



PE&A NEWS

National Council for Persons with Physical Disabilities in South Africa

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August/September 2010 Issue 8

BIG BELL NEWS

Free State NPO's challenge government on problems in its NPO funding policy

A recent judgment of the Free State High Court instructs the Free State government to come up with a better policy in respect of funding of non-profit organisations (NPOs). This judgment is relevant for NPOs and provincial departments of social development in other provinces as well because the Free State policy on funding of NPOs is almost identical to the national policy which covers all provinces.

The judgment relates to a court application brought by the National Association of Welfare Organisations and Non-Governmental Organisations (NAWONGO), NG Social Services Free State and Free State Care in Action against the MEC for Social Development in Free State, the Head of the Free State Department of Social Development, and the National Minister of Social Development. The three NPOs brought this court application after several years of serious frustration about the way in which the Department dealt with transfers (or subsidies) to NPOs. The frustration arose, among others, from delays in payment and failure of the Department to consult with and inform them as to how much it would pay them for the services they delivered. Equally importantly, the frustration arose from the fact that the transfers are too small. The NPOs are thus unable to deliver the services which they are willing and able to deliver, and which they know are badly needed by poor and vulnerable people in the province, because they have too little money.

The first part of the NPOs' application was that government should immediately pay them the transfers that had already been allocated to them but not yet transferred.

The second part of the NPOs' application was that government should review its policies in respect of NPO funding.

The judgment notes that 1 400 NPOs are currently funded by the Free State Department of Social Development, and that the Department openly acknowledges that these organisations play a major role in delivering social services to children, older people, people with disabilities and others. In fact, the Department is dependent on the NPOs for delivering services which the Department is responsible for providing in terms of various laws, in particular the Children's Act, and the Older Persons Act. The Department also acknowledges that the transfers it provides to NPOs do not cover the full costs of delivering the services. Yet its allocations to NPOs and the way in which it makes (or does not make) payment do not reflect these acknowledged facts.

The judgment gives the example of child and youth care centres (CYCCs). It notes that the Department acknowledges that about 2 000 CYCC beds are needed in Free State for children found in need of such care by courts, yet only 1 085 beds are currently available. Of the 1 085 currently available beds, only about 320 are provided in government-run CYCCs, while the rest are provided by NPOs and were established at a cost (to the NPOs) of "millions of rands" so that they are now able to provide for children in all parts of the province.

In terms of running costs, the costing of the Children's Act commissioned by the national Department of Social Development estimated that R6 000 per child per month would be needed to provide adequate care. Meanwhile the Department allocates

Contents

Big Bell News	Pg 1
From the pen of	Pg 4
Radio & Newspaper Schedules	Pg 5
Audio database	Pg 6
Feedback	Pg 7
News from Partners in PE&A	Pg 12
Fact Sheet	Pg 14

This newsletter is in line with Article 8 of the UN Convention on the rights of people with disabilities (Public Education & Awareness)



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Continued from page 1

R5 000 per month per child for one of the homes that it runs itself, and R6 750 per month per child for the other home that it runs. In contrast, the subsidy paid to NPOs is only about R2 000 per month per child.

The judgment notes that this means that NPOs are expected to provide three meals per day for each child for only R11,84. The judgment gives similarly worrying estimates in respect of shelters for children living and working on the streets. Here the Department pays the NPOs a subsidy of between R400 to R500 per child per month yet acknowledges that at least R2000 per child per month is needed.

The judgment notes that this situation violates the rights of children and other vulnerable groups that are laid down in the Constitution and in other legislation such as the Children's Act and Older Persons Act. The judge therefore ordered the Free State Department of Social Development to revise its policy on financial awards to NPOs.

Because the Department had failed even to pay the already allocated subsidies, and because there were other indications that the "department lacks leadership and/or capacity" the judge decided to impose a structural interdict which means that the Court will supervise to ensure that the court order is implemented by the Department. He said that within four months of the judgment the Department must report to the court what steps it has

taken to revise the policy. The NPOs that made the court application will then have one month to comment on the Department's report, and the Department will have a further month to respond to the NPOs' comments. In the meantime, the Department must pay all the transfers that are due to NPOs timeously. Finally, the Department must pay most of the legal costs incurred by the NPOs.

The judgement provides guidance to the Department on how it should revise its policy in order for the policy to be reasonable. Firstly – the policy must recognise that the NPOs are providing services that the Department itself is obliged to provide in terms of the Constitution and various laws. Secondly – the policy must have a fair, equitable and transparent method of determining how much the department should pay and how much the NPOs should contribute from other sources of income such as donations from funders. While the judgment is against the Free State Department of Social Development, it is relevant to all provincial departments of social development because the Free State's NPO funding policy is the same as the national policy.

Reference: National Association of Welfare Organisations and Non-Governmental Organisations and Others vs the Member of the Executive Council for Social Development, Free State and Others. Case no: 1719/2010. Free State High Court.

**By Debbie Budlender
10 August 2010**

DISABLED WOMEN LIVING WITH HIV/AIDS - MULTIPLE DISCRIMINATION

A global conference on AIDS took place recently in Vienna, Austria, and Shantha Rau Barriga says the special vulnerabilities of women with disabilities must be kept on the agenda.

(WOMENSENEWS)--"I'm a woman with a disability. I am HIV-positive and I am on ARVs (antiretroviral drugs). My life is very hard." These were the first words Immaculate, a 52-year-old landmine survivor in northern Uganda, said to me when I met her in May. "It took long for me to declare my status. I felt I should just die," she said.

Margaret is another Ugandan with HIV who also has an amputated leg from a landmine accident. "I cannot bathe near others," she told me. "My neighbors think that the water that comes off of me has HIV in it. They say I

will get the community sick if they touch the water. There has been HIV sensitization in the community but there is no real change in attitudes."

As government and U.N. leaders, HIV advocates and members of civil society gather in Vienna, Austria, this week for the International AIDS Conference, the needs of women such as Immaculate and Margaret must be given priority in the design, implementation and funding of HIV programs and policies. At least 10 percent of the world's population--as many as 660 million people--have a disability, according to the United Nations. People with disabilities have HIV infection rates up to three times higher than people without disabilities because of their risk of physical abuse, isolation, general poverty



Continued from page 2

and lack of access to services and information, found a study by the World Bank and Yale University in 2004. Yet few HIV programs are designed to serve people with disabilities and few disability programs incorporate HIV services.

Discrimination on Multiple Fronts

People with disabilities and HIV face discrimination on many fronts; women with disabilities are especially vulnerable to HIV infection. In many countries, women with disabilities are more likely to be sexually abused--men prey on them since they are perceived as less able to defend themselves or demand justice for sexual violence.

Unfortunately, in many cases, these suppositions are true. Too often the barriers to justice faced by all women over sexual violence are even higher for women with disabilities. Social stigma and the requirement for unwilling doctors to sign police complaints conspire to deter women with disabilities from pursuing these cases.

More subtle factors are at work too: in many societies stigmatizing beliefs prevail that women with disabilities are asexual. In high HIV-burden countries, some believe that women with disabilities must therefore be uninfected and myths persist that sex with a virgin can cure AIDS, making women and girls with disabilities targets of sexual violence.

Women with disabilities may also have greater difficulty than other women in negotiating safe sex or insisting that partners wear condoms. They are also less likely to undergo HIV testing because of attitudes of hospital staff and long distances to health centers. Angela, a young woman with polio who was raped by a man in her community, told me that she has not been tested for HIV because she would have to crawl a long distance and sleep on the road to get to the test-

ing site. Instead, she must, in her own words, "live without knowing."

Invisible in the Field

People with disabilities are invisible in the HIV field, as shown by the lack of statistics on this issue. Donor organizations need to promote and fund research on the link between HIV and disability. Better data can help identify the challenges people with disabilities face and be used to develop programs to address them.

Governments, U.N. agencies and HIV organizations should actively work with disabled persons' organizations and include people with disabilities in all stages of their programs. A place at the table means that people with disabilities can make their voices heard and get their concerns addressed, honoring the disability community's motto of "Nothing about us, without us." People with disabilities can be empowered as peer educators to reach their own communities.

For example, in Kenya one HIV organization worked with the deaf community to increase their access to services. The group hired deaf staff members to provide confidential HIV testing and counseling, mobilized and advocated within the deaf community, created accessible educational materials and established post-test support groups for those who are deaf and hard of hearing. After the program's success, the group broadened the focus to other people with disabilities through a partnership with the Kenya Institute of Special Education. The institute opened an accessible HIV testing and counseling center, as well as mobile services that could travel to people unable to reach the center.

Shantha Rau Barriga is a researcher and advocate for health and human rights at Human Rights Watch.

WUNRN <http://www.wunrn.com> dated 15/08/2010

FROM THE PEN OF

... Fanie Du Toit



Disabled people remain poor and marginalised in Johannesburg

What is your opinion regarding the following study?

How are people with disabilities in your areas affected in this regard?

A Johannesburg-based research study on poverty and disability had found that despite governmental commitments to the human rights of people with disabilities, most remain poor, are less educated and are not able to earn a livelihood.

The *Johannesburg Poverty and Disability study* conducted by the Centre for Social Development in Africa (CSDA), a collaborative effort with the United Kingdom Department for International Development, revealed that 82% of all unemployed South Africans are people with disabilities. The study aims to contribute to policy debates in South Africa in order to provide evidence to ensure that people living with disabilities are afforded better service and access to opportunities, thus strengthening their livelihoods.

Consequently, people with disabilities still experience discrimination and are pushed to the margins of society", says Lauren Graham, a researcher at UJ's CSDA. "Contrary to popular beliefs that disabled live on social grants, the study found that 61% of the respondents interviewed in eight of the poorest wards in Johannesburg are not accessing the disability grant.. Some of the reasons were due to a lack of knowledge of the grant, how and where to apply, a lack of identity documents and some earned slightly above the income threshold. This led to despondency due to the red tape involved and being treated insensitively. One of the respondents said that he gave up and "I will not go back there again".

Dr Rowland, a disability right activist and contributing researcher to the study added that the high rate of HIV/AIDS has resulted in a rapid increase in the number of people accessing the disability grant. Since there is no support for people with chronic illnesses, the disability grant provides a valuable means of support to those in need. "It however also places pressure on the grants system."

According to Graham, the study is revealing the varying impacts of poverty and the effect poor living conditions have on people's health and quality of life."Lack of capability to earn a livelihood is largely due to the lack of skills, support with micro enterprises, barrier free access and a lack of accessible transport.

Many respondents reported that although they do not work outside

the home, they provide care for children and other members of the household such as the elderly and the sick. Limited work opportunities and discrimination in the labour market were other factors that hampered their access to employment. For those not employed they expressed great frustration with their lack of capability to secure a livelihood," says Graham. The study also found that family members are people with disabilities greatest support. However, it the study clearly underline the important role government should play by assisting with education and skills development; make the grant more accessible; ensure barrier free access; support micro enterprise development and step up access to employment opportunities.

Based on the report: **Graham, L., Selipsky, S., Moodley, J. & Maina, J. with Dr. William Rowland (2010). Understanding Poverty & Disability in Johannesburg. Johannesburg: Centre for Social Development in Africa, University of Johannesburg**

Note to the journalist/news editor/producer:

Ms Lauren Graham, researcher at the UJ's the Centre for Social Development in Africa (CSDA) is available for interviews. She can be contacted on via email lgraham@uj.ac.za or on 011 559 6356 or mobile 082 315 4253.

Dr William Rowland, a disability right activist and contributing researcher to the study is available for interviews in Afrikaans. He can be contacted on mobile 083 555 5000.

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RADIO STATIONS COVERING DISABILITY ISSUES

'A request is made to all PE&A roleplayers to share your involvement with the following radio stations with us -

1. *Community radio stations*
2. *Commercial radio stations*
3. *National radio stations*

Relevant information will appear in the table below for information.

RSG (Radio Sonder Grense)	www.rsg.co.za
LESEDI FM	www.lesedifm.co.za
RADIO PULPIT / KANSEL	www.radiopulpit.co.za
COMMUNITY RADIOS	<p><i>Community radio stations currently broadcasting programmes on disability issues are as follows -</i></p> <ul style="list-style-type: none"> Radio Rosestad: Bloemfontein CCFM: Muizenberg Radio Namakwaland: Vredendal Radio Kingfisher: Port Elizabeth Radio Lichtenburg Kovsie FM: Bloemfontein Radio Kragbron: Witbank KCFM Huguenoot: Paarl Radio Laeveld: Nelspruit Vallei FM: Worcester Radio Riverside: Upington Radio Gamkaland : Beaufort West Kingfisher FM : Port Elizabeth (Open Door) Nfm: Okiep Namaqualand Transworld Radio: DSTV (channel 155) Radio West Coast : Vredenburg South Cape Stereo : Oudtshoorn, George <p><i>* Contact Fanie Du Toit for more detail</i></p>



NEWSPAPERS COVERING DISABILITY ISSUES

A request is made to all PE&A roleplayers to share your involvement with the following newspapers with us -

1. Community newspapers (including newsletters, church tracts, etc.)
2. Commercial newspapers
3. National newspapers

Relevant information will appear in the table below for information.

NATIONAL	
COMMUNITY	Die Volksblad : Bloemfontein Ons Kontrei : Vredendal Worcester Standard : Worcester Table Talk : Milnerton George Herald : George Die Courier : Beaufort West

AUDIO DATABASE

We are compiling a database of audio files containing information on the content of disability issues. These may be ordered from the National office per e-mail.

*Transcripts of these audio files are available.

Vehicle Rebates	English (3,75MB) , Afrikaans (4,63MB), Xhosa (4.48MB)
Beach permits	English (3,9MB) & Afrikaans (4,8MB)
Physical Disabilities	English (1.4MB), Afrikaans (2.3MB) & Xhosa (1.7MB)
Hearing Loss	English (MB), Afrikaans (MB) & Xhosa (MB)



FEEDBACK RECEIVED

These are examples of the correspondence we receive via e-mail. We also receive many phone calls, SMS's and hand-written letters. We contact each of them, even if it is just to listen. However, we try to refer them to provincial structures or the relevant NGO's for support. Sometimes names are removed for the protection of privacy.

SMELLING TO HELP THE DISABLED

Washington - Severely disabled people may soon be able to use their noses to write, drive a wheelchair or surf the internet, thanks to a device developed and tested by doctors in Israel.

The device harnesses sniffing - or breathing in and out through the nose - which involves the soft palate on the roof of the mouth, according to a study published on Monday in the Proceedings of the National Academy of Sciences of the US. The soft palate is controlled by cranial nerves which are "always very well conserved following severe injury", said Noam Sobel, a professor of neurobiology at the Weizmann Institute in Rehovot, Israel, and one of the lead authors of the study.

That's why eye blinks can be used to communicate with severely injured people - because eye blinks are also controlled by cranial nerves," Sobel said.

Sobel worked with other scientists from the Weizmann Institute and the Sackler faculty of medicine at Tel Aviv University to develop a way to convert sniffs - which the device measures as nasal pressure - into electrical signals.

Successes

Able-bodied individuals who tested the device, which consists of a small cannula, like the tubes used in hospitals to deliver oxygen to patients, that sits at the opening of the nostrils and is connected to a small pressure sensor, quickly learned to play computer games and write sentences by sniffing.

Encouraged by the results in the healthy trial participants, the researchers decided to test their device on quadriplegics and

"locked-in" individuals - people who paralysed but whose mental faculties remain intact.

◇ One, a woman who became locked-in following a stroke around seven months earlier, had to be re-taught how to sniff. But within three weeks, she was able to use the sniff-controller to write. She "started writing with this device at once, initially answering questions and after a few days generated her first post-stroke meaningful self-initiated communication that entailed a profound, personal message to her family", the study says.

◇ A man who had been locked-in for 18 years and was only able to communicate by blinking one eye was able to write his name by sniffing within 20 minutes of being fitted with the device.

◇ And a quadriplegic woman with severe multiple sclerosis was able to write for the first time in 10 years, thanks to the sniff-controller. She also learned how to move a cursor on a computer screen by sniffing and now uses the device to surf the internet and write emails, the study says.

◇ Ten quadriplegics who tested the device very quickly learned to use their noses to write words, open an internet browser, and copy and paste words into a search engine.



Continued from page 7

Patent

"This device allowed us to communicate with very severely disabled individuals, even with individuals who could not blink," said Sobel.

We had one patient who couldn't blink at all and she sends us emails now by sniffing. That's pretty moving," he said.

Encouraged by their success in helping severely disabled people to communicate, the researchers decided to push the envelope of the new technology and devised a code to allow an electric wheelchair to be driven by sniffs.

Ten healthy people easily mastered sniff-driving a wheelchair through a maze and a 30-year-old man who had been paralysed from the neck down for six years was as good a sniff-driver as the healthy participants by his second attempt, the study says.

In other words, a quadriplegic person could use the sniff controller to drive an electric wheelchair with high precision following a total of only 15 minutes of practice," the study says. Sniff-controlled technology is still

still in the development stage, and the Weizmann Institute has applied for a patent on the device.

"I'll be very happy if they make a buck but the real issue is: I hope someone will license it and develop it because this should go out into the world and help a lot of people," said Sobel.

If the device is mass produced, it would be very accessible to every wallet, said Sobel.

"It should cost 10 or 20 dollars, not more.

"It's low-tech and simple, which is one of the things I like most about it," he said.

- SAPA

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Vodacom upgrades popular phone for the elderly

Following the success of its ZTE handset designed specifically to meet the needs of the elderly, Vodacom is now introducing an upgraded version that takes the best features from the previous model and makes them even more user-friendly.

The ZTE S306 cell phone boasts large buttons and an even larger screen than the previous model, making it ideal for anyone who has trouble reading the symbols on other keypads or who may have limited hand dexterity. In addition the SOS button has been improved to make it easier to use in case of emergencies.

"At Vodacom, we believe that all people should have access to mobile telecommunications and that we need to ensure that our range of handsets caters to all needs. The ZTE S306 is elegantly simple and helps make technology work for the user rather than the other way round" said Shameel Joosub, Managing Director of Vodacom SA.

Vodacom has listened to the needs of the elderly and has brought out this updated model to address their specific requirements. The most important features of the ZTE S306 cell phone are the SOS slide button, large keypad, slide key lock button, louder ringing tone, and the handy torch and FM radio.

"We are pleased that Vodacom has responded to the call from senior citizens for a cell phone that caters for their specific needs - and has done so at an affordable price" said Johan Smuts from Pension Power.

Pension Power is also today launching its new website aimed at senior citizens on www.seniorcitizen.co.za. The organisation will be running a competition on the website where ten ZTE S306 phones can be won.

Vodacom is offering the ZTE S306 cellphone at the recommended retail price of R399.00 (incl. VAT), including a free Vodacom starter pack.

Continued from page8

The ZTE S306 cellphone is available from all participating Vodashops, Vodacom 4U stores and Vodacom Direct (dial 0861 123 123 or visit www.vodacomdirect.co.za).

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For more information on Specific Needs products and services, customers should contact Vodacom's Specific Needs Contact Centre on 12580, free from a Vodacom cell phone, or by dialling 082 12580 from any other phone (standard rates apply). Customers can also send an email to 12580@vodacom.co.za

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NEWS FROM THE SPONGE PROJECT - AUGUST 2010

COMMUNITY NOTICE

The sms information service for disabled people

We have designed a system to help anyone with a cell phone to find their nearest rehabilitation or other disability services.

Please send a short SMS to 072-172 2623 with your name, town, disability and the info you need.

We will then reply and tell you how to contact your nearest resource.

You can use your free SMS's but we are not a call centre so we do not reply to 'missed calls' or 'please call me'.

You can also send an email to the.sponge.project@gmail.com or read more about us on <http://thespongeproject.yolasite.com/>

INTRODUCTION

- ◇ The Sponge project is about advocating for better rehabilitation for disabled people. That includes awareness about rights, access to medical treatment and therapy, assistive devices, accessible buildings and transport, housing, education, skills development, employment and travel.
- ◇ Our prime mission is to make information about resources for all the above services available to any disabled person with access to a cell phone .
- ◇ We therefore offer an SMS Information Service (072-172 2623) to enable disabled people to locate their nearest rehabilitation resource.
- ◇ Our secondary mission is to try to sensitise people about disability issues and assist them to network with each other by subscribing to one or more of the Disability List Serves – see below.

- ◇ We send this newsletter to everyone on our database of resources (currently nearly 4000 contacts) to improve their awareness of disability issues and let them know how they can get more information.
- ◇ We think that ours is the only cross-disability newsletter addressing government departments or NGOs in this way in order to plug the gap on information on disability.
- ◇ Great news – The.Sponge has come out of the closet. We have posted our Excel database of resources onto our website. You are free to download it (about 2Mb), save it and manipulate it for your own non-commercial purposes. We will continue to update the database as we find new resources.
- ◇ Register with us – if you would like us to add a new resource or update your contact details, please complete and return the registration form that you can download from our website.
- ◇ We have reverted to a text-only format to be compatible with all discussion lists.
- ◇ If anyone has a problem to access this newsletter or the website with magnifier software or a screen reader, please let us know.

PROMOTION OF THE SMS INFO SERVICE

- ◇ We are not receiving as many SMS enquiries as at the start of the project.
- ◇ Please make copies of the Community Notice at the top or bottom of this newsletter and display them in your offices and anywhere in the community where they may be seen by disabled people or their families. We would like

Continued from page 9

abled people or their families. We would like to see the notices on the community notice boards in Shops and in Hospitals and Clinics, Welfare offices, SASSA pay points, Churches, Post Offices, Police Stations, Libraries, Schools, and Ward Councillor and other Municipal offices.

- ◇ You are welcome to add translations in local languages so that the service is accessible to as many disabled people as possible.
- ◇ It would also assist us if you would please include the notice in your newsletters or websites.

DON'T HAVE YOUR OWN WEBSITE YET?

Please contact us if you would like a basic website like ours. For only R500 (negotiable) we will set up your website, register your info and provide you with the access code so you can update the site yourself.

TOTAL REHAB

- ◇ Our definition of Total Rehab is the delivery of the services required to treat a child disabled at birth, or a person who has become disabled through disease or injury, who needs welfare support, or education, or re-skilling, or assistance to claim back their dignity and independence through self- or mainstream employment, and achieve his or her dreams.
- ◇ This process is described in the Department of Health National Rehabilitation Policy (the now infamous green booklet 'Rehab for All').
- ◇ The Rehabilitation Manager in each district of each province is responsible for getting representatives of various government departments around the table and motivating them to collaborate for the greater good of disabled people.
- ◇ Rehabilitation is a jigsaw with nothing connecting the pieces, but take a look at www.ruralrehab.co.za to see how Karen Lister is trying to link some of the pieces.
- ◇ The Sponge Project is also trying to contribute to plugging the info gap on disability.
- ◇ We were pleased to read in the latest SANCB Focus about the success of their Community Based Rehabilitation workers and hope that other NGOs will implement similar services.
- ◇ The same issue gave information about the Book Famine, and how "The SA Copyright Act is blocking a huge amount of information and prevents blind people from benefiting from the information age."

THE CHILDREN'S ACT

- ◇ The Children's Act has been amended.
- ◇ We urge everyone to read a copy of "From Sidelines to Centre Stage" for insight into the struggle to get government to recognise the existence of disabled children.

We applaud the Children's Institute for monitoring both the process, and the substantive content while the Act was being updated.

But are the NGOs any closer to speaking with one voice?

We wonder to what extent this work sensitised the Children's Institute about the rights and needs of disabled children. * We look forward to evidence of that in their future work and publications such as the Child Gauge as we think that there should be specific references to 'disabled children' instead of just lumping them together under 'vulnerable children'.

DISABILITY DATA EXPRESS

- ◇ Although our SMS info service is plugging some of the gaps, we think that there should be a national 0800 Toll Free number to give anyone access to any information on disability.
- ◇ The 0800 number would connect callers to call centres in NGOs throughout South Africa.
- ◇ The call centres would require access to a comprehensive national database of information for the disability sector, such as -
 - (a) Contact details for NGOs,
 - (b) Contact details for government departments and key officials such as Rehab Managers (HEALTH), Disability Coordinators (SOCDEV) and Inclusive Education Managers (EDUCATION).
 - (c) Contact details for any other organisation supplying services to disabled people such as professional associations, consultants, legal resources, suppliers, day and residential care for children and adults, training, recruitment agencies, etc.
 - (d) Links to specific nut-and-bolt information such as specifications for accessibility, application procedure for parking tickets, prevention of pressure sores, Know-CP, orientation and mobility, sign language, AAC applications, etc, most of which is already available on various websites.
- ◇ We are waiting for a response from the SA Disability Alliance.
- ◇ In the meantime our initial research has shown us that there is no need to re-invent the wheel. HIV-911, www.hiv911.org.za have an accessible database with over 17000 items. Try them.
- ◇ >SADAG, www.sadag.co.za is Africa's largest mental health support and advocacy group. They have a 15-line call centre and highly trained counsellors operate the Mental Health Counselling Centre and the toll free Suicide Crisis Line. They are at the forefront of providing counseling services, mental health awareness pro-



Continued from page 10

grammes, powerful media campaigns, school talks and rural outreach initiatives to thousands of patients, families and communities across South Africa. Read about their Speaking Books for low literate communities.

- ◇ If you have any suggestions please contact me tony.webb@telkomsa.net.

THE NCPDPSA/ROUND TABLE PROJECT

- ◇ A few months ago, NCPDPSA, www.ncppdsa.org.za, commissioned us to assist them to find disabled children throughout South Africa who are not part of the formal education system.
- ◇ Round Table has agreed to provide support for such disabled children.
- ◇ Our task was to identify child care centres in each province and link them to local branches of the Association for the Physically Disabled, and branches of Round Table.

NATIONAL ACCESS AUTHORITY

NAA Update is a newsletter issued by Jeremy Deysel who has been appointed as National Access Officer. If you would like a copy or have any questions about accessibility you can contact him at jeremy.deysel@ncppdsa.org.za, 011- 726-8040 or Fax 011 - 726-5705 or Cell 073- 345-3805.

The NAA is a joint programme between The National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) & The QuadPara Association of South Africa (QASA)

It was mandated by the Disability Alliance and aims to ensure Equal Environmental Access & Promote Universal Design.

SANS 10400-S: THE APPLICATION OF THE NATIONAL BUILDING REGULATIONS – PART S: FACILITIES FOR PERSONS WITH DISABILITIES

The long awaited revision to the NBR, superseding the corresponding parts of SABS 0400:1990 and SABS 0246:1993, was finally released for public comment in May 2010.

Contact Jeremy Deysel if you would like a copy.

DISABILITY LISTSERVES (Repeated from our May Newsletter)

List Serves are an easy way to keep in touch with disability issues in South Africa, to help you to share info and to have your say.

By participating you can promote networking and collaboration between organisations South Africa and those who operate in other parts of Africa.

Here is how to subscribe to some important lists -

*** Rehab/Disability Discussion List**

Go to <http://lists.hst.org.za> and click on the Disability tab.

AACSA - Augmentative and Alternative Communications List

Send email to AACSA@kendy.up.ac.za with Subscribe in the subject line.

BlindZA - Open discussion forum for VIPs

See <http://www.freelists.org/list/blindza> for more info.

Send an e-mail to blindza-request@freelists.org with Subscribe in the subject line.

Or go to <http://www.blindza.co.za> and follow instructions

NAP Lists – General, Blind, Deaf, Educate and Physical

First go to www.napsa.org.za and read the Project Overview and Progress.

Then click on Mailing list and follow the instructions.

Or go direct to : <http://lists.napsa.org.za/mailman/listinfo/> and click on the list you wish to join.

EMAIL ETIQUETTE

We have a few suggestions to save time and frustration -

- ◇ Always give a SUBJECT.
- ◇ Change the SUBJECT if you are writing about a new topic.
- ◇ Put your NAME at the end, particularly if you are sending from an organisation email.
- ◇ Put some info after your NAME so we know who is who in the zoo.

ACKNOWLEDGEMENTS

The Sponge Project is a privately funded initiative and offers a free community service to cell phone users in any part of South Africa.

We are supported technically by AXXESS DSL of Port Elizabeth.

We thank all those organisations who have been supportive and those who have mentioned our project in their newsletters and websites.

Regards

Tony and Tim Webb,

The Sponge Project Team, Port Elizabeth

NEWS FROM PARTNERS IN PE&A

NEWS FROM NATIONAL INSTITUTE FOR THE DEAF



As the word spreads, it seems that more and more organisations realize the need and are willing to participate in sensitization sessions such as presented by Public Education and Awareness teams. The Worcester team at the National Institute for the Deaf's Centre of Knowledge has been hard at work at identifying organisations and then going the full circle: from sensitization of personnel and clients to the access evaluations these buildings.

In the past few months the team, consisting of (amongst others) a person born deaf, one who is deafblind and one hard of hearing, have travelled across the province to reach the ACVVs homes for the elderly. These six homes (personnel and residents) were sensitized and meetings are being scheduled for those who want to make their buildings more accessible for people with hearing loss. About 400 individuals were reached by the sessions.

Correctional Services:

Bringing PEA sessions to Correctional Service officials are the latest endeavour. Dates for these sessions have been scheduled well into 2011. About 40 correctional officials at the Brandvlei Correctional centre and Goodwood Correctional centre have been sensitized so far. Other organisations where PEA sessions were also held, include the George Municipality, the Vincent Palotti Hospital in Cape Town .



Higher education:

Two members of the PEA team are currently busy with a course on transporting people with special needs. Both of them are completing the theoretical part of the training and they are awaiting completing the theoretical part of the training and they are awaiting a date that will be set to do their practical training in Port Elizabeth. Their completion of this course (presented by the CBA in Bloemfontein) will provide a new dimension to the PEA training that is already being given. To ensure that all the presenters in the team are up to standard, special sessions were held to refresh the team members with the laws that form the backbone of PEA presentations. They will now continue to adapt their presentations accordingly and in practice make sure they adapt to suite the specific audience. Many new projects have also seen the light. In partnership with the Tourism Grading Council the PEA



team, recently started to evaluate a guest house in Cape Town to make it fully accessible for people with hearing loss. This guest house will then serve as an example for the other 3 000 guest houses and hotels in the country when it comes to being accessible for people with hearing loss.

A dental practice in Cape Town also gave the go ahead to make it fully accessible for people with hearing loss. This can also lead the way for other organisations and companies to do the same. To lead by example, the various divisions at the NID are also starting these evaluations of their buildings.

Workshops on assistive devices

In bringing the knowledge of the needs of people with hearing loss together with people who have the technical training and experience together, the hope is to bridge the gap between assistive devices that are already on the market and that which is still needed. Regular workshops between role players have been held to discuss what the way forward is and what they can provide to address this.

Schools and tertiary institutions

Earlier this year the PEA team started with a project aimed at reaching learners with the message of hearing loss. As part of the sensitization session that are usually presented, a short drama production which depicts a possible situation when a hearing person meets Deaf person, is performed. The project was launched in Bethlehem where the team visited three schools and a local congregation. About 3 500 people were reached.

Tertiary institutions are also getting on board as Boland College recently asked for these sessions to be presented at their campuses as well. Close contact is also kept with various universities in the hope of possible sensitization sessions to be held there in the near future.

Caring Women for the Deaf

April 5th marked the first birthday of the Caring Women for the Deaf - a group established to be the eyes and ears of PEA in the community, to identify people with hearing loss and also to bring the team in connection with businesses and organisations that would like their personnel to be sensitised. This leads to the possibility of evaluating buildings for access to people with hearing loss later on. The group is continually growing in numbers and spreading across the country. The PEA sessions held at the Correctional Services is one example of sessions organised thanks to an initiative from a Caring Women. The same with the launch of the school project in Bethlehem and all the activities that were held there. The Caring Women for the Deaf are gradually attending formal PEA sessions to insure they are empowered with information on hearing loss. There are currently about 150 Caring Women for the Deaf.

ARTHRITIS

What is arthritis?

Arthritis is a chronic disease, mainly characterised by inflammation of the lining, or synovium, of the joints. It can lead to long-term joint damage, resulting in chronic pain, loss of function and disability. There are many types of arthritis (over 100 and growing). The types range from those related to wear and tear of cartilage (such as osteoarthritis) to those associated with inflammation resulting from an overactive immune system (such as rheumatoid arthritis). Together, the many types of arthritis make up the most common chronic illness in the United States.

What causes arthritis?

The causes of arthritis depend on the form of arthritis. Causes include injury (leading to osteoarthritis), metabolic abnormalities (such as gout and pseudogout), hereditary factors, infections, and unclear reasons (such as rheumatoid arthritis and systemic lupus erythematosus). Arthritis is classified as one of the rheumatic diseases. These are conditions that are different individual illnesses, with differing features, treatments, complications, and prognoses. They are similar in that they have a tendency to affect the joints, muscles, ligaments, cartilage, and tendons, and many have the potential to affect other internal body areas.

What are symptoms of arthritis?

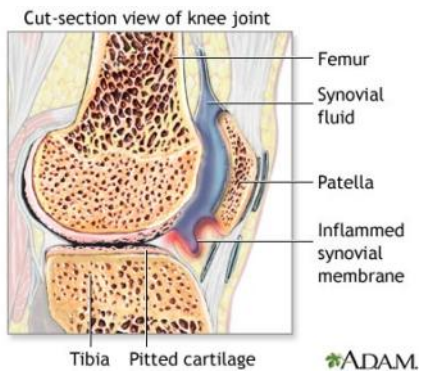
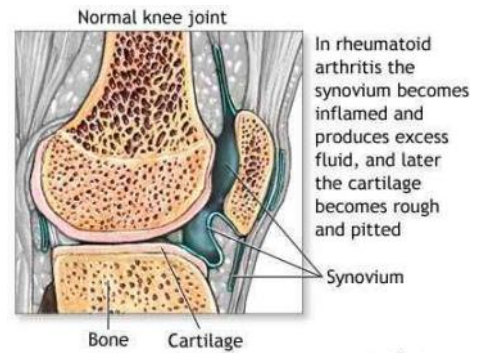
Symptoms of arthritis include pain and limited function of joints. Inflammation of the joints from arthritis is characterized by joint stiffness, swelling, redness, and warmth. Tenderness of the inflamed joint can be present. Many of the forms of arthritis, because they are rheumatic diseases, can cause symptoms affecting various organs of the body that do not directly involve the joints. Therefore, symptoms in some patients with certain forms of arthritis can also include fever, gland swelling (lymph node), weight loss, fatigue, feeling unwell, and even symptoms from abnormalities of organs such as the lungs, heart, or kidneys.

What is the prevalence of arthritis?

Arthritis, which literally means "inflammation of a joint", is the number one disabling disease in South Africa, affecting an estimated one in every seven people. Arthritis is not infectious but can be inherited from one generation to the next through genes. Osteoarthritis (OA) is the commonest joint disease and its prevalence increases with age so that more than 50 percent of older people over 65-years of age have clinical evidence of OA. Worldwide, OA affects approximately 40 million people. Arthritis sufferers include men and women, children and adults. Approximately 350 million people worldwide have arthritis. Nearly 40 million people in the United States are affected by arthritis, including over a quarter million children!

Types of arthritis

The general term, arthritis actually includes more than a hundred related but distinct diseases. *Osteoarthritis*, which means the wearing down of the surface of a joint, is a 'local disease' which is confined



to a few specific joints in the body. The cartilage 'cushion' deteriorates resulting in pain and loss of movement as bone rubs against bone, and the bones underneath becoming rough. The joint normally heals itself but in very few cases results in severe damage and deformity. On the other hand *Rheumatoid arthritis*, found in about six percent of all reported cases, can affect the entire body resulting in general fatigue and formation of lumps under the skin called "rheumatoid nodules". This kind of arthritis afflicts three times more women than men and can make a person ill. Rheumatoid arthritis (RA) progresses in three stages. The first stage is the swelling of the synovial lining, causing pain, warmth, stiffness, redness and swelling around the joint. Second is the rapid division and growth of cells, or pannus, which causes the synovium to thicken. In the third stage, the inflamed cells release enzymes that may digest bone and cartilage, often causing the involved joint to lose its shape and alignment, more pain, and loss of movement.

Gout and *fibromyalgia* are also forms of arthritis.

How is arthritis treated?

The treatment of arthritis is very dependent on the precise type of arthritis present. An accurate diagnosis increases the chances for successful treatment. Treatments available include physical therapy, splinting, cold pack application, paraffin wax dips, anti-inflammation medications, immune-altering medications, and surgical operations. Arthritis can be managed through a range of treatments from keeping a balance between rest and exercise, the gentle use of the afflicted joint, drug therapy, mainly for relief of pain and to increase mobility.