

June 2010

VOICES OF CHANGE



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ufs-ac.za/voc

Accessibility on campus



Read on p.3

Transformation for PEOPLE with disabilities

VOC is a non-political, non-religious, non-governmental and non-profit-making organisation in partnership with the University of the Free State, voices of people with disabilities, parents and different academic disciplines writing about their news and views.

# VOC creates South African ground for ICF

The University of the Free State (UFS) recently became the first university in Africa to apply the International Classification of Functioning, Disability and Health (ICF).

By Magteld Smith,  
Hearing impaired

The UFS puts the notions of 'health' and 'disability' in a new light. Implementation of the ICF started in 2001 with the unanimous endorsement of the classification by the 54th World Health Assembly as the framework for describing and measuring health and disability.

The *Voices of Change (VOC)* - transformation for people with disabilities project was born in the Department of Otorhinolaryngology in the Faculty of Health Sciences at the UFS with the goal to implement the ICF (medical-social model) in disability research. The aim of the ICF is to develop disability legislation. This will be done together with different disciplines of the university to eventually develop and

transform people with disabilities in South Africa.

The ICF is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors.

The ICF acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. This means that disability is not something that only happens to a minority of humanity.

The ICF thus 'mainstreams' the medical-social model and recognises it as a universal human experience. By shifting the focus from cause to impact it places

all health conditions on an equal footing, allowing them to be compared using a common metric – the ruler of health and disability. Furthermore, ICF takes the social aspects of disability into account. It does not see disability only as a 'medical' or 'biological' dysfunction. By including Contextual Factors, in which environmental factors are listed, ICF allows us to record the impact of the environment on the person's functioning.

The ICF is WHO's framework for measuring health and disability

at both individual and population levels. The ICF was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001 (resolution WHA 54.21). The ICF was endorsed for use in Member States as the international standard to describe and measure health and disability.

The ICF was first implemented in 2001. Several countries started

the process of streamlining ICF in their medical and social information standards and legislation. Nowadays, the development and piloting of ICF based indicators and reporting systems for use in rehabilitation and disability evaluation can be seen in, amongst others, Australia, Canada, Italy, India, Japan, and Mexico.

Prof Jonathan Jansen, Rector and Vice Chancellor of the University of the Free State.



## No dream too big for people with disabilities

Victor RW Mecoamere  
Sowetan Nation  
Building Manager

As a responsible corporate citizen, Avusa has committed to the social development and empowerment of the broader community. This is done through the contribution of various corporate social investment initiatives.

Avusa's key corporate social investment and responsibility



focus areas are education, training, skills development and literacy, empowering women by focusing on abused women and lastly, assisting those impacted by life-threatening illnesses, including HIV and AIDS infected and affected orphans and vulnerable children.

Avusa targets highly effective community-oriented literacy initiatives by, amongst others, equipping needy schools with libraries and giving books by collaborating with the *READ Educational Trust*. Avusa also sustains synergies with community development bodies like the *Thusanani Children's Foundation* in training care workers on stimulation and therapy inculcation for children aged zero to six years. Staff

members are also involved in a variety of collective and voluntary wellness programmes.

A huge corporate social investment (CSI) programme in the Avusa stable is the ongoing youth and community development work of the *Aggrey Klaaste Nation Building Foundation*, which is supported and articulated editorially by *Sowetan*.

Initiated and made popular by pioneer editor, Dr Aggrey Klaaste, the *Sowetan* is involved in various nation building campaign projects that resonate

"No dream for people with disabilities too big" continues on p.2...



A billboard welcomes students and visitors to the University of the Free State, at their Nelson Mandela Drive entrance.

English

Sotho

Inserts in: **Sunday Times**  
**SundayWorld** **Sowetan**





### "No dream for people with disabilities too big" continued from p.1

with, and contribute towards making the voices of the disabled heard. These projects include the *National Schools Essay Competition on Albinism*, in association with the *Albinism Society of Southern Africa* and the *Northern Cape Schools Essay Competition on Foetal Alcohol Syndrome*.

Both these projects target the youth as the change agents in the home, classrooms and the wider community. This is done by looking critically, analytically and creatively at the discrimination and misunderstanding of people with albinism as fellow human beings. Focus is also placed on the social devastation caused by alcohol, especially when under-age moms give birth to children with Foetal Alcohol Syndrome (FAS). The highest rates of FAS are recorded in Northern Cape, Western Cape and Gauteng.

Editorial support of these projects can also be seen in the *Voices of Change* (VOC) organisation and its ongoing work. Advocacy campaigns, leadership development and organisational support, which leads to the

contribution towards more or less transformational work are key components of VOC's work.

This is guided by two manifestoes that were unique public journalism responses to South Africa's social, political, economic and youth and community development needs under apartheid and after apartheid rule.

These manifestoes can be explained as Pre-1994 and Post-1994.

#### Pre-1994 Manifesto:

Nation-building means picking up the pieces and rebuilding all structures that have collapsed in our communities

- It means striving for the best in all that we do for ourselves and our people;
- It is the search for the acquisition and control of structures of power required for the survival of a nation;
- It is creating an efficient leadership and increasing the value and quality of life among all inhabitants of our country.

We have a vision of a future society we want to create for ourselves and our children.

Let us, therefore, set ourselves goals and design objectives and a

programme of action that will set the wheels of Nation Building in motion.

#### Post-1994 Manifesto:

Nation-building means working for the development of our communities

- It is about promoting excellence and integrity and striving for the best in all that we do for ourselves and our people;
  - It means promoting goodwill among the people of our country;
  - It is about providing the champions of community development with the skills and resources they need to do their work;
  - It means creating an efficient leadership, and increasing the value and quality of life of all the inhabitants of our country.
- We are the champions of our destiny. So let us promote goodwill among all South Africans and work for a bright future for ourselves and our children.

Clearly, we at *Avusa*, *Sowetan* and all members, divisions and units across the company's corporate and operational levels, support the University of the Free State (UFS) and *Voices of Change's* diverse activities. These

activities are aimed at achieving a transformed perception by everybody for the need of opportunity for citizens with disabilities of South Africa to be recognised.

This is done through:

- Involvement of and interaction with people with disabilities;
- Creating partnerships with people with disabilities in order to reduce the morbidity of impairment and to eliminate access barriers for all our citizens;
- Increasing public awareness of problems faced by people with disabilities.

We agree that all of us should be involved in order to reach social, political, economic and developmental goals, including:

- Recognising, acknowledging and empowering persons with disabilities to ultimately achieve their full potential;
- Ensuring and enhancing campaigns, lobbies and/or advocacy programmes enabling persons with disabilities to participate in decision making policies affecting their lives;
- Supporting activities, projects and/or programmes aimed at establishing policies which allow early detection of and re-

habilitation of persons with disabilities.

We are therefore, happy - and are committed to support - VOC's plans to:

- Increase public awareness of the problems that the people with disabilities face.
- Facilitate people with disabilities' access to technology and choice.
- Assist in eliminating access barriers so that people with disabilities can integrate into all spheres of society.
- Promote involvement and interaction with all people with disabilities.

Furthermore, partnerships with parents, professionals, businesses, people with disabilities, and the community, Non Profit Organisations (NPOs), Non-governmental Organisations (NGOs), the government and the Faculty of Health Sciences at the UFS will be formed in order to reduce the morbidity of impairment.



## These are YOUR rights!

**By Prof. Hennie Oosthuizen**  
Head of Criminal and Medical Law  
Wheelchair user

There are several pieces of legislation, codes and international conventions which

are applicable to disabled persons. An estimated 12% of our population is disabled. People with disabilities and their employers are not always aware



of these documents. This is why it is important to be highlighted in this first contribution.

Many documents should always be taken into consideration. Some of these are, amongst others, the Constitution of the Republic of South Africa 108 of 1996, the Basic Conditions of Employment Act 75 of 1997, the Employment Equity Act 55 of 1998, the Labour Relations Act 66 of 1995, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000, the Code of Good Practice on Key Aspects of Disability in the Workplace, the Technical Assistance Guidelines on the Employment of People with

Disabilities and the United Nations Convention on the Rights of Persons with Disabilities.

Our Bill of Rights, as contained in the Constitution in section 9(3), stipulates that no one may be unfairly discriminate against, whether it is directly or indirectly, on the ground of his or her disability.

The Labour Relations Act and the Basic Conditions of Employment Act are applicable to every employer and every employee in every business, industry, trade and occupation in South Africa.

The Employment Equity Act of 1998 has been promulgated to give effect to section 9(3) of the Bill of Rights. The purpose of the Act is to ensure equity in the workplace

by way of equal opportunities and fair labour practices.

The Department of Labour has accepted the Code of Good Practice on Key Aspects of Disability in the Workplace, as it provides a workable platform to both the disabled worker and employer. The purpose of the Code is to inform, guide and educate employers, employees and trade unions to understand aspects such as equity, diversity and equal treatment in the workplace. This will eliminate unfair discrimination.

The Technical Assistance Guidelines on the Employment of People with Disabilities is to assist employers, employees,

trade unions and persons with disabilities to understand the Employment Equity Act and the abovementioned Code by providing guidelines to implement the Act as well as the Code.

The United Nations Convention on the Rights of Persons with Disabilities came into force on 3 May 2008. It differs from other Conventions in that, while it still sets out general rights, it also details the steps that should be taken to ensure equality of treatment.

In the forthcoming contributions the above mentioned pieces of legislation will be discussed in depth.

## SHARE HOPE

### A cup of hope for cancer survivors

June is traditionally **Cuppa for Cansa** month. During this month, the spotlight is shed on being a friend to a cancer survivor. This is done by sharing hope. This year's theme was therefore **SHARE HOPE**.

Not only is **Cuppa for Cansa** one of South Africa's best-loved cancer education and fundraising campaigns, but this project also gives **Shoprite and Checkers**, as the major sponsor of this campaign, the chance to give back and fight cancer.

This year's **Cuppa for Cansa** will take place in **Shoprite and Checkers** stores in the **Northern Cape** and the **Free State** from **1 June until 30 June**.

On **5 June** and **26 June**, every Shoprite and Checkers store in the **Northern Cape** and the **Free State** will host a Cuppa. On these dates promotional staff members will raise funds at various traffic lights in the Free State and Northern Cape Division.

The aim of Cuppas for Cansa in Shoprite and Checkers stores is to create awareness for **CANSA**, but most importantly to raise funds for Cansa.

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**Nurses day 2010**

**Universitas Private Hospital**



**You're in safe hands**

**PELONOMI PRIVATE HOSPITAL**

**2010 INTERNATIONAL YEAR OF THE NURSES**

Pelonomi Private Hospital nursing staff had a candle light ceremony on the 12 May 2010 to celebrate their day





**You're in safe hands**

# Upgrades done at UFS to ensure A-grade campuses



Prof. Niel Viljoen, Vice-Rector:  
Operations at the UFS



A ramp was added at the entrance of the Francois Retief build, which will help people in wheelchairs with access to the building.

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UNIVERSITY OF THE FREE STATE  
YUNIVESITHI YA FREISTATA**

## Corporate Communication, UFS

Millions of rands have already been spent on making the campuses of the University of the Free State (UFS) more accessible for people with disabilities. A new drive is now underway to make the Main Campus in Bloemfontein even more accessible.

The UFS is already a leader regarding its services to students with disabilities. This draws students from all over the country. The Unit for Students with Disabilities (USD) at the UFS offers support to approximately 120 students.

Prof. Niel Viljoen, Vice-Rector: Operations at the UFS, says the upgrading of facilities to make the campus more accessible for staff and students with disabilities remain an ongoing process that should be reviewed on a regular basis. The UFS is already upgrading the bathrooms and elevators in its buildings, while the ramps and parking spaces are receiving attention. This forms part of a strategic plan at the UFS.

A number of future projects have also been identified in the new drive to make the buildings, as well as the campus grounds, more accessible and user-friendly for persons with disabilities.



A ramp allows access to the upper floors at the University's computer labs.



Parking for people with disabilities at the Sasol Library was improved.







# Say hello to a healthy you!

**Prof. Riaz Seedat**

Associate Professor/Principal  
Department of Otorhinolaryngology

**H**IV affects populations worldwide, with the majority living in sub-Saharan Africa. A growing body of literature reveals that reproductive health services are often inaccessible to individuals with disabilities. Furthermore, disabled people are more likely to be poor, poorly educated, uneducated about sex and more vulnerable to sexual abuse and substance abuse. There are all common risk factors for HIV infection. While population groups vulnerable to HIV infection worldwide have been recognised, very little attention has been given to the risk of HIV/AIDS for people with disabilities.



One of the greatest risk factors is a lack of awareness and knowledge about HIV/AIDS and prevention. Despite the common assumption that individuals with disabilities are not at risk for HIV infection, this is not the case. Research has shown that HIV/AIDS educational, testing and clinical programmes are largely inaccessible to people with disabilities.



From the left: Mr Jones Nkhatho, Assistant Manager, Nursing and Me N.E. Mathobisa, HIV and Aids Coordinator at Universitas Academic Hospital

The overall aim of this project is to assess the knowledge, attitudes and practices of people with disabilities in relation to HIV/AIDS and sexuality. Their access to voluntary counselling and testing services (VCT) will also be assessed.

**Dr Nic van Zyl,**  
Clinical Head  
Universitas  
Academic  
Hospital



## People with disabilities prefer to work



**Mosala Matklokotsi**

Senior Administration clerk,  
Universitas Academic Hospital

**M**osala Solomon Matklokotsi was born on the 11th of November 1975 in Ventersburg. I became paralysed in '86 due to poliomyelitis. It was difficult because my parents could not find a school for children with disabilities and my future was doomed. Fortunately my parents found a school in Bloemfontein n.l. Tswelang school for the disabled.

There I completed Std 7 and then went to Motheo College where I completed N3 (matrix). Because I did not have money to study further I started to work at Department of Labour as a Switchboard operator until I was promoted to the claims section as a claims officer.

At present I work at Universitas Hospital as an administrative officer. My ambition is to study labour law.

## Know your HIV status

**MY BODY  
MY LIFE  
MY HIV  
STATUS**

Universitas Academic Hospital is supporting the National Minister of Health's call which is aimed at encouraging all South Africans to know their HIV status and to take responsibility for their status. In doing so UAH opened a HCT Centre as from May 2010.

The purpose of the initiative is to reduce the prevalence of HIV infection and related ailments by counseling and testing all clients and promptly starting those who need Antiretrovirals on treatment in a bid to improve their quality of life.

Coupled with the HIV Counselling and Testing Campaign is also screening tests for TB, Diabetes Mellitus, Sexually transmitted Infections, anaemia and hypertension

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# Positive attitude, positive treatment

**L**ize Botha was born in Bloemfontein in 1981. She was soon diagnosed with Spina Bifida. This means that Lize is not able to walk. Lize went to both a mainstream primary and a mainstream high school.

Lize's parents raised her to believe that she is just like any other person - the only difference between Lize and the next person is that Lize is not able to walk.

Lize matriculated from Fichardt Park High School in Bloemfontein in 1999. She then went on to study B.Mus (Music) at the University of the Free State (UFS), with singing as her main subject.

Lize tries to show people that she is entirely capable of doing things for herself, every single day. "When I was at school and University, most people (lecturers as well as fellow students) treated me like any other person - that meant a great deal to me, because that is how I want to be treated. I am not my wheelchair, it does not define me," she says.

After Lize graduated in 2003, she started working at the Unit for Students with Disabilities at the UFS as a Senior Administrative Officer. She was also a member of the Alumni Chamber Choir for about 4 years.

Today, Lize still works at the Unit for Students with Disabilities. She is studying Fashion Design part-time. Furthermore, she also gives singing lessons part-time.



Lize Botha working at the Unit for Students with Disabilities at the UFS as Senior Administrative Officer. Most of the specifications specially design for wheelchair users has been taken into account when designing Lize's office space. The heights of light switches, door handles, etc. are all relevant.



On the left: Lize's car, specially adapted for a person using a wheelchair.

## Disabilities not too complex to be cared for

**By Prof André Claassen**  
Editor-in-Chief  
Head of Department of  
Otorhinolaryngology

**D**isability is a complex field. We at the Faculty of Health Sciences at the University of the Free State have experts in many fields. We are prepared to reach out and deliver the medical component of the medical-social model. It is clear that much needs to be done by us to ensure that more persons with disabilities rightfully enjoy their constitutional rights.



The complex nature of a disability has created many problems in defining the qualitative nature in terms of the social restriction and the particular needs of such individuals.

As can be seen from the above diagram the impairment lies at the foundation of what the needs of individuals might be. Impairment refers to abnormality or structural loss that exist

in an individual, e.g. abnormality of eyes, ears, brain or limbs etc. The disability can be defined as the functional consequence of the impairment e.g., legs - not being able to walk; ear - not being able to hear sounds.

The restriction caused by the disability forms the top/apex of this pyramid. The participation restriction can result in isolation, loss of a job and curtailment of activities of daily living. Ultimately the important outcome is to assess the needs of these persons. This in turn has to be addressed by legislation.

Therefore, the responsibility of dealing with persons with disabilities remains a challenge. The success in doing this can be equated with the level of civilization in a particular country. The same principle applies to when assessing the compassion and care for patients who have been struck down by illness.

In the not too distant past people with disabilities were seen as a responsibility of the community and non government organisations and certainly not as medical problems. The responsibility was simply transferred to the community.

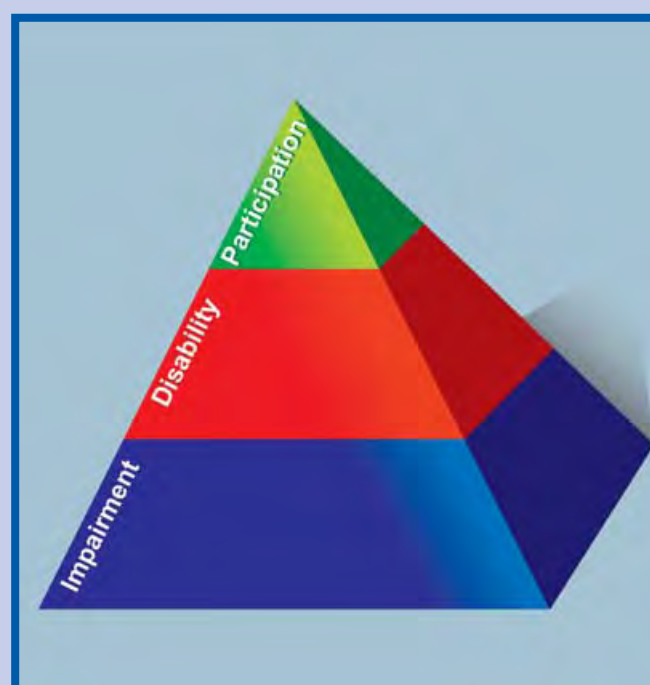
Today we realize that the medical profession has a responsibility in not only diagnosing a specific impairment but also to

participate in the ongoing management and rehabilitation of these persons. This has to be conducted in partnership with the community, businesses, non governmental organisations (NGO's) and government. Our Constitution makes wonderful provision for persons with disability, but lacks the implementation thereof.

We need to create a renewed awareness to the plight for social participation by people with disabilities. We need to communicate this via all the routes possible. We need to let them know that there are people who think of them and care for them.

They need to know of new developments in medicine which might improve their impairment. New legislation regarding the tax relief and subsidies need to be communicated to them.

We at the Faculty of Health Sciences at the UFS have experts in many fields. We



are prepared to reach out and deliver the medical component of the medical-social model.





# Transforming disability, step by step

By Magteld Smith,  
Hearing impaired

It is time for change agents and managers to start thinking about organisations as being cultures, rather than having cultures.

Should change agents make this mind shift and apply it to people with disabilities, a strategy of change that will lead to the complete transformation of the organisation into a different culture should be put into place.

When looking its ability to integrate people with disabilities and improving employment prospects, it becomes clear that disability legislation is facing many challenges.

People with disabilities will unfortunately not be able to form part of a workplace environment if the law of South Africa does not address deep-rooted barriers that prevent them from being employed. The importance of social-medical interventions to address the deep-rooted barriers of the employment of people with disabilities needs to be recognised.

For many people with disabilities, employment is the pinnacle of most struggles to be integrated into society, and to enjoy forms of social inclusion. Unjust reluctance or refusal to employ people with



## Cycle of Transformation



disabilities stems from employers' fears of encountering higher costs and lower productivity in accommodating the specific needs of workers with disabilities. This directly relates to people with disabilities

to the fundamental profit seeking pursuit driving the market economy.

The Parliament of South Africa has a special role to play when comes to raising awareness of this need for special

measures and the benefit will have to society as a whole.

Laws might also require government, departments and even private corporations to report annually on the steps they have taken to promote the rights of persons with disabilities.

Reporting requirements might cover a range of issues, including:

- Steps taken to ensure that the rights of persons with disabilities are being guaranteed in practice;
- Success in raising the percentage of employment of persons with disabilities;
- Success in improving services to customers with disabilities with special needs.

The Convention on the Rights of Persons with Disabilities obliges States Parties to regulate the private sector, state authorities, private persons and corporations.

Furthermore, this convention specifies a number of areas that require legislative guarantees or protection. Article 12 (1) of the convention reaffirms the right of persons with disabilities to recognition as persons before the law, and article 12 (2) recognises that persons with disabilities have the right to use their legal capacities as others do.

Article 12 (3) underlines the need for measures to support the exercise of that capacity, while article 12 (4) calls for the establishment of safeguards to ensure there is no abuse of this right.

## Batho ba qhwadileng mesebetsing ya bona: Molao-Theo

Prof. Hennie Oosthuizen

Ho na le di karolo tse mmalwa tsa Molao-Theo, Molao, le ditsamaiso tse amanang le batho ba qhwadileng. Ho lekanngwa ho re batho ba kabang 12% fatsheng lohle ba qhwadile. Batho ba qhwadileng le beng ba mesebetsi ha bana tsebo ka

ditokomane tsena, mme ho bohlokwa hore di hlakiswe nyehelong ena ya pele.

Molao-Theo wa Naha ya Afrika Borwa 108 wa 1996, Maemo a Mosebetsi Act 75 ya 1997, Molao wa Mosebetsi wa Tekatekano Act 55 ya 1998, Molao wa Tshebedisano Act 66 wa 1995, kgothaletso ya tekano ke thibelo kgethollo Act 4 ya 2000, melao ya tshebetso e lokileng le dintlhakgolo tsa

ho qhwala mesebetsing, ditsamaiso tsa setegeniki tsa thuso khirong ya batho ba qhwadileng, le tumellamo ya Mafatshe a Kopaneng ka ditokelo tsa batho ba qhwadileng, ke tseding tsa ditokomane tse tlamehileng ho re di dule di hopolwa.

Molao wa ditokelo jwalo ka ha o ngotswe Molao Theong wa Naha Karolong 9(3) o bolela hore ha ho motho ya tlamehling hore

a kgethollwe, a tobilwe kapa a sa toba motho ka baka la kgothalo ya hae.

Molao wa Tshebedisano le Molao wa Maemo a Tshebetso a sebetso ho beng bohle ba mesebetsi, kgwebong, di-indastering, dithekisong le mesebetsing Afrika Borwa.

Molao wa Phumantsho ya Mosebetsi Act wa 1998 o bonahaditse ha o fana ka tshehetso ho section 9(3) ya Molao ya Ditokelo. Maikemisetso a molao ona ke ho netefatsa tekano mesebetsing ho ya ka menyela e tshwanang le e lekanang ya mesebetsi.

Lefapha la Basebetsi le amohetse molao wa Mokgwa o Motle wa Tshebetso ho dintlhakgolo tsa ho qhwala mesebetsing ka ha o fana ka sethala sa tshebetso pakeng tsa monnga mesebetsi le ya mesebetsang. Bohlokwa ba molao ona ke ho hlaisa leseding, ho ruta le ho tataisa basetsi, beng ba mesebetsi le "di-union", ho utlwisisa maemo a tekano, diphapang, tsamaiso e tshwanang mesebetsing ho thibela kgethollo.

Tsamaiso ya thuso ya setegeniki ho khiri ya batho ba qhwadileng ke ho thusa beng ba mesebetsi, basebetsi, le "di-union", le batho ba qhwadileng ho utlisisa molao ona ka ho fana ka tataiso ho phetheng molao le tsamaiso.

Tumellano ya Mafatshe a Kopaneng mabapi le ditokelo tsa batho ba qhwadileng e tlele tshebetso ka 3 Motshehanong 2008. Tumellano ena e fapane le tseding hobane ha e ntse e beha ditokelo ka kakaretso, e ntse e tebisa mehato e tlamehileng ho re e latelwe bakeng sa ho netefatsa ka ho phethahala ho tshwarwa ka tsela e tshwanang e sa kgetholleng.

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# Disabled but still unique

**By Dr. Iain Butler**  
Project editor and coordinator  
Senior Specialist

**W**hen South Africa signed the United Nations Convention on the Rights of Persons with Disabilities in March 2007, a new wave of struggle for equity and justice for people with disabilities was initiated.

A critical consciousness about disability issues in Africa is necessary to understand the marginalisation of people with disabilities. Prominent stakeholders and decision-makers from a variety of state, educational and non-governmental institutions need critical skills to ensure that people with disabilities are equitably integrated.

The Department of Otorhinolaryngology in the Faculty of Health Sciences at the University of the Free State (UFS) started a project, *Voices of*



*Change* (VOC) to transform the lives of people with disabilities. VOC is one initiative that is already making an impact on the disability sector in a tangible way. It also strengthens the ties between the university's social responsiveness activities, the multiple purposes of higher education and disciplinary expertise.

The South African government and society tend to view people with disabilities as a homogenous group of people, all with the same needs and difficulties. In its employment legislation, the South African government views "the disabled" as a homogenous group, with persons in the group being one and the same. In the same breath, however, people are quick to point out that this so-called group is very distinct from the rest of the population.

In so doing, the South African government overlooks the wide range of types and degrees of disability and the uniqueness of the individual. As a result, people with disabilities are stereotyped and judged according to the abilities of a homogenous group of people, which in reality does not actually exist.

## Tax allowance for advertisers and contributors

*Voices of Change* (VOC) has been registered as a public welfare organisation by the South African Revenue Service (SARS). In accordance with Article 18 of the Income Tax Act, VOC may now receive contributions and issue an invoice (certificate).

We ask corporate companies, individuals and organisations to make use of this opportunity and support our project by placing advertisements in VOC or contributing money. The money will be used to help people with disabilities. This will be done in many forms, like helping with the development of persons with disabilities and buying auxiliary equipment or technology.

As a result, Advertisers and Contributors can deduct their contributions from their tax revenue and receive tax allowance. Initials, surname and full residential address and/or business details should be provided, along with an indication whether or not an Article 18 invoice will be needed.

This certificate will be sent or faxed to contributors. *Voices of Change's* allowable deduction number is 63112.

### Contributions can be sent to:

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Cellphone: Selfoon: Nomoro ya selefounu:		
Date of birth: Geboortedatum: Letsatsi la tlhaho:		
Occupation: Beroep: Mosebetsi:		

### PERSON/S WITH A DISABILITY/TIES PERSOON MET 'N GESTREMDHEID/HEDE MOTHO YA NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Degree Graad Dikri
Diploma Diploma Diploma	Certificate Sertifikaat Setefikeiti	Primary school Primêre skool Thuto ya motheo
High school Hoërskool Thuto e phahameng	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	
Marital status Getroude status Boemo ba tsa lenyalo	Never married Ongetroud Ho se nyale/nyalwe ho hang	
Married Getroud O nyetse /O nyetswe	Living together Woon saam Ho dula mmoho	Missing Vermis Lahlehile
Divorced Geskei O hladiile/hladiilwe	Widower/widow Wewenaar/wedevrou Mohlolohadi	
Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	
Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deeltjds Mosebeletsi wa nakwana	
<input type="checkbox"/> Run or do any kind of business, big or small, for yourself or with one or more partners? Doen u enige besigheid van watter aard ookal, klein of groot, vir uself of met ander vennote? Ho na le kgwebo eo o e etsang, e kgolo/nnyane, o le mong kapa le motho e mong		

### PARENT OF A PERSON/S WITH A DISABILITY/TIES OUER MET 'N KIND/ERS MET 'N GESTREMDHEID/HEDE MOTSWADI WA MOTHO/BATHO YA/BA NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Degree Graad Dikri
Diploma Diploma Diploma	Certificate Sertifikaat Setefikeiti	Primary school Primêre skool Thuto ya motheo
High school Hoërskool Thuto e phahameng	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	
Marital status Getroude status Boemo ba tsa lenyalo	Never married Ongetroud Ho se nyale/nyalwe ho hang	
Married Getroud O nyetse /O nyetswe	Living together Woon saam Ho dula mmoho	Missing Vermis Lahlehile
Divorced Geskei O hladiile/hladiilwe	Widower/widow Wewenaar/wedevrou Mohlolohadi	
Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	
Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deeltjds Mosebeletsi wa nakwana	Entrepreneur Entrepreneur Rakgwebo
<input type="checkbox"/> Run or do any kind of business, big or small, for yourself or with one or more partners? Doen u enige besigheid van watter aard ookal, klein of groot, vir uself of met ander vennote? Ho na le kgwebo eo o e etsang, e kgolo/nnyane, o le mong kapa le motho e mong		

### PLEASE TICK X THE APPLICANT'S PREFERRED METHOD/S OF COMMUNICATION MERK ASSEBLIEF X DIE AANSOEKER SE VOORKEUR METODE/S VAN KOMMUNIKASIE JWALOKA MOINGODISI, TSHWAYA KA X MOKGWENG WA DIPUISANO WA KGETHO YA HAO

Symbols and pictures: Simbole en prente: Matshwao le ditshwantsho:	Braille: Braille: Mongolowa Braille:	Telephone: Telefoon: Thelefounu:	Email: E-pos: Imelle:	Mailing: Pos: Poso:	Audio: Klank: Modumo:
Deafblind signing: Doof-blind gebare: Puo ya ditholo le difofu:	Finger spelling: Vingerspel: Mopeleto wa menwana:	SMS texting: SMS teks: Puisano ka SMS:	Large print: Groot druk: Mongolo o moholo:	Sign language: Gebaretaal: Puo ka matshwao:	
Total communication: Volle kommunikasie: Puisano ka botlalo:	Other (please specify): Enige ander metode (spesifiseer asseblief): Mekgwa e meng (ka kopo hlalosa):				

### WHEN WERE YOU DIAGNOSED WITH A DISABILITY/TIES? WANNEER IS U MET 'N GESTREMDHEID GEDIAGNOSEER? HO HLAHELLETSE NENG HORE O NA LE BOQHWALA?

<input type="checkbox"/> Birth Geboorte Tswalo	<input type="checkbox"/> Age Ouderdom Dilemo
--	--

<input type="checkbox"/> Visual impairment (blindness) Gesigsgestremd (blindheid) Bofofu	<input type="checkbox"/> Speech impairment Spraak gebrek Bothata ba puo	<input type="checkbox"/> Autism Outisme Bothata ba ho kopana le batho	<input type="checkbox"/> Disabling hearing impairment (deafness) Gehoorgestremd (dooftheid) Botholo (Na o ntse o na le bothata ba kutlo le ha o sebedisa dithusa-kutlo?)
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<input type="checkbox"/> Do you have difficulty seeing, even if wearing your glasses? Is dit vir u moeilik om te sien tenspyte daarvan dat u 'n bril dra? Na o ntse o na le bothata ba pono le ha o sebedisa diborele?	<input type="checkbox"/> Do you have difficulty remembering or concentrating? Is dit vir u moeilik om te konsentreer of dinge te onthou? Na o na le bothata ba ho hopola kapa ho tsepmisa monahano?
--	---

<input type="checkbox"/> Because of a physical, mental, or emotional health condition, do you have difficulty communicating, (for example understanding or being understood by others)? Is dit vir u moeilik as gevolg van 'n fisiese, geestelike of emosionele toestand om te kommunikeer met ander of om verstaan te word? Na o na le bothata ba dipuisano, kapa hore batho ba utlwisise seo o se bolelang, ka lebaka la boqhwalwa mmeleng, kelellong, kapa tshetiso ya maikutlo?
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<input type="checkbox"/> Do you have difficulty with self-care, such as washing all over or dressing? Het u enige problem met selfversorging, soos bad of stort en om u self te klee? Na o na le bothata ba ho ithokomela, iwaloka ho tlhapiso hohle mmeleng kapa ho ikapesa?	<input type="checkbox"/> Do you have difficulty walking or climbing steps? Is dit vir u moeilik om te stap of om trappe trappe te klim? Na o na le bothata ba ho tsamaya kapa ho hlwa ditepisi?
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<input type="checkbox"/> Do you have any difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? Ondervind u dit moeilik om deel te neem aan gesamentlike aktiwiteite in u gemeenskap. Na o na le bothata bo itseng ba ho nka karolo diketsahalong tsa setjhaba (mohlala: meketeng, bodumeding kapadiketsahalong tse ding) ka tsela e tshwanang le ya batho ba bang?
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# Special need/s services at the UFS

**By Prof André Claassen**  
Editor-in-Chief  
Head of Department of  
Otorhinolaryngology

**W**hilst it is clear that the Unit for students with disabilities (USD) at the UFS is here to provide a service to students and staff with disabilities, it is the responsibility of the person with the disability to



seek assistance from us. The USD, in consultation with the student, will assess which reasonable accommodations could be provided to the student to empower the student to fulfil their potential to the maximum.

The USD supports equal academic access for students with disabilities in the following ways:

- advocacy and advice on any issues related to disability
- consultative and counselling support for students and staff with disabilities
- advising on academic adjustments and reasonable accommodations and providing specific services
- text conversion and assistive technology, including text conversion into Braille, electronic format and reading onto tape for students with disabilities and staff
- providing technical assistance
- parking for students and staff with disabilities
- facilitation of extra time and other exam accommodations for students with disabilities

In this way the USD is the sounding board, knowledge base and benchmark that assists the UFS to deal correctly and appropriately with students with disabilities, staff, prospective students, visiting academics and other visitors.

**Contact the USD:**  
051 401 3713

**Mr N. Zuma, who is a B.Com. student at the University of the Free State**



**"I enjoy the physical environment of the UFS. The built environment is safe and accessible. Door handles and card swipe points are user friendly"**

**– Herman van Heerden.**



On the left, Herman van Heerden and to the right, fellow B.Ed. (education) student Jaco Horn.

## Otorhinolaryngology

Otorhinolaryngology (commonly referred to as ENT surgery) refers to a very wide field, including medical and surgical conditions of the ear, nose and throat, neurotology, skull base surgery, head and neck surgery, audiology and speech pathology.

Tel: 051 405 3344



Department of Otorhinolaryngology  
UNIVERSITEIT VAN DIE VRYSTAAT  
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