



**national planning
commission**

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The Presidency
REPUBLIC OF SOUTH AFRICA



DISABILITY BACKGROUND PAPER: THE STATUS OF DISABILITY IN SOUTH AFRICA

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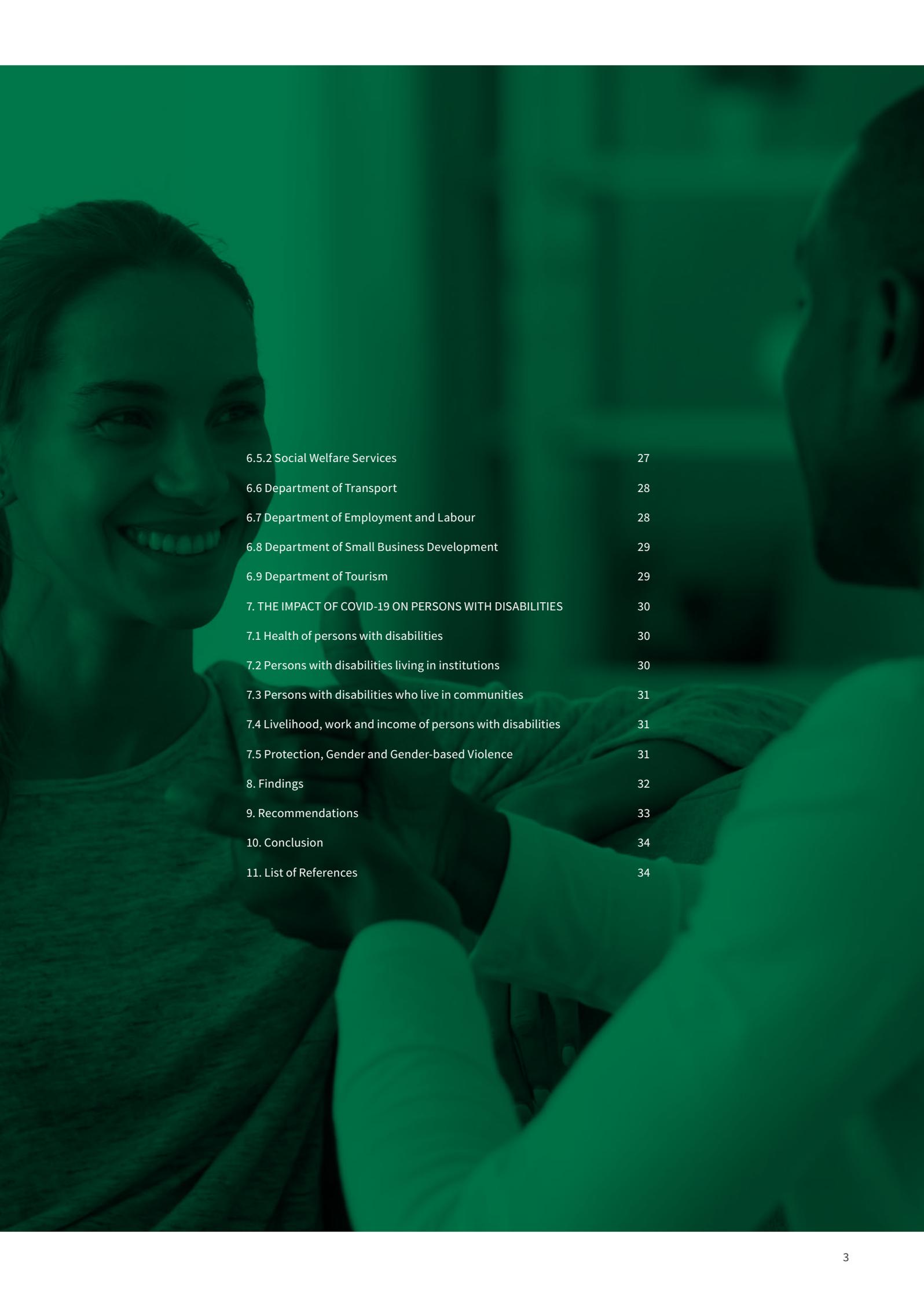
National Planning Commission
- Enhancing Quality of Life Work Stream

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LIST OF ABBREVIATIONS/ACRONYMS

AAC	Argumentative and Alternative Communication
ADA	Africa Disability Alliance
ADHD	Attention-Deficit Hyperactivity Disorder
ANA	Annual National Assessment
APP	Annual Performance Plan
AU	African Union
BBBEE	Broad-Based Black Economic Empowerment
C/LSPID	Children/ Learners with Severe to Profound Intellectual Disability
CBOs	Community Based Organisations
CDG	Care Dependency Grant
CGE	Commission for Gender Equality
CPoA	Continental Plan of Action
CS	Community Survey
CSPID	Children with Severe to Profound Intellectual Disability
CSTL	Care and Support for Teaching and Learning
DALYs	Disability-Adjusted Life Years
DBE	Department of Basic Education
DBSTs	District-Based Support Teams
DG	Disability Grant
DHET	Department of Higher Education and Training
DEL	Department of Employment and Labour
DOH	Department of Health
DOT	Department of Transport
DPSA	Disabled People South Africa
DSBD	Department of Small Business Development
DSD	Department of Social Development
DWCPD	Department of Women, Children and People with Disabilities
ECD	Early Childhood Development
ECI	Early Childhood Intervention
ENE	Estimates of National Expenditure
EU	European Union
GHS	General Household Survey
GIA	Grants-In-Aid
IDPs	Integrated Development Plans
INDS	Integrated National Disability Strategy
LOLT	Language of Learning and Teaching
LP	Learning Programme
LTSM	Learning and Teaching Support Material
MTSF	Medium-Term Strategic Framework
NCDs	Non-Communicable Diseases
NDP	National Development Plan

NDT	National Department of Tourism
NGO	Non-Governmental Organization
NHI	National Health Insurance
NPC	National Planning commission
OSDP	Office on the Status of Disabled Persons
PEDs	Provincial Educations Departments
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination
PHC	Primary Health Care
PIRLS	Progress in International Reading Literacy Study
PSET	Post-School Education and Training System
PSRIP	Primary School Reading Improvement Programme
RDP	Reconstruction and Development Programme
SA-ECR	South African Early Childhood Review
SAHRC	South African Human Rights Commission
SARS	South African Revenue Services
SASL	South African Sign Language
SASSA	South African Social Security System
SDGs	Sustainable Development Goals
SEDA	Small Enterprise Development Agency
SEE	Supported Employment Enterprise
SIAS	Screening, Identification, Assessment and Support
SMMes	Small, Medium and Micro Enterprises
SNE	Special Needs Education
Stats SA	Statistics South Africa
T&LDCIP	Teaching and Learning Development Capacity Improvement Programme
TVET	Technical, Vocational Education and Training
UAT	Universal Access in Tourism
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WBPHCOT	Ward Based Primary Health Care Outreach Teams
WG	Washington Group
WHO	World Health Organisation
WPRPD	White Paper on the Rights of Persons with Disabilities

1. INTRODUCTION

The National Development Plan (NDP) 2030 notes that disability and poverty operate in a vicious circle. Disability often leads to poverty and poverty in turn, leads to disability. Persons with disabilities face multiple discriminatory barriers (NDP, 2012). The NDP further states that disability must be integrated into all facets of planning, recognizing that there is no one size fits-all approach (NDP, 2012). The NDP further states that “persons with disabilities must have enhanced access to quality education and employment”. “Efforts to ensure relevant and accessible skills development programmes for persons with disabilities, coupled with equal opportunities for their productive and gainful employment, must be prioritised” (NDP, 2012). One of the challenges is that the NDP addressed disability across the chapters but did not have a specific chapter on it.

The National Planning Commission (NPC) undertook a review of the NDP in 2019 which addressed this shortcoming to some extent and reviewed progress in service provision to persons with disabilities between 2012 and 2018.

The NPC takes a comprehensive approach of ensuring the aim of disability mainstreaming becomes the centre of all development initiatives as a standard and principle in long term planning. In addition, the proposed approach is intended to ensure that all policies, budgets, plans and programmes address the collective needs of persons with disabilities.



1.1 BACKGROUND

South Africa has made progress to address the challenges for and discrimination against people with disability at three levels, namely, policy, legislative, administrative through developing and implementing related frameworks. The Constitution of the Republic of South Africa, adopted in 1996, outlaws discrimination based on disability and guarantees the right to equality for persons with disabilities. In 1997, the democratic government moved to address disability rights by releasing the White Paper on Integrated National Disability Strategy (INDS). The Promotion of Equality and Prevention of Unfair Discrimination (PEPUDA), Act No. 4 of 2000, that was enacted gave effect to the equality clause in the Bill of Rights which included the prohibition of discrimination on the grounds of disability and the promotion of equal access to services by all citizens including persons with disabilities. In 2007, South Africa ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol without reservation, and committed the country to respect and implement the rights of persons with disabilities as documented in the various Articles.

While the NDP addressed disability issues across the chapters of the NDP, it was not dealt with in an in-depth manner, which was a limitation. However, since the publication of the NDP in 2012, there has been some progress with Cabinet adopting the White Paper on the Rights of Persons

with Disabilities (WPRPD) in 2015. The WPRPD is intended to reduce inequality between persons with and those without disabilities and allows persons with disabilities to enjoy equitable access to socio-economic opportunities. The policy approach on disability has shifted from focusing on the existing need for services for persons with disabilities to a rights-based approach to disability. The literature seems to suggest some ideological tension between two approaches i.e. having a specific focus on disability and mainstreaming it. The disability sector has agreed on the mainstreaming approach. However, at the administrative level, relevant government programmes provide social, health and education services to address the needs of persons with disabilities are both targeted and mainstreamed. This is not necessarily a contradiction as most services are aimed at everyone, however some programmes such as disability grants are specifically targeted to persons with disabilities.

The stewardship and institutional location of key disability monitoring functions and programmes has been vested at the highest level in government. In 1997, the Presidency established the Office on the Status of Disabled Persons (OSDP). The OSDP was responsible for facilitating, mainstreaming and monitoring the implementation of the INDS in all government departments and for working with civil society.

The responsibility of managing these functions and programmes remained in the OSDP until it was moved to the newly established Department of Women, Children and People with Disabilities in 2009. After the 2014 national elections, the function was moved to the Department of Social Development (DSD), however the disability sector was not ultimately content with the move, which prompted the establishment of a Presidential Working group within the Presidency. In May 2019, the function was returned to the reconfigured Department of Women, Youth and Persons with Disabilities. These changes in institutional location lead to the challenge of several re-allocations and

shifts of financial (in terms of budget allocations) and human resources between the departments.

This resulted in the unintended interruptions related to planning, policy development, implementation, monitoring and evaluation of disability issues. The challenges negatively affected the implementation of disability policies and intervention programmes across all government spheres, which in turn affected the targeted beneficiaries. The following section addresses the issue of defining disability.

DEFINITIONS OF DISABILITY

The challenge to define disability so that it precisely and realistically includes the lived experience of persons with disabilities is a historical one, characterized by power dynamics, prejudice and social exclusion of those who are perceived not to 'belong', best described by Soudien and Baxen (2006). However, all the rights-based definitions share certain common elements even though they emphasise or word these differently. Common elements include: the presence of impairment; internal and external limitations or barriers which hinder full and equal participation; a focus on the abilities of the person with a disability; and loss or lack of access to opportunities due to environmental barriers and/or negative perceptions and attitudes of society.

The differences in defining disability may have a negative impact on addressing concerns in the sector. In South Africa, the sector acknowledges three definitions, which are namely the narrow, broad and Washington Group (WG) definitions. The narrow definition focuses on medical limitations such as impairments, while the broad definition relates mainly to social and environmental barriers. Similar to the narrow definition, the WG definition focuses on the six core functional areas of impairment, measuring the degree of difficulty in these core functional areas through a set of short questions to be considered for inclusion in censuses and surveys. For instance, the Statistics South Africa's (Stats SA) 2016 Community Survey special publication on Disability (released in 2018), refers to the three definitions and measures disability through these with slightly different findings (within the same document). Measurement of disability (scale and prevalence) in this background paper is mainly based on this Stats SA publication (Stats SA, 2018 and <http://www.washingtongroup-disability.com/washington-group-question-sets>).

Generally, there is limited statistical information and almost no baseline data on the prevalence of disability or on the quality of life of persons with disabilities prior to 1994. This was also the case for the first administration of the democratic government in South Africa. Some basic data was collected after 1999 by different government departments as it related to their specific areas of work. As the official statistical agency, Statistics South Africa currently collects, collates and publishes some of these relevant statistics at different times, depending on when a census or survey is undertaken.

Government understands the importance of disaggregated appropriate information, including statistical and research data, for planning, and formulation of policies related to disability as government departments

provide disability-related intervention programmes. In the process of providing such interventions through different programmes, the departments collect disability statistics on related activities. However, the data collected by departments has some limitations, as not all relevant information is collected, the collected information may not be disaggregated accordingly or the collected data is difficult to access. This is partly due to the lack of a final definition in national legislation as well as absence of disability data on children aged 0 – 4 years as surveys reduce the response burden on participants, households and caregivers (UNCRDP, 2014). The data for the population aged 0 – 4 years is, therefore, unavailable in the Stats SA 2016 Community Survey. In order to address this challenge, it was recommended that Stats SA consider conducting a special disability survey targeting the collection of data for this particular age group of 0 – 5 years (UNCRDP, 2014) on a regular basis. This data gap has a bearing on government's long-term planning, research, monitoring and evaluation of disability-related programmes.



Adequate access to disability data and statistics increases the ability to ensure programmes are targeting the areas of greatest need. The development and dissemination of such data assists in assessing the implementation of the legislation, policies, and programmes of persons with disabilities. Although Stats SA produces and publishes official statistics covering a myriad of areas including disability, sourcing administrative data remains challenging. This background paper, however, utilizes the Stats SA data and information from key government departments to highlight the prevalence of disability in South Africa, and assess the implementation of legislation, policies, programmes and budgets related to disability.

1.2 OVERVIEW

The background paper used information from different sources such as the Sustainable Development Goals (SDGs), the White Paper on the Rights of Persons with Disability (2015), the 25-year Review, departmental

disability programmes, and related budgets. The different sources provided required information to describe the status of disability in the report in order to measure progress.

2. METHODOLOGY

2.1 AIMS AND OBJECTIVES

This paper aims to identify and review the implementation of existing legislation, policy and government intervention programmes regarding disabilities over the 2010–2018 period. The document focused on government programmes targeted at persons with disabilities within the Departments of Health (DoH), Basic Education (DBE), Social

Development (DSD), Higher Education and Training (DHET), Transport (DoT), Employment and Labour (DoEL), Small Business Development (DSBD), and Tourism. The purpose is to identify programmes and review the implementation of mainstream as well as specific disability programmes. The specific objectives are to:

- Describe the scale and prevalence of disability in South Africa of persons with disabilities as it relates to the demographic characteristics of sex, age, province, geographic location (urban or non-urban), disability status, school attendance and employment status.
- Identify and analyse legislation, policies and government budgets in selected departments for persons with disabilities;
- List programmes within key departments including Departments of Health (DoH), Basic Education (DBE), Social Development (DSD), Higher Education and Training (DHET), Transport (DoT) and Employment and Labour (DoEL), Small Business Development (DSBD), and Tourism;
- Highlight access to education for children and young persons with disabilities in terms of:
 - Early Childhood Development (ECD) - the number of children who access both mainstream and targeted ECD services for children 0-4 years in centres and Grade R; and
 - Basic Education (Primary and Secondary) - Identify the number of children with disability who access education; and
- Describe the impact of Covid-19 on persons with disabilities.

2.2 STUDY DESIGN

The background paper uses a mixed method approach which is mainly quantitative, using administrative data and information sourced from existing survey reports with a partial focus on disability, and to a lesser extent, qualitative using data gleaned from a Roundtable Consultation with the disability sector. The quantitative data and information were sourced from the identified key government departments, which are central to providing services to persons with disabilities through intervention programmes. The qualitative data and information was sourced from the September 2018 disability roundtable discussion that consulted with organizations in the disability sector and representatives from government departments. The purpose of the discussion was to collect information which assisted with identifying levers for change to address inequality and unemployment with a focus on persons with disabilities. The roundtable discussions concluded by tasking the NPC to write a background paper on persons with disabilities which should be shared with stakeholders. This background paper is pursuant to the resolution and outcome of the 2018 disability roundtable discussion.



3. LIMITATIONS OF THE BACKGROUND PAPER

Ideally, the study should identify and assess disability legislation, policies and programmes in all government departments. However, due to time and resource constraints, as well as current Covid-19 conditions, the background paper only identified key government departments and reviewed intervention programmes within these departments. The same constraints also had a negative impact on accessing the available data and information required for the background paper, as the ability to provide information varied among government departments. It is worth noting that due to mainstreaming, some disability programmes and related budgets are difficult to track and assess as these are merged into other programmes or are de-centralised to provincial and lower spheres of government for implementation.

Examples include certain health disability program activities that are decentralized to lower levels such as district health facilities while the related budgets are administered by provincial managers. While this lower level disaggregation of activities might be effective for running the programmes, it is limited in tracking and sourcing related data for research, monitoring, evaluation and planning purposes. As a result of these limitations, the background paper is confined to a basic description of the disability status through demographic characteristics, access to social assistance and welfare services, and access to health, education and employment. This implies that a comprehensive analysis will not be covered in the background paper.

4. THE SCALE AND PREVALENCE OF DISABILITY IN SOUTH AFRICA



This section briefly disaggregates the percentage of the population of persons with disabilities in South Africa. It outlines some of the indicators required for reporting disability statistics to national departments, and Chapter 9 institutions, like the South African Human Rights Commission (SAHRC) to ensure mainstreaming. These will also be used for reporting to international bodies such as the United Nations Committee on the Rights of Persons with Disabilities (UNCRC), so that they can monitor the realization of the NDP 2030 and Sustainable Development Goals (SDGs) targets. As disability is included in a continuum of SDGs, particularly related to education, growth and employment, as well as inequality, the compilation of disability statistics have to be sufficiently integrated into the monitoring and evaluation of related programmes.

The importance of disaggregated, appropriate information, including statistical and research data, in the formulation and implementation of policies and programmes cannot be over-emphasized. The absence of such information posed a particular challenge in the lack of a final definition of disability in all national legislation (SA-UNCRC Report, 2014). In addition, the 2014 South African report to the UNCRC states

that disaggregation of disability-related statistics and data across all government institutions remains problematic, including the reliability of such data, where it is available.

However, in the 2000s Stats SA remodelled disability data collection and production approaches towards mainstreaming. Among others, the agency aligned the annual General Household Survey (GHS) and census questionnaires with the Washington Group on Disability Statistics framework. Stats SA further conducted surveys focused on children with disabilities aged 0-5 years because of the unreliability of information on this age group through the general census questionnaire.

Globally, about 15% of the population (about 1 billion people) is estimated to have some form of disability (<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>). In South Africa, people with disabilities constitute 7,74% (3,8 million) of the total population as shown in Table 1 below (Stats SA, 2018 – CS 2016). In addition, those aged 5 years and older were estimated at 4,4% (2.3 million) of the population (Stats SA, 2018 – GHS).

● **Table 1: Distribution of SA population by disability status (2016 Community Survey)**

Province	Without disability	With disability	Total
Western cape	5 340 986	361 602	5 702 589
Eastern cape	5 650 109	528 951	6 179 061
Northern cape	960 275	115 357	1 075 633
Free state	2 278 524	281 668	2 560 192
KwaZulu-Natal	8 881 368	836 905	9 718 273
North west	3 046 596	292 366	3 338 963
Gauteng	11 337 167	810 543	12 147 710
Mpumalanga	3 549 767	289 904	3 839 671
Limpopo	4 756 446	325 489	5 081 936
South Africa	45 801 241	3 842 786	49 644 027

Source: Statistics South Africa, 2018

4.1 PERCENTAGE OF POPULATION

Apart from the General Household Survey (GHS) that is published annually and targets a sampled population, Stats SA produced two survey reports, a census and a community survey (CS) in 2011 and 2016, respectively. A comparative analysis of the two reports showed disability prevalence increased from 6,2% in 2011 (Census) to 7,5% in

2016 (CS). The white population group had the maximum increase in disability prevalence from 17% in 2011 to about 20% in 2016 (Stats SA, 2016). The higher disability prevalence in the white population group was attributed to the higher proportion of the elderly (65 years and older) associated with this population group.

4.2 AGE AND SEX

The 2016 CS shows a link between disability and age. It further shows that disability prevalence can be projected with increases in age. Similar to international trends and patterns, the ageing population in South Africa is disproportionately represented in disability populations (WHO, 2011 and Stats SA, 2018). It is also observed that more than half the population aged 65 years and older, self-reported as persons with disabilities, as well as about 8 in 10 for those aged 85 years and older. With the rise in life expectancy in South Africa, this will have policy implications in future (Stats SA, 2018) and should be considered in planning.

Although disability prevalence by sex seemed to have declined slightly, between 2011 and 2016, (from 15% in 2011 to 14% in 2016 for males and 19% in 2011 to 18% in 2016 for females), it is accepted that disability is more common among females than males. This observation is due to various behavioural and sociodemographic factors (Murtagh and Hubert, 2004).

It is worth noting that one of the data collection and collation challenges in surveys, research and censuses, is disaggregation by sex as variable and not gender. Sex is a biological concept with binary characteristics of male and female. Conversely, gender is a social construct with a spectrum transcending the binary limitations. Gender introduces a third variable element of 'other', to account for the category of the population such as transgender. This background paper uses Stats SA data disaggregated by sex as a variable rather than gender. This limitation excludes the option of "other," leaving out a seemingly

expanding segment of the population preferring gender as a variable. Disaggregation of data by sex limits planning, policy development and implementation for the category of population as described above. Although some research organisations are requesting that gender replace sex as this may be more appropriate given the changing norms in society.





4.3 PROVINCE, SCHOOL ATTENDANCE AND EMPLOYMENT STATUS

The 2011 Census and 2016 Community Survey showed that both the Free State (7%) and Northern Cape provinces had the highest (7.1%) disability prevalence, when using the severe or narrow measures of disability. In addition, the broad measure of disability showed a 20% prevalence

in both the Free State and Northern Cape provinces in 2011 and 2016, respectively. In contrast, the Western Cape province had the lowest prevalence of disability during the same time period.

● **Table 2: Distribution of persons aged 5–24 years old by geographical type, disability status and school attendance, 2016**

Geography type	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Urban	8 253 993	669 604	8 923 597	3 042 561	241 580	3 284 140
Non-Urban	6 444 058	590 351	7 034 410	1 780 226	165 826	1 946 052
Total	14 698 051	1 259 955	15 958 006	4 822 786	407 406	5 230 192

Source: Statistics South Africa, (2018).

According to the United Nations Development Programme (UNDP), 80% of persons with disabilities live in developing countries (UN, 2010). In the context of South Africa, Table 2 shows persons with disabilities

were more prevalent in non-urban than urban areas (Stats SA, 2018). Additionally, the table depicts that more (3.38 million) persons with disability were not attending school in 2016.

● **Table 3: Trends for representation of persons with disabilities between 2016 - 2018 (all employers)**

2016	2017	2018
0.8%	1%	1%

Source: Commission for Employment Equity, (2019).

Table 3 above shows the trends for representation of persons with disabilities by all employers between 2016 and 2018. The table depicts that employment of persons with disabilities remained at around 1%, which is below the target of 2% stipulated in the Employment Equity Act, No. 55 of 1998. Employment equity trends show that between 2016 and 2018 the level of employment for persons with disabilities at top and senior management showed marginal improvement, increasing from 1.1% and 1.3% (Commission of Employment Equity, 2019). The

situation of employment of persons with disabilities at lower categories (skilled, semi-skilled and unskilled) ranged between 0.8% and 1% (Commission of Employment Equity, 2019). This indicates that persons with disabilities tend to have limited access to education as reflected in Table 2 is of concern as it leads to poor labour market outcomes. Which contributes to low rates of employment and are therefore more likely to be trapped in poverty.

5. LEGISLATIVE, POLICY, AND ADMINISTRATIVE FRAMEWORKS ON DISABILITY

This section highlights international and regional as well as the South African legislative disability frameworks. The general review focuses on mainstreamed disability government programmes and aims to describe implementation of the legislative and policy framework for persons with disabilities. This relates to accessing the intervention programmes

within key government departments including DoH, DSD, DBE, DHET, DoT, DoEL, DSBD and the Department of Tourism. The section further describes the allocation and utilization of aggregate government budgets and, where it is provided, disaggregated budget information from the identified key departments.

5.1 INTERNATIONAL AND REGIONAL FRAMEWORKS

The United Nations (UN) General Assembly adopted the Convention on the Rights of Person with Disabilities (CRPD) in 2006, which built on, and works in synergy with previous international laws (although not binding) related to persons with disabilities such as the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the World Programme of Action on Disabled Persons - 1982. The CRPD advances the progressive realization of the rights of persons with disabilities as equal citizens. A significant milestone was achieved when South Africa ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol without reservation in 2007, thereby committing the South African government to respect and implement the rights of persons with disabilities, as documented in the various articles.

Article 9 of the CRPD requires governments to undertake appropriate measures to ensure that persons with disabilities are able to access the physical environment, public transport, information and communications, as well as other facilities and services open or provided to the public, both in urban and in rural areas on an equal basis. The most effective tool for achieving this is universal design, which benefits not only persons with disabilities, but also the broader diverse population.

The baseline country report was to be submitted in May 2010, two years after the convention came into effect, but the institutional restructuring of the OSDP into a Ministry and Department of Women, Children and People with Disabilities (DWCPD), as well as weak information management systems in many government departments, delayed the process of co-ordinating the compilation of the report. Given the urgency within a newly formed Ministry, the DWCPD finalised the report in 2012, and it was approved by Cabinet in April 2013 as the most comprehensive assessment of the rights of persons with disabilities to date. The report highlights systemic inequalities and violation of rights experienced on daily basis by persons with disabilities and their families. In 2014, the country also submitted a report to the UN Committee responsible the UNCRPD as prescribed by the Convention. The Committee's concluding observations and recommendations were used in the development of the current Medium-Term Strategic Framework (MTEF 2019 – 2024) and in departmental and sector specific plans.

Additionally, South Africa played an important role in the development of the UNCRPD. Further regional developments are comprehensively described by Van Reenen and Combrinck (2011) in their account of

the UN Convention on the Rights of Persons with Disabilities in Africa: Progress after 5 Years. Other reports discuss a review of the Convention's potential impact on Africa's regional human rights normative framework and on implementation of disability-related rights in selected domestic legal systems (Van Reenen and Combrinck, 2011).

At the regional level, article 18(4) of the African Charter on Human and Peoples' Rights addresses the needs for the aged and persons with disabilities. The article provides persons with disabilities with special measures of protection regarding their physical and moral needs (SAHRC, 2013 - 2017). The African Union (AU) declared the period 2010 to 2019 as the extended African Decade of Persons with Disabilities, and subsequently adopted a Continental Plan of Action (CPoA) to govern its implementation. The CPoA established priority areas in which governments were expected to set targets for achieving change in the empowerment of persons with disabilities. The CPoA also supported the mainstreaming of disability in the Africa region (Africa Disability Alliance, 2015).



5.2 SOUTH AFRICAN LEGISLATIVE, POLICY AND ADMINISTRATIVE FRAMEWORKS

The apartheid government of South Africa addressed disability as a social welfare and medical issue in line with the “medical model”, which meant that persons with disabilities were assessed and provided services in terms of their impairments. Services provided focused on the provision of social grants and some very basic and rudimentary social services such as rehabilitation.

The progress in the policy development stage and its significance, from the medical to the social- and rights-based approaches to disability, cannot be sufficiently emphasised.

In the democratic period, South Africa has put in place legislation, policies and programmes to provide services to persons with disabilities. There has been a clear shift in disability policy in the post-apartheid period away from the medical model to a rights-based approach. The Bill of Rights in the Constitution ensures the values of dignity, equality and freedom. These values encapsulate a myriad of rights for all South Africans including persons with disabilities. Section 9(3) of the Constitution and section 9 of the PEPUDA Act, No. 4 of 2000 prohibits the state from discriminating against persons on the grounds of disability, among others.

The Reconstruction and Development Programme (RDP) committed to develop a policy paper on disability. The White Paper on an Integrated National Disability Strategy (INDS) was released in 1997 to guide policy and legislation development in the post-apartheid era. The INDS (1997) succeeded in establishing the policy position of disability mainstreaming and raising awareness of the rights of persons with disabilities. The INDS represented a historical milestone by changing the understanding of disability as a medical or health and welfare issue to a rights-based approach, which signalled the shift to the social model in official government policy. The INDS (1997), however, did not translate into a systems-based approach for disability rights mainstreaming. Following the development of a rights-based legislative

framework, another achievement to note is the institutionalisation of the principle of self-representation of persons with disabilities.

On the policy and programme front, South Africa’s progress in addressing the rights of persons with disabilities can be traced to the approval of the INDS in 1997 and the promulgation of the Employment Equity Act in 1998. The Employment Equity Act and Cabinet set a 2% target for employment of persons with disabilities in all national and provincial government departments. In 2000, the PEPUDA Act No.4 was promulgated, followed by the publication in 2001 of the Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System.

Furthermore, in 2013 to show the government’s commitment to disability rights, the Cabinet proclaimed 3 November to 3 December as Disability Rights Awareness Month, and 3 December as the National Day of Persons with Disabilities. The White Paper on the Rights of Persons with Disabilities (WPRPD) and its Implementation Matrix was approved by Cabinet in 2015. The WPRPD seeks to embrace the social model of disability as a social construct to assess the socio-economic environment and the impact that barriers have on mainstreaming disability.

The model focuses on the abilities of persons with disabilities rather than their differences, fosters respect for inability and recognizes persons with disabilities as equal citizens with full political, social, economic and human rights. It provides guidance to mainstream the rights of persons with disabilities through the development of targeted interventions to remove barriers, apply the principles of universal design and develop standard operating procedures. It further provides a co-ordinated approach for government departments and institutions to mainstream disability through access to all empowerment and equality legislation, policies and programmes.

The policy seeks to:

- *Reduce inequality between persons with and persons without disabilities and between women and men with disabilities;*
- *Ensure that economic vulnerability and poverty levels of households with disabled members are significantly reduced;*
- *Ensure that persons with disabilities enjoy equitable access to socio-economic opportunities that enable them to contribute equally to the wealth of the country; and*
- *Strengthen accountability by duty-bearers and recourse for rights-holders for the promotion and protection of the rights of persons with disabilities.*

An important contribution to the realization of rights for persons with disabilities is the Implementation Matrix (IM) that forms part of the White Paper (2015). The IM identifies indicators and sets two timeframes for implementation - 2015-2019 and 2020-2030 - to reach the targets. The IM identifies the policy directive, the relevant MTSF outcome, the targets for 2015-2019 and for 2020-2030 and further identifies the lead agency. Unfortunately, the IM does not provide the baseline and sets very ambitious targets for the two timeframes. The IM is useful in that it provides an outline of the key priorities across the different sectors.

A significant improvement following on from the IM is the Medium-Term Strategic Framework (2019-2024) that includes and integrates disability interventions with attendant indicators, resource allocations, targets and the identification of lead departments. Disability is addressed across all four priorities. As the MTSF is high level monitoring framework, the challenge is to translate this into national and provincial level Strategic Plans and Annual Performance Plans and at local government level into Integrated Development Plans (IDPs).

This study identified key departments through which disability legislation, policies and intervention programmes are implemented.

Due to time constraints, the study reviewed some of the relevant legislation as displayed in Table 4 below.

● **Table 4: List of South African Legislation and Policy Framework**

Government Departments	Constitutional, Policy and Legislative Framework
Government of South Africa	<ul style="list-style-type: none"> • The Constitution of South Africa (No. 108 of 1996) • PEPUDA Act No. 4 (2000)
Department of Basic Education	<ul style="list-style-type: none"> • South African Schools Act, No. 84 of 1996, • South African Library for the Blind Act, No. 91 of 1998 • Education White Paper 6 Special Needs Education, 2001 • Children's Act, No.38 of 2005. • Child Justice Act, No 75 of 2008 • Draft CSPID Policy Oct 2016
Department of Social Development	<ul style="list-style-type: none"> • The White Paper on an Integrated National Disability Strategy, 1997 • Social Assistance Act, No 13 of 2004 • UNCRPD, 2007 • Social Assistance Regulations of 2008 • Disability Policy, 2009 • National Disability Rights Policy, 2014 • White Paper on the Rights of Persons with Disabilities, 2015 • The Sustainable Development Goals (SDGs) and Disability, (2015)
Department of Health	<ul style="list-style-type: none"> • National Rehabilitation Policy (2000) • Mental Health Care Act, No. 17 of 2002 • National Health Act, No.61 of 2003 • DoH, (2015-2020). Framework and Strategy for Disability and Rehabilitation Service in SA
Department of Higher Education and Training	<ul style="list-style-type: none"> • Policy Framework for Disability in the Post school Education and Training System (PSET), 2016 • The Strategic Policy Framework on Disability in the Post School Education and Training System (2018)
Department of Transport	<ul style="list-style-type: none"> • Implementation Strategy to Guide the Provision of Accessible Public Transport Systems in South Africa • Status of report: Draft for Discussion (Issue 2.1), 2007 • Public Transport Action Plan to Guide the Provision of Accessible Public Transport Systems in South Africa • Status of Report: Draft for Discussion (Issue 2.1), 2007 • Public Transport Strategy, 2007 • National Land Transport Act, No. 5 of 2009
National Department of Tourism	<ul style="list-style-type: none"> • NDT, (2019). Framework for Universal Accessibility in Tourism City Destination
Department of Employment and Labour	<ul style="list-style-type: none"> • Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993 • Employment Equity Act (1998) • Code of Good Practice for the Employment of Persons with Disabilities (2002) • Technical Assistance Guide to the Employment of People with Disabilities (2004)
Other	<ul style="list-style-type: none"> • DPSA, 2014. Policy on Reasonable Accommodation and Assistive devices for Employees with Disabilities in the Public Sector • Broad-Based Black Economic Empowerment Act, No. 53 of 2003
National Planning Commission	<ul style="list-style-type: none"> • NDP 2030, 2012
South African Human Rights Commission	<ul style="list-style-type: none"> • SAHRC, 2015. Promoting the right to work of persons with disabilities: monitoring framework

Source: Adapted from Chappel & Rule, (2013).

6. DISABILITY PROGRAMMES WITHIN KEY DEPARTMENTS

The UN (2015), among others, sought to fully include persons with disabilities in the development agenda, and considered the process in the light of the “no-gap policy”. The concept of a no-gap policy is simply that no entity, such a government department, the private sector, a non-governmental organization (NGO), or the United Nations system, can achieve the goal of equality for persons with disabilities on its own. It proposes instead that role-players collaborate and work as an interconnected network in order to achieve the goal of mainstreaming disability.

(https://www.un.org/disabilities/documents/accessibility_and_development.pdf visited 07 June 2020).

The concept of “no-gap policy” could be viewed as leaving no one behind or mainstreaming. On this basis, the South African government provides interventions for persons living with disabilities through programmes in different departments including the following: Department of Health (DoH) Department of Basic Education (DBE), Department of Social Development (DSD), Department of Women, Youth and Persons with Disabilities, Department of Higher Education and Training (DHET), Department of Transport (DoT), Department of Employment and Labour, Department of Small Business Development and Department of Tourism. Other government departments not mentioned above are also expected to play a role, both directly and indirectly.

6.1 DEPARTMENT OF HEALTH

The DoH’s mandate inclusive of mental health services are provided for by the health legislative framework. The framework includes the Mental Health Care Act, No. 17 of 2002 and the National Health Act, No. 61 of 2003 which sets the basis for mainstreaming disability health services. The DoH’s programmes for health care services to persons with disabilities

are prescribed in the Framework and Strategy for Disability and Rehabilitation Service in South Africa and include Early Childhood Intervention (ECI), School Setting, Vocational rehabilitation, Home or Community setting, Home/Community Setting, Primary Health Care (PHC) Facilities (clinics, community health centres) and Hospital Based Services.

- *Early Childhood Intervention (ECI) Programmes are designed to support young children who are at risk of developmental delay, or who have been identified as having developmental delays or disabilities. ECI includes a variety of services and support mechanisms to ensure and enhance children’s personal growth and flexibility, strengthen family capabilities, and promote the social inclusion of families and children;*
- *School Setting screening as set out in the Integrated School Health Programme: Vision, Hearing, Speech and language and Physical (gross and fine motor) makes referrals to specific hospital-based rehabilitation services;*
- *Vocational rehabilitation programmes are intended to restore or develop the capabilities of people with disabilities to secure, retain and advance in suitable employment, for instance, job training, counselling and placement services;*
- *Home or Community Setting relates to the role of rehabilitation at home or community level and covers engagement with all key stakeholders and community leadership such as traditional and civic leaders. The stakeholders collectively identify community resources for the benefit of all community members, including people with disabilities. Home setting includes services such as screening, assessing and treating people with different impairments; physical, emotional, speech, hearing, communication and visual impairments;*
- *Primary Health Care (PHC) Facilities such as clinics and community health centres (CHCs) includes services such as screening, assessing and treating people with different impairments like physical, emotional, speech, hearing, communication and visual and training of community health workers on disability issues to empower them to ensure early detection of disability and referral to the right place. The PHC component also conducts home visits in collaboration with the Ward Based Primary Health Care Outreach Teams (WBPHCOT) to clients by therapists for specific interventions and follow-up visits by mid-level health workers.*
- *Hospital-Based Services and rehabilitation services in hospitals cover the following areas: assessment and management of patients, treatment by a multi-disciplinary team, referral, vocational rehabilitation, early hearing detection and intervention and referral for diagnostic procedures at other and specialised services. The team at this level of rehabilitation can endorse and provide a wide scope of assistive devices.*
- *According to the DoH’s 2012 Annual report, the Non-Communicable Diseases (NCD) Programme develops policy, legislation and guidelines and assists provinces in the implementation and monitoring of care related to chronic diseases, disability, older persons, eye care, oral health, mental health and drug abuse, injury prevention, organ transplantation and forensic pathology services. Persons with disability require the health service to address their needs by providing access to care and effective rehabilitation services. Equally, in upholding the principle of “nothing about us without us”, a draft Policy Framework and Strategy was developed in consultation with key stakeholders (Annual Report, 2015).*

- The DoH's 2016 Annual Report focused on improving access to disability and rehabilitation services through the implementation of the framework and model for these services. Among others, the NCD sub-programme focused on the improvement of services for early detection related to eye care, oral health, care of the ageing, rehabilitation, disability and mental health. The 2018 version of the DoH Annual Report focused on promoting the restructuring and improvement of the provision of Occupational Health, Mental Health, Disability and Emergency Medical Services as part of the comprehensive set of health entitlements that will be covered by the NHI Fund. It is worth noting that, mental disorders are seen as the main and developing cause of disability-adjusted life years (DALYs). It is true that, DALYs for mental disorders are highest during youth and mid-adulthood, accounting for 18.6% of total DALYs among people aged 15-49 years, which has a serious impact on socio-economic development (Annual Report, 2018).

- The 2014 report to the UNCRDP indicated that while provisioning of assistive devices was prioritised in rehabilitation budgets there was a challenge with regard to service provision, in that there were long waiting periods between the date of application and the issuing of devices. The report raised related concerns that accurate and updated statistics were not available but noted that efforts were being taken to include issuing of assistive devices on the District Health Information System (UNCRDP, 2014).

● **Table 4: List of South African Legislation and Policy Framework**

Assistive devices	Thousands									
	W. Cape	E. Cape	N. Cape	Free State	KZN	North West	GP	MP	LP	South Africa
Eye glasses/spectacles/contact lenses	1 213	392	156	278	459	271	2 008	245	162	5 185
Hearing Aid	13	9	*	10	8	5	44	6	7	104
Walking stick/walking frame	46	68	11	22	69	43	53	34	36	382
Wheelchair	14	14	4	4	17	8	21	4	10	96
Other assistive devices	3	4	*	*	*	*	3	*	3	14
Total aged 5 years and older	6 055	5 790	1 106	2 616	10 057	3 504	13 346	4 021	5 103	51 598

Source: General Household Survey, (2018).

Table 5 above indicates that Gauteng has the highest number of people using assistive devices at 13 346 followed by KwaZulu-Natal at 10 057. Even though KwaZulu-Natal has the highest number of persons with disabilities. The Western Cape holds the third place in terms of the population that uses assistive devices even though it has the fourth

largest number of persons with disabilities; followed by Eastern Cape, Limpopo, Mpumalanga, North West, Free State and Northern Cape. The higher level of access in Gauteng and the Western Cape Provinces may indicate that provinces with better health systems are able to provide better services.

6.2 ACCESS TO EARLY CHILDHOOD DEVELOPMENT FOR CHILDREN

This section provides a brief background on early childhood development and a compulsory basic education for children with disabilities. While in the past many children with disabilities, particularly those with severe disabilities were excluded from receiving formal education, in recent years the right to education has received the much-needed attention. Policies relating to addressing the challenge of exclusion have been developed and implemented in many countries including the endeavours by South Africa as a developing country. Between 2009 and 2010, about 28% (1,4 million) of the total population (5,1 million) of children aged 0-4 years were children with disabilities, however according to the Department of Basic Education's calculations, only 665,247 children attended ECD facilities (Stats SA, 2010- General Household (GHS) Survey Interactive dataset, 2009-2010).



6.2.1 EARLY CHILDHOOD DEVELOPMENT (ECD)

According to Richter et al (2012), one of the main challenges of Early Childhood Care and Education (ECCE) is that children living in poverty, disadvantaged societies and those with living disabilities remain with limited access to ECD centres and are deprived of quality ECD facilities. The Department of Social Development is responsible for Early Childhood Development (ECD) programmes for children 0-4 years which are offered at day-care centres, crèches, playgroups, nursery schools and in pre-primary schools. The GHS 2018 showed that 49.2% of children aged 0-4 years stayed at home with parents or guardians. As this figure is not disaggregated for children 0-2 years and children 3-4 years it makes it difficult to analyse comprehensively. For children 0-2 years it is preferable to be cared for by the mother or primary care-giver at home. What would be ideal though is for these mothers or caregivers to have support from health service and social services). The Department of Basic Education is responsible for children aged 5-6 years i.e. those attending Grade R (reception year). The Department of Health is responsible for the health care services across all age groups. The DoH plays a particularly important role during pregnancy and the first two years of a child's life, 'the first 1000 days'. The first 1000 days of life in or early childhood, (including children with disabilities), is a particularly sensitive and rapid period of development, which lays the foundation for all future health, behaviour and learning (SA-ECR, 2017). The SA-ECR report shows that although there are successes with regard to the reduction of child and maternal mortality rates, the health sector is faced with numerous

challenges. These include a lack of data on developmental screening for infants to identify disabilities or developmental delays at 6 weeks, 9 months and 12 months (SA-ECR, 2017).

Many parents of children with disabilities are not aware of the options available to their children in either special schools or inclusive schools, or about accessing supplementary services. They often do not know how to gain access to the educational services suitable to the needs of their children with disabilities. Unfortunately, this tends to happen during the need for early intervention and early childhood education. The situation of early childhood development and preschools for children with disabilities is an important and urgent concern. This concern holds true as only 38.4% of children under the age of five years have access to early childhood development centres (Stats SA – GHS, 2018). One factor that could contribute to the low proportion of children who access ECD centres might be due to financial constraints.

Table 6 below shows the number of registered ECD centres receiving a subsidy in 2015/16, the total number of children accessing ECD centres in 2016/17 and the number of children with disabilities accessing ECD services in 2016/17. The number of children with disabilities accessing ECD services is very small compared to the total number of children accessing ECD services, this reflects limited access for children with disabilities.

● **Table 6: ECD centres receiving subsidies in 2015/16, Number of Children aged 3-4 years accessing ECD Services in 2016/17 and Children with disabilities accessing ECD Services in 2016/17**

ECD centres receiving subsidies (2015/16)	Total number of children accessing registered ECD services (2016/17)	Children with disabilities accessing ECD services (2016/17)
27 728	1 739 762	4 722

Source: DSD, (2018).

6.2.2 GRADE R (RECEPTION YEAR)

According to the DBE, South Africa has in line with the SDG goal, placed an equal importance on ECD through both the long-term plan the National Development Plan (NDP) and in the medium-term, through the Medium-Term Strategic Framework (MTSF) 2014 – 2019 and the DBE

Action Plan to 2019: Towards the realisation of schooling. (DBE 2019).

Table 7 below shows the growth in the number of children in Grade R between 2001 and 2017.

● **Table 7: Total number of children in Grade R (children aged 5-6 years) between 2001 and 2017**

2001	2017
241 525	839 515

Source: DBE, (2017).

There was an expansion of the Grade R programme from 241 525 enrolments in 2001 to 839 515 in 2017 as shown in Table 7 above. The DBE report reflects on some of the successes of the department including being able to maintain a consistently high percentage (above 90%) of Grade 1 learners who have attended Grade R in the last eight years. Additionally, education participation among 5 to 6-year-olds has also reported to have increased in that the proportion of 5-year-olds attending an educational institution improved substantially from 40% in 2002 to just under 90% in 2016.

The DBE acknowledges that most ECD practitioners do not have the relevant qualifications to manage ECD centres which could affect school participation rates between children with and without disabilities. This points to the fact that ECD practitioners are mostly unqualified individuals who lack the knowledge and skills necessary to provide

children with the required cognitive and physical stimulation at that critical age. To address this issue the the DBE reported that they have been training new practitioners and upgrading existing Grade R practitioners' qualifications (DBE, 2019). In addition, the lack of standardised measures of early learning outcomes further means that both practitioners and researchers do not have any information to measure the quality of programmes or to determine whether learners are sufficiently prepared to start Grade 1 (DBE, 2019).

Table 8 below shows the number of grade R learners with disabilities disaggregated by province. The highest number of grade R learners are in the Gauteng and KwaZulu-Natal provinces, respectively as expected due to the population sizes of these provinces. The numbers of learners with disabilities in grade R are very low and is a reflection of poor access.

● **Table 8: Number of Grade R Learners with disabilities per province, in 2019**

Province Name	Number of Learners
Eastern Cape	638
Free State	121
Gauteng	2 570
KwaZulu Natal	2 136
Limpopo	1 507
Mpumalanga	215
North West Total	581
Northern Cape	193
Western Cape	360
Grand Total	8 321

6.3 BASIC EDUCATION (PRIMARY AND SECONDARY)

This section of the review focuses on access to education (primary and secondary) for children with disabilities. Article 24 of the UNCRPD expects member states to ensure equal access to primary and secondary education, vocational training, adult education and lifelong learning for persons with and without disabilities. According to the article, this requires the utilisation of suitable materials, techniques and relevant forms of communication. Those with disabilities needing support are expected to receive it. For instance, blind learners are expected to receive education and training in the most appropriate modes of communication including having teachers who are fluent in and Braille (UNCRPD, 2007).

Article 24 establishes the right to an 'inclusive education system' or mainstreamed education system in international law. This means that children with disabilities have the same right to quality education and the right to access this education in the communities in which they live as other children. Similarly, section 29 of the South African Constitution affords 'everyone' the right to basic education which should include persons with disabilities.

The NDP 2030 states that knowledge and skills acquired through education by persons with disabilities can be used to exercise other

human rights, including the right to political participation, work and live independently, contribute to the community, and the equal right to be considered for employment (NDP, 2012). This means that inclusive education will lead to improved labour market outcomes leading to a better life for all citizens. It has been observed that disability policy has moved beyond a health and welfare focus in order to address the outstanding effects of apartheid within the health, social development, education, transport, communication and employment sectors, and these core service delivery areas for persons with disabilities (20 Year Review, 2014). The NDP refers to vulnerable children as those living in poverty, at great distance from existing services, or with disability and proposes that specific consideration should be given to them.

For instance, WPRPD 2015 intends to integrate disability awareness into the curriculum of educational programmes. The policy urges that disability rights awareness training programmes must be incorporated into the curriculum of all education and training programmes. This incorporation must target all forms of training and alternative communication, such that teaching of the South African Sign Language, is fused into post-school education and training, work places and considered as the 12th official language.

The DBE has made some progress in this regard, teachers in all 81 education districts were trained on the implementation of the Policy on Screening, Identification, Assessment and Support (SIAS) (DBE, 2014), on Curriculum Differentiation and Accommodations and the Concessions Policy between 2015 and 2016. Educators have received training on Braille literacy, enrolled in South African Sign Language classes, received training on autism learning and teaching as well as on inclusive education (UNCRPD, 2018).

However, based on the DBE progress report, there are still approximately 600 000 children with disabilities who are not in school (Khumalo et al, 2017). This is indicative of the challenge in the provision of basic education for children with disabilities. The lack of ability by the

relevant education and training authorities to provide basic reasonable accommodation facilities such as wheelchair ramps and accessible toilets for those children with physical disabilities, leads to many children with disabilities not attending school.

Research conducted by Section27 (law centre) shows a general neglect and discrimination against children with visual impairment, such that adequate learning materials are unavailable, or teachers are not appropriately trained (Section27, 2015). It is worth noting that children with disabilities are vulnerable to different difficulties in the South African education system including those related to infrastructure, access to learning materials, post provisioning, dangers of violence, and lack of transport.

6.3.1 ACCESS TO BASIC EDUCATION FOR LEARNERS WITH DISABILITIES

● **Figure 1: Percentage distribution of persons aged 5–24 years old attending and not attending an educational institution by disability status**

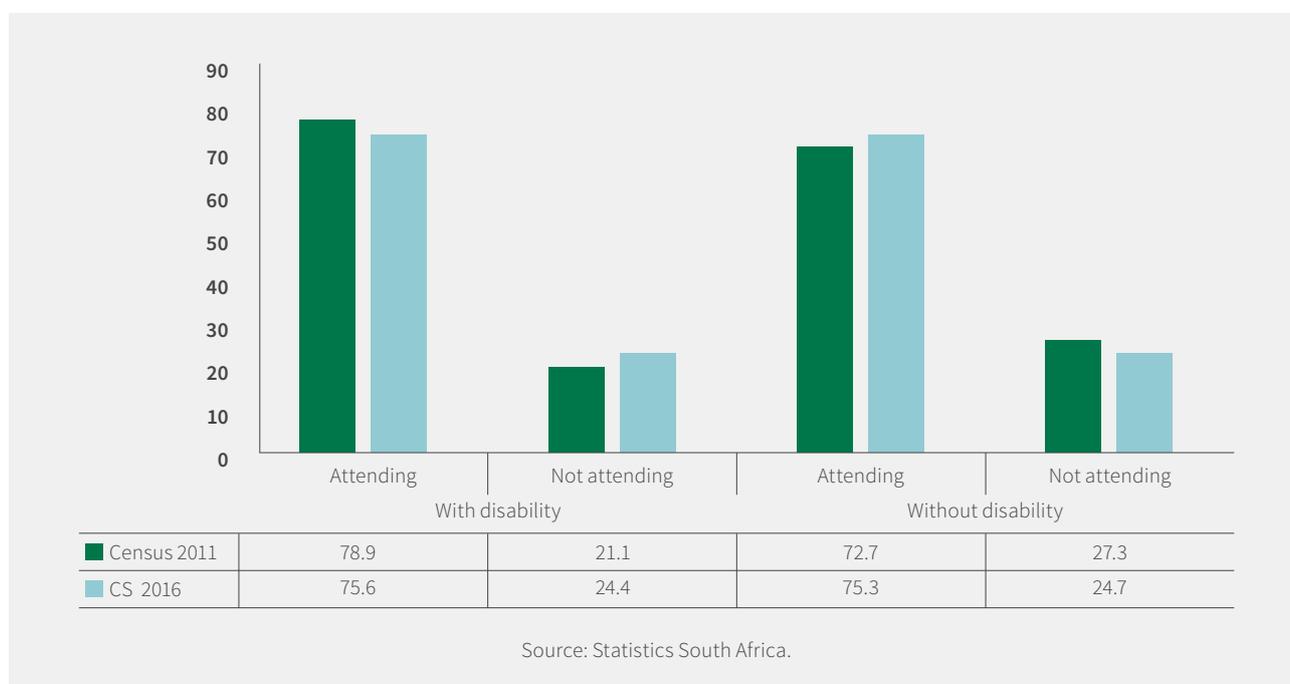


Figure 1 above shows a comparison in school attendance of persons of aged 5 – 24 years between those with and without disabilities as recorded in Census 2011 and the Community Survey 2016. It can be observed that the proportion of those not attending among persons with disabilities increased from 21,1% in 2011 to 24,4% in 2016, whilst there was a declining trend among persons without disabilities from 27.3% to 24.7% for the same time period. Conversely, the proportion of persons with disabilities attending school declined from 78.9% to 75,6%. While the results were expected, it is concerning from the socioeconomic perspective as those without education are more likely to be unemployed and may become trapped in the poverty circle. For instance, between October and December in 2019, about 1,5 million people were not economically active due to either disability or illness (Stats SA, 2020).

The Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System acknowledges that there is a responsibility to ensure that ‘all learners, with and without disabilities pursue their learning potential to the fullest’ (2001). In 2002 there were 64 000 learners enrolled in Special schools and 77 000 learners with special needs enrolled in ordinary schools. By 2017 these numbers had increased to 119 5591 in Special schools and 117 1192 learners with special needs enrolled in ordinary schools. While the growth in numbers is significant, many learners with special needs remain excluded from both special schools as well as from ordinary schools. It is estimated that 597, 953 children with disabilities were out of school in 2015 (DBE, 2015). In 2002 there were 295 Special schools and by 2017 this number had increased to 465, of which 419 were public schools and 46 were independent schools (DBE 2017).

The DBE 2018 Programme of Action Progress report shows that training of teachers in specialised areas to date covered 1 596 in Braille; 1 029 in South African Sign Language (SASL) as Language of Learning and Teaching (LoLT); 1 987, 3 925 in Autism and 3 925 trained in IE programmes such as Attention-Deficit Hyperactivity Disorder (ADHD), Argumentative and Alternative Communication (AAC), Dyslexia, Autism, and support programmes, among others. The report explains that all these interventions are implemented to ensure inclusive education principles are practiced. The Inclusive Education framework plays an important role of guaranteeing that there is access to quality basic education for learners with special needs. This basic education framework contributes towards the accomplishment of a comprehensive economy and society (DBE-APP, 2018/19). Likewise, the DBE collaborates with the DHET in

the European Union (EU) Funded Teaching and Learning Development Capacity Improvement Programme (T&LDCIP) as well as professional teacher development programmes (DBE, 2018).

Table 8 below shows the provincial distribution of Special Schools, the number of Special Needs Education (SNE) learners in Special Schools and the number of SNE learners in ordinary schools (mainstream). Gauteng has the highest number of special schools, followed by the Western Cape. Regarding the number of SNE learners enrolled in ordinary schools, the highest number of SNE learners enrolled are in Gauteng, followed by the Free State Province and the Eastern Cape Province.

● **Table 8 Provincial Distribution of Special Schools, Special Needs Education Learner Enrolment (2016)**

Province	Number of Special Schools (2016)	Number of SNE Learners (2016) in Special Schools	Number of SNE Learners in Ordinary Schools (2015)
Eastern Cape	43	9 506	19 506
Free State	21	6 005	24 548
Gauteng	149	47 918	40 367
Kwa-Zulu Natal	72	15 051	16 905
Limpopo	34	8 638	2 118
Mpumalanga	20	3 976	7 958
Northern Cape	11	1 505	1 419
Northwest	32	7 427	2 582
Western Cape	83	19 713	6 058
National	465	119 559	121 461

Source: Annual Survey for ordinary schools, 2015 and SNE SNAP Survey, (2016).

The DBE has made some progress regarding increasing access for learners with disabilities. However, challenges related to developing fully-inclusive schools and special schools as resource centres remain. Equally, the failure to integrate learners with barriers, through clear protocols remains a challenge as reflected in Table 8 above.

The Special Needs Education (SNE) learners are often sent to Special Schools far from their homes. They live in hostels, where accommodation is limited for children with disabilities. There are few hostels and hostels tend to have inadequate space as indicated in Table 9 below. This is partly due to long waiting lists and referrals where a learner that could be accommodated in a mainstream school is placed in a hostel. As such some learners with special needs have to travel long distances to school. This results in children with disabilities being separated from their families and denied the right to time with their family in order to access education. This is compounded by a dual education system which continues to segregate children based on disability, even when high levels of support are not necessarily required.



● **Table 9 Status of facilities to accommodate learners with special needs in 2016**

Province	Number of SNE schools	Number of Special Schools Resource Centres	Number of Full-Service Schools	Number of Special Schools with Hostels
Eastern Cape	43	19	60	32
Free State	21	5	195	15
Gauteng	149	27	30	16
KwaZulu-Natal	72	16	100	41
Limpopo	34	8	21	25
Mpumalanga	20	9	140	9
Northern Cape	11	8	24	5
Northwest	32	8	214	15
Western Cape	83	20	48	29
National	465	120	832	187

Source: SNE SNAP Survey, 2016, PED Reports

Education Budget: Conditional Grant (C/LSPID)

The purpose of the grant is to provide the necessary support, resources and equipment to identified special care centres and schools for the provision of education to Children/ Learners with Severe to Profound Intellectual Disability 9C/LSPID). Conditional grants are ear-marked funds which are provided to ensure that national priorities are funded, the LSPID in this instance. Table 10 below shows the budget expenditure over the 2016/17 to 2019/20 financial years and the projected budget allocation over the 2020/21 to 2022/23 MTEF. The table further shows that between 2017/18 and 2018/19 the amount of funds allocated tripled. The allocation increased by a further R40m in the 2019/20 financial year. Over the initial period the budget increased significantly in real terms and over the MTEF the budget increases in nominal terms.



● **Table 10: Conditional Grant: Learners with profound intellectual disabilities grant (C/LSPID), R thousand**

Audited outcome			Adjusted Appropriation	Average Expenditure/Total %	MTEF Estimate			Average Expenditure/Total %
2016/17	2017/18	2018/19	2019/20	2019/20	2020/21	2021/22	2022/23	2022/23
-	66 023	180 798	220 785	0.6%	242 864	256 222	265 746	1.1%

Source: ENE, NT 2020

Additionally, Table 11 below shows the planned and achieved activities for learners with profound intellectual disabilities through the C/LSPID

Conditional Grant. The information indicates some progress with government interventions for learners with profound disabilities.

● **Table 11: Conditional Grant: Learners with profound intellectual disabilities grant, activities planned and achieved**

Planned Activities	Achievements
Human resources specific to inclusive education through the provision of key additional staff on 3-year contracts for 9 Deputy Chief Education Therapists (Occupational) and Chief Education Therapists (Physio)	<ul style="list-style-type: none"> All Provincial Education Departments (PEDs), except for the Free State, have appointed and retained their C/LSPID Provincial Co-ordinators All PEDs submitted approved 2019/20 business plans, certificates of compliance issued, and the first tranche was paid to all PEDs
Database of 320 targeted special care centres that provide support and services to C/LSPID	<ul style="list-style-type: none"> Data for 500 special care centres, with 9 620 learners with severe to PID have been captured on SA-SAMS
Transversal Itinerant Outreach Team Members, Caregivers, Teachers and officials trained	<ul style="list-style-type: none"> A total of 174 Transversal Itinerant Outreach Team Members have been appointed in different PEDs 28 Transversal Itinerant Outreach Team Members were trained on data management, while 143 were trained on the Learning Programme for C/LSPID 168 outreach team members have been trained on how to use SA-SAMS to capture data from special care centres information, caregivers and C/LSPID data
Provision of an endorsed training programme for identified caregivers and teachers of learners with SPID from selected schools	
Training of 280 outreach team members to provide outreach services as part of the district-based support teams (DBSTs)	
Training of teachers from 79 selected special/full-service schools to support the special care centres in implementing the Learning Programme for C/LSPID	
Training of teachers from 79 identified schools to support C/LSPID enrolled at these schools by implementing the Learning Programme	
Facilitating capacity building of caregivers at 320 special care centres contributing towards their professionalization	
<ul style="list-style-type: none"> Outreach services provided: 6 654 Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID) are utilizing the Learning Programme 6 654 Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID) have access to therapeutic and psycho-social support services that will enable them to improve their participation in learning Toolkits have been provided to 320 special care centres and 79 selected schools that have enrolled C/LSPID 	<ul style="list-style-type: none"> LTSM Toolkits for special care centres have been procured and delivered
Amount per amended DORA	R 186 788 000.00
Amount transferred	R 180 798 000.00
Reasons of amount as per DORA not transferred	Delays in the appointment of Transversal Itinerant Outreach Team Members by PEDs resulted in the delay in the procurement of tools for trade, LTSM and toolkits and provision of outreach services to targeted special care centres and schools.
Amount spent by the Department/ Municipality	R 157 169 000.00
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> Delay in processing the appointments of the outreach team members Resignation of the outreach team members Delay in supply chain processes
Monitoring mechanism by the transferring Department	<ul style="list-style-type: none"> Regular analysis of provincial expenditure against the allocated budget to identify reasons for low spending Regular bilateral on-site meetings are held between DBE and PEDs to unlock blockages and expedite implementation Monthly and quarterly reporting Supporting PEDs to develop turnaround plans to expedite the implementation of grant activities Monthly meetings with PEDs that are underperforming and other role players to take stock of the situation and find solutions to challenges

Source: ENE, NT 2020

6.4 DEPARTMENT OF HIGHER EDUCATION

The Department of Higher Education and Training (DHET) has progressed with initiatives aimed at improving education and training opportunities for persons with disabilities, through mainstream programmes. One such programme is known as Social Inclusion and Equity, Access and Quality, which is intended to address disability inclusion education in higher education and training. The Department of Higher Education and Training (DHET) recognises the rights of persons with disabilities to enjoy equal opportunities and to participate fully in society (DHET, 2018). However, there is a disability leadership and management challenge in the post-school education and training sectors in that they are clustered differently and separately from that of existing programmes.

The Disability Framework for Post-School Education and Training was approved in 2017. The DHET undertook a survey to determine the

levels and extent of reasonable accommodation support to learners with disabilities in Technical, Vocational Education and Training (TVET) colleges. Funding has been reserved for infrastructure, assistive devices and interpreter services for TVET colleges for learners with disabilities from 2016. The National Student Finance Assistance Scheme Board approved an allocation of ZAR 76,623,000 for reasonable accommodation support for students with disabilities at public universities and public TVET colleges for the 2017 academic year (UNCRPD, 2018)

Table 12 below shows the number of students in public higher education institutions by their primary disability and a disaggregation by gender. There were 8004 students with disabilities in 2017 and slightly more females than males were enrolled in higher education.

● **Table 12: Number of students in public HEIs by primary disability and gender, 2017**

Disability	Female	Male	No Information	Total
Communication (talking, listening)	50	123	0	173
Emotional (Behavioural or psychological)	282	194	1	477
Hearing	324	274	0	598
Intellectual	483	723	0	1206
Multiple	47	30	0	77
Physical	1 121	938	0	2 059
Sight	1 009	860	0	1 869
Disabled but unspecified	845	700	0	1 545
Total	4 161	3 842	1	8 004

Source: 2017 HEMIS database, data extracted in November 2019

6.5 DEPARTMENT OF SOCIAL DEVELOPMENT

The Department of Social Development (DSD) plays a critical role in the sector. The DSD mandate is to implement the White paper on the Rights of Persons with Disabilities by implementing measures to reduce the exclusion and inequality persons with disabilities experience (ENE, NT 2020).

This includes contributing towards addressing poverty among people with disabilities and their families, and providing policy guidelines on building capacity in the public sector to deliver equitable and accessible services to these people (ENE, 2020). Part of this function has been shifted to the Department of Women, Youth and Persons with Disabilities

through the national macro organisation of government (ENE, NT 2020).

Based on the Department of Social Development's 2015 report, government aims to ensure that persons with disabilities are integrated in the planning and growth of South Africa's economy and benefit from this growth on an equal basis with others. The report emphasized that for this to happen political will, accountability and commitment of resources is required by all stakeholders in order to remove the attitudinal, physical, information, communication and cultural barriers currently experienced by persons with disabilities (Department of Social Development, 2015).

The DSD in the National Disability Policy outlined three main programmes which include: Social Security; Social Welfare and Community Development (DSD, 2009).

- *Social Security Programme: This focuses on providing social grants to the poor, the vulnerable and those with special needs, such as persons with disabilities. For persons with disabilities, adults with disabilities are eligible for a disability grant and care-givers of children with severe disabilities are eligible for care dependency grants.*
- *Social Welfare Programme: This relates to the provision of developmental social welfare services that support the poor, the vulnerable and those with special needs, such as persons with disabilities. This developmental programme targets the reduction of poverty and vulnerability. Programme activities are implemented in partnership with other role-players such as state-funded NGOs and CBOs. The activities build the capacity of targeted groups and beneficiaries to address both the causes and consequences of poverty and vulnerability.*
- *Community Development Programme: This programme focuses on community development and is targeted at enhancing and increasing the capacity of communities to respond to their needs and improve their development. Activities focus on community mobilisation, and empowerment programmes (DSD, 2009).*

6.5.1 SOCIAL ASSISTANCE FOR PERSONS WITH DISABILITY

The department of Social Development (DSD) is tasked with a critical mandate of providing social assistance to eligible individuals whose income and assets fall below set thresholds. Projections show DSD plans to provide such income support by 2021/2022, to just over 1,1 persons with Disabilities, including adults who care for children with severe disabilities. Government provides income support grants to persons with permanent or temporary disabilities (based on a particular threshold), as well as the distribution of care dependency grant to help care for children who have mental or physical disabilities (National Treasury, 2019).

According to Stats SA, the percentage of households that received at least one social grant increased from 30,8% in 2003 to 44,3% in 2018, whilst the proportion of individuals that benefited from social grants consistently increased from 12,8% in 2003 to 31,0% for the same time period (Stats SA, 2018), this indicates the growth in the child support

grant over this period. The DSD also indicated that in 2019, just over 1 million (1 054 424) persons with disabilities were registered as disability grant recipients. The number of disability grant recipients represents 27,4% of the total number (about 3,8 million) or 45,8% of those aged 5 years and over as reported by Stats SA's 2016 Community Survey and 2018 General Household Survey, respectively. This implies that government needs to increase the number of grant recipients in order to intervene and assist in mitigating the current challenges faced by persons with disabilities.

Table 13 above shows the trend in disability grant numbers over the 2012/13-2018/19 period. While it indicates a steady decline in the number of disability grants with a slight increase in 2020, this requires further investigation, there is however, a steady increase in the number of Care Dependency Grants over the same period.

● **Table 13: Number of disability grants by grant type and all grants total 2012/13 to March 2018/19**

Grant type	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Disability Grant	1,164,192	1,120,419	1,112,663	1,085,541	1,067,176	1,061,866	1,048,255
Care Dependency Grant	120,268	120,632	126,777	131,040	144,952	147,467	150,001
All social grants Total	16,106,110	15,932,473	16,642,643	16,991,634	17,200,525	17,509,995	17,811,745

Source: SASSA Annual Report 2018/19

● **Table 14: Expenditure on Disability and Care Dependency Grants between 2012/13-2018/19**

Grant type	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Disability Grant	17,636,570,000	17,768,631,000	18,741,885,000	19,165,931,340	19,926,030,772	20,886,071,889	20,021,154,882,82
Care Dependency Grant	1,877,412,000	1,993,084,000	2,211,583,000	2,394,455,743	2,613,647,264	2,843,336,250	3,068,027,810,19
All social grants Total	103,898,845,000	109,596,591,000	119,958,041,000	128,322,854,776	138,905,182,534	150,154,752,759	162,709,840,079,99

Source: SASSA Annual Report 2018/19

● **Table 15 Number of Social Grants by Province and Social Grant Type as at the end of May 2020**

Province	Disability Grant	Grant In Aid	Care Dependency Grant
EC	179 972	31 865	24 126
FS	76 523	9 754	9 043
GP	123 680	9 023	21 227
KZN	231 064	81 672	40 827
LP	99 596	55 833	16 818
MP	80 086	23 736	12 049
NW	66 658	16 544	10 235
NC	49 154	17 047	6 147
WC	163 167	24 875	16 786
Total	1 069 900	270 349	157 258
Percentage	5,84%	1,48%	0,86%

Source: SOCPEN 2020

SASSA's SOCPEN system as at May 2020 shows that:

- 1 069 900 beneficiaries receive a disability grant.
- 157 258 children with disabilities receive care dependency grants as reflected in Table 15 above.
- 270 349 social grant beneficiaries access grants-in-aid



The Disability Grant provides income support to people (adults) with permanent or temporary disabilities earning less than R86 280 (single) or R172 560 (married) a year, and whose assets do not exceed R1 227 600 (single) or R2 455 200 (married). The value of the Disability Grant is just

over 20 billion rand (R20 021 154 882,82).

To qualify for a Disability Grant, applicants must meet with following requirements:

- Be a South African citizen, permanent resident or refugee;
- Live in South Africa
- Be between 18 and 59 years of age;
- Submit a medical assessment that must not be older than 3 months at date of application;
- Must along with their spouse meet the requirements of the means test;
- Must not be maintained in a State institution; and
- Must not receive another social grant for yourself.

Table 16 below shows the distribution of disability grants by Province. The province with the highest number of grant recipients is KZN at 228,743 has the second largest share, 19% of the adult population in South Africa. In contrast, Gauteng which has the largest share of the adult population at 28%, has the fourth largest number of disability

grants. This can largely be ascribed to the demographic characteristics of Gauteng Province which has large numbers of relatively young people who migrate to the province in search of job opportunities. The Eastern Cape, which only has 11% of the adult population, has the second largest number of disability grant recipients at 182,393.

● **Table 16: Number of Disability Grants, by province 2019**

Province	Number
Eastern Cape	182,393
Free State	74,047
Gauteng	116,710
KwaZulu/Natal	228,743
Limpopo	96,729
Mpumalanga	78,308
North West	67,149
Northern Cape	48,572
Western Cape	155,604
Total	1,048,255

SASSA Annual Report, (2018/19).



The Care Dependency Grant is a non-contributory monthly cash grant of R1 860 per month paid to caregivers of children with disabilities who require permanent care or support services (South African Child Gauge, 2018). Although the CDG targets children with disabilities, children with chronic illnesses are also eligible for the grant once the illness becomes disabling, for example children who are very sick with AIDS-related illnesses (South African Child Gauge, 2018). The Care Dependency Grant provides income support to caregivers earning less than R223 200 (single) or R446 400 (married) a year to help them care for children who are mentally or physically disabled.

By March 2019, 150,000 caregivers were receiving the CDG, however it is not possible to calculate a take-up rate for the CDG because there is no reliable data on the number of children with disabilities or of those who are chronically ill, and in need of permanent care or support services (South African Child Gauge, 2018). Consequently, exclusions from this provision are difficult to estimate. Table 17 below shows that the largest number of caregivers who receive the CDG by province, is in KZN, followed by the Eastern Cape.

● **Table 17: Caregivers receiving the Care Dependency Grant, by province between 2012-2019**

Province	2012	2013	2014	2015	2016	2017	2018	2019
EC	18,235	18,429	18,199	19,165	19,671	22,37	22,453	22,784
FS	5,419	5,864	6,146	6,385	6,759	7,88	8,147	8,439
Gauteng	14,17	15,783	15,428	16,17	16,916	18,536	19,369	19,835
KZN	34,969	36,012	35,392	36,471	37,148	39,871	39,517	39,716
Limpopo	11,318	11,913	12,559	13,266	13,85	14,968	15,436	16,012
Mpumalanga	7,95	8,652	8,807	9,572	9,928	10,995	11,345	11,58
North West	8,736	8,339	8,463	8,94	9,122	10,003	10,047	9,916
Northern Cape	4,236	4,485	4,61	4,787	5,02	5,987	6,004	5,959
Western Cape	9,96	10,791	11,028	12,021	12,626	14,342	15,147	15,763
South Africa	114,993	120,268	120,623	126,777	131,04	144,952	147,465	150,004

Source: SASSA Annual Report 2018/19

Table 17 above, reflects a steady growth in the number of CDG beneficiaries between 2012 and 2019 with an additional 35 011 CDG beneficiaries being added. Both Gauteng and KZN has the largest proportion of children in South Africa at 21% each. It therefore makes sense that KZN has the largest number of CDG beneficiaries, at 39,716. Interestingly KZN is followed by the EC which has 22,784 beneficiaries, but only 13% of the child population. This anomaly may be partly explained by the demographic characteristics of the province as an

interesting development over the last two decades has been child migration patterns between provinces. Between 2002 and 2017 there has been striking changes in the provincial child populations with the number of children living in the Eastern Cape and Limpopo decreasing, while the number of children living in Gauteng and the Western Cape have increased by 41% and 20%, respectively (Child Gauge 2019). This could reflect that while many children have moved to Gauteng and the Western Cape, children with disabilities seem to be left behind.

6.5.2 SOCIAL WELFARE SERVICES

Programmes: Persons with Disabilities

As the current DSD structure and budget does not treat mental health as a distinct welfare area, the issue is addressed as part of the disability programme. One of the findings of the Ministerial Committee's provincial consultations was the poor service provision for people with mental health problems. There were also repeated concerns expressed about the failure of ECD centres to accommodate children with disabilities in the Ministerial Committee's District and Provincial Reviews, this was reflected in the earlier section on ECD.

Table 18 below shows the number of persons with disabilities in funded residential facilities across the nine provinces and those accessing services in funded protective workshops.



● **Table 18: Provincial performance indicators for persons with disabilities reported on by DPME 2014/15**

	EC	FS	GP	KZN	LM	MP	NC	NW	WC	SA
Persons with disabilities in funded residential facilities	976	719	1 903	966	294	709	3 589	305	1 414	10 928
Persons with disabilities accessing services in funded protective workshops	680	895	4 183	2 392	2 725	2 236	2 163	83	2 530	16 147

Source: Review of White Paper on Welfare, 2016

Residential facilities for people with disabilities across the country are mainly located in urban or peri-urban areas. The only province where there are a significant number of facilities in the rural areas is the Free State. Of the 126 facilities, 106 accommodated only adults, ten accommodated only children, and the remaining ten accommodated

both children and adults. The children-only facilities were concentrated in four provinces – six in the Eastern Cape Province, two in Free State Province, one in Limpopo Province and one in the Northern Cape Province.

6.6 DEPARTMENT OF TRANSPORT

One of the department's strategic objective is to enhance socio-economic transformation within the sector. This should promote equality and equity through the co-ordination of empowerment initiatives for disadvantaged population groups such as women, persons with disabilities, youth and children. The 2018/19 annual report indicated that ten community outreach campaigns were conducted, focusing

among others on the disability rights awareness month and casual day for persons with disabilities. The department hosts the Disability Rights Awareness Month programme annually. The issue of accessible public transport is a key constraint for persons with disabilities and requires further investigation.

6.7 DEPARTMENT OF EMPLOYMENT AND LABOUR

The mandate of the Department of Employment and Labour is to regulate the labour market through policies and programmes which are developed in consultation with social partners in order to provide adequate social safety nets to protect vulnerable workers.

Access to Employment

The UNCRPD (2007) defines accessibility "as the provision of flexibility to accommodate each user's needs and preferences; when used with reference to persons with disabilities, any place, space, item or service, whether physical or virtual, that is easily approached, reached, entered, exited, interacted with, understood or otherwise used by persons of varying disabilities, is determined to be accessible"

Designated employers, (those employing more than 150 people), are required by the Employment Equity Act of 1998, to develop and submit

annual employment equity plans and reports to the Department of Labour, now the Department of Employment and Labour. These plans should include self-determined targets for, among others, the employment of persons with disabilities, and such reasonable accommodation measures to be undertaken.

The 19th Commission for Employment Equity Annual Report 2018/19 on employment equity progress amongst designated employers observed a slow pace of improvement in the employment of persons with disabilities in both the public and private sectors. This observation is consistent across occupational levels at around 1% over the three years from 2016 to 2018.

The table 19 below reflects the trend analysis of the workplace profile by occupational level and disability between 2016 and 2018.

● **Table 19: workplace profile by occupational level and disability between 2016 and 2018.**

Top Management	2016	2017	2018
Senior Management	1,2%	1,3%	1,3%
Senior Management	1,1%	1,3%	1,2%
Professionally qualified	0,9%	1,3%	1,1%
Semi-skilled level	0,9%	0,9%	0,9%
Unskilled level	0,8%	1,0%	1,1%
Average trend across all levels	0,8%	1,0%	1,0%

Source: Employment Equity Report 2018/19

The Department of Employment and Labour has an intervention programme which includes persons with disabilities known as the Public Employment Services. The purpose of the programme is to assist companies and workers to adjust to changing labour market conditions and to regulate private employment agencies. Amongst others, this programme includes the following Designated Groups Special Services sub-programme which facilitates the transfer of subsidies to designated organisations to promote the employment of persons with disabilities, youth, and women, in collaboration with relevant bodies.

The programme has oversight over the Supported Employment Enterprises (SEE) entity which provides work opportunities for persons

with disabilities and develops and implements programmes that promote the employability of persons with disabilities, including persons with permanent disablement as defined in the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), in the light of their evolving needs in a changing economy.

The Designated Groups Special Services facilitates the transfer of subsidies to national councils and workshops for the blind to promote the employment of people with disabilities. The Supported Employment and Enterprises promotes work and employment opportunities for people with disabilities by improving the administration, production and financial management of supported employment enterprises.

● **Table 20: Transfers and subsidies expenditure trends and estimates R'000**

Non-Profit Institutions	2016/17	2017/18	2018/19	2019/20
National Council for the Physically Disabled	296	292	336	-
South African National Council for the Blind	366	357	414	-
Workshops for the Blind	10 638	11 572	19 376	21 525
Supported Employment Enterprises (Work centres for persons with physical disabilities)	138 568	141 307	136 779	153 049

Source: ENE, NT 2020

Table 20 above shows the Department of Employment and Labour budget allocations to non-profit institutions for programmes for persons with disabilities. Between the 2016/17 and 2018/19 financial years the total allocation to the National Council for the Physically Disabled was R924 000. Between 2016/17 and 2018/19 financial year the South African

National Council for the Blind received R1 137 000. However, there is no allocation over the MTEF. According to the National Treasury (2020), this is because a competitive tender process has been implemented for these funds which are for job placements.

6.8 DEPARTMENT OF SMALL BUSINESS DEVELOPMENT

There are no specific programmes for persons with disabilities in this department, however, government has recognised the importance of Small, Medium and Micro Enterprises (SMMEs) in the economy, as indicated in the National Development Plan. Since 1994 government has been developing and implementing programmes to improve the South African economy. A few of these programmes were the Small Enterprise

Development Agency (Seda), and the Department of Small Business Development (DSBD) which could include persons with disabilities. These programmes focused on the development of small businesses in South Africa (Kumah and Omilola, 2014). The inclusion of persons with disabilities needs to be investigated further.

6.9 DEPARTMENT OF TOURISM

The National Department of Tourism identified Universal Access in Tourism (UAT) as an important initiative. It is intended to enable independent functionality, equity and dignity of persons with disabilities through the delivery of universally designed tourism products, services and environments. This description is comprehensive of all persons including those travelling with children in prams, persons with disabilities and senior citizens. (National Department of Tourism, 2019). In addition, NDT provides employee wellness programmes, HIV/AIDS and Health Programmes which could also include persons with disabilities.

Most of the key government departments as identified have programmes in place to cater for persons with disabilities which are aligned to the respective legislative mandates of the department. However, the Department of Tourism does not provide disaggregated data on their programmes. In Programme 3: Destination Development of the department's Budget Vote, it identifies a sub-programme, Working for Tourism, which facilitates the development of tourism infrastructure projects under the Expanded Public Works Programme through labour intensive methods targeted at unemployed youth, women, persons with disabilities, and small, medium and micro enterprises. The department plans to create 15 946 work opportunities by implementing tourism projects through the Working for Tourism programme over the medium term. This data is not disaggregated. Government needs to close this policy gap as all government departments mainstream programmes to include persons with disabilities.



7. THE IMPACT OF COVID-19 ON PERSONS WITH DISABILITIES

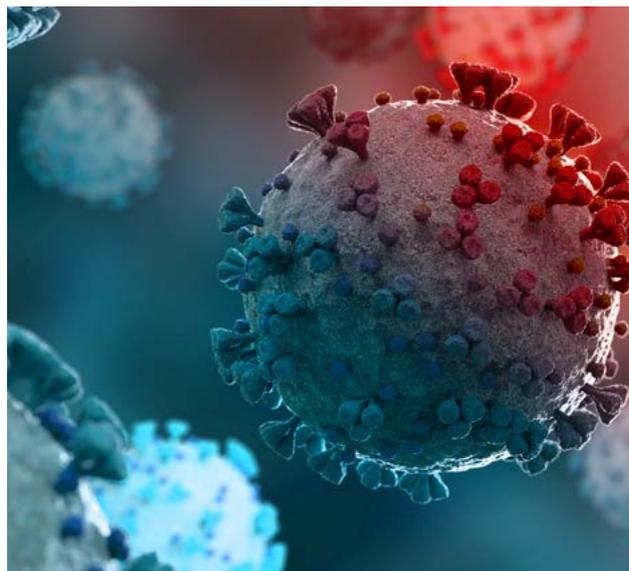
This section focuses on highlighting the impact of Covid-19 on persons with disabilities living in institutions and communities including on their access to health services, their livelihoods, work and income as well as protection in terms of gender and gender-based violence. On 23 March, President Ramaphosa announced a national lockdown starting on 26 March 2020 with the aim of delaying and limiting the spread of the Covid-19 virus.

The section is based on limited information due to the novel nature of the Covid-19 pandemic which means that there is limited data to assess the impact of the pandemic on persons with disabilities. The intention is to highlight the effects of the Covid-19 pandemic on persons with disabilities in order to assist with the conceptualization of long-term planning for future health, environmental and other related national and global disasters.

The World Health Organization (WHO) first reported the coronavirus disease 2019 (Covid-19) as a global pandemic on 31 December 2019. The virus was reported as having emerged from Wuhan City in China and has since spread across the globe including South Africa. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been confirmed as the causative virus of Covid-19. (<https://www.nicd.ac.za/diseases-a-z-index/covid-19/>. Visited 12 June 2020). The Covid-19 pandemic has affected society and a wide range of sectors, causing South Africa to reconsider existing plans in order to mitigate the health, economic and social impact of the pandemic. On 24 June 2020 the Minister of Finance tabled an adjusted budget to accommodate the impact of Covid-19 on

these sectors by providing higher allocations to specific functions.

The Covid-19 pandemic relates to a global human emergency at an extraordinary scale, affecting people's wellbeing. Persons with disabilities are more vulnerable and likely to be infected by the Covid-19 virus due to their need for close contact with personal assistants and caregivers. They are also at an increased risk due to underlying health conditions and socioeconomic inequalities, including poor access to health care (WEF, 2020).



7.1 HEALTH OF PERSONS WITH DISABILITIES

The 2020 report of the United Nations High Commissioner for Human Rights states that persons with disabilities are at a disadvantage when compared to those without disabilities regarding accessing health services (UN, 2020). Persons with disabilities are said to experience more inequality in accessing human services during the Covid-19 pandemic. The extent of this may be more acute because of unavailable information about the clinical and environmental conditions that they may face in these settings. These practices reveal a medical bias against persons with disabilities concerning their quality of life and social worth (UN, 2020). Many have complained that they are unable get to health facilities due inadequate transport, poor communication by the government as well as unclear lockdown regulations (UN, 2020). The

Stats SA 2020 report shows that 88,9% of respondents were concerned about the health of vulnerable people like elderly family members. A similar concern by 88,2% of respondents was raised in the same study regarding the overloading of the health system (Stats SA, 2020).

The UN report criticized South Africa for its poor provision of health and information to its citizens (especially persons with disabilities) compared to countries such as the Philippines. In the Philippines, the Commission on Human Rights has published information that supports health agencies tailor public messages for vulnerable groups in their communities, including children and persons with disabilities (UN, 2020).

7.2 PERSONS WITH DISABILITIES LIVING IN INSTITUTIONS

Persons with intellectual and psychosocial disabilities, such as those who are deaf-blind and who live in institutions, are more likely to be excluded from services and experience higher rates of violence, neglect and abuse (UN, 2020).

The Covid-19 pandemic has an uneven impact in psychiatric and social care institutions (orphanages, day-care centres, and rehabilitation centres) and institutions for older persons, resulting in higher rates of infection and death.

These are congregate institutions and facilities in which persons with disabilities and their cares interact in shared spaces in close proximity which makes them vulnerable to contracting Covid-19. In general persons with disabilities also have a wide range of comorbidities that increases their vulnerability. In addition, many require medication and as a result of physical, and mental health concerns as well as behavioural challenges although the proportion arising from each health condition was not clear (Mckenzie et al, 2013). Persons with disabilities living in institutions face increased danger of contracting Covid-19 because

of basic wellbeing conditions, challenges in implementing social distancing among occupants and staff, and rejection by staff. They also face more serious dangers of human rights' infringements, for example disregard, isolation, disconnection and violence (UN, 2020).

South Africa is not doing well when compared to other countries like Switzerland and Spain, where persons with disabilities living in institutions were moved out of the institutions to live with their families, where possible (UN, 2020).

7.3 PERSONS WITH DISABILITIES WHO LIVE IN COMMUNITIES

Persons with disabilities living in communities raised some concerns regarding hunger, violence, health, shortage of water, transport and inadequate communication by government. The lockdown restrictions and regulations that did not consider their needs created some disruption. This may leave them at higher risk without access to food, essential goods and medicine, and prevent them from carrying out basic daily activities such as bathing, cooking, or eating. Although the Department of Water and Sanitation made provided water in tanks to the communities, it could not reach everyone including persons with

disabilities. In addition, persons with psychosocial disabilities and autistic persons might not be able to cope with strict confinement at home. Short and careful outings throughout the day are key for them to cope with the situation (UN, 2020).

The South African government is said to be lacking systems to ensure that relevant information is provided in accessible formats regarding the provision of adequate communication channels to get information to persons with disabilities.

7.4 LIVELIHOOD, WORK AND INCOME OF PERSONS WITH DISABILITIES

The national lockdown which started in March 2020, has unfortunately contributed to the loss of employment, livelihoods and income to many South Africans including persons with disabilities. The lack of income placed unequal burden on persons with disabilities and their households which typically face extra costs and expenses related to disability (accessible housing and equipment, assistive devices, specific goods and services, etc.), pulling them more rapidly into poverty (UN, 2020). On 21 April 2020, a R500 billion stimulus package was announced by the South African government in response to the pandemic. The aim of providing this stimulus package was to mitigate and minimize challenges faced by South Africans including persons with disabilities. However, many persons with disabilities did not receive food parcels due to corruption which resulted in food parcels not reaching some

vulnerable groups.

Prior to the stimulus package, Stats SA conducted the first wave of an online study on the perceived impact of Covid-19 and published the results on 30 April 2020. The respondents were mostly concerned about the possible economic collapse caused by the Covid-19 virus. About 93,2% indicated that they were very or extremely concerned about the possible economic collapse (Stats SA, 2020). People in institutional settings such as old age homes, residential facilities, prisons, and psychiatric facilities experience significant barriers to implement basic hygiene measures and physical distance, and have limited access to Covid-19-related information, testing and healthcare.

7.5 PROTECTION, GENDER AND GENDER-BASED VIOLENCE

South Africa developed a response strategy to provide much needed targeted assistance to the persons with disabilities and other vulnerable groups. The response is intended to support government and relevant stakeholders with the technical expertise to enhance community-based protection and advocate for social cohesion through protection monitoring, co-ordination and direct implementation activities (SA Emergency Appeal, 2020). Persons with disabilities are at higher risk of violence, particularly when isolated. Women and girls with disabilities face higher rates of gender, sexual, intimate partner and domestic violence (WHO, 2020) compared to other women and experience higher levels of violence than men (UNDESA, 2020).

While South Africa has done well in limiting the spread of the virus, although the national lockdown has resulted in an economic slowdown. The President stressed that people's lives should be preserved by staying home until the country has put in place clinical measures (such as field hospitals as well as mobile clinics) and public health measures to tackle the pandemic. The uncertainties around the length of the lockdown, its intensity, and concerns over the loss of civil liberties has drawn criticism from several notable individuals, interest groups and political parties in South Africa. Given that persons with disabilities are part of the vulnerable groups, particular attention should be paid to the impact of the Covid-19 pandemic on them.

8. FINDINGS

This section briefly looks at the findings by focusing on the South African legislative and policy frameworks as well as the programmes and budget allocations on disability.

The findings show some successes and challenges regarding implementation of legislation, policies, programmes and the expenditure on disability. Findings are listed below:

- *8.1. The study found a higher burden of disabilities in some provinces compared to others. Based on the narrow definition, the Northern Cape (7.1%) and Free State (7%) provinces had higher prevalence of disabilities in 2016. In addition, disability was found to be more prevalent in non-urban areas, while access to education by persons with disability was limited and showed that fewer persons with disabilities attended school in 2016. The NPC is of the view that the study's findings identify the challenges in the application of policies in programme implementation which require attention within the disability sector.*

- *8.2. The results showed limitations related to data gaps, disaggregation and difficulty in accessing some of the available data within government departments responsible for collecting such data and information. In particular, available information revealed the need for improving regular collection and publication of comprehensive disability statistics. Equally, data disaggregation by sex was noted as a limitation for describing population attributes of persons with disabilities.*

- *8.3. The White Paper on an Integrated National Disability Strategy succeeded in establishing the policy position on disability mainstreaming and raising awareness of the rights of persons with disabilities. The White Paper on the Rights of Persons with Disabilities took the process of mainstreaming further, while there are numerous programmes which mainstream disability to some extent, the unavailability of disaggregated data limits the monitoring of progress. Those programmes that are targeted at persons with disabilities, both the coverage in terms of access and quality should be improved. For example, access to assistive devices particularly for those in rural areas. The NPC notes these challenges are a critical area for government to scale up and accelerate the implementation of mainstreaming disability.*

- *8.4. Concerning legislation, policies, government disability programmes and related funding allocations, the study found that government has developed relevant frameworks with related budget allocations financed through the fiscus. Evidence suggests that there is some degree of disability mainstreaming which has been implemented through the current legislative, policy and administrative frameworks. The NPC lauds government for the improvements in implementation, however there are areas of concern related to both the need for additional legislation such as finalization of the Disability White paper and addressing the slow pace of implementing disability related laws and policies. For instance, there are no specific programmes in place for persons with disabilities within the Department of Small Business Development.*

- *8.5. The NPC is concerned about the findings that children with disabilities have low rates of access to Early Childhood Development (ECD) programmes. While increased access is important, the quality of quality ECD programmes are equally important the challenge was that most ECD practitioners do not have the relevant qualifications to manage ECD centres*

- *8.6. Government further conceded through the 2014 South African report to the UNCRPD that children with disabilities, particularly those from underprivileged communities, are exceptionally vulnerable to exclusion, abuse and inequality. This is because of failures in the service delivery system, persistent harmful traditional beliefs associated with disability, lack of access to relevant information by parents and families, lack of effective early identification and intervention across sectors for young children, lack of equal access to compulsory education, and inadequate training for caregivers working with children with moderate to severe intellectual and/or severe physical disabilities (Stats SA, 2018).*

- *8.7. The study highlighted the plight of persons with disabilities in that they are more affected by global and national disasters. The study's ability to assess this challenge was hindered by the limited availability of data and information about the impact of the Covid-19 pandemic on persons with disabilities.*

9. RECOMMENDATIONS

The study's recommendations are categorised into two main components that is, broad and specific recommendations. The broad recommendations identified the following areas of disability below requiring strengthening:

- 9.1 Government is advised to address the pertinent need for improvement of the current legislative, policy and administrative frameworks for disability mainstreaming. This should be done through strengthening the implementation of the White Paper on the Rights of Persons with disabilities.

- 9.2 Relevant government departments should consider strengthening of the monitoring and evaluation of disability programmes through the monitoring system to track progress with the implementation of the MTSF and to measure the impact of the current legislation, policies and intervention programmes through evaluation studies.

- 9.3 The NDP underscored the significant need to enhance access to education and employment by persons with disabilities. The NPC advises government to remove the associated barriers and accelerate implementation of laws, policies and programmes intended to provide equal access to education, health, and social assistance to persons with disabilities, including disability-specific programmes aimed at addressing barriers to participation.

- Specific recommendations include the following below:
 - 9.4 Statistics South Africa and government departments producing disability statistics are advised to standardized and regularize production and publication of such information. This will assist with appropriate information for research, government planning, and monitoring and evaluation in the disability sector. Additionally, the collection, collation and disaggregation of official and other statistics should be guided by the gender variable instead of using the concept of sex. The proposed inclusive approach will help to improve data quality as gender is more socially acceptable as a construct than sex. Equally, this approach will include that component of the population which does not identify with being categorised with either sex option currently used.

 - 9.5 The NPC should consider collaborating with Chapter 9 institutions such as SAHRC, CGE and an academic institution through Memoranda of Agreement. The strategy could use the SAHRC's legislative powers to gain access to government institutions and departments and will avert duplication of work among the collaborating institutions.

 - 9.6 Pursuant to its mandate to conduct research, a future NPC should consider the commissioning of an independent comprehensive study to determine progress in mainstreaming disability in South Africa. This proposed comprehensive study could be conducted in collaboration with the SAHRC, Commission for Gender Equality (CGE) and an academic institution. The research will assist in determining the level of disability mainstreaming and related challenges to be considered to inform medium and long-term planning. Adequate time and resources should be set aside for such a study.

 - 9.7 Relevant institutions should increase and strengthen current efforts for the collection of Covid-19 pandemic related information in order to inform planning, policy development and intervention programmes for persons with disabilities.

 - 9.8 The Department of Women, Youth and Persons with Disabilities should consider producing a report on an annual basis that tracks service provision by government on key indicators using administrative data.

 - 9.9 The Department of Health is advised to develop a more responsive system to eradicate backlogs of assistive devices, expand the range of assistive devices to all persons with disabilities, and improve on turnaround times for issuing of assistive devices.

 - 9.10 The Department of Employment and Labour is advised to investigate the constraints to the employment of persons with disabilities and to propose practical mechanisms to stem the downward trend in employment equity. This should culminate in the development of a more comprehensive, costed employment support strategy for accelerated access to decent work for persons with disabilities.

 - 9.11 Government needs to strengthen co-ordination and the targeted approach within the broader context of mainstreaming implementation of intervention programmes for persons with disabilities, particularly those with psychosocial disabilities residing in rural areas, who continue to be vulnerable and disadvantaged.

- 9.12 The DBE and DSD need to scale up training of teachers and ECD practitioners. The DBE is advised to increase the number of teachers trained to work with children with disabilities, both in mainstream and specials schools. The DSD is advised to ensure that ECD practitioners who care for children with disabilities are appropriately qualified, particularly for those who require cognitive and physical stimulation at this critical age (0 - 4 years).
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- 9.13 Government's long-term planning projections should include the anticipation of global and national health, social and environmental disasters such as pandemics, severe hunger and drought.
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10. CONCLUSION

This report shows that there has been progress in implementing the current legislative, policy and administrative frameworks for persons with disability, however there is significant room for improvement. The

NPC reiterates the need to address limitations and impediments to enhanced access to education, health and social services as well as the employment of persons with disabilities.

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