Government Employment Creation Programmes

A Community Development Approach to Early Childhood:

Children – Our Future Communities

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A COMMUNITY DEVELOPMENT APPROACH TO EARLY CHILDHOOD

CHILDREN – OUR FUTURE COMMUNITIES

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A community development approach to early childhood:
children – our future communities

Contents

1. Introduction .......................................................................................................................4
2. Conceptual framework ...............................................................................................5
   2.1 Development ...........................................................................................................5
   2.2 Social and community development ...................................................................7
   2.3 Early childhood development ..............................................................................8
3. The current status of ECD in South Africa ...............................................................11
4. Model one: the Raglan Road Community Development Centre .........................13
   4.1 The process followed by the CSD to initiate the Community Development Centre ..................................................................................................................13
5. Some of the challenges that confronted the CSD in embarking on the developmental approach ........................................................................................................14
   5.1 Conceptual framework and understanding of community development ....14
   5.2 Community participation and sustainability of projects ................................14
   5.3 Management of change ....................................................................................14
   5.4 Documentation of the development process of the model .........................15
6. Application of community development principles .............................................16
   6.1 Respect for human dignity ..................................................................................16
   6.2 Individuality .......................................................................................................16
   6.3 Self-determination ............................................................................................16
   6.4 Self-help ..............................................................................................................16
   6.5 Community needs .............................................................................................17
   6.6 Partnership ..........................................................................................................17
7. Model 2: The community development approach to early childhood ..............18
   7.1 The process followed by CSD in implementing this approach ......................18
8. Conclusion .....................................................................................................................20
1. Introduction

The Centre for Social Development (CSD) based in Grahamstown in the Eastern Cape Province, was established in August 1981 as an outreach arm of Rhodes University to administer bursaries at the tertiary level and establish facilities in the townships catering for the needs of communities and training those involved in running the projects. A number of projects were established ranging from pre-schools to service centres for the elderly. In 2000, the bursary division was moved to form a separate unit. In its search of sustainable models of community development, the CSD then focussed on children from a holistic perspective and began working with the family unit and the community.

Recognising that the pre-school centres had the potential of being a community facility and a centre for wider social and cultural needs, CSD began to develop a model that used early childhood education as an entry point for the development of a Community Development Centre which brought the whole school community together. Because of the lack of a frame of reference, the CSD piloted the approach through experiential learning. The Raglan Road Pre-school was selected as the pilot site and over a four-year period, was transformed into a Community Development Centre. The transformation of the pre-school to a community development centre was the first innovative developmental model in the field of early childhood.

From this journey the CSD simultaneously learned the value of the community development approach to early childhood and the gaps that existed in the training of practitioners in early childhood development. The exercise highlighted the need for an integrated, developmental approach to the training of early childhood development practitioners. It further highlighted the need for community development practitioners (facilitators) to work in collaboration with early childhood development practitioners so that the families and communities are assisted towards improved social well-being conducive to early childhood development. Consequently, CSD has embarked on formulating a second developmental model that integrates the training of ECD practitioners and community development practitioners, so that their combined efforts will contribute to the improved well-being of children, their families and communities. CSD firmly believes that children are both the future of communities and are the future communities. Therefore the development of children, beginning with early childhood, cannot take place in isolation of the development of their families and communities.
2. Conceptual framework

Defining concepts is not an innocent exercise. Meanings/interpretations of concepts are largely influenced by their context. Concepts reflect theoretical concerns and ideological conflicts. Definitions have their defenders and critics. The Centre for Social Development has and is still learning through its challenging but exciting journey that before any capacity is built, the first helpful step is to establish a conceptual framework which reflected the institution’s understanding of the world, provide clarity and a frame of reference (Kaplan 1999). This is necessary because the majority of social science scholars and individuals differ in their meanings and interpretation of social concepts. While commonality of meaning and understanding exists to a certain degree, concepts do not necessarily mean the same in different contexts. A universal applicability of meanings without consideration for specificity of context negates the social reality, history, culture, values and dynamics of social relationships within those contexts.

In the past, the meaning of concepts was viewed through the apartheid lens. What is currently needed is a conceptual framework that fits in with the democratic worldview in South Africa. To this end, CSD gave critical consideration to particular key concepts that played a significant role in the development of its models. These concepts are development, social and community development and early childhood development

2.1 Development

The concept of ‘development’ is difficult to define. It has been described as complex and contentious, in a state of crisis and confusion (Emmett, 1989); inherently ambiguous (Thomas, 2000) ridden with paradoxes (Kothari & Minogue 2002) and has different meanings for different people (Davids, Theron and Maphunye, 2005). Recent scholars, specifically from the so called ‘underdeveloped’ parts of the world, contest a universal meaning of development as proposed by early American and European scholars of the ‘development project’, some five decades ago. They claim that the meaning of ‘development’ is informed by contextual issues such as past and present experiences, circumstances, perceptions, values and beliefs. Davids, Theron and Maphunye (2005) argue that what is needed is critical reflection on and learning about development from the point of view of the contextual reality of those who are to benefit from development. Thus it is important to be clear about the different senses in which the term ‘development’ is used (Thomas, p.23 in Allen & Thomas, 2000).

The dominant theories, approaches and paradigms of development which were formulated after the Second World War, derived from the experiences of Western economic history was an attempt to address the problems of the so called “underdeveloped” within the Third World countries. From this perspective
economics became solely responsible for the emergence of development, theory building and policy formulation. Thus began a distorted perception about what development actually meant. A number of scholars, agencies, professionals and practitioners of development in Africa, Asia and Latin America, critical of the universal definition of development are seeking their own definition based on their particular history and culture and social reality. The South African experience of democratic development is relatively new. The enormous challenge for a society in transformation such as South Africa is not only the formulation of public policy to guide development but the translation of policy into practice.

From the relevant literature on development, CSD paid particular attention to the humanist paradigm of development as portrayed by Sen (1999) and Kaplan (1996). Through the humanist paradigm, people have increasingly become the focus of development. People-centred development is defined as:

A process by which the members of a society increase their personal and institutional capacities to mobilize and manage resources to produce sustainable and justly distributed improvements in their quality of life consistent with their own aspirations (Korten 1990:76 in Davids, Theron and Maphunye, 2005)

People centred development puts people at the centre of development by insisting that development should firstly be for people (by creating opportunities for everyone) and secondly by people (which implies that people should actively participate in their own development. Development is based on human well-being, and action plans or programmes should aim at providing the opportunity for people to realize their own potential.

Sen (1999) views human freedom as the objective end of development. Development is seen as a process of expanding the real freedoms that people have. According to Sen, the focus on human freedoms contrasts with narrower views of development, such as identifying development with the growth of gross national product, or with the rise in personal income, or with industrialization, or with technological advance, or with social modernization. Rather, development is a process of expanding people’s functionings and capabilities of functioning. According to Sen, functioning and capabilities to function means, among other things, to be healthy, well nourished, and to participate in the life of the community.

Sen (1999) states that development also has to do with removing the obstacles to the things a person can do in life – such as poverty, illiteracy, ill-health, lack of access to resources and lack of civil and political freedom. Free agency of people is critical for the achievement of development and the assessment of progress has to be done primarily in terms of whether the freedom that people have are enhanced.

Kaplan (1996) proposes the idea of development from an organic perspective. According to Kaplan, development is related to the idea that every living organism has inherent orientation and latent drive to reach its full potential. This organism has relationships – with parts of itself and with the external world – that either enables or impedes development. This basic understanding portrays of development as a natural
A community development approach to early childhood:  
children – our future communities

innate process of individuals, groups/families, organizations and communities. Development is the process by which people develop their own power in relation to impediments and constraining forces and enhance the power to engage with realities around them. This power then is key to ensuring the person has choices and options, and can transform their material, institutional and spiritual conditions for the better. He asserts that the most fundamental challenges facing the practitioner is to understand the development process he/she is intervening, to know where the individual, the organisation or the community is located on its own path of development and to understand where it has come from, how it has changed along the way and what the next development change is likely to be.

2.2 Social and community development

The social development paradigm proposed in the White Paper for Social Welfare (1997) and the emphasis on integration is an attempt to address poverty and past inequalities through promoting a balance between social and economic development in South Africa. The aim of the social development policy is to promote the social well being of the people through a process of planned social change and economic development (Midgley, 1995.)

Community development is viewed as a dynamic process of growth and change resulting from the collective actions of individuals and/or groups of people identified as a community who come together to propose, plan and participate in the development of their own lives (Gray 1998). External assistance is sought for the provision of resources and services. The objective of community development is to build healthy functioning individuals, groups/families and communities through promoting solidarity and human agency. In the current context of democracy and transformation in South Africa, community development is seen as the most appropriate intervention strategy to combat poverty and related issues.

However, community development is more than the provision of social services. It involves changes in the awareness, motivation and behaviour of individuals and in the relations between individuals as well as between groups within a community. These changes must come from within the individuals and groups and cannot be imposed from the outside. As such, development practitioners do not bring development, but rather bring awareness, resources and services. To this extent it is important to understand, that the way in which practitioners bring these services and resources can either contribute positively or negatively to the development of the community and its relationship to others. Community is referred to as people living in a specific geographic location and groups of people having a common interest.
2.3 Early childhood development


She states that in the conceptual definitions, these policies emphasise the integrated nature of service provision between the state and civil society (families, communities, non-governmental organizations [NGOs], private sector) on the one hand, and between state departments (Education, Welfare, Health and others) on the other. Porteus (2004) points out that strategies such as enhancing maternal, infant and child nutrition; provision of safe and secure accommodation have emerged from other sectors out of this integrated definition of ECD but this concept, however, becomes problematic at the point of operation through the lens of education policy.

Examining ECD through the apartheid lens could provide a degree of understanding of the challenges for integration by the education sector in the current context of democracy. Early childhood education focused on education as separate from the child’s community during apartheid. Personnel who were known as pre-school teachers were trained in child development, specifically for pre-school education. The segregated approach that was undertaken by other levels (primary, secondary and tertiary) and the institutions of education was adopted by the pre-schools. The family and respective community of the child were excluded from the “education” process.

The intent, wittingly or unwittingly was the creation of a product separate from his/her environment. This scenario, however, fitted perfectly well with the rest of apartheid policies and plans. The four pillars of apartheid and the creation of ‘bantustans’ or ‘homelands’ served to maintain and perpetuate the separation of institutions from each other, the separation of whole communities and groups of people from each other and the separation of family members from each other. Training, mainly provided by the NGO sector for black practitioners, nevertheless implemented them through an apartheid, euro-centric lens and the concepts, knowledge and practice were understood and implemented via these lens.

Porteus (2004) confirms that the treatment of children under apartheid was an important piece of apartheid scaffolding. Beyond the destruction of potential good, apartheid served to actively construct a society based on the principles of inequity and human disgrace. The pre 1994 processes for education policy identified challenges facing the ECD sector through the National Education Policy Investigation. The findings revealed the:

- Highly inequitable and fragmented access to quality services biased against black children.
- Inequitable and inadequate training and support services.
A community development approach to early childhood: 
children – our future communities

- Poor governance (neither regulation of quality nor promotion of community participation).
- Inadequate public resource allocation.

From a democratic perspective, the year 1994 affirmed the rights of the child and the human rights approach in South Africa. The dependency-based approach to child development was replaced with a rights-based approach providing children, in theory, with legitimate claims to state resources and to participating in decisions that affect their daily lives. Greater recognition is also given to the historical and cultural variation in notions of ideal childhood (Porteus, 2004). In paying attention to the ways in which development, poverty and inequality are linked together in complex ways, the year 1994 also confirmed the urgent need for integration and cooperation. The Reconstruction and Development Programme (1994) states that segregation in education, health, welfare, transport and employment, left deep scars of inequality and economic inefficiency. The first principle of the RDP highlights integration. In aspiring to be a developmental state, integration and people-centred development are seen as the key to addressing poverty, past inequalities and social injustice, specifically against children and specifically through social development. However, the principle of integrated development is experienced as an enormous challenge to all role players of development.

What is recognised nationally and internationally is that many children born into poverty confront their greatest and long-lasting disadvantage during gestation and in the first few years of their lives (Porteus 2004). The emphasis on child rights in post-apartheid policy has, however, relegated ECD to the periphery of policy attention by the state and implementation by the different role players of ECD, particularly in the education sector. The question one needs to ask then is why is the operationalisation of ECD through the education sector more complicated and challenging. Porteus (2004) raises further questions related to children from birth to 6 years:

- What is best for the child?
- What is best for the primary caregiver?
- Given that the majority of caregivers in South Africa are women, what forms of ECD services open up space for child development, and at the same time open up space for women’s development (economically, socially, educationally and personally)?
- Where is the best place for the child to receive educational care?
- What ECD strategies could be developed to support families and communities to provide conducive environments for their children?
- What is the best form and function of early childhood provisioning with reference to so-called ‘education’.
Porteus (2004) examines the socio-economic and health status of young children in South Africa which attest to the urgent need for an integrated, developmental approach to early childhood.

2.3.1 Poverty, employment and socio-economic security

Children are disproportionately represented among the poor. Various studies estimate that between 58 to 75 per cent of South African children live below the poverty line. Extreme income inequalities persist. Poverty is concentrated among black households and in the rural areas. Female-headed households are twice as likely to be poor than male-headed households. Formal sector employment for households of young children is not growing. The loss of formal jobs is tempered somewhat by a rise in informal sector employment. However, the informal sector jobs are significantly less well paid and less secure and described as ‘survivalist’ in nature. The intervention strategies of the state are:

- The provision of social infrastructure: housing, electricity, water and sanitation.
- The provision of social security grants (State Old Age Pension and Child Support Grant).

2.3.2 Child health

One of the most important indicators of the well-being of the family is the profile of child health. Through its primary health system reform process, the state extended free health care to children under the age of six and to pregnant mothers. The free health care programme at public primary healthcare facilities is extended to all South Africans. While the gains have been important, the quality of service provision remains a challenge. The two current health crises that are making early childhood support services more urgent and complicated are poverty related childhood illnesses (malnutrition most common) and the HIV/AIDS pandemic (children directly infected by HIV/AIDS and affected through the effect of the disease on caregivers). The physical and emotional challenges of the pandemic on the lives of children and the new types of support that children require are only just beginning to emerge (Porteus, 2004).
3. The current status of ECD in South Africa

The current status of ECD in terms of the Education White Paper (5) on ECD (2001) is the cause of much concern to a number of ECD service providers because:

- The White Paper singles out 5 year-old children as the focus of provisioning.
- The responsibility for the naught to 4 year-old group is largely shifted to the Department of Social Development.
- There is reference to collaborative programming between education, health and welfare departments, but little direction and no funding specifications are suggested.
- Servicing 6 to 9 year-olds is directed towards quality improvement in the Foundation Phase of primary schooling.
- Establishment of a national system of provisioning of a reception year (subsidised) based in public primary schools with a small community based component is put forward.
- The medium-term goal is for all children entering Grade 1 to have participated in an accredited Reception Year programme by 2010 (Porteus 2004).

The policy does not take advantage of the possibilities of better linking between early childhood and parental services, and between ABET and ECD.

ECD has been a split responsibility mainly between Social Development, Education and Health. Funding for ECD centres comes from these departments (food subsidies from the health sector; DoSD provides per child subsidies; education provides conditional grants). The audit of ECD sites conducted in 1996 and published in 2001 showed that the ECD has been marginalized and fragmented, but the predominant mode of provisioning has been inherited from white, Euro-centric, middle class contexts. The laissez-faire replication of this model in disadvantaged communities without sufficient funding and support results in questionable provisioning’ (DoE 2001 in Porteus 2004). The audit did not describe day-to-day care, activities or make any innovative suggestions.

As mentioned previously, the translation of policy proclamations on intersectoral programming into concrete activities has been difficult to realize. To realize the ECD models based on integrated community development models means a radical reform of state apparatus and a radical approach to thinking about ECD practice. The community development approach is necessary to confront the inequities of the past, particularly for marginalized children. In addition the rights based approach is well located in the wider conception of social development, placing emphasis on human agency. Sen’s development as freedom focuses on the expansion of real freedoms.
(including confident education) and the removal of sources of ‘unfreedom’ (such as poverty) through mobilization of pro-child social and community development.

CSD embarked on a transformation process from asking the question: how can early childhood educational opportunities open up ways to counteract the wider social pressures working against the healthy development of our youngest citizens/children?
4. Model one: The Raglan Road Community Development Centre

The Community Development Centre is situated in Raglan Road in Grahamstown and is surrounded by Fingo Village. The structure is made up of two buildings: a preschool and a community development centre. There is a clinic, a high school and a primary school as well as a number of churches in the area. Originally, the Centre was established by the CSD in 1990 as the Raglan Road Child Care Centre due to the lack of early childhood facilities in the township. The ECD practitioners were trained by the CSD. The Day Care centre accommodated 110 children from 7.30 to 4.30 each day. An aftercare facility was also offered to primary school children in the afternoons. It also served as a model school to mentor ECD practitioners trained at the CSD.

4.1 The process followed by the CSD to initiate the Community Development Centre

The centre offered a quality early childhood programme and aftercare service for 10 years and in 2000 as part of its transformation process, the pre-school arrangements changed to that of a partnership with the CSD. The changes were initiated by an awareness that the preschool could not function in isolation from parents and the community. Teachers themselves wanted to do more with the community and a conscious decision was made to include parents as the school community. Two members of staff of the CSD were instrumental in investing and nurturing the staff of the Centre, the school governing board (SGB) and the processes of organisational and community development, towards the current state of the Centre as a community development centre.

The process started with a capacity building parent programme and once the parents became confident to share their views and participate critically, a situational analysis was undertaken. Based on the needs identified, projects were established. The SGB members were provided with training in management and leadership. The projects that were established include a Herb Project, Adult Literacy and Computer Training, Catering, Food Garden, Sewing and a Service Centre for the Elderly.
5. Some of the challenges that confronted the CSD in embarking on the developmental approach

5.1 Conceptual framework and understanding of community development

The staff of both CSD and the Raglan Road Community Development Centre have been trained in the field of education. Development, community development and related concepts were new to the majority of staff of both organizations. Developmental practice from an educational perspective is also new. The CSD has exposed some of the staff from both organizations to degrees of training in development practice. Orientation to and training in development practice is an ongoing process.

5.2 Community participation and sustainability of projects

Approximately twelve women are active in the sewing project which is well established and is generating income for the women. The computer training project offers internet access to school children as well as training in MS Word and Spreadsheets. It has generated much interest from the community. The conference facility is utilized on a regular basis by other organizations and this also provides income to a small group of women who alternatively cater for the participants of training. A small group of older women participate in literacy training, growing their own vegetables and intergenerational activities with the pre-school children. A herb garden provides training in herbal remedies to community members. The Centre is a hive of activities during the day. Projects have been developed mainly by the Centre staff. The need to employ a full-time community development facilitator/worker has been constrained by a lack of financial resources in the past. However, the situation is soon to be remedied as a result of the partnership developed with the local municipality who is keen to participate in the model. Through the community development worker, a larger section of the community could be encouraged to participate in their development and benefit from the services of the Centre.

5.3 Management of change

Change in the attitudes of people is as important as the change, which evolves from community development projects, especially during the initial development phases of these projects. The change management process has been largely unconscious and CSD has recognized the need to develop a long-term change management strategy.
5.4 Documentation of the development process of the model

Documentation of the development process of the model is crucial to share knowledge with others who are willing to take the developmental approach to early childhood. Documentation is also necessary for learning for the CSD and the Centre. Maintaining records of an unchartered path has been a challenge to the CSD.
6. Application of community development principles

The transformation process was guided by the following principles of community development.

6.1 Respect for human dignity

An organic process of building the Centre into a community development organization was based on the foundation of staff seeing people as an investment. The emphasis was on building relationships with the parents of the children and members of the community to whom services are provided and this was done with respect to human dignity. The values underpinning the intervention were aligned to the principles of Batho Pele and Ubuntu as espoused in the White Paper for Social Welfare (1997). The focus on building relationships, individual and group confidences and self-esteem took priority in these processes. There was also a genuine respect for diversity and understanding the value of collective co-operation while encouraging individual development.

6.2 Individuality

The Centre encourages individuality and personal interests; therefore the scope of services caters for different age groups, pays respect to language and cultural values.

6.3 Self-determination

The Centre encourages self-determination, people are not forced into activities and there are no rigid rules that limit creativity. However, we have begun to do much more community research and community participation in planning in order to stimulate self-determination.

6.4 Self-help

The Centre is still the primary facilitator and provider of opportunities. The aim is to encourage the community to take a stronger role in defining and sourcing opportunities for projects i.e. funds, equipment and the marketing of the Centre. The aim is for the Centre to play more of a facilitation role in community development to encourage communities to take the lead in generating programmes to meet their needs.
6.5 Community needs

The Centre has utilised data that is available through the interaction with the percentage of the population that utilizes its services. Community profiling and an intensive community strengths and needs assessment has been done to further inform and guide the community development process.

6.6 Partnership

There are two levels of partnerships that the Centre engages in:

- Internal partnership with fellow staff and the strategic adviser of the Centre for Social Development.
- External partnerships is ongoing work.
7. Model 2: The community development approach to early childhood

The transformation process of the Raglan Road Community Development Centre provided much insight and learning and this led to the framework being used to develop a model which would transform the way the CSD approached early childhood development (and other) training programmes.

The CSD shifted from seeing training as an end in itself, to seeing training as a part of a community development process. The emphasis is no longer on an individual but rather on individuals and groups and through a participatory approach mobilizing them to carry out their own research, analysis, planning and implementation of projects that would overcome issues affecting children and their families.

The CSD has trained Community Development (CD) Practitioners and attached them to ECD sites and they play an integral part in the community development process. Presently there is one CD Practitioner attached to each ECD site.

7.1 The process followed by CSD in implementing this approach

The entry point into this model is when Practitioners apply to the CSD for training programmes. If the applicant meets the criteria, the CSD visits the ECD sites and meets with the Governing Body, Supervisor and other Practitioners. The two-year process is explained as well as the roles and responsibilities of each individual in supporting the Trainee as well as in the community development process. A Memorandum of Agreement (MOA) is then signed.

Registration and Orientation commences for the two groups, namely the ECD and CD Practitioners in Grahamstown. Relationships are the foundation of development and the signing of the MOA and orientation are opportunities for relationship building.

The Foundation Development Module is a 5-day intensive training programme which is in addition to the curriculum expected for the ECD and CD qualification. The Practitioners need to understand the concepts and principles of development, poverty and context in which they work. The module also includes a practical component. They need to understand their role as Development Practitioners and how they intervene in the development of children, families and the community. This module is decentralized to the various areas and attended by CD and ECD Practitioners. The advantage of decentralizing this module is to bring the two Practitioners together, clarifying roles and responsibilities and facilitate a good working relationships between them.
The specialisation courses (for both ECD and CD Practitioners) are accredited programmes and meet the national unit standards. The contact courses are run in Grahamstown and monthly on-site support and assessment visits are undertaken. These are full day visit with the morning being dedicated to classroom support and assessment and the afternoons being spent focusing on the community process.

The practical component of the Foundation Development Module runs parallel to the specialised training. Once good relationships are established, then the CSD Facilitator, CD and ECD Practitioner begin by gathering information and gaining an understanding of the community. At first this is done informally by direct observation and through conversations. The profiling then continues formally with the participation of community groups and the use of participatory (PRA) tools. The information is documented and a report is written. The community then make an assessment of the findings. They choose a representative structure of 6-8 people to drive the process. The community assets, strengths, needs and problems are identified.

The issues that are identified in the assessment are prioritized and the team is taken through a Project Management cycle of planning, implementation and reviewing. Only one project is set up at a time, and when this project is up and running, then consideration is given to next issue on the priority list.

Throughout this process the CSD is conscious of facilitating the process and allowing the community to drive it.
8. Conclusion

CSD began a process of transformation from an education to a social development organisation with the Raglan Road Community Development Centre in 2000 and followed through with the community development approach to early childhood. The building of social relationships and community participation are the strengths of both these models. The early childhood education component provided a dynamic and strong foundation for the Community Development Centre as a valuable entry point for the participation of parents and other community members. In the formulation of these two models CSD has recognized and acknowledged that the current focus of the developmental approach in the democratic context of South Africa requires a more holistic, comprehensive and integrated approach to child development at all levels. Meaningful development is about understanding people in their specific, holistic context. For this reason, an interdisciplinary and intersectoral [integrated] approach to development is essential if it is sincerely acknowledged that ‘children are our future communities’
References


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