa	
3.2 HIV/AIDS in South Africa	
3.3 Soweto	
3.4 Soweto Case studies NGO's	
3.4.1 Tlhokomelo Home Based Care (THBC)	
3.4.2 Township Aids Project (TAP)	
3.4.3 African Self Help Association (ASHA)	
3.4.4 World Vision	
3.4.5 Ikereng Itireleng	
3.5 The Research	
3.5.1 Interview Data	
3.5.1.1 Tlhokomelo Home Based Care	
3.5.1.2 Township Aids Project	
3.5.1.3 African Self Help Association	
3.5.1.4 World Vision	
3.5.1.5 Ikereng Itireleng	
3.6 Compare & Contrast	
3.6.1 Empowerment List Analysis	

3.6.2 TAP	
3.6.3 WVSA	
3.6.4 Ikereng	
3.6.5 THBC	
<b>4. Discussion</b>	<b>105</b>
4.1 Community	
4.2 Community Development	
4.3 Empowerment	
4.4 The Significance of Poverty	
4.5 Gender	
<b>5. Recommendations &amp; Conclusions</b>	<b>115</b>
5.1 THBC	
5.2 TAP	
5.3 ASHA	
5.4 WVSA	
5.5 IKereng	
5.6 Final Thoughts	
Appendix 1 Informed Consent	130
Appendix 2 CEO Interview Questions	131
Appendix 3 Questionnaire: Community Workers	132
Appendix 4 Questions for participants	134
Appendix 5 Empowerment Checklist	135
Appendix 6 Community power Before	137
Appendix 7 Community Power After	138
Appendix 8 Timeline of Research	139
Appendix 9 Checklist Analysis	141
<b>Bibliography</b>	<b>144</b>

## **Abstract**

With a changing world order leaning gradually toward neo-liberal practices, fewer resources are being allocated for community development. More and more urban and rural communities are being told to take an increasingly active role in their own development. This might be the ideal time to shift the community development focus towards development that is truly community centred and community driven.

Development begins inside a community and can be truly sustainable when it focuses on personal attributes (skills), development of leadership abilities and establishing useful bonds and relationships inside and outside the community.

Needs based approaches to problem solving, may leave members with a collective sense of hopelessness, inadequacy, dependency and a belief that they cannot solve problems on their own. However, community driven approaches can strengthen community members by highlighting their abilities and assets and may be able to transform the understanding of community development, helping members to realize that they have the power to make a difference in their own communities.

It is crucial to discover and recognize the power in communities and how various communities are tapping into that power to drive their development.

## **Acknowledgments**

I wish to express my sincere gratitude to so many who have been helpful and supportive throughout my time at Saint Mary's University.

I wish to acknowledge my Mother and my family here in Nova Scotia especially my Uncle Victor and his wife Rose for opening their home to me and constantly reminding me that I am loved and not alone.

I would like to extend a heart felt thank you to my supervisor Dr. Anthony O'Malley, for his consistent patience, guidance and support. Dr. O'Malley always had time to lend an ear, offer encouragement and discuss challenging assignments.

This paper would not have been completed if not for the support of Dr. Rose Walls, who refused to let me give up during difficult times in the writing process and kept encouraging me through to the completion of this paper. I would also like to thank my reader Mrs. Marlene Ruck-Simmonds.

This paper is dedicated to the people of Soweto and their bravery and strength as they fight to achieve empowered communities in the face of HIV/AIDS. My appreciation goes to Ms. Hanna Nel who facilitated my entrance to South Africa, and warm thank you to and to Latica and her family, my friends Elizabeth and Jennifer who extended so much kindness to me, and ensured my well being for the time I spent in Soweto.

I want to thank the entire congregation at Saint Thomas Baptist Church for their prayers and support. I especially would like to thank Pastor Wallace Smith, Sister Frances and their daughter, and my good friend Anna for all of the encouragement support and love over the years.

Finally I would like to thank My Lord Jesus Christ for never leaving me, carrying me through the hard times, and being my refuge and my Saviour... He alone is my rock and my salvation; He is my fortress. I will never be shaken. Psalm 62: 2.

**“The definition of insanity  
is doing the same thing  
over and over and expecting  
a different result.”**

**--Albert Einstein**

# 1. Introduction

*'O Phuthile Matsoho'*

With a changing world order leaning gradually more toward neo-liberal practices, fewer resources are being allocated for community development. More and more urban and rural communities are being told to take an increasingly active role in their own development. This might be the ideal time to shift the community development focus towards development that is truly community centred and community driven.

Development begins inside a community and can be truly sustainable when it focuses on personal attributes/ skills, development of leadership abilities (Fullum & Lando, 1998) and establishing useful bonds and relationships inside and outside the community (Putnam, 1995).

Needs based approaches to problem solving, may leave members with a collective sense of hopelessness, inadequacy, dependency and a belief that they cannot solve problems on their own (Oakley,1991). However, community driven approaches can strengthen community members by highlighting their abilities and assets and may be able to transform their understanding of community development, helping members to realize that they have the power to make a difference in their own communities (Oakley, 1991). It is crucial to discover and recognize the power in communities and how various communities are tapping that power to drive their development.

One would think that after fifty year of practicing any one act, that act would be perfect or come very close to perfection. Yet, after fifty years of trying to solve to the



problem of poverty little progress has been made. The gap between the rich and the poor has been increasing (Desai & Potter, 2000). The development project that started after the Second World War was supposed to help the poor and powerless, so that they would be able to benefit and contribute the economy and escape their cycle of poverty.

Development discourse has changed vastly in the past fifty years spanning modernization, the basic needs approach, to participatory research and development. Some approaches to development have appeared viable through the conception and planning stages, however implementation showed that some did not meet the needs of their target populations (Desai & Potter, 2000). Through the use of these development theories and approaches the weak and poor rarely reap the benefits (Oakely, 1991).

This study is crucial because of the potential loss of hope in society. When there is no hope, people have no power (Kuyek, 1990). When a community embarks on a development project they first think of who they can ask for financial assistance. If there is no one willing to come to their aid, the project does not get done. Believing a project cannot be completed without help from people outside the community is a level of hopelessness (Kuyek, 1990).

Recent discussions in development have moved away from holistic theory, towards localized development approaches that involve local participation and empowerment (Black, Chamber & Gaventa, 2000). Participation within the realm of community development can be seen as the starting point to community approaches that are truly community driven (White, 1996). The definition of participation for this Report can be viewed as: a process through which primary stakeholders influence and share control of development initiatives, decisions and resources (Tandon & Cordeiro, 1998).

With the new world order of globalization, governments use neo-liberal policies that require a roll back of their services worldwide (McNally, 2002). Services that were previously provided for communities are no longer available. As a result communities are being left on their own; this becomes a drawback especially in third world countries, where the majority of rural communities and the urban poor depend for their survival on social services provided by government funding (Desai & Potter, 2002).

Consequently there is a crucial need for another option that will make it possible for communities to take control of their lives and their development on a local level. Decentralization of service delivery has forced civil society to move towards participatory development that focuses closely on empowerment (Black, Chamber & Gaventa, 2000). There is a need for a development strategy where even the poor can be in a position where they take their development into their own hands instead of having their development placed in their hands by someone else (Mathie & Cunningham, 2005). This research strives to understand how communities acknowledge and use the power they possess.

South Africa was chosen for my research on community and empowerment because it was a society where the majority of the citizens were stripped of their social and political power for a period that exceeded two generations (Worden, 1994). South Africa is a country that had to reinvent it self in order to grow. Instead of using exclusion as a way to keep power, South Africa in 1994, began to use inclusion or empowerment as the cornerstone of its freedom charter. The process of political and social restructuring is a fundamental characteristic of empowerment. South Africa was chosen for this research

because forms of empowerment were mentioned in South Africa's National policy in their Freedom Charter, and empowering people is one of the ways South Africa continues to move forward. I wanted to observe how this national prerogative trickled down into the everyday life of citizens who were still excluded.

One of the central ideas of this study is that in the mist of oppression people exhibit a strength that makes them increasingly more resilient according to the challenges they face. Communities are powerful. They are comprised of individuals who interact through social relationships. Through community relationships individuals have the possibility to meet essential needs for themselves and their families (Putman, 1995). This community strength is evident in the community of Soweto and how they relied on each other to get through the ordeal of Apartheid. This same type of strength can be used to fight the pandemic of HIV/AIDS which is widespread in Soweto and the surrounding communities.

My research was conducted in Soweto, South Africa. Those who live in Soweto have had to endure decades of oppression within the political system of Apartheid and have a shared experience of it. Their continued resistance over decades of oppression shows that they are strong when it comes to creative ways to handle hardship. Living through Apartheid was difficult, but most of the community members managed to hold on to their language and culture and have now enjoyed ten years of freedom from Apartheid. After living through Apartheid the community was ill equipped to fighting the subsequent battle against HIV/AIDS. Soweto was one of the hardest hit by the HIV/AIDS pandemic in South Africa, infecting people in Soweto at a rate of 1700 per day (<http://www.avert.org/saficastats.htm>). Are the people of Soweto using that strength they

have shown historically to help them fight in the struggle against the HIV/AIDS pandemic today? Many people who live in Soweto cannot afford to tackle HIV/AIDS on their own; they need support from each other. Neo-liberalism is being embraced by the new South African government, which takes the pressure and the onus of 'caring' off the government's shoulders and puts it squarely on the shoulders of the community (Jacobs, 2002). This might seem to be a negative practice, but what it has done is raise Soweto community residents', determination to stop relying on others, so they can begin to come to their own rescue. In the course of this Report we will see how a community that has been economically and socially disadvantaged for decades can generate and perpetuate power to fight a killer such as HIV/AIDS.

Soweto is not a homogenous community; it was a man-made community of people speaking different languages, from totally different cultures (Worden, 1994). The common circumstances of Apartheid forced residents to work toward the same goal and to overcome their situation. Similarly, HIV/AIDS is not a selective disease. Anybody can become infected regardless of age, occupation, or ethnic group. HIV/AIDS is forcing people to work together toward two goals: Preventing people from getting HIV/AIDS and improving the quality of life of those who have already contracted the disease.

I wanted to investigate NGO's (non-governmental organizations) and how they help people discover and use their personal power and further the knowledge surrounding the fields of empowerment, community, and development.

The title of the first section of this Report came from a South African saying: 'O Phuthile Matsoho,' which translates in English to mean "Shall we fold our arms?" (i.e.,

while others do the work for us). Are the people of Soweto folding their arms or are they linking their arms and working together?

Five organizations were chosen to examine the techniques communities were using at the local level in one of the poorest areas in South Africa. This study shows the survival of a community where people continue to have low political and social power. The reader will understand how local residents unfold their arms and rise to the challenge of empowering their communities.

### **1.1 Organizations Involved in the Study**

During my time in Soweto, I was in contact with five NGO's: African Self Help Association, (ASHA); World Vision-South Africa (WVSA); Township Aids Project (TAP); Ikageng Itireleng; and Tlhokomelo-Home Based Care (THBC).

**The African Self- Help Association (ASHA)** is a preschool organization that has been active and providing service to the Soweto community for sixty years with 40 centers throughout Soweto. Their goal is to improve the quality of life of preschool children and their families by building their capacities (ASHA Information Pamphlet, 2003).

**World Vision (WVSA)** -- is an international Christian relief and development organization. It was founded in 1950 to serve the poor in nearly 100 countries world wide, regardless of race, religion, or ethnic origin. Their mission statement reads: "World Vision is an international partnership of Christians whose mission is to follow the Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human

transformation, seek justice and bear witness to the good news of the Kingdom of God” (World Vision information pamphlet, 2004). They do this through a commitment to transformational development, emergency relief, promotion of justice, strategic initiatives, public awareness, and witness to Jesus Christ (World Vision Information pamphlet, 2004).

**Tlhokomelo Home Based Care (THBC)** -- is a non-profit home based care organization. It was established in the year 2000. They work exclusively in Orlando East in Soweto. THBC’s mission is to promote care for the well being of people living with HIV/AIDS, and to foster a spirit of mutual support. Their vision is to counter stigma and rejection attached to people living with AIDS and to give dignified quality home based care. The community workers in this organization visit the houses of their patient’s daily to check on their well being, perform daily chores that their patients might not have the power to complete, or just to encourage people and assure them that there is someone there whenever they want to talk (Tlhokomelo Information Pamphlet, 2003).

**Township Aids Project (TAP)** -- The Progressive Health Movement initiated Township Aids Project. The project was launched formally in 1990. Their vision is to reduce the risk of individuals to HIV infection amongst youth aged 13-25. Their mission is to disseminate accurate HIV/AIDS information to historically disadvantaged and marginalized communities in Soweto and surrounding areas in a non-discriminatory, respectable manner through relevant and comprehensive programs of action.

The main focus of their programs includes: Providing basic facts on HIV/AIDS, STD’s and other health related issues; adolescent sexual and reproductive Health; life

skills; HIV/AIDS and the law; and workplace protection policies (Folling & Bjornsmoen, 2003).

**Ikageng Itireleng (Do It Them Selves)** -- This organization works with AIDS orphans, vulnerable children and child headed households. Ikageng concentrates most of its energies on alleviating the impact of AIDS and does informal work on an individual basis with prevention. Their major activity is food donation, providing money for rent, providing school uniforms, and paying school fees (Ikereng Itireleng Information pamphlet, 2004).

## **1.2 Methodology**

This research will consist of quantitative and qualitative research. The aim of this research was to understand community and development in Soweto and how they are using empowerment knowledge to increase their collective power to fight the HIV/AIDS pandemic in their community.

The study took place in the township of Soweto a suburb of Johannesburg, in South Africa. The study involved five NGO's in an area of Soweto called Orlando. Orlando is the oldest and was the first settlement in Soweto and is the most densely populated. Forty-five interviews were conducted. Each of the five NGO's approached HIV/AIDS prevention in a different way. The variety of five very different types of NGO's in the study will enhance my research by giving it a more holistic perspective of the community approaches toward HIV/AIDS.

The first organization that facilitated my entrance into South Africa was African Self Help Association (ASHA). Through ASHA I was able to initiate interaction with four other NGO's.

Each person who agreed to be interviewed was given a letter of consent before the interview began. The letter clearly stated my name, my school, my contact information (e-mail address) and that my research had been reviewed and approved by the Saint Mary's University Research Ethics board. The letter of consent stated in bold print that participation is voluntary and they are free to withdraw from the interview at any time. The letter stated boldly that the information collected would be kept strictly confidential and anonymous (Please see appendix #1).

In total 45 interviews were conducted with the community members in Soweto. I interviewed the five CEO's of each of the five NGO's, twenty-five community-workers, five from each NGO, and fifteen interviews with people infected/affected with HIV/AIDS. The interview instrument was a questionnaire two pages long, and varied in length to administer from 45 minutes to one hour (Please see appendix #2, #3, #4). The interviews were conducted in various locations depending on the availability of the person being interviewed. All of the HIV/AIDS patients met with me in their homes. I conducted some interviews with community workers while we were on assignment or at the office, early in the morning before work started or later, at the end of the day. All of the CEO's made time to be interviewed during working hours. The interviews were scheduled to be complete in 3 weeks however, because of cancellations; sickness and so forth, conducting the personal interviews took more than seven weeks.



### **Scope of the Sample**

The sample consisted of 45 individuals, 18 men, and 27 women. Seventeen people were HIV positive, and twenty-eight were HIV negative. Twenty-two were between the ages of 13-25 (young adults), none were between the ages of 0 –18 (children), twenty-three were people between 30-70 yrs (adults).

Primary and secondary document research was collected, such as newspaper articles, from the local papers about HIV/AIDS and its affect on the community, and new community issues that arose. National and local statistics were collected about the scope of the pandemic; as well as government White Papers from the Ministry of Health and Social Services.

### **Structured and Semi-Structured and Unstructured Interviews**

The interviews conducted with CEO's and community workers were extremely structured, with two pages of questions, which were systematically asked and recorded in writing by the interviewer. The entire interview was also recorded on tape.

Semi-structured interviews were conducted with the Community workers. They were comfortable with the idea of contributing to the research, but felt uncomfortable with having their voice on tape. Many of those interviewed thought that somehow their answers would get back to their superiors, which would put their jobs in jeopardy. Unemployment is very high in South Africa, and the ideal of loosing their job was a real concern for those interviewed. The names of the community workers and patient's/ participants were changed to preserve their confidentiality. With the community workers the questions began with them describing the jobs that they do, then the organization they worked for and finally what impact their work was having on the community.

In the case of those infected with HIV/AIDS, I decided to do unstructured interviews. When the people I interviewed were not HIV/AIDS positive, they seemed to have a more relaxed attitude about the interviews. When the format was unstructured – I first asked them to tell their stories. The structured interview questions were incorporated into my questions. The later part of the interview was a question answer format. The decision not to use a voice recorder came about because it tended to make those I was interviewing self-conscious. I wanted the people I was interviewing to feel as comfortable as possible, like they were simply having a conversation, not doing an interview, so that they could be as truthful as possible as well as give several details without feeling rushed. This also allowed the interviewer to assure privacy and confidentiality.

### **Participant Observation**

In each of the organizations the researcher shadowed community workers on their everyday rounds in the community. The research involved spending two or three days with each NGO per week over a period of forty weeks; this included activities conducted on the weekend. Some weeks depending on the activities I would spend the entire week with one particular NGO. I attended community training meetings, visited HIV/AIDS patients in their homes, attended youth rallies and training sessions, attended income generation activities, and helped deliver hygiene and food packages to people in their homes.

### **Empowerment Checklist**

As I attended to my participant observations, I also completed an empowerment checklist on each of the organizations involved with the study. The criteria for the checklist came from the model that I used throughout the study that highlights holistic education and training, Basic Needs, and Leadership. A checklist was completed on each of the organizations' visible empowerment qualities, and/or characteristics (Please see appendix #6).

In addition to the model described, another empowerment model was adopted that considered internal and external community pressures that might affect the level of empowerment practiced in the community. The literature review in the landscape of the debate will discuss this model in greater depth (Please see appendix #7 & #8, Community Empowerment Before & After).

## **2. Landscape of the Debate**

This section will first focus on the theoretical framework used in the Report, then outline some of the characteristics of participation, and consider what others have added to the debate on community, development, and empowerment.

### **2.1 Theoretical Foundation**

The framework used in this paper, draws on concepts and approaches ranging from participation, the Sustainable Livelihoods Approach (SLA), Social Capital and Asset Based Community Development (ABCD). These four concepts are generally leaning toward post-development. The combination of these approaches were chosen purposefully because they focus on local development and local involvement of the members as the nucleus of the community project.

### **Participation and Community**

The United Nations defines participation as “The creation of opportunities to enable all members of a community to actively contribute to and influence the development process and to share equitably in the fruits of development” (United Nation’s, 1981).

Participatory development is fundamentally a power struggle between the powerful and the powerless. “The powerful struggle to retain their privilege and the powerless struggle to retain control over their lives” (Desi & Potter, 2000).

Post development literature focuses on grassroots, participatory local development as the means and the goal to the development process. Genuine participation does not just involve local people in the process of development; it makes

them the nucleus of the project. Initiatives are organized and motivated through the local community who are responsible for their own actions and decisions. There are certain drawbacks however. Initiatives toward progress move at the pace of the community and are vulnerable to human weaknesses, such as the possibility of a community's lack of communication, cooperation and enthusiasm for a project or goal (Schumacher, 1973).

Participation is crucial in a post development discourse because it focuses on what people can do for themselves instead of focusing on what someone else can do for them. John Mcknight, an authority on community development states in the book *The Careless Society*, "It seems clear that new strategies must stress an organizing process that enhances and builds community and that focus on developing a neighbourhoods' own capacity to do for it self what outsiders will not or no longer do" (Mcknight, 1995).

Since the mid-1950's many authors have contributed to the on going discussion on the power of participation and people in charge of their own development process. Anisur Rahman supports this issue by writing; "people cannot be liberated by a conscious other than their own" (Oakley, 1991). He goes on to write "It is absolutely essential that the people develop their own endogenous process of consciousness raising and knowledge generation, and that these processes acquires the social power to assert itself vis-à-vis elite consciousness and knowledge" (Oakley, 1991). Through participatory techniques used in communities, people develop their own endogenous power to change their situation. Schumacher (1973) in his work *Small is Beautiful* presents that the starting point begins with people's education, organization, and discipline; without these three qualities present all resources remain latent and untapped human potential. Paulo Freire adds to this argument when he writes that poverty is not just a lack of physical resources

for development it also implies a powerlessness or inability to exert influences upon the forces that shape peoples livelihoods (Freire, 1972).

The ideology and meaning attached to participation change according to what organization or agency uses it (White, 1996). White supports that there are several types of participation used by stakeholders. Though the term participation seems to be a positive term that implies equal sharing; when discussing participatory development it is necessary to ask two key questions: Who is participating and what is their level of participation? The question “who participates?” addresses the fact that even within one community, people are not homogenous, and at every level there will be excluded groups. Participation is needed to create mechanisms to include all sections of societies (White, 1996). There is a need to establish the level of participation of local stakeholders. White, points out that merely the involvement of local people is not enough. Full participation has to involve sharing in management and decision making aspects (White, 1996). The following is a list of types of participation as elaborated by White, which may be experienced in development projects.

### **Types of Participation**

- **Nominal-** Participation for legitimating, international and government agencies to show that they are doing something, but nominal participation function is largely for display.
- **Instrumental-** serves the efficiency interests of outside donors. This type of participation is a means to achieve cost effectiveness (Community offering their labour, in place of money).
- **Representative-** allows local people a voice in contributing to the character of a project. This is seen as an effective means through which the people could express their own interests.
- **Transformative-** Participation as empowerment. Making decisions considering options and taking collective action against injustice. This leads to a greater consciousness of what makes and keeps people poor.  
(Interest in participation: White, 1996)

It is clear to see that even if a project has a participation component, if it is not the correct type of participation it can actually hinder a project. The following table distinguishes four types of participation and the characteristics of each type of participation. The first column shows the type of participation. The second shows the interests in participation from a top-down perspective; from those who design and implement development programs. The third column shows the perspective from the bottom-up, how local participants see the outputs participation. The final column characterizes the function of each type of participation.

(Table A)

<b>Form</b>	<b>Top-Down</b>	<b>Bottom-up</b>	<b>Function</b>
Nominal	Legitimation	Inclusion	Display
Instrumental	Efficiency	Cost	Means
Representative	Sustainability	Leverage	Voice
Transformative	Empowerment	Empowerment	Means/Ends

(Interest in participation: White, 1996)

The table above differentiates four types of participation. For example, in a water project if the community digs a ditch they have participated, but what form of participation? The chart shows that transformative participation involves inclusion of all stakeholders, taking collective action and decision-making power. A truly participatory process is the means to empowerment and the goal of empowerment (White, 1996). This means that having participation of community members in the decision making process as well as making physical contribution is the only way to arrive at the point of a truly transformative process. Transformative participation is the starting point to community

approaches that are truly community driven. The importance of participation is paramount and a transformative participatory process is crucial to the frame work of community driven development.

### **Sustainable Livelihoods/ Social Capital/ Asset Based Community Development**

The combination of Sustainable Livelihoods Approach (SLA), Social Capital and Asset Based Community Based Community Development (ABCD) was chosen because of the various strengths they possess and how naturally they fit together to support a truly community driven means of local development.

### **Sustainable Livelihoods Approach (SLA)**

The Sustainable Livelihood Approach evolved as a way to incorporate the changing perspectives of poverty, participation and sustainable development. It is an approach to development that is used by intergovernmental organizations such as the United Nations Development Program (UNDP), The Food and Agriculture Organization (FAO), and bilateral donors such as Department of International Development, (DFID) and Canadian International Development Agency (CIDA). It is also in use with non-governmental Organizations such as CARE, and OXFAM. The Sustainable Livelihoods Framework has four components. It first considers the vulnerability context in which people live, noting the sudden shocks, seasonal changes and trends over time. Second, it records people's capital assets which include social capital- (social networks, and relationships of trust) natural capital (natural resource stocks) financial capital (savings, income, credit) physical capital (transport, shelter, water, communications) and human capital (skills knowledge and labour). These are called capital assets which form an asset



pentagon that is in turn used to assess people's overall asset base. The third component is a livelihoods strategy used to generate income. The final component considers the policies, intuitions and processes that people access in order to make use of their assets. This form of framework attempts to link the socioeconomic and environmental concerns of a community ([http://www.livelihoods.org/info/info\\_guidancesheets.html](http://www.livelihoods.org/info/info_guidancesheets.html)).

### **Social Capital**

Social Capital is defined as: A propensity for mutual beneficial collective action from the quality of relationships among people within a particular group or community (Krishna, 2002). It is something internal and cannot be physically seen. As one of the foremost authorities on Social Capital, Putnam goes further and defines social capital as “features of social organization such as networks, norms and social trust that facilitates co-ordination and co-operation for mutual benefit” (Putnam, 1995). Social capital has to do with individuals who engage in collective action, and their ability to act collectively towards a goal that can benefit them as a group. Putnam summarizes it as “Persons bound together in dense social networks, infused with norms of reciprocity and trust are better able and more inclined to act collectively for mutual benefit and social purposes” (Putnam, 1993). People who are bound together by such networks are more able to obtain better governance. Tocqueville, another authority in the area of social capital noted that that volunteerism provided the bedrock for the accumulation of social capital in the United States.

Motivation for the creation of social capital is the result of 50 years of poverty and it is a mountain that has not moved. Neo-liberal policies that force the retreat of the state help facilitate citizens through civil associations that engage in state and market

accountability and transparency is enlarged when citizens work with the state. Within the literature of social capital communities are seen as possessing large amounts of social capital and are able to engage in beneficial co-operation. Communities with low levels of social capital are less capable of organizing themselves effectively. However, communities that have low levels of social capital can create it within a short amount of time (Krishna, 2002).

Development is made possible through bottom-up approaches to replace failed (state-led) initiatives that were supposed to deliver economic and social benefits (Krishna, 2002). Agency helps to make social capital active. Agency is needed to pinpoint certain goals that are feasible within the community considering the constraints and prospects that are available to them within their institutional environment. Agents have regular contact with state and market operations; they can assist the community with methods to organize themselves so that they will succeed. Collective action can occur without agency but may not be as productive. Rotburg writes on why some countries display high levels of civil engagement, democracy and other countries do not: "Trust and reciprocity in human endeavor provide the basis for effective group action. High levels of social capital reflect reciprocal bonds of trust across classes and ethnicities and encourage cooperation for the common wealth of all. Low levels reflect hierarchical ties between rulers and those who are being ruled, which indicate a government concerned with private rather than public goods; which inevitability leads to corruption" (Rotberg, 1999).

## **Asset Based Community Development (ABCD)**

Asset based approaches to community development promote a shift in thinking from a needs based to an asset based orientation. In this way the asset based approach is used to help communities plan, organize and mobilize community action, and development. It is built on the assumption that community development begins with the re-discovery and recognition of skills, abilities and resources that are already present in the community. These resources include skills and resources of individuals, local intuitions, voluntary associations, physical infrastructure and the local economy (Cunningham & Mathie, 2005). Within the Asset Based Community development approach the key to sustainable development starts within the community. To facilitate the rediscovery of these resources ABCD has various tools that the community can use to inventory and to mobilize resources by building relationships within the community such as asset mapping, the use of asset building stories, and the mapping of local and formal associations. ABCD requires local intuitions to join in with the effort of community by building and maintaining relationships. The asset based approach makes available methods for undertaking projects on a community level (Cunningham & Mathie, 2002). ABCD does have a few drawbacks. The idea of fostering effective community leadership is not covered at all in the approach. Fostering positive community leadership qualities are imperative to effectively pass on information, and provide motivation to various members of the community (Brown, 1973). Another challenging area for ABCD is finding ways to ensure that no one is excluded from being a part of the activities; and that as a result of ABCD there are no marginalized groups (Cunningham & Mathie, 2002).

## **A Complimentary Relationship**

These three approaches form the developmental framework for my research. Drawing on the work of Anisur Rahman and Edward Dommen, we make use of the idea of mobilization as being a key aspect to community development. They derived the meaning of mobilization to be “large masses of people engaging in activities that have a predominantly social or collective objective as a strategy for social and economic development.” They consider mobilization to be seen as an expression of inner urges connected to self-reliance, which implies de-alienation of man from his social and economic environment” (Rahman, 1993). In order for mobilization to foster self-reliance it requires:

1. Subjective internalisation: a sense of owning the means of production, being the subject of decision making, having the sense of ownership, and most importantly power to change their reality.
2. Positive purpose- in the exercise of ownership and decision-making.
3. Self –reliance: reliance on ones own resources.

These are three aspects of mobilization as a strategy for developments that can be clearly seen with the combination of SLA, Social Capital and ABCD. The Sustainable Livelihood Approach (SLA) focuses on assets which have several purposes; as well as actual economic recourse, knowing that they possess assets also gives people the potential or the will to act. Assets are extremely important however, they cannot be activated without access to the assets; this is where Social Capital is imperative to the equation. Social Capital provides access to assets by focusing on good will, social networks and trust relationships. Finally, the asset based approach provides a comprehensive way to operationalize the SLA approach at the community level. ABCD

pays particular attention to identifying strengths and mobilizing social capital located at the local level. The asset based approach uses techniques such as community mapping, putting value to assets, considering the potential linkages among assets, and considers economic opportunity for export outside of the community as well as reflects on the unnecessary draining of resources. The combination of these three approaches is a powerful tool in the fight to help citizens engage in more meaningful community development efforts.

## **2.2 Empowerment in Community Development**

Empowerment as defined in the following pages means: A developmental process in which people, organizations, and communities gain control over their daily lives.

Consequently, in order to discuss empowerment it is necessary to briefly consider the topic of community power. Community power is how people get power within communities. Hegemony, according to Gramscian analysis, is “self-replicating structural power, which is both economic and ideological. Such use of direct power implies a hegemonic long term strategy” (Gill & Law, 1988). This concept of hegemony highlights the role of ideals and culture and how they shape our preferences and our conceptions of what is possible. These constraints become so internalized that they are seen as natural, legitimate and inevitable (Gill & Law, 1988).

Ideas are used for the exercise of power. Ideologies operate differently in different countries and regions. The choice of ideologies is made by the powerful in society. They can also dictate the nature of political authority, and its exercise. Economic power on the other hand, is fundamentally about control over resources. In the case of countries, they may be natural resources, control over which is exercised directly by government or

indirectly by a governmental agency. Economic power can be less restrictive than political power and therefore has the capacity to expand over governmental jurisdictions. Economic and political spheres are two areas where the exercise of power is most exemplified (Lukes, 1974). Steven Lukes, explains power in three dimensions. The first view is the one-dimensional view of power, where power lies in the group or individual's decision-making ability, where there is opposition and the most powerful prevails.

The second dimensional view is 'non-decision making using power to prevent certain decisions from being made. This type of power is called 'power behind closed doors'. The main ideal is that individuals or groups exercise power by preventing a decision from being made, by limiting the options allowed.

The third dimension is the power of manipulation. People in position of power have the ability to manipulate and shape the desires of different social groups. It is a type of unconscious persuasion to desire the things people in power positions want others to desire, even if at times it is not for their benefit. The public exercise of power happens; through decision making processes of government policies, lack of options through false senses of power, manipulation, or by making people with less power wish for or accept situations that ultimately benefit the person with more power (Lukes, 1974).

An alternative way power can be explained is in the different ways it operates:

- **Power over:** This power involves an either/or relationship of domination/subordination. Ultimately, it is based on threats of violence and intimidation; it requires constant vigilance to maintain, and invites active and passive resistance.

- **Power to:** This power relates to having decision-making authority, power to solve problems and can be creative and enabling.
- **Power with:** This power involves people organizing with a common purpose or common understanding to achieve collective goals.
- **Power within:** This power refers to self-confidence, self-awareness and assertiveness. It relates to how individuals can recognize through analyzing their experience of how power operates in their lives, and gain the confidence to act to influence and change this (Oxaal & Baden, 1997).

Issues of power can be regarded in two ways. Dahl suggests power can be defined as a *relationship* between individuals. “A has power over B to the extent that he can get B to do something that B would not otherwise do” (Dahl, 1957). This definition of power defines conflicts among groups or individuals. It can be used to facilitate goals of all players. The second definition of power comes from T. Parsons who viewed power as a *resource* that can be tapped, and eventually will benefit the entire community (Dahl, 1957). When power is viewed in this perspective it is considered to represent capacity, and ability. In this Report I support the idea that community power is a resource rather than just a relationship. Not ignoring the fact that there are relationships of power within the community that affect it ; however that is not the focus of this paper.

Both the nature of power and the uses of power discussed, indicate that there is both a source of power and a goal for the use of power. Possessing power therefore, connotes certain advantages. Thus, it follows that the lack of power involves certain disadvantages. Minimizing the disadvantages, of the lack of power, and redistributing the advantages of the possession of power constitutes the process that leads to empowerment.

## **Empowerment as the foundation for Community Development**

The concept of Empowerment is a challenging one. There is no clear-cut definition. The problem with empowerment as a concept is that it can be used in the same community for different purposes. The purpose normally changes with the target group. In rural development, the entire communities become the target for empowerment; in gender and development, a section of the population becomes the target group (Keiffer, 1984).

The Definition of empowerment that will be used in this Report is: A developmental process in which people, organizations, and communities gain control over their daily lives. It is a transforming process of social, political, and economic change constructed through individual and collective action, which fosters development and the attainment of a set of insights and abilities working towards participatory competence and control. The process of empowerment cannot be done for others; it is nurtured by individual and collective effort.

The commonalities between Oakley and Rappaport's, ideas of empowerment include the process of empowerment producing apparent skills and character traits in individuals and communities. These skills are so central to the realization of empowerment that their absence could be synonymous with powerlessness. "In the absence of empowerment we see characteristics of powerlessness; learned helplessness, alienation, and loss of control over ones own life" (Rappaport, 1981). Rampport and Hess (1984), also allude to the acquisition of skills when they maintain "Empowerment can be understood by an internalized attitude and viewed by observable behaviour."



Keiffer references Rappaport with her idea that empowerment is a developmental process. In her analysis she also indicates the importance of the acquisition of skills, which she refers to as ‘participatory competence.’ She further maintains, “Empowerment then assumes a dual meaning. It refers both to a longitudinal dynamic of development and to attainment of a set of insights and abilities best characterized as ‘participatory competence” (Keiffer, 1984).

From the developmental perspective, empowerment requires not only the acquisition of these skills or participatory competence, but their use to effect evolutionary change in society. The skills, the actions in which they are used, are all seen in a harmonious relationship where a set of goals and objectives are already identified. In all this, the people themselves play a central role in defining their own situation and destiny.

### **Empowerment as a Linear Concept**

Two models of empowerment were used in this study. The first model is from Fullum and Lando’s investigation of empowerment within the nursing profession in a hospital setting. Their article is entitled *The Triad of empowerment: Leadership, Environment, & Professional Traits*. It provides a description of empowerment and its benefits as well as the requirements of the empowerment process. The article claims that empowerment is a process that consists of three fundamental parts.

- **Leadership-** An effective leadership style is an integral part of creating an environment that nourishes the development of an empowered nursing staff.
  - **Environment-** The working environment must support the nurses through her/his professional growth and patient care.
  - **Professional Traits-** Prerequisite to the nurse’s ability to be empowered there is a need for a sense of value about work to exist.
- (Fullam & Lando, 1998)

The linear model in this paper uses community leadership, meeting basic needs, and providing holistic education as the three indicators of an empowered community. In the linear model a community moves from a disempowered state to an empowered state when they foster when they these three indicators.

### **Community Leadership**

The attributes of a leader are numerous. There is a circular relation ship that exists between a leader and a community that makes them instrumental to the process of empowerment. A community leader is a product of his environment with similar traditions, and issues as the general group. They can be essential in motivating the community towards action. Community leaders may also serve as role models to future generations. It is also important that the leaders are accepted by the community to represent others in issues that they face daily. A leader must posses certain attributes to be effective such as the ability to organize, motivate and communicate (Brown, 1973).

The ability to communicate one's own ideals to others is one of the most important attributes of a leader. Communication is the transfer of information, ideals and understanding. Ideals go through two translations; the person has to transfer information from their mind to a second person, then the second person has to conceptualize the idea into their own mind (Brown, 1973). The importance of communication in leadership is that each term and symbol has to be clearly and accurately honed within an organization. This can be done through questioning and clarification, discussion and illustration. Having leaders in the community that have the ability to communicate, motivate, and mentor the youth can be a priceless asset to any community.

## **Meeting Basic Needs**

Meeting Basic Needs is a way to meet people at the point of their need. The ideal originates from the Basic Needs Approach (BNA) to development. Programs address community development by that focused on households and cover issues such as health, education, farming, and reproduction practices. These programs particularly targeted women and children (Desai & Potter, 2002). By using BNA's direct approach to development, it insured distribution of national resources to the people who need it the most, especially the venerable in small and rural communities. They considered issues such as access to education and access to clean water as important indicators of poverty, not just national incomes (Desai & Potter, 2002). Meeting basic needs in the concept of empowerment means that the immediate needs of people are met at once. These needs may include food shelter, education, and healthcare.

## **Holistic Education**

Holistic Education is education that goes beyond traditional teaching of general topics. It is education that heightens the community's ability to use their past experience to overcome present, collective challenges. J.D Brown in his book *The Human Nature of Organizations* discusses the distinctions of human organization from scientific knowledge. Scientific knowledge infinitely accumulates, generation after generation regardless of attitudes and emotions. This is very different from human organizations where, knowledge within individuals is created highly dependant on attitudes and emotions of each generation; and is new with each person (Brown, 1973). If knowledge is newly created with each person, then there has to be a way to disseminate knowledge of past experiences, to help deal with present challenges, so that the entire community

can benefit from it. This sharing of community knowledge is what is considered holistic education.

### **Empowerment as s Circular Concept**

The second model used in this Report is the circular concept. Unlike the linear concept of empowerment, the circular concept considers the internal and external forces that affect empowerment. The use of concentric circles is a Participatory Rural Appraisal (PRA) tool in use by the FAO of the United Nations. When we use this tool we consider the dynamics that are generated through the interaction of those forces outlined. The community in the circular model is placed in the center of three concentric circles. The inner circular has in place local intuitions that deal directly with the community. They are intuitions that the community has a considerable amount of control over. The most basic of these would be the family unit and the local church. The second circle would include the local school, and hospital. The local community also has its own economy, which is basically centered on the local market place. This serves as the conduit for the entry of goods into the community as well as a point for the dissemination of goods throughout the community. Local NGO's with their volunteer groups also play a significant role at this level. The common aspect of all these intuitions is the apparent community ownership. The third circle consists of Government and all government agencies including the ministries of health and education. The outermost circle has in place the forces that operate in the global economy including global agencies such as the United Nations Organizations, IMF, World Bank, and international NGO's. As reflected in the diagram, (Please see appendix #7) poverty, gender, HIV/AIDS, and neo-liberal policies,

are crosscutting issues that are dealt with at every level of the concentric circles and they pervade the entire spectrum.

When this concept of cyclical empowerment is taken further, we can see that internal and external forces can affect and even oppress the ability of the community to become empowered. However, after the community begins to discover and learn to use their assets, they improve their skills, communication and co-operation so that the community begins to affect the internal and external forces in their lives. The community will begin the process of designing and shaping their own reality and in the process, gain control of the direction of their lives. At this point the community begins to put pressure on both internal and external forces impacting their community (Please see appendix #8).

### **Empowerment Theory**

In nearly all of the source material on empowerment it states that the idea of an empowered approach to development comes from more than 40 years of ineffective political policies and social structures. This empowerment approach to development is naturally aligned with alternative development on many levels. It focuses on local self-reliance, community decision-making, experiential social learning and direct participatory democracy (Friedmann, 1992).

The focus of alternative development approaches is to achieve long-term social and political results via the empowerment process. It is primarily concerned with people who are dis-empowered in the society and bringing them to a place where they can actively participate, and draw from the structure of power in society (Friedmann, 1992). Empowerment in the context of development focuses on people and their environment instead of profit and production.

### **3. Background and Case Studies**

South Africa was chosen for my research on community and empowerment because it was a society where the majority of the citizens were stripped of their social and political power for a time that exceeded two generations (Worden, 1994). South Africa is a country that had to reinvent itself in order to grow. Instead of using exclusion as a way to keep power, South Africa in 1994, began to use inclusion or empowerment as the cornerstone of its freedom charter. The process of political and social restructuring is a fundamental characteristic of empowerment. South Africa was chosen for this research because forms of empowerment were mentioned in South Africa's National policy in their Freedom Charter and empowering people is one of the ways South Africa continues to move forward. I wanted to witness how this national prerogative would trickle down into the everyday life of citizens who were still excluded.

#### **3.1 South Africa**

South Africa is approximately 472,000 sq miles or 1,220,000 sq km. In 2006 the estimated population was 44,187,637 with a growth rate of 0.4% and a life expectancy of 42.7 years. The administrative capital is Pretoria, and the largest city is Cape Town. South Africa is divided into nine provinces: Gauteng, Northern Province, North Western Cape, KwaZulu/Natal, Eastern Cape, Western Cape, Northern Cape, and the Free State. Johannesburg is considered one of South Africa's larger cities with a population of approximately 1,675,200. South Africa's monetary unit is the Rand. There are 11 official languages in the Republic of South Africa (RSA) these are: Afrikaans, English, Ndebele,

Pedi, Sotho, Swazi, Tsonga, Tswana, Venda, Xhosa, and Zulu.

(<http://www.southafrica.net>)

The estimated literacy rate is 86% (2003) In terms of agriculture; South Africa produces corn, wheat, sugarcane, fruits, vegetables, beef, poultry, mutton, wool, and dairy products. South Africa is the world's largest producer of platinum, gold, and chromium. Mining is one of South Africa's largest industries

(<http://www.southafrica.net>).

### **Apartheid**

After the Second World War when most countries in Africa (and most of the colonized world) were gaining their independence. South Africa was embarking on its most challenging period in its history. From 1948, with the victory of the White supremacist National Party (NP) race became the determining factor for inclusion or exclusion from the productive and consumption areas of the economy (Worden, 1994). The group hardest hit was the Black Africans who were denied political rights and citizenship to South Africa. The NP's resulting system of Apartheid was meant to fulfill the needs of the Afrikaner through ideology and economic rationality. Their policies were considered by some to be 'modernizing the frontier' within the capitalist system of production. South African capitalism depended on the guarantee of cheap labor in mining, agriculture and industry (Worden, 1994). Labour costs were kept at bay by the reserve system (Bantustands, assigned homelands designated for Africans) and exploitation of labour-tenants by white farmers. An increase in industrialization boosted the need for workers and led to an increase flow of African migrant workers from rural areas, which in turn created a larger pool of cheap African labour. South Africa's method

to get to a first world status was a strategy of import-substitution. Other industrialized countries such as; Chile, Argentina and Brazil had similar strategies of accumulation (Mason, 1997). However, South Africa's brand of accumulation strategies was racially structured. Stephen Gelb, has described their method as 'Racial Fordism'. Apartheid tried to create an optimal environment for capitalist growth to occur. They did this by having protective tariffs around vulnerable industries, and expanding transport and telecommunications infrastructure. However, they primarily relied on the exploitation of cheap labour from Africans in the mining and agricultural sectors (Jacobs & Calland, 2002).

Economically, the welfare state fashioned in South Africa, created a deep racial divide. White South Africans had access to jobs, received higher wages, social security, and access to credit and loans. On the other hand the Africans were virtually excluded from all the benefits of the welfare state and unable to take advantage of the benefits of consumption, distribution, and production.

### **3.2 HIV/AIDS in South Africa**

The devastation of HIV/AIDS on South African society is a crucial issue to address for human security. It is a disease with no cure, and infects people regardless of age, race and economic status. HIV/AIDS cuts across all sectors of society. It threatens South Africa on an economic level by decimating the most productive members of the work force, killing people in their most fruitful years, leaving only the very young and the aged. It is politically destructive by devouring the voting population, thus making it increasingly difficult for communities to organize and have a say in decisions that dictate their lives. However, most importantly, on a social level, it attacks the structure of



families and communities that have historically served as a safety net against various adversities. According to the national statistics 10.8 % of all South Africans over the age of two years is living with HIV (<http://www.avert.org/saficastats.htm>). The World Health Organization (WHO) state 11 million people in sub-Saharan Africa have already died of AIDS and it is anticipated that the life expectancy will continue to decrease to an average of 41 years (<http://www.avert.org/saficastats.htm>). UNAIDS/WHO estimates between 2004- 2006, 336,000 people in South Africa would have died. AIDS claimed 320,000 lives in 2005-which averages out to approximately 800 people dying each day ([www.journaids.org](http://www.journaids.org)). In South Africa it was estimated that 4.2 million people were infected with HIV by the end of 2002 (Medical Research Counsel, 2001). That number increases daily by 1,700 people. World wide 40.3 million people live with AIDS, in Sub-Saharan Africa there are 25.8 million people infected, and in 2005, 5.6 million people living with AIDS resided in South Africa ([www.journaids.org](http://www.journaids.org)). AIDS has been on a rampage dismantling the work force, and impoverishing households within South Africa, and Africa as a whole.

In October of 1992, the National Aids Co-ordination Committee of South Africa (NACOSA) produced a project called 'the AIDS Plan'. This Plan promoted abstinence, faithfulness and condom use as a way to combat the disease. For a number of reasons the public response to the AIDS plan was primarily luke-warm, and people continued their destructive sexual patterns.

After leaving behind a long legacy of Apartheid -a political system based on exclusion, exploitation and hate (Marais, 2001). South Africa readily accepted their new government in 1994, headed by Nelson Mandela. At the very focal point of the new

government were policies that embraced inclusiveness, empowerment and the increased health of the population as a whole; enabling people to contribute to decisions that involved the direction of their lives. With the Reconciliation and Development Plan in 1994, the enthusiasm for people-centered development was encapsulated in South Africa. 'The Plan' brought forth the ideal of participation and participatory measures that have been readily accepted in South Africa because they are based on a process of inclusion of the poor on issues that affect their livelihood (Worden, 1994).

The position of the government until recently regarding HIV/AIDS has produced policies that have been slow to implement, even though the number of infected people grows daily (Jacobs, 2002). As a result of this, we see a shift in the predominance of NGOs and grassroots organizations use of participatory strategies to address community care, education, and prevention. In an effort to increase health care as well as HIV/AIDS prevention, community-based organizations focus on community awareness, education and mobilization, which strive to include the community at all levels of the participatory process, from decision making to implementation.

### **Government Role**

The national HIV/AIDS campaign of the South African government is called **Khomanani- Caring Together**. This campaign uses various ways to communicate information to the public about HIV/AIDS, i.e. distribution of written materials (books, pamphlets, flyers) an AIDS helpline (0800-012322), and an informational the website ([www.aidsinfo.co.za](http://www.aidsinfo.co.za)).

One of the most interesting aspects about the written media is that the important terms to understand i.e. germs, virus, infection, etc are translated into Zulu, Xhosa, Sotho

and Afrikaans; four of the 11 official languages of South Africa. The following are various structures put in place by government to ensure that people living with HIV, are given fair choices and not taken advantage of by others.

### **Employment Equity Act 1998**

This law promoted and ensures equal opportunities in the workplace by trying to eliminate unfair discrimination. Some of the terms of this act are:

- No one has to take mandatory HIV tests to be considered for hiring or can be fired because they are HIV positive.
- Discriminating against someone because of their status is against the law.

### **Support for Families Affected By HIV/AIDS**

- Government grants to help the poorest families care for their children.
- Government grants for people who are seriously sick from AIDS.
- Free schooling for children whose families cannot afford to pay the fees.

### **Educating the Public about HIV/AIDS**

- The Khomanani Campaign utilizes TV, radio and books to educate the public.

### **Protection for people against HIV**

- Free High quality government condoms are distributed at various outlets, clinics, hospitals and voluntary testing centers.

### **Free Voluntary Counselling and Testing (VCT) For HIV**

- Free and confidential counseling and testing at local government clinics or hospitals.

### **Care for People with HIV/AIDS**

- The government supports organizations that care for very sick people at home with nurses and other trained health care professional.  
(Khomanani information pamphlet, 2003)

### **Health Care for People with HIV/AIDS**

The distribution of Anti-retro viral drugs was a hot topic in South Africa in 2004 (Waghied, 2004). In a news paper article in 2004 the health minister Manto Tshabalala-

Msimang stated that the delay in awarding tenders for the procurement of anti-retro-viral (ARV's) medicine was due to the government reaching a sustainable supply of ARV's at the best prices. (Waghied, 2004). In March 2004 Niariplean (ARV) was allowed to be distributed to HIV-positive pregnant women. AIDS treatment was supposed to be free at government clinics throughout South Africa; however, it was discovered during this research that some clinics still charge for the treatment.

### **The Department Of Labour**

The Department of Labour recognizes that the HIV/AIDS pandemic is one of the most serious public health problems facing South Africa. It threatens not only the lives of the individual workers but also the employers. This pandemic poses a significant threat to every workplace, the effective functioning of the labour market and the entire economy. The department of labour addresses the impact of the pandemic by attempting to reduce poverty and have chosen the following broad goals to do so:

- Eliminating unfair discrimination based on HIV status.
- Promoting a non-discriminatory working environment.
- Promoting appropriate and effective ways of managing HIV in the workplace.
- Creating a balance between the rights and responsibility of all parties.
- Giving effect to the regional obligations of South Africa as a member of the Southern African Development Community.

### **3.3 Soweto**

“It has been said that the path through Africa runs through Soweto; that Soweto is a microcosm, or the soul of South Africa, that Soweto is a shining example of neglect and exploitation. Soweto means many things to many people.”.....Louis Rive (Bonner & Segal, 1998)

Soweto is the largest township in South Africa; the population is approximately just under 5 million people. People in Soweto come from many different ethnic groups, the largest number are from the Zulu, Xhosa, Tswana, and Sotho tribes (Marais, 2001).

Present day Soweto was built between 1947- 1960. At the beginning of World War II families began streaming into Johannesburg to find work, at the rate of approximately 300 families per day. To stop interracial mixing the government began the relocation of Indian and Black People to townships (Bonner & Segal, 1998). For many people, Soweto is the symbol of the Black struggle of freedom in South Africa. Soweto was originally a relocation destination, and is not an old African word with a deep meaning. Soweto is an acronym of sorts, it stands for **South West Township** – and those who were forced to live in that area struggled daily just to be able to exist. It is a community that was not given any opportunities, and historically had to struggle to survive. In the context of HIV/AIDS this same fact stays consistent because whether it be in the face of Apartheid, or HIV/AIDS, South African are still struggling to survive.

### **HIV/AIDS in Soweto**

Soweto is located in Gauteng province 25 kilometres south west of Johannesburg. The population of Gauteng is approximately 9.5 million, and about 5 million of those people live in Soweto ([www.revival.com](http://www.revival.com)). Soweto covers an area of 65 square-kilometres. Life expectancy in Gauteng province is 47 years. Gauteng has the second highest HIV rate in the country following Kwa Zulu Natal ([www.journaids.org](http://www.journaids.org)). Of the approximately 5.6 million people living with HIV in South Africa 1.370 million live in Gauteng. In Soweto the HIV/AIDS prevalence rate among men is twelve percent (12%) and among women it is twenty percent (20%) ([www.iolhiv aids.co.za](http://www.iolhiv aids.co.za)).

One of the central ideas of this study is that in the mist of oppression, people poses a strength that makes them progressively more resilient according to the challenges they face. Soweto also has a rich history of struggle, resilience and unfortunately a high incident of HIV/AIDS infection.

### **3.4 Soweto Case Studies--NGOs**

The research was conducted in Soweto for five months, from June 2004 and continued until Oct 2004. The NGO's connected with this study were: African Self Help Organization, (ASHA) World Vision-South Africa (WVSA), Township Aids Project (TAP), Ikageng Itireleng, and Tlhokomelo-Home Based Care (THBC). Forty-five individuals were interviewed from the five organizations. In each organization participant observations were done. The observation included shadowing of community workers, personal interviews, participation in group community sessions and other program activities. I constructed a chart that mapped out what empowerment consisted of in Soweto and constantly contrasted the model theories against observations that I saw on the ground.

#### **3.4.1 Tlhokomelo Home Based Care (THBC)**

**THBC** is a non -profit home based care organization. It was established in the year 2000. They work exclusively in Orlando East, a community in Soweto. Tlhokomelo's mission is to promote care for the well being of people living with HIV/AIDS, and foster a sprit of mutual support. Their vision is to counter stigma and rejection attached to people living with AIDS and to give dignified quality home based care. They offer their services to anyone who is sick and shut in who lives in their

coverage area. However, HIV/AIDS patients are the majority users of this service. The community workers in this organization visit the homes of their patient's daily to check on their well being, assist with daily chores that their patients might not have the power to complete, or just to encourage people and assure them that there is someone there whenever they would like to talk. The organization was founded by a nurse who had been working in Soweto for years and saw the pain and suffering that AIDS patients went through who lived in her area. Hers is a grassroots organization that receives very little support from any donor organizations. In 2002, they received a grant from the Department of Health. The organization is made up of entirely volunteers, not one of them is paid. Ninety-nine percent of the volunteers are women who are unemployed. The organization has a list of patients, and every volunteer is given a specific area to cover. Everyday the volunteers go out in pairs and visit the patients in their assigned area. Most are HIV/AIDS patients, who are bedridden, or have a hard time moving around. The volunteers have a checklist that is comprised of questions that they ask the patients: if they have any medication left, or do they need help dispensing their medication. The Tlhokomelo volunteers would also ask if there was anyone to help with household chores. The volunteers will assist them with the household work such as cooking and cleaning. Sometimes, all the patient requires is someone to talk to about what they are going through; or to feel that they have a friend who is not afraid to come and visit them and even hold their hand. The volunteer provides the patients support and encouragement.

### **3.4.2 Township Aids Project**

**Township Aids Project (TAP)** has its roots in the earliest gay rights organizations in South Africa in the late 1980's. It was an organization that worked primarily with/for gay and lesbian rights. Over time it became apparent that AIDS was not just a topic for Gay and Lesbian people and that it was critical to inform the whole population of Soweto about the issues. Though the target group for TAP was the Black population of Soweto both White and Black South Africans founded TAP. TAP offers courses for community member to take so that they can go back and inform people in their own neighborhoods about some of the facts, not myths surrounding HIV/AIDS. TAP has a sub-office located in a central part of Soweto and a head office located in downtown Johannesburg. The staff in the sub-office is approximately 5 or 6 individuals whose primary function is to go out to the after-school clubs and conduct training in basic HIV/AIDS information, peer counseling and leadership. Thus far, a center has been set up for voluntary counseling and testing, as well as a resources center with a huge variety of information for youth. More than 170,000 free condoms were distributed in bars and shops where young people frequent. The staff from the sub-office also help organize the youth rallies that happen in Soweto. The head office has a larger staff of about 12 individuals. They have a free Internet café and they conduct trainings constantly throughout the week.



### **3.4.3 African Self Help Association (ASHA) Training & Development Trust**

ASHA is a preschool association that has been established in Soweto for more than 70 years; it has more than forty schools in and around Soweto that provide day care services to the Black families in there. ASHA was a popular choice for daycare during in the Apartheid era when most families, were short of money to pay for day care services and food to feed their families. ASHA daycares provided snacks and lunch for the children in their care. The matter of proper nutrition was a topic of concern, and one that has been addressed by the donors. Another matter of great concern at ASHA has been the amount of families that are in the ASHA community (children, parents and teachers) who are dealing with HIV/AIDS. Over the past 10 years the amount of HIV/AIDS infected children who attend ASHA has grown along with the number of infected teachers, and children who come from homes where family members are infected with the virus. In 2003, ASHA started a new organization called ASHA Training and Development Trust (Skills Foundation for the Nation). The aim of the development trust is to create an enabling environment for the development of preschool teachers, parents, children and families. ASHA also has an aim to include servicing the general public as well as the individuals in the ASHA community. The training trust is on its newborn legs at the moment but it is staffed with a full time social worker, and concentrates on HIV/AIDS related issues concerning healthy living. It is also a place where people can find out how to access educational, and HIV/AIDS grants and information. The trust also focuses its energy on issues related to HIV/AIDS such as: income generation and youth activities.

Because of HIV/AIDS stigma in the community, they do not want to be seen as an AIDS resource center. They would rather be seen as a community center, but a place where HIV/AIDS related needs of the community can be met. The center offers various services to the public, including skills training for income generation projects that community members can undertake like: gardening, making beaded jewellery, and sewing. The center has an after-school youth program for students so that they have a safe and constructive place to go. Another service that ASHA offers to their community is a full-time social worker who is available to see parents, teachers or family members who need counselling.

#### **3.4.4 World Vision South Africa**

**World Vision** is an international Christian relief and development organization that works to promote the well being of all people, especially children. World Vision was established in 1950 to assist Asian orphans. Since then World Vision has grown into an organization that services more than 90 countries world wide, and employs more than 10,000 people. The World Vision mission is as follows:

World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the Good news of the kingdom of God.

(World Vision Information pamphlet, 2002)

Almost 80 percent of World Vision's funding comes from private sources, which include foundations, governments and multilateral agencies. Their services include:

Transformational development- community based development based on the needs of children. These programs are generally are in extremely poor areas, of developing

countries. World Vision's programs link poor communities with rich ones. Another program that they have in place is serving the urban poor in industrialized countries.

**Emergency Relief-** This type of relief service assists people whose lives have been devastated by conflict or natural disaster by offering immediate attention to economic recovery, emphasizing local preparedness to cope with emergencies, and working through national partners.

- **Promotion of Justice-**Advocating to change unjust structures affecting the poor. World Vision seeks not just to address the symptoms of poverty, but address complex, systematic factors that perpetuate poverty.
- **Strategic Initiatives-** that serve the church in fulfillment of its mission. World vision shares a special understanding and relationship between local churches and invites Christian leaders to participate in conferences, consultations, training programs and educational opportunities.
- **Public Awareness-** Understanding, involvement, and prayer.
- **Child Sponsorship-**individuals, families, and churches become sponsors, connected with individual children. Every month the sponsor pledges a certain amount that supports child centered community projects that seek to address the root causes of poverty so that children can enjoy life and develop to their full potential.
- **Witness to Jesus Christ-** World Vision believes that God in the person of Jesus Christ offers hope of renewal, restoration, and reconciliation. They make this known through by life, deed, word and sign. It is also noted that World Vision is

respectful of all faiths, the programs and services are available to people in need regardless of race, ethnic background, gender, or religion.

(World Vision Information pamphlet, 2002)

#### **3.4.5 Ikerang Itireleng**

This NGO deals with addressing the impact rather than prevention of those infected and affected by HIV/AIDS in Soweto. They focus their energy on taking care of AIDS orphans, and large foster families due to AIDS related deaths. This organization deals with orphans; child headed families, and HIV/AIDS foster families. The Director is a native of Soweto and founder of the organization. The services this NGO offers to the people in their community are: distributions of monthly food parcels (the number of parcels depends on the number of individuals in the organization), payment of school fees, and school uniforms for orphans and for individuals in child-headed families and foster families.

(Ikerang Itireleng Information pamphlet, 2004)

#### **3.5 The Research**

I gained my entrance to Soweto, SA with the help of ASHA. I chose ASHA for my contact organization mainly due to their partnering with RAND University to implement the work that they were doing with empowerment training, and their focus on asset development.

I began my research at ASHA by shadowing community workers as they did their daily duties. In this way I began to establish relationships between other workers and myself. I also learned what was expected of me as a community worker. Through my

attendance at the ASHA empowerment trainings and workshops I met other people from different NGO's who I visited, and eventually included their organizations in my research.

Expectations of community workers are different at each organization. At ASHA, I had to report to work at 7:30am and close at 5pm. I was also expected to attend empowerment training and workshops even on Saturdays.

At Ikereng, there were no strict working hours except for the days when we delivered the food and health baskets. On those days we reported at around 9am and began organizing the food packages. At about 1:00pm we began to go homes all over Soweto to deliver food packages and hygiene packages. With this organization I was expected to work Saturdays when the organization held their income generation activities for their child headed families. At the end of the day the young people would be able to go home with money for rent, groceries or for which ever needs that have to be met. After a few weeks of shadowing community workers I began conducting my personal interviews. I started with the community workers since they were the people I spent the most time with. Most interviews were done after work at people's houses, and on the weekend.

At Township Aids Project (TAP) work began at 3:00pm because the majority of the work with this organization happens with school clubs, which met at the end of the school day. When conducting the interviews, with these community workers, time was taken in the afternoon, in the work place, on a day when there was no club meetings.

World Vision had a very small office in East Soweto. There were not very many activities so I was not expected to be in the office everyday. However, when World

Vision (WV) had an event it was on a larger scale than any other NGO in my study. WV permitted me to attend a one-week HIV/AIDS workshop with 20 other teenagers from a local high school. The workshop covered HIV/AIDS basic facts, peer counseling, and income generation.

The CEO's from each of the five NGO's permitted me to conduct personal interviews with them. With some of the organizations it was difficult to finalize a date for the CEO interviews because of their busy schedule. Generally, they were accommodating and made time for my interview with them. All the CEO interviews were tape-recorded.

Participant interviews were also conducted. This took more than seven weeks to complete instead of the scheduled three weeks. These interviews were done in patient's homes, at training or club sessions. I was given a room where I could have private conversations with participants. The interviews would take approximately one hour to complete. I waited a few weeks to get to know the people at each organization and the participants. The reason I waited was to reach a level of comfort and to build relationships of trust. The interviews that caused the most amount of delay were the patient interviews. Many people rescheduled because of sickness. Some interviews had to be cancelled altogether because of the death of participants. For a detailed time line of the time spent in Soweto (Please see appendix #9).

My research was not complete by the time I left South Africa, and feedback was given by way of a verbal report to each of the organizations involved in the study. I reported on the methods used during the study, observations of NGO's uses of empowering community development, and finally some of my conclusions and recommendations.

### **3.5.1 Interview Data**

#### **3.5.1.1 Tlhokomelo Home Based Care**

THBC is a non -profit home based care organization. Their mission is to promote care for the well being of people living with HIV/AIDS, and to foster a spirit of mutual support. Their vision is to counter stigma and rejection attached to people living with AIDS and to give dignified quality home based care.

#### **CEO**

Tlhokomelo's executive director's main responsibility is to train caregivers in basic home care, supervise their work and ensure that they are giving the proper care to their patient. She is also their link between the organization and the Department of Health. THBC works exclusively in Orlando East, which is one of the oldest communities in Soweto. The CEO is a resident of the community and describes one of the greatest strengths was the community extended family system, where grandparents live with their children and take care of their grand children when others are at work. The CEO states the entire community was a type of extended family where people use to care for each other. Presently, teenage pregnancy, high dropout rates and especially alcoholism are major characteristics and barriers in Soweto.

THBC has had dealings with the Department of Health in the past but communication problems have plagued the organization and strained the relationship between the two entities. Friends of the Earth South Africa have also been a contributor to THBC activities and they also receive monthly donations from Johnson & Johnson. Local churches and the Women's League play a major part in this organization. They

provide a working space for THBC and monthly contributions. The organization has no other international donors. THBC works in conjunction with World Vision and with Johnson & Johnson who provides hygiene packages.

Contributions from donors change the nature of programming. If there no donations, there would be no care packages, but the home care visits would still continue. The vision for the community in the next few years would be people accepting the presences of people living with AIDS in the community, and they would be treated with respect from everyone. In their vision more people would accept that HIV/AIDS kills and would be aware of how to prevent infection. Their vision also included people willing to care for one another. People living with AIDS should play an important role, and could counsel groups and individuals in the community.

The CEO's major motivation to work in the community is the satisfaction she receives helping and doing good for people in her community. She says that the work they do at THBC brightens everyone's day (Interview with Elizabeth Molebatsi, Manager at Tlhokomelo Home Based Care (THBC), Soweto, 27 September, 2004).

### **Community Workers**

At THBC community workers consider that they are providing effective leadership in their work in many ways. Some say that effective leadership is showing patients how to care for themselves and keep themselves healthy with proper eating and exercise. Some say it is speaking to patients with understanding, and respect and encouraging others to do the same. Some consider effective leadership to be counseling families, discussing how to keep their families safe and dispelling commonly held myths about HIV/AIDS so that they can care for those who are infected in their families.



THBC consider their organization to have a shared vision of the future, which includes caring for the sick in the community. One of the experiences that connect people in the community is death and the reality that their people are dying of HIV/AIDS. This changes the society on a social level by frightening them and saddens them when they lose loved ones. Sometimes this pushes people away because they are scared of catching what others have; and sometimes it encourages people to support each other and do whatever they can to help. When people support each other, they motivate and restore hope to one another.

The community workers in this organization have a great deal of decision - making power on their level. They decide how they go about their day-to-day activities with each patient; they decide if they will sit and talk with them, do housework, go to the clinic or just go outside and take a walk. But their activities depend on the needs and desires of the patients they are looking after. The rest of the community reacts well to the work of the caregivers in this organization. Many people come to them and express a need for their services for loved ones in their households who are suffering and in need of assistance. At the funerals people are very receptive to the community workers, and it is an opportunity for people to ask questions and find out about the work of the organization. However, voluntary attendance to THBC information meetings is not well represented and though sometimes people want to help them with their work they are not willing to go to clients' homes.

All the community workers agree that the organization works well at meeting the basic needs of the patients they care for, by providing food parcels, used clothing, helping them get access to medical attention and from time to time providing them with

bedpans, mattresses, soap and other toiletries. Most of the community workers didn't have a clear idea of the links between their organization, and government entities or any international links. The overall view of whether the organization's work is making an impact in the community was mixed. Some thought, yes, they were making an impact. Their office was available to the public with accessible information, and the training they received was making a difference in patients lives. Others thought that the organization was not doing enough, and was restrained by their financial limitations. (Interview with Community Workers Tlhokomelo Home Based Care (THBC) in Soweto, September, 2004).

### **Patients**

All the patients have different stories about how they became infected with HIV. Some talk about wayward life styles, partying and drinking. Some didn't have a problem with telling how they thought they had contracted HIV. 'Justin', a 32 year-old male told of a lifestyle of womanizing and partying and said "I was always with women, I never thought of being HIV positive, I never wanted to go home alone. Sometimes I used a condom, sometimes I didn't. The ladies didn't want it... I didn't know I was killing myself." 'Josah' age 34 was in a monogamous relationship with his girlfriend or so he thought. "I started getting sick with TB, sleeping all day, losing weight and having bad headaches. That's when I decided to get tested. When I found out I was positive my girlfriend told me she had other boyfriends." Sometimes the patients went into details and sometimes they were evasive. 'Laura' only disclosed when she became pregnant she started getting odd facial sores, was losing blood and getting sick frequently. Laura said she had one week of counselling before having her test. Josah and Justin said they had no

counselling at all. (Justin) “I was scared first to take the test, but I was suffering too much and decided to just do it. The doctor just came in and told me and left, I didn’t have counselling before or afterwards.” (Josah) “I only had counselling for 15 minutes after I found out. I do my own reading; I get my information from the TV, newspaper, and the radio.”

How others deal with them, poses the biggest challenges for the patients. Laura said that her sisters were supportive of her condition, but her mother was very angry. Her sisters also had children at a very young age and while her sisters children live with them in the family home, Laura was forced to put her child in an orphanage. Laura’s daughter is HIV negative. Whenever her friends would come to visit, Laura’s mother would begin to yell at her and disclose her status to them. When Josah’s girlfriend found out he was positive she left him and took their two children. “When I came back from the hospital I was sad and scared. I started going to church and praying. The hardest thing I did was to disclose my status to my church members. But I am convinced that I have to live by faith.” Justin’s parents are dead, and he lives alone. This interview took place in his living room where he spends most of his time. Justin had set up a make shift bed on the floor because he could no longer walk back and forth to his bedroom. “The people at THBC are my best friends. They come and visit everyday. They collect my meds for me at the clinic, they clean, and cook me meals. When they leave, I’m lonely because my friends are scared to come and visit me.”

The patients in this organization all articulated how much they appreciate the work that THBC is doing and the positive effect that it was having in their lives. The organization brings them care baskets from Johnson & Johnson regularly, comes to visit

and sometimes goes with them to their check-ups at the hospital. Before this type of intervention, all of the patients were shut-in's and bed ridden; which is why family members and/or friends recommended they become a part of THBC. One of the hardest things for all three interviewed was that they are not able to work and provide for themselves. When asked what a perfect life would be with HIV, they all answered "the ability to work and not depend on others." Sometimes because they can't work, they have very little food and depend on the monthly food baskets (Interviews with Laura, Justin, and Josah, patients at Tlhokomelo Home Based Care (THBC)Soweto, September, 2004).

### **The Empowerment Checklist**

The empowerment checklist considers several qualities of the organizations that are fundamental to creating an empowered environment for community. The questions are designed to make the qualities of empowerment clear. Some of the indicators are: decision making power; the participation of community in NGO activities; evidence of effective leadership; providing access to education and medical attention; determining whether the group is working on an agenda set by others or themselves; and evidence of income generation activities; negotiable fees and services according to participant's income and ability to pay.

THBC has 5 of the 16 objectives in place to demonstrate empowerment via our model.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
1) Is there evidence of effective leadership with in the community?		X		
2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?		X		
3) Are there structured ways of transferring information and knowledge to members of the community and group?			X	

At Tlhokomelo there is no real structure to establishing a method of leadership with the community workers or with the patients. Casually, the community workers speak of how they provide encouragement to the patients, but the advice can vary from worker to worker and may not be consistent. There is no clearly established vision of the organization, however it is noted through the interviews that there seems to be a consensus that the health of the patients is of prime importance.

There does not seem to be any decision making power with the patients or community workers. Patients get what is given to them and are visited when people come to their homes.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
4) Is there decision-making power in the community groups/ at the micro level?			X	
5) Are the results of community group decisions reflected in the organization			X	
6) Is the organization's accepted in the community in which it works?	X			

<b>7) Are community members willing to attend meetings?</b>		X		
<b>8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?</b>			X	Through individuals.
<b>9) Create avenues for complaints to be submitted and responded to.</b>			X	

Community members are not willing to come to meetings, most of the patients are bed ridden and/or unwilling to attend meetings. There is no evidence that this organization calls meeting for the patients. Though the organization occasionally works with the Ministry of Health, it develops its own agenda. There was a community need for home based care and the director who is a member of the Soweto community began the organization to meet the need of the community. There are no interest groups or committees to solve problems that might come up in the organization. There are also no official avenues for complaints to be voiced, or responded to. Problems are solved on a one-on-one basis. The patients at Tlhokomelo are helped with access to medication and may be accompanied to the hospital when they need it. Being a part of THBC does not improve patient's access to education. Patients are not required to pay fees. The services are totally free to the clients.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>10) Are the community groups working on problems perceived in their own communities by their own members?</b>	X			
<b>11) Can the organization continue their programming with out continued funding from others?</b>	X			
<b>12) Are the activities of the group financed by their own organizations?</b>		X		

Patients are not helped with access to education or income generating activities.

The organization creates its own agenda based on the needs of the patients they care for.

Most of the activities of the group are not sponsored by any outside entity. The

organization is accepted in the community, in fact this organization gains its patients

exclusively through word of mouth.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>13) Does the group activities increase access to education?</b>			X	
<b>14) Does the group activities increase access to medical attention?</b>	X			
<b>15) Does the group encourage income-generating activities in the community?</b>			X	
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			

THBC offers a service that is very much needed and appreciated in the community from both families and participants. However, if they want their organization to last they need to work on their own empowerment strategy. They can arm their workers with skills and help sharpen their care giving abilities. They should try to initiate ways to solve problems within their organization and develop incentives for the workers to stay on. If Soweto loses this organization they are losing more than they know. It gives much needed assistance to people and focuses strongly on providing the services needed to ensure the proper quality of life to people who teeter on the edge of death and survival.

#### **3.5.1.2 Township Aids Project (TAP)**

TAP's vision is to reduce the risk of HIV infection amongst youth aged 13-25. Their mission is to disseminate accurate HIV/AIDS information to historically disadvantaged and marginalized communities in Soweto and surrounding areas in a non-discriminatory, respectable manner through relevant and comprehensive programs of action.

#### **CEO**

The CEO of TAP states she is the overall manager of all programs and operations. Their main focus is to target different sectors of the population such as health care, workers and youth; life skills improvement; and contribute towards social development. Knowledge plays a crucial role in their main focus. TAP makes it possible for people in Soweto to learn facts about HIV/AIDS and stop believing myths and misconceptions that contributes to the fear and ignorance surrounding the pandemic.



TAP's funding is primarily from international donors such as USAID, The Center for Disease Control and Prevention, Canadian International Development Agency (CIDA) and a host of others organizations from UK, Norway and Germany. They also have a small amount of funding form the South African government.

The CEO claims that the involvement of international donors changes the purpose of the organizations for the better. She claims it enriches methods and approaches toward HIV/AIDS and brings fresh skills to smaller NGO's. When asked if there ever was a time when the needs of the community and the organization were in opposition to those of the donor, the answer was "not that she can remember". TAP prepares all of their own proposals, and according to the CEO, the needs of the community comes first. The vision of Soweto in 10 years was a difficult question to answer for the CEO. She stated "HIV/AIDS is devastating Soweto and the answer does not lay in the distribution of condoms but has to do with a general rise in the socio-economic level of the entire community; a greater knowledge and perception about the facts concerning HIV/AIDS; and a change in attitude and sexual behaviour in the members of the community." When asked how this organization will change local development as a whole, the TAP CEO responded by saying "They train consultants to help client's find jobs, and help develop people by building their skills, and training others." They employ youth to speak to other youth, and support international volunteers that contribute an exchange of knowledge, skills and technical support. (Interview with, Eivea Motanng Director at Township AIDS Project (TAP), Soweto, 16 September, 2004).

## **Community Workers**

Examples of effective leadership can be seen in some of the skills that the organization teaches to the kids in their program. They encourage kids to have courage to speak their minds. In fact they teach youth to be out spoken, to speak about issues concerning HIV/AIDS, not to be afraid of a crowd, how to conduct evaluations and use reporting tools. The organization teaches leadership and this leadership training equips chosen young people to facilitate, speak to others, use peer counselling, time management skills and how to connect with other youth and community members about HIV/AIDS. One community worker sums this point up when she explained, “We listen better to our peers”.

The shared vision of the organization is to educate others about what is happening in their community with HIV/AIDS. They strive to make people aware of what is threatening the community so the younger generations will be able to live healthier lives. In actual fact they are trying to shape the future of Soweto by training individuals in the community with the facts concerning HIV/AIDS.

The experiences in the community that connects people are their situations. Many people are suffering with HIV/AIDS that has affected family members. People are being shamed and discredited because of their status and/or sexual orientation. TAP brings these people together, gives them the facts, and trains them to counsel others so that they can live positively, not just have a positive HIV/AIDS status. One of the community workers stated other factors that impact the community are boozing, sexual behaviour and unwanted pregnancies. In one of the interviews a community worker started discussing the importance of the location of their office in Soweto in relation to having

their central office in Johannesburg, “the needy people are here living in Soweto. With our offices located here, in a central part of Soweto, people are within walking distance from answers to their questions, free condoms, and peer counselling. With the level of unemployment so high, this is where they can get the support. Some people cannot even afford to go into Jo-burg to get free services.”

Members of the community are very willing to participate in activities hosted by TAP such as, demonstrations, campaigning and concerts. The community also participates in trainings and awareness campaigns where there are condom distribution, and information sharing.

Township Aids Project sponsors a transitional home for orphans. They offer monthly food packages; clothing donations and they help with access to education for some youth in the community. TAP also offers HIV/AIDS and counselling training for community members, as well as assistance in helping to complete grant forms.

The knowledge of the link between the government’s vision of the future and the organizations vision was limited among the community workers. Most knew of a connection to the Department of Health, but that was the extent of their knowledge.

Overall, the community workers agree that the organization is advancing in the prevention of the HIV/AIDS pandemic in Soweto. “We make a difference in this community, every month we train not less than 35 people-that’s over 400 people at the end of every year. They talk to their families, co-workers and community member about the facts, not myths of HIV/AIDS.” It was reported by one of the workers that teenaged pregnancy seemed to have reduced since TAP began in the community, “this shows we are going in the right direction and young people are talking more with their partners

about the importance of using a condom.” One of the community workers commented about the use of condoms “Girls are using condoms and protecting themselves in other ways because they are empowered!” However, it was added, “TAP can give training forever, but it is up to individuals, what they do with the information, and how they change their behaviour”(Interview with Community Workers Township AIDS Project (TAP) in Soweto, August, 2004).

### **Participants**

Many of the TAP participants have friends and family members who have been infected with HIV/AIDS. ‘Margery’s’ brother is infected with HIV and so are many of her friends. She got involved with TAP so that she could know about the virus. She wanted to be able to do something constructive for her brother, since so many people had shown discrimination towards against him. “I’ve lost too many people from HIV/AIDS, most of my family is infected. My brother doesn’t want counseling; he knows what to eat; he doesn’t smoke or drink. He’s very healthy.” ‘Regina’s’ sister is infected with HIV. Regina helps and supports her sister so that the two of them will be able to help the community. “My sister fights with her boyfriend all the time. She tells him he has to get tested. He’s not saying nothing; I think he is in denial.” “Rubin’ found out about TAP through word of mouth. His sister’s friend and a close friend of the family recently died of AIDS. “She used to talk openly to me...and seeing her in that situation was hard on me. She spoke with me a lot before she died, she told me a lot, and that is why I’m here so I can find out more and tell other people.”

Though prevention is an important issue, many of the participants wanted to discuss how they could talk to people who were already infected with HIV/AIDS, how

they could take care of them selves, eat better and live positively with HIV/AIDS. They were looking for more information on survival strategies. (Regina) “Before my sister became positive, all I knew was **Abstain, Be faithful to your partner and use a Condom (ABC)**. Now I know **Support, Treat with respect, Offer them help, and Prevent disease from spreading (STOP)**. I want to finish this course so that I can be qualified to get a job and go into the female prison and support and counsel them there.” Many of the participants have plans for their lives once they finish doing the TAP community training course. (Margery) “The first thing I’m going to do is help my brother and neighbours. Now I have proof (what I’ve learned) and now I can spread the facts. This is real. People are dying every day, they have to learn that they can live positive too and understand that life with HIV/AIDS is a new life.”

Knowledge and truth is important to many of the participants. In this course they are learning the true facts about HIV/AIDS, which they discuss with peers and members of their family to dispel the myths that circulate in the township. (Rubin) “People rely on religion, but they also believe in ancestors, we need to give them something else to know, to balance ‘the facts’ they hear about. We have to dispel some of the myths you hear about in the community. Once when I was just talking with some of the guys, I heard that all you had to do if you become infected is sleep with a virgin to be cured.” Some of the things that the participants like about TAP is their level of professionalism; they don’t feel discriminated against; and the fact that TAP has an open safe environment where they can speak freely and openly about sex and HIV/AIDS. (Regina) “We don’t usually have a safe place where we can talk to other young people, here we can use our slang and just flow.” (Margery) “I want to be a part of this

organization all the time, maybe I can get a job as a trainer when I finish this course. Here we are really starting to understand what people are going through. I have never heard of a place like this, such a low price to pay for so much information and knowledge.”

(Rubin) We learn respect to have respect for our classmates. Now I know much more about women, than when I started. Everything is straight to the point. Nothing is being hidden from us. I appreciate that.”

All of the participants interviewed were able to discuss at length government, NGO and community responsibility concerning HIV/AIDS and how they see them selves affecting their community. (Rubin) “Pastors don’t talk about HIV/AIDS prevention; they only talk about sex AFTER marriage. What do they have to say about the people who are having sex before marriage? We talk about AIDS in schools but it is always an older person talking to younger people, we can’t be that open that way. It should be a young person talking to a young person.” (Regina) says this about community; “If one person is infected, we are all affected. We need to have neighbourhood support programs for HIV/AIDS; we might win with that. We all need to pray, we all need to get tested; to know our own personal truth. Being HIV positive doesn’t equal death. People should stop saying that. We should use the term resurrection or new life. If you are positive, be positive; think positive; eat positive. It’s the beginning of your new life.” One thing that most of the participants were saying was that behaviours have to change before the situation that people are in will change. People have to want to change their behaviour for their own reasons. Rubin honestly told me that it wasn’t enough to give out free condoms. “I was finally making out with this girl who I wanted to get with for a long time. We were about to have sex and she told me to put on the condom. Ok but, I could

not tell you if the condom was on properly or not. I just wanted her and that was the only thing on my mind. If we are going to change the effects of HIV/AIDS in our community, we have to change behavior like that, especially with the young people” (Interview with Margery, Rubin and Regina participants at Township AIDS Project (TAP) Soweto, September 2004).

### **The Empowerment Checklist**

TAP has 7 of the 16 objectives in place to demonstrate community empowerment via our model.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>1) Is there evidence of effective leadership with in the community?</b>	X			
<b>2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?</b>	X			
<b>3) Are there structured ways of transferring information and knowledge to members of the community and the group?</b>	X			

This organization has a clear established visions that they all collectively work towards.

This has changed over the years. It started out to combat sexual orientation discrimination, and over the time has expanded to include combating HIV/AIDS by educating community members on peer counseling, basic HIV/AIDS facts, and leadership training.

There is clear evidence of TAP using leadership techniques within the community. This can be seen through their use of training existing community leaders

such as natural healers, and training youth to be community leaders. They also train youth members on how to speak to large groups of people about HIV/AIDS. All of the people trained are encouraged to go into the community and teach friends, neighbours, customers and family what they have learned.

On a participatory level, TAP takes advantage of groups already established such as youth groups in schools and encourages people to speak/teach those in their own age group. In this way the organization uses their decision making power to decide the most effective way to present their information and the frequency that they have their rallies. Results on matters decided in the group can be seen within the group structure but have little impact in the actual structure and policies of the organization.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
4) Is there decision-making power in the community groups/ at the micro level?	X			
5) Are the results of community group decisions reflected in the organization		X		
6) Is the organization's accepted in the community in which it works?	X			
7) Are community members willing to attend meetings?	X			
8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?			X	Through individuals
9) Create avenues for complaints to be submitted and responded to.			X	



TAP is working on the project of HIV/AIDS, which is the most taxing situation at present for the entire Soweto community and for South Africa. TAP is funded by several agencies inside and outside South Africa however, TAP seems to have flexibility and independence with their own programming.

TAP is accepted in the Soweto community, and they seem to be perceived as a place where youth can go speak to openly with their peers about problems that they are facing. TAP rallies and meetings are well attended by several teenagers and young adults.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
10) Are the community groups working on problems perceived in their own communities by their own members?		X		
11) ) Can the organization continue their programming with out continued funding from others?		X		
12) Are the activities of the group financed by their own organization?			X	

This organization works on their goals with community members, there is no establishment of committees for grievances to be filed. If anyone has a problem they are encouraged to deal with it on a one-on-one basis.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
13) Does the group activities increase access to education?			X	
14) Does the group activities increase access to medical attention?			X	
15) Does the group encourage income-generating activities in the community?			X	

<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			
--	---	--	--	--

The holistic education that the participants receive does not increase their access to basic education or increases their access to medical attention. The group does not work on income generation activities with the community. TAP does consider the individuals HIV status and socio-economic status when negotiating fees. HIV positive participants receive a lower fee and generally a payment plan can be established if a participant cannot afford to pay the entire fee at once.

TAP takes on a crucial role in disseminating important facts about HIV, and they do it in an innovative and exciting way. However, people are infected and are suffering now from HIV/AIDS. Their reality is they are infected and the pandemic attacks people on economic as well as psychological levels. Any organization that wants to make an impact has to address the effect that HIV/AIDS is having in people's lives right now; and that includes people earning money, having food, and being useful and valuable to their families, even while they are fighting this killer pandemic.

### **3.5.1.3 African Self Help Association**

ASHA is a preschool organization that has been active and providing service to the Soweto community for sixty years with 40 centers throughout Soweto. Their goal is to improve the quality of life of preschool children and their families by building their capacities.

## CEO

The CEO at ASHA described her job as manager of the Training Trust, and the financial matters at the organization. She claimed HIV/AIDS to be a part of their existence at ASHA, and she works to provide a link with HIV/AIDS home care, and support between parents, teachers and children at ASHA. The CEO is a White South African and could not describe the community before HIV/AIDS was a prominent issue. She did not know how the community dealt with serious problems in the past. Instead she referred me to one of the Black educators at the center for that type of information. The CEO described 65 years of social service funding for the ASHA-Soweto community. When talking about the balance between the community and the donor, the CEO stated that the community needs the donors because the donors make it possible for community programs to take place. ASHA offers courses that teach skills to their members. "It is imperative for the community to take responsibility for what happens to them. To do that the community cannot lose hope." When asked how ASHA as an organization can affect local development, the CEO emphasized that being a part of the ASHA community will ensure that developmental needs are addressed. "They will see this type of result when they take courses in leadership that will give them knowledge and skills that will help them get jobs, grow their business, and give people self-confidence."

Government funding from the Department of Health and the Soweto Municipality provides money for the leadership program. There is also strong links from overseas donors. At AHSA when there is a conflict with the donors ideas for the community and the local community, they are forced to tailor their proposals to what the donors have in mind. In one instance however ASHA had to return R150.000 When the donors ideals

severely clashed with community practice, but the CEO stressed that action was not a regular occurrence. She explained that donors' guidelines for projects are laid down by the government who has identified certain areas that need attention. The CEO described that most of the time the community is not happy with what they get from the donors because they have limited access to the funding and that is the area that ASHA works on to train parents and teachers. Without funding, ASHA programs will not happen, AHSA needs funding to be able to continue their community programs (Interview with Magda Erasmus Managing Director of African Self Help Association (ASHA) and ASHA Training Trust. Soweto, September 2004).

### **Community Workers**

ASHA's community workers consider effective leadership is demonstrated in their organization through the existence of parent committees, which equip parents, and teachers in skills they would need to organize their lives, acquire a job or improve their skills with their present employer. This attainment of skills would in turn have a positive effect on children who attend the centers.

The shared vision of the future for community workers at ASHA is to provide the best early childhood development for children, and to ensure that they employ qualified teachers. They also want to ensure that their services offer a good foundation for children and their families for a better future.

In the past, the thing that brought the community together was there location. They were forced to be neighbours and this strengthened them because they were also being oppressed with apartheid. In recent times, the aspect that connects people in the ASHA community is finance- most of the parents are strapped economically or living in

the grips of poverty. Many of the parents are unemployed and struggle to pay the fees at ASHA. They appreciate when their children are at ASHA daycares, they are given two meals a day and the center seems to care for the whole family by offering training benefits for parents.

All the community workers were in consensus about the importance for ASHA to continuously developing their community; examples of ways they do this are through being supportive and encouraging parents and children to strive for better. Ways to do this are through offering empowerment courses, a management skills course, and courses to improve their resume and find employment. One of the community workers said, "Since apartheid ended, ASHA has tried to provide courses that help people think for themselves and do for themselves."

The decisions that take place at the community worker level, involve the day to day running of the center, the number of people to provide training for and what material to cover in the workshops. On different levels there are board meetings, cluster meetings, and parent committee meetings for people to voice their opinions and views. Parent participation takes place in many forms: parent meetings; fundraising; attendance at workshops; and timely payment of school fees.

As far as basic needs, the ASHA centers offer two nutritious meals for every child, clothing from clothing drives/donations, access to education, first aid and HIV/AIDS training for parents and teachers.

One of the community workers said that there is a definite link between the government policy and ASHA's vision of community because the government vision for the country puts people first with empowerment strategies. AHSA is putting their

community first by supporting the children, parents, and teachers with useful courses that can be utilized to improve their lives.

All the workers think that ASHA is making an impact in preventing HIV in their community in many ways. ASHA offers free counseling for all parents including those with HIV positive children. Parents can discuss some of their day-to-day pressures and worries; it is a place where they can share their ideas and learn practical solutions to challenges. ASHA openly accepts children who are HIV positive. All children are given two nutritious meals per day. (Interview with Community Workers at African Self Help Organization (ASHA) in Soweto, July, 2004).

### **Participants**

Parents whose children attend the center found out about their services in various ways. 'Chantal' lives with her husband and children in Soweto. She used to attend an ASHA day care when she was a child. "When I had my children I kept on hearing about this place and the quality of their care...they have a good reputation." 'Vivian' is an unemployed mom living with her boyfriend. "At the other school my daughter used to always have a running stomach, diaper rash and bad dreams. She didn't like going to school at all. ASHA helped me apply for a childcare grant. I started sending my child here. She is much happier and so am I." 'Akose' is a single mother. Both she and her child are HIV positive. "I had been a youth group member working with ASHA since 1989. I was diagnosed a few years ago when my child was 4 years old. I didn't know anything about HIV and I couldn't find anyone who was willing to take care of a HIV positive child. I came to ASHA and they paid for me to finish high school. Now I'm enrolled in their leadership course, and I go to counseling every Tuesday and Thursday."

As well as childcare, and financial support, parents at ASHA talk about how the organization has helped them in other aspects of their lives. (Chantal) “ASHA helps me when I need it. If I have no money for fees, they let my child continue coming to the center everyday until I get the money.” (Vivian) “When I have a problem with something that is happening in the center, I go speak to the vice-principal and she will arrange a meeting with the parents committee.” (Akose) “ASHA has organized counseling groups for infected parents or parents with children with HIV/AIDS. Its just open talking, no stress, it helps when I’m depressed...we talk about changing our life style, what to eat and how I can take better care of my child. It helps a lot.” Sometimes there are things about the center that the parents don’t agree with and didn’t like some of the ways the center is run. One of the parents interviewed commented that she didn’t like the way the staff was treated. “Communication is important. I don’t like seeing the way the staff are spoken to by the management. Parents and educators need to find a better way to treat and speak to each other.” On the whole the parents seem to appreciate the work ASHA is doing in the community. “The most important thing to me is having a decent job and a house for my child. I like this center because, as well as giving my child quality care, they help me find ways to get other things in my life that are that are important to me too”(Interview with participates: Chantal, Akose and Vivian at African Self Help Association, (ASHA) Soweto, July, 2004).

### **The Empowerment Checklist**

ASHA has 10 of the 16 objectives in place to demonstrate community empowerment via our model.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>1) Is there evidence of effective leadership with in the community?</b>	X			
<b>2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?</b>	X			
<b>3) Are there structured ways of transferring information and knowledge to members of the community and the group?</b>	X			

ASHA offers a leadership certificate program in conjunction with RAND university. The program is offered to parents, teachers, and community workers. This program explains how to conduct research, projects, and how to affect change in the center. There is an established vision and mission for the chain of daycares and the training trust. There are several committees at ASHA; the one for teachers and parents is most impressive. Meetings are called very frequently and are well attended by both parents and teachers. When there are problems within the center they are solved through the various committees, not through individuals. The decision making power within the committees are limited, and rarely affect the policies that concern the running of the center.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>4) Is there decision-making power in the community groups/ at the micro level?</b>			X	
<b>5) Are the results of community group decisions reflected in the organization</b>		X		
<b>6) Is the organization's accepted in the community in which it works?</b>	X			
<b>7) Are community members</b>	X			



<b>willing to attend meetings?</b>				
<b>8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?</b>	X			Interest groups and committees established
<b>9) Create avenues for complaints to be submitted and responded to.</b>	X			

ASHA has been a part of the Soweto community for more than 60 years and is well regarded in the community for having affordable prices and flexibility to help parents pay for the services.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>10) Are the community groups working on problems perceived in their own communities by their own members?</b>		X		
<b>11) Can the organization continue their programming with out continued funding from others?</b>			X	
<b>12) Are the activities of the group financed by their own organizations?</b>		X		

A well-established parent and teacher committee system offer avenues for complaints to be lodged and responded to. Most of the funding generated for ASHA centers comes from South Africa rather than sources outside the Country. However, White South Africans were the ones who began ASHA approximately 60 ago. They don't reside in Soweto; and they were a part of the group that was oppressing residents of

Soweto during Apartheid. They are still the ones who hold the majority of the administrative and managerial power in the organization. They do however work on issues such as poverty, education, HIV/AIDS, and leadership that are issues of great importance to residents.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>13) Does the group activities increase access to education?</b>	X			
<b>14) Does the group activities increase access to medical attention?</b>		X		
<b>15) Does the group encourage income-generating activities in the community?</b>	X			
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			

Being a part of ASHA does not increase access to higher education, but offers a foundation education for the children who attend the center. If a child is in serious need of medical attention, and the parent has no money, they can come to ASHA for a loan. ASHA also encourages income generating project in their leadership classes such as beading, toy making , as well as and community gardening .ASHA offers leadership and income generation work with community members, which the work that they are doing very practical and sustainable.

ASHA does not encourage the same empowered environment within their organization. Many of the staff are over worked and under appreciated. It is well known that the unemployment rate is very high in Soweto; people value their jobs and will put up with a lot of ill treatment to stay employed. The community workers at ASHA are the

crucial link between the community and the board of directors (Most of whom do not live in Soweto and have little in common with the families who patronize the day care or the training trust.) Without the dedication and devotion of the community workers it is uncertain whether ASAH would continue to run smoothly.

In this research, I support the idea that empowerment is created within and can grow outward. How is it possible for an organization to teach empowerment while not practicing it in their own organization? ASHA has many community empowerment characteristics and programs. However, much of the funding and the motivation for the programs come from people living outside of the Soweto community, which means that much of the power and decision making rests outside of the community as well.

#### **3.5.1.4 World Vision**

WV is an international Christian relief and development organization. It is an international partnership of Christians working with the poor and oppressed to promote human transformation. They seek justice and bear witness to the good news of the Kingdom of God.

#### **CEO**

The CEO of World Vision described his job as ensuring the effectiveness of programs within South African leadership with partners and donors from various sources from all over the world. Eighty percent of the funding of WV comes from churches around the world. He says that is a huge opportunity and platform to disseminate HIV/AIDS information. The CEO describes the affects of HIV in the South African

community as a disaster and emphasizes there is no telling what might happen in the environment of a disaster.

When asked what happens when the needs of the donor community clash with the Soweto community, he stated that the only way to overcome this type of situation is by having a constant dialogue open between the community and the organization so that these types of situations can be straightened out. He also stated “there is a need for constant appraisal and evaluation of community needs. In the past when there were conflicts of this sort, there was a need to redesign the programs to draw a balance between the community needs and the donors.”

The CEO stated there is a good relationship between his organization and the government, but this relationship can always be improved. There is a need for greater acceptance at the national level of the work that WV is doing in the communities. On the international level the NGO receives plenty of funding from Canadian International Development Agency (CIDA), DIFID, and the European Union (EU). On the community level, the local offices of WV do excellent work in his opinion. He stated that there are constant hiccups to be worked out, but their presence in the community is good. When asked what he expected from WV in five years, he again stated, “HIV/AIDS is the equivalent of a natural disaster. How can you tell what will happen in a natural disaster?” (Interview with Bruce Mc Conchie National Director for World Vision South Africa (WVSA) Soweto, August, 2004).

### **Community Workers**

A Coordinator in the National Office in Soweto, at World Vision stated quality in leadership is having an amount of freedom, so that people can make mistakes and learn

from them. Having local branches of World Vision present in the smaller communities (ADP's) is a level of freedom. Other aspects of effective leadership can be seen in capacity building programs that they offer for community workers, which teach skills in proposal writing, facilitation, and management.

The community workers within the ADP's consider leadership to be planning workshops on peer education and training members of the community in management and budget programs. One of the community workers stated that there were no leadership programs except for the hope initiative, which helps people who are infected with HIV/AIDS.

The shared vision for this organization revolves around the well being of children and the holistic transformation of their lives through the use of Christian values. Using this vision they will be able to transform the entire community. Another community worker stated that the vision of the organization was to see each child, succeeding in their families, being fulfilled and secure in their environment and that integral to this is the presence of God in their lives. A different worker said that the vision of the organization was building capacity because when you build capacity in the community you help members help themselves. When World Vision is not needed in the community it means they have done a good job.

One community worker summarized Soweto by stating, "Poverty is the experience that the community has in common, as well as unemployment and the HIV/AIDS virus." Another worker said that church is the thing people have in common "people share a sense of suffering." Many of the workers said "poverty definitely changes a community because it makes people blame themselves for the situation that they are in.

The poverty mentality forces people to crave survival and seek help from others.” One of the workers said they try to instill hope in people, because when people have hope that things will get better they are able to learn about income generating and educate themselves about HIV/AIDS. These skills will bring about a change in their situation and their lives; then they can cause a change in the lives of others. All the workers agree that development is necessary and important in Soweto. It was pointed out that World Vision was not a welfare system that people should depend on like a crutch forever. Parents should be taking advantage of courses and workshops that are offered so that the lives of their children can improve. There is a lesson that can be learned from past generations and their experiences. The primary goal of most community workers is that the community children benefit from their actions (Interview with Community Workers at World Vision, (WVSA) Soweto, July, 2004).

### **Participants**

The majority of WV participants did not go to regular counseling. The ones that did, described it as helping them believe in themselves.

‘Faith’ is 22 years old. She used to loved to go out to parties and “groove” then she found out about her positive status five years ago when she went for a pregnancy test. She began going to counseling every Friday. She found out several things from the counseling sessions, such as how she should take care of herself and stay healthy. Counseling has helped her believe in herself. She has accepted her positive (+HIV) status and she can continue her life just like everyone else. Faith has one child who was taken away from her and lives in the children’s home. World Vision visits her weekly, provides her with

food parcels every month and transportation money to go and see her daughter. She is thinking about asking WVSA if they can help her with rent payments.

Faith thinks that people who have a negative status should know the things that she has had to go through, so that they can think twice about what they are doing when they go to parties and groove. She states that counseling helped save her because it gives her hope for the future, and confidence to deal with the changes in her life.

'Maria' is a 45 year-old woman, her status is HIV positive (+), she is single. She lives with her mother, sister and six grandchildren (two of them are positive as well). Maria's three sons have died from HIV/AIDS, as well as their wives and partners. Maria tells how difficult it has been for her because she used to be able to work and support her family. Now nine people live on her mothers pension check. "I'm a chef; I work with all my senses. Sometimes I can't work because I'm loosing my sight. I'm going blind." Maria finds it hard to make ends meet. She knows what she should eat to keep herself healthy, but if everyone else in the house is to eat she needs to buy less expensive mealy meal, that will last a month, instead of fresh fruits and veggies that would last her a week. Maria tries to talk to her mother and sister about HIV/AIDS but they don't like to hear about it. She tried to talk to her sons, but it was already too late. When her sons did get tested they were positive and died soon after. Maria visits the local hospital when she gets too stressed out about her family situation. She feels better to know that she is not alone in her daily struggle. Maria has not told her neighbours about her status. She says she can't tell people because she is afraid about how they will treat her family. She thinks that people won't believe her when she tells them some of the facts about HIV.

‘Julia’ is a 32-year-old woman; she has a five-year-old daughter. Julia is also HIV positive (+). She is unable to walk from the front to the back of the house without difficulty so the interview was done in her living room where her mother had made a bed for Julia on the floor. Julia is extremely frail and thin; at times she forgets some of the statements she has said a few moments before.

Stigma restricts some of the participants/ patients from going places that they want to go or doing the things that they want to do for fear of what others will say or do to them. Julia mother shared the fact that Julia had not been outside the house in months. (Julia’s Mother) “The last time she went outside, and the neighbours saw her and were afraid and started saying that she had AIDS. They stayed away from the house. They were too scared to come near the house.” It became evident that Julia did not go to counseling because she/her mother didn’t want to leave the house, not even to get counseling, or a monthly HIV/AIDS grant from the government because of what the neighbours would say. Julia knows very little about the HIV/AIDS virus; but she knows she is very sick. Every month WV provides a food parcel, pays for her daughter’s school fees and provides Julia with a high vitamin syrup to boost her immune system (Interview with Julia, Faith and Maria participants at World Vision South Africa (WVSA) Soweto, September, 2004).

### **The Empowerment Checklist**

World Vision South Africa (WVSA) has 7 of the 16 objectives in place to demonstrate community empowerment via our model.

World Vision is sponsored by other world wide offices. They have clear and stated goals and a vision statement that that have been espoused earlier in this paper.



WVSA shows no real evidence of using effective leadership as a program to serve clients. Nor do they seek to pass leadership skills from one person to another.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
1) Is there evidence of effective leadership with in the community?			X	
2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?	X			
3) Are there structured ways of transferring information and knowledge to members of the community and the group?		X		

The majority of the programming and decisions involving what they do happens in some other place not in the local offices and communities of World Vision South Africa (WVSA). There was no evidence of community meetings to discuss programming or decisions. Decisions seem to be made on a higher level than that of the community.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
4) Is there decision-making power in the community groups/ at the micro level?		X		
5) Are the results of community group decisions reflected in the programming of the organization		X		
6) Is the organization's accepted in the community in which it works?	X			

<b>7) Are community members willing to attend meetings?</b>			<b>X</b>	
<b>8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?</b>	X			Interest groups and committees established
<b>9) Create avenues for complaints to be submitted and responded to.</b>	X			

When there is a problem at WWSA it is not solved through individuals, but there are channels and committees established to help rectify problems that come up. In my observations, I did not witness a situation where a community decision changed the direction of the NGO's action. The biggest problem in the community is poverty, HIV/AIDS and unemployment and which are the sectors where WWSA works.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>10) Are the community groups working on problems perceived in their own communities by their own members?</b>			x	
<b>11) Can the organization maintain their programming with out continued funding from others?</b>		X		
<b>12) Are the activities of the group financed by their own organization?</b>			X	

Association with WWSA helps individuals to gain greater access to drugs (anti-retroviral), counseling, and better access to education for children. WV has offices in

some of the poorest sections of Soweto and has a good working relationship with the community and their services are free to the public. They have a very small income generation activity that older women mostly take part in. It is beadwork of belts, pins, and other small items.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>13) Does the group activities increase access to education?</b>	X			
<b>14) Does the group activities increase access to medical attention?</b>	X			
<b>15) Does the group encourage income-generating activities in the community?</b>		X		
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			

WV offers plenty of different types of services to Soweto, but they have little to do with the participants otherwise. No community meetings are held to decide on programming. Community trainings are held sporadically with the exception of beadwork. There are WV offices in Soweto but little can be done from these offices without the approval of the head office in Johannesburg. It is hard to see how these programs could be carried out without outside funding. The NGO does not create a learning environment for participants so that eventually the program could be sustainable. A lot of energy and money is put into the image of WV with photo shoots and promotional pamphlets about individuals and their hard life. This process has been successful in getting more donations. More energy could be put into sustainable and

income generation projects that could make income generating and other marketable skills for the participants.

#### **3.5.1.5 Ikageng Itireleng – (Do It Themselves)**

This organization works with AIDS orphans, vulnerable children and child headed households. Ikageng concentrates most of its energies on alleviating the impact of AIDS and does informal work on an individual basis with prevention. Their major activity is food donation, providing money for rent, providing school uniforms and paying school fees.

#### **CEO**

The Founder is a native resident of Soweto, who describes some of her duties as ensuring that the children are taken care of, have adequate food, are enrolled in school, and live in a safe environment. She also fundraises for donations and/or in-kind contributions. She perceived some of the challenges in the community is that most people are poverty stricken and she feel that Ubuntu (A South African word meaning: an atmosphere where you share what you have with your neighbours) once was strong and is now fading in the Soweto community. She stated the basic/ essential resources are slowly being taken away from community members and are harder to access.

The majority of Ikageng funding comes from churches and individuals in Soweto. But some of the funding (mostly gifts of kind comes from donors from outside of the country.) “If we use the money or gifts for the purpose that it was intended, i.e. they get to the children; usually the organizations will fund us again the following year.”

In terms of projects, Ikerang is expected to be a transparent organization, and make clear what money is used for, be accountable to the donors for the use of in kind contributions and acknowledge each organization that contributed time, money or items. In regards to projects, the children have responsibilities that they have to fulfill as well. The children and young adults have to meet donors, write them letters, be present at ceremonies, act very grateful and let all the donors know that they are receiving the money of gifts that are supposed to go to them. The funding has a huge effect the on Ikerang's programming, It can dictate or restrict the programming for the organization. The CEO spoke of a major international Cola company once donating \$10,000 for shoes, not uniforms, when the children really needed uniforms at the time. The CEO commented, "The money that is donated is for certain things and not for others. The money goes to what the donors want, not always what the children need." When the wants of the donors clash with the needs of the children, the CEO states that sometimes they have to go back to the donor and explain the situation, and ask if they can use part of the money for something different. The CEO shared, most of the time the donors are sensitive to the needs of the children and will allow them to use the money towards the pressing needs of the children. When asked how she sees her community in ten years she responded by saying, "I would like to see people taking care of each other, especially if they have terminal illnesses. There are so many children who have been traumatized by HIV/AIDS. I don't want to see those children grow up to leading lives without ambition . I would like to see them become responsible citizens, who have benefited from what we are doing now. This organization was not created to make money. It was created to give these children a second chance at life, so that they wouldn't go down with their circumstances, but they

will be the fruit of what Ikereng has started” (Interview with Carol Dyantyi Founder of Ikageng Itireleng – (Do It Them Selves) Soweto, August 2004).

### **Community Workers**

Leadership is shown with this organization by teaching young adults how to manage their finances, motivate and guide them in how they can take care of the household and help them get involved with income generating activities, so that they can support their younger brothers and sisters.

The shared vision of Ikageng is: to care for and assist vulnerable children; make sure that they have a safe home to go to as they try to address the basic necessities such as food, clothing, shelter; and education. Ikereng tries to give children survival skills and ways for them to earn money to support their household. Some are living in orphanages or are the head of child headed households.

The shared experience that the kids have in this organization is all of them have lost one or both parents to HIV/AIDS and need help and direction to take care of themselves and their younger siblings. One of the workers stated, “Most of the children have social issues, because of the loss that they have experienced, some are bitter and angry; they want to be kids but life is not letting them”. One of the workers commented that poverty disrupts social behaviour and forces people to do things that they otherwise would not do. Ikereng helps children deal with their situation and responsibilities instead of forcing these children to do other activities to make money for their families. They continue in school instead of turning to prostitution, robbery and deviant criminal behaviour.

This type of situation changes the community in many ways. The children like to get together and do activities. They feel they are all going through similar situations and no one will judge them or pity them. “When the kids are together they are part of an extended family.”

With the community workers at Ikerang, the situation that the children go through motivates them to intervene in the children lives, provide guidance and correcting their behaviour. The community workers learn much from the children’s situation; like how through collective action/effort they can make a difference in these children’s lives. And in turn the children learn that they do not have to do everything on their own, that there is a support for them and they just have to hang in there.

All of the community workers interviewed were adamant about the importance of community development activities in Soweto. “We may not all be infected but we are all affected!” Many of those interviewed stated that HIV/AIDS and poverty were linked and that people affected by HIV/AIDS were literally hungry and wanted to change their immediate situation. The fastest and most effective way for youth to do this was engaging themselves in Ikerang activities, where they can get support and motivation when their situation brings them down.

The level of participation for the community workers at Ikereng involves peer counseling for the children in the program, assisting in finding donors in the community and introducing donors to the organization. They interact with the children and their families; sometimes they assist in paying for the burial of family members. The community workers also identify possible candidates for their sponsorship program. They decide how best to coordinate volunteer activities. Among the community workers some

thought that the decisions that they make at their level don't really change or affect the decisions made at the level of the board of directors. Some thought the opposite that suggestions made in their day-to-day activities really did make a difference at the higher levels. All the workers agreed that members of the community are willing to participate in activities. That is, the children participate in the income generating activities, the general public participates in income generation/ sporting activities, camps, counsel meetings and various clothing drives.

Ikereng seems to meet many of the basic needs of the children and young adults in their organization. They supply food donations all across Soweto every month to the families in their program. They have clothing drives, purchase school uniforms, pay school fees and help children/ families pay their rent each month. This organization also helps children get medication and will pay for them to get medical attention when they are ill.

The only links to the government that the workers vaguely knew about is the one with the Department of Social Services. Ikereng works within the mandate for government health services. The government was very supportive of their activities and organization on the whole.

Finally, one worker thought that the organization was not working towards prevention but rather focused more toward the impact of HIV/AIDS. Others said that speaking to the children, counseling them, gives children hope and stops them from turning to other deviant behaviour such as prostitution, and crime that will make them more susceptible to HIV/AIDS. One community worker stated "The kids know the facts of HIV/AIDS and will stop the spread of the pandemic." No matter their varying views



on whether the organization is working on impact or prevention, they all agree that they can see a change in the community because of the work that they are doing in Soweto (Interview with community workers at Ikageng Itireleng – Do It Them Selves Soweto, July 2004)

### **Participants**

Many of the participants at Ikereng are in their late teens and early twenties and have experienced the lose of one or both parents to HIV/AIDS, and now are providing for their brothers and sisters. ‘Jonathan’ is a 19 year old young man. Jonathan takes care of his brother and sister. Both of his parents died of HIV/AIDS related sicknesses. First he lost his father, then his mother one year later. Many of the young adults and kids that benefit from the organization had little choices and had to grow up very quickly in order to make ends meet with their families. “I knew if I didn’t do something that my brother and sister and I would die. I had seen Ikereng delivering food in our neighbourhood, I found their office and told them what had happened to my family...now they pay our rent, school fees and buy the school uniforms for my brother and sister.”

Ikereng also helps orphans and the people who care for orphans. ‘Maybel’ is a 70 year old widow who is caring for six children who have either lost their parents to HIV/AIDS or are infected with HIV/AIDS. “Two of them are my grandchildren, their parents both died of HIV/AIDS, two are from the neighbourhood. There was no one to care for them after their mother died. And the last two are infected with HIV/AIDS. One day their father left them with me to look after them for the afternoon, and he never came back for them, so I care for all of these children now.”

Ikereng also gives emotional and financial support to young adults who may not be orphans, but their family benefits from the extra income that the kids make at their income generating activities. ‘Jeannine’ is 23 years old. She found out about the organization when they paid for her father’s funeral. Now her mother is bedridden and she is the only breadwinner for her two sisters. “I like being here, and doing this stuff at the stadium. Sometimes the people are rude and it can get really cold. But I feel accepted with these kids. When I’m with them, I don’t feel like a freak because my parents have HIV/AIDS. They know what I’m going through; they are going through the same stuff. Sometime I want to talk to someone who understands how I feel.” Ikereng deals with the immediate needs of the community. It does little for the task of prevention and changing the behaviour of the kids that benefit from the program. The needs of people who have been victims of HIV/AIDS are huge and sometimes people need immediate help for their problems. Sometimes you just need a band-aid to stop the bleeding, while you wait for the healing to begin (Interview with Jeannine, Maybel and Jonathon participants at Ikereng in Soweto, September, 2004).

### **The Checklist**

Ikereng met 7 objectives of 16 objectives of the empowerment model.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>1) Is there evidence of effective leadership with in the community?</b>		X		
<b>2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?</b>			X	
<b>3) Are there structured ways of transferring information</b>		X		

<b>and knowledge to members of the community and the group?</b>				
---	--	--	--	--

Ikageng has some mentoring between the staff, children and young adults who take part in their programming but there is no formal leadership or mentoring program established. There is no written down shared vision or mission for this organization. Informally, people want to give children a better chance in life by helping them when they need it. No decisions about the organization rest with the workers, and the youth participants are rarely involved with the planning.

<b>Question</b>	<b>Yes, definitely</b>	<b>Little evidence</b>	<b>No evidence</b>	<b>Explanation:</b>
<b>4) Is there decision-making power in the community groups/ at the micro level?</b>			X	
<b>5) Are the results of community group decisions reflected in the organization</b>			X	
<b>6) Is the organization's accepted in the community in which it works?</b>	X			
<b>7) Are community members willing to attend meetings?</b>	X			
<b>8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?</b>			X	Through individuals
<b>9) Create avenues for complaints to be submitted and responded to.</b>		X		

Ikegeng is very well accepted in the community. Little evidence was observed of frequent community meetings, however when income-generating activities were scheduled for young adults, there is plenty of participation. They do income generation

activities with the kid's which gives them immediate cash in their pockets. There are no interest groups or committees in this organization. A lot of the work is done through the Executive Director. When conflicts occur they are dealt with it on a one-on-one basis not through interest groups. The Director also takes major issues or conflicts to the board of directors.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>10) Are the community groups working on problems perceived in their own communities by their own members?</b>	X			
<b>11) Can the organization maintain their programming with out continued funding from others?</b>			X	
<b>12) Are the activities of the group financed and sponsored by their own organization?</b>			X	

The CEO deals with and responds to any complaints that arise. The workers and the director come from Soweto. The organization was founded by the director to help the children of the Soweto community survive their situation and know that they can have hope and they are not alone. Much of the funding comes from other organizations outside of South Africa. At times, Ikereng are given in-kind contributions to give to the children. These items are articles that others feel that they should have. In my observation of the work Ikereng does in the community, I witnessed great deal of dedication from both Community Workers and the CEO. The workers would deliver food packages and uniforms to homes until 8pm in the evening, and the director would accompany the

children to the income generation activities on the weekend and make sure that each child had eaten and was taken care of.

Question	Yes, definitely	Little evidence	No evidence	Explanation:
<b>13) Does the group activities increase access to education?</b>	X			
<b>14) Does the group activities increase access to medical attention?</b>		X		
<b>15) Does the group encourage income-generating activities in the community?</b>	X			
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			

Being a part of Ikageng increases participant's access to basic and higher education and increases access to medical care. This organization offers free services to its clients. Ikageng pays for school fees and electricity bills for vulnerable children and child headed families. They don't train youth on how to survive in their situations or how to create a better situation for themselves. There is little communication between the board of directors and community workers. Thus, young adults are not a part of the decision making process, or involved in planning the activities. There are support groups for HIV/AIDS however, the children and young adults are not a part of these activities, nor do they have their own prevention groups. This organization focuses more on offering basic needs to deal with the impact of HIV/AIDS for disadvantaged children and young adults rather than concentration on the topic of prevention.

### 3.6 Compare and Contrast

The following chart is a breakdown of how each organization ranked in every section of the empowerment checklist and their total empowerment score out of a possible 100%:

	Leadership 25%	Participation 25%	Financial Autonomy 25%	Basic Needs 25%	Totals
ASHA	25	18.72	8.3	21.87	73.89 = 74%
TAP	25	14.56	8.3	6.25	54.11 = 54%
WVSA	12.45	16.64	8.3	21.87	50.96 = 51%
IKERENG	8.3	10.38	8.3	21.87	48.85 = 49%
THBC	8.3	6.28	20.75	12.5	48.03 = 48%

\* Please refer to appendix to explain the calculation procedure for this chart.

(Please see appendix # 9)

### 3.6.1 Empowerment Checklist Analysis

#### 3.6.1.1 ASHA

It is clear that ASHA has come out on top with a total community empowerment score of 74%. ASHA met the full 25% in the leadership category with their leadership courses for parents, teachers, and community workers. They lost marks (18.72%) in the participation category, due to the exclusion of the community members and community workers in major decisions made in the organization. ASHA scored 8.3 out of a possible 25% for financial autonomy. Most of ASHA's funding comes from South Africa, but the funding also comes from White minority groups from communities outside of Soweto who historically have oppressed the people of Soweto during Apartheid. Providing basic

needs for the community is a category where ASHA ranked among the highest of those surveyed with 21.87%. ASHA provides access to basic education, limited access to medical care; works with community members on income generation projects and makes socio-economic considerations for their clients.

#### **3.6.1.2 TAP**

TAP scored the second highest in the empowerment checklist with a total of 54%. The group earned the full 25% for leadership. Tap offers classes and training for community members, especially groups that might be excluded in other programs such as natural healers, and illiterate people. Community participation was well documented in their agency and meetings were well attended. There was no evidence however of the establishment of interest groups for contributions from the community, or avenues for complaints to be submitted and responded to. TAP didn't score very high with (8.3%) in financial autonomy and providing basic needs (6.28%). TAP has funding from several sources, which makes it possible to provide their programs to penetrate the local schools and communities. The organization however does not improve on the desperate situation that their clients experience in Soweto. There is little evidence it provides basic needs for the community and scored the lowest in this area at (6.28%).

#### **3.6.1.3 WVSA**

WVSA rated third in the study with an empowerment score of 51%. Though WVSA did not have leadership courses, or provide leadership training to the community members they did have a clear vision and mission that community workers and members are aware of and adhere to. From time to time WVSA does have information and training

retreats. It scored (12.45%) due to these efforts. In regards to participation, WVSA scored (16.64%).

There was little evidence to suggest that WVSA could maintain their programs without funding from organizations outside Soweto. They scored (8.3%) under financial autonomy section. They are very competent at providing basic needs to community members and scored very high marks in that section with 21.87%. WVSA increases access to education, by paying school fees for children in their program, and they increase access to medical attention by providing anti retro-viro drugs to certain community members.

#### **3.6.1.4 Ikereng**

This organization scored 49% on the empowerment checklist. For community empowerment the final total was one of the lowest rated in leadership with 8.3%. They have no structured leadership courses or ways to transfer information. The community workers state they only have casual talks with participants.

This organization is very well respected in the community. From my participant observations it was very clear that everyone appreciated the food baskets and school uniforms that they distributed in the community. The participation marks were also low at 10.38%. When there is an activity it was very well patronized but the participants and community workers make very small contributions to decisions with the day-to-day activity of the organization. IKERENG scored very low on financial autonomy at 8.3%. If all of their donors pulled out, they would not be able to provide food baskets or pay for school fees for so many who need them. Though this group scored low in financial



autonomy, Ikereng's contribution to the survival needs of families in Soweto was not match by any other organization in this study.

### **3.6.1.5 THBC**

THBC Scored 48% in community empowerment. THBC has no clear leadership program or activities. Community workers would encourage their patients on an individual basis. This was the only organization that showed evidence that it could continue programs without outside funding. THBS scored the highest in the area of financial autonomy with 20.75%. This organization scored the lowest in participation with 6.28%. This organization also scored relatively low in providing basic needs with (12.5%).

Both Ikereng and THBC scored particularly low in leadership, with no programs or activities in their organizations that focus on this topic. TAP and THBC scored the lowest in providing basic needs. TAP's programs are focused more on community prevention and the acquisition of knowledge; whereas THBC did not provide basic needs to their clients because they couldn't afford to. Though THBC doesn't provide basic needs to their participants, they do provide daily psychological support to the sick and shut-in patients.

## 4. DISCUSSION

### 4.1 Community

Common notions of community are: community as an area or neighbourhood where a person or a family reside. Community could also mean people who share a common ethnicity or language. What I saw in South Africa was that community can also be a way of thinking or how people live their lives.

When volunteering with Ikereng I witnessed an elderly woman take in six children when their parents died from HIV/AIDS; two were her two grandchildren and four were children from her neighbourhood who didn't have anyone else.

Wade Nobels challenges Western explanations of community when he compares the notion of community in western cultures to traditional African notions of community in the following chart.

<b>WESTERN</b>	<b>AFRICAN</b>
Survival of the fittest	Survival of the tribe
Control nature	Live as one with nature
I think therefore I am	I am only because you are and you are because we all are
Reason for being	
Uniqueness, Individual, Oneness	Sameness, Common, Group-ness
My rights	My duties/ responsibilities

(Mbiti,1970)

Scholars state that the binding quality of the African community overshadowed any tribal differences, and that African community was more of a set of guiding beliefs called an ethos.

Community, in an African point of view was not just something that can benefit the individual. Community was something that was for the group that the individual was

an integral part. “For the traditional African, to be human was to belong to the whole community”(Mbiti 1970, p5).

This ideal of community is reinforced by a South Africa word Ubuntu. Ubuntu is a South African ideology focusing on people's allegiances and relations with each other. The word comes from the Zulu and Xhosa languages. Ubuntu is seen as a traditional African concept (<http://en.wikipedia.org/wiki/ubuntu>). A rough translation in English could be ‘humanity towards others’ or ‘The belief in a universal bond of sharing that connects all humanity.’ (<http://en.wikipedia.org/wiki/ubuntu>) A larger aim at a definition is this one: "A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed”.

(<http://africanhistory.about.com>) Ubuntu is seen as one of the founding principles of the new republic of South Africa

(<http://fauculty.ccp.cc.pu.usfaculty/jhowand/southafrica/ubuntu.html>). The word community does not just mean people who live in the immediate area. It has to do with sharing. Many of the people who live in Soweto have relocated from different areas of South Africa. They may not share the same ethnicity language or culture with their neighbour.

The biggest insight I received from this research about Soweto community development was from the low income level families. The reasons for them to pull together has more to do with survival today rather than any historical reasons from yester-year. The will to survive can cause people to work together.

Communities cannot be viewed as only a place where they happen to live. A Community is culture specific and has to do with the reasons or motivations for people to work together. According to (Brown, 1973) community and leadership are closely related and essential to each other. Leadership is essential to community because it passes information from generation to generation. In Soweto the NGO's that teach leadership, scored the highest on the empowerment checklist. Communities also foster positive relationships that make co-operation possible. Positive relationships, co-operation and motivation within communities are the principal components towards effective community development.

#### **4.2 Community Development**

“The definition of insanity is doing the same thing over and over and expecting a different result.” Albert Einstein

Fifty years after the beginning of the development project, local communities are the last to receive the benefits. Development in local communities has not produced the needed results. The way we do development needs to change. In Einstein's quote above, he says that you cannot do the same thing over and over again and expect a different result. Isn't 50 years enough time to see that the various types of local community development do not work? As time rolls on the gap between the rich and poor gets larger. There has to be a connection to bridge the gap. That bridge can be empowerment.

Community development and empowerment are terms that are very closely related. When you work on one you could be contributing to the other. The word community suggests more than one. It implies cooperation, and the willingness to work with others. These are qualities of social capital. Putnam states social capital has to do with people's ability to act collectively, working towards one goal with emphases placed on the establishment of positive relationships (Putnam, 1995).

At the heart of any discussion on community development is the topic of participation; and the necessity for the members to be at the center and the motivation of their development. Many people in local communities are trapped in a cycle of poverty. Their lack of money implies that they have little leverage in the global or local economy. Sometimes this lack of influence means a lack of control and power in their development which can be passed down from one generation to the other. On the ground in Soweto, I saw an organization with very little monetary support for their programs, but the organizations daily emotional support removed feelings of loneliness and despair from their patients and replaced it with hope and motivation. Without the daily home visits many patients stated they would have just given up. Freire, states poverty is not just a lack of physical resources it also implies powerlessness (Freire, 1970). If we look at the situation in that way we can also say the eradicating of poverty in local communities is the eradication of powerlessness. The lack of physical resources is not the cause of poverty it is a symptom of powerlessness. The answer to eradicating poverty in local communities doesn't have so much to do with pumping money into the community as much as it has to do with the removal of powerlessness from the members within the

community. There has to be concrete ways to create and access power to eventually produce action.

### **4.3 Empowerment**

Through my research I've concluded that the three basic components of empowerment are: Providing for basic needs, education, and leadership. J.D Brown in his book *The Human Nature of Organizations* discusses the distinctness of human organizations from machines. Unlike molecules in a chemistry experiment, which react similarly to stimuli, human members of an organization may react significantly differently to the same situation. Scientific knowledge, infinitely accumulates, generation after generation regardless of attitudes and emotions. This is vastly different from human organizations where, knowledge within individuals is created highly dependant on attitudes and emotions of each generation, and is new with each person (Brown, 1973). There is a circular relation ship that exists between a leader and a community that makes them instrumental to the process of empowerment. A community leader can be essential in motivating the community towards action. Two of the organizations in the study taught leadership to community members. In the empowerment survey those two organizations rated first and second.

The leadership training I witnessed included courses on how to get jobs, public speaking to build confidence in youth, and information seminars to share information. I saw teens who didn't like the way adults spoke to them about HIV/AIDS and decided to find ways to speak to each other about myths and realities. The types of skills that people walk away with from these trainings, were substantial, and had the potential to improve

people's lives. Leadership training seems to be an important characteristic of an empowered community.

Education is imperative for empowerment. It develops individual potential and increases future career options. Several NGO's helped participants by giving them access to education by paying school fees or providing uniforms and supplies. Unconventional forms of education are also important especially when much of the population may not be educated. In Soweto TAP offered training courses where they educated various members of the community including people called 'Sangomas' who are spiritual healers. People in the local community tend to go to Sangomas when they have problems with their health before they go to a medical doctor. With the HIV/AIDS training provided by TAP the Sangomas are able to recognize HIV/AIDS symptoms and direct people to where they can get help sooner rather than later. Though education and leadership are important, the most crucial needs that people have must be met first in order for them to begin the process of empowerment. People must first meet their basic survival needs before meeting other higher needs.

#### **4.4 The Significance of Poverty**

The reality of poverty in South Africa is far reaching and often overwhelming. It affects every aspect of people's lives; health; thinking; and judgment. This research would not have been complete if I did not incorporate the effects of poverty into the research. People's level of poverty has effects on the choices that they make.

One of the community workers in the study commented that poverty disrupts social behaviour and forces people to do things that they other wise would not do. Here

are a few examples of some of the alarming choices people have made from my interviews:

In one instance a HIV positive woman named Maria, stated she knew the correct things that she needed to do to keep her self healthy. She knew that she had to boost her immune system with fresh fruits and vegetables. However, she could not work any longer because of sicknesses relating to her status. Her three sons and their partners had died of HIV/AIDS and she was taking care of her six grandchildren, her mother and her sister. The only income that the family had was from her mothers pension check. Instead of buying a large basket of fruits that would keep her healthy for a week she chose to buy a bag of refined corn meal (with low nutritional value) that would feed her entire family for a month.

One of the NGO's in the study Ikereng, is able to provide their participants with their basic necessities because of the donations of money and in-kind contributions from others. At the beginning of the school year they campaigned to their donors for donations to buy the children school uniforms. What they ended up getting was a shipment of kettles as an in-kind contribution to give to the children so that they could have a hot cup of tea in the morning. In this instance the organization had to choose kettles which they did not need over clothing that was in desperate need. As common for non-profits, one often provides what they can get versus what clients need.

World Vision provides plenty of support to people in the community of Soweto. They are highly accepted in the community and individuals and families value the support. From time to time WVSA will go to People's homes and do photo shoots of the children and their families to put on brochures or materials that they will circulate



internationally to help generate donations for the organization. The participants give up their privacy to continue receiving benefits.

Abraham Maslow, has a theory called the 'The Hierarchy of Needs.' It states that people have to first meet their basic needs before meeting other higher needs. Without meeting their basic physiological needs, they will not be able to aspire to needs associated with personal growth.



[http://en.wikipedia.org/wiki/Maslow%27s\\_hierarchy\\_of\\_needs](http://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs)

The residents of Soweto understand the importance of self fulfillment, self determination, organization, and education. They know these various attributes helped to end apartheid. Yet, they loom as dreams for the privileged, when one must struggle for food, shelter and medical care. They are consumed with meeting basic needs to survive and this supersedes empowerment issues and concerns.

Unemployment- not wanting to live in poverty is also a barrier toward empowerment. When jobs are scarce and people are plentiful and will do just about anything to save their job. Many of the young people in Soweto have no jobs, one or more children, and are in the highest percentile of those becoming infected with HIV/AIDS. Within the research I saw people who were willingly take action that does

not empower them as individuals because they do not want to return to the cycle of poverty. ASHA encourages the development of leadership qualities in their participants. However, their own employees are not empowered; in fact they may be taking advantage of their employees because they know how difficult it is for older community workers to find other jobs. South Africa like most developing countries has a high unemployment rate of 25.5% and the majority of their population is between the ages of 35 to 65 ([www.statsa.gov.za](http://www.statsa.gov.za)). Unemployment becomes a more serious concern between the ages of 30-40 yrs; after the age of 40 large portions of the population are not economically active ([www.statsa.gov.za](http://www.statsa.gov.za)). The scramble for jobs and ever-increasing supply of workers due to high fertility rates serves employers and hinders potential employees. The organizers and major donors do not live in Soweto. In fact they are part of the ethnic group that has oppressed Black South Africans for years. The threat of unemployment is being held over their heads. These women have been working for the organization for years and are the heart and soul of the center. Yet, they get no voice in decision making, limited salaries and constant reminders that others will gladly take their place and be happy to have a job.

#### **4.5 Gender**

I have put the topic of guilt and shame under the heading of gender because encounters connected to HIV/AIDS is experienced more profoundly by women. Where it might be acceptable for a man to be promiscuous in most societies and especially in Africa, it is unacceptable for women to be promiscuous. Some believe women who contract HIV/AIDS to be promiscuous. Men are culturally applauded for having many women, wives and sexual experiences. Women are expected to be submissive, faithful

and non-sexual unless connected to reproduction. One HIV positive young lady interviewed was forced to give up her child to the orphanage even though her other siblings had children. She was the only one of her sisters who contracted the HIV/AIDS virus. Another girl interviewed refused to leave her house even though she desperately needed medication and counseling because she didn't want her neighbours to see how much she had physically deteriorated.

Many of the people that were interviewed did not take an active role in the NGO's activities because they were ashamed for becoming infected or people in their families were embarrassed and ashamed of them. The majority of the time the people who suffer from guilt and shame are women, because they are seen as being sexually promiscuous. This shame restricts them from being a part of social gatherings, leadership training, income generating activities, or even having access to help that they are qualified and able to access. Dealing with the guilt and shame of contracting HIV/AIDS may present huge emotional, physical and physiological barriers to individuals who want to be empowered and live in an empowered community.

In Africa, the face of AIDS is different from most of the world. The largest numbers impacted are women and youth. This HIV/AIDS pandemic puts extra stains on women due to other culturally defined gender roles. Women take care of the elderly, sick and children in African societies. Women give up employment and education opportunities to fulfill these obligations. So not only do we witness women in Soweto not utilizing services due to guilt and shame, but we see them limiting their life. Chances and opportunities to care for other sick men, women, and children are impacted by the pandemic and other illnesses.

## **5. Recommendations and Conclusion**

This study revealed several practices that could help in the struggle against the HIV/AIDS pandemic. For each of the organizations in the study I have noted their most interesting technique and how it can possibly be modified and used in North America

### **5.1 Tlhokomelo Home Based Care (THBC)**

One of the most fascinating techniques used at THBC to inform community about HIV/AIDS is called an open-disclosure-funeral. That is when one of their HIV/AIDS patients die and THBC ask the families permission to disclose the status of the dead person at the funeral. The team at THBC talk to people who are attend the funeral about their behaviors, and how HIV can be prevented in their lives. It is a very blunt and up-front presentation stating quite plainly, that their friend or family member has just been laid to rest because of HIV/AIDS and that they don't want the same thing to happen to the attendants of the funeral. The speaker talks about the virus and what it does to a body when people contract it. They talk about what people have to do to get the virus and what measures they can take to prevent themselves from contracting the virus. Finally they talk about the service they provide to the public and how they can help people who are suffering alone with the virus. This method is very interesting for many reasons, it is informative, tells people straight why the person died and some of the hardships that the person went through. Their audience is a captive one and a venerable one. One that would be listening very attentively, as to prevent the very same thing from happening to them or people in their family. The impact of this type of method on the family is multi-dimensional. It would remove some of the stigma associated with someone dying of one

of AIDS associated illnesses, and remove some of the shame from the family since they were upfront and open with their friends and neighbours. No matter how the people feel when they leave at an open disclosure funeral they will be better informed about the virus and they will have the ability or the knowledge to tell someone where they can get home based care if they do need it. This is a truly unique technique that with some modifications can be used in different contexts around the world.

HIV/AIDS is a taboo subject in many places in the world. Even when people discuss the subject they think 'this will never happen to me' or that they don't know anyone who has died from HIV/AIDS. They don't see it. It is invisible to them. Open-disclosure- funerals makes HIV/AIDS a visible and real threat to the survival of the community. When people are grieving for their loved ones they will be more receptive to the realities of the message. These types of funerals can motivate people to action by giving them a goal or a purpose to work towards. This goal might be to have less and less open disclosure funerals. These types of funerals can also give hope. It might be too late for the person whose funeral is being attended, but not for the one attending. It is an opportunity for people to turn the situation around for the community and for themselves. In some countries and cultures talking about why and how a loved one passed away is taboo. The open disclosure type of technique should take into consideration the culture of the participants and be aware that some people will not appreciate this type of intervention; while others will think it helpful and informative for them in their future.

1. Permission has to be given for the public disclosure either from the patient or his family.
2. The organization/ presenter would have to have a personal relationship with the patient who has past away.

3. The Family will give the organization a specific amount of time to talk at the funeral of the loved one.
4. The family will have to have prior knowledge of exactly what will be said by the presenter about their loved one who has passed away.
5. The presenter should put forward the information in a way that is respectful to the person who has recently passed away and to the mourners at the funeral.
6. The presenter should be allowed to speak freely about sex and sex related issues that pertain to HIV/AIDS.
7. It would be mandatory that the presenter avail themselves for any questions after the funeral gathering to interact with the people who had attended the service.
8. The presenter can give information as to where to get in touch with their organizations and information concerning HIV/AIDS prevention.
9. After the service the presenter should be allowed to give out condoms, information brochures and collect names of people who are interested in volunteering with their organization.
10. The presenter will ask the assembly of mourners to wear a red ribbon for 5 days after the funeral and answer questions that might arise surrounding the ribbon.

This is just an example of how the strategies used in Soweto, South Africa can be modified and used in different parts of the world as a technique that can help inform, and prevent people from being infected with HIV/AIDS

## **5.2 Township Aids Project**

I was very impressed with the way TAP works in the community and their method of reaching their target population. TAP's primary focus is prevention with the youth. They utilized school-based programs as their medium. They target the youth and they use existing groups to channel their programs. The majority of their work is done daily at around 3:30pm when the after-school programs are taking place. TAP representatives go

and speak to the group about what they know about HIV/AIDS and are very open and discuss topics that are considered taboo at school and at home. They encourage the participants in the youth group to attend rallies where they give out condoms to the public and talk to them about some of the things they experience concerning sex. They even demonstrate how to put on a condom properly. It is a chance for the youth to ask questions and encourage each other to be safe and protected when it comes to sex. TAP trains individuals from the clubs to be youth counselors and gives the kids leadership training where they learn techniques such as how to organize projects and events, and how to talk to groups without being shy. TAP has three trainings that the kids go through: Basic information on HIV/AIDS; Peer Counseling; and Leadership Training.

This group has another technique that they use to boost how information is shared in the community about HIV/AIDS. They approach others who traditionally are sought out first before people go to doctors and consult about their ailments. In South Africa they call these people Sangoma's or Spiritual healers. One of the aspects that impressed me was how they would encourage Spiritual healers from rural communities to take part in the course. They even encourage people who didn't know how to read or write English to take part. The seminars are done in English, but from time to time they employ interpreters. The information collected in the interviews from some of the young adults taking part in the training were extremely honest and insightful, they shared experiences and anecdotes that I never would have dreamed of.

People have known for years about the ABC's of HIV/AIDS. If that is so then why is the infection rate still so high? The rate of HIV infection in South Africa is approximately 1,700 per day and claims 1,000 deaths daily. Seventy-one percent (71%)

of deaths among people aged 15-49 yrs are caused by HIV/AIDS in South Africa ([www.avert.org/aidssouthafrica.htm](http://www.avert.org/aidssouthafrica.htm)). The idea of peer counseling is a more personal and effective way of transferring information. What good is it to give an information session if the majority of the people don't understand what is being said and may not feel comfortable asking questions? Peer counseling is a method of inclusion where people gain a higher level of understanding. An example of effective peer counseling would be: smaller groups, with people of similar ages, and the freedom to ask questions that they might be embarrassing. The public having a good understanding of HIV/AIDS and how it can affect their lives is a process and it may take a longer period of time because it involves a large amount of people truly understanding and changing their behaviour. I think this technique is worth while and can be replicated elsewhere in the world. Here are some steps that can be used as a guideline for this purpose:

1. The organization/presenter has to get the permission of the schools that they will operate in.
2. The group is given a certain session every week where they will do the work with their club.
3. Parents are informed that the weekly or bi-weekly meeting is going on in the club time with their children.
4. Receive commitment contracts where the participants in the club pledge to attend the sessions and attend at least one rally.
5. Individuals who have successfully completed all three courses offered, agree to becoming involved with talking to other groups in their school, so that they might also benefit from the same program.

The second technique of recruiting spiritual healers/ community elders:



1. Assess the community for retirement groups, volunteer professional groups or associations who offer services on contract basis or free of charge.
2. Train the individuals on Basic HIV/AIDS information, peer counseling, leadership and other areas where their skills are lacking. (i.e. public speaking)
3. Establish a partnership between the older professionals groups and medical clinics in the community.
4. Find already established venues where these groups can talk to people about HIV/AIDS in accordance with their own age group.
5. Encourage individuals who excel in the three areas to be involved because it is an area where their skills are sorely needed.

### **5.3 African Self Help Association (ASHA) Training & Development Trust**

The leadership-training workshop, was one of the most interesting programs that the Development Trust had that thoroughly impressed me. ASHA offers this program to parents, teachers, and employees. Their classes in leadership emphasize how parents and community members can control their community through conducting projects, starting businesses, and even fundraising activities. The workshop was showing the participant how to organize themselves and their community. The reason they give these trainings: “to be an empowered community you first have to empower yourself. To start this process you have to first improve your personal leadership skills before your professional leadership skills. If someone is personally empowered, they will be able to motivate, influence and problem solve” (Certification in Community Leadership ASHA, 2003). Sometimes the participants have homework which might be to complete an asset map of their neighbors’ skills, and sometimes make a business plan. ASHA also offered courses on HIV/AIDS. There were information sessions where the discussion involved what was really happening in the Soweto Township, and how people were coping with this virus

that was infiltrating their communities, and their families. There were discussions on myths and realities and what is true and what isn't about HIV/AIDS. If one finishes the first level of the leadership classes they receive a certificate from ASHA's Training and Development Center. If they go through to the second tier of the class, they receive a certificate from RAND University. Several individuals on the board of director's work at RAND University and over time a partnership has developed. RAND University researches and produces the workbooks and textbooks used in the ASHA trainings, and they oversee or supervise the teachers who give the training. The classes take place at a teacher's resource center twice a month on Saturdays. Some ASHA teachers take the course as well. Some of the Trainers are women who have been a part of ASHA for at least thirty years. The trainers supervise, and are a support for the teachers in the field.

ASHA spends a great deal of time and energy in training parents, teachers, and employees in leadership principles. These principles include topics such as how to write resumes, how to approach a job interviews, how to organize community projects, how to manage your money, micro-business skills, and fundraising and public relations. Once learned the members of the community will have these skills permanently. They can use them to get a job, advance in their position at work, motivate and help their neighbours and friends. The course in leadership has the potential to improve members lives in a scope that moves beyond their child's daycare, and can even be used improve the quality of life for the entire family. The leadership course takes the community above and beyond where the members are now, and addresses where they are headed in the future. Some of the more important aspects of this program were:

1. Establish a partnership with a University office that specializes in Social Work, Adult Education and/or HIV/AIDS.

2. Trained Individuals in that organization will avail themselves to conduct community training on selected Saturdays for the duration of the course.
3. Establish the need for the training sessions in the target population.
4. Acknowledge the work that the clients do with the organization- offer individual's certificates for the work that is done.
5. Organize a rotating schedule for the trainers so that not everyone trains every weekend.
6. Have different locations for different communities.
7. Have the classes offered at varying hours to suit the population you are targeting.
8. Get the students involved with the community- offer structured practicums in prearranged community localities.
9. Encourage the participants to get involved with the service provider, such as information sharing, becoming a board member, and income generating projects.

#### **5.4 World Vision**

The service that I thought was the most unique was how they conducted their training. World Vision is a faith-based ministry, and uses faith based principals integrated into their messages directed towards youth. I was fortunate enough to be asked to attend the training of young adults from a local high school. A class from a local Soweto high school was chosen to participate in a weeklong training that explained what HIV/AIDS is and how it infects the body and the ways Anti-Retro Viral's (ARV's) work to protect the cells in the body. The workshop designers also structured plenty of working groups where we discussed points covered. Instead of focusing on what people do immediately before they have sex (put on a condom). The trainers at World Vision devoted the majority of the time in big groups, and then in smaller focus groups discussing with youth

about the reason why they decide to have sex in the first place. They advocate for abstinence. In the process they focus on peer pressure, and how to teach teens so they can deal with problems at home, and find alternative on how to spend their spare time. The training included people from Soweto talking about their own experience having HIV/AIDS, and how to have a peer-counselling network in their schools. The training also spent a great deal of time discussing culture and the pressures associated with openness or the lack of it. They also discuss how to deal with people in their community and in their families who have already contracted HIV/AIDS. This was the first in the series of seminars and training workshops for that particular group of young adults. In the future this same group would be called again to train extensively on peer counselling.

World Vision's approach to HIV/AIDS prevention is truly unique in the sense that they deal with the motivation for young adults/ teens for having sex at an early age. Their rational is to delay sexual intercourse until youth are more mature and better able to deal with peer pressure, responsibilities and consequences to their actions. This course made the youth examine why they were engaging in sex at such early ages, and discussed what else they could be occupying their time with. This is an approach that has not been well explored but may help some of the youth in our society examine their behaviour, and what some of the consequences can be. It is an approach that is worth exploring especially in low-income communities and communities with high teenage pregnancies.

Some of the more important aspects of this organization were:

1. Focus on the prominent religions or Faith in the community.
2. Form a partnership between churches/ mosques / Temples in the area. Try to find the youth leaders from those organizations or individuals who will be willing to talk to youth.

3. Focus on youth groups in churches/ mosques/ Temples and school faith based groups.
4. Establish a trusting relationship between the youth and the trainers so that there can be honest dialog with youth. Youth must be free to ask any question without judgmental undertones.
5. Focus on behavior before sex, such as, pressures leading up to sexual act, feelings that young adults are having, problems/ pressures, and situations that they deal with on a day to day basis.
6. Give the group facts to replace myths that they hear about sex and HIV/AIDS. Give them cold hard facts about the responsibility they will be taking on as well as the repercussions.
7. Learning material should be available to the young adults in the form of written, and audio-visual, and the media related items.
8. Provide youth with a resource person who they can call and talk to in case they need support or guidance.
9. Co ordinate different times for different religions. Each religion should have a special and separate time to meet so that they can explore specific values of their own religion and how to interact with them.
10. Organize community interaction for the youth in youth hostels, with other AIDS infected youth. Visit hospitals, clinics, support groups, or host talks with People Living with AIDS (PLA's).

### **5.5 Ikereng Itireleng**

One of the goals of this organization is that the children who have been left behind (parents having died from HIV/AIDS) learn to function within the system and not be run over by it. Their basic needs of food, clothing, shelter, and education have to be met. To do this money is needed. Ikereng organizes income-generating activities for kids where they can go home with money in their pockets for the work that they have completed that day. In conjunction with one of the very popular rugby teams in South Africa, Ikereng has permission to sell the programs at all the home-games. The children get a portion of the cost of each program that they sell. The more programs the children sell for the team, the more money they get to go home with at the end of the day. On the day of the activity Ikereng provides the kids with food (lunch) and transportation to and

from the game. Most of the kids go home with around R200. The money that they earn can be used to get the things that they need in the house, including pay for rent and buy groceries. The organization also puts together food packages that include staples in the South African diet such as; beans, soy, lentils, and corn porridge. Ikereng distributes food packages to the families registered with them and the amount of food packages vary with the size of the family. They also buy school uniforms for all the school aged children registered with them.

In order to get to the goal of having empowered communities, there are many steps. There is leadership and education but before any of these, there is providing for basic needs, health, and situations that require immediate attention. Children who are orphaned by HIV/AIDS and who are taking care of other children definitely fall into this category. In North America there are many social services that care for children until they are adults. In many countries in Africa there are no such services or the number of children that are in need of the service overwhelms the resources of the state. This is an innovative activity that gets others in the community involved. If children can count on income from these types of activities, they might not turn to other types of deviant money making alternative such as prostitution, robbery, and a host of other activities.

Suggestions:

1. Prepare information about these organizations for presentations to popular sporting clubs in the city i.e. basketball, hockey, football and soccer clubs.
2. Present the realities to the clubs and the members, so they can understand the realities that face these children on a day-to-day basis.
3. Encourage the groups to adopt an organization for a specific amount of time. (i.e. 2 years).
4. Instead of paying individuals to sell programs for the sporting event or home game, children 15 years and over sell the programs and receive part of the profit from the programs for their own personal use.

5. The rest of the money minus the cost of the printing is accumulated and is donated to the organization quarterly.
6. Insure that the children's meals, drinks and door-to-door transportation are provided for the children for the entire day.
7. Chaperones are to be circulating to make sure that children are safe and check in at an appointed time.
8. Offer budgeting training courses for the young adults in the child headed families and foster family heads.
9. Offer Counseling Support and HIV/AIDS Information sessions for the families that are supported in their organization.
10. A prerequisite for being able to participate in the income generating project should be to complete a course on HIV/AIDS basic information or to be involved in a peer education group.

## **5.6 Final Thoughts**

I thought the strength of the people of South Africa was connected to the triumph over Apartheid that the world watched and marveled at. What I saw was that this current strength of spirit was about survival. People live with the triumph of apartheid behind them. In the now, they have to survive this virus. In the questionnaire the shared experience question was the most misunderstood and confusing question asked. People know about now, what they needed, what they had and didn't have. On the ground the most important thing was surviving NOW. For some people it was the survival of themselves but for most, their survival was very much linked to the survival of their entire family.

It seems that I was under the misconception that Apartheid was the factor that brought the community together and kept them strong. Though some of those interviewed

mentioned the hardships that Black people went through during that era, the majority of those interviewed stated that the binding experience that their community shared now was poverty, and death. All the people that I met in South Africa either knew someone who had HIV/AIDS, knew someone who had died from the pandemic or they themselves were infected.

Each of the organization researched is working separately on a project that affects every one in the community. Sometimes the service that they provide is being duplicated at another NGO. It might be more effective if organizations work together toward the same goal.

If a NGO is very good at a particular service they could offer just that service to participants/ patients. This would allow organizations to specialize in food delivery; prevention; training; counseling; income generation; advocacy; health access; leadership training; leadership training; and a whole host of service needs. This effort would limit duplication and encourage organizational specialization and holistic client care. The challenges: organizational collaboration, shared vision, service plan; and donor support.

Each organization can provide one service under an umbrella of services needs. When Organization A meets basic needs they would then be referred to organization B who would meet safety needs or training needs and refer the individual to organization C and so fourth.

For example ASHA or TAP could train community workers at THBC in peer counseling, or project management. Since Ikereng is skilled in giving out basic necessities maybe they could offer to include TAP's participants to their list of recipients. World Vision



could include THBC's patients on their list of people who they help receive anti retro virals.

A world of possibilities exist in the meantime I present a wealth of knowledge and practices from the South African experiences that hopefully will help us all understand the issues surrounding HIV/AIDS community development, and empowerment and how the creativity of the poorest can help us address this global pandemic.

## **APPENDICES**

### **An Asset Based Approach to Community Development within a Southern African Context: How Local NGO's Understand and Practice Development and Empowerment**

# Appendix #1

## INFORMED CONSENT FORM

An Asset Based Approach to Community Development within a Southern African Context: How Local NGO's Understand and Practice Development and Empowerment.

**Natalie Marie Perkins**

Department of International Development Studies  
Saint Mary's University  
Halifax, NS, B3H 3C3  
natalie@hotmail.com

I am graduate student in the Department of International Development Studies at Saint Mary's University. As part of my Master's thesis, I am conducting research under the supervision of Dr. Anthony O'Malley. I am inviting you to participate in my study. The purpose of the study is to examine ways that NGO's in Soweto work towards empowerment of local citizens.

**This study involves a half hour private discussion with the researcher about community projects, participation, and outcomes.**

There are no psychological or emotional risks or stresses involved in this study. **Your participation is completely voluntary. You may withdraw from this study at any time without penalty.**

All information obtained in this study will be kept strictly **confidential and anonymous**. All participants are required to sign confidentiality forms, and all information collected will be encoded and kept in a secure location. Please do not put any identifying information on any of the forms. To further protect individual identities, this consent form will be sealed in an envelope and stored separately. Furthermore, the results of this study will be presented as a group and no individual participants will be identified.

If you have any questions, please contact the principal researcher, Natalie Perkins, at natalie@hotmail.com.

This research has been reviewed and approved by the Saint Mary's University Research Ethics Board. If you have any questions or concerns about the study, you may contact Dr. John Young at ethics@smu.ca, Chair, Research Ethics Board. By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please keep one copy of this form for your own records

## Appendix #2

### Chief Executive Officer (CEO)- Interview Questions

1. Please tell me your positions and describe your duties.
2. Is HIV/AIDS a major concern with your organization- with in Soweto-community?
3. Can you describe the community before HIV/AIDS was a predominate concern.
4. How did the community deal with serious problems that arose then? How do they deal with serious problems now?
5. What type of relationship exists between the government and your organization?
6. Do the activities of the organization attract any political attention (in the past or presently?)
7. How do you fund the majority of the projects within your organization? How helpful is financial support from international donors and NGO's?
8. Do you have Outside Donors? Are you at liberty to discuss who they are and their position on development?
9. What is expected from the donors? What is expected from the community? In terms of projects.
10. How does their funding affect the decisions that are made in programming the activities at your organization?
11. Does getting international funding alter the purpose and the goals of the local organization?
12. What happens when the needs of the donors clash with the needs of the community?
13. Can you remember a time when the International NGO's and the local community had opposing opinions on how to address a given problem? What happened?
14. How do you balance the need of the donor and the needs of the local community?
15. How do you envision your community 10 years from now?
16. Do you think this organization can affect local development in the country? How?

# Appendix #3

## Questionnaire -Interviews with Community Workers

Gender (M/F) \_\_\_\_\_ Age \_\_\_\_\_ HIV status \_\_\_\_\_

Please tell me your job title \_\_\_\_\_

Can you briefly explain your job and/ what you do for your organization \_\_\_\_\_

### **Leadership**

1. Can you give examples of effective leadership demonstrated in the context of the community that you work within?

---

---

---

2. Does your organization have a shared vision of the future? Can you summarize this vision?

---

---

---

### **Rise in Consciousness**

3. What types of experiences connect people to this community?

---

---

4. How do these experiences affect the social make up of the community?

---

---

5. Is it important to you as a community worker to develop your community? Why? \_\_\_\_\_

---

**Participation**

6. What types of decisions are made at the grass roots level of your organization?

---

---

---

7. Do you know these decisions affect the decisions made at the board of director level? Yes No

8. Are members of the community willing to participate in activities hosted by your organization? Yes No

9. Briefly explain how they participate- What kinds of ways do they show their participation

---

---

**Meeting Basic Needs**

10. To what extent do you think being a member of this organization helps community members meet their basic needs: i.e.

Food Access to education

Clothing Access to medical attention.

Shelter Other \_\_\_\_\_

---

**Government Policy**

11. Is there a link between the Governments vision of community and your organizations vision of community?

---

---

---

12. Overall do you think that this organization is working to advance prevention from the aids pandemic in Soweto? Yes No

13. Do you think it is effective? Why Why not?

Thank you for you co-operation in my research!

## Appendix # 4

### Questions for Participants

Age:  
Gender (M/F):  
HIV status:  
No of children:  
Occupation:

Tell me about your story.

Did you know about HIV/AIDS before you were infected? How did you become infected?

Did you have any counseling?

Who do you live with?

Who do you take care of? How many people do you take care of?

How did you get hear about this organization?

What kind of help do they give you/ How do they help you?

How could they be of better help to you?

How could the Government be of more help?

Do you receive the SA Government grant or any other assistance?

If you could change your life with HIV/AIDS in any way what would it be?

## Appendix # 5

### EMPOWERMENT CHECKLIST

Question	Yes, definitely	Little evidence	No evidence	Explanation:
1) Is there evidence of effective leadership with in the community?				
2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?				
3) Are there structured ways of transferring information and knowledge to members of the community and the group?				
4) Is there decision-making power in the community groups/ at the micro level?				
5) Are the results of community group decisions reflected in the organization				
6) Is the organization's accepted in the community in which it works?				
7) Are community members willing to attend meetings?				
8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?				
9) Create avenues for complaints to be submitted and responded to.				
10) Are the community groups working on problems perceived in their own communities by their own members?				
11) Can the organization				



<b>maintain their programming with out continued funding from others?</b>				
<b>12) Are the activities of the group financed and sponsored by their own organization?</b>				
<b>13) Does the group activities increase access to education?</b>				
<b>14) Does the group activities increase access to medical attention?</b>				
<b>15) Does the group encourage income-generating activities in the community?</b>				
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>				

**Appendix # 6**

Soweto Community Power Before Applying  
Community Driven Approaches

HIV/AIDS  
Pandemic

Gender

Government

Local  
Economy

Job

School

**Soweto  
Community  
Power**  
Religion Family

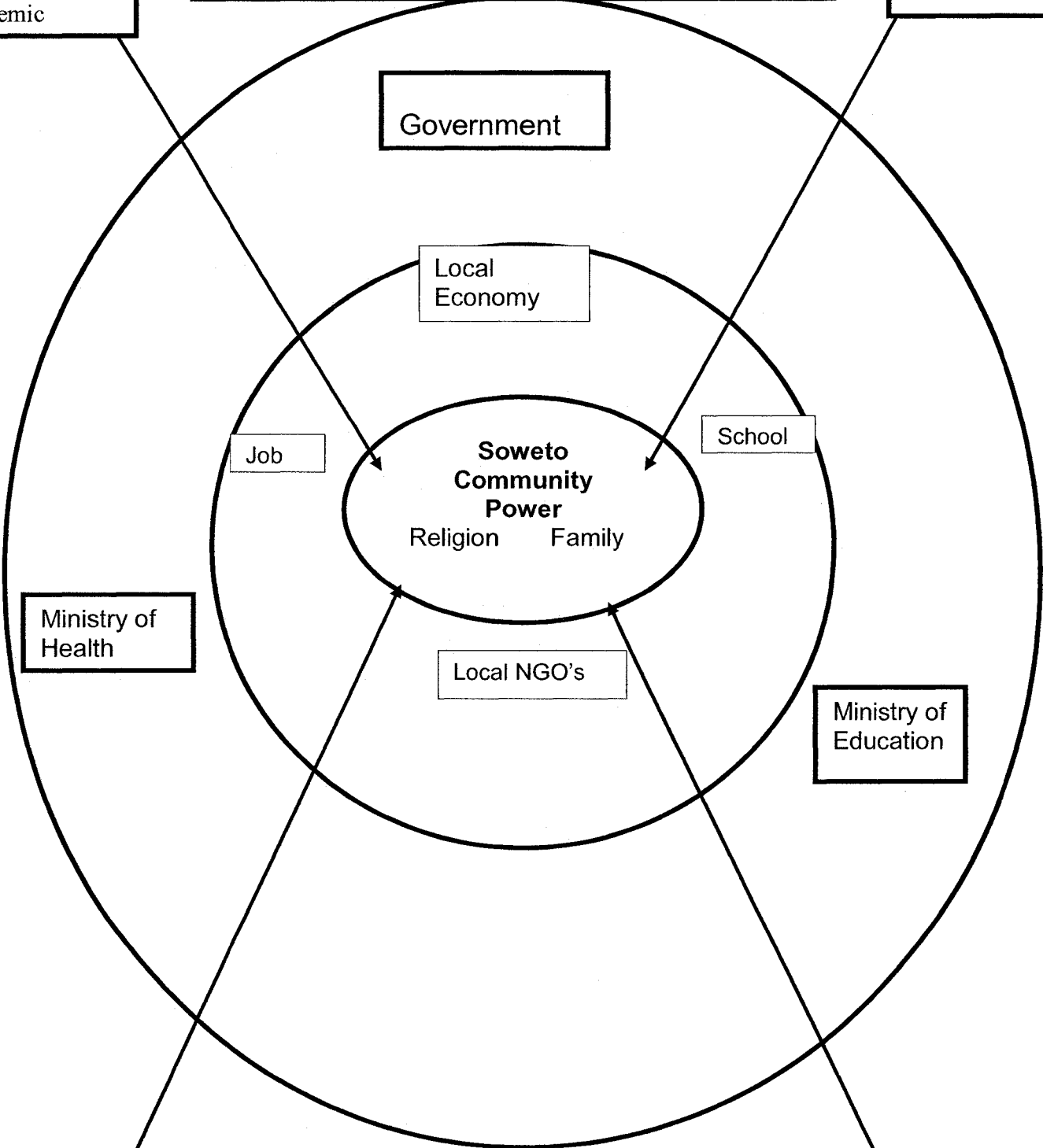
Ministry of  
Health

Local NGO's

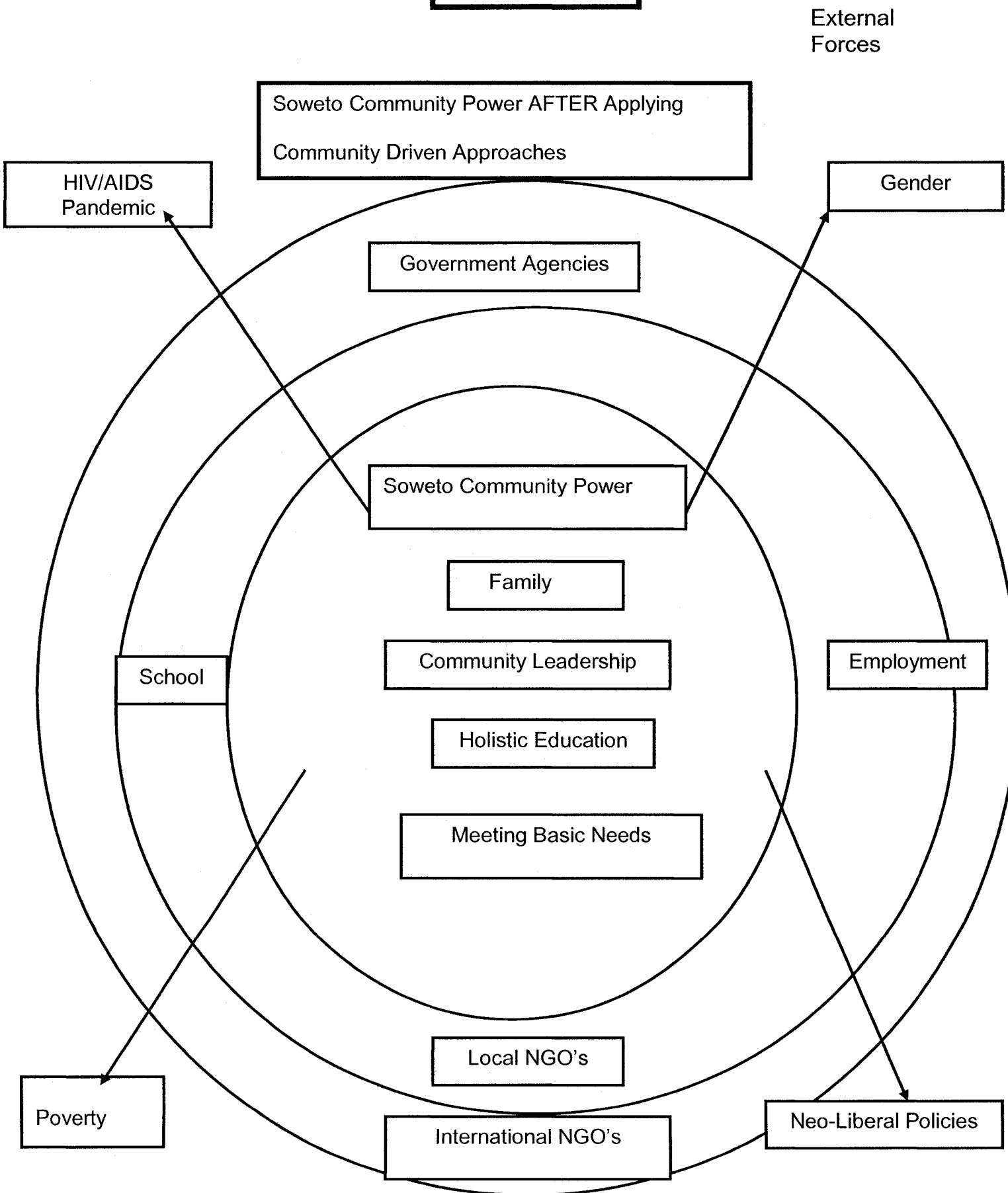
Ministry of  
Education

Poverty

Neo-liberalism



# Appendix #



External Forces

Soweto Community Power AFTER Applying Community Driven Approaches

HIV/AIDS Pandemic

Gender

Government Agencies

Soweto Community Power

Family

Community Leadership

Holistic Education

Meeting Basic Needs

School

Employment

Local NGO's

Poverty

International NGO's

Neo-Liberal Policies

## Appendix # 8

### Summary Timeline Of Case Study / Empirical Research

<b>Month</b>	<b>Task Started</b>	<b>Task completed</b>	<b>Location</b>
MONTH 1-Contacted several NGO's to locate a sponsoring NGO for research	Jan 2004	April 2004 ASHA- NGO willing to sponsor my research in Soweto	Canada
May 28 : traveled to South Africa	May 2004	May 2004	Canada- South Africa, Soweto
June 2 : Began participant observations at ASHA	June 2004	Mid July 2004-	Soweto- ASHA
June 2: Began collecting newspaper articles on community development and HIV/AIDS in Soweto and SA.	June 2004	August 2004	Soweto
June 21: Introduced to community worker from TAP, spoke to me about the work that they do in the community. Agreed to let me do participant observations.	June 2004	Mid July 2004	Soweto – Township Aids Project
June 23 : Met with CEO of ASHA for the first time.			
June 24 : Introduced to Community worker at World Vision, agreed for me to do participant observation with them.	June 2004	Mid July 2004	Soweto – World Vision
June 26: Attended HIV/AIDS and community workshop hosted by ASHA. Met and individual from IKERENG. Arranged meeting with CEO.	June 2004		Soweto – ASHA/ IKERENG

<b>Month</b>	<b>Task Started</b>	<b>Task completed</b>	<b>Location</b>
June 29 : IKERENG CEO agreed that I can begin to do participant observations with org.	June 2004	August 2004	Soweto- IKERENG
July 2004 Ongoing participant observation @ ASHA, WV, TAP, and IKERENG	July 2004	Mid July 2004	Soweto- IKERENG TAP ASHA WV
July 04-09 2004 Attended 1 week HIV/AIDS training workshop for youth. Sponsored by World Vision	July 2004	July 09 2004	Johannesburg
July 2004 Began Interviewing community workers @ ASHA, WV, TAP, and IKERENG	July 2004		Soweto-
July 12 2004 Introduced to Elizabeth at Thlokomelo Home Based Care. Agreed to at I can conduct participant observation.	July 2004		Soweto- THBC
August 2004 Began Interviews with participants & CEO's at all centers.	August 2004	Oct 2004	Soweto
September 2004 Continued interviews with community workers, CEO's and participants at all centers.	August 2004	Oct 2004	Soweto
October 2004 Concluded research- Feed back to CEO's at all centers.		15 Oct 2004	Soweto
20 October 2004 Left Soweto			

## Appendix # 9

### EXPLANATION OF EMPOWERMENT CHECKLIST ANALYSIS/ CALCULATIONS IN SECTION III

#### Empowerment checklist Analysis

Each organization was evaluated with questions that focused on four major areas: Leadership, participation, basic needs, and financial autonomy. Each one of these areas was given a value of 25 percent. Four major areas equal 100%.

Let us use IKERENG as an example.

Leadership: (3 Question) 25% divided by 3 = a value of 8.33 for each positive response.

Positive response = 8.3

Little evidence = 4.15

Negative response = 0

#### LEADERSHIP

Question	Yes, definitely	Little evidence	No evidence	Explanation:
1) Is there evidence of effective leadership with in the community?		X		
2) Do the groups have a shared vision of the future or a shared goal that they are all working towards?			X	
3) Are there structured ways of transferring information and knowledge to members of the community and the group?		X		

2 answers worth 4.15 each = **8.3**

Participation (6 questions): 25% divided by 6 = 4.16 for each positive response.

Positive response = 4.16

Little evidence = 2.08

Negative response = 0

### PARTICIPATION

<b>4) Is there decision-making power in the community groups/ at the micro level?</b>			X	
<b>5) Are the results of community group decisions reflected in the organization</b>			X	
<b>6) Is the organization's accepted in the community in which it works?</b>	X			
<b>7) Are community members willing to attend meetings?</b>	X			
<b>8) Is there the establishment of interest groups as a means of solving community problems or is this done through individuals?</b>			X	Through individuals
<b>9) Create avenues for complaints to be submitted and responded to.</b>		X		

2 positive responses = 8.3; 1 little evidence = 2.08

$$8.3 + 2.08 = 10.38$$

Financial Autonomy (3 Question) 25% divided by 3 = a value of 8.3 for each positive response.

Positive response = 8.3

Little evidence = 4.15

Negative response = 0

### FINANCIAL AUTONOMY

<b>10) Are the community groups working on problems perceived in their own communities by their own members?</b>	X			
<b>11) Can the organization maintain their programming with out continued funding from others?</b>			X	
<b>12) Are the activities of the group financed and sponsored by their own organization?</b>			X	

1 positive response = 8.3

Basic Needs (4 questions) 25% divided by 4 = a value of 6.25 for each positive response.

Positive response = 6.25

Little evidence = 3.12

Negative response = 0

**BASIC NEEDS**

<b>13) Does the group activities increase access to education?</b>	X			
<b>14) Does the group activities increase access to medical attention?</b>		X		
<b>15) Does the group encourage income-generating activities in the community?</b>	X			
<b>16) Is the socio-economic level of the participants considered? i.e. free services and/or modified rates.</b>	X			

3 positive responses = 18.75; 1 little evidence = 3.12

$18.75 + 3.12 = 21.87$

Leadership	<b>8.3</b>
Participation	<b>10.38</b>
Financial Autonomy	<b>8.3</b>
Basic Needs	<b>21.87</b>
<b>Total</b>	<b>48.85</b>



## Bibliography

African Self-Help Association (ASHA). Certificate in Community Leadership Module 2: Small-Business Entrepreneurial Skills. Department of Social Work, Rand Afrikaans University. 2003

African Self-Help Association (ASHA). Certificate in Community Leadership Module 4: Small-Business Entrepreneurial skills. Department of Social Work, Rand Afrikaans University. 2003

“AIDS sceptic lost the plot. Three experts in AIDS research Tony Barnett, Gwyn Prins and Alan Whiteside, charge author Rian Malan with promoting a climate of denial.” Sunday Times 26 September 2004. (No author)

Bachrach, Peter. Power and Poverty: Theory and Practice. Oxford University Press. New York.1970.

Barbara, Scott & Schwarts, Mary Ann & Vander Plaat, Madine  
Sociology: Making Sense of the Social World. Person Education Canada. Toronto. 2000.

Background Information on ABCD Institute Project.  
<http://www.northwestern.edu/iprf/abcd/background.htm> Feb.3, 2003

Bartle, E, Couchonnal,G, Anada Edward, & Staker, Martha.  
“*Empowerment as a Dynamically Developing Concept for practice: Lessons Learned from Organizational Ethnography*.” Social Work. Vol. 47 Issue 1, p32, 12p, Jan. 2002.

Black, Max. The Social Theories of Talcott Parsons: A critical Examination. Princeton-Hall Inc. Englewood Cliffs, New Jersey. 1961.

Blackburn, James & Chambers, Robert & Gaventa, John. “Mainstream Participation in Development.” EOD Working Paper Series. No. 10. World Bank. Washington D.C. Summer 2000.

Bonner, Philip & Segal, Lauren. SOWETO: A History. Maskew Miller Longman. 1998.

Brehony, Eamonn. ‘Who’s Practice counts? Experiences in using indigenous health practices from Ethiopia and Uganda’. Development in Practice. Nov. 2000:Vol 10, Issue 5, 650. Academic Search Premier. EBSCO host. Patrick Power Library. February 14, 2002.

- Brokensha, Peter & Hodge, Peter. Community development: An Interpretation. Chandler Publishing Company. California. 1969.
- Brown, Douglas J. The Human Nature of Organizations. American Management Association. New York. 1973.
- Butler, Anthony . South Africa's HIV/AIDS Policy, 1994-2004: How Can It Be Explained? African Affairs, 2005. 104/417, 591-614.
- Chaudhary, S.N. Community Power Structure: Search for Alternative Paradigm. Har-Anand Publications. New Delhi. 1993.
- Chambers, Robert. Rural Development: Putting the Last First. Logmans Scientific and Technical Publishers. New York. 1983.
- Chillag, Kata. Bartholow, Kelly. Cordeiro, Janna. Swason, Sue. Patterson, Jocelyn. Selby. Woodside, Carol & Sy, Fancisco. "Factors Affecting the Delivery of HIV/AIDS Prevention Programs by Community Orgnizations." (2002) AIDS Education and Prevention Vol. 14, supplemental A 27-37. Academic Search Premier. EBSCOhost. Patrick Power Liabrary. Nov. 1, 2003
- Clark, Terry Nichols. Community Power and Policy Outputs: A Review of Urban Research. Sage Publications. London. 1973.
- Coady International Institute. An Asset-based Approach to Community Development: A Manual for Village Organizers. St. Xavier University. Antigonish Nova Scotia, Canada. 2006.
- Cooke, B & Kothari, U. Participation: The New Tyranny? London. Zed Books. 2001.
- Cox, Anna. "Hardship increases as jobs keep dwindling." The Star 15 August 2004.
- Cunningham, Gord & Mathie, Alison . Asset-Based Community Development An Overview. Prepared for the ABCD Workshop, by Synergos on Februry 21, 2002. Bangkok, Thailand.  
<http://www.synergos.org/globalphilanthropy/02/abcdoversiew.htm>
- Dahl, Robert A. "The Concept of Power". Behavioral Science. Vol 2. Bobbs-Merrill. 1957.
- Dimock, Hedley G. Planning Group Development. Center for Human Resource Development. Canada. 1986.
- Desai, Vandana & Potter Robert B. The Companion to Development Studies.

- Oxford University Press Inc. New York. 2002.
- Domhoff, William. Who Really Rules? New Haven and Community Power Re-examined. Transaction Books. USA 1978.
- Doughton, Morgan. PeoplePower: An Alternative to 1984! Media America Inc. Publishers. Bethlehem-Philadelphia. 1976.
- Folling, Asbjorn & Bjornsmoen. The History of Township Aids Project: A Community Tale.(booklet) Johannesburg, 2003.
- Freire, Paulo. Pedagogy of the Oppressed. The Continuum Publishing Corporation. New York 1970.
- Friedmann, John. Empowerment: The Politics of Alternative Development. Blackwell Publishing. Cambridge Massachusetts. 1992.
- Fullum, Charlene & Lando, Ann R. “*The Triad of Empowerment: Leadership, Environment, and Professional Traits*.” Nursing Economics. Vol16 Issue 5 p 254, 5p. Sept/ Oct. 1998.
- Gill, Steven & Law, David. The Global Political Economy: Perspectives from Political Economy. Macmillan Press Ltd. Baltimore. 2000.
- Germain, Randall. Globalization and its Critics. Political Economy Research Centre Press. 2000.
- Green, Jillian. “Why are they making sure that I die? Uncertainty over HIV/AIDS drugs jeopardises treatment of children” The Star 2 June 2004. P5
- Green Paul & Haines Anna. Asset Building and Community Development. Sage Publications. California. 2002.
- Hinshelwood, Emily. “Power to the People: *Community-led Wind Energy- Obstacles and Opportunities in a South Wales Valley*.” Community Development Journal. Oxford University Press. 2001.
- Hlongwa, Wonder. “Teens Turn to Anal Sex to Keep Virginity.” City Press 27 June 2004 A5.
- Hunter Floyd. Community Power Structure: A Study of decision Makers. Anchor Books. Gargen City NewYork. 1963
- Isbister, John. “A World of Poverty.” Promises Not Kept. 4<sup>th</sup> ed. West Hartford, CT: Kumarian Press. 1998.

- IRIN-SA. "Focus on Sex education –an antidote to HIV/AIDS." MMegi 02 July 2004  
P.25
- Jacobs, Sean & Calland, Richard. Thabo Mbeki's World: The politics and Ideology of the South African President. University of Natal Press. Palgrave Press. New York. 2002.
- Jensen M, Frans & Jensen M, Peter & Vinding Diana & Ellemann-Jensen, Helene & Steffen, Lene C. We are strong enough: Participation Development in Practice. Dan Church Aid. Denmark. 1998.
- Jones, Reginald L. Black Psychology. Harper & Row Publishers. New York. 1972.
- Kahn, Si. How People Get Power. NASW Press. Washington. 1994.
- Kaufman, Michael & Alfonso, Haroldo Dilla Community Power and Grassroots Democracy: The transformation of Social Life. Zed Books. London and New Jersey. 1997.
- Keeton, Claire. "HIV-sufferers back on their feet" Sunday Times 20 June 2004.
- Keiffer, C. "Citizen empowerment: A development perspective. Prevention in Human Services, 3:16, pp 9-35. 1984.
- Khupiso, Victor. "Sad days for giant of the theatre: HIV-positive Gibson Kente taken to hospice." Sunday Times 15 August 2004.
- Kretzmann, J. & McKnight, J. Building a Community from the Inside Out. ACTA Publications: Chicago. 1993.
- Krishna, Anirudh. Active Social Capital: Tracing the Roots of Development and Democracy. Columbia University Press. 2002.
- Kuyek, Newman J. Fighting for Hope: Organization to Realize Our Dreams. Black Rose Books. Montreal. 1990.
- Liew, Jeff. The Sustainable Livelihoods Approach: Poverty Eradication through Sustainable Livelihoods Creation. UNDP <http://www.undp.org/fj/pslp/sla.html>
- Lawson, Erica & Gardez, Fauzia Gardez. HIV/AIDS, Stigma, Denial, Fear and Discrimination: Experiences and Responses of people from African and Caribbean Communities in Toronto. The African and Caribbean Council on HIV/AIDS in Toronto. 2006
- Lober, Judith. Paradoxes of Gender. Yale University Press pp13-15, 32-36. 1994

- Louw, Irene. "Co-operatives, the answer to poverty." SOWETAN 11 June 2004.
- Lukes, Steven. Power: a Radical view. Macmillan press. London. 1974.
- Mabhena, Patrick. "Concept and Practice of Theatre-for-Development". Contemporary Theater Review. 2002:Vol.12, 1+2: 251-254. Academic Search Premier. EBSCOhost. Patrick Power Library. February 14, 2002.
- Marais, Hein. South Africa Limits to Change: the Political economy of transition. Zed Books Ltd. London & New York. 2001.
- Martinussen, John. Society, State and Market: A guide to Competing Theories of Development. 1997. Zed books limited. London and New York.
- Mathie, Alison & Cunningham, Gord. "Who is Driving Development? Reflections on the Transformative Potential of Asset-Based Community Development." Canadian Journal of Development, vol.XXVI, No 1, 2005.
- Mathie, Alison & Cunningham, Gord. "From Clients to Citizens: Asset Based Community Development for Community Driven Development." The Coady International Institute. St. Xavier University. 2002.
- Mason, Mike. Development & Disorder: A History of the Third World Since 1945. Between the Lines Publishing. Toronto. 1997.
- Mbiti, J.S. African Religious and Philosophies. Garden City New York. Anchor Books, Double day 1970.
- McKnight, John. . The Careless Society: Community And Its Counterfeits. Harper Collins Publishing. New York. 1995.
- McNally, David. Another World is Possible: Globalization and anti-capitalism. Arbeiter Ring Publishing. Winnipeg. 2002.
- Mohan, Giles & Stokke, Kristan. "Participatory Development and Empowerment: the Danger of Localism." Third World Quarterly. Vol. 21 No 2 pp. 247-268.2000.
- Minar W. David & Greer, Scott. The Concept of Community: Readings with Interpretations. Aldine Publishing Company. Chicago. 1969.
- Mooki, Vivian. "Help at last for AIDS orphans." SOWETAN 28 June 2004.

- Misbach, Wagghied. "AIDS drugs tenders set for August." SOWETAN 18 June 2004
- Narayan, Deepa. Empowerment and Poverty Reduction: A Source Book. The World Bank. Washington. 2002.
- Natoli, Joseph & Hutcheneon. A Post Development Reader. State University of New York Press. New York. 1993.
- Netting, Ellen and Kettner, Peter and McMurtry, Steven. Social Work Macro Practice. Logman Publishing Company. New York. 1993.
- Ntshingila, Futhi. "Youth get the Wrong Message on AIDS. High-risk ideas About HIV Prevention persist at Schools." The Sunday Times 20 June A7.
- Oakley, Peter. Projects with People: The Practice of Participation in Rural Development. International Labour Office. Geneva. 1991.
- Oxaal, Zoe & Baden, Sally. "Gender and Empowerment: definitions, approaches and implication for policy". Swedish International Development Cooperation Agency (Sida). Brighton, UK. 1997.
- Pampallis, John. Foundations of the New South Africa. British Library Cataloguing in Publication Data. 1991.
- Pieterse, Jan Nederveen. "My Paradigm or Yours? Alternative Development, Post Development, Reflexive Development". Development and Change. Vol 29, Issues 2 pg. 343-373. 1998.
- Polsby, Nelson W. Community Power and Political Theory. Yale University Press. New Haven and London. 1963.
- Putnam, Robert D. & Leonardi, Roberto & Nanetti, Raffaella Y. Making Democracy Work Civil Traditions in Modern Italy. Princeton University Press. New Jersey. 1993.
- Putnam, Robert D. "The Prosperous Community: Social Capital and Public Life. The American Prospect. Vol. 4, No. 13, March 1993.
- Rahman, Anisur MD. People's Self-Development: Perspectives on Participatory Action Research, A journey Through Experience. Zed Books. London & New Jersey. 1993.

- Rans, Susan & Altman, Hilary Ph.D. Asset Based Strategies for Faith Communities. ACTA Publications. Chicago. 2002.
- Rappaport & Hess, Robert. Studies in Empowerment: Steps Toward Understanding and Action. The Haworth Press. New York. 1984.
- Rislock, Janice L. & Pennell, Joan. Community Research as Empowerment: Feminist links and Post modern Interpretations. Oxford University Press. Oxford. 1996.
- Riseman, Barbara. Gender Vertigo: American Families in Transition. New Haven: Yale University Press. 1998.
- Rotberg, Robert I, Social Capital and political culture in Africa, America, Australia, & Europe. Journal of Interdisciplinary History. Vol. 29, No.3, Part 1, Winter 1999. pp.339-356.
- Sachs, Wolfgang. The Development Dictionary: A Guide to Knowledge as Power. Zed Books Ltd. London and New Jersey. 1992.
- Schneider, Helen. "On the Fault-line: The politics of AIDS policy in contemporary South Africa." African Studies 61: 1, 2002. Carfax Publishing. 2002.
- Schneider, Helen & Stein, Joanne. "Implementing AIDS policy in post-apartheid South Africa." (2001) Social Science and Medicine. Vol61:1 Academic Search Premier. EBSCOhost. Patrick Power Library. Nov. 1 2003.
- Schumacher, E.F. (1973) Small is Beautiful. ABACUS Publishing. England.1974
- Schuurman, Francis. Beyond the Impasse: New Directions in Development Theory. Zed Books. London 1993.
- Serrano, Isagani R. Community Development and Globalization. Civil Society, Religion & Global Governance: Paradigms of Power & Persuasion 1-2 September, Canberra Australia. 2005.
- Shaw, Susan and Lee Janet. Women's Voices, Feminist Visions: Classic and Contemporary Readings. McGraw-Hill Companies Inc. New York. 2001.
- Shepherd, Andrew. Sustainable Rural Development. Macmillan Press Ltd. 1998.
- Skosna, Welcome. "Fishburne in the 'hood to fight AIDS, Child Abuse." City Press 27 June 2004 A3.
- Smith, Stephen. Ending Global Poverty: A guide to what Works. Palgrave, Macmillan. 2005.

- Stader, Johnathon. "Rumour, Gossip and Blame: Implications for HIV/AIDS prevention. In the South African Lowveld." (2003) AIDS Education and Prevention. Vol.15 (4) p367-368. Academic Search Premier. EBSCOhost. Patrick Power Library. Nov.1, 2003.
- Stansky, Peter. On Nineteen Eighty-Four. W.H Freeman and Company. New York. 1983.
- Stewart, Rene & Bhagwanjee, Anil. "Promoting Group Empowerment and Self-Reliance Through Participatory Research: A Case Study of People with Physical Disability". Rehabilitation in Practice. Vol. 21, No 7, 338-345
- Taylor, Fraser & Mackenzie, Fiona. (ed). Development from Within: Survival in Rural Africa. Routledge Publishing. London. 1992.
- "Teachers in HIV/AIDS war: Delegates discuss impact of the illness on learning." Daily Sun. 24 May 2004. (No Author)
- "The need for social security" (no Author). The Star 7 June 2004. (No author)
- Thorns, David C. The Quest for Community: Social Aspects of Residential Growth. A Halsted Book Press. New York. 1976.
- Todaro, Michael P. & Smith, Stephen C. Economic Development. Addison-Wesley Publishing. Boston. 2003
- Tomlinson, Richard. "Housing Policy in Context of HIV/AIDS & Globalization." International Journal of Urban & Regional Research. Sept. 2001 Vol. 25. Issue 3. 2001
- United Nations. "Popular Participation as a Strategy for Planning Community level Actio and National Development." New York. United Nations. 1981.
- Waghied, Misbach. AIDS drugs' tenders set for August. Sowetan. 18 June 2004.P2.
- West, Candice and Zimmerman, Don. "Doing Gender" Gender & Society 1: 125-51. 1997
- White C. Sarah. "Depoliticizing Development: The Use and Abuses of Participation." Development in Practice. Vol. 6, number 1 February 1996. Academic Search Premier. EBSCO host. Patrick Power Library. February 14, 2002.
- Westmore, Stephen B. & Theron Francis. "*Community Development and Research: Participatory Learning and Action- A development strategy In Itself.*" Development Southern Africa. Vol. 15, No.1 Autumn 1998.



Worden, Nigel. The Making of Modern South African Conquest, Segregation & Apartheid. Blackwell publishing. 1994.

**Internet Sources- Websites**

**Appreciative Inquiry Commons. Cooperrider, David & Whitney, Diana.**  
<http://appreciativeinquiry.cwru.edu/intro/whatissai.cfm>

**Asset Based Community Development Institute. Institute for policy research. North Western University.** (<http://www.sesp.northwestern.edu/abcd/>)

**Coady Institute St Xavier University.** (<http://www.caody.stfx.ca/work/abcd/>)

**Department of Health South Africa, HIV/AIDS and STD's Strategic Plan for South Africa 2000-2005. Pretoria, Feb. 2000.**  
(<http://www.info.gov.za/otherdocs/2000/aidsplan2000.pdf>)

**DFID Sustainable Livelihood Approach Guidance. Livelihoods Connect Sheet.**  
([http://www.livelihoods.org/info/info\\_guidancesheets.html](http://www.livelihoods.org/info/info_guidancesheets.html))

**HIV/AIDS Strategic Plan for South Africa 2000-2005**  
(<http://www.doh.gov.za/aids/docs/aids-plan/info.pdf>)

**HIV/AIDS Statistics for South Africa.** (<http://www.avert.org/safricastats.html>)

**HIV/AIDS statistics** (<http://www.journaids.org>)

**Khomanani- Caring Together** ([www.aidsinfo.co.za](http://www.aidsinfo.co.za))

**RDP White Paper: Discussion Document September 1994**  
(<http://www.anc.org.za/ancdoc/policy/white.html>)

**South Africa Website (<http://www.southafrica.net>)**

**South Africa Information. (<http://www.infoplease.com/ipa/A0107983.html>)**