



## Committee on the Rights of Persons with Disabilities

Prepared on behalf of the membership of the South African Disability Alliance (SADA) by the  
Secretariat Melanie Lubbe  
Submission closing date: 1 July 2023

### 1. **SELF INTRODUCTION:**

As stated in our Constitution<sup>1</sup>, The SADA is a national consultative forum of member organisations on issues of mutual concern and interest.

Our objectives are to:

- a) provide a platform for seeking consensus and reaching common positions on disability issues; and
- b) promote collaboration in terms of joint initiatives, campaigns, programmes and projects between role-players in the disability sector as well as between the disability sector and other societal and governmental role-players.

SADA recognises two membership categories:

- (a) Full members are registered organisations operational in at least 50% of South African provinces with a core focus in the field of disability
- (b) Associate members are registered organisations (not individuals) with a direct interest in the field of disability beyond a commercial interest. A membership list is attached as pg. 2 – 3.

### Drafting process of the SADA UNCRPD Shadow Report

We formed small working groups with members and external experts to address specific issues. Each group had a convener who gathered information, which was then collated by the SADA Secretariat. The extensive Draft Report had about 40,000 words, and the challenge was to condense it while retaining crucial content within the word limit. The OHCHR ROSA provided support to SADA through two workshops. We have also been supported technically by the IDA whose collaboration is acknowledged and appreciated. Hyperlinks were used to supply additional information while aiming to reduce wordcount.

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<sup>1</sup> [SADA Constitution](#)

## FULL MEMBERS



Autism South Africa



Blind South Africa



Cheshire Homes South Africa



South African National Deaf Association



Down Syndrome South Africa



Epilepsy South Africa



Shonaquip Social Enterprise (ShonaquipSE)



Muscular Dystrophy Foundation of South Africa (MDSA)



National Association of Persons with Cerebral Palsy (NAPCP)



Stroke Survivors Foundation (SSF)



QuadPara Association of South Africa (QASA)



SA Federation for Mental Health  
South African Federation for Mental Health (SAFMH)



South African National Council for the Blind (SANCB)

## ASSOCIATE MEMBERS

 <p>Rare Diseases South Africa (RDSA)</p>	 <p>Occupational Therapy Association of South Africa (OTASA)</p>	 <p>South African National Association for Blind and Partially Sighted Persons (SANABP)</p>
 <p>Afrique Rehabilitation &amp; Research Consultants (ARRC)</p>	 <p>South African Non-Communicable Disease Alliance plus (SANCD+)</p>	 <p>Quadruplegic &amp; Paraplegic Charitable Trust of South Africa (QPCTSA)</p>

## 2. LIST OF ACCRONYMS

SADA	South African Disability Alliance
CO	Concluding Observations – referring to 2018 document.
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
OHCHR ROSA	Office of the High Commissioner for Human Rights (Regional Office South Africa)
UN CRC	United Nations Committee on the Rights of the Child
IDA	International Disability Alliance
ACERWC	African Charter on the Rights and Welfare of the Child
WHO	World Health Organization
PwD	Persons with Disabilities
CwD	Children with Disabilities
SwD	Students with Disabilities
LSEN	Learners with Special Educational Needs (Schools)
LPSPID	Learning Programmes for Severe to Profound Intellectual Disability
PED	Provincial Education Department

DBST	District Based Support Teams
SBST	School Based Support Teams
RA	Reasonable Accommodation
MHCU	Mental Health Care User
MHPF	Mental Health Policy Framework
ID	Intellectual Disabilities
PsyD	Psychosocial Disabilities
SCI	Spinal Cord Injury
CSPID	Children with Severe to Profound Intellectual Disability
PD	Physical Disabilities
ASD	Autism Spectrum Disorder
PoSS	Persons of Short Stature
ND	Neurological Disabilities
HI	Hearing Impaired
VI	Visually Impaired
OT	Occupational Therapy
SASL	South African Sign Language
E2R	Easy to Read
AAC	Augmentative and Alternative Communication
VRI	Video Remote Interpreting
AT	Assistive Technology
OPD	Disabled Peoples Organisations
DSO	Disabled Service Organisations
M & E	Monitoring and Evaluation
Civil Society	Referring to OPD's, DSO's and PwD
NCPD	National Council of and for Persons with Disabilities
DHMIS	District Health Management Information System
DHIS	District Health Information System
PIDS	Provincial Indicator Data Set
PHC	Primary Health Care
WG	Washington Group (statistics)
SIAS	Screening, Identification, Assessment & Support Policy

NSSF	National School Safety Framework
EELC	Equal Education Law Center
PWGD	Presidential Working Group on Disability
NDRM	National Disability Rights Machinery
DRAM	Disability Rights Awareness Month
BBBEE	Broad-Based Black Economic Empowerment
PYEI	Presidential Youth Employment Intervention
NSFAS	National Student Financial Aid Scheme
SASSA	South African Social Security Agency
NASHO	The National Association of Social Housing Organisations
NSP	National Strategic Plan
NSF	National Strategic Framework
MSF	Medium Strategic Framework
NDP	National Development Plan
TAG	Technical Assistance Guidelines
NCD	Non-Communicable Disease
SAHRC	South African Human Rights Commission
IMM	Independent Monitoring Mechanism
NYDA	National Youth Development Agency
NLC	National Lottery Commission
SAPS	South African Police Service
HSRC	Human Sciences Research Council
SARS	South African Revenue Services
GBVCC	Gender-Based Violence Command Centre
GBVF	Gender Based Violence and Femicide
ACSA	Airports Company South Africa
DAC	Disability Advisory Committee
DWYPD	Dept of Women, Youth and Persons with Disabilities
DSD	Department of Social Development
DoBE	Department of Basic Education
NT	National Treasury
DoJ & CD	Department of Justice and Constitutional Development

DoT	Department of Transport
DHS	Department of Human Settlements
DHA	Department of Home Affairs
NDoH	National Department of Health
DPSA	Department of Public Service and Administration
DPWI	Department of Public Works and Infrastructure
DHET	Department of Higher Education and Training
DoEA	Department of Environmental Affairs
DPSA	Department of Public Service and Administration
DSAC	Department of Sport, Arts & Culture
PRASA	Passenger Rail Agency of South Africa
EMU	Electrical Multiple Unit
WPRPD	White Paper on the Rights of Persons with Disabilities
PEPUDA	The Promotion of Equality and Prevention of Unfair Discrimination Act
POPIA	Protection of Personal Information Act
EEA	Employment Equity Act
WP6	White Paper 6 – Special Needs Education
BELA Bill	Basic Education Laws Amendment Bill
CAB	Copyright Amendment Bill
UHC	Universal Health Care
NHI	National Health Insurance
CBMH	Community Based Mental Health
MHCA	Mental Health Care Act

### 3. EXECUTIVE SUMMARY

Since our previous submission to the UN Committee on the Rights of Persons with Disabilities in 2018,

#### a) Implementation of the WPRPD

The government's policies are comprehensive on paper, but implementation, monitoring, and evaluation are often lacking, leading to a lack of accountability across departments and institutions. South Africa urgently needs a Disability Act, and it is hoped that the UN Committee on the Rights of Persons with Disabilities will pressure the state to fulfil this requirement.

SADA strongly recommends the establishment of a Disability Development Agency, organized and funded by DWYPD and National Treasury to:

- Broaden and deepen participation and ownership of the national disability rights agenda by core governance departments.
- Act as a credible, capable, inclusive and activist development agency that is responsive to the plight of PwD.
- Develop, coordinate, monitor and implement programmes to enhance the socio-economic status of PwD through job creation, entrepreneurship, business support and skills development.
- Development of an Integrated Knowledge Hub supported by a Disability Advisory Committee which consists of persons with disabilities.
- Develop internal units to support e.g.: disability services, research and data collection, voting, legal help desk, housing, taxation etc.
- Prioritise technology, innovation and universal access and design.

#### b) Funding to the NPO sector

The government shows a lack of political will and capability in providing effective and efficient services for persons with disabilities. Organisations of Persons with Disabilities bear the burden of filling this gap. To support the non-profit sector, the National Lottery Commission (NLC) has been established and entrusted as a funding mechanism. However, it is riddled with [corruption](#) and the [Dept of Social Development](#) is cutting funds to organisations already functioning under huge pressures. Note SADA's [letter to DSD](#).

We urge Government to be transparent in terms of international grants received specifically relating to disability and to drastically increase budgets towards OPD's and DSO's.

SADA recommend that DWYPD establish a CSI Model where CSI initiatives be identified and listed for community engagement.

#### c) Education

CwD in SA are being denied their right to inclusive education due to the government's failure to establish a comprehensive regulatory framework and allocate adequate funding for its implementation. The absence of enforceable regulations undermines the effectiveness of White Paper 6, and simply updating it is insufficient to address the issue. The closure of schools during the Covid-19 pandemic has exacerbated the crisis. The DBE should prioritize data collection and tracking of CwD to enable accurate budgeting and promote inclusive education in local schools within communities.

d) Health

PwDs are outraged about poor quality and largely inaccessible public health services, and they don't believe that the promised model of UHC will change anything. Specialised disability health services are scarce, and more resources are required, especially at district and community level. SA Medical Association (SAMA) has [rejected the NHI Bill](#) in its current form and [Solidarity](#) is taking legal action. The health budget has been cut from the 22/23 budget of R64.5 billion to R60.1 billion in 23/24 escalating concerns about [NHI being pushed through](#). Appropriate and adequate assistive technology and devices must be prioritized for all PwD.

e) Socio-economic

Unemployment and poverty are major issues for PwD in SA, affecting all aspects of life. Employers often have biased views and misconceptions without evidence to support them. PwD face financial strain while coping with disability costs, supporting their families, and fully participating in society. Adjustments to social grants, which constitute the sole income for 90% of PwD, are necessary. The Government must fulfil its obligation to eradicate unemployment and prioritize this fundamental human right.



#### 4. SPECIFIC ARTICLES OF THE CONVENTION

### Positive aspects noted in the Concluding Observations (2018)

#### Concluding Observation (CO) 3 (a) – GBV Command Call Center

Government has established the GBVCC which operates under DSD. There is an SMS Line for PwD, which refers calls directly to SAPS and field Social Workers, who respond to victims. This service is however not well-known to the public, especially in rural areas.

*What has Government done to:*

- *Establish child-friendly reporting channels, physical and psychological rehabilitation and health services, including mental health services?*
- *Ensure that the GBV call centre is fully available to Deaf persons? No guidelines were published, nor is there real-time access to qualified SASL interpreters. E.g., [Virecom](#) application available.*
- *Establish indicators on disability outcomes that will be included in the SAPS protocol manual on GBVF.*

#### CO 3 (b) Life Esidimeni

Government has failed to take responsibility for this, or to impose sanctions against those responsible. Gauteng DoH have failed to accept accountability or implement remedial actions to our knowledge.

Furthermore, at least [R77 million of taxpayers money](#) has been used on legal representation for the Politicians who signed off on Life Esidimeni, resulting in the death of 144 mental health care users. By comparison, [Legal Aid SA, which has a constitutional mandate to provide legal services to all the indigent of this country](#), has had its [budget cut by 15%](#) due to “resource constraints” and fiscal consolidation. In 2020/21, Legal Aid spent an average of R600 on each of the 331,000 poor people’s matters it finalised. This is a fraction on what is being spent to cover the perpetrators.

- *How can the government justify this expenditure of taxpayer’s money, especially while slashing resources across the Gauteng legal and mental health public sector?*
- *Please provide evidence with clear outcomes about how the Gauteng DoH has implemented the six recommendations from the Ombuds Report (pg. 55).*
- *What measures have Government implemented to test and evaluate the effectiveness of the guidelines developed for licensing of CBMH facilities for persons with severe and profound intellectual disabilities.*

The licensing of CBMH organisations requires scrutiny. Many such organisations continue to operate unlicensed as pseudo-health facilities because the licensing process is cumbersome, expensive and irrelevant; and lacks government support.

Extensive consultation is required to ensure that a practical, realistic, and financial middle ground is reached in terms of licensing regulations, which would meet the mental healthcare needs of residents, but not to operate according to existing hospital guidelines.

- *How is National Government supporting the provinces to improve CBMH services and ensuring accountability?*
- *Why doesn't the provincial departments of health ensure more prompt payments to CBMH organisations and what recourse is there because of Government inefficiencies?*

Report on Mental Health Care noted in Art. 25.

#### CO 3 (c) Laws and policies audit

SADA acknowledges the [Issue Paper No 39, Project 148](#) of the SA Law Reform Commission. We urge Government to take concrete steps to domesticate the CRPD by promulgating the [WPRPD](#) into a Disability Act.

The mental health sector call for a full revision of our [Mental Health Care Act \(MHCA\)](#) to align it with the UNCRPD, updating controversial issues [e.g., involuntary admissions and functionality of all review boards] in consultation with MHCUs.

An audit of laws and policies related to human rights should assess the recurring barriers to policy implementation, [which is a common challenge in South Africa](#).

The [Supported/Assisted decision-making Bill, project 122](#) that has seen no movement since being handed over to the DOJ in 2015.

The [Prevention and Combating of Hate Crimes and Hate Speech Bill](#), which is yet to be approved as law, explicitly includes albinism to the list of characteristics of an offence that constitutes a hate crime.

- *How is Government ensuring that timeous audits reflect all legislation relating to any form of disability?*
- *What is Government's proposed way forward on reviewing MHCA (2002)?*

[The Employment Equity Amendment Act \(Act 4 of 2022\)](#) was met with opposition due to the impact on minority groups.

- *How will Government address the inconsistency and conflict between section 1 and Section 15 and EEA form 17 in terms of equitably representing designated affirmative action groups?*
- *How will Government ensure that PwD are employed, and assisted to acquire work opportunities in line with their experience and remuneration expectation?*

#### **Note Art 27**

The draft [BELA Bill](#) has been met with opposition from many stakeholders. DBE failed to conduct adequate research and engage about the rationale behind amendments. This will impact and restrict CwD, ID and ASD, many of whom are home-schooled. Forced registration will lead to closure of small rural schools.

Another concern is allowing schools to sell alcohol outside of school hours which could be a harmful situation, especially in hostels.

#### CO 3 (d) Universal Design

The draft [National Strategic Framework on Universal Access and Design](#), while welcome, does not adequately cater for persons with invisible disabilities.

- *Why were recognised accessibility methods such as [Easy To Read \(E2R\)](#) not included in the*

*strategic framework?*

The regulation of accessibility in vehicles and facilities to accommodate PwD progress must be accelerated.

- *How do these regulations include accessibility of surrounding facilities, e.g., making both trains and stations accessible. Is there an action plan and timeline in place to remedy?*
- *The City of Cape Town has recently implemented verbal announcements for blind/illiterate passengers on trains. Are there plans to expand rollout elsewhere and in other transport modes?*

## General principles and obligations (Arts 1 – 4)

### CO 4 & 5

SADA is dissatisfied with the slow progress in simplifying and standardizing assessment procedures in various sectors, resulting in many PwD, particularly CwD, being denied their rights enshrined in the SA Constitution.

- *What measures have been taken to standardise the concept of disability and improve assessment procedures?*
- *How has Government included civil society in the design of disability assessment?*
- *Does Government have a best practice model as to how such organisations should provide therapeutic rehabilitative services to people with PsyD in communities?*
- *What is Government doing to ensure implementation of best practices, including those outlined in the [MHPF 2023 – 2030](#) so that CBMH services are places of recovery and support?*

### CO 5 & 6: (a) Participation and consultation

Government's engagements with Civil Society are an afterthought. SADA's members are typically not invited to consultation meetings or invited at the last minute.

- *What measures are in place to enable the disability sector to hold Government accountable to conduct consultation?*
- *What funding is available to compensate organisations who participate in a consultative process?*
- *How will the NYDA include youth with disabilities in skills development and youth employment programmes with a budget of [R1.5 billion](#)?*

### (b) Public officials' training

Government's failure to adequately sensitize officials is evidenced on all levels, from the treatment of NGOs by junior officials through to [inappropriate public statements](#) made by senior Government officials.

- *What steps has Government taken to train officials on the CRPD, including their obligations to protect human rights and was sufficient funds allocated for these trainings?*
- *How will Government prioritise anti-stigma interventions for public officials?*

## Equality and non-discrimination (Art. 5)

### CO 8 & 9 (a) Awareness and application of reasonable accommodation

The National Assembly has adopted the [Copyright Amendment Bill](#) but remains indecisive on the domestication of the Marrakesh Treaty, which could be instrumental to ensure the protection of the rights of print-disabled to access reading material including cross-border materials. Processes are too lengthy, which perpetuates discrimination. OPD's had to fight for their rights via the Constitutional Court.

There remains poor understanding in both Government and society of the barriers experienced by people with invisible disabilities (PsyD, ID and some ND), and the accommodations that mitigate these.

Despite a tool on [reasonable accommodation](#) (RA) developed in 2018 by the DPSA, Government is lagging on implementation.

What is Government doing to:

- *Raise awareness of, and enable the accommodations required by persons with invisible disabilities in schools, businesses and public services and with Government officials?*
- *Consult with Civil Society to ensure that RA becomes mandatory?*

SADA welcomes the adoption of the [South African Sign Language](#) (SASL) as the twelfth official language.

Although some newscasts provide SASL interpretation, they still lack captions which excludes people with hearing impairments.

- *How will Government roll out staff training efficiently to ensure the implementation of SASL as 12<sup>th</sup> language?*

### (b) Legislated protection against multiple and intersectional forms of discrimination.

There has minimal progress in development of legislation and policies to protect people with "invisible" disabilities from discrimination. In rural areas particularly, where old cultural stigmas still inform prejudices where PwD are targets of fear, suspicion, and outright abuse.

- *What large-scale anti-stigma campaigns has Government invested in?*

### (c) Access to redress, compensation, rehabilitation and imposition of sanctions for perpetrators of discrimination

Life Esidimeni is an example of how Government is unable to deliver on this.

Redress cannot be only in the form of financial compensation in the light of scarce resources and reports of limited funding for service delivery.

- *Could Government share examples of PwD receiving compensation, as well as rehabilitation and sanctioning of perpetrators?*
- *Has an integrated data collection system on complaints been established and is such a system disaggregated by sex, age and disability type across all sectors?*
- *Is information available in accessible formats (e.g. Braille, E2R) about the legal remedies and measures of redress/ compensation provided to PwD who have faced discrimination?*

- *How were OPD involved in these processes?*

#### (b) Slow pace of promulgation of PEPUDA

The PEPUDA, now 21 years old, has not delivered and SADA received no feedback from Government on [comments](#) on the Proposed amendment to PEPUDA submitted in March 2021

- *Who is responsible for collecting data on complaints under PEPUDA and how is civil society involved in the process?*
- *Is information on legal remedies and measures of redress and compensation for victims of disability-based discrimination available to the public? If so, how and where?*

## Women with disabilities (Art. 6)

#### 10 & 11 (a), (b) Discrimination against women and girls with disability, including abuse, violence, and exploitation.

The intersectionality of poverty, social stigma, lack of accessible services, and under-resourced schools, effectively exclude women and girls with disabilities.

This is exacerbated by ignorance and cultural norms evidenced in family members, communities and in public service officials.

Legislation has failed to curb this endemic disenfranchisement of women and girls, particularly those with disabilities, with failure of government to address underlying causes.

- *What has been done to raise awareness about discrimination arising from traditional and cultural practices?*
- *How is Government combatting the cultural belief that HIV/Aids can be cured by raping a person with Albinism, especially children?*

Regrettably the [GBVF report](#) on the Implementation of the 2018 GBVF Summit resolutions indicates that cases had **increased**. Commitment to set up a GBVF Council in “six months” has not been realized. The [National Strategic Plan on GBVF](#) was adopted in 2020 but the [media](#) exposes the ugly truth.

#### (c) Measures to prevent and combat discrimination and violence

Women and girls with disabilities are vulnerable to abuse and violence, particularly sexual violence, and the lack of access to services such as healthcare and police protection aggravates the discrimination.

- *What measures ensure that GBVF information and services are accessible for PwD, and that services are provided in an appropriately sensitive, manner?*
- *How does legislation protect PwD who are part of the LGBTIQ+ community?*

## Children with disabilities (Art. 7)

### CO 13(b) Legislation to the right to Inclusive Education (IE) noted in Art 24

#### Children's Act (Section 7)

- *Will Government ensure that CwD and SwD are included in the Childrens Parliament and other bodies?*

### CO 13 (c) physical, sexual, verbal and emotional abuse in LSEN schools

35, 209 children are accommodated in 179 special schools with hostels far away from their communities.

DBE claims they monitored the implementation of the National School Safety Framework (NSSF) in all schools, but there is no reference to school's hostels.

Dilapidated infrastructure, overcrowding, inadequate resourcing and abuse leave CwD in hostels vulnerable to abuse and exploitation and unable to report these instances confidentially.

CwD experience humiliation and lack of respect for their dignity, as well as verbal and emotional abuse in hostels, and [sexual harassment](#) from transport drivers. CwD described how lack of understanding, the calling of ancestors or traditional healer/Sangoma to perform cleansing rituals a contributes to their being victimized. Sexual offences against children ([SAPS 2020](#)). highlights the severity of the problem.

- *When and how did Government develop the recommended plan of action to prevent violence and abuse to CwD?*
- *How were OPD and parents involved in these processes?*
- *Does the plan include a comprehensive vetting procedure before recruitment (including for criminal records) for all teachers and officials working with children?*
- *How is the plan monitored and how effective is this especially in special education settings?*

### CO 13 (d) Develop and adopt effective implementation plans for prevention and early intervention.

#### Violence & Hate crimes

Citizens who report an act of violence or [abuse against children](#) with disabilities, often report having received minimal basic support during the time of reporting. Violence prevention campaigns occur in few provinces.

SADA appreciates the SANCRRC's 2020 [Submission to the UNCRC to inform the](#) <sup>2</sup> (LOIPR).

- *When and how did Government develop the recommended plan of action and were OPD's and parents involved?*
- *Does the plan include a comprehensive vetting procedure for all teachers and officials working with children before recruitment?*
- *How is the plan monitored and reports published?*
- *How effective are the National Sexual Offenders Register and National Child Protection Register?*
- *Are these measures available and accessible to all?*
- *Has Government established programmes to educate children about their rights?*

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<sup>2</sup> SANCRRC's 2020 Submission to the UNCRC to inform the LOIPR.

- *Have Government engaged with traditional healers regarding the manifestation, identification and referral for PD and other invisible disabilities(e.g. epilepsy)?*

In 2018, only [three provinces](#) report having child psychiatrists working in the public sector, which is inadequate to service the patient base.

- *How has the findings from the [2021/2022 Child Gauge](#) informed the Government's investment in child and adolescent mental health services?*
- *In 2020, 62.1% of South African children lived in [multiple deprivation poverty](#), how is Government supporting families of children with disabilities?*
- *In 2019 DOH commissioned a Mental Health Investment Case report to cost the scale up of mental health services for SA, including people with PD. When will this be released?*

## Awareness Raising (Art. 8)

### CO 14 & 15 (a) National strategy for awareness-raising

SADA welcomes the Cabinet approval in 2022 of the National Framework for Disability Rights Awareness Campaigns and apparent progress at cabinet level to formalize such campaigns.

We recommend that proposal criteria are in line with the UN Disability Rights Month theme.

- *How does the framework deal with PD, ID, Albinism, Invisible disabilities, Under-represented groups, mental health?*
- *What are the timelines for implementation of this framework?*
- *How were Civil Society, including traditional and religious leaders, involved in the development of the framework?*

### (b) Implementation of awareness-raising campaigns

The media plays a vital role in communicating messages about mental health and disability.

- *Has Government developed any sensitisation, anti-stigma and human rights programmes to utilize the media?*
- *How will PwD and organisations working with these groups be involved in the implementation and monitoring of these campaigns?*

### (b) Inclusion of persons with disability

Community-based organisations and SADA are positioned to facilitate such campaigns. SADA would like to see budgets aligned to capacitate these.

- *How does the framework envisage the part civil society will play in the implementation and M&E of campaign plans?*
- *What has Government done to ensure that provincial budgets provide for such participation?*

## Accessibility (Art. 9)

### 16 & 17 (a) National framework for Accessibility and services

SADA has noted how the lack of accessibility in services impacts on PwD.

Banking - Government lacks commitment to any action to ensure universal access to banking systems. Instead, organisations of, and for PwD are themselves engaging the banking sector to ensure accessibility to facilities.

Deaf and hearing-impaired persons - With no mandated requirement for public and private sector organisations to make available assistive measures, assistive technology remains inaccessible for most Deaf and hearing-impaired persons.

Persons with mobility impairments – In the National Rehabilitation Policy (NRP, 2000), Government commits to providing individualized assistive devices to all persons with mobility impairment. There are extremely long waiting lists for devices in all provinces. An [independent study](#) recommends that rehabilitation be aligned with strategic, national goals if change is to be achieved in line with the WHO [Rehabilitation 2030](#) guidelines.

Accessible parking - The proposed National Parking Disc Scheme was accepted by SADA and shared with the National Department of Transport in 2018.

Minimal progress in the implementation of standardized policies and requirements for disability-dedicated parking facilities across all provinces and local authorities is evident.

Bus, rail transport – SADA commends Government on the implementation of [Bus Rapid Transit](#) system, PwD, however, this has only been implemented in 4 cities to date. Long haul and metro bus systems, and other transport, in most municipalities remain a nightmare for persons with mobility impairments, especially in rural areas. Door-to-Door Disability transport services are available in Cape Town and Durban only and are over-subscribed.

Taxi recap project did not include accessibility, and this remains the biggest problem facing PwD, especially wheelchair users and PoSS in informal and rural areas.

The [National Land Transport Act of 2009](#) allows for regulating accessibility in vehicles and facilities to accommodate PwD. SADA feels progress must be accelerated.

- *How do these regulations include accessibility of surrounding facilities, e.g., making both trains and stations accessible. Is there an action plan and timeline in place to remedy?*
- *The City of Cape Town has recently implemented verbal announcements for blind/illiterate passengers on trains. Are there plans to expand rollout elsewhere and in other transport modes?*

Air transport - The ACSA has established accessible airport infrastructure and consulted the disability sector regarding access, seamless travel, complimentary services, parking and curb-to-curb services. The ACSA disability forum has been in existence for over a decade and has ensured open dialogue in the airport environment.

- *Does Government plan to implement E2R programmes and to upskill public and private sector organisations to work effectively with persons with ID?*
- *How will Government ensure that the parking disc system is standardised, coordinated and implemented throughout SA?*
- *Will Government enforce sanctions for disability parking misuse at Government buildings and shopping malls?*
- *Will Government ensure that traffic department officials receive disability sensitisation training?*
- *Does Government plan to implement [Video Remote Interpreting](#) (VRI) and other National Relay Services (NRS) across the board to connect Deaf people with qualified Sign Language Interpreters in real-time?*
- *What is the status and budget allocation for assistive technology and devices?*
- *How does the Government plan to meet the goal set out in the [National Rehabilitation Policy](#) of*



- *providing appropriate devices based on appropriate technology?*
- *What is the plan to overcome the backlog in applications for assistive devices with extremely long waiting periods?*
- *Why aren't mobility scooters included in this list?*
- *What is Government doing to ensure accessible transport, especially taxis?*

OPD's were able to establish a permit system, obtainable from the DoEA and DoT for persons with severe mobility impairments. However, the verification process is tedious and unknown.

- *How will Government ensure accessibility and implement Universal Access to beaches and surrounding areas from WESSA/Blue Flag?*
- *Current Building Standard (SANS10400 Part S Building Standard) is not easy to apply for without the necessary knowledge and experience. How will Government enforce these guidelines?*

#### Rebate system:

- *Does Government have any programmes in place to inform PwD of the rebate system and disability taxation?*

#### (a) National Building Regulations and Building Standards

##### Act Building Regulations

The National Disability Rights legislation has been initiated by the SALRC and aims to provide recourse mechanisms for non-compliance on building regulations, poor implementation of universal design and access requirements. However, architects' education about disability and accessibility is lacking and there are inadequate approval processes for new buildings to comply with the existing minimum standards from 2011.

- *How and when will Government enforce compliance with building regulations?*

## Right to Life (Art. 10)

#### 19: (a) Protection of and justice for persons with albinism & PwD

The ongoing [electricity crisis](#) has been declared a [national state of disaster](#). Many people with high-level spinal cord injury using CPAP therapy and oxygen have been at risk of breathing complications as well as sleep deprivation. Organisations for [PwD](#) are inundated with requests for funding of battery options for their ventilators, oxygen machines and TPN feeders. Has Government not learnt from the tragic case of Life Esidimeni?

- *What measures will Government take to resolve the dire electricity crisis to protect the lives of PwD?*

#### Also Refer to Art 15, 29 b

#### (b) Enforcement of the Ekurhuleni Declaration

- *What has Government done to enforce the resolutions taken at the [Ekurhuleni Declaration](#)?*

## Situations of risk and humanitarian emergencies (Art. 11)

### CO (a) universal accessibility and inclusion

#### General comment No. 2 (2014) on accessibility and the Sendai Framework for Disaster Risk Reduction (2015)

SADA acknowledged the inclusion of disability into the National State of Disaster Regulations.

Many of our community-based organisations faced challenges during the pandemic, placing themselves and their beneficiaries at further risk. This included late payments of subsidies in residential facilities, along with non-provision of resources like PPE's.

The Covid-19 pandemic shed light on the severe health inequalities impacting PwD. These inadequacies deteriorated as a result of the pandemic, exposing health and social care systems as ill-equipped and unprepared.

- *How will Government ensure that the [WHO guidelines](#) are adopted, and implement interventions to ensure that PwD receive adequate healthcare and information in future humanitarian crises?*
- *How will Government ensure that more resources are provided to OPD's to assist with the development and distribution of quality and accessible information during crises?*

Despite PwD participating in the Government's Covid-19 Crisis Committee and the PWGD providing recommendations, key policy responses failed to directly speak to disability. In fact, the latter went as far as utilizing the [Clinical Frailty Score](#), directly limiting PwD' access to emergency healthcare until it was challenged and amended. The prognostic score determining access to resources and care based on chances of survival is a human rights violation.

SADA raised concerns to the NDoH about how PwD might be omitted in allocation of ventilators and other emergency treatments during the Covid-19 pandemic, especially persons with SCI, rare diseases and ID.

The reliance within the NDoH on the medical model approach to disability has led to the consistent failure to recognize or include disability and [rehabilitation](#) in essential health policy and planning initiatives. The presence of inflexible and inefficient bureaucracy, coupled with siloed directorates and communication channels, contributes to a punitive atmosphere that fosters fear and hampers innovation and collaboration.

### (b) Accessible information

During the Covid-19 pandemic almost half of the PwD in the survey conducted by NCPD and the HSRC were not aware of any special interventions by the Government, only 38% were aware.

## Equal recognition before the law (Art. 12)

### CO 22 & 23 (a) decision-making and adoption of legislation

In its 2015 report, the SALRC gave recommendations to replace the current common law curatorship system. To date this report remains with the DOJ and SADA can't find information as to the status of this report.

- *When will the [Project 122 report on Assisted Decision-making](#) from 2015 be officially responded to?*

(a) Training for all stakeholders

To SADA's knowledge no training or consultation on supported decision-making has taken place, with Civil Society on the development of such programmes.

Also refer to Art 13, 25 (b)

## Access to justice (Art. 13)

24 & 25 (a) Establishment of legal safeguards in all judicial premises

In its 2021-2025 Strategic Plan, the DoJ & CD acknowledged the inaccessibility of its systems and facilities and committed that all new legislation will ensure improved and equal access to justice services.

- *When will these improvements be implemented and have budgets been allocated?*

Neither the [National Prosecuting Authority](#) (NPA) nor the [South African Police Services](#) (SAPS)' Strategic Plans for 2020-2025 include strategies to address the gross injustices suffered by persons with ID and PsyD. Neither entity has a national policy on disability, and to date there seems to be [no protocols and guidelines](#) on how to serve complainants (and defendants) with ID.

- *What awareness raising on human rights of PwD and training of staff has been done in the legal system?*
- *What has Government done to provide access to justice in accessible formats? E.g., EtR, Braille, SASL, VRI and ACC (for non-verbal speaking persons with ID).*
- *What timeline can we expect from Government to include strategies and guidelines in the NSP through the legal system?*

5th annual report on the implementation of the WPRPD: The DoJ & CD developed a national policy framework on reasonable accommodations for court users with disabilities.

- *Where can this framework be accessed by the public and how has it been disseminated?*
- *What are the timelines for this policy framework implementation?*

The Commissioner for the SAPS has approved the Draft Strategy on the Provision of Services to PwD, which outlines the responsibilities of each unit to improve access to police services by PwD. The report on the implementation of the SAPS action plan on policing PwD was compiled based on submissions from provincial commissioners and divisional commissioners.

- *How were PwDs and relevant NGOs involved in the development of this strategy and what are the timelines and budgets for implementation?*

(b) Access to justice and information and communication in accessible formats.

- *When will the [Blue Print Policy](#) in accessible formats be implemented which must ensure that courts and other facilities provide information to blind, Deaf and Deafblind persons?*

### (c) Training programme for judicial officials

The DoJ & CD has embarked on capacity building programme for officials at courts, judges, and legal representatives that encompass access to justice for PwD. This programme and training were conducted through the Justice College and the Chief Directorate: Promotion of the Rights of Vulnerable Groups.

SADA is concerned that this programme, if implemented, has to date not resulted in improved access to the justice system for PwD, particularly Deaf and hearing-impaired, blind, DeafBlind and persons with ID.

- *Were PwD involved in the development of this training and is implementation monitored and the impact assessed?*

## **Liberty and security of the person (Art. 14)**

### 27 & 28 (a) The repeal of all legislation that authorizes forced institutionalization.

#### (b) De-institutionalisation

SADA's concern is that many of the Review Boards, as outlined in the MHCA, are non-functional and do not afford MHCUs protection. 28 Mental Health Review Boards have been established. Resources and statistics for the Boards limited.

- *How will NDoH and Provincial DoHs work together to ensure availability and functionality of Review Boards in all provinces, in keeping with the MHCA?*
- *What is the national plan or strategy for persons with severe mental health conditions that need permanent care and how is this process monitored?*

**Note Art 12** [Project 122 report on Assisted Decision-making](#)

## **Freedom from torture and cruel, inhuman or degrading treatment or punishment (Art. 15)**

### 29 (b): Justice for victims of abuse and cruel, inhuman or degrading treatment

Because SA still has an over-reliance on "hospital model of mental health care", services continue their heavy reliance on psychiatric hospitals.

- *How will the MHPF 2023-2030 be utilised to reduce unnecessary institutionalisation of persons with mental disabilities, specifically in terms of shifting funding towards CBMH and not hospital care?*
- *When will the National Action Plan of on Albinism to end attacks and other human rights violations (2021–2031) be adopted and implemented? This protocol is crucial also to combat cross-border human and body parts trafficking.*

### 29 (c): Empower the National Human Rights Commission

The SA Human Rights Commission is failing the victims of the Esidimeni tragedy in its role as monitoring body.

- *What has Government achieved in line with the [Optional Protocol to the Convention against Torture](#) especially for the victims of the Life Esidimeni tragedy and their families?*

### 30 & 31

**Noted in** (a) Positive Aspects and Art 6 and SAHRC – in Art. 33

## **Freedom from exploitation, violence and abuse (Art. 16)**

Despite legislation promoting equality, exploitation of PoSS continues although sometimes in more subtle forms. PoSS may willingly participate in events such as "dwarf festivals" or other entertainment events which often takes place under the banner of awareness raising but is solely for the financial gain of the organisers.

If society continues to profit from the abuse or exploitation of PoSS, they will continue to be viewed as lesser human beings in the eyes of society.

## **Living independently and being included in the community (Art. 19)**

### 34 & 35 (a) National strategic and legislative framework on de-institutionalisation.

SADA is concerned about the persisting lack of political will regarding evidence-based and rights-based deinstitutionalisation, including upscaling of quality CBMH services.

The process of deinstitutionalisation must avoid abuse and poor living conditions and work towards a model of care that is more conducive to integration, improved personal relationships and the preservation of human rights.

Implementing effective [deinstitutionalisation](#) cannot be an "optional" for provinces and districts, instead 100% mandatory and should be monitored rigorously with serious repercussions for failure.

- *How are responsibilities for deinstitutionalisation being devolved to provinces and how is compliance being monitored by the NDoH?*

SADA commends the DHS and DSD for the resolution that DHS will carry out the capital component and DSD will be responsible for the operational costs of the Special Needs Housing Policy. However, policy and implementation guidelines have yet to be approved by both ministers despite the policy having been in development for almost 30 years.

- *When will the final Special Housing Policy and guidelines be presented to both departments for signature?*
- *Does the policy make provision for what happens if one department is not able to fulfil their financing obligations?*

- *Where can we access information about special needs housing pilots in the previous years?*
- *What funding progress has been made by the NASHO Action Group for [state-supported transitional housing](#), including for PwD?*
- *Where and when will state-funded transitional homes in the community be established?*

(c) Action plan to develop community support services in urban and rural areas.

Another crucial issue is that of Government subsidies and how these are paid to NGOs delivering services on behalf of Government.

Specific problem areas:

Significant disparity exists between subsidy levels at provincial level (responsible for implementation).

- *Will Government standardise subsidy rates across provinces?*

Funding allocated by Government in support of disability service delivery is often subject to delayed payments with devastating impact on the financial sustainability of disability organisations.

- *How much funding is received from the World Bank, UN and other international bodies specifically for disability, and how it is allocated?*

36 & 37 (a) Mobility and assistive technologies, and intermediaries.

Noted in Art. 9.

SADA welcomes improved appropriateness of devices due to outreach clinics which are situated closer to users.

- *What budget has been allocated for assistive technology?*

(b) The lack of orientation and mobility practitioners.

A recent mapping exercise of [rehabilitation](#) human resources in three provinces, found that there is a heavy reliance junior staff, a shortage of senior and managerial staff, and a therapist-to-uninsured population ratio comparable to low-income countries like Bangladesh.

## Freedom of expression and opinion, and access to information (Art. 21)

(a) Amendment of the Constitution (SASL) as the 12<sup>th</sup>

Noted in Art 5

(a) Mass media accessibility

There remains a marked lack of access to information at most Government departments, and SASL is used only on selected television channels, with very few providing subtitles.

- *How has the disability sector been consulted in delivering these specialised types of services and training?*
- *Will Government establish a regulatory body for SASL Interpreters to ensure that only qualified and experienced interpreters are used?*
- *What measures has Government taken to enforce website accessibility?*

## Respect for privacy (Art. 22)

The protection of personal information, including diagnoses and ID numbers, when providing subsidy payments to CBMH organisations must be aligned with the UNCRPD. The POPIA should be upheld to safeguard the rights of MHCUs.

Currently, unlike SASSA grants, this information is collected and stored in non-secure paper-based systems within CBMH organizations. Exploring alternatives such as using case reference numbers could serve as a protective measure for granting subsidies.

- *How will Government standardize and safeguard personal information during audits of CBMH organisations?*

## Education (Art. 24)

### CO 40 (a), CwD not in school, IE, and safety in school hostels.

The UNCRC (CRC/C/ZAF/CO/2, paras. 43–45, 2016) required enactment of legislation giving full effect to the right to IE for all CwD - this has not been implemented. The right to immediately realisable education is enshrined in SA (Constitution Section 29, Children’s Act Section 7) and is not realised although WP6 was introduced 22 years ago.

In its 2019 recommendations the ACERWC<sup>3</sup> also states that the country needs to ensure that children with disabilities can access free basic education in mainstream schools.<sup>4</sup>

In November 2021, DBE hosted an [Inclusive Education Summit](#) and proposed the establishment of an intersectoral task team to comprehensively review Government’s [poor implementation WP6](#) and the regulatory framework is in terms of Government’s domestic, regional and international obligations.

In the 2018/19 Auditor-General’s report revealed that ‘77% of the selected IE directorates and DBST’s at the education districts did not adequately support the educators and SBST.

It further stated that 79% of FSS schools lacked adequate resourcing in terms of infrastructure, assistive equipment and funding in terms of IE. DBE issued a circular on the Temporary Suspension of the Designation of Full-service Schools, asking provinces to consider suspending the designation of FSS for three years.

- *What measures has Government taken to adopt a legislative framework for IE, including time frames and representation of OPD’s?*
- *Will Government provide qualitative data on the functioning of special schools as resource centres and plans on how the remaining special schools will be supported to fulfil this role?*

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<sup>3</sup> ACERWC, Concluding Observations and Recommendations to the Government of the Republic of South Africa on Its First Periodic Report on the Implementation of the African Charter on the Rights and Welfare of the Child (2019) para 27(b)

A SADA member organisation study across all 9 Provinces, reported that most parents of CwD indicated that their children are not attending a school, centre, creche, or ECD.

Government reports on the number of [out-of-school children with disabilities vary widely](#):

- About 597,953 in 2015 (DBE in EELC<sup>5</sup>, 2021)
- About 480,036 (Stats SA, General Household Survey)
- About 300,000 in (DBE 15 Aug 2022)

This is unacceptable as inadequate data is likely to result in poor planning, budget allocation and a lack of accountability.

- *With no tracking system and lack of reliable data disaggregated by age, gender and disability, how will DBE mobilise and accommodate out-of-school CwD?*
- *What plans are in place to track and facilitate the readmission of children that have dropped out? [Government's failures are widespread and devastating](#) and amount to systemic violations of CwD' constitutional right to IE, measured against the goals and standards of IE including the right to accessibility and individualised support including RA.*
- *What measures has DBE taken to hold management of schools who refuse to admit learners with disabilities, accountable?*
- *What measures have been taken towards implementation of the [UNESCO Convention Against Discrimination in Education](#)?*
- *How is DBE quantifiably measuring progress in IE and is this information publicized?*
- *How will DBE address the inconsistencies among PED?*

#### Autistic learners

Autistic children are sometimes placed in LPSID schools regardless of intellectual or other disabilities.

- *Does the current [SIAS policy](#) capture children that have dropped out and is there follow through?*
- *What is being done to build the capacity of parents and caregivers to safeguard the well-being and best interests of CwD, as provided for in the Children's Act?*
- *How will traditional leaders and local structures be included in the implementation plan?*

#### CRPD CO pg. 10 (b) Barriers against students with disabilities to access mainstream schools

DHET and DBE collaborated with universities and NGOs to support development of disability inclusive teacher education supported by funding from the European Union.

- a) University of Pretoria – visual impairments
- b) University of Witwatersrand - hearing impairments
- c) University of Johannesburg – neuro-developmental impairments
- d) University of Cape Town – overview of IE, courses on vision, hearing and intellectual impairments

SA Schools Act afforded SASL official language status for the purpose of teaching and learning in schools for Deaf learners, education on deaf culture and basic SASL within hearing public schools to lessen divide between the Deaf and hearing communities.

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<sup>5</sup> <https://eelawcentre.org.za/wp-content/uploads/eelc-shadow-report-to-the-african-committee-of-experts-on-the-rights-of-the-child.pdf>



Limited involvement of OPDs regarding disability specific teacher programmes (including Local and National Deaf Associations).

- *What has DHET done to ensure that IE is a compulsory module with practice learning objectives including SASL at all teacher training colleges and universities?*

#### CO 40 (c): Budgetary allocations for IE | disaggregated data collection | mainstreaming

##### Insufficient Budget Allocation

To date no dedicated funding has been allocated to the implementation of IE. Funding norms and standards were only approved as guidelines and therefore have no enforceability. This also means that no additional funding can be requested from treasury. The DBE has tabled a budget of R34 370 billion needed for full implementation of special schools funding. The 2020/21 budget = R10 074 billion, with a shortfall of R24.295 billion. This budget makes no provision to fund RA in mainstream schools and continues to prioritise funding for special schools.

- *What are the plans for IE to take priority in budget allocation rather than special schools?*

##### CO 40 (d) IE

DBE appears to promote IE through special and FSS rather than mainstreaming inclusion in ordinary schools.

Mainstream schools in communities are not adequately resourced to provide RA.

End of 2018, PEDs designated 848 public ordinary schools into FSS, but the Auditor-General of South Africa's (AGSA) education sector audit identified several shortcomings in up to 80% of these schools.

DBE Circular S4 of 2019: PEDS to undertake various remedial actions, and a moratorium on the designation of FSSs for three years.

- *What were the outcomes of these remedial actions?*

##### Reasonable Accommodations

DBE placed 121,461 learners in ordinary schools with no elaboration on how these schools were resourced and funded to provide successful outcomes (Presentation by the DBE in September 2021). Parents carry burden for RA in ordinary schools. Some parents forced to pay for teacher's assistant as prerequisite for enrolment.

In one case a mother of a child with Down Syndrome was informed that a class aide was only available for autistic children. Need clarity on what RA means in SA education system.

- *What measures have the DBE taken to hold PEDs accountable to implement IE and what funding has been provided to PEDs to enable them to do so?*

##### Blind learners

DBE purchased over 26 000 copies of Braille and large print language textbooks in 2021 following an out-of-court settlement with the blindness sector and other stakeholders.

Hostels Refer to Art. 7 above.

## Covid-19

Schools were closed in March 2020. Government declared Covid-19 a national state of disaster from March 2020 - April 2022 The DWYPD's report (2021), estimates only 20% of SA children had access to online schooling resources during the pandemic.

Learners with disabilities were adversely affected by lack of access to devices and the cost of data, (laptops and computers), availability of online resources, parent skills and a lack of support from schools.

- *What measures has the party Government taken to reclaim the lost learning time for CwD during Covid-19?*
- *How will they ensure greater preparedness for such a future pandemic?*

## Health (Art. 25)

### CO 43 (a) Universal Health Care

Discussion about state health services elicits strong and often angry responses and opinions.

SA has a two-tiered, highly unequal, [healthcare system](#). The public sector is state-funded and caters to the majority – 71% – of the population. The private sector is largely funded through individual contributions to medical aid schemes or health insurance and serves around 27% of the population.

The South African version of UHC, called [National Health Insurance \(NHI\)](#), is non-transparent and non-collaborative in its planning, with [PwDs making it clear](#) that they want meaningful involvement in decision-making for the NHI.

NHI is a long-proposed controversial financial mechanism without legislative approval creating SA's largest state institution as a nationalised, [politically driven](#) health insurance scheme. The current form is considered unconstitutional (note Executive Summary).

UHC's co-equal parts go beyond financial protection to include health quality and equity where NHI focus on primary care. [Health equity for PwD](#) is at the heart of UHC and the absence of unfair, avoidable, or remediable differences among groups of people. PwD require advanced, individualised and frequent care both in the community and from specialised healthcare providers.

Existing [state health services](#) are chronically overburdened and poorly functioning with systemic problems ranging from poor management, absent or poorly trained staff human resources, non-compliance with health standards, and corruption. The collapsing [national electricity supply](#) compounds the already [dire situation](#) affecting the poorest and most vulnerable.

The largely unimplemented national mental health policy commits to ensuring the availability of [psychotropic medicines](#) at all levels within the national formulary.

- *Why are there still medication stock outs?*
- *How will NHI ensure that NO PwD is left behind and include the integration of routine PHC services of specific chronic care services?*
- *How will NHI be funded? Will existing private health insurance reserves be used to kickstart NHI?*
- *How will NHI ensure that PwD have reliable, affordable and accessible transportation services to clinics and back?*

A recent, progressive NCDs policy includes PwD. However, NCDs diagnosis and treatment are not a national health priority. NCDs and disability are complexly comorbid, making health inequity more extreme.

- *Why are there no transparent provincial budgets and programmes for NCDs at the implementation level?*

In stark contrast, the HIV/AIDS and TB programmes, a national policy priority, with ring-fenced budgets down to the district level. The policy is disability-inclusive due to vigorous lobbying from PwD.

### Accountability

The supply chain for medicine and other resources is defined, yet there is often poor supply and stock-outs.

- *Why isn't Government transparently reporting problems and interventions to PwD?*
- *Persons with Albinism need 100% sunscreen and high-protection UV sunglasses. Why is only inadequate 30% sunscreen supplied, resulting in many cases of skin cancer?*
- *When will an efficient patient record administration system be implemented across the value chain to avoid record loss?*
- *What measures will be utilised to eradicate corruption and wasteful expenditure and address issues around divisional autonomy, reporting structures from patients and advocacy groups?*
- *How will Government ensure accountability and ensure M&E if the NDoH is not mandated to do so?*
- *Why isn't the repair and maintenance of health facilities and equipment prioritised and previously well-kept facilities now abandoned?*
- *Why aren't medical staff trained on disability and patient compliance? Treatment and follow-ups become the patient's responsibility but are rarely discussed with PwD.*

### Human rights & ethics

- *Why isn't informed consent routine for all elements of diagnosis and treatment? "Patients are treated like cattle, with no discussion and dished out whatever is available at state facilities."*
- *What measures are in place to educate healthcare providers who perform involuntary sterilisation of PwD?*
- *Are accessible awareness-raising programmes on sexual & reproductive health available in all areas?*

### Cultural beliefs.

80% of people consult with traditional healers before considering state healthcare.

SA urgently requires a strategy on issues of mental health within the context of diverse cultural groups.

- *Will Government take the lead with strategy to guide SA's diverse groups to foster increased understanding, dialogue, and community cohesion in our society?*
- *How is the formal healthcare system engaging with traditional leaders to improve wellbeing for people with ID and people with PD?*

### CO 43 (b): Accessible information

- *Will Government make health related information available in Braille, large print, E2R at clinics as well as transparent masks to allow people with hearing impairments to lipread?*

#### CO 43 (c) Disability training for healthcare staff

Disability is poorly integrated into undergraduate curricula with training taking place mainly at central facilities (tertiary/central hospital level). Many interventions required by PwD may be unavailable at district level, with health professionals being unaware of or lacking confidence to apply them. The scarcity of specialists makes access very limited, even when available, patient transport is restricted by a limited pool of ambulances. Arranged patient transport is inaccessible resulting in missed appointments, wasted trips or no services.

- *What is Government doing to facilitate disability sensitisation training based on the UNCRPD to all medical staff and practitioners throughout the value chain?*

## **Habilitation and Rehabilitation (Art. 26)**

A review of disability and rehabilitation data in the [2020 South African Health Review](#) confirms access to assistive devices in SA shows significant disparities across provinces, resulting in low coverage rates.

Despite ratifying the UNCRPD, the country faces challenges in reporting progress due to insufficient disability data and its poor quality across sectors, including healthcare.

To address this issue, the DSD, Stats SA, and the World Bank initiated an effort to harmonize disability definitions and data, aiming to enhance M&E in service delivery for vulnerable individuals. This initiative is now driven by DWYPD but the lack of data hampers civil society's ability to hold the government accountable and prevents the application of vertical equity for marginalized groups when planning, budgeting for, implementing or monitoring Government services.

Decades of underinvestment and staffing in disability and rehabilitation services have led to fragmented, poorly organized, and centralized hospital-based services. Few departments have a full multi-disciplinary rehabilitation team who provide outreach services beyond clinic visits, with insufficient or appropriate databases to monitor service delivery.

Additionally, supply chains for assistive devices have been disrupted, exacerbating an already inadequate coverage rate.

Inefficient bureaucracy, rigid channels of communication within siloed directorates, and a punitive approach instils fear and has been stifling innovation and collaboration for three decades.

- *The sector request feedback and mitigating plans for the delay in the RT233-2023 tender.*
- *What measures has Government taken to map the human resources for [rehabilitation](#) and address the lacking service delivery? <sup>6</sup>*

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<sup>6</sup> [RuReSA](#)

- *What are the Government's plans to increase the budget allocations to support local production facilities to overcome the significant financial loss, and to bridge the gap in production and fitting caused by ongoing delays in finalising the tender process.*

Many rehabilitation departments simply closed shop, reduced staffing by 50%, or limited services to in-patient activities only. Many community therapists leave public service due to the “revolving door system.”

- *When will Government update the Standard Treatment Guidelines to include all variables to include high-risk groups (e.g., SCI and CP)?*
- *In a sluggish environment since 2010, which training programmes have been offered to mid-level rehab workers?*
- *Will Government include rehabilitation as an essential service to PwD?*

## Work and employment (Art. 27)

### CO 44 (a) Employment Equity for PwD

SA has a progressive legislative framework that promotes employment of PwD, including both legislation and guidelines for employers, as well as a monitoring framework on disability.

However, this framework has not transferred into practice, and PwD remain severely under-employed (just 1% according to the [2022 Employment Equity report](#)).

SADA welcomes the changed definition of disability in the EEA which includes the word 'barriers' but is concerned about the absence of supporting code to assist employers explaining this context thus limiting implementation. The only reference to disability is that 2% of a workforce must be made up of PwD.

In section 15, PwD have been categorically excluded from the requirement to measure BBBEE as stipulated in Section 15 despite being a bona fide and designated group and required for form EEA17.

### **Note Positive Aspects CO 3 (c) Laws and policies audit above.**

Since 1994, the implementation of BBBEE in SA has primarily focused on rectifying racial inequality, with minimal attention given to the employment of PwD. The existing legislative framework lacks effective penalties for employers and incentives for those who hire PwD. Moreover, the legislation inadequately addresses the concept of RA, leading to the misconception that accommodations would be excessively costly. Additionally, there is a loophole in the legislation regarding learnerships, where individuals in such programs are counted as employees.

- *How does Government plan to build real incentives and enforceable penalties into Equity legislation to ensure an increase in the employment of PwDs in the private sector?*
- *What is being done to ensure that the 2% target for the employment of PwDs in the public sector is reached and boosted to 7%?*
- *In cases where this target has been reached, what proportion of this number is made up of persons with “invisible” disabilities?*

### CO 45 (b) Employment strategies in line with target 8.5 of the SDG's

SADA welcomes the PYEI which included RA policies to facilitate the ability of PwD to perform optimally.

Vocational programmes for PwD seldom result in permanent employment. Likewise, sheltered employment in protective workshops has not led to significant permanent employment for, or the development of small businesses owned and operated by, PwDs.

- *Where is DSD's transformation strategy for protective workshops, and how will this strategy ensure a higher rate of transition into sustainable employment opportunities for PwDs?*
- *How will Government ensure that learnerships transition to actual employment?*
- *How will Government expedite reliable, disaggregated data collection in terms of employment of PwDs?*

#### Discrimination

Employees who have taken leave due to mental illness face difficulties when reintegrating into the workplace, as many employers lack understanding of the accommodations needed for a successful transition.

A lack of understanding and ignorance about PsyD and mental illness results in employers adopting discriminatory, even unwritten, policies to not employ job candidates who disclose such conditions.

According to SADA, Government has made inadequate efforts to address social and cultural stigmas and superstitions that deter employers from hiring individuals with certain disabilities, such as albinism, ID and PsyD. Another marginalized group, PoSS, often face employment barriers due to misconceptions and the historically limited view of their roles as clowns or party novelties, even noted by [high-ranking officials](#).

- *What protection is given to a person with a PsyD or ND who discloses this fact either during the employment process or once employed?*
- *What measures are Government using to educate both employers and individuals about their rights, options, and obligations regarding disclosure?*
- *Similarly, what support does Government offer to individuals and employers struggling to navigate this area?*

#### CO 45 (c) Accessible work environments

- *Has Government established an independent body to review policies, M&E and implementation measures, resulting in accountable enforcement?*
- *Does this body have a DAC made up of OPD's, and PwD to ensure proper consultation?*
- *When will the DPWI establish a universal access policy in all Government departments?*
- *How will Government increase collaboration between the DoT, universal access consultants as well as OPDs which includes the development of employer disability awareness training?*
- *Has Government considered adapting non-physical work environments to accommodate persons with PsyD and ID, who need changes in terms of work practice and how they're managed rather than changes to their physical environment?*

#### CO 45 (d) Rehabilitation and compensation.

There is still no tangible data available on the employment of PwDs.

## Adequate standard of living and social protection (Art. 28)

### CO 47(a) Social grants and cost of disability

The criteria used to assess a person's eligibility for a disability grant do not adequately consider persons with [PsyD](#).

Assessment criteria for persons with hearing loss do not consider that a person might be able to speak fluently despite having significant hearing loss. This leads to mis-assessment and denial of grants to persons who should qualify.

The process of obtaining a disability grant is extremely challenging due to an [ineffective Government system](#).

The disability grant (currently R2 080 pm) does not afford a recipient a decent standard of living.

Government provides for an additional grant-in-aid to social grant recipients who need to employ a full-time carer. However, at R500 per month, this grant is inadequate where the minimum wage for a full-time caregiver is + R4 000 pm.

Disability grants should be raised to equal the national minimum wage, and a more streamlined application system to avoid repeated return dates.

- *When will the Functional Report be aligned with the Protocol for Identifying the [Functional Needs of a deaf or hearing-impaired](#) adult?*
- *What has been done to upskill assessors to enable them to deal more effectively with people with mental illnesses?*
- *When will the Grant application system be streamlined to avoid repeated return dates and unnecessary rejections?*

## Participation in political and public life (Art. 29)

Persons with PsyD have historically faced exclusion from political processes in SA.

Government should make all efforts to remove such barriers and to ensure that persons with PsyD are enabled to participate in elections, [as political involvement has been shown to aid in fostering social inclusion](#). This specifically also applies to persons who have been hospitalised for mental illness.

Government should consult [resources](#) to enable increased political participation for persons with PsyD and ID.

- *How will Government include PwD, including PsyD and ID, to participate in political life, especially at community level?*

## Participation in cultural life, recreation, leisure and sport (Art. 30)

SADA appreciates the revision of the Copyright Act which is now complete and has been passed into law.

Cultural, sporting and leisure events and facilities fall short of accommodating PwD. Some examples include:

- Theatres and cinemas being inaccessible to Deaf patrons as they don't utilize Loop systems or Sign Language interpreters.
- Sports stadia are typically inaccessible to persons with mobility impairments.

Athletes with disability face challenges in the classification process due to a dire shortage of qualified classifiers as recommended by the International Para-Olympic Committee. The National Sports Federations responsible for classification receive no Government funding which results in federations using volunteer professionals to conduct assessments.

SADA commends the DSAC for funding a sporting programme, Operation Excellence (OPEX) which supported high performance athletes (able-bodied and disabled athletes) by giving them a 4-year contract with a salary. However, this programme was unfortunately shelved during Covid-19 and to date has not been reinstated.

- *How will Government support classifiers to travel abroad to acquire accreditation or address the lack of coaches as very few disabled athletes can afford the expertise of a coach?*
- *How will Government address the transition from school sports to professional level where many talented athletes are lost?*

## Statistics and data collection (Art. 31)

### CO 50 (a) Consultation with Civil Society and PwD

We acknowledge the recent establishment of a DAC at Stats SA but are concerned that only one meeting has been hosted since.

SADA member organizations struggle to gather relevant data pertaining to various disabilities.

Reports states insufficient data from the DHMIS to understand the full extent of mental illness burden and service delivery to MHCU.

We need evidence-based policy, which would ideally be informed by rigorous research, reliable data, and analytical skills, rather than ideology, intuition or anecdotes, and intuitions. OPD's and their affiliates, being the go-to organisations possess valuable data and are well-positioned to collaborate with Stats SA which will provide accurate data for evidence-based policy and program development.

The DWYPD's 5th annual review of the WPRPD (pg. 6) highlights efforts in strengthening disability disaggregation of statistics.

### CO 51(b) Link between CRPD article 31 of the Convention and target 17.18 of the SDG's

The DWYPD is responsible for ensuring that Government departments and provincial Directors General report on their compliance with the UNCRPD. Despite all necessary support apparently being



provided to facilitate this, only 25 out of 42 departments submitted reports and only 6 out of 9 provinces.

Disability data is outdated and incomplete and in accordance with the UNCRPD, State Parties are required to provide a [Baseline report](#) to the CRPD Committee within two years of ratification and subsequently, every four years. It appears only 2 reports have been submitted. (2007 and 2013)<sup>7</sup>.

Disability related questions in statistical tools are a small component of an extensive set of questions. Given the volume and time limits, may discourage respondents from accurately completing.

- *How and when will Government roll out data collection programmes at local community level to ensure contextual variation is captured?*
- *Will Government align efforts to address data collection shortfall by utilizing the [evaluation of the child-functioning module for ages 2-4 years](#) developed by UNICEF?*

Five mental health indicators are included in the DHIS, specifically mental health clients (over and under 18) and mental health admissions. This is insufficient to assess the burden of disease and to inform policy makers on services required for condition-specific in-patient and out-patient loads, length of inpatient admissions and readmission rates or referral pathways post-discharge.

- *How has Government accommodated the links between CRPD Article 31 and SDG target 17.18 to significantly increase the availability of high-quality and reliable disaggregated data?*
- *How will Government ensure increased capturing of mental health data required for integration into the GHMS and the PIDS?*
- *Will Government ensure that improved data systems are streamlined across all Departments and that officials are held accountable to regular reporting and publicising?*
- *How will Government address the lack of sensitivity within the WG Short Set of Questions which results in the under-reporting of people with cognitive and PsyD, thus excluding PwD in these domains?*
- *When will Government establish a centralised data focus point in accessible format for disability data?*

While Census allow for “fine disaggregation”, the GHS is more limited, making disaggregation by more than two dimension “less reliable”. The population register/certificates/other documents provided by the DHA does not capture a person’s status on disability as it is the case with other variables.

- *The DWYPD invested efforts to offer technical support to departments in meeting disability-specific reporting requirements. *What does technical support include and were PwD included in defining and rating the relevance of the selected metrics?**
- *What is the Disability Inequality Index? (we [can only find the private sector USA based org online](#))*
- *When will SA have an Inequality Index and standardising measure of disability which will ensure that measurable progress in reducing inequality between PwD and those without?*

## National implementation and monitoring (Art. 33)

### 14, 55(a): Establish an Independent Monitoring Mechanism

<sup>7</sup> [https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IV-15&chapter=4&clang=en](https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=en)

SADA welcomes the establishment of the IMM under the auspices of the SAHRC, and the election of a DAC to support it. So far, the DAC has only convened once in 2022, with Government claiming a lack of funding and capacity within the SAHRC to drive the IMM.

Concerns were raised by the sector about government officials being included in the DAC which clearly is a conflict of interest on the premise on **independence** to the state.

#### 55(b): Funding to the SAHRC

SADA is concerned at the apparent slow progress in the recognition of the [SAHRC](#) as recommended. For example, in 2019 the HRC recommended a list of remedial action to address the numerous mental health problems that had been highlighted in their [report](#) which were not subsequently included in Government's own report.

- *How is this role as IMM being implemented and monitored and what are the consequences for non-compliance or ignoring the recommendations of the SAHRC?*
- *What actions have the SAHRC taken in executing this mandate since 2018 and What resources have been allocated to date?*
- *Will Government take note of the findings and recommendations of the IMM?*

#### CO 55(c) Establish and strengthen mechanisms for meaningful and effective consultation and participation of Rights Machinery

We need a well-coordinated information sharing system between the DWYPD and with respective sector members based on their interests and line of work. Additionally, we suggest maintaining an updated repository or library containing all necessary documents, reports, research materials, and guidelines.

SADA wishes to see the NDRM become more than a tick-box exercise and to drive consultation processes actively and bring the disability sector and PwD together more regularly, along with working to strengthen and amplify the voice of the PWGD which attendance fell to below 40% in the past years.

Although the work is voluntary, we recommend that as it is in line with the NT guidelines, to compensate through some allowance/stipend non-public service officials sitting in such structures, for the appreciation of time and depth of work contributed to these workstreams.<sup>8</sup>

We urge DWYPD to consult civil society in advance in terms of DRAM to be able to add value to Government's campaign plans.

#### **In conclusion,**

SADA would like to thank the UN Committee on the Rights of Persons with Disabilities for granting us the opportunity to submit this report. South Africa, the Rainbow Nation our beloved Madiba envisaged, has become a harsh and broken country. We will always endeavour to fix what is wrong, protect and serve the vulnerable and continue to fight for the rights of every person with a disability.

10820 Words

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<sup>8</sup> NCPD Comment (T Wentzel-du Toit, A Mitshishana, Z Nzo & L Mbeki)