

Regional Representative,

S.A. Institute of Race Relations,

40 Britannia Arcade,

EAST LONDON.

2nd April, 1943.

WOLL

15 APR 1943

The Adviser, Institute of R.R.
Box 97,
JOHANNESBURG.

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Dear Mr. Jones,

Enclosed are papers relating to the Co-ordinating Committee to promote Health services in the Transkei. I received them from Dr. Ryno Smit, the District Surgeon and I feel that they are of very great interest to the Institute.

Dr. Smit states that he has no objection to the publication of these documents should you wish to do so, and that he is being assisted, but not very enthusiastically, by the Chief Magistrate and Officials. I think that he would appreciate any support which the Institute is able to give him in the furtherance of his objects.

Yours sincerely,

Charles Woll

REGIONAL REPRESENTATIVE.

P.s. Enclose a copy of my reply to Mr. Buchanan's latest letter.

Committee to Co-ordinate all the Services with the object of Promoting the General Health of the People in the Transkei.

Members of Representative Committee present at meeting in Bunga Buildings on Thursday, 24th September, 1942.

Chairman: Acting Chief Magistrate.

Members: The Very Rev. Dean C. Stewart, Rev. A.A. Hoadley, Mr. N.W. Pringle, Mr. F.J. Scheepers, Dr. T. Walk, Dr. M. McGregor, Dr. R.J. Smit, Mr. L.J. Philip, Mr. M.C. Lambrechts, Mr. R.M. Skinner, Mr. E.C. Thompson, Miss E.H. Elder, Mr. Simon Mda.

Apologies from Mr. F. J. de Villiers, Chief Victor Poto, Councillor Ntintili.

Absent: Mr. F.R.B. Thompson, Mr. J. Mould Young.

The principle of forming such a Committee was unanimously adopted.

The Chairman will be the Chief Magistrate and the Secretary Dr. McGregor.

The following sub-committees were chosen.

- (1) Health: To deal with Housing, Malnutrition, Hospitalisation, Training of District Nurses, Sanitation, Research, etc.

Personnel: Chairman: Dr. R.J. Smit.
 Members: Rev. A.A. Hoadley, Mr. R.M. Skinner, Mr. Makwani.
 Mr. Philip and Dr. Tonkin to be co-opted.

- (2) Agriculture: To deal with overstocking, soil erosion, Veterinary Services, Co-operative Societies, etc.

Personnel: Members: Mr. M. Lambrechts, Dr. T. Walker, Mr. Simon Mda.

- (3) Education: To deal with Health Education in Schools, Propaganda, Native Customs, etc.

Personnel: Chairman: Mr. F.J. Scheepers.
 Members: Miss Elder, Mr. Pringle, Mr. Yako.

- (4) Urban and Rural Economics: To deal with Urban Areas, Native Coloured and European, Locations, wages, etc.

Personnel: Chairman: Very Rev. Dean Stewart.
 Members: Mr. E.C. Thompson, Mr. Harry Perry, Co-operate Mr. Skinner, Mr. Pakati.

The next meeting will be held in the Bunga Building (Committee Room No. 1) on Friday 4th December, 1942 at 10 a.m. when sub-committees will submit memoranda on their particular subjects. Sub-committees are requested to arrange meetings before 4th December.

Memoranda to be as brief and pithy as possible.

Friends of Committee members or any members of the General public who are really interested in the aims and objects of the Committee will be welcome at meetings of the General Committee.

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SUGGESTIONS FOR A PUBLIC HEALTH SERVICE
PRESENTED AT MEETING OF TRANSKEI HEALTH
COMMITTEE, ON 4th DECEMBER, 1942.

THE PREVENTIVE ASPECT AND MEDICAL TRAINING: No amount of hospitalisation or medical care will be of much avail unless adequate preventive measures are taken by means of sound agricultural practice and health education, the provision of pure water and adequate food supplies proper sanitation, improved housing, preventive inoculation, the establishment of clinics and the compulsory isolation of those suffering from infectious diseases. In the first place the importance of these preventive measures should be realised and appreciated by medical practitioners themselves, who should lay greater emphasis upon this aspect of medical practice than has hitherto been the case. It follows that this aspect will need to take a more important place in the training of doctors and such training should be directed to the maintenance of positive health. Students should be taught that there is a social aspect to medicine and the barriers between preventive and curative work should be broken down.

NATIVES AND MEDICINE: To meet the needs of Native areas such as the Transkeian Territories, Natives should be given full training in medicine, on the same lines as Europeans and facilities should be provided accordingly at the two medical schools in the Union.

SOCIALISED MEDICINE: While there is no desire to interfere with private practice, it is felt that the Transkeian Territories should be an imminently suitable area in which to introduce a socialised system of medical service under the general control of the Ministry of Health. These Territories are a purely Native area with a comparatively negligible European population and an administration to all intents and purposes self-contained. Taken in the mass there are no great differences in the economic, educational or social levels of its aboriginal inhabitants, and the Transkei should therefore present a promising field for an experiment of this kind. Such a socialised system of medical services would combine preventive and curative agencies falling under several headings.

VITAL STATISTICS: An essential concomitant (one might almost say prerequisite) of any progressive medical and public health service is an adequate system of births and deaths registration, which has not hitherto been applied to the Native population. Full particulars are available in regard to stock and it is at least as important that similar information should be available in regard to the human population. It is understood that detailed recommendations have already been submitted with a view to the inauguration of this very necessary system of registration.

ADMINISTRATION - MEDICAL PERSONNEL: A Director of Medical Services should be appointed for the Transkeian Territories with an Assistant Director. There should be a Medical Officer in Charge of each District, who would be responsible for all medical services in his area. His duties would include both administrative and clinical functions. He would be responsible for the organisation and general supervision of all health services in the District, and would be in charge of the District Hospital. He would investigate outbreaks of infectious diseases, attend to all medico-legal work and perform any other general medical duties apart from the schools and health centres. A second Medical Officer would be necessary for the charge of health centres and the medical inspection of schools.

Close co-operation between the Medical Services and the general administration, particularly in its agricultural and educational aspects, is essential.

HEALTH INSPECTORS: At least five European Health Inspectors will/

will be required for the areas served by the Central Hospitals to be established at focal points. These officers will be responsible, subject to the directions of the District Medical Officer, for both rural and urban sanitation in their respective areas and will supervise the work of the Native Health Assistants.

HEALTH ASSISTANTS: One or more of these will be required for each District. They will function under the District Medical Officers and European Health Inspectors. These officers should possess qualifications similar to those of the European Health Inspectors, as laid down by the Royal Sanitary Institute.

NURSES: Native nurses should be required to possess the South African Medical Council qualifications both in general nursing and in midwifery. The preliminary training for this qualification can be given at Mission, as well as State Hospitals. At some of the Mission Hospitals nurses have been trained for what is known as a Hospital Certificate. This is insufficient to meet requirements and the full training necessary for the Medical Council qualifications should be insisted upon for posts in both State hospitals and in private employment.

DISTRICT NURSES: These will be in charge of Health Centres and will require further training in the public health aspect of nursing.

HEALTH VISITORS: Native nurses should also be encouraged to qualify as Health Visitors for employment in the larger urban areas.

JEANES TEACHER AND WOMEN HOME DEMONSTRATORS: These are social workers concerned respectively with the schools and the homes of the people. Every phase of social welfare is dependent on the normal and healthful development of the home and family life and it is the desire of the Administration of these Territories to arrange for the training of women as community workers on lines parallel with the Jeanes Teacher and the male Agricultural Demonstrator, with a view to the improvement of home conditions. In addition to advising their people in matters of health, hygiene, sanitation, child welfare, etc., these community workers or home demonstrators would encourage the growing of vegetables and also give instruction in their proper preparation and cooking, with due regard to the elementary facilities available at the average Native kraal. They would give particular attention to the preparation of gruels and broths for the feeding of babies at the weaning period. These Jeanes Teachers and Home Demonstrators would also be in a position to render valuable assistance in connection with co-operative feeding schemes at schools, which it is hoped to introduce into these Territories on lines similar to those in vogue in the Ciskei, as a means of combating malnutrition. In this connection it is important to encourage the people to help themselves by growing and contributing the necessary foods. The importance of promoting and encouraging these feeding schemes will be apparent when it is realised that nearly 80% of Natives rejected for underground employment on the Mines are rejected on account of poor physique.

AGRICULTURAL DEMONSTRATORS: These officers are a necessary adjunct to a progressive public health service in view of the important bearing which agriculture has in relation to the preventive aspect. Their valuable assistance would be complementary to the activities of the Jeanes Teachers and Women Home Demonstrators.

EDUCATION: In the matter of health education, it is important that an early start be made. The school is obviously the best place for the spread of health knowledge and the inculcation of hygienic habits which are so essential for the maintenance of health. Full emphasis should be placed upon the prevention of disease/

disease and the pursuit of a vigorous campaign of health education. In this matter it is important to impress upon children as well as adults the value of co-operation and self-help. A disappointing feature of many schemes promoted for the benefit of the Native people is their own inertia and lack of co-operation, failings which, in themselves, may be occasioned by physical deficiency. It is obvious that if any progress is to be made in health education, this education must be given under suitable and hygienic conditions. Many are overcrowded and in nearly every instance water and sanitary facilities are lacking. It is suggested that in future minimum standards in these respects be laid down for school buildings and that school furniture conform to approved specifications. At every school there should be latrine accommodation separate for the sexes, and there should be a guttered water supply, with rainwater storage tank. As far as possible vegetable gardens should be attached to every school, and in this connection care should be taken in selecting school sites to ensure that a convenient water supply is available for gardening purposes. The dignity of manual labour should be emphasised in the instruction given at schools. This has many practical advantages and as proof thereof the Freemantle Farm School may be quoted as an outstanding example. There the pupils produce from their vegetable plots, not only their own food but an appreciable surplus which is sold and the proceeds of which largely cover the school fees of the pupils. The present school syllabus in respect of hygiene is vague and inadequate. A well-balanced practical course should be drawn up by Departmental School Inspectors in conjunction with Agricultural Officers and Medical Officers who have experienced in rural public health. More especially with an eye to the preventive aspect, it is suggested that elementary instruction be given in such matters as Housing, Sanitation, Food Values, Personal Hygiene, Water Supplies, (including instruction in their protection and preservation from pollution), Soil Erosion, Overstocking, Typhus, Tuberculosis, etc., Special courses in elementary health education should be inaugurated for teachers.

HOUSING: Whilst there is no great objection to the bee-hive hut as such, it is essential that it should conform to definite specifications designed to improve ventilation and light and obviate overcrowding. Individual pit latrines of an approved type, with cement slab squatters should be a sine qua non. As time goes on it is inevitable that Native areas will be more intensively settled and it will be necessary to lay down regulations for their control from a public health point of view.

In urban areas the private employer often does not provide suitable accommodation for his Native employee, while the low economic position of the Native in these areas is such, that the local authorities are faced with many difficulties in providing adequate housing for Natives employed therein. This points to the need for some system of subsidised housing, as well as an increase in Native wages.

WATER SUPPLIES: The enormous incidence of typhoid and allied diarrhoeas is directly attributable to contaminated water supplies. It is therefore, suggested that as soon as circumstances permit the Government embark on a vigorous policy of providing pure water supplies by means of boreholes and the protection of springs.

FUEL: The existing Government forests and Council plantations do not provide sufficient fuel for the cooking of food and Natives resort to the burning of kraal manure. The establishment of more plantations is an urgent necessity and Natives should be encouraged to plant trees at their kraals.

HEALTH CENTRES: These are the foundation of any well-planned health service. One such centre might, to begin with, serve a population of 10,000, but the ultimate aim should be to establish

one for each location. At such a centre both preventive and curative agencies would operate. The establishment would include two qualified nurses - a school nurse and a district nurse. Attached to the Health Centre would be, in addition, a Native Health Assistant and an Agricultural Demonstrator, the entire team working in close co-ordination under full-time medical and administrative supervision. The Jeanes Teacher or Home Demonstrator would also be associated with this unit and deal with the social welfare aspect of the work. The Health Centre would be situated in the near vicinity of one of the larger schools, and its locality should be carefully selected with due regard to aspect, drainage, prevailing winds and the availability of water. Telephone facilities should be provided. The Health Centre would supervise the co-operative feeding schemes which it is hoped to develop at all schools through the medium of the school nurse. Such co-operative schemes are already in operation at Tabase in the Umtata District, and at Burnshill, Healtown Mt. Arthur, Freemantle School and Macibini in the Ciskei. They have already had a marked effect in the improvement of the physique and aptitudes of the school children served by them. The school garden plays a great part in the success of these feeding schemes, while the co-operation of the parents is secured by means of a very small quarterly contribution in money or in kind. A venereal diseases clinic would be included in the Health Centre and tuberculosis patients would be passed on from the Centre to the outpatients clinic at the Central Hospital for treatment.

TUBERCULOSIS: Isolation colonies rather than hospitalisation are recommended for the bulk of patients suffering from this disease. Such colonies might take the form of farm settlements suitably graded according to the different stages of the disease. Early cases would be referred to the Central Hospital where beds and treatment would be provided, while the more advanced cases would be isolated on the farm settlements where they would be encouraged to do such light work as would keep them suitably, and perhaps congenially occupied. An experiment in such a farm settlement might be attempted in conjunction with one of the Central Hospitals. If it proves successful additional settlements could be established. In this way large numbers of cases could be dealt with at comparatively low cost. It must be realised that all tuberculosis cases ultimately have to be isolated. The danger of infection arising from repatriated tuberculous cases cannot be overestimated and the Mines should be required to contribute to the maintenance of such cases on tuberculosis settlements or in hospitals, in addition to making some provision for their dependents by way of compensation. Preventoria should also be made available as a means of reducing the incidence of tuberculosis. These might be established in convenient proximity to Central Hospitals.

LABORATORY: A pathological and bacteriological laboratory should be attached to one or more of the Central Hospitals.

LEPROSY: Reasonable provision has already been made for the isolation of leprosy in the Transkeian Territories.

CHRONIC SICK HOMES: Some provision should be made for institutions of this kind within reasonable proximity to Central Hospitals.

HOSPITALISATION: Five Central Hospitals should be established and the following centres are suggested; Umtata (600 beds); Butterworth (540 beds); Lusikisiki (400 beds); Mount Frere (300 beds); and Kikstad (300 beds). Provision should be made at these Central Hospitals for Europeans and Coloured as well as Natives, and such isolation facilities made available as may be necessary. Each Central Hospital would be in charge of a full-time Medical Superintendent and such number of resident doctors as may be necessary according to the size of the Hospital. District Hospitals should be established at each Magistracy with the exception of those at which there is a Central Hospital. These should provide for say 15 beds 12 for Natives, 2 for Europeans and 1 for Coloureds. The District Hospital would be a feeder to the Central Hospital and a central dispensary for the District Health Centres.

Mission hospitals should be required to conform to suitable standards and be subsidised by the State, without derogation from denominational control.

COSTS:

The State should provide all hospitals other than those established by private initiative. Private practice should not be precluded, but all full-time medical and nursing personnel employed under the scheme as outlined, should be paid by the State.

Committee of Co-ordinate all the Activities with
the object of promoting the General Health of the
People of the Transkei.

Sub-Committee on Agriculture, 30.11.42.

It is felt that practically all the basic work in the Transkei will have to be done in this connection. The adage that the wealth of a nation is dependant on the land has even greater application to the Territories -- the people essentially live from the land and their stock.

The problems encountered in this field are fundamental and intimately related to the native social and economic structure. To bring about improvements, radical changes will have to be considered. The following is a brief summary of the existing conditions:-

- (1) There is a serious lack of co-operation and system in Agriculture and Animal Husbandry. These in turn are linked up with the absence of grazing control and fences.
- (2) The Transkei is grossly overstocked - leading to further deterioration of veld and soil erosion. These also adversely affect the water supply. With this state of affairs we find that there are at present too many cattle for the available grazing and too few cattle for the needs of the people.
- (3) Underfeeding of the majority of people, if not all, as a result of their inability to produce sufficient food. Abundant food can be produced
- (4) The people suffer from gross ignorance in regard to modern methods of living. Their ancestral customs were suitable when a relatively small number of people had unlimited land. These will have to undergo evolution, if not metamorphosis, if the people are to survive under modern conditions.
- (5) Figures obtained from seven districts, which represent a cross section of the Transkei, briefly present the following picture. (Families are taken as having five members and are figures based on the 1921 census):-

- (a) Cattle: 24% of families own no cattle at all.
36% " " " 5 head of cattle or less.
only 7.5% " " " more than 25 head of cattle.

This picture is actually worse, as many stock owners have in their charge Nomo stock.

It thus transpires that 60% of families derive negligible benefits from their cattle or nothing at all. The cattle are, in addition, for the greater part undernourished, stunted, sub-economic creatures due to the present farcical methods of farming.

The carrying capacity of available grazing is decreasing rapidly and conditions must become worse, at a pace which is not at present anticipated.

The average mortality figures for the Territories as a whole has been over 205,000 per annum since 1936. The figures obtained from the afore-mentioned districts seem to indicate that only 30% of this number represent cattle slaughtered. If these cattle are valued at £4 per head, the annual total loss (or waste) amounts to £560,000. This figure is interesting when it is considered that the annual wool clip is less than £300,000.

- (b) Small Stock: These are in a large measure responsible for the mortality amongst cattle and generally represent a major evil in the Territories.

It is probable that 50% of all families own no small stock. Only 22% of families own more than 25 head of sheep. The approximate income derived from sheep is 2/- per head per annum - the figures speak for themselves.

- (6) Although a comparatively small percentage of the total mortality amongst cattle is due to disease, the economic loss is considerable and diseases like Redwater and Gall sickness are rapidly increasing. Apart from scheduled disease, it is not possible to counter other diseases of stock to any extent under present conditions. Organised Veterinary services are strongly advocated.
- (7) The absence of fences must be stressed.
- (8) Meat and milk hygiene in general are unknown entities in the Transkei.
- (9) There is still a serious lack of statistics on many of the vital problems involved.
- (10) The general state of affairs in the Transkei - poverty, underfeeding, ignorance, disease, etc., etc., - is such that *only* the most radical measures will avert a more or less national calamity in the not very distant future.

No scheme in which individual effort is fostered, will ever solve the difficulties of the masses, who, to-day own nothing or practically nothing. No such schemes will do away with the tremendous inequality, underfeeding, inadequate housing etc.

The problems enumerated above do not exhaust the list but enable the finding of the following conclusions:-

That having regard to the existing population, available land, stock etc., it is abundantly clear that the individual is no longer able to fend for himself. The possibility of him being able to do so is becoming less and less. Individual effort (*a hopeless one*) is the cause of mass starvation. No social or other reform, in which individual effort is fostered, will ever solve the problems of overstocking, soil erosion, diet, health and others.

It is considered that only the careful organisation of collective effort will offer a satisfactory solution.

The main objection to such a scheme is that *it* will clash to a certain extent with native custom. The answer to this objection is that the value of cattle and stock in general must now become economic and not ritual; no other solution offers itself.

The wealth of the Transkei, insufficient as it is for the needs of the people at present, even if it were evenly distributed, is in the hands of a very small percentage of the people.

It must again be stressed that the re-organisation of agriculture and animal husbandry forms the basis of reform in the Territories. To explain the suggested collective effort, the following example of one district has been worked out. The statistics available for this district are as follows:-

| | | | | | | |
|-----|------------------|-----|-----|-----|-----|-----------------|
| (a) | Total population | ... | ... | ... | ... | 54,533. |
| (b) | " cattle | ... | ... | ... | ... | 85,000. approx. |
| (c) | " sheep | ... | ... | ... | ... | 239,641. |
| (d) | " goats | ... | ... | ... | ... | 31,170. |
| (e) | " horses | ... | ... | ... | ... | 7,792. |
| (f) | " donkeys | ... | ... | ... | ... | 185. |

- (g) Total surface area 358,400 acres.
- (h) " arable area 119,269 acres (i.e. 13,241 surveyed lands of average size 9 acres)
- (i) " Building area 13,241 acres (i.e. 1 acre building plot to each land)
- (j) " grazing area 225,990.
- (k) I was informed that the average limited mealie crop for the last and present season was 35,000 bags, which indicate that with a production of 2.7 bags per acre (Blue Book 1940) not all lands are ploughed.

It is suggested that the district be administered as follows:-

- (1) The central administration to be modified only to suit the adjusted conditions.
- (2) The present locations to be erased and the district divided into 22 units of equal size and the population accordingly. Taken that lands, grazing, etc., are equally distributed over the district, each unit will have the following:-

(a) Building area 600 acres.

(b) Arable area 5,416 acres. The following figures indicate the possibilities of collective ploughing:-

| Present average yield of mealies at 2,7 bags per acre | Expected yield | Yield when standard of Agricultural Schools of 8 bags is reached. |
|---|----------------|---|
| 1,682 | 14,623 | 43,328. |

(c) Grazing area 10,272 acres.

(d) Families of 5 each - 500

(e) To each unit will be allotted the following quote of cattle:

(i) 500 oxen constituting 35 spans of 14 each. With 35 double furrow ploughs and each ploughing 3 acres a day for a 60 day season, it will be an easy matter to cultivate the available land. The district will thus have a total of 11,000 oxen.

(ii) 500 store oxen for fattening, sale and occasional slaughtering. The Transkei cannot raise its own meat in the form of mutton or beef. Poultry will have to be resorted to to a large extent. There are possibilities for this. Total store oxen 11,000.

(iii) 1,000 cows. This represents 2 cows per family. Total cows for district 22,000.

(3) Sheep have to be done away with. After the 44,000 head of cattle have been selected for this purpose there remains a surplus of some 40,000. These together with the small stock when sold would realise a sum of some £250,000 at least, a percentage of which could be obtained on a loan basis to finance the scheme. Or, the money realized for the surplus stock of each unit could be used to acquire the necessary equipment. Such owners could be re-imbursed in time with comparatively larger shares from the general yield of the unit.

xPrices based on pre-war level.

It/

- (4) It is further suggested that labour and all effort be pooled in each unit which should have properly trained people, especially paid if necessary, to supervise operations.
- (5) Construction of communal cow byres, dairies, silos, grain tanks, etc.,
- (6) All families in the unit to share the products produced and to supply dairy attendance for two cows each under supervision, or a special labour unit can be formed to attend dairies.
- (7) Ordinary male members of the unit should be induced to undertake labour outside the Transkei by levying an extra amount in taxation on persons who do not do much labour, for a minimum period of say three months a year. This will further strengthen financial resources.
- (8) Under this scheme each family should be able to have from 60 to 80 bags of mealies a year in addition to an average of 1-2 gallons of milk a day. This latter figure will become bigger as the breeds of cattle improve.
- (9) Food production could be further supplemented by growing vegetables and fruit.
- (10) Full use should be made of the possibilities of irrigation. This could be done in many cases.
- (11) The most advanced agricultural methods can be employed with the available resources of a unit this strength.
- ((12) All property of the unit to belong to all and a form of local administration, by the people themselves, can be evolved for the proper organisation and division of labour. A card system for labourers is perhaps indicated so that everybody is remunerated according to the amount of work performed by each person.
- (13) Proper townships to be laid out having regard to hygiene, ventilation, etc., Each family is to own its own house and plot and can improve on the house which is to be the lowest standard dwelling.
- (14) The unit, as a whole, to deal with the problem of soil erosion. It can easily be conceived the amount of work some 2,000 people can do in a restricted area in this direction. By terracing lands on a scientific basis the lands will be preserved, soil erosion counteracted, water supply conserved, etc.
- (15) The problem of lobole could possibly be solved by making it payable in money, say £25; five pounds to go to the girl's father and the rest to be paid into a lobola fund for investment. The fund and profits could be variously applied to the benefit of the person concerned, or the unit as a whole.
- (16) With the people organised on this basis, it is easy to see the possibilities of development in all directions, e.g. education, physical culture, industry, etc., etc.,

The scheme holds the advantage of Feeding everybody and provides for individual initiative by remunerating persons according to the amount and quality of labor performed. The available country can be utilized to the utmost. The details of such a scheme could be worked out by the proper experts.

The native people have so far been able to exist chiefly as a result of mutual assistance in a primitive way. If this tendency can be developed into a well organised collective effort, doing away with idleness, they could prosper.

Prosperity for all is ensured in this way whereas individualism must perforce bring about mass poverty and associated evils.

PRELIMINARY REPORT OF URBAN AND RURAL ECONOMIC SUB-COMMITTEE.

The economic aspect of any people with its repercussions in every phase of their lives, is of such magnitude that it will impinge very often, in one respect or another, on the subjects considered by other sub-committees. It is well, therefore, in this first report to deal with this aspect in a general way, endeavouring to form some assessment of the present position, and if possible pointing out some of the causes which have conduced to it, and later on to recommend what we believe might be regarded as general aids to an alleviation and ultimate improvement in the conditions under which a large section of the community at present lives.

It is generally agreed that the impoverishment so prevalent in the Transkei amongst the poor in general and the African in particular, is the outcome of the competitive economic system which has developed through the centuries, and in these later years has so largely controlled and dictated the standards of men and nations.

Consideration of the existence and remedying of this social poverty comes first in importance since it permeates the whole fabric of the African and Coloured communities and must be considered the prime cause of the destructive elements which break up family life and bring about the physical deterioration of the peoples concerned. This, to a lesser degree, may be also applied to the poorer section of the European community, since such conditions of stringency, over a series of generations, tend to sap the mental and moral fabric of the individuals and eventuate in degeneracy.

It must be recognised here that these deplorable conditions are not the direct outcome of a positive attitude and intention of one section of the community towards another, but rather the consequence of the ignorance of a large section of the employer classes to the actual conditions under which the less favoured members of the community exist and it would seem therefore desirable that this Committee, for the co-ordination of services in the Transkei, should make its findings as widely published as possible in order to combat this ignorance, and in the hope of arousing essential interest of all concerned in their responsibilities to their fellow men.

It would seem advisable that in order to give practical effect to any effort to remedy the present unsatisfactory economic situation some form of basic minimum wage for all employment should be determined and in the formulation of this, consideration should be given to:-

1. Employees' domestic responsibilities such as
 - (a) Food.
 - (b) Rent, including sanitation, water, etc.
 - (c) Fuel and light.
 - (d) Clothing.
 - (e) Transport.
 - (f) Taxes, education, medical expenses.
 - (g) Household furniture.
2. Whether employed in urban or rural areas or any other special economic factors.

It is the purpose of your sub-committee in its further investigation to endeavour to determine the approximate general cast of domestic expenditure on the several items listed above, in the case of a typical family of, say, two adults and four children and also to institute enquiries with a view to ascertaining the average wage at present paid in particular types of employment. This data, which it is hoped will be available in the near future, will form the subject of a subsequent report.

C.C. Stewart.
E.C. Thompson.
Harry Perry.
B. Pakati.

Members of the Urban and Rural economic Sub-Committee.

UMTATA.

27th November, 1942.

MEMORIUM ON SOCIAL WELFARE FOR CO-ORDINATING
COMMITTEE MEETING.4.12.42.

This is a vast subject. There is no end to the needs. We propose to deal with those that are most urgent while keeping within the bounds of fairly immediate possibilities in this memorandum.

That the people of a community are completely bound up together as far as their social welfare is concerned, may be taken as a fact that will not be disputed here. The gain or loss of any one person in a community, of whatever age, colour, class or creed, is ultimately to the advantage or disadvantage of the community as a whole. But in the Transkei, Native needs are undoubtedly as great or greater than any, and facilities for meeting them are far more meagre than in the case of other groups, so to begin with the social welfare of Natives seems only sensible.

We see them in a state of transition, coming out of the old life lived before European civilisation touched them, being forced to adjust themselves to the new life now in the making. From the social point of view there is chaos. So many things want immediate attention that there is not one aspect of the lives of the Native people, as social beings, that can be regarded with satisfaction. They need better homes and better gardens, better education for young and old, guidance in the use of their leisure time, better health services, creches, nursery schools, better wages... one could prolong the list indefinitely.

What have we got in the rural areas of the Transkei to meet these needs? The services of the Union and Provincial governments, through their Health, Education and Native Affairs departments, and the services of the Bunga, the missions and the N.R.C. Between them these provide a certain amount of money and workers in the form of doctors, medical aids, nurses, school-teachers and inspectors, visiting teachers and agricultural demonstrators, clergy, preachers and lay missionary workers. We hope that soon there will be also women home demonstrators.

Now it is certain that material and other benefits poured upon the Native people from above will largely be wasted, unless we first create among them a greater desire for better things than they have at present and inspire them to help themselves. We believe that with very little immediate help, beyond mere teaching, this demand would be created, and the people would begin to raise themselves to a higher standard of life, and become much more fit to press effectively for state services which are most certainly due to them.

We therefore suggest that, the best starting point for the activities of this co-ordinating committee is the making of a practical scheme for the co-operation of the existing social welfare workers.

Native district nurses in the Umtata district have on an average about five locations to serve. Would it not be possible to make, at one location where a district nurse is working, a community centre to serve perhaps five locations to begin with? There might be gathered in one spot, a hut to house the clinic, a community hut, containing all the things necessary for the demonstrations to be given by the visiting teacher or home demonstrator, if there is one, perhaps a hut for the nurse to live in, and another as headquarters of the Visiting teacher and home demonstrator. Then the agricultural demonstrator might have his demonstration plot within the fence surrounding the community buildings and be responsible for the market building, which would be his centre of operations when teaching co-operative marketing.

As the scheme developed there might be also a hut to serve as reading room and library for the better education of members of the community, a place for seeing bioscope films and listening in to the wireless.

If such a centre were provided as an experiment at one location, it might lead to others, run on better lines and bring great benefit to the native people.

We would recommend that, as far as possible, the whole undertaking should be based on local effort. It should be suggested as something worth trying, to some enterprising and progressive headman who had an able demonstrator at his side and an efficient district nurse. He should be asked to make a levy towards costs, local builders and carpenters under the guidance of experts should do the actual work required and the buildings, furniture and layout should be not only hygienic, but so simple and practical, that any head of a household could use them as models and reproduce them himself with very little more than the usual materials and skill.

It is implied throughout what has been said that the Welfare workers are all to be teachers and it seems worth while to add here a plea for the general recognition of this principle. WE urge that their special training should be very practical and should include a reasonable amount of practice in teaching. A district nurse is going to be called upon to teach positive health as well as to deal with the sick. Through her training as a nurse she has the knowledge to be disseminated, but for her special job as a district nurse, she needs to be trained as teacher and social worker as well. In the same way, the agricultural demonstrator, however good a peasant formerly, he has learnt to be during his time of training, is heavily handicapped if he cannot put across to others, in a really practical way, the knowledge he has gained at the Bunga farm. He must be ready, just as the nurse has to be to cope with the disadvantages of existing conditions, to cope with the disadvantages of existing conditions, to adapt his theories to suit local needs and so on.

This brings our memorandum to one last point. It will be a long time before Native social workers in the Transkei can be skilled, and relied upon to work out the salvation of their people without the help of Europeans. They will need not only training, but visits and encouragement and support and advice, and it is of the greatest importance that these should be provided. To give one example of how useful European co-operation can be we might take the teaching that is given at hospitals where there are baby clinics. Given a suitable room equipped with pictures and other aids to teaching and a member of the hospital staff on duty for this work, could not many, besides mothers receive health teaching at these hospitals? Thus nurses might get in some of their teaching practice under proper supervision and ignorant people sent in for instruction by the district nurse, out-patients, friends of patients, the many lay members of a hospital staff, their friends and relations and any one else who chose to drop in, might get a very great deal of much-needed help.

We suggested that if each department interested in such a scheme as this, were to make its contribution to the success of it in money, material and men according to a plan drawn up by this committee, a big step forward towards better social conditions among the rural Natives would result.

DEPARTMENT OF PUBLIC EDUCATION.

CAPE OF GOOD HOPE.

P.O. BOX 13.

CAPE TOWN.

Suggestions for the consideration of the Welfare Committee to improve conditions relating to Native Education in the Transkeian Territories.

1. Many of the schools are housed in small, badly lighted, badly ventilated rooms, often with a low corrugated iron roof without a ceiling. These rooms are bitterly cold in winter and unbearably hot in summer, and make education a hardship for both teacher and pupils. The late Inspector Thurlbeck advocated the erection of large rondavels, 26 feet in diameter, with a thatched roof and three large windows, and I have had several of these rondavels erected as classrooms. The lighting and ventilation in these huts are excellent; they are cool in summer and warm in winter; they are easy and cheap to build; and educational authorities have been unanimous in their estimation of the general suitability of these rondavels as classrooms. The approximate cost of erection of a rondavel as described above is £40, including labour, and a rent grant of 5%, i.e. £2, per annum would not only assist the people in the up-keep of the building, but would also encourage Managers and Headmen to erect these, wherever they are deemed necessary. The Provincial Administration has refused to pay a rent grant on these rondavels owing to some regulation about the ratio of window space to floor space. It is felt that a resolution from this Committee might have the effect of inducing the Administration to change its policy in regard to the payment of rent grants on these buildings.
2. The problem of adult education is engaging the minds of many nations to-day, and there surely is no greater need and scope for adult education than amongst the Native people in the Territories. If Miss Elder's idea of a social centre in every location or group of locations is adopted, adult natives will receive a certain amount of education. There is a great demand amongst grown-up men for the rudiments of education: they want to learn to read and write, and to do simple arithmetical calculations. Ways and means of providing this elementary education to adults may well engage the attention of this Committee.
3. The mal-nutrition of Native children probably falls within the scope of the Health Sub-Committee, but it may be of some value to mention in this report three of the attempted solutions of the problem:-
 - (1) It is too early to express an opinion on the Tabse Amarewu Experiment, but so far the indications are that the scheme will operate successfully. If by June 1943., it is found that the experiment is a success, funds should be made available to extend the scheme to other schools throughout the Territories.
 - (2) The Healtown Milk Scheme, which owes its inauguration and development to our worthy Chairman, has proved a great success, and it is suggested that this scheme should be adopted at such schools, where a constant supply of milk is or can be, made available.
 - (3) With the assistance of the U.T.T.G.C. proper school gardens, with the necessary water supply, have been established at our schools in the Umtata District and one school in the Mqanduli District. When sufficient vegetables are grown in these gardens, funds will be needed for cooking utensils and fat to provide the school children with a "Fort Cox" vegetable stew, and for the establishment of such gardens at other schools.

Collection Number: AD1715

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (SAIRR), 1892-1974

PUBLISHER:

Collection Funder:- Atlantic Philanthropies Foundation

Publisher:- Historical Papers Research Archive

Location:- Johannesburg

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