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Contents

No.		Gazette No.	Page No.
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS			
Social Development, Department of / Maatskaplike Ontwikkeling, Departement van			
3966	Policy on Social Development Services to Persons with Disabilities	49505	3

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF SOCIAL DEVELOPMENT

NO. 3966 **16 October 2023**

POLICY ON SOCIAL DEVELOPMENT SERVICES TO PERSONS WITH DISABILITIES

I, **Lindiwe Zulu**, the Minister responsible for Social Development hereby intend to develop Policy on Social Development Services to Persons with Disabilities as contained in the Schedule

Interested parties are invited to submit comments on the proposed policy **within 60-days from the date of publication of this Notice** in track changes or by means of a formal written submission using the format indicated below to the Director-General: Social Development, Private Bag X 901, Pretoria, 0001´for the attention of:´Ms Sophie Molifi or´ e-mailed to DSDdisabilityservices@dsd.gov.za

Copies of the draft Policy can be obtained from the website of the Department of Social Development **www.dsd.gov.za** or from reception at 134 Pretorius Street, Pretoria.



.....
Ms Lindiwe Zulu, MP
Minister of Social Development
Date: 03/04/2023

SUBMISSION FOR PUBLIC COMMENTS

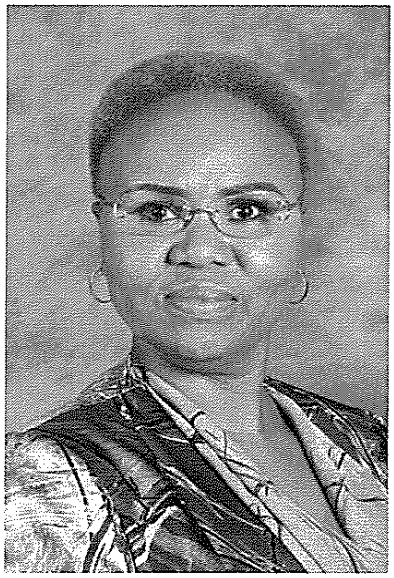
POLICY ON SOCIAL DEVELOPMENT SERVICES TO PERSONS WITH DISABILTIES

NAME AND CONTACT DETAILS:
Please provide the name of the person or body who submits the comments and contact details, preferably email address

CHAPTER COMMENTED ON (indicate specific Paragraph or Sentences in a paragraph commented on)	**PROPOSAL** (provide a clear proposal on how the particular Paragraph or Sentences in a paragraph should be amended)	**MOTIVATION** (provide detailed motivation for the proposed amendment)

DEPARTMENT OF SOCIAL DEVELOPMENT (DSD)

DRAFT POLICY ON SOCIAL DEVELOPMENT SERVICES TO PERSONS WITH DISABILITIES



Minister Lindiwe D Zulu
Minister of Social Development

FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

The Department of Social Development and its entities — the South African Social Security Agency (SASSA) and the National Development Agency (NDA) — render services that are designed to bring South Africans out of the conditions of poverty. Consequently, the spectrum of social development services that we offer draw tight linkages between the freeing of human capabilities towards growing social inclusion and attaining full and sustainable economic participation and prosperity.

Towards the realisation of tangible human-level outcomes for persons with disabilities, particularly those living in rural communities, youth and women, the Policy on Social Development Services to Persons with Disabilities intends to mainstream disability issues in all programmatic interventions as well as target investments that will specifically benefit persons with disabilities.

This Policy should enable the Social Development portfolio — consisting of the Department, the South African Social Security Agency (SASSA), the National Development Agency (NDA) and the provincial departments of Social Development — to qualitatively improve the services that the portfolio is implementing together with and for South Africa's persons with disabilities.

The combined effects of the rising cost of living together with the unprecedented series of economic, social, health and climate change shocks together act to reinforce the intolerable experiences of poverty that persons with disabilities bear on a daily basis. Where the Social Development portfolio is to meaningfully and visibly contribute to government-wide plans

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to improve the lived experiences of our disabled compatriots, as articulated in the *2017 White Paper on the Rights of Persons with Disabilities* (WPRPD), the Portfolio's practical inputs to this end demand that investments must first be directed towards protecting and enhancing the dignity of persons with disabilities.

Leading dignified lives will mark the beginning of a partnership for the co-creation of better prospects together with persons with disabilities. I invite all the disabled members of communities, the private sector, disabled people's organisations, disability researchers and our multilateral partners to come in solidarity towards utilising the continuum of our social development interventions to effect deep-rooted social and economic reconstruction whose outcome is the recovery of persons with disabilities from the shocks that occasion our society.

Working in an integrated manner as detailed in the Cabinet-adopted District Development Model, the Social Development portfolio seeks for this Policy to support government's integrated and holistic provision social development services to persons with disabilities.

The mainstreaming of disability demands that programmes must adopt a disability-**responsive planning, budgeting, monitoring, evaluation approach** and apply the social model and human rights principles to addressing disability issues throughout the Portfolio. These directives are articulated in great detail in the 2017 White Paper on the Rights of Persons with Disabilities that incorporates the provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

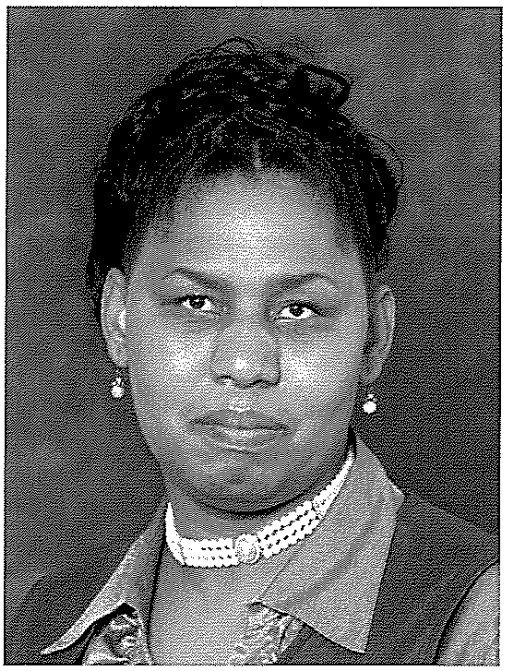
This Policy reinforces the White Paper inasmuch as it specifies the Portfolio's commitments where this relates to disability. The Policy will ensure that responsive and integrated social development services are timeously accessible to persons with disabilities for their needs to be met and their rights to be fulfilled.

This Policy is the embodiment of our continued commitment to realise the dignity of persons with disabilities.



Ms Lindiwe D Zulu, MP
Minister of Social Development

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Ms. Hendrietta Ipeleng Bogopane-Zulu
Deputy Minister of Social Development

OVERVIEW BY THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT

The Policy on Social Development Services to Persons with Disabilities, is informed by and aligned to the White Paper on the Rights of Persons with Disabilities (WPRPD) which was approved in December 2015. The provisions of this Policy are geared towards accelerating access to a comprehensive and responsive social protection system as outlined in the National Development Plan: Vision 2030 (NDP).

The Vision and Strategic Objectives of the Policy emphasise the mandate and role of the Department in providing social development services to persons with disabilities, and the mainstreaming of disability within and across different line function units of the Department.

It presents provisions that ensure that the inherent human rights and dignity of persons with disabilities are enforced through the utilisation of sector-wide inclusive-policy approaches and programming. It further provides a foundation for the promotion and enforcement of laws of benefit to persons with disabilities; empowering them to become productive citizens and proactive social agents.

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The Policy advocates for mainstreaming and inclusion, which are essential in expounding the Department's role of implementing social development policies, strategies, programmes and projects that address systemic poverty/inequality amongst the poor, marginalised and vulnerable groups in society.

This Policy is specific to the social development sector and facilitates compliance with, among others, the WPRPD and National Development Plan (NDP) and does not seek to replace other existing policies.



Ms. Hendrietta Ipeleng Bogopane-Zulu,
Deputy Minister of Social Development

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TABLE OF CONTENTS

FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT.....2
OVERVIEW BY THE DEPUTY MINISTER FOR SOCIAL DEVELOPMENT ..4
ABBREVIATIONS AND ACRONYMS.....7
CHAPTER 1: DEFINITIONS AND TERMINOLOGY.....8
CHAPTER 2: EXECUTIVE SUMMARY.....13
CHAPTER 3: INTRODUCTION, RATIONALE, SCOPE AND PRINCIPLES .17
CHAPTER 4: KEY TREATIES, POLICIES, LEGISLATION and MANDATES 19
CHAPTER 5: SITUATION ANALYSIS AND PROBLEM STATEMENT.....44
CHAPTER 6: VISION, MISSION, PURPOSE AND OBJECTIVES.....56
CHAPTER 7: PROGRAMMES AND RESOURCES FOR PERSONS WITH DISABILITIES.....63
CHAPTER 8: MONITORING AND EVALUATION.....72
ANNEXURE 1: POLICY IMPERATIVES RELATED TO DISASTER MANAGEMENT ACT.....76
BIBLIOGRAPHY.....80

This gazette is also available free online at **www.gpwonline.co.za**

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBR	**Community-Based Rehabilitation and Habilitation**
CBO	Community Based Organisation
CEE	Commission for Employment Equity
CEDAW	Convention on the elimination of all forms of discrimination against women
CFO	Chief Financial Officer
DBE	Department of Basic Education
DOH	Department of Health
DOT	Department of Transport
DPO	Disabled People's Organisation
Department	Department of Social Development
EAP	Economically Active Population
ECD	Early Childhood Development
FBO	Faith Based Organisation
HIV	Human Immune Deficiency Virus
ISDM	Integrated Service Delivery Model
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
M & E	Monitoring and Evaluation
NDP	National Development Plan: Vision 2030
NGO	Non-Governmental Organisation
NSA	National Skills Authority
NSF	National Skills Fund
RDP	Reconstruction and Development Plan
TAG	Technical Assistance Guidelines
SEIAS	Socio-Economic Impact Assessment System
SETAs	Sector Education and Training Authorities
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WPRPD	White Paper on the Rights of Persons with Disabilities

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CHAPTER 1: DEFINITIONS AND TERMINOLOGY

The definitions and terminology are drawn from several treaties and policies. These include but are not limited to, the UN Convention on the Rights of Persons with disabilities (UNCRPD), UN Convention on the Rights of the Child (UNCRC), Protocol to the African Charter of Human and Peoples' Rights on the Rights of Persons with disabilities (Africa Disability Protocol or ADP), White Paper on the Rights of Persons with Disabilities (WPRPD), Non-Profit Organisations (NPO) Act (No 71 of 1997) and others relevant to the mandate of the Department of Social Development (DSD).

This Policy does not seek to introduce new definitions and/or terminology.

Glossary of Key Definitions and Disability Terminology

Assistive Devices: Any device, product, equipment or tool that is designed or adapted to enable persons with disabilities to participate in activities, tasks or actions.

Audio/video/described video description of visual information refers to description of visual information is called audio description, video description, or described video in different areas. This **is a description that provides content to people** who are blind and others who cannot see the video adequately.

Caregiver: Any person who, in relation to persons with disabilities, takes responsibility for meeting the "basic" daily needs of, or is in substantial contact with, persons with such disabilities.

Children with disabilities refers to children up to the age of 18 who have *"long-term physical, mental, neuro-developmental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"* (Convention on the Rights of Persons with Disabilities: Article 1).

Communication: Refers to languages, display of text (including open captions in line ICASA code for persons with disabilities.
Braille, tactile communication, video relay communication services, large print, accessible multimedia including written, audio, audio description, plain-language, lip-speaking services, speech reading services, whisper interpretation, sign language interpretation services, note-taking services and video relay communication services to enable access to communications at various service delivery points for Deaf communities.

Community-Based Rehabilitation and Habilitation (CBR): This is a strategy to enhance the quality of life of persons with disabilities through rehabilitation and habilitation, equalisation of opportunities, poverty reduction, and social inclusion.

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Compounded Marginalisation: Refers to already vulnerable and under-represented persons with disabilities who, because of their disability, experience additional severe exclusion/barriers that exacerbate their situation, further alienate them from achieving a sense of well-being, and an improved quality of life equal to others.

Continuum of Care: This is a range of differentiated and integrated services appropriate to an individual's development including life-long changing/ development of the social, emotional, physical environment / situation / circumstances of an individual.

Disability Service Organisations (DSOs): Deliver rehabilitation, habilitation, counselling, training, employment support and others to persons with disabilities.

Disabled Peoples' Organisations (DPOs): Membership based organisations managed and controlled by persons with disabilities.

Disability Discrimination: Any distinction, exclusion or restriction of persons on the basis of disability, which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on anequal basis with others, of all human rights and fundamental freedoms in all sectors.

Disability Mainstreaming: Means a systematic integration of the priorities/ requirements of persons with disabilities across all sectors, the inclusion in implementation, monitoring and evaluation of legislation, standards, policies, rules and regulations and strategies.

Early Childhood Development (ECD): Refers to the composite cognitive, emotional, physical, mental, communicational, social and spiritual development of children that takes place from conception until they enter formal schooling (i.e., Grade R) or reach the age of 8 years (in the case of children with developmental delays and/or disabilities for whom entry into formal schooling is delayed), whichever occurs first.

Early Childhood Intervention: Describes a wide range of services that are offered to children who are at risk for developmental delays or who have disabilities, including support for their families.

Family: A societal group related by blood (kinship), affinity, adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence.

Integrated Service Delivery Model: Provides clarity on the nature, scope and level of services that the developmental social development services sector must provide, including intersectoral roles and responsibilities.

Impairment: A perceived or actual feature in the person's body or functioning that may result in limitation or loss of activity or restricted participation in society with a consequential difference of physiological and/or psychological experience of life.

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Inclusion: Is a universal human right and aims at embracing the diversity of all people irrespective of race, gender, disability or any other differences.

Independence: A state of being whereby available and adequate support services, assistive devices and personal assistance to persons with disabilities enables personswith disabilities to exercise choice, bear responsibility and participate fully in society.

Independent Living: The ability of a person with any disability to live just like anyone else, with opportunities to make decisions that affect their lives and to be able to pursue activities of their own choosing with the necessary support to live independently.

Life Cycle Approach: The life cycle span perspective, commencing at the point of gestation, examines how a person grows, develops, and declines by taking multiple aspects andcontextualising these across the person's journey through life.

National Disability Rights Coordinating Mechanism: This refers to the function designated by the President, during macro-organisation of the State, in line with Article 33(1) of the UNCRPD. The function is responsible for overall coordination of implementation/ monitoring of the national disability rights agenda.

Non-Profit Organisations (NPOs): These constitute independent organisations, bodies, trusts,companies or other associations of persons operating at national, provincial and or local level toprovide welfare services not for gain, but for public purposes.

Partial Care: In terms of the Children's Act, partial care is provided when a person, whether for or without reward, takes care of more than six children by an agreement between the parents or care-givers and the provider of service and includes i) early childhood development services; ii) after school services; iii) private hostel and temporary respite care services.

Personal Assistance Services: These are services, provided by one or more persons, designed to assist an individual with a disability to perform daily activities that the individual would typically perform if the individual did not have a disability. The services include care givers who, in relation to persons with disabilities, take responsibility for meeting the "basic" daily needs of, or is in substantial contact with, persons with such disabilities.

Persons with disabilities: Persons with disabilities include those who have perceived and/or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers, are hindered from participating fully and effectively in society on an equal basis with others.

Poverty: Refers to pronounced deprivation in well-being and includes low incomes and the inability to acquire the basic goods and services necessary for survival with dignity.

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Prevention: Prevention involves all strategies/ measures to prevent the onset of diseases, injuries or conditions that could result in impairment and subsequent disability or activity limitation.

Reasonable Accommodation: This refers to necessary and appropriate modification and adjustments, as well as assistive devices and technology, not imposing a situation, where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Reconstruction and Aftercare: This refers to the services aimed at reintegration and support to enhance self-reliance and optimal social functioning in preparation for discharge from the residential facility and after the discharge procedure.

Rehabilitation and Habilitation: Rehabilitation and habilitation is a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychosocial and/or social functional levels, thus providing them with the tools tochange their lives towards a higher level of independence.

Respite Care: This refers to the individualized, flexible, family-centred short-term temporary relief service for care-givers and families, in which care is provided by a trained caregiver to a person with disabilities including those at risk of abuse and neglect.

Rights-Holders: All human beings are inherently rights-holders who should enjoy universal human rights that must be guaranteed. In this Policy, the term rights- holders refers to persons with disabilities and their families.

Self-help group is a community-based empowerment group and is a voluntary association of persons with disabilities that functions democratically and accountably to attain the collective goals of the group. Self-help group members develop knowledge and skills that enable them to become contributors in their families and communities.

Self-Reliance: Ability to depend on oneself and meet one's own needs.

Sheltered Employment: Are spaces that offer short to long term employment to persons with disabilities who lack sufficient work, technical skills and productivity levels.

Social Assistance: Refers to minimum benefits paid by government based on law, that supplement economic benefits and sustain livelihoods.

Social and Life Skills Community Centres/ (Protective Workshops): These are rehabilitation/ habilitation centres, previously known as sheltered workshops, which provide for safe, accessible and development-oriented environments where persons with severe disabilities are able to socialize, learn basic skills, engage in basic work and earn some additional income to supplement their social grants.

Social Cohesion: The degree of social integration and inclusion in communities/ society

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at large where mutual solidarity finds expression among individuals and communities.

Social Protection: These are policies and programmes designed to reduce poverty/ vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, enhancing their capacity to manage economic and social risks.

Social Security: These are public/private measures that provide cash/ in-kind benefits or both, first in the event of an individual's earning power permanently ceasing, being interrupted, never developing, or being exercised only at an unacceptable social cost and such persons being unable to avoid poverty, and second to maintain children whose parents are unable to provide for them.

Social Development Services: These are public services provided by governmental or private organisations aimed at creating effective organisations, build stronger communities, and promote equity and opportunity.

Social Service Practitioners: These provide psycho-social and/or physical care and is the first line of support between the community and various health and social development services.

Developmental Social Welfare: These include promotion of human rights, use of partnerships to deliver services, integration of socio-economic programmes and bridging the micro-macro divides in service delivery. It emphasizes the empowerment of individuals, families,groups and communities as active participants in the developmental processes and includes the following Social Welfare services: prevention and promotion; social assistance and social relief; protection, statutory social support; restorative, rehabilitative/therapeutic continuing care/ reintegration; and aftercare services.

Stimulation Centre: Is a day care facility / service for people with profound or severe intellectual/physical disabilities (multi-disability) who require 24-hour support and care.

Universal Access: This refers tothe removal of cultural, physical, social and other barriers that prevent persons with disabilities from entering, using or benefiting from the various systems of society that are available to other citizens and residents.

Universal Design: The design of products, environments, programmes and services to be usable by all persons to the greatest extent possible without the need for adaptation or specialized design.

Vulnerable Groups: These are groups of persons with disabilities who are especially vulnerable: women, children, older persons living in rural areas, particularly in the under developed areas, displaced persons, persons with epilepsy, persons with multiple disabilities, deaf-blind, homeless persons and others.

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CHAPTER 2: EXECUTIVE SUMMARY

This Policy does not seek to replace policies that are already in place. The Policy is specific to the social development sector and facilitates compliance with, among others, the WPRPD and National Development Plan (NDP).

In Chapter 1, the definitions and terminology used in this Policy are explained. The definitions are intended to provide additional information and clarification of terminology used in this Policy and other disability policies. The list of definitions does not cover all terminology related to disability. Additional definitions and terminology can be obtained in the White Paper of the Rights of Persons with Disabilities (WPRPD)1, other disability policies and legislation.

Disability is a complex and evolving concept with definitions that evolve over time2. There is no single definition of disability. However, all the rights-based definitions share common elements such as:

1. The presence of impairment;
2. Internal and external limitations or barriers which hinder full and equal participation,
3. A focus on the abilities of the person with a disability; and
4. Loss or lack of access to opportunities due to environmental barriers and/or negative perceptions and attitudes of society.
5. Disabilities can be permanent, temporary or episodic.

The WPRPD states that:

> *"Not everyone will agree on every term included in the WPRPD but there is a need to develop consensus on general guidelines with regard to consistency in the terminology to be used in official documents, as well as pertaining to terminology which must be considered as hate speech. This is particularly relevant for terminology used in official languages other than* English in *South Africa".*

Chapter 2, Executive Summary, is a shortened version on this Policy and provides a snapshot of contents of each chapter and annexures.

Chapter 3 provides the **introduction, rationale, scope and principles** as outlined in disability rights legislation and programmes around the world. The chapter starts with an analysis of historical trends linked to the pre-1994 democracy era and post 1994 policy dispensation.

Historically, the past apartheid government of South Africa addressed disability as a

1 DSD (2016) White Paper 230, Government Gazette 39792, *White Paper on the Rights of Persons with Disabilities 9 March 2016*
2 UN (2006) CRPD

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social welfare and medical concern, commonly known as the "medical model". This meant that persons with disabilities were assessed and provided services in terms of their medical condition. The disability policy architecture changed at the dawn of democracy in 1994 due to the inclusion of the rights of persons with disabilities in several policies and legislation.

The rationale for this Policy lies in the fact it utilises a human rights approach to the development and provision of social development services. These services include and are not limited to preventing and eradicating abuse of persons living in residential facilities and those working in social/ life skills community centres; abuse perpetrated by care-givers, respite care workers and in other such situations in which the human rights of persons with disabilities are neglected or deliberately ignored.

The Policy is appropriate, specific, relevant/ responsive to different types and associated specific needs of diverse range of persons with disabilities. It provides for effective monitoring and reviewing of services and feedback from beneficiaries to ensure that the services continue to be appropriate and reach persons with disabilities in their communities.

The **scope of the policy** covers DSD internal line function units and all line function Departments in all three spheres of government and all civil society/ private sector organisations that provide and/or support the provision of social development services to persons with disabilities and their family members.

The Policy is based on a number of principles that include the four pillars of the Integrated Service Delivery Model (ISDM) of the Department (namely prevention, early intervention (non-statutory), statutory/residential/alternative care and reunification/ aftercare). Other principles include the Department's commitments to **promoting human rights, empowerment and capacity building of stakeholders, the self-determination** and **self-representation** of persons with disabilities; universal design; accessibility; family support, community and other support systems, inter-sectoral collaboration and equitable resource allocation.

Chapter 4 analyses international treaties, key legislation and policies that interface with Departmental policies. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), adopted in November 2006 was conceived on the backdrop of various instruments and undertakings meant to benefit persons with disabilities but which were either ineffective or unenforceable. The Convention has articles that address the fact that persons with disabilities continue to face barriers in their participation as equal members of society and that they face continuous violations of their human rights in all aspects of life.

Other international treaties that are relevant to the rights of persons with disabilities and that inform the provisions of this Policy include, but are not limited to:

a. UNCRPD;
b. Convention on the Elimination of All forms of Discrimination against Women (CEDAW) (1979);

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c. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (2018) supported by the Model Law on Disability in Africa. Pan African Parliament- PAP.5/PLN/RES/01/OCT.19;
d. Universal Declaration of Human Rights (1948); and
e. United Nations Convention on the Rights of the Child (1989).

The South African policy architecture referred to in this Policy include, but is not limited to:

a. The Constitution of the Republic of South Africa, 1996;
b. Compensation for Occupational Injuries and Diseases Act (No 130 of 1993);
c. Employment Equity Act (No 55 of 1998);
d. The Promotion of Equality and Prevention of Unfair Discrimination Act (Act 4 of 2000) (PEPUDA);
e. White Paper on the Rights of Persons with Disabilities (2015) (WPRPD);
f. Social Assistance Act (No 13 of 2004);
g. Children's Act (No 38 of 2005);
h. DSD's Strategic Plan 2014-2019), White Paper on Social Welfare (1977);
i. Disaster Management Act No.57 of 2002 and its subordinate legislation;
j. The Mental Health Care Act (No 17 of 2002);
k. National Development Plan (NDP); and
l. White Paper on Social Welfare (the White Paper,1997).

The mandate of the Department is to provide an integrated and comprehensive social development services that will promote, facilitate and enable social development, social justice and the social functioning of all people is described in detail.

The Policy enhances co-operation and collaboration between the Department and other line function Departments that provide complementary social services. References to social and economic impact and outcomes is within the context of the provision of social development services.

Chapter 5 presents Situation Analysis and the Problem Statement. Persons with disabilities are not a homogenous group, have differing needs/ challenges/ experiences based on the type and severity of impairment, the level and extent of attitudinal, physical communication barriers and other personal circumstances. It is internationally recognised that disability has negative economic consequences for the individual and society at large and that it is closely associated with poverty3. Banks and Polack argue that in order to understand the economic implications of disability, the relationship between poverty and disability first has to be understood4. It is generally believed that poverty and disability are interrelated in a vicious cycle with each reinforcing the other. Poverty and poor access to education, healthcare or employment increase the risk of impairment and

3 Buckup, S., The Price of Exclusion: The economic consequences of excluding people with disabilities from the world of work, International Labour Office, Geneva, 2009.
4 Banks, L.M. and S. Polack, *The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from low- and middle-income countries*, CBM, InternationalCentre for Evidence in Disability and London School of Hygiene and Tropical Medicine, 2013.

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disability. Limited accommodation of disability, on the other hand, may expose persons with disabilities to poverty as they are less likely to access education, healthcare and employment56.

The Chapter presents a situation analysis in the following key areas:

- Prevalence of disability by type of disability;
- Access to Assistive Devices;
- Social Security for Persons with Disabilities;
- Children with Disabilities;
- Employment of Persons with Disabilities;
- Wealth-Poverty Gap in respect of Persons with Disabilities.7

Chapter 6 provides the **vision, mission, overall purpose and the strategic objectives** of the policy in line with the mandate of the Department. The **vision** of the Policy is to provide **services to persons with disabilities in an inclusive and equitable society within a human-rights-based society**.

The **mission** of the policy is **to ensure that persons with disabilities access services in integrated, coordinated programming within the Branch welfare services, as well as disability specific services.** The **purpose** of the Policy is **to improve the overall quality of the lives of persons with disabilities** through the provision of human-rights-based social development services.

The **strategic objectives** of the Policy are to ensure that **persons with disabilities continually receive responsive disability specific social development services,** and that **disability is continually mainstreamed in all Departmental programmes and services.**

Chapter 7 focusses on the **programmes and services** to persons with disabilities related to inter-alia HIV and AIDS, age-dependent situations of children, youth, adults and older persons, social assistance, community development, non-profit organisations, social crime, prevention and victim empowerment, social security policy and administration and families.

Chapter 8 relates to monitoring and evaluation. Performance will be measured against set goals, targets, equitable allocation of resources, effectiveness and efficiency in service delivery across all levels.

Annexure 1: focuses on policy imperatives related to Disaster Management Act, 2002 (Act No 57 of 2002).

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5 Mitra, S., A. Posarac and V. Brandon, Disability and Poverty in Developing Countries: A multidimensional study. World Development, 2012. pp. 1–18.
6 Groce, N.E. et al., Poverty and Disability: A critical review of the literature in low and middle- income countries. Leonard Cheshire Disability and Inclusive Development Centre, University College London, London, 2011.
7 DSD (2015), Elements of the financial and Economic costs of disability to households in South Africa: A Pilot Study.

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CHAPTER 3: INTRODUCTION, RATIONALE, SCOPE AND PRINCIPLES

1. Introduction

This Policy on the Social Development Services to Persons with Disabilities (hereafter referred as the Policy) is aligned to the White Paper on the Rights of Persons with Disabilities (WPRPD) which was approved by the South African government in December 2015.

The WPRPD addresses the mainstreaming of disability across all aspects of social and economic life and reflects the specific services that each line-function Department should provide to person with disabilities.

It is important to note that the WPRPD does not replace any sector specific policy, nor does this Policy replace the WPRPD. Instead, the WPRPD advocates the development of sector specific policies that comply with the directives in the WPRPD. The Policy:

a. Amplifies the social development services directives in the WPRPD that fall within the mandate of the Department;

b. Is aligned to policy, legislative and service delivery frameworks applicable to the mandate of the Department;

c. Emphasises disability mainstreaming by all programmes within Department; and

d. Provides the framework for any legislation that may be required to give effect to this Policy.

The Department of Social Development seeks to bring about sustainable improvement in the well-being of individuals, families and communities through disability inclusive programmes and services for the benefit of persons with disabilities.

2. Rationale

The rationale of the Policy is to achieve inclusion through the mainstreaming of disability in all the social development policies, programmes/projects of the Department and stakeholders in order to ensure that they are responsive to the rights and needs of persons with disabilities.

The services must comply with critical disability and social development policy frameworks, legislation such as the WPRPD, the White Paper on Social Welfare and its Ministerial Review Report. The Policy is also in line with international treaties ratified by South Africa, such as the UNCRPD.

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3. How to Use the Policy and Scope of Application

This Policy applies to all:

a. Employees and officials within the Department in all three spheres of government.
b. Employees and officials in complementary line function Departments in all three spheres of government.
c. Civil society and private sector organisations that provide and/or support the provision of social development services to persons with disabilities; and
d. Persons with disabilities and/or their family members as beneficiaries of the Policy.

4. Principles

The principles of the policy that underpin this Policy are embedded in the social model and the need to ensure the persons with disabilities benefit from a rights-based approach.

Inclusion will be achieved through the mainstreaming of the rights and needs of persons with disabilities within the departments' line function units and other government departments. The social model focuses on the abilities of persons with disabilities rather than their impairments. The social model also focuses on environments that are disabling to persons with disabilities.

The principles that underpin the Policy include the following:

a. Human Rights
b. Mainstreaming Leading to Inclusion
c. Empowerment and Capacity are an essential means-to-an-end tools for achieving sustainability
d. Self-determination and Self-representation
e. Accessibility
f. Appropriate Needs-based Services
g. Family Support Systems
h. Community and other Support Systems
i. Inter-sectoral Collaboration
j. Equitable Resource Allocation
k. Integrated service delivery model with definitions of levels of service provision.

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CHAPTER 4: KEY TREATIES, POLICIES, LEGISLATION and MANDATES

South Africa has ratified international treaties, passed policies and legislation, analysed below, that inform the provisions of this policy. These include but are not limited to the following:

1. International Treaties

The UNCRPD is an international instrument on the rights of persons with disabilities. The CRPD, ratified together with its Optional Protocol by South Africa, recognises the need to promote and protect the human rights of persons with disabilities, including those who require more intensive support. It builds on previous international instruments such as the 1975 United Nations Declaration on the Rights of Disabled Persons and is rooted in instruments such as the 1948 Universal Declaration of Human Rights.

Convention on the Elimination of All forms of Discrimination against Women (CEDAW) (1979) provides for the fulfillment**, protection and respect for women's human rights.** Does not directly address challenges confronting girls and women with disabilities and/or protect the human rights of girls and women with disabilities.

United Nations Convention on the Rights of the Child (1989)8: Addresses basic human rights of children namely, survival, dévelopment to the fullest; protection fróm harmful influences, abuse and exploitation and to full participation in family, cultural and social life.

The **Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography** is a protocol to the Convention on the Rights of the Child and requires parties to prohibit the sale of children, child prostitution and child pornography9.

The **International Covenant on Economic, Social and Cultural Rights (ICESCR)** is a multilateral treaty adopted by the United Nations General Assembly on 16 December 1966 through GA. Resolution 2200A (XXI), and came in force from 3 January 1976.[1] It commits its parties to work toward the granting of economic, social, and cultural rights (ESCR) to the Non-Self-Governing and Trust Territories and individuals, including labour rights and the right to health, the right to education, and the right to an adequate standard of living.

The **Constitutive Act of the African Union** sets out the codified framework under which the African Union is to conduct itself10.

The **African Charter on Human and Peoples' Rights** (also known as the **Banjul Charter**)

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8 UN (1990) Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49.
9 UN (2000), The Protocol was adopted by the United Nations General Assembly and entered into force on 18 January 2002.
10 AU, (2000): signed on 11 July 2000 at Lomé, Togo.

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is an international human rights instrument that is intended to promote and protect human rights and basic freedoms in the African continent.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol, is an international human rights instrument established by the African Union that went into effect in 200511. It guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, improved autonomy in their reproductive health decisions, and an end to female genital mutilation.

South Africa has ratified the **African Youth Charter** on 28 May 2009 and deposited the instrument of ratification with the Commission of the African Union (AU) on 8 July 2009.

African Charter on the Rights and Welfare of the Child (1990): Sets outs the rights and defines universal principles and norms for the status of children. It promotes and protects the civil, political, economic, social and cultural rights of children and calls for the creation of an African Committee of Experts on the Rights and Welfare of the Child.

Protocol to the **African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (2018)** supported by the Model Law on Disability in Africa. Pan African Parliament- PAP.5/PLN/RES/01/OCT.19.

2. South African Policies and Legislation

This Policy is informed by and aligned to the **Constitution of the Republic of South Africa**, 1996 which protects the rights and human dignity of persons with disabilities. There are a number of policies and legislation that relate to the mandate of the Department of Social Development (DSD) from the Constitution.

The Policy is aligned to the relevant provisions of the NDP, particularly its supplementary ***National Development Plan 2030: Persons with Disabilities as Equal Citizens (NDP-PWDEC)12*** adopted by the National Planning Commission in 2015. The NDP refers to social protection floor as a minimum standard of living below which no person should fall13; and recommends a multi-pronged strategy to ensure that households do not live below this floor. As such social development strategies, programmes and services must cover the whole life cycle of the person, take into account that the complementarity of the different elements of social protection, and provide for co-ordination which is critical for successful provision thereof.

The ***White Paper on Social Welfare, 1997*** facilitates the development of human capacity

11 AU, (2005)
12 National Planning Commission (NPC) (2005), National Development Plan 2030: Persons with Disabilities as Equal Citizens.
13 The social protection floor is the first level of social protection in a national social protection system. It is a basic set of social rights derived from human right treaties, including access to essential services and social transfers, in cash or in kind, to guarantee income security, food security, adequate nutrition and access to essential services. http://en.wikipedia.org/wiki/Social_protection_floor

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and self-reliance within a caring and enabling socio-economic environment.

The relevant pillars of the **White Paper on the Rights of Persons with Disabilities (2015) (WPRPD)**. On a broader level, the WPRPD endorses inclusion through mainstreaming, integration and equality for persons with disabilities, in the provision of all socio-economic services. It further provides a broad outline of responsibilities and accountabilities of the various stakeholders, inclusive of all government Departments in providing barrier-free, appropriate, effective, efficient and coordinated service delivery to persons with disabilities.

PEPUDA

Older Persons Act

3. Mandate of the Department of Social Development (DSD).

a. Introduction

The mandate of the Department is to provide an integrated and comprehensive social development services that will promote, facilitate and enable social development, social justice and the social functioning of all people. Collectively, these seek to bring about sustainable improvements in the well-being of individuals, families and communities.

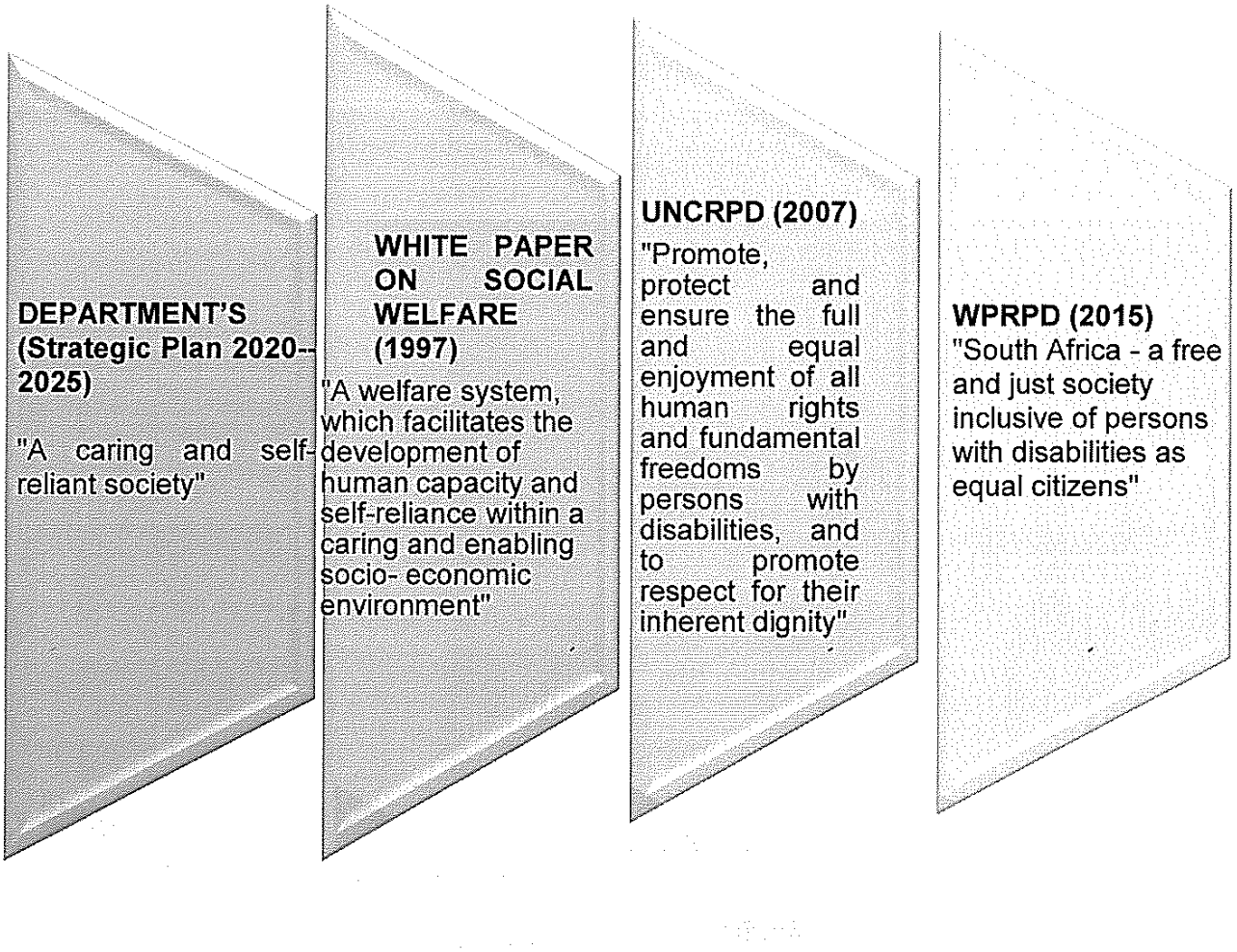
The core mandate of the Department is derived from the Constitution of the Republic of South Africa (Act No 106 of 1996). The Constitution (Act 106 of 1996) serves as the supreme law of the Republic to establish a society based on democratic values, social and economic justice, equality and fundamental human rights; to improve the quality of life of all citizens; and to free the potential of all persons by every means possible.

Section 27 (1) (c) of the Constitution provides for the right of access to appropriate social assistance to those unable to support themselves and their dependants; and Section 28 (1) sets out the rights of children with regard to appropriate care (basic nutrition, shelter, health care services and social development services) and detection. Schedule 4 identifies welfare services, population development and disaster management as functional areas of concurrent national and provincial legislative competence[2].

The Policy is based on the Department's Strategic Plan (2020-2025), White Paper on Social Welfare (1997), UNCRPD (2007) and the White Paper on the Rights of Persons with Disabilities (WPRPD) (2015) as illustrated in Diagram 1.

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Diagram 1: Interfacing Policies



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The leadership of the Department of Social Development comprises of the Minister and Deputy Minister of Social Development.

The Minister and Deputy Minister of Social Development, as the political heads of the Department, politically and strategically guide officials on the provision of services to persons with disabilities. They serve as the custodian and principal champion in ensuring that the provision of social development services to persons with disabilities remains high on the agenda of government and Cabinet.

The specific responsibilities of the Minister and Deputy Minister are to:

- Ensure the Department develops, implements, monitors and evaluates disability specific social service interventions that benefit persons with disabilities.
- Ensure the Director-General and other senior and middle managers mainstream disability in the policies, programmes and budget of the Department.
- Report and Account to Cabinet, Cabinet sub-committees and National Parliament and any other statutory structure, on the delivery of social development services to persons with disabilities.
- Table and oversee the adoption of policies and legislation, by government, on the provision of social development services to persons with disabilities.
- Liaise with other relevant line function Ministers.
- Ensure that the provision of social development services to persons with disabilities is on the agenda of all relevant inter-governmental structures and meetings, such as MinMEC.
- Ensure the establishment of any political, administrative or multi-stakeholder structures that may be required to deliver integrated, holistic and comprehensive social development services to persons with disabilities.
- Engage with National Treasury for adequate resources to achieve the vision, mission and objectives set out in the Policy.

b. DSD Constitutional Mandate

The Department fulfils this constitutional mandate through the implementation of social development services, policies, strategies, programmes and projects that address systemic poverty and inequality amongst the poor, marginalised and vulnerable groups in society. These are geared towards accelerating access to the comprehensive and responsive social protection system as espoused in the National Development Plan: Vision 2030 (NDP).

In terms of its **mandate**, the **Department** is the primary duty-bearer and serves as the lead in providing social development services to persons with disabilities. This entails:

- Creating the necessary policy and legislative environment required for the provision of social development services to persons with disabilities;
- Providing personal assistance, residential facilities, community-based rehabilitation and habilitation; skills and life centre and respite care services; and
- Mainstreaming disability in all the department's programmes and sub-programmes.

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The Department will also implement empowerment and awareness raising projects that target persons with disabilities, family members, caregivers and social practitioners on their rights, and the social development services available for persons with disabilities.

Diagram 2: Roles and Responsibilities of Key Stakeholders

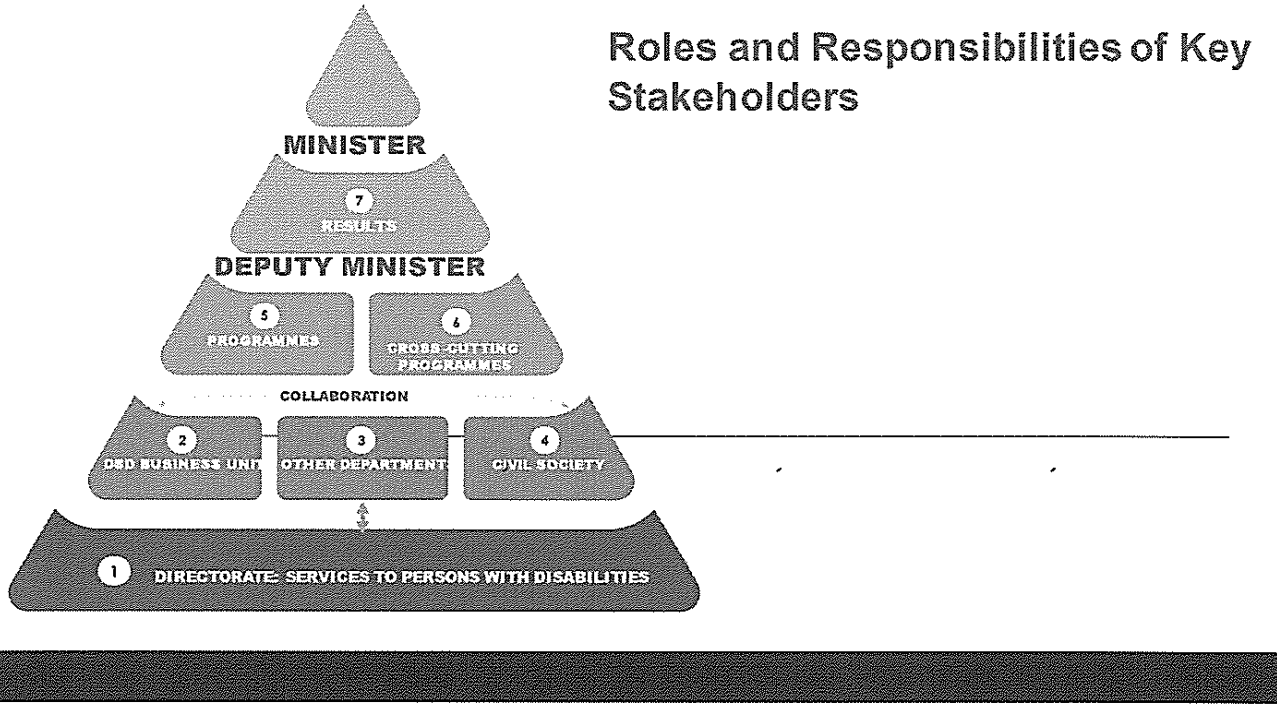


Diagram 2 is shaped in the firm of a pyramid. The foundation has the Directorate: services for persons with disabilities with an arrow to the second level with (2) DSD Business Units linked horizontally to (3) Other departments and (4) civil society organisation. All these are collaborating stakeholders. They lead to the next level with (5) representing programmes and (6) cross-cutting programmes. The next level has the Deputy Minister followed by (7) the Results and Minister at the top level of the pyramid.

The specific responsibilities of the **Department** are, among others:

- Implementing the Policy and related Departmental policies and legislation;
- Translating the Policy into legislation that will enforce compliance;
- Translating the policy into an implementation plan;
- Engaging with National Treasury for sufficient resources to fund the implementation of the Policy;
- Advising on the costing of social development services projects, programmes and activities targeting persons with disabilities.
- Establishing and maintaining the necessary operational and administrative systems to

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ensure speedy, effective and efficient delivery of services.

- Including disability mainstreaming as a key function and result area in the performance agreements of all senior and middle managers of the Department.
- Working closely with officials from other relevant line function Departments for the provision of a comprehensive, integrated and holistic basket of social development services.
- Developing additional policies, strategies and guidelines, as may be required, to facilitate implementation of the Policy.
- Fostering respect for the rights and dignity of persons with disabilities and promoting an awareness and acceptance of their capabilities and contributions.
- Monitoring, evaluating and reporting on the implementation and impact of the Policy to the Minister and Deputy Minister of Social Development.
- Providing reports for submission to the United Nations with regarding to UNCRPD, amongst others.
- Championing inter-Departmental committees on disability.
- Forming partnerships and consulting with other sectors of society, communities and representative organisations, as may be necessary, to meet the needs of persons with disabilities.

The Department also has a secondary or complementary role to play in the delivery of other services to persons with disabilities, through programmes that support the Vision, Mission, Objectives and Focus Areas of this Policy.

These roles include the provision of accessible transport and of assistive devices; promoting access to information; promoting employment opportunities; facilitating access to inclusive education, medical rehabilitation, disability inclusive skills development and economic empowerment services to persons with disabilities.

In terms of its secondary role, the Department is not the key implementer, but must support and facilitate implementation by the responsible line function Department. Department of Cooperative Governance and Traditional Affairs.

Social development services are intrinsically linked to other social service systems through which people's needs are met, and through which people strive to achieve their aspirations. Examples of such services and programmes are health, nutrition, education, housing, employment, recreation, rural and urban development and land reform. Collectively these services constitute the range of mechanisms to achieve social development.

Persons with disabilities, those who are elderly, children and migrants are at greater risk and more vulnerable. They require measures that include removing obstacles to accessing social protection, and measures to provide assistance.

These groups bear the brunt of poverty and inequality. Special attention also needs to be given to the needs of women due to their socio-economic and cultural status and the high concentration of poverty among them.

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c. Mandate Related to Social Protection

The NDP positions Social Protection as one of ten (10) core elements of a decent standard of living. In Chapter 11, the NDP refers to the creation of "*an inclusive social protection system that addresses all areas of vulnerability and is responsive to the needs, realities, conditions and livelihoods of those who are most at risk*"[3] and empowers individuals, families and communities through a range of social development services.

Within the social protection agenda, social assistance in the form of cash transfers has received particular attention. This often takes the form of a small monthly allowance for a defined group, such as those considered poorest, children, older people, or persons with disabilities.

Social grants, provided by the **DSD-related entity-South African Social Security Agency (SASSA),** play a critical role in reducing poverty and promoting social development. South Africa's system of social security successfully reduces poverty, regardless of which methodology is used to quantify the impact measure or identify the poverty line (Samson, et al., 2004).

The specific social development related responsibilities of South African Social Security Agency are:

- Providing a **co-coordinated and equitable system of social security** to meet basic needs and to develop capacity for independent living, self-sufficiency and integration of persons with disabilities into the mainstream of society.
- Increasing the supply of **accessible information to persons with disabilities** on how to access benefits, criteria for qualification and the availability of mechanisms to assist with problems which may arise.
- Providing **disability grants** for persons over the age of 18 years.
- Providing **special care grants (Care dependency grants and grant-in-aid)** for children with severe physical (including sensory) and/or mental and neurodevelopmental disabilities between the ages of 1and 18 years.
- Conducting **bi-annual reviews of criteria for qualification** to consider disability grants e.g. economic and other environmental factors.
- Ensuring that **eligible family members of persons with disabilities, and caregivers** have **access to the various social security and social assistance programmes** aimed at strengthening and protecting the family in South Africa.

Chapter 11 of the NDP is specific to social protection measures that "seek to support those most in need, including children, persons with disabilities and the elderly and promote active participation in the economy and society for those who are unemployed and under-employed through labour market activation measures, employment services, income support programmes and other services to sustain and improve quality of life[4]".

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Between September 2013 and March 2016, a Ministerial Committee reviewed the WPRPWD.The report of this committee reinforces the developmental paradigm and key principles contained therein, identifies key achievements since 1997 and provides recommendations on areas that still need to be addressed. This Policy takes into account the recommendations of this Report.

Social Protection: State-funded system; Social grants or cash transfers (social assistance); Target particularly vulnerable sections of the population.

Social Security: Reduces and addresses the causes of poverty and vulnerability; Promotes efficient labour markets; Reduces people's exposure to risks such as unemployment, exclusion, sickness, disability and old age; Promotes Article 28 of the UNCRDP on adequate standard of living and social protection.

Social Welfare: Quality of life & social well-being; Quality of environment, level of crime, drug abuse, essential social development services, religious and spiritual aspects of life; Implemented in partnership with state funded institutions, Disabled Peoples Organisations (DPOS) and non-governmental organisations (NGOs).

Community Development: collective action and generate solutions to common problems; practices of civic leaders, activists, involved citizens and professionals; Improving economic, social and cultural conditions.

Based on the aforementioned, the Department's various programmes are intrinsically designed to comprehensively realise the rights of people through initiatives that provide for development and social cohesion in inclusive communities.

The following are the key characteristics of each programme area of the Department that requires integrated and coordinated implementation:

The Policy defines the context and role of the Department's Welfare Services Policy Development and Implementation Support whose purpose is to create an enabling environment for the delivery of equitable developmental welfare services through the formulation of policies, norms, standards, best practices, and support implementing agencies.

This role includes the empowerment and promotion of rights of persons with disabilities through accelerated mainstreaming/other approaches and the strengthening of disability-specific services.

Persons with disabilities form part of the vulnerable sector that the Department must render appropriate and responsive social development services. The White Paper states the following in respect of the Department's services to persons with Disabilities:

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"National and provincial Departments of Social Development will ensure that there are equal opportunities for persons with disabilities in all services and programmes, and that such services will enhance the independence and promote the integration of persons with disabilities into the mainstream of society"14.

Proposal eight (8) in the Ministerial Committee's review report on the White Paper is to "*Focus the responsibility of the Department of Social Development in respect of disability*". The report specifies the policy development role of the Department in respect of social security and social development services to persons with disabilities.15

Policy on Social Development Services to Persons with Disabilities (the Policy) is anchored and informed by the above-mentioned context. It gives effect to the directives that explicitly express the urgent need for sector focused policies, strategies and programmatic interventions to ensure the provision of comprehensive and integrated services to persons with disabilities, and a realisation of their constitutional rights in this regard.

Furthermore, the objectives reflect the dual role of the Department's Directorate: Services to Persons with Disabilities (the Directorate) regarding the provision of social development services to persons with disabilities.

One role is to develop, implement, monitor, evaluate and report on disability specific interventions while the other is to advise and guide all Department's Welfare Service's programmes/ sub-programmes on the mainstreaming of disability in all their social development services interventions.

Through both these roles, the Directorate will contribute to the development of a social protection floor that is inclusive of the needs and rights of persons with disabilities, including what is needed to enable people to develop their capabilities.

The Department's policies that inform this Policy are presented below.

Table 1: Examples of Department's policies that inform this Policy

Policies	Objectives and relevance to disability
Policy on Disability	Provides for integrated social developmental services, namely; social and community development to persons with disabilities.
Policy on Protective Workshops	Provides for transformation, effective and efficient management of protective workshops and improvement of socio-economic conditions of persons with disabilities, providing them with employment opportunities.

14 White Paper on the Rights of Persons with Disabilities (2015) (WPRPD)
15 Ibid

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Policy on Residential Facilities and Independent Living for Persons with Disabilities	Makes provision for quality residential care services and assisted living programmes for persons with disabilities, who are unable to live independently, making provision for ultimate re-integration into the community, where possible.
Strategy for the Integration of Services to Children with Disabilities	Guide's implementation of efficient and effective services to children with disabilities through inter-sectoral collaboration between government Departments, in order to enable them to achieve independent functioning and enjoyment of a full and decent quality of life.
National Integrated Early Childhood Development Policy	Makes provision for universal availability of, and equitable access to, early childhood development services through a national integrated system.
Norms and Standards for Developmental Social Welfare Services	Promotes standardisation of services to all beneficiaries and stipulates measures for compliance by all role players. Disabilities have been integrated in all norms and standards in order to promote mainstreaming of persons with disabilities.
The Framework for Social Welfare Services	Promotes delivery of integrated and generic basket of social welfare services in the sector through application of multiple methods of intervention, based on the developmental approach according to the different life stages. Special needs of persons with disabilities are recognised.
Universal Design and Access Planning National Strategic Framework	Provides for a statutory framework for the promotion and upholding of the rights of persons with disabilities towards standardised universal design and universal access in different spheres of life and society; framework for integrated and multi-disciplinary coordination of services and support for persons with disabilities for purposes of Universal Design and accessibility; designation and registration of accredited training courses and support service providers; development and implementation of Universal Design for empowerment services norms and minimum standards; and for specific roles, functions and responsibilities of relevant departments and other stakeholders.

d. **Inter-Governmental Relations**

South Africa's legislative framework includes a number of policies and legislation that are aligned to the mandate of DSD and that of the different clusters of government. The **Inter-Governmental Relations Framework Act (No 13 of 2005)** establishes a framework for the National, Provincial and Local Governments to promote and facilitate Inter-

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Governmental relations through co-operative governance in the implementation of legislation and policy.

DSD cooperates with the different clusters of government. Clusters were **established to foster an integrated approach to governance** that is aimed at improving government planning, decision making and service delivery. The main objective is to ensure proper coordination of all government programmes at national and provincial levels.

The structure of government with its various line function Departments and its three spheres of government, results in a shared and collective responsibility amongst all Departments and spheres of government for the provision of a comprehensive, integrated and holistic social development services package to persons with disabilities.

Thus, the provision of social development services to persons with disabilities requires conscious inter-sectoral, intra and inter-Departmental collaboration based on the specific roles of key complementary Departments, particularly those in the social services cluster.

The social services cluster includes the following ministries and their legislative mandates16:

1. Department of Social Development (DSD)

The DSD's mandate is guided by the following policies and legislation:

Social Services Profession Act (No 110 of 1978): Provides for regulation of social service professions and sets out Code of Conduct and standards for training and education of social service and related professionals.

Non-Profit Organisations Act (No 71 of 1997): Establishes an administrative and regulatory framework within non-profit organisations that can conduct their affairs through adequate standards of governance, transparency and accountability.

Probation Services Amendment Act (No 35 of 2002): Mandate's assessment of arrested children and makes provision for programmes and specialised assistance aimed at prevention and combating of crime.

Social Assistance Act (No 13 of 2004): Provides for qualifying persons with disabilities andtheir carers to receive care dependency grant, disability grant and grant in aid.

Children's Act (No 38 of 2005): Provides a legal framework for the realisation of every child's right, including children with disabilities to social development services, parental care, family care or special care, including appropriate alternative care and protection from abuse and neglect.

16 https://nationalgovernment.co.za/clusters/view/5/social-services

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Older Persons Act (No 13 of 2006): Makes provision for maintenance and promoting the status, well-being, safety and security of older persons, protecting the rights of older persons and combating abuse.

Prevention of, and Treatment of Substance Abuse Act (No 70 of 2008): Provides for programmes for the prevention, early intervention, treatment and re-integration and after care services, including community-based services and those provided in treatment centres, to deter the onset of and mitigate the impact of substance abuse.

2. **Cooperative Governance and Traditional Affairs (COGTA)**

Among other roles, COGTA implements the Disaster Management Act, 2002 (Act No 57 of 2002) (DMA). For more information on the DMA and COVID 19 Responses, refer to Annexure 1.

This Department co-facilitates registration of residential facilities, protective workshops, and Day Care Centres for compliance with Municipality By-Laws. This includes allocation of land for building, safety of infrastructure, amongst others.

3. **Department of Health (DOH):**

The Mental Health Care Act (No 17 of 2002): Provides for the care, treatment, rehabilitation and habilitation of persons with mental disabilities, including voluntary, assisted and involuntary mental health care.

National Health Act (No 61 of 2003): Obligates the state to take reasonable legislative and other measures to progressively achieve the right of access to health care services, and reproductive health care, within its available resources. This applies to people with and those without disabilities.

National Rehabilitation Policy
The goal of this policy is to improve accessibility to all rehabilitation services in order to facilitate the realisation of every citizen's constitutional right to have access to health care services. This policy should also serve as a vehicle to bring about equalisation of opportunities and to enhance human rights for persons with disabilities, thereby addressing issues of poverty and disparate socio-economic circumstances.

Framework and strategy for disability and rehabilitation services in South Africa (2015- 2020): Provides a framework for rehabilitation services within all levels of care and reflects our commitment to an increasingly equitable and inclusive society, which will ensure "a long and healthy life for all South Africans".

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The specific social development related responsibilities of the Department of Health include:

- Developing disability specific intervention and support services, including language and communication development, assistive devices, appropriate technology and therapy to improve independence and social integration, as well as parent empowerment and support programmes in community-based services (Day Care Centres, Residential Facilities and Protective Workshops).
- Implementing interventions that enable prevention, early detection and management (primary, secondary and tertiary levels) of disability in Day Care Centres, residential facilities and protective workshops, including community-based respite care services.
- Providing rehabilitative services to persons with disabilities that enable them to reach and maintain their optimal physical, sensory, intellectual, psychiatric, and/or social functional levels in Day Care Centres, residential facilities and protective workshops, including community-based respite care services.
- Providing specific health care programmes, including sexual and reproductive health in day-care centres, residential facilities, and protective workshops.
- Providing general medical care services to persons with disabilities in day-care centres, residential facilities, and protective workshops.
- Providing relevant disability specific training to all medical staff, including doctors, nurses, social workers, etc at all levels of care.
- Engaging traditional healers on all issues relevant to the health concerns of persons with disabilities. This includes access to health-related assistance from traditional healers, ensuring that protective and safety mechanisms are put in place, and that human rights standards are complied with.

4. Department of Basic Education (DBE):

National Education Policy Act (No 27 of 1996): Deals with regulation for the following broad levels of education namely, general education and training (grade 1 to 9), further education and training (grade 10 to 12) and higher education (after grade 12).

Policy for the Provision of Quality Education and Support for Children with Severe to Profound Intellectual Disability (SPID): introduces inclusive, quality education for children with SPID who attend special or ordinary schools, special care centres (partial care or residential, formal and informal), ECD centres or at home.

South African Schools Act (No 84 of 1996): Provide a uniform system for the organisation, governance and funding of schools to amend and repeal certain laws relating to schools and to provide matters connected therewith.

White Paper 6 on Special Needs Education: Building and Inclusive Education and Training System of (2001): Provides a framework for an inclusive education and training system through identification, assessment, intensive support, and incorporation of learners with disabilities into special, full-service and ordinary schools.

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White Paper on Post-School Education and Training (2013): Outline's priorities and strategies for a post school education and training system that is integrated, provides high quality education and paths for various qualifications, prepares students for careers in the labour market by providing practical work experience, develops thinking citizens. Chapter 6 of the White Paper is dedicated to addressing the post school education and training needs of persons with disabilities and advocates the development of a strategic policy framework that includes matters such as the setting of norms and standards for the integration of students and staff with disabilities in all aspects of university or college life.

Policy on Screening, Identification, Assessment and Support of (2014): Provides directionfor how learners with additional support needs should be identified and assessed with a view toproviding appropriate support services in an integrated and inclusive way at a school closest to where the learner lives. The Policy includes a protocol for how to determine where the support should be provided and who is eligible for admission to a special school or special setting.

The Department of Basic Education is responsible for provision of Inclusive Education services at primary and secondary schools and ECD centres. This responsibility entails curriculum development and implementation, provision of inclusive material and education support services, training of teachers, provision of sufficient qualified practitioners and related professionals, promotion ofsocial inclusion, combatting of gender violence and psycho-social support in the schooling system. These services must be accessible to all children with disabilities inclusive of children with disabilities from residential facilities, day care centres considering that most children are placed in day care centres because of inaccessible ECD facilities. Children from these centres must be assessed for progression to mainstream ECD facilities and schools, where possible.

The specific social development related responsibilities of the Department of Basic Education are:

- **Screening** of children to identify developmental delays and impairments.
- Ensuring early intervention **programmes** for children with disabilities are in place at all local service centres.
- Providing integrated disability information on available ECD and school services to all parents and care-givers of children with disabilities. The information must cover areas such as parental counselling and peer-support services, respite care services, therapeutic, educational and economic programmes.
- Ensuring that children with disabilities have **equitable access** to all **ECD Programmes and Facilities**. This requires that mainstream ECD programmes and facilities are made accessible for children with disabilities, i.e. that infrastructure, attitudes, equipment and activities do not hinder the participation of children with disabilities. Thus, **building plans,playgrounds, equipment, toys and ECD practitioner training comply with**

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universal design norms and standards in all-inclusive/and or specialised centres of ECD.

- Developing **disability-specific interventions and support services** in mainstream ECD and Day Care Centres. The services must focus on individual developmental programmes, language and communication development, assistive devices and technology and therapy to improve independence and social integration, as well as parent empowerment and support programmes.

- Developing a national integrated referral and tracking system. The seamless system must:

- Identify children at high risk of, or with developmental delays and/or disabilities through Road-to-Health health screening programmes and refer them to relevant accessible services;

- Register all children between the ages of 0-18 years on a centralised database;

- Ensure that children with disabilities on the database are assessed and have access to an individualised developmental support and treatment programme and social assistance benefits;

- Ensure that children with disabilities remain on this programme until the age of 18 years;

- Ensure that all children with disabilities are enrolled in appropriate ECD and compulsory education programmes; and

- Ensure that parents receive timeous, appropriate and accessible information to enable them to take decisions in the best interest of their children.

- Developing and implementing comprehensive **quality assurance programmes and strengthen monitoring systems** for all ECD and Day Care Centres. These programmes must be benchmarked against international best practice.

- Ensuring **social cohesion and human rights promotion programmes** and messages in all ECD and Day Care Centres. Messages in such programmes must focus on, among others, reducing inequality, building a united South Africa, moral regeneration, social cohesion and universal access to services.

5. Department of Higher Education and Training (DHET)

The Department is responsible for implementing, managing and overseeing the following Acts:

The **Adult Education and Training Act** (previously Adult Basic Education and Training

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Act) 52 of 2000 intends to regulate adult basic education and training; provide for the establishment, governance and funding of public adult learning centres; provide for the registration of private adult learning centres; provide for quality assurance and quality promotion in adult basic education and training; and provide for transitional arrangements.

Continuing Education and Training Act, Act No. 16 of 2006 (CET Act), previously known as Further Education and Training Act, Act No. 16 of 2006 (FET Act): Provides for the establishment, governance and funding of CET and TVET colleges, as well as matters related to the provision of continuing education and training.

General and Further Education and Training Quality Assurance Act, Act No. 58 of 2001 (GENFETQA Act): Provides for the General and Further Education and Training Quality Assurance (GENFETQA) Council and for the quality assurance of general and further education.

Higher Education Act, Act No. 101 of 1997 (HE Act): Provides for a unified and nationally planned system of higher education and for the statutory Council on Higher Education (CHE).

National Qualifications Framework Act, as amended, Act No. 12 of 2019 (NQF Act): Provides for the National Qualifications Framework (NQF), the South African Qualifications Authority (SAQA) and the quality councils (the CHE, the Qualification Council for Trades and Occupations (QCTO) and Umalusi), for qualifications and the quality assurance of qualifications required on the sub-frameworks of the NQF, as well as for misrepresented or fraudulent qualifications.

National Student Financial Aid Scheme Act, Act No. 56 of 1999 (NSFAS Act): Provides for the granting of loans and bursaries to eligible students attending public Higher Education Institutions (HEIs), as well as for the administration of such loans and bursaries.

South African Council for Educators Act, Act No. 31 of 2000: Provides for the continued existence of the South African Council for Educators, the functions of this Council and its composition.

Skills Development Levies Act, Act No. 9 of 1999 (SDL Act): Provides for the imposition of skills development levies and matters related thereto.

Skills Development Act, Act No. 97 of 1998 (SDA): Provides for the National Skills Authority (NSA) and the QCTO, and regulates apprenticeships, learnerships and matters related to skills development.

The Department of Higher Education and Training includes the Skills Development Sector, i.e., the Sector Education and Training Authorities (SETAS), the National Skills

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Authority (NSA) and the National Skills Fund (NSF).

White Paper for Post School Education and Training (2013) as well as the Strategic Policy Framework on Disability for the Post School Education and Training System (2018) must include the needs of Deaf learners in the post school education and training system.

The specific social development related responsibilities of the Department of Higher Education and Training include ensuring that **opportunities** are created for **training and learnerships forservice users (protective workshops), parents and caregivers** (community-based services, including those in residential facilities and protective workshops through, among others, **Sector Education and Training Authorities (SETAs))**. SETA policies must include the needs of Deaf learners when it comes to internships that allow for work place experience partly through allocation of budgets.

6. Department of Human Settlements

Housing Act (No 107 of 1997): Stipulates prioritising needs of the poor for housing development that provides as wide a choice of housing and tenure options as is reasonably possible, meeting the special needs of persons with disabilities.

National Special Housing Needs Policy and Programme: makes provision for capital grants to approved and registered NPOs for the acquisition of properties, the development of new and/or the extension of and/or upgrading or refurbishment of existing special housing needs facilities for persons/housing with special housing needs.

7. Department of Employment and Labour (DEL)

Compensation for Occupational Injuries and Diseases Act (No 130 of 1993): Provides for compensation for disablement or death caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment.

Employment Equity Act (No 55 of 1998): Determines employment equity quotas as they apply to the employment of persons with disabilities in the private and public sector.

Policy on Transfer of Subsidies to Organizations administrating Special Employment Programmes (2016) provides a management protocol to strengthen the systems and processes for the transfer of financial awards to stakeholders that provide placement in employment opportunities for people with disabilities or enhance their employability of people with disabilities.

The Promotion of Equality and Prevention of Unfair Discrimination Act (No 4 of 2000): Seeks to prevent and prohibit unfair discrimination and harassment, to promote equality and eliminate unfair discrimination with disability given as a designated category.

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Skills Development Act (No 31 of 2003): Provides learnership courses to develop the skills of the South African workforce. The act is intended to increase the levels of investment in education and training and to improve employment prospects for persons who have been previously disadvantaged.

The specific social development related responsibilities of the Department of Labour include:

- Developing and implementing **special employment programmes** for persons with disabilities, that facilitate employment of persons with disabilities in the open labour market in line with the human rights approach.
- Facilitating the **vocational integration of persons with disabilities in protective workshops and residential facilities,** irrespective of the origin and nature or degree of the disabilities.
- Partnering with the Departments of Social Development and Health to **manage and deliver vocational rehabilitation and habilitation services** in protective workshops and residential facilities.
- Supporting, guiding and providing **advice on skills development programmes** in protective workshops and residential facilities.
- Providing affordable **vocational rehabilitation, skills development, job retention and return-to-work programmes,** after onset of disability.
- Facilitating **access** of protective workshops and residential facilities **to skills development resources** (financial, training opportunities etc).
- **Integrating socio-economic development programmes** provided to persons with disabilities on the national employment services to database.
- Preparing persons with disability through job coaching and mentoring to enter the Open Labour Market (OLM) at an appropriate level.
- A review of skills development programmes, including stipend allocation policies. in the form of learnerships
- SETA policies should allow for progression of learning partly through service provider programmes to determine learner progression to better qualifications.

8. Department of Transport

Road Accident Fund Act (No 56 of 1996): Provides for the establishment and management of a road accident fund and matters connected therewith. This is particularly for compensation for hospitalisation and/or treatment of injuries, as well as loss of income as a result of disability, where applicable.

National Land Transport Transition Act (No 22 of 2000): Provides for transformation and restructuring of the national land transport system, with consideration given to the needs of special categories of passengers through provision of mainstream public transport.

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9. **Department of Public Works and Infrastructure (DPWI)**

National Building Regulations and Building Standards (103 of 1977): Presents the specifications of accessible buildings but makes no reference to the constitutional rights of people with disability to equal access. The regulations do not include sufficient specific definition to ensure the rights of people with different kinds of disabilities to equal access.

10. **Ministry of Women, Youth and Persons with Disabilities in the Presidency.**

White Paper on the Rights of Persons with Disabilities (2015): Provides a broad outline of responsibilities and accountabilities of the various stakeholders, including an oversight function to National Departments in ensuring the provision of barrier-free, appropriate, effective, efficient and coordinated service delivery to persons with disabilities.

Cabinet-approved **National Framework on Reasonable Accommodation for Persons with Disabilities** (DWYPD, 2021).

11. The **Department of Sport, Arts and Culture (DSAC)** was established in June 2019 by the merger of the Department of Arts and Culture and the Department of Sport and Recreation South Africa.

The specific social development related responsibilities of the Department of Sport and Recreation in community-based services, including **day care centres, residential** facilities and **protective workshops** include the following:

- Providing sport and recreation catalyst interventions for the realisation of mental health, general and social well-being.
- Ensuring sport codes and programmes are accessible to persons with disabilities.
- Developing and extending sporting activities for persons with disabilities in both mainstream and special facilities, so that they can participate in sport for both recreational and competitive purposes.
- Ensuring that all requisite resources for persons with disabilities (facilities and equipment) are made available for communities to encourage participation in sport and recreation activities.
- Providing subsidies for sport and leisure development for persons with disabilities.

The Departments outside of the services cluster include:

12. The **Department of Finance has the Preferential Procurement Policy Framework Act (No 5 of 2000) which provides** a framework indicating that preference for procurement should be given to persons with disabilities, as a category of historically disadvantaged individuals who experienced unfair discrimination.

The specific social development related responsibilities of Treasury are:

- Considering **budget submissions** from the Department of Social Development and making recommendations to the Medium-Term Expenditure Committee on the

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implementation of all the objectives set out in the policy.
- **Allocating all funds** as approved by Cabinet to the Department of Social Development to ensure delivery of stakeholder responsibilities in terms of mainstreaming services to persons with disabilities.

13. Department of Trade and Industry

The specific social development related responsibilities of the Department of Trade and Industryinclude:
- Facilitating access of Social and Life Skills Community Centres/ Protective Workshops to all enterprise and economic development opportunities that exist e.g., financial and non-financial support provided to emerging and small enterprises; procurement opportunities and export opportunities.
- Empower persons with disabilities (protective workshops and residential facilities) with work, workplace and required skills and work-place etiquette to participate in production and/ or manufacturing to raise their potential and opportunities for employment.
- Registering and converting some of the Social and Life Skills Community Centres to cooperatives, as may be applicable, for example small business enterprises.
- Facilitating the building of business partnerships between Social and Life Skills Community Centres and private sector entities.
- Facilitating access to business resources, information and opportunities for workshops in a way that promotes their effective participation in the economy.
- Serving as a source of information to other up and coming Social and Life Skills Community Centres, which are committed to the advancement and promotion of entrepreneurs with disabilities.

14. Department of Small Business Development

The specific social development related responsibilities of the Department of Small Business Development in protective workshops are:
- Strengthening access to, and participation in Small Medium Enterprise (SME) support programmes.
- Strengthening all support programmes for entry level SMEs owned by persons with disabilities by implementing affirmative action targets and ensuring that reasonable accommodation support is available across the SME support services value chain.
- Ensuring that subsidisation of any disability-specific services rendered on behalf of government is congruent with the actual cost of services.

15. Partnerships and Cooperation with Management and Other Structures of Society

The Directorate, Services to Persons with Disabilities, is responsible for establishing the required implementation structures. The Department is committed to the principles of participatory and developmental governance which necessitate consistent and structured communication, interaction, and partnerships with all sectors of society.

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National Level: Directorate: Services to Persons with Disabilities provides:

- Support and advice on mainstreaming of disability in all programmes and sub-programmes of the Department.
- Train/upskill staff in the Department's programmes and sub-programmes in disability mainstreaming.
- Lead the establishment of national, provincial and local forums.

Collaboration and co-ordination are best achieved through formalised structures with clearly defined terms of reference that detail the membership of the structure, its modus operandi and its joint and specific role and responsibilities. The formalisation is necessary to ensure that all partners respect and adhere to their specific roles.

Support structures provide advice, technical knowledge, expertise and perform any other task that will assist the management and implementation structures. The main responsibilities of these structures are to:

- Facilitate, support and, if required, assist with integrated service delivery.
- Assist and advise on the development of mainstreamed and disability specific social development services to persons with disabilities.

The structures will be either permanent or temporary structures with the temporary structures having alimited timeframe for the completion of its tasks. These structures will fulfil either a management and implementation, or a support and advisory role. Other service providers that are important role players are Institutions of Higher Learning, Research Institutions, Traditional Leaders, DPOs, CBOs, NGOs, and FBOs.

Most DPOs in South Africa are involved in the identification of local needs, advocacy and the delivery of tangible support services to persons with disabilities. DPOs have in-depth and first-hand knowledge and experience of the needs and rights of persons with disabilities. Some DPOs receive financial assistance from, and work in partnership with, government to deliver their services.

The role of disabled people and DPOs is like that of the community. The main distinguishing feature of their role is that persons with disabilities and DPOs play a direct strategic leadership role as opposed to a facilitative and supportive role.

Community members and traditional leaders are critical to facilitating and supporting acceptance of persons with disabilities as equals within a community. Their acceptance and respect serve as the foundation for full inclusion and participation in all aspects of communitylife. Habilitation and Rehabilitation programmes, especially community-based rehabilitation projects, are dependent on community acceptance and involvement.

The partnership does not in any way compromise their independence and autonomy nor their right to lead advocacy campaigns designed to secure theequal and inalienable rights of persons with disabilities.

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The membership of each structure will be determined by its responsibilities, as well as the various people that play a role in fulfilling those responsibilities.

In addition, structures comprising government representatives from all three spheres of government will be bound to the principles of co-operative governance and inter-governmental relations outlined in Chapter 3, Section 41 of the Constitution of the Republic of South Africa (Act 108 of 1996).

The role of other sectors of society mainly falls within the ambit of technical and academic support and capacity building such as:

- Developing and implementing capacity building programmes;
- Providing technical and theoretical knowledge and expertise to assist with implementation;
- Conducting research into disability issues; and
- Providing support services, where applicable.

Management structures will strategically facilitate, organise and supervise the implementation process. Department officials will remain responsible for day-to-day management of the operational and implementation tasks.

These structures are set up as formal permanent and/or ad-hoc and/or short-term structures.The main responsibilities of these structures are to:

- Identify areas of co-ordination and integration for role-players. These may serve as some of the indicators for monitoring and evaluating implementation.
- Organise and supervise the role and responsibilities of all role-players involved in implementation of the programme/s and project/s.
- Timeously deal with any problems that may arise to prevent delays in implementation.
- Continuous monitoring of the social development services provided to persons with disabilities and the extent to which these services are responsive to their needs.
- Establish and sustain service delivery accountability mechanisms.
- Set up partnerships and working teams. Develop the terms of reference and oversee any formal contractual issues related to this.

Management and implementation structures at a national (national disability forum, ad-hoc multi-sectoral forum, social welfare forum) provincial (Disability Forum, Skills and Life Centres) and local disability for a will include, but limited to:

National Department Mainstreaming Forum:

- Comprises representatives from all the Department's programmes and sub-programmes

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- Convened and hosted by the Directorate: Services to Persons with disabilities.
- Promote and co-ordinate mainstreaming by all the Department's programmes and sub-programmes.
- Ensure collaboration and synergy in the implementation of services as well as guiding and directing the process of ensuring that services reach the designated individuals with disabilities, their families and their communities.
- Ad-hoc structures for specific strategic areas e.g., children, victim support and family services.

Research, Monitoring and Evaluation Forum:

- Comprises of the national departments and provincial M & E staff representatives as well as representatives of academic institutions, NGOs and DPOs.
- Development of research agendas, disability mainstreaming and disability performanceand service delivery indicators.

Provincial Level: Provincial Mainstreaming Forum includes same membership and function as the national forum and involves the development of a provincial integrated operational plan for implementation activities.

Local Level: Local Mainstreaming Forum: Same membership and function as the provincial forum.

Table 2: Types of Management and Implementation Structures

NATIONAL LEVEL	PROVINCIAL LEVEL	LOCAL LEVEL
National Disability Forum: Comprises national and provincial Department Disability Coordinators. Develop and facilitate implementation of social development services policies for persons withdisabilities. Identify gaps in service delivery and develop strategies to address these.	Provincial Disability Forum: Comprises representatives from the disability sector, DPOs, NGOs and other key social service Departments. Identify policy and service delivery gaps and develop recommendations to address these.	**Local Disability Forum: Same as theprovincial disability forum. Can send a representative to the Provincial Forum and/or forward them for intervention and resolution.**

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Ad-Hoc Multi-Sectoral forum: Comprises representatives from disability sector and other key social service Departments e.g. educationand health. Programme/Project basis asand when necessary.	Provincial Forum of Skills and Life Centres: Comprises representatives from skills and life centresand Department officials. Strengthen communication between Department and the centres, and amongst the centres. Share information and address common issues in all centres.	
Social Welfare Forum: Comprises national and provincial Departments' executive management. Strategically guide and oversee policy and programme implementation.		

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CHAPTER 5: SITUATION ANALYSIS AND PROBLEM STATEMENT

a. International Perspective

More than a billion people are estimated to live with some form of disability, or about 15% of the world's population, with a higher prevalence in lower-income countries than in higher-income countries.

Patterns of disability in a particular country are influenced by trends in health conditions, and environmental and other factors such as road traffic crashes, natural disasters, conflict, diet and substance abuse. African countries face a "double burden" of disease whereby they continue to experience significant effects from infectious diseases such as HIV, malaria, polio leprosy and trachoma while also experiencing the effects of an increasing prevalence of chronic diseases.

Disability disproportionately affects vulnerable populations whereby people from the poorest wealth quintile, women and older people have a higher prevalence of disability. For example, in South Africa in 2001, 18.6% of the population with a disability were under 65 years and 81.4% were above this age17.

In Africa the estimated prevalence of moderate and severe disability is 15.3% of the population which equates to roughly 151 million people18. However, according to Africa Disability Alliance (ADA), Africa has an estimated 84 million persons with disabilities.19

b. Statistical review

Mainstreaming disability in society has been well articulated at global, regional and national levels. It is widely recognised that such efforts can only be realised if statistics on disability prevalence, patterns and levels are availed at all levels of society. Disability statistics provide the basis for measuring progress in realising the rights of persons with disabilities. In South Africa, current and future policies and interventions to ensure that persons with disabilities have equal access to education, employment and basic services require statistical evidence.20

Statistics South Africa (Stats SA), in 2014, published Report 03-01-59. Two measures were employed to profile disability prevalence and patterns based on the six functional domains, namely seeing, hearing, communication, remembering/concentrating, walking and self-care. These two measures were the degree of difficulty in a specific functional domain, and the disability index. The first measure presents disability statistics based on moderate to severe thresholds in a specific functional domain, and the second model combines some thresholds to categorise a person as either being

17 Ibid
18 WHO/World *Bank World Report on Disability* (2011)
http://unstats.un.org/unsd/demographic/products/dyb/dyb2008.htm
19 Africa Disability Alliance (2017) ARADI
20 Statistics South Africa, 2014, Census 2011: *Profile of persons with disabilities in South Africa / Report 03-01-59.*

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disabled or not21.

Disability prevalence by province

The findings show a national disability prevalence rate of 7,5%.

Province	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Western Cape	222 333	5,4	3 914 513	94,6	**4 136 846**	**100,0**
Eastern Cape	472 106	9,6	4 448 179	90,4	**4 920 285**	**100,0**
Northern Cape	92 731	11,0	747 310	89,0	**840 041**	**100,0**
Free State	234 738	11,1	1 888 869	89,0	**2 123 607**	**100,0**
KwaZulu-Natal	620 481	8,4	6 728 673	91,6	**7 349 154**	**100,0**
North West	254 333	10,0	2 285 298	90,0	**2 539 631**	**100,0**
Gauteng	485 331	5,3	8 627 419	94,7	**9 112 750**	**100,0**
Mpumalanga	205 280	7,0	2 727 519	93,0	**2 932 799**	**100,0**
Limpopo	282 797	6,9	3 846 966	93,2	**4 129 763**	**100,0**
South Africa	**2 870 130**	**7,5**	**35 214 746**	**92,5**	**38 084 876**	**100,0**

(Source: Stats SA)22

Disability prevalence by sex

Both measures of disability (disability index and degree of difficulty measures) show noticeable sex variations. The index shows that disability is more prevalent among females compared to males (8,3% and 6,5% respectively).

Sex	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Male	1 188 059	6,5	16 998 903	93,5	**18 186 962**	**100,0**
Female	1 682 071	8,5	18 215 843	91,5	**19 897 914**	**100,0**
Total	**2 870 130**	**7,5**	**35 214 746**	**92,5**	**38 084 876**	**100,0**

(Source: Stats SA)

Disability prevalence by population group

The population group profile shows that black Africans had the highest proportion of persons with disabilities (7,8%), followed by the white population group (6,5%). No variations were observed among the coloured and Indian/Asian population groups.

Population group	With disabilities		Without disabilities		Total
	N	%	N	%	N
Black African	2 381 668	7,8	27 978 293	92,2	30 359 961
Coloured	207 244	6,2	3 128 955	93,8	3 336 199
Indian	60 614	6,2	911 648	93,8	972 262
White	211 502	6,5	3 041 587	93,5	3 253 089
Other	9 102	5,6	154 263	94,4	163 365
Total	**2 870 130**	**7,5**	**35 214 746**	**92,5**	**38 084 876**

21 Statistics South Africa, 2014, Census 2011: *Profile of persons with disabilities in South Africa / Report 03-01-59.*
22 Ibid

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Degree of difficulty in the six functional domains of seeing, hearing, communicating, walking, remembering, and self-care

Analysis on the prevalence of a specific type of disability shows that 11% had seeing difficulties, 4,2% had cognitive difficulties (remembering/concentrating), 3,6% had hearing difficulties, and about 2% had communication, self-care and walking difficulties. Therefore, seeing difficulties are the most prevalent difficulties, although the majority had mild difficulty (9,3%).

Number and percentage distribution of persons aged 5 years and older by type and degree of difficulty and sex

Type of difficulty	Sex and degree of difficulty (numbers and percentage)										
	Sex	**None**	**Mild difficulty**	**Severe difficulty**	**Do not know**	**Total**	**None**	**Mild difficulty**	**Severe difficulty**	**Do not know**	**Total**
Seeing	Male	19 293 437	1 604 318	279 553	11 460	**21 188 768**	91,1	7,6	1,3	0,1	**100**
	Female	19 771 350	2 481 581	458 526	11 912	**22 723 368**	87,0	10,9	2,0	0,1	**100**
	Total	**39 064 787**	**4 085 898**	**738 079**	**23 372**	**43 912 136**	**89,0**	**9,3**	**1,7**	**0,1**	**100**
Hearing	Male	20 461 507	545 433	127 271	10 179	**21 144 389**	96,8	2,6	0,6	0,0	**100**
	Female	21 796 259	706 475	161 098	10 613	**22 674 444**	96,1	3,1	0,7	0,0	**100**
	Total	**42 257 767**	**1 251 907**	**288 369**	**20 791**	**43 818 834**	**96,4**	**2,9**	**0,7**	**0,0**	**100**
Communication	Male	20 756 600	225 018	97 450	10 850	**21 089 918**	98,4	1,1	0,5	0,1	**100**
	Female	22 258 298	248 432	93 832	11 015	**22 611 576**	98,4	1,1	0,4	0,0	**100**
	Total	**43 014 898**	**473 450**	**191 282**	**21 864**	**43 701 494**	**98,4**	**1,1**	**0,4**	**0,1**	**100,0**
Walking/ climbing stairs	Male	20 559 261	426 317	172 044	7 836	**21 165 458**	97,1	2,0	0,8	0,0	**100**
	Female	21 759 194	673 818	251 135	8 504	**22 692 651**	95,9	3,0	1,1	0,0	**100**
	Total	**42 318 455**	**1 100 135**	**423 179**	**16 340**	**43 858 109**	**96,5**	**2,5**	**1,0**	**0,0**	**100**
Remembering/ concentrating	Male	20 343 787	570 561	187 095	18 470	**21 119 914**	96,3	2,7	0,9	0,1	**100**
	Female	21 522 772	834 537	269 084	17 224	**22 643 617**	95,1	3,7	1,2	0,1	**100**
	Total	**41 866 559**	**1 405 098**	**456 179**	**35 694**	**43 763 530**	**95,7**	**3,2**	**1,0**	**0,1**	**100**
Self-care	Male	19 877 403	389 097	288 597	31 756	**20 586 852**	96,6	1,9	1,4	0,2	**100**
	Female	21 326 855	448 266	300 273	31 408	**22 106 801**	96,5	2,0	1,4	0,1	**100**
	Total	**41 204 257**	**837 363**	**588 869**	**63 164**	**42 693 653**	**96,5**	**2,0**	**1,4**	**0,1**	**100**

(Source: Stats SA)23

23 Ibid

Disability and Employment

With regards to Disability and employment, Stats SA reported that there was low labour market absorption of persons with disabilities. The degree of difficulty is related to economic participation, with increased difficulty being associated with a decrease in labour market participation. In five of the six functional domains, employment levels were highest among persons with no difficulty and lowest among persons with severe difficulties across the provinces. Employment levels are higher for persons with sight disability compared with other disability types.24

The severity of difficulty greatly **impacts on economic outcomes pertaining to employment**, and different population groups are affected differently. The white population group had the highest proportions employed persons, while the black African population group had the lowest proportions across all functional domains and degrees of difficulty. **Females were more marginalised in terms of employment compared to males.**

The profile of not economically active persons shows that the black African population group had the highest prevalence, particularly amongst persons with disabilities (12,5% for those with disabilities and 10,7% for able-bodied persons). Provincial profiles show that Eastern Cape and KwaZulu-Natal had the highest proportions of not economically active persons with a disability (19,1% and 15,3%).

Disability and income

Linked to employment is income, which in turn determines the welfare of individuals and their households. Generally, **persons without disabilities earn a higher income than persons with disabilities.** Among persons with disabilities, disability severity and type of disability determines one's income. Persons with sight disabilities earn more income compared to persons with other types of disabilities. Sex variations in earnings show that male persons without disabilities earn a higher income compared to persons with disabilities. Among persons with disabilities, males earn double what females earn, regardless of the degree of difficulty.

Disability and access to housing and basic services

- The proportion of households in traditional dwellings headed by persons with disabilities is two times higher than that for households headed by persons without a disability (15,3% and 7% respectively).
- More than half (55,4%) of households headed by persons with disabilities lived in dwellings owned and fully paid off, about one in five (20,6%) lived in occupied rent-free dwellings, while about 12% lived in rented dwellings.
- Results show that households headed by persons with disabilities living in formal dwellings were about 3% lower than those headed by persons without disabilities. The proportion of households headed by persons with disabilities living in traditional dwellings was two times higher than that for households headed by persons without disabilities (15,3% and 7% respectively).

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24 Ibid

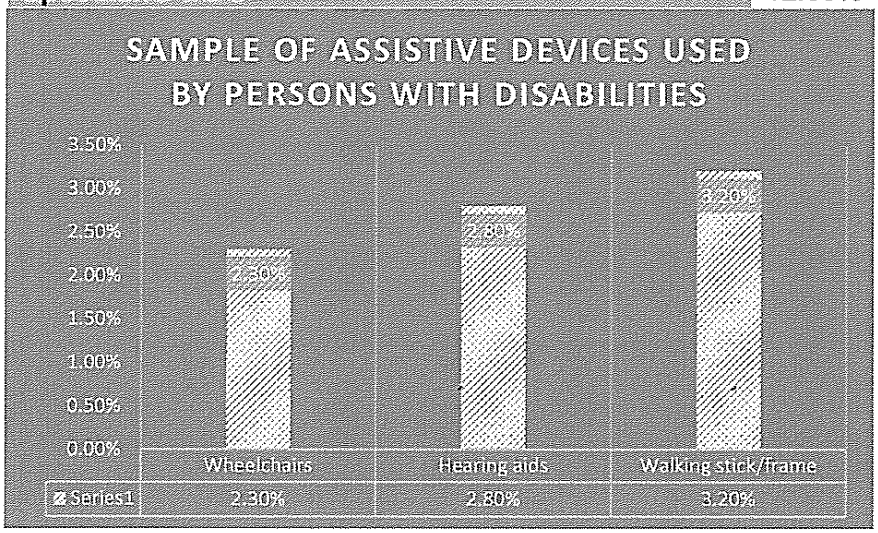
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Access to Assistive Devices

In terms of access to assistive devices (see Definition's part of this Policy), the Stats SA states that white persons with disabilities and persons with disabilities living in urban areas have more access to assistive devices than Black Africans and those living in rural areas.

The Report also states that:

Spectacles	
Spectacles- Females	15.50%
Spectacles-Male	12.50%



Use of Spectacles by Race- Persons with Disabilities	**%**
White persons	46.80%
Black African	9%

Social Security for Persons with Disabilities

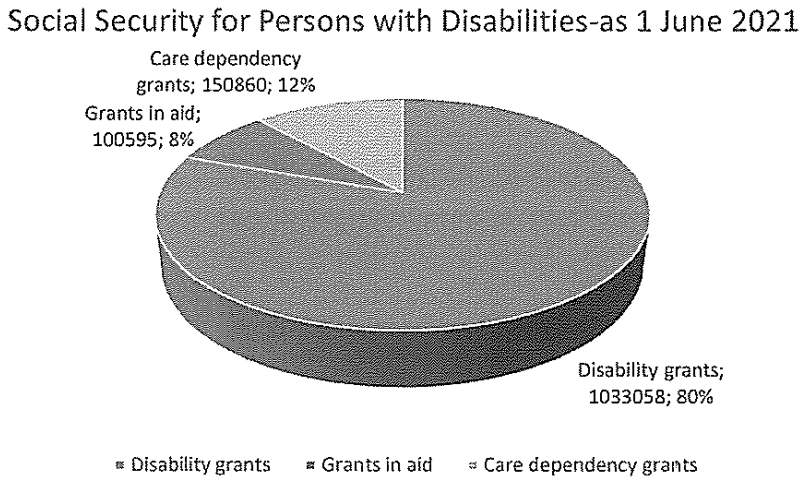
As at 1 June 2021, the South African Social Services (SASSA) paid the following grant types to the respective beneficiaries throughout the country:

a. 1 033 058 disability grants for temporary and permanent disability.

b. 272 063 Grants in aid to older persons and persons with disabilities who require regular support from another person. Of this number, 100 595 are paid to people with disabilities.

c. 150 860 care dependency grants to care givers of children with permanent disabilities.

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KwaZulu-Natal has the highest number of beneficiaries of disability grants (222 567), followed by Eastern Cape (178 188), Western Cape (144 553) and Gauteng Province (120 360). The Northern Cape has the lowest number of beneficiaries of disability grants (50 743). The Free State has 76 866 beneficiaries of disability grants, while North West has 64 806. Mpumalanga Province has 75 455 beneficiaries and the Limpopo Province has 99 520.

The Department's 2009 Strategy for the Integration of Services for Children with Disabilities states that a high number of children with disabilities do not receive care dependency grants, although they may technically be eligible for these grants through the financial means test.

c. Different Stages of their Life Cycle: From Childhood to Adulthood

This policy recognises the unique situations of persons with disabilities across different stages of their life cycle. In the earliest stage of life, young children need nurturing care in the form of health, nutrition, security and safety, responsive caregiving and early learning[6]. Parents and care-givers of children with disabilities – particularly teenage mothers – need high levelsof support to enable them to provide such nurturing care for their children, often in the face of negative cultural and religious beliefs about disability.

During childhood and adolescence, there is a need to ensure access to quality education including sexuality education for adolescents for learners with disabilities and to address barriers to learning that they experience. During adulthood, persons with disabilities look towards increased decision-makingresponsibilities and participation in livelihoods. Old age is associated with higher levels of functional impairment in comparison withother phases of the life course[7].

Children with mental, neurodevelopmental, physical, and sensory disabilities are discriminated against and denied opportunities such as access to education, recreation and public transport.

Some disabilities prevalent amongst children are the result of poverty and preventable

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diseases such as measles, alcohol and drug abuse, or injuries sustained as a result of political violence. Black children living in rural areas or in informal settlements are the most vulnerable to disablement of this nature.

Facilities for early detection and diagnosis, treatment and support, are inadequate, especially in rural areas. Inadequate facilities inevitably lead to an increase in both the extent and the severity of disablement. Services are characterised by fragmentation, duplication and inefficiency.

There are inadequate support facilities to assist families to keep more severely disabled children in the home environment for as long as possible. There is a shortage of inclusive education preschool information on service provision and the care of children with disabilities.

Measuring child disability is difficult because their evolving characteristics make it difficult to assess the impact of limitations from variations in normal developmental processes and the environment. Because South Africa does not have a standard and nationally accepted measuring tool, Stats SA has used various approaches to disability measurements in its censuses and national household surveys.

The 2008 General Household Survey (GHS) reported the prevalence of 254 000 children with disabilities, the 2009 GHS classified nearly 2.1 million children as disabled, and the Census 2001 reflects a figure of 436 000. Prevalence is also reportedly higher amongst males (2.6%) than females (2.4%). At least 28% of the 2009 figure of 2.1 million were between 0-4 years of age and 10% were in the 5-9 years age group. The 1999 National Disability Survey conducted by the Department of Health showed the prevalence of disability amongst children as 1.6% in the 1-5 years age group, 3.2% in the 6-10 years age group and 4.5% amongst the 11-15 yearsage group.

According to the Department & United Nations Children's Fund (UNICEF) 2012 Situational Analysis report of Children with Disabilities, the following disparities exist in the prevalence of child disability:

i. There are significant variances across provinces;
ii. 2.7% children in rural areas and 2.3% in urban areas were reported to have some form of serious disability;
iii. Prevalence was highest among Black African children (2.6%) and lowest among Indian/Asian children (1.6%);
iv. Prevalence of reported disability among children decreases as levels of parental education increase;
v. Orphaned children appear to be more likely to have disabilities than non-orphaned children. Reported disability stood at 3.9 percent among children who had lost bothparents and 3.2 percent among children who had lost one parent, compared to 2.4percent among non-orphaned children;
vi. Children living in institutions or on the streets are much more likely to be reported as having some form of serious disability than children living in households;
vii. 23% of all disabled children were reported to be blind or to have a severe visual limitation, 21% as being deaf or profoundly hard of hearing, 10% as having behavioural or psychological disabilities, and 5% as having speech impairment.
viii. 10% of children were reported to have multiple disabilities, with 7% reporting two disabilities, and just 3% reporting three or more.

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d. Problem Analysis

The Department's programmes and services have been developed to address the following challenges experienced by persons with disabilities:

- The majority of persons with disabilities are still exposed to restrictive environments and barriers that continue to marginalise and exclude them from mainstream society and its socialand economic activities;
- Historical factors on lack of access to educational opportunities;
- Overwhelming majority of persons with disabilities in South Africa's rural and urban areas are extremely poor;
- Various policies are not translated into legislation that can legally bind duty-bearers implementation of programmes and ensure compliance by all sectors of society;
- Services are not standardised, adequately funded and monitored;
- Lack of protection programmes that are responsive to the needs of persons with disabilities,continuous challenge of being trapped in poverty;
- The general lack of capacity and resources within government, and amongst civil society organizations, to translate policies into implementable programmes;
- Lack of focus on children, youth, women and older persons with disabilities.
- Exclusion from access to productive resources and inequality.
- Inability to contribute to decision making; to take decisions, act upon and influence the development process in key areas affecting their lives.
- Lack of access to basic, quality and human-rights-oriented social development services.
- Vulnerability to natural disasters, for example, COVID 19 pandemic.
- Exclusion from opportunities to have democratic governance; transparency, equity,proper justice, security, participation and access to working institutions.
- Limited capacity to utilise existing resources.
- Lack of knowledge about appropriate assistive technology25 and devices.

25 Includes assistive, adaptive, rehabilitative devices/ services for persons with disabilities, which enable them to attain independence.

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Some persons with disabilities face **compounded marginalisation due to** severe exclusion and barriers that exacerbate their situation and further alienate them from achieving a sense of well-being, and an improved quality of life equal to others. They face unequal and unjust socio-economic conditions that are compounded by negative attitudes towards and exclusion as equal citizens in all aspects of social and economic life.

The persistent negative impact of poverty on persons with disabilities, as well as compounded marginalisation experienced by some groups within the broader group of persons with disabilities, cuts across all the areas below.

The key challenges and problems that this policy intends to address are analysed in Table 3 below and analysed through the following themes:

1. Policy & Legislation
2. Programmes & Projects
3. Capacity & Resources
4. Research, Monitoring and
5. Evaluation.

Table 3: Key Challenges/Problems that this Policy intends to Address

Policy & Legislation	Programmes & Projects	Capacity & Resources	Research, Monitoring and Evaluation
Lack of compliance with the concept and principles of universal design to ensure accessibility.	Lack of family-focused interventions that would address specific needs of children, youth, women and older persons with disabilities.	Inadequate resourcing (financial and human) for provision of social service programmes and projects to persons with disabilities.	**Insufficient research and data on the prevalence and quality of life of persons with disabilities.** Lack of coordination between disability researchers and other stakeholders which results in gaps between research findings and implementation of research into evidence informed policies

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Lack of legislation that would ensure compliance regarding the provision of social development services to persons with disabilities	Slow pace of inclusion of persons with disabilities into family and community life.	Inadequate financial and human resource capacity to enable disability mainstreaming.	**Limited monitoring/ evaluation of the implementation and impact.**
Lack of standardised norms, standards and assessment mechanisms for the provision of social development services to persons with disabilities.	Insufficient coordination, collaboration, and co-operation between all key role players from all sectors of society resulting in fragmented, duplicated and inefficient services. Lack of assistive products/technology is key among others.	Lack of knowledge and understanding of the specific needs and support thereof, amongst family members and care- givers of persons with disabilities.	**Lack of a tracking system to ensure persons with disabilities are receiving social development services.**
Lack of access to professional assessments resulting in delays in appropriate placement of persons with disabilities requiring services. **Insufficient coordination and cohesion between different assessment tools and processes of the DoH, DBE and the Department.**	Insufficient coordination, collaboration, and co-operation between all key role players from all sectors of society resulting in fragmented, duplicated and inefficient services.	Lack of standardised assessment to determine the implementation and support capabilities of DPOs and NGOs	

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Lack of research and bench-marking to inform the development of disability policies and responsive programmes.	Lack of focus on the increased vulnerability of the girl child and women with disabilities to violence and abuse	Lack of capacity within the Department and NGOs to translate policies into implementable programmes.
Lack of appropriate measures to protect the mental health of persons with disabilities.	**Continued marginalisation and inaccessible homes, community facilities and old age homes for older persons with disabilities.**	**Lack of capacity within the Department and NGOs to translate policies into implementable programmes.**

Inadequate integrated disability assessment tool.	Lack of public awareness and communication on the social development services provided to persons with disabilities	Lack of co-ordination and collaboration between sectors and Departments, leading to fragmentation and/or duplication and/or lack of coherence of services to persons with disabilities.
	Inadequate facilities for the early detection, diagnosis, treatment and support, especially in rural areas, for children with disabilities.	
	Shortage of day care facilities for severely disabled children.	
	Lack of inclusive, appropriate, accessible ECD services for children with disabilities.	

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CHAPTER 6: VISION, MISSION, PURPOSE AND OBJECTIVES

a. Vision

The **vision** of the Policy is to provide **services to persons with disabilities in an inclusive and equitable society within a human-rights-based society**.

b. Mission

The **mission** of the policy is **to ensure that persons with disabilities access services in integrated, coordinated programming within the Branch welfare services, as well as disability specific services.**

c. The Overall Purpose of the Policy is:

To improve the overall quality of the lives of persons with disabilities through the provision of human-rights-based social development services.

d. Strategic Objectives of the Policy

The two (2) Strategic Outcome-Oriented Objectives of the Policy are:

Strategic Objective 1:
Persons with disabilities continually receive responsive disability specific social development services.

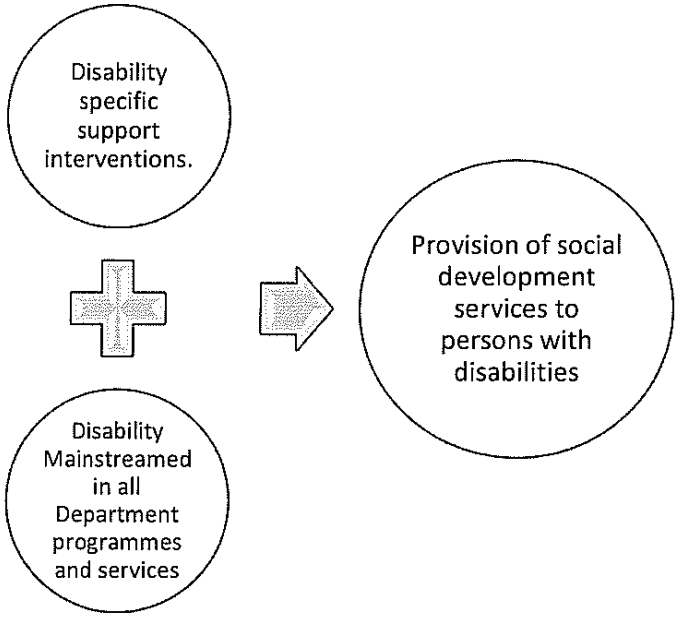
Strategic Objective 2:

Disability is continually mainstreamed in all Departmental programmes and services.

1. Directing the mainstreaming of disability in all the social service policies, programmes and projects of the Department. The programmes and services of the Department are reflected in the following Diagram 3.

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Diagram 3: Dual Role of the Department's Directorate: Services to Persons with Disabilities



One role is to develop, implement, monitor, evaluate and report on disability specific interventions. The other is to advise and guide all Department programmes and sub-programmes on the mainstreaming of disability in all their social development services interventions. Through both these roles, the Directorate will contribute to the development of a social protection floor26 that is inclusive of the needs and rights of persons with disabilities, including what is needed to enable people to develop their capabilities.

In recognition of the fact that persons with disabilities do not constitute a homogeneous group and thus do not have the same needs and concerns, the following pertinent diversities and intersectionality amongst persons with disabilities will be assimilated into all actions linked to the strategic objectives:

- social and economic conditions and status,
- age-dependent needs and concerns (children, youth, adults and older persons),
- geographic location (rural, urban, semi-urban),
- gender,
- sexual orientation, and
- cultural backgrounds.
- social and economic conditions and status,
- age-dependent needs and concerns (children, youth, adults and older persons),
- geographic location (rural, urban, semi-urban),
- gender,

26 As defined in the NDP, a social protection floor is a level below which no person should live including what is needed to enable people to develop their capabilities

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- sexual orientation, and
- cultural backgrounds.

Lastly, the objectives incorporate the directives in the WPRPD that are applicable ONLY to the provision of social development services to persons with disabilities.

These directives are contained in the following Table 4.

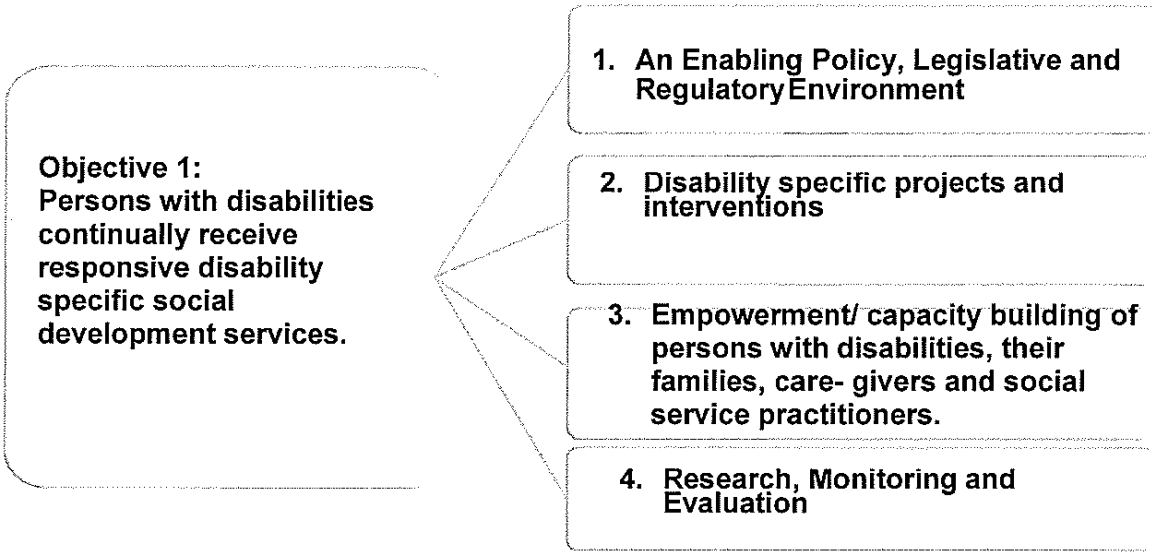
Table 4: WPRPD Directives applicable to the Provision of Social Development Services to Persons with Disabilities

WPRPD PILLARS	WPRPD FOCUS AREAS
Pillar 1 – Removing barriers to access and participation	Reasonable Accommodation Measures
Pillar 2 – Protecting the Rights of Persons at risk of Compounded Marginalisation	The right to life
	Freedom from torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse
Pillar 3 - Supporting Sustainable Integrated Community Life	Building socially cohesive communities and neighbourhoods
	Building and supporting families
	Access to community-based services supporting independent living
Pillar 4 – Promoting and Supporting Empowerment of Persons with Disabilities	Social Integration Support and life skills for independent living
	Access to health and lifestyle support
	Supported decision-making
Pillar 5 – Reducing Economic Vulnerability and Releasing Human Capital	Disability, poverty, development and human rights
Pillar 6 – Strengthening the Representative Voice of Persons with Disabilities	Strengthening access and participation through self-representation
	Strengthening the diversity and capacity of DPOs and self-advocacy programmes
	Public participation and consultation
Pillar 7 – Building a Disability Equitable State Machinery	Disability equitable planning, budgeting and service delivery
	Disability equitable evidence informing policy and programme development (Monitoring, evaluation, reporting, research, data and statistics)
	Capacity building and training

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Strategic Objective 1 will be achieved through four (4) strategic focus areas as illustrated in the following Diagram 4:

Diagram 4: Focus Areas of Objective 1



The diagram shows Objective 1 (Persons with disabilities continually receive responsive disability specific social development services) linked to four focus areas: 1. An Enabling Policy, Legislative and Regulatory Environment; 2. Disability specific projects and interventions 3. Empowerment/ capacity building of persons with disabilities, their families, care- givers and social service practitioners and 4. Research, Monitoring and Evaluation.

The following diagram 5 below shows focus areas, the distinctive interventions and outcomes that the Directorate will develop, implement, monitor and evaluate in respect of each focus area.

Strategic Objective 2:

Disability is continually mainstreamed in all Departmental programmes and services

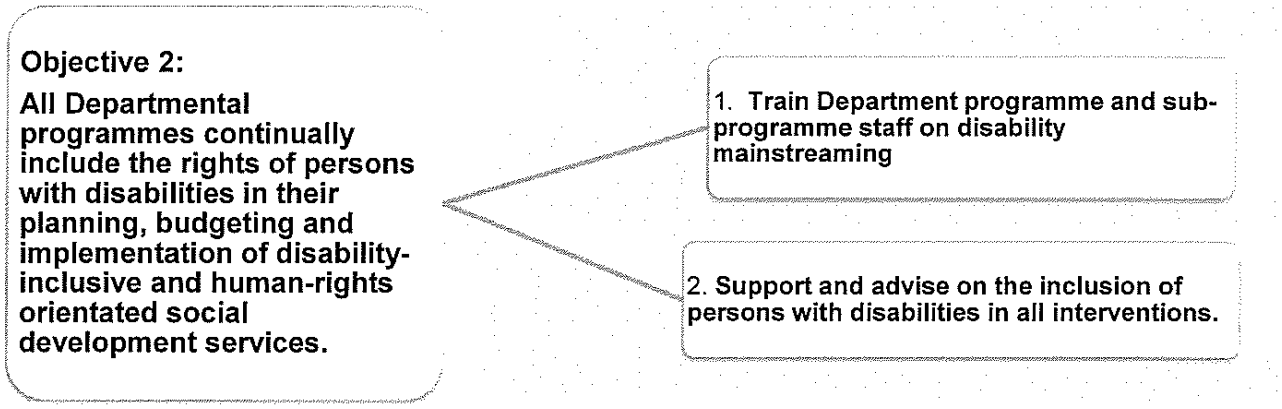
This objective relates to the role of the Directorate in building the capacity of all the Department's line function units in the mainstreaming of disability in all their policies, programmes, projects and budgets. Such advice and guidance are essential in that it supports functional responsibilities of the line function units, the core work and services provided by the Department. The Policy is built on a model that includes multiple layers of capacity within the line function units of the Department of Social Development (DSD). The capacity-building includes multiple approaches as defined in Chapter 1, including the two focus areas illustrated in the Diagram 5 below.

Within the Department, the Disability Directorate and its operational environment are situations where there are limited resources thus, necessitating the need to build on

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the capacity that exists and to utilise and strengthen existing capacities, rather than to start from scratch.

Diagram 5: Focus of Objective 2.



The diagram shows Objective 2 (All Departmental programmes continually include the rights of persons with disabilities in their planning, budgeting and implementation of disability-inclusive and human-rights orientated social development services) linked to 2 focus areas 1. Train Department programme and sub-programme staff on disability mainstreaming and 2. Support and advise on the inclusion of persons with disabilities in all interventions

The services of the Directorate to achieve this objective will include:

- Participating in the strategic/annual performance planning sessions of Welfare Services / its programmes/sub-programmes to advise on opportunities for disability mainstreaming and inclusion at the planning stage; developing guidelines that can be used by all the Department's programmes/sub-programmes of the Department, on how to mainstream disability and/or how to develop appropriate/responsive disability specific interventions.

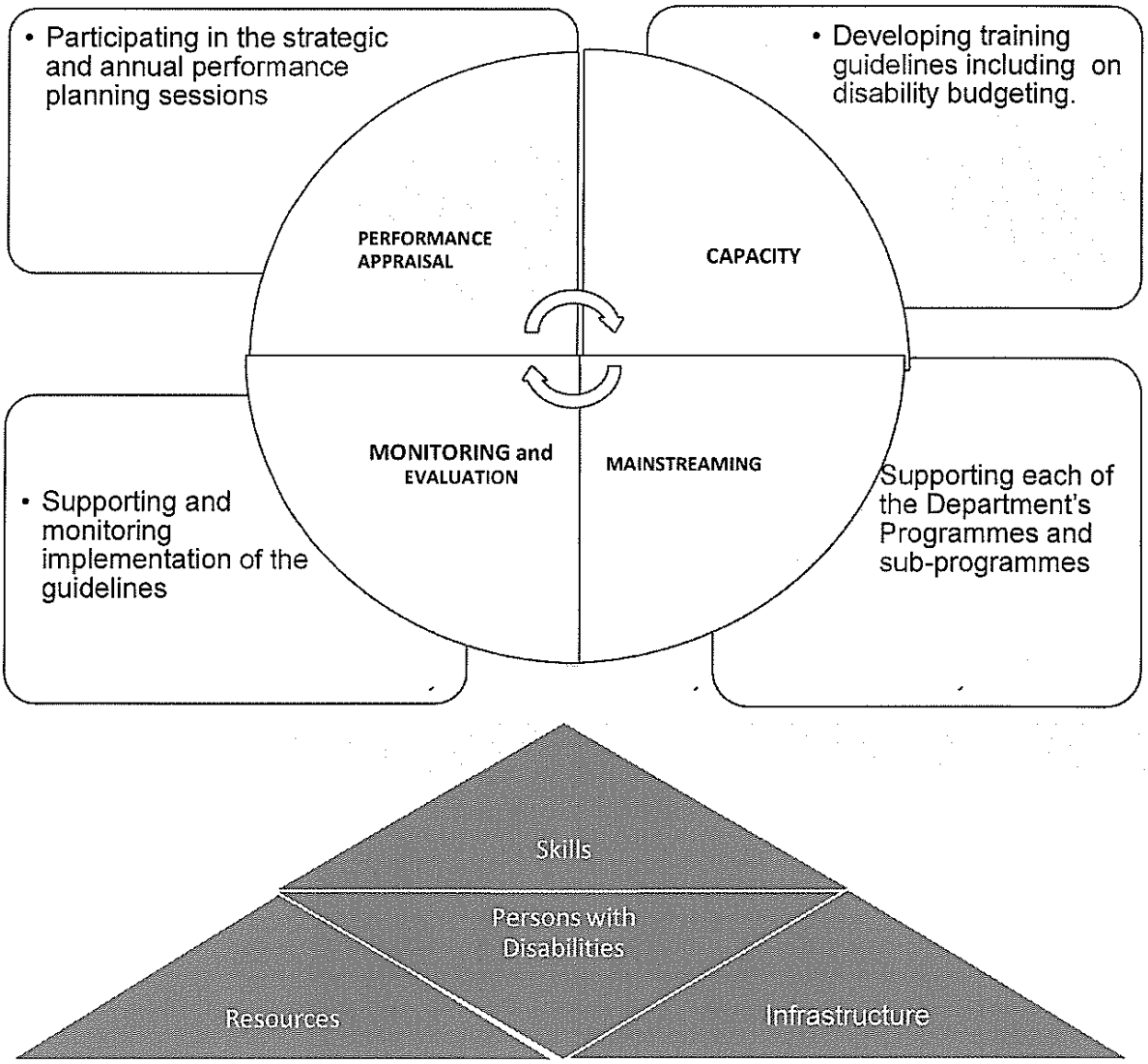
- Training at least one member of staff of each Department programme and sub-programme in using the above-mentioned guidelines and generally supporting each of the Department's Programmes/sub-programmes to implement/monitor the guidelines.

In conjunction with the Chief Financial Officer's (CFO's) Office: develop/implement disability budgeting guidelines and train at least two staff members from the CFO'S office and all project managers in effective use of the guidelines.

The Department's Research, Monitoring and Evaluation Directorates, will facilitate the development and training of all staff in the research guidelines/service delivery indicators for all social development services provided to persons with disabilities. The Directorate's services are reflected in Diagram 6.

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Diagram 6: The Directorate's Services



The diagram 6 is a cycle matrix with the title *The Directorate's Services*. The diagram is divided into four segments (each with capacity with light blue background and grey rectangle with the text: Developing training guidelines including on disability budgeting), mainstreaming (with pink background and a rectangle with text: Supporting each of the Department's Programmes and sub-programmes), monitoring and evaluation (yellow background and rectangle with text Supporting and monitoring implementation of the guidelines), performance appraisal with brownish background and a rectangle with text: Participating in the strategic and annual performance planning sessions).

The cycle matrix is nestled on a triangular graphic, that is divided into four parts (the top apex has text: Skills, base left has text: Resources and base right has text: Infrastructure and the centre has text: persons with disabilities.)

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Using the Victim Empowerment Services Unit of the Department as an example, Diagram 7 illustrates how capacity development work will be accomplished.

Diagram 7: Mainstreaming Disability in all line function units of the Department: Example of Victim Empowerment Services

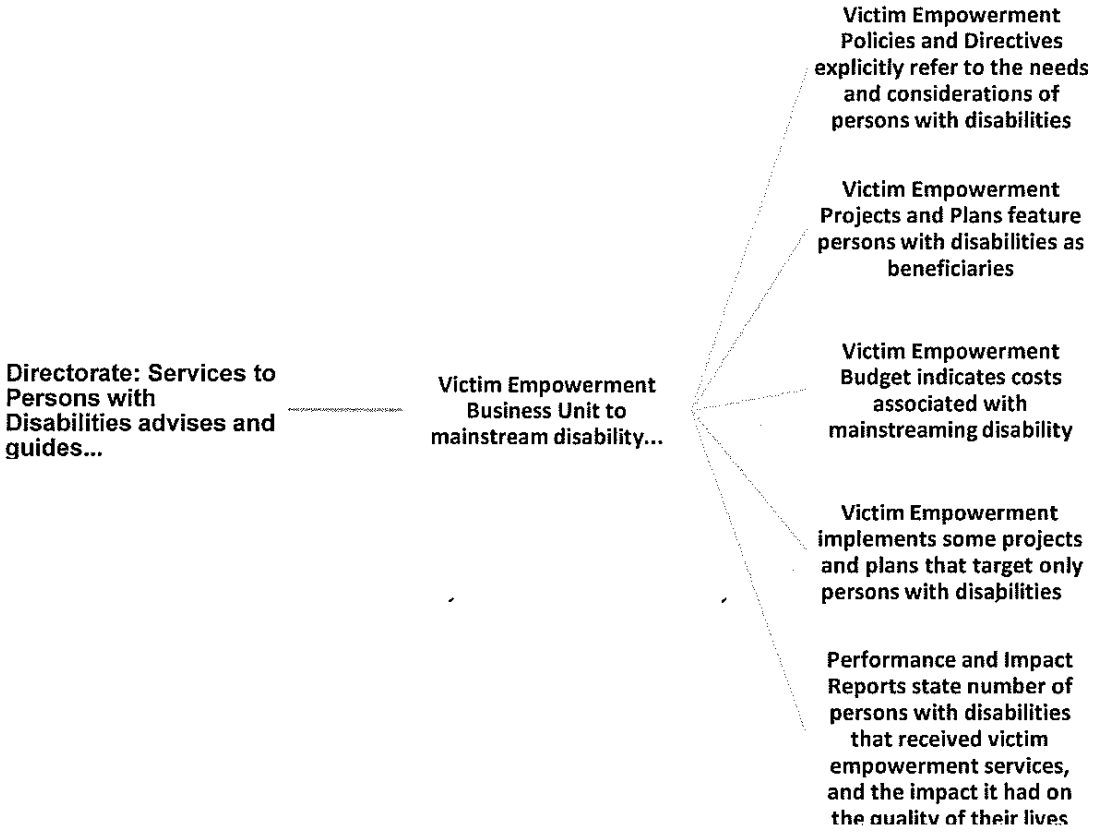


Diagram 7: Mainstreaming Disability in all line function units of the Department: Example of Victim Empowerment Services *has text boxes flowing from the left to the right. The first text box has the text Directorate: Services to Persons with Disabilities advises and guides which is linked to a second text box for Victim Empowerment Business Unit to mainstream disability. The second text box is linked to four other text boxes with the following text:*
Textbox 3: Victim Empowerment: Policies and Directives explicitly refer to the needs and considerations of persons with disabilities;
Text Box 4: Victim Empowerment: Projects and Plans feature persons with disabilities as beneficiaries;
Text Box 5: Victim Empowerment: Budget indicates costs associated with mainstreaming disability;
Text Box 6: Victim Empowerment implements some projects and plans that target only persons with disabilities; and
Text box 7: Performance and Impact Reports state number of persons with disabilities that received victim empowerment services, and the impact it had on the quality of their lives.

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CHAPTER 7: PROGRAMMES AND RESOURCES FOR PERSONS WITH DISABILITIES

A. Overview on programmes and resources

Programmes, as well as key issues for resource allocations in order to translate policy intent to practice are summarised in this chapter with details in the Implementation Plan (Annexure B), providing a multi-sectoral programming framework to ensure provision of quality services to persons with disabilities.

The current services to persons with disabilities present with several gaps, challenges and weaknesses which should be addressed through the following:

- Development of national norms and standards in order to define the acceptable levels of services for provision, monitoring and evaluation of services.
- sufficient and appropriate resource allocation for efficient and effective service provision.
- inter-sectoral, intra and inter-departmental collaboration and commitment of role players to ensure an integrated, coordinated and holistic implementation of these services.

The Policy premise adopted is that vulnerability of persons with disabilities should take into consideration chronological versus developmental age, the required level of support for the specific needs of those in the under resourced areas, displaced persons, persons with albinism, epilepsy, intellectual disabilities, neuro-developmental disabilities, multiple disabilities, persons who are deaf, the blind, as well as deaf-blind and homeless persons, amongst others. This premise cannot be emphasized enough.

All services are rendered according to the following levels of intervention:
Prevention Services focus on preventing and reducing the risk of secondary disability throughout the life cycle of persons with disabilities or the incidence of childhood disability, including acquired disabilities.

Early Intervention (non-statutory) ***Services*** ensure that those identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

Statutory Intervention/ Residential/ Alternative Care Services may include supporting a person who has high level support needs from a community and providing the person with alternative care.

Reunification and Aftercare Services are aimed at reintegrating the person back into their families and communities, providing support and care services/ respite care/ social and life skills community centres (protective workshops)/ services to children with disabilities, amongst others. These levels are depicted through the following diagram 8:

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Diagram 8: Integrated Service Delivery Model (ISDM)

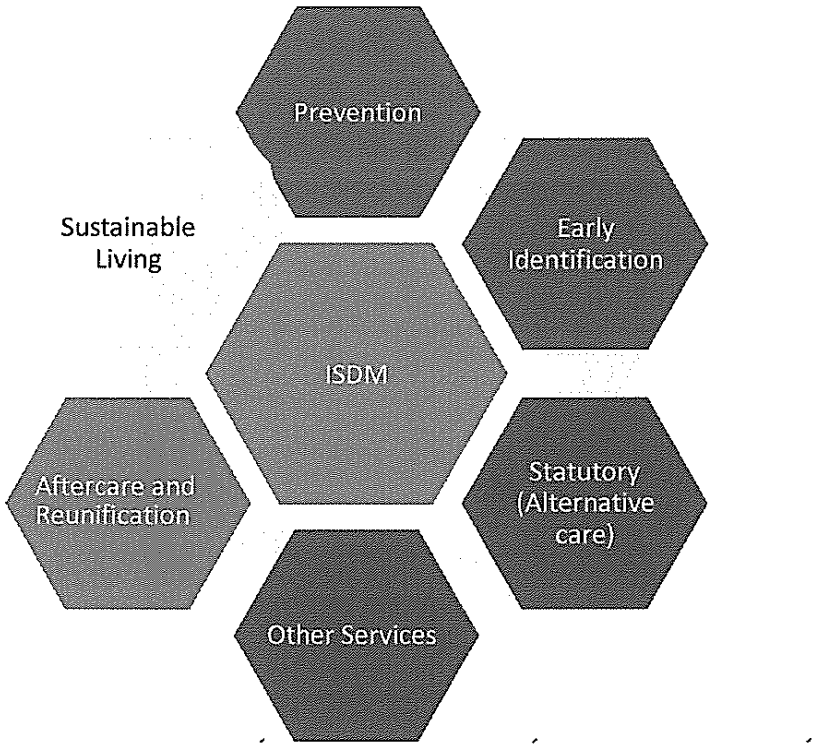


Diagram 8 has the shape of a hexagon (6 sides) with ISDM at the centre and linked to six other hexagons flowing from right to left clockwise. The six attached hexagons have the following text: Top (12 position) prevention, position 10 o'clock early identification, 25 past the hour Statutory (Alternative Care), position half past 6 o'clock has other services, 20 to the hour has aftercare and reunification and position 10 to the hour Sustainable Living.

Persons with disabilities and their families that are at risk and vulnerable should be identified, screened, assessed and referred for further assessment, support and intervention by relevant service providers that include social workers, health care workers, educators and SASSA officials, amongst others.

B. Description of programmes

It is mandatory that the services and programs provided should be in compliance with DSD's mandate, policies and legislation, as well as all the other policies and legislation that inform service provision to persons with disabilities. This should also include any directives that DSD provides as part of its criteria and prerequisites for funding. The diagram 9 below depicts DSD services and programmes that should mainstream and include persons with disabilities.

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Diagram 9: DSD Services and Programmes for mainstreaming persons with disabilities

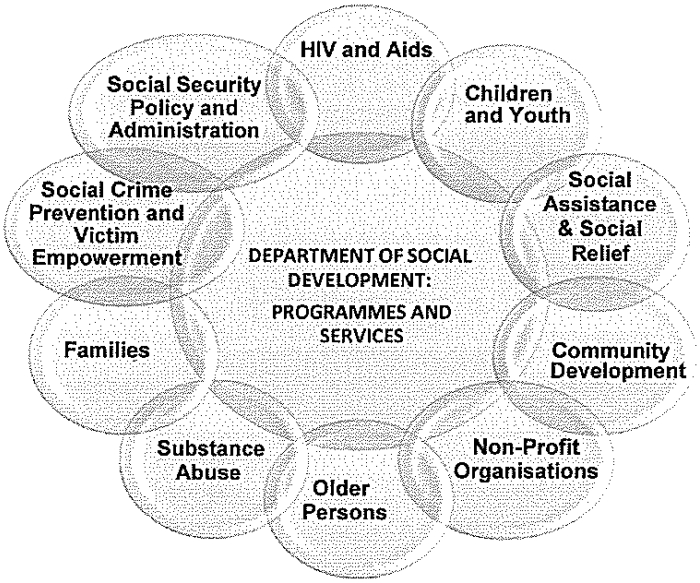


Diagram 9 shows DSD Services and Programmes for mainstreaming persons with disabilities with a light green background and brown circular bubbles. At the centre is the main circular bubble with text: department of social development: programmes and services. There are ten smaller circular bubbles with the following text in a clockwise direction: HIV/AIDS, children and youth, social assistance and relief, community development, non-profit organisations, older persons, substance abuse, families, social crime and victim empowerment, social security policy and administration.

The following section focuses on disability specific services facilitated by the Directorate: Services to Persons with Disabilities for implementation by provincial Departments of Social Development counterparts located in Welfare Services.

C. Family and Parental Support Programme

1. Family Support Sub-programme

This is a programme targeted at families aimed at family preservation and improving their well-being through accessible services, strengthening family relations, as well as empowerment through support, referral and treatment.

These services ensure that families can rebuild their capabilities with greater resilience over time through promoting families' well-being, as well as strengthening and supporting families, so that they are empowered to provide physical, emotional, psychological, financial, spiritual, communication, intellectual support and care for their members.

Whilst DSD services to families should be disability inclusive as reflected in Diagram 9, above is a list of additional sub-programmes specifically targeted to persons with disabilities and their families:

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2. Parental Support Sub-programme

Parents often seek out these programs to help them develop skills, learn problem-solving approaches, or receive support because of the challenges they face in carrying out the type of parenting they wish to provide. They recognize that their child's characteristics may demand special skills in addition to the general knowledge, attitudes, and practices needed by parents. This programme cuts across services discussed in this Chapter, for example, parents accessing protective workshops, respite care, etc. Detailed information is reflected below regarding Respite Care.

D. Respite Care Programme

Respite Care Programme is a family centred temporary relief partial care service for a primary caregiver/parent to take a much-needed short term-break and time-limited from the demands of caring for persons with disabilities or chronic illness. The service can be offered for a few hours, a week or for an extended vacation, to help ease the burden of family caregiving and help to relieve stress, restore energy, and promote balance in the caregiver and family's life. It can also prevent the caregiver from becoming exhausted, isolated, or even burned out.

The Respite care programme is aimed at optimizing developmental outcomes for the persons that need the service, inclusive of the primary caregiver through a continuum and integrated family and community-based services.

The models for respite care encompass In-and Out of Home services; Emergency; Flexible care and Specialized services. The Respite Care Services are always linked to and provided by a registered NGO.

The Respite care programme has a basket of services provided in an integrated and collaborative approach that include, but are not limited to the following basket of services:

- Rights of Persons with Disabilities
- Registration & Funding
- Collaboration with key stakeholders
- Support & Participation
- Provider Capacity Building
- CBR & Independent Living
- Family and Parental Programmes
- Therapeutic & Counselling Services

E. Programme to Children with disabilities

This programme is aimed at improving the quality of life of all children with disabilities by creating an enabling environment within which they can participate and access equitable, affordable and quality services as a prerequisite, achieve independent functioning, enjoy a full and decent quality of life in conditions which ensure dignity, promote self-reliance and active participation in society.

The early monitoring, tracking and referral system must be developed and implemented as a collaborative partnership between key departments and service

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providers through a multidisciplinary approach. Below are services where DSD is the lead department or should play a key role with other departments.

F. Child Protection services

Children's Act (Act 38 of 2005) is the primary legislation giving effect to the rights of children to protection from abuse and neglect, and to family care or appropriate alternative care when removed from the family environment. The Policy is guided by the Act and ensures that services are accessible to and meet the support needs of the diverse population of children with disabilities. This includes, but is not limited to:

- Partial Care Services (Day-care centres for children with disabilities);
- Alternative Care (Group foster care parents for children with disabilities);
- Provision of Early Childhood Development; and
- Empowerment of parents and caregivers.

G. Disability Rights Awareness and Advocacy Programme

This programme seeks to raise disability awareness and advocacy based on the social model of disability, in order to create an inclusive society, enhance the representative voice of persons with disabilities and instil positive societal behavioural changes.

H. Empowerment of Persons with Disabilities

Empowerment of persons with disabilities enables them to make their own decisions both individually and as a group, through gaining confidence and developing skills aimed at equal participation and an inclusive community. The empowerment and understanding of persons with disabilities as a first step towards their active participation is emphasized.

Empowerment process is implemented through the following three main phases:

Phase 1: Framework Design is a process that delineates steps to be followed in implementing disability mainstreaming for empowerment of persons with disabilities, for example, sensitizing stakeholders and selecting target area, amongst others. It sets the stage laying a foundation for the practical activities in Phase 2.

Phase 2: Empowerment of Persons with Disabilities is the "doing part" such as developing and implementing methodologies (self-representation, self-advocacy, peer counselling, developing change agents through social model of disability), amongst others.

Phase 3: Institutionalisation creates a sustainable mechanism ensuring that persons with disabilities remain empowered and part of mainstream society, culminating in continuous roll out of the programme.

I. Psycho-social support Programme

This programme is applicable to disability specific services such as residential facilities, social and life skills community centres (protective workshops) and mainstream services, for example, substance abuse, victim empowerment, disaster management,

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HIV/AIDS, and others. It is directed to persons with disabilities, their families, advocates and caregivers and takes place within their families, institutions, facilities and communities. The programmes seek to facilitate independence, socio-economic inclusion and self-sufficiency of persons with disabilities, their families, amongst others. This includes, but is not limited to, a range of social, educational, vocational, economic, behavioural and cognitive interventions designed to increase their psycho-social capacities for role performance and manifestation of their potential.

J. Programme on Social and Life Skills Community Centres (Protective Workshops)

This programme is a day care programme that can be accessed through community-based programme by persons with disabilities staying with their families, as well as service users in residential facilities. It seeks to provide holistic and comprehensive services to enable service users to achieve socio-economic benefits that will lead to fulfilment and satisfaction of their needs with particular focus on psycho-social support services, skills development and supported employment services. The aim of the programme is to improve and enhance the quality of life for persons with disabilities through socio-economic development programmes, full/ equal inclusion into mainstream society and economy.

These centres must provide accessible, developmental, holistic, integrated, inclusive services. These services should be responsive to the support needs and various levels of functioning and abilities of persons with disabilities. This will enable them to function optimally and to advance to a higher level of functioning, where possible.

Services in these centres include, but are not limited to the following:

- Awareness programmes, advocacy and education
- Counselling
- Psycho-social intervention services
- Health services
- Rehabilitation services
- Education/skills development
- Sport and recreational activities
- Economic empowerment services
- Linking persons with disabilities to job opportunities

K. Programme on Residential Facilities

Residential facilities have been established to provide services for persons with disabilities who are unable to live independently, making provision for the ultimate re-integration back to the community, where possible. However, the severity of the disabilities that some persons have necessitate permanent residential care.

As part of deinstitutionalisation, persons with disabilities have a choice to live independently in their homes in close proximity to amenities and services needed by the individual.

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L. Independent Living Programme

Independent Living/Supported Living Centres are registered Service NPOs that are owned/governed by persons with disabilities and provide high-level support services based on collective and individuals needs of persons with disabilities. These Centres are supported and funded by government.

The services provided in independent living/supported living centres include, but are not limited to:

- **Provision of accommodation** including accessible and supported housing and inclusive places.
- **Supportive services include:**
  - A barrier-free transport system.
  - Person centred technology.
  - Security services.
  - Emergency call systems in each resident's room.
  - Employment including self-employment.
  - Independent Living Skills.
  - Personalised care and support/ Personal Assistance Services, including Activities of Daily Living.
  - Meals as per needs of the residents.
  - Laundry assistance.
  - Cleaning services.
- Health services
- Outreach services

Services should include outreach to surrounding communities as per identified needs. Such outreach should include but not limited to: referrals for the provision assistive devices, food packages, subsidised transport, capacity and skills development to persons with disabilities.

M. Resources

Resourcing requirements for each disability specific service and mainstream programme vary and include, but are not limited to the following:

- Human resources and experts
- Infrastructure and equipment needs
- Training and Planning
- Monitoring and Evaluation
- Administration Costs

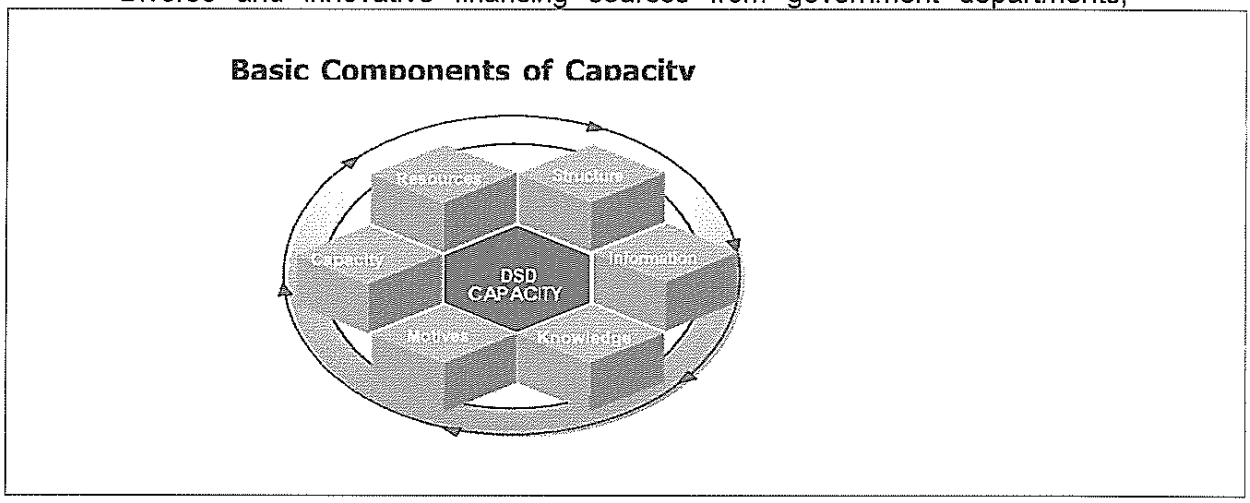
Effective implementation of this Policy calls for the development of strategies, programs and services, which require administrative support, technical assistance, the cooperation of key stakeholders at national, provincial and local level, as well as the allocation of the required resources for the realisation of the intended aim. The key resource requirements for the successful implementation of this Policy are as follows:

Financial resources require regulation, coordination and supporting funding mobilization that will provide responsive services to much needed quality services

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through the following:

- Development of flexible funding mechanisms
- Diverse and innovative financing sources from government departments,



development partners, amongst others

- Support and secure the mobilisation of sufficient resources for planning, delivery and monitoring of accessible services, provision of required infrastructure and human resources, and the effective management and coordination of this Policy.

In terms of **Human Resource capacity**, the following is required:

- Well-resourced and coordinated multi-sectoral personnel.
- Diverse, suitably trained, qualified and motivated personnel committed to implementation of this Policy.
- Persons who have an in-depth and fundamental understanding of the developmental approach to delivering disability-related services; the social model to addressing disability issues and the importance of mainstreaming disability.
- A management, leadership and supervision workforce fostering a positive culture, enabling environment, morale and energy in the delivery of accessible services.
- An educational platform of pre-service and in-service training and continuing professional development.

A CRPD-compliant and disability equitable budgeting model that will promote human dignity, empowerment and self-reliance is required, in order ensure that implementation of programmes and services within the Policy addresses the equality of outcomes of persons with disabilities.

Capacity building on social development services to persons with disabilities targeting DSD officials, NGOs, Community-based Organizations (CBOs) and Disabled People Organizations (DPOs).

Diagram 10: Basic Elements of Capacity

Diagram 10 above shows basic components of capacity. At the core of diagram 10 is a hexagon text box with DSD Capacity at the centre. 3-D boxes are placed on each of

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the 6 sides of the hexagon with boxes written Structure, Information, Knowledge, Motives, Capacity and Resources-with an outer circle.

- **Intersectoral Forums** comprising of representation from government at national, provincial and district levels in order to promote coordination, integration and implementation of social development services and serve a critical advocacy role.

N. Policy Imperatives related to Disaster Management Act

An integrated and coordinated disaster management policy that focuses on preventing or reduction and management of disasters includes but not limited to the following will be developed to address disasters that might impact on the services provided through this Policy: mitigating the severity of disasters, emergency preparedness, rapid and effective response to disasters and post-disaster recovery. Additional information is provided in Annexure A.

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CHAPTER 8: MONITORING AND EVALUATION

1. Monitoring and Related Structures

Notwithstanding the overarching Monitoring and Evaluation (M & E) role of the Department of Monitoring, Planning and Evaluation, the Department, as the custodian and champion of this Policy, remains responsible for monitoring and evaluating of the implementation of this Policy and impact of the Policy on improving the lives of persons with disabilities.

The information generated from the above-mentioned processes will also highlight gaps, strengths, and weaknesses, and will be used to replicate best practice, and revise policies, programmes and services to ensure that they are indeed responsive to the needs of persons with disabilities.

The responsibility for the achievement of outcomes rests with the Implementation Forums, usually either MinMECs or Clusters. MinMEC or Cluster focus on the outcomes, and other issues. When the MinMEC or Cluster is focusing on the outcome it is then functioning as an Implementation Forum. The Technical MinMEC or Cluster is referred to as the Technical Implementation Forum, and the meeting of ministers and MECs as the Minister's Implementation Forum.27

Technical Implementation Forums and relevant substructures meet at least once a month to review planned actions, while Ministerial Implementation Forums meetings focusing on the outcomes occur at least every 3 months-linked to reporting to Cabinet Committees on the Government Programme of Action (PoA).

The main aim of monitoring and reporting on progress with implementing the Delivery Agreements is to enter a cycle of continuous improvement. Monitoring of the progress reports will highlight areas where implementation is weak, where the activities and outputs are not contributing to the outcome as planned. This will prompt an evaluation of why things are the way they are and propose actions regarding what is needed to improve performance. This in turn will result in interventions to improve implementation or in periodic revisions to the activities in the Delivery Agreements, so that government gets better at achieving the outcomes and outputs over time.

The **purpose** of the Implementation Forum is to develop the Delivery Agreement, ensure effective implementation and monitoring of the Delivery Agreement, unblock blockages where these manifest themselves and periodically agree on revisions to the activities in the Delivery Agreement, by all involved parties. The **roles** of the Implementation Forum include, among others:

- Ongoing monitoring of, and reporting on, implementation of the Delivery Agreement.
- Identify and resolve emerging bottlenecks (organisational, legislative, policy, financial) which impact on the implementation of the outcome

27 DPME Guideline No 2.1.2 (2013) Terms of Reference for Implementation Forums

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and which hamper effective service delivery.
- Where needed, identify special working groups or specialized pieces of work, to address specific bottlenecks (or emerging opportunities);
- Submit quarterly progress reports and refer issues requiring resolution to the relevant Cabinet Committee.
- Decide on communication more widely with the sector to facilitate implementation, wider support, and buy-in.
- On an annual (or as and when required) basis, review, and revise where necessary, the activities in the Delivery Agreement, linking this to the budget process from the following financial year.

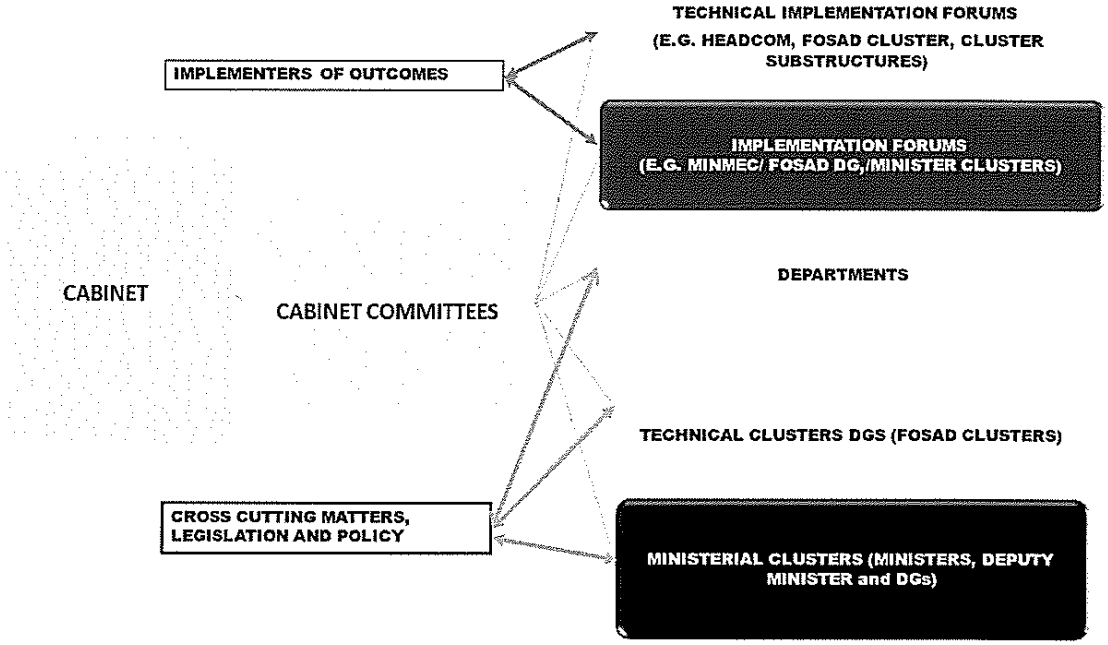
The **Technical Implementation Forum** is responsible for preparing the content and reports for the Minister's Implementation Forum. In addition it is likely to need to convene special working groups related to the outputs. The following are permanent members of the Technical Implementation Forum:
- Director-Generals of the coordinating Departments {Co-chairpersons);
- Director-General (or their representatives) of other key departments identified in the Delivery Agreement.
- Outcome Facilitator from the Presidency.

The clusters of the Forum of South African Directors-General (FOSAD) mirror the Ministerial clusters. The FOSAD clusters provide technical support to the Ministerial Clusters. It is a planning and coordination mechanism composed of the directors-general of national and provincial government departments as well as management of the South African Local Government Association (SALGA).28 The Director-General in the Presidency is the chairperson of FOSAD.

Diagram 11: Relationships between structures.

28 https://www.sanews.gov.za/south-africa/directors-general-directed-focus-implementation

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From left to right, Diagram 11: shows relationships between structures in the form of a flow chart. The chart shows the ‚cabinet, linked to cabinet committees, light blue diverting lines to implementers of outcomes (technical implementation forums (e.g. FOSAD, cluster sub-structures, implementation forums (e.g. MINMEC, FOSAD DG/Minister Clusters). Cabinet committees has brown arrows to cross-cutting matters, legislation and policy with arrows to departments, technical clusters DGs (FOSAD Clusters) and ministerial clusters (Ministers, Deputy Ministers and DGs).

2. M & E Roles and Responsibilities

The Department's Directorate: Services to Persons with Disabilities, at national level, has primary and lead responsibility for M & E of the implementation of policies, legislation and programmes dealing with the delivery of mainstreamed services to persons with disabilities. In fulfilling this task, the Directorate will work in close partnership with all senior managers within the Department; all relevant staff from related national line-function Departments and with the Department's provincial disability units and personnel.

The M & E Directorate of Department is primarily responsible for monitoring and evaluating the impact of all services delivered by the Department, including those provided to persons with disabilities. Both Directorates will co-manage impact-related M & E projects with the M & E Directorate taking responsibility for the technical aspects. The Directorate: Services to Persons with Disabilities will inform the content and disability aspects.

Evaluation determines impact of policies, legislation, programmes, and services delivered. The indicators for this dimension are usually qualitative, incremental, with medium to long-term timeframes and reflect quality of life improvements.

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3. Conclusion

This Policy is based on the social model and the enforcement of the human rights of persons with disabilities. The principles that underpin the Policy include human rights and a mainstreaming approach that leads to inclusion of the needs of persons with disabilities in all sectors of government relevant to DSD and the Directorate.

International and South African policy instruments are used as a guidance and determinants of the provisions of the Policy.

South Africa has a sound and progressive Constitution and has ratified the CRPD. However, the domestication of the CRPD is lagging behind. Generally, the achievement of Policy goals has been elusive. The reasons for this are many.

This Policy provides a vision, mission, purpose, strategic objectives and interventions that will guide defined stakeholders within and outside government.

Policy is suitable for use as a tool for achieving the core mandate of the Department is derived from the Constitution of the Republic of South Africa (Act No 106 of 1996) and other relevant policies within the Department and other sectors of government. The Department has a responsibility to address the problems that are faced by persons with disabilities. A multi-sector and multi-sphere approach are proposed in order to address the identified programs and challenges that are support by evidence outlined in this Policy. A suitable monitoring and evaluation are important in order to measure the achievement of the objectives and the impact of the Policy.

END

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ANNEXURE 1: POLICY IMPERATIVES RELATED TO DISASTER MANAGEMENT ACT

Disaster Management Act: Legal Requirements for DSD

Disaster Management Act, 2002 (Act No 57 of 2002) (DMA) provides for financial, human, andother resources to be released by the State to respond to disaster circumstances.[18] The Act intends to provide for:

An integrated and co-ordinated disaster management policy that focuses on preventing or reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness, rapid and effective response to disasters and post-disaster recovery;
The establishment of national, provincial and municipal disaster management centres; and Disaster management volunteers.29

Of relevance to DSD is the amendment of section 24 of Act 57 of 2002 now specifies that each organ of state must:

1. On any occurrence leading to the declaration of a disaster, report on a quarterly basis to the National Centre on— (a) information reflecting the type, severity, loss in terms of lives, damage to property, crop and other goods; and
2. An analysis of the impact of the disaster in accordance with gender, age, disability and cultural perspectives.

Each organ of State must:

1. Conduct a disaster risk assessment for its functional area;
2. Prepare a disaster management plan; and
3. Specific measures taken to address the needs of women, children, the elderly and persons with disabilities during the disaster management process.

The DMC also specifies that where a national organ of state or major public entity fails to submit a copy of its disaster management plan or of any amendment to the plan the National Centre must report the failure to the Minister, who must take such steps as may be necessary to secure compliance with the relevant paragraph, including reporting the failure to Parliament

DSD's Role in Relation to COVID 19 Pandemic

Within its role the Department's four (4) core function Programme areas are:

1. Social Assistance,
2. Social Security Policy and Administration,
3. Welfare Services Policy Development and Implementation, and
4. Social Policy and Integrated Service Delivery.

It is essential for DSD to address the impact of the DMA and COVID 19 virus from the point of view of the Department's mandate and roles. Monitoring and analysis of available data is essential *to ameliorate the impact in the short to medium term;*

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29 Disaster Management Amendment Act, 2015, Act No. 16 of 2015

propose early recovery measures and identify emerging lessons for the development of a policy framework that can better equip South Africa to deal with future pandemics and to build resilience30.

During his 23rd March address to the nation, President Ramaphosa announced that he had directed the South African National Defence Force (SANDF) to be deployed to support the South African Police Service (SAPS)[19].

A National Disaster Management Centre was established in terms of Section 8 of the Disaster Management Act, 2002 (Act No 57 of 2002) (DMA). The National Centre functions as an institution within the public service and forms part of, and functions within, the Department of Cooperative Government and Traditional Affairs (COGTA) for which the Minister is responsible.

The objective of the National Centre is to promote an integrated and co-ordinated system of disaster management, with special emphasis on prevention and mitigation, by national, provincial and municipal organs of state, statutory functionaries, other role-players involved indisaster management and communities.

On 15 March 2020, the Head of South Africa's National Disaster Management Centre classifiedthe Covid-19 pandemic as a national disaster and a number of regulations in terms of the Disaster Management Act followed soon thereafter.

Disability Considerations During the COVID-19 Outbreak.

The COVID-19 global pandemic has changed the world in ways that no one thought possible just a few short months ago. In almost every country in the world government responses have placed unprecedented demands on populations with limited understanding of the potential consequences of such far-reaching social engineering.

The COVID-19 outbreak has affected all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples.

Early evidence indicates that that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus.

People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath – whether due to limited movement, fewer employment opportunities, or increased xenophobia.

There are also gendered dimensions of the pandemic as majority of health workers

30 Ibid

are women,care givers, work in the informal economy and may be subject to gender-based violence during the lock-down.

Of significance to the DSD and this Policy is the fact that WHO published guidelines entitled ***Disability considerations during the COVID-19 outbreak***.

The guidelines state that depending on underlying health conditions, persons with disabilities areat greater risk of developing more severe cases of COVID-19 if they become infected. This may be due to:

1. COVID-19 exacerbating existing shortages of social development services and health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes;

2. Barriers to accessing social development services and health care.

3. People with disability may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

A UN Policy Brief: A Disability-Inclusive Response to COVID-19 published in May 2020, notes that the global crisis of COVID-19 is *deepening pre-existing inequalities, exposing the extent ofexclusion and highlighting that work on disability inclusion is imperative.*

Persons with disabilities — one billion people — are one of the most excluded groups in oursociety and are among the hardest hit in this crisis in terms of fatalities[26].

COVID-19 pandemic may also increase inequality, exclusion, discrimination, and unemploymentin the medium and long term. Comprehensive, universal social protection systems play a criticalrole in protecting workers and in reducing the prevalence of poverty, since they act as automatic stabilizers.

That is, they always provide basic income security, thereby enhancing people's capacity to manage and overcome shocks. Some of the measures that were introduced had a negative impact on persons with disabilities. For instance: social distancing is not practical for persons with disabilities and sneezing in elbows is not suitable for blind people who rely on being guided by another person.

Isolation, suicidal thoughts, elevated rates of stress or anxiety and other clinical conditions caused depression among persons with disabilities. The South African Depression and Anxiety Group (SADAG) conducted an online survey on Mental Health during the COVID-19 lockdown via various online platforms including their website, newsletter members, Facebook and Twitter[27]. The research found out that while 92% of the respondents supported the lockdown – 65% of the people who completed the survey felt stressed or very stressed during it. The main challenges experienced during lockdown included:

a. 55% Anxiety and Panic;
b. 46% Financial stress and pressure;
c. 40% Depression;

d. 30% Poor family relations;
e. 12% Feelings of suicide; and
f. 6% Substance abuse.

Rural, peri-urban, or informal dwellings, sheltered workshops and other residential facilities are densely populated and inaccessible to persons with disabilities making it difficult to practice social distancing. The consequential viral spread/deaths/ recovery statistics in these facilities is unknown as no appropriate research has been conducted.

Personal hygiene was difficult as persons with disabilities with assistive devices could not avoid being touched by another person. Blind and Deafblind people could not touch surfaces/products for fear of the COVID 19virus. Communication and messaging could not reach all persons with disabilities in accessible format.

Other Challenges:

a. Deaf people could no longer lip-read due to the wearing of face masks.
b. Other persons with disabilities with breathing difficulties could not wear face masks;
c. Persons with disabilities are not prioritised for vaccinations;
d. Assistive devices and technology could not be secured or repaired due to closer of businesses;
e. Inaccessibility of quarantine and other related facilities;
f. As the coronavirus induced a considerable degree of fear, worry and concern thus exacerbating mental health problems particularly among older adults with disabilities, careproviders and people with underlying health conditions; and
g. Increased violence/abuse of persons with disabilities, particularly women and girls.

UN High Commissioner for Human Rights notes that persons with disabilities not only face greater risks from COVID-19, they also are disproportionately affected by response measures, including lockdowns. To address this double risk, targeted measures are needed to address the disproportionate risks faced by persons with disabilities during the COVID-19 pandemic[28].

The government has made a commitment that caregivers will continue to assist persons with disabilities to access their social grants and to do shopping[29]. The Covid-19 coronavirus and South Africa's lockdown, however, impacted the lives of persons with disabilities in ways that may not be immediately obvious[30].

The International Disability Alliance, along with a number of partners, has launched a COVID-19Disability Rights Monitor. Governments, organisations of persons with disabilities and all relevant stakeholders are invited to complete a survey to highlight issues faced by persons with disabilities in the midst of the COVID19 Pandemic.

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86

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