

APD NEWS

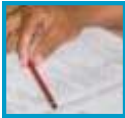
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Affiliated to



The National Council for Persons with Physical Disabilities in SA

UNPRECEDENTED RECOGNITION FOR THE RIGHTS OF PERSONS WITH DISABILITIES

We are living in a new era for persons with disabilities. One sign of this occurred in the last week of February when the first session of the Committee on the Rights of Persons with Disabilities gathered in Geneva. The Committee is charged with monitoring implementation of the first human rights treaty of the 21st Century - the Convention on the Rights of Persons with Disabilities or CRPD, which was adopted by the General Assembly of the United Nations on December 13, 2006. On February 24, 2009, Germany became the 50th nation to ratify the convention.

The Convention is a revolutionary document in several ways. Its purpose is to protect, promote and ensure the full and equal enjoyment of human rights and fundamental freedoms by all persons with disabilities and to eliminate barriers that hinder persons with disabilities from fully participating in society. The general principles of the Convention include respect for **dignity, autonomy, the freedom to make one's own choices, independence, non-discrimination and full participation and inclusion in society.**

The Convention is based on a social model of **disability rather than a medical model. It's not** about eliminating disabilities, but changing attitudes and recognizing human rights, a crucial paradigm shift.

Under the CRPD, States Parties (governments) are required to provide full accessibility to the physical environment, information and communication technologies as well as to all services open to the public by the elimination of barriers and giving full recognition to the use of Braille and sign languages. It recognizes that all persons with disabilities enjoy legal capacity on an equal basis with others.

In addition, the CRPD ensures that persons with disabilities enjoy the right to liberty; freedom from torture, or cruel, inhuman or degrading treatment; freedom from exploitation, violence and abuse, and respect for physical and mental integrity. Persons with disabilities also have the right to live independently; to retain fertility, marry and establish families; to inclusive education, quality health care, habilitation and rehabilitation; to opportunities for employment with reasonable accommodation, and to vote and run for elected office.

Several organizations played an unprecedented role in the treaty negotiations. The International Disability Caucus, which used the motto **"Nothing About Us Without Us,"** emerged as a

coalition of over 70 international disability rights organizations, including the World Network of Users and Survivors of Psychiatry, the World Blind Union, the World Federation for the Deaf and the Landmine Survivors Network. Speaking with one voice, the Caucus took an active role in drafting the Convention and in lobbying governmental delegates. For five years, hundreds of seasoned activists from all around the world - people in wheelchairs, with seeing-eye dogs, communicating in sign languages, with intellectual and psychosocial disabilities - attended sessions of the committee charged with drafting the Convention.

One of the most significant aspects of the Convention for persons with psychosocial or intellectual disabilities lay in the recognition of legal capacity and that persons with disabilities are entitled to access to support to exercise their legal capacity. Activists won on this point with the expert leadership of Tina Minkowitz, co-chair of the World Network of Users and Survivors of Psychiatry and a team from Mind Freedom International on which I participated, as did Celia Brown and Kate Millett. Legal capacity, along with other provisions on physical and mental integrity, health-care, autonomy and non-discrimination, establish a framework for ending forced mental health treatment and repressive guardianship laws.

The Convention on the Rights of Persons with Disabilities was formally opened for signing on March 30, 2007, and within 13 months it was ratified by 20 countries, a moment marked by a celebration of the Entry into Force at the United Nations on May 12, 2008. The U.S. has yet to sign the Convention, but as a candidate, President Barack Obama promised to sign and ratify the new treaty.

There is still a great deal of work to do in full implementation of the Convention, as well. Activists are building strong cross-disability alliances. Now it is the joint obligation of the States and civil society, including human rights and disability rights activists, to turn the revolutionary promise and paradigm shift of this Convention into a reality for persons with disabilities -- more than 600 million persons worldwide.

Myra Kovary
March 2, 2009

Bead course what they needed

Ten disabled people from Bonteheuwel are facing the world with a new talent after getting their certificates at the end of an innovative project at the community hall.

Since the beginning of March, these participants have been learning the skill of decorative beading and showed off their handiwork at their graduation.

The beading project was done by 10 participants from the community and facilitator Mrs Sally Sprinkle is very happy with the progress that her students made.

It is funded by Woolworths and service provider Clotex and this project in Bonteheuwel is only one of many projects that she has done across the Peninsula. While this project involved beading Mrs Sprinkle actually does all facets of skills training involving arts and crafts.

"This course in Bonteheuwel involved disabled people doing the basic and intermediate course in beading that also involved home décor," she said. "It was also very challenging for me because the disabilities ranged from physical to intellectually challenged that included participants with a hearing loss.

"While it was so challenging it was also gave me great satisfaction when I see the end result on display here and know how hard they worked to achieve it."

While Sprinkle was proud of all the par-

icipants she singled out William August for special mention. **"This man lost his right arm in an accident about 12 years ago but he has not let that get him down."** **"Working with an artificial limb he proved to the others that anything is possible and maintained the high standard that was set during the course for all the participants," she said.**

August was very proud of his achievement and felt that the was a skill that would help him to become financially independent.

"I really enjoyed doing the course and it brought out a hidden talent within me. This is going to help me make money because I know that I can do good work with this skill," he said.

Sprinkle concluded by saying that the course was also about empowerment for these participants because they did not know that they could be taught such a skill that lets their creativity come to the surface. Apart from the financial benefits that can come from learning these skills it gives them the sense of what they are capable of, and **that their disability is an ability,"** Sprinkle concluded.

Gary van Dyk

Editor : the 10 participants are clients of Cape Town APD.

"...it gives them the sense of what they are capable of, and that their disability is an ability."

OBITUARY



Shirley Hind loyally served Western Cape APD as the Director's Secretary for 22 years — from March 1974 to September 1996. Once she retired in 1996 she was known to comment that she was busier than ever before, and could not understand where she ever got the time to work! Shirley remained active in her community, particularly in her church congregation and the local ARP&P. She played bowls and bridge, and enjoyed a close relationship with her family. Sadly, Shirley had a stroke and passed away 6 weeks later on 27 April 2009. Our condolences go to her family at this time.

Staff News

Tessa Battinti , social worker, has resigned from Knysna APD

Elizna Mouton, M&P Officer at Olifantsrivier APD has resigned.

Willancia Noble is the new CEO at Breede Valley APD.

Elmarie Holtzkamp, Deputy Director at WCAPD, has resigned after 21 years and will be leaving at the end of May. Her and her husband will be managing a game farm near Hoedspruit, Mpumalanga. We wish them every success for their new life. Our thoughts are with **Justice Tebbutt** as he undergoes double bypass surgery.



FUN RUN WALK WHEEL

- What:** Run: 4 / 8 km
Walk/Wheel: 5 / 10km (Wheelchairs only)
Or get someone to push you!
- When:** 16 May 2009, 07h00-14h00
- Where:** Lourensford Wine Estate Somerset-West

Special Event

Can you cope in a wheelchair?
Just try the wheelchair relay.

Enter teams of 4 in a team.
The baton is replaced by a
wheelchair.
The obstacle course makes it
exciting
Ideal for company teambuilding

PS: If a team of "differently abled
people" want to challenge the
walkers they are most welcome
to enter - just to show how it is
done

About Senecio

Senecio is a non-profit Article 21
company comprised of experienced
Occupational- Physio- and Speech
therapists. We aim to assist children
with disabilities who do not have
regular access to therapy due to
financial or social circumstances, to
empower primary caregivers with basic
knowledge for effective care and to act
as a bridge between care centres and
medical services.

Adults: R60
Children: R10
Relay Team: R120

Prizes to be won!!
Fastest in each event
Best Team spirit
Most original

For more information,
visit our website: www.senecio.org.za
or contact Senecio at 021-851 3452

AFRICANS AND PENGUINS HAVE EQUAL ACCESS TO REHABILITATION MEDICINE DOCTORS

Ann Arbor, Michigan. - Physical medicine and rehabilitation has had a significant and proven impact in the lives of people with disabilities and on the health care system as a whole. Everywhere except in Africa.

Around the world improvements in the care of people with problems ranging from stroke to spinal cord injuries, amputations, childhood disabilities, and back pain are led by physicians trained in the specialty of physical medicine and rehabilitation.

When an exhaustive review found only six physical medicine and rehabilitation specialists in all of sub-Saharan Africa, with no training programs, professional standards or scientific publications, the authors wrote the results as an ironic parody of an earlier white paper characterizing the specialty in Europe.

"The Practice of Physical Medicine and Rehabilitation in sub-Saharan Africa and Antarctica: A White Paper or a Black Mark?" draws parallels between rehabilitation medicine services for Antarctica's 4000 affluent scientists and those for 750 million African men, women, and children.

One paragraph comparing the number of specialists per 10 million persons on the two continents was completely blank. Another split figure showed two groups: African amputees who had no prosthetic limbs playing soccer and penguins with both legs intact, noting the statistically equal chance that either group would meet a rehabilitation specialist.

Shocked at the findings, editors of many of the largest journals in the field worked together in an effort to surround Africa with the facts. Most scientific journals will not consider work that has been accepted in another journal. In a radical break from this tradition, the editors agreed to simultaneously publish the work in journals representing the rest of the world. May and June editions of The Journal of Rehabilitation Medicine, Disability and Rehabilitation, The European Journal of Physical and Rehabilitation Medicine, PM&R, and the Chinese Journal of Rehabilitation Medicine will contain the article.

A more serious discussion section in the paper argued that the untreated disability suffered by an estimated 1 in 10 Africans is a huge unrecognized drain on the local economies. It concluded that ignorance, prejudice, and misguided international policy - not poverty alone - have led to the failure. Responsibility for change was placed on the African ministries of health. The political will to change, the authors **claimed, will evolve as "pride, shame, or the will to do what is right" will compel many leaders who hide their disability to speak out.**

"It's easier to count dead bodies than to measure the hundreds of ways living with an untreated disability ruins society", says [Andrew Haig](#), M.D., professor in the Department of Physical Medicine and Rehabilitation at the University of Michigan Medical School, and president of the International Rehabilitation Forum, the organization that commissioned the study. **"So health policy people don't understand what an important investment medical rehabilitation is. African governments typically hand responsibility for rehabilitation to local community organizers or social ministries, when everywhere else in the world the work is done on specialized hospital wards with teams of clinicians lead by expert doctors."**

The publication is the work of a committee on rehabilitation in Africa convened by the International Rehabilitation Forum, a not-for-profit organization supported by more than 25 major academic medical rehabilitation departments. Its mission is to use creative leadership to build sustainable medical rehabilitation around the world.

Co-authors include pre-medical student Jonathan Im, Ghanaian physician Adodeji Adewole, M.D., Africa rehabilitation expert and University of Michigan professor Virginia Nelson, and the only physical medicine and rehabilitation specialist known to have practiced in Antarctica, Brian Krabak, M.D. of the University of Washington.

The results of the study will be presented at the First World Conference on Medical Rehabilitation in Rural and Developing Regions, June 9-12, in Kaiseri, Turkey.

DATES TO DIARISE

7th of every month	4 September	16 September
ComAudit reports due	Casual Day	Car draw
5 June	15 September	
Lollipop Day	Branch Meeting	

CHILD CARE & EDUCATION STRATEGIC PLANNING WORKSHOP



Many APD branches are doing wonderful work within the focus area of children with disabilities and their families, and WCAPD has supported the development of these services through consultation, training of staff and research etc. However, we have never gathered together as an organisation and planned where we see our services to children going.

We therefore held a workshop around this, the aims of which were -

- to develop a common vision and objectives for services to children with disabilities and their families in the province; and

- to share useful strategies for the development of these services.

The workshop was attended by 25 key staff involved in services to children from 12 Branches, as well as 12 mothers of children with disabilities and 5 of the WCAPD team, a total of 42 people.

Partnering with Parents

Dialogue with parents included sharing personal experiences and discussions in small groups. Parents viewpoints were taken into consideration and a vision, definition of services and objectives were formulated.

The Way Forward

Branches would each draft an implementation plan for their own particular context, in conjunction with parents, carers and management Committee members from their own centres.

These plans would be implemented by Branches, while being monitored and evaluated by WCAPD.

Lara Strong

Manager : Child Care & Education

NCPPDSA Staff Development



The National Council for Persons with Physical Disabilities in SA is currently hosting a series of training workshops on various aspects of service delivery. Topics include -

- Resource Mobilisation
- Sensitisation Training
- Social Work Services
- Accessibility

Attendees at the workshops are required to duplicate the workshops at provincial and branch level, so as to disseminate information as widely as possible.

National funding has been secured for these sessions, and detailed information on workshops in the Western Cape will be distributed as soon as they become available.

WCAPD and QAWC work together for prevention

Regular readers of this newsletter will know that the QuadPara Association Western Cape (QAWC) and WCAPD have signed a partnership agreement to work closely together on issues relating specifically to awareness raising.

For this reason, WCAPD will join with QAWC in 2 exciting projects : Buckle Up / Gear Up Campaign and Bags of Hope.

Buckle Up / Gear Up Campaign

Wheelchair users stationed at 6 major garages over the June / July school holidays will make the public aware of the dangers of not wearing a seatbelt in the event of an accident, and will ask the public to sign a pledge to use their seatbelt (motorcyclists will be asked to Gear Up).



Bags of Hope

In conjunction with Coloplast, a supplier of medical equipment, QAWC and WCAPD will hand out bags containing information on various aspects of disability, services provided by both organisations, as well as samples of goods to all persons acquiring a disability, upon discharge from hospital.



SIYANCEDA Community Cleanup

Fifteen (15) volunteers / trainees with physical and intellectual disabilities from the Siyanceda Youth Service programme embarked on a Community clean-up on Monday 23.03.09. They marched from Athlone Civic Centre (10h00) with placards, to the area in Kewtown earmarked for cleaning. The area is behind a local crèche and was quite dirty. The young people, armed with black bags, gloves and brooms started cleaning the area.

It took them almost 3 hours to complete the task at hand, but they really lived up to the **meaning of Siyanceda, "We are helping"**.

Siyanceda NYS Programme is a Job and Skills Development Programme developed and managed by Cape Mental Health. Due to the partnership with Western Cape Association for Persons with Physical Disabilities (WCAPD), the trainees from TWU (Athlone) and CTAPD (Bridgetown) decided to join forces to create awareness about Intellectual Disability month

and the programme itself.

Siyanceda National Youth Service Programme is funded by the Umsobomvu Youth Fund, specifically for young people with disability.

The local councillor Mrs. Tabisher, for the Athlone area supported the clean-up and her presence was much appreciated.

The trainees have received extensive training in Hygiene and Cleaning Services as well as Life-skills training. They are busy with voluntary work at some schools, crèches and also an animal hospital around Athlone, Guguletu and Mitchells Plain. The job coach assigned to each group is part of their support system.

Pamphlets about the Programme were also issued to residents and other people passing. They completed the clean-up at 13h00

*Fierosa Van Rooi
CDS Worker and Job Coach for Siyanceda*

1st OF MAY WAS WORKERS DAY ...

BUT...thousands of people do not have equal access to labour market.

The South African Bill of Human Rights is viewed by experts as honing in on the individual. However, where employment is concerned it soon reverts to groups—skin colour and sex are overemphasized and disability is pushed into poor third position.

Discrimination should be determined by an individual test, but this is often ignored and everything is oversimplified to a quota system. According to reports the Minister of Labour said in parliament that he prefers the **Afrikaans term " regstellende optrede" above "affirmative action"** - the one rectifies, the other can possibly be seen as nepotism.

In December 2003 the Technical Assistance Guidelines (TAG) regarding the employment of people with disabilities was introduced by the Department of Labour. This policy document was developed to support the Employment Equity Act (Act No. 55 of 1998) and the Code of Good Conduct, to bring more clarity regarding the fair treatment of people with disabilities.

These guidelines endeavour to give information to employers, employees, unions and people with disabilities on how to implement non-discriminatory and affirmative action successfully. After 13 years of freedom the disabled still have struggle to overcome a mountain of prejudices and skewed assumptions to assert themselves in the workplace. Regardless of certain steps that have been taken, the disabled are still being excluded on many levels—the actual needs of the disabled are not understood.

Thousands of people do not have equal

access to the labour market and employers are uninformed regarding the frustrations that go hand in hand with being disabled. The guidelines offer guidance to those concerned regarding the acceptance of many responsibilities .

Why is this document still not freely available?

According to the guidelines people with disabilities are those who experience prejudice in the workplace because of a physical and/or a mental disability. TAG makes certain recommendations to ensure that all people with disabilities are treated on an equal footing with able-bodied persons. Reasonable accommodation and changes in the workplace are discussed. Changes in the workplace should ensure that essential functions can still be carried out in specific positions and everybody should be given the opportunity to compete on an equal footing. The reasons why there is discrimination against applications for employment from the disabled are explained.

Medical and psychological evaluation of the disabled is a matter of concern country-wide. Guidelines regarding fair criteria are provided. Processes of employment should be scientific and trustworthy—prejudices against people with disabilities are not acceptable. The policy paper also emphasizes the protection of the rights of employers.

The nature and cause of the disability of an employee may only be gathered and/or disclosed for a valid legal reason, with the written consent of the person.

*Fanie Du Toit
NCPD/DSA*

INMATES BUILD RAMPS FOR WHEELCHAIR BOUND



Joseph Kunene, a wheelchair-bound resident of Chesterville, Durban, often had problems leaving his home because his yard is not paved.

Now, thanks to a project launched by the Correctional Services Department and the Quadpara Association of South Africa (QASA), Kunene, 58, is having a ramp built outside his home by Westville Prison inmates.

This will allow him easier access to the outside world. "I will now be able to get around and get to the road, whereas previously I would try, but end up falling because of holes

in the yard. I am very grateful to them. This means a lot to me," said Kunene.

Correctional Services disability co-ordinator, Vusi Dumeni, who spearheaded the project, which began on Monday, said he had noted that assisting the disabled by giving them wheelchairs was not enough, because their environments were often not wheelchair-friendly and so they became prisoners in their homes.

"Mobility is a priority to a person using a wheelchair because it gives them access to the outside world and they feel like part of society."

Dumeni said the pilot project would be rolled out nationwide if successful.

QASA's Carla -Jane Haines said: "Many wheelchair users in Chesterville are imprisoned by inaccessible environments. Now prisoners are helping to free these people by creating ramps which make the environment accessible."

FingerLizArt

Elizabeth von Wechmar is een van die kandidate vir die Train-the-Trainer program en het onderneem om WKAPD met bewusmakings geleentheid te help.

Sy besit haar eie maatskappy, FingerLizArt, wat haar besig hou met die vervaardiging van die mooiste kaartjies vanuit klein kraletjies wat op papier in verskillende patrone geplak is.

Hoekom FingerLizArt, vra jy? Elizabeth het as gevolg van bakteriële meningitis meervoudige amputasies, insluitend geen linkerhand en net 4½ vingers aan haar regterhand.

Haar handewerk is van die hoogste gehalte en elke patroon of kleur het 'n naam. Sy werk nou om voorraad op te bou om by die plaaslike kersmarkte in Kaapstad uit te stal.



Laat die poppe praat

Die Breedevallei Vereniging vir Persone met Gestremdhede in Worcester (APD) het onlangs met 'n veldtog begin wat daarop gemik is om kinders meer bewus te maak van die behoeftes van persone met gestremdhede. Megan Hanekom, Promosie en Bewusmakings beampte by APD besoek verskeie skole in die dorp om die poppekas aan te bied. Die eerste optrede is by die Roodewal Primêre Skool gehou.

Provincial Public Transport Policy for Special Needs Passengers



The above-mentioned policy was launched and undersigned at a function at Kirstenbosch Botanical Gardens on the 16th of April 2009. Here follows a summary of the policy.

Provincial Public Transport Policy Statement for Special Needs Passengers

The Provincial Government Western Cape acknowledges the public transport requirements of passengers with special needs. It undertakes to promote these requirements into the planning, provision and management of public transport system in the Western Cape so that the system, over time, becomes universally accessible to all its passengers. Where mainstream public transport does not provide reasonable accessibility the Department will promote the provision of an alternative demand responsive service that can be used by passengers with special needs, if not already provided as part of the available range of transport services/"family" of services. Independent travel within the public transport component of the travel chain will be promoted with the use of universal design principles, which promotes the design of a product or an environment that is widely usable and without bias, through access to appropriate and relevant passengers with special needs. Collective efforts within the PGWC together with other stakeholders such as the South African Rail Commuter Corporation, will strive to make other component parts of the special needs passenger's journey fully accessible over the longer term.

Organisations of and for Special Needs Passengers to represent themselves on all matters affecting them are acknowledge and will be promoted. In this respect the interface between passengers with special needs, the unit responsible for disability coordination in the Department of the Premier, the Western Cape Network on Disability and the provincial office of the Disabled People South Africa (DPSA) will be encouraged.

The PGWC will develop and refine this

policy statement, as it considers necessary, to take into consideration the comments of individual and organisations that add value to the policy.

Actions to Promote the Provision of Public Transport for Special Needs Passengers in the Western Cape

In order to implement the policy statement for the provision of public transport for SNP's the Provincial Government Western Cape propose to implement the following actions to promote the provision of public transport for SNP's in the Western Cape.

Commuter Rail

- Continue its joint initiative with the South African Rail Commuter Corporation (SARCC) to progressively retrofit existing key commuter rail stations in order to make them more accessible to SNP's.
- Encourage the SARCC to plan and build all new commuter rail stations to be accessible to SNP's.
- Encourage the SARCC to improve the accessibility of its rail carriages to SNP's.

Road Based Public Transport Services

- Passenger Information Services
 - ⇒ Support the continuation of the City of Cape Town's public transport information services provided by the Metro Transport Information Centre (MTIC) for the City of Cape Town area and, in particular, the availability of its services to Special Needs Passengers through appropriate technology.
 - ⇒ Support the provision of similar public transport information services for the remainder of the Province by either expanding the services of the MTIC or the provision of similar services by the respective district municipalities.
 - ⇒ Encourage the re-design and presentation of existing information on services, ie improving the layout of the timetables in order to enhance understanding as well as to increase the font sizes and background contrast in which timetables are printed.

- Public Transport Vehicles
 - ⇒ Prepare and publish, in association

with the Department of Transport, guideline requirements for accessible public transport vehicles. These requirements will include the provision of reasonable accommodation of SNP's who use wheelchairs, the use of audio and visual address systems and other appropriate features. Guidelines will be produced for buses, midi-buses, mini-buses and metered taxis.

- Public Transport Facilities

- ⇒ Ensure that all new public transport facilities are planned to be accessible to SNP's and, if identified as a key facility within the public transport network, the facility is to be constructed so in the short to medium term.
- ⇒ Prepare a programme to make key existing facilities in the public transport network accessible.
- ⇒ Ensure that all other public transport facilities and stops allow for the deployment of ramps and lifts away from the main travel way.
- ⇒ Encourage that all major public transport facilities where passengers experience long waiting periods are provided with at least one accessible ablution facility and specifically in urban areas:
- ⇒ Encourage that major public transport facilities are provided with audio and visual announcement systems indicating the arrival/ departure of vehicles.
- ⇒ Encourage that all stops are provided with kerbed stopping areas and shelters.

- Public Transport Operations

- ⇒ Ensure that all future contracted public transport services within the Province progressively include the

operation of accessible services until all contracted services are either accessible and/ or an alternative demand responsive service is available.

- ⇒ Require that an appropriate number of accessible vehicles operate on non-contracted service routes and/or alternative demand responsive service is available.
- ⇒ Investigate the implementation of concessionary fares, for cares, companions and assistive animals (guide/hearing dogs), etc that accompany SNP's who are registered as requiring their presence so they are able to accompany the SNP at a reduced/no fare.
- ⇒ Investigate, in association with the respective local authorities and operators, the provision, training and payment for operating demand responsive services that acknowledge the different characteristics of urban, peri-urban and rural areas, eg Dial-a Ride, brokerage or volunteer services.

- Training of public transport service personnel

- ⇒ Encourage all operators and their staff (including ancillary personnel involved in the day-to-day operations) to undertake sensitivity training with respect to SNP's in order to learn how to properly assist and treat passengers with appropriate attention to the differences among individuals with disabilities.
- ⇒ Encourage all drivers and other operational staff providing public transport services to receive training in the proper use of ramps, lifts and wheelchair and passenger restraint systems, if fitted to the vehicles they operate.



NID DOWE BEJAARDE SORG



Die Nasionale Instituut vir Doves (NID) beskik tans oor twee ouetehuse vir Doves, naamlik Rusoord vir Doves in Bellville wat reeds al vir 14 jaar bestaan, en Shalom op die NID kampus in Worcester wat op 1 Mei 2009 geopen is. Daar is huidiglik slegs enkele kamers beskikbaar.

NID het reeds Fase 1 met betrekking tot Dowe Bejaarde Sorg beplan wat voorsiening sal maak vir 8 "Lewensreg Wooneenhede" op die NID kampus. Die fase word beplan vir 2010 / 2011 waar Doves en/of persone wat gehoorverlies ervaar binne 'n sekuriteits-kompleks kan woon en binne 'n Doof-vriendelike omgewing kan funksioneer.

Navrae kan aan die volgende persone gerig word :

Mnr N Roelofse	NID Adjunk Uitvoerende Direkteur	(023) 342-5555
Mnr J van Eyssen	NID Hoof : Dowe Bejaarde Sorg	(021) 948-0568

DISABLED GIVEN A CHANCE TO WORK

About four million South Africans are living with disabilities, yet only a very small number are gainfully employed, according to research by the Council for Scientific and Industrial Research (CSIR).

Ashley Berman, founder of Brite Byte, an organisation that specialises in the recruitment and placement of people with disabilities, says South Africa has some of the best legislation to support or enforce the integration of people with disabilities into the workplace, but it does not necessarily create a situation that gets them into the workplace.

To try to bridge the gap between being economically inactive and active, Brite Byte and the Services Seta have implemented an internship programme for people with disabilities. As part of the mentored work-readiness programme, unemployed people with disabilities receive training in internal motivation and empowerment.

Participants learn to create effective CVs, hone interview skills and participate in a cognitive enrichment course. They are then better equipped to be placed in an organisation for a three- or six-month work experience, potentially leading to full-time employment.

"Benefits for organisations that participate in this project include the opportunity to assess potential employees and time to train potential employees at no cost, as participants receive allowances from the Services Seta," says Berman.

Recruitment firm Kelly has partnered with Brite Byte since the programme's inception in March 2008, introducing candidates to Brite Byte's clients in the hope of finding the right fit. So far, Kelly has helped place 18 people with disabilities, including 30-year-old Mamazana Tshabalala. Tshabalala is a bright, confident South African who struggled to find permanent employment because she is partially sighted. She was part of the Brite Byte's internship programme, and with Kelly's assistance now works full-time at a leading financial institution.

"I know people think that because I can't see well, I can't work," says Tshabalala. "People like me suffer because it is assumed that we are only good to get the disability grant. Now that I work in a bank, I have gained respect, particularly from my family who now realise I can provide, that I can support them. I am being taken seriously." One of the most important aspects of the internship programme is to encourage a shift in the minds of the participants, encouraging them to become more proac-

tive and confident.

Tshabalala says: "We have to live with ourselves, accept who we are and be happy. We can't just wake up in the morning and no longer be disabled. We have to know what we want, be confident in our abilities and make the best of it."

Today, Tshabalala is an assertive full-time employee who still finds the time to run her own charity which offers support and advice to disabled people in her home province, the Free State, while challenging the local municipalities to provide more for their disabled constituents.

Kelly chief operating officer Gayleen Baxter says Kelly hopes to be able to make a significant difference in the lives of people with disabilities, giving them a chance to access the workplace and gain permanent employment. "We have a great network of clients who could potentially provide internships for unemployed people with disabilities, and ultimately, employment."

Ivor Blumenthal, CE of the Services Seta, says the organisation is continually trying to find creative and practical mechanisms for creating access to the world of work for people with disabilities. "A series of strategic projects will be launched in the next two months to facilitate entry. We are encouraged by the progress made and hope to expand on this," says Blumenthal.

by Sarah-Jane Bosch

"...South Africa has some of the best legislation to support or enforce the integration of people with disabilities into the workplace, ..."



Event :	Social Evening
Date :	29 May 2009
Time :	20H00–01H00
Where :	Wittebome Civic Centre
Tickets :	R50-00 Group of 10 = R45-00
Music :	DJ Wise
Eats :	Bring own platter & drinks

THE PROVISION OF FIRST AID BOXES IN THE WORKPLACE

We continue to receive enquiries relating to the provision of first aid boxes at work.

Regulation 3 (1) ; (2) and (3) of the general Safety Regulations to the Occupational Health and Safety Act (Act 85 of 1993) prescribes these requirements.

When should first aid be provided at the workplace?

The regulation states that “ an employer shall take all reasonable steps that are necessary under the circumstances, to ensure that persons at work receive prompt first aid treatment in case of injury or emergency.” “All reasonable steps” includes the training of employees in first aid skills by a recognized training institution. Employees and other persons on the workplace are entitled to receive prompt first aid treatment without unnecessary delay.

-When should first aid boxes be provided?

The Regulation makes provision that first aid facilities must be provided “ Where more than five employees are employed at a workplace”

Correct placement of the first aid boxes

‘The employer must provide a first aid box or boxes at or near the workplace, available and accessible for the treatment of injured persons at the workplace.’

How many first aid boxes should be provided?

The number of boxes required should be determined by the employer, taking the following into account:

- the type of injuries that are likely to occur at workplace,
- the nature of the activities performed and
- the number of employees employed at such workplace

What should the first aid box contain?

Suitable first aid equipment, as listed in the prescribed Annexure. (You will find the Annexure at the back of the General Administrative Regulations)

Government Notice R.2245 of 7 August 1992
Minimum contents of a First Aid Box.

In the case of shops and offices, the quantities stated under items 1, 8, 9, 10, 14, 15, 17, and 18 may be reduced by half.

- Item 1- Wound cleaner/ antiseptic (100ml)
- Item 2- Swabs for cleaning wounds
- Item 3 - Cotton wool for padding (100g)
- Item 4 -Sterile gauze (minimum quantity 10)
- Item 5 -1 pair of forceps (for splinters)
- Item 6- 1 pair of scissors (minimum size 100mm)
- Item 7 - 1 set of safety pins



- Item 8 -4 triangular bandages
- Item 9 -4 roller bandages (75mm x 5m)
- Item 10- 4 roller bandages (100mm x 5m)
- Item 11 -1 roll of elastic adhesive (25mm x 3m)
- Item 12 -1 Non-allergenic adhesive strip (25mm x 3m)
- Item 13 -1 packet of adhesive dressing strips (minimum quantity 10 assorted sizes)
- Item 14-4 first aid dressing s (75mm x 100mm)
- Item 15 -4 First aid dressings (150mm x 200mm)
- Item 16 -2 straight splints
- Item 17 -2 Pairs large and 2 pairs medium disposable latex gloves
- Items 18 -2 CPR mouth pieces or similar devices

May the employer keep any other articles or substances like painkillers and vitamins in the first aid box?

Regulation 3 states that the employer must ensure that only articles and equipment as mentioned above or other similar equipment or medicine is kept in the first aid box or boxes.

General remarks and comments:

Articles used for first aid purposes should always be replaced as soon as possible after it has been used.

The employer must perform regular inspections of the aid boxes in the workplace to ensure that the boxes contain the prescribed “ minimum contents.”

Items contained in the box should also be inspected for expiry dates. All expired equipment should be discarded and replaced immediately.

A formal first aid register must be provided for the purpose of recording all incidents where first aid had to be provided.

A name list of the certified first aider(s) could also be kept in or near the first aid box.

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Focus on ... Multiple Sclerosis

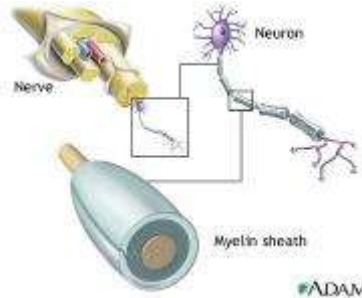
What is multiple sclerosis (MS)?

Since Multiple Sclerosis (MS) is a rare disease in South Africa, most people are not aware that MS is a disease affecting the central nervous system in the brain and spinal cord. Overseas it seems to be the most common chronic neurological condition among young adults. In a healthy person, the tiny nerve fibres of the central nervous system are each wrapped in a sheath of fatty material called myelin. This insulates the nerve impulses in much the same way as electric cable insulates electric current.

In MS some sections of the myelin sheath are damaged and become inflamed. Usually this inflammation disappears within days or weeks, the symptoms go away and there is no permanent damage to the nerve tissue.

But, if the attack to the myelin continues, it can be irreparably damaged and is replaced by scar tissue or

sclerosis. As the myelin sheaths are damaged in more than one place in the central nervous system, the disease is called Multiple Sclerosis. When the myelin is damaged it can mislead and/or prevent messages from the brain to the muscles. Unfortunately the way in which the myelin is attacked is not known and therefore it is hard to develop a cure.



What are the symptoms of MS?

MS has no standard pattern of symptoms and the type and severity of its symptoms depend on the parts of the central nervous system that are affected. It can present as a remitting or a progressive condition.

The remitting course is characterised by bouts or attacks of symptoms. In the beginning, the average interval between attacks or episodes can be two years. However, some people can experience remissions as long as twenty years while others may have more frequent attacks or episodes. The progressive course is noted by symptoms that become steadily worse. In very rare cases MS can present at any age as a severely progressive course from the outset.

People who have MS experience different degrees and combinations of the following symptoms :

- numbness and a tingling sensation or a pins-and-needles feeling;
- clumsiness;
- vision problems, such as double vision which can disappear or improve;
- loss of the sensation of touch;
- heat, cold or pain in certain parts of the body;
- loss of bladder control in different forms;
- pain which can be directly related to MS;
- speech impediments such as slurring of words;
- lack of balance;
- problems with the mobility of limbs;
- fatigue which may be general or in one particular

part of the body:

- intellectual disturbances such as loss of partial short or long term memory, concentration, mood swings or personality changes.

Remember, MS is not a terminal illness, neither is it contagious or hereditary, and only a small number of people with the disease will need a wheelchair on a permanent basis.

Diagnosis

Due to the broad range and subtleties of symptoms, multiple sclerosis may not be diagnosed for months to years after the onset of symptoms. Physicians, particularly neurologists, take detailed histories and perform complete physical and neurological examinations.

- MRI (magnetic resonance imaging) scans with intravenous gadolinium helps to identify, describe, and in some instances date lesions in the brain (plaques).

- An electro-physiological test, evoked potentials, examines the impulses traveling through the nerves to determine if the impulses are moving normally or too slowly.

- Finally, examining the cerebro-spinal fluid that surrounds the brain and spinal cord may identify abnormal chemicals (antibodies) or cells that suggest the presence of multiple sclerosis.

Collectively, these three tests help the physician in confirming the diagnosis of multiple sclerosis. For a definite diagnosis of multiple sclerosis, dissemination in time (at least two separate symptomatic events or changes on MRI) and in anatomical space (for example, within the central nervous system) must be demonstrated.

Extent of disability

The effects of multiple sclerosis vary considerably. Some people with multiple sclerosis have such a mild form of the disability that it goes unnoticed. Others may be so severely disabled that they are unable to work at all. The limbs or organs affected also vary from one person to another.

It is characteristic of multiple sclerosis that the frequency and degree with which the myelin is affected varies considerably and it is this variation that gives rise to the widely differing patterns of relapses and remissions that are typical of the disease. Furthermore, even where paralysis does occur, it is not uncommon for a complete recovery to be effected.

Prognosis

It is estimated that for all MS patients the chance of walking unaided in 15 years following disease onset is 50%. Half of the patients will need assistance in walking or will require the use of a wheelchair; another half of the patients will be able to ambulate unaided.

The average longevity in the population of patients with MS is very difficult to estimate because it varies widely from patient to patient. Average life span of 25 to 35 years after the diagnosis of MS is made are often stated. Some of the most common causes of death in MS patients are secondary complications resulting from immobility, chronic urinary tract infections, compromised swallowing and breathing.

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