

REPUBLIC OF SOUTH AFRICA

**THE HUMAN RIGHTS COUNCIL RESOLUTION 26/20 ON: “THE RIGHTS OF PERSONS WITH DISABILITIES TO SOCIAL PROTECTION”**

**SPECIAL RAPPORTEUR QUESTIONNAIRE TO STATES PARTIES**

 

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**RESPONSE FROM THE GOVERNMENT OF SOUTH AFRICA**

**MAY 2015**

**INTRODUCTION**

The response of the South African Government to the right of persons with disabilities to social protection must be understood within the context of South Africa’s transition from a past characterised by state-enforced discrimination, exclusion and inequity. This divisive, state-driven social engineering (apartheid) relegated the majority of the country’s people to the fringes of the body politic and the economy and it distanced them – almost entirely – from access to developmental resources. The systematic marginalisation of persons with disabilities in South Africa resulted in unprecedented levels of social, economic and cultural deprivation of access to the labour market in pursuit for transformation to promote the inclusiveness agenda.

In South Africa, the period from 1994 to 2004 produced legislation, policies, interventions, and programmes that were formulated with the aim of influencing the environment for addressing equity goals over the medium to long term and also for addressing immediate goals in increasing the number of persons with disabilities with access to government services.

National legislation on employment equity, social security, etc. ensures an environment conducive to full and equal participation of men, women and children with disabilities in society, including equal access to opportunities, accessibility and protection of the inherent dignity of the person. It is also consistent with Chapter 2, subsection 9 of the Constitution of the Republic of South Africa, which specifically prohibits discrimination on the basis of disability: - “(3) The State many not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. (4) No persons may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination”.

Disability statistics have been a contentious issue around the world. The lack of adequate, reliable, relevant and recent information on the nature and prevalence of disability in South Africa remains a challenge. A further challenge has been differing definitions of disability, with many being restricted or regarded it as discriminatory to describe a person as being disabled.

Due to misreporting on the general health and functioning of children younger than five years, data on this variable profiled only person five years and older. Questions on disability were replaced by general health and functioning questions, and due to a change in the questions, 2011 census results cannot be compared with the previous censuses in 1996 and 2001.

The government’s commitment to the rights of persons with disabilities is demonstrated by the establishment of the Disability Programme within the former Reconstruction and Development Programme (RDP); self-representation by persons with disabilities in Parliament, provincial legislatures and municipal councils; human rights instruments such as the South African Human Rights Commission (SAHRC), the Commission for Gender Equality and the Public Service Commission; development agencies such as the National Youth Development Agency; the release of the White Paper on an Integrated National Disability Strategy (INDS) in 1997, which was developed through a process of broad consultation applying the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities; and the South African Disability Rights Charter

Internationally, since the advent of democracy in 1994, South Africa has systematically expanded its participation in leading the global agenda in the campaign for, and eventual development of, the UN Convention on the Rights of Person with Disabilities (CRPD) which, in its final format, embodies the principles of the South African process set in motion in 1994 to advance the progressive realisation of the rights of persons with disabilities as equal citizens. Implementation of the CRPD in South Africa therefore commenced in 1994, when the Convention was officially ratified by South Africa and came into force in May 2008.

The following is South Africa’s response to questions posed by the Special Rapporteur of the Office of the High Commissioner for Human Rights Council.

**LEGAL FRAMEWORK**

**This part of the questionnaire aims to determine information in relation to the existence of legislation and policies concerning mainstream and/or specific social protection programmes with regard to persons with disabilities.**

**Institutional framework/National instruments**

***1. provide information in relation to the existence of legislation and policies concerning mainstream and/or specific social protection programmes with regard to persons with disabilities***

**a In health matters:**

1. The Constitution of the Republic of South Africa, 1996,provides that everyone is equal before the law and has equal protection and benefit of the law. It prohibits discrimination on a number of grounds, including disability.
2. The National Development Plan envisages a country which by 2030 has eliminated poverty and has reduced inequality. The NDP 2030 acknowledges that many persons with disabilities (PWDs) are not able to develop to their full potential due to a range of barriers, resulting in their often being viewed as unproductive and a burden.
3. The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act 4 of 2000),gives effect to section 9 of the Constitution: to prevent and prohibit unfair discrimination and harassment; to promote equality and eliminate unfair discrimination; and to prevent and prohibit hate speech. It mandates the removal of barriers and taking positive steps to ensure that PWDs are able to enjoy full and equal participation and access to opportunities.
4. The National Health Act, 2003 (Act 61 of 2003), provides for the provision of quality health services to the population of South Africa. The Act also provides for the establishment of the National Health Council, which is a structure responsible for making health policy in the country. It further gives the Minister of Health the authority to make regulations on any health matter, including regulations on rehabilitation and assistive devices.
5. The Mental Health Care Act, 2002 (Act 17 of 2002),provides a framework for the provision of mental healthcare services in South Africa. Among other things, it enables the establishment of observation services for 72 hours in non-mental health facilities. It further provides a framework for the designation of mental health facilities and establishment of mental health review boards.
6. Other instruments such as the Road Accident Fund Act, 1996 (Act 56 of 1996), the Social Assistance Act, 2004 (Act 13 of 2004), the Road Accident Fund Amendment Act, 2005 (Act 19 of 2005), and the Children’s Act, 2005 (Act No. 38 of 2005), promote and protect the rights of PWDs within different sectors.

**b** One of the objectives of South Africa's Policy Framework on Disability is to ”*recognize and accept their vital role in implementing all policies, programmes and projects which address the needs of people with disabilities and their families or caregivers, in line with disability-specific indicators*". To be able to respond effectively to the requirements of the national policy framework, it is imperative to develop a policy framework that directly speaks to the needs of PWDs within the local government sector.

The baseline study on disability mainstreaming in local government undertaken in 2007 by the Department of Provincial and Local Government reveals that most local government policy documents give little or no attention to disability concerns, and in rare instances where disability is mentioned, it is expressed in generic terms and as part of the broad categorization of "designated groups" or "the poor".

The finding corroborates those of the Public Service Commission reports published in 2004 and 2007, which indicated that there were still challenges facing the Public Service in deepening disability equity. The baseline study underlined the urgency of developing the local government policy framework on disability.

1. This framework is intended to provide an enabling environment for municipalities, provincial local government departments and other role players in the local government sphere to address disability issues. It seeks, among other aims, to provide guidance on the implementation of the National Disability Policy and other policy and legislative instruments that seek to promote the rights and freedoms of PWDs within the local government context. It also proposes implementation structures and mechanisms for the coordination of disability issues and monitoring.
2. The framework further advocates the mainstreaming of disability into the local government agenda. This means that disability issues should be made an integral part of local government conceptualization of projects, planning and implementation within the parameters of the five Key Performance Areas (KPAs) for local government.
3. In the application of the policy framework, it should always be borne in mind that in some instances special or additional measures/interventions might be necessary to address the needs of categories of people who are most vulnerable. This includes women and children with disabilities and PWDs living in rural areas.

This framework acknowledges various disability terms such as 'disabled people', 'physically challenged', 'handicapped', 'differently abled' and others, but for purposes of this framework, the term 'people with disabilities' (PWDs) will be adopted.

* 1. **Institutional framework in charge of its implementation**

1. ***People with Disabilities in the Public Service***

* Handbook on Reasonable Accommodation for People with Disabilities in the Public Service, 2007 - the handbook is part of the JobACCESS Resource Kit for recruitment, employment and retention of PWDs in the Public Service. It provides guidelines on how departments can provide reasonable accommodation as part of the organization’s operational requirements rather than as a special action.
* JobACCESS Strategy for the Appointment, Recruitment and Retention of People with Disabilities and its Implementation Guide, 2009 - This is a tool intended to assist departments with steps to follow in order to remove and eradicate barriers that exist in the employment of PWDs. The ultimate aim is to ensure that all PWDs in the Public Service, irrespective of race, sex, or creed, are provided with equal opportunities for employment.
* These two documents have now been strengthened by a Policy on Reasonable Accommodation and Assistive Devices for the Public Service.
* The Policy is also intended to assist a systematic and consistent approach to: budgeting and costing for special needs; the acquisition, disposal, repair and maintenance of assistive devices; clarifying roles and responsibilities of the different role players in the provision of assistive devices; provision of transportation for employees with disabilities; provision of personal assistance and evacuation chairs; reporting requirements and monitoring and evaluation of the policy.
* The Department of Public Service and Administration (DPSA) has developed the following redress mechanisms to implement the objectives of the various Acts and policies in the Public Service:
* **The Public Service Act, 1994 (Act 103 of 1994),** provides for the organization and administration of the Public Service and the regulation of conditions of service. Transformatory conditions of service such as maternity benefits, salaries and pensions are some of those that have been made possible through this Act.
* **White Paper on the Transformation of the Public Service of 1995** identified a need to “*create a genuinely representative public service which reflects the major characteristics of South African demography, without eroding efficiency and competence*.” This was translated by the commitment made by the Government of National Unity to “*continually improve the lives of the people of South Africa through a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all” (*WPTPS 1995: 6)*.*
* The purpose of the **White Paper on Transforming Public Service Delivery of 1997** purpose was to provide a policy framework and a practical implementation strategy for the transformation of public service delivery with a guiding principle of the public service in South Africa to be that of service to the people (Batho Pele).
* **The White Paper on Human Resource Management in the Public Service of 1997** introduced a shift from personnel administration to human resource management and set the policy framework for managerial autonomy in terms of managing human resources effectively and strategically as part of the wider transformation agenda.
* **The White Paper on Affirmative Action of 1998** became the Government’s commitment to the transformation of the Public Service into an institution whose employment practices are underpinned by equity. The White Paper called for a Public Service that was representative and drew on the talents and skills of the diverse spectrum of South African society, and was geared not only towards providing better services for all sectors of our society but also to enjoying legitimacy in the eyes of South African people (1998:5). [Section (ii)(2) – inculcate in the Public Service a culture which values diversity and supports the affirmation of those who have previously been treated unfairly and disadvantaged.] The core principle for affirmative action was that affirmative action programmes must be integrated with other human resource management and development practices, especially the management of diversity (1988:12)

1. South Africa has established an agency called the South African Social Security Agency (SASSA), which is an implementation arm for the Department of Social Development (DSD).
2. ***Access to Health Care***

(i) Standardisation of Provision of Assistive Devices in South Africa - A guide for use in the Public Health Sector

For PWDs an assistive device promotes a normal lifestyle, improves their quality of life and enhances the prospects of employment, education and participation. It reduces the cost of care and dependency. Devices also reduce the extent of hospitalisation and the demand for hospitalisation, and therefore liberate scarce resources for other uses. The general availability of devices has been proven to promote the dignity of PWDs and transform attitudes towards them. This guideline puts forward proposals that will have direct practical benefit for PWDs with due consideration of cost implications for the State.

(ii) National Rehabilitation Policy, 2000

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

(iii) Framework and Strategy for Disability and Rehabilitation Services in South Africa 2015-2020 (Draft)

This strategy seeks to:

* Integrate comprehensive disability and rehabilitation services, also within priority health programmes from primary to tertiary and specialised health care levels as guided by the document on Integrated Disability Management and Rehabilitation Pathways of Care.
* Develop an appropriate, effective and efficient referral system between all levels of care, including the expansion of services to improve access to rehabilitation units and specialised rehabilitation centres.
* Foster inter-sectoral collaboration to address social determinants.
* Implement accessibility standards for infrastructure, communication, signage and information.
* Increase awareness and knowledge of health care workers to change their attitudes toward children and adults with disabilities and their families.
* Improve monitoring and evaluation of disability and rehabilitation services.
* Improve human resources for disability and rehabilitation services.
* Improve access to appropriate assistive technology and accessories.

**1.2 Legislative, administrative, judiciary and/or other measures aiming to ensure access of persons with disabilities to mainstream social protection programmes (e.g. poverty reduction, social insurance, health care, public work, housing)**

1. Handbook on Reasonable Accommodation for People with Disabilities in the Public Service, 2007 - the handbook is part of the JobACCESS Resource Kit for recruitment, employment and retention of persons with disabilities in the Public Service. It provides guidelines on how departments can provide reasonable accommodation as part of the organization’s operational requirements rather than as a special action.
2. Social grants are provided in compliance with various institutional frameworks and legislation. These are: Constitution of the Republic of South Africa (1996) section 27(1), Social Assistance Act, 2004, and its Regulations of 2008, the White Paper on the Integrated National Disability Strategy (1997), the Children’s Act, 2005 and the Children’s Amendment Act, 2007, and the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000.

**1.3 Creation of disability-specific programmes (such as disability pensions, mobility grants or others)**

1. With the JobACCESS Strategy for the Appointment, Recruitment and Retention of People with Disabilities and its Implementation Guide, 2009, a tool that intends to assist departments with steps to follow in order to remove and eradicate barriers that exist in the employment of PWDs. The ultimate aim is to ensure that all PWDs in the Public Service, irrespective of race, sex, or creed, are provided with equal opportunities for employment. These two documents have been strengthened by a Policy on Reasonable Accommodation and Assistive Devices for the Public Service.
2. Social assistance grants that are disability specific are the Disability Grants for adults and Care Dependency Grants for children with disabilities.
   1. **Fiscal adjustments or other similar measures**

***a*** The Policy on Reasonable Accommodation and Assistive Devices for the Public Service is also intended to assist a systematic and consistent approach to: budgeting and costing for special needs; the acquisition, disposal, repair and maintenance of assistive devices; clarifying roles and responsibilities of the different role players in the provision of assistive devices; provision of transportation for employees with disabilities; provision of personal assistance and evacuation chairs; reporting requirements and monitoring and evaluation of the policy. The policy has a costing model that should assist departments to budget for reasonable accommodation.

* The DPSA has developed the following redress mechanism to implement the objectives of the various Acts and policies in the Public Service: **The Public Service Act, 1994,** provides for the organization and administration of the Public Service and the regulation of conditions of service. Transformatory conditions of service such as maternity benefits, salaries and pensions are some of those that have been made possible through this Act.

b The values of social assistance grants are increased annually in line with inflation rate.

**Implementation, Monitoring and Evaluation**

***2. provide information on how persons with disabilities are consulted and actively involved in the design, implementation and monitoring of social protection programmes.***

**a** The Department of Social Development (DSD) is mandated to consult civil society on designing, implementing, monitoring and evaluation of programmes. The DSD holds consultations with the disability sector, including relevant stakeholders as needed. Consultations were held with civil society on the design and development of disability assessment tools, amendment of the definition of disability, progress made on the approval and implementation of the assessment tools, and the content and application of the assessment tools.

The DSD also hosts the National Disability Rights Machinery meetings comprising the disability sector and all spheres of government.

In addition to above, the DSD established the Ministerial Committee on Disability. (The Committee was established to advise the Minister on social services and programmes for PWDs.)

**b.** In health-related matters***,*** the opportunity to develop the rehabilitation policy was seized only in 1996 when the Directorate: Chronic Diseases, Disabilities and Geriatrics was instituted in the national Department of Health. The subdirectorate for disabilities (and rehabilitation) in this Department became fully operational only at the end of 1996. At the beginning of 1997 the Subdirectorate: Disabilities (and Rehabilitation) initiated a process to develop a national rehabilitation policy. The Department subsequently appointed a technical committee responsible for policy development. This committee comprised members from a broad spectrum of stakeholders, including government departments, professional associations, disabled people’s organisations (DPOs), non-governmental organisations (NGOs), the disability rights movement and the private sector. Some 25 people were directly involved in the technical committee, with many more consulted on an ad-hoc basis.

The technical committee met three times in 1997 and managed to compile a detailed situation analysis and identify major policy areas. The committee was subsequently divided into task groups that focused on specific areas of policy development. It held its last meeting at the end of March 1998, and made provision for further consultation. This policy is a product of that exercise and was negotiated with the relevant stakeholders before being finalised.

**c.** At provincial and local government levelthe involvement of PWDs is done through consultations on the planning or design of programme implementation at local municipality level. Reporting is done at the same level of each municipality.

**d.** The Department of Public Works hasestablished and launched a Disability Advisory Council, comprising a number of national disability organisations, to advise the Minister and Director-General on disability issues and monitor disability mainstreaming in the Department's programmes.

**3.** ***provide information in relation to difficulties and good practices on the design, implementation and monitoring of mainstream and/o specific social protection programme with regard to persons with disabilities, including:***

**a**Challenges experienced in implementing rehabilitation services in South Africa are related to a variety of factors. These include:

• A medical model resulting in poor access to a comprehensive disability and rehabilitation service, especially to persons in rural and disadvantaged areas.

• The implementation of disability and rehabilitation services as a vertical programme with little or no scope for integration with priority health programmes, such as Non-Communicable Diseases, Maternal Child and Women’s Health (MCWH), HIV and Aids.

* Inadequate follow-up due to a lack of clarity on referral pathways as well as poor availability of services. This problem is aggravated by the fact that there inadequate rehabilitation units in district hospitals and only two specialised rehabilitation centres in the country. There is also poor communication and coordination between service levels.

• Inaccessible and unaffordable transport. Families of PWDs incur significant costs for public transport and car hire in order to access health care. Studies have been conducted in the Eastern Cape and Mpumalanga Provinces relating to “out-of-pocket” expenditure when accessing health care.

• Poor inter-sectoral collaboration.

• Inaccessibility of health services with regard to facility infrastructure, signage and information in an appropriate medium, including sign language and Braille. In addition, therapy is often not done in the client’s first language.

• Inadequate provision of appropriate assistive devices/technology and accessories. Assistive devices ranging from walking aids to augmentative and alternative communication devices should be available to clients based on their needs. Devices such as the white cane have traditionally been issued by the NGO sector and should now form part of services that are available within government.

• The lack of awareness, knowledge and training among healthcare providers regarding the challenges, needs and rights of PWDs result in poor care and disempowerment. Negative attitudes towards children and adults with disabilities obstruct their participation in health and rehabilitation services. Rehabilitation professionals are often not “culture sensitive” and do not respect the value systems and beliefs of their clients, which may delay early identification and intervention.

• The paucity of appropriate rehabilitation indicators in the national and provincial data sets impairs the quality and type of service, as there is no proof of effective service delivery that could be used to motivate for resources. There is little research linked to the outcomes of rehabilitation services at secondary, tertiary and specialised levels, and none at PHC level.

• The core rehabilitation team should ideally comprise a physiotherapist, occupational therapist, speech therapist, audiologist, medical orthotist and prosthetist, and related mid-level health workers. The support team should include a social worker, dietician, orientation and mobility instructor, podiatrist, optometrist and psychologist. However, there is a lack of equitable distribution and a high vacancy rate of service providers at the different levels of care, especially rehabilitation staff at primary level (see Table 1 below). In particular, junior rehabilitation professionals are often unsupported and not trained to work with complex cases.

b During January to April 2015 the Disability Policy Framework at the provincial and local municipality level was under review and the following findings are relevant to question.

**SUMMARY OF TRENDS FROM MUNICIPAL REVIEWS**

*Awareness of and access to frameworks*. Most municipalities knew of frameworks, especially on disability and accessed them through websites, meetings and the South African Local Government Association (SALGA).

*Awareness of other national and international frameworks*. Few municipalities know of disability policies and relevant international conventions

*Disability Institutional Frameworks*. Most municipalities have integrated or transversal programmes managed by a manager or unit, mostly located in the Office the Mayor. These tend to work except that they always feel marginalized and are treated as an 'add on'. There are external disability forums or organizations in almost municipalities.

*Disability Planning Frameworks*. Disability is not always mainstreamed into the core business of most municipalities through IDP. They are treated as ’add-on’ programmes with separate, albeit limited, budgets. There are not always specific KPIs in the IDPs to consciously address disability issues.

3.1. **Conditions of accessibility and the provision of reasonable accommodation**

aAccessibility to social grants is determined by the definition of disability in the Social Assistance Act, 2004, and qualifying criteria as outlined in the Social Assistance Regulations of 2008. The assessment tools mentioned above have a more inclusive definition of disability which, when implemented, will correct inclusion and exclusion errors. The only reasonable accommodation considered for social assistance is at pay points.

b Universal access is encouraged at all levels in the Public Service. While some departments are not including provision of reasonable accommodation when preparing their budgets, those that are doing well in this regard are used as a benchmark to assist the others.

c The Accessibility Programme to ensure non-discrimination in terms of Chapter 2 of the Constitution, 1996, has been established in relation to access to state-owned buildings by PWDs.

3.2. **Consideration of the specific needs of persons with disabilities within the services and/or benefits of existing programmes**

a Social grants are provided as an income benefit for PWDs as a means of alleviating poverty. The grants do not take the cost of disability into consideration.

b. Disability mainstreaming is encouraged through integration into other programmes and projects and departments are expected to report progress in this regard.

c The Accessibility Programme also ensures compliance with national building regulations, the Occupational Health and Safety Act and SANS 10400 in terms of universal access to government buildings, thus addressing the variety of needs of PWDs and their mobility in government buildings.

3.3. **Difficulties experienced by persons with disabilities and their families in fulfilling requirements and/or conditions for accessing social protection programmes**

Beneficiaries of social protection programmes have the option to choose where they want to receive their grants, either through dedicated pay points, banks, post offices or retail shops. There are no challenges in terms of location.

Some of the difficulties experienced by PWDs are having the required documentation to lodge applications for grants. This is specifically in relation to availability of medical doctors to assess applicants for disability. When the assessment tools are implemented, other health professionals will be included for these assessments, thus reducing the waiting period.

3.4. **Consideration of age, gender and race or ethnic-based differences and possible barriers**

Disability grants are provided to adults aged 18-59 years, which are converted to Older Persons’ Grants at age 60 years, and Care Dependency Grants are awarded to care givers of children with disabilities below 18 years. At the age of 18 an application for a Disability Grant must be lodged. Both grants are provided regardless of gender, race or ethnic group.

3.5. **Conflicts between the requirements and/or benefits of existing programmes, and the exercise by persons with disabilities of rights such as the enjoyment of legal capacity, living independently and being included in the community, or work**

Cabinet approved the 2% representation of persons with disabilities across all levels and the MPSA is monitoring the achievement thereof and assisting departments that are struggling.

3.6. **Allocation of grants to personal budgets**

Applicants for grants are subject to asset and means tests, which are adjusted annually in line with inflation.

3.7. **Disability-sensitive training and awareness-raising for civil servants and/or external partners**

a The DPSA, in conjunction with the National School of Government, has developed a Disability Management Programme for rollout in the Public Service.

b DSD has embarked on nationwide training with SASSA on the Harmonised Assessment Tool (HAT), which also includes disability sensitivity. The target was 7 000 but only 225 participants have been trained to date (2012/13 financial year). The training could not continue as SASSA was busy with a re-registration process. There are plans to continue with the training in the 2015/16 financial year. DSD and the National School of Government are also developing E-learning for HAT. The plan for this financial year is to design and pilot the project; if successful it will be rolled out in the 2016/17 financial year.

3.8. **Existence of complaint or appeal mechanisms**

Applicants can use the Internal Review Mechanism in SASSA, and Appeal Mechanism in DSD if they are dissatisfied with the outcome of their application, as provided in the Social Assistance Act, 2004, and Social Assistance Regulations of 2008. Should there still be dissatisfaction applicants are free to approach a court of law.

***4. provide any information or data available, disaggregated by impairment, sex, age or ethnic origin if possible, in relation to:***

**a** Determining the prevalence of disability in South Africa remains contentious due to the lack of agreement among stakeholders as to how disability is defined. Present definitions are applied in terms of respective legislation and different contexts, and focus primarily on impairment without necessarily addressing the contexts in which barriers limit participation. A major limitation is that disability prevalence surveys are usually based on reported disability, often by a proxy informant, which may overestimate or underestimate the prevalence.

According to a Statistics South Africa Report based on Census 2011 data[[1]](#endnote-1), the national disability prevalence rate is 7,5% in South Africa. Disability is more prevalent among females than males (8,3% and 6,5%, respectively).

The prevalence of a specific type of disability shows that 11% of people 5 years and older have visual difficulties, 4,2% cognitive difficulties (memory/concentrating), 3,6% hearing difficulties, and around 2% communication, self-care and mobility difficulties.

Provinces with the highest reported disability were Free State and Northern Cape (both 11,0%). Reported disability figures for the remaining provinces, in descending order, are North West (10,0%), Eastern Cape (9,6%), KwaZulu-Natal (8,4%), Mpumalanga (7,0%), Limpopo (6.9%), Western Cape (5,4%) and Gauteng (5,3%).

Due to data limitations, the StatsSA prevalence rate excludes children under the age of five and people with psychosocial and certain neurological disabilities. The overall prevalence of childhood disability has been studied among smaller target populations in South Africa over the past 30 years, but there are very few recent data.[[2]](#endnote-2) Estimates of child disability prevalence generated from various sources are not directly comparable as studies use different definitions of disability and methods of data collection. Additionally, while the census and other national household surveys include general questions about PWDs, these questions are not specifically designed to identify children with disabilities.

According to StatsSA[[3]](#endnote-3), South Africa’s population over 60 years is 7,8% and the proportion of PWDs in the 60 to 69 year age group is 14,5%, rising to 34,7% in the over-70 year group.[[4]](#endnote-4)

Population ageing is associated with impaired functioning and mobility limitations, i.e. impaired vision, glaucoma, diabetic retinopathy, hearing loss, and impaired mobility due to strokes, falls, bone and joint conditions.[[5]](#endnote-5) -[[6]](#endnote-6)

The prevalence of Alzheimer’s and Parkinson’s disease and dementia in the South African population is not known. A non-governmental organisation (NGO), Dementia SA, recommends an urgent, targeted focus on dementia to determine its prevalence and South Africa’s capacity to respond.[[7]](#endnote-7)

The constructive intention to decrease childhood mortality has had the unintended consequence of increased childhood morbidity (disability), as is evidenced by the number of children presenting with developmental delays and cerebral palsy[[8]](#footnote-1). Much emphasis has been placed on reducing child mortality rates, but the resultant increase in morbidity has been ignored. Chhagan and Kauchali[[9]](#endnote-8) advocate combining improved child survival with optimal development into a single-outcome measure of “disability-free survival”*.*

The vicious cycle of poverty and ill-health is well known and in South Africa, poverty has been recognised as one of the key causes of the continued high burden of disease.

What is often inadequately understood in health service planning is the role of disability in entrenching and exacerbating the cycle of ill-health and poverty.

Poor health outcomes frequently include residual functional impairments, which result in loss of productive capacity, increased care and cost burdens on households, and creation of additional barriers to healthcare access.

**4.1. Coverage of social protection programmes by persons with disabilities**

**a** SASSA has statistics on social grant beneficiaries in terms of gender, age and geographic location, but not according to impairment

\* Grants are accessible to all people who meet the eligibility criteria in all nine provinces in the country.

**b** The Extended Public Works Programme has a target of 2% to create job opportunities for PWDs.

**4.2. Rates of poverty among persons with disabilities**

Latest statistics of beneficiaries are as follows (September 2014)

* Disability Grants: 1 120 772
* Care Dependency Grant: 134 456

\* Additional information can be found at Prevalence of Disability in South Africa, Census 2011 <http://www.statssa.gov.za/?p=3180>

**4.3. Additional costs or expenses related to disability**

A research study was commissioned to determine additional costs incurred by PWDs compared to persons without a disability. The process is still in a first phase and the study report will be released after obtaining Ministerial approval.

***5. provide information in relation to the eligibility criteria used for accessing mainstream and/or specific social protection programmes with regard to persons with disabilities, including:***

5.1. **Definition of disability and disability assessments used for eligibility determination**

Disability grant definition: Social Assistance Act, 2004, (section 9) reads as follows: “a person has physical or mental disability, the person is unfit to obtain by virtue of service, employment or profession the means needed to enable him/her to provide for his/her maintenance”.

The definition of a Care Dependant child: Social Assistance Act, 2004, (section 7) a care dependent child is “a child who requires and receives permanent care or support services because of his or her physical or mental disability”.

5.2. **Consistency of the eligibility criteria among different social protection programme**

Eligibility Criteria for Disability Grants (Social Assistance Regulations, 2008):

* + The applicant must be 18 years and older (18-59)
  + The applicant must be a South African citizen, permanent resident or refugee with refugee status
  + Must have a disability
  + Must qualify in terms of the definition
  + Must pass the means test

Eligibility Criteria for Care Dependency Grant (Social Assistance Regulations, 2008):

* A parent, primary caregiver or foster parent must be a South African citizen, permanent resident or refugee with refugee status.
* Child must be 0-18 years.
* Child requires and receives permanent care and support services due to his/her physical or mental disability.
* Child must not be cared for on a 24-hour basis for > 6 months in an institution funded by the state.
* Disability must be confirmed by a medical doctor through an assessment.
* Applicant and child must meet financial criteria set in the Regulations.

NB: Both definitions are expanded for the use of assessment tools mentioned earlier.

5.3. **Use of income and/or poverty thresholds**

Disability grants:

Income Thresholds

Single: R64 680

Married: R129 360

Asset Thresholds

Single: R930 600

Married: R1 861 200

Care Dependency Grant:

Income Thresholds (of primary care giver)

Single: R169 200

Married: R338 400

5.4. **Consideration of disability-related extra costs in means-tested thresholds**

[Query: no information?]



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1. . Statistics South Africa. Census 2011: Profile of persons with disabilities in South Africa Report No. 03-01-59. Pretoria: Statistics South Africa; 2014. [↑](#endnote-ref-1)
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