



PE&A NEWS

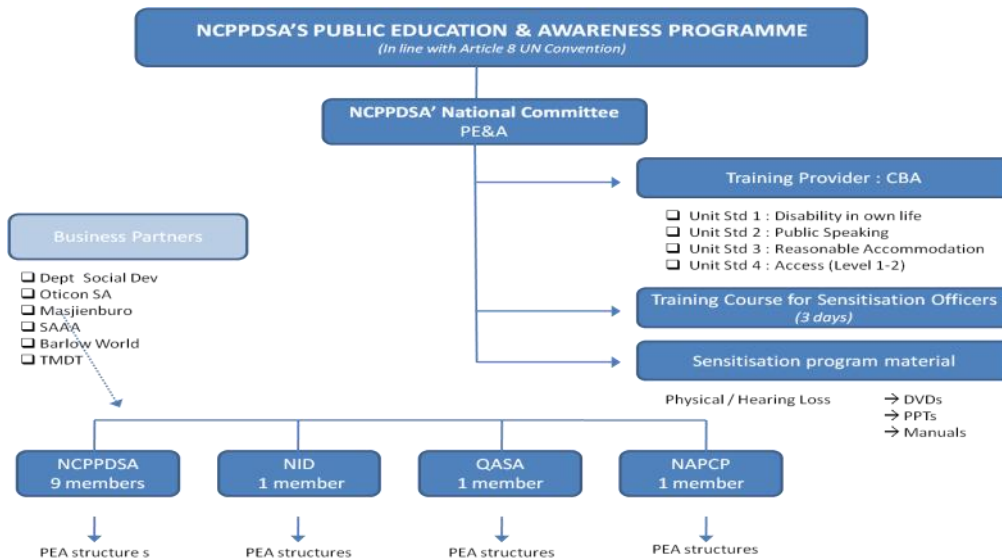
National Council for Persons with Physical Disabilities in South Africa

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

December 2009 & January 2010 Issue 4

BIG BELL NEWS

PUBLIC EDUCATION AND AWARENESS ORGANOGRAM



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NOISE MEASUREMENTS ON VUVUZELAS

Dear Klaus

NOISE MEASUREMENTS ON VUVUZELAS

This letter serves to confirm that I took noise measurements on three different types of Vuvuzelas on 3 July 2009.

The measurements were taken in the open with the microphone located at approximately 1,5 m above the ground and 1 m from the Vuvuzela. The instrument used was a Svantek 912AE and the calibration status was checked with a Rion NC 73 Sound Level Calibrator before the measurements. The microphone was fitted with a windshield supplied by the manufacturer.

The noise levels were measured in terms of the L_{Aeq} and L_{Amax} determined during the period of several blasts on the Vuvuzelas.

The following measurement results were achieved:

	L_{Aeq}	L_{Amax}
• Small Vuvuzela:	92,8 dBA	99,9 dBA
• Medium Vuvuzela:	97,6 dBA	105,5 dBA
• Large Vuvuzela:	104,4 dBA	114,9 dBA

Kind regards

F le R Malherbe Pr Eng



Design and compilation by
Western Cape APD

COMMUNICATION WITH PERSONS EXPERIENCING HEARING LOSS

Persons with hearing loss are a diverse group, whose preference regarding communication can differ. It is therefore necessary to find out from the person concerned which method he/she prefers. Take note that there are two main groups namely:

Post lingual: This is when hearing loss occurs after the acquisition of speech. This group does not use Sign Language – communication takes place by means of lip reading enhanced with gestures / hearing aids or a combination thereof (called speech reading), and the use of a lip speaker as an interpreter or a transcriber, if required.

Pre-lingual: This is when hearing loss occurs before the acquisition of speech (Afrikaans, English etc). This group uses Sign Language as a medium and a Sign Language interpreter as an interpreter, if required.

Etiquette for communicating with persons experiencing hearing loss:

- Wave or touch the person's shoulder to draw his attention.
- Don't wave in the person's face or use huge waving gestures if you are close by. A small flapping movement of the hand is usually enough.
- Keep sentences short and use proper sentence construction.
- Rephrase, rather than repeat sentences that the person does not understand.
- Speak clearly so that the person can see and read your lips.
- Use a normal tone of voice when having a conversation, unless otherwise indicated by the person.
- Do not smoke, chew gum or let your hair cover your face whilst in conversation.
- Use facial expressions to correspond with the topic and mood of discussion.
- Keep eye contact with the person and talk to the person and not to the interpreter / lip speaker / transcriber
- Be patient when either you or the person experiencing hearing loss, have difficulty in understanding or transferring a message.
- Do not change the subject or change your language in mid-sentence.
- Use basic signs to support you in transferring your message.
- Indicate unforeseen happenings e.g. sudden loud music or dogs fighting.
- Ensure that the light shines on your face from the front.
- Avoid backlight - If you are standing with your back to a light source, such as a window, the glare may obscure your face and make it difficult for the person experiencing hearing loss to communicate.
- Establish a comfortable distance between you and the person involved in communication.
- Establish eye contact before beginning communication. This might be considered a "stare" in other cultures, but not in the "culture" of persons experiencing hearing loss.
- Do not pass between two people communicating. If you have to, excuse yourself before walking through.
- Do not look away during the conversation as that denotes termination of communication.



ETIQUETTE : INTERACTION WITH A PERSON WITH A PHYSICAL DISABILITY

The public has a certain perception of persons with disabilities, especially if they do not know someone with a disability personally. It is sometimes difficult to interact with a person when you are unsure of how to go about introducing yourself, or what acceptable behavior is.

The golden rule is : treat a person with a disability the way you would treat anybody, and if you are unsure, ASK THEM! Most persons with disabilities would love for you to come over and chat to them, which shows that you see the person and not the disability.

To help you along, here are some pointers –

- Do not lean on, or touch a person’s wheelchair - it is part of their personal space.
- Always speak to the person with the disability and not to the person accompanying them.
- When talking to a wheelchair user, sit on a chair in order to sit at their eye level. If you have to stand, stay at a distance so that the person does not strain his/her neck.
- Never ask a wheelchair user to hold items, e.g. coats. Do not put your drink, for instance, on the desktop attached to someone’s wheelchair.
- Do not push a person’s wheelchair without their permission.
- Be prepared to offer assistance to persons with limited hand, wrist or arm function.
- People using canes or crutches need their arms to balance themselves, so never grab the person.
- Place items within a wheelchair users reach.
- Pulling out or pushing in a chair may present a problem. Always ask before offering help.
- Put out mats on slippery floors for persons using canes or crutches, although people using wheelchairs prefer floors without mats.

Remember, if a person with a disability is unfriendly, it’s because they have a grumpy personality and not because they have a disability!

TRAIN-THE-TRAINER PROGRAMME ON PUBLIC EDUCATION AND AWARENESS FOR 2010

Persons with disabilities/Non-disabled persons are trained to:

1. Disability in my Own Life (Or a life of a person close to me – who can be my mentor)
2. Making Oral Presentations
3. Reasonable Accommodation for Persons with Disabilities in the Workplace
4. Building Accessibility for Persons with Disabilities (Choose one: Physical, Hearing Loss, and Visual Access)

Each person that wishes to empower him-/herself with the knowledge on disability issues should have the opportunity to do so. From these individuals, we trust that more leaders will rise to represent not only themselves, but the sector in a powerful manner.

It is important that role-players understand that Public Education and Awareness is a common goal for all disabilities and

that taking hands to achieve this would be beneficial for all. This is a flagship programme that could and will change persons with disabilities life in South Africa. The empowerment will lead to transformation which again should lead to more job opportunities, which should lead to financial independence for more persons with disabilities.

The success of this programme is that candidates are hand-picked to become trainers. They then qualify as trainers by passing the SAQA accredited unit standards assessments.

The Train-the-Trainer programme :

1. Is accredited by SAQA
2. Monthly broadcasts via satellite from University of Stellenbosch hosted by Fanie du Toit
3. Facilitated by CBA (CENTRAL BUSINESS ACADEMY)
4. Beneficiaries are from all spheres of life – from grass roots level up to executive level up to executive

Trainers are nominated by the structures of NCPDSA/Official Partners

5. The Train-the-Trainer broadcast is available nationwide at several venues in all provinces.
6. Contact sessions sponsored by the University of Stellenbosch to various venues throughout South Africa at least once a month provide for :
 - (a) Monthly contact with provincial PE&A representatives to address PE&A issues re the 3 national P&A objectives
 - (b) Discussion of any relative provincial issues
 - (c) Information session to discuss subjects and activities regarding SAQA Accredited Unit Standards of Train-the-trainer programme
 - (d) **Broadcast dates for 2010 for contact session are:**
 - Thu 2010/01/14 10:30 11:30
 - Wed 2010/02/10 10:30 11:30
 - Wed 2010/03/24 10:30 11:30
 - Wed 2010/04/07 10:30 11:30
 - Thu 2010/05/06 10:30 11:30
 - Thu 2010/06/03 10:30 11:30
 - Wed 2010/07/14 10:30 11:30
 - Wed 2010/08/11 10:30 11:30
 - Wed 2010/09/08 10:30 11:30
 - Wed 2010/10/06 10:30 11:30
 - Wed 2010/11/17 10:30 11:30
 - (e) Role players be introduced to aspects of South African policies and legislation i.e. Employment Equity Act and TAG, Policy on Disability, UN Convention on the Rights of Persons with Disabilities, etc.
 - (f) Understand the impact of what it means to be a person with a disability in society and own life.
 - g) Identify new areas of improvement regarding the workplace and society.
 - h) How to be more sensitive towards people with disabilities and their families.

HISTORY OF THE PROGRAMME

The need for a SAQA accredited course for which persons with disabilities could be acknowledged by completion and rewarded by a certain amount of credits grew stronger, as these people became more and more informed about their rights and the opportunities in the open labour market.

The Train-the-Trainer programme was then developed by the NCPDSA for this purpose. Participants undergo, through this programme, a "Train-the-Trainer" course with the ultimate goal of empowering persons with disabilities to represent themselves and integration into the broader society. Registering the training development and empowerment programme has tremendous advantages, because the candidates are being trained nationally through distance learning as well as personal contact .

REQUIREMENTS:

1. Candidates should have passed at least Grade 9 (Standard 7)
2. Persons that are already involved with the promotion and awareness project will have an advantage.
3. Identified candidates will be trained as trainers and after successful completion of the programme, will be accredited with SAQA as such.

PARTNERSHIPS:

This is an excellent opportunity that was provided to the NCPDSA and its provincial structures/official partners, through the partnerships of NID (National Institute for the Deaf, in Worcester) and University of Stellenbosch.

CONTACT

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Fanie.dt@mweb.co.za

FROM THE PEN OF

... Fanie Du Toit



Dear all PE &A role players/partners/friends

On behalf of myself and the office of Public, Education and Awareness, I would like take this opportunity of thanking you for your time and commitment given to Persons with Disabilities and Hearing Loss this past year.

It is greatly appreciated.

I sincerely hope we will continue our working relationship in 2010.

We would like to wish you, your staff and families a Happy Festive Season.

Happy 2010!

Kind regards

Fanie du Toit
Manager: Public Education & Awareness (P&A)
National Council for Persons with
Physical Disabilities in South Africa (NCPDPSA)
Website: www.ncppdsa.org.za
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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> <p>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)</p> <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.

OPEN DOOR NEWS

Good morning!

On Open Door this week we are honoured to have the radio and television personality of the 80's and 90's, Jeremy Dawes on our programme. Jeremy has retired and now lives in Plettenberg Bay with his wife, Rosemary. But he has also experienced the trauma of becoming virtually blind overnight about twelve years ago.

We will chat about his career on both radio and television in the then Rhodesia as well as in South Africa. Then obviously we will discuss his blindness and how it affected him. Jeremy has wonderful memories of his visits to Israel and he will tell us about that and how his faith has kept him going. Finally we will look at how he spends his time as a retired gentleman.

Do join us on 103.8 or 107.5 FM at eight from Monday to Friday.

God bless
Petra (041 379 1584)

DCMA AWARENESS WORKSHOP

Dear Mr. Deon de Villiers
Executive Director of NID

Hereby DCMA would like to extend its deepest gratitude to the PE&A group that on 10th November 2009, gave us an Awareness Workshop.

The variety was new to us. Their professionalism was refreshing. Their information was thorough and presented in a surprisingly new way.

It was of good quality and scientific. For future ministers it was good to have this information.

To Mr. Hennie Krog, André van Deventer and Philip Dobson, we honour you for the wonderful work you do.

They do great awareness work in the community out there.

Carry on with the good work.

Greetings in Jesus Christ.
Jan Oberholzer

OUDE LIBERTAS AMPHITHEATRE PUTS PEOPLE FIRST WITH OTICON LOOP SYSTEM

The Oude Libertas Amphitheatre in Stellenbosch has since its inception 32 years ago, become a beacon within the South African Arts and Culture scene. Every Summer Season the theatre presents outstanding productions to a varied audience. A generous sponsorship by Oticon has enabled the Oude Libertas Amphitheatre to offer, for the first time, a facility that'll make the wonderful world of theatre accessible to the hearing impaired community. We cordially invite you to join the stars under the stars for a magical open air experience. The Oude Libertas Amphitheatre is looking forward, with great excitement; to welcome the hearing impaired community and their families to the theatre.

For the full programme visit www.oudelibertas.co.za.
All bookings can be made at Computicket or
by phoning the theatre on 021 809 7473 or 021 809 7380.

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Heinrich von Wielligh



[AACSA] INCLUDING SAMUEL

Hi Everyone

Interface KZN has just ordered and received the award winning film **"Including Samuel"**.

The description of the video is as follows:

"Photojournalist, Dan Habib, rarely thought about inclusion before he had his son Samuel eight years ago. Now he thinks about inclusion everyday. Habib's film *Including Samuel*, examines the educational and social inclusion of youth with disabilities.

The film documents the Habib family's journey as they work to include Samuel in all facets of their lives, a journey that transforms each of them. *Including Samuel* also features four other families with varied inclusion experiences, plus interviews with teachers, parents and disability rights experts."

Last night I had a sneak preview and was not disappointed. I particularly enjoyed the excerpts of the interac-

tions between Samuel and his older brother Isiah as well the interview with Keith Jones who spoke of his experiences going through school and the issue of low expectations and how inclusion is not only about school but starts with the family and community.

One quote from Keith- *"I don't want popsicle sticks and glue, I want math!"*. The interviews are not dry and what makes this really balanced are the inclusion experiences of other families. To see a trailer of the DVD go to <http://www.includingsamuel.com>

I believe this is going to prove a really worthwhile resource for Interface - for the children who require AAC, their families including siblings, educators, therapists and for peers!

Enjoy the weekend
Margi

Dr. Margaret Lilienfeld PhD
AAC Specialist
Occupational Therapist
0824668254

MUSCULAR DYSTROPHY

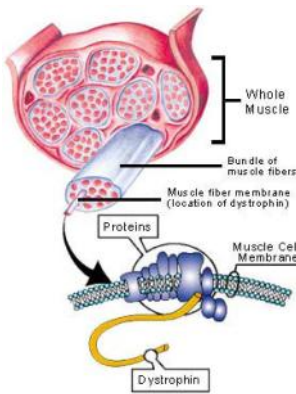
What is muscular dystrophy?

Muscular dystrophy (MD) is a broad term that describes a genetic (inherited) disorder of the muscles. Muscular dystrophy causes the muscles in the body to become very weak. The muscles break down and are replaced with fatty deposits over time.

Other health problems commonly associated with muscular dystrophy include the following:

- heart problems
- scoliosis (a condition that causes the back bones to curve)
- obesity.

The most common form of muscular dystrophy is called Duchenne's muscular dystrophy (DMD). Duchenne's muscular dystrophy usually affects only males. It occurs in one out of 3,500 live male births. Muscular dystrophy rarely affects girls, and when it does the condition is normally not as severe.



What causes muscular dystrophy?

Duchenne's muscular dystrophy is a genetic disease, which means it is inherited. Our genes determine our traits,

such as eye color and blood type. Genes are contained in the cells of our bodies on stick-like structures called chromosomes. There are normally 46 chromosomes in each cell of our body, or 23 pairs. The first 22 pairs are shared in common between males and females, while the last pair determine gender and are called the sex chromosome pair: females have two X chromosomes, while males have one X and one Y chromosome.

Duchenne's muscular dystrophy is caused by an X-linked recessive gene. For this reason, a woman can carry a recessive gene on one of the X chromosomes unknowingly, and pass it on to a son, who will express the trait or disease. Therefore, half of the daughters have the gene and can pass it to the next generation. The other half do not have the gene and therefore cannot pass it on. Half of the sons do not have the gene and cannot pass it on. The other half of the sons have inherited the gene and will express the trait or disorder (in this case, DMD).

What are the symptoms of muscular dystrophy?

Muscular dystrophy is usually seen in children before the age of 5, with weakness typically affecting the shoulder and pelvic muscle as one of the initial symptoms. The following are the most common symptoms of muscular dystrophy. However, each child may experience symptoms differently. Symptoms may include:

- clumsy movement
- difficulty climbing stairs
- frequently trips and falls
- unable to jump or hop normally
- tip toe walking.

How is muscular dystrophy diagnosed?

The diagnosis of muscular dystrophy is made with a physical examination and diagnostic testing by the child's physician. During the examination, the child's physician obtains a complete prenatal and birth history of the child and asks if other family members are known to have muscular dystrophy.

Diagnostic tests for muscular dystrophy may include:

- blood tests
- muscle biopsy - the primary test used to confirm diagnosis. A small sample of muscle tissue is taken and examined under a microscope.
- electromyogram (EMG) - test to check if the muscle weakness is a result of destruction of muscle tissue rather than nerve damage.
- electrocardiogram (ECG or EKG) - a test that records the electrical activity of the heart, shows abnormal rhythms (arrhythmias or dysrhythmias) and detects heart muscle damage.

Treatment for muscular dystrophy:

Specific treatment for muscular dystrophy will be determined by the child's physician based on:

- the child's age, overall health, and medical history
- the extent of the condition
- the type of condition
- the child's tolerance for specific medications, procedures, or therapies
- expectations for the course of the condition
- The parents' opinion or preference.

To date, there is no known treatment, medicine, or surgery that will cure muscular dystrophy, or stop the muscles from weakening. The goal of treatment is to prevent deformity and allow the child to function as independently as possible. Since muscular dystrophy is a life-long condition that is not correctable, management includes focusing on preventing or minimizing deformities and maximizing the child's functional ability at home and in the community.

Management of muscular dystrophy is either non-surgical or surgical. Non-surgical interventions may include:

- physical therapy
- positioning aids - used to help the child sit, lie, or stand
- braces and splints - used to prevent deformity, promote support, or provide protection
- medications
- nutritional counseling
- psychological counseling.

Surgical interventions may be considered in some cases.

Long-term outlook

Muscular dystrophy is a progressive condition that needs life-long management to prevent deformity and complications. Walking and sitting often becomes more difficult as the child grows. Usually by the age of 12, the child needs a wheelchair because the leg muscles are too weak to work. Heart or lung problems often occur by the late teenage years or into the early 20s.