

Kupugani

by M. G. DOBEYN.

As Physiotherapists we are not directly concerned with nutrition, or the diets required by the patients we treat, but those of us who work in Native Hospitals cannot fail to be struck by the evidence of widespread malnutrition, which lies before us in every ward.

Kwashiorkor is now a notifiable disease, and the public now know what a dreadful thing it is, and how simply it can be prevented. There are, however, stages of malnutrition which are not so obvious and frightful, but which weaken a patient's resistance to infection or injury and cause ill-health which is equally preventable.

As the World Health Organisation's theme for the year 1963 is the "Hunger Disease of Millions," and as it affects South Africa with frightening intensity, the self-help scheme of "Kupugani" becomes of paramount importance.

Mrs. Biggs, of Pietermaritzburg, a great worker for "Kupugani," explained what this scheme was to the Annual Congress of the N.C.W. (S.A.). Something of what she said now follows:

About a year ago Mr. Neil Alcock suggested that nutritious goods at a cheaper price should be made available to the poorer members of the community. Many foods in this country are exported, or processed, and thus become impossible or too expensive for the lower income group to buy.

The question was: How to bring food at the lowest cost to those in need?

Many have been chronically underfed for years—but only recently has the public as a whole realised what was happening to three-quarters of the population.

The Nutrition Corporation of South Africa, (now known as "Kupugani," which means "Lift Yourselves up") came into being. It is not a charitable or a welfare body, as its name indicates.

To set up a Kupugani body the groundwork must be carefully laid; the leaders of the communities consulted and talked to; and once the ideas have been distributed and assimilated then the food is distributed!

Depots are established by those willing to help among themselves, as channels through which the food is sold. It may be the headmaster of the local school, a clergyman with a church hall, or even the house of a leading member of the community.

Foods which are mainly used are those in which there is an agricultural surplus. Each area must use its own surplus, and the cost to the consumer must also cover the cost of transport.

Pietermaritzburg, as an example, uses milk. It is bought from the farmers at 20 cents a gallon, and sold at 25 cents a gallon as maas in rural areas. The additional 5 cents pays for the transport of the milk. 450 gallons are used each week in four different areas. The demand is great—and it is only the lack of transport which prevents that demand from being met.

In addition to using the agricultural surpluses various firms have done research into the problem of under-nourishment, and their products are also used.

The Pro-nutro, a nourishing biscuit, fortified soup powders, and dried milk powder are all used in the scheme.

There is in addition a Government scheme for dried skim milk through the local authorities. In some areas it is not distributed as the local authorities are too small—or there are none. But "Kupugani" can get whole or dried milk, very cheaply out to these areas.

A "Kupugani" body works in this way:

Firstly "Kupugani" place an order for the required foodstuffs, and channel it out to either: (a) Welfare Organisations; (b) Mission Stations or Depots, such as those described earlier.

Much of the food is used in school feeding, through school boards and teachers, at a cost of 1 cent per day per child.

In addition to the sale of food Health Education is a definite requirement. If food equals health, and protein foods are too expensive, then health education must be given on how to use the products available.

African men are the ones who need this education, as they are far too conservative to allow changes to be made in their diets! If, therefore, these foodstuffs were used in industrial feeding—in works canteens, and also sold over the counter, and if, in addition, Health Educationists gave talks to the men in their lunch breaks, this conservatism could be broken down.

There are 23 Kupugani bodies throughout South Africa, and 53 centres. As an example, 26 schools in Johannesburg, now have school feeding through this "self-help method." In Zululand an interesting scheme is being developed by "Kupugani," through the "Mealie Board," using one of the manufactured products as a fortified gravy over the porridge.

A whole tribe, through an arrangement with an enlightened chief, is being tested, watched and weighed over 3 months. The Mealie Board is making cheap mealie meal available, provided a fortified soup powder is used as gravy. At the end of this period the health of the tribe should, as a whole, have improved.

Book Review

Modern First Aid and Accident Prevention by Chirurgicus. Published by Cape & Transvaal Printers, Ltd., Cape Province. Officially approved by the Medical Association of South Africa.

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An Afrikaans Edition is also available:

Moderne Eerstehulp en Voorkoming van Ongelukke.

This is a small but valuable book which should be of as much use in the Physiotherapy department as in the home. Emergencies happen everywhere and much can be done by the first person to see the casualty before the doctor arrives on the scene. The closer the co-operation between the First Aider and those who finally treat him, the better will be the chances of survival for the casualty. It is in this spirit of desire to assist both the victim and those who help him that this book has been compiled.

It is written in simple terms, easily understood by everyone, and can be readily referred to. Concise notes and clear pictures and diagrams add to the value of this book. The contents cover general information on First Aid, Drowning, Shock, Haemorrhage, Snakebite, Poisoning, Accidents, Burns, Household problems, the Transporting of the Injured, Head injuries and even First Aid in Atomic Warfare.

After studying the various chapters and making mental notes as to what should be done if confronted with any of the described emergencies the reader should be able to be of real assistance to the casualty as well as the doctor.

In an emergency, with this book at hand most accidents could be adequately coped with until expert assistance or advice was received.

The aim of the book is directed as a supplementation of those First Aid Manuals already published by St. John's organisation, the Red Cross Society and the Noodhulpliga.