

Community Development through Community Capacity Building: A Social Science Perspective

Rahim M. Sail & Asnarulkhadi Abu-Samah*

Department of Social & Development Science, Faculty of Human Ecology, Universiti Putra Malaysia

*E-Mail: asnarul@putra.upm.edu.my

Tell: +60123299120

Abstract: Community development is a continuous process aimed at improving the quality of life of the community. It is about continual improvement by the people themselves to bring about change in their lives. In relation to health, much attention has been given by the government to improve the health status of the people, especially the rural sector through various programmes established by the Ministry of Health (MOH) since independence. Based on the so-called "state-sponsored programme", the health status of the majority of Malaysians has improved over the years. The objectives of the health care providers are not only providing health services but also improving the quality of services for the people. In such an orientation, the community is perceived mainly as clients by the health provider. The community's participation in health related programmes or activities are basically measured by the number of clients' visits to the clinics, decrease in the defaulter rate or prevalence of diseases and other quantifiable indicators. The qualitative aspects of community members' involvement in health related activities as a process of empowerment within the coverage of the care providers have been given less priority. Based on this premise, this paper discusses on community capacity building as an important component and process of community development. [Journal of American Science 2010;6(2):62-69]. (ISSN: 1545-1003)

Keywords: Community Development, Community capacity, Empowerment

1. Introduction

About five decades ago, community development has been perceived as a program, process, method and movement (Sanders, 1958). Over the years, the perspective of understanding community development has not changed very much. Until today, in general, community development is viewed as a process of providing a concerted effort to develop a community with the goal of improving the quality of life of its members. Community development usually has three major elements: (a) community members' well-being or welfare involving both material sufficiency and non-economic aspects of living such as health and education; (b) resource development, involving increased production and efficiency; and (c) organizational development, involving the maintenance and creation of social and economic structures through which members of the community may channel their energies for the betterment of community living (Baker,

1989:48). The ultimate goal of community development is therefore, to develop members' capabilities and potentials to affect their well-being and quality of life through maximizing resources utilization to benefit them socially and economically. This could only be achieved through effective management of community development programmes as well as having highly committed and well-trained professionals not only in the technical disciplines but also in the community capacity building. The paper focuses on community capacity building as a community development process. The concepts of community capacity building are discussed with the concepts of change and community empowerment. The extension education and social auditing approaches are discussed as strategies for community capacity building. Wherever possible, the discussion will attempt to relate to the health care system and its providers.

2. Community Development as a Process of Change

Community development is a process that leads to change in many aspects of community living which include social, economic, cultural as well as environmental. It is about continual improvement, first with the help of change agents and later, by the people themselves to bring about change in their lives, which ultimately improve their quality of life. Thus, the focus of community development process is the people's involvement (hereafter the word 'community' will be used) whereby the community members come together to take action collectively to meet their shared goal(s) or to generate solutions overcoming a shared problems. In the words of Rubin and Rubin (2001), "Community development occurs when people strengthen the bonds within their neighbourhoods, build social networks, and form their own organisations to provide a long-term capacity for problem solving" (pg. 3). Community members who have the capacity to do something to enhance their quality of life are portrayed as having the ability to think, to decide, to plan and to take action in determining their lives. Therefore, in any community development programmes both economics and individual growth must be given equal attention so as to ensure that the process of community development achieves its due balance of continuity and sustainability.

The scope of community development process can vary from a simple community initiatives within a small group to a complex or larger initiatives that involve a bigger number of community members. Regardless of the number of participants in an initiative, the fundamental characteristic of a community development is community organising. People have to organise themselves before an action can be taken. Community organizing is about developing a democratic instrument within which community members can decide or make some influence that affect their lives. In normal circumstances the product of community organising is a group establishment. The group can be an informal or formal with or without a formal structure of leadership. Over time, the group develops

concurrently with the development of group members' confidence, abilities, skills, knowledge, experiences and so forth. In short, community development is a grassroots process through participation within which community members become more competent, responsible, informed, aware and sensitive about their living environment. The economic, political and social environments are the 'space' and 'opportunities' for the community members to develop, strengthen and enhance their capabilities and potentials. The community development process is not an evolutionary process. The process must be planned in order to achieve effective results. Putting an effort into that process is crucial. The effort can come from community members as well as from change agents. In this sense, community development process requires not only to develop the community's capacity but also the capacity of change agents as well to address issues and problems, to find avenues and opportunities, to meet the needs and improve certain situations or services. In short, the whole notion of community development is about human-centred development and change for both community members and change agents.

3. Community Capacity Building in the Context of Community Development

Before elaborating the term community capacity building, let's try to understand the word 'capacity'. Generally, 'capacity' can be referred to as 'the doing abilities or 'power' to make things happen'. In community development contexts, the major components of capacity to leverage the process of community development are physical capacity (infrastructure and tangible resources), economic capacity (fund, credit, grant – financial resources), supporting capacity (government policy and practice), and lastly, the community capacity. For the sake of discussion, let's say that the first three capacities in most situations are omnipresent, and usually they may not be within the control of the community. Only the community capacity that can be developed by the individual and community members themselves. Community capacity is the outcome of a dynamic interactive process of knowledge, attitude, skill

and practices of the community development enterprise.

Every individual has some amount of ability, i.e. capacity. An aggregate number of individuals living in an area of settlement as one community, there is a potential community capacity. Embedded in the community capacity are the human capital and the social capital. Both are community assets. The former may include any achievement, skills, learned behaviour or experiences one obtains such as facilitating a group, participate in problem solving process or even the ability to talk fluently. The latter is about networking between the people. Putnam (1993) perceived social capital consists of social network and norms that have an impact on the community productivity. This social capital facilitates, leverage, enhance and enable the coordination and cooperation between individuals for the mutual benefit of the community members. That benefit is the desirable outcomes which eventually improves the community members well being. From the above definition and explanation, one could conclude that community capacity can be developed, and that the process is known as community capacity building. Community capacity building is about creating a healthy community. Healthy community in a broad sense is a self-reliant community, reactive and proactive community, knowledgeable, confident and responsive community. A healthy community is always aware of their rights, knows how to exercise it and to secure it, while from time to time the members are willing to enhance their skills and knowledge. A healthy community always believes that they (the members) can make a change by taking some actions collectively. Thus, a healthy community possesses the ability to exercise their capabilities and potentialities as the human capacities. Community capacity building is a community-driven endeavour aimed at improving their living conditions, economically and socially by enhancing and exercising their personal, group or community capabilities.

The underlying philosophy of community capacity building is that the community members have or can acquire the capabilities to control and manage their own lives

within which the community members have the 'power' to shape the development process. It is also believed that the community ability and capability can be improved over time. Thus, community capacity building is not a 'one-off' enterprise in the community development process. Instead, the individual capacity, group capacity as well as at the upper level, the community capacity can be enhanced, accumulated and advanced. What are the mechanisms that enable such capacity building to take place? As far as health related issue in the Malaysian context is concerned, there are at least two possible strategies or means, firstly, through the extension education approach, and secondly, the social auditing approach. This will be further explained in the later part of this paper.

4. The Relationship between Community Capacity Building and Empowerment

The main principle of community capacity building emphasises on strengthening existing abilities of community members. This principle appreciates and accepts the community as it is, and at the same time believes that their ability could be enhanced and developed in future. A minimal indication of capacity building is that community members have shown some interest to participate in an on going activity with reason such as to achieve what they want (even to meet their friends) or to solve certain problem. This indicates that community members are willing to be part of a programme. In such situation, there are space for improvement in which their capacity could be further developed. The nurturing of capacity is an important and crucial element in community development process. When the community capacity is increased, it leads to people's empowerment. Here, the notion of people's empowerment is very much related to the people's abilities and potentials to make something happens that benefit them. People's or community empowerment is about the people capabilities. Exercising their capabilities through participating in activities organised and initiated by them or facilitated by the change agents, for example, can increase the community power (i.e. abilities), in that it enables community members

to achieve their goal(s). Literally, therefore, empowerment is the process whereby this 'power' is developed, promoted, gained, shared and facilitated by the individual(s) or group members in their social interaction through which they are able to exercise their capabilities to make, affect and bring about changes in the community, as the product of being empowered (Asnarulkhadi, 1997 & 2001). A positive indication of community capacity is that the people are active; more individuals are getting involved in issues related to their life. The end product of an empowered community is the improvement of their quality of life and well-being. Basically, there are four basic sources of community capabilities. They are knowledge, attitude, skills and practice. These four elements are the 'building block' of human capacity (see *Figure 1*). The most important element is knowledge. Knowledge in its simplest form is information. It ranges from a simple to a more complex, such as the know-how knowledge. Generally, in an informed-community the level of awareness among their members are higher. Individuals who possess certain knowledge are more aware and also have better understanding

about the situation or issue related to their life, which later influence their belief towards things. Belief, then, constructs attitude. Usually, people who are more equipped with knowledge and more aware of certain issues or situations would portray positive attitude. Positive attitude is then manifested in practice (or action) such as showing interest, responsive, voluntarily getting involved and willing to take some responsibilities. With the knowledge and positive attitude, it encourages community members to participate in carrying out an activity organised by them or initiated by another party. Through participating, community members are able to exercise their skills, while at the same time gaining new experiences and knowledge as well as advancing their skill, which could lead to new practices. Ultimately, the capabilities and capacity of the people are increased, thus also their empowerment level. At this juncture, the community is able to control their lives, hence the quality of life. *Figure 1* illustrates the interconnectivity between the elements or components of community capacity building and empowerment.

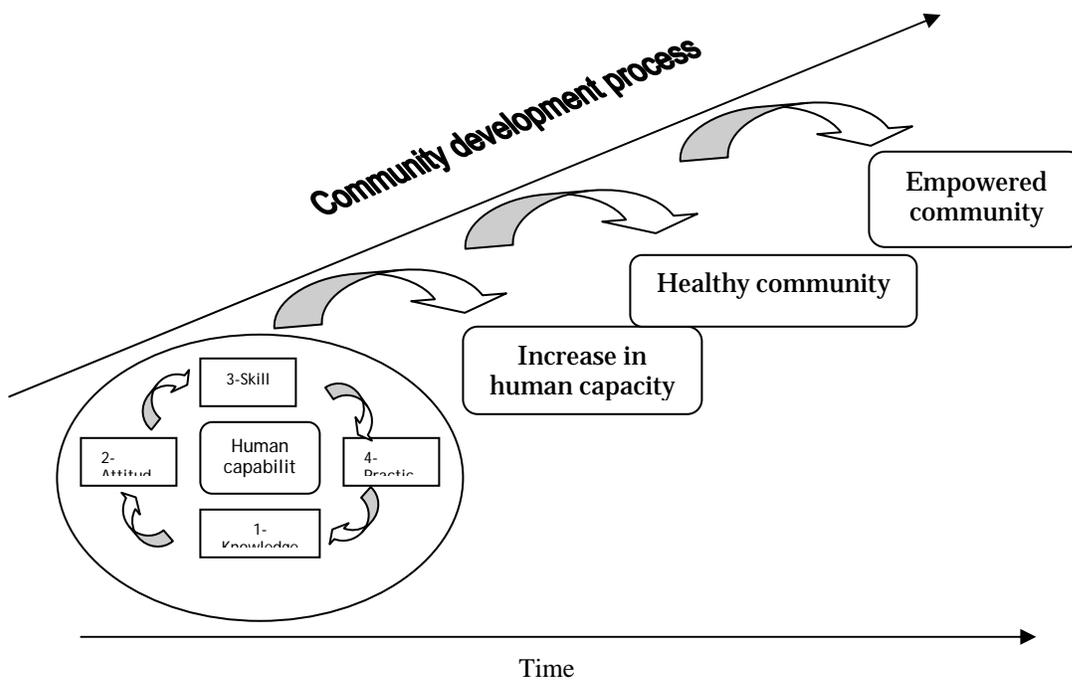


Figure 1: The Relation between Human Capabilities, Human Capacity, Healthy Community and Empowered Community

However, it takes time and effort to build community members' capacity. In fact, before achieving the level of empowered community, in particular, assistance and support from individuals with expertise is crucial. Who are the experts? They are the change agents. Change agents are individuals or professionals that facilitate the development process to take place in the community. They work closely with community members to offer assistance, guidance, advice, consultation and sometimes counselling. In the context of health, doctors, nurses and other para-medics are the professionals. Their presence in an institution within a locality (community) either in the district hospital, health centre or rural community clinic (*klinik desa*) is to provide services, curative and preventive, for the community members.

5. Strategies for Community Capacity Building

To increase the community capacity is to equip them with knowledge, attitude, skill and practices that would enable them to function effectively in the community development process. Two possible strategies that enable to develop and strengthen the community capacities are the extension education and social auditing approaches. Both strategies can be used by health professionals. It is not an additional task for them but can rather be embedded in their work practice.

6. Extension Education Approach

Traditionally, extension education approach has been closely linked with the field of agriculture and in fact, it has been the single most important strategy employed in the agricultural and rural development work. However, extension concepts and approaches have penetrated beyond the boundaries of agriculture into the fields of preventive health, community nutrition, environmental protection, family planning and development, consumer education to name a few (Rahim, 1995:2). Focus of extension education has been on change and decision making.

Generally, extension education can be defined as a system of non-formal education which provides advisory services using the educational process to help clients in acquiring

knowledge and skills to cope effectively with needs and problems facing them in their own socio-economic contexts.

As a system of non-formal education, extension education seeks to induce voluntary behaviour change among its clients through their involvement in the planning, implementation and evaluation of intervention programmes that would benefit them. As an advisory service, extension education disseminates an array of information on new knowledge and technologies, skills and strategies based on research results to help clients fulfil their needs and solve their problems. As a process, extension education links clients on a continuous basis with evolving research-based and tested knowledge, technologies, procedures and perspectives that may be in their own interest, and potentially useful to their own purposes (Boone, 1989:2). In this regard, the mission of extension education is to help people to develop their capacity and potential to manage and cope with changes in their environment. The linkages between research and development and clients with the process of extension education is depicted in *Figure 2*.

Figure 2 illustrates that research and development can produce new knowledge and technology to become the fundamental basis of extension education approach in any community development endeavour. Extension agents (can readily be applied to health care professionals) are to acquire these new knowledge and technology either through training programmes organized by their organization (or other related organizations) or through seminars/workshops attended by extension agents. Having acquired the new knowledge and technology, extension agents are to disseminate them to clients. At this stage, extension agents must involve the clients in planning, implementation as well as evaluation plans of dissemination. In other words, the target audience (clients) must be guided by the extension agents in the whole process of dissemination so that the target audience would understand the whole process and become aware and interested in the programme. This process of involvement of target audience in the planning, implementation and evaluation of programme

forms the core process of facilitating and learning to induce voluntary behaviour change among the target audience. Besides, this process of

involvement also inculcates the sense of belonging and ownership of the programme by the clients.

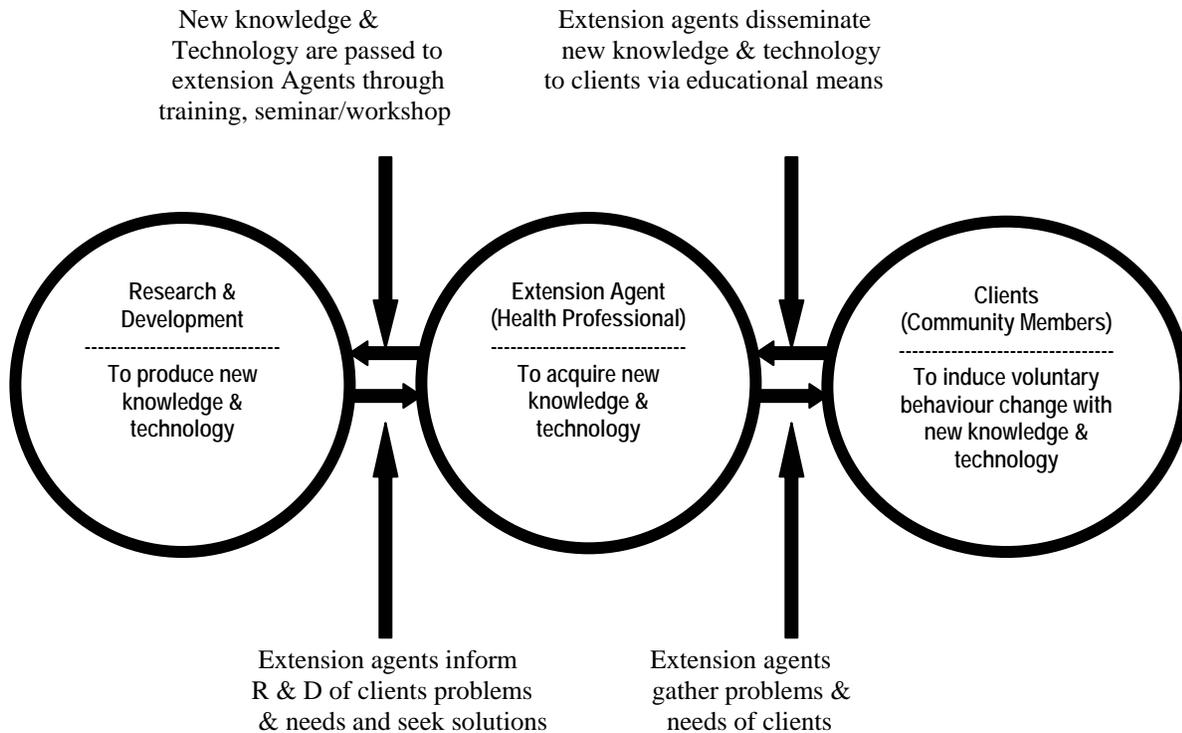


Figure 2: Linkages between Research & Development and Clients with Extension Education Process

Figure 2 also illustrates extension agents playing the role of ‘middle men’ where they connect the clients with R & D. When extension agents involve clients in the dissemination plan, they will also acquire clients problems and needs. If they can solve the problems and fulfil clients’ needs themselves, they would do so, but if they could not solve them, then they would bring those problems and needs for the attention of R & D to find solutions. Extension education approach can be viewed as having two basic components; (i) information dissemination and technology transfer; (ii) education and change process. Both components complement each other and must be given equal emphasis to provide maximum results for the clients. Extension education approach must bring with it new knowledge and technology as well as to educate clients on how to use the new knowledge and technology. In order to sustain benefits accrued, clients must be trained to become effective leaders, able to make decisions, solve their own problems and find

opportunities to explore and expand further their enterprises. Focus of extension education approach is development of clients’ capacity and potentials to manage their own affairs using new knowledge and technology as a means to achieve that end.

7. Social Auditing Approach

Social auditing is a process whereby an organisation can account for its social performance, report them and improve that performance. It is not really an evaluation or checking up on what an organisation does. Social auditing is about assessing the social impact and behaviour of an organisation in relation to its objectives (organisation) and those of its stakeholders. Social auditing is more than social accounting and social book-keeping. Social book-keeping is a routine activity of collecting information about performance by an organisation in relation to its social objective. Whereas, when one organisation collects the quantitative and

qualitative data and then assess them to account the social performance, the activity is known as social accounting. The social audit involves the whole processes (activities) including year end-verification followed by preparing and publication of a social audit report.

Who can be involved in the activity? All the stakeholders of an organisation should be involved. They are the individuals who are either affected by or can affect the activities of the organisation. For an example, the stakeholders for a health centre may comprise of local community, paid staff, partners (other development agencies), suppliers, regulatory bodies, school and so forth. The categories of individuals may vary according to the level of organisation. However, as far as the health issue in relation to community development is concerned, the most important stakeholders are the local community as clients to the health provider. Pearce et. al. (1996) have outlined eight stages to conduct social audit which can be summarised as follows: Stage 1 - Reason why an organisation should do social audit; Stage 2- Clarify the objectives of the organisation and how to achieve the objective; Stage 3- Identify the stakeholders and key stakeholders; Stage 4- Identify the indicators or benchmarks to assess the performance and decide the appropriate mechanism to collect; Stage 5- Setting up a social book-keeping system & social books and monitor progress; Stage 6- At the end of the year collate the qualitative and quantitative information, analyse and interpret the data from social book-keeping & prepare the social accounts; Stage 7- Arrange for a social auditor to examine the social books and accounts and verify the information; and Stage 8- Prepare the social audit report. The procedure of conducting social auditing is quite technical in the sense that it demands some skills as highlighted in the stages described above. However, this does not mean that some stakeholders can be dismissed from the activity due to their ignorance. In relation to the provision of health care services by health care providers such as the district hospital, health centres or community health clinics with the aim to improve the clients' health status, the involvement of local people is of paramount

important. Through participating in the said process their knowledge, confidence, attitude and abilities could be enhanced, and subsequently their capacity developed. However, the clients, as the key stakeholders, need to be exposed to the process. Besides, the clients, the professionals also need to be given some technical guidance and skill. Hence, it is the social responsibilities of the health professionals to give such guidance and technical inputs. For this to happen, they must first be equipped with relevant knowledge and skills related to the auditing process. This may include the knowledge and technique on "how to" identify and prioritise the objectives; identify the stakeholders; develop and measure indicators; set up book-keeping system; formulate qualitative and quantitative questions, collect and analyse data; interpret the data; and lastly to report. This knowledge and skills can be transferred to the community through their involvement in the procedure within which the community capacity building process is simultaneously taking place.

Indeed, social audit activity can act as a means to capacity building at two levels. The first level is during the involvement of the clients (community) in carrying out the procedures. They learn new social skills and techniques and enlarge their social networking. Thus, their social and human capital also increases. The second level is the impact on the community after carrying out the procedures. They will be more aware about what the organisation could offer as well as about their rights. Subsequently, community members are encouraged to utilise the services, hence increase their quality of life. Opinions and information collected from the public in the auditing process can be utilised for planning purposes. As change agents, health professionals will find new ways and ideas from a wide range of people's views to improve their services in order to keep up with a high standard of quality.

8. Conclusion

The community capacity building is not an evolutionary process but rather it can be planned to achieve effective community development goal. In a community development endeavour, especially in health related programmes, the

change agents such as the health professionals can play their part to develop, sharpen and strengthen the community capacities. Developing community capacity means improving the quality of the individuals, groups, community members and also their organisation. Therefore, the health professionals as change agents need to be equipped with not only the medical knowledge but also with community capacity building skills. As discussed earlier, they need the social skills and the technical skills as well. These skills are required because it is believed that 'capacity builds capacity'. The knowledge and skills transferred from the source i.e. the change agents could multiply the capacity building of the clients. Therefore, it is felt that the health professionals need some form of refresher course or training related to social and human resources development as well as in the andragogical approach to facilitate adult learning. Capacity building helps create self-consciousness, self-dignity, self-determination, self-reliance and self-confidence among individuals, groups or community members. Community members who possess these positive qualities encourage the development of empowered community. Empowered community is a healthy community. They have the initiative and passion to take responsibilities, ownership and mastery over their lives. Such practice and behaviour could reduce the dependency syndrome. Empowered and healthy community members are able to find opportunities to exert influence in the decision making process. Through this, they are able to make the services relevant to their needs and increase the effectiveness of the services and reduce operating costs. In short, from the social science perspective, it is believed that community capacity building can act as a bridge to provide the balance between process and action in community development programmes.

Correspondence to:

Asnarulkhadi Abu-Samah, Associate professor
Department of Social and Development Sciences
Faculty of Human Ecology,

Universiti Putra Malaysia

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