

**Church and Community during the Apartheid Era, 1970s-1980s:
A Focus on the Projects of the Transkei Council of Churches (TCC)**

by

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ABSTRACT

This study analyses the role of the Transkei Council of Churches (TCC) in community development through its gendered projects in Transkei in the 1970s and 1980s. The key areas explored are poor health and poverty; drought alleviation; skills-development and social welfare. The TCC projects are examined against the economic and political context of the Transkei in the apartheid era. The relationship between politics and religion is also explored. The major inferences drawn from this study are that Transkei was impoverished due to a lack of skills and health facilities resulting from apartheid policies. The church has certainly exerted itself as a spiritual and material force in the lives of the poor.

KEYWORDS

Transkei Council of Churches (TCC), apartheid, Black Consciousness (BC), women, Oxfam, Inter Church-Aid (ICA), bantustan, poverty, Bantu Education, migrancy, rural areas, diseases, drought, projects, aid agencies, skills development, tribal authority, African Independent Churches (AICs), Cottesloe Conference, Ecumenical, South African Council of Churches (SACC), Eastern Cape Provincial Council of Churches (ECPCC), Transkei, missions, Methodist, Anglican, Zion, World Council of Churches (WCC), Dutch Reformed Churches (DRC), theology of apartheid.

DECLARATION

I declare that *Church and Community during the Apartheid Era, 1970s-1980s: A Focus on the Projects of the Transkei Council of Churches* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature.....

Date.....

ABBREVIATIONS

ANC	African National Congress
ARC	Alcoholics Rehabilitation Centre
BAD	Bantu Administration Development
BC	Black Consciousness
BCM	Black Consciousness Movement
BCP	Black Community Programmes
BIC	Bantu Investment Corporation
BPC	Black People's Convention
CCC	Cottesloe Consultative Conference
CCT	Christian Council of Transkei
CI	Christian Institute
CPSA	Church of the Province of South Africa
DDW	Division of Development Welfare
DRC	Dutch Reformed Church
ECP	Eastern Cape Province
ECSSGs	Eastern Cape Ecumenical Study Groups
ESG	Ecumenical Study Group
GNP	Gross National Product
HEIA	Health Education Impilo Association
ICA	Inter-Church Aid
ITCDC	Isinamva Transkei Community Development Centre
KOACH	KwaNtshunge Old Age and Children's Home

MAOT S	Mount Ayliff Occupational Therapy Sales
MCC	Mennonites Central Committee
MLTI	Missiological and Language Training Institute
NRC	Native Recruiting Corporation
NRS	Nyhwebe Rehabilitation Society
NRU	Nutritional Rehabilitation Unit
OAU	Organisation of African Unity
OXFAM	Oxford Committee for Famine Relief
PAC	Pan Africanist Congress
PCM	Protein-Calorie Malnutrition
PRC	Programme to Combat Racism
RCC	Regional Christian Council
RDP	Register of Development Projects
SACC	South African Council of Churches
SASO	South African Student Organisation
TB	Tuberculosis
TCC	Transkei Council of Churches
TMC	Transkei Missionary Conference
ULTC	Umtata Lay Training Centre
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
UNO	United Nations Organisations
USA	United States of America
WARC	World Alliance of Reformed Churches

WCC	World Council of Churches
WHO	World Health Organisation
XDC	Xhosa Development Corporation
YWCA	Young Women's Christian Association

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Chapter One

INTRODUCTION

The aim of this study is to explore the role of the Transkei Council of Churches (TCC) in tandem with the Transkeian community, in providing poverty relief and inaugurating and maintaining aid projects covering the period from the 1970s to the 1980s. Research into the role of the TCC projects was informed by the nature of the social, economic and political conditions of the Transkei, which impoverished the rural communities and subjected them to a variety of distresses. Poverty and a lack of health facilities on a vast scale have been the practical legacy of apartheid; they are two serious social problems in South Africa, both in the 1970s and 1980s, and now under the democratic order. The main arguments of this dissertation are: the ecumenical attempts by the TCC to give practical expression to the needs of the poor; and the fact that historiography by leading scholars on church and religion has neglected practical grassroots issues such as poverty, health, skills development, drought and social welfare. Instead they focus on the conflict between apartheid and religion. This study is less concerned with the usual social history of the overt political involvement of churches in the struggle against apartheid. It is evident that there is an absence of regional research on church issues. Thus, this study attempts to coax researchers on church issues to move knowledge, in regional research, a little further along.

1. What are the roots of the TCC?

1.1 Transkei's geographical location

In order to give the TCC its proper context, it is imperative to describe the geographical location of the Transkei bantustan. It was part of South Africa and was given its political independence

in 1976. Since 1994 it has been incorporated into the Eastern Cape Province (ECP). The area known as the Transkei homeland covered an area of 41100 km², the size of Switzerland or Belgium, twice as large as Swaziland, and larger than Lesotho (30 000 km²). The region is situated between 27° and 30° East and 30° and 33° South, in Southern Africa. Its boundaries were: in the north the Umzimkulu and Umtamvuna Rivers towards Natal; in the south the Kei River towards the Cape; in the west the Drakensberg range towards Lesotho, and in the east a 270km shoreline on the Indian Ocean. The Transkei homeland had four physical regions: the coastal belt which is deeply trenched by canyons of the rivers that flow eastwards from the Drakensberg; the midlands, a plateau with undulating hills and valleys; about 700-1400 mountains; the great escarpment with great mountain masses near Matatiele and Mount Fletcher, but with wide and grassy flats along the mountain ranges.¹

1.2 Political and economic nature of the Transkei

Understanding the role and activities of the TCC requires a brief background to the political and economic makeup of the Transkei. Transkei was the first bantustan to be granted its political 'independence' on 26 October 1976 by the apartheid regime.² It served as a 'model bantustan' to the more general context of the 'separate development' strategy as a whole. Bantustan independence represented an attempt by the apartheid regime to externalise its race relations into the international arena and to impose structures of political domination upon the unwilling mass of South African blacks. Transkei independence was greeted with mixed reactions of acceptance,

¹ M. Dischl, Transkei for Christ : A History of the Catholic Church in the Transkeian Territories (Umtata, S.I.: s.n; c1982), p. 2.

²B.J. Liebenberg & S.B. Spies (eds), South Africa in the 20th Century (Pretoria, J.L. van Schaik, 1993), p. 433.

mainly from the bantustan élites, and rejection from the broad mass of blacks within and outside the Transkei. The South African Student Organisation (SASO) and the Black People's Convention (BPC)³, that played a prominent role in articulating black resistance to apartheid throughout the 1970s, were among the organisations which rejected the Transkei independence. The Black United Front, formed by the middle-class urban blacks in Soweto to fight against the partition of South Africa into independent 'homelands', also rejected independence. The Organisation of African Unity (OAU) and the United Nations' Organisation (UNO) refused to give Transkei 'independence' international acceptance. They issued a tactful diplomatic statement that the Transkei did not yet meet the criteria of nation-statehood. Roger Southall writes that the reason to withhold the recognition of Transkei as a state, except by South Africa, was that it was a creation of apartheid, a doctrine and policy founded on racial distinctions, which was regarded as abhorrent or impolitic to legitimise at the level of international law.⁴

The 'independent' Transkei was economically unviable. It was underdeveloped and not capable of supporting its population. It served as a labour reservoir, which was controlled and regulated by the apartheid regime. To describe Transkeian economic dependence on the South African regime, Southall notes that 'there can be no doubt but that the financial dependence of the 'independent' bantustan ... is so pronounced that the limits of movement of the Matanzima

³On SASO and BPC see, M.R. Maimela 'Black Consciousness and White Liberals in South Africa: Paradoxical Anti-Apartheid Politics', (DLitt et Phil Thesis, University of South Africa, 1999), and R. Davenport & C. Saunders, South Africa: A Modern History 5th Edition (London, Macmillan Press, 2000), pp. 436-437.

⁴R. Southall, South Africa's Transkei: The political Economy of an 'Independent' Bantustan (New York, Monthly Review Press, 1983), pp. 1-6. On bantustan politics see also, J. Barber, South Africa in the Twentieth Century (Oxford, Blackwell, 1999), pp. 185-187.

government are almost wholly dictated by Republican decree.’⁵ This illustrates that the Transkeian ‘independence’ was a sham.

The TCC had its roots in Transkeian bantustan politics. The social and political nature of the Transkei meant that the TCC had to act within the context of ‘bantustan’ economics and politics and had to negotiate the harshness of the Transkeian environment. The achievements of the TCC were therefore curtailed and its effects were rather disappointing when the big picture is taken into account. The TCC was cautious about the bantustan politics of the Transkei, especially during the period covered by this study, hence its focus on apolitical community development projects. The anti-apartheid structures, of which the South African Council of Churches (SACC) was an affiliate, discouraged community members from dealing with the Transkei government.⁶ On the other hand, the TCC sought help from any agencies, including government. This suggests an uneasy relationship between the TCC and the anti-apartheid structures, especially with the TCC’s roots in the DRC tradition.

The TCC was, however, a counterpoint to Transkei bantustan policies. It was a less controversial church organisation in political terms than the SACC and operated within the ambit of bantustan politics, preferring to engage with needs in the community rather than with thorny religio-political struggles. The involvement of the SACC in politics of state and religion resulted in its being banned in 1981 in the Transkei. The fact that the TCC was not banned suggests that in some sense

⁵Ibid, pp. 203-204. On apartheid, labour control and the homelands see also, W. Beinart, Twentieth-Century South Africa (Cape Town, Oxford University Press, 1994), pp. 149-158.

⁶Vrye Weekblad, 17-23 Mei 1991.

it was willing to cooperate with, or at least work within the parameters of, the apartheid state, and consequently never posed enough of a political threat to warrant a ban. Attempts by the TCC to have the ban on the SACC lifted did not succeed. The ban, by association, affected the TCC negatively and it was regarded in some conservative Christian circles as a surrogate of the more radical SACC.

This, in turn, affected the viability of the projects funded by the division of Inter-Church Aid (ICA), under the patronage of the TCC, because the SACC was influential in the screening of the TCC projects for funding. Consequently, TCC members became apathetic and attendance at meetings was also adversely affected. Members generally withdrew their support. There was no longer financial commitment from them. This resulted in the TCC experiencing a financial crisis. The ban on the SACC made members of the TCC 'erroneously believe that the council (TCC) was a banned organisation'.⁷ This obviously affected participation in TCC development projects by members of the community who feared being stigmatised by belonging to an illegal organisation.

Major-General Bantu Holomisa, the Transkeian leader in the 1980s, welcomed the contribution of community organisations to Transkei governance. He appointed the chairmen and secretaries of all regional authorities, including the TCC, to serve in the National Advisory Council (NAC), whose duties included screening of national policies, national strategies, and the development of plans and programmes as presented by the central government.⁸ This illustrates good working

⁷'Transkei Council of Churches', p. 105, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁸Daily Dispatch, 8 June 1988.

relations between the government and non-governmental agencies, such as the TCC.

1.3 The Dutch Reformed Churches (DRC)

The DRC played a significant role in the origins of the TCC. It was as a result of the individuals from the DRC, such as Beyers Naude, that the TCC was established. Nobody can discuss the TCC without mentioning the role of the DRC. There were, however, contradictions within the Afrikaner reformed churches: while they were in the vanguard of Afrikaner nationalism on one hand, they reflected the political divisions of the Afrikaner people on the other. However, their contradictions did not compromise their policy of separate churches for separate races. Confronted with demands by blacks for equal rights as Christians, the Afrikaans Reformed churches rejected equality between the black and the white churches and from this emerged the theology of apartheid. It was this policy that became the ideological basis of apartheid laws.⁹ The DRC, therefore, became the mirror of racial divisions in South Africa.

Some white theologians rejected separation between the white and the black churches. Challenges to the Afrikaner Nationalist-Reformed church paradigm were started by theologians such as B.B. Keet and B. Marais. They represented voices of dissent within the Afrikaner churches. This dissent was continued by young ministers and theologians who rallied around Beyers Naude. The fact that they came out of the evangelical tradition and that most of them had intimate contact with the black Dutch Reformed churches, played a significant role in challenging the system. Naude gradually emerged as the major challenger of the Afrikaner system of separate churches

⁹C. Villa-Vicencio, Trapped in Apartheid (New York, Orbis Books, 1988), p. 27.

for separate races.¹⁰ His efforts in trying to unify Christian churches by requesting David Bosch to initiate ecumenical study groups in the Eastern Cape, irrespective of race, were realised in the formation of church organisations such as the TCC.

The ideology of the Afrikaans Reformed churches compromised their partnership with other church organisations. They separated themselves from all the other major churches in South Africa.¹¹ While many well-meaning South Africans condemned the inherent polarisation of black and white because of apartheid ideology, forces within Afrikanerdom emphasised 'kragdadigheid' (overruling power) as the only basis for the administration of the country.¹² The church, however, waged a successful struggle against polarisation within itself and society at large.

It is, however, paradoxical that while the DRC played a vital role in the emergence of apartheid policies, which gave it an uneasy relationship with liberation movements, it was also some of its own members who engineered the origin of the TCC. It was for this reason that David Bosch noted that the DRC was, in keeping with its evangelical roots, a missionary church, though in some circles its mission work among blacks was implicitly or explicitly regarded as serving the interests of the Afrikaners only.¹³ The link between the TCC and the DRC emphasises the ambivalence of the TCC and shows its deep roots in DRC mission history in the Transkei. This

¹⁰D. Bosch, 'The fragmentation of Afrikanerdom and the Afrikaner churches', in B. Naude, C. Villa-Vicencio & J.W. de Gruchy, Resistance and Hope: South African Essays in Honour of Beyers Naude (Cape Town, David Phillip, 1985), p. 68.

¹¹C. Villa-Vicencio, Trapped in Apartheid, p. 24.

¹²G.C. Oosthuizen, 'Christianity's Impact on Race Relations in South Africa', in M. Prozesky, Christianity in South Africa (London, Macmillan Press, 1990), p. 110.

¹³D. Bosch, 'The fragmentation of Afrikanerdom and the Afrikaner churches', p. 68.

led to stresses and strains with the SACC and the anti-apartheid struggle. It also explains why the TCC was tolerated by the Transkeian government, and why the TCC focused on church-aid projects rather than on political confrontation.

1.4 The African Independent Churches (AICs)

The emergence of African Independent Churches (AICs), sometimes referred to as the African Initiated Churches (AIC),¹⁴ can be viewed in the light of separate churches for separate races as advocated by the DRC. David Bosch observed that the AIC represented an effort to 'clothe the gospel in an African blanket'.¹⁵ The AICs started in the 1880s in South Africa and by 1913 they numbered approximately 30. They had increased to 3270 in 1980¹⁶. In 1984 there were about 200 AICs in the Transkei alone. Their rapid growth necessitated that the TCC took responsibility to relate to them. Some of the AICs showed interest in joining the ecumenical fellowship of churches in the Transkei. They later joined the TCC and participated fully in its activities. Thus the TCC introduced Bible Training Programmes for the AICs members and the response was positive.¹⁷ The TCC was a broad church organisation representing a spectrum of denominations from different traditional backgrounds.

The AICs saw themselves as a correction or improvement of the 'official churches', which cut them off from ecumenical fellowship. The common characteristics of the AICs were that they

¹⁴S. Hayes, 'African Initiated Church Theology', in S. Maimela & A. König (eds), Initiation into Theology (Pretoria, JL Van Schaik, 1998), pp. 159-177.

¹⁵H. Pretorius, 'African Independent Churches in Transkei', p. 96.

¹⁶H.C.J. van Rensburg, A. Fourie & E. Pretorius, Health Care in South Africa: Structure and Dynamics, (Pretoria, Academica, 1992), p. 330.

¹⁷H. Pretorius, 'African Independent Churches in Transkei', p. 96.

were independent of all white control, funds and leadership. They protested against white domination in the church. AICs aimed to cater for the real needs of Africans, in the African world view, such as 'spiritual and bodily health, protection against witchcraft and evil spirits, direct contact with the supernatural, visible symbols and rites, guidance to do what is right and wrong, and a place to feel at home'.¹⁸ The AICs viewed religion in African terms of culture, traditions and value systems.

M.T. Lungu notes that the AICs were classified into different types: the Ethiopian, those who had seceded from white mission churches or their offshoots, and the Zionist churches, which included other designations, such as 'Zion', 'Apostolic', 'Pentecostal' and 'Faith'.¹⁹ Stephen Hayes argues that the definition of the AICs is problematic. He notes that some people have defined them in contrast to the 'mission' churches, or the 'white-led' churches. He writes that this fails to define the AICs because they do not belong to a single theological tradition but draw their influence from a variety of theological views, teachings, ways of worshipping and historical background. Some of the traditions that have influenced the AICs are the Methodist, Congregational, Anglican, Pentecostal and the Orthodox.²⁰ This suggests that AICs and mission churches had one thing in common and that was to preach the gospel. The participation of AICs in the TCC aid projects was therefore in line with what they preached.

¹⁸Ibid, pp. 95-96.

¹⁹M.T. Lungu, 'The 1978 Methodist Schism in Transkei: A Missiological Analysis (D.Th.Thesis, University of South Africa, 1995) p. 132. See also S. Hayes, 'African Initiated Church Theology', in S.S. Maimela & A. König (eds), Initiation into Theology (Pretoria, JL Van Schaik, 1998), pp. 59-177.

²⁰S. Hayes, 'African Initiated Church Theology', p. 159.

1.5 The relationship between TCC and other structures in the Transkei

The TCC was the product of missionary activities and grew out of the Eastern Cape Dutch Reformed missionary enterprise, unlike the South African Council of Churches (SACC), which emerged from mainly English-speaking mission churches in response to the socio-political contradictions in South African society during the apartheid era. The TCC was essentially the product of tensions among the Dutch Reformed Churches (DRC) and drew on a more progressive impulse to widen the reach of the church among Africans in rural areas. It was not accidental, therefore, that the TCC was established with the objective of social development.

Willem Saayman, however, cautions that any attempt to understand the present context of church and mission in South Africa, and especially the political and ecumenical dimensions of missions, has to begin with an analysis of the entanglement between mission and colonialism. He argues that nobody can speak sensibly about the missionaries without dealing with the consequences of colonialism. He further remarks that the situation in South Africa was part of the worldwide phenomenon of both missionary and colonial outreach. He contends that missionaries consciously aimed at colonising the mind of Africans and changing their whole system of belief and practice.²¹ It is for this reason that Ngugi Wa Thiong'o talks about decolonising the African mind.²² Moreover, Steve Biko emphasises mental liberation as the beginning of freedom from political oppression.²³

²¹W. Saayman, Christian Mission in South Africa (Pretoria, University of South Africa, 1993), pp. 22-24.

²²N. Wa Thiong'o, Decolonising the Mind (London, James Currey, 1986), pp. 1-114.

²³A. Stubbs CR (ed), Steve Biko: I Write What I Like (London, Penguin Books, 1988).

The missionaries therefore played an ideological role in the process of colonisation. This was done in the name of 'civilising the blacks'.²⁴ Itumeleng Mosala writes that it was this ideology of the 'civilising mission' which later led to an explicit white supremacist ideology.²⁵ Both Mosala and Saayman argue correctly about the role of mission and colonialism in South African politics. It is, however, equally important to note that significant social development in South Africa was initiated by the missionaries, especially in the fields of education and health. Missionaries have played rather a paradoxical role in the history of the Africans. As much as they have contributed to their colonisation, they have also contributed to their upliftment. This study demonstrates the pivotal role played by latter-day missionaries in providing health services, poverty alleviation, skills development, education and general community development, without losing sight of their complicity in neo-colonial systems of government.

The TCC, unlike other regional councils, did not relate to its internal regional sister councils and its operations never actually fitted into the projects of the SACC. Arguably, valuable projects initiated by the TCC did not reach fruition due to the SACC's and (ICA's) reluctance to fund them. The reasons for not funding some TCC projects were that the 'revolving fund' used as a capital pool was not available for 'risky projects'.²⁶ All projects to be funded by the SACC, at regional level, were to pass through at least two screening bodies, one at local level (TCC), the

²⁴On 'civilising the blacks', see, L. de Kock, Civilising Barbarians (Johannesburg, Witwatersrand University Press, 1996), pp. 1-231.

²⁵I.J. Mosala, 'The Theology of Ideology and the Ideology of Theology in the Black and White Church Struggle in South Africa', in J. Mouton, A.G. van Aarde, & W.S. Vorster (eds), Paradigms and Progress in Theology (Pretoria, Human Sciences Research Council, 1988), pp. 314-315.

²⁶D.E. Nissly, 'Observation on MCC in Southern Africa', 19 April 1976., p.249, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

other at national level (SACC). The process was rigorous and any opposition or cautious tabling meant rejection of funding for such a project. This was the case with some potential projects started by the TCC. Beyers Naude and the Rev T.B. Mbabane of the Umtata Lay Training Centre (ULTC), regarded the SACC's manner of funding as posing a serious problem in the establishment of projects.²⁷

The stringent conduct of the SACC towards funding projects, during the period of this study, jeopardised any chances of rural community development by the TCC. Lack of funding and project logistics in the Transkei resulted in the Mennonites Central Committee (MCC)²⁸ becoming involved, through the TCC, in community-development projects. The Mennonites aided development work in the Transkei by providing development specialists from the United States of America (USA). They were accommodated by the villagers they were supporting, for several years, in the rural areas.

2. What are the immediate origins of the TCC?

2.1 The Cottesloe Consultative Conference

The Cottesloe Consultative Conference (CCC) paved the way for the formation of ecumenical study groups which were important in the emergence of the TCC. It was held in December 1960 near Johannesburg. It was convened by the World Council of Churches (WCC) for its South

²⁷Ibid.

²⁸Mennonites Central Committee (MCC) is the name of the central body of the Anabaptist church, founded in the 16th century by Menno Simons; hence the Anabaptists became known as the Mennonites. Voluntary believers in Jesus Christ are baptized into membership in a Mennonite church. They believe that the church is a people, hence their involvement in community development issues and in helping those in need.

African member churches in the wake of the Sharpeville massacre, which focused the world's attention on South Africa. The overarching theme of Cottesloe was the socio-political responsibility of the Christian churches in an apartheid society²⁹ and its agenda was also to reject the apartheid system as unchristian.³⁰ The South African member churches of the WCC, which included the Transvaal and Cape synods of the Nederduiste Gereformeerde Kerk (NGK) and the Nederduitse Hervormde Kerk (NHK), met with the WCC at Cottesloe where a document, of far-reaching symbolic value, was produced.³¹ The document was an attempt to open a new chapter in South African history. However, race relations dominated the conference and this resulted in the issuing of a statement which rejected all unjust discrimination in church and society. The disastrous consequences of the implementation of apartheid were also discussed. The fact that the delegates of both the English and the Afrikaans-speaking churches endorsed the Cottesloe statement and gave their support, demonstrated its success.

Cottesloe became a watershed in the history of South Africa. The statement posed a serious threat to the policy and implementation of apartheid. This resulted in H.F Verwoerd, the then Prime Minister of South Africa, forcing the DRC to recant and reject the Cottesloe statement. The DRC, acting on the instructions of Verwoerd, subsequently issued a statement defending apartheid and also decided to withdraw its membership from the WCC. De Gruchy remarks that as a result, 'a wonderful opportunity was missed for a united Christian witness against a policy which, for the

²⁹W. Saayman, Christian Mission in South Africa, p. 74.

³⁰A. Boesak & C. Villa-Vicencio (eds), A Call for an End to unjust Rule (Pennsylvania, Westminster Press, 1986), p. 25.

³¹C. Villa-Vicencio, 'A life of resistance and hope', in B. Naude, C. Villa-Vicencio & J.W. de Gruchy, Resistance and Hope: South African Essays in Honour of Beyers Naude (Cape Town, David Phillip, 1985), pp. 8-9.

next thirty years, led South Africa into a wilderness of isolation, violence and ever deepening crisis'.³² The rejection of the Cottesloe statement by the DRC prolonged the end of the struggle against injustices in South Africa. However, it did not stop Christians campaigning against injustices in churches and society. A new path was, nonetheless, heralded in Christian fellowship, and a political transformation had begun.

After 1963, until the birth of the Black Consciousness Movement (BCM), the churches, especially those represented in the SACC and the Christian Institute (CI), became, 'by default or proxy, the voice of those who could neither speak nor be heard'.³³ The lull resulting from the banning of the African National Congress (ANC) and the Pan Africanist Congress (PAC) led to the emergence of the South African Student Organisation (SASO) in 1968, which espoused the Black Consciousness (BC) philosophy, with Biko as its founder.³⁴ The BCM became the voice of black protest. Black solidarity and self-reliance were the most important tenets of the BC, which were to be achieved through psychological liberation. The BC philosophy played an important role in the establishment of community development projects, through the Black Community Programmes (BCP), especially in the Eastern Cape.

The significance of the Cottesloe consultation is that it awakened the English churches to a new

³²J.W. de Gruchy, 'From Cottesloe to Rustenburg', in Journal of Theology for Southern Africa, No.74, 1991, p. 24.

³³Ibid, p. 24.

³⁴For Steve Biko and Black Consciousness see, A. Stubbs CR Steve Biko: I write What I Like, pp. 1-239. See also M.R. Maimela, 'Black Consciousness and White Liberals in South Africa: Paradoxical Anti-Apartheid Politics' (D Litt et Phil Thesis, University of South Africa, 1999), pp. 103-169.

realisation of the gospel's call to create widening forms of human fellowship.³⁵ It was after Cottesloe and the birth of the CI (instrumental in forming ecumenical study groups) that the SACC squarely confronted apartheid.³⁶ Starting in the mid-1960s, the WCC adopted a radical stance towards apartheid and particularly towards racism.³⁷

The WCC's concern over racism in South Africa was discussed in the meeting of the General Assembly at Uppsala in 1968.³⁸ The most publicised response to racism made by the churches took the form of the Programme to Combat Racism (PCR), which also had a division called the Special Fund. The Special Fund made grants to the liberation movements in Southern Africa. This caused an uproar in South Africa and the world over, with some churches protesting about the grants by withholding their annual WCC contributions, while others came close to withdrawing their membership. Whilst opposed to racism and the general policies of the apartheid system, some church leaders in the SACC were deeply unhappy about grants given to the liberation movements because it had embarked on the armed struggle, and they represented churches that promoted change through non-violent means.³⁹ This illustrates the predicament that the SACC found itself in. It had to reconcile preaching the gospel at the same time as supporting the liberation struggle, which was viewed by some church members as contradictory. The apartheid regime viewed the

³⁵D.M. Balia, Christian Resistance to Apartheid (Braamfontein, Skotaville, 1989), p. 22.

³⁶C. Mayson, 'The SACC celebrates the 25 years', in Challenge, Vol.18, 1993, p. 25.

³⁷R. Tingle, Revolution or Reconciliation? The Struggle in the Church in South Africa (London, Christian Studies Centre, 1992), pp. 2-13.

³⁸Z. Mbali, The Churches and Racism: A Black South African Perspective (London, SCM Press, 1987), p.15.

³⁹R. Tingle, Revolution or Reconciliation?, p. 30.

relationship between the SACC and the liberation movements with complete contempt, which resulted in the SACC being associated with communist activities.

2.2 Ecumenical Study Groups

Following Cottesloe, theologians were inspired to form ecumenical study groups. The concept 'ecumenical' was derived from the Greek word *oikoumene*, which in Christian churches signifies the unity and renewal of all Christian believers across the world.⁴⁰ The SACC and the WCC are examples of such a unity in church organisation. Beyers Naude, a delegate at the Cottesloe conference, and later the General Secretary of the SACC,⁴¹ and David Bosch were instrumental in the ecumenical study circles in the Transkei. Bosch and Naude met in December 1961, and this resulted in a meeting which was convened on 23 January 1962 in Idutywa. It was attended by about twenty white ministers of the DRC. They came from the Transkei and other areas in the Eastern Cape. Naude addressed the ministers by outlining the post-Cottesloe situation, posing a challenge and urging Bosch and other ministers to organise ecumenical contacts in the Transkei region. The pastors soon put the idea into practice.⁴²

The Eastern Cape Ecumenical Study Groups (ECESGs) were formed in 1963. These groups were based in East London and had four regions, of which the Ecumenical Study Group (ESG) in Umtata was one. It was a multi-racial group. Members of the Eastern Cape ESGs joined as individuals and not as representatives of their churches. However, a need later arose for

⁴⁰W. Saayman, Christian Mission in South Africa, p. 10.

⁴¹A. Boesak & C. Villa-Vicencio (eds), When Prayer Makes News (Pennsylvania, Westminster Press, 1986), p. 17.

⁴²D. Bosch, 'The fragmentation of Afrikanerdom and the Afrikaner churches', p. 70.

ecumenical co-operation between the churches to which the members belonged. The ECESGs therefore approached all the churches in the Transkei with a view to establishing a Regional Christian Council (RCC). The following churches responded: Anglican, Methodist, Bantu Presbyterian, Dutch Reformed Church in Africa, Moravian and Baptist, which later withdrew.⁴³ The ecumenical contacts in the Transkei region bore fruit in that a year later they led to the formation of the TCC. ESGs represented a turning point in community development projects in the Transkei.

The ESGs played a crucial role in that they laid foundations for the eventual establishment of the TCC, with the goal of addressing social deprivation in Transkei. They united churches around the common objective of giving practical expression to their Christianity.

2.3 The Origins of the TCC

The TCC originated from the ECESGs in Umtata, which were born from the inspiration which Naude got from the Cottesloe conference. They held their first meeting in May 1963. The TCC held its inaugural meeting on 1 April 1964 in the Diocese of St. John's offices in Umtata. It was founded under the influence and work of Bishop Alpheus Zulu, then suffragan Bishop of the Diocese of St. John's of the Church of the Province of South Africa (CPSA) in Umtata. Zulu became its first chairman. The TCC was formed with the specific goal of addressing social deprivation in Transkei. The social and economic conditions in the Transkei inspired the TCC to begin aid projects to alleviate some of the apartheid's worst consequences. Its first project was started in 1966, and dealt with the welfare of the children, the aged and the disabled. It was

⁴³A. H. van Gylswyk, UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

initially referred to as the Christian Council of the Transkei (CCT). A Local Ministers Fraternal (LMF) was formed and functioned in local branches and regions. The aim was for churches to take counsel with one another in problems common to them in the Transkei. Central to such problems was caring for the poor and destitute. ICA, the financial division of the TCC and Oxfam strove hard, under severe financial constraints, to maintain and sustain the viability of the aid projects. The Transkei Missionary Conference (TMC), started by the missionaries of the DRC,⁴⁴ also aimed to bring together the various churches and missionaries working in the Transkei.

In 1969, the CCT changed its name to the TCC and further agreed to act as a regional council of the SACC. The change of name to the TCC caused confusion in certain circles, where anything named 'council of churches' was perceived to be synonymous with communism.⁴⁵ This illustrates the SACC's political connections with the WCC, anti-apartheid structures and the military struggle against apartheid.

Not much, in terms of establishing projects, was achieved by the TCC in its formative years. Its initial activities included a call for a united effort amongst the churches, evangelical campaigns, training of ministers and groundwork regarding community development. However, community development later became its central focus. The TCC originally operated through an executive

⁴⁴The missionary work of the DRC in the Transkei is discussed in J. Kinghorn, 'Theology of Separate Equality: A Critical Outline of the DRC's Position on Apartheid', in M. Prozesky, Christianity in South Africa (London, Macmillan, 1990), pp 57-80. See also Black Viewpoint No.4, Transkei Independence (Durban, Black Community Programmes, 1976), pp.1-2 and M. Hope & J. Young, The South African Churches in a Revolutionary Situation (New York, Orbis Books, 1981), pp.169-188.

⁴⁵'The Transkei Council of Churches', p. 102, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

committee and four divisions: Ecumenical Studies, Mission and Evangelism, Christian Education and Community Development, and Social Welfare. These divisions worked closely with the Dependants' Conference, looking after the families of political prisoners and ICA. It employed the services of trained personnel. The TCC began to engage in large-scale community development in 1973, when a fieldworker was appointed to initiate and co-ordinate development work, to liaise with relevant government departments and also to act as an adviser.

The projects discussed in this study were all registered on the TCC Register of Development Projects (RDP). Project officials were required to submit information on a standard form which described details such as the name of the project, its description and where it was located, the objectives of the project and whether or not the community was involved in the venture. The TCC provided both finance and expertise in the form of consultants and field officials. The condition to fund projects was that they should be evaluated annually or any time when there was a need to assess progress and sustainability.

The TCC projects' objectives were that local people should participate and fully accept them, and that they should be run by local people and also benefit them. The partnership between the community, TCC and chiefs' authority played an important role in ensuring economic self-sufficiency amongst the rural communities.

3. Historiography

This section explores the historiography of religion and society in South Africa covering the period from the 1970s to the 1980s. The paucity of research in the field of regional church history

in relation to society, in South African historiography, poses a challenge to historians. The church in South Africa has certainly exerted an important influence on communities in the twentieth century. Its history needs to be positioned in the mainstream of historical fields of research. Johannes du Bruyn and Nicholas Southey argue that 'church historical writing, as traditionally practised, will continue to stagnate if practitioners do not develop greater openness to the idea that the history of the church and religion cannot be artificially divorced from the broader context of society . . .'.⁴⁶ They urge that more historians will have to be persuaded of the powerful influence religious belief has exercised in the lives of individuals and communities.

One of the reasons why religious history has 'consistently failed to leave any significant stamp on mainstream historical writing'⁴⁷ is that most contemporary historical studies on church and religion tend to concentrate on complex politics of state and governance. Charles Villa-Vicencio⁴⁸ and John de Gruchy⁴⁹, for instance, focus more on matters regarding apartheid and national politics of church and state. They, however, overlook research on church organisations such as the TCC. They neglect regional grassroots issues. While this political-economy approach is undeniably of potential interest to most researchers and has enjoyed considerable influence in scholarly discourses, it regrettably loses sight of the real object of the church and religion, which is to attend to the needs of the ordinary people. Consequently, the above approach largely neglects the

⁴⁶J. du Bruyn & N. Southey, 'The Treatment of Christianity and Missionaries in South African Historiography', in R. Ross & H.C. Bredekamp (eds), Missions and Christianity in South African History (Johannesburg, Witwatersrand University Press, 1995), p. 41.

⁴⁷Ibid, p. 30.

⁴⁸C. Villa-Vincencio, Trapped in Apartheid (New York, Orbis Books, 1988).

⁴⁹J.W. de Gruchy, The Church Struggle in South Africa, 2nd Edition (Claremont, David Philip, 1989).

analytical investigation of the concerns of religious faith, which is about the social fabric in which people try to grapple with the activities of daily life and relate these to their faith.

Regional historical research into the church is an enormous subject, too large to be handled comprehensively in a limited study such as this. This dissertation does, however, attempt to make a start on research in this field. The investigation of the TCC, therefore, does not claim to close all the gaps that exist in regional church historical writing, but it does try to provide a sample of what analytical challenges to the historiography arise from case studies centred on local social and cultural history. It looks at the importance of the intersection between religion and society, and in this case the particular affinity between a church-aid agency and the rural poor. The study explicitly considers how the church affected the lives of the poor.

There is little focus in the literature on practical projects that deal with the plight of the poor. Most writings on religion and society, in South Africa, do not explore the community development projects engendered by the TCC. As a result, no scholarly work has been produced on the TCC. The literature does not contribute to the focus of this study, which is the running of practical community projects by a regional church organisation. Bosch has, however, in his chapter, 'The Fragmentation of Afrikanerdom and the Afrikaner Churches', in Resistance and Hope, discussed the ecumenical study groups which served as the immediate roots of the origins of the TCC. The fact that he once served as the chairman of the TCC played a pivotal role in his citing it.⁵⁰ Despite this little piece of information about the origin of the TCC, no other leading scholars in the field

⁵⁰H. Pretorius, 'African Independent Churches in Transkei', in INDABA ZE TCC (Oikoumene), No. 2, February 1984, p. 96, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

of religion and society have documented its history.

Villa-Vicencio and De Gruchy have documented the history of Reformed Church doctrines, and most importantly, church work with the poor. The fact that the TCC had its roots in the Reformed Church tradition and specifically dealt with the plight of the poor, deserved coverage in Villa-Vicencio and De Gruchy's work.⁵¹ Willem Saayman writes about the missionaries, the mission of the church and ecumenical movements, but fails to mention the TCC as one of the outcomes of the ecumenical study groups.⁵² Like Saayman, Daryl Balia writes about ecumenism in South Africa from 1960 to 1987. This period covers the existence of the TCC and its community-development work. Balia disregards the regional activities which resulted from the ecumenical movements in South Africa.⁵³ He, like other leading authors in this field of church and religion, chose to concentrate on national issues of politics.

While these authors explore interesting issues regarding apartheid, race relations, missionaries, church and theological issues, they overlook important practical projects run by church organisations such as the TCC, which dealt with issues that affected people on a daily basis. Instead they deliberately concentrate on organisations such as the SACC and the WCC. This approach adversely affected research on regional councils such as the TCC. The TCC was a relatively small organisation, but its role has an important place in history, and is thus worthy of research. There is neither a small nor a big history. Reinier writes that 'history includes every trace

⁵¹J.W. de Gruchy, B. Naude & C. Villa-Vicencio (eds), in Resistance and Hope: South African Essays in Honour of Beyers Naude (Cape Town, David Philip, 1985).

⁵²W. Saayman, Christian Mission in South Africa, (Pretoria, University of South Africa, 1993).

⁵³D. Balia, Christian Resistance to Apartheid (Braamfontein, Skotaville, 1989).

and every vestige of everything that man [sic] has done or thought since he first appeared on earth'.⁵⁴

The South African Institute of Race Relations has documented social and political issues about the Transkei. Various national newspapers, such as The Star and the Sowetan, have reported on the politics of church and state during this era, particularly on the SACC and the apartheid regime, but a lack of reporting on the TCC is conspicuous. The Daily Dispatch, however, stood out and took an interest in reporting about the role of the TCC in community development.

Apart from the above works specifically on church issues, major publications on the history of the Transkei in the 1970s and into the early 1980s deal with the degree to which this bantustan had attained political and economic independence and with whether or not the abolition of apartheid within Transkei benefited its inhabitants. Patrick Laurence⁵⁵ concentrates on the Transkei bantustan and the race relations which surrounded this territory. He makes no reference to the organisations which served as counterpoints to the bantustan policies, like the TCC. J. Butler⁵⁶ wrote about the politics of the bantustans and compared the Transkei with Bophuthatswana and

⁵⁴G. J. Renier, History: Its Purpose and Method (Marcon, Mercer University Press, 1982), p. 73.

⁵⁵P. Laurence, The Transkei: South Africa's Politics of Partition (Johannesburg, Ravan Press, 1976).

⁵⁶J. Butler, R.T. Rotberg & J. Adams, The Black Homelands of South Africa: The Political and Economic Development of Bophuthatswana and KwaZulu (Berkeley, University of California Press, 1977).

KwaZulu. R. Southall⁵⁷ and N.M. Stultz⁵⁸ generally look at the Transkei politics of economic dependence on South Africa and race relations. B. Streek and R. Wicksteed⁵⁹ focussed on the political corruption in Transkei, the economic distress there and the politics of government by leaders such as Kaiser and George Matanzima. Little is written about the TCC, despite its important intervention to alleviate the poverty caused by the corruption of the Transkei government.

The above works hinge on broad theoretical issues and in so doing are of little interest to individuals living in the rural areas, whose primary concerns centre on the acquisition of food, water and other fundamental resources. This approach overlooks ordinary people and impoverishes the broader understanding of the quality and detail of life at the village level.⁶⁰ This section does not try to show shortcomings in the above-mentioned publications. It simply evaluates the content of their literature for their application to this study.

The TCC's stronger focus is on grassroots issues, especially those related to drought, the development of skills, social welfare, health and poverty. It is not concerned with the large matters of political economy, but instead is a micro study that looks at a defined region and a defined organisation. The focus, therefore, is on the role of church aid in regional community development

⁵⁷R. Southall, South Africa's Transkei: The political Economy of an 'Independent' Bantustan (New York, Monthly Review Press, 1983).

⁵⁸N.M. Stultz, Transkei's Half Loaf: Race Separation in South Africa (Cape Town, David Phillip, 1980).

⁵⁹B. Streek & R. Wicksteed, Render Unto Kaiser: A Transkei Dossier (Johannesburg, Ravan Press, 1981).

⁶⁰J. Segar, 'Independence': Local Responses in a Transkeian Village' (MA Thesis, University of Cape Town, 1986), p. 1.

projects, as opposed to a concentration on issues of church and state.

A study of the TCC assists in contributing to some understanding of the damaging history of the church in South Africa, especially that of the apartheid churches which were 'infused with the sense of cultural superiority and arrogance'⁶¹, despite preaching Christianity. The Afrikaner churches, particularly, provided a theological legitimation of apartheid legislation and the maintenance of white rule. Villa-Vicencio notes that it was this legitimation that eventually led the World Alliance of Reformed Churches (WARC) to declare apartheid a heresy.⁶²

The TCC ceased to exist in 1994 when it was collapsed into the Eastern Cape Provincial Council of Churches (ECPCC), in order to be in line with the delineations of the democratic order. The existence of the TCC extends from 1964-1994; however, this study covers the period from its inception to the late 1980s. I deliberately chose this period as the TCC was then engaged in projects that dealt entirely with development.

4. Methodology

The bulk of material used in this research is archival. Archives obviously provide important evidence in the construction of a narrative about the TCC. They provide primary sources which can be worked into a construction of the TCC's past. They offer a focus for this study, which is a mini-dissertation, and their limitations are well known to the author. Benjamin writes that there is no better way to get closer to history than by interviewing someone who has lived through the

⁶¹Ibid, p. 28.

⁶²C. Villa-Vicencio, Trapped in Apartheid (New York, Orbis Books, 1988), p. 22.

experience.⁶³ Oral evidence is, however, difficult to obtain without considerable funding to undertake fieldwork and interviews. To attempt a more encompassing history would therefore require more time and more resources. Having said that, the archives that have been consulted do disclose a substantial history which is worthy of coverage here.

The TCC archival collection is kept at the University of South Africa (UNISA) archives, *UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches ACC 318* (December 1984), compiled by A.H van Gylswyk. It includes documents, publications, reports, correspondences, photographs, illustrations, maps, TCC newsletters, minutes and statistics. This collection provides valuable research material on various topics such as politics, church history, and African community development. Because of the absence of published works on the topic as such, this archival collection forms the core of the research. The TCC archival collection cannot claim to be complete, because there are glaring gaps in information. The fragmentation can be attributed to the inherent tendency of archives, which only conserve what is deemed collectable. However, archives play an important role in keeping primary sources and they 'will remain a major reservoir of raw materials'.⁶⁴ To balance this incompleteness the research has used secondary sources in an attempt to reconstruct the past contextually and in a meaningful way. This has hopefully presented a balanced, empirical historical perspective.

Archival sources, like any other sources, have their own disadvantages. Richard Evans writes that

⁶³J.R. Benjamin, *A Student's Guide to History*, 8th Edition (Boston, St. Martins, 2001), p. 86.

⁶⁴J.P. Brits, 'The Historians and the Archives: A 1995 South African Perspective', in *Historia* May 1995, Vol.40 No 1, p. 66.

a historical text cannot be regarded as having a fixed and unalterable meaning given it by its author.⁶⁵ Archival materials are compiled by human beings with specific purposes in mind. Therefore, they have to be treated with the customary scepticism with which the historian treats more conventional written sources, and the same kind of source-criticism has to be applied to them as well.⁶⁶ E.H. Dance notes that history as the record of the past relies on the recorder 'whose views and prejudices enter into his [her] record, and colour it'.⁶⁷ Therefore, the TCC archival collection also needs authentic examination to verify its reliability. Inaccuracies and distortions are some of the realities that are embedded in any sources.

5. Chapter by chapter summary

This study has been divided into chapters each looking specifically at projects which attempted to address the same problem. Chapter one provides a general overview. Chapter two attempts to explore health problems and poverty relief projects in the rural areas of the Transkei in the 1970s and 1980s. It demonstrates the indispensable partnership that the church and the community had in fighting diseases and poverty, but also the need to continue such an important relationship. Follow-up visits by nurses and field workers, to offer primary health care and education in nutrition, were an important element in linking different communities; other factors were various homes which housed malnourished children; and the far flung health institutions. This also helped to bridge the gap of lack of community involvement, in view of some projects being detached from the communities they were supposed to serve. Housing malnourished children in the centres for

⁶⁵R. Evans, In Defence of History (London, Granta Books, 1997), p. 103.

⁶⁶Ibid, p. 111.

⁶⁷E.H. Dance, History the Betrayer (London, Hutchinson, 1969), p. 9.

care and supervision, and also teaching mothers through participation, empowered mothers and increased the possibility of their benefiting communities at large.

Chapter three looks at the relationship between drought and living conditions in the Transkei and considers projects of the TCC in alleviating the distress of rural communities. The focus is essentially on schemes initiated by the TCC to lessen the damaging social effects of drought. The water projects were mainly designed to assist rural Transkei communities in an attempt to match initiatives taken by the government in urban areas. Naturally they were on a very much smaller scale, dependent upon donor money, missionary labour, voluntary help and community participation. When some of these ingredients were missing, the projects proved less successful. The TCC worked with other religious agencies and with chiefs to support the building of dams and irrigation systems. Its involvement was therefore in the nature of support rather than control, which sometimes meant that organisation and long-term planning were not always of the highest calibre. The TCC was beginning to approach aid projects in a different way from earlier initiatives, which took too much control and therefore excluded ordinary people from claiming ownership of various projects. Gradually, the TCC attached itself to existing structures, whether missionary or non-governmental. It increasingly realised that success lay in the hands of rural Transkeians rather than in the conceptions of outsiders.

Chapter four focuses on the TCC's role in welfare projects, especially those that dealt with youth, the disabled, the handicapped and the aged. It concentrates on a series of welfare initiatives which were, to a greater or lesser degree, dependent on TCC funding and expertise. The emphasis is on the social dimension of religious activity, derived from the particular theologies embodied in the TCC. The diversity of its religious constituency also made welfare projects an object of unity.

Chapter five examines the relationship between unemployment in the Transkei in the 1970s and 1980s and various projects initiated by the TCC to address the problem. It also analyses employment patterns in the Transkei, migrancy and its effects on the economy of both South Africa and the Transkei, and considers how, mainly, African women were drawn into the TCC through its attempts to create job opportunities. Beadwork, sewing and knitting were the basis of the TCC employment projects, which by definition meant a concentration on women's work. Sewing, knitting and beadwork projects were to some extent successful in creating employment opportunities for rural women.

The concluding chapter furnishes a synopsis of the study. The writer asserts that there is a dearth in regional research on church issues and urges researchers to take the investigation further in this direction. According to the findings of this study, the church was instrumental in engendering community-development projects and in canvassing the support of other aid organisations. It intervened in practical ways to improve the quality of life of the poor and the destitute in the Transkei.

Chapter Two

Health and Poverty Relief Projects

2.1 Introduction

The church in South Africa has in the twentieth century become an increasingly important force in the spiritual and material life of society. Its direct and practical intervention on behalf of the poor and the oppressed has proved that it has a social conscience. The most important role played by the church in the 1970s and 1980s was its involvement in health and poverty eradication in the Transkei. The peripheral urban settlements and rural areas of South Africa continue to be veritable cauldrons of poverty and disease. Poverty is not a marginal or incidental phenomenon, but is structurally related to the way economic and social systems function.⁶⁸ It can be attributed to the legacy of apartheid's capitalist economy, which used Africans as producers of wealth without their benefiting from it. It degraded people to wretched conditions and to a whole range of other experiences. Though defined differently both among and within societies, poverty is commonly characterised by a severe lack of material resources such as health facilities and physical comfort.⁶⁹

Poverty is a major contributor to population growth, which in turn contributes to environmental degradation. Those trapped in poverty are often forced into actions leading to deforestation, over-intensive land use and subsequent erosion, salinisation and desertification, which result in increased poverty in a vicious circle. There is interdependence between poverty, powerlessness,

⁶⁸G. Rodgers (ed), The Poverty Agenda and the International Labour Organisation: Issues for Research and Action (Geneva, International Institute for Labour Studies, 1995), p. 1.

⁶⁹P. Spicker, Poverty and Social Security: Concepts and Principles (London, Routledge, 1993), pp. 11-12.

social conflict and the destruction of the environment.⁷⁰ Therefore, the eradication of poverty empowers people, lessens social conflict and protects the environment.

Transkei is largely rural and is, like other rural areas in South Africa, characterised by abject poverty. Poverty in the rural areas is compounded by a lack of health facilities, inadequate housing, and a high rate of unemployment. This results in a variety of diseases such as malnutrition and water borne-diseases such as cholera, and a range of other illnesses.

Van Rensburg et al assert that the original initiative for the supply of health services in the black areas (and later in the bantustans), especially in respect of the erection of hospitals, clinics and other service points, was mainly foreign in origin. It was through the efforts of various missionary societies that health care was pioneered among the African people of South Africa. The missionary societies supplied necessary health personnel, capital, and finance for operation. In 1973 mission hospitals were nationalised by the South African Department of Health and were later taken over by the bantustans. Transkei was the first to facilitate the transfer of these hospitals, which resulted in a severe shortage of medical personnel and finance. Transkei lacked health personnel with necessary skills and was economically moribund. This (the nationalisation of the mission hospitals) was the single most influential step in the consolidation of the bantustan system and of the developments of the grand apartheid dispensation.⁷¹ This means that health care services of the Transkeians was to be catered for by the Transkei government. The South African government

⁷⁰WCC, 'Developing an Ethic for Justice and Sustainability', in South African Outlook, Vol.1 (1991), pp. 6-7.

⁷¹H.C.J. van Rensburg, A.Fourie & E.Pretorius, Health Care in South Africa: Structure and Dynamics (Pretoria, Academica, 1992), pp. 68-69.

shifted the responsibilities to the bantustans.

Despite the extensive shortages in personnel and finance, the transfer of mission hospitals produced positive outcomes in terms of closer co-ordination of services. There was a visible regionalisation of services divided into health care wards, districts, hospitals, satellite clinics, and greater emphasis on primary and community health care. The community health projects discussed in this chapter bear testimony to greater emphasis on primary and community health care.⁷² Access to health facilities in South Africa began to deteriorate after 1977, especially among the poor, owing to the Health Act 63 of 1977. The passing of the Health Act 63 of 1977 in South Africa was a watershed in the national health care system. Instead of bringing better health, reforms shifted the burden of health care increasingly to individuals and allowed the privatization of health care.⁷³ As a result, health care became a privilege of the rich. Since then the health situation in South Africa has been deteriorating, further worsened by poverty.

This study explores the role of the TCC in the Transkei communities in the 1970s and 1980s in respect of health and poverty. Special attention will be given to the following projects: Isinamva Community Development Centre; efforts to combat malnutrition; the effects of and the attempts to stop silicosis; western medicines and traditional methods of healing; and Operation Joseph poverty relief programme. Isinamva Community Development Centre was one of the most important projects in the 1970s. It addressed various community issues, and its focus was on health and poverty eradication. The missionary hospitals contributed significantly in inaugurating

⁷²Ibid, p. 67.

⁷³Ibid, p. 73.

and managing health and poverty programmes. The formation of the Khanyiselana Health and Nutrition project in September 1970 was the initiative of the Rietvlei Hospital and mission. It aimed at training the antenatal mothers-to-be in health education, simple cookery, and proper nutrition. The Holy Cross Children Convalescent Kraal, established in Pondoland, trained women in proper feeding and care of their children. The Kwashiorkor Home, formed by the All Saints Home Industries, Kwazondle upile-Nutrition Rehabilitation Unit, and the Vukuzakhe Kwashiorkor Hut projects lodged mothers and their kwashiorkor babies, and taught them about correct feeding and general health care. They also engaged in follow-up visits in the communities, through field workers.

Transkei was troubled by diseases of the lung such as tuberculosis and silicosis. The St Lucy's Grinding Mill Scheme concentrated on the eradication of silicosis. This was an attempt by the community to combat silicosis that affected women, arising from grinding mealies the traditional way. South African membership in the international health organisations, such as the World Health Organisation (WHO), had much impetus in spearheading a national health care system. Western medicines and traditional methods of healing were important aspects of health policy. The cooperation between the two methods strove to promote the use of traditional medicines alongside western medicines. This was an attempt to reach the majority of the African population.

2.2 Isinamva Transkei Community Development Centre (ITCDC)

Isinamva Transkei Community Development Centre was one of the major community development projects established in the Transkei, under the tutelage of the TCC. The name Isinamva originated from the Xhosa saying *isinamva liyabukwa*, meaning 'those who laugh last,

laugh the loudest'.⁷⁴ The project started in the early 1970s, in the rural areas around Mt Frere, and was pioneered by the Rev Edmund Dumani Gwiliza together with some devoted community individuals. It catered for the health and nutritional needs of the people who lived in the mainly rural areas of Lubacweni, Cabazi, Mbodleni, Ncuteni, Mzinto, and Mzimvubu. As a fully-fledged centre it comprised a director, an administrator, a teacher, a nursing sister, three nursing assistants, a housekeeper, and three handymen. Isinamva received funding of R5000 in 1975, from Inter-Church Aid (ICA).

Isinamva was a multifaceted community centre which included conference facilities. The community organizations (social, educational, religious, agricultural and cultural) used this centre for the purposes of conferences and meetings. There were future plans to accommodate delegates overnight in the centre. It aimed to encourage self-help projects such as vegetable growing; to stimulate production from individual vegetable plots and to open markets within the community; to encourage the construction of small ponds for irrigation purposes; fish ponds; pigs, and poultry farming. The central focus of the project was, however, to introduce education about nutrition, which had proved to be the greatest single factor in the overall socio-medical scheme responsible for the lessening of malnutrition. It was a prerequisite that individuals should become members. Membership was open to individual Africans on payment of R1 or R2, organisations joined at R10 and a capitation fee of 25 or 50 cents per person.⁷⁵

⁷⁴Ininamva Transkei Community Development Centre (ITCDC), Brochure, pp. 250-251, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁷⁵'ITCDC, Programme and Constitution', p. 292, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 31 December 1984.

This section does not discuss all the activities at Isinamva, but deals explicitly with those activities that addressed health, nutrition, and poverty-related issues. To deal with poverty-related diseases, Isinamva began the centre by offering classes on nutritional education. The section on nutrition education was a self-contained unit which consisted of three classrooms used for lectures and examinations, and which also had a reception area. There were two huts which kept kwashiorkor babies and their mothers for treatment. Another room was used as a kitchen to prepare food for malnourished patients. The patients were cared for by a nurse and her three other assistants. The nurses in the centre provided services such as antenatal care and primary health care education, and they also visited patients in their homes for follow-up treatments.

The rural areas around the Isinamva project lacked fresh vegetables, a vital aspect of a well-balanced diet. Thus, the centre addressed this need by providing land for gardening purposes. A vegetable garden in the centre provided food for the learners, malnourished babies and the staff of the centre, and was also used for practical nutrition demonstrations. Demonstration plots provided practical instruction sites for the trainees and also served as a place to exhibit activities to visitors and donors. The gardening sector of the centre was serviced by two men who were visited weekly by an officer from the Transkei Department of Agriculture, to offer training and better methods of cultivation. The commendable role of the centre was that it targeted poverty-stricken individuals and families throughout the Transkei. These were people who were not able to pursue any formal education. The trainees were offered practical skills with an emphasis on self-help. This was 'to give people dignity, to change beggars, thieves and ignorant people into useful members of the society, and let them enjoy freedom from hunger and poverty'.⁷⁶

⁷⁶'ITCDC, Constitution', p. 298, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318,

Activities were organised in the centre in 1973 and 1974. From 22 to 25 March 1973 nutrition education lessons were offered by dieticians and other educators. The occasion was honoured by the attendance of the Health Circuit Inspector. Forty-four participants, from different parts of the Transkei, were trained about the theme: 'Literacy Teachers Training Course: New Methods To Teach Adults'. Some of the trainees later taught in adult literacy projects. Other activities were organised in the centre from 21 to 26 August the same year, where courses were offered by Linda Mantanga in her capacity as a social worker. They included dress-making and cookery, vegetable growing, choice of seeds, nutrition education and arts and crafts. The participants were inspired by the attendance of the wife of the Paramount Chief of Eastern Pondoland, which gave legitimacy to the project. A team of four persons was sent from the Valley Trust Farm to give instruction in nutritional education and new methods of cultivation between 5 and 9 November 1973. The courses offered included administration, housecraft and a repeat of other courses done previously.⁷⁷ Training in the above short courses took place from 2 and 5 April 1974, and 29 and 30 June.⁷⁸ Overemphasis on nutritional education illustrates the severity of poverty in the rural areas and the belief that if nutritional problems were adequately addressed social conditions would improve drastically.

It is not known what transpired between 1974 and 1977. The absence of information on the above

December 1984.

⁷⁷'ITCDC, What has been done in this project', p. 296, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁷⁸'South African Council of Churches (SACC), Division of Inter-Church Aid (ICA), Application for Grant', p. 125, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

period creates a serious chronological gap in the activities of the project. This can be attributed to the paucity of material in the archival collections or even a lack of activities due to disintegration. Isinamva was, however, evaluated again late in 1978 and early in 1979. During the 1978 evaluation, the project was in a very critical stage in its history as it had lost its founder and director, the Rev. Dumani Gwiliza. The project had in many ways been a 'one man show' in the sense that Gwiliza dedicated his life to the project. He had a vision and a sense of purpose, and without him Isinamva lost its way. At considerable personal sacrifice Gwiliza created a centre which provided an effective framework for community development work in the Mt Frere area. When he died it was virtually impossible to fill his shoes.

The TCC was instrumental in providing their expertise to Isinamva. According to the project's evaluator, Tim Lind (TCC official), the difficulty brought about by the death of Gwiliza was 'a familiar second generation problem for community development projects'.⁷⁹ Most development projects were started by able and committed leadership, which seldom had people to either emulate them or successfully manage the projects (when they were no longer there) in accordance with the stated goals. The leaders who took over from the founders often set impractical goals, to the detriment of projects. This was demonstrated by Isinamva. The second-generation problem in development projects results in numerous projects becoming defunct, due to inept or corrupt leadership.

The unlimited scope of Isinamva's objectives posed a serious problem of focus for the staff after

⁷⁹T.C.Lind, 'ITCDC-Evaluation, 13 February 1979', p. 255, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Gwiliza's death. The geographical situation of the centre was also a concern for the TCC. It was located several kilometres from Mt Frere, within sight of, but physically isolated from, the surrounding villages which had a dependent population. The services offered by the centre were varied. It served as a training school for up to forty villagers, mainly women and girls. They resided at the centre and were taught home economics: good health and nutrition, cooking, sewing, knitting, preventive health and gardening.⁸⁰ The second aspect of the project was that of health education. This was a two pronged programme, which involved home visits by assistant nurses to mothers in the surrounding locations. They were taught child care, domestic skills and gardening, and were also provided with clinics in the rural areas. The centre had a rehabilitation centre for mothers with malnourished infants, which offered health education courses for women from the location, as well as some curative services.⁸¹

The aims and objectives of Isinamva were important but very general and lacked specific goals, unlike other TCC development projects. This was due to its multifarious nature. Lack of specific goals in development projects sometimes results in the sapping of the workers' energy. Isinamva's integrated programme lacked a combination of careful planning, specific goals, flexibility, and vision. Lack of specific objectives at Isinamva was indicative of the absence of a specific community orientation on the part of the programme. If proper research had been conducted into community needs and how they could be met, the project might have been more sustainable because of greater community participation.⁸²

⁸⁰Ibid, pp. 255-256.

⁸¹Ibid.

⁸²T. C. Lind, 'ITCDC-Evaluation, TCC: DWD, 13 February 1979', p. 257, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Isinamva was more of an institutionalised centre than a community project. Although the extension of the system of nurse aids was commendable and the most significant feature of the Isinamva project, these activities were overshadowed by centre-related activities which were more introspective and sustaining of the institution. It was not possible for the community to feel part of the project, as it seemed divorced from the project. The problem of institutionalisation was not easy to combat because community involvement was not soundly developed from the start. The decision to professionalise all existing activities, or to drop some, was nevertheless difficult to make. The acting director noted that much of her time was required to maintain activities such as fundraising and purchasing. This meant that it was necessary to hire an administrator. Thus, more funds were required and more activities were developed to fully occupy the administrator.⁸³ This further distanced the project from community participation.

The project was also not self-supporting. It is probable that the gap between outside grants and project-generated income was likely to increase rather than decrease. Profit making was the primary purpose of the centre and this meant that it consumed staff energies to the detriment of community outreach. Originally, participation was not designed only to benefit the centre, but also the community. Despite these weaknesses, however, Isinamva had many positive aspects. The human resources function was carried out by a competent and knowledgeable acting director. The staff was well-trained, competent, and dedicated. The material resources of the project included a vast tract of land and a physical structure which could have been used to serve the community.⁸⁴

⁸³Ibid.

⁸⁴Ibid, p. 258.

The centre was run by a board of trustees whose members were not necessarily from the community. It was controlled by a board comprising of businessmen, a medical doctor, teachers, government workers (civil servants), an attorney, and a staff member called 'an assemblyman'. There was no community representation on this board, the people for whom the efforts of the project were supposedly intended. The death of Gwiliza, the founding director, dealt a blow to the project; the board had abdicated all real control to him other than finance. After his death, there was an effort to revitalise the board in view of the lack of Gwiliza's vision and drive. It was, however, questionable whether the committee as it was composed was going to be able to move the project toward a more community based approach.⁸⁵

The community members who themselves required the services of the centre, were to serve on a new board. Such a committee would seek the help of outside expertise if required to develop a plan. The idea was first to clearly state specific goals and objectives of the project; to decide which of the activities were to be discontinued or altered; to decide which new activities were to be added; to set specific goals in terms of project generated incomes such as to budget; to clearly orientate the project toward a specific community or communities; and lastly to establish a structured forum for community feedback and participation. The foundation of community participation was to be a series of community discussions, formal and informal. This would have provided the general content and direction of the project and also designated specific candidates for committee membership. The staff was also to produce a provisional budget for 1979 which was to be maintenance oriented. No new staff, programmes, buildings or activities were to be added during the above process. It was quite possible that such a maintenance budget could have

⁸⁵Ibid, p. 257.

been fully supported by the centre's existing balance. The report was to be given to the TCC, Division of Development and Welfare (DDW) staff, to interpret it in order to give Isinamva direction, and which were to furthermore offer any assistance which might be desired by the project toward implementing the suggested recommendations or specific aspects of them.⁸⁶

In 1980, the Director of Isinamva compiled a progress report about the project. Health education, agriculture, and skills development were the stated aims of the project. Most programmes operated at Isinamva in 1979 were decentralised to ten villages for experimental purposes. Some of the villages were as far as twenty-seven kilometres from the centre. Decentralisation of programmes, however, did not have the desired effect. It was reported that by the end of 1980 only five villages were still in operation. The field workers received a positive response from the community at their initial visit, with an average attendance of more than fifty people. They started to experience attendance problems during their subsequent visits, however, when the villagers realised that the field workers were not bringing medicines but lectures and cooking demonstrations, and home visits. Attendance dropped to zero in five of the ten villages.⁸⁷

Field workers discovered that their emphasis on nutrition and hygiene programmes was not viewed in the same light by the villagers. Villagers maintained that their forebears had survived in the same conditions (lack of nutritional and hygiene programmes) they were living under, and as a result there was no need for them to change.⁸⁸ This illustrates a long history of becoming used

⁸⁶Ibid.

⁸⁷'Director of ITCDC, Progress Report for 1980', pp. 259-260, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁸⁸Ibid.

to unhealthy habits, to the extent of accepting them as being healthy. The villagers, instead, needed to be trained in hand skills such as crocheting, knitting, sewing and other hand crafts. The field workers had to accommodate training in hand skills in their programmes. They changed their approach in such a way that when the villager's needs were attended to, nutrition and hygiene lessons were integrated passively. The new approach bore fruit, in that it led to an improvement in attendance and greater public awareness on health issues. The field workers and the nurses, working in the centre, continued to visit mothers in their homes, offered lessons on good feeding methods and weighed the children. The kwashiorkor programme at *Isinamva* was not operating as expected, that is, by keeping malnourished babies in the centre. As a result the *Isinamva* field workers went into the villages to treat these children which proved effective as their condition improved without the children being taken to hospital.⁸⁹

The follow-up assessment made at *Isinamva*, by the TCC in 1981, found that the project was 'embarrassingly out of line' with the TCC projects' objective, which was community involvement. This was despite the suggested recommendations on how to orientate the project towards specific outcomes. P.G. Kotta, the organising secretary, reported that it was a 'project of buildings, salaries and all other kinds of luxuries'. TCC's spot inspection revealed that it was run by one person and none of the things it purported to be doing were actually going on. It was even more embarrassing when for 1981 *Isinamva* staff made a requisition for a very huge amount of R65,000 from the ICA division of the TCC. This was despite the R18,000 grant by Oxfam. The TCC viewed the Oxfam grant to *Isinamva* as huge for rural development and wondered whether Oxfam knew how the money was used. The project had tried to decentralise itself as illustrated above,

⁸⁹Ibid.

but was described as a firm 'which will eternally depend on someone else, giving out slave stipends to eternally enslaved workers'.⁹⁰ The TCC remarked that it 'does not recommend this so called project'.⁹¹ The 1981 evaluation of Isinamva illustrates that the board either did not receive the report on the 1978/1979 evaluation or else they deliberately did not want to implement the recommendations made by the consultant. The above assertion is supported by the requisition made by the Isinamva staff in 1981 and the grant they received from Oxfam.⁹²

2.3 Efforts to combat malnutrition

The TCC in collaboration with the community established schemes, kraals, units, and homes to treat and rehabilitate patients with malnutrition. Khanyiselana Health and Nutrition Project was one such project that dealt specifically with antenatal care for waiting mothers. It was started in September 1970, at Rietvlei Hospital. It was financed by both the Rietvlei Hospital and the Rietvlei Mission. It operated in an open round hut, with a demonstration garden attached, and an antenatal care boarding house. People from different denominations in the area brought their surplus garden produce to Khanyiselana market. The antenatal care waiting mothers benefited from taking part in health education, simple cookery, and nutrition demonstrations. Issues concerning health and vegetable gardens were discussed. Mother-and-Baby Day was celebrated by advising mothers on baby care and feeding, and immunization. Patients were referred to

⁹⁰P.G. Kotta, 'TCC, Assessment of Projects: Division 1 Consultation, November 1981', p. 1, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁹¹Ibid.

⁹²Ibid.

Khanyiselana from the Rietvlei Hospital, Out Patients Department.⁹³ Dr G. Terhaar and Mrs P. Mabuntane, the health educator, and Miss Beyers, employed at Rietvlei Hospital, were responsible for the project. Mrs Mabuntane's demonstration garden relied on trenches containing humus to conserve water. She had great success with different vegetables. A family that had learned from the project had started to practice trench gardening. There were hopes that more families would follow suit. She also taught how to cook what she grew in the garden and had started to compile a book of recipes. Patients from the Hospital were referred to her for advice regarding cooking. Nurses were given demonstration lessons by her, and in turn they passed the knowledge to the patients.⁹⁴ Children were the most affected by malnutrition and as a result the Holy Cross Anglican Mission built a home to teach mothers about children's health.

In an effort to help eradicate nutritional ignorance and malnutrition amongst the AmaMpondo children, the Holy Cross Anglican Mission in Pondoland launched an educational programme in nutrition at the Children's Convalescent Kraal. Feeding and caring for children was of paramount importance while the cultivation of soil, to produce sufficient food, was also one of the objectives of the kraal.⁹⁵ This project was founded in July 1969 with a grant of R2,550 from Oxfam to cover

⁹³'TCC, Register of Development Projects (RDP), July 1972', p. 6, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁹⁴'TCC, RDP Questionnaire, July 1972', p. 4, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁹⁵'Holy Cross Children's Kraal, Document', p. 196, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

the costs for the buildings and also to maintain the project over a period of twelve months.⁹⁶ The project was attached to the Holy Cross Hospital, where mothers and their malnourished babies were sent either before hospitalisation or during convalescence. The Holy Cross Hospital was a good and long established hospital in a remote rural area. The wife of the medical superintendent of the hospital was actively behind the project.⁹⁷

There were five huts, one used for a kitchen, two for staff, and the other two huts were used by mothers who lodged with their babies. The kraal had an accommodation capacity of twelve mothers. The project was to be completely self-supporting in order to produce the precise conditions which a family would have in their homes. The Kraal offered practical education on health care and agriculture. The supervisors had the mothers care for their babies in the Kraal, under supervision, without using medicines so that they could later repeat what they were taught at the Kraal in their homes. Teaching was mainly by the participation of the mothers. Nurses were available to teach home-nursing and dieticians taught about feeding. Demonstrations were done three times a week. They included: mixing milk, cooking eggs, cooking vegetables, and the importance of ProNutro for children. They were also taught about germs, as a cause of illness, and what to do about germs.⁹⁸

At the early stages of the project there was no one with gardening skills and attempts to obtain

⁹⁶'SACC, ICA, Application for Grant form', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁹⁷'The Children's Convalescent Kraal, Holy Cross Mission', p. 199, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

⁹⁸Ibid.

an agricultural officer from the Department of Agriculture were fruitless. The garden had six small trees and a wide variety of vegetables. Compost and manure were used, and the local school teacher was helpful in demonstrating how to make compost. Experiments were undertaken with two deep trenches. There were also hens which were fed with vegetable refuse and homegrown mealies.⁹⁹ Mothers were followed-up in their homes, after they had left the centre, to see whether they practised what they had learnt and also to supervise their vegetable gardens.¹⁰⁰

Another similar malnutrition home was established in an attempt to house babies together with their mothers. It was referred to as Kwashiorkor home. This home was founded in 1972 by the All Saints Home Industries project under the auspices of the TCC. It was meant to accommodate 28 mothers and their babies. This home kept babies and their mothers, after they had undergone X-rays and medical examinations for follow-up purposes. The aim was to help improve the care that the mothers gave to their babies by supplying sound knowledge of correct feeding and other health matters. Mothers were taught about issues such as gardening, budgeting, and family planning. The period of their stay was three weeks or more, and mothers had to pay fifty cents per week for food and accommodation. Mrs Lwana, the Superintendent of the All Saints Hospital, chaired the finance committee which funded this home.¹⁰¹ All Saints Home Industries had a working staff of 44 women, of whom thirty came daily while others came on a temporary basis. The staff was paid on a commission basis. The other staff members comprised Mrs Titus, a full-time supervisor paid R40 a month, and a committee of four with a Mrs Gill Browne as the

⁹⁹Ibid, p. 200.

¹⁰⁰Ibid.

¹⁰¹'TCC, RDP, July 1972', p. 16, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Secretary-Treasurer. The objective of the All Saints Home Industries was that mothers, who had gone through the teachings of the centre, would return to their locations and villages and pass on the knowledge they had gained to their friends and neighbours. This was to result in a more general awareness of health and nutrition standards amongst the community members.¹⁰²

In view of the fact that the existing malnutrition centres could not accommodate all the patients in the area, another centre, Vukuzakhe Kwashiorkor Hut project, was opened. It was the initiative of the N.G. Kerk in Afrika. It was started in 1973, situated in the rural Transkei on land belonging to the church. Funding of the project came from local donations. The need to overcome the widely prevalent malnutrition in children in the district inspired the teaching of health education to the mothers concerned. Malnourished infants were admitted to a complex of three 'rural type' huts for a period of a month. The Kwashiorkor Kraal Committee was responsible for the daily activities of the project. A supervisor of the project together with the Health Educator, Mrs Mabuntane, helped and taught mothers about proper nutrition. This project benefited local rural people by teaching them the feeding and caring of their children and also the best use of the few food materials they had at home. The response from the mothers was positive, as they participated in the demonstration lessons.¹⁰³ The N.G. Kerk in Africa fulfilled its responsibility in community development by giving land to establish this project.

Malnutrition was a common problem in the Transkei and attempts to combat it were not

¹⁰²Ibid.

¹⁰³'TCC, RDP, 1974', p. 13, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

absolutely effective. As a result the All Saints Hospital established a centre, Kwazondle-upile (Nutritional Rehabilitation Unit (NRU)), that embarked on research to find the root cause of the malnutrition problem and also to rehabilitate the children who suffered from malnutrition. This project unearthed not only nutritional problems but many other diseases. The reason that led to the establishment of this research unit is that All Saints Hospital, situated 50 miles west of Umtata, served a population of approximately 140,000 Xhosa people, the majority of whom were 'red-blankets', meaning that their lives conformed closely with traditional, tribal, and cultural practices. This unit started in April 1972, and its name means 'the place where you grow healthy with nutritious food'. The project was funded by money allocated by the All Saints Hospital Committee from donations. The fifty cents that mothers paid per week for living in also supplemented the costs of the running of the unit. Profits made from selling garden produce also helped in the running of the project. This money covered the running costs of the unit, except for overheads such as the staff salaries. It was run by an enrolled auxiliary nurse (N. Lwana), a housekeeper, and a doctor (Dr H. Beach). The idea of the unit started with an awareness of the health problems of the community that the hospital served; staff experienced that their curative in-patient work with children suffering from Protein-Calorie Malnutrition (PCM) was not effective. The unit management felt that PCM was a community diagnosis, and such community illnesses cannot be cured with hospitalisation.¹⁰⁴

The aims of the unit were three-fold: curative, educational and preventive. It aspired to demonstrate to mothers that the swelling disease, 'isifosodumbo' (in Xhosa), could be cured by

¹⁰⁴H. Beach & N. Lwana, 'Nutrition Rehabilitation Units: A Transkeian Experiment', 1972, p. 1, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

correct feeding only and that hospitalisation and medicines were not always necessary (unless when the child was critically ill and needed in patient care). The unit was situated near the hospital about 30 yards from the main entrance gate, and was geographically part of the hospital. The project, however, tried to do without the hospital's assistance as much as possible. To ensure this no doctors did rounds, there were no temperature charts, no medicine cupboards, and the living accommodation was in huts.¹⁰⁵

The procedure in the unit was that direct contact of a mother and her child with a doctor took place when the decision was made to admit them to the home. Usually the children were referred from the under-fives clinic as possible admissions. A doctor would make a brief physical examination to assess the severity of the kwashiorkor. This was to exclude other diseases such as severe diarrhoea. A chest x-ray would be taken and the haemoglobin measured. Pulmonary tuberculosis, very common in the Transkei, was not in itself a contra-indication to admission if it was asymptomatic; several children had been on tuberculosis (TB) treatment. A haemoglobin level of 10g% would be taken to be at the lower limit of normal; below this they would receive oral iron, while a level of under 7g% warranted hospital admission. In many cases where admission to the ward was necessary, the mother would stay in the unit until her child was well enough to join her there.

Once the child had been evaluated by the doctor, the next stage was the examination of the mother by the nurse, Mrs. Lwana. The ideal mother was a respected member of her local community, active, highly-motivated and sociable. The mother would be asked about home conditions and the

¹⁰⁵Ibid.

family circumstances, including the source of income. This helped to make a rough assessment of her personality. For example, would she look down on the other mothers? Might she teach her neighbours when she went home about the causes of kwashiorkor and its prevention? Was she prepared to learn anything herself? And, most important, might she go against the teachings of the unit and be a bad influence on the other mothers? Mrs. Lwana was most unwilling to admit diviners or their trainees: on three occasions she had to deal with one who was giving medicines and enemas secretly to the swelling child and in one case this probably contributed substantially to the death of a child. The diviner was doing this in an attempt to remedy the child from swelling. The unit was run by an enrolled auxiliary nurse and a housekeeper. The housekeeper had only studied until Grade 8 (Std VI) and was chosen by Mrs. Lwana as someone with whom she could work peacefully. The mothers apparently felt more at their ease with her than with the nurse, and talked more freely to her, so she was an essential member of the team.¹⁰⁶

The conditions in the unit resembled patients' own homes as much as possible. Admissions were not restricted to the unschooled 'red blanket' women, but attempted to cater for the better-educated mothers as well. The unit started with four thatched huts and the floors were cleaned with cow-dung, and the walls with soil, the same way most rural houses are. The women slept on whatever they were used to: beds, mattresses, grass mats, empty sacks. They all performed the basic household chores. Mothers were encouraged not to depend on buying food so the unit never bought any meat, fish or eggs. The centre had its own fowl run, and mothers were shown how to rear chickens to produce their own supply of eggs.¹⁰⁷

¹⁰⁶Ibid, p. 2.

¹⁰⁷Ibid.

The vegetable garden was started primarily as an educational aid, but ended by providing some produce for the mothers to eat. There were attempts to demonstrate trench gardening, learnt from the Valley Trust Farm in Natal. This entailed digging trenches and refilling them, starting with the veld grass and topsoil at the bottom. In an area of poor rainfall, this bottom layer acts as a sponge and retains a great deal of water. The first crop was to be leguminous and was dug in at the flowering stage. This was tried with a crop of peas for harvesting, and those grown in the ordinary way, would be so large that the mothers would become interested. It was also demonstrated that spinach thrives on washing-water; a good crop because of its continuous yield. A large hut was used as a kitchen for demonstrating cooking methods, and an enclosed mud stove was used to minimize the risk of burns which were commonly sustained by toddlers from open fires. The use of a pit-latrine was also an effective demonstration to the mothers.¹⁰⁸

Another health education theme was the grinding of mealies out of doors in order to prevent silicosis, which was prevalent in the Transkei. For most of the mothers, money was always hard to come by. As a result Mrs. Lwana taught them about home budgets and general home economics. The unit encouraged the use of very little sugar, both for economic and for health purposes. During summer, mothers would go out and gather edible wild vegetables, and these were dried for use in winter. Mothers who stayed until winter were encouraged to pick and dry vegetables to take home. Pigs were kept and fed with the husks from stamped mealies. The piglets, when grown and ready for eating, were shared between the unit and the men who looked after them. The share of the unit's produce was further divided into two for both eating and selling. As pigs are easy animals to keep, the unit never experienced any problems regarding their

¹⁰⁸Ibid.

rearing. The unit also had a fowl-run which supplied its members with chicken. At the beginning of each week a small group of mothers was taken into the larder, shown the supplies, and asked to plan ahead for the week, detailing exactly which items were to be bought. Budgeting ahead was not a familiar idea for most mothers, and they were taught not to direct all the money towards food. Demonstration lessons were diversified and included knitting, crocheting and sewing, in the hope that the mothers would not buy ready-made articles which they could make themselves.¹⁰⁹

After the first twelve months of its inception, an evaluation report was compiled about what was happening at the 'grass-roots' level of nutrition. The unit had a positive response from the community and this is substantiated by the large number of children in the first year of its inception, which was approximately 700 per week. This section of the study mostly looks at the work done by this unit, including its successes, failures and future development. The unit achieved many successes but also experienced problems as well. Among the problems were: selection of patients, proximity to the hospital and follow-up. Regarding the selection of patients to the unit, about 170 mothers and their babies were admitted to the unit in the first 12 months, and they stayed for three weeks before discharge. Most went home with healthy babies and the ability to keep them healthy. Amongst the 170 children, 17 died, making a death rate of 10%. Thirteen per cent was transferred to the hospital. So a total of 30 children, apparently, should never have been admitted to the unit. The problem seemed to have been with the screening of the babies. Screening was done in the clinic by a doctor and the nurse Mrs. Lwana, in the outpatients' department. They tried to ensure that the children who were accepted needed only a correct diet to make them

¹⁰⁹Ibid, p. 3.

healthy.¹¹⁰

Analysis of the trends of the children's death found the following issues: in one case six children had been admitted to the unit for two days or less before they died. According to the findings this short time suggests that the initial screening was deficient, as the factors which contributed to the death must have been present at the time. Three had severe diarrhoea and unfortunately dehydration is regrettably difficult to assess in a child who is edematous, and practically all the mothers gave a history of frequent loose stools. The nurse started to detain children about whom she was doubtful overnight, in the outpatient department, in order to make an accurate record of the frequency and state of the stools. The children were then only admitted if their record was satisfactory. As the table shows below, the other three died from severe kwashiorkor. Of the 11 children who were in the unit for more than two days before they died, two developed measles, both having been living there for longer than the incubation period. On admission all the children were given measles vaccination, but this did not always prove to be effective. There was a need for some guidance regarding this problem. Children with severe kwashiorkor have deficient antibody production, hence their greater susceptibility to infections.¹¹¹

The health officers in the unit thought that they were wasting money by giving them measles vaccine, although measles was such a devastating disease that those children, above all others, needed all possible protection. Research was undertaken in order to find out the root cause of the deaths. It was not clear how severe kwashiorkor was supposed to be, in order to undermine the

¹¹⁰Ibid.

¹¹¹Ibid.

efficacy of measles vaccine. Investigations uncovered that the two children who acquired measles, where one of them died suddenly with an undiagnosed fever, must have acquired these infections after their initial screening. Statistics also indicated that three children had deteriorating PCM and three of them severe diarrhoea. Four of the above children also had TB. In the case of one of the children who died with severe diarrhoea, part of the blame was put on the mother because a syringe and some other medicines were found among her belongings. When interrogated she admitted that she had been giving the child surreptitious enemas. The problem of the health officers was how to recognise those children whose kwashiorkor needed more than just a proper diet. Of the 17 deaths, six had pulmonary tuberculosis as a complicating factor. In these six, the diagnosis had been definite, while others had doubtful hilar shadows on the chest x-ray and were awaiting a repeat of the TB Heaf test. It was important that TB was treated with the greatest caution in a child with kwashiorkor.¹¹²

The deaths of the children alerted the unit to the dangers of admitting any children with severe kwashiorkor. There was, however, no problem in admitting children with mild kwashiorkor and TB. The children who were transferred to the children's ward in the hospital and were subsequently discharged or re-admitted to the unit had the same problems. One child in this group was transferred to the ward simply because its mother was unable to learn anything. It was questionable as to how many of the above children were wrongly admitted. Many of them succumbed to infections which were not there during their original assessment. The children's health only began to improve while they were admitted to the unit. They were particularly vulnerable to infections, and dangerous ones were pulmonary tuberculosis, gastroenteritis, and

¹¹²Ibid.

measles. It appeared that the unit had been admitting children whose kwashiorkor was too severe or took too long to respond to dietary measures alone, and nine out of 30 children fell into this category. Experience was undoubtedly going to help to improve the assessment of the severity of kwashiorkor.¹¹³

The second problem of the unit was its proximity to the hospital. This problem was not exclusive to All Saints. This proximity had unsatisfactory consequences in that most mothers turned to rely on the hospital rather than on the project. This defeated the aim of the project, which was to share with the hospital in the providing of basic health services, especially in those conditions where primary health care was indispensable breastfeeding.¹¹⁴ When kwashiorkor children were admitted to the hospital, especially those who were on their mothers' backs, their mothers also came too as lodgers. These mothers had a good time because there were no household chores and they were served nourishing food. Contrary to this, mothers at the unit had to do as many chores as they would be doing at home. Understandably, this created much dissatisfaction among the mothers at the unit when they compared themselves with those at the hospital. This problem was not resolved and perhaps it was not going to be possible to do so until the unit was moved further away from the hospital and completely lost its hospital image.

The third problem regarded follow-up visits to the discharged children. Follow-up visits to the mothers revealed that although their methods of feeding their children had improved, very few had

¹¹³Ibid.

¹¹⁴'TCC, RDP, 1974', p. 1, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

proven to be keen in gardening. Amongst the 170 children who left the unit, despite those who died or were transferred to the hospital, 97 of them were discharged to go home directly from the unit. Mrs. Lwana, was satisfied with all of them except five. About 16 of the children absconded while three went home against the advice of the nurse. The difference between these and those who absconded was that they were allowed to go home for a special purpose, intending to return, but in fact never did. These figures mean that out of 170 admissions, only just over half did in fact stay their allotted time, learned how to prevent kwashiorkor, and went home with healthy children.¹¹⁵ The problems experienced by the unit did not mean that the unit was failing but that more research was supposed to be done. The number of children helped by this unit demonstrate its success.

Follow up was obviously important if the unit was to find out how successful the mother-teaching efforts had been. The nurse made a random check of 30 names from the admission list, and studied their clinic cards. Some interesting facts emerged, that a total of 11 were on TB treatment; two out of three were males, the youngest was nine months, and the oldest six years. The biggest age group was, predictably, between 12 months and two years. But perhaps the most chastening fact was that within three months of discharge, only four children had been back to the clinic, and two of those had only returned once. The mothers left the unit with subsidised protein foods, firm instructions to return, in order to replenish their supplies and allow their children to be weighed and checked. The hospital records unfortunately did not say anything about the successes or

¹¹⁵H. Beach & N. Lwana, 'Nutrition Rehabilitation Units', p. 5, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

failures of the project.¹¹⁶

The project started on a new outreach venture, which traced all the mothers who were in the unit. Extra weighing apparatus was sought in order to help a greater number of children. The nurse was responsible for going to the village and tracing the mothers. She succeeded in locating 12 mothers and her follow-up results were generally encouraging. There was a problem with some mothers absconding, as they never thought that food alone could have been helpful in curing their swollen babies. It was discovered, during Mrs. Lwana's visit, that one child had died the previous week after her mother had absconded, saying she was hungry. She was the only mother who had made this complaint. Amongst the mothers visited only four had vegetable gardens and only one of them was new. One woman who was discharged from the unit gave her child to her grandmother and disappeared.¹¹⁷

On the credit side, all the children were healthy and all without exception had put on weight. One had put on over 2kg., having been discharged only three weeks before. Most of the inspected huts were clean, and a great number of mothers were regularly giving their children eggs from their own fowls. This represented an encouraging break with the traditional taboo on eating eggs. Another most encouraging thing was that two mothers had returned home to find that another child had started swelling. The grandmothers wanted these children to be sent to the hospital but the mothers took the responsibility by changing the children's diets and their swelling disappeared. It was found that some mothers who had seemed very dull at the unit coped well, and others who

¹¹⁶Ibid.

¹¹⁷Ibid, p. 5.

learnt very quickly did not put the new ideas into practice at all. In answer to Lwana's question 'why didn't you come back to the clinic?' the mothers all said their children were well, and they only spent money for the bus if a child was really sick.¹¹⁸

This project dealt with poverty related diseases amongst the children. Mothers of children with early signs of kwashiorkor were taken in for discussions and taught about correct ways of feeding and looking after their families. This was done with the intention that when they returned home they would be of help to their communities by talking about the things they had discovered and experienced while in the centre. This objective was met, as follow-up visits by the nurse demonstrated. With good nutrition as the objective, the project wanted to fulfil this by 'an intimate experience of the recovery of the child by the mother-with-child, of feeding and of preparation of food, and of practical budgeting for food requirements out of meagre resources'.¹¹⁹

The table below shows the total number of children admitted at the '*kwazondle-upile*' centre'; it also illustrates statistics of children's illnesses, number of deaths and number of those who were transferred to the hospital from the centre. The purpose of the table below indicates the statistics of the role played by the *Nutrition Rehabilitation Unit*.

¹¹⁸Ibid.

¹¹⁹Ibid.

TABLE: PROBLEM OF MEDICAL SELECTION ¹²⁰

Total number of children admitted to *Kwazup* (*Kwazondle-uphile: Nutrition Rehabilitation Unit*) was 170.

Deaths	A. In 2 days or less at <i>Kwazup</i>	
	Severe diarrhoea	3
	Severe P. C. M.	3
	B. After 3 or more days at <i>Kwazup</i>	
	Deteriorating P. C. M.	3
	Severe Diarrhoea:	3
	Measles:	2
	P. U. O.	2
	Coma:	1
	Total deaths:	17
Transfers to Hospital	Severe Diarrhoea	4
	Deteriorating P. C. M.	3
	Intercurrent infections (measles, otitis media, pneumonia)	3
	Convulsions	2
	Worsening TB	1
	Total transfers:	13

According to the table the total number of deaths and transfers to hospital was 30 out of 170. This illustrates that the unit was effective in trying to save the lives of the children. Despite the numerous problems experienced by this project, the response was positive in that mothers brought in their children and there were signs of improvement. This helped them to avoid the rest of their families experiencing the same conditions. The mothers who had been to the project taught others, whose children experienced the same conditions, preventive and corrective methods. Mothers participated in the project by way of helping with drafting a monthly budget. They also grew food

¹²⁰H. Beach & N. Lwana, 'Nutrition Rehabilitation Units: A Transkeian Experiment', by P. E. S. Palmer & G. Daynes, 1967: South African Medical Journal 1182, p. 7, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

for the mothers who would be coming after them so that they could have a livelihood. The project emphasised good nutrition as a preventive step but also integrated it with medical care when there was a need.

2.4 The effects of and the attempts to stop silicosis

Porridge, made from mealie meal, is a staple food for most Africans. The Transkei women used their hands to grind mealie meal. This traditional way of grinding maize meal resulted in their being affected by a lung fibrosis, caused by the inhalation of the dust from the silica stones. The St. Lucy's Hospital made attempts to combat this health hazard. This section explores the alternative means of grinding mealies. Appeals by the hospital to the local stores to stock machines to grind meals failed. In 1971 the St Lucy's Grinding Mill Scheme was established. This project was located at St. Lucy's Hospital in Tsolo District, Transkei. It was started with a grant of R600 from the ICA. With this grant the project had to become self-sufficient and finance itself. The St. Lucy's Hospital employed Mrs Alicia Somhlahlo, in her official capacity as a social worker, to run the project. This project was established to provide an alternative method of grinding which was reasonably cheap and did not cause health hazards.¹²¹

Arrangements with the Mangold Engineering firm in Port Elizabeth were made to provide small hand grinding machines for maize and 'kaffir-corn'. The Mangold's Mill No.3 machines were made available at a reasonable price. They were sold to people on a fifty-fifty basis for the amount of R24. There was a twenty-five per cent discount on bulk orders and fifty cents was charged for

¹²¹'TCC, RDP, July 1972', p. 11, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984. .

delivery. People had to pay fifty percent of the total costs and the balance was paid by profits of sales made from grinding. On purchase of the machines customers were shown how to install as well as to use them. The machines required firm stands to rest, on costing R3, but some users preferred to use a strong cupboard or tree stump, which they made themselves. The hospital stocked breakable grinding plates and sold them at a cost of twenty cents each. The machine produced both stamp mealies, which are bigger in size, and a finer size, mealie-meal. This project instilled enthusiasm in the community. It improved the health of the community and also empowered people with skills to start their own small businesses. Small grinding businesses were established with the help of these machines and were run successfully.¹²² Poverty and health issues were dealt with simultaneously in this regard. The illustrations below show the different means of grinding mealies.

¹²²Ibid.

Source: C. Saunders (ed), Illustrated History of South Africa: The Real Story, 2nd Edition (Cape Town, Readers Digest, 1992), p. 64.



The picture (above) shows a Xhosa woman grinding maize centuries women prepared grain the same way as illustrated by the picture below



This picture shows young girls stamping maize in a wooden device, which is healthier compared to the silica stone. Source: Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg 1976)



2.5 Operation Joseph (poverty relief programme)

This section discusses a programme designed by the TCC to address drought in Transkei in 1983. A meeting of the Churches Hunger Funds on 6 May 1983, and enquiries by member churches of the TCC, resulted in the TCC convening a meeting in order to formulate a programme to plan for hunger relief. At this meeting the hunger relief programme was named 'Operation Joseph'. This was in an attempt to call to mind the biblical account of Joseph and the need to prepare beforehand for the serious food shortages expected during the months of August to January. The programme ran from August 1983 to January 1984. The TCC played a vital role in the establishment and running of this most important hunger relief programme in the Transkei. It was organised through the TCC member churches who were asked to identify thirty needy families, who received aid for the duration of the programme. Once the families had been identified, the churches were authorised to buy the necessary package elements at selected local stores. The churches were responsible for the distribution of food parcels to the families.¹²³ There is no evidence of TCC involvement in any other hunger relief projects or with other similar organisations.

Operation Joseph was run in ten districts, all rural communities. The programme distributed food to over 2000 families in the Transkei through 54 church organisations and parishes. An ad hoc committee was formed by representatives from the participating churches, who worked within the structure of the TCC staff. This committee decided on the organisation, structure and control of the programme. Monthly relief packages of 25kg of maize and 8kg of beans were distributed to

¹²³ R. Herr (TCC consultant) & H. Wanliss (TCC staff), Final Report 'Operation Joseph', Drought: The Churches' Response, pp. 135-136, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

needy families identified by the pastors of local churches. A total of R123 000 was spent in this manner. In addition 14 350 bags of maize were donated by Operation Hunger. At an average cost of R4,50 per 12,5kg bag, this increased the total value of the programme to R187 575.¹²⁴ Purchase orders with serial numbers that matched the buyers' copies were issued, for control. Needy families used them to collect food parcels from the participating Wholesalers in their areas. Buyers' copies were to be attached to the invoice for billing the TCC.¹²⁵

Operation Joseph was from the outset seen in the context of the whole ministry of the church. It was realised that the ability to meet the needs of the people was very limited. The programme, however, illustrated that Christ is concerned with the plight of people here and now. The programme was intended to be a sign of love and hope in a world dominated by hatred and despair. The role of the church was to demonstrate to the world at large and in particular to a downtrodden people that Christ and his church are involved and do care.¹²⁶

The TCC conducted an evaluation into the process of the programme in fourteen congregations involved. The aim was to test whether the basis of operation was sound in terms of local churches being able to identify needy families and organise the distribution of emergency aid efficiently.

¹²⁴N. Muller & R. Bolus, 'The Drought and Underdevelopment in Transkei 1982/3. Background report prepared for Development Studies Research Group, South African Review Seminar, Johannesburg, 27 January 1984.' pp. 127-128, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹²⁵R. Herr & H. Wanliss, 'Letter to the Wholesalers involved in Operation Joseph, 16 November 1983', p. 98, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹²⁶Ibid, pp.135.

Information about the drought and its effects on people and the impact of Operation Joseph was collected. Communities were also instilled with ideas relating to community development. The survey was a success, as it affirmed the TCC basis for work and operation. The TCC realised that relief was merely an emergency action and that longer term relief and development was needed. As a result the next step was to initiate a programme named 'Moving From Food Aid to Community Development'. This was aimed at encouraging rural congregations to be aware of their calling and responsibility for development. Major issues to be addressed by this programme, which made up the core of people's suffering were over population, impoverishment, resettlement, migratory labour and underdevelopment.¹²⁷ The above programme outlined interesting ideas; however, lack of information makes it impossible to know the role it has actually played in community development.

2.6 Western medicine and traditional methods of healing.

Access to health facilities was a problem in most villages of the Transkei. Beside the lack of health facilities many people were poverty stricken and could not afford to pay the money charged by medical doctors. The other problem was that medical doctors were not able to cure all the diseases; as a result the majority of the villagers preferred traditional methods of healing. The following section looks at how best both the western and traditional methods of healing could be used in complementarity. Colonialism deplored the practice of indigenous African traditions, which included the use of African medicines and the traditional ways of healing. The missionaries and colonial administrators, as the agents of colonialism, generally viewed the African practices,

¹²⁷R. Herr & H. Wanliss, 'Final Report 'Operation Joseph', Drought: The Churches' Response', pp. 139-140, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

including the use of African healing methods, as barbaric and uncivilised. Western healing methods were promoted at the expense of African methods. The disapproval of the African medicines was largely due to ignorance, exaggerated prejudice, falsification and derogatory attitudes which belittled and despised African traditions. Mbiti writes that 'most of the distorted ideas have come through European and American popular writers'.¹²⁸ This situation, however, began to change when the African states attained their independence, and the international health organisations also played an integral part in promoting the use of traditional medicines.

Sindiga writes that in the 1970s it had become clear that modern health care was getting more and more remote from the majority of the population in the rural areas. Tropical Africa's rapid population growth rate (averaging an annual 3 per cent) reversed whatever gains were achieved in the expansion of medical services. Therefore, the solution to the accessibility problem did not seem to lie in building more facilities, but rather that it could be improved by a shift in policy, from curative care to preventive and promotive services.¹²⁹ This meant, inter alia, incorporating the use of traditional medicines into the national health care systems of the developing countries.

David Nyamwaya writes that after the independence of most African states, especially during the 1970s, a lively debate raged regarding the place of African traditional medicine in the development of health services. He further argues that among the African countries Kenya attempted, through research and publication of a number of academic papers, to make the case for the recognition of traditional medicine as a critical component of their national health plan. After 1979 the

¹²⁸J.S. Mbiti, African Religions and Philosophy, 2nd Edition (Oxford, Heinemann, 1989), p. 189.

¹²⁹Ibid.

government of Kenya committed itself to the promotion of traditional medicine in the life of people in the rural areas. In spite of the policy enunciations not much has been done in terms of full recognition for traditional medicine, provision of support for its technical development through research and development, and the development of registration and certification procedures for the practitioners.¹³⁰ The above also applies to the South African situation.

From 1975, the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) began to emphasize the primary health care approach, which encouraged the use of the local human and material support available in a community to provide an under-served population. This approach, based on the utilization of a community's local resources, meant the inclusion of traditional medical practitioners and the use of traditional medicine. Developing countries were especially encouraged to promote the incorporation of the useful traditional medicinal elements into their national health care systems. The primary health care approach calls specifically for the use of traditional medicine, both the pharmacopoeia and practitioners, towards this end, and the WHO encourages the incorporation of useful elements of traditional medicine into national health care systems.¹³¹

Sindiga notes that the large public and private health expenditures in most of the countries, averaging between six and ten per cent of the Gross National Product (GNP), have not taken health services closer to the people, and therefore health care has remained inaccessible to the

¹³⁰D.O. Nyamwaya, 'A Case for Traditional Medicine in Official Health Services', in I. Sindiga, C. N. Chacha & M. P. Kanunah, Traditional Medicine in Africa (Nairobi, East African Educational Publishers, 1995), pp. 30- 31.

¹³¹ I. Sindiga, 'Traditional Medicine in Africa: An Introduction', in I. Sindiga, C. N. Chacha & M. P. Kanunah, Traditional Medicine in Africa, pp. 2-3.

majority of the population. The inadequacy of health services could partly be explained by the historical emphasis on costly, hospital-based curative care which put a premium on expensive technology and the meeting of international standards whilst ignoring local disease problems. Even where health facilities exist, they suffer from a shortage of trained health workers, inadequate supplies and poor management, all translating into non-availability of services. Some of the services are not socially acceptable as they largely ignore the participation of the local community.¹³² The reluctance to include the use of traditional medicines in the South African national health care system is a typical example.

The realisation that western medicine was not able to heal some of the diseases in the Transkei communities resulted in the church seeking help from the African traditional methods of healing. The TCC organised a conference in 1971 at All Saints' Hospital, organised by the TCC, referred to as Amagqira Conference. The project was the product of a study group which convened at All Saints' Hospital between the Amagqira (traditional healers) of the Engcobo District, and some doctors and health-workers. The conference was geared by the fact that there was a great need for scientifically-trained health-workers to be better informed about people's beliefs concerning health and sickness, as part of a strategy of education for better health. As the Amagqira were influential members of the community, by virtue of having had patients from the community, there was a need to relate to them in order to assist the community in change for development.¹³³

¹³²Ibid, p. 2.

¹³³'TCC, RDP, July 1972', p. 14, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

The conference aimed at creating mutual adjustments of attitudes between the two professions as well as to reduce confusion and conflict in the minds of the public. This was to better the practice of Health Education. It was also thought that the Amagqira were anxious to discern, through such meetings, the best from the scientific health services. A number of medical doctors were involved in the project: they were Drs. Broine, Ingle, Mayosi, and Mbete; other members were Mr Stott and Mrs. Mpumlwana, and several of the local Amagqira. This conference was an interesting initiative by the church, but unfortunately the TCC archival collection does not have information regarding its subsequent activities. It therefore remains a speculation whether it bore any fruit in terms of implementation. This would probably have shed some light on the connection between western and African medicine, which has become a growing field of research. Despite being a somewhat young field, there are some researchers who have endeavoured to interrogate the importance of traditional medicine.

Vera Buhrmann throws some light on the importance of how western and traditional healing methods can be compensatory and complimentary to each other. Her book intends to give those living in a multiracial country, such as South Africa, a deeper knowledge, respect and acceptance of one another.¹³⁴ Her research concentrated on a small group of Xhosa traditional healers all trained by Mr and Mrs Mongezi Tiso, who functioned largely as psychotherapists. Buhrmann gives an exposition of the traditional methods of healing from the point of view of a researcher who spent a number of years amongst the healers, their trainees and their patients. Her research focussed on the assessment of the mental state of some of the healers, their trainees and patients. She researched the meaning of the methods of the healers, their rituals, ceremonies, and symbols,

¹³⁴V. Buhrmann, Living in Two Worlds: Communication Between a White Healer and her Black Counterparts (Wilmette, Chiron Publications, 1986), p. 100.

with the aim of satisfying herself about the reasons for the effectiveness of their healing procedures and the effect they had on her.¹³⁵

Buhrmann writes that the differences between the two healing methods are that the amagqira have not thought out and systematised their methods as is customary in the western scientific world, but they have, rather, perceived their methods intuitively and use them, according to the westerners, in non-rational ways. She observes that the westerner addresses himself largely but not exclusively to the rational, conscious part of his patient, and the Xhosa healers primarily to the unconscious part. She further argues that 'the western world is primarily scientific, rational and ego-oriented, and the world of the Black healer and his people, is primarily intuitive, non-rational or oriented towards the inner world of symbols and images of the collective unconscious'.¹³⁶ The differences in the two cultures should not be viewed in terms of contradictions but as a wealth of variety in medicines that could be used for the common good of health promotion.

Buhrmann, Sindiga, and Nyamwaya do not represent a complete overview of the significance of the traditional medicines but they demonstrate the importance of traditional methods of healing and the need to integrate both the western and African methods of healing in health care systems. This would enhance greater access and health promotion amongst the majority of the populations. There is evidence that western medicine is not a panacea; it cannot alone succeed in remedying all diseases and no one can wish away the fact that some Africans rely on and have more

¹³⁵Ibid, p. 13.

¹³⁶Ibid, pp. 14-15.

confidence in African medicines than in western ones.

Below is a picture of a Xhosa traditional healer (Isangoma). Most Transkeians still believe in the reality of witchcraft and magic. Many believe that illness is caused by witchcraft and their first step is to consult a diviner (isangoma), usually female. like the one below on the left in the photograph. Source: Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg 1976), p. 64.



2.7 Conclusion

This chapter has attempted to explore health problems and poverty relief projects in the rural areas of the Transkei in the 1970s and 1980s. It demonstrates the indispensable partnership that the church and the community had in fighting diseases and poverty, but also the need to continue such an important relationship. Follow-up visits by nurses and field workers, to offer primary health care and education in nutrition, were an important element in linking the community, various homes which housed malnourished children, and the widely separated health institutions. This also helped to bridge the gap of community involvement, in view of some projects being detached from the communities they were supposed to serve. Keeping malnourished children in the centres for care and supervision, and also teaching mothers through participation, empowered mothers and ensured the possibility of benefiting their communities at large. This was particularly demonstrated by the Nutrition Rehabilitation Unit.

There were various health and poverty relief projects which were started but never had any meaningful impact; thus they do not have evaluation reports in terms of which they can be fairly examined. With the exception of Isinamva, which demonstrated a serious lack of self-sufficiency, it is difficult to objectively assess whether all other projects were self-sufficient. This is partly because of the unavailability of regular progress reports and audited financial statements. This can be attributed to the disadvantages of archival sources which are seldom complete.

The TCC saw the need to draw strengths from both western and African methods of healing, and as a result it facilitated a conference between the 'traditional' healers, and the western medical practitioners and general health workers. It was a commendable step on the part of the church, to be culturally sensitive to the health needs of the communities. It has been demonstrated in the

medical fraternity that both African and Western methods of healing have limitations. Therefore western methods and the traditional ways are to be more complementary than antagonistic in order to promote better health for the greater number of the population.

The above discussion clearly confirms that the church made a remarkable contribution in combating poor health and poverty. It was instrumental in the establishment and sustenance of community development projects. The TCC's contribution benefited not only the rural communities in the Transkei, but South Africa in general.

Chapter Three

Drought Alleviation Projects

3.1 Introduction

The previous chapter was concerned with health and poverty. These were directly connected with water provision and erratic rainfall in the Transkei. This chapter therefore looks at the relationship between drought and living conditions and considers projects of the Transkei Council of Churches (TCC) in alleviating the distress of rural communities. The focus is essentially on schemes initiated by the TCC to lessen the damaging social effects of drought. To better understand the significance of TCC interventions, it is, therefore, important to discuss the background history of drought in the Transkei from the 1960s.

In the early 1960s the Transkei experienced a severe five-year drought. By March 1969 the 'death-dealing' drought had destroyed half the staple maize crop and 250,000 cattle. This meant that 20 per cent of the cattle population in the Transkei died. In the Idutywa district 50 per cent of the cattle were either dead or sold. Vigne notes that it was the 'worst drought' in living memory, which drove 35,000 more Transkeians on to the labour market outside the territory.¹³⁷ Hobart Houghton notes that overstocking caused desert conditions such as denudation, donga-erosion, bad plant succession, destruction of woods, drying up of springs, and robbed the soil of its reproductive properties.¹³⁸ Most people were driven into the overcrowded townships of East

¹³⁷R. Vigne, The Transkei - A South African Tragedy (London, The African Bureau, 1970), pp. 20-21.

¹³⁸D.H. Houghton, The South African Economy (Cape Town, Oxford University Press, 1976), p. 72.

London, King William's Town, Butterworth, and Queenstown. In East London there were already 5,000 unemployed men and 3,000 women. The aftermath of drought was famine and a myriad of diseases such as typhoid and tuberculosis, which resulted in untold deaths. Vigne remarks that the above description characterises Transkei as a land of drought, malnutrition and destitution. Hobart Houghton, an expert on the economics of the bantustans and a member of H. F. Verwoerd's economic advisory council, noted that two-thirds of the agricultural population of the Transkei had to be taken off the land. Seven years later the Transkei agriculture experienced deterioration, which was exacerbated by the five-year drought period.¹³⁹

The policy of 'separate development' proposed to deal with population growth and the movement of at least 500,000 rural Transkeians from agriculture to industry and services. The policy also aimed to deal with the problem of the flooding back to the Transkei of its half million migrants by means of four parallel activities. Those activities were the generation of local industrial development through the Xhosa Development Corporation (XDC), an offshoot of the Bantu Investment Corporation (BIC); and later a more limited inflow of white capital on a strictly controlled local-agency basis; the employment of Africans in the border industries; and the build-up of services and ancillary occupations the 'million white-collar workers' predicted by De Wet Nel, Bantu Administration Development (BAD) minister, in the exultation of the homeland system illusion. The above policies never yielded any positive fruit, as it was confirmed by the BIC general manager in 1967 that 'the Bantu homelands will never be in the position to absorb the increase in the Bantu population and assure decent living standards. And what of the millions of Bantu who

¹³⁹R. Vigne, The Transkei: A South African Tragedy, pp. 20-21.

have yet to be repatriated gradually from our white areas to the Bantu homelands.’¹⁴⁰ The border industries were viewed as nothing but a mechanism for stifling industrialisation within the homelands themselves. There were plans to request white business to invest its capital in Umtata and Butterworth, major towns in Transkei, but white investors were discouraged by the tightly-controlled entry into the Transkei. In general terms chances for industrial growth in the Transkei were zero, while agriculture was on the other hand deteriorating.¹⁴¹ Agriculture was supposed to provide income and even feed the Transkei families; however, it was pursued primitively, rendering it incapable of providing even subsistence.¹⁴² Migrant wages became the main source of the economy, without which the entire Transkei economy would have collapsed.¹⁴³

Chapter two has demonstrated the need to produce fresh vegetables by community-development projects to fight poverty and the related diseases. Agriculture was never the core activity of most of the above projects. This chapter, however, looks specifically at agricultural and water resource projects. Agricultural projects usually dominate programmes of rural development, and agricultural services that seek to promote this development are widespread. Agriculture is a broad concept which covers such areas as forestry, conservation, and irrigation.¹⁴⁴ The aim here is to explore agriculture in terms of food production for home consumption and the approaches used

¹⁴⁰Ibid, pp. 22-23.

¹⁴¹Ibid.

¹⁴²G. Mbeki, South Africa: The Peasants' Revolt (London, International Defence and Aid Fund for Southern Africa, 1984), p. 15.

¹⁴³C. Bundy, The Rise and Fall of the Southern African Peasantry, 2nd Edition (Cape Town, David Philip, 1988), p. 224.

¹⁴⁴P. Oakley & The International Labour Office, Projects with People: The Practice of Participation in Rural Development (Geneva, International Labour Office, 1991), p. 26.

to increase the levels of production. The viability of agriculture depends on reliable and sustainable irrigation, which in turn means the availability of water. Therefore, water and irrigation form an integral part of this chapter.

Transkei is generally a dry region with frequent drought; this is worsened by the fact that torrential rains cause soil erosion. Rock formations of the Transkei are mainly of the Karoo System, which covers by far the largest area of the land, but Table Mountain sandstone and basalt also occur. The sentinels on either side of the Umzimvubu River mouth are fashioned in sandstone identical to the better-known sandstone of the Western Cape Province. The physical properties of all light-textured soils make for easy cultivation, good permeability but low water-holding capacity. Thus even short-term droughts tend to lower crop yields. Erosion is a serious problem in Transkei. Most soils tend to erode fairly easily. While soil depth is generally a limiting factor in Transkei, most soils have all the morphological characteristics ideal for field crop production.¹⁴⁵

Irrigation possibilities in Transkei are somewhat limited owing to the generally broken nature of the terrain and the location of the major rivers. Estimations are that only 22,000 hectares or three per cent of the total arable area of the country can be flood irrigated. It was calculated that if the area could be brought under irrigation and properly cultivated, this would be sufficient to produce enough maize to feed at least half the population of Transkei. The implications of the above circumstances are that Transkei could not produce enough crops to meet the requirements of its population. Essentially half the maize consumed each year was bought from South Africa. From 1974 to 1975 more than 188,000 tons of maize and maize meal were bought from South Africa.

¹⁴⁵Transkeian Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg, 1976), p. 17.

Similarly large quantities of other grains such as sorghum, vegetables and other crops had to be imported from South Africa.¹⁴⁶

Transkei has a temperate, humid climate which makes natural vegetation vary from open grassy plains on the high-lying interior plateaux to dense forest growth along the coast and in the larger river valleys. In general, however, the current vegetation is no longer the result of natural factors only, but more particularly of the veld utilisation pattern of black farmers over the past centuries. This has resulted in large areas not having vegetation at all. These conditions affected pastures for the livestock.¹⁴⁷ The above gives the background to the conditions under which agricultural and water projects were established to deal with the effects of drought. The TCC together with local communities designed agricultural activities and water schemes to supply the community with fresh vegetables and water for household use. The projects are grouped into gardening and agricultural demonstration schemes, which comprise the following: Canzibe Gardening Project; St. Lucy's Gardening Scheme; Mount Ayliff Agricultural Demonstrations; Enkululekweni Project; Faku Transkei Development Centre; Home Plots Development; Ngcanasini Community Project and water sources and irrigation schemes include Lumko Community Scheme; Clydesdale Water and Gardening Project; Egoso Irrigation Programme; Ntlaza Young Women's Christian Association. The later section of the chapter discusses Faku Transkei Development Centre and the attempts to combat drought and its effects in the Transkei in the 1980s.

¹⁴⁶Ibid.

¹⁴⁷Ibid, p.19.

3.2 Gardening and Agricultural Demonstration Schemes

Gardening and agricultural demonstration schemes played an important role in developing the Transkei communities. Canzibe was one of the earliest gardening projects. It started in 1967, based at Canzibe Mission. The Canzibe N. G. Kerk in Afrika was responsible for running the project while the TCC provided funding and expertise. Willie Fourie worked for the project and Charlton Sukunde was an official worker paid by the TCC. For the running of the project TCC contributed R300 each year, and the N.G. Kerk at Robertson contributed R200. The project aimed to produce fresh vegetables to fight poverty-related diseases such as malnutrition, especially during the dry winter months. The community also obtained clean drinking water from the project. Other activities were the provision of proper fencing for gardens and the digging of small ponds, both on a fifty-fifty basis; providing seeds and seedlings to the community; and offering tuition to the members of the community on gardening. Photographic slides on the activities of the project were kept in the offices of the TCC, (ICA).¹⁴⁸ These provided visual documentary records of the unfolding of the project.

A loan was granted on condition that any community member who had R25 was eligible for a loan of the same amount. Fourie helped with the digging of holes for fence posts and water holes. The prospective gardener and the project contributed fifty percent each for labour. Seeds were therefore provided free. The project was an attempt to create jobs for men who had left their homes for bigger cities in search of jobs, in order to draw them back to rural communities from the mines. Migrant labour was a feature of Transkei life. Many men went to the mines in various

¹⁴⁸'TCC, RDP, July 1972', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

parts of South Africa, especially the Witwatersrand and Free State. Sometimes they were forced by illness to return to the Transkei. This group particularly were targeted by the TCC projects in order to create a more stable economic basis for family life. The aim was also to help the community members to become established on their own land and to grow cash crops. This goal yielded good results, as Canzibe Hospital reported that the number of cases of malnutrition had definitely decreased in the area. Families who had regularly gone to the Canzibe Hospital benefited from the crops grown from the seeds and seedlings and were much healthier.¹⁴⁹ Those who benefited from the project reported that it contributed to better health, especially among young children. It also played an important role in improving the soil for gardening. Community participation ensured a subsidy of fifty percent in both money and labour and therefore acted as an incentive.

The St. Lucy's Garden Scheme set up a demonstration garden and introduced the fencing loan scheme. The focus of this project was to ensure that gardening plots and schemes were properly fenced, to prevent stray animals from damaging them. The project began in September 1970, based at St. Lucy's Hospital, situated next to the Out Patient Department (OPD), baby clinic, and children's wards. This was to ensure optimal results. The St. Lucy's Hospital Donations Fund was responsible for funding but the TCC and Oxfam also helped financially. These funds covered the original outlay on fencing, wire and tools, and the salaries of the demonstrator and the diggers. The Health Education team, which comprised the nurses in charge of the hospital wards and all the health educators, were responsible for the fencing section. The gardening section was run by N. Dazana, who was also responsible for demonstrations, and Joan Tyabashe was the

¹⁴⁹Ibid.

cookery demonstrator. The salaries of the staff were paid by the ICA and Oxfam.¹⁵⁰

The project activities included a demonstration garden plot and a fencing loan scheme. The garden plot was 60 square yards in area and had a dozen deep trenches at different stages of development. It demonstrated how to use this system of cultivation and served as a model for other garden projects in the Tsolo District. Community members who were interested in starting their own gardens applied for a fencing loan. This scheme allowed prospective gardeners to buy fencing materials on hire purchase. The repaid loans were used to help other members of the community to buy more fencing materials. As an incentive, seeds were provided free. The aim of the gardening scheme was to show people how to grow good vegetables even during drought. The plots also provided 'visual aids' for health talks to Tuberculosis (TB) patients, boarders mothers and maternity patients. The fencing scheme made it possible for the community to have their gardens protected from stray animals. The scheme was opened to any community member in the St. Lucy catchment area who genuinely wanted to have a garden. The garden plots were used especially to encourage hospital patients and groups of young people from school. The patients were not actively involved in the gardening but many onlookers became interested through discussions with the demonstrators and they also applied for fencing loans.¹⁵¹

The Mount Ayliff community in the Transkei established a project that offered agricultural demonstrations and cookery lessons to the villagers. This project began in April 1971, based at

¹⁵⁰'TCC, RDP, July 1972', p. 7, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁵¹Ibid.

the Mount Ayliff Hospital. The establishment of the project was based on the fact that the Mount Ayliff community experienced difficulties in tilling the rough soil. Sonti was the agricultural demonstrator, Miss Mazinyo, the cookery demonstrator, and both the officials had studied at The Valley Trust at Botha's Hill. G.S. Fehrson and G.E. Louw were volunteers.¹⁵² This shows that the project drew a range of people together who had an interest in making agriculture and food preparation more accessible to a larger number of people. It combined private initiatives with established project structures.

Sonti had a well-terraced garden where he successfully grew crops throughout the year. The community was impressed with the fresh vegetables that he produced, together with the cash that he earned from the garden. The demands of the garden and the money generated allowed him to employ an assistant and to buy more seeds. Part of the money earned was used to assist the Occupational Therapy Sales project discussed in chapter 4. Sonti had hoped to inspire the community in order for them to make a good living. A fencing scheme gave the community a chance to make successful gardens. He emphasized the importance of compost for enriching the soil as the secret of good gardening. Terracing and trenching were important in the rainy seasons because the dry soil often led to erosion and the quick drainage of water, which led to a shortage for use by the community.¹⁵³

The cookery department used a hut, and all the apparatus and methods used were simple. The aim was to uplift the standard of the community's food preparation, so that people could follow

¹⁵² Ibid. p. 10.

¹⁵³ Ibid.

what they had learned with confidence. The high rate of illiteracy in the community caused the project to simplify instructions in order to cater for different levels of ability. Basic but important issues regarding correct cooking of food were highlighted. Simple and cheap foodstuffs such as maize, beans and pumpkins, were cited as produce that could be grown on a small plot of about 10 square feet, without using too much water. Women were encouraged to use eggs and powdered skim milk in order to improve the nutritional value of their children's food. The cookery demonstrator always used the hospital record cards regarding the health profile of individuals in order to meet the particular needs of women.¹⁵⁴ The project was integrated with the nutrition education programme and illustrated that various vegetables, not just mealie meal, were needed to prevent malnutrition. The community benefited by following agricultural advice, and were pleased to show their improved crops. It was, however, difficult to judge the degree of acceptance of this project by the community because its sustainability was heavily dependent on community support. At times the project did not attract enough interest.

The Enkululekweni project, which had similar aims, was established in August 1971. It was founded on the land of St. Phillip's Church at Lower Lefuta, Cala. Enkululekweni means 'where there is freedom'. It was an effort to supply the community with water and free it from hunger and malnutrition. It was started with a loan of R300 from the Bishop of St. Phillip's Church aid, which was used for fencing the land. It was agreed that the money would have to be reimbursed. The St. Cyprian's Parish Council was responsible for funding the project.¹⁵⁵ The project consisted of

¹⁵⁴Ibid.

¹⁵⁵TCC, RDP, July 1972, p. 13, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

several sections, all situated on the church land, which included a fish pond which also provided irrigation, family plots, demonstration plots, a cooking demonstration hut, an orchard, and homecrafts. Cala is a dry area and people depended on vegetables grown elsewhere, especially during droughts. Thus vegetable growing was a valuable skill in the maintenance of the community. The garden work was done by the priest of the parish, helped by the caretaker. The Department of Agriculture at Cala helped to dig the fish pond and occasionally invited the Zenzele Women's Association to give cooking lessons. The congregation was active in the project and had a sense of ownership because the land, on which the project was established, belonged to the church. This feeling of ownership gave them the impetus to use the land productively to benefit the needy. Since the plots were on church land, the Parish Council often discussed agricultural matters each time they left the church after their meetings. Progress was demonstrated by the fact that four families in the area started their own gardening plots, similar to those of the project.¹⁵⁶

In similar vein, the Home Plots Development project started in May 1973 to benefit the Qumbu District. It was initially largely limited to Sulenkama and surrounding locations. The Nessie Knight Hospital and the Agriculturalist in the Qumbu District, employed by the TCC, were responsible for running the project. The objective was to demonstrate, and instruct community members on the use of deep-pit farming, especially for areas which had a shortage of water during drought. It was also to impress upon the community that vegetable growing was important to combat TB, which was prevalent in Qumbu. Demonstrations were made on how to grow different types of vegetables and it was hoped that this would produce positive results in the community. These demonstrations were coupled with health education and workshops on cooking, balanced diet,

¹⁵⁶ Ibid.

and hygiene.¹⁵⁷ There was not great interest in the Home Plots plan on the part of the community because the lack of water during the dry season made the scheme difficult to maintain. It required enormous energy and commitment and without adequate water it was virtually impossible to sustain.

The Ngcanasini community project was also concerned with gardening. It began in 1978 and was situated about 3 kilometers from the Ngcanasini village in Mqanduli. The TCC's first impression of the community was that it had a garden, but it was later discovered that it was a small garden owned by one of the local women teachers. The garden was used by the community to observe gardening demonstrations. These demonstrations were conducted by an agricultural officer who resided in the area. With the knowledge acquired in these demonstrations, community members actualised the acquired knowledge by growing vegetables in their home gardens. The project originated as a result of a dam that was made by the community on its own initiative. The dam was wide and shallow, and therefore did not provide enough water to supply the community throughout the year. It was a seasonal source of water, generally storing water only in rainy seasons and experiencing dryness in winter. This was an hindrance for the community to grow any vegetables in their gardens. The availability of two wells in the neighbouring villages, covered by cement for hygienic purposes, inspired this community to have a sustainable source of water, throughout the year.¹⁵⁸

¹⁵⁷TCC, RDP 1974, p. 5, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁵⁸TCC,DDW, Project Visit Report No 8-15 , 27 September 1978, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Lack of nutritious food, especially fresh vegetables, had previously caused diseases such as malnutrition. Discussions between the TCC and the social worker in the community disclosed that there was a great need for more water in order to grow vegetables to combat poverty related diseases. The dam was intended to store enough water for both the community gardens and also for household needs. The community was prepared to contribute towards water preservation or installation of any technical devices for water supply. The community was interested in this project and undeniably welcomed any contribution in cash or kind.

3.3 Water Sources and Irrigation Schemes

Water is a problem in most rural areas of the Transkei. This section of the chapter examines attempts to solve the shortage of water in the Transkei. For instance, the Transkei government developed irrigation schemes to solve the water shortage. Qamata and Ncora were the largest irrigation schemes after 1963. Qamata was situated at St Marks, 17km below the Lubisi Dam on the Indwe River. The main crops grown were wheat, maize, lucern, dry beans and vegetables. Water was obtained from the Ncora Dam on the Tsomo River through a series of pipelines and canals, a tunnel and a major syphon pipe.¹⁵⁹ The other water scheme initiated by the Transkei government was in Butterworth, the most industrialised town in Transkei.

The above information illustrates that the Transkei government only concentrated its efforts to supply water to the towns. This left the rural communities without water. Apartheid policy had dictated a system of urban development in the bantustans as a point of strategy to keep working people there. The concentration on water supply to urban areas was consistent with this goal. Aid

¹⁵⁹Transkeian Department of Foreign Affairs, The Republic of Transkei, (Johannesburg, Chris van Rensburg, 1976), pp.138-139.

agencies and religious organisations were therefore left to help rural communities. It was for this reason that the TCC intervened on behalf of the rural communities to solve their water problems. The TCC, together with the rural communities, explored natural water sources such as springs in order to improve the supply of water to large tracts of agricultural land. Lumko Community Scheme was one of the attempts to deal with the water shortage. Lumko is an Nguni word which means 'to be aware'. The scheme was to make the community aware of its needs. The project was planned in 1970 but only began two years later, July 1972. It was located at Lumko Roman Catholic Missiological and Language Training Institute (MLTI), Lady Frere. Oxfam donated R800, after a visit by its Field Director from their offices based in Maseru, Lesotho, and more funds were obtained from other sources. Oxfam extended an invitation to promising self-development projects to apply for grants. The Lumko project was almost complete and did not need more money. There was a mountain stream that never dried out completely and that could be turned into a raging river which passed a nearby village of 36 houses. Attempts were made over the years to redirect the water from this stream into the village through a furrow. Fathers Hooley and Coffey, who were missionaries at Lumko, initiated the project by building walls at two points, which stored half a million gallons of water. Two pipelines were used to supply water to the village. This water storage facility was elevated 50 feet above the village. Six tons of stone and cement were used and over a mile of pipeline was put underground.¹⁶⁰

Hooley and Coffey saw the potential of the stream for the construction of dams and their plans were aided by the ideal conditions for building a strong dam wall along the river, because there

¹⁶⁰ TCC, DDW, Project Visit Report No 8-15, 27 Sep 1978', p. 17, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

were large boulders and an impermeable floor. This ensured constant water storage. There was proof that the floor of the dam was impermeable to water, as pools had stood there for months. The project fulfilled the need of a permanent supply of water to the village. It was envisaged that piped water would eventually be supplied to every garden. Initially water was brought as far as the village and some of the open furrows were still used. All the members of the community benefited from the project.¹⁶¹

This was viewed as a very ambitious scheme, which inspired other surrounding villages to build similar dams. There was a promise of machinery from the Transkei government when big boulders were to be moved. The situation of the village homes was convenient for the project, as compared to other villages where regrouping and rebuilding was needed. The TCC alluded to the fact that there was always going to be indifference among the majority of community members, but those who participated gave their best. The TCC viewed the best way of expressing the idea to the community as getting a few keen and 'enlightened' Africans to explain the need, until others discerned the positive outcome which the project would ultimately deliver. For the project to be embraced, it was not advisable to force the community to adopt such measures until it was ready to do so itself, to avoid antagonism. The community members were cautioned not to wait forever while people might be dying from obvious lacks such as too little water. The community was advised to learn about co-operation with each other on projects; they were not just to approve of them but they also had to be prepared to work hard, even on the seemingly unrewarding work involved.¹⁶²

¹⁶¹Ibid.

¹⁶²Ibid.

Another project was named the Clydesdale water and gardening project. The aim of this project was to help villagers who lived on the mission land to have water for both domestic and gardening use. It was also aimed at improving the general living standard of the community. The project was established in August 1972 on the Anglican Mission land under the patronage of the TCC, originally a farm, on which 200 families lived. Clydesdale village was essentially on the land owned by the mission. Efforts to put the land under government control (after the independence of the Transkei government) or sell it through the South African government failed.¹⁶³ Through the personal efforts of Anne Weaver, the wife of the Rector of the Clydesdale Mission, a river which ran year round (Clydesdale River) was partially diverted through open canals to the village. Pipelines were used to discharge water from the canal to the families, who paid a R5 connection fee and 50 cents per month for maintenance. Despite the payments from the community members, small amounts of funds were also collected from outside sources to help fund the cost of the project. The total cost of the project was R275-63. The project installed water taps to about 30 homes enabling them to water their gardens. Other activities were included in the project: to make some profits, Mrs. Weaver bought seeds and fruit trees in bulk and resold them to the villagers at cost price. This aspect of retailing was later shifted to the responsibility of the local residents.¹⁶⁴

Another aim of the project was the extension of the water system to families living at an elevation higher than the canals. There was also a great need for community involvement, in order for it to

¹⁶³'TCC, DDW, Project Visit Report No: 8, 17 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁶⁴'TCC, RDP, July 1972', p.12, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

take future control of the operation of the water and gardening scheme. The technical aspect of extending the water supply to other members of the community in need had not yet been fully investigated. The major problem was that many people were located at an elevation higher than the newly created canals, and consequently they could not be served with a gravity fed system from the existing scheme. Mrs. Weaver had planned to resolve that problem by installing a ram pump to lift water to a dam, from which water was then to be distributed to the entire area. It was, however, uncertain whether a ram would produce sufficient flow for the entire scheme, or fill up a dam for that matter. The complexity of organisation and community control of the project was of the utmost importance and it was therefore to be addressed with ever greater caution. Alternatives such as employing a full time community worker at Clydesdale, were seen as the first step to resolve the problem of organisation and community control.¹⁶⁵ Once again, the success of projects depended on the extent to which the community took charge of them and regarded them as intrinsic to social improvement.

Weaver was commended for her persistence and patience in directing the project. There were ideas on developing the project into rather a model of integrated development. The location of a small hospital at Clydesdale was going to assist in the advancement of health aspects, as well as a water supply for domestic use and gardening. The willingness of the mission to make its large amount of land available to the community was an additional positive consideration in terms of broader agricultural potential. The TCC DDW recommended that technical support be given to the project and that it be pursued in collaboration with Weaver and the community, in order to devise a plan that met the needs of the Clydesdale community. Every section of the community

¹⁶⁵Ibid.

was involved in the struggle to have water. Even young women were not spectators in water projects; the next section illustrates this point.

Women in rural areas usually receive the least attention in development plans and are not consulted about their basic needs. As a result they organise themselves inside and outside institutions and join together and work on vital issues.¹⁶⁶ Young Christian women were concerned with the water shortage, and as a result they became actively involved in water projects. They organised themselves into Ntlaza Young Womens' Christian Association (YWCA). This project was approved by TCC in 1978. This association directed its main energies, not only toward water projects, but also towards philanthropic activity, and drew its human resources strength from both the educated and semi-literate young women.¹⁶⁷ Though not yet funded by the ICA, this project had a contact person in Mrs. Tshangela, who spoke on behalf of the community. She indicated that the fundamental problem that the community was interested in was water supply. The TCC officials' visit to the project was to confirm the water problems which were said to be existing and also to look at practical possibilities to unravel them. Two possible water sources were identified: one of them was a spring in a valley where water came from the ground near a small stream which appeared badly contaminated. This was the main source of drinking water for the community, which was a long walk down a steep grade from the village. The pollution of the water was thought to be resulting from the low elevation of the fountain and its proximity to the stream. Any effort to disinfect the spring and make it accessible to the community was going to be an

¹⁶⁶WCC, 'The ecumenical decade 1988-1998: churches in solidarity with women', in South African Outlook, Vol 13 (1988), p. 58.

¹⁶⁷B.A. Pauw, The Second Generation: A Study of the Family among Urbanisation Bantu in East London (Cape Town, Oxford University Press, 1963), p. 174.

expensive exercise. This implied the installation of a mechanised pump, storage tanks, piping, purification system, and other expensive technical requirements.¹⁶⁸ This option entailed making a cement reservoir, a storage tank, a hand pump, piping or devising a windmill. Between the two springs, this appeared economically viable and easy to protect from being contaminated.¹⁶⁹

Water supply projects were viewed by the TCC as a priority in many villages, because a crucial strategy in drought alleviation. If properly designed they would provide a good opportunity for community participation because they were labour intensive. The TCC, in collaboration with the YWCA, in supplying water to the villages was beneficial to many people. There were also plans to request the Transkei government's assistance in surveying a site to carry out similar water projects. Irrigation was another alternative for viable agricultural activities.

Egoso Irrigation programme was one of the projects that focussed on the installation of irrigation schemes. There is no clear information about when this project began, but the first visit to it by the TCC seems to have been in 1978. The project started as a result of the availability of the surplus land that the Anglican Church at Egoso owned, which was about 100 morgen, most of which was low lying and adjoining a small river. A small portion of this land was being farmed by the parish priest, Father Mlombile, while the rest was unused. The church became interested in using the land to the benefit of the community. There was a handy amount of between R5,000 and R10,000 which was raised for the purposes of implementing an irrigation scheme for agricultural

¹⁶⁸ TCC, DDW, Projects Visit Report no 8-17, 1 October 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁶⁹ Ibid.

activities on the land. Despite having the land and money in hand, the church did not have a technical solution to the water problem nor an organisational scheme to involve the community in the project.¹⁷⁰ The TCC therefore provided expertise to realise the objectives of the Anglican Church.

There was a furrow, that had existed for a long time, which ran from the river for several kilometres from the mission to the land (project). The furrow had fallen into disuse, and subsequently soil erosion resulted in the lowering of the river bed and the appearance of several ravines which cut across the former furrow. The rehabilitation of the furrow presented difficulties which made it an even more complicated task to resolve than it was originally. The alternative to rehabilitation of the furrow, which was to install a pump and pipes from the river, was not attractive by comparison despite the complications. The reason against the pump and piping option was that it needed a higher level of technical maintenance than the furrow method. This was not going to be in line with the ideals of the church, since its primary aim was to avoid creating a scheme which required the constant attention of the priest. The maintenance of a furrow system as demonstrated elsewhere in other projects was easier to perform; it did not need a skilled person.¹⁷¹

The project was designed to involve the community. The installation of the pump did not achieve this, but the digging of the furrow required considerable labour which drew the community into

¹⁷⁰ TCC, DDW, Projects Visit Report no 8-21, 9 October 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁷¹ Ibid.

the implementation of the scheme. Such a group effort provided an effective training experience for future concerted efforts. The TCC DDW investigated issues such as: what services government departments might yield, surveying, and other possibilities of technical assistance such as earthmoving machinery for furrow and dam activities. Father Mlombile had undertaken to discuss these matters with church and community leaders. Discussions were also to include traditional leaders, land owners and interested community members who were to benefit directly from the furrow.¹⁷² The project did not only aim to benefit those who already had land or were disposed toward innovation, but also endeavoured to involve the poorer and more needy people of the community through the use of the plots on the mission land. The technical and organisational aspects of the project were to be initiated through the respective channels to ensure maximum involvement and success. Some projects had never had a well-defined focus: they dealt with general issues of development. The following project was involved in multifaceted community development activities and it was run rather like a company.¹⁷³

The water projects were mainly designed to assist rural Transkei communities in an attempt to match initiatives taken by the government in urban areas. Naturally they were on a very much smaller scale, dependent upon donor money, missionary labour, voluntary help and community participation. When some of these ingredients were missing, the projects proved less successful. The TCC worked with other religious and chiefs' agencies to support the building of dams and irrigation systems. Its involvement therefore took the nature of support rather than control, which sometimes meant that organisation and long-term planning were not always of the highest calibre.

¹⁷²Ibid.

¹⁷³Ibid.

The TCC was beginning to approach aid projects in a different way from earlier initiatives which took too much control and therefore excluded ordinary people from claiming ownership of various projects. Gradually, the TCC attached itself to existing structures, be they missionary or non-governmental. It increasingly realised that success lay in the hands of rural Transkeians rather than in the conceptions of outsiders.

3.4 Faku Transkei Development Centre (FTDC)

Faku Transkei Community Development Centre (FTCDC) began in March 1973, situated in the centre of the following villages and towns: 46 miles from Kokstad, 23 miles from Mount Ayliff, 30 miles from Bizana, and 18 miles from Flagstaff. The centre had available land of 25 acres, divided as follows: 15 acres for intensive agricultural production, and 5 acres was reserved for grazing pastures for a few milk cows. The land was valued at R30,000. The project aimed at encouraging farming, vegetable growing, irrigation schemes, fish ponds, pig and poultry keeping. This was further to create employment for the youth. Proceeds from the different sectors of the centre were to be used to offset the administrative and other expenses of the project.¹⁷⁴

It was run under the direction of an appointed board of trustees, which comprised a director, who was to hold office for five years; in the event of the director resigning a new director was to be elected from the members of the board. The director was responsible for conducting employment interviews in consultation with the board members. The director was essentially responsible for the development of the project as a whole and its efficient administration. On behalf of the project

¹⁷⁴'TCC, RDP, 1972', p. 14, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

they had to raise funds for both capital and running expenses and report to the trustees. They also had to introduce the project locally in South Africa and overseas. The centre was run by a director and 12 members who oversaw the payment of salaries and the membership of the centre.¹⁷⁵

This project was a challenge to the TCC, which had pioneered educational and medical services to the Transkei communities, to see it as part of its calling to feed the hungry. The church was called to minister to the needs of the poor through its preaching and service. The project called to the church to share in the problems of the daily lives of the people if it was to fulfill the master's call, 'feed my sheep'. The rural areas had a serious problem, of lack of fresh vegetables and meat. The project wanted to draw the church's attention to its responsibilities in the development of rural areas and its people. In prevention of sickness, the church had to serve human beings in their entirety. There was a positive spirit amongst the project staff, to find ways and means to assist the fast growing rural population in finding better methods of developing and utilising the small area of land allotted to them. People were to be helped to see the way out of poverty and misery and find a new way of life based upon the idea of Christian brotherhood.¹⁷⁶

Faku had a section named The Art of Vegetable Growing, which was meant to provide training to young men in gardening or farming. It concentrated on young men who did not have the opportunity of secular training in this field. The aim was to teach the community how to grow

¹⁷⁵'Faku Transkei Development Centre (FTDC), Constitution', p. 130, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

¹⁷⁶'FTDC Traskei', p. 135, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

healthy plants on a healthy soil to promote the health of the people and animals. This was to conscientise individuals and the community to realise and appreciate God through the wonders of nature and all its beauty, as revealed in strong, and healthy plants and human beings.

In the development of the programme, two permanent semi-skilled labourers were to be employed under the supervision of a trained Agricultural Demonstrator, on temporary a basis. The trainees' programme was divided into 75 per cent practical work and 25 per cent theory, which demonstrates that the intention was to make Faku more professional than other agencies. On completion of this short intensive course, trainees were to implement what they had learnt in their respective home gardens, with regular follow up visits from the agricultural officer for supervision.¹⁷⁷

Animal Husbandry was the other section of the project. This section encouraged the keeping of one or two milk cows for production of milk and manure. Fowls were to be kept for the purposes of producing eggs and manure. Animals such as horses, donkeys and ducks were to be kept wherever possible. Fruits and ornamental trees were to be planted which included different varieties of shade or wind-break trees such as umkhuhlu; hedges of different kinds; varieties of fruit trees; encouraging the planting of local indigenous trees for firewood and other purposes. Information on suitable climate, seasons and soil analysis was to be obtained from the Department of Agriculture and Technical Services and the University of Natal, Pietermaritzburg.¹⁷⁸

¹⁷⁷Ibid, p.136.

¹⁷⁸Ibid, p.137.

The aim of the project was to teach by example. As an ecumenical centre their policy was to stretch outward, far and wide to benefit as many people as possible. The project believed in the injunction 'go ye out into the whole world and teach them'. It was striving to succour people to overcome the problem of unemployment and poverty by developing their pieces of land. The project also hoped to assist in the establishment of a young Farmers' Association in order for young men to pool their resources together and open markets for fresh vegetables in the community. Men were to be trained on a ten months' basis, and those who qualified were to further train others.

Faku Transkei Development Centre organised some training activities during the week of 5-9 November 1973. These activities included a visit by officials from the Valley Trust Farm in Natal to give instructions on new methods in Agriculture. An agricultural official from the project attended a training workshop at the Valley Trust Farm. A labourer from the project was sent to the Valley Trust Farm for six weeks training in mock trenching, deep tillage and deep trenching, and also on how to lay out a vegetable garden. There were eleven vegetable garden plots in the project which were mock-trenched; each plot measured 60 ft by 7ft. These plots grew different vegetables such as cabbages, tomatoes, carrots, beetroot, mealies and beans, which benefited the community immensely.¹⁷⁹

Faku represents an organised approach to drought relief and alleviation. It represented a company-like project which was stratified. It professionalised and institutionalised aid in the form of paid membership in a scheme and used banking systems to illustrate the responsible handling of

¹⁷⁹Ibid.

resources. It set up a whole structure for controlling participation and it tried to run on scientific lines. It therefore rivalled organisations like the church, but took control out of religious hands and placed it in the hands of a board of trustees. Financial management and infrastructural development were its hallmarks. Precisely because it required paid-up membership it had the effect of excluding poor people from its functioning. It was therefore a more elitist body.

3.5 Attempts to fighting drought and its effects

The Transkei was predisposed to severe droughts. It experienced one in the late 1960s and another prolonged one in 1979. Production in the homestead gardens, on which households relied to supplement cash income, fell markedly between 1980 and 1982.¹⁸⁰ In the wake of the 1979 drought the Transkei government was rescued by a grant of R6,7 million from the Republic of South Africa treasury. The programme was under the control of the Civil Defence Force Unit, with administrative responsibility held by the Transkei Department of Social Welfare. A drought relief co-ordinator was appointed for each of the 28 magisterial districts in Transkei and was responsible for monitoring water, livestock, and health conditions and for selecting 'needy' families in consultation with local headmen.¹⁸¹

There were three sub-programmes, each of which received about one third of the grant. These programmes were food, water relief and stock feed. The food programme was designed to counter starvation. It was divided between a food voucher scheme where needy families were given

¹⁸⁰F. Wilson & M. Ramphela (eds), Uprooting Poverty: The South African Challenge (David Philip, 1989), p. 171.

¹⁸¹N. Muller & R. Bolus, 'The Drought and Underdevelopment in Transkei 1982/3', p. 8, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

vouchers of R25 for three months to be spent at local trading stores, and a Pro Nutro distribution programme through hospitals and clinics. The water relief programme attempted to provide water to the worst hit areas through the use of tankers provided by the Department of Agriculture and the South African Defence Force. The stock feed programme consisted of providing stock feed at distribution points in Viegiesville, Qamata, Ndabakazi, Mt. Ayliff, Umzimkulu, and Libode. This stock feed was made available to buyers who had to provide their own transport. The first 25 bales sold were given a 50 per cent subsidy, while any further bales were sold at full price.¹⁸² Drought had a devastating effect in Transkei; below are some of its effects.

Drought had an adverse and long lasting effect on the key economic areas of the Transkei. The most affected areas were livestock, health, and subsistence agricultural production. The severity of the drought was illustrated by the death of cattle. Cattle are the most valuable single resource of most rural households and thus provide an index of wealth and poverty. Cattle are pivotal to the sustenance and the maintenance of the socio-economic system of the Africans. As a result of the inherent value of cattle, it is likely that they (cattle) were only allowed to die when all resources had been exhausted. Cattle deaths were reported by the magisterial district regularly and records were kept. The fact that these deaths were reported makes it relatively easy to establish the spatial impact of the drought as indicated on the map below, which indicates the percentage of the herds recorded on 1 April 1982 that had died in November 1983.¹⁸³ The poor were the most affected because they invested their entire savings in livestock.¹⁸⁴

¹⁸²Ibid.

¹⁸³Ibid, pp. 8-7.

¹⁸⁴F. Wilson & M. Ramphela (eds), Uprooting Poverty: The South African Challenge, p. 170.

Based on cattle death figures, it seems that the drought was most severe in the central plateau area around Umtata (61,3 per cent) and Idutywa (65,5 per cent), moving down into the South West. The least affected areas seem to be the districts lying against the mountains and the coastal areas of the North East. Cattle deaths also indicate the period of greatest crisis. Between April 1982 and November 1983 a total of 555 691 cattle were reported dead, that is, 36,2 per cent of the Transkeian herd of 1 537 155 cattle, 61 per cent of these deaths occurred in November 1983. The attached map below details the monthly deaths by expressing them as a percentage of the total between April and November and shows that the peak of the drought was between August and October 1983.¹⁸⁵

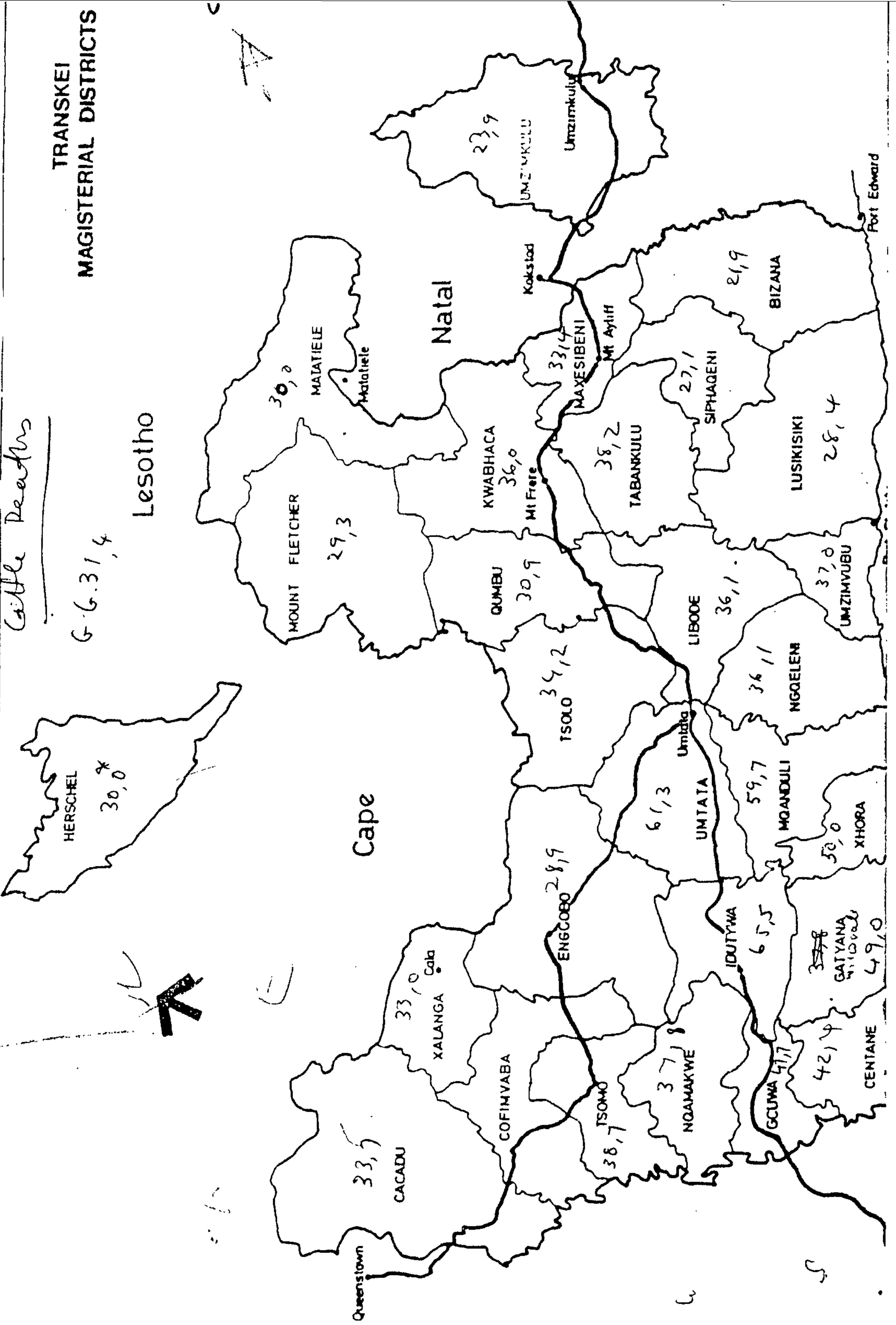
The death of countless cattle in the Transkei meant that ceremonies such as weddings, customs, rituals and deaths were also going to be affected. The fact that cattle are used as a bride-price meant that young men were not going to have bride-wealth. Cattle played a role in alleviating poverty as cows could be milked and oxen used to transport agricultural produce such as grain. Thus, their death disintegrated the socio-economic fabric of the Transkei communities. The most detrimental effect of drought was to increase the incidence of water borne diseases such as cholera. This was seen by the increase in the number of cholera cases by 600 per cent in 1983 over the 109 cases reported in 1982. There was also an outbreak of typhoid at Sulenkama in the Qumbu district. Although figures are not available, discussions with a number of doctors at rural clinics and a births and deaths registrar in one district seem to imply an increase in infant and child

¹⁸⁵N. Muller & R. Bolus, 'The Drought and Underdevelopment in Transkei 1982/3', p. 8, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

mortality due to kwashiorkor, measles, and gastro enteritis.¹⁸⁶

¹⁸⁶Ibid, p. 7.

This map illustrates the areas and percentages of cattle deaths in Transkei due to drought between April 1982 and November 1983.



Rural households mostly depend on subsistence agricultural production. The shortage of production was the major cause of poverty. The following table illustrates the subsistence output of major crops for the years 1980-1982.

Total Subsistence Agricultural Production 1980-1982 ¹⁸⁷

CROP TYPE	HARVEST TONES 1980	HARVEST IN TONS 1981	HARVEST IN TONS 1982	CHANGE IN % 1980-1982
Mealies	139 263	205 175	204 750	47
Sorghum	22 204	20 364	21 976	-1
Pumpkins	121 865	34 312	44 928	-63
Potatoes	73 276	11 978	8 411	-89
Cabbages	77 969	10 984	13 368	-83
Beans	15 336	14 083	2 774	-82
Peas	113	69	202	+79
Wheat	192	N.A	73	284
Carrots	69	14	4	-94

According to the table there are two contradictory trends. Firstly there is a drastic decline in output for most crops. The other contrasting trend is that the production of maize, peas, and wheat increased. The most probable explanation for this phenomenon is that as conditions become drier, households move away from vegetable crops towards the less water intensive maize. In the case of peas and wheat they are winter crops and perhaps less disturbed by dry summers. Total

¹⁸⁷N. Muller & R. Bolus, 'The Drought and Underdevelopment in Transkei 1982/3', p. 5, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

subsistence output is the sum of three types of farming: namely homestead production on the allocated plots, which measure 50m and are available to most households; communal garden production which concentrates on vegetables; and dryland production. Fewer households have access to fields than homestead gardens and the impact on the less powerful households can best be seen by examining trends in the homestead production as in the table below.¹⁸⁸

Homestead Agricultural Output 1980-1982

CROP TYPE	HARVEST IN TONS 1980	HARVEST IN TONS 1981	HARVEST IN TONS 1982	CHANGE IN % 1980-1982
Mealies	47 797	45 486	24 795	-48
Sorghum	11 949	15 418	10 685	-11
Pumpkins	85 356	34 239	27 280	-68
Potatoes	51 206	11 884	8 396	-84
Cabbages	54 626	10 654	13 352	-76
Beans	8 548	10 199	-----	-----

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The above table reveals a sharp decline in production for all homestead crops in the period 1980-1982. Gardens were the major source of fresh vegetables and the table shows the severe inadequacy of rural diets. This further contributed towards malnutrition which was already unbearable. The Transkei communities were helpless in an extremely difficult situation.

¹⁸⁸Ibid.

¹⁸⁹Ibid, p. 6.

3.6 Conclusion

This chapter has attempted to discuss drought relief projects in the rural areas of the Transkei, especially under the tutelage of the TCC. It also complements the discussion in chapter 2 because poverty and water-borne diseases in the Transkei were attributed to the excruciating drought that the territory suffered. Unreliable rainfall and the inefficient traditional agriculture practiced in the Transkei had to face frequent periods of prolonged drought, and the warm Mocambiquian current decreased the mean temperature from the coast to the interior.¹⁹⁰

Water is indispensable for viable domestic and agricultural activities. This has been demonstrated by the failure or success of the agricultural projects undertaken by the Transkei communities. Most people in the rural areas of South Africa draw water from contaminated rivers, streams and springs. The Transkei communities with the assistance of the TCC and other non-governmental agencies struggled in the pursuit of converting natural water sources into sustainable, accessible and clean water. Water from these sources was preserved for household purposes and also for watering home gardens. Clean water was imperative to abate the cholera prevalent in the rural areas. With fresh agricultural produce poverty related diseases were combated. Surplus agricultural produce was sold to cover other household necessities.

Each of these TCC projects depended on funding, community participation, ongoing maintenance, leadership and generally favourable environmental conditions. It is clear that the Transkei was a difficult place in which to establish large-scale, successful drought alleviation projects, so smaller schemes enjoyed some success, but even they were subject to fluctuation as people lost interest,

¹⁹⁰W.D. Hammond-Tooke, Command or Consensus: The Development of Transkeian Local Government (Cape Town, David Philip, 1975), p. 11.

fearing that little benefit was to be had. These problems indicate the fickleness of aid systems and show how important ownership of resources and initiative are in insuring the success of social improvement plans.

The examination of drought relief projects in the Transkei portrays the poor economic conditions which resulted in a lack of employment opportunities. The independence of this territory never brought any economic independence. Instead, the situation deteriorated. Numerous problems were experienced in the pursuit of developing drought relief projects. Some of them were inadequate funding, lack of technical expertise, and indifference on the part of some members of the community. However, the partnership of the community and the church encouraged community participation in the generation of water sources, the producing of fresh fruits and vegetables, and the general drought relief projects. Some members of the community gained income from selling their surplus crops. The projects created jobs for scores of rural women and men and also instilled self-reliance in the community. The TCC played a vital role in the development of viable, economical and functional projects, on behalf of the communities.

Chapter Four

Social Welfare Projects

4.1 Introduction

The focus in this chapter is on the Transkei Council of Churches (TCC)'s role in welfare projects, especially those that dealt with youth, the disabled, and the aged. Once again the emphasis is on the social dimension of religious activity, derived from the particular theologies embodied in the TCC. The diversity of its religious constituency also made welfare projects an object of unity; different theologies could at least find common expression in helping the poor, healing the sick and ministering to the frail. Inculcating Christian values through welfare projects for the benefit of the disabled also channelled the energies of the different elements that made up the TCC. So this chapter concentrates on a series of welfare initiatives which were, to a greater or lesser degree, dependent on TCC funding and expertise. It is, however, necessary to sketch the social background in the Transkei in order to contextualise the specific projects that will be discussed.

The social system of the Xhosa people, like other African groups, has been such that the needy and destitute are often cared for by the family or clan as a whole. This is to a considerable extent still the position today, particularly in the more remote parts of the country. Before the advent of the European systems of social security, there was no government or authority which expended monies on services such as allowances, pensions or grants. It was the duty of the young to care for the aged, and the privilege of the healthy and strong to see to the needs of the handicapped, all within the context of the family, clan or tribe. However, in Transkei and other areas, industrialisation resulted in urbanisation and an increase of population. Thus, the people of

Transkei were subjected to the same kind of pressures which in other developing countries have tended to disrupt family and community life and detrimentally affected the social security inherent in the fabric of traditional society and social systems.¹⁹¹

Migration from rural to urban areas was caused by a variety of social and economic factors. Men who did not have land to cultivate in the rural areas or had very little prospect of obtaining any, went to live in towns. Women were driven to the urban areas by widowhood, while others became widowed in towns and had little hope of making a living in the rural areas. Rural-urban migration was often patterned by factors inherent in the traditional culture and social structure, such as witchcraft beliefs, rules of inheritance, a patriarchal family organisation and polygamy. However, urbanisation resulted in an interplay of traditional and Western values and belief systems which could not be classified in terms of one or the other culture.¹⁹² Urbanisation disrupted most of the key aspects that held families, tribes and clans together to the benefit of the poor, the aged and the handicapped. The Transkei government did little to address these problems. The church intervened in an attempt to provide social welfare to the disadvantaged groups.

Brian McKendrick and Erzsebet Dudas write that a study that attempts to explore social welfare issues needs to be placed in the context of the interlocking nature of the dominant social values or traditions. They remark that such a study should also examine various socio-economic and political forces, all of which interact with the prevailing patterns of social need and available

¹⁹¹Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg), p. 153.

¹⁹²B.A. Pauw, The Second Generation: A Study of the Family Among the Urbanized Bantu in East London (Cape Town, Oxford University Press, 1976), p. 18.

resources to determine the fabric of a particular welfare system. During the period of the study the socio-economic and political policies of South Africa benefited whites only. It was a country that was characterised by development that contained patches of highly industrialised development, so that a prosperous urban westernised society existed side by side with an extensive situation of rural poverty.¹⁹³

The ideological environment in South Africa has laid emphasis on racial and cultural differences, and 'separate development' of ethnic groups was the particular product of recent white nationalism in apartheid form. As a result this political philosophy divided the South African population into 13 'nations': Whites, Coloureds, Indians, and ten different African 'nations' (Bantustans). Essentially, it was hoped that building an apartheid state for Africans in the Transkei would slow down the surge of African nationalism in South Africa and also divide and rule the Xhosas; however, 'the Transkei scheme revealed the fraud of apartheid in theory and practice'.¹⁹⁴ It failed to achieve its goals of being an answer to world-wide criticism of apartheid and to silence world censure.

'Separate development', and the laws by which it was applied, resulted in white people becoming established as a privileged elite who occupied the most skilled jobs, had the highest incomes, generally lived in urban areas and were the country's political power group. They were at the upper end of the economic pyramid. They also enjoyed the most sophisticated welfare provision.

¹⁹³B. McKendrick & E. Dudas, 'South Africa', in J. Dixon (ed), Social Welfare in Africa (USA, Croom Helm, 1987), p.184.

¹⁹⁴G. Mbeki, South Africa: The Peasants' Revolt (London, International Defence and Aid Fund for Southern Africa, 1984), p. 22.

Black people experienced the reverse in that they were the least likely to have skilled jobs, high incomes or urban residences, and they only had access to a much narrower range of welfare facilities. The South African preoccupation with ethnicity, multi-national development and separate facilities for different race groups permeated all aspects of the country's life, and was also the predominant characteristic of its welfare system.¹⁹⁵ 'Separate development' of races also infested the church to the detriment of Christianity. Peter Randall writes that South Africa pursued two contradictory goals. On the one hand there was the goal of separate development; on the other the goal of economic growth. The implications of the first goal were that everybody lived in and belonged to their respective homeland. Africans were temporary sojourners in the cities of South Africa, coming from the 'foreign countries' of the Transkei and other bantustans. The second goal implied a steady growth in the process of urbanisation with more men working in towns. This contradiction was resolved by enforcing the contract labour system on the African men, to work on the gold mines. Their families had no right to be with them.¹⁹⁶

The irony of the policy of separate development was that the barren bantustans, without industries and potential for economic growth, were expected to 'build up a diversified economy capable of supporting Africans in their Homelands'.¹⁹⁷ Hobart Houghton notes that there was a direct correlation between periods of rural poverty in the Transkei and active enlistment for service in the mine. He writes that factors such as disastrous droughts and crop failures led to the Native Recruiting Corporation (NRC) increasing its recruiting figures, until the income from mining

¹⁹⁵B. McKendrick & E. Dudas, 'South Africa', p. 184.

¹⁹⁶P. Randall (ed), Power, Privilege and Poverty (Johannesburg, Sprocas, 1972), pp. 96-97.

¹⁹⁷D.H. Houghton, The South African Economy (Cape Town, Oxford University Press, 1976), p. 22.

sources had corrected the situation. He draws the conclusion that the gold-mining industry was a stabilising factor on the general economy of South Africa, for when there was a general fall in commodity prices the gold-mining industry benefited through reduced costs.¹⁹⁸

McKendrick and Dudas remark that the South African welfare system, during apartheid, was characterised by three key principles which also marked its philosophy and practice. The first principle was the abhorrence of socialism. While the regime accepted a duty to take measures to prevent social suffering on the part of its citizens, and also to make a selective contribution to relieving and combating social distress, in contrast, this was viewed as a supplementary responsibility. The major onus lay on the individuals, their family, and their communities. This situation was disintegrated by urbanisation and migrant labour. The apartheid regime took the stance that it did not accept full responsibility for its citizens' welfare, and not even any single principle of a welfare state was accepted or applied.¹⁹⁹ However, this was only true of the blacks, as their white counterparts had access to welfare.

McKendrick and Dudas note that another key principle of the apartheid regime's 'welfare system' was the partnership between the state and the community. The community had traditionally been viewed as having an important role in welfare provision. The inclusion of the volunteer sector and church representatives in welfare decision-making structures at all levels and the financial support by donors for the service activities of community-sponsored welfare organisations were integral elements. The third principle was the movement of patients from the residential and therapeutic

¹⁹⁸D.H. Houghton (ed), Economic Development in a Plural Society (Cape Town, Oxford University Press, 1960), p. 287.

¹⁹⁹McKendrick & Dudas, 'South Africa', p. 185.

services to community-based and preventive services. Until the 1980s, the bulk of South Africa's social services were therapeutic in nature, with a strong reliance on residential care. This orientation led to heavy dependency on state funding and subsidisation. Therefore, the state began to make strenuous efforts to encourage the growth of preventive services and community care facilities. The South African welfare system was thus founded on a complex and often paradoxical value base. On the one hand, it had characteristics that could be found in the welfare systems of many modern, western capitalistic countries, such as the growing emphasis on prevention and community care, and on a partnership in human welfare provision between state and community. On the other hand, the system was characterised by traits that were the very opposite of modern social welfare philosophy, principally as the result of discrimination on racial grounds. The system, nonetheless, catered for the few disabled and handicapped Africans who lived in the areas designated for whites only, that is, 'white areas'. They received monthly grants and pensions. The state subsidised creches for the black working mothers who lived in the 'white areas'.²⁰⁰ This, as remarked in chapter 3, was in line with the apartheid policy which had dictated the system of urban development in the bantustans as part of the strategy to keep working people in the urban areas of the 'homelands'.

The system was fundamentally deficient, with differentiation on the basis of race as its underpinning principle. The persons who were best protected and most adequately aided by personal social services were the whites. The 1985 report of the Cabinet Committee for Social Affairs, on welfare policy, advocated an accelerated privatisation of welfare, which in practice meant reduced state involvement and correspondingly increased activity and self-funding by the

²⁰⁰Ibid, p.186.

private sector. This also implied that in an increasingly racialised welfare structure, disadvantaged racial groups were to be made especially vulnerable.²⁰¹ As whites were controlling the wealth of the private sector, it meant that Africans were going to be further cut out of the welfare system. The inefficiencies resulting from the Transkei government and the apartheid regime resulted in a great need for social welfare services. Nevertheless, churches such as the Methodist, Anglican, Roman Catholic and Dutch Reformed Churches, organized under the TCC, responded and played an indispensable role in caring for the needy, destitute and disabled.

It was against the background of the above disparities that black people in the rural areas found themselves on their own. In the absence of state intervention in the social affairs of the rural Africans and the reluctance of the white-controlled private sector to fund black welfare projects, the Transkei Council of Churches (TCC) intervened. This chapter attempts to look broadly at the projects or institutions that addressed the community welfare issues under the tutelage of the TCC. It demonstrates the humanitarian involvement of the church with the young, the aged, alcoholics, and the disabled, because the Transkei government failed to deal with these groups adequately.

4.2 Children, the Aged, and the Disabled

One of the welfare projects was the Ntlalontle-Wase-Xora Welfare Organisation (NWXWO). The project looked generally at the welfare of the children, the aged and the disabled. It was one of the earliest welfare projects to be established under the auspices of the TCC and began in 1966, in the Elliotdale District. The Elliotdale Tribal Authority played an important role in the founding

²⁰¹Ibid, p. 214.

of the project. The organisation received a grant of R300 from the Department of the Interior of the Transkei government. The members paid ten cents per year for subscriptions. H. Tyali was responsible for the organisation and she was also employed on a voluntary basis as a part-time worker.²⁰²

The organisation played a useful role in child welfare and also in taking care of the aged and disabled persons of the district. It operated amongst the red-blanketed (unmissioned), illiterate 'bomvanas', who suffered from malnutrition and other infectious bacterial diseases such as tuberculosis. B.A. Pauw observes that the concept of 'red people' was significant amongst the rural Transkeians. It referred to those who were strongly conservative and resistant to the acceptance of churches, schools and many other aspects of Western culture. He writes that these attitudes became crystallised into a dichotomy between school people, those who accepted Christianity, education and Western ways, and 'red people', the conservative. Pauw notes that even when he wrote there was a substantial proportion of 'red people' in the rural areas of the Transkei.²⁰³

NWXWO applied to the 'tribal authorities' for permission concerning the three clinics which operated in the district. As the organisation was nearer the communities, it ordered skimmed milk from the clinics to sell to the mothers with babies. This helped in fighting malnutrition. This organisation played an important role in addressing welfare in the Elliotdale district, but the area

²⁰²TCC, Register of Development Project, July 1972', p. 3, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁰³Pauw, The Second Generation, pp. 16-17.

had only one surgeon, which meant that more health facilities were needed. The Welfare Association had links with Madwaleni Hospital, and if necessary people were referred there. The 'tribal authority' approved an application to set-up a clinic. Funds had to be raised through the tribal authority, by which method R1500 earned a government subsidy of an additional R3500. The recommendation was that there was supposed to be a strong medical connection, with the nurse preferably based at the district hospital. The co-operation of the local hospital was a prerequisite. Most clinics used the same strategy of starting with ordinary huts for temporary premises, and improvements were made later depending on the availability of funds.²⁰⁴

The Mount Ayliff Occupational Therapy Sales (MAOTS) project housed the physically disabled men in the Mount Ayliff area. This project was one of the important crusades by the TCC for the welfare of rural people. It was started in September 1970, as the initiative and responsibility of Mount Ayliff Hospital, with the objective of housing men who were handicapped by physical disability, such as paraplegics. This centre also housed the TB patients under treatment. It had some capital grants from the deferred pay interest fund and ICA. The centre paid for these services from the profits accrued from the sales of the artefacts produced at the centre.²⁰⁵ It also offered employment to 49 disabled patients, as part of their rehabilitation. Disabled people were able to work and earn more than just a pension for the physically disabled. The rehabilitation section of the centre provided training in shoe repairs, cane work, and arts and crafts. Patients were divided into groups according to aptitude. Some handicapped men were trained in shoe manufacture and

²⁰⁴TCC, Register of Development Project, July 1972', p. 3, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁰⁵Ibid, p. 8.

repair. Paraplegics were trained in arts and crafts, producing items such as beadwork, grass mats and grass curtains. The cane work was done by the TB patients. The aim of the project was to equip patients to establish their own business once they were discharged from the centre. This would open up opportunities for other patients to be trained, while the ex-patients could lead a 'normal life'. They would be able to make a living for themselves by using their hands creatively, without being a burden because of their disabilities. The organisation played a useful role in child welfare and in taking care of the aged and disabled people of the district.²⁰⁶

In August 1978 the Methodist Church initiated the Kwa Ntshunge Old Age and Children's Home (KOACH) project. A complex was to be built on some land which belonged to the church. There was a list of 25 applicants for the home. It was supported by the tribal authority and recommended by the Magistrate at Elliotdale. The goal of the project was to provide institutional care and living space for the aged and for orphaned children. The TCC's DDW did not recommend the funding of this project. The first argument against such an institution was that an old age home was a complete departure from the black cultural way of life. It was further argued that old people disliked going far from their homes to a place where they could not easily be visited and from where they would have to be brought when they died. The DDW perceived this project as not complying with its priorities. The TCC was to refer the project to the ICA with comments, but without recommendations. This meant that the project was not considered as the DDW programme, but the DDW was not going to stand in the way of its receiving funds. The project had applied for R88,400 for building the institution and meeting running costs for three years.²⁰⁷

²⁰⁶Ibid.

²⁰⁷Ibid.

Institutions such as this are most important, even if not customary in rural African communities. The black urban areas had facilities of this nature. The rejection of the old age home shows the difference in cultural practices between urban and rural societies. This also demonstrates that the DDW was insensitive to the needs of the rural aged. The certainty that there was a list of 25 applicants for admission to the home illustrates the need for the home. The fact that the TCC had its own objectives for development projects and standard criteria for funding meant that there would sometimes be tensions with other structures involved in community development. This is illustrated by the initiative by the Methodist Church to establish the KOACH.

Children represented another section of the community that suffered due to the lack of day-care facilities in the villages. As a result the Gcinusapho Creche was established to deal with this problem. Most of the Rietvlei mothers worked in the urban areas and did not have a place to keep their children, except to reluctantly leave them with their grandparents. It was difficult to get reliable babysitters from the community. Rietvlei was densely populated and the only nearby primary school could not accommodate all the children who were of school going age. Some children were not admitted, as they were under the age of seven. As a result most children were neither at school nor at home. These children were not properly fed and this resulted in malnutrition, while on the other hand loitering resulted in delinquency. In order to relieve the grandparents, who mostly did not look after the children properly, there was a need for a place that could do so. A creche was the only place which could feed, wash, teach and nurture the children. With the help of Mrs P. Mabuntane, a community organiser attached to the Rietvlei Hospital, a committee of concerned parents was formed in late 1974.²⁰⁸ In a local competition the

²⁰⁸ 'TCC, DDW, Project Activity Information Sheet', p. 1089, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the

name Gcinusapho (a place for keeping children) was chosen from fifteen entries. Gcinusapho, also referred to as 'Creche for under five Bantu Children', became the answer to the frustrations of those working mothers. The Rietvlei creche committee collected funds, obtained land from the local tribal authority, and prepared an application for assistance from the ICA, for the purposes of creating a pre-school creche. The ICA donated an amount of R3000 in December 1974 for the construction of the creche and for the salaries of the staff.²⁰⁹ The creche opened on 1 October 1975 and admitted children who were between the ages of two and five. It was supervised by Mrs Mbuyeleni, a teacher by profession, assisted by Mrs Ngqandu. Children were kept at Gcinusapho creche from 07h30 to 14h30.

Mrs Mabuntane was responsible for buying groceries for the creche, formed clubs which guided people about self-help projects and attended meetings with the local chiefs in regional board meetings. These meetings were held at Mzimkhulu magistrate's office, 20 miles from the creche. She also organised health education workshops and health drama in the Transkei under the auspices of Health Education Impilo Association (HEIA). School children and parents benefited from these workshops, especially in areas such as Mount Ayliff, Bizana and Mount Frere. Her work was made even easier when the TCC interceded regarding the problem of transport and graciously made its vehicle available to the Gcinusapho project on 14 November 1977. The vehicle became known as the Gcinusapho Creche Vehicle. It was to remain the property of the TCC. The vehicle not only serviced the creche's young children but was also used to organise other activities in the community, such as meetings for local authorities, motivational community work,

Transkei Council of Churches, ACC 318, December 1984.

²⁰⁹Ibid.

health workshops, visiting other projects and making follow-up visits in the villages. Proper bookkeeping of mileage, services of the vehicle and petrol expenditure was done and monthly balancing carried out. Transport from outside was not allowed to be involved in the running of the daily activities of the project.²¹⁰ The vehicle helped to alleviate the transport problem common in the rural areas.

The creche aimed to train the children at an early stage to be good citizens and maintain a healthy community. This was done through teaching them important things about life such as good manners, the word of God, praises and prayers. Children were also taught health education and good health practices. At the age of three they were introduced to some basic school education and nourishing supplements in the form of feeding. As the children were grown older they were introduced to vegetable growing by attending lessons at Khanyiselana Vukuzakhe Kwash Kraal project. The children were instructed by a trained infant teacher. As the creche was housed at the Rietvlei hospital there were attempts to build it at a site already provided by the community, a few yards from Khanyiselana Vukuzakhe Kwash Kraal. All the babies attended Rietvlei Hospital Baby Clinic for immunisation. Plans were underway to start the building in late 1974 or in early 1975.²¹¹

In the progress report to the TCC, the DDW was satisfied with the work done by the creche. It had started with 19 children and the number had increased to 35 by the end of October 1975. The

²¹⁰ 'A letter of agreement on the use of Vehicle XH 2-243', p. 1092, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²¹¹ 'Rietvlei Creche Report of the Transkei Council of Churches', p. 1067, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

maximum number of children to be accommodated by the creche was 40. The Rietvlei Tribal Authority was organizing an official opening ceremony. A future prospect of the creche was that it was to be registered as a welfare organisation. There were also plans to increase the salaries of the supervisor and her assistant, as they were considered too little.²¹² According to the financial statement of Gcinusapho Creche as on 11 November 1975 there was a balance of R3107.42, and the TCC and DDW wanted to know the future plans about this money. The president of the creche outlined the following budget. The money was to be used to pay the salaries of the staff, which for the financial year 1976 were to amount to R900. The development and growth of the creche was dependent upon donations to build kitchen facilities, to provide toys for the children and meet the general running costs of the enterprise. A kitchen to be built would cost approximately R300. Applications were to be made to the TCC, DDW, for the future funding of the creche from 1979 onwards.²¹³ The DDW recommended that the creche seek the services of a person with bookkeeping experience to audit their books, as auditors were charging not less than R100.²¹⁴

Another progress report was compiled in 1976. The number of children to be accommodated had increased from 40 to 45. About three children attended morning or afternoon sessions only. Absenteeism averaged five children per day. The fees per child were still relatively low at R3 per

²¹²Ibid.

²¹³P. Mabuntane, 'Financial Statement for Gcinusapho Creche, 12 January 1976', pp. 1077-1078, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²¹⁴N. Platjie, 'TCC Letter to Gcinusapho Creche, 8 September 1976', p. 1082, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

first child and a rebate for the subsequent child. Parents paid regularly before the seventh of every month. The employees were still the same except that in this report the assistant to Mrs Mbuyeleni, Mrs Mgqandu, was away for a period of two-and-a half- months. Their salaries were increased with effect from January 1976, to R25 for the assistant and R50 for the supervisor. The supervisor also received a fixed amount of petty cash to buy fruit and eggs for the children. Vegetables were collected daily from the Khanyiselana Vukuzakhe Kwash Kraal garden.²¹⁵ This showed that the project had established itself and was beginning to be self-sufficient. A small room was built and used for cooking with a coal stove. The top half walls of this room were closed by a wire netting and needed to be closed to the top, because of the rain. Wood and coal were stored in this room. Tables and benches were also made. The matter of registering the creche as a welfare organisation was considered, which indicates the seriousness of the project and the commitment of parents to its success.²¹⁶ Regular auditing of the accounts also confirmed the viability of the creche. It was a well-managed project that kept strict records of income and expenditure and monitored the maintenance and expansion of the Gcinusapho creche, including the transport which was provided by the creche's own vehicle.²¹⁷

The creche was visited by the TCC on the 16 September 1978, to assess its progress. It was functioning well but there were some problems. The long-term effectiveness of the creche was not certain as it depended on ICA funds for the payment of the staff salaries. There was no

²¹⁵'Gcinusapho Creche Report', p. 1068, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²¹⁶Ibid.

²¹⁷C.M.J. Ter Haar, 'Financial Report Gcinusapho Creche Rietvlei, Rietvlei, 1976 ', p.1069, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

alternative source of funds. The other problem was the water supply, which prevented the creche from accepting children who were not trained to go to the toilet. There was no proper equipment and there were very few toys and educational supplies. The creche was understaffed and the DDW recommended that it should have qualified teachers instead of guardians. The DDW promised to assist the parents' committee in finding alternative ways to meet all the needs of the creche from the local sources. The TCC approved a small amount of money to solve the problem of educational toys and water supply. The TCC did not encourage the seeking of additional funding from outside sources, particularly for running costs, as this was going to delay the solution to the problems of the creche.²¹⁸ It played a vital role in keeping and caring for the children. The TCC, therefore, relied heavily on the outside donors for funding, which meant that the TCC chose the children's creche in preference to the home for the aged, as the best way of using the limited resources at their disposal. It also considered children's care as more important than frail care, because of the increasing absence of parents from home due to employment. Moreover, there was more indifference to the need to institutionalise support for the aged, which the TCC interpreted as cultural resistance to welfare for the elderly and as a justification for turning down the application for the building of an old age home.

4.3 Rehabilitation Centres

The TCC cared for those who suffered from different deformities. In 1975 the Nyhwebe Rehabilitation Society (NRS) was established. It was a rehabilitation centre which was constituted as a welfare organisation and granted land by the Transkei government. It was aimed to cater for

²¹⁸ TCC, DDW, Project Visit Report No:8-8, 22 September 1978', p. 1072, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

and train paraplegics in basket weaving. The immediate goal was to establish a sizeable complex with a staff of 10 to 15. The estimated cost of the institution was in the region of R200,000. It was a government approved welfare organisation, which therefore ensured that it received sufficient land for its needs from the Transkei government. The society was managed by Mr. Ghu, who was sincere and dedicated in his work, though it was not immediately clear whether the enterprise was sustainable. There were five paraplegics housed at the centre, working on baskets, and their work was of good quality. The project was, however, still in its formative stage.²¹⁹

The project faced several problems, which included seeking assistance for the construction of the complex from various potential donors such as the Native Recruiting Corporation (NRC) and the Oppenheimer family. The Rev. Qambela advised Mr Ghu, on behalf of the DDW, to get plans drawn, which cost R100. The project did not, however, have money to pay for the plan, which meant that the architect did not make copies for the potential donors. The other problem faced by this society was that it was isolated from institutions doing similar work elsewhere, and therefore lacked the expert advice necessary for their operation's size, scope and depth. The society also lacked a coordinated approach to the donors. Lastly, there were immediate needs such as the running costs, while on the other hand there was no attempt to sell the products of the paraplegics to help towards covering the running costs. The viability of the basket work as a means of support for the complex was questionable despite the fact that Mr Ghu was convinced that the market was there. He requested R2,000 from the DDW to attend to the pressing needs of the project, such as paying for the plans and for temporary sustenance of the project until the

²¹⁹ TCC, DDW, Project Report No:8-2, 5 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

project obtained donors. This, according to the DDW, was going to continue the 'hand-to-mouth operation' of the project. The DDW suggested that Mr Ghu should attend to the basic needs of the project before any financial support could be given. He was advised to investigate an alternative to the institution which would not isolate the paraplegics from the society, but at the same time assure an acceptable standard of care. The other area to be researched was a market for the baskets and mat work produced at the institution. He was further advised to investigate the reliability of the market in terms of accruing enough to support a simple project, such as the NRS.²²⁰

The relationship between total institutional care and self-help was unclearly structured. There was a strong feeling that forging a relationship with other rehabilitation societies would be profitable. There was also a greater need for coordination in handling negotiations with donors. The DDW recommended that the project should not be supported in terms of subsistence grants. However, the DDW was to offer its services in terms of: working out a less complex and less institutional scheme, where a greater emphasis was to be placed on the self-help aspect than on the care; investigating the feasibility of work as a means of support for a simpler centre; establishing contacts with other rehabilitation organisations in other regions; coordinating research into funding for a revised project. Lastly the DDW was to formulate a policy which would address future problems relating to plans for building projects.²²¹

Alcohol abuse remains a serious social problem in most communities. It results in a myriad of

²²⁰Ibid.

²²¹Ibid.

factors such as diseases, poverty, unemployment, and family breakdown. Hospitals try with little success to deal with this problem. Rehabilitation centres have proven to be effective institutions to deal with alcoholism, but sadly there are few of them in South Africa, with rural areas being the most adversely affected. The rural areas of the Transkei have experienced many cases of alcohol abuse and they relied on the hospitals for the care of their patients. Despair, emanating from unemployment and lack of recreational centres, as in any other black residential area, was rife among the Transkei communities, and this resulted in people resorting to alcohol abuse. Attempts to treat the patients in the major hospitals, such as St. Lucy, were not successful since they dealt only with the medical problems of the patients. The therapeutic element was not effectively dealt with. This was evidenced by numerous cases of recurrence of the problem of alcoholism. There was therefore a need for an institution to deal with this frequent relapse of patients in the form of rehabilitation. This need was served by the opening of the Alcoholics Rehabilitation Centre (ARC). The St. Lucy's Hospital, a referral hospital for the alcohol abusers, facilitated a symposium which ended in the establishment of the ARC.

The project was situated at St. Cuthbert's Mission in Tsolo. It was managed by Mrs J.A. Daynes under the responsibility of the St. Lucy's Welfare Trust Organisation, with its chairman as the Bishop of St John's. Alcoholism was eroding the heart of the Transkei and Ciskei. Though no verified figures are available for the black population, the people concerned estimated that it was widespread and gaining new victims every day. The disease was mostly found amongst the educated sections of the population, such as the teachers. It was those people who were needed in the continued development of the Transkei and Ciskei homelands. There was no comprehensive strategy to combat the problem. The TCC organised a symposium which was held at St. Cuthbert's on 11 and 12 October 1974, on the theme of alcoholism. All participants, from

Transkei and Ciskei, unanimously agreed on the need to build a clinic to treat the alcoholics.²²²

Alcoholism, in addition to the system of Bantu Education which produced a poor quality of teachers, was one of the major handicaps regarding the low standard of education in the Transkei. Villagers complained that many teachers spent their time drinking. It was not an uncommon sight to see a few local teachers whiling away school hours at the local shebeens. This undesirable behaviour led to high rates of absenteeism and unpunctuality amongst teachers. Some parents thought that schools had been better run under the South African administration. Julia Segar writes that the above situation resulted in villagers coining an idiomatic description of drunkenness in the Transkei, 'as drunk as a teacher'.²²³ The establishment of the alcoholics' rehabilitation centre could be seen in the light of the intolerable drunkenness amongst the teachers in the Transkei.

Attempts to treat alcoholics at St. Lucy's Hospital as in-patients were not effective. There were two stages used in the treatment of the alcoholics after they had stopped the abuse of the substances. Firstly, withdrawal symptoms occur as the body reacts to the lack of what had become a necessary chemical. Through hospitalisation, the correct use of drugs and a patient's co-operation and determination, the clinical stage can usually be completed without relapse. After an alcoholic has been dried out from the substance and the physical addiction has ceased, a mental craving for the drug often persists. This is sometimes unconscious and usually unwanted; relapses are often frequent and mean that a patient must again begin drying out. The successful completion

²²² SACC-Division of Inter-Church Aid, Application for Grant', p. 932, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²²³ J. Segar, 'Experiencing 'Independence': Local Responses in a Transkeian Village' (MA Thesis, University of Cape Town, 1986), p. 88.

of the rehabilitation stage enables the alcoholic to return to normal society. Despite the fact that the patient has dried out he or she does remain an alcoholic, and total abstinence is needed. During the rehabilitation process the patient learns to live in a society where frequent consumption of alcohol is normal and non-drinkers are in the minority.²²⁴

The limited facilities in the Transkei and Ciskei meant that the above described process was not going to be completed. Half of the treatment programme was to be left unattempted. There were more numerous and frequent cases of relapsed alcoholics than of successful rehabilitation. As St. Lucy's Hospital was the referral centre, there was a need to open a rehabilitation centre near the hospital. The Right Reverend James Schuster, the Bishop of St. John's, was approached at the beginning of the year and wrote about this idea to Dr Guy Daynes, the Chief Medical Officer at St. Lucy's Hospital. This idea was embraced by most stakeholders in the Transkei and the government promised to give a grant towards the running costs in 1976. The centre had already been started and was hoped to have been finished in January 1975. It comprised a block which was to house ten patients, a dining room combined with sitting room, a kitchen, and an ablution block. There was also to be a warden's cottage which would accommodate a social worker and a nurse who would run the clinic.

The actual opening of the centre depended on how soon money for salaries, furniture and fittings was raised. The administration was to be handled by the secretary and treasurer of St. Lucy's Hospital Welfare Trust, which operated as a welfare organisation, and all money collected was to be kept separate from the finances of the hospital. The centre was to operate in such a way that

²²⁴Ibid

five couples were to stay in the centre from Monday to Friday and the emotional and practical problems caused by liquor were to be addressed. The social worker was responsible for counselling the patients and also for facilitating group therapy. Staying over the weekends was also an option and enabled the breadwinners to remain in their jobs and also to give their families the attention they deserved. Patients were to pay R50 per course of treatment.²²⁵

The prevention of alcoholism and alcohol abuse through education is an important task, which must go hand in hand with rehabilitation. During the week the social worker and the nurse, apart from doing follow-up visits to the patients' homes, lectured on the dangers of alcohol to employers and educated them on how to deal with alcoholic employees. The rehabilitation centre was a positive initiative, as patients were treated and returned to normal society as responsible citizens. It is interesting to note that the community had victims of alcohol abuse; one wonders, however, whether there were no cases of abuse of other substance abuses. The TCC collection is silent on this point.

4.4 Special Schools

Prior to the formation of the TCC individual churches were involved in community development in the Transkei. Provision was made in Transkei, by different churches which later belonged to the TCC, for children with different disabilities such as deafness, blindness, and the cerebral-palsied and orthopaedically handicapped. Both black and white teachers with Primary Teachers' Certificates were employed. They also received specialist training on an in-service basis. Theoretical and practical work was supplemented by a correspondence course provided by the

²²⁵Ibid, p. 933.

Department of Bantu Education. The Diploma in Special Education, which took two years to complete, comprised the following courses: the history of special education, physiology, psychology, orthodidactics, and practical teaching. The following special schools offered education to the children in the Transkei: Efata School for the Blind, Efata School for the Deaf, and the Ikwezi Lokusa School for cerebral-palsied and orthopaedically handicapped children. These schools resulted from the initiatives of the DRC in Africa and the Roman Catholic Church who later became the TCC member churches and continued to play a crucial role in community development. Both the Transkei and South African governments contributed 90 per cent of the total expenditure. The Efata school for the blind admitted its first learners in July 1958 into temporary accommodation in a disused cheese factory. The permanent buildings were opened in 1960 on land about 8km from Umtata, bought in 1952 by the DRC for this purpose. The school catered for 100 blind pupils, all of whom lived in hostels. The syllabi were the same as those used in the normal schools in the Transkei. Teaching was done through braille, for which a standardised system was evolved in Xhosa. The school used the most modern braille writing machines and other special aids, such as the thermoform copier, devised for use in blind schools.²²⁶

Learners were also trained as telephonists and in other forms of handwork skills such as beadwork, knitting and mohair spinning. The Efata school for the deaf started to admit its first learners in 1960. Despite the 90 per cent subsidy from the Transkei and South African governments, the school was also sponsored by the DRC. It initially operated in the old farmhouse when this was vacated by the blind learners but later moved to its own buildings. The new buildings accommodated 200 deaf learners. The syllabi were specially adapted to the needs of deaf

²²⁶Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg), p. 89.

children. A combined system of communication was employed in order to develop the language ability of the learners. Systematic signs in the Xhosa language, finger spelling, speech, speech reading, reading and writing were all part of the combined system approach. Audiometers and modern electronic hearing-aids were used extensively, together with special readers and a variety of projectors.²²⁷ The deaf girls were taught sewing while the boys were trained in carpentry, welding and bricklaying.

The Ikwezi Lokusa school for the cerebral-palsied and orthopaedically handicapped started to function when it admitted its first learners in 1958. Children were originally transported to a nearby primary school at Ngangelizwe. The school was later relocated in 1964 to the Roman Catholic mission at Glen Avent, with an accommodation capacity of 100 learners. The buildings were subsequently extended to accommodate 175 learners. Ordinary school syllabi were followed, with a number of special classes for cerebral-palsied children with extreme learning problems. There was a fine ceramics section within the school where learners were taught functional skills, to lead better lives later. The above three schools provided medical services, nursing and physiotherapy, and cooperated with hospitals over corrective and remedial treatment. In 1968 a welfare organisation and after-care-services were established to provide sheltered employment. The fields of spinning, carpentry and building proved that they could compete in the open market and make a valuable contribution to the economic development of Transkei.²²⁸

²²⁷Ibid

²²⁸Ibid, pp. 89-91.

4.5 Conclusion

The community, church and the bantustan government of the Transkei played a vital role in attempts to establish institutions for children, the disabled and handicapped, and the aged. This showed a concerted effort to address the disparities created by the apartheid regime, which was deliberately biased towards white people. The projects discussed in this chapter demonstrate the especially important role played by the church and church-aid organisations in the welfare of the rural people of the Transkei. The NWXWO was vital in addressing the needs of the children, while it also cared for the aged and the disabled. These groups also suffered from all sorts of diseases particularly malnutrition and tuberculosis. The MAOTS was involved in the rehabilitation of the paraplegics and men with different types of deformities. These patients were also trained in vocational skills such as shoe making and repairs, art and craft, beadwork, grass mats and curtains, and cane work. The MAOTS and NWXWO projects played a vital role in ensuring that the physically disabled and the handicapped were not only rehabilitated, but also had opportunities to acquire the skills to make a living and contribute meaningfully in their communities. These skills were used beyond the institutions when the patients were discharged. Small businesses were established in the form of self-help projects. The ex-patients earned some money from the repairs and the articles they produced with their hands. This supplemented the grants they received from the government.

The NRS cared for paraplegics and trained them to produce baskets, which were sold to the community to cover the costs of the institution. The Gcinusapho Creche helped to keep the children of the working mothers. This was one of the well-managed welfare projects. It kept up-to-date progress reports and financial statements. The officials also helped with other community development programmes. This was possible with the vehicle which was lent to the creche by the

TCC. The ARC was a good initiative by the hospital and the community, in view of the alcohol abuse which was rife in the Transkei. Lack of sources on this project makes it difficult to assess its impact on the rural areas of the Transkei. The creation of special schools for both the deaf and the blind helped to offer education and skills to children who suffered from deformities in Transkei.

Social welfare in the Transkei was an area which attracted the attention of the Bantustan government, the church and its various agencies, such as the TCC, and communities themselves. Each had a particular mission and objective. The government was obviously in search of some legitimacy, since it was in many ways discredited by its association with apartheid. So it needed to demonstrate a commitment to welfare as a way of gaining support.

The church, on the other hand, had limited resources, but was constrained to offer some relief to impoverished rural Transkeians who suffered the consequences of underdevelopment and the ravages of migrant labour, which had dislocated families. Agencies such as the TCC therefore tried to initiate a series of projects to alleviate suffering, provide care and fill the gaps that government overlooked. It tried to do this in tandem with its Christianising mission and an awareness of the need to satisfy the community. It consequently chose to concentrate on the welfare of children rather than on the aged, and on the rehabilitation of alcoholics and the handicapped and the disabled, who were the product of social upheaval, and of new systems of employment which altered established patterns of farming in the rural society.

Finally, the community, which looked to government and the church, also played a significant part in the provision of welfare in the Transkei because its participation and commitment determined

the likelihood of its success. Where the community embraced projects they tended to be sustainable. When the TCC designed its projects around the community, they survived and became fully-fledged institutions, as in the case of the Gcinusapho creche. The TCC also gained a firmer platform in its empathetic involvement with alcoholics, the handicapped and the disabled.

Chapter Five

Skills-Development Projects

5.1 Introduction

The focus of this chapter is the relationship between unemployment in the Transkei in the 1970s and 1980s and various projects initiated by the Transkei Council of Churches (TCC) to address the problem. This requires an analysis of employment patterns in the Transkei, an assessment of migrancy and its effects on the economy of both South Africa and the Transkei, and a consideration of how African women, mainly, were drawn into the TCC through its attempts to create job opportunities. Beadwork, sewing and knitting were the basis of the TCC employment projects, which by definition meant a concentration on women's work. This had its own implications for gender relations in Transkeian rural communities and allowed some women to be economically self-sufficient in a largely agricultural environment.

Migrant labour created setbacks for the people who entered into it and most importantly for their families. The absence of men meant that women had to assume the traditional roles of men and fend for their children. This problem was exacerbated by the fact that most migrant labourers established extra-marital relationships, resulting in the neglect of their families. Migrant labour led to many single parent families in the Transkei. It is, however, not the concern of this study to delve into migrancy, but rather to show how it affected the socio-economic conditions of the rural communities. The financial abandonment of children, by absent fathers, added to the problems of health and poverty discussed in chapter one.

Lack of employment opportunities in the barren bantustans, most of which had limited industrial or agricultural potential, kept Africans pouring into the urban areas.²²⁹ Such areas failed to absorb the influx of people in terms of employment and their infrastructure became overloaded. Those left in the rural areas, especially women, had to be innovative in order to survive poverty. The only alternative in a situation where people had never received formal education, as in the Transkei, was to apply creative skills to making a livelihood. The community, with the help of church organisations, established vocational centres where creative skills were actualized in producing goods by hand. It is against this background of impoverishment that the need for skills development must be understood.

Large-scale unemployment and lack of skills can be attributed to Bantu Education, which aimed to produce docile Africans for labour purposes. This system of education can be traced to the commission directed by the German educator and ethnologist, Dr. W.W.M. Eiselen.²³⁰ The Eiselen Commission report in 1951 considered that black education should be an integral part of a carefully planned policy of segregated socio-economic development for the black people. Pam Christie and Colin Collins write that 'black education was to be directed to black- not white needs'.²³¹ The black schooling system for blacks was an important element in the overall development of white South Africa in particular, in ensuring its labour needs. It is clear that

²²⁹Lawyers Committee for Human Rights, Crisis in Crossroads: A report on Human Rights in South Africa (New York, Lawyers Committee for Human Rights (US), 1988), p. 15.

²³⁰L.D. Leonard, 'Apartheid and Education in the Republic of South Africa' (Ed. D Thesis, Utah State University, 1970), p. 93.

²³¹P. Christie & C. Collins, 'Bantu Education: Apartheid Ideology and Labour Reproduction', in Apartheid and Education: The Education of Black South Africans (Johannesburg, Ravan Press, 1990), p. 160.

central control was to be the springboard for educational policies in order to contribute towards the production of black labour in a stable form.²³² This means that this education was not intended to produce skilled African people to compete with their white counterparts in the economic development of the country. Francis Wilson and Mamphela Ramphele note that apartheid's educational programme was 'one of the fundamental reasons why whites are rich and blacks are poor.'²³³ As a result whites had 'innumerable advantages over blacks in acquiring the skills necessary to fill jobs at the upper end of the pyramid'.²³⁴ The ideology of Bantu Education can be summarised by Peter Kallaway's remark that schooling systems serve both political functions and economic roles in being producers of specific types of labour forces relevant to the needs of the dominant systems of production in society.²³⁵

The implementation of the Bantu Education Act, passed in 1953, was of critical importance in the history of education in the Transkei and in establishing the broad principles on which educational development was to take place in the pre-independence era. In terms of this Act control of education passed from the four provinces of the Union of South Africa to a central state department, which was in a position to establish a national education policy linked to the general development programme envisaged for territories such as Transkei. Until 1955 the schools in Transkei remained under the dual control of the Cape Education Department and the missions. When Transkei was granted a substantial degree of self-government by the Republic of South

²³²Ibid.

²³³F. Wilson & M. Ramphele (eds), Uprooting Poverty: The South African Challenge (Cape Town, David Philip, 1989), p. 226.

²³⁴Ibid.

²³⁵P. Kallaway, 'An Introduction to the Study of Education for Blacks in South Africa', in Apartheid and Education: The Education of Black South Africans, p. 1.

Africa, it was natural that among the first departments to be set up was the Transkeian Department of Education: in terms of homeland development it was clearly a key department. By 1966 the Transkei administration had passed its own Education Act and thereafter was able to develop independently of the Department of Bantu Education of South Africa.²³⁶

The 1970s saw the building of schools to cater the primary, secondary, technical and vocational, special, adult, and teacher-training learners. Before the establishment of the University of Transkei in 1976, the University of Fort Hare had catered for higher education in Transkei. Some of the problems faced in education were maintaining attendance of pupils in the early years of the primary school, the training of adequate numbers of secondary-school teachers and the establishment of an effective system of on-going in-service training in order to ensure quality teaching in the classroom at all times. These issues were regarded as of more fundamental importance than compulsory education. Despite the fact that education was looked upon as being of highest priority and received the biggest slice of the budget, the rural areas were the worst hit by illiteracy. The fact that education was not compulsory and only partially subsidised had a negative effect in that by 1976 more than half of the Transkeian population was regarded as illiterate.²³⁷ In the early 1980s, it was estimated that 95 per cent of the 3,2 million inhabitants of Transkei lived in the rural areas. These areas contained some of the worst victims of South Africa's racially polarised development. About 66 per cent of the adult population was illiterate. Two-thirds of rural households had cash incomes below the estimated subsistence level of R1 509 in 1982. Two-thirds of the male labour force was permanently absent, working as migrant

²³⁶Transkeian Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg, 1976), pp. 77-79.

²³⁷The Star, 24 June 1983.

labourers in the major urban areas of South Africa. N. Muller and R. Bolus remark that statistics such as these, which show the extent of poverty, do not of themselves explain the complex processes of underdevelopment and repression which combined to lock rural Africans into a world of hopelessness and deprivation. Hemmed in by an increasingly repressive set of influx controls and subject to over a century of economic underdevelopment, the population in these areas suffered from endemic unemployment. They were thus dependent on migrant remittances and pensions for their survival, as can be seen in the following table:

Sources of Rural Transkeian Cash Income by Income Level 1982.

Income Interval (R)	% Household	Wages	Pensions	Remittances	Home Production	Total
- 500	2390	1065	1940	6705	290	10000
501 - 500	2642	1210	1430	7110	250	10000
1001- 500	1321	1536	1711	6575	178	10000
1501- 500	669	2652	2140	48.08	400	10000
2001- 500	696	3767	1389	4617	227	10000
3001- 500	647	7440	424	1986	150	10000
4001- 500	536	8061	422	1322	195	10000
5001- 500	731	6990	443	2295	272	10000
- 10000+	368	8305	816	6.08	271	10000

Source: IMDS Income and Expenditure Survey (unpublished Results)²³⁸

Skills-development training for a diversified economy was a matter of greatest importance for the

²³⁸N. Muller and R. Bolus, 'The Drought and Underdevelopment in Transkei 1982/3'. Background report prepared for Development Studies Research Group, South African Review Seminar, Johannesburg, 27 January 1984, p. 5, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Transkei. Agriculture alone without industrial expansion was not sufficient to create work opportunities for all those entering the labour market each year. However, development in this field was limited. The table below illustrates estimates of the increase in the number of potentially active Transkeians (15-64 years) between 1970-1990. The estimates are based on the ratios between male and female found in black populations throughout South Africa.

Estimates of potentially economically active Transkeians (15-64 years), 1970-1999

Year	Male I	Female II	Female (45,8%)III	Total (I+III)	5-Yearly Increase	Average Annual Increase
1970	535320	601160	275330	810650	-----	-----
1075	614280	689830	315940	930220	119570	23910
1980	706600	793510	363430	1070030	139810	27960
1985	811920	911890	417650	1229570	159540	31900
1990	928960	1043340	477850	1406810	177240	35450

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Lack of skills in the Transkei, and generally in South Africa resulted from the apartheid economy which meant harsh exploitation for the majority of the South African people.²⁴⁰ Segar writes that 'any study of Transkei must be seen in the context of the South African government's policies of granting formal 'independence' to the so-called homelands'.²⁴¹ She notes that Transkeian independence had two implications. The first was that Transkeians had a greater degree of

²³⁹Transkeian Department of Foreign Affairs, The Republic of Transkei, (Johannesburg, Chris van Rensburg, 1976), p. 177.

²⁴⁰V. Munnik, 'Protest creation: SACC aims to change unjust SA economy', in New Ground Spring (1993), p. 41.

²⁴¹J. Segar, 'Experiencing Independence: Local Response in a Transkei Village', p. 1.

personal liberty within Transkei's borders than they had outside of them. The second was the significant loss of South African citizenship, which accompanied the changeover to 'independence' and which contributed to even greater hardships for Transkeian work-seekers.²⁴²

Whichever way one looks at it, 'independence' in practical terms provided a small numbered black elite people like Kaizer Matanzima with opportunities for material gain and political power at the expense of the poverty-stricken and politically powerless masses. The desperate need for skills development, as illustrated above, by most Transkeians seeking jobs outside the Transkei, confirms Segar's argument that the villagers' quality of life deteriorated as a direct result of Transkei's independence. The critics of Matanzima viewed Transkeian independence as 'fraudulent and a sacrifice' which resulted in the loss of the right to be equal South Africans in the new society which the Xhosa had helped to build. As a tribalist and a controversial political figure, Matanzima strongly believed that the only evolution possible in the Transkei was within the policy of separate development.²⁴³ Independence therefore gave him personal glory at the cost of the rural poor. The granting of its self-rule to the Transkei, which appeared a gamble by the apartheid regime, was however, a well-calculated risk, hedged around with plenty of safeguards. Wellwood remarks that this was based on the belief that in Africa 'the bold move is not necessarily the wisest one, and that a cautious advance ... has most chance of success.'²⁴⁴ William Beinart writes that the involvement of Matanzima in corrupt and suspect practices was not surprising. He

²⁴²Ibid, pp 2-3.

²⁴³P. Laurence, The Transkei: South Africa's Politics of Partition (Johannesburg, Ravan Press, 1976), p. 2. See more about K. D. Matanzima and socio-economic and political issues in his autobiography, Independence My Way (Pretoria, Foreign Affairs Association, 1976), pp. 1-138.

²⁴⁴W.A. Wellwood, Whither the Transkei? (Cape Town, Howard Timmins, 1964), p. 124.

set an example to civil servants and other government employees.²⁴⁵

In order to understand the magnitude of unemployment in the Transkei during the period under discussion, and the need to develop community skills, it is necessary to discuss Transkei's economic background. In spite of the potential for political maturity offered by independence, it is equally important to acknowledge the overwhelming economic problems of the Transkei, and also what seemed the almost calculated lack of financial or economic aid to achieve political viability. The basic problem in the bantustans was the lack of non-agricultural wage-employment opportunities, a situation in which the Transkei was no better off than other rural areas in South Africa.

The economy of the Transkei depended on its few industries, which made job opportunities scarce. As late as 1962, only 20,592 of the 1,400,000 Africans in the Transkei had paid jobs within the territory: of this number a total of more than 8,000 were in domestic service. In 1962 alone, at least 115,000 Africans from the Transkei sought work in the mines of the Republic of South Africa, while about 30,000 more were recruited for agriculture and industry.²⁴⁶ A decade later the situation had deteriorated. In the 1970s there were 1700 people employed in a few light industries. This was out of a total employment of 30,000, compared to 3,000,000 migrant workers in South Africa. 170, 000 of them worked in the industries, while 100,000 worked in the mining industry.²⁴⁷

²⁴⁵W. Beinart, Twentieth-Century South Africa (Cape Town, Oxford University Press, 1994), p. 210.

²⁴⁶M.G. Carter, T. Karis & N. M. Stultz, South Africa's Transkei: The Politics of Domestic Colonialism (Evanston, Northwestern University Press, 1967), p. 177.

²⁴⁷R. Vigne, The Transkei- A South African Tragedy (London, The African Bureau, 1970), p. 5.

These statistics illustrate the economic conditions in the 1960s and 1970s. The emigration of thousands of people from the Transkei, seeking jobs in the mines and cities of South Africa, bears testimony to the scourge of unemployment in the Transkei.

Lack of employment opportunities was worsened by the fact that some men who were engaged in migrant labour lost their jobs due to ill-health. They were infected by contagious diseases from the mines, such as phthisis and tuberculosis. These diseases were spread when they returned to the Transkei. Most of them were no longer fit to work again. Others were 'endorsed out' of the area where they once worked, under apartheid influx control regulations aimed at stemming the tide of Africans moving into the new industrial complexes; a growing number were 'undesirable Bantu', such as discharged political prisoners or suspects, confined to their home 'location' in the Transkei. This resulted in an unbearable situation in which a large proportion of the population was old, with the very young in their care. The villagers were impoverished and sickly. The extended family system failed to alleviate the effects of poverty, by pauperising everybody rather than allowing only a few to become destitute. Thus the Transkei, like other bantustans, was both a labour and a refuse dump for the unwanted 'surplus' Africans of the cities.²⁴⁸ Subsistence farming, which could to some degree, have solved the situation, was not viable due to factors such as drought.

Unemployment is a complex phenomenon which cannot be empirically interpreted in terms of statistics, but the dramatic numbers do convey a qualitative assessment of conditions to some

²⁴⁸Ibid. pp. 16-17.

degree.²⁴⁹ Transkei had suffered from chronic unemployment for a very long time. A series of apartheid laws, such as the Black Urban Areas Act of 1945,²⁵⁰ controlled the movement of Africans to the so-called 'white areas'. This together with the bantustan system ensured that blacks were confined to the dry, rural areas without jobs. Linked to the capitalist economy of the apartheid South Africa, the bantustans served as reservoir of cheap African labour.²⁵¹ The development of the bantustans depended squarely on the control of Pretoria. Some blacks defied the influx-control laws and migrated to the urban areas in the hope of finding jobs, but they were often declared illegal residents and repatriated to their 'homelands'.

The influx of people into bigger cities resulted in the mushrooming of informal settlements. South Africa became riddled with many such settlements due to lack of job opportunities in the rural areas and uncontrolled urbanisation. These peripheral settlements soon turned into sites of crime and disease. The black townships are partly the product of the unbearable unemployment in the bantustans. This confirms the aphorism that poverty anywhere constitutes a danger to prosperity everywhere.²⁵² People in the Transkei and Ciskei migrated to the Western Cape hoping to find jobs, but they had to contend with the Coloured Labour Preferential Policy of 1954,²⁵³ which

²⁴⁹C. S. Ellis, Literacy Statistics in the RSA, 1980 (Pretoria, Human Sciences Research Council, 1987), p.18.

²⁵⁰Black Urban Areas Act, Act 25 of 1945.

²⁵¹N. M. Stultz, Transkei's Half Loaf: Race Separatism in South Africa (Cape Town, David Philip, 1979), p. 96.

²⁵²G. Rodgers (ed), The Poverty Agenda and the International Labour Organization: Issues for Research and Action (Geneva, International Institute for Labour Studies, 1995), p. 1.

²⁵³L. Platzky & C. Walker, The Surplus People: Forced Removals in South Africa (Johannesburg, Ravan Press, 1995), p. 57.

chose Coloured labour above that of Africans. The guarantee of jobs for Coloureds meant that Africans from outside the Western Cape were not allowed into the labour market except in certain categories of work, where only males were permitted to take up employment, mainly in the industrial and agricultural sectors.²⁵⁴

Migrant labour resulted in bantustans as reservoirs of labour, with men as the target group. Migrant wages were not enough to maintain the families of the migrants. Social factors such as extra-marital affairs, in the mines, led to men neglecting their families. Women were therefore urged to become breadwinners. They consequently became more and more self-sufficient by exploiting their age-old skills of producing fine beadwork which was highly marketable, even if prices were extremely low. In this way African women were instrumental in creating micro-economic enterprises which could be marshalled by aid agencies, such as the TCC. Tapping into community skills laid the foundations of the All Saints home industries, based not only on beadwork, but also on sewing and dress-making, which created employment and offered greater economic sustainability, and more independence from migrant wages.

This chapter attempts to examine the role of the partnership between the church and the community in skills development. The essence is to illustrate the hand skills which were taught to the rural women through the different projects engendered by the TCC. These projects centred largely around sewing and beadwork activities. The implementation of these projects dealt partly with the unemployment backlog particularly among the rural women. The projects discussed in this section are grouped into the categories of beadwork, and sewing and knitting. They are: All

²⁵⁴Student Union Christian Action (SUCA), 'K.T.C- Testimony to our silence' (Cape Town, SUCA, 1983), p. 3.

Saints: Beadwork Project; All Saints Home Industries: Sewing Project; Isibane Sewing Project; Sewing Centre; and the Holy Cross Dress-Making Centre.

5.2 Beadwork

Beadwork is largely used by traditional African societies and the items are mostly necklaces and rosaries. The beads are perforated and threaded on a string, primarily in ethnic colours and used for their aesthetic value. Beadwork has in modern times turned into a major informal sector providing jobs to many women. The All Saints beadwork project was initiated in 1970 by the Anglican Church Mission with funds from different churches and church organisations. Some of those organisations were the Diocese of St. John, Hunger Relief Division which donated the amount of R500; the Old Catholic Church in Holland donated R983,18; the TCC: Inter-Church Aid Division R100; and sundry donations amounted to R141.²⁵⁵ These donations helped the project to develop and expand at a measured rate without any more outside assistance. Marijke Smeenk, who came from Holland with her husband (a medical doctor), played a significant role not only in initiating the project but also in employing her ingenuity in starting an invaluable pilot scheme. Although the project was started early in 1970, its inaugural meeting was held at the end of December 1970 at Marijke Smeenk's home.²⁵⁶ It began as a result of a few women coming together to do beadwork and turned into a project broader in concept and implementation.

²⁵⁵'SACC: ICA, Application for Grant, 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁵⁶'All Saints Anglican Mission, Progress Report for the Period January 1971 to March 1972', p. 1, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

In its inception the project concentrated entirely on Xhosa traditional beadwork, which was marketed internationally. The profit made from the articles was used to pay the trainees and also to plough funds back into the project to enhance self-sustenance. This project helped to provide skills and create jobs for a few women. There were, however, some women who were not gifted in beadwork, and therefore were not easily trained in the craft. To accommodate such women, All Saints Home Industries expanded to include gardening and sewing projects. Gardening was not meant to be a profit-making venture but it was hoped that the costs of this activity would be covered by the proceeds of the beadwork production. Its purpose was to promote vegetable growing in the area, fight malnutrition through the sale of fresh vegetables to the community, and provide employment to several women who could not be trained in either beadwork or sewing.²⁵⁷

²⁵⁷'TCC, RDP, July 1972', p. 9, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Below are beadwork articles in the form of cultural fineries, necklaces and bangles as displayed by the young women.



Source: Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg 1976), p. 56.

The picture below show Xhosa men donned in their dance finery. Cultural dance is enjoyed by the young and old, youngsters will burst into song at the drop of a hat. Source: Transkei Department of Foreign Affairs, The Republic of Transkei (Johannesburg, Chris van Rensburg 1976), p. 45.



5.3 Sewing and Knitting

Demand for skills development and the need to create more jobs for the unemployed women resulted in the establishment of sewing and knitting projects by the TCC. One of these centres was started by the All Saints Home Industries, which began operating in 1973 at Engcobo and was essentially an offshoot of the beadwork project. Funds from the beadwork project and a few sewing machines, from individual community members, were donated to this new project. The first group consisted of seven trainees, three of whom were being trained in knitting and four in sewing. In the process of training, these women were paid between 20 cents and R2,50, depending on the number of articles that they produced.²⁵⁸

This project was accepted by the community in view of its role in the lives of rural women. The precondition of the Inter-Church Aid Division in funding projects was based on their demonstrated objective to serve the needs of the community. This project was such a venture, which produced goods for the local market, such as school and church uniforms. It was also intended to produce regular clothing for children and adults. The goods were sold to the community at reasonable prices, less than in the shops. Profit accrued from sales was used to buy material to produce more articles. Sewing and knitting classes aimed at providing skills and employment to young girls who had failed to pursue their education for reasons such as pregnancy.²⁵⁹ To ascertain sustainability, projects were regularly assessed and progress reports were written.

²⁵⁸TCC, RDP, 1974, p. 8, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁵⁹Ibid.

The director of the project, Mrs. N. Titus, together with her assistants met with the TCC field officials in 1978 to discuss the progress of the project. The number of trainees engaged in these activities varied according to the demands of the market. Assessment showed that more trainees could still be accommodated without necessarily increasing the supervisory staff. There was a long list of women who wished to join the project, but it was not possible to accommodate all of them at once. The project had the potential to be viable, but experienced some problems. The personnel were concerned about the steady decrease in the funds in the project's current account.²⁶⁰ It was not clear what the major cause of the decrease was, but amongst the identified problems were the rising costs of raw material, particularly of loose beads, and the decrease in the volume of orders. It was later established that the project was experiencing financial difficulties. To ascertain the cause of the problem, a careful financial analysis of the project's books was undertaken over a period of two and a half years, from April 1976 to September 1978. The TCC Division of Development and Welfare assisted the project personnel to scrutinise the financial statements.²⁶¹ The increase in the cost of material, particularly beads from R1,40 to R4,80 per pound, and the dramatic decrease in overseas sales were identified as the two major problems. Local sales had also not increased proportionally. The decrease in sales was attributed to improper marketing strategies.

Further analysis demonstrated that the pricing of the items, as previously suspected, was not the problem because adequate profits were built into the pricing system. The beadwork was sold at

²⁶⁰TCC, DDW, Project Visit Report, 28 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁶¹Ibid.

an average of 33 per cent above cost (this excluded fixed costs such as rent, supervisory, and salaries), while sewing and knitting articles were sold at 50 per cent above cost: this excluded fixed costs. The problem was caused by the decline in orders and unnecessary purchase of stationery. This resulted in profits diminishing so that eventually the project was running at a loss. Gardening was also contributing to the financial problems because it was causing a small but consistent drain on the profit of other sections. The financial analysis of the project illustrated that in order for the project to retain its personnel and also to return a profit operation, it had to concentrate on increasing the volume of its sales.²⁶²

The project personnel outlined the steps to implement, in order to solve their problems. They proposed the expansion of the beadwork sales through rigorous advertising so as to increase the orders and also by soliciting standing orders from agencies such as Devcraft, Institute of Race Relations, and Quaker Services Fund. An increase in the external market of beadwork sales was to be effected by establishing a stronger mail order market, rather than increase direct sales from the project. To increase sewing and knitting sales was another strategy. School and church uniforms were to be produced for community institutions and clothing orders were to be solicited from individuals in the community. Prices for clothing made in the project were more competitive with the available manufactured clothing in the area. Sewing and knitting made considerable profits, and therefore they were to provide a strong and reliable base for the project. The TCC officials were impressed with the impeccable bookkeeping system, record keeping, and pricing systems of the project.²⁶³

²⁶²Ibid.

²⁶³TCC, DDW, Project Visit Report No 8-12, 25 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the

In view of the supervisory time needed and the constant deficits that gardening subdivided from the profits of the project, the TCC officials advised the project committee to reconsider it. Initially gardening was not one of the core activities of the project; therefore it was not meant to be profit oriented, but alterations were to be made to ensure that it became self-sufficient. Alternatively, gardening activities were to be reduced or completely discontinued. The project committee was also advised to consider the production of seedlings for local sale; a market for this venture had already been demonstrated.²⁶⁴

A grant was applied from ICA to assist in implementing these corrective plans, especially the increase in the sewing and knitting production. A brochure was to be published in order to market the products of the project in churches and church organizations, schools, hotels and any other enterprises throughout South Africa. The brochure, which was to be devoted to the beadwork, was to include photos of available products and an inserted semi-geographical price list cum order form. The stock of beads also had to be increased in order to cope with the demands of the new orders. The remainder of the money was to repair and rehabilitate the sewing and knitting machines.²⁶⁵

As a measure to solve the problem, the project committee expressed a need to relocate the project to a new area, on the Umtata-Queenstown road. It was thought that this would provide more exposure and therefore facilitate marketing. The identified site was strategically positioned, given

Transkei Council of Churches, ACC 318, December 1984.

²⁶⁴Ibid.

²⁶⁵'TCC, DDW, Project Visit Report, 28 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

its proximity to passers-by, and this was also hoped to improve possibilities in direct sales. The project was to be expanded to its full capacity under the same human resources. The committee raised a concern about the salaries of the supervisors, which had remained the same for three years despite the increase in project production. The estimated cost of the new centre was R10,000 and an addition of R6,000 was requested to place the operation on a sound basis.²⁶⁶ This suggestion, however, was far from solving the problems experienced by the project.

The proposal to build a new centre was economically unviable to solve the problems of the project. It was agreed that the project had to function on a sound and self-supporting basis before relocation could be undertaken. The committee was to prepare a budget to apply for the grant. The request was to commit the project committee to work with the TCC officials as required, on issues such as marketing, for example locating an outlet in Umtata, wholesale purchasing of materials, and determination of viable activities from a cost and saleability standpoint. TCC officials also undertook to train workers in all other home industries' projects.²⁶⁷

The TCC officials recommended that this project and other home industries' projects were to put a greater emphasis on producing for the local market. This was going to better fulfil the objective of the projects, which was to help the poor communities with cheaper prices. Production for an overseas market was viewed as an attractive but a spurious enterprise which tended to develop a dependency upon factors outside the project's control. The same was to a lesser extent true with

²⁶⁶ TCC, DDW, Project Visit Report No 8-15, 27 September 1978', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁶⁷ Ibid.

production for regional markets such as Umtata. Such adventures were to be undertaken only if the project was located in the urban area to which it catered. The other areas which the TCC officials found as having had a generally good market were in items such as simple clothing, and limited basket and mat work. They also promised to provide technical assistance to the project, especially in determining basic viable activities, establishing a working pricing system, locating a sound local market and also finding a place to train the supervisors. The project committee was warned to resist the temptation to diversify before a firm foundation was established for the existing activities. All Saints was cited as an example of undertaking projects which were involved in some economically unviable activities such as gardening, and beadwork profits had also decreased.²⁶⁸

Despite its problems, this project trained women as well as providing them with jobs. The need to train more women in hand skills resulted in the establishment of a similar project in 1978 in Qumbu. It was, however, larger in scope and training and focused on sewing. The project was referred to as Isibane, and is discussed next.

Isibane is a Nguni word meaning 'the light'. This project was to enlighten the lives of the poor rural women by providing vocational education. It began towards the end of 1978 in the Sulenkama area when two young women, who had completed their studies in Industrial Course Certificates, were looking for a place to set up a sewing business. Qumbu had young girls who were neither going to school nor working. The two women were asked by the SACC Welfare Division Officer in Qumbu, together with Chief Isaac Matiwane, to assist the community instead

²⁶⁸Ibid.

and train interested community women in sewing, knitting and other handicrafts. The positive response from these women led to the opening of the Isibane Sewing Project. It was based at Chief Matiwane's kraal, at Sulenkama Location about 25 kilometres from Qumbu district, toward Maclear. The project was essentially initiated by Matiwane, the head of the tribal authority in the area. A committee was formed with members elected by the tribal authority to run the project under the auspices of the tribal authority.²⁶⁹

There were operational problems from the inception of the project, owing to the lack of necessary equipment. The project had two old sewing machines, which belonged to one of the teachers who generously made them available gratis. In addition there were two knitting machines, one belonging to a student, and the other one was rented from a local sympathizer at R6 per month.²⁷⁰ By June 1979 the project was training twelve women at a tuition fee of R2,50 per quarter. The trainees were issued with certificates at the end of their training course. The project hoped to deliver an efficient service, which was only possible with adequate equipment. In a bid to get the project running, the SACC secretary wrote a letter to the Transkei government to ask them to offer financial assistance.²⁷¹ There is no evidence as to whether the Transkei government responded to the request.

The TCC visited the project on 22 June 1979 and a discussion was held with the principal,

²⁶⁹'TCC, DDW, Project Visit Report No 9-27, 26 June 1979', in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁷⁰Ibid.

²⁷¹'SACC, Letter to the Transkei Government, 12 June 1979', p. 230, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

V. Sizela, and her assistant, F. Somabele. They had not been paid since the inception of the project. Their devotion to community development had geared them to make personal sacrifices, to work without pay. The project aimed at expansion and opening up a production section, so as to employ the trainees after completion of their training. The need to expand arose from the fact that the available stores were kilometres way from the Qumbu village, and they never stocked the clothes and woollen goods mostly needed by the community. The goods produced in the project were to be sold to the poverty-stricken community at reasonable prices. During this visit there were fourteen trainees' from the village; twelve of them were engaged in dress making and two in knitting. The project received more applications for prospective trainees but it was not possible to accommodate them all. They were put on the waiting list for the next group.²⁷²

The duration of the training was usually six months for knitting, and it took twelve months to complete the sewing training. At times these periods grew longer because of operational problems emanating from lack of necessary equipment, such as machines. There was a great need for sewing and knitting machinery, furniture, and money to buy material. Despite operational problems the project was well-organized. It was auspicious and enjoyed the support of all the community, which it needed. The project requisitioned R5,000 during this visit, to solve the operational problems mentioned above. According to the TCC official the supervisor had a composite report which outlined a clear direction to be followed by the project. Students were sitting for their examination, during this visit; therefore they could not be interviewed.²⁷³

²⁷² TCC, DDW, Project Visit Report No: 9-27, 26 June 1979', p. 226, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁷³ Ibid, p. 227.

The project gave competitive prices to the community, compared to the two expensive general dealer stores in the location. It was nearer the community members who found it both expensive and difficult to travel to do their shopping elsewhere and therefore had to resort to the two expensive local shops. Most victims were women whose husbands worked away from home in the mines on migrant labourers. They generally sent their wives money once or twice every six months. This was not always enough for the family to live on. Women were expected to cope with all their financial problems alone. The trainees' ages ranged from 25 to 47. According to the survey by the TCC official, nine trainees were married with a number of minor children and five of them had left school because of pregnancy. The two teachers' salaries were paid by the committee with money raised by the tribal authority.²⁷⁴

The TCC field officials visited the project again, for a progress report, on 8 August 1979. During the visit two teachers, trained at Holy Cross, Flagstaff, in sewing and knitting, were met with their nine trainees. Report no. 9-27 of 22 June 1979 was updated with the information that the committee had raised tuition fees from R2,50 to R6 per quarter with effect from 1 June 1979. The principal kept a strict attendance register, and all the students were urged to put on school tunics. Besides sewing and knitting, students were engaged in extramural activities such as netball and choir singing. A requisition of R5,305.50 was made by the project committee to buy furniture, material, sewing and knitting equipment. A budget breakdown was attached to the form applying for a grant from the division of ICA.²⁷⁵

²⁷⁴Ibid, p. 229.

²⁷⁵'TCC, DDW, Project Visit Report No: 9-31, 16 August 1979', p. 228, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

Another visit to the project, by the TCC, took place on 13 September 1979, during which the committee was met and a plan to expand was outlined. A production section was to be established. Two sewing machines and one knitting machine were to be set aside for this purpose, with a total staff of four workers for a start. The staff was to be paid by a commission, in accordance with the articles produced. A fifth person was to act as a supervisor, and paid a salary which was to be decided by the project committee. Arrangements were made with the churches and schools to sign some contracts to produce uniforms for them. They were to be made on order, so as to avoid wastage in material. These uniforms were to be produced at a negotiated price, cheaper than the shops in Umtata where they used to be bought.²⁷⁶

The involvement of Chief Matiwane and the tribal authority in the project, as it was the case with other projects where Chiefs were involved, facilitated marketing in the local schools and churches. Chiefs played an important role in their communities by virtue of being leaders. The fact that the people involved in the project belonged to various church denominations was a positive factor for the project in terms of clients. A definite local market ensured that the project was to be self-sufficient within three years of its inception. The production unit and the training section were to be based at Matiwane's kraal until the community was in a position to find another place for the project.²⁷⁷

TCC's success in working with the various communities was heavily dependent on the good will

²⁷⁶TCC, DDW, Project Visit Report No: 9-38, 26 September 1979', p. 229, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

²⁷⁷Ibid.

of the chief. This is demonstrated by the commitment of Matiwane. His role in legitimizing the TCC's activities was crucial in that it facilitated growth and encouraged involvement by women. Clearly the chief also saw benefits, both economic and social, in fostering a market for the TCC products. Prosperity was an important ingredient in social control because it provided a financial anchor to his authority, endorsed his efficiency as a leader and ensured the stability of his kraal. Support by the chief sanction was an essential part of the TCC's operations; without it, it is unlikely that it would have been so successful in generating employment and markets. It also illustrates the significance of chiefly power in Transkeian rural society.

Isibane played an important role in training women in hand skills, thereby empowering them to start their own sewing and knitting. This was going to help them to clothe their families and also feed them with the money from the goods which had been sold. Sewing was emphasized in the villages, and this was merited by the keen interest shown by girls and women. Another project that trained women in sewing was opened on 12 July 1979 by three women operating in a private garage. It trained twelve women in dressmaking. They spent three hours every day of the week between nine and twelve noon attending classes. The women were taught by Mrs. Mahlaka, an assistant teacher, who was paid by Oxfam. The centre received an enthusiastic response from the community, and this resulted in a demand for more teachers. Vinah Ntswana was trained as the second teacher to help Mrs. Mahlaka; she was paid by the centre with the hope that Oxfam would take on the responsibility of her salary.²⁷⁸ The articles produced were sold and half the proceeds were used to buy material, while the other half was given to the trainee who produced the

²⁷⁸'TCC, RDP, 1974', p. 10, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

garment. The centre wanted to elect a committee which would oversee the activities of the project. The committee was to share in the responsibilities of the project and also introduce new ideas concerning its direction. This project was small in scale but contributed profoundly to community development.

Since there were no shops in the villages that sold clothes, the project became the disseminator of garments to the community. Villagers had previously to travel long distances to buy expensive clothing. This problem was addressed by the opening up of a dress-making centre in the Transkei. In 1972 the Holy Cross Hospital became instrumental in the establishment of this centre. Many women were unemployed and looking for work, and the centre began as a result. Women who needed to earn some money learned dress-making skills, to enable them to sew at home. The course was designed to take two to three months, depending on the ability of the individual trainees. Dress-making certificates were conferred on those who successfully completed their training. The articles produced in this project were sold to purchase more material and also served to provide income for both the staff and the trainees. The centre taught sewing skills and also provided women with opportunities to earn some money. This helped to occupy the many unemployed women.²⁷⁹

It was intended that specially talented students from the centre could be trained, after completing their courses, to teach and contribute to the growth of the centre. The centre was essentially self-supporting. It was started with two donated sewing machines and some scraps of material. From

²⁷⁹'TCC, RDP, July 1972', p. 18, in UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

these scraps, girls' dresses were made. A dress was sold at sixty cents, and with the money a yard of material and sewing cotton were bought. Three dresses were subsequently made from the yard of material at sixty cents each, making R1,80, which was also spent on more material. This contributed to the development of the centre. It was hoped that as soon as a suitable and competent person was produced by the centre, Mrs. C. Jardine, who was the only responsible teacher, would be able to have an assistant. Jardine was involved in her private capacity.²⁸⁰

5.4 Conclusion

It is clear that sewing, knitting and beadwork projects were successful in creating employment opportunities for rural women. The partnership between the community, TCC and the chief's authority played an important role in ensuring economic self-sufficiency for the rural women. This chapter has illustrated that Bantu Education was the cause of a lack of skills generally in South Africa, but specifically in the rural areas. It was one of the major tools necessary for the implementation of apartheid. Church organisations such as the SACC were concerned about the widespread poverty and starvation in the midst of wealth which characterised (and still characterise) South Africa. The concentration of wealth in the hands of whites was lamentable.²⁸¹ The large scale poverty and unemployment in the Transkei should be understood in the context of apartheid bantustan policies on the one hand and the ambition for power by the Xhosa elite on the other, which inspired them to opt for pseudo independence. Skills development was a desperate attempt by the partnership between the community and the church to create jobs.

²⁸⁰Ibid.

²⁸¹V. Munnik, 'Protest Creation: SACC aims to change unjust SA economy', in New Ground Spring (1993), p. 41.

This chapter has explored varied TCC projects, some of them small in scale and scope, at times training fewer than ten women. There are many overlaps amongst the activities of the projects discussed here and an attempt has been made to sift the evidence and summarise the detail in order to analyse the specific project. There is a lack of information in the TCC archival collection about the assessment of most of the projects, regarding their problems, achievements and general progress. The paucity of information makes it almost impossible to make a definitive empirical assessment. However, the fact that these projects were established illustrates the extent of unemployment in the rural areas of the Transkei and the dire need for skills development. This further demonstrates the deprivation of people who lived under Transkeian rule with few industries, unreliable rainfall, frequent drought and soil erosion caused by torrential rains.²⁸² Families were trapped in an inescapable morass of poverty and diseases caused by massive unemployment.

Randolph Vigne writes that 'separate development' was neither, 'separation nor development'. This quasi independence was a farce for the Transkeians. Separate development in practice meant that 'they (Transkeians) and their children can expect, if they are the fortunate ones who are allowed to work outside the Transkei, only the lives of rightless migrant labourers. For the rest there is ever increasing poverty at home. For many the future can only mean starvation.'²⁸³ This describes the Transkei in the 1970s and 1980s.

The commitment of African women to the projects discussed here is of utmost importance. The

²⁸²R. Vigne, The Transkei, p. 5.

²⁸³Ibid, p. 25.

fact that women were desperate to gain skills, as seen by their participation, illustrates the family responsibilities that they had as breadwinners. The projects empowered them with some leadership skills necessary for rural development. Church organisation played a vital role in the establishment of the various projects discussed above. They trained women in different hand skills, while at the same time ensuring that they earned a living. Although African women did not earn much, wages of any kind made a difference in the majority of the poverty-stricken families of Transkei. The sham Transkei political autonomy never had the economic capacity to be self-sufficient, which meant that the bantustan was economically dependent on South Africa and relied heavily on aid agencies to provide a basic social and economic infrastructure where the state had failed.

There are lessons to be learned and some notes to be exchanged from the projects discussed in this chapter. In view of the high rate of unemployment in South Africa today, with most rural women still being affected, projects of this nature can continue to play an important role in feeding most families. The Eastern Cape Province which includes the Transkei and the Ciskei, is still one of the worst provinces in terms of unemployment.

Chapter Six

Conclusion

The purpose of this study was to assess the role of the Transkei Council of Churches (TCC) in community development in the Transkei in the 1970s and 1980s. It has demonstrated the dearth in regional research on church issues and urges researchers to take the investigation further. The church has certainly asserted itself as a force to be reckoned with regarding the championing of community-development projects in the late apartheid era. It responded to the Christian call of caring for the poor, sick and the destitute. Exploration of the above projects uncovers the magnitude of economic disparities created by the apartheid regime and the state of desolation that rural communities lived under. These conditions, unfortunately, continue to put most rural communities in South Africa under siege. The affinity between the TCC and the community ensured that diseases, poverty, drought relief, skills development, and social welfare were addressed, at least to some extent. However, the magnitude of the problems regarding disease, poverty, unemployment and lack of social services could not have been resolved by the community-development projects only. These problems, which still exist in most rural areas today, need policies, finance, and commitment by the state, which are deliberately directed towards the upliftment of the conditions of the poor.

The era under discussion was characterised by the use of law as an instrument to promote a specific political ideology. Apartheid legislation had far-reaching consequences, such as racial groups living in different group areas. This resulted in the creation of 'independent homelands' for various African ethnic groups. Such apartheid creations exacerbated poverty, disease,

unemployment, and lack of social welfare services. The ecumenical movement played a pivotal role in fighting the evil of apartheid, or at least trying to alleviate some of its worst consequences. The scourge of poverty was top of the list of situations which required creative ways of relieving. The TCC was formed with the specific goal of addressing social deprivation in Transkei. Oxfam and the Inter-Church Aid (ICA), the major donors in development projects, and other private funders, mostly churches, made it possible for the TCC to establish and sustain the aid projects. Oxfam continues to address poverty and injustices the world over. According to the findings of this study the TCC was instrumental in engendering community-development projects and in canvassing the support of other aid organisations. It intervened in practical ways to improve the quality of life of the poor and the destitute in the Transkei.

Although the TCC was formed in 1964, community-development projects were only started towards the end of the decade. Owing to lack of funds only a few projects were able to operate and meet their aims and objectives. The projects that pulled through, with the help of grants, especially from the ICA and other independent donors such as Oxfam, made a great difference to the lives of ordinary people. ICA, the finance division of the TCC, strove hard, under severe financial constraints, to maintain and sustain the viability of the aid projects. The TCC, through ICA, made grants for the erection of the buildings and the running costs of the projects. The 'tribal authorities' and some departments of the Transkei government also donated land for developing projects.

To approve the funding of prospective projects and to renew grants for the existing ones, the TCC required information from the officials of the projects to be submitted on its standard form. Such details had to include the name of the project, its description and where it was located, the aim of

the project, and whether or not the community was involved in the venture. The people responsible and the capacities in which they were involved were also vital in the evaluation. Information on how the project was financed, in terms of prospective projects, was regarded as essential. The important prerequisite of funding was the condition that they should be evaluated annually or any time when there was a need to assess progress and sustainability. The progress of the projects was evaluated by the TCC together with some officials of the SACC, and recommendations were made. Independent consultants, such as Tim Lind, also played important parts in the assessment of the projects. As the mother body of the church councils in South Africa, the SACC made the final decision about the funding of projects, through the ICA. The stringent nature of the process led to many applications not being awarded funding.

Chapter two has analysed the health and poverty relief projects. This chapter illustrates that economic disadvantage impoverished rural communities and made them vulnerable to all sorts of diseases. Diseases have been a major cause of death in the rural areas. The situation was exacerbated by the lack of health services, and therefore the TCC intervened to alleviate deteriorating health and poverty conditions. It is clear that children were the people most affected by diseases such as malnutrition, tuberculosis and cholera. In chapter three, drought alleviation projects have been assessed. It is evident that drought was a major cause of poverty and diseases. It affected agriculture, livestock and human beings, and resulted in death and a loss of economic independence. The TCC proved its special relationship with the rural communities in fighting drought.

Social welfare projects were discussed in chapter four. This chapter looked at the efforts of the church in addressing issues regarding children, the aged and people who suffered from different

disabilities. The findings confirm that the Transkei government was unable to cater for the welfare of its people. The fact that Transkei depended on the South African government for finance denied it any ability to become an autonomous state. Chapter five addressed skills development in Transkei. It illustrates that the bantustan system subjected territories such as the Transkei to massive unemployment and high rates of illiteracy. Transkei's quasi-independence was a sham, only recognised by the South African government, and never improved the lot of its rural people. Education was supposed to play an indispensable role in skills development, but it was not compulsory and was only partially subsidised. This resulted in more than half of the Transkeian population being illiterate. The majority of adult males in Transkei were, therefore, condemned to migrancy as workers in the mines and major cities in South Africa, leaving women, children and the aged starving in the barren rural areas of Transkei. The migrants returned home from the mines and big cities infected with communicable diseases which were later spread amongst the members of their families. The fact that they were ill and unemployed worsened the conditions of deprivation in the Transkei.

The weakness of the TCC projects, however, is that they were sometimes underfunded, not always systematically managed and too dependent upon community acceptance. This meant that their planning was occasionally perfunctory, their organisation haphazard and their resources stretched to the limit. The TCC also had to act within the context of homeland economics and politics and had to negotiate the harshness of the Transkeian environment. This meant that its achievements were curtailed and its effects disappointing when the big picture is taken into account.

The need for churches to engage in regional community development cannot be exaggerated This

has been brought to the attention of the SACC in the new democratic dispensation, post 1994. The SACC notes that 'provincial councils of churches should become strong ecumenical expressions of the church in the region, firmly owned, serving and operated by the churches.'²⁸⁴ The SACC further postulates that local rather than national projects have to be encouraged, driven by local churches. The SACC points out that its weaknesses have been in its national, and frequently top-down control, its financial dependency on the central body, and a general lack of true ownership by churches at local level.²⁸⁵ The above describes the SACC in the period under discussion, and this resulted in provincial councils such as the TCC suffering from a lack of funding. Since the SACC was ineffective, the TCC assumed an even more important role as a local manifestation of the national body and one that was much closer to the plight of ordinary people.

This study shifts from the conventional history of big politics to the history of ordinary African people in the context of 'homeland' experiences. It has attempted to contribute to the field of social history, which has acquired a significant place in South African historiography since the mid 1970s. This is demonstrated by its emphasis on constructing a history 'from below', particularly about how ordinary people experienced the tide of apartheid. It has also tried to give a balanced view of Christian initiatives in the spiritual and material life of the liberation struggle. The participation of the community in the projects, inaugurated by the TCC, in an attempt to deal with abject poverty and diseases, drought, social welfare, and lack of skills, is the essence of this study.

Research on the TCC projects illustrates that the 'corollary to the people-led nature of

²⁸⁴SACC, 'Restructuring the SACC', in South African Outlook, Vol 7 (1994), p. 74.

²⁸⁵Ibid, pp. 73-74.

participatory development is the principle that people's knowledge is as appropriate a basis for development action as that knowledge brought by professionals'.²⁸⁶ This assertion is proven by the evaluation of Isinamva, which tried to run health and poverty relief programmes, but which received a negative response from villagers because it was imposed on them. The donor agencies, which put much human and material support into rural development, viewed the operation of a project such as Isinamva with concern because it lacked the voice of the community in its decision-making. The need to incorporate people's knowledge into project design and planning highlights the drawback caused by the fact that 'external factors have not only controlled the means of material production, but also the means of knowledge production and, in particular, the power to determine what is valid or useful knowledge'.²⁸⁷ This approach is detrimental to rural development.

The absence of men in the major activities of the development projects is conspicuous in this study. Women form the majority of rural people and they are mostly breadwinners. In the absence of their husbands or in cases where they were single, women's participation in community development was integral. Ntlha writes that 'the regional initiatives by the church women around economic projects... the emergence of biblical study groups on women's contextual theology and the increased participation of women in the struggle for liberation are all steps in the right direction.'²⁸⁸ The participation of women helped to raise health awareness and good standards of nutrition. In promoting good health and better eating habits, jobs were created for members of the

²⁸⁶P. Oakley & International Labour Office, Projects with People, p.163.

²⁸⁷Ibid.

²⁸⁸K. Ntlha, 'The ecumenical decade of churches in solidarity with women 1988-1998, six years on', in South African Outlook, Vol 8, 1994, p. 85.

community, especially women, who had never had alternative means of income. The projects discussed here have illustrated the various disadvantages that women suffered, but also the initiatives they took. It is regrettable that in South Africa, as is the case the world over, 'women are still disproportionately represented among the poor, the illiterate, the unemployed and underemployed'.²⁸⁹ They still experience problems regarding access to food, education and paid work. The role of women in the projects has demonstrated their proficiency in marshalling very meagre resources to produce creditable outcomes. The church needs to remove the obstacles in their teachings and practices that obstruct women from contributing to creative theology, spirituality and decision-making in church and society. Structures and patterns of leadership that block viable partnerships between women and men need to be eliminated.²⁹⁰

It would, however, be an exaggeration to claim that the projects discussed here, despite the important role that they have played, never experienced any problems. Numerous issues were encountered relating to administration, leadership (as evidenced by Isinamva after the death of its founder, the Rev Edmund Gwiliza), lack of community involvement, the geographical isolation of the projects, and most importantly, lack of funding. Most of the projects were rejected outright by the ICA by virtue of not being in line with its developmental aims and objectives. Other projects were established, but became defunct because of the above factors. There were projects which were fortunate to be based with hospitals which helped to sustain them with both human and material resources.

²⁸⁹Ibid.

²⁹⁰WCC, 'The ecumenical decade 1988-1998: churches in solidarity with women', in South African Outlook Vol 13 (1988), p. 56.

There is a growing disparity between the rich and the poor in South Africa. The differences are becoming glaringly obvious to all of us. Despite the rhetoric of politicians, little appears to be done to address this reality. The government will have to seek real partnerships with civil society (including churches) to address this problem. It is sad, though, that very few churches are involved in attending to the needs of the poor in real terms.²⁹¹ During the period of this study churches in the Transkei played a significant role in making a difference in the lives of the poor. This serves as an example of a success story by churches. Unless the church responds to some of the critical issues facing people it will find itself increasingly marginalised within the community. Issues that affect the poor directly and that beg for the church's active involvement are poverty, disease and unemployment. This study has attempted to examine them in the context of the 1970s and 1980s and to evaluate the successes and shortcomings of church interventions. There is a need for a sustainable spirituality that integrates our faith with our daily existence, and churches should be advocates of indigenous rights to land, political sovereignty, educational and economic opportunities and other means of cultural survival.²⁹²

The TCC tried to become what Bosch refers to as 'the cosy ghetto of kindred souls, the cave into which we flee when the day-to-day problems are too much for us'.²⁹³ The rural communities of Transkei, as a result of the TCC projects, judged the church according to the dividends they

²⁹¹Ligdraer (Official Mouthpiece of the: Uniting Reformed Church in Southern Africa (URCSA), 'Issues confronting our context', 15 September 2000, p. 3.

²⁹²WCC, 'Developing an Ethic for Justice and Sustainability', in South African Outlook, Vol 1 (1991), p. 9.

²⁹³D.J. Bosch, The Church as an Alternative Community ([S.I]: P.U. vir C.H.O., 1982), p. 32.

produced. The church therefore became the 'alternative community'.²⁹⁴ The TCC ceased to exist in 1994 when it was collapsed into the ECPCC, in order to be in line with the delineations of the democratic order. The TCC's contribution in terms of social upliftment, through its missionary agency, made a difference to the material life of rural communities. The study of TCC projects really shows that the church has made changes in the lives of the poor. This study therefore affirms that 'social and political ethics is where theology and politics meet in dialogue and practice'.²⁹⁵

This study acknowledges that despite the role of some churches in supporting apartheid, individuals from these churches have profoundly demonstrated that the church is a powerful shaping force in society. These individuals became voices of dissent against the orthodox views of apartheid theology. This clearly demonstrates that both black and white theologians were instrumental in fighting for unity amongst Christians and also against the apartheid system. It also shows that there were a number of layers to the church's dealings with apartheid and its 'homelands' structures, some more covert than others, certainly less profiled and sometimes even cautious. Such 'softer' initiatives were, however, significant in the anti-apartheid campaign because they tried to empower ordinary Africans both in terms of economic sustainability and skills development.

²⁹⁴Ibid, p. 33.

²⁹⁵C. Villa-Vicencio, Liberation and Political Theology: Why Politics cannot be left to the Politicians, New Series No. 143, Inaugural Lecture, 4 October 1989, p.14.

Source: UNISA Documentation Centre for African Studies, Inventory of the Archives of the
Transkei Council of Churches, ACC 318, December 1984.

1. NAME: Christian Council *of the Transkei*
2. BASIS: The Council is a fellowship of Churches and Missionary Societies which confess the Lord Jesus Christ as God and Saviour according to the Scriptures and therefore seek to fulfil together their common calling to the glory of one God; Father, Son and Holy Spirit.
3. OBJECTS:
 - (a) To bring together for discussion and conference Christian Churches and Missionary Societies of different traditions in order to increase understanding among them.
 - (b) To consider situations which affect the witness of the Church and the welfare of the community.
 - (c) To encourage the closer unity of the Church through joint action and service, and by ecumenical studies in faith and order.
 - (d) To co-ordinate the work of Churches and Missionary Societies in the Transkei in order to carry out the Church's evangelistic task more effectively.
4. MEMBERSHIP: Is open to:-
 - (a) All Churches which accept the Basis of the Council and whose applications have been approved by the Council at an Annual General Meeting of the Council.
 - (b) Missionary Societies and other Christian Organisations whose constitutions, policy, doctrinal standards and applications have been approved at an Annual General Meeting of the Council.
5. REPRESENTATION on the Council shall be as follows:-
 - (a) Member Churches and Missionary Societies shall elect representatives to the Council on the following basis:-

(i) Up to 30,000 members	3 representatives
(ii) Between 30,000 and 100,000	6 representatives
(iii) Over 100,000	1 additional representative
 - (b) Other Christian Organisations which are members of the Council shall be entitled to elect one representative to the Council.
 - (c) The Executive Committee may co-opt other persons to attend any meeting of the Council as associate members. Persons attending in this capacity shall not be entitled to vote.
6. THE OFFICERS OF THE COUNCIL shall be the Chairman, two Vice-Chairmen, the Secretary, Assistant Secretary and the Treasurer.
7. OTHER OFFICERS: may be appointed from time to time to assist in the fulfilment of the objects and functions of the Council.
8. COUNCIL MEETINGS:
 - (a) The Annual General Meeting of the Council shall meet about April each year. At this meeting the officers and additional members of the Executive Committee shall be elected.
 - (b) The Council shall meet at such other times as the Executive Committee shall direct.

9. THE EXECUTIVE COMMITTEE.

(a) There shall be an Executive Committee of the Council which shall meet at least twice a year and at such other times as the officers of the Council may determine.

(b) The Executive shall consist of the following:-

- (i) The officers of the Council
- (ii) One representative from each Division as constituted in terms of 13 below.
- (iii) Not more than five other members of the Council who shall be elected at the Annual General Meeting.

10. FINANCE: Each Church of body represented on the Council shall subscribe annual such amount as shall be fixed at the Annual General Meeting.

11. THE QUORUM for Council meetings shall be twenty representatives. For Executive Committee meetings the quorum shall be half the number of members of the Executive Committee.

12. AMENDMENTS: Amendments to the Constitution may be made at the Annual General Meeting upon due notice given to members in writing, at least three months prior to the date of the meeting. A two-thirds majority of representatives present at the meeting shall be necessary to pass such amendment.

13. DIVISIONS: For the proper carrying out of the objects and functions of the Council the following Divisions may be organised by the Council:-

- (i) Missions and Evangelism.
- (ii) Christian Education.
- (iii) Ecumenical Studies.
- (iv) Social Welfare.

Member Churches and Missionary Societies shall appoint representatives to serve on the above named Divisions in such numbers and at such centres as shall from time to time be decided by the Executive Committee. Such representatives shall hold office for two years. The Executive Committee shall appoint Conveners of all the Council Divisions.

14. DISTRICT COUNCILS:

These may be set up in different areas in order to fulfil the objects and functions of the Council at local levels.

15. LIMITATION OF THE COUNCIL'S AUTHORITY:

The Council shall not have power to commit any of its member Churches, Missionary Societies and other Christian Organisations to any policy or action without the approval of those bodies.

16. AFFILIATION:

The Council may affiliate with other Christian organisations upon a decision taken at the Annual General Meeting.

17. DISSOLUTION:

The Council may be dissolved and its assets disposed of by a two-thirds majority in attendance at a special meeting called for this purpose by the Executive Committee.

15

TRANSKEI COUNCIL OF CHURCHES - CONSTITUTION

Appendix B (as amended 15 September 1980)

1. NAME AND STATUS: The "TRANSKEI COUNCIL OF CHURCHES" (hereinafter referred to as the Council) shall be a body corporate entitled to own property, to sue and be sued in its own name, and to hold movable and immovable property in its own name.
2. BASIS: The Council is a fellowship of churches which confess the Lord Jesus Christ as God and Saviour according to the scriptures and therefore seek to fulfill together their common calling to the glory of one God, Father, Son and Holy Spirit.
3. OBJECTS:
 - (i) To bring together for discussion and conference christian churches of different traditions in order to increase understanding among them;
 - (ii) To consider situations which affect the witness of the church and the welfare of the community;
 - (iii) To encourage the closer unity of the church through joint action and service, and by ecumenical studies in faith and order;
 - (iv) To co-ordinate the work of the churches in the Transkei in order to carry out the church's evangelistic task more effectively;
 - (v) To purchase, sell, mortgage, let, donate, lease, exchange, hire or otherwise acquire or dispose of any movable or immovable property or any rights, privileges or servitudes in respect thereof;
 - (vi) To build, maintain, alter, enlarge, demolish or replace any building and to administer, improve or develop any land or building.
4. MEMBERSHIP: Membership is open to all churches and christian organizations which have accepted the basis of the Council and whose applications have been recommended

Source: UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches. ACC 318, December 1984.

- (ii) Other christian organizations which are members of the Council shall be entitled to elect one representative to the Council;
 - (iii) The Executive Committee may co-opt other persons to attend any meeting of the Council as associate members. Persons attending in this capacity shall not be entitled to vote.
6. THE OFFICERS OF THE COUNCIL: The officers of the Council shall be the Chairman, Senior Vice Chairman, Vice Chairman, Secretary and Treasurer.
7. OTHER OFFICERS: Other officers may be appointed by the Executive Committee from time to time to assist in the fulfillment of the objects and functions of the Council, or to fill any vacancies which may develop in the Executive Committee between Annual General Meetings.
8. COUNCIL MEETINGS:
- (i) The Annual General Meeting of the Council shall meet *during the first quarter* ~~about the end of July~~ each year. At this meeting the officers and additional members of the Executive Committee shall be elected, and an audited financial statement shall be presented for the financial year ending 31 December;
 - (ii) The Council shall meet at such other times as the Executive Committee shall direct.
9. THE EXECUTIVE COMMITTEE:
- (i) There shall be an Executive Committee which shall meet at least twice a year and at such other times as the officers of the Council may determine;
 - (ii) The Executive shall consist of the following:-
 - a) The officers of the Council;
 - b) Additional members elected on the basis of one representative from each member body present at the Annual General Meeting and not yet

of paragraph 3. above and from time to time by resolution to nominate any two persons on behalf of the Council to sign all such documents as may be necessary or convenient for the purposes hereof;

(iv) The operations of the Council shall be overseen and controlled by an Administration Committee composed of the officers of the Council and the chairmen of the divisions as constituted in terms of 13. below. The Administration Committee shall meet as often as required to assure the proper functioning of the Council and shall be responsible to the Executive Committee.

10. FINANCE: Each church or body represented on the Council shall subscribe annually such amount as shall be fixed at the Annual General Meeting. The financial year shall close on 31 December, and the year's accounts of the Council must be presented, duly audited, to the Annual General Meeting. The treasurer of the Council, an internal auditor, and a representative of each division shall constitute a Finance Committee, responsible to the Executive Committee, which will control and oversee the financial activities of the Council as a whole.

11. THE QUORUM: The quorum for all Council, Divisional and Committee meetings shall be one over half the number of representatives or members.

12. AMENDMENTS: Amendments to the constitution may be made at the Annual General Meeting upon due notice given to members in writing, at least two months prior to the date of the meeting. A two-thirds majority of representatives present at the meeting shall be necessary to pass such amendments.

13. DIVISIONS: For the proper carrying out of the objects and functions of the Council other than objects (v) and (vi) in paragraph 3. above, the following divisions shall be organized by the Council:-

(i) Church in Society Division
(ii) Special Church Concerns Division

Executive Committee. One representative of each affiliated District Council shall be entitled to participate as an observer in Executive, Divisional, and General Meetings of the Council.

15. LIMITATION OF THE COUNCIL'S AUTHORITY: The Council shall not have power to commit any of its member churches, and other christian organizations to any policy or action without the approval of those bodies.
16. AFFILIATION: The Council may affiliate with other christian organizations upon a decision taken at the Annual General Meeting.
17. DISSOLUTION: The Council may be dissolved and its assets disposed of by a two-thirds majority in attendance at a special meeting called for this purpose by the Executive Committee.

TRANSKEI COUNCIL OF CHURCHES

Appendix C

(as amended 25 March 1985)

1. NAME AND STATUS: The Transkei Council of Churches" (hereinafter referred to as the Council) shall be a body corporate entitled to own property, to sue and be sued in its own name.
2. BASIS: The Council is a fellowship of churches which confess the Lord Jesus Christ as God and Saviour according to the Scriptures and therefore seek to *FULFIL* together their common calling to the glory of one God, Father, Son and Holy Spirit.
3. OBJECTS:
 - i) To bring together for discussions and conference christian churches of different traditions in order to increase understanding among them;
 - ii) To consider situations which affect the witness of the church and the welfare of the community;
 - iii) To encourage the closer unity of the church through joint action and service, and by ecumenical studies in faith and order;
 - iv) To co-ordinate the work of the churches in the Transkei in order to carry out the church's evangelistic task more effectively ;
 - v) To purchase, sell, mortgage, let, donate, lease, exchange, hire or otherwise acquire or dispose of any movable or immovable property or any rights, privileges or servitudes in respect thereof;
 - vi) To build, maintain, alter, enlarge, demolish or replace any building and to administer, improve or develop any land or building.
4. MEMBERSHIP: Membership is open to all churches and christian organizations which have accepted the basis of the Council and whose applications have been recommended by the Executive

Source: UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

ii) Other christian organizations which are members of the Council shall be entitled to elect one representative to the Council;

iii) The Executive Committee may co-opt other persons to attend any meeting of the Council as associate members. Persons attending in this capacity shall not be entitled to vote.

6. THE OFFICERS OF THE COUNCIL: The officers of the Council shall be the Chairman, Senior Vice Chairman, Vice Chairman, Secretary and Treasurer.

7. OTHER OFFICERS: Other officers may be appointed by the Executive Committee from time to time to assist in the fulfillment of the objects and functions of the Council, or to fill any vacancies which may develop in the Executive Committee between Annual General meetings.

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8. COUNCIL MEETINGS:

i) The Annual General Meeting of the Council shall meet in the first quarter of each year. At this meeting the officers and additional members of the Executive Committee shall be elected, and an audited financial statement shall be presented for the financial year ending 31 December;

ii) The Council shall meet at such other times as the Executive Committee shall direct.

9. THE EXECUTIVE COMMITTEE:

i) There shall be an Executive Committee which shall meet at least twice a year and at such other times as the officers of the Council may determine;

ii) The Executive shall consists of the following:-

a) The officers of the Council;

b) Additional members elected on the basis of one representative from each member body present at the Annual General Meeting and not yet represented in terms of (a) above;

10 ADMINISTRATION COMMITTEE:

(iv) The operations of the Council shall be overseen and controlled by an Administration Committee composed of the officers of the Council and the chairmen of the divisions as constituted in terms of ~~v~~ below. The Administration Committee shall meet as often as required to ~~assure~~ ^{ENSURE} the proper functioning of the Council and shall be responsible to the Executive Committee.

11 FINANCE COMMITTEE:

10. FINANCE: Each church or body represented on the Council shall subscribe annually such amount as shall be fixed at the Annual General Meeting. The financial year shall close on 31 December, and the year's accounts of the Council must be presented, duly audited to the Annual General Meeting. The treasurer of the Council an internal auditor and a representative of each division shall constitute a Finance Committee, responsible to the ~~Executive~~ ^{ADMINISTRATIVE} Committee, which will control and oversee the financial activities of the Council as a whole.

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11.

NON-PAYMENT OF SUBSCRIPTIONS: A member church or body whose annual subscription is in arrears for two years shall have its representation on the Council suspended at the Annual General Meeting. If after a year following such suspension no effort shall have been made to pay off the arrears, the defaulting church or body shall have its membership withdrawn at the Annual General Meeting.

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12.

THE QUORUM: The quorum for all Council, Divisional and Committee meetings shall be one over half the number of representatives or members.

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13.

AMENDMENTS: Amendments to the constitution may be made at the Annual General Meeting upon due notice given to members in writing, at least two months prior to the date of the meeting. A two-thirds majority of representatives present at the meeting shall be necessary to pass such amendments.

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14.

DIVISIONS: For the proper carrying out of the objects and functions of the Council other than objects (v) and (vi) in paragraph 3. above, the following divisions shall be organised by the Council:-

(i) Church of the ...

One representative of each affiliated District Council shall be entitled to participate as an observer in Executive, Divisional, and General Meetings of the Council.

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16.

LIMITATION OF THE COUNCIL'S AUTHORITY: The Council shall not have power to commit any of its member churches, and other christian organizations any policy or action without the approval of those bodies.

To.

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17.

DISSOLUTION:

AFFILIATION: The Council may be dissolved and its assets disposed of by a two-thirds majority in attendance at a special meeting called for this purpose by the Executive Committee.

18.

AFFILIATION: The Council may affiliate with other Christian organisations upon a decision taken at the annual general meeting.

Appendix D

CONSTITUTION.

ISINAMVA TRANSKEI COMMUNITY DEVELOPMENT CENTRE.

Source: UNISA Documentation Centre for African Studies, Inventory of the Archives of the Transkei Council of Churches, ACC 318, December 1984.

NAME: The Name of the Centre shall be ISINAMVA TRANSKEI COMMUNITY DEVELOPMENT CENTRE hereinafter referred to as the Centre.

AIMS AND PURPOSES:

1. To cater for Conferences, Consultations, Leadership Training, Biblical Studies, Refresher Courses, Conventions of all Legitimate Bodies.
2. To act as a melting pot through DIALOGUE for Leaders and Members of Organisations such as Zenzele Club, Idamsa, Y.W.C.A. and Nurses' Association.
3. To encourage Self-Help, Self-Confidence, Self-Discovery, Self-Knowledge and Self-Reverence, with a view to the evolvement of a mature and self-reliant Community.
4. To teach by demonstration, and to promote the implementation of methods demonstrated.
5. To open markets within the community itself to stimulate production.
6. To fight ignorance, Poverty, Superstition, Illiteracy, Malnutrition and general diseases e.g. T. B.
7. To encourage Scientific Farming, Vegetable Growing, Irrigation Schemes, Fish Ponds, Piggery and Poultry Keeping.
8. To introduce Education on Nutrition, which has proved to be the GREATEST SINGLE FACTOR IN OVERALL SOCIO-MEDICAL SCHEMES, RESPONSIBLE FOR THE LESSENING OF MALNUTRITION, e.G. KWASHIOKOR.
9. The programme aims at fostering the spirit of belonging, dignity, to change beggars, thieves and ignorant people into useful members of the community, and thus let everybody enjoy freedom from hunger and poverty.

MEMBERSHIP:

- (a) RACE : ALL BLACK
- (b) INDIVIDUAL BASIS
- (c) ORGANISATIONAL BASIS
- (d) ASSOCIATE MEMBERS

Membership will be open to all (Black) persons or Organisations on payment of an ANNUAL Membership Fee of :-

- (i) Individual Person R1 or R2
- (ii) Organisation R10 and a Capitation Fee of R0,25c or R0,50c per person

MANAGEMENT:

The Centre will be run under the direction of an appointed Board of Trustees, by a BOARD OF MANAGEMENT comprising:

- (1) DIRECTOR: Who will hold office for FIVE YEARS. In the event of The Director resigning his post a new Director shall be elected from the members of the Board.
- (2) TWELVE BOARD MEMBERS: who shall hold office for ONE YEAR. Concerning eligibility for re-election the Constitution is silent.

DUTIES: /.....

- (1) DIRECTOR: The Designation "Director" is functional.
- (2) BOARD MEMBERS: To meet monthly, to make recommendations as to salaries and monthly estimates to BOARD OF TRUSTEES.

STAFF: /,,.....

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DUTIES:

- (1) DIRECTOR: The Designation 'Director' is functional.
- (2) BOARD MEMBERS: To meet monthly, to make recommendations as to salaries and monthly estimates to BOARD OF TRUSTEES.

STAFF:

- (1) COMPOSITION:
 - (a) DIRECTOR (Correspondent)
 - (b) RECORDING SECRETARY
 - (c) TREASURERS
 - (d) ADMINISTRATOR

(2) EMPLOYMENT INTERVIEWS

The Director shall conduct all employment interviews in consultation with the Board Members.

MEETINGS:

- (i) Management Board Meetings shall be held once a month at the instance of the Director.
- (ii) Joint Board Meetings to be held on the requisition of Board of Trustees.
- (iii) Meetings for the General Membership shall be held quarterly or half-yearly. Notice of which shall have been posted not less than one month before the date of the intended meeting. Quorum: A third of Board Members.
- (iv) ANNUAL GENERAL MEETING: To be held in February of each year, for the purposes of electing New Board Members. Notice for such a meeting shall have been posted a month before the intended date for meeting. Quorum: A third of the General Membership.

ELECTIONS:

- 1. Only members who have paid their annual subscription shall be eligible to vote and qualify for election.
- 2. All voting shall be by show of hands and no member shall have more than one vote.

FINANCE:

- (a) The moneys of the Centre shall be banked with a recognised Commercial Bank.
- (b) The Board of Trustees shall be responsible for all capital expenditure.
- (c) All payments shall be made by cheque, signed by the Director and any one of the TWO appointed Signatories.
- (d) All receipts shall be signed by the Director or his Appointee.

THE BOARD OF TRUSTEES (2)

NAME: FAKU TRANSKEI DEVELOPMENT CENTRE

AIMS AND PURPOSES:

1. To cater for Conferences, Consultations, Leadership Training, Biblical Studies, Refresher Courses, Conventions of all Legitimate Bodies.
2. To act as a melting pot through DIALOGUE for Leaders and Members of Organisations such as Zenzele Club, Idamasa, Y.W.C.A. and Nurses' Association.
3. To encourage Self-Help, Self-Confidence, Self-Discovery, Self-Knowledge and Self-Reverence, with a view to the evolvment of a mature and self-reliant community.
4. To teach by demonstration, and to promote the implementation of methods demonstrated.
5. To open markets within the community itself to stimulate production.
6. To fight Ignorance, Poverty, Superstition, Illiteracy, Malnutrition and general diseases, e.g. T.B.
7. To encourage Scientific Farming, Vegetable Growing, Irrigation Schemes, Fish Ponds, Piggery and Poultry Keeping.
8. To introduce Education on Nutrition, which has proved to be the GREATEST SINGLE FACTOR IN OVERALL SOCIL-MEDICAL SCHEMES, RESPONSIBLE FOR THE LESSENING OF MALNUTRITION, e.g. KWASHIOKOR.
9. The programme aims at fostering the spirit of belonging, dignity, to change beggars, thieves and ignorant people into useful members of the community, and thus let everybody enjoy freedom from hunger and poverty.

MEMBERSHIP:

- (a) RACE: ALL BLACK
- (b) INDIVIDUAL BASIS
- (c) ORGANISATIONAL BASIS
- (d) ASSOCIATE MEMBERS

Membership will be open to all (Black) persons or Organisations on payment of an ANNUAL Membership Fee of:

- (i) Individual Person R1 or R2
- (ii) Organisation R10 and a Capitation Fee of 25c or 50c oer person.

MANAGEMENT:

The Centre will be run under the direction of an appointed Board of Trustees, by a BOARD OF MANAGEMENT comprising:

- (1) DIRECTOR: who will hold office for FIVE YEARS. In the event of the Director resigning his post a new Director shall be elected from the members of the Board.
- (2) TWELVE BOARD MEMBERS: who shall hold office for ONE YEAR. Concerning eligibility for re-election the Constitution is silent.

STAFF:

(1) COMPOSITION:

- (a) DIRECTOR (Correspondent)
- (b) RECORDING SECRETARY
- (c) TREASURERS
- (d) ADMINISTRATOR.

(2) EMPLOYMENT INTERVIEWS:

The Director shall conduct all employment interviews in consultation with the Board of Members.

MEETINGS:

- (i) Management Board Meetings shall be held once a month at the instance of the Director.
- (ii) Joint Board Meetings to be held on the requisition of Board of Trustees.
- (iii) Meetings for the General Membership shall be held quarterly or half yearly. Notice of which shall have been posted not less than one month before the date of the intended meeting. Quorum: A third of Board Members.
- (iv) ANNUAL GENERAL MEETING: To be held in February of each year for the purpose of electing New Board Members. Notice of which shall have been posted a month before the intended date of the meeting. Quorum: A third of the General Membership.

ELECTIONS:

- 1. Only members who have paid their annual subscription shall be eligible to vote and qualify for election.
- 2. All voting shall be by show of hands and no member shall have more than one vote.

FINANCE:

- (a) The Moneys of the Centre shall be banked with a recognised Commercial Bank.
- (b) The Board of Trustees shall be responsible for all Capital expenditure.
- (c) All payments shall be made by cheque, signed by the Director and any one of the TWO appointed Signatories.
- (d) All receipts shall be signed by the Director or his appointee.

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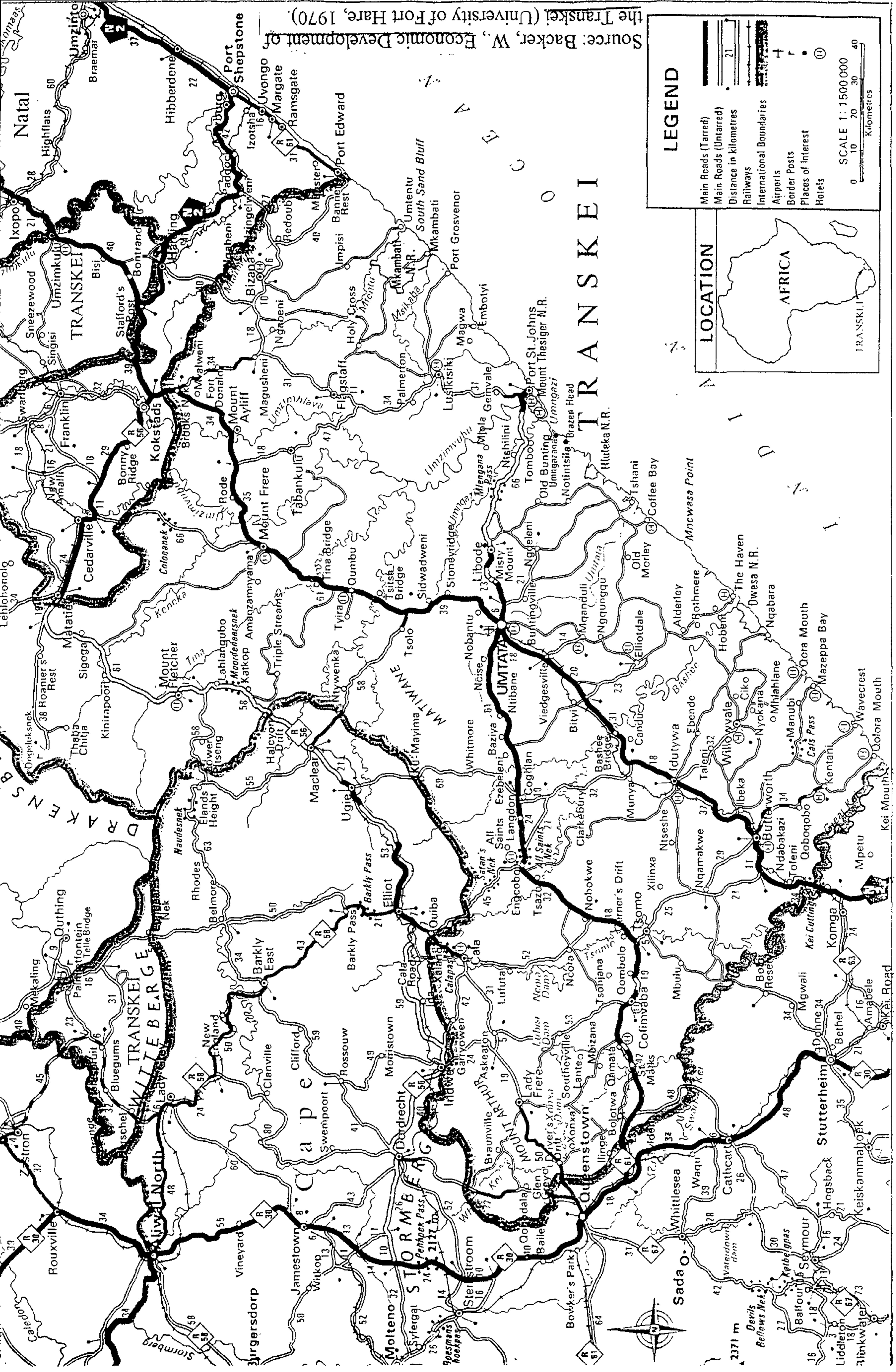
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LEGEND

- Main Roads (Tarred)
- Main Roads (UnTarred)
- Distance in kilometres
- Railways
- International Boundaries
- Airports
- Border Posts
- Places of Interest
- Hotels

SCALE 1: 1500000
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Kilometres

LOCATION

AFRICA
TRANSKEI



TRANSKEI

WITTEBERGE

CAPE

MOUNT ARTHUR

STORMBERG

TRANSKEI

NATAL

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