year. I met another paraplegic cyclist in the United States just back from the mountain. He had reached the crater rim and generously gave me a go on his special handcycle. It had huge balloon tyres for tackling the scree, and even the sight of it triggered in me excited ideas of what might be possible with a piece of equipment like that.

Scaling mountains was something I did before becoming paralysed. While forever an adventurer at heart and still motivated by the beauty of our natural world, I don’t have a bucket list; Kilimanjaro was not on my radar. However, a series of connections and synchronicities relating to Africa’s highest mountain led to the idea taking shape.

One of these catalysts was Martin Hibbert, who was paralysed in the Manchester Arena bombing. I accidentally got involved in his Kilimanjaro project when his team were training for their climb by trekking Scotland’s West Highland Way. Martin was unwell and I became his stand-in, using a special wheelchair called a Mountain Trike (mountaintrike.com). It was a unique experience for me to be among rocks, trees and heather. It opened my mind to new technology that can enable so much.

Soon after, I encountered a new design of handcycle from Inspired Cycle Engineering, which I was asked to trial. It was another game changer. I shed tears of joy across Scottish forests and beaches, enjoying terrain that had long been inaccessible to me. In the three decades I have been paralysed, innovation and design advances have been immense, and the possibilities that they enable are as equalising as they are exciting.

NERVES BEFORE NAIROBI

Flights to Nairobi were booked and the logistics all organised. Yet I found myself feeling uncertain about the objective before us. I was unusually non-positive in my language. “We’re trying to climb Kilimanjaro,” I said, noticing a weakness behind how I said it. Did I have a lack of belief or a measured respect for a mountain high enough to cause acute mountain sickness? Or maybe it was partly fear? I’ve previously survived cerebral and pulmonary oedema, and I knew there are typically a handful of altitude-related deaths on Kilimanjaro each year.

I was aware of my dependence on both the technology and the team. The trike would have to be reliable and sturdy to manage such extreme conditions. The team would need to be resilient and adaptable, ready for anything. In addition, how would Steve’s riding pace dovetail with my own slow crawl up the slopes alongside those walking?

Fact file

A handcycle up Kilimanjaro

Distance: Day one, Rongai Gate to Simba Camp (8km); day two to Kikelewa Cave (6km); day three to Mawenzi (5km); day four to Kibo (10km); day five to summit (6km) and down to Horombo Hut (16km); day six to Marangu Gate (20km).

Ascent: Day one, 884m (2,900ft); day two, 610m (2,000ft); day three, 156m (511ft); day four, 716m (2,349ft); day five, 1,580m (5,181ft) up, then down 2,175m (7,136ft); day six, down 1,768m (5,799ft).

Route: We ascended via the Rongai route on the northern side, retracing our steps on summit day as far as Kibo Camp before descending via the Marangu route on the southern side.

Conditions: In August, the coldest summit climb temperatures were around minus 5ºC, and just positive at the hottest time of day. Lower down the mountain, typical temperatures varied from 5 to 20ºC depending on time of day/altitude.

Accommodation: Tents.

Maps/guides: Kevin’s guidebook.

I’m glad I had... Paracetamol and ginger tea for the altitude head- and stomach-aches.

Next time I would... Take the extra day we had planned for the ascent, with a second night at Mawenzi camp to mitigate altitude effects which we all experienced.

More information: Cycling UK’s 10 tips for riding in Africa: cyclinguk.org/cycle-africa