FINAL EVALUATION REPORT ON THE IMPLEMENTATION OF THE WHITE PAPER ON THE RIGHTS OF PERSONS WITH DISABILITIES

September 2023

Client: Department of Women, Youth and Persons with Disability and Department of Planning, Monitoring and Evaluation

Title and Approval Page

Project Name:	Final Evaluation Report on the Implementation of the White Paper on the Rights of Persons with Disabilities
Report Title:	Implementation Evaluation Report
Report Status	Final (September 2023)

Prepared For:	Department of Women, Youth and Persons with Disabilities and Department of Planning, Monitoring and Evaluations

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Acknowledgements

Executive Summary

The White Paper on the Rights of Persons with Disabilities (WPRPD) was approved by Cabinet in December 2015, together with its implementation matrix. The strategic objective of the policy was to provide an intervention by accelerating the mainstreaming of disability within government-wide planning, budgeting, monitoring and evaluation systems, to establish a mechanism for the domestication of the UNCRPD and to establish the baseline for disability rights legislative development.

The DWYPD commissioned an implementation evaluation study to determine the following:

a) Have the goals and objectives of the WPRPD been achieved;
b) Identify the emerging impacts resulting from the implementation of the WPRPD;
c) Investigate whether value for money is being achieved; and
d) Provide recommendations for improvement.

A detailed evaluation matrix was constructed to guide all data collection and analysis. Both primary and secondary data sources were used to inform the evaluation. Secondary data was used to answer questions on the implementation of the WPRPD, such as the objectives, resources (human, financial, physical), activities; and institutional arrangement (implementation and governance structures). A review of international academic articles and research reports published on the implementation of similar legislation and interventions to promote the rights of persons with disabilities was undertaken. The outcomes of the review of secondary data informed the questionnaire, the interviews and in updating the existing Theory of Change.

The lack of comprehensive monitoring data at an implementation level was a limitation to the evaluation. In many instances, the ultimate source of information was obtained from the interviews held (primary data). It was not possible to verify all information provided.

A total of twenty six face to face in-depth interviews were held with key stakeholders. In addition, ninety four online questionnaires were administered to all stakeholders on the Department of Women Youth and Person with Disability (DWYPD) stakeholder database via Survey Monkey. In the end, the evaluation was based on the data collected from the 42 respondents.

The OECD DAC Principles of Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability was used to evaluation the implementation of the WHRPD. The key findings are listed below.

Relevance

While there were some varying views on the relevance of the WPRPD, in the main the consensus was that the 9 Pillars of the White Paper are responsive to the changing and

emerging development priorities in the country and the WPRPD is appropriate as it is operationalised considering the uniqueness of the country.

__Coherence__

The WPRPD is aligned with international policy and continental policy on the right of PWD's. While there is concern that some policies and laws in South Africa is not aligned with the WPRPD, in the main the White Paper is compatibility with other interventions in the country and the sector.

__Effectiveness__

Effectiveness was assessed on four key themes namely, (1) Organisational Transformation, (2) The Delivery System, (3) Achieving the Objectives and (4) Areas of Excellence and Improvement.

Organisational Transformation –

Focal Point - most focal persons in various government departments and non-state sectors had relevant expertise and years of experience within the disability sector. 82% or the public sector and 73% of non-state respondents had direct implementation experience of the WPRPD. Most respondents were not persons with disabilities themselves, which may indicate a gap in the structural transformation.

Adapting Institutional Frameworks - institutional frameworks and to a very limited extent standard operating procedures, have been reviewed and reformed. The reformed policies included disability inclusion principles such as accessibility, reasonable accommodation, and universal design.

Accessibility - most participants acknowledge the presence of review and reform processes in various public sector organisations, to align various institutional frameworks with the mandates within the WPRPD.

Planning, Designing, Budgeting and Implementation - While the disability responsive budgeting seems to be institutionalised in various spheres of the public sector, conceptual clarity based on the disability inclusion model advocated for by the WPRPD is needed.

Accountability of Duty-Bearers – while accountability is built into existing systems such as the APP's, due to a lack of consequence management, there is a lack of accountability of duty bearers for not implementing the WPRPD

The Delivery System -

The current delivery mechanism is not reaching all PWD. Three suggestions were made to expedite the implementation and the effectiveness of the White Paper namely (1) full implementation, (2) restructuring to align with other policy frameworks aimed at achieving similar objectives and (3) test the relevance of the WHRPD against best practices as identified by countries who have implemented a similar policy in recent years.

Achieving the Objectives -

There is a disconnect between government and its non-state partners on achievement of the objectives of the WPRPD. While government officials believe the objectives are being met, the majority of the non-state partners believe the objectives are not being met. The success of the implementation of the WPRPD is reliant on both parties having the same understanding of how best to implement the WPRPD to realise the intended objectives. There is also a difference in option between sector partners on the perception of what is being achieved and what is actually achieved.

Efficiency

While the discretionary powers for budget allocation may be an issue in most departments, it would also seem that lack of specific disability legislation, to ensure compliance and hold departments and duty-bearers accountable, compounds the implementation challenges of resources efficiency. Further, there is insufficient data to determine if the WPRPD has yielded value for money. Hence, value for money was assessed in three ways in the report namely:

Perceived value for money – Respondents were asked if they thought the implementation of the WPRPD yielded any value for money. Most respondents could not answer the question because they felt the implementation matrix was not implemented; Financial value for money – Respondents were concerned that financial reporting was not sufficiently disaggregated to report against the actual spend on the implementation of the WPRPD. This findings was supported by the secondary data and Value for money was triangulated against the impact assessment –The majority of respondents agreed that the WPRPD had a positive and meaningful impact which would infer value for money.

Impact

There was overwhelming consensus from all sector partners on the practical effects of the WPRPD in terms of employment and rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation. The implementation of the WPRPD has had a lasting positive impact on the lives of PWD.

Sustainability

In responding to whether the initiatives being implemented as part of the WPRPD, were sustainable respondents have mixed reactions. Some argued that there was a lot of positives that could be leveraged upon in order to realise sustainable disability inclusion, such a collaborative space within the disability state machinery. However, most respondents across sectoral divide argued that current initiatives were unsustainable in the current implementation context, but it could become sustainable with an intentional approach to the implementation of the WPRPD.

Based on the findings of the evaluation the following conclusions were made based on the six OECD DAC criteria for development evaluation, namely relevance, coherence, effectiveness, efficiency, impact and sustainability. In addition, another criterion – the quality of the implementation process was included to assess the programme management modalities.

Relevance

Conclusion 1: The WPRPD remains relevant in meeting the needs of persons with disabilities and reflects the human rights model of disability

The eight pillars of the WPRPD targets the three key areas of significant in effecting change towards disability inclusion namely: social (attitudinal) change, legislative (administrative) change, and environmental (infrastructure) change. Hence, the White Paper remains relevant as long as persons with disabilities are marginalised, victimised and alienated in society.

Conclusion 2: The WPRPD is aligned with continental and international policies and programmes, and promotes the principles of good governance and inclusion

The WPRPD, is a domestication of the UNCRPD, linking South Africa to international priorities of disability inclusion, as well as aligning the country with the continental efforts to "Leave No One Behind" and to enable the realisation of Human and Peoples' Rights, hence making the eight pillars of the White Paper relevant in all settings.

Conclusion 3: While in the broader perspective, the WPRPD is aligned with many national priorities, there is room for improvement

The voices of young people maybe underrepresented in the management of disability inclusion issues. Most projects implemented by all parties are concentrated in urban areas with very little data on programmes in rural areas. Persons with disabilities residing in rural areas may be left out from the inclusion, rights, dignity and fundamental freedoms provided by the White Paper. In the main the White Paper is aligned with national priorities, various concerns were raised by the lack of alignment between the WPRPD and internal departmental policies and priorities. Due to a lack of enforcement, there is room to divide attention away from implementing the White Paper to focus on other competing priorities.

Coherence

Conclusion 4: While the WPRPD is compatible with existing interventions and when intentionally implemented the results are enhanced, there is room for improvement

The WPRPD is aligned with international developments around the principles of "Leave No One Behind" showing an external coherence of the WPRPD. The White Paper is aligned with work done by government departments in employment creation and equity, social development, health and education, tourism and cooperative governance. Some policies and laws in South Africa still reflect the medical model of disability instead of a rights-based approach. Hence, interventions emanating from these policies and laws will be counterproductive to what the WPRPD aims to achieve.

Effectiveness

Conclusion 5: The implementation of the WPRPD has resulted in measurable change in the observed outputs of the WPRPD.

Although the Implementation Matrix has not been implemented in its entirety, programme emanating from the White Paper has left a marked impression on the sector. The sector has skilled resources in positions of influence.

Conclusion 6: While the WPRPD is reaching some of the target beneficiaries, but some remain left behind.

Various successful initiatives were implemented to reach beneficiaries. Multiple initiatives were taken to determine the cost of disability for children and persons with disabilities, to provide evidence on cost estimates to determine, among others, social security benefits and subsidisation of services targeting persons with disabilities. Despite these interventions, the rate of progress has been low. The UN committee cited concern for the risk of compound marginalisation and challenges faced by vulnerable groups with disabilities, such as women and girls. No progress was reported on the accessibility of HIV and AIDS prevention and treatment programmes for persons with disabilities, as well as the subsidisation of peer and parent empowerment support programmes. Affirmative action initiatives for women with disabilities were developed but are implemented on an ad hoc basis and only by a select few government departments.

Conclusion 7: Due to a lack of legislation, the misalignment of legal principles, the lack of legal remedies and redress and the lack of enforcement continue to exist

The WPRPD is a statement of commitment and is unenforceable unless the obligations included in the WPRPD are captured in law. Without enforceable legislation, budget allocation, management, and accountability become a victim of discretionary management.

Also, the lack of standardised disability related terminology threatens the human rights model of disability in the country. Further, there is growing concerns regarding the existence of guardianship and mental health laws which maintained a substitute decision-making regime. There has been no progress on the legislative review or the development and appeal of legislation.

Efficiency

Conclusion 8: Cooperative governance and collaborative partnerships have improved the implementation of the WPRPD but there is room for improvement

One of the key learnings, has been leveraging cooperative governance systems and enabling various forms of intergovernmental relations. Many government departments work with sector partners however the benefits of information sharing and dissemination on the implementation process across all sectors is not fully capitalised and should be encouraged and institutionalised.

Conclusion 9: There is insufficient evidence based monitoring data to confirm whether the intervention's resources can be justified by its results

The annual progress reports published from 2016 to 2022, contain consolidated data supplied by individual government departments on the implementation of the WPRPD. The reporting data is incomplete and sporadic. Also, there is very little evidence to support the data that is reported in the annual report. Many targets are not reported on and financial expenditure on disability inclusion is often combined with other programme. Hence, it is not possible to report on value for money or if the resources can be justified by its results.

Conclusion 10: Although progress is slow, the WPRPD has improved the well being of persons with disabilities

Overall, the employment rate of persons with disabilities has increased since 2015, but very marginally. South Africa increased the affirmative action target to at least 7%, but most employers and work opportunity programmes have not come close to reaching this target. The development of the JobAccess Strategic Framework is positive.

The Preferential Procurement Policy Framework and Regulations regulate that persons with disabilities profit equally from public procurement. Multiple support initiatives for SMMEs have been rolled out, such as the Amavulandela funding scheme.

Impact

Conclusion 11: The WPRPD has had a positive impact on the of life of persons with disabilities

Almost all respondents across all sectors agreed that the implementation of the WPRPD has instigated positive and transformative change in South Africa. The responses ranged from conceptual to practical changes.

The implementation of the WPRPD has instigated the creation of a disability state machinery – including government departments (focal persons), disability inclusion expects, and organisation of persons with disabilities – that has engendered the implementation of programmes and regulations (protected employment, preferential procurement, budget rations, accessibility (universal design and reasonable accommodation) with overall positive cumulative effect of the lives and livelihoods of the South Africa population who consider themselves as persons with disabilities. In addition to organisations, directorates, platforms and fora, the implementation of the WPRPD has enabled programmes of disability advocacy and awareness raising in the institutions and communities, with overall effect of "tempering the stereotypes associated with persons with disabilities".

While various implementing agencies may be struggling with realizing their objectives and targets, there is an overwhelming consensus on the practical effects of the WPRPD in terms of employment and rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation.

Sustainability

Conclusion 12: There are policy and regulatory frameworks in place to support the continuation of benefits of the WPRPD.

The progressive inclusion of persons with disabilities in decision-making fora and granting them equal access to various aspects of the intervention would result in a better more sustainable product.

Conclusion 13: The existing financial and economic mechanisms are insufficient to sustain the ongoing flows of benefits of the WHRPD.

Most respondents across sectoral divide argued that current initiatives were unsustainable in the current implementation context. There was an overwhelming acknowledgement that the intervention is resources intensive, as such more funding and funding modalities would help sustain the positive effects of disability inclusion. The accountability of duty-bearers should be increased and expanded, to the non-state sectors, in order to ensure compliance. More communication, collaboration and consultation, as well as accountability is needed.

Quality of process

Conclusion 14: The overall process for the implementation of the WPRPD is progressive, transparent and inclusive

The fact that there have been successful processes on building an equitable disability state machinery is a positive development. Stakeholders have rallied behind the call for disability inclusion. Most public representatives had high expert knowledge of the WPRPD as well as complementing experience in implementing various aspects of disability inclusion. As such, the process of employment (or deployment) of a high calibre personnel must be upheld.

While a lot remains to be done, the collaborative spaces created within various implementation agencies must be encouraged and expanded. Sharing of information and best practice, conducting collaborative research, and effective consultation with the civil society must be encouraged and strengthened. While the discretionary budget allocation by line managers may lead to challenges and efficiency hindrances, the availability of financial resources, albeit not guaranteed by legislation, enables substantive programme implementation and management. This, coupled with the mandatory duty-bearer accountability, has the potential of enabling effective implementation, through eliminating bureaucratic bottlenecks. However, where there is resource expenditure there is room for mismanagement, as such mechanisms of transparency and accountability must be expanded to all interested stakeholders.

Recommendations

The evidence and findings presented in the report allowed the evaluation to formulate recommendations combined in the following thematic groups.

Legislative Framework

Recommendation 1:   The findings of the audit of the laws and policies against the human rights model of disability must be implemented.

Recommendation 2:   Develop specific disability legislation that supports enforcement measures.

Recommendation 3:   Develop and implement new disability related terminology framework.

Design and Implementation

Recommendation 4:   The implementation matrix must be workshopped widely with all stakeholders in the disability sector and thereafter implemented in full.

Recommendation 5:   The implementation matrix must be reflective of a results-based approach in line with the ToC which focuses on development changes. The conceptual design of all interventions flowing from the implementation matrix must include outcome indicators that can be tracked. In addition, the implementation matrix should include accountability at all levels of implementation and by all partners including the beneficiaries.

Recommendation 6:   The design of interventions should have a greater focus on cross-cutting issues to enhance gender equality, should actively target the meaningful participation of young people and should include equal opportunities for rural areas.

Recommendation 7:   A Sustainability Strategy should be developed for the implementation of the WPRPD. The Strategy must include input from government and non-state stakeholders, beneficiaries and carers of persons with disabilities so that the whole of society is in agreement on how to continue the benefit flows of the WPRPD.

Institutional & Governance

Recommendation 8:   The role of the DWYPD must be strengthened and capacitated to provide more guidance and support and not just limited to sector coordination.

Recommendation 9:   Strengthen the role of the SAHRC as the external independent monitoring body for the implementation of the WPRPD. The necessary resources must be made available to the SAHRC to undertake the function.

Financial Management

Recommendation 10: A co-funding protocol, in line with National Treasury requirements, must be explored that allows the sector to tap into other funding streams to improve the sustainability of the WPRPD. Given that budgetary constraints have plagued all spheres of government, looking at alternate funding sources to supplement project budget is more relevant now than ever.

Stakeholder Engagement

Recommendation 11: Develop and implement a comprehensive awareness campaign. The campaign must address all the issues raised in the UN Concluding Observations on the initial report of South Africa.

Recommendation 12: Develop and implement a Persons with Disabilities Engagement Plan that ensures stakeholders are involved in the prioritization, planning, implementation and monitoring of interventions.

Capacity Development, Knowledge Sharing and Strengthening Partnerships

Recommendation 13: The capacity of government officials, non-state actors and sector stakeholders involved in the implementation of the WPRPD should be strengthened. All Stakeholders responsible for the implementation of the WPRPD should be trained on the implementation matrix, the ToC and the logical framework.

Recommendation 14: Information sharing, collaboration and exchange of experience between implementing agents should be encouraged. The lessons learnt and success stories should be shared systematically with a wider stakeholder audience. To this end, there is a need for the DWYPD to develop its own information dissemination process. Cultivated partnership with NGOs, other national and international organisations will ensure the programmatic aspect of sustainability in terms of transfer of knowledge, institutional culture and capacity building through professional and soft skills training. The information dissemination process must contribute to the ToCs outcomes and ensure joint planning mechanisms, leveraging funds and the overall improvement of the programme.

Recommendation 15: Partnerships with other government departments, funders, DSO/DPO and key stakeholders should be strengthened.

Monitoring and Reporting

Recommendation 16: Strengthen the current data collection methods, mechanisms and storage systems so that the quality of monitoring data is disaggregated, accurate and consistent for meaningful analysis. The monitoring and reporting system must adopt an evidence-based approach.

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List of Abbreviations

ALO	Accessibility Liaison Officers
AU	African Union
CBR	Community Based Rehabilitation
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CITP	Comprehensive Integrated Transport Plan
COGTA	Cooperative Governance and Traditional Affairs
CRPD	Convention on Rights of Persons with Disabilities
CSD	Central Supplier Database
CSO	Community Service Organisation
DHS	Department of Human Settlement
DII	Disability Inequality Index
DMR&E	Department of Mineral Resources and Energy
DoH	Department of Health
DoJ&CD	Department of Justice and Constitutional Development
DoT	Department of Transport
DPO	Disabled People's Organisation
DPME	Department of Planning, Monitoring and Evaluation
DSBD	Department of Small Business Development
DSD	Department of Social Development
DWYPD	Department of Women, Youth and Persons with Disabilities
ECD	Early Childhood Education
FPP	Focal Point Person
FSDR	Framework and Strategy for Disability and Rehabilitation
HEI	Higher Education Institute
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICF	International Classification of Functioning, Disability and Health
IDDP	International Decade for Disabled Persons
IDP	Integrated Development Plan
IMM	Independent Monitoring Mechanisms
INDS	Integrated National Disability Strategy
INGO	International Non-Governmental Organisation
IPTN	Integrated Public Transport Network
IYDP	International Year of Disabled Persons
IIUDF	Integrated Urban Development Framework

LGBTQ+	Lesbian, Gay, Bisexual, Transsexual and Queer
M&E	Monitoring and Evaluation
MTSF	Medium Term Strategic Framework (2019-2024)
NDMS&IP	National Disability Mainstreaming Strategy and Implementation Plan
NDP	National Development Plan (2030)
NEPF	National Evaluation Policy Framework
NGO	Non-Governmental Organisation
NT	National Treasury
NSG	National School of Government
OECD	Organisation for Economic Co-operation and Development
OPD	Organisations of Persons with Disabilities
PSC	Project Steering Committee
PSC	Public Service Commission
PWD	Person with Disabilities
RFP	Request for Proposals
SAHRC	South African Human Rights Commission
SALRC	South African Law Review Commission
SAPS	South African Police Service
SARS	South African Revenue Service
SASL	South African Sign Language
SDG	Sustainable Development Goals
SMME	Small Micro and Medium Enterprise
ToC	Theory of Change
UDHR	Universal Declaration of Human Rights
UIDF	Integrated Urban Development Framework
UN	United Nations
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
UNDESA	United Nations Department of Economic and Social Affairs
UNHRC	United Nations Human Rights Council
UPR	Universal Periodic Review
WHO	World Health Organisation
WPA	World Programme of Action
WPRPD	White Paper on the Rights of Persons with disabilities

1 INTRODUCTION

1.1 <u>Background to Intervention</u>

Inspired by disability rights movements around the world, as well as the liberation movement of the early 1990s, South African socio-political activists with disabilities were motivated to incorporate their rights agenda into the liberation and human rights movement of South Africa. This activist movement led to an extensive community-based consultative process and subsequent adoption of the Disability Rights Charter of South Africa in 1992, which informs the promotion and protection of the rights of persons with disabilities in South Africa to this day. Initial support for Persons with Disabilities came in the form of the 1996 Constitution of South Africa, which states that 'no person or body, including the State and private companies, may unfairly discriminate directly or indirectly against any person on one or more grounds, including race, gender, colour, age or disability', and the Bill of Rights, which states that all persons have equal rights.

To ensure that the Constitution and the commitments contained therein were meaningful for Persons with disabilities, a legislative and policy framework was adopted, including the South African Schools Act 84 of 1996, the Employment Equity Act 55 of 1998, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000, the Mental Health Care Act 17 of 2002, the Social Assistance Act 13 of 2004 and the Children's Act 38 of 2005.

In 2007, the Integrated National Disability Strategy (INDS) was launched. As a predecessor to the White Paper on the Rights of Persons with Disabilities (WPRPD), the INDS White Paper for the Office of the Deputy President aimed to illustrate the Government's thinking on how it can improve the lives of persons with disabilities and promote and protect their rights. The INDS stressed the importance of integrating disability issues into all government development strategies, planning and programmes, and acknowledged the intersectional nature of disabilities.

In 2015, the WPRPD was launched, spearheaded by the Department of Social Development (DSD) – the national focal point on disability at that time - following an extensive period of consultation with government departments, municipalities, public entities, organisations of and for persons with disabilities, the private sector and civil society, as well as the South African Human Rights Commission (SAHRC). The WPRPD constitutes an update of the 1997 INDS and integrates and embeds the obligations of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Continental Plan of Action for the Extended African Decade of Persons with Disabilities 2010-2019 with South African legislation, policy frameworks and the National Development Plan (NDP) 2030.

The WPRPD was approved by Cabinet in December 2015, together with its implementation matrix. The strategic objective of the policy was to provide intervention by accelerating the mainstreaming of disability within government-wide planning, budgeting, monitoring and evaluation systems, to

establish a mechanism for the domestication of the UNCRPD and to establish the baseline for disability rights legislative development.

This WPRPD is intended to accelerate transformation and redress regarding full inclusion, integration and equality for persons with disabilities. Preliminary reports show that there is a challenge with qualitative and quantitative performance reporting which results from poor disability-inclusive planning in government, challenges with implementation of the policy and a lack of enforcement mechanism in place.

1.2   <u>Purpose and Scope of the Evaluation</u>

The purpose of evaluating the implementation of the White Paper on the Rights of Persons with Disabilities is fourfold namely:

    e) To determine whether the goals and objectives of the WPRPD are being achieved;
    f) To identify the emerging impact resulting from the implementation of the WPRPD;
    g) To investigate whether value for money is being achieved; and
    h) To provide recommendations for improvement.

1.3   <u>Key Evaluation Questions</u>

The key evaluation questions that the study aims to answer are centred around the following 2 themes namely, (1) Programme Implementation, and (2) Programme Improvements.

The key evaluation questions are as follows:

1. To what extent are the objectives of the WPRPD being achieved as intended?
   - What were the major factors influencing the achievement or non-achievement of the objectives?
   - What are the measures put in place to hold those who do not comply with the policy directives to account?
2. Are implementing partners/stakeholders adequately planning and budgeting for the implementation of services and development programmes towards the achievement of WPRPD purpose?
3. Are the strategic pillars for realising the rights of persons with disabilities effectively implemented to achieve the outcomes of the WPRPD and the impact of eradicating the persistent systemic discrimination and exclusion experienced by persons with disabilities?
   - Is value for money realised?
4. Are institutional arrangements working optimally for the realisation of the objectives of the WPRPD? If not, which mechanisms should be put in place for improvement?

2 METHODOLOGY - 3 -

2.1 **Evaluation Methods**

The evaluation was conducted in four main steps namely: (1) planning and design, (2) data collection and consultation, (3) analysis, and (4) report writing.

Below, is an overview of the overall Implementation Evaluation Study starting from the Inception Phase to the project close-out Phase.
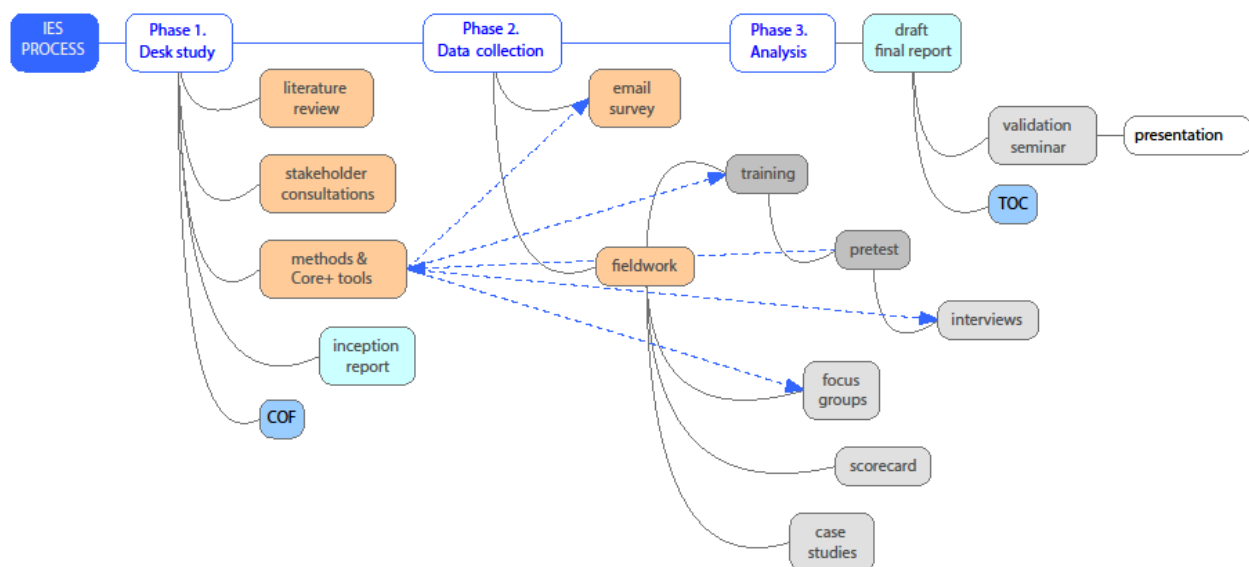
Figure 1: **Overview of the approach to the IES**

The final approach and evaluation tools were approved by the Project Steering Committee (PSC).

Both primary and secondary data sources were used to inform the evaluation.

Secondary data was used to answer questions on the factual aspects of the implementation of the WPRPD, such as the objectives, resources (human, financial, physical), activities; and institutional arrangement (implementation and governance structures). Literature reviewed included academic articles and research reports published on the implementation of similar legislation and interventions to promote the rights of persons with disabilities conducted in Zambia, Thailand, India, Malawi, Uganda, Namibia, Zimbabwe, Taiwan and Cyprus. The literature and documents reviewed assisted in understanding how the WPRPD was being implemented in relation to the implementation matrix. The outcomes of the review of secondary data informed the questionnaire, the interviews and in updating the existing Theory of Change (ToC). The ToC was largely informed by a stakeholder workshop that took place on 24-25 January 2023, during which the relevance of the existing ToC was tested.

Primary data was collected by interviewing various stakeholders. A wide spectrum of respondents was established through purposive sampling and finalized in consultation with the PSC. Purposive sampling provided the advantage of selecting respondents that submitted regular monitoring reports, respondents that rarely submitted monitoring information, and respondents that showed growing contribution to the implementation of the White Paper.

A total of twenty six (26) face to face interviews were held with key stakeholders, see Table 1 below.

Table 1: _Summary of Key Informant Interviews Conducted_

Stakeholder	Total Interviews Completed
Government: National Disability Rights Focal Persons Provincial Disability Rights Focal Persons	10 3
Chapter 9 Institutions	4
National Disability Organisations	9
Total interviewed	26

In addition to the interviews, ninety four online surveys were administered to all stakeholders on the Department of Women, Youth and Persons with Disability (DWYPD) stakeholder database via Survey Monkey. Sixteen responses were received - see Table 2 below.

Table 2: _Summary of Key Informant Interviews Conducted_

Stakeholder	No. of surveys sent	No. of emails bounced	No. of responses
Government	64	8	9
Non-government	30	7	7
Total surveys	94	15	16

The analysis was based on the data collected from the 42 participants. Although, the data collection was based on a mixed method approach, the questionnaire was biased towards open ended questions. This allowed the researchers to gain in depth information on the implementation modalities, implementation challenges and corrective actions of each organisation.

2.2   Evaluation Criteria

The evaluation was conducted in line with the international criteria for quality standards of the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee namely, relevancy, coherence, effectiveness, efficiency, impact, and sustainability. In addition, the overall quality of the implementation process was assessed.

Relevance – In evaluating the relevance of the WPRPD, the evaluation assessed the extent to which the interventions are suited to the priorities and policies of Persons with Disabilities (PWD). The study considered:

•   Whether the objectives of the WPRPD are still valid;

- • Whether the outputs of activities are consistent with the overall goal and the attainment of the objectives of the WPRPD; and
- • Whether the activities and outputs are consistent with the intended impacts and effects of the WPRPD.

Coherence – The compatibility of the intervention with other interventions at the country and sector level were considered. In the evaluation, the measure of coherence was done using the background information about the priorities of the implementing departments and organisations, the positionality, role, experience, and duties of the respondent, as well as the overt inquiry on the alignment between the department and the WPRPD.

Effectiveness - In evaluating the effectiveness of the implementation of the WPRPD, the evaluation considered the following questions:

- • To what extent are the targets achieved and/or likely to be achieved?
- • What were the major factors influencing the implementation or non-implementation of the WPRPD?
- • How effective are the resources allocated to the implementation in realising the outcomes of the WPRPD?
- • Are the partnerships and cooperation measures with sector stakeholders effective in achieving the targets stated in the implementation matrix?

Efficiency – In evaluating the efficiency of the implementation of the WPRPD, the evaluation considered whether the resources allocated to the various implementation models yielded the best value for money.

Impact – Although the evaluation of the WPRPD is limited to an implementation evaluation, the perceived direct, indirect, intended and unintended impacts were considered.

Sustainability - The evaluation considered the factors that would lead to the sustainability of the WPRPD.

2.3 <u>Limitations to the Evaluation</u>

The implementation of the WPRPD is a complex exercise that seeks to re-dress the marginalisation of PWD's.

The lack of comprehensive monitoring data at an implementation level was a limitation to the evaluation. In many instances, the ultimate source of information was obtained from the interviews held (primary data). It was not possible to verify all statements made during the interviews.

3   THEORY OF CHANGE

3.1   Overview of the WPRPD ToC

The significant exclusion of PWD's in social, economic and political life in SA is well recorded. Notwithstanding the extensive and inclusive institutional frameworks referring and relating to the inclusion of various diverse groups, including persons with disabilities, little had been done to ensuring the removal of the many social, attitudinal, economic, legal and political barriers that prevent persons with disabilities from enjoying complete freedoms of their human rights. While persons with disabilities were excluded from accessing various services and opportunities, it was also realised that the specific legislative and administrative frameworks did not offer protection or enhance access in cases of exclusions. With this background, the WPRPD was developed with the main vision to realise a South Africa which is "A free and just society inclusive of all persons with disabilities as equal citizens". A ToC was developed to give structure and to illustrate a systematic approach to achieving the vision of the WPRPD. The ToC was developed during the conceptualisation of the WPRPD in 2015. As part of the evaluation, the relevance of the ToC was tested in January 2023 at a workshop with key stakeholders. It was unequivocally accepted that the WPRPD and it vision remains as relevant today as it was seven years ago. Below is a narrative on the structure of the ToC.

3.2   Inputs and Assumptions

To realise the vision from the situational realities most persons with disabilities find themselves in, South Africa requires a sustainable dedication of resources, effort and time. The inputs include approaches and resources. The WPRPD is set within a rich context of inclusion institutions, particularly in South Africa, where the mission of the Constitution (Act 108 of 1996) was to achieve mutual accommodation of various sectors of society. In line with this, the UNCRPD (2006) and its Optional Protocol creates a specific framework for multilateralism with respect to persons with disabilities. As such, the WPRPD is essentially a localisation framework of the UNCRPD, as it endeavours to domesticate the United Nation (UN) Convention within the socio-political and economic context of South Africa. The South African evolution of conceptualisation and inclusion of persons with disabilities becomes an important resource, particularly regarding the developments in the post-democratic era. This evolution is also important in terms of shifting the conceptualisation of disability from the medical/welfare approach of the pre-democratic era to the social/rights-based approach. Various sectors and institution have vast institutional capacity and resources based on years of inclusive institutional development. It is hoped, therefore, that all these approaches can be converted into inputs in the process of disability inclusion under the WPRPD. Financial and human resources make up an essential element of the inputs. All departments and institutions are expected to apportion a part of their budget for the realisation of the outcomes of the WPRPD. In addition, there are several external resources from the private sector, civil society

organisations and international organisations that can be leveraged for the implementation of various aspects of the WPRPD. For example, various UN agencies have resources targeting specific categories of persons with disabilities. The engagement of local and international experts will be instrumental in the conceptualisation and strategies to implement various aspects of disability inclusion. South Africa has a rich history of partnerships with private and third sectors that can be brought to bear in the implementation of the WPRPD.

The conversion of these inputs into measurable outputs is based on several assumptions. Firstly, within the context of challenging procurement and public spending, the efficiency of resource utilisation is key. Secondly, the existence of mature inclusive institutions, if properly leveraged upon, will lower the implementation learning curve and ensure that all lessons learnt in the implementation of similar programmes (gender, race etc) are applied to the WPRPD. The context engagement with international and regional institutions and partners doing similar activities will also ensure that South Africa remains informed on the latest developments (United Nations Disability Inclusion Strategy, 2019), technologies (assistive devices) and approaches (human-rights). Ultimately, stakeholder buy-in is necessary for any measurable outcomes that go beyond compliance to advocacy. Duty-bearers and front-line staff need to lead the migration from a medical/welfare approach to a social and human rights-based approach, in terms of understanding disability. If such subjective conversion does not happen, any institutional change will have suboptimal results, since the autonomy and discretionary power of street-level bureaucrats is key in bridging any implementation gaps.

3.3   Activities and Outputs

The activities must target three key areas: social (attitudinal) change, legislative (administrative) change, and environmental (infrastructure) change. This must include training of front-line officers in all sectors, as well as awareness campaigns in all social groups. This will equip individuals and groups with the latest information on disability and disability inclusion, as well as target negative attitudes, prejudice and stereotypes associated with persons with disabilities. These activities can be in the form of workshops, conferences and lectures, as well as engage the uses of media (print, audio-visual and social). Legislatively, changes in policies and administrative frameworks in various sectors will be key to aligning the rules of the game with social changes. As such, disability inclusion will effectively be enshrined in law and any contravention of such statutes will be prosecutable. The alignment of legislation should be guided by the disability inclusive principles (UNCRPD (2006), UN Disability Inclusion Strategy (2019) and the WPRPD (2015) pillars). Lastly, all infrastructure (built environment and transport) must be enabled for disability access following the principles of universal design. An audit of all building must be undertaken to determine the extent of accessibility to persons of various disabilities. The activities must lead to measurable outputs. Firstly, planned training and awareness campaigns must be conducted with all targeted stakeholders, including effective use of all media platform to reach as many people as possible. Secondly, all institutions in various sectors must align their statutes with WPRPD and contextualise

the pillars according to their operations and realities. It can be encouraged that each sector has its own tailored disability inclusion strategy. Lastly, universal design protocol should be adopted by all sectors, and ensure compliance of all old and new infrastructure.

3.4   **Outcomes**

Through the nine pillars, the objectives of the WPRPD are to transform the social, administrative, and economic contexts to enable accessibility to persons with disabilities. In order to achieve the short-term outcomes, it is essential to focus on changing mental models (knowledge, information, understanding and thinking). All training and awareness campaigns will therefore ensure that participants have received intended information and that they have incorporated this into their various frames of reference on disability and disability inclusion. The intermediate outcomes indicate changes in behaviours in individuals, groups and organisations, including the country. There should be a reasonable link between changes in knowledge and ideas and changes in behaviour and action, as a result of activities done in the light of WPRPD. For example, all sectors of society must be seen to be advocating for disability inclusion, while organisations of and for persons with disabilities are actively engaging various sectors of society in disability inclusion. All institutions must be actively incorporating persons with disabilities in their activities and sanctioning any administrative deviations, while old and new infrastructure is being adapted to the principles of universal design. It is only when these outcome levels have been realised that upper-level outcomes, the long-term outcomes, can be anticipated. These indicate changes in the root challenges. Firstly, the exclusion of person with disabilities must be progressively reversed, in all sectors of society. Secondly, the economic vulnerability of persons with disabilities due to exclusion and discrimination will need to be significantly reduced. Thirdly, various institutions and their duty-bearers must be accessible and accountable for their inclusion of persons with disabilities. Lastly, South Africa must actively engaged in international and regional discourse, as much as it is domestically inclusive as far as persons with disabilities are concerned.

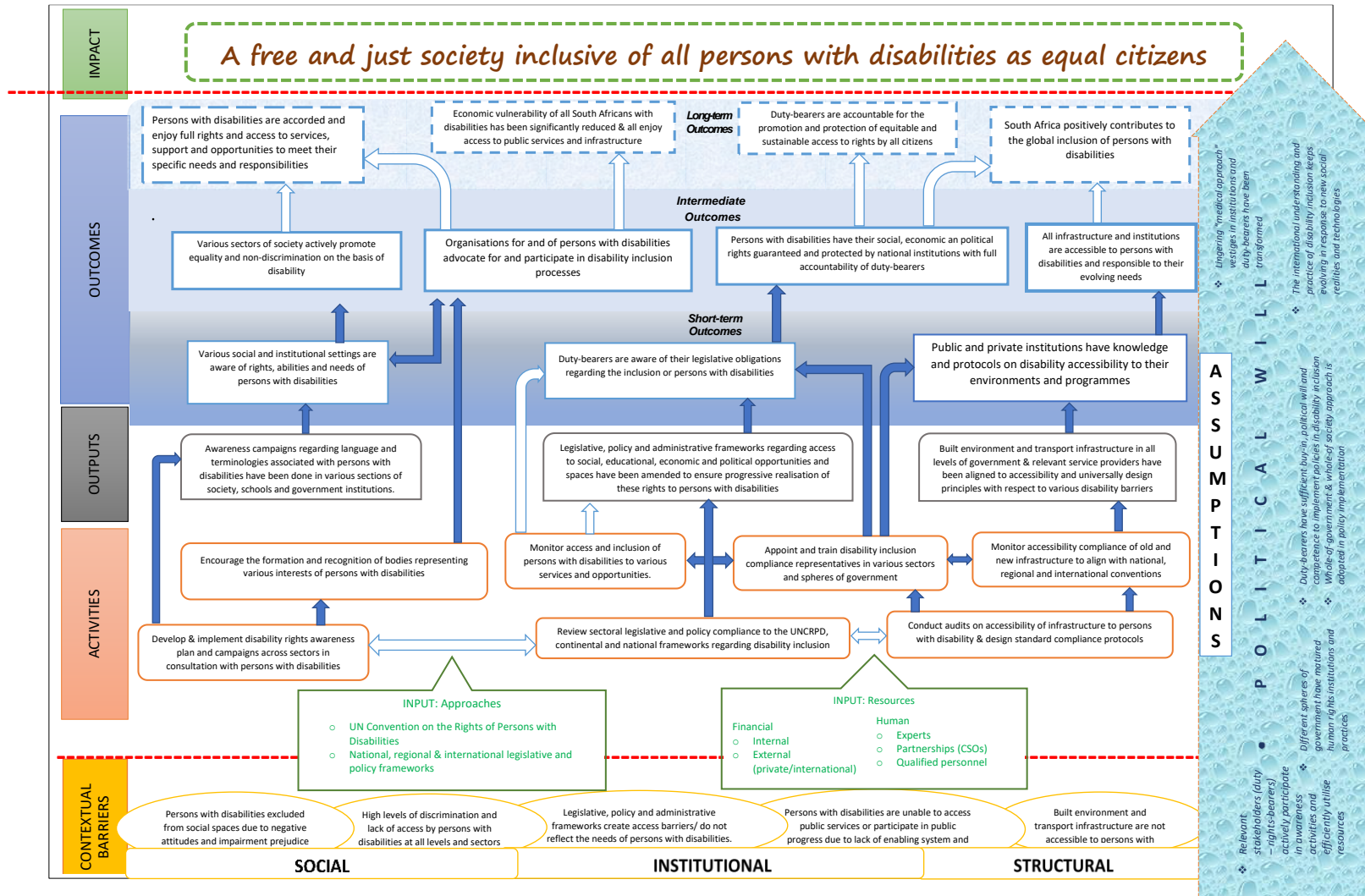Below, is a visualisation of the intervention logic of the WPRPD ToC.

IMPACT

A free and just society inclusive of all persons with disabilities as equal citizens

OUTCOMES

Long-Term Outcomes

Persons with disabilities are accorded and enjoy full rights and access to services, support and opportunities to meet their specific needs and responsibilities

Economic vulnerability of all South Africans with disabilities has been significantly reduced & all enjoy access to public services and infrastructure

Duty-bearers are accountable for the promotion and protection of equitable and sustainable access to rights by all citizens

South Africa positively contributes to the global inclusion of persons with disabilities

Intermediate Outcomes

Various sectors of society actively promote equality and non-discrimination on the basis of disability

Organisations for and of persons with disabilities advocate for and participate in disability inclusion processes

Persons with disabilities have their social, economic an political rights guaranteed and protected by national institutions with full accountability of duty-bearers

All infrastructure and institutions are accessible to persons with disabilities and responsible to their evolving needs

Short-term Outcomes

Various social and institutional settings are aware of rights, abilities and needs of persons with disabilities

Duty-bearers are aware of their legislative obligations regarding the inclusion or persons with disabilities

Public and private institutions have knowledge and protocols on disability accessibility to their environments and programmes

OUTPUTS

Awareness campaigns regarding language and terminologies associated with persons with disabilities have been done in various sections of society, schools and government institutions.

Legislative, policy and administrative frameworks regarding access to social, educational, economic and political opportunities and spaces have been amended to ensure progressive realisation of these rights to persons with disabilities

Built environment and transport infrastructure in all levels of government & relevant service providers have been aligned to accessibility and universally design principles with respect to various disability barriers

ACTIVITIES

Encourage the formation and recognition of bodies representing various interests of persons with disabilities

Monitor access and inclusion of persons with disabilities to various services and opportunities.

Appoint and train disability inclusion compliance representatives in various sectors and spheres of government

Monitor accessibility compliance of old and new infrastructure to align with national, regional and international conventions

Develop & implement disability rights awareness plan and campaigns across sectors in consultation with persons with disabilities

Review sectoral legislative and policy compliance to the UNCRPD, continental and national frameworks regarding disability inclusion

Conduct audits on accessibility of infrastructure to persons with disability & design standard compliance protocols

INPUT: Approaches
- UN Convention on the Rights of Persons with Disabilities
- National, regional & international legislative and policy frameworks

INPUT: Resources

Financial
- Internal
- External (private/international)

Human
- Experts
- Partnerships (CSOs)
- Qualified personnel

CONTEXTUAL BARRIERS

Persons with disabilities excluded from social spaces due to negative attitudes and impairment prejudice

High levels of discrimination and lack of access by persons with disabilities at all levels and sectors

Legislative, policy and administrative frameworks create access barriers/ do not reflect the needs of persons with disabilities.

Persons with disabilities are unable to access public services or participate in public progress due to lack of enabling system and

Built environment and transport infrastructure are not accessible to persons with

SOCIAL   **INSTITUTIONAL**   **STRUCTURAL**

ASSUMPTIONS

POLITICAL WILL

Lingering "medical approach" vestiges in institutions and duty-bearers have been transformed

The international understanding and practice of disability inclusion keeps evolving in response to new social realities and technologies

Duty-bearers have sufficient buy-in, political will and competence to implement policies in disability inclusion

Whole-of-government & whole-of-society approach is adopted in policy implementation

Different spheres of government have matured human rights institutions and practices

Relevant stakeholders (duty –rights-bearers) actively participate in awareness activities and efficiently utilise resources

Figure 2: White Paper Theory of Change for the WHRPD

The ToC is a multi-stakeholder collaborative learning exercise, process, a thinking-action that begins with visualisation of desired reality and a change map & tool that helps monitor the process. Therefore, it should evolve during the lifetime of the implementation of the White Paper. The outcomes can be modified, new assumptions added for including new outputs as well as further relevant intervention methods. The DWYPD should regularly discuss the ToC in its collaboration with partners/stakeholders and keep it updated for reporting purposes.

The ToC is supported by a logical framework which is a linear representation of what needs to be done to realise effective change. Refer to Annexure C for a copy of the logical framework.

4 LITERATURE REVIEW

4.1   Introduction

International academic articles, grey literature and published research reports on the implementation of similar programmes were reviewed.

The literature and documents reviewed informed the design of the research instruments such as the questionnaire, the interview and in updating the ToC.

4.2   Global Focus on Disability Inclusion

The global focus on disability inclusion in socio-economic and political processes, was inaugurated in earnest through the institution of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Optional Protocol on the 13 December 2006, started in the late 1970s. As such, the dual aim of the UNCRPD was to update the alignment of the legislative and administrative frameworks on human rights conventions up to that time, as well as establish consensus on the contemporary understanding of disability and disability inclusion (United Nations Human Rights Council (UNHRC), 2014). The spirit of the Convention, therefore, was to ensure that all these understandings on the rights and inclusion of persons with various disabilities were pulled together into one resource and implemented to ensure that persons with disabilities enjoyed "all human rights and fundamental freedoms" (CRPD, Article 1). On the other hand, the evolution of human rights and the relationship between international multilateralism and disability started with the adoption of the United Nations Charter in 1945 which affirmed the inalienability of human dignity and equality. Although 'disability' is only mentioned once in the Universal Declaration of Human Rights, in Article 25, the majority of articles contain fundamental rights applicable to all human beings and can be applied to persons with disabilities.

In 1996, the UN General Assembly adopted two Covenants, to give effect to the protection of socio-economic and political rights. The adoption of International Covenant on Economic, Social and Cultural Rights (ICESCR) on 16 December 1966, was key in emphasising the three important sets of rights, which are means and markers for the achievement of universal rights and freedoms. While the Covenant is not primarily targeted at persons with disabilities - in fact, 'disability" is not even mentioned once in this document – the first 16 articles (out of 31) emphasise people's rights to self-determination with regards to economic, political, social and cultural rights. In addition to the ICESCR, the UN adopted the International Covenant on Civil and Political Rights (ICCPR) on the same day. The tone of ICCPR is the same as the ICESCR, it emphasises individual's inalienable civil and political rights and states obligations to ensuring their realisations. As with the ICESCR, disability is not an explicit category, nor is disability inclusion especially emphasised in the ICCPR. However, it still forms a fundamental

component of the Convention on the Rights of a Person with Disability (CRPD), in as far as it emphasises the civil and political rights of persons with disabilities.

The possibility of discrimination based on gender and sex has been central to the global evolution of the human rights regime since the 1945 UN Charter. However, the most comprehensive focus came on 18 December 1979, with the adoption of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Apart from the central focus on women rights, CEDAW reaffirms the UDHR principle that "all human beings are born free and equal in dignity and rights". It also builds on the principles set forth in the two Covenants (ICESCR, ICCPR) above. Again, for all its importance in tackling a major issue, CEDAW does not mention 'disability' as one of the intersections that can exacerbate women conditions. However, the principle for gender equality, enshrined in the Article 1 of the UDHR, is still true in cases of disability.

The minimal attention given to disability within the work of the UN shifted dramatically by the mid-1970s. After three decades of peripheralization, disability was rapidly moving towards the centre of international multilateralism with the 1975 Declaration on the Rights of Disabled Persons. The Declaration provided the first attempt at defining disability or "disabled person" as "any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities" (UN Declaration on Disabled Persons, 1975, Article 1). While the definition still had vestiges of the "medical/social welfare model", emphasising the 'inabilities' compared to capabilities of persons with disabilities, the rights contained in the remainder of the Declaration ensured that persons with disabilities were starting to be regarded as "social agents with fundamental human rights" (United Nations Department of Economic and Social Affairs (UNDESA, 2018). However, it was the 1980s that garnered momentum with regards to adopting a "social/human rights" model of disability.

The first development was the declaration, by the UN General Assembly, of 1981 as the International Year of Disabled Persons (IYDPs), with the theme: "A wheelchair in every home" – aimed at emphasising the role of society in enabling persons with disabilities to take full participation in life and developmental activities of their communities (UNDESA, 2018). Apart for raising awareness on the fundamental rights of persons with disabilities, the major outcome of the IYDPs was the adoption of the World Programme of Action Concerning Disabled Persons (WPA) on 3 December 1982. The main goal of WPA was to "enhance disability prevention, rehabilitation and equalization of opportunity" (UN WPA, 1982). In the WPA, the UN argued that the then half a billion persons with disabilities were entitled to the same rights as every other human being. However, the adoption of the World Health Organisation's (WHO) understanding of disability hamstrung the WPA's intention to move towards a social/human rights model of disability. In the end, disability was conceptualised in contrast to "impairment" and "handicap" - two concepts that have a quintessentially medical import - and defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (UN WPA, 1982, Art. 6).

Nonetheless, the understanding of "handicap" was extenuative. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others (UN WPA, 1982, Art. 7).

It was the integration of the medical/welfare model elements and the social/human rights model elements that made the WPA successful in bridging the paradigmatic gap between the old and the new understanding of disability. This conceptual and practical shift contributed to the enhancement of the rights of persons with disabilities in the next two decades; the International Decade for Disabled Persons (IDDPs), 1983 – 1992 and the Asian and Pacific Decade of Disabled Persons, 1993-2002 (UNDESA, 2018).

The Decades of Disabled Persons not only improved the situation and status of persons with disabilities in social, economic and political spaces - they also made available, for the first time, data generation methods disaggregating outcomes in terms of disability. In 1989, the Tallinn Guidelines for Action on Human Resource Development in the Field of Disability consolidated principles of disability inclusion in labour markets. As the first Decade of the Disabled Persons concluded, on the 16 December 1992, the UN General Assembly declared the 3rd of December to be known as International Day of Disabled Persons (UNDESA, 2018). On 20 December 1993, the General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, to give effect to the WPA.

The Standard Rules, while retaining the 1980 WHO triad conceptual classification (impairment, disability, handicap), contributed to the maturation of the social/human rights models of disability by adopting the term "persons with disabilities". The focus was on the intersection between the person with an impairment and the constraining environment (social, built, economic). The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) consolidated all major principles of disability inclusion already identified (1975 Declaration, IYDP, WPA, and IDDP), and prepared the ground for a more comprehensive international convention on disability.

While the process of creating an international convention had started in 1987 (Italy and Sweden), it was only in 2001 that the Government of Mexico submitted a proposal that was accepted by the 56th UN General Assembly, to initiate a 5-year process that resulted in the adoption of the CRPD in 2006. The CRPD was to be the prime instrument for advancing the fundamental rights of persons with disabilities. The other aim of the CRPD was to complete the transformation of the understanding of disability from a medical/welfare model to the social/human rights model. The CRPD instituted a human-rights based approach to disability, thereby positioning disability as first and foremost a human rights issue.

On 30 November 2007, South Africa officially ratified the CRPD, together with its protocol.

4.3   Disability Inclusion in Africa

The 2011 World Report on Disability, jointly published by the World Bank and the World Health Organisation, found that lower-income countries have higher disability prevalence rates than higher-income countries. Within low-income countries, women and children, especially in poor households and those in ethnic monitory groups, are even more likely to have a disability. This prompted a wide range of Disabled People's Organisations (DPOs) to call for an African Decade of Persons with Disabilities (1999 – 2009), similarly modelled to Disability Decades in other regions. It was decided to extend the Decade to 2019 at the 1st African Union (AU) Conference of Ministers of Social Development in Windhoek, Namibia, on 27-31 October 2008.

The Declaration of the Decade calls upon the AU members to formulate measures that allow for the equalization, full participation, inclusion and empowerment of persons with disabilities in Africa. The goals and Priority Actions as defined in the Continental Plan of Action for the African Decade of Persons with Disabilities 2010 – 2019 are organised along eight (8) strategic thematic areas for implementation at the national level. The plan has been designed to fit the historical, cultural and socio-economic context of Africa and its citizens.

The African continent gave overwhelming support to the UNCRPD, throughout conceptualization and ratification. Seven African countries were included in the working group that developed the framework, namely Morocco, Mali, Uganda, Cameroon, South Africa, Comoros and Sierra Leone. Additionally, 16 African countries signed the Convention on 30 March 2007, the day it was opened up for signature, and 34 African have since ratified the convention (Dziva et al., 2018).

4.4   Disability Inclusion in South Africa

Inspired by disability rights movements around the world, as well as the liberation movement of the early 1990s, South African socio-political activists with disabilities were motivated to incorporate their rights agenda into the liberation and human rights movement of South Africa. This activist movement led to an extensive community-based consultative process and subsequent adoption of the Disability Rights Charter of South Africa in 1992, which informs the promotion and protection of the rights of persons with disabilities in South Africa to this day. Initial support for Persons with disabilities came in the form of the 1996 Constitution of South Africa, which states that 'no person or body, including the State and private companies, may unfairly discriminate directly or indirectly against any person on one or more grounds, including race, gender, colour, age or disability', and the Bill of Rights, which states that all persons have equal rights.

To ensure that the Constitution and the commitments contained therein were meaningful for Persons with disabilities, a legislative and policy framework was adopted, including the South African Schools Act 84 of 1996, the Employment Equity Act 55 of 1998, the Promotion of

Equality and Prevention of Unfair Discrimination Act 4 of 2000, the Mental Health Care Act 17 of 2002, the Social Assistance Act 13 of 2004 and the Children's Act 38 of 2005.

In 2007, the Integrated National Disability Strategy (INDS) was launched. As a predecessor to the WPRPD, the INDS White Paper for the Office of the Deputy President aimed to illustrate the Government's thinking on how it can improve the lives of persons with disabilities and promote and protect their rights. The INDS stressed the importance of integrating disability issues into all government development strategies, planning and programmes, and acknowledged the intersectional nature of disabilities.

In 2015, the WPRPD was launched, spearheaded by the Department of Social Development (DSD) – the national focal point on disability at that time - after an extensive period of consultation with government departments, municipalities, public entities, organisations of and for persons with disabilities, the private sector and civil society, as well as the South African Human Rights Commission (SAHRC). The WPRPD constitutes an update of the 1997 INDS, and integrates and embeds the obligations of the UNCRPD, as well as the Continental Plan of Action for the Extended African Decade of Persons with Disabilities 2010-2019, with South African legislation, policy frameworks, and the National Development Plan (NDP) - Vision 2030.

4.5   White Paper on the Rights of Persons with Disabilities (WPRPD)

The WPRPD is an informative policy document that aims to accelerate transformation and redress regarding the inclusion, integration and equality of persons with disabilities. The WPRPD functions as a "call to action for government, civil society and the private sector to work together to ensure the socio-economic inclusion of persons with disabilities", and interrogate existing practices, policies, laws, protocols and systems through a disability lens. The core objective of the WPRPD is to integrate South Africa's obligations contained in the UNCRPD, the Continental Plan of Action for the African (Extended) Decade of Persons with Disabilities, and the NDP of 2011 vision 2030, into the country's disability legislation and policy frameworks, and to establish a "free and just society inclusive of all persons with disabilities as equal citizens" (Government Gazette, 4 No. 39792, 2016).

4.5.1   Design

The WPRPD reflects the human rights model of disability, which stipulates that Persons with disabilities have the exact same rights as other humans in society and prohibits the discrimination of Persons with disabilities on the basis of their disability. This conceptualization of disability aims to move away from the narrow and welfarist idea of disability as something to be pitied and Persons with disabilities as recipients of charity and medical treatment. Instead, Persons with disabilities are viewed as independent and self-actualizing human beings who enjoy the same rights and claim those rights as active citizens in society (Kamga, 2016).

To give substance to the human rights model of disability, the WPRPD is composed of 9 strategic pillars, namely: (1) Removing Barriers to Access and Participation; (2) Protecting the Rights of Persons at risk of Compounded Marginalisation; (3) Supporting Sustainable Integrated Community Life; (4) Promoting and Supporting the Empowerment of Children, Women, Youth, and Persons with Disabilities; (5) Reducing Economic Vulnerability and Releasing Human Capital; (6) Strengthening the Representative Voice of Persons with Disabilities; (7) Building a Disability-Equitable State Machinery; (8) Promoting International Co-operation; and (9) Monitoring and Evaluation.

The WPRPD is supported by an Implementation Matrix 2015 – 2030, to monitor compliance and provide a tangible framework for improving the lives of persons with disabilities and their families. The implementation matrix emphasises the need to reduce vulnerability of Persons with disabilities, strengthen their self-representation, and establish a state machinery for the inclusion of Persons with disabilities.

4.5.2   Institutional Arrangement

The WPRPD is a statement of commitment and not enforceable unless the obligations included in the WPRPD are captured in law. The WPRPD can only have a positive impact if the different stakeholders involved understand and take responsibility for their respective roles in the implementation of the WPRPD. A coordinated and cooperative approach is required. The list of role-players includes Executive Authorities, accounting Officers, disability rights coordinating mechanisms, intergovernmental and cooperative governance mechanisms, legislatures, institutions promoting democracy and organisations of and for persons with disabilities. Their respective roles and responsibilities are listed in the WPRPD.

Executive Authorities must advocate for persons with disabilities and their rights within the institutions they serve, by developing costed disability programmes; providing political leadership in implementing disability mainstreaming, holding Account Officers to account and ensuring the formalisation of platforms of consultation with representative disability organisations.

Accounting Officers must ensure that administrative systems are in place to implement the WPRPD effectively and report on progress, including disability equitable planning, budgeting, implementation and reporting, establishing intra-institutional disability rights coordinating mechanisms, institutionalising consultative platforms with representative disability organisations and reasonable accommodation support measures, training of all staff on disability rights mainstreaming, ensuring the provision of financial, human and material resources, and ensuring the integration of in-depth and verified disability disaggregated information into institutional knowledge management systems.

Every government department must appoint one or more Disability Rights Focal Points and establish a Disability Rights Coordination Mechanism, to accelerate implementation of the UNCRPD and facilitate related action in different sectors and at different levels.

The President of South Africa has the responsibility to designate the National Disability Rights Coordinating Mechanism, which is responsible for the coordination and provision of technical support for the implementation of the WPRPD, development and coordination of the five-year national disability rights programme of action, monitoring of and reporting on compliance, and coordination and management of national government-wide disability rights cooperative governance forums. The premier will designate the Provincial Disability Rights Coordinating Mechanism.

Each institution must make sure they can fulfil its obligations to the WPRPD by putting the appropriate structural arrangements in place. Local and metropolitan councils are required to establish disability rights consultative forums that include all disability organisations operating within the municipal borders, disability representatives of every ward committee, senior management of all municipal departments, and secretariat services provides by the municipal disability rights coordination mechanism.

The National Assembly, the National Council of Provinces, provincial legislatures, municipal councils, as well as the national and provincial Houses of Traditional Leaders, all fulfil important oversight duties in ensuring the integration of the WPRPD policy into institutional plans, budgets and reports.

Chapter 9 institutions also play an important role in the protection and promotion of the rights of persons with disabilities, specifically when it comes to independent monitoring. A Civil Society Disability Rights Monitoring Fund must be established to support the monitoring responsibilities of representative disability organisations.

Disability Organisations have the responsibility to advance the implementation, as well as monitor the WPRPD, and support the empowerment of their members and constituencies. Research and academic institutions should support the implementation of the WPRPD and empower persons with disabilities through their research work. The media and advertising industry has the responsibility to portray persons with disabilities in non-stereotypical ways and empower them through positive representation. Faith based organisations are asked to embrace persons with disabilities and make available reasonable accommodation measures to ensure the equal participation of persons with disabilities.

The DWYPD is the national disability focal point and responsible for the National Disability Rights Coordination Mechanism, which sets the agenda on disability issues for all government spheres. Additionally, the DWYPD is responsible for coordinating the performance reports of all sectors in society in compliance with the WPRPD, the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities and the UNCRPD. The DWYPD also provided technical support to role-players to improve their implementation and reporting of the WPRPD. DPME through the guidelines for the Departmental Strategic Plans and Annual Plans makes provision for the disaggregation of target groups from a planning process and these guidelines serves as an assessment tool for compliance. Further to that is the inclusion of the target groups inclusive of disability in the MTSF as cross cutting priorities for the 6th administration.

4.5.3　Resources

All government departments and institutions are expected to apportion a part of their overall budget to the realisation of the obligations and objectives of the WPRPD. Additional sources of funding can be leveraged for the implementation of the various aspects of the WPRPD. Public finance mechanisms such as conditional grants are available to fund project within infrastructure, transport, education, and urban development, to provide universal access for all and the disability grant as part of the social wage .

4.5.4　Monitoring and Reporting

All government departments are required to submit secondary data, including qualitative and quantitative data, on progress made on the implementation of the WPRPD to the disability rights coordinating mechanism. Monitoring is done according to the statements and outcome indicators included in the implementation matrix related to each of the nine strategic pillars. Impact is reported by the lead agency for each outcome indicator, as stated in the implementation matrix.

As delineated by the Convention on Rights of Persons with Disabilities (CRPD), independent institutions, civil society and DPOs should be closely involved in the monitoring process. The national government is compelled to provide an enabling environment for these independent institutions to monitor how the state gives effect to disability rights. In South Africa, the South African Human Rights Commission and the Public Protector, both Chapter 9 institutions, are tasked with protecting, promoting and monitoring the implementation of all human rights, which include disability rights. Additionally, South Africa is obliged to ensure that civil society, in particular persons with disabilities and their representative organisations, is included in the monitoring process. The National Disability Machinery, a non-statutory consultative body that mediates between government and DPOs, business and Higher Education Institutions (HEI), was established to foster this enabling monitoring environment.

In 2016, progress on implementation of the WPRPD was first reported to the DSD – the disability rights coordinating mechanism at that time. An outline of the reporting process and requirements was sent to all national accounting officers, as well provincial directors general, in 2016. The first annual progress report submission deadline was set for 31 January 2017. The compliance rate for national government departments and entities was 50% in the first reporting year, and 67% for provinces (Department of Social Development (DSD), 2017).

In 2019, the DWYPD was established and became the disability rights coordinating mechanism in South Africa. DWYPD has provided technical support to the reporting institutions to improve their understanding of the disability reporting requirements and support them in compiling their quarterly reports.

4.6   International Review

This chapter provides an overview of international best practice in implementing disability policy, with a primary focus on the UNCRPD.

4.6.1   Zambia

Zambia has included the rights of persons with disabilities into various policies and laws, ever since the establishment of the amended Constitution of 1996. After signing and ratifying the UNCRPD in 2008 and 2010 respectively, Zambia revised its keystone disability legislation and launched the Persons with Disabilities Act in 2012 (Malungo et al., 2018). Despite the development of policies aimed at protecting and promoting the rights of persons with disabilities, implementation by the Zambian government remains challenging. Disability advocates in Zambia have recognised the importance of mainstreaming disability issues across all government spheres and sectors, and disability administrators speak of the need for a "whole-of-government approach" (p. 2) in coordinating implementation effectively (Cleaver et al., 2020).

Cleaver et al. highlight the importance of disability focal points in implementation and mainstreaming disability rights, which is supported by Article 33 of the CRPP, and subsequent confusion regarding the function and structure of the mechanism in Zambia's primary disability policy documents. The initial implementation of Focal Point Persons (FPP) in Zambia was deemed ineffective due to a lack of clarification regarding the nature of the FPP structure, and the flawed FPP selection process. Respondent descriptions of the FPP structure were inconsistent and differed from international models. FPPs were universally described as persons, which is not congruent with the definition included in the CRPD, and the role of FPPs was exclusively linked to mainstreaming of disability, when focal points have additional roles and functions. Additionally, FPPs were reported to be low-level ministry employees who were unable to effectively influence the decision-making process.

4.6.2   Thailand

The disability movement in Thailand has been active since the 1980s. The prevailing attitude towards Persons with disabilities was reflected in the Begging Controlled Act of 1941: "Beggars, handicapped people, or ill people who are unable to work or do not have families to take care of must be detained at the designated care centre." Thanks to a dedicated disability movement, the definition of Persons with disabilities was updated in the 2007 Person with Disability Empowerment Act (PDEA), which nullified the 1991 Rehabilitation Act, to reflect more rights-based and social conceptualisations of disability. The government of Thailand ratified the UN CRPD in 2008, just one year after the adoption of the convention, and submitted their first progress report to the Committee in 2012. After analysing the Committee's evaluation of the Thai report in 2016, Srisuppaphon et al. (2017) identified the following barriers to implementation of the CRPD: a lack of and inadequate multi-sectoral participation and engagement of DPOs and civil society groups, the inability of information systems to support

quality monitoring and evaluation efforts, and the low-level internalization of CRPD concepts by implementers. Increasing the understanding and internalization of CRPD concepts amongst government officials as well as PDOs and PWD representatives could improve implementation of the CRPD. Increasing the monitoring capacity of DPOs and CSOs and increasing their participation, as well as improving information systems, could improve monitoring and evaluation efforts. Thailand's implementation strengths are as follows: the early adoption of the CRPD in Thailand, progressive development of legislation and amendments, and inclusion of ICF based definitions of disability into the national household survey reflect a national commitment to the rights of persons with disabilities.

4.6.3   India

India ratified the UNCRPD in October 2007, after signing in March of that year. Despite early ratification of the convention, reported cases of persons with disabilities being subjected to discrimination, segregation and stereotypes are still high Chanay (2020). Many research papers conclude that negative attitudes towards disability that are rooted in cultural and religious belief provide persistent barriers for persons with disabilities. This is especially true for women and girls. Chanay (2020), by analysing the situated knowledge of CSOs and DPOs and examining their perceptions of the implementation of the CRPD, offers several recommendations towards improving CRPD implementation in India.

First, CSOs advocated for the replacement of the existing medical model of disability with a more rights based and social model of disability, which is more appropriate and effective when trying to uphold the right of participation, access and independence of persons with disabilities.

Secondly, there was a lack of political will to address the recommendations offered by civil society in the Second Cycle Universal Periodic Review (UPR) which was formally noted by the Indian government in 2012. Article 33 of the CRPD requires a participatory approach to the implementation of the convention by meaningfully involving civil society organisations and working together, which is currently lacking.

Strengthening the capacity of civil society would improve implementation and monitoring efforts. Inadequate resources were another policy-making pathology that is mentioned in the UPR, along with gaps in implementation despite the adoption of policies, weak regulation, monitoring and enforcement or lack of accountability, and a lack in data collection on persons with disabilities.

4.6.4   Malawi

The landscape for persons with disabilities in Malawi has developed significantly in the last 15 years, with two developments standing out in particular: the ratification of the UNCRP in 2009 and the passing of the 2012 Disability Act. Additionally, the Constitution of the Republic of Malawi includes disability as one of the grounds for which discrimination is prohibited and urges the state to actively strive towards improving the lives of Persons with disabilities (Nkhata, 2019). In 2018, a multi-sectoral group of stakeholders including several government

departments, technical experts, local and international NGOs and Persons with disabilities developed the Malawi National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP). Despite the existence of the 2006 National Policy on Equalisation of Opportunities for Persons with Disabilities, the NDMS&IP was developed to bridge the gap between policy and practice and provide a strategy for promoting inclusion of disability issues in sectoral policies and strategies.

Ebuenyi et al. (2021), in their analysis of the extent to which equity and inclusion of persons with disabilities were considered and incorporated in the development of the NDMS&IP, concluded that the NDMS&IP was developed with the intention to create an inclusive document to improve the lives of Persons with disabilities. The document identifies 'social inclusion' as one of the six key priority areas of the Plan. However, the extent of involvement of persons with disabilities in the process is not entirely clear. The authors stress the importance of active involvement and input from stakeholders with lived experience during the development of disability policy, even going beyond leadership of disability organisations and umbrella organisations. Implementation is undermined without such engagement.

4.6.5 Uganda

Uganda is considered one of the leading countries in Sub-Saharan Africa when it comes to disability rights. Uganda was one of the early adopters of the CRPD by ratifying it in 2008. The 1995 Constitution was amended in 2005 to include the promotion of the right of Persons with disabilities. In 2003, the National Council for Disability (NCD) Act was adopted, specifying the role of this body in promoting, monitoring and advocating for the rights of Persons with disabilities in Uganda. A Disability Act was adopted three years later, which was updated in 2019 to be more comprehensive, referencing the CRPD and using a similar disability definition. Despite the existence of this legislative framework, Ugandans with disabilities still suffer disproportionately.

Mac-Seing et al. (2021) provide several explanations for the challenges in implementation and enforcement of disability legislation, after conducting interviews with policy actors in Uganda. A lack of enforcement was cited, which in turn is caused by a lack of awareness and training on disability issues, especially for policy implementers. A lack of prioritisation and budgeting was also mentioned as a leading cause for ineffective implementation, from ministry to local levels. Respondents confirmed the need for effective monitoring and supervision and argued that the 2006 Disability Act was not sufficient in holding the Ugandan government accountable to its policy intent. Lastly, the importance of the role of CSOs in advocating for the rights of Persons with disabilities and monitoring the services accessible to them was confirmed.

4.6.6 Namibia

The rights of Persons with disabilities in Namibia were recognised in the 1990 Constitution of Namibia through the provision of inalienable human rights and freedom to all citizens, thus including Persons with disabilities. The National Policy on Disability of 1997, National Policy on Orthopaedic Technical Services of 2001 and National Policy on Mental Health of 2005 are

examples of the progressive disability rights legislation the Namibian government has developed since. Similarly, to South Africa, Namibia adopted the African Decade of Persons with Disabilities (1999 – 2000) to further strengthen its legislative framework on disability. Namibia ratified the UNCRPD in 2007, which was automatically incorporated into national law due to their monist system.

All in all, Namibia has shown its commitment towards promoting and safeguarding the rights of Persons with disabilities by enabling a solid legislative framework. However, some challenges to implementation remain. According to Chibaya, G. et al (2022), persons with disabilities report that insufficient collaborative and technical capacity of Organisations of Persons with Disabilities (OPD) makes them less effective in exercising their mandate and at risk of losing credibility. Additionally, there is a limited availability of aggregated disability data and the inconsistent use of the definition of disability has created a difference in reported percentages of Persons with disabilities. Disability NGOs in Namibia believe the prevalence of persons with disabilities is, therefore, underreported. It is likely that the lack of statistics on disability negatively effects the planning, resource allocation and progress monitoring of disability activities.

Lastly, according to policy makers and implementers, a lack of expertise in understanding and applying CRPD concepts hampers effective implementation of the principles of the CRPD, due to the disconnect between UNCRPD policy and implementation knowledge. At the same time, the national policy and legislative framework in Namibia is supportive of Persons with disabilities and indicative of a disability rights-enabling environment. Namibia was quick to ratify the CRPD and has created enforcement strategies through the establishment of independent institutions to spearhead cooperation and implementation of the CRPD principles.

The National Disability Council and the Office of the Ombudsman are good examples of permanent and independent institutions that are mandated to coordinate and monitor the implementation of national policies and legislation. Additionally, the Namibian government designated a focal office, the Disability Affairs Ministry, to coordinate and accelerate the implementation of the CRPD. Civil society groups have also been essential in creating the disability mainstreaming strategies of Namibia, by continuously engaging in policy development and implementation (Chibaya et al., 2022).

4.6.7 Zimbabwe

Zimbabwe was another early supporter of the CRPD, despite only ratifying it in September 2013. The ratification of the CRPD coincided with the promulgation of a new constitution to replace the 1989 Lancaster Constitution. Like other African nations, Zimbabwe has developed a strong foundation for disability rights in the form of laws, policies and institutional frameworks – the challenges lie with the implementation. Vague and weak clauses in the constitution cannot support effective policy enforcement. Also, resource constraints pose a serious challenge, as does the lack of political will to support issues related to Persons with disabilities.

The solution could lie in more thorough domestication of the CRPD and the alignment of all disability related laws and policies to the CRPD, capacitating and strengthening independent institutions and constitutional bodies to advance the rights of Persons with disabilities by providing them with adequate resources, both human and financial.

4.6.8 Taiwan

Historically, perceptions around disability in Taiwan have been centred around the notion that persons with disabilities need to be 'maintained' and taken care of by others. The Taiwanese government would intervene if families could not take care of a family member with a disability. The 'Handicapped Welfare Law' was first introduced in Taiwan in 1980 and was based on a welfarist and medical model of disability (Chang, 2007). The development of the International Classification of Functioning, Disability and Health (ICF) framework and the adoption of the UN CRPD led the Taiwanese government to legislate a constitutional amendment known as the People with Disabilities Rights Protection Act in 2007. In 2012, the act mandated that the assessment of individual disability and eligibility for disability benefits would be based on the IFC framework, thus moving away from the medical model. The government developed a new disability eligibility system, by appointing a ICF taskforce to design a disability evaluation tool based on the ICF and ICF-child, measure the difference between the old and new system and monitor the impact. This allowed the government to more accurately allocate welfare resources and provide more resources to persons with disabilities, since the ICF model allowed for disability to be assessed according to the interaction of a person's health condition and their physical, cultural and policy environment (Chiu et al., 2013).

4.6.9 Cyprus and other European Countries

Cyprus, after ratifying the CRPD 2011 and submitting the Cyprus state report to the un CRPD Committee for review, was revealed to not have prioritised the implementation of Article 16(3) of the UN CRPD for persons with Intellectual Disabilities (ID). Article 16(3) of the CRPD requires state parties to engage in effective and preventative monitoring of all facilities and programmes designed to serve Persons with disabilities by independent monitoring authorities. The absence of implementation of Article 16(3) for persons with Intellectual disabilities was not just noted by the Committee – the Cypriot Independent Authority for the Promotion of the Rights of Persons with Disabilities (IAPRPD) had pointed out the same. This lack of monitoring became especially poignant after the allegations of neglect and abuse at 'St Stephen Institution', an institution for persons with Intellectual disabilities, were first published. Despite widespread coverage of the alleged abuse, no action had been taken to monitor the situation at the institution, effectively neglecting Cyprus's obligations under Article 16(3). Kakoullis (2019) examined the existing domestic monitoring framework and concludes that it can be improved by training staff working within the monitoring framework on the CRPD concepts and principles, including the social model of disability. Additionally, more information is needed on the lives of Persons with disabilities. Both would improve the implementation of the CRPD in general.

Cyprus is not the only country to not immediately engage with Article 16(3) of the CRPD. The UN CRPD Committee recommended that Canada, Chile, Guatemala and Uganda set up independent monitoring mechanisms for persons with Intellectual disabilities. Italy and Serbia were recommended to ensure the availability and accessibility of effective independent monitoring mechanisms, whilst Lithuania and Bosnia and Herzegovina, Armenia and Moldova were tasked to improve monitoring and inspection of (residential) institutions, care homes and psychiatric institutions. Kakoullis (2019) recommends the use of the Paris Principles as a guideline when establishing an independent monitoring authority. Additionally, they recommend creating processes for co-operation and co-ordination, in the case of multiple monitoring bodies.

Brehmer-Rinderer et al. (2013) conducted an assessment of the process of implementation of the CRPD, specifically with regards to persons with Intellectual disabilities, in Spain and Hungary. These two countries were the first to submit a report and receive a review for their report in the European Union. Based on an analysis of the reports submitted by both states, as well as other European States reports submitted at that time (Austria, Belgium, Czech Republic, Germany, the UK and Sweden), the authors conclude a lack of compliance with the reporting requirements of the CRPD. Overall, the reports lacked the data required to develop strategies for improving the lives of Persons with disabilities. Definitions of disability used in the reports often did not reflect the definition used in the CRPD, which is informed by the Social Model of disability. Additionally, the intersectional nature of disability and subsequent vulnerabilities of subgroups was not sufficiently acknowledged. The need to adopt an image of Persons with disabilities as independent and self-determining persons, instead of helpless, is essential if countries that have ratified the Convention want to comply with and successfully implement the principles of the CRPD.

4.7   **Tracking Progress**

A world where the rights of PWD's are promoted and respected is easy to proclaim and hard to create. This chapter aims to track progress made towards the achievement of the policy directives and targets outlined in the WPRPD by government departments and institutions in South Africa and summarize how this relates to the implementation of the WPRPD. The analysis is based on annual progress reports that have been published since the inception of the WPRPD and have been compiled by the DWYPD, from 2016 to 2022, as well as the 2018 Concluding Observations on the Initial Country Report of South Africa and List of Issues compiled by the UN Committee on the Rights of Persons with Disabilities as a response to the initial country report by South Africa published in 2012. The annual reports contain aggregated data supplied by individual government departments on the implementation of the WPRPD to the DWYPD. It has been assumed that the information contained in all DWYPD progress reports is correct.

See Annexure B for the detailed systematic analysis of annual reports submitted to the DWYPD as well as the UN Committee's Concluding Observations in Response to South Africa's First Country Report.

4.7.1 Pillar 1: Removing Barriers to Access and Participation

Indicator 1.1 refers to the need to change attitudes and behaviours towards persons with disabilities. South Africa took an important step towards achieving this indicator by developing and approving the Disability Rights Awareness Plan in 2021, to streamline disability awareness campaigns. Additionally, a myriad of awareness raising campaigns were organised by a wide range of stakeholders and partnerships. Several awareness campaigns have been organised since 2016. However, due to the absence of a coherent targeted awareness-raising strategy, no guidance was provided on how to organise awareness campaigns for impact and it is not clear what the impact of these campaigns has been. It also is not clear whether community dialogues were included in the campaigns and Persons with disabilities were involved in the process.

Some disability awareness campaigns were linked to campaigns for HIV/Aids, TB, etc. It is unclear whether the impact on disability rights was diminished in these campaigns and if the combination of the disability awareness campaign with the medically related campaigns re-enforces the perception that disabilities are medical issues and a rights based issue.

In 2018, however, the UN Committee on the Rights of Persons with Disabilities pointed out that some policies and laws in South Africa continue to reflect the medical model of disability. The lack of progress made towards development and implementation of new disability related terminology and the integration of disability rights awareness into educational curriculums has not helped remedy this.

Indicator 1.2 is concerned with the level of access persons with disabilities have to the built environment. In 2018, the UN Committee recommended that South Africa develop a national strategy to improve accessibility for persons with disabilities. In 2021, the Universal Design and Access Framework was approved. However, it is not clear whether persons with disabilities and their representative organisations were involved and meaningfully consulted. Additionally, in 2021 South Africa initiated a review of building regulations, including the SANS10400-2011 and the National Building Regulations Act of 1977. Monitoring compliance with the accessibility standards is lacking, however, and any auditing initiatives were taken on an ad hoc and individual basis. No progress was reported for three sub-indicators, namely the appointment and training of ALOs, the development of incentives for universally designed infrastructure and built environment, and the development of a financing strategy to retrofit existing infrastructure.

Indicator 1.3 refers to access of persons with disabilities to transport. South Africa developed rolled out the Universal Design and Access Plan, financed by the Public Transport Network Grant, and published the Comprehensive Integrated Transport Plan with universal access as minimum requirement and the National Transport Policy White Paper. The UN Committee

praised South Africa for developing a range of universal design standards across the transport chain, including design standards for new road-based public transport vehicles, rail infrastructure and pedestrian crossings. An important part of implementation, however, is monitoring of compliance, which South Africa has not approached in a national and standardised way. Auditing measures have been taken on an individual and ad hoc basis.

Indicator 1.4 relates to the access persons with disabilities have to information and communication. South African Sign Language (SASL) was adopted as the 12th national language in 2016, which constituted a huge step forward. Both South African Revenue Services (SARS) and the South African Police Services (SAPS) have implemented a variety of measures to increase the use of SASL and braille to improve the accessibility of their services for persons with disabilities. However, the lack of development of minimum standards and dedicated national plans limits the effectiveness of these measures and other government departments are not pressurised to take action to improve accessibility to information and communication. This is especially important during emergency situations. The COVID-19 pandemic saw the development of measures to provide information to persons with disabilities, but it is unclear how sustainable these measures have proven to be. Progress made on providing close captioning is very limited and the Marrakesh Treaty, makes the production and international transfer of specially adapted books for people with blindness or visual impairments easier, has not been ratified.

4.7.2 Pillar 2: Protecting Persons with disabilities at Risk of Compounded Marginalisation

Indicator 2.1 relates to the right to life of persons with disabilities, including persons with intellectual disabilities and albinism. In 2018, the UN Committee expressed concern regarding the high number of instances and forms of violence perpetrated against persons with disabilities, including kidnappings, killings and witchcraft related attacks. The UN Committee also noted the absence of measures to prevent these crimes and to prosecute and convict perpetrators. One of the targets included under this indicator is to strengthen the mechanism to protect the lives of persons with disabilities through a review of legislation, policies and programmes. However, such a review has not been undertaken yet. Similarly, no integrated monitoring system to track loss of life of persons with disabilities has been established. The recommendations received in relation to the Esidimeni Tragedy were, however, all implemented by the Gauteng Provincial Government, including multiple monitoring and assessment initiatives. This constitutes a positive step forward.

Indicator 2.2 speaks to the equal recognition of persons with disabilities before the law. The UN Committee expressed concerns regarding the existence of guardianship and mental health laws which maintained a substitute decision-making regime and recommended to immediately repeal all legislation that allow for substituted decision-making. Included in the implementation matrix of the WPRPD is a review of all relevant legislation to ensure equal recognition before the law, as well as the development of supported decision-making legislation and review of substitute decision-making regimes. The South African Law Review

Commission (SALRC) compiled a report on "Assisted Decision-Making" which was finalised and released for public comment by the Department of Justice and Constitutional Development (DoJ&CD) in 2021. However, no progress has been reported on the legislative review or the development and appeal of legislation.

Indicator 2.3 relates to the access to justice of persons with disabilities, in a physical, psychological, and legislative way. To improve physical access to the justice system, SAPS and DoJ&CD implemented numerous initiatives with the goal of improving physical access, providing reasonable accommodation support and reviewing and creating norms and standards. SAPS also developed the Strategy on Provision of Police Services to Persons with Disabilities and provided capacity building on the guidelines in multiple provinces.

However, physical access is not the only barrier to access to justice for persons with disabilities. The UN Committee pointed out the absence of information about the justice system and its proceedings in accessible formats, and the limited knowledge about the rights of persons with disabilities within the justice system. South Africa needs to take stronger action towards the development of an action plan to inform and empower persons with disabilities and their families on their rights and to better track access to the justice system by persons with disabilities.

Indicator 2.4 refers to the freedom from torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse for persons with disabilities. The UN Committee referenced the Esidimeni tragedy and cited the high number of unregulated and unsupervised institutions housing persons with disabilities as a cause. Additionally, the Committee noted with concern the lack of concrete measures to prevent abuse and cruel treatment and lack of services for persons with disabilities who have been abused, especially women and girls. A lack of monitoring is cited as an important factor contributing to incidences of abuse. Despite the WPRPD implementation matrix including targets related to increased monitoring, South Africa has not made progress to meaningfully increase monitoring efforts. The DSD did develop the draft Policy and Residential Facilities in 2016, but the level of monitoring and compliance is unclear. No concrete measures have been taken to protect persons with disabilities, in particular women and girls, older persons and persons with intellectual or psychosocial disabilities.

4.7.3   Pillar 3: Supporting Sustainable Integrated Community Life

Indicator 3.1 relates to the building of socially cohesive communities and neighbourhoods. The UN Committee expressed its concern regarding the lack of a strategy and legislative framework to support the de-institutionalisation of persons with disabilities. They also expressed concern that the Esidimeni tragedy would discourage efforts towards de-institutionalisation. The WPRPD implementation matrix includes targets that are intended to improve access to services and safety of persons with disabilities in order for them not to have to be institutionalised. This includes access to sports and leisure, accessibility of community programmes to persons with disabilities, access to residential facilities and other programmes

for older persons, and measures to increase the safety of women, girls and boys with disabilities, as well as members of the LGBTQI+ community with disabilities. There has only been progress made towards the accessibility of sports and leisure services. No national or strategic steps have been taken towards de-institutionalisation of persons with disabilities.

Indicator 3.2 refers to building and supporting families. Progress was made in the form of draft minimum Norms and Standards for Respite Care Services to Families with Children with Disabilities. Although, the Norms and Standards have not been finalised or approved yet and it is not clear what the current status is. No progress was made towards the provision of information on available services to parents and caregivers of children with disabilities.

Indicator 3.3 refers to the accessibility of human settlements and neighbourhoods. Although the IDPs have not been updated to support community living plans, South Africa did develop the Integrated Urban Development Framework (IUDF). However, the implementation plan failed to include universal access and design and disability inclusion principles, requiring COGTA to revise the implementation plan. No further updates were given on the status and possible implementation of the framework. On the other hand, the NDoT developed the Comprehensive Integrated Transport Plan (CITP) and Integrated Public Transport Network (IPTN) which was piloted in selected municipalities. Updates on progress and implementation for all plans and frameworks under this indicator are limited. Additionally, little progress was reported on the provision of housing for persons with disabilities and mothers of children with disabilities, as well as the incorporation of Universal Design in infrastructure grants and tax rebates.

Indicator 3.4 refers to access to community-based services supporting independent living for persons with disabilities. This indicator is meant to progress the de-institutionalisation of persons with disabilities through the development of a framework for integrated community based personal assistance services which supports independent living in community, including a costed and approved implementation plan. The framework itself has not been developed. However, the Independent Living Project in Johannesburg was implemented, albeit on a city scale. Some policies and guidelines were reviewed and developed, but their current status is unclear.

Indicator 3.5 refers to the protection of persons with disabilities during situations of risk and disaster. Progress was made towards the assessment of government disaster management plans. The Disaster Management Act, 2002, was amended, and the guidelines on the inclusion of persons with disabilities in disaster management plans that were issued in 2017 can be used to assess disaster management plans accordingly. It is unclear how many disaster management plans have been assessed. Although nine different guidelines, protocols or directions were issues during the COVID-19 pandemic to ensure the safety of persons with disabilities, no overarching plan for disaster reduction was published, which was one of the UN Committee's recommendations. It is too early to determine whether measures taken during the COVID-19 pandemic have proven sustainable.

4.7.4 Pillar 4: Promoting and Supporting the Empowerment of Persons with Disabilities

Indicator 4.1 refers to early childhood development of children with disabilities. In 2015, the Early Childhood Development (ECD) Policy was developed to include young children with disabilities into ECD services and programmes. No information on the impact or implementation of the policy is included in the progress reports. 2017/18/19 saw the development of programmes and provision of training for ECD practitioners. No real progress has been reported since then.

Indicator 4.2 refers to the lifelong education and training of persons with disabilities. Overall, access to education for persons with disabilities has improved between 2015 and 2022. Initiatives taken to increase inclusive education include training, funding, monitoring, research and development of minimum norms and standards. The vast majority of measures are focussed on reasonable accommodation instead of universal access, which is supported by the UN Committee. Progress is lacking on enforcing the enrolment of children with disabilities into schools. Additionally, no progress is reported on the integration of disability awareness into the curriculum of all education.

Indicator 4.3 refers to social integration support for persons with disabilities. This indicator also touched on de-institutionalisation of persons with disabilities by providing a range of services through the establishment of integrated, multi-sectoral provincial rehabilitation and habitation centres. The Department of Health (DoH) finalised the Framework and Strategy for Disability and Rehabilitation (FSDR) and a research study was conducted to assess readiness for implementation. The DSD developed draft guidelines on respite care services for families of children with disabilities. NGO programmes, workshops and residential care facilities were funded and developed. Multiple initiatives were taken to determine the cost of disability for children and persons with disabilities, to provide evidence on cost estimates to determine, among others, social security benefits and subsidisation of services targeting persons with disabilities. However, no progress has been made on the subsidisation of peer and parent empowerment support programmes.

Indicator 4.4 refers to access to healthy lifestyle support for persons with disabilities. Providing an integrated and holistic basket of accessible and affordable healthcare services at a district and community level is one of the targets included under this indicator. While de-institutionalisation remains the goal, it cannot be implemented in South Africa without the proper community healthcare system in place. It requires the development of guidelines and mechanisms which are currently not in place. The COVID-19 pandemic created a situation within which healthcare providers were forced to think of creative means to provide healthcare services to persons with disabilities without them having to travel. The development of the Tele-Health/Tele-Rehabilitation platform is one of these measures, as well as the integration of peer supporters into the rehabilitation team, strengthening community networks and ensuring an early warning system. COVID-19 was a catalyst for the development of such initiatives – however, it is not clear how sustainable these measures prove to be. The UN

committee cited concern for the risk of compound marginalisation and challenges faced by vulnerable groups with disabilities, such as women and girls. The provision of access to victim empowerment and recourse programmes is, therefore, important. During COVID-19, the DSD put measures in place to ensure that persons with disabilities could access the Gender Based Command Call Centre, which is a positive development. No progress was reported on the accessibility of HIV and AIDS prevention and treatment programmes for persons with disabilities, as well as the development and implementation of a National Disability Services Quality Framework with a National Quality Assurance System, including legislation.

Indicator 4.5 refers to supported decision-making for persons with disabilities. One of the areas of concern of the UN Committee was the guardianship and mental health laws that maintain a substitute decision-making regime. The UN Committee recommended the repeal of all legislation that allows for substituted decision-making, and adopt legislation on supported decision-making instead. The DoJ&CD finalised and released the approved report on Assisted Decision-Making to the public in 2021, but no further progress has been reported. Progress made towards the achievement of the indicator seems to be very limited.

4.7.5   Pillar 5: Reducing Economic Vulnerability and Releasing Human Capital

Indicator 5.1 refers to disability, poverty, development and human rights. Phase 2 of the Elements of the Financial and Economic Costs of Disability to Households in SAQ pilot study was conducted to assist in the determination of social security benefits and subsidisation of services to persons with disabilities. It is unclear what the findings of the study were and how they were used or not used. No progress was made towards a review of insurance benefits for persons with disabilities or efforts to strengthen and broaden the geographical reach of programmes and projects designated to reduce poverty amongst persons with disabilities.

Indicator 5.2 refers to access to decent work and employment opportunities for persons with disabilities. The UN Committee expressed their concern regarding the very low rate of employment among persons with disabilities. Overall, the employment rate of persons with disabilities has increased since 2015, but very marginally. South Africa increased the affirmative action target to at least 7%, but most employers and work opportunity programmes have not come close to reaching this target. The development of the JobAccess Strategic Framework is positive. However, very few departments report on affirmative action measures or the implementation of the JobAccess Framework, even though they are required to. This signifies a lack of compliance and enforcement, and perhaps a lack of political will. Additionally, progress on two of the indicators and subsequent targets is not reported, including the vocational rehabilitation and related programmes for persons who have recently acquired a disability, as well as the integration of socio-economic development programmes provided to persons with disabilities into the national employment database.

Indicator 5.3 refers to the persons with disabilities as owners of the economy. The Preferential Procurement Policy Framework and Regulations regulate those persons with disabilities profit equally from public procurement. Data on businesses owned by persons with disabilities is

recorded on the Central Supplier Database (CSD) and disaggregated according to race, gender and disability.

The Department of Small Business Development (DSBD) has taken a systematic approach to mainstreaming disability through the Mainstreaming Framework. Reporting on progress is not done consistently, but it is very unlikely that the 2015-2019 target of 3% procurement from persons with disabilities has been achieved. Multiple support initiatives for Small, Medium and Micro Enterprises (SMMEs) have been rolled out, such as the Amavulandela funding scheme, but the exact impact is unclear. The exact increase of participation by SMMEs owned by persons with disabilities is also unclear. Affirmative action initiatives for women with disabilities have been developed and implemented on an ad hoc basis and only by a select few government departments. Additionally, progress is unclear since CSD statistics cannot be disaggregated for disability and gender at the same time. This illustrates the need for comprehensive data collection on persons with disabilities, disaggregated according to many different factors.

Indicator 5.4 refers to reducing the cost of disability for persons with disabilities and their families. Since 2016, SARS has implemented numerous measures to provide specialised services to persons with disabilities, including a review of disability related tax benefits and rebates. The outcomes of the review have not been reported on yet. Progress made on the training of supply chain management units in all public institutions on adjudication of bids where reasonable accommodation support is included is unclear.

4.7.6   Pillar 6: Strengthening the Representative Voice of Persons with Disabilities

Indicator 6.1 refers to the strengthening of access and participation through self-representation of persons with disabilities. The National Framework on Self-Representation by Persons with Disabilities was developed and submitted to cabinet for approval in 2021/22. The current status of the National Framework is unclear. Prior to that, several departments were reported to have formalised consultative platforms with disability organisations. The COVID-19 pandemic illustrated the need for a more participatory approach to policy making. The disability sector and persons with disabilities felt excluded from the planning and implementation of COVID-19 intervention measures, which is why the DWYPD, DMR&E and the Department of Human Settlements (DHS) put forward initiatives to enhance consultation with the disability sector. The need for meaningful consultation with persons with disabilities and their representative organisations is reiterated in the UN Committee's concluding observations on the initial report of South Africa. There was, however, very limited progress reported on the involvement of representative organisations of persons with disabilities by private entities providing services to the public.

Indicator 6.2 requires the recognition of representative organisations of persons with disabilities. The UN Committee raised concerns regarding the lack of processes for the meaningful consultation of organisations of persons with disabilities in adopting policies and other matters affecting them. The previously mentioned Self-Representation Framework could

help achieve this indicator, but the status of the framework and the level of compliance to the framework is unclear. Similarly, limited information was reported on the registration of DPOs with their respective co-ordinating bodies at national, provincial and local level and it seems as though very little progress has been made.

Indicator 6.3 refers to the strengthening of diversity and capacity of DPOs and self-advocacy programmes. The UN Committee refers to the lack of provision of the necessary resources by the DSD to promote the effective participation of organisations of persons with disabilities as a problem. In 2016, DSD did shift funding to organisations such as Deaf Blind South Africa, Autism SA and Disabled Children Action Group. In 2022, it is reported that the DSD supports a number of DPOs, both financially and in terms of capacity building. Reporting is, however, inconsistent and no clear strategy or plan seems to be in place. The provision of accessible consultative platforms and support for self-representation should be covered by the National Framework for Self-Representation. However, as previously mentioned, the status of and potential implementation or impact of the Framework is unclear.

Indicator 6.4 refers to public participation and consultation programmes and their accessibility to persons with disabilities. The DSD was reported to have developed a National Framework for Inclusive Public Participation and Consultation Programmes during 2017/18. However, no progress has been reported since. Similarly, minimum norms and standards were supposed to be developed and approved for disability sector representation on all public consultation structures. Some government departments and institutions have started projects to improve their engagement with persons with disabilities. No information has been provided on the impact or implementation of the projects.

Indicator 6.5 refers to self-representation in public life of persons with disabilities. Some progress was made with regards to individual measures and initiatives implemented by SARS and DWYPD. No legislation has been seemingly reviewed or developed, and it is unclear how many elected officials are persons with disabilities.

4.7.7   Pillar 7: Building a Disability Equitable State Machinery

Indicator 7.1 requires disability equitable planning, budgeting and service delivery. the Department of Transport (DoT) developed guidelines for universal Design and Access Plans to streamline the incorporation of universal design principles within all public institutions as well as in the procurement of goods, services and construction of infrastructure. Although this is an important step forward, no progress has been reported on how the guidelines are implemented, monitored or enforced. Progress achieved toward ensuring access of public and private institution programmes targeting children with disabilities and the provision of top-up budgets for service delivery in deep rural and isolated communities to persons with disabilities also remains underreported. The budget to improve the lives of persons with disabilities is often linked to gender-responsive budgets or budget allocations for other designated groups. No progress has been reported on the development of a disability equitable budgeting model or other costed plans or frameworks.

Indicator 7.2 refers to the disability equitable evidence informing policy and programme development. The UN Committee stressed the importance of creating a system for the collection of up-to-date disaggregated appropriate data on persons with disabilities. Even though no such management system has been developed yet, much has been done towards improving the standardisation of disability data and statistics. The Disability Inequality Index (DII) is the first of its kind in the world, and the establishment of the Stats SA Disability Advisory Group is an important step. Another important step towards collecting disability equitable evidence is establishing a national research agenda for the purposes of policy and programme development and tracking the reduction in equality of persons with disabilities in South Africa. No progress has been made towards establishing such a research agenda.

Reporting efforts have been increased through the DoJ&CD's centralised knowledge management system and its efforts to strengthen SAHRC's capacity as an independent monitoring mechanism. Several individual departments also put measures in place to improve reporting on the WPRPD. Lastly, the WPRPD states that disability data needs to be disaggregated to reflect gender statistics, and gender statistics should be disaggregated according to disability. Not enough progress has been made towards achieving this goal.

Indicator 7.3 refers to public procurement and regulation. Progress is difficult to report, since the data provided to report on one of the indicators was not in line with the target included under the indicator itself. The preferential Procurement Treasury Regulations were promulgated in 2017 and National Treasury provided a draft bill to the Minister of Finance which included policy directives on Preferential procurement for institutions on spend by sex/gender, age and persons with disabilities and SMMEs. No progress was reported on the improvement of equitable access to, and participation in, social investments. Additionally, no data was made available to report on progress made towards the inclusion of a disability dimension in all Service Level Agreements.

Indicator 7.4 refers to capacity building and training. Some progress has been made in training officials that are responsible for frontline service delivery design and planning, budgeting, service delivery, administration of justice and monitoring and evaluation (M&E), in providing services to persons with disabilities in public and private institutions. Departments reported institutionalising sessions on the UNCRPD and the WPRPD and providing some sort of training or capacitating opportunities to their officials. The National School of Government (NSG) has done particularly well in raising awareness on disability righths. However, in some instances the initiatives excluded some of the impaired groups and focussed too much on impairment, rather than abilities. Additionally, some reported measures focussed on providing training to persons with disabilities, instead of providing training for officials on disability issues. No progress has been reported on the inclusion of modules on disability in education materials and courses across the learning spectrum. This could signify that the onus of disability mainstreaming lies with persons with disabilities themselves.

Indicator 7.5 refers to strengthening accountability. Overall, disability outcomes have not been widely included in performance contracts of senior managers across the state machinery. The

UN Committee identified the legislative audit that was conducted towards the domestication of the UNCRPD as a positive step. Resulting from the audit was the request to conduct an in-depth investigation into the efficacy of developing a single or cross-cutting statute to give effect to disability rights. The DoJ&CD approved the request to establish an expert committee to advise and consolidate public comments on the developments of the Disability Rights Bill in 2021. SALRC released its first paper for public comment and stakeholder engagement and consultation was conducted in partnership with the DWYPD. No further progress has been reported since.

4.7.8 Pillar 8: Promoting International Cooperation

Pillar eight refers to the promotion of international cooperation. The UN Committee noted with concern that persons with disabilities and their representative organisations were not properly consulted or included in the design and implementation of international cooperation agreements and programmes. Additionally, all international engagements and agreements should include the aspect of disability and persons with disabilities should be trained to play a significant role in international diplomacy. No meaningful progress has been made towards these goals. On the other hand, South Africa has continuously engaged in international cooperation and knowledge exchange with organisations such as the United Nations, African Union and Southern African Development Community.

4.8 Best Practise Scan

Below is an overview of the key lessons learned regarding the implementation of the WPRPD and the UNCRPD, based on the literature review and the systematic analysis of annual progress reports.

Table 3: Key Lessons and Implications for the WPRPD

No	Key Lesson	Description	Implications for WPRPD
1	Domestication of the UNCRPD	Limited domestication of the UNCRPD can result in situations where the state's constitution or legislative framework is not in line with the UNCRPD principles and obligations. Despite ratifying and domesticating the UNCRPD, both Thailand and Zimbabwe still have laws that discriminate against persons with disabilities and are in direct opposition to the UNCRPD. The medical model of disability is still prevalent in the way countries around the world conceptualise disability, subsequently effecting implementation of the UNCRPD. Prevailing negative attitudes and behaviours towards persons with disabilities in Thailand leads to discrimination, both in the law as well as everyday life. Similarly, persons with disabilities in India are persistently exposed to negative attitudes and behaviours that are rooted in cultural and religious beliefs. Internalisation and domestication of the social model of disability is required to change people's outlook on disability, increase buy-in for the UNCRPD and improve implementation. Similarly, implementation of the WPRPD in South Africa illustrates the persistent nature of the medical definition of disability. Disability campaigns are linked to HIV/AIDS and TB campaigns and resources, and the development of rights-based disability terminology has been neglected. Taiwan illustrates how using a social or rights-based model to assess individual disability and eligibility for disability benefits has allowed them to more efficiently and accurately allocate resources and improve the lives of persons with disabilities. Insufficient understanding and clarification of the principles and obligations contained in the UNCRPD can cause problems during the implementation	• It is essential that the principles and obligations included in the UNCRPD and WPRPD are thoroughly internalised and domesticated. • Training of officials throughout all levels of government on the UNCRPD and WPRPD principles is important to ensure that measures or initiatives are designed and implemented in a uniform way and in line with the WPRPD. • Conduct legislative audits and reviews to ensure the harmonisation and alignment of the legislative framework to the UNCRPD and WPRPD. • The WPRPD has adopted a localised and domesticated approach. • Awareness around the impact of cultural and religious practices on PWD is necessary.

		stage. The initial implementation of Focal Point Persons (FPP) in Zambia illustrates how a lack of understanding around a concept or mechanism can render implementation ineffective. Similarly, Namibia has seen a disconnect between UNCRPD policy and implementation knowledge due to insufficient understanding and application of UNCRPD concepts.	
2	Legislative Framework	The UN Committee on the Rights of Persons with Disabilities pointed out the need for South Africa to review specific legislation, specifically regarding sexual and reproductive rights of persons with psychosocial and/or intellectual disabilities, as well as education, in their 2018 Concluding Observations. The legislation was considered not to be in line with the UNCRPD, despite South Africa having undertaken an audit of its laws and policies. Weak and vague clauses in the constitution of Zimbabwe cannot support effective policy enforcement. The constitutions and legislative frameworks of India and Thailand still contain laws that allow discrimination against persons with disabilities in certain instances.	• South Africa is to implement the findings of the legislative audit to align other laws and policies to the objectives of the WPRPD. • Legislation is required to ensure accountability and enforcement of disability inclusion
3	Political Will	Political will is essential to successfully and effectively internalise the principles and obligations included in the UNCRPD and implement disability programmes and policies. A lack of political will in India was linked to the government failing to address recommendations for improvement made by civil society organisations in the Second Cycle Universal Periodic Review, despite being formally noted by the Indian government. Additionally, FPPs in Zambia were said to not be effectively influence the decision-making process because they were low level employees and could not exert influence, signifying a lack of political will. Problems with implementation in Zimbabwe were also linked to a lack of political will. Mac-Seing et al. (2021) cited a lack of prioritisation, from ministry to local levels, as one of the causes for ineffective implementation in Uganda	• All spheres of government must remain committed to the WPRPD and its policy directives

4	Participatory Approach	A lack of meaningful involvement of civil society organisations and representative organisations for persons with disabilities is not in line with the UNCRPD and can impede successful implementation. In South Africa, the disability sector and persons with disabilities felt excluded from the planning and implementation of COVID-19 measures to protect persons with disabilities. The disability sector in India complained that the Indian government did not involve them in the development of programmes and policies and did not take their role as monitoring body seriously. In Europe, despite the media and civil society organisations widely reporting incidences of abuse in residential care facilities of persons with disabilities, the government did not act. Closer involvement of disability organisations could have prompted the government to act sooner. Mac-Seing et al. (2021) also stressed the importance of the role of CSOs in advocating for the rights of persons with disabilities and monitoring the services accessible to them in Uganda.	• Create an enabling environment for DPOs to be more closely involved through the development of legislation and mechanisms as well as the provision of resources and capacity building initiatives, so that they can fulfil their mandate. • Persons with disabilities should be meaningfully involved in the policy development, implementation and monitoring phases of the WPRPD. To ensure equity and inclusion of persons with disabilities into South African society, it is not sufficient to merely do things *for* them – instead, we must do things *with* them.
		Capacitating and strengthening civil society and representative organisations is needed for an effective participatory approach. Chibaya et al. (2020) illustrate how OPDs in Namibia have insufficient collaborative and technical capacity, which makes them less effective in exercising their mandate and at risk of losing credibility. Similarly, Chanay (2020) argues that strengthening and capacitating of civil society is needed for them to fulfil their mandate of improving implementation and monitoring services offered. South Africa has provided some financial and capacity building resources through the DSD, which is an important step, but it is not done in a sustainable or strategic way.	
		Close involvement of persons with disabilities into the design, implementation and monitoring of disability programmes and policies is lacking in the implementation efforts of many countries, to the detriment of quality implementation. Ebuenyi et al. (2021) show that input from stakeholders with lived experiences is pivotal to disability policy development in Malawi and that involvement of umbrella or representative organisations is not always sufficient since they do not always represent the actual interests of persons with disabilities. The UN Committee (2018) also cited their	

		concerns regarding the lack of meaningful involvement of persons with disabilities in South Africa's implementation of the WPRPD.	
5	Whole of Society Approach	Greater collaboration and coordination across departmental boundaries are important to optimise resources and streamline implementation of the WPRPD and the UNCRPD. The WPRPD implementation matrix prescribes the development of national plans, strategies and frameworks, to effectively align top-down policies and ensure that initiatives are implemented in line with the WPRPD. The systematic analysis of progress reports illustrates that measures are more often implemented on an ad hoc basis by individual departments and not according to an overarching strategy or plan. This means that measures might not be designed or implemented in a way that is aligned to the WPRPD and the principles and obligations contained in the UNCRPD. This also complicated monitoring and evaluation efforts.	• Provide regular training to all levels of officials from ministerial level to on the ground implementers, to make sure that knowledge is disseminated throughout government in a uniform way. • Approach implementation from a national and strategic viewpoint to make sure that the whole of government is in agreement on what to do and how to do it.
		A lack of uniform understanding throughout all layers of government and institutions of the concepts, definitions and principles contained in the UNCRPD and WPRPD is shown to limit effective implementation. The obligations of FFPs in Zambia were not clear to FFPs and other officials, thus limiting their effectiveness. In Namibia, the definition of disability was not harmonised throughout all laws and policies. The inconsistent use of the definition of disability probably led to the underreporting of disabilities, which has a major impact on the effectiveness of implementation. Mac-Seing et al. (2021) cited a lack of awareness and training on disability issues for policy implementers in Uganda as one of the causes for a lack of enforcement.	
6	Accountability	A lack of accountability is cited as the reason for low quality implementation in the case of India, Uganda and Zimbabwe. In Zimbabwe, weak and vague clauses in the constitution are not able to support effective policy enforcement. Enforcement is also difficult when policy implementers lack awareness and training on disability issues, as in the case of Uganda.	• Strengthen and capacitate monitoring bodies and mechanisms • Ensure that legislation supports enforcement measures • The WPRPD must have a strong results-based approach
		Insufficient monitoring can lead to dangerous and potentially fatal situations for persons with disabilities. The St Stephen Institution scandal in Cyprus and the Esidimeni tragedy in South Africa illustrate the need for strengthening monitoring procedures and monitoring bodies. Kakoullis (2019) reports that many countries in Europe do not have sufficient independent monitoring	

		mechanisms in place, especially with regards to persons with intellectual disabilities.	
7	Disability-Inclusive Data	The availability of high-quality and reliable data that is disaggregated by disability and other characteristics is essential for effective implementation. Chibaya et al. (2022) illustrates how the lack of reliable data can affect the planning, resource allocation and progress monitoring of disability inclusion measures. India, Thailand, Cyprus and other countries in Europe are all reported to have a lack of (quality) data on persons with disabilities negatively affecting implementation of disability policy.	- Meaningfully consultation and involvement of persons with disabilities in data collection process is essential - Disaggregate data by disability, income, gender, age, race, ethnicity, migratory status, geographic location, and any other relevant characteristic. - Improve data collection methods, mechanisms and storage systems - Improve the quality of monitoring data to be accurate and consistent.

5   KEY EVALUATION FINDINGS

This section presents the findings of the evaluation. Specific evaluation questions were asked on programme design and on implementation of the programme and the research gathered the following results.

According to the DPME National Evaluation Policy Framework (NEPF, 2011: 9), an implementation evaluation, *"…aims to evaluate whether an intervention's operational mechanisms support achievement of the objectives or not and … why. [I]t looks at activities, outputs, and outcomes, use of resources and the causal links. It also assesses the quality of the indicators and assumptions."*

In short, as the DPME Guideline on Implementation Evaluation (2014) put it, an implementation evaluation evaluates how implementation is done, by seeking to answer the three basic questions: what is happening in practice? How is it happening? Why is it happening? (DPME, 2014). An implementation evaluation has a strong formative element, assessing the conversion inputs into activities and outputs, as well as seeking to describe and explain the barriers and facilitators of such conversions. The outcome of the implementation evaluation will only infer to the possibility of impact and sustainability of the evaluation.

According to OECD (2021: 28), it is tempting to use all six DAC principles in an implementation evaluation however it is recommended that a deliberate selection and the use of criteria in ways that are appropriate to the evaluation and to the questions that the evaluation is seeking to answer. For the purposes of this evaluation, the team has taken note of the recommendation but has concluded that the implementation of the WPRPD will be evaluated against the 6 DAC principles of relevance, coherence, effectiveness, efficiency, impact and sustainability.

5.1   **Demographics of the Respondents**

5.1.1   **Participating Stakeholders**

The implementation evaluation was based on a cross-sectional assessment of the stakeholders of the White Paper on the WPRPD. As such, interviews were conducted with government agencies, both at national and provincial spheres, particularly those with an explicit mandate for the implementation of the WPRPD. In addition, interviews were conducted with various non-state actors,

comprising of Chapter 9 Institutions, with mandate relating to equal dignity, right and fundamental freedoms, like the South African Human Rights Commission (SAHRC) and Public Service Commission (PSC). All organisations of and for persons with disabilities were either interviewed directly or encouraged to complete the online questionnaire, to assess whether they have perceived any changes within the South African institutional and administrative contexts in relation to disability inclusion. Lastly, it was also necessary to interview researchers on what the implementation of the WPRPD would entail in South Africa in the context of international commitment to Agenda 2030 of leaving no one behind.

Table 4: Participating Stakeholders

Government		Non-State		
National	*Provincial*	*Chapter 9 Institutions*	*DPOs/ DSOs*	*Institutions of Higher Education*
Department of Cooperative Governance and Traditional Affairs Department of Higher Education and Training Department of Public Works and Infrastructure South African Police Services Department of Tourism Department of Youth, Women and Persons with Disabilities Department of Health Department of Tourism South African Revenue Services Department of Sport, Arts and Culture	Office of the Premier (Gauteng) Office of the Premier (Northern Cape)	South African Human Rights Commission Public Service Commission	Blind SA African Disability Alliance QuadPara Association of South Africa/ South African Disability Alliance South African Federation for Mental Health Western Cape Network on Disability South African Non-Communicable Diseases Deaf Empowerment Firm	University of KwaZulu Natal South African Medical Research Council UCT

Department of Public Service and Administration			Africa Disability Alliance	
Department of Employment and LabourDepartment of Social Development			Parents for Children with Special Educational Needs	
			South African Non-Communicable Diseases Allowance	

Where possible the data was analysed separately for government and non state stakeholders with the intention of identifying any differences in the implementation of the WHRPD across the different stakeholders.

5.1.2 Race

The respondents drawn from the above organisations, in collaboration the DWYPD were meant to represent a variety of perspectives across South Africa. As such, a good mix of racial group was aimed.
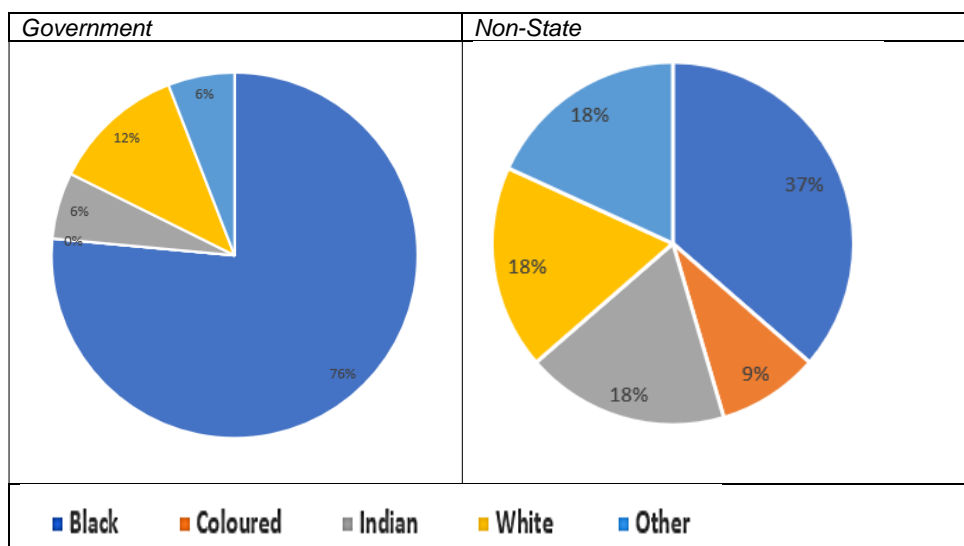
Figure 3:   ***Race category of respondents***

Respondents from the public sector were predominantly black South Africans (76%), with a few representations from other racial groups (White (12%); Indian (6%)). Some participants declined to

classify themselves within the given categories, as such they are represented as Other (6%). A greater more variety was had within the non-state respondents, as seen above, with still the majority being black South Africans (37%), followed by White, Indian and Other (18%), and those who classified as Coloured (9%) being the minority. While this was not meant to be a comparative or representative study, it did offer a fair amount of variability as far as race categories are concerned. This variability is only acknowledged for methodological transparency, as it was not meant (and could not be sufficient) to be used for multivariate analysis. The intention was to understand if race influenced the perception of the implementation of WPRPD. Race did not have any discernible impact on how the WPRPD is implemented.

5.1.3 Age Group

In terms of age, all respondents were categorised into three age-groups: <35, 35-50, >50. Again, this presentation of this variability is meant for methodological purposes and was not used as a category of analysis.
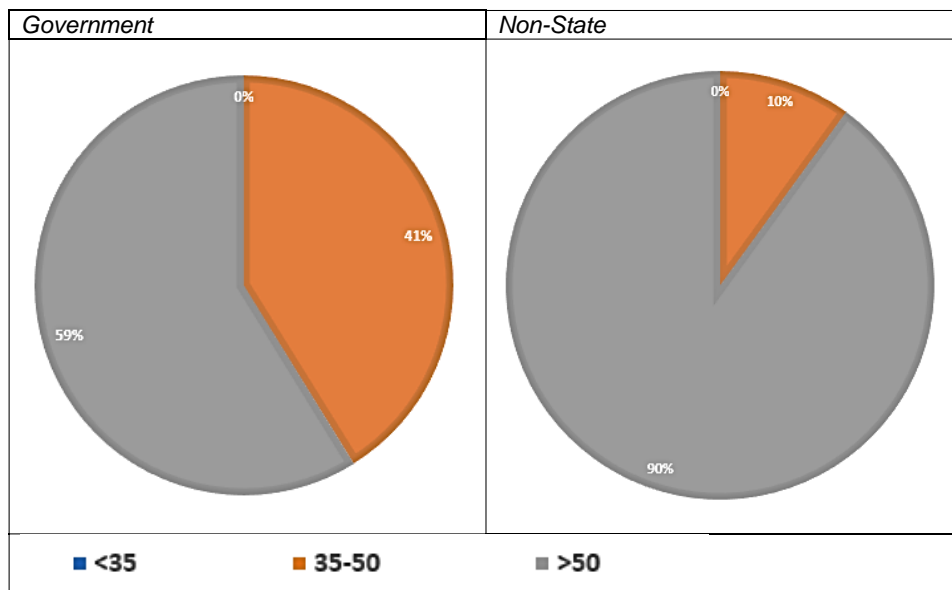

Figure 4: **Age group of respondents**

According to the Figure 4, most respondents in both groups belonged to the >50 age group. However, while 59% of public institution respondents were over 50 years old, 90% of non-state respondents were of over 50 years old. Since the respondents were also organisational point persons for disability inclusion, the age of most of the representatives may correspond to the amount of experience held – which is a positive aspect. However, with none of the respondents in the <35 age group, it may also be a little concerning that the voices of young people may not be represented in the management

of disability inclusion issues. Also, the unique requirements of youth with disabilities is likely to be excluded from the design of programmes. This could result in limited uptake of such programmes.

5.1.4   Gender

Gender was another category into which respondents were classified. The classification of gender was into three categories: "Female", "Male" or "Other".
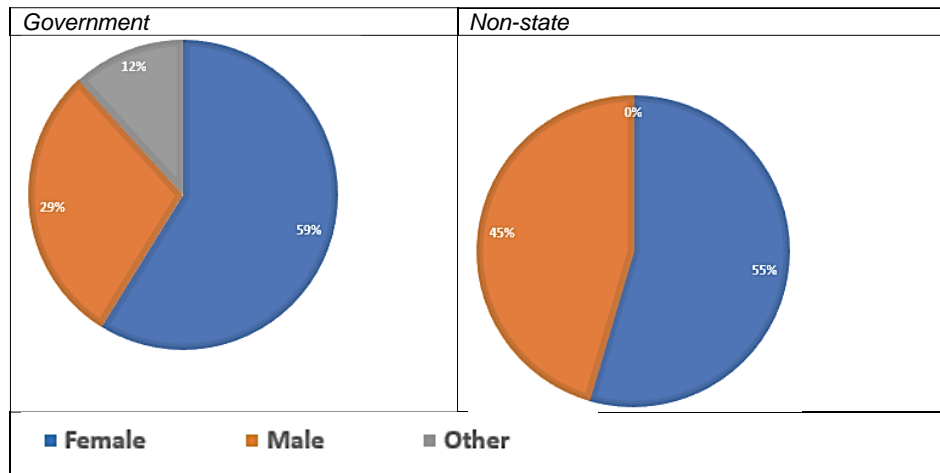

Figure 5:   *Gender category of respondents*

As can be seen in Figure 5 above, female respondents made up the majority of the respondents (government (59%), non-state (55%). While there is almost an equal distribution between male and female representatives within non-state respondents, it would seem that the sector has an over-presentation of female disability point persons, particularly within the public sector. This would be problematic if it affirms stereotypes of women as 'nurturers' and persons with disability as 'hospice' clients – which further entrenches the 'medical/welfare' model of disability inclusion, which the WPRPD attempts to transcend.

5.1.5   Disability

While 75% of the respondents did not have any disabilities, many were related to PWD's. Only 25% of the respondents had a disability. The lived experience of the respondents with disabilities provided rich context and understanding of what does and does not work and where the gaps lie in the current implementation of the WHRPD.

5.2   Relevance

All interventions, be they policy, programme or project, tend towards the resolution of an identified problem. The identification and definition of every problem area is done in collaboration with relevant stakeholder groups, so that the defined aspects of the intervention responds to identified needs of the various stakeholders. Relevance, as a criterion for evaluation, therefore, assesses whether the "intervention does the right things" as defined by the relevant stakeholder groups (OECD, 2021: 38). It assesses "the extent to which the intervention's objectives and design respond to beneficiaries' global, country and partner/institutional needs, policies and priorities…" (OECD, 2021:38). As such, relevance is central to design evaluation, in which the aim is to assess whether the intervention has been constructed in a manner that responds to the identified problem, and its objectives tend towards the identified resolution, as defined by various stakeholders. In implementation evaluation, relevance assesses the continued responsiveness of the intervention design in the changing environments (economic, social, environmental, political) of the implementation context. In the evaluation of the implementation of the WPRPD, relevance was assessed through stakeholder perspectives on the continued relevance of the 9 Pillars: are the nine pillars of the WPRPD still relevant to the needs of persons with disabilities?   As such, a cautionary approach to the interpretation of the results was adopted, as the results of the key informant interviews are only relevant in understanding the perceptions of the expert policy makers and implementers interviewed. The evaluation does not contain any feedback from the beneficiaries of the White Paper namely PWD.

5.2.1   Government Stakeholders

The majority of respondents were convinced that all nine pillar of the WPRPD[1] are still relevant within the South African context. This does not come as a surprise, since PWD in South Africa form a significant part of society (7.5%, 2015 STATSA Estimates). The justification of their relevance ranged from their intentionality, in terms of ensuring that the 2030 Agenda of "Leave No One Behind" and "Reaching the furthest behind first". One respondent noted this, by arguing that the WPRPD remains relevant as it

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[1] The WPRPD is built on nine (9) Strategic Pillars: Strategic Pillar 1: Removing Barriers to Access and Participation; Strategic Pillar 2: Protecting the Rights of Persons at risk of Compounded Marginalisation; Strategic Pillar 3: Supporting Sustainable Integrated Community Life; Strategic Pillar 4: Promoting and Supporting the Empowerment of Children, Women, Youth and Persons with Disabilities; Strategic Pillar 5: Reducing Economic Vulnerability and Releasing Human Capital; Strategic Pillar 6: Strengthening the Representative Voice of Persons with Disabilities; Strategic Pillar 7: Building a Disability Equitable State Machinery; Strategic Pillar 8: Promoting International Co-operation; Strategic Pillar 9: Monitoring and Evaluation

"targets all the needs of the marginalized".

A respondent from the provincial government echoed the same sentiments, arguing that the WPRPD

"assists in ensuring that persons with disabilities equally and gainfully enjoy their rights".

Another provincial government official pointed to the fact that since persons with disabilities and their needs are disaggregated around various factors, the pillars are significant in offering a holistic solution to their needs and ensuring that they are included in the developmental activities of South Africa, alongside other sectors of society. It was also noted that as a form of domesticating the UNCRPD, the WPRPD is relevant in linking South Africa to the international priorities as well as the national development priority, as captured in the National Development Plan: Vision 2030.

However, while the enduring relevance of the WPRPD and its pillars was endorsed almost unanimously, there were certain qualifications identified by some respondents from national and provincial government. One official noted that the pillars of the WPRPD remain relevant "Up until a review report is produced detailing improvements, challenges and remedial action …" while another government official argued that the review process is necessary to enhance the alignment of the WPRPD with other departments: This was echoed at the national level, as indicated by this extensive quote,

"yes, they are relevant, but I think they need to be structured or restructured and be aligned with the medium-term strategic framework or the national priorities of government. In that way, people can be able to locate and see and align their programs accordingly. [This is because at the moment] the White Paper pillars seem to be [an] isolated implementation, more like a foreign language, to government departments"

This view was shared by another government official who felt that Higher Education Institutions (HEI) have conducted extensive research in the disability sector, the findings of these studies may introduce new concepts and a need to revisit the structure of the 9 pillars. There was some concern that government departments do not collaborate and share information sufficiently therefore lessons learnt in terms of the 9 pillars may not be considered. During the workshop on the ToC, some participants from both the government and the non-state sector raised similar concerns however in the main it was agreed that the pillars remain relevant.

While these views were, to a larger extent, isolated observations from the government officials, it is by no means trivial, it may capture the realities of other departments. As such, it deserves equal consideration, in order to optimize the implementation of the WPRPD.

5.2.2   Non-state Actors

While many in the non-state sector agreed that the pillars are relevant, there was more diversity in views on the relevance of the WHRPD.

One of the architects of the WPRPD, noted that, as a domestication of the UNCRPD, the WPRPD links South Africa to the international priorities of disability inclusion, as well as align with the continental efforts to "Leave No One Behind" and enable the realisation of Human and Peoples' Rights, hence making the pillars relevant in all settings. It was also noted that the WPRPD forms the basis of domestic alignment to other legislations and policies, as the development of the Disability Act is underway. A respondent from the education sector noted that the role of the WPRPD within the socio-political transformation of South Africa;

"I think the pillars aptly reflects the context, because the way I have read the White Paper indicates the provision of a very deep contextual understanding of South Africa's uniqueness with regard to our history, our geography, and our racial past"

A DPO, noted that considering the discriminatory past, in which most persons with disability were regarded as only medical and welfare beneficiaries, the WPRPD offers a moment of independence for them, opening socio-economic opportunities in a manner unprecedented in the country. This was echoed by Chapter 9 institutions and other DPO's, who noted that the first Strategic Pillar: Removing Barriers to Access and Participation, has been particularly instrumental in bridging the gap between persons with disabilities and the rest of society.   This puts it poignantly; the integration and mainstreaming of persons with disabilities in various sectors and departments has been fundamental.

A couple of respondents noted that the WHRPD is so closely aligned with the international community that the alignment with the African culture may have been overlooked. One respondent noted that while the WPRPD was largely constructed by abled persons, the implementation of the White Paper would have tested the relevance of it by PDW. However, given the lack of implementation, the lived experience of the WPRPD is not understood and as such the relevance of the 9 pillars remains untested.

The non-state actors, particularly the officials in the DSOs, most of whom are persons with disabilities, while appreciating the relevance, noted that most of the pillars have not yet been implemented and targets remain unmet.

"I don't believe we have achieved our goal. We also recently are discussing a lot in terms of targets. And if we look at our population it reflects that between 7% and 10% are persons with disabilities and we have not received reached those targets in many of our worst areas of services, be it employment services, housing, or catering for people in various respects. We have not reached that. Obviously, we made progress but we haven't reached our target, and I think that we are still far from that achievement, and also we must remember that South Africa while we look at disability and mortality, we are struggling in a recession in many areas. That's also stagnating our progress"

A respondent from a DSO makes the case that the WPRPD remains relevant because the identified gaps are not closed. The pillars are barely implemented, if they are implemented at all. Another researcher made suggestions on restructuring the WPRPD to expedite its relevance and implementation:

"I think, they may want to structure this differently and maybe to align the indicators for disability inclusion to the National Development Plan, and not to the White Paper. I think there is a project already with that objective – the harmonisation project …".

Both government and non-state actors are convinced of the relevance of the WPRPD in meeting the needs of persons with disabilities and enabling them full inclusion into the social and developmental activities of the country.

While there were some varying views on the relevance of the WPRPD, in the main the consensus was that the 9 Pillars of the White Paper are responsive to the changing and emerging development priorities in the country and the WPRPD is appropriate as it is operationalised considering the uniqueness of the country context.

5.3   Coherence

Although often forgotten, coherence is a vital component of the OECD DAC Criteria for evaluation. Introduced in line with 2030 Agenda and the Sustainable Development Goals coherence has become instrumental in assessing the relevance of the intervention within the broader context, particularly as the implementation of contemporary interventions rely on synergies and cross-stakeholder coordination. Coherence measures the integration of the new intervention within the extant context.

It attempts to answer the question: How well does the intervention fit? According to OECD (2021:45), coherence measures the "compatibility of the intervention with other interventions in a country, sector, or institution". In this evaluation the measure of coherence was done using the background information about the priorities of the implementing departments and organisations, the positionality, role, experience, and duties of the respondent, as well as the overt inquiry on the alignment between the department and the WPRPD. There was variance in the interpretation of the alignment of the WPRPD, with some respondents commenting on the alignment as implementation compliance rather than the fit between extant organisational mission and the WPRPD, there was sufficient insight gleaned from some responses to assess the extent to which the WPRPD fits within the regional and national contexts of South Africa, as well as within the international system, particularly with regards to disability inclusion.

As such, insight from these responses enabled the identification of two types of coherence. Internal coherence measures the alignment with the organisational framework and other interventions already implemented within the organisation (OECD, 2021:46). The external coherence, on the other hand, has three dimensions, the alignment with national policy priorities, the alignment with interventions implemented by other organisations within the country, as well as the alignment with the international context.

5.3.1   Government Stakeholders

The above discussions on the relevance of the WPRPD pillars was further echoed in other parts of the interview, as respondents argued for external coherence of the WPRPD. Some respondents traced the evolution of rights of persons with disabilities both internationally and in South Africa, and argued that the WPRPD aligns both within international developments around the principles of "Leave No One Behind" and disability inclusion, as a way of fulfilling their inalienable rights, dignity and fundamental freedoms and ensuring their participation in achieving the 2030 Vision. One respondent argued that in South Africa, the enablement of inclusion and participation by persons with disabilities was part of the transformation project that started before the 1994 elections, 1996 Constitution and the 1997 Integrated National Disability Strategy. He argued that, as a result, the WPRPD is snuggly aligned to the NDP, which envisions inclusive development. It is, therefore instructive that the WPRPD may not be reviewed (or repealed) until 2031.

In terms of internal coherence, most respondents found that the White Paper is aligned to the work they already doing, be it in employment creation and equity, social development, health and education, or tourism and cooperative governance. A provincial government official in charge of

Monitoring and Evaluation in the Department of Social Development noted how seamless it was to mainstream the implementation of WPRPD:

"We do the monitoring and evaluation of the programs and systems in the department like we have the annual performance plan and we have the policies in the department. So we just ensure now they include disability mainstreaming in them. It doesn't matter which policies, we ensure that there's reasonable accommodation and accessibility in the department for Persons with Disabilities and then we ensure that people with disabilities are in our employment equity"

According to the official, the mandate to implement the WPRPD was not disruptive to the priorities already incumbent in the department portfolios. Another official, working in the Department of Tourism noted similar dynamics, given the fact that as a department focused on service, the WPRPD has brought an awareness that can only bring positive development to their priorities. For example, removing barriers to access through universal design and reasonable accommodation, can only expedite their marketing strategies and enable them to reach more beneficiaries and customers, The same observation was shared by a respondent from the Department of Employment and Labour, who argued that through the employment equity, there has always been an effort to be inclusive, as such the WPRPD is just another chapter in the same book they have been utilising all along. An official from Public Works and Infrastructure noted that compliance with universal design in the organisation's new buildings has been a 100% aligned despite some lag, which they refer to as "misaligned targeting", in old buildings.

The SAPS mentioned that it was not only easy to implement the White Paper, it was beneficial to engage with the pillars of the White Paper. SAPS claims that since the implementation of the White Paper they have enhanced their own record keeping to include number of victims with disabilities. This enhancement has not only improved their records but also their cares, SDMS and docket covers. The implementation of the White Paper has allowed SAPS to do more without creating elaborate new systems, instead they have absorbed the implementation into current systems. It is important to note that the respondent acknowledged the novelty introduced by the need to implement WPRPD, which enabled the disaggregation of data in a way that would otherwise not have been done.

The majority of the departments had to go through a learning curve in integrating the White Paper into their everyday priorities. In some cases, the implementation of the White Paper is seen as an add on function to existing functions and therefore does not always receive the attention it deserves. Some made the comment that the implementation of the WPRPD has become a compliance function with little understanding or purpose. These respondents largely shared a negative view on the

alignment of the WPRPD with priorities within their departments. Many are of the opinion that there was still a gap in aligning their organisation with WRPRD. The majority of respondents believe that the departmental strategy and annual performance plan are disability blind, making the collation of performance information and statistical data aimed at measuring progress difficult.

COVID-19 highlighted the inconsistencies at a policy and programme level. While the perception of respondents that existing disaster management legislation and emergency programmes and protocols did not cater for the needs of PWD, the reality is that nine different guidelines, protocols or directions were issues during the COVID-19 pandemic to ensure the safety of persons with disabilities. Further, the NDoH took specific measures to protect PWD during COVID-19. COGTA issues the National Disaster Regulation 11B (&), including specific safety and protection measures for Persons with disabilities.

Despite these various interventions, emergency response personnel were insufficiently capacitated to cater for the needs of PWD both during COVID and the floods in Kwazulu Natal when people needed to be evacuated. Although efforts were being made to align the departments with the WPRPD, human capital, strategy and policy misalignments were still hindering progress. Some respondents commented that alignment with the WPRPD simply meant developing a disability strategy with little regard for implementation of the strategy.

Several disability awareness campaigns were linked to campaigns for HIV/AIDS and TB to optimise costs which was concerning because it validates the perception that disability programmes are based on the medical model as opposed to the rights based approach of the WPRPD. Although most departments accept the importance of disability inclusion, there is no meaningful commitment to the implementation of the White Paper due to competing priorities in the departments especially against limited and decreasing budgets.

Although there was consensus that there is an intention for better internal and external alignment with the WPRPD, the following observations were made:

- Lack of coherence between the priorities and needs of PWD and existing interventions;
- The rights of PWD stands a better chance of being recognised when programmes are implementation in isolation of existing policies and interventions such as women and youth programmes. This is because existing interventions are silent on the needs of PWD and are not robust enough to respond accordingly; and

- The gap between programmes implemented by non-state organisations and government has widened leading to further misalignment in the sector.

5.3.2 Non-state Actors

Internal coherence on the WPRPD was largely noted within the non-state actors, who either advocate (Chapter 9 Institutions) or provide services to persons with disabilities (DSOs). For example, the SAHRC noted that its core mandate is to improve the respect and the culture of human rights and to monitor compliance of government departments in this regard. Its second mandate is to investigate and correct human rights lags, including taking appropriate steps where human rights have been violated, as well as recommending appropriate redress.

As such, the WPRPD does not require anything extra and above its current mandate. It falls right into the SAHRC's mandate and Strategic Pillar 9: Monitoring and Evaluation reaffirms that obligation. This was confirmed by another Chapter 9 Institution official, who argued that it is their responsibility to have oversight function on the implementation of inclusive policies. Several DSOs noted that the WPRPD gave them legitimacy in doing what they were already doing. Another argued that: "90% of my job actually revolves around removing barriers to access and participation, which is actually the first pillar." A respondent working within Higher Education, and part of the provincial disability structures, noted the impact of the WPRPD in the context that was already attempting inclusiveness.

In terms of coherence - compatibility of the intervention with other interventions in a country, sector, or institution"- respondents were divided, depending on how they interpreted the question. On the one hand, some non-state actors appreciated the extant external and internal coherence of the WPRPD with global and national efforts in achieving inclusion and leaving no one behind. On the other hand, some non-state respondents argued that there was room for improvement in aligning their institutional frameworks with the WPRPD. Most non-state organisations shared the view that there is lack of co-ordination between the state and non-state organisations hence, the inventions implemented by both sector partners do not benefit from a shared approach and in some instances the approach by government and non-state organisations is incoherence.

There is the comment by the UN Committee on the Rights of Persons with Disability that some policies and laws in South Africa still reflect the medical model of disability. Strategies, programmes and interventions emanating from these policies and laws will be counter productive to what the WPRPD hopes to achieve.

The WPRPD is aligned with international policy and continental policy on the right of PWD's. While there is concern that some policies and laws in South Africa is not aligned with the WPRPD, in the main the White Paper is compatibility with other interventions in the country and the sector.

5.4   Effectiveness

For an intervention (policy, programme, project) to transform a problem situation it has to have and use the right tools. Having the right tools only without using them, or using them incorrectly, will not have intended consequences on the identified problem area. As such, the OECD (2021), argues that in addition to having an appropriate intervention (relevant, and coherent), it has to be implemented as intended to realise the anticipated results. While aiming to answer the question(s)- is the intervention achieving its objectives? or Is the intervention doing the right things right?- the OECD (2021:52) defines effectiveness as the "the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups."

Evaluating effectiveness, the hallmark of implementation evaluation, then seeks to understand what has been done, what has been realised (results), and how has the intended and unintended results been realised. The focus (elements of analysis), becomes (i) the achievement of results, (ii) differential results, and (iii) enabling and disabling factors (barriers and facilitators). In the implementation evaluation of the WPRPD, the effectiveness criteria assesses whether all the components (inputs, activities) of the White Paper have been implemented as intended by stakeholders, whether the anticipated outputs are being realised as envisaged. As such, several questions[2] were used to guide the data collection on effectiveness, and several themes have been identified from the responses. A total of four themes (organisational transformation, the delivery system, achieving the objectives, areas of excellence) were identified, and will be used to guide and structure the results under effectiveness.

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[2] Does your department have a dedicated person for the implementation of the White Paper on the Rights of Persons with Disabilities? How are the principles of universal design and access being integrated into planning, designing, budgeting and implementation?; How are departments or duty bearers accountable when objectives are not met?; How are skills and capacity developed to support the implementation of the White Paper on the Rights of Persons with Disabilities?; Where there is a lack of capacity, resources or supporting structures, how is this dealt with?; Would you say that all persons with disabilities benefit equally from the implementation of the White Paper on the Rights of Persons with Disabilities?; What are some of the greatest successes in the implementation of the White Paper on the Rights of Persons with Disabilities?; Do you think the implementation matrix is clear and practical?

5.4.1 Theme 1: Organisational Transformation

Organisational transformation entails a responsive adjustment, by various implementing agents, which comprises of structural and institutional changes to implement various components of the WPRPD. This involved (i) identifying responsible/ dedicated personnel, (ii) reviewing policies, standard operating procedures, budgeting and funding mechanisms, and (iii) capacitating various components of the organization to meet the demands of implementing the White Paper.

5.4.1.1 Focal point

While the WPRPD advocates for disability mainstreaming it also mandates government departments to identify, train and deploy inclusive responsible personnel for managing or coordinating the process of disability mainstreaming and compliance within the department. Figure 6 shows a variation of designation most focal personnel took.
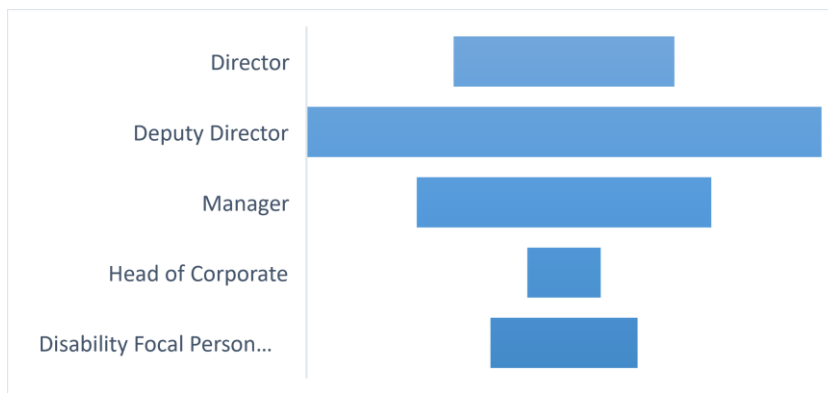

Figure 6: Designations responsible for mainstreaming disability inclusion

As can be seen, most organisations placed responsibility of overseeing the mainstreaming of disability inclusion within the deputy director level. In some instances, a deputy director's portfolio was especially created where it did not exist. There are clear advantages of placing disability inclusion mainstreaming at such a senior level of the organisation, where top-down extant compliance mechanisms can be leveraged to enforce implementation at throughout the structure of the organisation at a grass root level. However, being far from the 'implementation sites' may also compromise the quality of the implementation, especially when the focal person may not always know what happens 'on the ground', as illustrated by one respondent,

"The department is a coordinating department, so I'm coordinating, you know, the implementation of the White Paper… there are other units within the department who have specific … projects or

activities that are related to the White Paper. So, I'm not actually, … the person who implements the actual projects that are on the White Paper. I only assist, … officials in the department … to mainstream disability rights within their work. I ensure that … the department complies and implements the White Paper. I also coordinate reporting within the department and in the sector. So, I speak to provinces and because some of the activities are not implemented within the department, they're implemented at municipal level … the department would coordinate through the provincial offices to get those reports from municipalities"

On the other hand, the value of coordinating with different spheres of government, within the South African system of cooperative governance, may be underappreciated. While there is, at least within the above department intergovernmental relations as part of the implementation arrangements of the WPRPD indicates coherence and effective partnerships however, this view is not shared by many non-state partners. Some believe that mainstreaming disability inclusion at a senior level of government has become a reporting function with very little input on designing and implementing programmes that will result in meaningful change on the ground, as intended by the WPRPD.

The other possible challenge identified was the instances where there are two focal persons in one department,

"I have two deputy directors that are dealing with disability issues. One deputy director dealing with internal gender and disability mainstreaming and another deputy director that deals with disability in the present system"

This institutional approach was echoed by other government officials.

"So at [name of the department] we have two disability focal points. One focal point is more on provision of reasonable accommodations for employees within the department. Then the other focal point [myself] is responsible for persons with disabilities who are coming to get services from our department. So, I must ensure that there's as well, reasonable accommodations for them so that when they come to us, they shouldn't be any hindrance. This sometimes creates confusion and separate approaches to implement the WPRPD"

While this does indicate commitment and dedication, it has a risk of creating silos in which implementing stakeholders regards these as two different mandates, unless a deliberate effort is made to synchronise the two functions through clear communication and reporting lines.

Some departments had managed to establish "disability units" or "Directorates", with a team that cuts across the whole function of the department, from the director to ground-level bureaucrats. While still

anchored by the deputy director, this model seems to come closer to the mainstreaming objective of the WPRPD. The aspect of cooperative governance, in which there are clear lines of communication between the national, provincial and local government structures is an endemic component of the model. These were arranged in which each sphere, as it does, is responsible for a specific component of the implementation, that is, policy and oversight (national government), coordination (provincial), implementation (local governance). This did not seem to create a rigid structure, since the White Paper also mandates implementation in the higher spheres, in terms of reasonable accommodation and universal design, and other aspects of mainstreaming, including awareness raising and capacity building.

There were departments that struggled with realising sustainable structural transformation,

"I am a deputy director responsible for disability and rehabilitation. The department has not been able to settle on a focal person and I've been asked to play that role for now. It's intermediary. It's by default because of my current job function. The disability unit is not very functional. The transformation was somehow not activated after the incumbent left. So, they have occasionally, you know, referred all queries about the White Paper and its implementation to me"

The fact that queries are referred to the temporal point person occasionally also indicate challenges with implementation and mainstreaming disability inclusion within the department.

It was encouraging to see that most focal persons in various government departments and non-state sectors had relevant expertise and years' of experience within the disability sector and cognate sectors (diversity management, relationship management, social development). Some had academic backgrounds related to the area, whereas others had been key drivers and movers of the evolution of disability inclusion in South Africa since the early 1990s. This was also shown in the familiarity with the WPRPD confirmed by the respondents during the interviews.
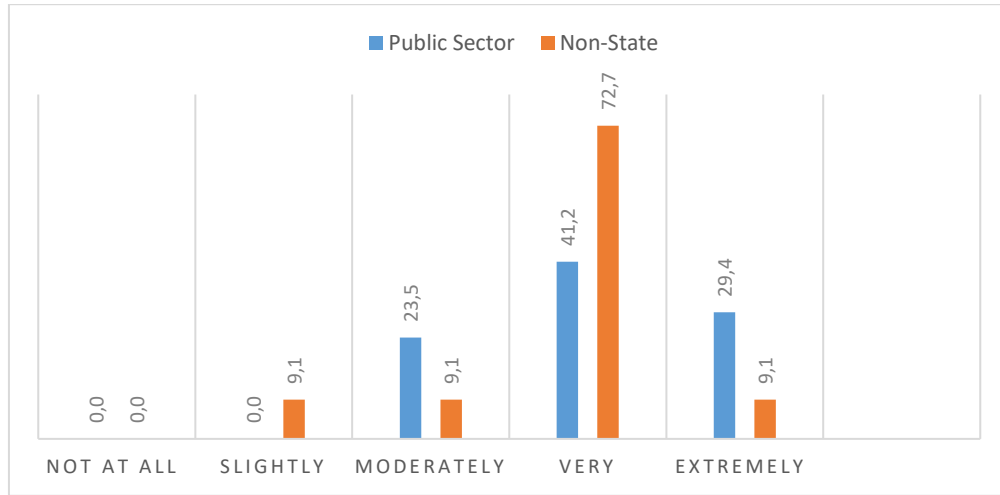
Figure 7: *How familiar are you with the WPRPD*

As shown in Figure 7 above, most respondents in both the government and non-state sectors are very familiar with the White Paper. In fact, 71% of respondents from the public sector and 82% of those from the non-state sector indicated that they were very to extremely familiar, which is an invaluable human capital in relation to the implementation of the WPRPD.
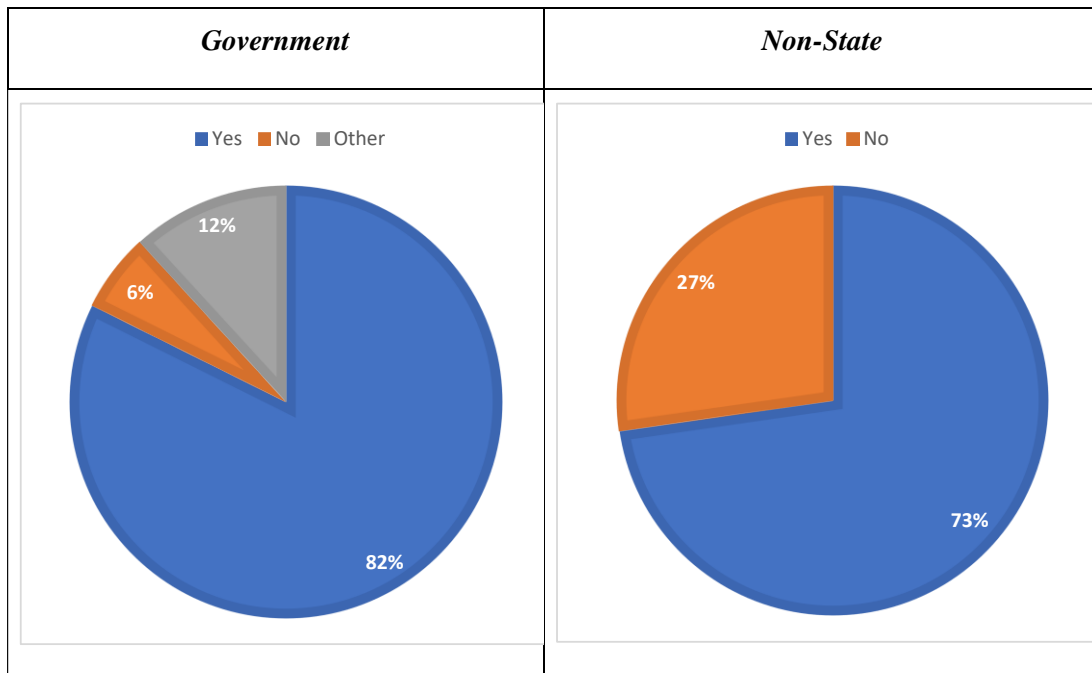

Figure 8: *Have you had any direct experience with the implementation of the WPRPD*

As shown from the Figure 8 above, 82% or the public sector and 73% of non-state respondents had direct implementation experience of the WPRPD.

This diversity is also indicated in various portfolios represented by the respondents. The variety of portfolios in which disability management was placed in different organisations is given below.

Diversity Management	Gender & Diversity Management	Special Needs Programme	Social Inclusion & Equity
Strategic Projects	Advocacy & Mainstreaming	Corporate Services	Gender, Youth & Disability

Figure 9: **Portfolio's in which disability management is represented**

As it can be seen in Figure 9, there is a fair diversity in which different public implementing agents chose to call their portfolios in charge of disability inclusion and mainstreaming. As indicated above, the diversity may indicate the incorporation of disability to already existing portfolios (i.e gender, youth, special programmes, diversity), or it may depict the attempt to mainstream the new portfolio by incorporating it to other pertinent concerns in each organisation. However, the naming and special designation, while it saves to ensure compliance and implementation effectiveness, it somehow defeats the mainstreaming purpose – it may encourage silo operational system, in which only that designated portfolio and person work on disability inclusion, while the rest of the organisation continues un-transformed. This sentiment was shared by many in the non-state sector. The main concern raised by many sector partners was that government has made progress in leaps and bounds in the women and youth sector while the disability sector remains neglected and under-resourced.

Unfortunately, in terms of the sample of the interviewed representatives, most are not persons with disabilities themselves, which may indicate a gap in the structural transformation. This is instructive, especially when compared with representatives from non-state actors, see Figure 10 below. Unlike, the preceding demographic categories that were meant for pure methodological reasons, this category had an analytic function linked to Strategic Pillar 6 of the WPRPD aimed at *Strengthening the Representative Voice of Persons with Disabilities*. While this pillar is usually interpreted in terms of formation and public consultation of DPOs, the spirit of this pillar also extends to the employment or election of persons with disability into public organisations, legislatures, and non-state institutions. This is mostly made clear in Section 6.6.1.5 (Self-representation in public life), which argues that "*It*

is important that persons with disabilities enjoy direct representation in legislative bodies as well as governance structures of public institutions whose mandates impact on the lives of persons with disabilities" (WPRPD, Section 6.6.1.5).
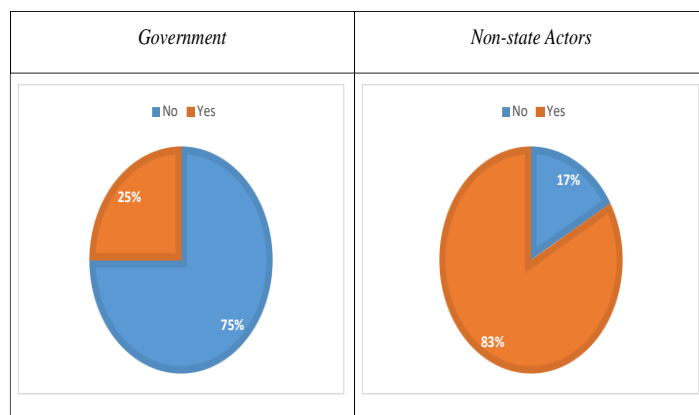

Figure 10:   ***Are you a person with a disability***

However, as shown in the Figure 10 above, 75% of respondents from the public sectors do not regard themselves as having any disability, yet they are predominantly in charge of making policy, designing programmes and managing/coordinating projects relating to the rights of persons with disabilities.

The 2015-2019 target was for all public institutions to have institutionalised consultative platforms with representative organisations of PWD. Some progress was made by individual government departments to provide mechanisms for consultation with PWD and research was conducted on the level of self-representation of PWD. However, implementation has been conducted on an individual and ad hoc basic, and it is not clear which departments have institutionalised consultative platforms and which departments have not. It is unclear what the status of the National Framework on Self-Representation by Persons with disabilities is.

5.4.1.2   Adapting Institutional Frameworks

In addition to designating dedicated personnel, implementing agents had to review and amend, as necessary some of their institutional frameworks and standard operating procedures. The overwhelming transformation was the review and reform of institutional policies. The reformed policies included disability inclusion principles such as accessibility, reasonable accommodation and universal design. In 2021 the Universal Design Access Framework was approved while in 2022 the National Transport Policy White Paper was published, outlining the goal of access to safe and

affordable transport for everyone, including Persons with disabilities in 2021. The National Framework for Reasonable Accommodation was approved by Cabinet in 2021

In addition, organisations reviewed their employment equity procedures and amended them to include disability quotas, even in government programmes such as the Expanded Public Works Programme. A lack of *sufficient* participation by persons with disability have been an issue, particularly due to lack of sufficient reasonable accommodation is most of the public work's projects. One department also integrated disability inclusion in its Green Paper. Forms of horizontal interdepartmental collaborations, forming implementation cohorts, were institutionalised. Participation platforms for consultation with persons with disabilities has also been regularised. Lastly, some departments have put in place mechanisms for internal accountability when objectives related to disability inclusion are not met. One government official claimed,

> *"We have, as I've indicated, developed the policy, we have workshopped the policy with our institutions and we are, monitoring the implementation to see what will happen. The policy framework is also in relation to the clients that we are working with, … it is a policy framework for the realization of social inclusion … that is why we call it the social inclusion policy framework. It speaks to the intersectionality of all the social inclusion aspects"*

Another government department representative stated:

> *"Okay, one department developed a framework called … Gender, Youth and Disability Framework. It outlines our priorities and expectations from programs to report on the White Paper convention and other instruments relating to women, youth and persons with disabilities. We also established structure committees, including Advisory Committee, Disability Advisory Council"*

However, most government officials were not clear as how duty bearers are held accountable for shortfall in performance.

As shown, policy review and reform opened a window for the creation of various statutory structures, such as advisory committees and intergovernmental platforms, for purposes of disability inclusion. In addition to overarching departmental policies, various standard operation procedures were also adapted to accommodate the implementation of WPRPD. There were various internal communication, budgeting, procurement and accountability standard operation procedures which were adjusted in order to accommodate the WPRPD. A respondent from the Department of Tourism indicated how some of the transformation in the procurement standard operation procedure was meant to take place,

> *"… we have specific targets for businesses owned by persons with disabilities"*

In addition to a Disability Employment Management Policy, the Department of Tourism developed sector targets that were incorporated into the 5 key tourism programmes resulting in the infrastructure programme increasing accessibility for PWD and the an advocacy and awareness programme built into Programme 4 while the Working on Tourism Programme has set targets for the employment of PWD.

This adaptation of the institutional frameworks to accommodate the implementation of the WPRPD was also captured in the quantitative responses given by public sector respondents on a series of interview questions.
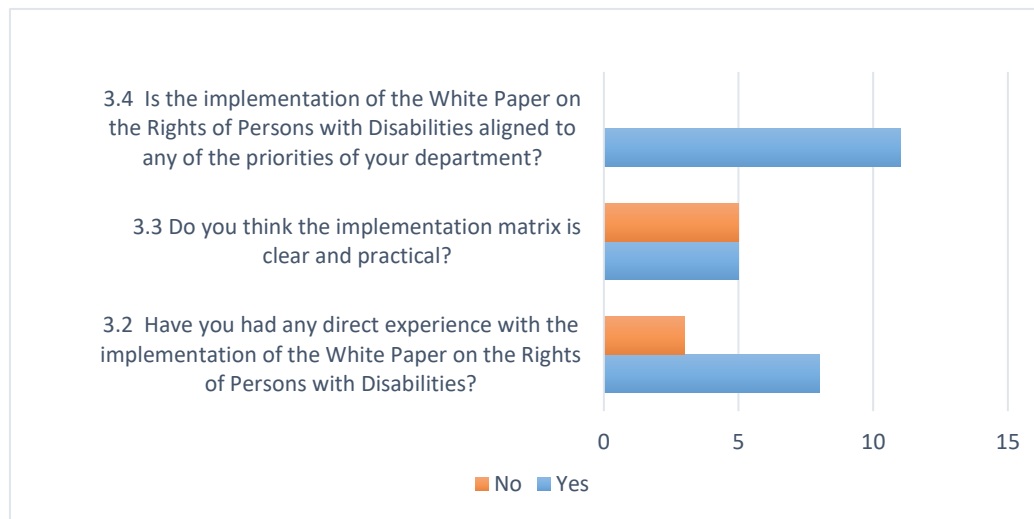

Figure 11:   *Responses of public sector respondents regarding the institutional adaptation*

As indicated in Figure 11 above, all respondents confirmed that the WPRPD was aligned to the work their organisation was already doing, and the majority also noted that, as focal persons, they did have direct experience in the implementation of the WPRPD. However, 50% of the public sector respondents do not think that the implementation matrix is clear or practical, except for the majority of those who were actually involved in its drafting. This may need a further focused survey to determine what is the exact problem with the implementation matrix and the extent to which this is the case for all implementing agents. It may also indicate either the need to capacitate relevant stakeholders on the understanding and utilisation of the matrix or the need for a revision of the implementation matrix. Gauteng has domesticated the WPRPD through a Disability Rights Policy specific to the needs of the province. It was reported that of the 14 Departments in the province only 2 mention the Disability Rights Policy in their Annual Performance Plans. This structured approach has created the platform for the province to provided targeted support to departments to adapt their departments in line with the provincial policy on disability inclusion.

Several non-state actors mentioned that the review and reform of various policies to incorporate disability inclusion priorities as envisaged by the WPRPD, did not automatically entail that these changes were going to be implemented. As such, the issue of policy compliance was raised several times;

"So, in terms of whether the department has been complying with the reporting requirements of the White Paper, I can safely say they were partially compliant, not to that full extent. They will mostly report on things which are not relevant, like to implement equities debts and all that without giving institutional information that relates to their mandate. It's like people are just there for themselves, …without translating it down to the entire population of disability. And then in terms of the reporting part, there's still resistance from programs to report. Only few that are reporting employment equity stats, and targets and then also document or get those reporting but the rest of the other programs are not reporting"

One non-state respondent had positive experience with the public sector in terms of "new" developments regarding disability inclusion, which may be an indication that some government departments may be taking their renewed institutional mandates seriously. "*I think there's been greater vigilance by the state. In fact,* **strangely** *enough, this morning I'm coming from a transformation meeting where issues of disability are seen as placed as high imperative by partners in the public sector".* The fact that the respondents regard this as "strange" is, however, telling to the level of confidence non-state actors have on the political will of the public sector in terms of implementing policies. This explains the mixed reaction in which 'changes' in the public sector have been taken, as indicated by another respondent from the non-state sector, who reads lack of enthusiasm from some of the processes taken to accommodate the implementation of the WPRPD.

"My experience again is that most interventions haven't been costed. I would imagine that social interventions haven't been costed. It's a hit and miss approach. So, I may be wrong, but that's an implementation gap. There are supposed [cost all interventions]. You're not allowed to put this kind of document and policy out [and including it the MTSF] without costing attached"

These implementation challenges were further captured by other non-state respondents, who argued from the "implementation gap" perspective.

"Policies are there… To be honest, we have beautiful policies in South Africa, but then…with regards to persons with disabilities there are always loopholes where people can escape. There, there is always a gap where people can escape and have a reason for [not] doing enough. For instance, if we talk about employment, decent employment for persons with disabilities, if you look at the current situation in the White paper, it speaks to the 7% to be

realised by 2030… But as we sit here together, look at the percentage now of persons with disabilities that are in their workforce … only 2%, which has been there for a long time"

Many respondents in both the government and non-state sector argued that there is not enough visible political will to highlight disability inclusion. This attitude is transferred to department level where there is a lack of commitment to implement the objectives of the WPRPD beyond what has already been done in the previous decades. This was again echoed by another non-state participant, who believes that the WPRPD will follow the same institutional fate befallen by many "good" policies that have gone before it.

"Look … there's been a lot of white papers. You know the policies. Any books and guidelines and all sorts of things written on paper, but there is no commitment to implementation by the politicians or the bureaucrats. So as far as I'm concerned, nothing has been done because you can write papers until … cows come home. But if it's not going to be implemented, and if there are no consequences for noncompliance, then why do it?"

It must be noted that the scepticism of the non-state sector on whether institutional alignment by the public sector is meant to be taken as a positive step is borne out of previously disappointed optimism. However, to be fair to the implementing agencies in the public sector, this criticism or scepticism does not deny whether there has been institutional adaptation in response to the White Paper. The scepticism goes beyond institutional alignment, to the reputational damage most public institutions have endured due to unsatisfactory implementation of various policies in South Africa.

5.4.1.3   Accessibility: Principles of Universal Design and Reasonable Accommodation

In addition to generic policy review and reform, departments are mandated, through the nine pillars, to realise various objectives, including enabling accessibility. According to UN CRPD (2006), accessibility for persons with disability include, among other things; (i) dismantling (institutional and physical) barriers, (ii) enabling persons with disabilities to live independently and to participate fully in all aspects of life (Art.19; 29; 30), (iii) includes infrastructure, language, information, skills – use of assistive technologies, and (iv) enabling policy environment to ensure compliance by non-state actors (Art.9; 26). As a domestication of the CRPD, the WPRPD's first pillar (Section 6.1) is committed to *Removing Barriers for Access and Participation,* which encompasses six focus areas (changing attitudes and behaviour; access to the built environment; access to transport; access to information and communication; universal design and access; and reasonable accommodation measures). As such, a lot of review and reform included assessing the level of accessibility for effective disability inclusion. Most public sector respondents commented on the planning, budgeting and

implementation already done regarding enabling access, in its various imports. Very little comment was made about future initiatives to improve accessibility.

A government respondent argued for the difference between inclusion and exceptionalism (which may border on discrimination),

"It is supposed to be inclusive; it shouldn't have a special ramp where you need a special tool to open when you're coming with wheelchair. It should be that way for everybody. For example, to have a disability enabled toilet, usually means that one has to run around looking for the security guard to open it and close it. That is not accessibility. It shouldn't be like that. It should mean that all the toilets are done in such a way that they are accessible to and by persons with various disabilities. I think we have a long way to go"

Another respondent from a government department commented on the process of policy making and planning in government, as far as universal design and reasonable accommodation is concerned. They argue the policy and planning activities must be coordinated across the departments to ensure that all aspects of accessibility are mainstreamed from local to national departments, in their distinctiveness. It is only through such a process that full implementation can be ensured**.** Another respondent from provincial government noted the importance of accessibility assessments to be conducted as an integral process of policy and regulations reform.

"Yeah, this is what I'm saying. Like the reasonable accommodation, we are ensuring that s taken care of. We check if our buildings are accessible, they've got ramps and inclusive toilets and bathrooms. 1Like I also said, we do policy review and analysis to check whether persons with disabilities are reasonably accommodated as well"

In respect of ensuring that universal design and reasonable accommodation are implemented one national government participant gave additional detail on the process of assessment and monitoring compliance.

"Our goal is to make sure that universal access certificates are included in the occupancy certificate of any building. That is not yet in place, but that's what we're moving towards…"

Respondents from non-state organisation argued that while the WPRPD is clear on the principle of accessibility with regards to universal design and reasonable accommodation, very little has been visible from implementing departments. One of the architects of the WPRPD, who works within civil society, noted as much.

"You know, there is no implementation at all of universal design. You just need to go to the Department of Public Works as they build buildings. They are mandated to implement universal design and reasonable accommodation to enable accessibility and disability

inclusion. Maybe it is only now that the principles of universal design are really beginning to be written and accepted, in the infrastructure and transport sectors".

Other non-state actors were critical of the commitment of the public sector in implementing various principles of accessibility through mainstreaming them in various platforms, including the integrated development planning process.

"Just yesterday we raised this issue of no explicit mention of disability in the IDP's. There was a mention of disability here and there in the IDP, but there is no explicit mention of disability and exactly how they are planning to address the issues of universal access and design. We have pointed out errors in the planning and design processes and we're saying use us as a resource to assist you in future planning. This was agreed in the meeting. But when we walk out the door, there's no implementation and they go ahead and continue to plan for the next 25 years alone"

Another respondent from the non-state sector, working in the health sub-sector, commented on the lack of accessibility transformation for persons with disabilities in the health sector:

"…You know, South Africa has a great history of writing great policy, while implementation is not always spot on. For example, with regards to universal health coverage, disability inclusion doesn't appear anywhere in the document. People keep talking about it, but nothing is happening. Most persons with disability can't get into most clinics. I mean, I just know from a health point of view, people can't get to the health service because, you know, freaking bridges, you know, or they must go on wheelbarrow because there's no ramps"

However, notwithstanding real or anticipated implementation gaps, most participants did acknowledge the presence of review and reform processes in various public sector organisations, to align various institutional frameworks with the mandates within the WPRPD. This is further summarised by a researcher working in higher education:

"There is a framework out there and there will be indicators now, and once departments start to report in a meaningful way on the indicators we will see much bigger change"

It is true that the principle of accessibility is the most visible change in disability inclusion. As such, the manner through which institutions implement various components of accessibility, such as universal design and reasonable accommodation, will give an indication of the political will to fully embrace disability inclusion as proposed by the UNCRPD, and domesticated in South Africa by the WPRPD.

5.4.1.4   Planning, Designing, Budgeting and Implementation

In addition to ensuring that principles of accessibility are accommodated, there is need for reforming planning and budgeting processes to ensure that they are compliant with the WPRPD. According to one respondent from national government there are changes in this regard,

"…yes, every line manager has been tasked with budgeting for persons with disabilities in their cost centres as well as all relevant units for external services as well"

This seemed to be the same practice within the provincial government organisations, in which provincial policies have incorporated the concept of 'disability responsive budgeting' and accessing additional funding from the Treasurer*.* This was further corroborated by another respondent from the provincial government,

"The disability responsive budget is also included, in the sense that the persons with disability, would get special characters that they must use. And there's always a budget set aside to ensure that persons with disability are benefiting. Like, they'll buy you a wheelchair or a prosthetic limb…"

While the disability responsive budgeting seems to be institutionalised in various spheres of the public sector, there must be conceptual clarity based on the disability inclusion model advocated for by the WPRPD. For example, the respondents above seem to be suggesting that disability responsive budgeting must just include some 'special' money to be used by persons with disabilities within a government environment. While enabling persons with disabilities to meet their distinctive challenges is part of enabling access, accessibility as a principle of disability inclusion is much broader than this – it entails mainstreaming inclusion in all public services. As such, the budget is also there to enable organisations to facilitate this inclusion, through hiring additional human resources and implementing various components of the universal design and reasonable accommodation. There was limited reporting data on the spend of each government department on the disability inclusion interventions. Instead, the monitoring reports collated by the DWYPD seem to indicate that there is very little spend on the implementation of programmes aligned to the WPRPD.

The Department of Tourism was the only government department interviewed that took a different approach to budgeting and planning for the implementation of WPRPD. The department decentralised the budget to ensure that all programmes include a budget for disability inclusion. The department took a decision to move away from a specific budget for disability inclusion programmes instead disability inclusion is integrated into all existing programmes administered by the department. This approach is in line with international trends on sustainability mainstreaming activities into existing functions, mandates and programmes.

No government institution or department achieved the 7% preferential procurement spend on disability inclusion while many departments either met or exceeded their procurement spend on woman and youth.

5.4.1.5   Accountability of Duty-Bearers

According to Section 6.7 of the WPRPD, realising disability inclusion in South Africa entails, among other things, "Building a Disability Equitable State Machinery[3], which is efficient, effective and development-oriented" (WPRPD, 2015).   In particular, Section 6.7.1.5, which focuses on strengthening accountability, put the onus of realising the equitable state machinery on the accountability of senior managers, and other duty bearers, regarding "disability outcomes performance". This is one of the ameliorative aspects of the WPRPD, which aims at facilitating implementation of various mandates. Given that there is low public trust on the political will of public servants to implement "good policies", it may be one of the innovative proviso of the White Paper. However, assessing whether such accountability measures are in place is key to understanding the extent to which the public sector is committed to the implementation of the WPRPD.

As such, when asked the question - *how are departments or duty bearers held accountable when objectives are not met?*- the majority of respondents, from government and non-state organisations, stated that compliance reporting mechanisms are in place but there is no accountability for the lack of performance and/or non-compliance on the implementation of the WPRPD.

The responses of public sector respondents (national and provincial government) took two trajectories: the existence of regulations, and; the practice on the ground. Firstly, some argued there was either public service performance management system or quarterly assessments that required senior management, to account for certain objectives, and disability inclusion was added as part of the key performance areas for managers.

> *"There is a quarterly review meeting of the department where you know they need to account for their targets and objectives for that quarter. We are part of the public service performance management system, so through our performance assessments …, we are held accountable for meeting objectives through these systems"*

The same seemed to be the case in provincial government systems. In this case, accountability was also to the provincial legislature.

> *"The legislature holds them accountable if it's in their implementation plans. But now there are challenges. They've got so many things in the operational plans that it is difficult to measure if the objectives are met"*

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[3] Pillar 7

On the same note of regulations, some departments have individual performance agreements, which are occasionally assessed and are the basis of accountability.
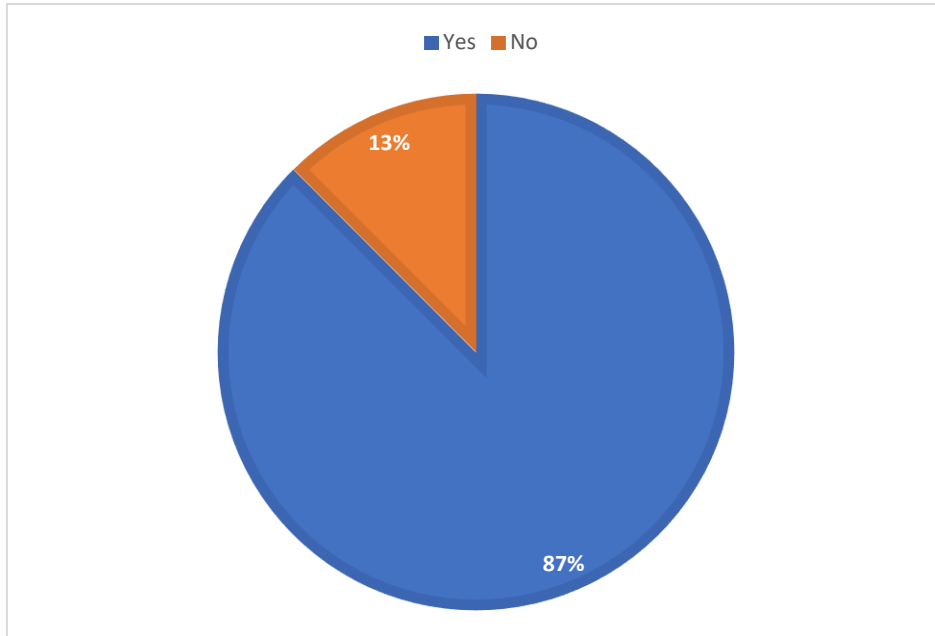

Figure 12:   *Is the implementation of the WPRPD a part of the performance reporting in your department?*

As shown above, 87% confirmed that the implementation of WPRPD is part of performance reporting in their organisations.

Some respondents shared the view that disability inclusion is in the performance plans/agreements of senior managers, they were not close to the implementation sites, as such, there were unaware of what happens on the ground, or what they are being held accountable for.

> *"It's difficult to answer that one, and I'm speaking specifically for my department. Why do I say so? It's because as we on the ground are doing our best to implement the White Paper, those at the top receive our reports and they simply approve them for submission to the Department of Women, Youth and Persons with Disability. They are not deeply involved with the issues. As such, if civil society organizations that deal with the rights of persons with disabilities were to descend on the department unannounced, I'm sure that those people at the top will scramble for answers"*

Another argued, without giving information on the process or its basis, that accountability is held at departmental level, in principle, however compliance is still an issue to be resolved. As such, depending on who committed the omission, *they may or may not be any consequence. W*hile

departmental and on the ground processes, may vary, the majority of respondents acknowledged some system of accountability for unmet disability objectives as, *de jure* or *de facto.*

Some departments mentioned that reporting on disability inclusion is included in the same performance targets as women and youth therefore any non-performance disability inclusion goes un-noticed. Another official mentioned that if the targets for the implementation of the WPRPD is not met, it is moved to the operational plans therefore they don't have to report to the Legislature on their performance. While this may come across as being indifferent, many respondents explained that it is not the intention to underperform on the implementation of the WPRPD instead, the targets in the White Paper are unattainable based on the current resource allocation. If the WPRPD was prioritised into manageable actions then the budgets will follow and their will be more accountability for non-performance.

5.4.1.6 Capacity Building

The capacitation of implementing agencies is an invaluable aspect for successful implementation. In fact, Section 6.7.1.4 of the WPRPD speaks to the need to build capacity of the state machinery to enable effective implementation. The two directives of capacity building include: *(i) training personnel on providing services to persons with disabilities, and (ii) including modules on disability in all education materials and courses* (WPRPD, 2015, Section 6.7.1.4). According to the White Paper, this first form of capacity building must be directed to street-level bureaucrats, and touch on issues of "…design, planning, budgeting, service delivery, administration of justice and M&E…" (WPRPD, 2015, Section 6.7.1.4).

Again, when asked on the institutionalisation of capacity building regarding disability inclusion, as mandated by the WPRPD, respondents had different answers, some speaking on regulations within their departments, while others spoke of a*d hoc* departmental practices. One respondent from the provincial department gave a very comprehensive response, not only on the existence of an in-house training module, but also on the contents of the curriculum.

> *"Yes we are directly trained in disability mainstreaming and on the implementation of the WPRPD. We do the monitoring and evaluation of the programs, and the policies in the department, so, we ensure that they include disability mainstreaming in them. We are also trained on ensuring that there's reasonable accommodation, accessibility, and employment equity. This is also included in our learnerships and internships. They include persons with disabilities and their bursaries. We also train on disability inclusive ICT, in terms of utilising accessible means of communication to various persons with disabilities, like the visually*

> *impaired. We are also trained on ensuring reasonable accommodation in our transport systems and buildings"*

The same was reported from the provincial departments of education, where inclusive education has been institutionalised in teacher training programmes across the country. However, this it was not clear whether departmental frontline stuff is also trained in the inclusive education programme or not.

On the other hand, many respondents from national government did not know whether building capacity within their organisations to enable effective implementation of the WPRPD was undertaken. This left the possibility that most may not yet be implementing the necessary capacity development for their staff, as two respondents opined.

> *"We are not doing this yet. But I think the department engages the Department of Women, Youth and Persons with Disability if there are any skills needs. In addition, a National School of Government has personal development programmes. I mean, if I feel that I need to improve my skills on universal design, then I can do that. I can volunteer and say I need more skills on this issue. So, I need the department to pay for me.*

> *What normally happens in the department, is that people will sort of double up in terms of the work. This means we will be expected to do more than what is on their job description. Most disability programs are not a priority in many government departments, such that even the people that are appointed are not skilled on disability, including the HR managers. And then in terms of financial part, it's even worse because there is no specific budget. So we are implementing the WPRPD with limited budget and skills"*

Most respondents did not receive any training but felt that they were capable of performing their tasks to support the implementation of the WPRPD. This was sentiment was not shared by the respondents with disabilities who explained that the gap between the lived experience iand what is intended is very different and that this difference is not understood by implementing agents who are not trained in the sector. Nonetheless, the haphazard and *ad hoc* nature through which capacity building for disability inclusion is handled may be viewed as course for serious concern. In addition, the reference to a generic programme at the National School of Government may indicate lack of prioritisation of disability inclusion, and the effective implementation of the WPRPD. However, the quality of frontline personnel is as important as the quantity of staff needed to implement various programs. As such, insufficient capacity in terms of human and financial resources is a hindrance to effective implementation of the WPRPD. There should be clarity on how and from where additional budget for additional personnel and programming comes to implementing agencies.

Almost all non-state sector organisations agreed that government does not leverage the training and development support provided by these organisations. Government is encouraged to engage with sector partners to capitalise of the experience of these partners who are often on the cutting edge of new methodologies and technologies.

5.4.2   Theme 2: The delivery system

5.4.2.1   Reaching out to New Clients and Letting Clients Reach Us

The delivery system of a programme or policy is also referred to as the service utilisation plan, which deals with the issues related to the interaction of the target population with the intervention. As such, issues of selection, coverage and bias are important in assessing service utilisation (Rossi et al., 2004:185). Coverage is defined as "the extent to which a program reaches its target population" (Rossi et al., 2004: 200), while bias is "the extent to which subgroups of the target population are under- or overrepresented in service utilisation" (Rossi et al., 2004:190). The main objective of the UNCRPD and the WPRPD is the inclusion of persons with disabilities in the opportunities, services, rights and freedoms enjoyed by all citizens. As such, the institutional arrangements and strategies of adaptation discussed above are only instrumental to the realisation of the real purpose of WPRPD – the inclusion of persons with disabilities. As such, the service utilisation plan – how persons with disability access the services – is a vital component, and assessing it is the goal of implementation evaluation (Rossi et al., 2004). Section 6.6[4] of the WPRPD mandates the implementing agencies to ensure that persons with disabilities have access to participation and public services.

According to most public sector respondents, effort is being made in awareness raising, advocacy, self-representation, universal design and reasonable accommodation. A respondent from the national government noted;

"… in the past we have also done something to try and raise awareness about disability inclusion. We have not really succeeded in entrenching that institutionally, but we have raised awareness about that …"

Based on the comments made by government officials it appears as though initially the gap was extensive but a first level of understanding and awareness on inclusion has been achieved. Others noted the role of advocacy and collaborative engagement with other stakeholders, like academia and organisations for/of persons with disabilities in raising awareness and advocacy on disability inclusion in society.

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[4] Pillar 6: Strengthening the Representative Voice of Persons with Disabilities (WPRPD, 2015, Section 6.6)

Many government respondents enumerated all the actions taken to ensure that interventions reach the intended target population.

> *"Government and civil society have promoted the representation of persons with disabilities across all levels, self-representation of persons with disabilities, creation of the disability forum provision of reasonable accommodation and assistive devices, enhancing career development through bursaries and engagement with the disability sector. However, advocacy initiatives are not fully taken advantage of…"*

According to several respondents the collaborative engagement with representatives of persons with disabilities had a dual objective, (i) strengthening their voices in the advocacy process for their own inclusion, as well as; (ii) enabling effective self-representation. This is important, particularly for the DSO and DPOs to enhance critical pressure on public agencies to realise WPRPD mandates.

A provincial government respondent indicated how they implement reasonable accommodation.

A respondent, working closely with the National Department of Women, Youth and Persons with Disabilities, was very comprehensive on the evolution of the process of enabling the service utilising plan (delivery system);

> *"We also work closely with international organizations provided training and visits to all facilities. And we've also been through international cooperation, looked at pilot projects in the province that has contributed to significant understanding on yourself as well. The implementation has commenced, but I would say it's slow. I would say there's lack of resources, especially financial, because there's huge competing demands for limited resources, so to get the smallest slice of the cake, in terms of funding these projects is not sufficient. These projects are not cheap. If I may say, it is costly to do universal design. Universal design is not a very easy concept to implement in terms of access - physical access - because it talks about a broad range… However, we are working with tools we are developing with DWYPD. Implementing universal design is still a gap for many departments. but with our department we are creating more awareness on our services. We want our facilities to be accessible. While we are making changes to existing structures, new structures must comply with the concept of universal design. I don't believe it's fully understood by all sectors. So, I think there's much to be done and there are strong intentions by all towards that, but it's not supported with the amount of financial resources. Another challenge is that there is no [disability] legislation to compel financial commitment. We also look at access to persons with disabilities in terms of programs and service delivery, training capacity. We would identify venues that are accessible for persons with disabilities. So, both at advocacy level and the commitment in terms of availability resources and prioritizing public buildings. So, if more disabled people are accessing a municipal building, we would*

*advocate or see that that building is becoming accessible. That's what we've done through
our pilot projects… However, it's all dependent on the availability of resources. Government
has tried to be guided by the ratio, but its not enough"*

According to the above excerpts from someone charged with managing the implementation of the service delivery system of WPRPD, there are pilot projects being conducted with government departments at different spheres of government to assess the accessibility of public infrastructure. The respondent also acknowledged the reality that the concepts used in disability inclusion generally, and accessibility specifically, may not be familiar to all public sector officials. However, the challenge of limited budget seems to be a hindrance to sufficiently implement most of the mandates. The collaboration, and cooperation, with international organisations – which is also part of the nine pillars of the WPRPD – is taken seriously in the implementation of the WPRPD.

However, while it can be acknowledged that the public sector has initiated the process of enabling persons with disability access into various opportunities, services and responsibilities, the feedback from the non-state actors also acknowledge some challenges. It was acknowledged that, while there has been institutional adaptation in various departments, implementation has not complemented that effort.

*"…there is no implementation at all of universal design. The principles of universal design are
really beginning to be written and accepted. But there is no implementation just need to go and
see the Department of Public Works as they build buildings…"*

According to another non-state respondent, South Africa is losing opportunities by not leveraging on already existing platforms of collaborative planning, such as the integrated development planning process. These platforms are where the inclusion of persons with disabilities and their representative organisations can be piloted in real time, however this is not sufficiently done. In addition, the urgent need for accessibility in public service infrastructure like clinics which according to some respondents is the "low-hanging fruit" for the implementation of WPRPD – is not sufficiently addressed.

Three suggestions were made to expedite the implementation and the effectiveness of the White Paper namely (1) full implementation, (2) restructuring to align with other policy frameworks aimed at achieving similar objectives and (3) test the relevance of the WHRPD against best practices as identified by countries who have implemented a similar policy in recent years.

5.4.3   Theme 3: Achieving the Objectives

5.4.3.1   Achievement of the Objectives of the WPRPD

According to the National Evaluation Policy Framework (NEPF, 2011: 9), implementation evaluation, "aims to evaluate whether an intervention's operational mechanisms support achievement of the objectives or not …"   While the evaluation did not directly assess the realisation of the objectives of disability inclusion from the persons with disabilities (only their representatives in the DSO/DPO), most of the responses regarding the extent to which they *perceived* the realisation of various objectives of the WPRPD within their departments.

Respondents were asked to rate how the implementation of the WPRPD has achieved various objectives.
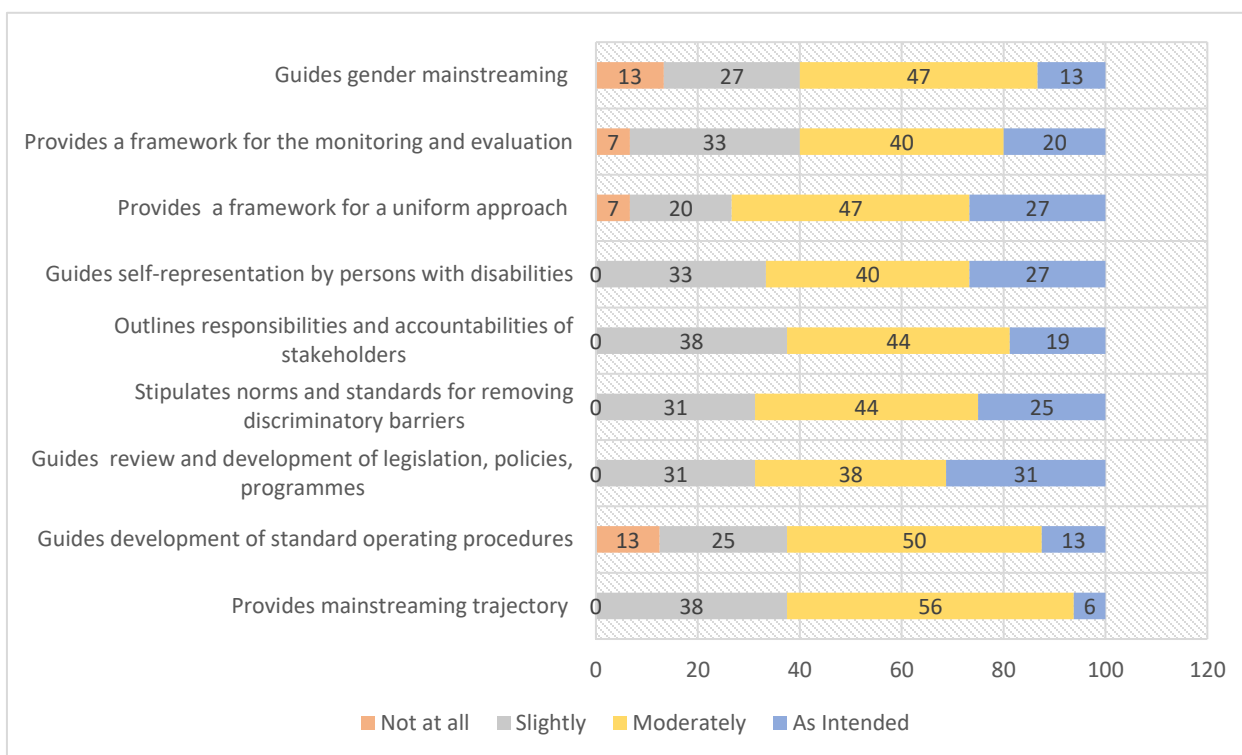

Figure 13:   *View of government respondents on the achievement of various objectives of the White Paper*

According to Figure 13 above, most of the objectives of the WPRPD have been moderately achieved. Between 38 and 56% of the respondents assessed all nine objectives as modestly achieved. For example, 56% of the public sector respondents thought the WPRPD had moderately provided a mainstreaming trajectory for realising the rights of persons with disabilities. Half of the respondents

(50%) thought the same about the clarity provided by the WPRPD for guiding the development of standard operating procedures. While only 38% thought the WPRPD was a moderate guide for the review and development of legislation, policies, programmes, budgets and reporting systems. Almost a third of respondents (31%) thought the White Paper had met all expectations in doing so. However, only 13% of respondents thought that the WPRPD had not at all being helpful in either guiding the development of standard operating procedures or gender mainstreaming.

At the end 69% of government respondents thought the WPRPD has moderately achieved the realisation of the nine objectives.
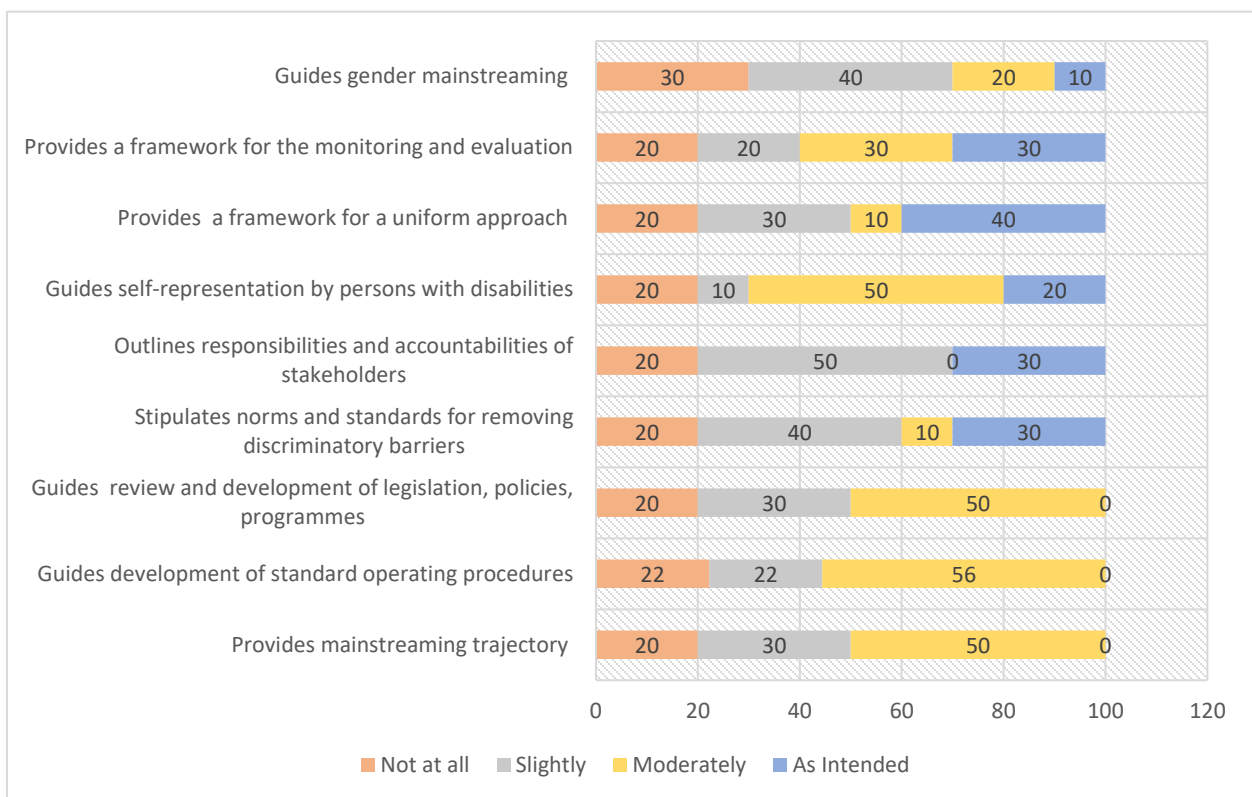

View of non-state respondents on the achievement of various objectives of the White Paper

Figure 14 indicates the responses of non-state respondents (Chapter 9 Institutions, DSO/DPOs, and Academia). At least 50% of the respondents thought the WPRPD had been moderately effective in enabling the achievement of four objectives (providing mainstreaming trajectory, Guiding the development of standard operating procedures, guiding the review and reform of legislation, policies and programmes, as well as enabling the self-representation by persons with disabilities). While most of the objectives were leaning to the negative assessment, it is to be noted that at least 30% of respondents from non-state actors thought four out of nine objectives had been achieved as intended

through the enablement of the White Paper (stipulating norms and standards for removing discriminatory barriers, outlining responsibilities and accountabilities of stakeholders, providing a framework for a uniform approach in the mainstreaming of disability, as well as providing a framework for the monitoring and evaluation of the delivery of services to persons with disabilities. Also to be noted is that, at least 20% of the respondents thought that the WPRPD have not been effective in enabling the realisation of *all* objectives. At the end 52% of non-state respondents thought the WPRPD has slightly or not at all achieved the realisation of the nine objectives.

From Figures 13 and 14 it is clear that there is a disconnect between government and its non-state partners on achievement of the objectives of the WPRPD. This is concerning if the success of the implementation of the WPRPD is reliant on both parties moving towards the same goal. Both parties need to have the same understanding of how best to implement the WPRPD to realise the intended objectives.

Another disconnection is between the perception of what is being achieved and what is actually achieved. Below, is an overview of the measurable change that has occurred since the implementation of the WPRPD:

- Between 2017 and 2020, DPW assessed DPW assessed 89 031 immovable assets – 87 972 (99%) had basic facilities for Persons with disabilities. Only 1 059 immovable assets did not have basic facilities for Persons with disabilities.
- In 2022 a universal design audit was conducted on all new state-owned buildings.
- SARS modified built environments were possible as part of planned maintenance as part of retrofitting existing infrastructure.
- In 2022, ten municipalities received Public Transport Network Grants to implement the Universal Design and Access Plan.
- SARS implemented a variety of technology-driven measures to increase accessibility for Persons with disabilities.
- SAPS piloted Virecom to provide services to deaf people in five SAPS stations.
- In 2021, multiple measures were taken to provide information and communicate with PWD during COVID-19, such as provision of sign language interpreters in all briefing platforms, providing government departments with standard guidelines on procurement of SASL interpreters and dedicated awareness campaigns for PWD on COVID-19.
- DCDT put measures in place to ensure full compliance on inclusive communication for Persons with disabilities during COVID-19.
- SARS has made SASL available at selected branches during the filing season.
- SAPS launched braille promotional material on domestic violence, sexual violence, human rights, etc. at a special school in Durban.

- DTPS is working on reduced cost and enabling access to emergency services for Persons with disabilities.
- Vodacom launched emergency SMS services for deaf people to connect to emergency services approved provincial master plan.
- DCS and SAPS released guidelines on COVID-19 in the justice system, in order to protect the safety of offenders and victims with disabilities, as well as employees.
- DSD implemented phase 2 of the JICA project, which led to the development of practical Guidelines on the Empowerment of Persons with Disabilities and Disability Mainstreaming.
- Good progress seems to have been made to provide access to sport and leisure to Persons with disabilities, on a recreational and professional level.
- Department of Labour and Employment finalised the Technical Assistance Guidelines on the Employment of PWD.

From the above the implementation of the WPRPD has left a marked impression on the sector although some may argue that progress is slow and protracted.

5.4.3.2   Implementation Matrix

The understanding of the WPRPD is crucial for the successful implementation of the White Paper.

Most participants confirmed their familiarity with the White Paper (Public Sector (71%) and (Non-State 82%).

82% of public sector respondents confirmed having direct experience in the implementation of the WPRPD while 73% of non-state respondents confirm having direct experience in implementing the white paper.

However, when asked whether the implementation matrix, was clear and practical only 75% of the public sector respondents confirmed that the matric was clear and practical, compared to only 50% on the non-state actors, see Figure 15 below.
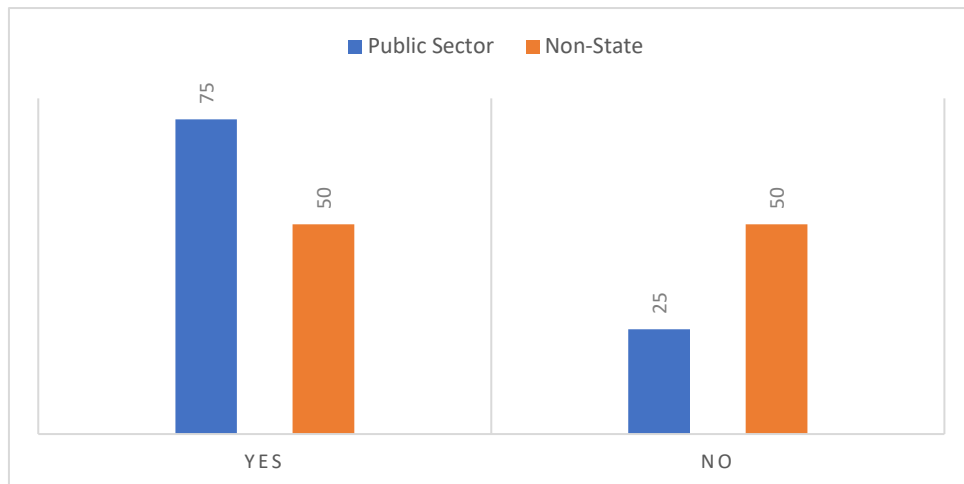
Figure 15:   Do you think the implementation matrix is clear and practical?

According to some respondents, the matrix is clear, yet it is also confusing, leading to some implementing agencies only implementing what they believe they can achieve.

> *"Perhaps it's not that it's not clear and practical, it's just that departments read it selectively. And just then do not implement it. Can I give you an example? We have just analysed all 14 departments in Gauteng Provinces, and discovered that only two departments out of the 14 referred to our accounting disability rights policy and only social development refer to the White Paper now, if you're in your app under legislative mandates as departments are not even referring to the White Paper, why on Earth will you implement the matrix?"*

According to some, the fact that the outcomes and targets are explicitly stated makes it easy to follow and implement. However, to others, it is the very same outcomes and targets, and lack of "specific time frames" that often obfuscate the implementation process. Many suggested that the implementation matrix should be simplified although they could not suggest what aspects of the implementation should be made changed. This may be the result of a lack of understanding of the implementation matrix. This is alarming given that the majority of the respondents are directly involved in the implementation of the White Paper.

According to one government respondent the process of designing the implementation matrix was not transparent, and led to some aspects that are not agreeable. There are claims that targets were taken from the disability analysis of the NDP and was not discussed with the sector or the parties responsible for the implementation of the White Paper. Also, it is thought that the target was included into foreign policy as an add on. It is likely that sentiment could affect the buy-in from stakeholders to implement the White Paper. Although, the WPRPD is aligned with the Medium Term Strategic Framework which all government departments report against.

One respondent from the non-state sector explains why some departments 'allegedly' do not implement the matrix.

> *"I don't think the people that are supposed to implement it really know what is expected of them. If they do, they just ignore or, they are just selective of what they want to comply with"*

However, one of the architects of the implementation matrix argues that just as there is no perfect legislation, policy or programme, the implementation matrix is not perfect instead it must be considered a living document.

5.4.4   Theme 4: Areas of Excellence and Improvement

According to respondents from the public sector, the implementation of WPRPD has faced both successes and challenges. Successes include, the mire existence of the WPRPD, which

domesticates the UNCRPD – this has been a great step forward in the realisation of inclusion of persons with disabilities in the developmental project and benefits of the country, as also mandated by the National Development Plan, Vision 2030. This has also been accompanied by the adaptation of the Washington Group's disability assessment model[5] used to determine various disabilities.

The availability of the 'disability budget', even though there are still challenges with the legislation, has enabled a lot of work to be done in terms of disability inclusion. In addition, the appointment of disability focal persons and teams in implementing agencies, have created an equitable disability state machinery mandated by Section 6.7 of the WPRPD. While a lot still needs to be done in term of accountability, inclusiveness, and capacity building, the initial organisational adjustments have enabled the start of the implementation process. This has been coupled with consensus-building and establishment of advisory committees within the public, private, and public-private partnership spaces, to enable full implementation of the WPRPD mandates.

There is significant work that has been done within the service utilisation plan, in the areas of preferential procurement, protected employment, and accessibility (universal design and reasonable accommodation). A lot remains to be done in enabling access to public infrastructure and services, however, work is visible across the spheres of government, as public organisations commit to rehabilitating old structures and ensure that new structures comply with the principles of universal design.

On the other hand, there are still challenges in the implementation process, some of which may be attributed to a steep learning curve, while others may be negligence.

The absence of disability legislation seems to create challenges with regards to clarity on the budget and spending processes – this leaves discretionary allocative authority to line managers, who many not always value timeliness in realising the WPRPD mandates. Secondly, there seem to be lack of proper disaggregation and application of intersectionality in the implementation of various components of the intervention. As such, some respondents note that different groups of persons with disabilities may still be left out of the process.

"I think there maybe be unintended form of discrimination…All persons with disabilities are marginalized and all types of disabilities matter, but the ones that seems to receive more attention are those with physical disabilities compared to other types of disabilities"

In addition, similar discrimination has been noticed along socio-economic and residential lines. For example, rural areas do not receive similar attention as urban areas in terms various interventions

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[5] https://www.washingtongroup-disability.com/question-sets/ (Accessed on 21/03/2023).

for persons with disabilities: "… no special schools of services in rural areas …" In addition, persons with disabilities falling in the lower socio-economic group - *poorest of the poor* – do not enjoy as much access to disability inclusion interventions as do other persons in higher socio-economic status.

Many departments shared their frustration on the reporting requirements. Many claim that there is inconsistency in the reporting requirements and there is no feedback therefore there is limited opportunity for self-correction. The inconsistency in reporting feeds the perception that the implementation is not important.

Children who have no voice, those with severe disabilities, multiple disabilities, intellectual disabilities and those that are hidden are still not counted or represented. The voices of parents and caregivers are not encouraged, supported or escalated sufficiently through the current implementation model. Parents and caregivers are knowledge holders of their child's disability and should be supported in this role, instead their role is overlooked in support of the rights of the PWD.

5.5   Efficiency

Efficiency, as a criterion of evaluation, is defined as "the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way" and it assesses "whether an intervention's resources can be justified by its results…" (OECD, 2021:58). Efficiency has both practical and political importance as it has influence of the feasibility and implementation of interventions. When measuring efficiency, resources must be understood broadly, to refer to the human, environmental, financial and opportunity costs (OECD, 2021). As such, there are three forms of efficiency to be assessed: (i) economic efficiency – absence of waste in converting resources to results (outputs, outcomes, and impact), (ii) operational efficiency – how well are resources allocated and utilised during implementation, and (iii) timelines – whether results were achieved within intended timeframe (OECD, 2021: 59). In this implementation evaluation of the White Paper on the Rights of Persons with Disabilities (WPRPD),   the first two senses of efficiency were assessed, albeit there were limitations to access of the real costs and benefits records of the intervention. The timelines were assessed however, from tracking progress it was clear that the implementation matrix was not implemented within the agreed upon timeframes. Instead, the evaluation examined the reasons for not implementing the WPRPD within the stipulated timeframes. Three basic questions[6] were used to assess the availability and use of resources to realise results.

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[6] Do you think the initiatives implemented by your department to achieve the outcomes of the White Paper on the Rights of Persons with Disabilities has yielded results in line with the financial resources spent? Are there any factors that affect the resource-efficiency of the implementation? Are there any key learnings around what works and what doesn't work in promoting resource-efficiency in the implementation of the White Paper on the Rights of Persons with Disabilities that you can share?

5.5.1 Resource (economic) efficiency

As defined above, resources efficiency measures the "what" ("how much") and the "how" ("to whom") of resources allocation. As such, the first question focused on what resources have been allocated to the implementation process or the WPRPD and how have these been utilised to realise what results. From the responses, while there has not been specific budget allocated to the implementation of the WPRPD *per se,* implementing departments have received addition resources which

> *"…every line manager can tap into the budget for programmes related to persons with disabilities in their cost centres …."*

Depending on the size and primary function of the department, some receive more budget streams than others, from which they can allocate for disability inclusion.

> **"I'm really pleased to indicate that recently we have been allocated three budgets, starting from two years ago, for our social inclusion programs. Generally, these have increased annually. However, nothing has been specifically allocated for disability. But as I've indicated, these issues are cross cutting. You can't implement one without looking at the other. So, we can manoeuvre the budgets in such a way that whatever we are doing at a particular time is the budget also speaks to that. So, I wouldn't say it's a satisfactory budget, but our budget has improved a lot compared to the other years and we have more freedom of interacting with institutions than we did before …"**

As can been seen from the above response, departments seem to have access to financial resources - even if it is not dedicated for disability inclusion – which they have discretionary authority to allocate towards WPRPD mandates. The other national government respondent indicated accessing the budget to address accessibility of buildings, which can be seen as -disability-focused;

> *"There's a project that is running where the department is are located about 14 million to address buildings which are not accessible (after accessibility audits). Then now they've allocated money to address accessibility challenges there. But the problem is that when reporting all those projects are moving very slow. So that is the problem and that there's too much underspending. For example, you can find out that only less than 10% has been spent in two years or something. So, generally in terms of the outcomes of the White Paper, like I said, it depends on only institutional structures. I can, however, say that the allocated financial resources has achieved results in disability inclusion, even though it is slow sometimes"*

While resources have been availed (economic efficiency) that could be allocated towards realising the WPRPD mandates, the allocative efficiency of most departments has not been optimal. There is too much discretionary allocative authority given to line managers, who may or may not have sufficiently consider timeliness of implementing disability inclusion. In other departments, respondents indicated how 'disability budgets' are used.

> *"In terms of our own internal policy on disability management, we have made sure that our disability budget that are used for procurement of reasonable accommodation assistive devices for employees are not centralized but decentralised to the managers of the employees with disabilities. We have not necessarily done enough. In relation to what we have spent, it is probably on par, but if you look at what we are supposed to do, we are still a long way, and getting there slowly. For example, you need to spend 7% of your budget on persons with disabilities or something like, yet we aren't even close"*

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The decentralisation of the 'disability budget' to line managers and its discretionary use seems to be a recurring practice in most government departments. The issue of allocative efficiency and timeliness is still pertinent for many implementing public agencies, with responsible line managers either moving too slowly or not allocating nearly as enough. The previous respondent raises the issue of budget ratios, which have been mentioned (without much clarity) by many respondents. For example, it would seem that there is a regulation, sector-wide, on allocating 7% of departmental budgets to disability inclusion. While it was unclear from the secondary and primary data for the motivation for this change, one can only assume that this is some of the changes brought by the WPRPD.

A respondent from the provincial government has indicated where (on what) the disability budget is used – a key aspect of allocative efficiency,

> *"So, there are three indicators which determine our budget allocation: preferential procurement; supported employment, and accessibility (universal design and reasonable accommodation). The rest of the budget is put for training on these things. And yes, the budget has been made available".*

While not put as concise, the three priorities have been mentioned by other public sector respondents, including from national government. Even though the allocation and prioritisation may vary, there seem to be focus on these three objectives, including persons with disabilities in the procurement process by government, having a conventional quota of employees under the category of persons with disabilities, and enabling accessibility to clients with disabilities, through universal design and reasonable accommodation (mostly through purchasing of assistive devices).

In this regard, some departments have realised positive results – even though it may be too early to judge their sustainability.

> *"But something has been done already and as a department we have exceeded the quota of supported employment. We already employ 100%! [We also support entrepreneurship by persons with disabilities]. We have a company, owned by persons with disabilities, that do textile linen for the government and private hospitals. They also receive individual orders from individuals for home furniture. I'm in the HRM, so I'm responsible to ensure that their employment contracts are done. I also manage reasonable accommodation, in terms of ensuring that they receive the care that is expected to be given to persons with disability in the employment setup. We also ensure that when they leave special schools, they get employment or start their own businesses with ease. I'm delighted to say that out of the 9 provinces in South Africa, only Mpumalanga does not have a disability supported employment factory"*

> *" we have the budget, but the practicalities of it depends on the priorities of line managers. Yesterday we had a meeting with social development. And they were saying to us the priorities of the Premier, which is just announced in SOPA, is that I think they must have a form for substance abuse intervention. OK, so now all the money needs to go for substance abuse, but legislature hasn't given extra money for this form. So where is the money going to come from? From programs for persons with disabilities and older persons. The reality is there isn't (disability) legislation that necessarily holds departments accountable…"*

While the discretionary powers for budget allocation may be an issue in most departments, it would also seem that lack of specific disability legislation, to ensure compliance and hold departments and duty-bearers accountable, compounds the implementation challenges of resources efficiency.

5.5.2   Factors affecting efficiency

The major impediment raised by both provincial and national government respondents is effect of lack of specific disability legislation. According to respondents, without enforceable legislation, budget allocation, management, and accountability will only be a victim of discretionary management. This also includes the collaborations – with organisations of persons with disability – and partnerships with various civil society; without binding legislation to enforce compliance in those arrangements, any initiative in that regard will be vulnerable.

> *"The departments, and all programs suffer because disability doesn't have legislation. They are one of the first to be cut because how will we then hold departments accountability? The policy (WPRPD) itself will not make any major changes will not shake up things because it does not have any enforcement mechanism"*

The issue of lack of specific budget is also a stand-alone in terms of factors that can enable or frustrate the implementation of the WPRPD.

In addition to lack of legislation and budget, some respondents also noted that the implementation process stands to benefit immensely in terms of efficiency, but also effectiveness, if partnerships with organisations of persons with disabilities and civil society were to be taken seriously.

> *"The partnership with the civil society and the integration between the two can also avail financial and human resources for advocacy and awareness campaigns"*

For instance, SAPS established a partnership with DeafSA to assist with the provision of sign language interpretation. This collaborative approach benefited not only SAPS but the broader community.

5.5.3   Key learnings of best practice

One of the key learnings, as a zone of avoidance, have been leveraging or cooperative governance system and enabling various forms of intergovernmental relations. According to most respondents the partnership between the lead agency and other implementing agencies could be expedited. For one, information sharing on the implementation process across various departments can be encouraged and institutionalised. This will ensure better alignment between the lead agency and implementing departments.

Another key learning, which is a zone of attainment, is the principle of stakeholder accountability enshrined in then WPRPD. According to one provincial government respondent, such accountability must transcend the department, and reach as far as the Office of the Presidency. However, since the lead agency (DWYPD) already sits in the Presidency, this amendment is already part of the extant institutional arrangements. However, considering the spirit of the contribution by many participants, including non-state actors, implementing agencies in the public sector must also be accountable to

non-state stakeholders, particularly organisation of/for persons with disabilities – the primary clients. In other words, the implementation of the WHRPD should include a self-regulation approach.

5.6   Impact

Impact is often a popular form of assessing interventions, because, it assesses the attribution or contribution of the intervention to the defined problem – validates *the raison d'être* of interventions. It attempts to answer the question: *What difference does the intervention make?* According to the OECD (2021:64), an impact assessment measures "…the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects." Elements of impact include (i) significance – how much does it matter to those involved, (ii) differential impact – to whom is effect realised the most, (iii) unintended effects – what other externalities does the intervention engender, and (iv) transformational change – holistic and ensuring changes in systems and norms (OECD, 2021: 65). While this is not an impact evaluation, the quality of implementation has a direct effect on the realisation of high-level effects too. As such, respondents were asked a few questions on the anticipated significance and transformational change that may accrue as a result of successful implementation of the WPRPD. As such, three questions were asked to this effect.

- *Have these initiatives resulted in accelerated transformation of the sector and inclusion, integration and equality for persons with disabilities?*
- *Has the implementation of the White Paper on the Rights of Persons with Disabilities resulted in meaningful change towards eradicating the persistent, systemic discrimination and exclusion experienced by persons with disabilities?*
- *Are you aware of any unintended consequences of the implementation of the White Paper on the Rights of Persons with Disabilities?*

According to the responses, albeit stating challenges with implementation, almost all respondents across sectors agreed that the implementation of the WPRPD has instigated positive and transformative change in South Africa. The responses ranged from conceptual to practical changes. For example, some argued that the introduction of the process of domesticating the UNCRPD and updating the NSDI (1997), started a process of national reflection and introspection, in which public sector organisations, private sector and the civil society embarked on an introspection on the existential realities of persons with disabilities in South Africa.

This process has culminated in the inclusion of the concerns of persons with disability in the Office of the Presidency, under the DWYPD.

The implementation of the WPRPD has instigated the creation of a disability state machinery – including government departments (focal persons), disability inclusion expects, and organisation of persons with disabilities – that has engendered the implementation of programmes and regulations

(protected employment, preferential procurement, budget rations, accessibility (universal design and reasonable accommodation) with overall positive cumulative effect of the lives and livelihoods of the South Africa population who consider themselves as persons with disabilities.

In addition to organisations, directorates, platforms and fora, the implementation of the WPRPD has enabled programmes of disability advocacy and awareness raising in the institutions and communities, with overall effect of "… tempering the stereotypes associated with persons with disabilities …".

Another national government official, in charge of piloting the implementation of the WPRPD, noted the effective impact of community-based rehabilitation programmes, in lowering barriers between communities and persons with disabilities, and initiating an explorative dialogue.

The institutionalization of the WPRPD is in line with the outcomes of the ToC contributing to the realization of the overall outcomes of the ToC.

Only 2 respondents sighted unintended consequences that may impact on the objectives of the WPRPD namely:

- Indicator 1.2.4 requires the provision of incentives for universally designed barrier-free infrastructure and built environment in state and private sector however this has not been achieved. Hence, employees see the employment of PWD as a burden and are hesitant to employee PWD disabilities because retrofitting buildings is expensive.
- PWD are grouped with vulnerable people which is not the case therefore the perception that PWD are incapable of contributing to society is perpetuated. Countries like Japan, Sweden, Australia and New Zealand have created a society for all and have recognized the diversity of all. These countries did not invest in bringing PWD into society, instead they have designed for everyone to be included.

While various implementing agencies may be struggling with realizing their objectives and targets, there is an overwhelming consensus on the practical effects of the WPRPD in terms of employment and rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation. While many argue that PWD have not been adequately incorporated into the senior management of public and private organizations, the general consensus is that this impact does not sufficiently take away from the positive effects that the WPRPD has had in the public, private and civil society contexts of South Africa and in ensuring that South Africa is engaged in international dialogue on disability inclusion and leaving no one behind.

5.7 Sustainability

Sustainability was introduced into evaluation criteria to capture "the extent to which the net benefits of the intervention continue or are likely to continue" (OECD, 2021:71). This assessment is holistic

and includes the financial, economic, social, institutional, and environmental aspects of and around the intervention (OECD, 2021). The logic behind sustainability assessment is that while interventions are ameliorative to the identified problem, the theory of change underwriting interventions anticipate part of the implementation process of an intervention is to enact a virtuous cycle, in which local factors and stakeholders will ensure the continuation of positive effects even beyond the official cessation of a project. Again, with little effect assessed in this evaluation, the relevance of sustainability is minimal, and is aimed at anticipating how the current implementation system is likely to be enduring.

In responding to whether the initiatives being implemented as part of the, WPRPD, were sustainable respondents have mixed reactions. Some argued that there was a lot of positives that could be leveraged upon in order to realise sustainable disability inclusion, such a collaborative spaces within the disability state machinery. However, most respondents across sectoral divide argued that current initiatives were unsustainable in the current implementation context. For example, there was an overwhelming acknowledgement that the intervention is resources intensive, as such more funding and funding modalities would help sustain the positive effects of disability inclusion. In addition, there was suggestion that accountability of duty-bearers should be increased an expanded, to the private and civil society sectors, in order to ensure compliance. In this regards, one Chapter 9 respondent suggested the institutionalisation of an independent monitoring mechanism. A respondent from the national government, argued that for the positive effects to be realised, there is need to progressively include persons with disabilities in decision-making fora and grant them equal access to various aspects of the intervention. However, another national government official offered an insightful response that considers the economic, social, and environmental contexts of South Africa,

> *"While we are, as our department, are wanting to spread out, our initiatives to reach out more people with disabilities to extend our service in terms of facilities and service delivery, to extend our human resources and budgeting, we are restricted in our budget and we are advised that we have gaps in our budgets. And while the need is growing more the resources are on the country getting less. This situation is further compounded by what is happening in the country. There are a lot of incidents of abuse, neglect, violence, which have also a greater impact on disability. If people are abused, then they become disabled. There's a high number of mental disorders which are directly related to abuse and neglect. Also, physical violence contributes to people becoming laying blind etc. Brain damage and so forth. So our resources are not growing in line with that, but on the contrary, our country in terms of its where we are standing and right now, with the neglect of service delivery and so forth has an impact on disability. So while we would have the intention to grow as a department, the constraining issues are stagnating us a little bit there as well"*

According to the respondent above, sustainability concerns should be broader than just the immediate needs of an individual intervention. They should also consider contributing factors to the initial challenges, such as endemic violence, abuse and drug and substance abuse, whose

compounding effects of disability cannot be taken for granted. As such, there is need for more communication, collaboration and consultation, as well as accountability. Organizations of/for persons with disabilities (DSO/DPO) must be included in the implementation coalitions, and receive necessary capacitation. Based on the information reviewed, the implementation of the WPRPD in its current form is unsustainable.

5.8   Quality of the Process

The quality of the process is deducible from the preceding sections in which respondents commented on the relevance, coherence, effectiveness and efficiency of the intervention. To start with, the fact that there has been successful processes on building an equitable disability state machinery is a positive development. Various stakeholders have managed to rally behind the call for disability inclusion. It was inspiring to note that some experts who participated in the drafting of the WPRPD work within civil society and are themselves persons with disabilities. This shows the collaboration and consultation envisaged, not only in the WPRPD, but the UNCRPD (2006) and the United Nations Disability Inclusion Strategy (2019). It further entrenches the recognition of persons with disability as equal partners in the development space (envisaged by the NDP, 2012).

Secondly, the quality of personnel working in the public sector in charge of implementing the WPRPD should be commended. As indicated in the demographic section of this report, all public representatives had high expert knowledge of the WPRPD as well as complementing experience in implementing various aspects of disability inclusion. As such, the process of employment (or deployment) of a high calibre personnel must be upheld. Notwithstanding, age of the public representatives (60% above 50years), while commensurate with experience, must be reviewed to be inclusive of young people. In addition, 75% of the interviewed representatives do not identify as persons with disabilities. Given the objective of enabling self-representation by persons of disabilities, their insignificant numbers in the senior management positions of public organisations, particularly ones dedicated to the implementation of an intervention targeting their inclusion, is a significant error.

Thirdly, while a lot remains to be done, the collaborative spaces created within various implementation agencies must be encouraged and expanded. This had been echoed by a number of respondents who were asked whether they were a *culture of collaboration around the implementation of the WPRPD.* While sentiments varied, most argued that more should be done to augment existing strategies. Concern was also raised on the seeming silo operation of the lead agency, and suggestions for operational and legislative alignment between the lead and implementing agencies, as well as within the implementing agencies themselves. Sharing of information and best practice, conducting collaborative research, and effective consultation of the civil society sector was suggested as remedial actions. Some representatives from non-state sector noted more substantial collaboration withing umbrella organisations, such as the South African

Disability Alliance (SADA) and suggested similar arrangements within WPRPD implementing agencies.

Lastly, while the discretionary budget allocation by line managers may lead to challenges and efficiency hindrances, the availability of financial resources, albeit not guaranteed by legislation, enables substantive programme implementation and management. This, coupled with the mandatory duty-bearer accountability, has potential of enabling effective implementation, through eliminating bureaucratic bottlenecks. However, where there is resource expenditure there is room for mismanagement, as such mechanisms of transparency and accountability must be expanded to all interested stakeholders.

6 CONCLUSIONS

The evaluation of implementation of the WPRPD was undertaken using the OECD DAC criteria for development evaluation, namely relevance, coherence, effectiveness, efficiency, impact and sustainability. There are some crucial cross-cutting issues throughout the proposed DAC criteria such as the promotion of human rights, social equality and the status of women and girls. To review them with a particular focus, the dimension of cross-cutting issues was addressed across all the principles in the evaluation.

In addition, another criterion – the quality of the implementation process was included to assess the programme management modalities and develop recommendations for improvement, if needed. Thus, the evaluation was conducted in the seven domains.

The Implementation Evaluation Plan was developed using the participatory Objective Oriented Project Planning (OOPP) approach, which defines objectives, activities, outputs and outcomes of the WPRPD as the primary management tool for monitoring progress. Together with the literature review, the ToC, that was updated in the course of the evaluation, and the interviews provided the basis for assessing the implementation of the White Paper.

6.1   Relevance

Conclusion 1: The WPRPD remains relevant in meeting the needs of persons with disabilities and reflects the human rights model of disability

The eight pillars of the WPRPD targets the three key areas of significant in effecting change towards disability inclusion namely: social (attitudinal) change, legislative (administrative) change, and environmental (infrastructure) change. Hence, the White Paper remains relevant as long as persons with disabilities are marginalised, victimised and alienated in society.

Conclusion 2: The WPRPD is aligned with continental and international policies and programmes, and promotes the principles of good governance and inclusion

The WPRPD, is a domestication of the UNCRPD, linking South Africa to international priorities of disability inclusion, as well as aligning the country with the continental efforts to "Leave No One Behind" and to enable the realisation of Human and Peoples' Rights, hence making the eight pillars of the White Paper relevant in all settings.

Conclusion 3: While in the broader perspective, the WPRPD is aligned with many national priorities, there is room for improvement

The voices of young people maybe underrepresented in the management of disability inclusion issues.

Most projects implemented by all parties are concentrated in urban areas with very little data on programmes in rural areas. Persons with disabilities residing in rural areas may be left out from the inclusion, rights, dignity and fundamental freedoms provided by the White Paper.

In the main the White Paper is aligned with national priorities, various concerns were raised by the lack of alignment between the WPRPD and internal departmental policies and priorities. Due to a lack of enforcement, there is room to divide attention away from implementing the White Paper to focus on other competing priorities.

6.2   Coherence

Conclusion 4: While the WPRPD is compatible with existing interventions and when intentionally implemented the results are enhanced, there is room for improvement

The WPRPD is aligned with international developments around the principles of "Leave No One Behind" showing an external coherence of the WPRPD.

The White Paper is aligned with work done by government departments in employment creation and equity, social development, health and education, tourism and cooperative governance.

Some policies and laws in South Africa still reflect the medical model of disability instead of a rights-based approach. Hence, interventions emanating from these policies and laws will be counterproductive to what the WPRPD aims to achieve.

6.3   Effectiveness

Conclusion 5: The implementation of the WPRPD has resulted in measurable change in the observed outputs of the WPRPD.

Although the Implementation Matrix has not been implemented in its entirety, programme emanating from the White Paper has left a marked impression on the sector. The sector has skilled resources in positions of influence.

Conclusion 6: While the WPRPD is reaching some of the target beneficiaries, some remain left behind.

Various successful initiatives were implemented to reach beneficiaries. Multiple initiatives were taken to determine the cost of disability for children and persons with disabilities, to provide evidence on cost estimates to determine, among others, social security benefits and subsidisation of services targeting persons with disabilities.

Despite these interventions, the rate of progress has been low. The UN committee cited concern for the risk of compound marginalisation and challenges faced by vulnerable groups with disabilities,

such as women and girls. No progress was reported on the accessibility of HIV and AIDS prevention and treatment programmes for persons with disabilities, as well as the subsidisation of peer and parent empowerment support programmes. Affirmative action initiatives for women with disabilities were developed but are implemented on an ad hoc basis and only by a select few government departments.

Conclusion 7: Due to a lack of legislation, the misalignment of legal principles, the lack of legal remedies and redress and the lack of enforcement continue to exist

The WPRPD is a statement of commitment and is unenforceable unless the obligations included in the WPRPD are captured in law. Without enforceable legislation, budget allocation, management, and accountability become a victim of discretionary management.

Also, the lack of standardised disability related terminology threatens the human rights model of disability in the country. Further, there is growing concerns regarding the existence of guardianship and mental health laws which maintained a substitute decision-making regime. There has been no progress on the legislative review or the development and appeal of legislation.

6.4 **Efficiency**

Conclusion 8: Cooperative governance and collaborative partnerships have improved the implementation of the WPRPD but there is room for improvement

One of the key learnings, has been leveraging cooperative governance systems and enabling various forms of intergovernmental relations. Many government departments work with sector partners however the benefits of information sharing and dissemination on the implementation process across all sectors is not fully capitalised and should be encouraged and institutionalised.

Conclusion 9: There is insufficient evidence based monitoring data to confirm whether the intervention's resources can be justified by its results

The annual progress reports published from 2016 to 2022, contain consolidated data supplied by individual government departments on the implementation of the WPRPD. The reporting data is incomplete and sporadic. Also, there is very little evidence to support the data that is reported in the annual report. Many targets are not reported on and financial expenditure on disability inclusion is often combined with other programme. Hence, it is not possible to report on value for money or if the resources can be justified by its results.

Conclusion 10: Although progress is slow, the WPRPD has improved the well being of persons with disabilities

Overall, the employment rate of persons with disabilities has increased since 2015, but very marginally. South Africa increased the affirmative action target to at least 7%, but most employers

and work opportunity programmes have not come close to reaching this target. The development of the JobAccess Strategic Framework is positive.

The Preferential Procurement Policy Framework and Regulations regulate that persons with disabilities profit equally from public procurement. Multiple support initiatives for SMMEs have been rolled out, such as the Amavulandela funding scheme.

6.5   Impact

Conclusion 11: The WPRPD has had a positive impact on the of life of persons with disabilities

Almost all respondents across all sectors agreed that the implementation of the WPRPD has instigated positive and transformative change in South Africa. The responses ranged from conceptual to practical changes.

The implementation of the WPRPD has instigated the creation of a disability state machinery – including government departments (focal persons), disability inclusion expects, and organisation of persons with disabilities – that has engendered the implementation of programmes and regulations (protected employment, preferential procurement, budget rations, accessibility (universal design and reasonable accommodation) with overall positive cumulative effect of the lives and livelihoods of the South Africa population who consider themselves as persons with disabilities. In addition to organisations, directorates, platforms and fora, the implementation of the WPRPD has enabled programmes of disability advocacy and awareness raising in the institutions and communities, with overall effect of "tempering the stereotypes associated with persons with disabilities".

While various implementing agencies may be struggling with realizing their objectives and targets, there is an overwhelming consensus on the practical effects of the WPRPD in terms of employment and rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation.

6.6   Sustainability

Conclusion 12: There are policy and regulatory frameworks in place to support the continuation of benefits of the WPRPD.

The progressive inclusion of persons with disabilities in decision-making fora and granting them equal access to various aspects of the intervention would result in a better more sustainable product.

Conclusion 13: The existing financial and economic mechanisms are insufficient to sustain the ongoing flows of benefits of the WHRPD.

Most respondents across sectoral divide argued that current initiatives were unsustainable in the current implementation context. There was an overwhelming acknowledgement that the intervention

is resources intensive, as such more funding and funding modalities would help sustain the positive effects of disability inclusion.

The accountability of duty-bearers should be increased and expanded, to the non-state sectors, in order to ensure compliance.

More communication, collaboration and consultation, as well as accountability is needed.

6.7   Quality of process

Conclusion 14: The overall process for the implementation of the WPRPD is progressive, transparent and inclusive

The fact that there have been successful processes on building an equitable disability state machinery is a positive development. Stakeholders have rallied behind the call for disability inclusion.

Most public representatives had high expert knowledge of the WPRPD as well as complementing experience in implementing various aspects of disability inclusion. As such, the process of employment (or deployment) of a high calibre personnel must be upheld.

While a lot remains to be done, the collaborative spaces created within various implementation agencies must be encouraged and expanded. Sharing of information and best practice, conducting collaborative research, and effective consultation with the civil society must be encouraged and strengthened.

While the discretionary budget allocation by line managers may lead to challenges and efficiency hindrances, the availability of financial resources, albeit not guaranteed by legislation, enables substantive programme implementation and management. This, coupled with the mandatory duty-bearer accountability, has the potential of enabling effective implementation, through eliminating bureaucratic bottlenecks. However, where there is resource expenditure there is room for mismanagement, as such mechanisms of transparency and accountability must be expanded to all interested stakeholders.

7 RECOMMENDATIONS

The evidence and findings presented in the report allowed the evaluation to formulate recommendations combined in the following thematic groups.

7.1 Legislative Framework

Recommendation 1: The findings of the audit of the laws and policies against the human rights model of disability must be implemented.

Recommendation 2: Develop specific disability legislation that supports enforcement measures.

Recommendation 3: Develop and implement new disability related terminology framework.

7.2 Design and Implementation

Recommendation 4: The implementation matrix must be workshopped widely with all stakeholders in the disability sector and thereafter implemented in full.

Recommendation 5: The implementation matrix must be reflective of a results-based approach in line with the ToC which focuses on development changes. The conceptual design of all interventions flowing from the implementation matrix must include outcome indicators that can be tracked. In addition, the implementation matrix include accountability at all levels of implementation and by all partners including the beneficiaries.

Recommendation 6: The design of interventions should have a greater focus on cross-cutting issues to enhance gender equality, should actively target the meaningful participation of young people and should include equal opportunities for rural areas.

Recommendation 7: A Sustainability Strategy should be developed for the implementation of the WPRPD. The Strategy must include input from government and non-state stakeholders, beneficiaries and carers of persons with disabilities so that the whole of society is in agreement on how to continue the benefit flows of the WPRPD.

7.3 Institutional & Governance

Recommendation 8: The role of the DWYPD must be strengthened and capacitated to provide more guidance and support and not just limited to sector coordinator.

Recommendation 9: Strengthen the role of the SAHRC as the external independent monitoring body for the implementation of the WPRPD. The necessary resources must be made available to the SAHRC to undertake the function.

7.4 Financial Management

Recommendation 10: A co-funding protocol, in line with National Treasury requirements, must be explored that allows the sector to tap into other funding streams to improve the sustainability of the WPRPD. Given that budgetary constraints have plagued all spheres of government, looking at alternate funding sources to supplement project budget is more relevant now than ever.

7.5 Stakeholder Engagement

Recommendation 11: Develop and implement a comprehensive awareness campaign. The campaign must address all the issues raised in the UN Concluding Observations on the initial report of South Africa.

Recommendation 12: Develop and implement a Persons with Disabilities Engagement Plan that ensures stakeholders are involved in the prioritization, planning, implementation and monitoring of interventions.

7.6 Capacity Development, Knowledge Sharing and Strengthening Partnerships

Recommendation 13: Institutional capacities of all government officials, non-state actors and sector stakeholders involved in the implementation of the WPRPD should be strengthened. All Stakeholders responsible for the implementation of the WPRPD should be trained on the implementation matrix, the ToC and the logical framework.

Recommendation 14: Information sharing, collaboration and exchange of experience between implementing agents should be encouraged. The lessons learnt and success stories should be shared systematically with a wider stakeholder audience. To this end, there is a need for the DWYPD to develop its own information dissemination process. Cultivated partnership with NGOs, other national and international organisations will ensure the programmatic aspect of sustainability in terms of transfer of knowledge, institutional culture and capacity building through professional and soft skills training. The information dissemination process must contribute to the ToCs outcomes and ensure joint planning mechanisms, leveraging funds and the overall improvement of the programme.

Recommendation 15: Partnerships with other government departments, funders, DSO/DPO and key stakeholders should be strengthened.

7.7   <u>Monitoring and Reporting</u>

Recommendation 16:   Strengthen the current data collection methods, mechanisms and storage systems so that the quality of monitoring data is disaggregated, accurate and consistent for meaningful analysis. The monitoring and reporting system must adopt an evidence based approach.

Annexure A
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Annexure B
Logframe

The proposed logical framework (logframe) matrix is based on the programme's ToC.

The logframe should evolve for the duration of the implementation of the White Paper: new lines can be added for listing new activities as well as new columns for intermediary targets (milestones) when it is relevant, and values should be regularly updated in the column foreseen for communicating with partners/stakeholders and reporting purposes.

WPRPD Intervention Logic	PERFOMANCE INDICATORS		MEANS OF VERIFICATION	ASSUMPTIONS
	High Level Indicator	*Baseline*		
GOAL	*South Africa: A free and just society inclusive of all persons with disabilities as equal citizens*			• Duty-bearers and compliance officers understand the distinction between positive and negative discrimination, in line transition from "medical-welfare" to "social-rights" perspectives • Duty-bearers move beyond disability inclusion compliance to human rights promotion • The role of compliance officers do not hinder the fulfilment of 'mainstreaming' objectives and enable accounting officers to 'out-source' compliance • Accessibility goes beyond meeting quotas and targets, to ensuring that persons with disability have full access to opportunities and services entitled to all South Africans • There is progressive improvement in all sectors
OUTCOMES	*OC1: Persons with disabilities are accorded and enjoy full rights and access to services, support and opportunities to meet their specific needs and responsibilities*			
	• Number of persons with disabilities in employment, education and training • Number of persons with disabilities in management positions across sectors • Number of reported cases on discrimination against persons with disabilities across sectors and spheres of govenrmnet	• High disability exclusion in education & training and economic opportunities • Low numbers of persons with disabilities have access to social services (healthcare, housing, education)	• Disability Inclusion Compliance Annual Report • Enrolment Records in Institutions of Education	
	OC2: Public and private organisations are responsive to and participate on global initiatives relating to disability inclusion			
	• Number of organizations without disability accessibility protocols and infrastructure	Old and new buildings not compliant with universal design	• Disability Inclusion Compliance Annual Report	
	OC3: Organisations for and of persons with disabilities advocate for and participate in disability inclusion processes			
	• Number of organisations for/of persons with disabilities included in institutional and sectoral processes/programmes • Number of businesses owned/controlled by persons with disabilities accessing	Self-representation of persons with disabilities not recognized and included in national planning	• Disability Inclusion Compliance Annual Report	

	finance, participating in government procurement and public private partnerships	Insignificant number of business owned by persons with disabilities have access to finance, government procurement and public private partnerships		of the society, to ensure that all citizens realise substantive access to their human rights entitlements
	OC4: Duty-bearers in private and public institutions in various sectors understand disability as a result of interaction between environmental barriers and individual impairment			
	• Number of complaints related to the exclusion of persons with disability in institutions	Rampant exclusion of persons with disabilities in all sectors of society, including judicial	• Complaints logs and open civil cases • Departmental Reports • Public Protector's Reports/Records	
OUTPUTS	*OP1: Sectoral plans for progressive realization of disability inclusion designed and are being implemented*			
	• Number of organisations per sector without disability inclusion plans or alignment with WPRPD/UNCRPD • Number of institutional/strategic plans with specific focus on disability inclusion	Public and private organisations have no inclusion strategy for persons with disabilities	• Disability Inclusion Compliance Annual Report • Performance Reports	
	OP2: Qualified personnel trained on monitoring compliance on disability inclusion			
	• Number of disability inclusion compliance and monitoring personnel trained and deployed per sector per institution • Institutional records disaggregated to include disability	Exclusion of persons with disabilities goes unnoticed and unsanctioned	• Attendance Registers • Annual Reports	• Resources are appropriately used to target relevant stakeholders and sectors • Services and products are of acceptable quality and do not fall prey to extant
	OP3: Individuals and groups in different sectors of society received awareness campaigns on disability and disability inclusion			

	• Number of disability inclusion awareness compaigns/activities held per sector and level of government	General and specific ignorance on the rights, conditions and plight of persons with disabilities	• Activity logs • Annual Plans/Reports	procurement and quality assurance challenges • Accountability structures work as desired
	OP4: Duty-bearers in private and public institutions in various sectors have been trained on the evolving concept of disability, and the need and process of disability inclusion		
	• Number of training activities and trained individuals per sector • Availability of disability inclusion training modules per sector	Front-line staff are ignorant on disability inclusion	• Attendance Registers • Institutional Disability Inclusion Training Modules	

ACTIVITIES	INPUTS	
• Develop, implement disability awareness campaigns and disability inclusion training • Conduct disability accessibility audits • Initiate process to align sectoral legislative and administrative frameworks with WPRPD • Appoint and train disability inclusion officers • Review international standards and progress on disability inclusion • Consult experts, individuals and organizations for and of persons with disabilities on sectoral disability inclusion measures	• Finance (internal/external) • Human Resources (experts, partnerships, qualified personnel)	• UN Convention on the Rights of Persons with Disability • National, Regional & Other International disability inclusion frameworks

Annexure C
Details Systematic Review of Existing Reports

	Pillar One				
	1.1 Changing Attitudes and Behaviours				
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment on Trend**
1.1.1	Development of Disability Rights Awareness Plan is scheduled for the 2018/19 financial year. Limpopo developed a provincial disability rights awareness framework.	Disability Rights Awareness Plan was not developed as proposed. Instead, the target date was moved to 2021/22. Despite the delay in the development of the Plan, 21 awareness campaigns were implemented by 15 implementing partners.	Development of National Framework for Disability Rights Awareness Campaigns was approved by minister of DWYPD in March 2021. Throughout 2021, 11 awareness raising campaigns were organised by 9 different implementing partners.	No mention of the Disability Rights Awareness Plan. 8 disability awareness campaigns were organised by 8 different implementing partners	Indicator 1.1.1 requires the development of a Disability Rights Awareness Plan which must be centred on an on-going campaign across all sectors of society and must be implemented by all social partners. The 2015-2019 target was to finalise the plan, MAOs signed with at least 50 strategic partners, and a minimum of 1 community dialogue per district per annum. The Disability Rights Awareness Plan was finalised in 2021, although there is no mention of the number of strategic partners or community dialogues included. Several awareness campaigns have been organised since 2016. However, due to the absence of a coherent targeted awareness-raising strategy, no guidance was provided on how to organise awareness campaigns for impact and it is not clear what the impact of these campaigns has been. It also is not clear whether community dialogues were included in the campaigns and Persons with disabilities were involved in the process. Some disability awareness campaigns were linked to campaigns for HIV/Aids, TB, etc. It is not sure whether the impact on disability rights was diminished in these campaigns. The Disability Rights Awareness Plan is not mentioned in 2022 and progress is unclear
1.1.2	NW Province started a project in partnership with	No mention of the development and implementation of new	No mention of the development and implementation of new	No mention of the development and implementation of	Indicator 1.1.2 requires the development and implementation of new rights-based disability related terminology, managed at a national level. The 2015-2019 target was to have finalised the plan, established work

ID#	2016	2017/18/19/20	2021	2022	Comment
	Albinism South Africa to develop human rights-based language associated with Albinism in Setswana	disability related terminology	disability related terminology	new disability related terminology	streams for all official languages including SASL, and launched the Integrated Disability Rights Information Portal. Not much progress has been made with regards to this indicator and the target. It is unclear whether the NW & Albinism South Africa project was aligned to the WPRPD implementation matrix and whether it was managed at the national level. The lack of development and implementation of rights-based disability terminology hampers the adoption and integration of the rights-based or social definition of disability and, therefore, overall integration of UNCRPD principles.
1.1.3	DHET launched the 'Teaching for All' project in partnership with the British Council to help universities embed the inclusive education ethos into teacher education courses	No mention of integration of disability rights awareness discourse into educational programs	No mention of integration of disability rights awareness discourse into educational programs	The Mopani TVET College in Limpopo conducted disability awareness campaigns for students	Indicator 1.1.3 requires the integration of disability rights awareness into educational programme curriculums. The 2015-2019 target was the finalisation and piloting of standards for disability rights awareness modules and 10% of educational and training programmes have incorporated disability rights awareness modules. Some initiatives were implemented, but on an ad-hoc basis. Other initiatives that were reported were focussed on learners with disabilities, which is not relevant for this indicator since disability awareness should be integrated into 'general' education programmes. This could signify a lack of compliance with the reporting requirements of the WPRPD, or lack of streamlining of implementation to the WPRPD. There has been no dedicated reporting on the percentage of incorporation of disability rights modules into educational training and programmes.
			1.2 Access to the Built Environment		
ID#	2016	2017/18/19/20	2021	2022	Comment

1.2.1	No mention of Universal Design audits	DPW assessed 89 031 immovable assets – 87 972 (99%) had basic facilities for Persons with disabilities. 1 059 did not have basic facilities for Persons with disabilities.	All new state-owned buildings are audited. DMR&E conducted an accessibility audit for the National office – provincial audit still to be carried out. Dep of Tourism conducted an internal assessment with the help of DWYPD	DWS monitors and evaluates reports from accessibility inspections, access audits and finalised accessibility audit tool.	Indicator 1.2.1 requires universal design audits to be conducted on all existing publicly owned and leased buildings and for costed plans to be developed to address the outcomes of the audit. The 2015-2019 target was to have 100% of public sector owned and leased buildings audited, with quantified and costed implementation plans for retrofitting completed. Universal design audits have been conducted. It is not clear what percentage of all publicly owned and leased buildings has been audited and there has been no mention of the development of a costed plan to address the outcomes of the audit.
1.2.2	No mention of financing strategy	R15 320 000 was approved for the retrofitting of state-owned buildings in 2018/19. Project is funded through DPW capital budget.	No mention of financing strategy	SARS modifies built environment where possible as part of planned maintenance work	Indicator 1.2.2 requires the development of a financing strategy to retrofit existing infrastructure. The 2015-2019 target was the approval of a strategy and plan and finalisation of funding mechanisms. There is no evidence in the reporting data to suggest that such a strategy was developed. However, there has been funding set aside for retrofitting state-owned buildings on an ad-hoc basis. Each department appears to implement retrofitting in an individualistic manner. Some measures have been taken to fund retrofitting of infrastructure. However, it seems to be done on an ad-hoc basis. There is a lack of national financing strategy.
1.2.3	No mention of Accessibility Liaison Officers (ALOs)	No mention of Accessibility Liaison Officers (ALOs)	No mention of Accessibility Liaison Officers (ALOs)	No mention of Accessibility Liaison Officers (ALOs)	Indicator 1.2.3 requires the appointment and training of infrastructure Accessibility Liaison Officers (ALOs), as well as the development of accredited modules and courses for ALOs. The 2015-2019 target was the approval and DHET registration of accredited modules and courses for ALOs, as well as a minimum of two persons with disabilities per municipality.

					No progress has been made on this indicator
1.2.4	No mention of incentives for universally designed infrastructure for state or private sector	No mention of incentives for universally designed infrastructure for state or private sector	No mention of incentives for universally designed infrastructure for state or private sector	No mention of incentives for universally designed infrastructure for state or private sector	Indicator 1.2.4 requires the provision of incentives for universally designed barrier-free infrastructure and built environment in state and private sector. The 2015-2019 target was the finalisation of a national incentive/reward scheme to promote universal design in the built environment. No progress has been made on this indicator
1.2.5	Following regulations are under review: - SANS10400-2011 - The National Building Regulations Act of 1977 Western Cape government facilitated training for all DPW staff on SANS 10400 Part S	Following regulations are under review: - SANS10400-2011 - The National Building Regulations Act of 1977 DWYPD is participating in development of Universal Design and Universal Access Framework led by DSD. Additionally, Gauteng Universal Design and Access Programme is established. Mpumalanga Government customised National Norms and Standards for infrastructure design to improve reasonable accommodation policy	Universal Design and Access Framework is approved National Building Regulations Act of 1977 is still under review	No mention of regulatory framework	Indicator 1.2.5 requires the operationalisation of the regulatory framework for accessibility to the built environment. The regulatory framework needs to be extended and integrated into the overall design of public space. The 2015-2019 target was to have a regulatory framework in place and baseline established. The SAND10400 – 2011 and National Buildings Regulations Act of 1977 have been under review since the first reporting period of 2016. The Universal Design Access framework was approved in 2021. The level of integration and compliance is unclear.

			1.3 Access to Transport		
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
1.3.1	NDoT has not engaged with indicator	DoT piloted universal design standards in new road-based public transport vehicles and facilities in 13 municipalities. Standards for rail infrastructure were developed 2015 and have been used in rail upgrading programmes since then. National Technical Requirements for pedestrian crossings were approved for roads and rail. All 13 IPTN municipalities must accommodate Persons with disabilities in new service licences DoT is developing a draft program of action on universally	DoT published the Comprehensive Integrated Transport Plan (CITP) with universal access as a minimum requirement. DoT published norms and standards for pedestrian crossings, developed together with Persons with disabilities	Universal Design and Access Plan (UDAP) took place in 10 municipalities which received Public Transport Network Grant (PTNG) National Transport Policy White Paper is published in 2022, outlining the goal of access to safe and affordable transport for everyone, including Persons with disabilities. Their needs have to be taken into account when planning and designing new infrastructure and operations.	Indicator 1.3.1 requires the incorporation of Universal Design and Access principles into all licences and permits for transport purposes. The 2015-2019 target was for 100% of all licenses and permits issued across the transport value chain to include universal access and design requirements. Despite the development of a Universal Design and Access Plan and the initiatives that have been taken, it is unclear whether the 2015-2019 target has been accomplished. Standards, requirements and plans have been developed and piloted – compliance with implementation has not been reported. It is reported that the minimum standards that support universal access in public transport are often not known, or not applied

ID#	2016	2017/18/19/20	2021	2022	Comment
			accessible minibus taxis and taxi services			
1.3.2	NDoT has not engaged with indicator	No audits were carried out on new standard for rail infrastructure. Pedestrian facilities in the IPTN municipalities were audited using the NTR 1 for pedestrian crossings	NDoT hosted a workshop on compliance reporting on universal design and access in public transport	No mentions of audits conducted	Indicator 1.3.2 requires public and private transport operators to audit operational, staff and managerial against legislated minimum norms and standards. The 2015-2019 target was the regulation of minimum norms and standards for the transport industry. Reported efforts on auditing have been conducted in an ad-hoc and non-consistent manner. There is no mention of any plans, costed or not costed, to implement the outcomes of audits conducted.
1.4 Access to Information and Communication					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
1.4.1	Progress was made by improving access to e-learning, e-government services, online banking, ATMS, etc. Efforts were made to make assistive technology more accessible by mainstreaming it and bringing down the cost.	SARS implemented Assistive Solutions for Persons with Disabilities – to ensure hardware and software adhered to international quality	Training and workshops were organised around accessibility for Persons with disabilities. DSD launched four accessible media centres in Limpopo (in partnership with MTN) SAPS piloted Virecom to provide services to deaf people in five SAPS stations	SARS implemented a variety of technology-driven measures to increase accessibility for Persons with disabilities	Indicator 1.4.1 requires that access for Persons with disabilities to new information and communication technologies and systems is promoted by public and private institutions. The 2015-2019 target was the development of minimum norms and standards for website accessibility and 10% of public institution website compliance. Progress was made by individual government department, but progress on minimum standards and 10% compliance of websites was not reported. Initiatives are organised by separate departments without minimum norms and standards. The progress reports provide no evidence of compliance monitoring activities.

1.4.2	Close captioning is not mentioned specifically.	Close captioning is not mentioned specifically.	A lack of close captioning throughout government information and communication was reported by the disability sector. The complaint was officially submitted to relevant departments for immediate intervention.	Close captioning is not mentioned specifically	Indicator 1.3.2 requires the provision of captioning on all television programmes. The 2015-2019 target is 100% of all news content on local television stations have captioning. Captioning was not specifically reported on in any of the progress reports, so progress made is unclear.
1.4.3	Broadcasting regulations have been published and consumer protection was strengthened. Disability and ICT chamber is working together with SABS to set minimum norms and standards	7 libraries in Northern Cape were equipped with assistive devices	Multiple measures were taken to provide information and communicate with Persons with disabilities during COVID-19, such as provision of sign language interpreters in all briefing platforms, providing government departments with standard guidelines on procurement of SASL interpreters and dedicated awareness campaigns for Persons with disabilities on COVID-19. Additionally, DCDT put measures in place to ensure full compliance	No mention of information and communication platforms and their accessibility to Persons with disabilities.	Indicator 1.4.3 ensures equal access to information and communication platforms. The target for 2015-2015-2019 is an established baseline and 10% improvement across all media platforms. Progress has been made, but particularly during the COVID-19 pandemic. It is unclear whether this progress was sustained after 2021.

		on inclusive communication for Persons with disabilities during COVID-19			
1.4.4	SASL has been recognised as an official language	ETDP SETA (Limpopo) organised a sign language interpretation skills programme

All Gauteng Provincial Government public events will have a SASL interpreter | DWYPD hosted a webinar to promote SASL charter.

SASL interpreting is offered at designated SARS branches | SARS made SASL available at selected branches during filing season | Indicator 1.4.4 ensures the promotion of SASL and training of SASL interpreters. The 2015-2015-2019 target is a costed promotion plan with 25% of the plan implemented, which includes aspects of training for SASL interpreters.

Despite progress being made to promote the use of SASL throughout individual interventions, no plan has been developed and no budget has been allocated for the implementation, making monitoring impossible.

Lead agencies have not been involved much, and interventions are implemented on an ad-hoc basis. |
| 1.4.5 | Little progress is made towards establishing a National Braille Policy and Authority | No mention of developing braille standards | No mention of developing braille standards | No mention of development of braille standard. | Indicator 1.4.5 is concerned with the development and regulation of standards for braille and a costed implementation plan. The 2015-2015-2019 target is an approved costed plan and 25% implementation.

Despite progress being made to promote the use of braille through individual interventions, no plan has been developed and no budget has been allocated for the implementation, making monitoring impossible.

Lead agencies have not been involved much, and interventions are implemented on an ad-hoc basis. |
| 1.4.6 | Little progress is made towards ratification of Marrakesh Treaty | SAPS launched braille promotional material on domestic violence, sexual violence, human | DHA made progress with incorporating braille into personal documents. | Media centres for blind youth, among others, have been launched in Limpopo. | Indicator 1.4.7 requires the access to print media for Persons with disabilities. The ratification of the Marrakesh Treaty is one possible step to take. The target for 2015-2015-2019 was to report on the potential ratification of Marrakesh Treatment, which has not happened. Interventions have been organised but on an ad-hoc basis. |

ID#	2016	2017/18/19/20	2021	2022	Comment
		rights, etc. at a special school in Durban. DTI observes and supports Marrakesh Treaty through its Intellectual Property and Copyright policies	Mpumalanga Provincial DSD purchased a braille printing machine	Progress on ratification of the Marrakesh Treaty was not mentioned	
1.4.7	Process has started to provide universal access to emergency services on ICT platforms	SAPS worked on improving deaf access to the 10111-call centre. DTPS is working on reduced cost and enabling access to emergency services for Persons with disabilities. Vodacom launched emergency SMS services for deaf people to connect to emergency services approved provincial master plan	DWYPD created COVID-19 and Persons with disabilities resource page	No mention of access to emergency services for Persons with disabilities	Indicator 1.4.7 requires the provision of accessible emergency and disaster management information for Persons with disabilities. The 2015-2015-2019 target was 100% of the emergency and disaster management plans and OHS procedures include accessibility measures for Persons with disabilities. Progress has been made by public and private institutions, albeit in an ad-hoc manner. COVID-19 saw an increase in measures to provide accessible COVID management information. However, it is unclear the percentage of disaster and emergency plans are disability equitable.
1.5 Universal Access and Design					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

1.5.1	No mention of Universal Design Standards	No mention of Universal Design Standards	No mention of Universal Design Standards	No mention of Universal Design Standards	Indicator 1.5.1 requires the development of universal design standards. The 2015-2015-2019 target is the establishment of a universal design access standards that has been reviewed and finalised for ICT, transportation, assistive devices and technology, and the built environment. No Universal Design Standards are mentioned throughout the reporting periods.
1.5.2	DSD developed the National Framework for Universal Access and Design and submitted it to Cabinet for approval	National Framework on Universal Access and Design was being finalised. NRCS and SABS are identified as agencies with the mandate to enforce compliance with building regulations and standards	Universal Design and Access Framework is approved by the minister of the DWYPD	1 quarterly report on the state of compliance of GPG buildings was submitted	Indicator 1.5.2 requires the development and implementation of universal design access strategies, minimum standards and guidelines by all public and private sector institutions. The 2015-2015-2019 target is the approved universal design access guidelines and minimum norms and standards. Progress has been made through the development of the universal design and access framework.
1.5.3	No mention of education and training	The dti includes reasonable accommodation for Persons with disabilities in their awareness raising campaigns.	No mention of education and training	DRD organised a two-day seminar focusing on Universal Design and Accessibility of the Built Environment NSG implemented an eLearning platform that is disability accessible and inclusive.	Indicator 1.5.3 requires the provision of education and training on universal design on tertiary level, as well as the training of decision-makers and implementers on universal design and access. The 2015-2015-2019 target is approved and registered universal design and access modules for pre-and post-graduate training. Some training on principles of universal design and access has been implemented. However, not according to the requirements of the target.

				The Universal Access Workshop has been finalised and is available.	
1.5.4	No mention of service licences requiring universal design access	No mention of service licences requiring universal design access	No mention of service licences requiring universal design access	No mention of service licences requiring universal design access	Indicator 1.5.4 requires that all service licences require universal design access. The target for 2015-2015-2019 was a regulatory framework that incorporates requirements for universal design and 25% compliance. Service licences are not reported on throughout all the reporting periods reviewed for this analysis.

	1.6 Reasonable Accommodation Measures				
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
1.6.1	DHET released its draft Policy Framework for Disability DSD developed a National Framework for Reasonable Accommodation which was submitted to cabinet for approval.	The National Framework on Reasonable Accommodation for Persons with Disabilities was still awaiting approval. Measures were taken to provide norms and standards for institutions on providing support for Persons with disabilities in education and residential facilities	National Framework for Reasonable Accommodation was approved by Cabinet in 2021	Government departments were reported to improve reasonable accommodation through several measures. However, it is not reported whether they comply with the minimum norms and standards.	Indicator 1.6.1 requires the establishment of national minimum norms and standards for reasonable accommodation measures. In 2021 (two years after the target year of 2015-2019), the National Framework for Reasonable Accommodation was approved. Reasonable accommodation was improved through government department initiatives – however, compliance with the minimum norms and standards is not reported.

| 1.6.2 | DBE developed a costed framework for the provision of reasonable accommodation support | DoJ&CD implemented several support measures to assist children and persons with disabilities throughout the court process | Seven government departments were reported to provide reasonable accommodation measures for Persons with disabilities during the COVID-19 pandemic and lockdowns | Four government departments were reported to improve the provision of reasonable accommodation for employees | Indicator 1.6.2 requires that all public and private institutions must ensure equitable access to and participation in programmes and services. Government institutions were reported to improve reasonable accommodation, but mostly for their employees. Reporting on access and participation in programmes and services of Persons with disabilities is not sufficient. No reporting was done on whether standards and service charters have been reviewed and reasonable accommodation measures included. Additionally, no baseline was established. |

Pillar Two

2.1 The Right to Life

ID#	2016	2017/18/19/20	2021	2022	Comment
2.1.1	The Health Ombud was appointed in 2016	DoH in collaboration with Gauteng Province, implemented all recommendations received in relation to the Esidimeni tragedy. Multiple monitoring and assessment initiatives were implemented, such as unannounced visits to facilities and inspections of centres operated by public sector, private sector, NGOs or non-profits	The NDoH took specific measures to protect Persons with disabilities during COVID-19. COGTA issues the National Disaster Regulation 11B (&), including specific safety and protection measures for Persons with disabilities.	No mention of strengthening of mechanisms to protect the lives of Persons with disabilities or any audits being conducted	Indicator 2.1.1 requires the strengthening of mechanisms to protect the lives of Persons with disabilities, including a review of all existing legislation, policies and programmes to include measures to provide equitable protection against loss of life. The 2015-2015-2019 target is to complete the legislative, policy and programmatic audit with directives issued protocols in place. Whilst government departments took initiatives to strengthen protection of Persons with disabilities, such as monitoring of facilities and setting up regulations, no systematic review of legislation, policies and programmes was conducted.

ID#	2016	2017/18/19/20	2021	2022	Comment
2.1.2	No mention of the development of a monitoring system to track loss of life of Persons with disabilities	QuadPara SA called for the increased monitoring of deaths among wheelchair users There was no mention of the development of a monitoring system	DHA and Stats SA are working to harmonise the definition of disability to be able to capture disability information when registering births, marriages and deaths of Persons with disabilities	No mention of developing a monitoring system to track loss of life of Persons with disabilities	Indicator 2.1.2 requires the development of an integrated monitoring system to track loss of life of Persons with disabilities due to insufficient measures taken to protect them. Not enough progress has been made with regards to this indicator. The 2015-2015-2019 target is the development of an integrated monitoring system, which receives no specific mention in any of the progress reports.

2.2 Equal Recognition before the Law

ID#	2016	2017/18/19/20	2021	2022	Comment
2.2.1	No mention of a legislative review or audit	No mention of a legislative review or audit	No mention of a legislative review or audit	No mention of a legislative review or audit	Indicator 2.2.1 requires a review of all relevant legislation to ensure equal recognition before the law for access to Persons with disabilities. The 2015-2015-2019 target was the completion of a legislative audit and amendment of 25% of all affected legislation. Progress on this indicator has been insufficiently reported and no progress seems to have been made.
2.2.2	The Draft Report on "Assisted Decision-Making" by the SALRC was submitted to the minister of Justice and Correctional Services in 2016	Alignment of supported decision-making mechanisms is still outstanding. The Report on Assisted Decision-making is still under executive consideration	Report on Assisted Decision-Making was finalised and released to the public by the DoJ&CD	No mention of supported decision-making legislation	Indicator 2.2.2 requires the development of supported decision-making legislation, as well as a review of substitute decision-making regimes. Some progress has been made with the report on assisted decision-making by the DoJ&CD. However, the development of specific supported decision-making legislation has not been reported.

2.3 Access to Justice

ID#	2016	2017/18/19/20	2021	2022	Comment

2.3.1	Multiple initiatives have been implemented to improve access to the justice system, by improving physical access, providing reasonable accommodation support, and reviewing and creating norms and standards, by the DoJ&CD and SAPS	SAPS finalised the Strategy on Provision of Police Services to Persons with Disabilities	SAPS approved the Draft Strategy on Provision of Services to Persons with Disabilities. The report on the implementation of SAPS action plan reports progress made in disability inclusion within SAPS	SAPS provided capacity building on the SAPS Guidelines for Policing of Persons with Disabilities in multiple provinces. Saps also established a partnership with DeafSA to assist with the provision of sign language interpretation	Indicator 2.3.1 requires the provision of reasonable accommodation support, including access to the built environment. The target for 2016-2016 was 50% of all police stations, courts and consumer and human rights institution offices comply with built environment norms and standards. Progress has been made, but mainly within the SAPS. No other government department progress has been reported.
2.3.2	Monitoring efforts were started by enabling the recording of details of victims and offenders with disabilities and improving the capturing of disability statistics of victims and offenders. Progress against the SAPS Disability Project Implementation Plan was tracked twice during 2016	Equality court statistics collected statistics on complaints from Persons with disabilities	No mention of a monitoring system to track access to justice by Persons with disabilities	No mention of a monitoring system to track access to justice by Persons with disabilities	Indicator 2.3.2 requires the strengthening of monitoring systems to track access to the justice system for Persons with disabilities. The target for 2015-2019 is to have a monitoring system in place and a baseline available. Little progress has been made with regards to this indicator.

| 2.3.3 | Campaigns were initiated to raise awareness about Persons with disabilities and their access to the justice system and information was spread through accessible formats | The Strategy on Provision of Police Services to Persons with Disabilities aimed to raise awareness on Persons with disabilities and their access to justice | No mention of the development of a national action plan or other coordinated awareness raising plan | No mention of the development of a national action plan or other coordinated awareness raising plan | Indicator 2.3.3 requires the development of an action plan to inform and empower Persons with disabilities and their families of on their rights. The 2015-2019 target includes the development of a costed plan, 50% of campaign implementation, and information available in all official languages including SASL.

No dedicated effort to develop a National Action plan are reported in any of the annual reports. Some initiatives to raise awareness were undertaken, but in an ad-hoc manner and not nation – and sector wide. |

2.4 Freedom from Torture or Cruel, Inhuman or Degrading Treatment or Punishment, Exploitation, Violence and Abuse					
ID#	2016	2017/18/19/20	2021	2022	Comment
2.4.1	The draft Policy and Residential Facilities was reviewed and finalised by the DSD. It includes the development of norms and standards and registration guidelines. Technical work on funding and provision of infrastructure and service subsidies for residential facilities was completed.	No mention of developing and implementing quality assurance programmes and strengthening monitoring systems.	No mention of developing and implementing quality assurance programmes and strengthening monitoring systems.	The DHET's Gender-Based Violence and Femicide at Universities and Technical and Vocational Education and Training (TVET) colleges, continues to monitor the safety of Persons with disabilities	Departmental reports were not directly linked to the indicators included in Pillar 2.4, which complicated the tracking of progress of all indicators under this section. A lot of reporting is done on Children with Disabilities – however, this is not in line with the implementation matrix. Indicator 2.4.1 requires the development and implantation of quality assurance programmes and strengthening of monitoring systems for all types of institutions and facilities for Persons with disabilities. It shows a dis-connect between actual reporting and the implementation matrix. None of the progress reports mentions a quality assurance programme or process. There is very minimal mention of monitoring efforts.

2.4.2	No specific mention of measures to protect the mental health of Persons with disabilities was made. However, Draft Policy and Residential Facilities might include specifications.	No mention of measures to protect the mental health of Persons with disabilities was made	No mention of measures to protect the mental health of Persons with disabilities was made.	No mention of measures to protect the mental health of Persons with disabilities was made.	Departmental reports were not directly linked to the indicators included in Pillar 2.4, which complicated the tracking of progress of all indicators under this section. A lot of reporting is done on Children with Disabilities – however, this is not in line with the implementation matrix. It shows a dis-connect between actual reporting and the implementation matrix. Indicator 2.4.2 requires the development of measures to protect the mental health of Persons with disabilities. No progress is reported.
2.4.3	No specific mention of measures to protect the human rights mechanisms of older Persons with disabilities was made. However, Draft Policy and Residential Facilities might include specifications.	No mention of measures to protect the human rights mechanisms of older Persons with disabilities was made	No mention of measures to protect the human rights mechanisms of older Persons with disabilities was made	No mention of measures to protect the human rights mechanisms of older Persons with disabilities was made	Departmental reports were not directly linked to the indicators included in Pillar 2.4, which complicated the tracking of progress of all indicators under this section. A lot of reporting is done on Children with Disabilities – however, this is not in line with the implementation matrix. It shows a dis-connect between actual reporting and the implementation matrix. Indicator 2.4.3 requires the strengthening of human rights monitoring mechanisms for older persons. No progress is reported.
2.4.4	SAPS piloted the Disability Learning Programme to capacitate police officers to interact with complainants, victims and offenders with disabilities.	No mention of integrated multi-focus area strategies or plans for categories of Persons with disabilities at risk	DCS and SAPS released guidelines on COVID-19 in the justice system, in order to protect the safety of offenders and victims with disabilities, as well as employees	No mention of measures to protect other categories of Persons with disabilities at risk	Departmental reports were not directly linked to the indicators included in Pillar 2.4, which complicated the tracking of progress of all indicators under this section. A lot of reporting is done on Children with Disabilities – however, this is not in line with the implementation matrix. Indicator 2.4.4 requires the development of integrated multi-focus area strategies and plans for other categories at risk.

					No progress was reported on the development of strategies and plans, but SAPS reported some progress made in the protection of prisoners/offenders with disabilities.
	The need to train judicial officers and court staff to accommodate witnesses, victims and accused persons with disabilities was identified.				

Pillar Three

3.1 Building Socially Cohesive Communities and Neighbourhoods

ID#	2016	2017/18/19/20	2021	2022	Comment
3.1.1	DSD finalised the consultative process towards developing a Policy on Social Development Services to Persons with disabilities. DSD partnered with the JICA to pilot disability inclusive community development approaches in the social development sector.	Land from the DCS was provided to CWP to use for agricultural purposes. The produce was provided to a disability centre, among others.	DSD implemented phase 2 of the JICA project, which led to the development of practical Guidelines on the Empowerment of Persons with Disabilities and Disability Mainstreaming	Budget set aside for the Economic Reconstruction and Recovery Plan (ERRP) must include designated groups such as Persons with disabilities.	Indicator 3.1.1 requires the inclusion of the rights of Persons with disabilities in all social cohesion and human rights promotion programmes and messages. Efforts have been made to specifically include Persons with disabilities in social development programmes so that they benefit explicitly. However, the indicator only includes social cohesion and human rights programmes and messages, not social development. The target of 2015-2019 – 50% of all social cohesion and human rights promotion programmes and messages highlight the rights of Persons with disabilities – has therefore not been achieved.

3.1.2	No mention of efforts to ensure the accessibility of community development programmes and facilities for Persons with disabilities	No mention of efforts to ensure the accessibility of community development programmes and facilities for Persons with disabilities	No mention of efforts to ensure the accessibility of community development programmes and facilities for Persons with disabilities	No mention of efforts to ensure the accessibility of community development programmes and facilities for Persons with disabilities	Indicator 3.1.2 ensures that all community and development programmes and community facilities are accessible to Persons with disabilities. The target for 2015-2019 was 25% of existing facilities are retrofitted to comply with norms and standards, and 50% of existing programmes comply with accessibility standards. Physical accessibility of facilities and programmes was not reported on – thus, limited progress has been made.
3.1.3	No mention of measures taken to ensure access to residential facilities and other programmes to older persons with disabilities	No mention of measures taken to ensure access to residential facilities and other programmes to older persons with disabilities	No mention of measures taken to ensure access to residential facilities and other programmes to older persons with disabilities	No mention of measures taken to ensure access to residential facilities and other programmes to older persons with disabilities	Indicator 3.1.3 ensures that all residential facilities, day care and other programmes are accessible to older Persons with disabilities. The target for 2015-2019 was 25% of existing facilities are retrofitted to comply with norms and standards, and 50% of existing programmes comply with accessibility standards. Physical accessibility of facilities and programmes for older Persons with disabilities were not reported on – thus, limited progress has been made.
3.1.4	SRSA provides support so that girls and boys with disabilities can participate in sports. 27 athletes with disabilities participate in the Sports Excellence Programme	Support for sport and leisure development for Persons with disabilities is widespread and disability mainstreaming within sports and leisure development is present. Persons with disabilities are encouraged to travel SA through the social tourism programme.	Department of Sports, Arts and Culture continues to provide support to building social cohesion and inclusion in communities, although the impact of COVID-19 was as set-back.	No mention of sports of leisure development for Persons with disabilities	Indicator 3.1.4 requires the provision of subsidies for sport and leisure development for Persons with disabilities. The target for 2015-2019 was 50% of all subsidies and sponsorships include a disability mainstreaming component. Good progress seems to have been made to provide access to sport and leisure to Persons with disabilities, on a recreational and professional level.
3.1.5	No mention of measures to address	No mention of measures to address	No mention of measures to address	No mention of measures to	Indicator 3.1.5 addresses violence against women/girls/boys and the LGBTI community with disabilities. The target for 2015-2019 was 50%

	violence against women/girls/boys and the LGBTI community with disabilities	violence against women/girls/boys and the LGBTI community with disabilities	violence against women/girls/boys and the LGBTI community with disabilities	address violence against women/girls/boys and the LGBTI community with disabilities	of municipalities must have a costed approved plan with multi-sectoral participation and responsibilities. No progress is reported, which is surprising due to the intersectional nature of the WPRPD and the current situation in SA regarding violence against women and other vulnerable groups. Perhaps progress is reported under a different indicator.
3.2 Building and Supporting Families					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
3.2.1	DSD finalised the draft Minimum Norms and Standards for Respite Care Services to Families with Children with Disabilities in 2016	GPG provided poverty alleviation programmes to Persons with disabilities (as part of a bigger programme) and provided Sign Language training to parents with deaf children	DSD aims to finalise the Minimum Norms and Standard for Respite Care Services to Families with Children with Disabilities in the 2021/22 financial year.	Data was only provided for the Gauteng DSD Services to PERSONS WITH DISABILITIES from the 1st Quarter of 2021-2022 financial year.	Indicator 3.2.1 requires the development of a plan to mitigate family responsibilities for caring for Persons with disabilities. The 2015-2019 target was an integrated costed plan with minimum norms and standards for all services provided and 10% of all families who care for Persons with disabilities accessing the full range of services. This target has not been reached since the Minimum Norms and Standards for Respite Care Services to Families with Children with Disabilities have not been finalised. However, progress has been made.
3.2.2	No mention of information services or information portal developments.	No mention of information services or information portal developments.	No mention of information services or information portal developments.	No mention of information services or information portal developments.	Indicator 3.2.2 requires the provision of information on available services to parents and caregivers of children with disabilities. The 2015-2019 target was the development of a Disability Information Portal and information available in print format in at least 25% of official languages in all hospitals, clinics, doctors' rooms etc. No progress has been reported on this indicator.
3.3 Accessible Human Settlements / Neighbourhoods					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

3.3.1	No mention of an upgrade to the IDP, but rather the development of the Integrated Urban Development Framework (IUDF) in 2016. Rights of Persons with disabilities are embedded, but the implementation plan failed to include universal access and design and disability inclusion principles	The UIDF implementation plan will be revised to include action for Persons with disabilities by COGTA.	No update on the revised UIDF or its implementation was provided. DWS allocated R8 M to disability mainstreaming and continues to monitor and advocate for disability inclusion in infrastructural projects and programmes	DHS provided assistance to youth with disabilities with housing opportunities	Indicator 3.3.1 includes supported community living plans in all Integrated Development Plans (IDPs). The 2015-2019 target is 75% of metro municipal IDPs, 50% of medium-size municipalities IDPs and 15% of rural low functioning IDPs should have included integrated community living support plans. Progress reported does not align with the WPRPD. IDPs have not been updated. Instead, a new framework has been developed (the IUDF). It is not reported whether this framework includes supported community living plans. The target has not been achieved since it is not clear whether the UIDF has been rolled out and in how many municipalities.
3.3.2	The Comprehensive Integrated Transport Plan (CITP) was released in 2016 by the NDoT and includes Universal Access and Design principles. Integrated Public Transport Network (IPTN) created pilot sites in 13 municipalities	As part of the IPTN, cities procured 1 000 accessible vehicles, constructed over 110km of dedicated lanes, and have committed to supporting affected minibus operations.	No mention of transport accessibility for Persons with disabilities	No mention of transport accessibility for Persons with disabilities	Indicator 3.3.2 ensures all modes of transport are accessible to Persons with disabilities. The target for 2015-2019 is 15% of existing systems are retrofitted and compliant with accessibility norms and standards. The CITP and the IPTN have been developed, but their impact on the lives of Persons with disabilities has not been reported. It is unclear whether any retrofitting is included in both initiatives. Reporting is inconsistent – 2021 and 2022 reporting years do not report on access to transport at all.

3.3.3	Persons with disabilities requiring housing still experience challenges. Few households access the existing disability benefits.	The Property Practitioners bill was approved in 2015-2019 and promotes the participation of young people, black women and Persons with disabilities. However, delivery of shelter to Persons with disabilities is still slow and poor maintenance of sidewalks, bulk infrastructure, parks, open manholes etc. poses safety risks and mobility limitations to Persons with disabilities.	No information was reported by DHS regarding housing for Persons with disabilities.	No mention of access to subsidised housing support for Persons with disabilities and their caretakers	Indicator 3.3.3 requires the provision of access to subsidized housing for Persons with disabilities and single mothers of Children with disabilities. The 2015-2019 goal is for the National Needs Register to have been reprioritised to give immediate access to applicants with disabilities.\n\nLittle tangible progress has been reported. The Property Practitioners Bill was launched, but no impact has been reported. Reporting is inconsistent – no progress was reported on subsidisation of housing for Persons with disabilities in 2021 and 2022. Progress is low.
3.3.4	No mention of Universal Design in infrastructure grants and tax rebate programmes	No mention of Universal Design in infrastructure grants and tax rebate programmes	No mention of Universal Design in infrastructure grants and tax rebate programmes	No mention of Universal Design in infrastructure grants and tax rebate programmes	Indicator 3.3.4 requires the incorporation of Universal Design in infrastructure grants and tax rebate programmes.\n\nNo information is reported on progress for this indicator.
3.4 Access to Community-Based Services Supporting Independent Living					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

3.4.1	DSD finalised the consultation process on the transformation plan for protective workshops. The Draft Psychosocial Support programme was developed to guide the process. DSD Gauteng continued to implement the Independent Living Pilot Project in Johannesburg, in partnership with JICA.	The evaluation of the Independent Living Project in Johannesburg resulted in an extension and continued funding by Human Care Society. In 2017, a workshop was conducted on the Gauteng Assisted Living policy and guidelines. The Policy on Group Housing Support for Persons with Disabilities was under consideration by the Human Settlements MINMEC, after pressure from the SA Human Rights Commission to expedite the processing. Implementation guidelines have been developed.	Implementation of the Living Pilot Project was continued. During COVID-19, DSD issued directions on COVID-19 management in residential facilities, protective workshops, and respite care facilities.	No mention of measures/initiatives regarding support for independent living	Indicator 3.4.1 Requires the development of a sustainable community-based system for personal assistance to support independent living within the community for Persons with disabilities. The 2015-2019 target is the development of a framework for integrated community based personal assistance services which supports independent living in community, including a costed and approved implementation plan. Attention has been given to this indicator, but not in a way that is in line with the WPRPD. The Living Pilot Project seems to have been developed independently from the WPRPD since it was already in existence before adoption of the WPRPD. No progress has been made in developing a framework.
3.5 Protection during Situations of Risk and Disaster					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
3.5.1	National, provincial and local disaster management plans	Disaster Management Act, 2002 (Act No. 57 of 2002) was amended in	Nine different guidelines, protocols or directions were issues	No specific mention of disaster management plans	Indicator 3.5.1 requires a review of all government disaster management plans to ensure provisions for Persons with disabilities in emergency situations. The 2015-2019 target was 100% of disaster

	do not include measures to ensure access to information and emergency services for Persons with disabilities during a disaster	2015 to specific measures addressing needs of Persons with disabilities in the disaster management process. The guidelines on inclusion of Persons with disabilities in the Disaster management plan were issued in 2017 and are used to assess Disaster Management Plans submitted to the NDMC.	during the COVID-19 pandemic which includes measures to protect the safety of Persons with disabilities.		management plans reviewed and universal design access plans developed and implemented. Some progress has been made. A review was conducted to establish to what extent disaster management plans have provisions for Persons with disabilities, guidelines were issued, and the Disaster Management Act was amended, and the process of reviewing disaster management plans was started. It is unclear how many disaster management plans have been assessed and whether universal design access plans have been developed and implemented.
3.5.2	No specific mention of provision of psychosocial support during disasters or accessibility of evacuation centres	The Western Cape Government utilises Go-George transport services to rescue vulnerable people in emergency situations	No specific mention of provision of psychosocial support during disasters or accessibility of evacuation centres	No specific mention of provision of psychosocial support during disasters or accessibility of evacuation centres	Indicator 3.5.2 requires the provision of accessible disaster relief services in the form of psychosocial support service personnel and the availability of evacuation centres. The target for 2015-2019 was 100% of national and provincial disaster management centres have formalised arrangements for availability of psychosocial support. No progress has been reported for this indicator, so it is hard to tell to what level the target has been achieved.
3.5.3	A task team consisting of SAPS, DTPS, SITA and DeafSA has been established to ensure access for persons who have a hearing disability or	Evaluation plans for employees with disabilities of the GPG were compiled, as well as the accommodation of Persons with disabilities when disaster occur.	No specific mention of the provision of accessible emergency services.	Persons with disabilities reported to not know where to go in case of disaster and feeling fearful of disasters due to a lack of support.	Indicator 3.5.3 requires the provision of accessible emergency services, including reasonable accommodation support systems and trained emergency personnel. The 2015-2019 target was 100% of emergency personal have been trained and reasonable accommodation measures are in place in 100% of municipal emergency services.

	speech impairment to the 10111 service.				It is unclear whether any emergency personal has been trained and whether any reasonable accommodation measures are in place in emergency services due to a lack of reporting.
					The 2015-2019 target has not been achieved.

Pillar Four

4.1 Early Childhood Development

ID#	2016	2017/18/19/20	2021	2022	Comment
4.1.1	The Early Childhood Development Policy was established in 2015 to include young children with disabilities into ECD services and programmes.	Continuous consultations on the use of the ECD grant to Children with disabilities is championed by the DSD, Costing for ECD for Children with disabilities is underway. Programmes have been developed to facilitate admission of Children with disabilities in Gauteng, and ECD practitioners have received training.	In 2020, DSD issued SOP and guidelines for ECD programmes and partial care facilities on combating and preventing the spread of COVID-19.	No information provided	Indicator 4.1.1 requires the equal access of Children with disabilities to all ECD programmes and facilities. The 2015-2019 target was the development of minimum norms and standards for inclusive ECD programmes, including costing and established baseline. Some progress has been made. The Early Childhood Development Policy was established, but the impact was never reported.
4.1.2	No mention of disability specific interventions and support services.	No mention of disability specific interventions and support services.	No mention of disability specific interventions and support services.	No information provided	Indicator 4.1.2 requires the development of disability specific intervention and support services. The 2015-2019 target is the development of protocols, costed and approved for the full spectrum of services. Additionally, a baseline for access should have been established.

ID#	2016	2017/18/19/20	2021	2022	Comment
					Progress has not been reported on this indicator.
4.1.3	Research was conducted by the DSD and DHA into capturing data on Children with disabilities and information systems.	No mention of a national integrated referral and tracking system for Children with disabilities.	No mention of a national integrated referral and tracking system for Children with disabilities.	No information provided	Indicator 4.1.3 required the development of a national integrated referral and tracking system for Children with disabilities. The target for 2015-2019 was a developed National integrated referral and tracking system for Children with disabilities 0-18, with all children between 0-18 captures, assessed and issued with individual developmental programmes. Research into appropriate systems and data capturing methods was initiated in 2016, but further progress has not been reported since.
4.2 Lifelong Education and Training					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
4.2.1	Funding was set aside for infrastructure and assistive devices for learners with disabilities in post-school education. National Learner Transport Policy implementation is too slow	NEEDU evaluated schools, districts and provinces too establish the type of education learners receive in special schools. Part of the investigation was the accessibility of special school to learners with disabilities. Guidelines for Resourcing an Inclusive Education System includes support for provisioning of	Directions and standard operating procedures were published for schools for learners with disabilities during COVID-19. PPE materials were procured for learners and staff in special care centres	Between 2000-2022, the access to education for learners with disabilities has improved.	Indicator 4.2.1 requires the provision of accessible education facilities, applicable to all existing and future developed public and private education institutions and campuses. The 2015-2019 target was the development and approval of minimum norms and standards, baseline information for access established, and development of a costed improvement plans for a 10-year period. Overall, access to education for learners with disabilities has improved. Although, the vast majority of support provided to learners with disabilities has been in the form of educational support and reasonable accommodation measures – not physical access.

		infrastructure and transport.		
4.2.2	Many different types of measures have been taken to improve educational support and reasonable accommodation at institutions of learning, such as development of Norms and Standards, training for teachers, development of policies and programmes, monitoring and oversight efforts, increasing funding, etc.	Extensive measures have been reported to increase quality educational support and reasonable accommodation at institutions of learning. Measures include improving identification of learning barriers, training of teachers, assisting schools with assistive devices and additional teachers, assessing the current situation of education for learners with disabilities, providing funding support, etc. Measures were implemented by government departments (DBE) with support from private sector, civil society actors and international organisations. A multitude of plans, guidelines and standard	During COVID-19, students and teachers at special schools had difficulties accessing eLearning, despite a multitude of support measures to keep delivering education to Persons with disabilities. Students had difficulties accessing funding – some allowances were terminated without notice. Directions and standard operating procedures were published for schools for learners with disabilities during COVID-19 Several measures were implemented to improve educational support and reasonable accommodation at institutions of learning, such as training of educators, monitoring	In this reporting period, several measures were implemented to improve education for learners with disabilities, including training of and provision of support to educators, implementing a national advocacy and education programme on inclusive education, establishing systems and procedures for early identification of barriers, conducting research into the state of inclusive education in SA, bursary and funding opportunities, monitoring quality, providing career and study counselling to learners with disabilities.	Indicator 4.2.2 requires the provision of educational support and reasonable accommodation at all institutions of learning, across the value chain at all public and private education and training facilities and programmes. This includes the provision of group sport, recreation and peer support opportunities for learners with disabilities. The 2015-2019 target was the development and approval of minimum norms and standards, establishment of a baseline for reasonable accommodation support, and the development of a costed improvement plan. It is obvious that the majority of initiatives for inclusive education are centres around provision of educational support and reasonable accommodation for learners with disabilities. Measures include training, funding, monitoring, research, and development of minimum norms and standards. Overall, it is clear that progress has been achieved.

		operating procedures were developed.	of training, development of guidelines, provision of ICT platforms and specialised assistive devices, ensuring distance learning through COVID-19 lockdowns, supporting therapists, etc. Guidelines on Resourcing of an Inclusive Education and Training system has been costed and implementation plan is to be presented.		
4.2.3	DBE has taken measures to increase enrolment and participation for learners with disabilities, but provinces have been slow in implementing those measures and lack a clear plan. National Learner Transport Policy implementation is too slow and there is a lack of access to secondary education	Abolishing waiting lists for learners with disabilities remains a challenge for DBE – different provincial departments have different strategies for managing waiting lists. The Guidelines for Resourcing an Inclusive Education System provides support in different ways. The Three Stream Model approach allows	The learning/achievement gap between children and children with disabilities has increased. Thus, plans for accelerated education, remedial and catch-up programmes are required. These plans can contribute to the enrolment of Children with disabilities of compulsory school-going age.	No progress was reported on improving school enrolment of Children with disabilities.	Indicator 4.2.3 requires the enforcement of enrolment of Children with disabilities of compulsory school-going age, including the abolishment of all waiting lists and immediate reporting of all Children with disabilities who have been refused access to schools so the SAHRC. The 2015-2019 target was the establishment of a system to identify children with disabilities of compulsory school-going age out of school, and a 80% compliance rate. Progress made on this indicator has been slow. The problem of waiting lists and limited enrolment of Children with disabilities is a well-known and stubborn issue. No clear overarching plan has been developed to tackle this challenge. Strategies and plans differ greatly among provincial DBE departments. Some guidelines have been developed, but impact and progress is unclear. COVID-19 did not help the situation – in fact, it increased the learning/achievement gap between children and children with disabilities.

	for learners with disabilities who complete primary education in special schools.	learners to access secondary education by enrolling in technical occupational subjects.			

| 4.2.4 | No mention of disability awareness integration into the curriculum of educational programmes | No mention of disability awareness integration into the curriculum of educational programmes | No mention of disability awareness integration into the curriculum of educational programmes | TVETS organised disability sensitisation and support dialogues to a total of 9960 students. | Indicator 4.2.4 requires the integration of disability awareness into the curriculum of all educational and training programmes by creating disability awareness modules. The 2015-2019 target was the development of disability awareness modules that are accredited with SAQA and DBE, and 50% compliance. Additionally, representative organisations of Persons with disabilities must be contracted as a central component of trainers.

Progress reported on this indicator is very limited. Training programmes are either meant for learners with disabilities, educators of learners with disabilities or government officials. A lack of integration of disability awareness into regular educational programmes is obvious. |

4.3 Social Integration Support					

ID#	2016	2017/18/19/20	2021	2022	Comment
4.3.1	DoH has finalised the Framework and Strategy for Disability and Rehabilitation (FSDR) and a study is conducted in KZN to assess the readiness to	DoH conducted a study into the readiness of provinces to implement the FSDR (8 provinces developed implementation plans), strengthened district health services by focusing on the inter-	DoH developed guidelines for rehabilitation services quarantine and self-isolation during COVID-19, integrated disability into HIV and TB programmes, developed online	DSD developed a plan to mitigate family responsibilities of caring for Persons with disabilities – the draft guidelines on Respite Care Services for families	Indicator 4.3.1 requires the establishment of integrated, multi-sectoral provincial rehabilitation and habilitation centres that provide and prioritise multi-sectoral screening, early identification and assessment services, a range of specialised independent living and social integration services, assistive device and technology service, etc. The 2015-2019 target was the development and approval of a model for integrated multi-sectoral provincial rehabilitation and habilitation centres, costed and budgeted for.

	implement the FSDR. Disability and rehabilitation indicators were reintroduced to the DHIS in 2016, which will improve monitoring of provisioning, backlogs and quality of services. The main challenges that are reported with regards to the provision of public sector rehabilitation services is the lack of rehabilitation professionals in outer-lying district and facilities and pressure on human resources budgets.	disciplinary rehabilitation teams, and plans to address audiologist shortages by contracting private providers through the NHI fund. Multiple programmes of NGOs were funded, as well as 7 protective workshops and 3 residential care facilities for adults	courses for health care workers, coordinated and supported health and wellness activities, screening and testing, implemented the FSDR, raised awareness, etc.	of Children with disabilities will be finalised in 2021/22 and implemented in rural Mpumalanga and Northern Cape. A project was scoped to roll out interview skills to employees with disabilities, to support career development and growth.	The development and implementation of the FSDR is a major step of progress towards the achievement of this indicator. However, the linking of disabilities to HIB and TB programmes should be cautioned, since it places the disability into more of a medical mode.
4.3.2	No progress was reported on the subsidisation of peer and parent empowerment support programmes	No progress was reported on the subsidisation of peer and parent empowerment support programmes	No progress was reported on the subsidisation of peer and parent empowerment support programmes	No progress was reported on the subsidisation of peer and parent empowerment support programmes.	Indicator 4.3.2 requires the subsidisation of peer and parent empowerment support programmes. The 2015-2019 target was the development and approval of a model for peer and parent empowerment support programmes, costed and budgeted for. Progress on this indicator has been limited.

| 4.3.3 | DoH and NT are working towards including a wider range of assistive devices in national contracts.

Development and costing of a basket of rehabilitation services to be included in the NHI has progressed.

DSD started costing the minimum norms and standards for residential care facilities, respite care services and protective workshops to work towards a costing model for full subsidisation | DSD drafted a policy on Social Development Services to Persons with disabilities. A SP was appointed to develop a cost model, fast track streamlining and the implementation of uniform standards on service provision, as well as ensure consistencies in provinces on funding of services to Persons with disabilities.

DSD acknowledged constrained finances of NGOs and funded 33 organisations for services to older persons, Persons with disabilities, orphans, and other vulnerable groups. | DWYPD, in partnership with the UNDP, wants to appoint a SP to conduct research into the elements and economic cost of disability for children and persons with disabilities, which will provide evidence on cost estimates to determine, among others, social security benefits and subsidisation of services targeting Persons with disabilities, as well as reasonable accommodation support.

DSD finalised the ToR to appoint a SP to develop the costing of minimum norms and standards for residential care facilities, respite care services and protective workshop services, to work towards costing models for full subsidisation of services. | No progress was reported on the subsidisation of disability-specific services | Indicator 4.3.3 requires the subsidisation of disability-specific services, rendered on behalf of government. The 2015-2019 target was the development and approval of minimum norms and standards for disability specific services and services costed 50% of service level agreements covered by subsidy congruent with actual cost of service.

Efforts to achieve this indicator have been focussed on research to determine the economic cost of disabilities, including care facilities, to better determine how to subsidise such services. Findings from the two research studies conducted by DWYPD and DSD are yet to be released. |

		4.4 Access to Healthy Lifestyle Support			
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
4.4.1	No progress was reported on this indicator	Policy guidelines for licencing day care and residential facilities have been published for implementation. The FSDR makes provision for training of health workers and awareness raising on the needs of Persons with disabilities and ensuring their access to all services in a dignified way. De-institutionalisation can be implemented in SA, but only with the provision of structured community healthcare systems in place. It should not be undertaken when there is a lack of guidelines and without oversight mechanisms. Such guidelines and mechanisms for deinstitutionalisation	No progress was reported on this indicator	Several technologies or systems were created and used during the COVID-19 pandemic to ensure access to healthcare services by Persons with disabilities, such as Tele-Health/Tele-Rehabilitation platforms, an electronic patient management system which allowed the team to reduce health transport costs by developing a household model, and integration of peer supporters into the rehabilitation team which strengthened community networks and ensured an	Indicator 4.4.1 requires the provision of access to affordable healthcare services through the provision of an integrated and holistic basket of accessible and affordable healthcare services at a district and community level, as well as access to higher levels of care. The 2015-2019 target was the development and approval of a costed basket of accessible and affordable disability-related health care services at community level. Progress reported on this indicator has been inconsistent. The FSDR aids in the achievement of this indicator, but it has not been accurately reported how. Initiatives and measures are taken on an ad-hoc basis – the status of the development of an integrated and holistic basket of healthcare services is unclear.

		are currently not in place. The NHI ensures that there is no discrimination against any class of the population with respect to access to healthcare. The Ideal Clinic is supposed to provide a basket of services, including rehabilitation services in local communities.		early warning system. COVID-19 laid bare many shortcomings and challenges in delivering healthcare to Persons with disabilities.	
4.4.2	DSD launched the Deaf Access Facility at the Gender-Based Command Call Centre as an integral part of its victim empowerment programme	No progress was reported on this indicator	DSD put measures in place to ensure that Persons with disabilities could access the Gender Based Command Call Centre as part of its victim empowerment programme during COVID019.	No progress was reported on this indicator	Indicator 4.4.2 requires the provision of access to victim empowerment and recourse programmes. The 2015-2019 target was the development and approval of a costed protocol for full access to victim empowerment and recourse programmes for Persons with disabilities, including a 25% compliance rate. Progress on this indicator has been limited. Persons with disabilities in need of victim empowerment and recourse programmes have generally been slotted into gender-based violence programmes. Provisions were made during COVID-19, but it is not clear what the status is after the end of the pandemic and whether Persons with disabilities still have access to those services that were provided to them during the pandemic.
4.4.3	No progress was reported on this indicator	The NSP on HIB and AIDS has bias towards	No progress was reported on this indicator	No progress was reported on this indicator	Indicator 4.4.3 ensures that all HIB and AIDS prevention and treatment programmes are accessible to Persons with disabilities. The 2015-2019 target was the development and approval of costed protocols for

ID#	2016	2017/18/19/20	2021	2022	Comment
			Persons with disabilities.			full access to HIV and AIDS prevention and treatment programmes for Persons with disabilities, and a 25% compliance rate. No progress was reported on this indicator.
4.4.4	No progress was reported on this indicator	No progress was reported on this indicator	No progress was reported on this indicator	No progress was reported on this indicator	Indicator 4.4.4 requires the development and implementation of a National Disability Services Quality Framework with a National Quality Assurance system, as well as legislation. The 2015-2019 target was the development and approval of a costed National Disability Services Quality Framework. No progress was reported on this indicator.

4.5 Supported Decision-Making					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
4.5.1	No progress was reported against this indicator	No progress was reported against this indicator	The DoJ&CS finalised and released the approved report on Assisted Decision-Making to the public	No information was provided for this indicator	Indicator 4.5.1 requires the development of supported decision-making services, specifically for persons with intellectual, psychosocial and neurological disabilities. The 2015-2019 target is to create an approved policy framework and costed plan for supported decision-making services. Little information has been provided to assess progress for this indicator.

Pillar Five					
5.1 Disability, Poverty, Development and Human Rights					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
5.1.1	Very little progress was reported to the	No efforts to review social assistance benefits are reported.	Several initiatives were undertaken to help Persons with disabilities	No mention of social assistance alignment to the	Indicator 5.1.1 requires the alignment off social assistance with the cost of disability. The target for 2015-2019 was a review of social assistance benefits to Persons with disabilities.

	DWYPD for this indicator. Phase 2 of the Elements of the Financial and Economic Costs of Disability to Households in SAQ Pilot Study was pushed to 2017/18		living in poverty during COVID-19, by the DSD, DWYPD, Dep of Tourism, DMR&E. DWYPD initiatives a research study on the cost of disability for children and Persons with disabilities to assist determination of social security benefits and subsidization of services for Persons with disabilities.	needs of Persons with disabilities	Progress was made to increase the understanding of the true cost of disabilities for Persons with disabilities and their families. It is unclear what the outcome of this study was and whether the findings have been used to review social assistance for Persons with disabilities and their families. Persons with disabilities received additional support during COVID-19, albeit on an ad-hoc basis.
5.1.2	Very little progress was reported to the DWYPD for this indicator	No mention of a review of insurance benefits	No mention of a review of insurance benefits	No mention of a review of insurance benefits	Indicator 5.1.2 requires a review of all insurance benefits to include equitable access to Persons with disabilities. No progress was reported on this indicator.
5.1.3	Very little progress was reported to the DWYPD for this indicator. DRDLR reported that Persons with disabilities are minimally included in their departmental programmes	No mention of strengthening and developing the reach of poverty reduction programmes for Persons with disabilities.	No mention of strengthening and developing the reach of poverty reduction programmes for Persons with disabilities.	No mention of strengthening and developing the reach of poverty reduction programmes for Persons with disabilities.	Indicator 5.1.3 requires the development and/or strengthening and broadening of geographical reach of programmes and projects designated to reduce poverty amongst Persons with disabilities. No progress was reported on this indicator.
5.2 Access to Decent Work and Employment Opportunities					

ID#	2016	2017/18/19/20	2021	2022	Comment
5.2.1	Disability representation in public and private sector is very low, and the number is declining. The JobAccess report indicates that institutional and management weaknesses are the cause of lack of progress made. DoJ completed the review of the Technical Assistance Guidelines (TAG) on employment of Persons with disabilities. All departments are required to report on the implementation of the JobAccess Strategic Framework for the Recruitment, Appointment and Retention of Persons	A marginal increase of employees with disabilities is recorded between 2001 (1%) and 2017 (1.3%). The DPSA is reported to monitor both the implementation of the JobACCESS Strategic Framework as well as the Policy on Reasonable Accommodation and Assistive Devices. No mention of affirmative action measures	Review of the Technical Assistance Guidelines on the Employment of Persons with disabilities was finalised by the DoLE. Departments that have reached gender and disability quota share best practices with departments that haven't. DPSA continues to monitor the implementation of JobACCESS Strategic Framework and the Policy on Reasonable accommodation and Assistive Devices. The number of departments with 2% representation of Persons with disabilities increased from 52 to 55. Gauteng Province has the highest level of representation.	The representation of Persons with disabilities in the total workforce marginally increased from 1.1% in 2015-2019 to 1.2% in 2021. Several job creation programmes for Persons with disabilities were initiatives, or data of non-specific job creation programmes was aggregated according to disability. No mention of affirmative action targets.	Indicator 5.2.1 requires the determination of disability related economic affirmative action targets that are cognisant of disability population demographics. The target for 2015-2019 was that the employment equity and work opportunity target for Persons with disabilities increased to at least 7%. The affirmative action target was set at 7%. However, most employers and work opportunity programmes have not come close to reaching 7% representation by Persons with disabilities. A lot of reporting information is available on the progress made with regards to employment equity for Persons with disabilities – however, the reporting is not aligned to the indicator itself.

ID#	2016	2017/18/19/20	2021	2022	Comment
	with disabilities Implementation Plan. Very few departments provided information on Affirmative Action programmes.		Guidelines for employees with disabilities and COVID-19 were published. No mention of affirmative action targets.		
5.2.2	No mention of vocational rehabilitation and related programmes	No mention of vocational rehabilitation and related programmes	No mention of vocational rehabilitation and related programmes	No mention of vocational rehabilitation and related programmes	Indicator 5.2.2 requires the provision of affordable vocational rehabilitation and related programmes for employees who have acquired a disability. The target for 2015-2019 was a 50% enrolment rate of employees acquiring a disability in return-to-work programmes. Information on progress made for this indicator has not been provided.
5.2.3	No mention of integration of socio-economic development programmes provided to Persons with disabilities into the national employment service database.	No mention of integration of socio-economic development programmes provided to Persons with disabilities into the national employment service database.	No mention of integration of socio-economic development programmes provided to Persons with disabilities into the national employment service database.	No mention of integration of socio-economic development programmes provided to Persons with disabilities into the national employment service database.	Indicator 5.2.3 requires the integration of socio-economic development programmes provided to Persons with disabilities into the national employment services database. The 2015-2019 target was a 50% employment placement rate of graduates with disabilities on the ESSA database and a 50% rate of Persons with disabilities on ESSA accessing skills development or other forms of support. Information on progress made for this indicator has not been provided.
5.3 Persons with Disabilities as Owners of the Economy					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
5.3.1	No specific mention of procurement targets for SMMEs	The Preferential Procurement Policy Framework and	Data collected through the CSD database shows that 26	According to the CSD, 1% of businesses is owned	Indicator 5.3.1 requires the adoption and implementation of a target of 7% procurement and economic opportunities for emerging SMMEs owned by Persons with disabilities. The target for 2015-2019 is a

	owned by Persons with disabilities, although the DSBD is taking a systematic approach to disability mainstreaming	regulations regulate that Persons with disabilities profit equally from public procurement. National Treasury created the CSD database where businesses are disaggregated by race and disability. Limpopo provincial government set procurement target of 7% entrepreneurs with disabilities.	companies owned by Persons with disabilities received payments (0.99%) and R10 464 717,73 was paid to companies owned by Persons with disabilities (0.42%).	by Persons with disabilities with an overall spend of R845.17 M. North West Province had the highest percentage of total spend on Persons with disabilities (1.47%). In GPG, only 23% of the total procurement spend was awarded to Persons with disabilities. DPME monitors Persons with disabilities appointed and Persons with disabilities awarded tenders.	minimum of 3% of all procurement for bids under R30 000 and opportunities in various economic sectors allocated to SMMEs owned by Persons with disabilities, including a monitoring system to track compliance in place. The CSD reports on the number of companies owned by Persons with disabilities received payment, and how much payment in Rand was received by Persons with disabilities. It is not clear how many bids of under R30 000 were appointed to businesses owned by Persons with disabilities, due to the way it is reported. It is very unlikely that the target of 3% has been achieved. Despite the lack of consistent reporting data, it is clear that the DSBD has taken a systematic approach to mainstreaming through the Mainstreaming Framework. It is not clear how much their approach is aligned to the WPRPD.
5.3.2	The Amavulandela Funding Scheme focuses on servicing entrepreneurs with disabilities through financial and non-financial support	DSBD raised awareness on its support programmes to Persons with disabilities, causing 100 Persons with disabilities to register for financial	DSBD provided support to entrepreneurs, including entrepreneurs with disabilities during COVID-19. No progress was reported on the	DSBD funded 12 enterprises owned by Persons with disabilities in Quarter 3, and 4 enterprises owned by Persons with	Indicator 5.3.2 requires the strengthening of access to and participation in SMME support programmes for PERSONS WITH DISABILITIES. The 2015-2019 target was a 50% increase in participation by emerging SMMEs owned by Persons with disabilities in SMME support programmes. Initiatives to support SMMEs owned by Persons with disabilities have been rolled out, such as the Amavulandela funding scheme – however, it is not clear what the impact has been and what the current status is.

ID#	2016	2017/18/19/20	2021	2022	Comment
	and non-financial support. LEDET registered 160 businesses of Persons with disabilities to offer them support.	Amavulandela Funding Scheme	disabilities in Quarter 4.		The exact increase of participation by SMMEs owned by Persons with disabilities in SMME programmes is also not reported. It is also not clear whether existing programmes have been reviewed or amended to include Persons with disabilities.
5.3.3	No specific mention of BBBEE benefits for Persons with disabilities, although the DSBD is taking a systematic approach to disability mainstreaming	No specific mention of BBBEE benefits or codes for Persons with disabilities	No specific mention of BBBEE benefits or codes for Persons with disabilities	A proposed intervention includes the request for Treasury and GEP to include the BBB-EE scorecard including Enterprise Development (ED) and Supplier Development	Indicator 5.3.3 ensures that BBB-EE benefits Persons with disabilities through the hiring and upskilling of Persons with disabilities. The 2015-2019 target was the representation of the disability sector in all sector charters, a revision of the BBB-EE codes to include disability targets, and the establishment of a baseline. Progress reported on this indicator is limited, despite some recommended interventions.
5.3.4	No specific mention of procurement targets for women with disabilities, although the DSBD is taking a systematic approach to disability mainstreaming	DWS initiated the Women in Water programme, and 30% of participants were women with disabilities	No specific mention of procurement targets for women with disabilities.	31% of businesses are owned by women, but this number is not disaggregated according to disability	Indicator 5.3.4 requires that affirmative action targets for Women with Disabilities are set. The 2015-2019 target includes 50% of all affirmative action opportunities for Persons with disabilities are accessed by women with disabilities, and 7% of all affirmative action opportunities targeting women are access by women with disabilities. Not much progress is reported on this indicator. The CSD database does not enable data to be aggregated according to gender and disability status at the same time, which makes it challenging to report on progress.
			5.4 Reducing the Cost of Disability for Persons with Disabilities and their Families		
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

5.4.1	SARS initiated a review of disability-related tax benefits. SARS established a dedicated Disability Helpdesk with a permanent resource to assist taxpayers who registered for disability tax rebates and benefits. NDRM suggested that SARS ensures that all offices have officials that are familiar with the disability tax rebate benefits and that the requirements for disability confirmation be further improved.	SARS took on the recommendations made by the NDRM by training officials across all offices on appropriately advising taxpayers with disabilities on disability-related tax rebates, improving SARS ICT interface and collaborating in the DTPS ICT Forum's Disability Chamber Work Groups. However, SARS E-filing mobile site is not fully accessible yet.	SARS embarked on a review of disability related tax benefits during the reporting period. SARS published a draft amendment document to simplify the definitions of disability and physical impairment for tax rebate claims.	No mention of disability related tax benefits	Indicator 5.4.1 requires a review of disability related tax benefits to ensure equity in the recovery of disability related costs. The 2015-2019 target was to review the current disability related tax rebate system and establish a baseline for access to disability-related tax rebates. SARS implemented a number of measures to help achieve this indicator, but it is not clear what the status of the review of disability related tax benefits is.
5.4.2	SARS initiated a review of disability related tax benefits and rebates, which SMMEs can use to claim back disability related costs. No mention of excluding disability-	No specific mention of supply chain management and adjudication of bids where reasonable accommodation support is included. SARS took on the recommendations made by the NDRM by	DWYPD published the ToR for a research study into the economic cost of disability for Persons with disabilities and parents of Children with disabilities part 2. The results will determine social security benefits and	DSD subsidised disability-specific services. DSBD initiated a partnership with MEDUNSA to implement economic empowerment interventions for Persons with	Indicator 5.4.2 requires measures to be put in place to mediate the disability-related costs to SMMEs owned by Persons with disabilities. The 2015-2019 target was that supply chain management units in al public institutions are trained on adjudication of bids where reasonable accommodation support is includes and SMMEs owned by Persons with disabilities are able to claim tax rebates for disability costs. There is no specific mention of bid adjudication in any of the progress reports. Measures that have been taken towards the achievement of this goal are divers and implemented on an ad-hoc basis.

related costs in the adjudication of bids.	training officials across all offices on appropriately advising taxpayers with disabilities on disability-related tax rebates, improving SARS ICT interface and collaborating in the DTPS ICT Forum's Disability Chamber Work Groups.	subsidisation of services for Persons with disabilities, as well as reasonable accommodation support. This information can be used to mediate the disability related costs to SMMEs owned by Persons with disabilities.	disabilities and promote entrepreneurial development. The review process of the Amavulandela Funding facility was initiated by the DWYPD and challenges include not getting funding applications, hesitation from business owners with disabilities, and applicants wanting funding instead of blended finance. The research project into cost of disability was finalised	
Pillar Six				
6.1 Strengthening Access and Participation through Self-Representation				
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
6.1.1	The NDRM is the over-arching participatory	The National Framework on Self-Representation by Persons with disabilities	DWYPD initiated the process of getting Cabinet approval for the	DHS developed the National Human Settlements Disability Forum to	Indicator 6.1.1 requires the inclusion of Persons with disabilities in all design, planning and implementation and monitoring of policies and programmes at all levels and contexts of governance. The 2015-2019

	consultative platform for the WPRPD.

The Presidential Working Group on Disability (PWGD) is a strategic platform for government and civil society to discuss integration of Persons with disabilities into society.

Eight out of nine provinces have disability rights machineries.

Five government departments indicated that they had formalised consultative platforms with disability organisations. | is said to provide an important step for this indicator | Self-Representation Framework in 2021/22.

COVID-19 illustrated the need to involve Persons with disabilities into the planning and implementation of national COVID-19 intervention measures. The disability sector and Persons with disabilities felt they were excluded from the process.

DWYPD and DMR&E took initiative to enhance consultation with the disability sector | strengthen representation of Persons with disabilities in the human settlements sector. | target was for all public institutions to have institutionalised consultative platforms with representative organisations of Persons with disabilities.

Some progress was made by individual government departments to provide manners of consultation with Persons with disabilities and research was conducted on the level of self-representation of Persons with disabilities. However, implementation has been conducted on an individual and ad hoc basic, and it is not clear which departments have institutionalised consultative platforms and which departments have not. It is unclear what the status of the National Framework on Self-Representation by Persons with disabilities is. |
| 6.1.2 | No mention of involvement of representatives of Persons with disabilities in private sector entities that | The National Framework on Self-Representation by Persons with disabilities is said to provide an | No mention of involvement of representatives of Persons with disabilities in private sector entities | No mention of involvement of representatives of Persons with disabilities in private sector entities that | Indicator 6.1.2 encourages the involvement of representative organisations of Persons with disabilities by private entities providing services to the public. The 2015-2019 target was the development and approval of guidelines.

Information on progress for this indicator is limited. |

private services to the public.	important step for this indicator	that private services to the public.	private services to the public.	The status of the National Framework on Self-Representation by Persons with disabilities is unclear.

6.2 Recognition of Representative Organisations of Persons with Disabilities				
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

ID#	2016	2017/18/19/20	2021	2022	Comment
6.2.1	DSD will develop a National Framework for Self-Representation by Persons with disabilities which will initiative implementation of this indicator	No progress reported	DWYPD initiated the process of getting Cabinet approval for the Self-Representation Framework in 2021/22.	DHA reviewed the Disability Rights Forum terms of reference. No mention of minimum norms and standards for consultation of Persons with disabilities	Indicator 6.2.1 requires the development of minimum norms and standards for consultation of Persons with disabilities. The target for 2015-2019 was the development and approval of norms and standards and 25% compliance. Limited progress has been reported on this indicator. It is unclear what the status of the Self-Representation Framework is. No minimum standards have been finalised and the level of compliance has not been reported.
6.2.2	DSD will develop a National Framework for Self-Representation by Persons with disabilities which will initiative implementation of this indicator	No progress reported	DWYPD initiated the process of getting Cabinet approval for the Self-Representation Framework in 2021/22	No mention of DPO registration	Indicator 6.2.2 requires the registration of DPOs with their respective co-ordinating bodies at national, provincial and local level. The 2015-2019 target was 100% of designated national, provincial, district and local disability rights coordinating mechanisms have a register in place. Limited progress has been reported on this indicator. It is unclear what the status of the Self-Representation Framework is. No reporting has been done on the amount of disability rights coordinating mechanisms that have a register in place.

6.3 Strengthening the Diversity and Capacity of DPOs and Self-Advocacy Programmes				
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

6.3.1	DSD has shifted funding to underrepresented groups, such as DeafBlind South Africa, Autism SA and Disabled Children Action Group	No mention of funding for DPOs and self-advocacy groups for Persons with disabilities.	DSD continuous to provide funding support to non-profit organisations for underrepresented groups	DSD has supported a number of DPOs financially and in terms of capacity building, including DeafBlind SA, Autism SA, DICAG, SANDA, DEAFSA, ILC and UHAMBO foundation	Indicator 6.3.1 requires provision of funding for DPOs and self-advocacy groups for rights-based advocacy and research programmes. The 2015-2019 target is the development of a costed strategy and plan for DPO advocacy, research and monitoring support. Reporting on this indicator is inconsistent. Funding has been provided but no progress has been reported towards the development of a costed strategy and plan.
6.3.2	DSD will develop a National Framework for Self-Representation by Persons with disabilities which will include strategies for self-representation of under-represented groups	National Framework for Self-Representation is not yet finalised	DWYPD hosted a series of consultative meetings with the albinism sector	No mention of accessible consultative platforms and support for self-representation	Indicator 6.3.2 requires the provision of accessible consultative platforms and support for self-representation. The 2015-2019 target was the development and approval of a strategy and plan for self-representation for underrepresented groups. Reporting on this indicator is inconsistent. It is unclear what the status of the National Framework for Self-Representation is and whether it has had an impact.
6.4 Public Participation and Consultation Programmes					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
6.4.1	The DSD will develop a National Framework for Inclusive Public Participation and Consultation Programmes during	No progress reported	DWYPD hosted a series of consultations throughout the National Disability Rights Awareness Month which included participation and	No progress reported	Indicator 6.4.1 requires all public participation programmes to be fully accessible to Persons with disabilities. The 2015-2019 target is the development and approval of minimum norms and standards for access and participation in public participation programmes by Persons with disabilities, and 50% compliance across government spheres.

	2017/2018, which will include minimum norms and standards for public participation		consultation between political principals and the disability sector		Little progress is reported. It is unclear what the status of the National Framework for Inclusive Participation and Consultation Programmes is.
6.4.2	The DSD will develop a National Framework for Inclusive Public Participation and Consultation Programmes during 2017/2018, which will include minimum norms and standards for public consultation	No progress reported	The DDM launched by COGTA includes the expectation that government consults with Persons with disabilities within these district municipalities. DWYPD hosted a series of consultations throughout the National Disability Rights Awareness Month which included participation and consultation between political principals and the disability sector	SARS aimed to improve engagement with Persons with disabilities in collaboration with the South African Disability Alliance. Phase 1 of the project was at costing stage in 2021/22 in preparation for the investment committee.	Indicator 6.4.2 requires that all public consultation structures must have representation by the disability sector. The 2015-2019 target is the development and approval of minimum norms and standards for disability sector representation on all public consultation structures. Little progress is reported. It is unclear what the status of the National Framework for Inclusive Participation and Consultation Programmes is.

6.5 Self-Representation in Public Life

ID#	2016	2017/18/19/20	2021	2022	Comment
6.5.1	No progress was reported against this indicator.	No progress was reported against this indicator.	DWYPD initiated a process in obtaining Cabinet approval for the Self-Representation	SARS launched the Disability Champions Structure to strengthen voices of	Indicator 6.5.1 requires the development of legislation to protect the rights of Persons with disabilities to be represented on legislative bodies. The target for 2015-2019 was to complete a legislative audit,

| | | | Framework in the 2021/22 financial year. | Persons with disabilities | develop draft legislation and 2% of all elected representatives are Persons with disabilities. |
| | | | | | Limited progress was reported for this indicator. |

The National Strategic Framework on Self-Representation should provide guidance when completed in 2017/2018

Pillar Seven					
7.1 Disability Equitable Planning, Budgeting and Service Delivery					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
7.1.1	Although no public institutions are reported to have developed disability rights and equity commitment statements, the DTPS and DSBD are commended for their systematic approach to disability rights mainstreaming.	No progress was reported on the development of disability rights and equity commitment statements by public institutions.	No progress was reported on the development of disability rights and equity commitment statements by public institutions. However, the Dep of Tourism took measures to strengthen its accountability to disability mainstreaming.	No progress was reported on the development of disability rights and equity commitment statements by public institutions.	Indicator 7.1.1 requires the development of disability rights and equity commitment statement, with a 100% compliance target for 2015-2019. No public institutions are reported to have developed disability rights and equity commitment statements.
7.1.2	No progress report was received on the development of a	No progress report was received on the development of a	Multiple initiatives were taken to improve disability equitable budgeting, including the	Budget allocations for designated groups, of which Persons with	Indicator 7.1.2 requires the implementation of a disability equitable budgeting model. The target for 2015-2019 is a finalised and approved disability equitable budgeting model.

	disability equitable budgeting model	disability equitable budgeting model	NT initiated budget tagging framework, DWYPD review of Gender Responsive Budgeting to include youth and Persons with disabilities, and the NT's process of developing guidelines on expenditure tagging to track disability related expenditures in national budget allocations.	disabilities is one, are reported on. However, it is not clear how much of the budget is allocated to Persons with disabilities specifically.	It hasn't been reported that a disability equitable budgeting model has been developed and/or approved. Multiple initiatives were taken to improve disability equitable budgeting, mainly by linking it to gender-responsive budgeting and other budgets for designated groups. It is not clear what the impact of these initiatives has been.
7.1.3	DoT developed guidelines for Universal Design Access Plans	NDRM noted implementation challenges against established minimum guidelines, norms and standards.	No progress was reported on the development of national guidelines for Universal Design and Access Plans. The Dep of Tourism developed annual plans and purposeful interventions to empower vulnerable groups, including Persons with disabilities.	No progress was reported on the development of national guidelines for Universal Design and Access Plans.	Indicator 7.1.3 requires the development and implementation of funded Universal Design Access Plans within all public institutions, as an integrated component of their annual performance plans and/or IDPs. The 2015-2019 target was the development and approval of Guidelines for Universal Design Access Plans and 25% compliance with the guidelines. It is reported that DoT developed guidelines for Universal Design and Access – however, progress or impact has not been reported further. Any initiatives taken were minimal and were implemented on an ad-hoc basis.
7.1.4	Although there is no specific mention of incorporating universal design	NDRM Plenary noted that public service delivery procurements bids were issued	No progress was reported towards the incorporation of universal design	No progress was reported towards the incorporation of universal design	Indicator 7.1.4 requires the incorporation of universal design principles in procurement of goods, services and construction of infrastructure. All SLA's with state-owned enterprises must include a disability dimension

ID#	2016	2017/18/19/20	2021	2022	Comment
	principles in procurement of goods and services, DoT developed guidelines for Universal Access Plans which will aid towards the achievement of this indicator.	without a disability/universal access and design dimension, which was determined unconstitutional.	principles in procurement of goods, services and construction of infrastructure	principles in procurement of goods, services and construction of infrastructure	that contributes towards equitable outcomes for Persons with disabilities. The 2015-2019 target was 100% compliance. Very limited
7.1.5	No progress report was received on any review of programmes targeting equitable access for Children with disabilities.	No progress report was received on any review of programmes targeting equitable access for Children with disabilities.	No progress report was received on any review of programmes targeting equitable access for Children with disabilities.	No progress report was received on any review of programmes targeting equitable access for Children with disabilities.	Indicator 7.1.5 requires the review of all public and private institution programmes targeting children for access to Children with disabilities. The review had to finalised in 2015-2019 and a report with recommendations should have been tabled to cabinet. No progress was reported on the achievement of this indicator.
7.1.6	DSD started developing a costed framework for subsidisation of services aimed at Children with disabilities in rural communities	No progress was reported on the development of a framework for subsidization of Persons with disabilities in rural communities	No progress was reported on the development of a framework for subsidization of Persons with disabilities in rural communities	No progress was reported on the development of a framework for subsidization of Persons with disabilities in rural communities	Indicator 7.1.6 requires the provision of top-up budgets for service delivery in deep rural and isolated communities, to provide immediate basic services, infrastructure and enabling environments to Persons with disabilities. The target for 2015-2019 was the development and approval of a costed framework for subsidisation of services targeting Persons with disabilities in deep rural communities. Very limited progress has been reported. DSD started developing a costed framework for Children with disabilities in rural communities, however, progress has not been reported on since.
7.2 Disability Equitable Evidence informing Policy and Programme Development					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**

7.2.1	Stats SA, DSD and DPME, with support from the UNPRPD, developed the Disability Inequality Index (DII), which is the first in the world. DSD, supported by Gauteng DSD and UNPRPD, developed a disability disaggregation model to all provincial DSD offices.	Several measures were taken to standardise disability data and statistics. The DII was approved by cabinet and the prototype was developed and piloting began. . Stats SA formed the National Disability Advisory Group. Stats SA undertook several initiatives to improve and test existing ways of collecting disability data and made recommendations to improve the data collection strategy. DSD provided training on disability-disaggregation.	The Dep of Tourism reported that their Employment Equity Data is disaggregated into race, gender and disability.	DWYPD appointed a SP to harmonise disability rights policy and legislation and to develop a disability rights-based framework inclusive of all disability indicators.	Indicator 7.2.1 requires the standardisation of disability data and statistics by all public and private institutions. Disability disaggregation must be incorporated into statistics management systems where relevant. All research conducted on the general population covered in the WPRPD must be disability disaggregated. The 2015-2019 target was the development and approval of a national disability data and statistics strategy, centralised data system and costed implementation plan. Additionally, al MTSF reports and population surveys must include relevant disability disaggregated data. A lot has been done towards the achievement of this indicator, specifically by Stats SA. The development of the DII is essential, and the establishment of the Stats SA Disability Advisory Group. Efforts were focussed on gaining expertise and know-how on standardising disability data and statistics. However, a national strategy for data, centralised data system and costed implementation plan have not been developed yet.
7.2.2	No progress was reported on the development and implementation of a	No progress was reported on the development and implementation of a	No progress was reported on the development and implementation of a	No progress was reported on the development and implementation of a	Indicator 7.2.2 requires the development and implementation of a national research agenda for purposes of policy and programme development and tracking the reduction in inequality of Persons with disabilities. The 2015-2019 target was a costed and approved national disability research agenda for 2020-2030.

	national research agenda	national research agenda	national research agenda	national research agenda	No progress has been reported for this indicator.
7.2.3	DoJ&CD developed a centralised knowledge management system to ensure alignment of all disability-related information for all international treaty reporting. They also engaged the SAHRC on strengthening their capacity as independent monitoring mechanism (IMM)	No progress or impact was reported with regards to the centralised knowledge management system developed by the DoJ&CD. Several individual departments, including provincial departments, put measures in place to improve reporting on the WPRPD and the Disability Framework for Local Government. SRSA has institutionalised disability-disaggregation within its reporting template and registration system.	DoJ&CD supported SAHRC to strengthen their independent monitoring capacity. Additionally, they hosted two sittings to account and implement learning experiences from the European Study tour on the establishment of the IMM. DWYPD developed the disability COVID-19 tracker and the integrated disability reporting framework for the purpose of monitoring and tracking government departments.	The DWYPD completed the analysis of APPs of National Departments to ensure inclusion of women, youth and PERSONS WITH DISABILITIES, and produced a draft disability analysis report.	Indicator 7.2.3 requires the strengthening of reporting systems to include disability related reports, specifically for reporting on ratified international treaties the 2015-2019 goal was the development of a centralised knowledge management system for all disability-related information for international treaty reporting. The DoJ&CD reports developing a centralised knowledge management system – however, progress or impact has not been reported on after that. Reporting efforts and systems have been strengthened, albeit not just for international treaties.
7.2.4	DSD, supported by Gauteng DSD and UNPRPD, developed a disability disaggregation model to all provincial DSD offices. However, no	No progress was reported on the disaggregation of disability data to reflect gender statistics or disaggregation of	No progress was reported on the disaggregation of disability data to reflect gender statistics or disaggregation of	No progress was reported on the disaggregation of disability data to reflect gender statistics or disaggregation of	Indicator 7.2.4 requires the disaggregation of disability data to reflect gender statistics, and all gender-related data and statistics must be disaggregated according to disability. The target for 2015-2019 was that all disability related reports contain a gender dimension, and all gender-related reports contain a disability agenda. Although aggregation of data according to disability has been developed and championed, no progress is reported on the

	progress was reported on the disaggregation of disability data to reflect gender statistics or disaggregation of gender-related statistics to reflect disability	gender-related statistics to reflect disability	gender-related statistics to reflect disability	gender-related statistics to reflect disability	disaggregation of disability data according to other variables, such as gender.
7.3 Public Procurement and Regulation					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
7.3.1	No progress was reported on measures taken to ensure all public procurement processes comply with the concept of universal design	The Preferential Procurement Treasury regulations was promulgated in 2017	The NT provided a draft bill to the Minister of Finance to consult with the Minister responsible for women, youth and Persons with disabilities which includes policy directives in preferential procurement for institutions on spend by sex/gender, age and Persons with disabilities and SMMEs. The Dep of Tourism reported on the implementation of a system to track resource allocation to	NT and all provinces disaggregated overall spend according to suppliers with disabilities. No progress is reported on procurement procedures and processes	Indicator 7.3.1 requires that all public procurement and tender documents and processes must comply with the concept of universal design. The target for 2015-2019 was the development and approval of guidelines and 75% compliance. The data/information provided to report on this indicator is not in line with the indicator itself. Data reports on preferential procurement – not on the level of accessibility of products and services that are paid for with public money to Persons with disabilities. Therefore, progress on this indicator cannot be reported.

		disability inclusion, and reported that 0.5% of all expenditure went to Persons with disabilities.			
7.3.2	No progress was reported on measures taken to ensure that Persons with disabilities benefit equitably from social investment requirements attached to licensing regulatory environment	No progress was reported on measures taken to ensure that Persons with disabilities benefit equitably from social investment requirements attached to licensing regulatory environment	No progress was reported on measures taken to ensure that Persons with disabilities benefit equitably from social investment requirements attached to licensing regulatory environment	No progress was reported on measures taken to ensure that Persons with disabilities benefit equitably from social investment requirements attached to licensing regulatory environment	This indicator requires that Persons with disabilities must benefit equitably from the social investment requirements attached to the licensing regulatory environment. The 2015-2019 target was the equitable access to, and participation in, social investments flowing from licencing requirements for Persons with disabilities. No progress was reported on this indicator.
7.3.3	No progress was reported on state enterprises including a disability dimension into their SLAs.	No progress was reported on state enterprises including a disability dimension into their SLAs.	No progress was reported on state enterprises including a disability dimension into their SLAs.	No progress was reported on state enterprises including a disability dimension into their SLAs.	This indicator requires state enterprises to include a disability dimension into all SLAs. The 2015-2019 target was 100% compliance. No progress was reported on this indicator.
			7.4 Capacity Building and Training		
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
7.4.1	The NSG integrated the WPRPD into their existing disability	Five government departments provided some sort of training or	NSG implemented and provided an induction programme on breaking	The progress report only provides information on the	Indicator 7.4.1 requires the training of personnel that is responsible for frontline service delivery design and planning, budgeting, service delivery, administration of justice and M&E, on providing services to

	management training material for their disability management courses and workshops. NDRM recommended to create a specific course that is compulsory for all public servants and includes quality assurance measures. Multiple departments reported institutionalising regular sessions on the UNCRPD and the WPRPD for officials	capacitating opportunities to (some of) their officials the NSG has done particularly well. However, the NDRM notes that many initiatives exclude some of the impair groups (such as deaf persons, persons with visual impairments, etc.) and that the focus of training is often more on impairment rather than abilities.	barriers to public service, to both new and existing employees. The eLearning platform of the NSG aims to be fully accessible and usable to the widest range of users. The NSG made the five-day gender programme they organise accessible to all persons and 30 government officials with visual impairments were sponsored by UNFPA to attend. Several government departments reported organising regular sessions for officials on the obligations contained in the WPRPD and UNCRPD.	Dep of Tourism, which reports that two universal accessibility sessions were held in Quarter 3. No other progress was reported on.	Persons with disabilities in all public and private institutions. Additionally, disability equity and service delivery improvement training must be included din the annual continuous development programmes of all professional staff rendering services to Persons with disabilities. The 2015-2019 target was 50% of personnel completed at least one module on disability equitable service delivery. Progress has been made towards the achievement of this indicator, however it is unclear what the percentage of officials receiving training on disability equitable service delivery is and how many departments provided training overall. Some progress that is reported centres around the provision of training for officials with disabilities, not on training officials on disability issues. This data is not in line with the indicator itself.
7.4.2	No progress is reported on the establishment of training material and modules on disability in the learning spectrum outside of	No progress is reported on the establishment of training material and modules on disability in the learning spectrum outside of government departments.	No progress is reported on the establishment of training material and modules on disability in the learning spectrum outside of government departments.	No progress is reported on the establishment of training material and modules on disability in the learning spectrum outside of	Indicator 7.4.2 requires the inclusion of modules on disability in all education materials and courses and the inclusion of Persons with disabilities as trainers. The 2015-2019 goal was the development of disability equity and inclusion modules for inclusion across the learning spectrum. Even though training courses on disability have been provided by government departments, there has no progress in developing disability modules for the wider education spectrum.

government departments.			government departments.	
7.5 Strengthening Accountability					
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
7.5.1	Less than 50% of national departments and entities reported including disability outcomes in the 2016/17 performance contracts of senior managers. NDRM recommended that the relevant WPRPD policy directives are included in the MPAT and audited by the Auditor-General	No progress reported	Despite reports of the Dep of Tourism training managers and supervisors on disability inclusion, no progress was reported towards the inclusion of disability outcomes in performance contracts.	No progress reported	Indicator 7.5.1 requires the inclusion of disability outcomes in performance contracts of senior managers across the state machinery. The 2015-2019 target was the development and approval of guidelines for disability equity dimension and 100% compliance. Limited progress is reported on this indicator. There has been no mention of the development of guidelines or the level of compliance to these guidelines.
7.5.2	A legislative audit was conducted towards the domestication of the UNCRPD. culminating from this audit was a request for approval to the Ministry of Justice and Constitutional	No progress reported	The Ministry for the DoJ&CS approved the request to establish an expert committee to advise and consolidate public comments on the developments of the Disability Rights Bill. The first paper has been released by the SALRC	No progress reported	Indicator 7.5.2 requires the development and implementation of new disability specific legislation. The 2015-2019 target was the completion of the legislative audit and regulatory impact assessment and the development of draft legislation. The legislative audit was conducted in 2015, which led to the investigation into the development of a single or cross-cutting statute to give effect to disability rights. This led to the Disability Rights Bill proposal. The status of the bill is currently unreported.

	Development to request the SALRC to conduct an in-depth investigation into proposals for the efficacy of developing a single or cross-cutting statute to give effect to disability rights. The minister requested a briefing.		for public comments and stakeholder consultations was conducted in partnership with the DWYPD.	
7.5.3	It was reported that a lack of progress has been made towards assessing progress made in building the capacity of the State to effectively and efficiently implement the WPRPD.	No progress reported	No progress was reported	No progress reported	Indicator 7.5.3 requires the review of all existing legislation to ensure compliance with the UNCRPD. the target for 2015-2019 was to have reviewed all existing laws. Progress reported on this indicator is limited. It is unclear whether any legislation has been reviewed.

			Pillar Eight	
ID#	**2016**	**2017/18/19/20**	**2021**	**2022**	**Comment**
8.1	No mention of a review of existing agreements and disability inclusion.	No mention of a review of existing agreements and disability inclusion.	No mention of a review of existing agreements and disability inclusion. DWYPD entered into a bilateral agreement with	No mention of a review of existing agreements and disability inclusion.	Indicator 8.1 requires the inclusion of disability in all international engagements and agreements and Persons with disabilities should be trained to play a significant role in international diplomacy. The 2015-2019 target was the finalisation of the review of all existing agreements

			the Ministry of Social Justice and Empowerment and the government of India to cooperate in the disability sector. DWYPD and DIRCO participated in the 13th Conference of State Parties to the UNCRPD on behalf of South Africa.		and the development and approval of a strategy and implementation plan. There is no mention of a review of existing agreements in the monitoring information. However, it is well documented that South Africa is an active participant in international engagement and agreements around the disability sector, through active engagement with the UN and UNCRPD, forming international partnership and receiving training
8.2	South Africa participates in the Sessions of the Conference of States Parties to the UNCRPD, the development of the draft African Union Protocol on the rights of Persons with disabilities, and two panel discussion of the UN Social Forum.	South Africa participated in the 2nd meeting of the AU Specialised Technical Committee on Social Development, Labour and Employment and provided technical inputs into the AU Protocol on the Rights of Persons with disabilities.	DWYPD participated I n a SADC virtual meeting to present and discuss the draft Regional Indicative Strategic Development Plan.	DWYPD participated I the 14th conference of State Parties for the UNCRPD.	Indicator 8.2 requires supporting disability mainstreaming and strengthening participation in the Pan African Parliament, AU, SADC and other such organisations. The target for 2015-2019 was the development of a national strategy that is costed and has an approved implementation plan. No progress is reported on the development of such a national strategy. Continuous international cooperation and knowledge exchange has been reported.
8.3	The NDRM recommends that South Africa strengthens its strategies of exchanging	No progress was reported	DWYPD developed a draft strategy on international relations and cooperation that is inclusive of disability	No mention of the development and implementation of a national disability agenda on	Indicator 8.3 requires the development and implementation of a national disability agenda on international cooperation. The target for 2015-2019 was the development of a National Agenda for International Cooperation which is costed and approved.

	experience and models with other countries			international cooperation	No progress is reported on the development of such a National Agenda. Continuous international cooperation and knowledge exchange has been reported.