

**BLACK  
COMMUNITY  
PROGRAMMES LIMITED**

Projects



People

86 BEATRICE STREET,  
DURBAN, 4001.  
REP. OF SOUTH AFRICA.

## BOARD OF DIRECTORS

Chairman : H.J. Bhengu

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Rev. E.N. Baartman

Mr S.M. Tembani  
Dr L.M. Msuli  
Dr D. Luswazi  
Rev. M.S. Mogoba

B.A. Khoapa (Executive Director)

### GOALS OF THE BLACK COMMUNITY PROGRAMMES.

To help the Black Community become aware of its own identity.

To help the Black Community to create a sense of its own power.

To enable the Black Community to organise itself, to analyse its own needs and problems and to mobilise its resources to meet its needs.

To develop Black leadership capable of guiding the development of the Black Community.

Our goal, simply stated is to help in developing a SELF-RELIANT BLACK COMMUNITY.

### OFFICES

HEAD OFFICE:  
BLACK COMMUNITY  
PROGRAMMES LTD.  
86 Beatrice Street  
Durban, Natal  
Tel. 327507

EASTERN CAPE:  
BLACK COMMUNITY  
PROGRAMMES LTD.  
15 Leopold Street  
Kingwilliamstown  
Tel. 4030

TRANVAAL:  
BLACK COMMUNITY  
PROGRAMMES LTD.  
508 Lekton House  
5 Wanderers Street  
Johannesburg  
Tel. 233415

NATAL:  
BLACK COMMUNITY  
PROGRAMMES LTD.  
C. 789 Umlazi Township  
Box 36152  
Ntokozweni, Natal  
Tel. 100 Ntokozweni

## PROGRAMME LEADERSHIP

Programmes do not automatically accomplish the desired results. It takes careful programme planning and alert dedicated leadership - voluntary and staff. It takes perseverance, patience, effort and faith - both in our objectives and our programmes and also in the many varied personalities with whom we work.



Mr E.A. Khousa  
Executive Director

The Executive Director is the staff leader of BCP and is assisted by Branch Executives who are the staff leaders in the Branch areas of BCP. Presently these are branches in Natal, Transvaal and the Eastern Cape.

The Branch Executives are responsible for organising and carrying out all staff functions through the Branch staff and for representing staff ideas and recommendations to the Executive Director.

The non-staff leader of BCP is the Chairman of the Board of Directors. Branch Chairmen and Committees are responsible for guiding the work in regions and for representing the Branch needs to the Board of Directors.



**Rev. D.N.B. Ngidi**  
Branch Executive  
Natal



**Mr S. Ramokgasa**  
Branch Executive  
Transvaal



**Mr P.C. Jantjies**  
Branch Executive  
Eastern Cape



**Dr M.A. Ramphale**  
Medical Superintendent  
Zanempilo Community Health  
Centre  
Kingwilliamstown



**Dr S. Mchizane**  
Medical Superintendent  
Solomphilo Community Health  
Centre  
Adams Mission  
Natal

## HOME INDUSTRIES

The purpose of the home industries run by the Black Community Programmes is not only to provide gainful employment to destitute people but also to train people in mastering certain basic production skills which will make them employable in the competitive open employment market.

### Where are they established?

At NJWAXA near Middledrift in the Eastern Cape a leather home industry was established by BCP in 1974.

Simple leather goods like purses, belts, and toolbags were produced by hand with the help of simple tools. Some old mud huts were used as workshops.

In 1976 a new comparatively modern workshop was built and new machines are being added to enable production to include a shoe department which will produce school-shoes and also some of the leather goods used by local tribesmen like saddles and bridle-reins.

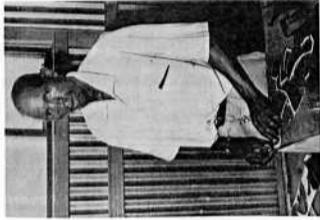
Within the first three months of 1977 already 160 pairs of shoes were produced and it is hoped that when a generator plant, an activator - (for heating and attaching sole to shoes) and a toe-lasting machine is bought, the industry will have the capacity to produce up to 100 pairs per day.

### NONKQUBELA HOME INDUSTRY - UMTATA

This home industry produces mainly dresses and jerseys. The addition of new machinery has enabled to project to increase its production and also the quality of products. Participants in this project are all women who live in and around Umtata. Under the guidance of our project staff the women are trained in skills that will become increasingly important as growth demands more and more skilled people.

### SOWETO

The home industry in Soweto has a sewing instructor who also gives women Domestic Science Lessons. Five women are on full time production of a variety of garments which can be seen in the picture.



**AT NARAYA LEATHER  
HOME INDUSTRY.**

Learning a skill can be  
puzzling at first.



But, with patience and  
concentration, many de-  
signs begin to come  
out.





For the women at Njwaxa Home Industry it is more than just learning a skill.

It is also achieving a broader viewpoint, finding new meanings in work and social contacts of their daily lives.





## COMMUNITY HEALTH PROJECTS

Health in our view is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. It is a basic component of living and is therefore a fundamental requirement for community development.

Our Health Centres exist to promote this view through preventative and curative programmes.

The health education programmes are specifically aimed at inculcating into the public the necessary knowledge of health so that they are enabled to appreciate the importance of health in relation to social and economic development, to acquire habits of healthful living, to recognize some major health problems in their communities, to learn ways and means of organizing their efforts to solve these problems and to make full use of health services in the community.

At Zanempilo Community Health Centre work has been growing since the beginning of the year. We have been flooded by constant requests to open two new outstations since January. This puts more demands on our staff and naturally also on our operating budget.

Numbers are increasing daily in the Centre's Baby Clinic because of the awareness of the importance of baby care by the mothers. The weekly average attendance at Baby Clinics alone is now 100.

Immunisation programmes are progressing well with people from distant villages making increasing use of the service.

The Nutrition Scheme which benefits malnourished babies now averages 48 due to the number of outstations visited by our Health Worker.

Village clubs have been organised in various locations. The idea of these clubs is to help mothers learn how to organise themselves into groups which can be contacted through lectures, knitting lessons, cookery lessons and garden projects.

A major development this year has been the construction of our second major health project at Adams Mission in Natal. The Centre also aims to set up a comprehensive health education programme covering basic hygiene, child care, nutrition and general home economics for the district.

A team of field-workers which include a Health Educator have already started work with groups of women using church buildings in the neighbouring area.

An Agricultural project which will consist of Experimental and Demonstration Gardens is being implemented already. An Animal husbandry section will teach local residents sound and economical methods of keeping poultry, rabbits, goats, sheep, ducks and dairy cows as a means of getting protein without much financial outlay.

Altogether 32 acres of arable land is available for this project and community support for the project has exceeded our expectations.

In Soweto, following the tragic events of 1976 which among other things resulted in considerable disruption of health services the Black Community Programmes was challenged to extend its health programmes to this region as well. Through the co-operation of public spirited people a Mobile Medical project was launched in May 1977.

The Project known as Empilweni Mobile Clinic operates from a caravan which is towed to convenient sites. The clinic functions from Monday to Saturday between 8 hours to 10 hours. On Sundays the caravan is towed to wherever the need for medical service is needed.

The Clinic is presently manned on a rotational basis by a team of doctors who offer their services on a voluntary basis and are assisted by our fulltime staff consisting of one project organiser, one nursing sister and one nursing assistant.

During the first two weeks the project helped 135 patients. It is hoped that the next phase of the project will be the acquisition of a full-time doctor to co-ordinate the services of voluntary doctors, and that eventually we shall establish permanent premises at a place still to be determined.



Patients attending the Pre-Natal Clinic at Zanempilo are attended by a Nursing Sister.





The Maternity Section of the clinic is very convenient for the mothers who come from far away places.



Those patients who cannot be discharged immediately lie in for a number of days in the Maternity Ward.