

ROLLING INSPIRATION

ISSUE 1 2021

The leading magazine for people with mobility impairments

FARMERS WITH DISABILITIES

Sustainable farming that ensures
financial independence

VACCINE MYTHS DEBUNKED

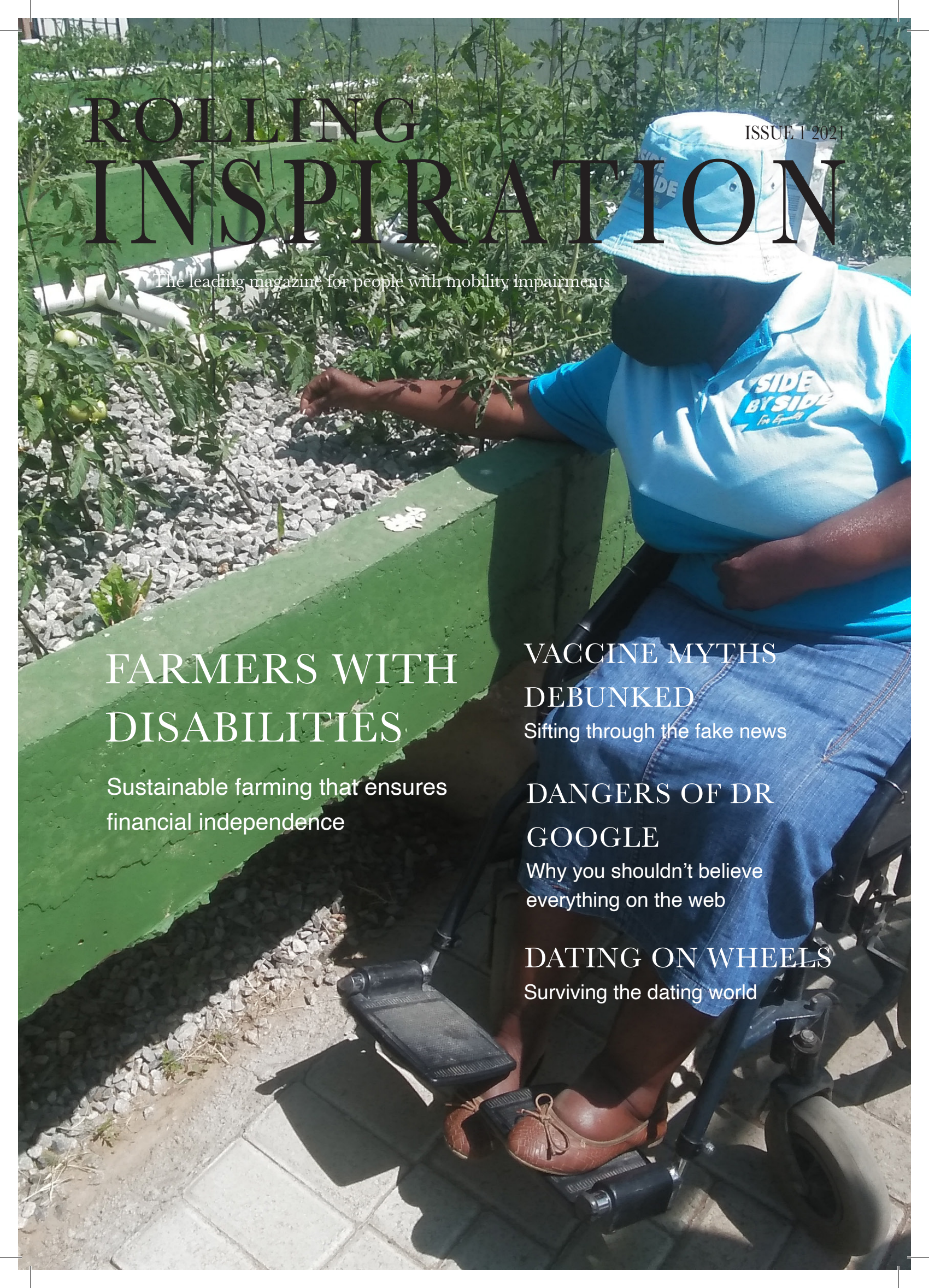
Sifting through the fake news

DANGERS OF DR GOOGLE

Why you shouldn't believe
everything on the web

DATING ON WHEELS

Surviving the dating world



Where do you get your intermittent catheters from?

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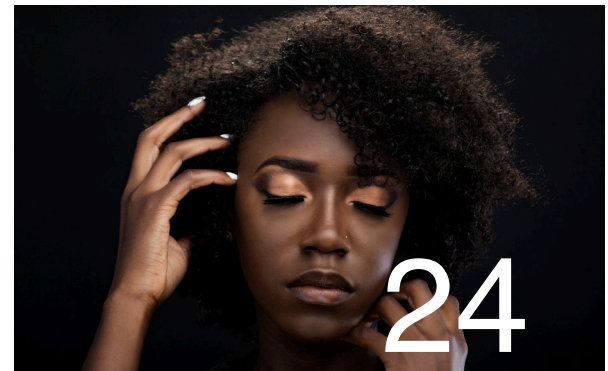
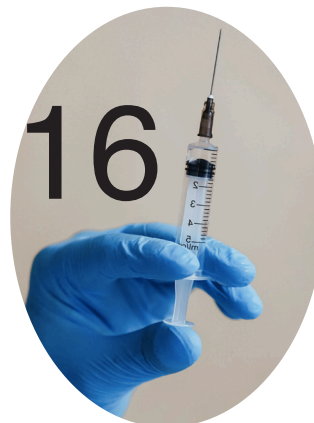
DANGERS OF DR GOOGLE

The internet can be a wealth of information or a source of fake news. Heinrich Grimsehl explores more.

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DATING ON WHEELS

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Cover photo supplied by INMED South Africa.

MEET THE TEAM

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WE ARE ALL IN THIS TOGETHER

After a challenging year, **RAVEN BENNY** expresses the need for South Africans to come together in the new year

Who could have known that with the first month of the new year behind us, staff back at work and kids going back to school that things would be almost normal again? We cannot help but look back thankfully. It was a rocky road filled with obstacles, but also wonderful people and organisations that got us to where we are.

There is an old African saying: “If you want to go fast, go alone; if you want to go far, go together”. And it was Al Gore, back in 2008, who added: “We have to go far, quickly, and that means we have to quickly find a way to change the world’s consciousness about exactly what we are facing and how we have to work to solve it.”

And here we are. Many of us feel somewhat uncertain about our current situation and how it affects us knowing that, collectively, we have taken a knock. Businesses closed down and many jobs were lost. Now, we are looking for solutions rather than more challenges.

With the budget speech, many ministers will say that this is a tough financial situation with substantial budget cuts required to survive as a country. But, as we look to our leaders for answers, we need more.

Yes, there is a financial crisis, but what matters now is how we respond to it. I believe leadership must rise to the challenge and not fall by the crisis. Collaboration is a wonderful way to show cooperation and understanding of the situation. We


know that the government cannot do it on their own, but it must demonstrate that it knows what to do.

As a people, we can show that we learned from our experiences with lockdown – being deprived certain luxuries, making cutbacks and capitalising on what we did have. There are clever ways to adjust and continue afresh.

The coronavirus isn’t solely responsible for the financial situation in South Africa. Another contributor is the worldwide economic decline. So, herein lies the opportunity for South Africa to play its part in the global response to a global crisis. The rest of the world looks to us too because we all have a common goal. Survival.

We not only want to, but need to emerge after a year that has been tough on everyone. Now, we must pick up the pieces, move with caution and the benefit of our experiences, carefully, into the new era with the knowledge that things like travel for leisure is a luxury and not necessity; and working from home is a viable option for many.

Our healthcare system needs much more work, and we commend our frontline heroes who tirelessly battle on. But we all can and must be seen to contribute positively to the efforts of those who bravely fight to keep us safe.

We are a resilient people who have faced dark moments through our lifetime. We remember and mourn the thousands of loved ones lost. This crisis might not be over yet, but we are strong together and must rise to continue to live our lives to our full potential. 




Raven Benny has been a C5, 6 and 7 quadriplegic since 2000. He is married and has five children, is mad about wheelchair rugby and represented South Africa in 2003 and 2005. He relocated from Cape Town to Durban, where he was appointed the Chief Operating Officer (COO) of QASA from August 1, 2019. email: coo@qasa.co.za.

MEET THE QASA RECRUITMENT OFFICER

QASA contracted Dhaneshree Suleman as the recruitment officer for the Work Readiness Programme with the goal of assisting candidates to source employment opportunities and facilitate the relationships between the candidates and potential employers.


Dhaneshree is a self-motivated, team-orientated person with a dynamic outlook on life and a strong desire to succeed in anything that she sets her mind to.

She had this to say about her time with the organisation: "I've been with QASA for more than seven months and it has been an amazing experience; changing people's concept of disability and constantly improving the youth's knowledge and skills is the best feeling an individual can attain." 

QASA BIDS FAREWELL TO ADMIN ASSISTANT

Thokozile Cele, the former administrative assistant for QASA, resigned in December 2020 to pursue new career ventures.

Thoko, as she was fondly known, will be missed for her bubbly personality, her willingness to help and her ever so kind character.

QASA wishes Thokozile all the best in her new venture and everything else she will take on in her future. 



100 PERCENT PASS RATE




ABOVE: The online QASA Work Readiness Programme candidates with their tablets, provided by the organisation, so that they can complete the programme.

The second intake for the online QASA Work Readiness Programme (November to December 2020) had a 100 percent pass rate. QASA project coordinator, Zandile Miya, says: "QASA is very excited as this means there are more chances for our members to become skilled and more employable.

"They will receive certificates that state they have completed the QASA Work Readiness Programme. The next intake will start in February 2021."

The programme is in the process of accreditation with an eLearning platform. There are currently 22 interns and six candidates who have received full-time employment after completing the programme.

Unfortunately, companies are still reluctant to take on candidates with the COVID-19 restrictions and the impact of the lockdown on the economy. However, QASA is working closely with its partners to find suitable placements for all its candidates. 



EMPOWERING FARMERS WITH DISABILITIES

Photos supplied by INMED South Africa

With its innovative Aquaponics system, INMED South Africa is empowering farmers with disabilities in the Free State to build sustainable farms.

MARISKA MORRIS investigates

There is nothing quite like getting your hands dirty while working the earth or to see your labour grow – especially when you can literally reap your rewards. Sustainable farming offers small scale farmers the joy of reaping their labour as a source of food and income. But it's not always an accessible career choice.

Well, what if there was a world in which dirt roads were replaced with pavement and crop lands fit in a large greenhouse with raised growbeds and self-irrigation? With the INMED Aquaponics* system, nearly 100 farmers (many with disabilities) are able to farm more vegetables and fish for themselves and their community.

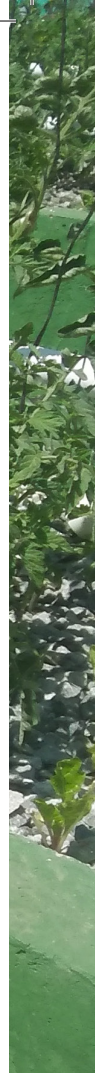
Aquaponics combines aquaculture (fish farming) with hydroponics (soilless crop growing). Nutrient-rich water from the fish tank fertilises the crops,

then filters through the gravel, where it is cleaned and oxygenated, before returning to the tank.

The system is far less labour intensive compared to traditional farming methods. It allows for 10-times higher crop production compared to a traditionally farmed plot of the same size; uses less water; requires no chemical fertiliser or pesticides; and produces crops year-round with the option to further reduce the energy consumption by harvesting rainwater and installing solar panels.

Most importantly, it can be adapted to be completely accessible.

“We would have no life without farming,” says Mary Mkithika, one of the beneficiaries of the programme. The 47-year-old paraplegic farmer from Kroonstad recommends sustainable farming to others.



“It is better to work on your own in order to face your life, including poverty. Farming sustains us and gives us some security.”

It is the desire to see people with disabilities integrated into the Free State economy that encouraged the programme. INMED Partnerships for Children founder and CEO, Linda Pfeiffer, explains: “INMED Aquaponics in South Africa was born a decade ago out of a desire to help struggling subsistence farmers and marginalised individuals tackle the intertwined challenges of food insecurity, climate-change adaptation, poverty and exclusion from participating in the market economy.

“We’ve been training and equipping people with disabilities to produce their own food, run their own agro-businesses and become self-reliant since 2012.”

The roll out of the system is part of a bigger programme and partnership. Unathi Sihlahla, programme director at INMED South Africa, explains: “As part of our Adaptive Agriculture Programme, we are currently in partnership with USAID to roll out a programme titled: ‘Expanding Participation of People with Disabilities in Climate-Adaptive Agriculture’.

“The overall goal is to integrate people with disabilities into the modern economy through new adaptive agricultural technologies and we plan to reach over 1 000 people in the next two years.

“We also have a nutrition and healthy lifestyle programme that addresses issues of malnutrition in targeted communities through an integrated approach that includes nutrition education, food gardening and promotion of physical activity.”

Through its partnership with the Disabled People South Africa (DPSA) Free State, INMED South Africa identifies the communities in need.

Operations manager at INMED South Africa, Janet Ogilvie, explains: “Since the start of the programme in 2012, INMED has established

and built strategic collaborations with various disability organisations including the DPSA, especially their Free State office, and we work with them to select members of their organisation for this project that meet specific criteria.”

Mary enjoys every aspect of the farming, especially reaping the rewards of her hard work.

“I enjoy planting vegetables, feeding the fish and looking after my project. It is really satisfying to see the end result at harvest time,” she notes.

Aside from the satisfaction, nourishment and potential income that the project provides, it has taught Mary many, invaluable skills.

“We’ve been training and equipping people with disabilities to produce their own food.”

“My life has completely changed as I met more people with different skills and ideas. This has taught me so much. I would like to thank INMED South Africa and USAID for bringing aquaponics into our lives. Everything is so much easier, and it is very interesting.”

Ogilvie notes that in-person training is provided to the over 100 current beneficiaries.

“Training is done face-to-face onsite at each project. Training materials are provided, but most of the aquaponics training is hands-on in their system so that they can immediately see what is being taught.

“The training covers all relevant aquaponics system information along with marketing and financial understanding, which includes setting your price and calculating profit. This is done at, or near, each site to cut down on travel,” Ogilvie says.

“A translator is also present during the training to ensure each programme participant



understands the information imparted. Exercises relating to each topic are done throughout the training to ensure everyone understands the training materials.”

While the project has provided new opportunities, there still remains challenges for farmers with disabilities.

“One of the challenges we face is travelling to the farming area during the rainy season,” Mary explains. “This is very difficult. There is also still a stigma around people with disabilities and we still find that some people in the community will not buy from us because we are disabled.”

INMED South Africa hopes to remove the stigma over time, as Ogilvie notes: “Positive impacts include overcoming stigma and a tremendous increase in confidence and self-worth among programme participants.

“Especially in this time of global pandemic, INMED South Africa’s Adaptive Agriculture Programme equips marginalised populations, such as those with mobility impairments, with the training, tools and resources they need to achieve food security and sustainable livelihoods – not only for themselves but for their communities.”

Nearly 50-km down the road, 73-year-old wheelchair user from Hennenman, Martha Moletsana, is also benefitting from the programme. With memories of growing up on

MAIN AND COVER PHOTO: Martha Moletsana tends to the raised growbeds that form part of the INMED Aquaponics system.

LEFT: Mary Mkithika working in the growbed.

BELOW: Martha Moletsana feeding the fish, which form the second part of the Aquaponics.



a farm, Martha grew some vegetables in her backyard – until INMED South Africa introduced an aquaponic system at her local centre.

“I have a small portion of land where I grow my own vegetables,” Martha explains. “INMED introduced aquaponics to my centre and I became very interested in this method of farming.

“INMED South Africa has helped me and my family a lot as we no longer struggle with having to buy vegetables from the shop.

“The community farming project that we run also helps the community to buy vegetables at affordable prices that are good quality. Fresh vegetables that are good for their health.”

Through the programme, INMED South Africa has fed Martha and her community, but also provided her with some exercise, skill and knowledge that she can share with her children.

“Farming is part of exercising and gaining

knowledge because I work very hard to get good produce. I stretch my muscles and I transfer my skill to my kids at home,” Martha notes.

Even an hour apart, Martha faces the same challenges as Mary. She notes: “The challenge is coming to the project when it’s raining as I am in a wheelchair. I do not have my own transport. Sometimes community members refuse to buy from us because of our disability. Some people still do not accept us and undermine us.”

However, despite the challenges and prejudices, Martha still encourages others to pursue sustainable farming as a career choice: “Farming is very important in our lives and the vegetables have all the nutrients that our bodies need. I encourage them to try farming in spite of all the challenges that they may face.

“It is worth it in the end because you can see what you can achieve with hard work and commitment and support,” Martha says. “I’d like to thank INMED South Africa and USAID very much for the good work they are doing for people with disabilities, and the skills they are transferring to us. It is changing our lives.”

When asked what motivated INMED South Africa to invest in the community, Sihlahla says: “At INMED, we believe that disability rights are human rights and, with our work as an organisation, we advocate for the rights of people with disabilities, developing their capacities to manage vulnerabilities to socio-economic challenges.

“In addition to this aspect, we believe the disability sector requires additional support due to stigma, discrimination and inaccessibility. People with disabilities are, therefore, less likely to participate in economic activities and basic services. Our programmes try to address this issue.”

In the new year, amid the global pandemic,


INMED South Africa plans to further expand the roll out of the INMED Aquaponics.

Pfeiffer explains: “We are expanding our aquaponics outreach with a new programme called INMED Aquaponics Social Enterprise, which will take INMED’s commitment to food security and sustainable livelihoods a step further.

“It will include an aquaponics training and consolidation centre with satellite centres throughout South Africa to broaden the scope of food security, climate-change adaptation and agro-entrepreneurship.

“It is worth it, because you can see what you can achieve with hard work.”

“The INMED Aquaponics Centre will include remote and certified in-person training; access to quality, lower-cost inputs like fish fingerlings and feed as well as seeds and starter systems; assistance with market development; consolidation services to yield better prices for producer; and even links to financing for start-up and expansion,” she concludes.

Whether you are looking for a more affordable food source, want to make a small income or just want to stick your hands in the earth and see Mother Nature work her magic, consider investing in sustainable farming. All you need is some innovation – or an INMED Aquaponics system. 

**INMED Aquaponics is a registered trademark in the United States (US), and will remain the same when registered in South Africa. INMED South Africa is facilitating the programme.*

HAPPY CRAPPIES AND SHITTY SHENANIGANS

The only good bowel is an empty one. **GEORGE LOUW** investigates the challenges and solutions available for bowel management

I can live with my paralysis. I can cope with the limitations in my mobility. My wheelchair and the hand controls in my car liberate me. My paralysis has become a part of what defines me as a person.

However, as my paralysis progressed with time, new complications started to surface and progressively worsen. My bladder behaves like a teenager. If it does not want to go, it refuses to go. But if it wants to go, it demands immediate attention.

However, I have learned to manage my bladder and we have a reasonable understanding. But, recently, my bowels also started behaving mischievously. That is a totally new ball game.

It saps your confidence. There is a loss of self-esteem. Self-inflicted social isolation sets in. Life becomes miserable ... but, as with my bladder, I have come to know and understand my bowel triggers and I am getting to grips with it. However, it remains a challenge.

My own experience prompted this article. So, I asked friends (no real names are used) with quadriplegia and paraplegia how they experienced the shenanigans imposed on them



by their bowels and what they did to overcome this. I will tell their stories and then have a look at various non-bowel routine options that are available out there for those who are truly shitty-shenanigan-gatvol.

Conditions that cause spinal damage often cause the nerves that coordinate bladder and bowel function to become scrambled. Depending on the nature of the damage, the fallout is so variable that each person essentially is unique, ranging from extreme constipation to uncontrollable faecal incontinence, with all kinds of in-between hassles.

That is why there are so many different bowel routines. In the end, our experiences and the ways we deal with them, are almost unique. As you will see from the stories that were shared with me and what I discovered in my reading.

For more on bowel routines and the functionality of normal and neurogenic bowels, visit the *Rolling Inspiration* website and download issue 1 of 2019.

GERALD

I became a quadriplegic after a motorcar accident as a teenager. My bowel routine every second night was managed by family members. The process was a time consuming, embarrassing and unpleasant battle, which was emotionally draining for me and my family.

After being a slave to my bowel routine for five years we came to the decision that it could no longer carry on like this. A few years earlier my father had a colostomy as part of the management of colon cancer. He coped very well with it; so when I said I wanted to follow suite, my family were all for it.

The surgery was a breeze and the training and support provided by the stoma therapist was fantastic. My medical aid paid for the surgery and

the stoma products. After the initial disconcerting experience of seeing Mick Jagger's lips protruding from my side, I soon got into the swing of things and today, twenty four years later, I have not regretted my decision at all.

“The surgery was a breeze and the training and support provided fantastic.”

TSHEPO

Ageing as a person with a spinal cord injury has been challenging for me as I am in my thirty seventh year as a quadriplegic.

I now notice my bowels are more sluggish than before and my routine not as effective as I have experienced over all these years.

Some Google searches, asking around, and the leap of faith made me change my bowel routine from the usual laxative and suppository every second day to doing bowel irrigation.

Now, hey presto, everything is back on track. I feel confident again and I am spending far less time in the bathroom.

STEVEN

I think the nerves that manage my bladder and bowel have become really confused. Although I can control my bladder, if it is full, it gives me very short notice to get to a toilet.

But recently, I have noticed something strange. If I go to the toilet with a very full bladder, I also want to pass a stool. To make matters worse, the more I try to hold back the urine, the more active my bowel becomes.

Also, when I stress, my bowel goes into a knot and my farts become wet. So now, whenever I leave the house, I wear a sleeve catheter and a diaper. I carry spares in my backpack. I am starting to consider a colostomy.

FROM AN OLD ROLLING INSPIRATION ARTICLE (PARAPHRASED):

When I make love to my girlfriend and I reach climax, I pass a stool. For me it is a fact of life, my girlfriend must just get used to it.

IN PURSUIT OF HAPPY CRAPPIES, NON-BOWEL-ROUTINE MANAGEMENT OPTIONS:

TRANS-ANAL IRRIGATION

This is a procedure where the person with a spinal cord injury or a carer inserts a catheter into the anus and inflates a balloon to keep the catheter in place, while seated on the toilet. Water is then pumped with a hand pump from a reservoir into the rectum (usually about 500 ml would suffice).

The increased volume in the rectum facilitates voiding of stool. The procedure appears to be safe and, apart from occasional reports of bowel perforation, side effects appear to be minimal provided that it is done with a recognised trans-anal irrigation product and following the supplier guidelines.

Advantages include fewer episodes of faecal incontinence, reduced time spent on bowel management and an overall improvement in the quality of life.

COLOSTOMY

Until recently, colostomies were considered as a last resort procedure for failed bowel management in persons with a spinal cord injury. But, recent studies have found that the formation

of a stoma can greatly improve the quality of life for some individuals. It can reduce the time spent on bowel management and it increases the independence (and ease) of bowel care.

However, despite largely positive outcomes, colostomies are not without complications. These include herniation of the stoma, skin rashes around the stoma (causing problems with collection bags), inflammation of the unused bowel below the stoma and a mucus discharge from the anus, that may require the use of pads or even surgical closure of the anus.

“ [Colostomies] can greatly improve the quality of life for some individuals. ”

However there is a very effective stoma support service from the suppliers of stoma products to assist and advise on stoma care and side effects.

A colostomy is a surgical procedure that brings one end of the large intestine out through the abdominal wall. During this procedure, one end of the colon is diverted through an incision in the abdominal wall to create a stoma.

A stoma is the opening in the skin where a pouch for collecting faeces is attached. People with colostomies have pouches attached to their sides where faeces collects and from which it can be easily disposed.

ANTEGRADE CONTINENCE ENEMA (ACE)

This is a procedure where a small stoma is created at the origin of the large bowel. The stoma is then used to instil an enema or bowel irrigation behind the stool. Commonly used in children with spina

bifida, its use in adults with spinal cord injuries has proved generally unsuccessful and is seldom seen in clinical practice.

NERVE STIMULATION TECHNIQUES

This involves the surgical implantation of nerve stimulators that stimulate the nerves that cause voiding. Sacral Anterior Root Stimulators (SARS) have been in use for bladder management problems for some years and has been found in some individuals to promote simultaneous bowel evacuation.

This procedure, however, seems to be not popular as very few respondents to bowel management questionnaires report using this technique. Another procedure, Sacral Nerve Stimulation (SNS) has been found to be not effective in persons with a spinal cord injury although limited success has been reported in persons with cauda equina lesions.

The collection of nerves at the end of the spinal cord is known as the cauda equina, due to its resemblance to a horse's tail. The spinal cord ends at the upper portion of the lumbar (lower back) spine.


IF ALL ELSE FAILS...

If nothing wants to work and you are moedeloos-gatvol-moerig, try wooing your bowel with the Happy Crappy song:

*Come on baby, let's do the happy crappy now
A snappy crappy is a happy crappy*



*So let's do a snappy, happy crappy
Come on Baby, let's have a snappy crappy
n-o-o-o-w.
Chorus:
Happy crappy, snappy crappy!
Happy snappy crappy, Yeah!*

It is fairly certain not to work but maybe it will make you feel better... 

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Ida's Corner is a regular column by George Louw, who qualified as a medical doctor, but, due to a progressing spastic paralysis, chose a career in health administration. The column is named after Ida Hlongwa, who worked as caregiver for Ari Seirlis for 20 years. Her charm, smile, commitment, quality care and sacrifice set the bar incredibly high for the caregiving fraternity. email: yorslo@icloud.com

EXPLORING THE DURBAN PROMENADE



A recent work trip took **MANDY LATIMORE** to Durban, which gave her an opportunity to explore the longest beachfront promenade in sub-Saharan Africa. She shares her experience

Since the lockdown, we have all been focused on COVID-19, and the rules and regulations that restrict our movements. I have been looking at various ways for persons with disabilities to still get out and about in a safe manner. I am happy to be able to write about the Durban promenade, which I was able to visit on a recent work trip!

Durban has the longest beachfront promenade in sub-Saharan Africa. It starts at the Blue Lagoon beachfront to the north, meanders for eight kilometres along the front of the Durban cityscape connecting the world-famous beaches and all the amenities to uShaka Marine World and the newest portion from there to the north pier at the mouth of the harbour.

Because of its spacious layout, it has become the place to be on an early morning for a jog, bike ride, or stretching class. Families take the

opportunity to ride with their kids or to walk along, letting the younger one's ride themselves.

There are numerous cafés and restaurants along the length, offering a variety of choices, from a quick coffee or soft serve ice cream, to full restaurant fare.

The many stunning piers that extend into the sea normally offer a person in a wheelchair, who may not want to swim, an opportunity to be above the waves and still experience their might as they crash on the shore under the pier. But sadly, these remain closed under the current lockdown restrictions.

But the rest of the promenade is the ideal place for a person using a mobility device to come and exercise – or just sit and watch the ocean. There are accessible parking bays at all the parking areas along the route. The one I parked at had the sign fixed upside down!



At both the main life guard stations – Durban Main Beach and Point beach – there are accessible toilets. The new section from uShaka to the North Pier is raised off above the beach level and in the main level.

There are various access ramps to the beach level, where a wooden decked walkway offers you access onto the sand at various points, accessible outdoor showers as well as accessible toilets and shower blocks.

The new amphitheatre has access from the top and there is a ramp system throughout the stepped seating, which is not good for persons with visual disabilities, but does allow access to the various areas of the seating.

The Durban Underwater Club and Ski Boat Club have moved their clubs into the space under the new promenade as their property was appropriated for this new structure. They have under cover parking for their members who have access to the beaches and wooden walkway from the clubs.

There are also ramps towards to the new housing development that is situated along



MAIN PHOTO: The Durban Promenade stretches for eight kilometres.

ABOVE: The promenade boasts accessible bathrooms.

LEFT: There is also an amphitheatre.



man-made waterways, which have accessible ramped bridges.

uShaka Marine World has just re-opened and, at present, they are busy getting the Water Park ready for the public. This is always a favourite of mine to visit as I'm besotted by dolphins and love to see the marine life in the aquarium.

Along the route, there are many establishments that offer the hire of bicycles and also fun buggies that have multiple seats, with only one or two people who need to pedal. So, if you have family or friends who want an outing, arrange for them to meet you and they can pedal for you on one of these buggies. Some can accommodate four people!

I met Charlotte from Xpression, the bike and surf shop at the new section, and she was introducing some ladies to stand-up paddle boarding at the waterways behind the promenade. They use wide boards and I cheekily asked her if she would be prepared to teach me to "Sit Down Paddle". She was extremely happy to assist.

Charlotte has had experience with many of the local Durban Wheelies who body surf, and so, was not intimidated by the thought of assisting a person with a disability to try out a sport designed for standing individuals!

So, if you are in the Durban area, and are feeling cooped up and tired of your home environs, take a trip to the promenade, and enjoy some fresh air and the sights and smells of the sea. Please remember to still wear your mask, social distance from anyone outside your family bubble, sanitise and stay safe!

If you are not in the Durban area, you can still enjoy the sights by watching great drone footage on YouTube. Just type in Durban Promenade!

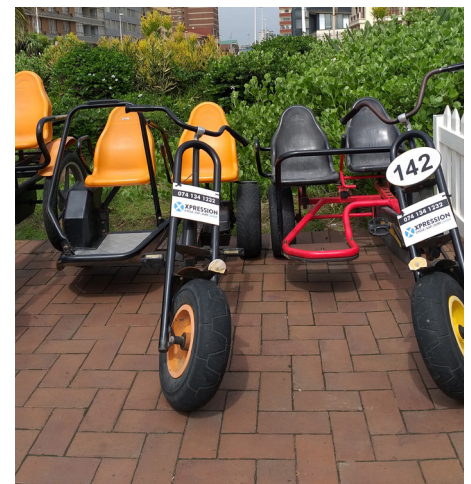
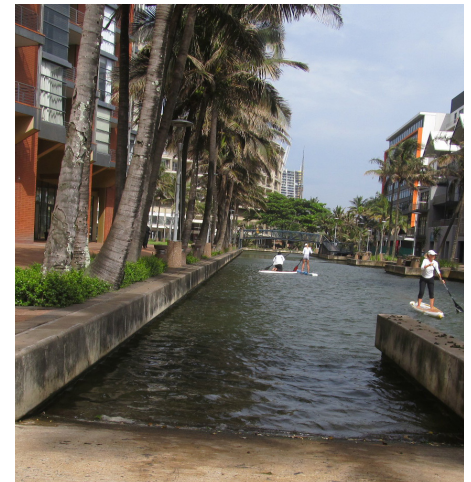
Happy travels! 



ABOVE: Xpression Surf Shop offers a host of equipment for hire from bicycles and buggies to stand-up paddle and surfboards.

LEFT TOP: Charlotte from Xpression introduces a few ladies to stand-up paddle boarding.

LEFT BOTTOM: Some of the buggies for hire have a two or four seat options, which could be the perfect activity for you and your partner, family member or friend when visiting the Durban promenade!



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DANGERS OF DR GOOGLE

With so much information available online, it can be difficult to pick the right products and solutions for you. **HEINRICH GRIMSEHL** points out the value of consulting the specialists

Recently I visited a rehabilitation doctor's consultation room. On her desk was a coffee mug with the following words on it:

"Please do not confuse Dr Google with my medical degree."

With COVID-19, we have all had a media overload. I am not even talking about social media. I'm referring to suppliers, manufacturers and wholesalers advertising online and going for gold.

Most probably, this is as a result of lockdown; the loss of sales; and the restrictions on physical interaction. During this time when there is a lack of information (or an overload of information) and service delivery with more people engaging online than before, amputees might be prompted to look for solutions online.

It is always good to be proactive and informed, but please be aware of the pitfalls. Let me give you an example:

A while ago I found a presentation online of a new prosthetic hand. The patient was demonstrating all the functions and just how beneficial this product is for an amputee that lost his hand.

During the video the amputee goes to an ATM to withdraw money and, in the process, uses

this prosthetic hand to type his pin on the ATM keyboard. Fantastic!


But, in reality, this would hardly ever happen. Most upper extremity amputees would just use their sound limb (normal limb) to do this function and not even think of doing this with their prosthesis.

So, the new amputee would look at this, think it's wonderful, and go to extremes to obtain this product when it might not be the most suitable solution for their situation.

Unfortunately, this example of misguided information applies to many products in many fields of healthcare including wheelchairs. We have identified the problem above. How do we fix it?

I would strongly advise a patient looking for any type of device to talk to more than one specialist in the field of your particular interest.

And within this solution also lies the truth, that if you are engaging with a proactive practitioner that has your best interest at heart, they will go to lengths to explain differences in function and cost, and arrange demonstrations with the different products so that you could truly make an informed decision based on facts and evidential proof.

By following this route, it is possible to use Dr Google to your advantage. But please do not believe everything you see online! 



Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA). email: info@hgprosthetics.co.za

10 COVID VACCINE MYTHS AND FACTS

With so much conflicting information on the COVID-19 vaccines, **GEORGE LOUW** sets out to find the truth from reputable sources

We live in a world of false news and distorted facts distributed on social media. One way to counter false and distorted posts is to corroborate the information by researching reputable websites (such as the Johns Hopkins Medicines site in this instance) and see what it says.

Then find at least two other reputable sites and compare the information on all three sites. If the sites provide essentially the same information, it can be accepted as factual.

With this in mind, I've researched 10 popular myths regarding the COVID-19 vaccines and uncovered the truth.

MYTH: Researchers rushed the development of the COVID-19 vaccine, so its effectiveness and safety cannot be trusted.

FACT: The two initial vaccines are both about 95 percent effective with, reportedly, no serious or life-threatening side effects.

The COVID-19 vaccine trials and development were done speedily, due to the urgency, but were subjected to rigorous safety and effectiveness regulatory standards in the countries making and/or distributing the vaccines. Importantly, the vaccines that have been approved have been tested in human trials.

MYTH: Getting the COVID-19 vaccine gives you COVID-19.

FACT: The vaccine for COVID-19 cannot and will not give you COVID-19. The protein that helps your immune system recognise and fight the virus does not cause infection of any sort.

The vaccine does not contain the live virus that causes COVID-19, so it



simply cannot infect you with COVID-19 and you will not test positive for the coronavirus.

There may be side effects to the vaccine. It's normal after the vaccination to see skin redness, swelling or pain around the injection site. You might also have fever, headache, fatigue and/or aching limbs in the first three days after vaccination.

MYTH: The COVID-19 vaccine enters your cells and changes your DNA.

FACT: The two COVID-19 vaccines available to us are designed to help your body's immune system fight the coronavirus.

The messenger RNA from two of the first types of COVID-19 vaccines does enter cells, but does not enter the nucleus of the cells where DNA resides. The mRNA does its job to cause the cell to make protein to stimulate the immune system, and then it quickly breaks down without affecting your DNA.

MYTH: The COVID-19 vaccine includes a tracking device.

FACT: Vaccines do not contain tracking devices or microchips. Rumours on social media should be ignored as fake news.

MYTH: Once I receive the COVID-19 vaccine, I no longer need to wear a mask.

FACT: Individuals who get the COVID-19 vaccination still need to practice infection prevention precautions. Keep your mask on, and continue staying at least six feet (or 1,5 metres) from people outside your household, until further notice.

Vaccines do not stop the coronavirus from entering your body; they only prevent you from developing moderate to severe COVID-19. It's not yet clear if people vaccinated for COVID-19 can still carry and transmit the virus, even

when they themselves don't get sick.

Masking, handwashing and physical distancing remain necessary until a sufficient number of people are immune. The best protection we can offer each other right now is to continue to follow current guidelines.

As more people are vaccinated and experts have a better idea of how long natural and vaccine immunity last, public health experts will update their guidance as necessary.

MYTH: If I've already had COVID-19, I don't need a vaccine.

FACT: People who have gotten sick with COVID-19 may still benefit from getting vaccinated. With the severe health risks associated and the possibility of re-infection, people are advised to get a COVID-19 vaccine even if they have been sick with it before.

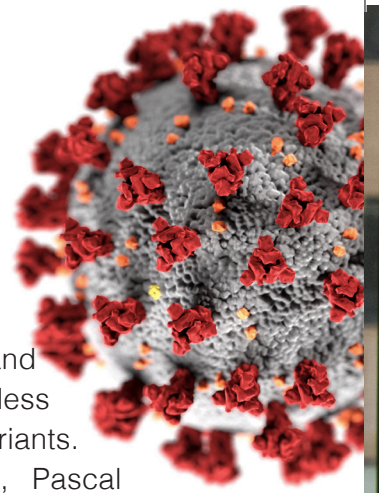
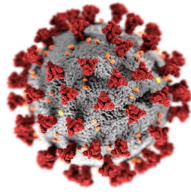
There is not enough information currently available to say if or for how long people are protected from getting COVID-19 after they have had it (natural immunity). Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this.

Several subjects in the Pfizer trial, who were previously infected, got vaccinated without ill effects. Some scientists believe the vaccine offers better protection against the coronavirus than natural immunity.

MYTH: The side effects of the COVID-19 vaccine are dangerous.

FACT: The COVID-19 vaccine can have side effects, but the vast majority are very short term, and not serious or dangerous. The vaccine developers report that some people experience pain where they were injected; body aches; headaches or fever, lasting for a day or two.

These are signs that the vaccine is working to stimulate your immune system. If symptoms persist beyond two days, you should call your doctor.



Although extremely rare, people can have severe allergic reactions to ingredients used in a vaccine. That's why experts recommend people with a history of severe allergic reactions to the ingredients of the vaccine, such as anaphylaxis, should not get the vaccination.

MYTH: The COVID-19 vaccine can cause other illnesses including autism.

FACT: The vaccine is made up of messenger RNA, which boosts your immunity to the coronavirus. It does not heighten your risk to become sick from another infection such as the flu.

There is no connection between the vaccine and autism. This fear seems to stem from a study published in 1998 suggesting that the MMR (measles-mumps-rubella) vaccine might cause autism. Since then, scientific studies have shown that there is no link between vaccines, or any of their ingredients, and autism.

MYTH: The vaccine causes infertility in women.

FACT: The COVID-19 vaccine will not affect fertility. The truth is that the COVID-19 vaccine encourages the body to create copies of the spike protein found on the coronavirus's surface. This "teaches" the body's immune system to fight the virus that has that specific spike protein on it.

Misinformation on social media suggests the vaccine trains the body to attack syncytin-1, a protein in the placenta, which could lead to infertility in women.

The truth is, there's an amino acid sequence shared between the spike protein and a placental protein; however, experts say it's too short to trigger an immune response and therefore doesn't affect fertility.

Getting COVID-19, on the other hand, can have potentially serious impact on pregnancy and the mother's health.


MYTH: The COVID-19 vaccine doesn't protect you against the new strains of the virus.

FACT: Viruses do mutate, and existing vaccines may be less effective against the new variants. However, AstraZeneca CEO, Pascal Soriot, said recently that the company's vaccine should "remain effective" against new variants.

Meanwhile, recent scientific evidence has shown that the Pfizer/BioNTech vaccine is effective against the two variants of the virus (known as N501Y), identified in South Africa and in the United Kingdom.

More data is needed on the effectiveness of the current vaccines against possible future variants of the virus, in particular, the recently identified "escape mutant" known as E484K.

A key advantage of the mRNA technology used in Pfizer/BioNTech and Moderna vaccines is that it allows the vaccines to be adapted to potentially provide immunity to future mutations in the virus.

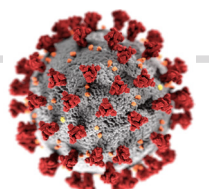
All the approved COVID-19 vaccines have been tested extensively for safety and have been proved to be over 90 percent effective, which is an excellent result for vaccine efficacy. Together with mask-wearing, hand-sanitising and social distancing, they are a key weapon in the fight against COVID-19. 

Disclaimer: I am not an expert on COVID-19 vaccines. When asked to compose an article on the vaccines, I searched the web for entries by reputable organisations. The 10 myths were taken from the below sources and the facts are an abbreviated synopsis of these resources.

Johns Hopkins Medicine: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccines-myths-versus-fact>.

University of Missouri Health Care: <https://www.muhealth.org/our-stories/covid-19-vaccine-myths-vs-facts>.

1 Life (a South African Insurance Company with a blog on healthy living): <https://www.1life.co.za/blog/myths-covid-vaccine>.



ENTERPRISE DEVELOPMENT WITH THE HELP OF BBEE

Businesses can score big on their BBEE Scorecard by supporting NPOs and business owners with disabilities. **Rustim Ariefdien** explains how

The Enterprise and Supplier Development element of the BBEE Scorecard carries the most points. There is a maximum of 44 points that a company can earn made up of 26 preferential procurement points; 10 supplier development points; five enterprise development points; and two bonus points when a supplier has graduated from enterprise development to supplier development with at least one job created in either of the developmental processes.

Suppliers that are majority black, female-owned with a turnover of less than R10 million and fall within the designated group of suppliers – such as having a disability – will provide the most points to a company.

Business owners with disabilities or NPOs in the disability field also offer unique value to companies that wish to get the potential 36 points on the BBEE scorecard. Business owners with a disability offer the two bonus points available for the designated group supplier.


The point tally can increase further should the NPO start out under enterprise development and become a supplier that benefits from supplier development spend. If jobs are created through this process, then there is even more value to the company. Each of these scenarios presents a bonus point; each taking the potential point tally up to 38 points.

This is particular significant for the protective

workshop industry where there is quite a bit of economic activity. In many instances, the primary income is obtained through the sale of products or the provision of services. However, protective workshops find themselves in a competitive market with enterprises without workers with disabilities – all competing for the same slice of the pie.

The Public Finance Management Act (PFMA) dictates that organisations for people with disabilities cannot obtain funding from state departments that handle trade and industry. Instead, funding comes from the Department of Social Development even though protective workshops are economic enterprises in the true sense of the word. With the right investment, these workshops could greatly enhance their service and efficiency.

Companies don't have the same PFMA restrictions and are able to invest in a protective workshop through enterprise development. In the next year of assessment, companies can invest even further when they engage the services of the organisation through supplier development. All the money spent with the workshop will count to the company's Preferential Procurement points.

If the organisation is a level one contributor, then the company will obtain the highest value in BBEE Scorecard. Enterprise and supplier development is a lever that can significantly impact growth for disability-owned enterprises and protective workshops. 



Rustim Ariefdien is a disability expert extraordinaire who assists businesses to “let the Ability of disAbility enAble their profitAbility” through BBEE, skills development, employment equity and socio-economic development. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.

HAPPILY EVER AFTER ON WHEELS

Navigating a relationship after a spinal cord injury can be tough, so **JODIE KROONE** interviewed some happy couple on their experiences

Article written by Mariska Morris

Relationships are tough whether it is sharing your most vulnerable, intimate and secret moments or debating who is responsible for the dishes. Throw in a spinal cord injury and its challenges and the maze becomes a full blown labyrinth.

Should your partner take on the duties of a caregiver? How do you talk about the more sensitive aspects of incontinence?

While tough, it is not impossible to have a happy, fulfilling relationship! Three, seasoned, inter-able couples share their story and advice to help guide others out of the labyrinth.

DARREN AND LAUREN

“After many challenges, experiences, struggles and blessings, we are more in love than when we met,” the young couple says. Darren and Lauren have been together for 15 years, married for nine with two children. They met after Darren, unknowingly, picked his wife’s names out of a list!

“I was working at a security exhibition with my company. We needed promotional girls to hand out flyers. So, I picked some girls from a list provided. Lauren was one of the girls,” he says.

Although their start was a fairy-tale meet-cute, Darren and Lauren have faced their share of obstacles with some disability-specific challenges like people asking prying questions. While Darren and Lauren haven’t faced any discrimination or judgement, there are instances of pity.

“I do notice that, sometimes, people are staring and almost have pity for us or my wife specifically,” he says.



LEFT: Darren and Lauren have been happily married for nine years with two children.

The duo has also faced some personal questions around intimacy, but Darren welcomes it: “I am very open about it and don’t have an issue with people asking, because I would rather people ask than just

assume and come to the wrong conclusion.”

Some couples are comfortable with merging the roles of partner and caregiver, while others keep a strict separation. Darren and Lauren prefer the latter with the couple taking on more traditional roles.

“My role is that of any husband: to take care of his family and protect them when needed regardless of my situation,” Darren explains. “My wife is my best friend, partner and lover. One thing that she is not is my carer.” However, this doesn’t mean that Lauren wouldn’t do anything for her husband.

“She is caring and will do anything for me just as I would do for her. She is the woman of the house and an incredible mother who puts her family first before herself. A very unselfish person,” Darren notes.

The couple offers others some valuable advice: Make sure you communicate with each other and always be open about the way you feel.

Darren adds: “Try and keep the ‘carer’ side of it aside as much as possible. The more one person

is expected to play that role, the higher the risk that they feel like it is the only reason they are there. It is a very fine line, but a very important factor to consider if you want a healthy, loving relationship.”

ALLISON AND MARTIN

In 2007, Allison and Martin met. Now, they have been together for 13 years and married for five. In this time, they have faced their fair share of health challenges.

“In 2014, Martin was hospitalised on and off for 12 weeks due to medical procedures; almost losing his life,” Allison explains. “I have been down this road as well. I had a near fatal accident in 2013; breaking my neck and lower back with five months of hospitalisation and rehabilitation.

“I’m very blessed to be fully mobile again. I was told that I might be a wheelchair user as well after the accident.”

The couple shares the household chores with Allison also assisting Martin with some mobility-related tasks. She notes: “One thing I do assist Martin with is getting in and out of the car as we have an SUV. The lift up to the seat from the wheelchair can sometimes be difficult. I also assist with taking the chair out of the car and then holding the chair when he gets out as he fears it might move. We’ve had our fair share of falls and misses.”

Allison cherishes her relationship with Martin even if some might find it odd. She says: “Some people don’t understand, but we have an amazing love for each other. I’ve been asked personally in the past [why we are together]; but why should it be a deal breaker? I am proud to be with Martin. I am with him because of who he is, not because of his disability.”

There have also been some personal questions regarding intimacy, which Allison tries to answer within the parameters of keeping their life private. She advises other couples on intimacy: “It is definitely an avenue that needs to be mutually explored and different things tried. I think counselling is a definite must as both people need to be comfortable without any issues as this can cause problems.”



ABOVE: Ron and Sue met three years before her spinal cord injury, but are still happy and together for eight years.

RIGHT: Allison and Martin have been together for 13 years.



Her further advice: “Martin has been in a wheelchair long before I met him. I didn’t know what to expect but was willing to learn when and where to assist. Martin is a very independent person and will ask for assistance when he wants it. Otherwise he does what he can on his own.


“Be open minded and patient with each other. It is hard for an able-bodied person to stand and watch when you really want to help.”

SUE AND RON

Three years before Sue sustained a spinal cord injury, she met Ron. They have been together a total of eight years and met on a dating site. She recalls: “Our love for outdoor and specifically mountain biking brought us together.”

They are fortunate to have found most people to be extremely helpful rather than judgement towards their relationship with only one question ever posed to Sue around intimacy. Their relationship has also remained mostly the same!

“I’m lucky in that I have the use of both my arms,” Sue says. “So, I can still dress myself, drive, cook, make tea, etc. But, we do have a carer/domestic helper to assist with housework and my daily physio so that Ron doesn’t have to do those tasks.”

Her advice for other couples: “If you put your mind to it, anything is possible. Maybe with a little bit more effort, but it’s achievable. I firmly believe one gets what one can handle.” 



DATING ON WHEELS

A spinal cord injury can make the daunting task of dating seem even more overwhelming. Fortunately, **DANIE BREEDT** has some advice on how best to approach a romantic relationship

Dating is hard enough at the best of times. After a spinal cord injury, insecurities about body image and doubts about one's desirability as a romantic partner can become a major concern.

Following the injury, it is quite common to be worried about what people see when they look at you and what assumptions they might be making

about you: Do they see me or did they see a person with a disability?

LOVE YOURSELF

The first step to getting comfortable with dating is getting comfortable with yourself. Coming to terms with the emotional and physical changes of a spinal cord injury is like getting to know a whole

new person. Making time to really find out what you enjoy physically and what you are looking for in a partner can make the process much less daunting.

BE BRAVE AND OPEN

A willingness to talk about all the different implications of a spinal cord injury will make the initial stages of a relationship much easier. We tend to fear or avoid anything that we don't know.

By introducing the elephant in the room, you are taking away any awkwardness that either of you might be experiencing. Some people have found it helpful to give a new or potential partner some information about spinal cord injuries to read and allow them to ask any questions that they might have.

KEEP IT LIGHT

As with any relationship, a strategy that works wonderfully is to use humor as a method for overcoming uncomfortable situations. We sometimes imagine everything that can go wrong and feel paralysed even before anything has happened yet.

By not taking it too seriously when something doesn't go according to plan reminds us that our expectation of situations are usually worse than when we are actually going through it.

There are very few situations that you cannot recover from even if it feels embarrassing in the moment.

AVOID PUSHING OTHERS AWAY

A common pitfall is that a person with a spinal

cord injury can easily become the victim of the stereotypes associated with his or her situation.

Especially after a new injury, it sometimes happens that people push others away as they feel they are unworthy of being loved. Knowing and accepting oneself is an important first step toward relating openly and honestly to others.


EVERYONE HAS A BAD DATE

Another trap that we can easily fall into is to blame our disability for everything that is not going the way we want it to.

Most people don't get through life without experiencing a bad date or rejection at some point, and people with disabilities are no different, except they can be left wondering: "Was it me or the disability?"

“Most people don't get through life without experiencing a bad date.”

Sometimes, you will never know for sure if it was the cause, but focussing on the disability is an immobilising strategy as it is something that you cannot change.

A more effective way of thinking about it is to remind yourself that every person you meet isn't going to be your perfect partner and just because this didn't work out, it doesn't mean that the next will be the same. It's not a failure if it didn't work out, it's only a failure if you give up. 



Dr Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy, dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.

SUNKISSED

It is important to get some sunshine daily for the hormones, vitamins and circadian rhythm. But, you need to do so responsibly. **JOY DUFFIELD** provides some insights

We are so blessed to live in sunny South Africa where we have sun all year round! The sunshine stimulates our happy hormone, serotonin. Other benefits of sunshine include regulating the circadian rhythm which can get you drowsy when the sun goes down; and increases vitamin D which assists with calcium absorption.



Unfortunately, there is also a bad side to the sun as it is known to be the main cause of skin cancers. The sun's rays are made up of UVA, which is the main cause of premature ageing, UVB, which is responsible for burning the skin, and UVC, which gets absorbed by the ozone.

WHAT IS SKIN CANCER?

Skin cancer is abnormal cells found along the epidermis, which is the most outer layer of the skin. These abnormal cells can mutate and multiply to develop into malignant tumours. There are three different types of skin cancers, Basal Cell Carcinoma, Squamous Cell Carcinoma and Merkel Cell Carcinoma.

The good news is that if skin cancer is detected early enough, dermatologists are able to treat it with really good results before it spreads below the skin.

CANCER AND SKIN COLOUR

Fair skin that burns easily is at a higher risk of developing skin cancer. The same goes for people with blonde hair, light-coloured eyes, those with moles and/or family history of cancer. This, however, does not mean that darker skins can't get skin cancer!

In fact, skin cancer is often detected at a later stage on darker skin tones, which can make the prognosis so much worse.

Melanoma, which is the most serious skin cancer, originates in the melanocyte, which is the cell that gives the skin its colour.

A little note on melanomas: They can often be

found in areas such as soles of the feet, palms of the hand and fingernail beds.

PROTECTING OURSELVES

Persons in wheelchairs have certain areas that are more vulnerable such as tops of the head, tops of the hands and feet.

To help protect against the damage caused by the sun, limit the amount of time spent in sun between 10h00 and 15h00; wear protective clothing and sunglasses; and make use of, at least, a factor 15 sunscreen daily.

“Skin cancer is often detected at a later stage on darker skin tones.”

Simply put, the easier your skin burns, the higher the sun protection factor should be on your sunscreen. Pick a UVA and UVB sunscreen, and reapply every two hours if outdoors.

For those who keep their skins golden with the help of a tanning bed, remember that you are no safer as these beds still contain UVA rays.

Most importantly, remember to check your skin – or allow somebody else to check your skin – all over once a month for any abnormal marks or changes in existing moles. Changes in a mole may include asymmetry, an irregular border, changing colour, shape or bleeding.

Be cool, stay in the shade and remember to reapply that sunscreen. ☑



Joy Duffield is a C4 - C5 quadriplegic since 2005. Married with no children, she founded the Beauty Academy International in 2002. She was also a finalist in the entrepreneur category for the Business Woman Association (BWA) in 2015.



FORMS TO ACCESS SUPPORT

In the final article of the series, **EMMA MCKINNEY** investigates the forms that teachers need to complete to access support for learners

Our final article in the series, relating to integrating children with disabilities into inclusive classrooms in mainstream schools, focusses on the second stage of the Department of Educations' Screening, Identification, Assessment and Support (SIAS) policy, which

looks at the role that the School-based Support Team (SBST) plays in supporting teachers who have identified additional support needs of one of their learners. The focus is on providing teachers and parents with an understanding of the support provided in identifying and addressing barriers to learning and development at a district level.

STAGE 3: IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT AT DISTRICT LEVEL

This final stage of the SIAS process involves identifying and addressing barriers to learning and development at a district level. As discussed previously, a teacher who has identified a learner as being vulnerable or at risk will complete the Support Needs Assessment Form 1 (SNA 1).

If they still require support, the case will be referred to the SBST who will verify the SNA 1 and then collectively complete the Support Needs Assessment Form 2 (SNA 2).

If further support is required, then support from the District-based Support Team (DBST) will be requested and Support Needs Assessment Form 3 (SNA 3) form will be used.

This form guides the DBST in their intervention strategy to:

- Review the action plan of the teacher and SBST and use the guidelines (see Guidelines for Support);
- Review the table to rate the level of support needed (see Table to Rate Level of Support); and
- Review the checklist to help determine the decision on how support is to be provided to the learner (see Checklist).

The DBST puts a further plan of action together for the learner (see Plan of Action in relation to Learner) and/or school, based on the information available (see Plan of Action in Relation to the School).


The plan will spell out a suitable support package

and include:

- Planning and budgeting for additional support programmes determined in SNA 3;
- Resource and support-service allocation to school and learner;
- Training, counselling and mentoring of teachers and parents/legal caregivers;
- Monitoring support provision; and
- Using the various tools attached as Annexures to the SIAS to help carry out their decisions.

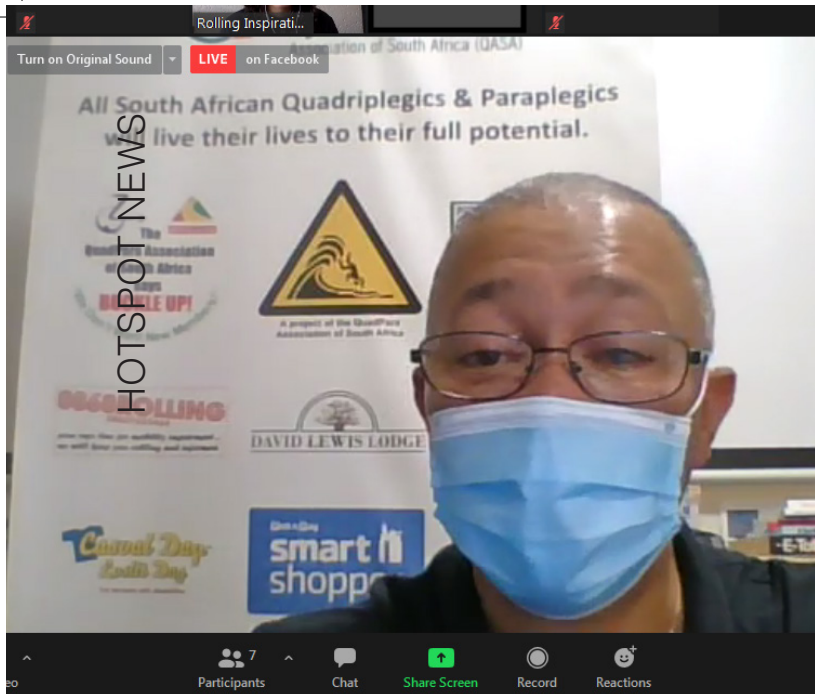
Finally, the back of the SIAS documents contains important forms that relate to:

- The placement of a learner at a resource centre, special school, full-service school in order to access a high-level support programme;
- Application by the SBST/DBST for an accommodation, exemption or endorsed NSC to alleviate the learning barrier(s) experienced by the learner;
- Curriculum differentiation schedule to report on the learner's functioning level, to alleviate the barrier(s) to learning experienced by the learner; and
- Health and disability assessment form to be completed by the Health Professional for learners who experience medical; physical; neurological; sensory; cognitive; psychological and emotional barriers to learning;

Hopefully the information provided in this series will assist teachers and parents in understanding how they can use the SIAS document in order to obtain support for learners who may require additional support in their classrooms. 



Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: emma@disabilityincluded.co.za



LEFT: Raven Benny, QASA COO and *Rolling Inspiration* managing editor, adheres to COVID-19 safety regulations while attending the *Rolling Inspiration* webinar from the QASA head offices in Durban.

WEBINAR OFFERS READERS MORE VALUE


In January, *Rolling Inspiration* hosted its second webinar. The aim of the event was to promote Issue 4 of 2020, provide readers with even more information, and offer an opportunity for the audience to directly engage with the contributors and advertisers in the magazine.

The free-to-attend, full-day webinar boasted 10 sessions that covered a range of topics (also featured in the magazine) from skincare practices that combats the impact of mask wearing to the dilemma around donations facing NGOs.

Of the event, *Rolling Inspiration* editor and event host, Mariska Morris, says: “Since publishing the magazine inhouse with QASA, *Rolling Inspiration* continually looks for ways in which it can offer its readers and advertisers more value.

“The event offers our readers an opportunity to directly engage with the contributors, ask their burning questions and learn more about the topics written about in previous issues. Advertisers have the opportunity to directly engage with the readers.”

“The success and interest in the event has surprised us,” she adds. “But, we have also listened to the concerns of our audience. We are revising the structure with the hope of hosting these discussions in the evenings so that more of our readers can attend.”

She urges readers to support the event either by attending or visiting the publication’s Youtube channel to view the sessions. The event is recorded and individual sessions uploaded to the channel. The January webinar sessions will be available in the coming weeks with the first webinar available now. 

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Postal code:





QASACCESSIBLE TRANSPORT

ACCESSIBLE TRANSPORT IN GAUTENG

THE QUADPARA ASSOCIATION OF SOUTH AFRICA (QASA) IS NOW OFFERING ACCESSIBLE TRANSPORT IN THE GAUTENG AREA!

THE QASA VEHICLES ARE EQUIPPED WITH WHEELCHAIR LIFTS AND CAN TRANSPORT YOU FROM AND TO ANY DESTINATION IN THE GAUTENG REGION*.

THIS SERVICE IS ONLY AVAILABLE TO PEOPLE WITH DISABILITIES.

TO ENQUIRE OR
BOOK, CONTACT QASA
ON **031 767 0352** OR
0860 ROLLING



*YOU WILL BE BILLED FROM EDENVALE (WHERE THE VEHICLES ARE BASED) TO EDENVALE.

