



women, youth &
persons with disabilities

Department:
Women, Youth and Persons with Disabilities
REPUBLIC OF SOUTH AFRICA



planning, monitoring
and evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA

Summary 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 Disabilities & Department of
Planning, Monitoring and Evaluations



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Title and Approval Page

Project Name:	Summary Report on the Implementation of the White Paper on the Rights of Persons with Disabilities
Report Title:	Summary Report
Report Status	Draft

	Department of Women, Youth and Persons with Disabilities (DWYPD) & the Department of Planning, Monitoring and Evaluations (DPME)
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Report Reference:	70035-20230918 WPRPD Summary Report		

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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
IUDF	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	Persons with Disabilities
RFP	Request for Proposals
SAHRC	South African Human Rights Commission
SALRC	South African Law Reform 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 the 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 MAIN MESSAGES OF THE REPORT

- The WPRPD is widely considered to be an appropriate, comprehensive and relevant policy document which has the potential to significantly impact the lives of persons with disabilities and their families in a positive way. It is well aligned to both international as well as domestic priorities, policies and laws regarding persons with disabilities and disability inclusion. However, some policies and laws in South Africa still reflect the medical model of disability and interventions emanating from these policies and laws will be counterproductive to the objectives of the WPRPD. All legislation must be reviewed through a disability lens and amended accordingly. Additional legislation must be developed to support the enforcement of the WPRPD. New and inclusive disability terminology must be developed as well. Without enforceable legislation, budget allocation, management, and accountability run the risk of falling victim to discretionary management.
- Leveraging cooperative governance systems and enabling various forms of intergovernmental relations will be beneficial to the effective implementation of the WPRPD. Many government departments work with partners in the disability sector, but the benefits of information sharing and dissemination are not fully utilised and should be encouraged and institutionalised. Sharing of information and best practices, conducting collaborative research and effective consultation with civil society must be encouraged and strengthened.
- While the positive impact the WPRPD has had on the lives of persons with disabilities cannot be denied, some persons with disabilities are left behind. The risk of compound marginalisation remains high. Affirmative action initiatives have been developed but are implemented on an ad hoc basis and only by select government departments. Intervention design should focus more on cross-cutting issues, such as gender equality, the meaningful participation of young people and equal opportunities for rural areas.
- Not enough evidence-based monitoring data is available to meaningfully report on the implementation of the WPRPD. Many targets included in the implementation matrix are not reported on and financial expenditure on disability inclusion is often combined with other programmes, making it difficult to assess whether value for money has been achieved. 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 must include accountability at all levels of implementation and by all partners including the beneficiaries. It is recommended that the DWYPD continuously workshops the implementation matrix with stakeholders.
- Existing initiatives are not considered sustainable in the current implementation context. The intervention is resource intensive, and 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, to ensure compliance. More communication, collaboration and consultation, is needed.

- The sector has skilled resources in positions of influence. Most public representatives hold 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.

2 EXECUTIVE SUMMARY

2.1 Introduction and Background

In 1992, after an extensive community-based consultative process, the Disability Rights Charter of South Africa was adopted. 1996 saw the further enshrinement of the rights of persons with disabilities in the Constitution of the Republic of South Africa, as well as the Bill of Rights. To ensure that the Constitution and the commitments contained therein were meaningful for persons with disabilities, an appropriate legislative and policy framework was established. In 1997, the Integrated National Disability Strategy (INDS) was launched. The INDS White Paper illustrated the Government's thinking on how to improve the lives of persons with disabilities and promote and protect their rights. The INDS underlined the importance of integrating disability issues into all government development strategies, planning and programmes, and acknowledged the intersectional nature of disability. The INDS was a predecessor to the White Paper on the Rights of Persons with Disabilities (WPRPD), which was approved by Cabinet in December 2015.

The WPRPD is an informative policy document that aims to accelerate transformation and redress regarding the inclusion, integration and equality of persons with disabilities in South Africa. 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 United Nations Convention on the Rights of Persons with Disabilities (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).

2.2 Overview of the Intervention

The WPRPD is based on the social/human rights model of disability, which focuses on the barriers and forms of discrimination that persons with disabilities encounter in society, rather than a medical/welfare model, which emphasises the 'inabilities' compared to capabilities of persons with disabilities and views them as passive recipients of care. This social/human rights model stipulates that disabilities are part of the diverse nature of human beings and a matter of social justice.

To give substance to the social/human rights model of disability, the WPRPD is composed of nine (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 the improvement of the lives of persons with disabilities and their families.

The WPRPD is a statement of commitment and not enforceable. The WPRPD can only have a positive impact if all stakeholders involved understand and take responsibility for their respective roles in its implementation. Thus, a coordinated and cooperative approach is required. Role-players include 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.

The Department of Women, Youth and Persons with Disabilities (DWYPD) is the national disability focal point and responsible for the National Disability Rights Coordinating Mechanism which sets the agenda on disability issues for all government spheres. The DWYPD is also responsible for the coordination of performance reports on compliance with the WPRPD, the Protocol to the African Charter on Human and People's Rights and the UNCRPD. The DWYPD also provides technical support to the different role-players to improve their implementation of and reporting on the WPRPD.

All government departments and institutions are expected to apportion a part of their overall budget to the implementation of the WPRPD. Additional sources of funding can be leveraged for the implementation of various aspects of the WPRPD by making use of conditional grants to fund projects related to infrastructure, transport, education and urban development. Government departments and institutions are also expected to monitor and report to the disability rights coordinating mechanism on progress made in the implementation of the WPRPD. Monitoring is done according to the statements and outcome indicators included in the implementation matrix. Impact is reported by the lead agency for each outcome indicator, as stated in the implementation matrix.

2.3 Brief Background to the Evaluation

The Implementation Evaluation of the WPRPD was conducted by Nemaï Consulting at the request of the DWYPD. The purpose of the evaluation was to (1) determine whether the goals and objectives of the WPRPD have been achieved, (2) identify emerging impacts resulting from the implementation of the WPRPD, (3) investigate whether value for money is being achieved, and (4) provide recommendations for improvement. A set of key evaluation questions were provided by the DWYPD which were centred around programme implementation and programme improvement themes.

2.4 Methodology

The evaluation includes four phases, namely (1) planning and design, (2) data collection and consultation, (3) data analysis, and (4) report writing. Both primary and secondary sources were used in the evaluation. The international principles for quality standards as defined by the Organization for Economic Co-operation and Development (OECD), namely relevance, coherence, effectiveness, efficiency, impact, and sustainability, informed the evaluation.

Secondary data was used to answer questions on the objectives, resources (human, financial, physical), activities; and institutional arrangements (implementation and governance structures) of the WPRPD. Literature reviewed includes research on the implementation of similar interventions in Zambia, Thailand, India, Malawi, Uganda, Namibia, Zimbabwe, Taiwan and Cyprus. The review of secondary data helped to assess how the implementation of the WPRPD is aligned to the implementation matrix and informed the development of the questionnaire, interviews and revised Theory of Change (ToC). The stakeholder workshop held on 24-25 January 2023 was the main source of input for the revised ToC, as the validity of the existing ToC was tested.

Primary data was collected through one-on-one interviews with key stakeholders. Through purposive sampling and consultation with the Project Steering Committee (PSC), a variety of stakeholders with varying levels of engagement in the implementation of the WPRPD were selected. A total of twenty-six (26) interviews were conducted and ninety-four (94) online surveys were distributed to all stakeholders included in the DWYPD stakeholder database. Sixteen (16) responses were received.

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

2.5 Key Evaluation Findings

Relevance - While varying views on the relevance of the WPRPD exist, the consensus is that the 9 Pillars of the White Paper are responsive to the changing and emerging development priorities in South Africa, and the WPRPD is appropriate as it is operationalised considering the uniqueness of the country.

Coherence - The WPRPD is aligned to international and continental policies on the rights of persons with disabilities. Despite some concerns regarding the misalignment of some policies and laws to the WPRPD, the WPRPD is generally considered compatible with other interventions in South Africa.

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

(1) Organisational Transformation

Focal Point - Most focal persons in government departments and non-state sectors had relevant expertise and experience in the disability sector. 82% of the public sector and 73% of non-state respondents were directly involved in the implementation 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 include disability inclusion principles such as accessibility, reasonable accommodation, and universal design.

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

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

Accountability of Duty-Bearers – While accountability is built into existing systems like the APP's, a lack of consequence management has created a lack of accountability of duty bearers.

(2) The Delivery System

The current delivery mechanism is not reaching all persons with disabilities. Three suggestions were made to expedite the implementation of the WPRPD, namely (1) full implementation, (2) restructuring to align with other policy frameworks aimed at achieving similar objectives and (3) testing the relevance of the WPRPD against best practices as identified by countries who have implemented similar policies.

(3) Achieving the Objectives

A disconnect exists between government and non-state partners on the achievement of the WPRPD objectives. While government officials agree objectives are being met, most non-state partners believe the opposite. The success of the implementation of the WPRPD is reliant on both parties aligning their understanding of how best to implement the WPRPD. There is also a difference in opinion between sector partners on the perception of what is being achieved and what is actually achieved.

Efficiency- A lack of specific disability legislation to ensure the compliance and accountability of role-players increases the implementation challenges of resources efficiency. Furthermore, existing data to determine if the WPRPD has yielded value for money is insufficient. 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 value for money. Most respondents could not provide an answer, as they felt that the implementation matrix was not implemented.

Financial value for money – Respondents indicated that financial reporting is not sufficiently disaggregated to report against the spend on the implementation of the WPRPD. These findings are supported by the secondary data and value for money was triangulated against the impact assessment.

Impact assessment – The majority of respondents agreed that the WPRPD has had a positive and meaningful impact on the lives of persons with disabilities, which would infer value for money.

Impact - All sector partners agree on the practical effects of the WPRPD in terms of employment, rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation principles. The implementation of the WPRPD has had a lasting positive impact on the lives of persons with disabilities.

Sustainability - Respondents reported mixed views on the sustainability of initiatives implemented as part of the WPRPD. Some argue that a lot of positives can be leveraged upon to realise sustainable disability inclusion, such as a collaborative space within the disability state machinery. However, most respondents across the sectoral divide argued that existing initiatives are unsustainable, considering the lack of intentionality within current implementation context and approach.

2.6 Recommendations

The following recommendations have been identified and organised according to thematic groups.

I. Legislative Framework

Recommendation 1: The findings of the 2015 audit of the laws and policies against the human rights model of disability, as mentioned in the first annual progress report on the implementation of the WPRPD, must be implemented.

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

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

II. Design and Implementation

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

Recommendation 5: The implementation matrix must be reflective of a results-based approach in line with the ToC. 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: Intervention design should focus more on cross-cutting issues, such as gender equality, the meaningful participation of young people and 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 their families, so that society is in agreement on how to continue the benefit flows of the WPRPD.

III. 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 and provide the necessary resources.

IV. 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.

V. Stakeholder Engagement

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

Recommendation 12: Develop and implement a Persons with Disabilities Engagement Plan to ensure their involvement in the prioritization, planning, implementation and monitoring of interventions.

VI. Capacity Development, Knowledge Sharing and Strengthening Partnerships

Recommendation 13: Strengthen the institutional capacities of all government officials, non-state actors and sector stakeholders involved in the implementation of the WPRPD and provide training on the implementation matrix, ToC and logical framework.

Recommendation 14: Increased exchange of information and experience between implementing agents should be encouraged. Best practices should be shared systematically with a wider stakeholder audience. DWYPD should develop its own information dissemination process. Partnership with NGOs and other organisations will enable the programmatic aspect of sustainability, in terms of the transfer of knowledge, institutional culture and capacity building through professional and soft skills training. The information dissemination process

must contribute to the ToC 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.

VII. Monitoring and Reporting

Recommendation 16: Strengthen current data collection methods to ensure the disaggregation, accuracy and consistency of monitoring data. The monitoring and reporting system must adopt an evidence-based approach.

3 MAIN SUMMARY REPORT

The White Paper on the Rights of Persons with Disabilities (WPRPD) is a policy document that aims to integrate South Africa's obligations contained in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Continental Plan of Action for the African (Extended) Decade of Persons with Disabilities, and the National Development Plan (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).

3.1 Purpose of the Evaluation

The Implementation Evaluation of the WPRPD was conducted by Nemai Consulting at the request of the Department of Women, Youth and Persons with Disabilities (DWYPD). The purpose of the evaluation was to (1) determine whether the goals and objectives of the WPRPD have been achieved, (2) identify emerging impacts resulting from the implementation of the WPRPD, (3) investigate whether value for money is being achieved, and (4) provide recommendations for improvement.

The key evaluation questions were centred around 3 key themes namely the (1) Programme Design, (2) Programme Implementation and (3) Best Practices.

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?

3.2 Methodology

3.2.1 Evaluation Methods

The evaluation includes four phases, namely (1) planning and design, (2) data collection and consultation, (3) data analysis, and (4) report writing. Both primary and secondary sources were used in the evaluation.

Secondary data was used to answer questions on the objectives, resources (human, financial, physical), activities; and institutional arrangements (implementation and governance structures) of the WPRPD. Literature reviewed includes published research on the implementation of similar interventions in Zambia, Thailand, India, Malawi, Uganda, Namibia, Zimbabwe, Taiwan and Cyprus. The review of secondary data helped to assess how well the implementation of the WPRPD is aligned to the implementation matrix and guided the development of the questionnaire, interviews and revised Theory of Change (ToC). The stakeholder workshop held on 24-25 January 2023 was the main source of input for the revised ToC, as the validity of the existing ToC was tested.

One-on-one interviews were conducted with key stakeholders. Through purposive sampling and consultation with the Project Steering Committee (PSC), a variety of stakeholders with varying levels of engagement in the implementation of the WPRPD were selected. A total of twenty-six (26) interviews were conducted and ninety-four (94) online surveys were distributed. Sixteen (16) responses were received.

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

3.2.2 Evaluation Criteria

The evaluation was conducted in line with the international criteria for quality standards as defined by the Organisation for Economic Co-operation and Development (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 extent to which the interventions are suited to the priorities and policies of persons with disabilities was assessed. The study considered whether the objectives of the WPRPD are still valid, whether the outputs of activities are consistent with the overall goal and attainment of the objectives of the WPRPD, and whether activities and outputs are consistent with the intended impacts and effects of the WPRPD.

Coherence – The compatibility of the intervention with other interventions at country and sector level was considered. Coherence was measured using background information on 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 extent to which the targets are achieved and/or likely to be achieved, the major factors influencing the implementation of the WPRPD, the effectiveness of the allocated resources in realising the outcomes of the WPRPD, and whether partnerships and cooperation measures with sector stakeholders are effective in achieving the targets included in the implementation matrix.

Efficiency – In evaluating the efficiency of the implementation of the WPRPD, the team considered whether 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 direct, indirect, intended and unintended impacts were considered.

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

3.2.3 Limitations to the Evaluation

The implementation of the WPRPD is a complex exercise that seeks to re-dress the marginalisation of persons with disabilities. The lack of comprehensive monitoring data at an implementation level limited the effectiveness of the evaluation. In many instances, information was ultimately obtained from the in-depth interviews (primary data). It was not possible to verify all statements made during the interviews.

3.3 Theory of Change

A ToC was developed by a wide range of stakeholders during the conceptualisation of the WPRPD in 2015. On 24 and 25 January 2023, the relevance of the ToC was tested during a workshop with key stakeholders at the DWYPD office in Pretoria. It was unequivocally accepted that the WPRPD and its vision remains as relevant today as it was seven years ago. Below is a narrative on the structure of the ToC.

3.3.1 Inputs and Assumptions

To realise the vision of the WPRPD, South Africa requires the dedication of resources, effort, and time. The inputs include approaches and resources. The WPRPD is a localisation framework of the UNCRPD and endeavours to domesticate the UNCRPD. Many sectors and institutions in South Africa have extensive institutional capacity based on years of inclusive institutional development which can be converted into inputs in the process of disability inclusion under the WPRPD.

Financial and human resources are essential elements of the inputs. All departments are expected to apportion a part of their budget for the realisation of the WPRPD. The private

sector, civil society and international organisations can be leveraged for the implementation of aspects of the WPRPD. Engaging with local and international experts is instrumental in the implementation of the WPRPD.

The conversion of these inputs into measurable outputs is based on several assumptions. Firstly, the efficiency of resource utilisation is key. Secondly, the existence of mature inclusive institutions will lower the implementation learning curve and ensure that lessons learnt in the implementation of similar programmes (i.e., gender, race, etc.) are applied. The context engagement with international and regional institutions and partners will also ensure that South Africa remains informed. Ultimately, stakeholder buy-in is necessary for any measurable outcomes to go beyond compliance to advocacy. Duty-bearers need to lead the migration from a medical/welfare model to a social/human rights model of disability. If such subjective conversion does not happen, any institutional change will have suboptimal results.

3.3.2 Activities and Outputs

Activities must target three key areas: social change, legislative change, and environmental change, including training and awareness campaigns. This will increase knowledge and target negative attitudes, prejudices and stereotypes. Legislatively, changes in policies and administrative frameworks in various sectors will be key to aligning the rules of the game with social change. As such, disability inclusion will effectively be enshrined in law and any contravention of such statutes will be prosecutable. Alignment of legislation should be guided by disability inclusive principles. Lastly, all infrastructure must be enabled for disability access. All buildings must be audited for accessibility. Activities must lead to measurable outputs. Firstly, training and awareness campaigns must be conducted with all targeted stakeholders. Secondly, all institutions must align their statutes with the WPRPD and contextualise the pillars according to their operations. Lastly, universal design should be adopted by all sectors and all old and new infrastructure should be compliant.

3.3.3 Outcomes

The objectives of the WPRPD are to transform the social, administrative, and economic contexts to enable accessibility to persons with disabilities. To achieve the short-term outcomes, it is essential to focus on changing mental models (knowledge, information, understanding and thinking). Training and awareness campaigns will ensure that participants have the correct information to shape their understanding of disability. The intermediate outcomes indicate changes in behaviours in individuals, groups and organisations. All institutions must actively incorporate persons with disabilities into their activities and adapt old and new infrastructure according to the principles of universal design. Only when these outcome levels have been realised can upper-level outcomes be anticipated. These indicate changes in the root challenges. Firstly, the exclusion of person with disabilities must be reversed. Secondly, economic vulnerability of persons with disabilities must be reduced. Thirdly, institutions must be accessible and accountable to persons with disabilities. Lastly, South Africa must actively engage in international and regional discourse on disability.

The ToC is a multi-stakeholder collaborative process that should evolve throughout implementation of the WPRPD. The DWYPD should continuously workshop the ToC in collaboration with partners/stakeholders and keep it updated for reporting purposes.

3.4 Literature Review & Document Analysis

The purpose of the literature review and document analysis was to analyse published research as well as WPRPD policy and reporting documents to (1) outline the history of disability inclusion from a global, African and South African perspective, (2) determine the design, institutional arrangements, resources and monitoring and reporting systems related to the WPRPD, to (3) conduct an international benchmarking study, and (4) to track progress made on the implementation of the WPRPD.

The international benchmarking study includes case studies from Zambia, Thailand, India, Malawi, Uganda, Namibia, Zimbabwe, Taiwan, Cyprus and other European countries. Progress was tracking through the analysis of annual progress reports, as well as the 2018 Concluding Observations on the Initial Country Report of South Africa and List of Issues as compiled by the UN Committee on the Rights of Persons with Disabilities. Both the international benchmarking study and progress tracking exercise culminated in several best practices that informed the design of the research instruments and sampling strategy, the updates to the ToC and the Evaluation Report.

3.4.1 History of Disability Inclusion

In the 1970's, several covenants and conventions were adopted to emphasise the individual's inalienable civil and political rights and the obligation of states to ensure their realisations, without specifically mentioning the rights of persons with disabilities. In 1975, the Declaration on the Rights of Disabled Persons was adopted. Its definition of disability still had vestiges of the "medical/social welfare model", which emphasises the 'inabilities' compared to capabilities of persons with disabilities, but the rights contained in the remainder of the Declaration ensured that persons with disabilities were increasingly viewed as social agents with human rights. 1981 was declared as the International Year of Disabled Persons (IYDPs). The major outcome of the IYDPs was the adoption of the World Programme of Action Concerning Disabled Persons (WPA) on 3 December 1982. The International Decade for Disabled Persons (IDDPs) 1983 - 1992 and the Asian and Pacific Decade of Disabled Persons 1993-2002 (UNDESA, 2018) were introduced. 3 December was declared International Day of Disabled Persons (UNDESA, 2018). The UNCRPD was adopted in 2006 as the prime instrument for advancing the fundamental rights of persons with disabilities.

Lower-income countries, and vulnerable people within those countries, have higher disability prevalence rates than higher-income countries (World Bank, 2011). This prompted a wide range of organisations to call for the African Decade of Persons with Disabilities (1999 – 2009). The Decade was extended to 2019. The African continent gave overwhelming support to the UNCRPD. Seven African countries were included in the design of the framework. 34 African countries have since ratified the convention (Dziva et al., 2018).

In 1992, the Disability Rights Charter of South Africa was adopted. In 1997, the Integrated National Disability Strategy (INDS) was launched, underlining the importance of integrating disability issues into all government development strategies, planning and programmes, and acknowledging the intersectional nature of disabilities. The INDS was a predecessor to the WPRPD which was approved by Cabinet in December 2015.

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

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 legislation and policy frameworks, to establish a "free and just society inclusive of all persons with disabilities as equal citizens" (Government Gazette, 4 No. 39792, 2016).

To give substance to the social/human rights model of disability, the WPRPD is composed of nine (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.

The WPRPD is a statement of commitment and can only have a positive impact if all stakeholders understand and take responsibility for their roles in its implementation and take a coordinated and cooperative approach. Role-players include 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.

The DWYPD is the national disability focal point and responsible for the National Disability Rights Coordinating Mechanism, the coordination of performance reports on compliance with the WPRPD, the Protocol to the African Charter on Human and People's Rights and the UNCRPD, and to support the role-players to improve their implementation of the WPRPD.

All departments are expected to apportion a part of their overall budget to the implementation of the WPRPD. Additional sources of funding can be leveraged by applying to conditional grants. Government departments and institutions are also expected to monitor and report to the DWYPD on progress made in the implementation of the WPRPD. Monitoring is done according to the statements and outcome indicators included in the implementation matrix.

3.4.3 Best Practice Scan

The international benchmarking study and tracking progress exercise culminated in several best practices as summarised in the table below:

Table 1. Best Practice Scan

Key Lesson	Description	Implications for the WPRPD
Domestication of the UNCRPD	<p>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.</p>	<ul style="list-style-type: none"> • 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 persons with disabilities is necessary.
	<p>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.</p>	
	<p>Insufficient understanding and clarification of the principles and obligations contained in the UNCRPD can cause problems during the implementation 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.</p>	
Legislative Framework	<p>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,</p>	<ul style="list-style-type: none"> • South Africa is to implement the findings of the legislative audit to

	<p>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.</p>	<p>align other laws and policies to the objectives of the WPRPD.</p> <ul style="list-style-type: none"> • Legislation is required to ensure accountability and enforcement of disability inclusion.
<p>Political Will</p>	<p>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 able to 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</p>	<ul style="list-style-type: none"> • All spheres of government must remain committed to the WPRPD and its policy directives.
<p>Participatory Approach</p>	<p>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 a 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.</p>	<ul style="list-style-type: none"> • 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.

	<p>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.</p> <p>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. Ebuanyi 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.</p>	<p>To ensure equity and inclusion of persons with disabilities into South African society, it is not sufficient to merely do things <i>for</i> them – instead, we must do things <i>with</i> them.</p>
<p>Whole of Society Approach</p>	<p>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.</p> <p>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</p>	<ul style="list-style-type: none"> • 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.

	<p>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.</p>	
<p>Accountability</p>	<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • Strengthen and capacitate monitoring bodies and mechanisms. • Ensure that legislation supports enforcement measures. • The WPRPD must have a strong results-based approach.
<p>Disability-Inclusive Data</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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.

3.5 Demographics of Sample

Interviews were conducted with government agencies, both at national and provincial spheres, as well as non-state actors. Organisations of and for persons with disabilities and researchers on disability inclusion were either interviewed directly or encouraged to complete the online questionnaire. Where possible, data was analysed separately for government and non-state stakeholders.

Respondents from the public sector were predominantly black South Africans (76%), with a few representations from other racial groups (White (12%); Indian (6%)). Most non-state actors were black (37%), followed by White, Indian and Other (18%), and Coloured (9%). This variability is only acknowledged for methodological transparency, as it was not meant (and could not be sufficient) to be used for multivariate analysis.

All respondents were categorised into three age-groups: <35, 35-50, >50. While 59% of government respondents were over 50 years old, 90% of non-state respondents were of over 50 years old. Considering that none of the respondents were younger than 35 years, voices of young people may not be sufficiently represented in the management of disability inclusion issues.

Female respondents made up the majority of respondents (government (59%), non-state (55%).

While 75% of the respondents did not have any disabilities, many were related to persons with disabilities.

3.6 Key Evaluation Findings

3.6.1 Relevance

During the evaluation of the implementation of the WPRPD, relevance was assessed through stakeholder perspectives on the continued relevance of the nine Pillars. While varying views on the relevance of the WPRPD exist, consensus is that the nine pillars of the WPRPD are responsive to the changing and emerging development priorities in the country and the WPRPD is appropriate and relevant to the South African context.

Most government respondents feel that all nine pillars of the WPRPD are still relevant within the South African context. The fact that persons with disabilities and their needs are disaggregated around various factors means that the pillars are significant in offering a holistic solution to their needs. As a form of domestication of the UNCRPD, the WPRPD is relevant in linking South Africa to national and international priorities. However, the pillars of the WPRPD remain relevant “Up until a review report is produced detailing improvements, challenges and remedial action ...”, and the review process is necessary to enhance the alignment of the WPRPD with other departments. Concern was expressed regarding the lack of departmental collaboration and information sharing. During the ToC workshop, participants from both the government and the non-state sector raised similar concerns.

Many non-state respondents agreed that the pillars are relevant, although opinions varied. It was noted that the WPRPD links South Africa to national and international disability priorities. However, close alignment to international priorities might cause the African culture to be overlooked. While the WPRPD was largely constructed by abled persons, the implementation of the WPRPD would have tested the relevance of it by persons with disabilities. However, the lack of implementation means that the lived experience is not fully understood and as such, the relevance of the nine pillars remains untested.

3.6.2 Coherence

Coherence was measured using background information about the priorities of the implementing departments and organisations, the positionality, role, experience, and duties of the respondents, as well as the overt inquiry on the alignment between the department and the WPRPD.

Interpretations of alignment of the WPRPD varied, with some commenting on alignment as implementation compliance, rather than the fit between extant organisational missions and the WPRPD. Insights from respondents 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). External coherence has three dimensions: (1) the alignment with national policy priorities, (2) the alignment with interventions implemented by other organisations within the country, and (3) the alignment with the international context.

In terms of internal coherence, most government respondents found that the WPRPD 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.

Most respondents believe that the departmental strategy and annual performance plan are disability blind, complicating the collation of performance information and statistical data to measure progress. COVID-19 highlighted these inconsistencies at policy and programme level. While the perception is that existing disaster management legislation and emergency programmes and protocols did not cater for the needs of persons with disabilities, the reality is that nine different guidelines, protocols and directions were issued during the COVID-19 pandemic to ensure the safety of persons with disabilities. Although most departments accept the importance of disability inclusion, there is no meaningful commitment to the implementation of the WPRPD, due to competing priorities in the departments.

Despite the consensus that the intention for better internal and external alignment with the WPRPD exists, a lack of coherence between the priorities and needs of persons with disabilities and existing interventions was noted. Additionally, it was argued that the rights of persons with disabilities stand a better chance of being recognised when programmes are implemented in isolation of existing policies and interventions, such as women and youth programmes. Lastly, the gap between programmes implemented by non-state organisations and government has widened, leading to further misalignment.

Internal coherence on the WPRPD was largely noted by non-state actors. According to these respondents, the WPRPD falls within their mandate and the WPRPD legitimises their work.

Regarding compatibility of the intervention with other interventions in the country, sector, or institution, respondents were divided, depending on their interpretation of the question. Some non-state actors appreciated the extant external and internal coherence of the WPRPD with global and national efforts. Other non-state respondents argued that there was room for improvement in aligning their institutional frameworks with the WPRPD. Most non-state organisations feel that a lack of co-ordination between the state and non-state organisations exists, hence, interventions implemented by both sector partners do not benefit from a shared approach and the approach is incoherent.

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 counterproductive to what the WPRPD hopes to achieve.

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

3.6.3 Effectiveness

The principle of effectiveness seeks to understand what has been done, what has been realised (results), and how has the intended and unintended results been realised on effectiveness. A total of four themes (organisational transformation, the delivery system, achieving the objectives, areas of excellence) were identified through the data collection process, and will be used to guide and structure the results.

Theme 1: Organisational Transformation

Organisational transformation is a responsive adjustment, by various implementing agents, comprising of structural and institutional changes to implement various components of the WPRPD. This involves (1) identifying responsible/dedicated personnel, (2) reviewing policies, standard operating procedures, budgeting and funding mechanisms, and (3) capacitation.

(i) Focal points

Most organisations placed the responsibility of overseeing the mainstreaming of disability inclusion within the deputy director level. Despite the advantages of placing disability inclusion mainstreaming at a senior level, being far from the 'implementation sites' may also compromise the quality of the implementation. Some believe that mainstreaming disability inclusion at a senior level has become a reporting function with very little input on designing and implementing meaningful interventions.

Occasionally, two focal persons are appointed in one department. While this indicates commitment, it has a risk of creating silos in which implementing stakeholders regard these as two different mandates.

Some departments have managed to establish “disability units” or “Directorates”, with a team that cuts across the whole function of the department. While still anchored by the deputy director, this model seems to come closer to the mainstreaming objective of the WPRPD.

Most focal persons in various government departments and non-state sectors have relevant expertise and experience within the disability sector and cognate sectors (diversity management, relationship management, social development). Some have relevant academic backgrounds, whereas others have been key drivers of the evolution of disability inclusion in South Africa since the early 1990s.

Most respondents in both the government and non-state sectors are very familiar with the WPRPD. 71% of respondents from the public sector and 82% of those from the non-state sector indicated that they were very to extremely familiar. 82% of the public sector and 73% of non-state respondents reported to have direct implementation experience of the WPRPD.

There is a fair diversity in which different public implementing agents chose to call their portfolios in charge of disability inclusion and mainstreaming. 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. The naming and special designation, while it saves to ensure compliance and implementation effectiveness, somehow defeats the mainstreaming purpose.

75% of public sector respondents reported to not have a disability, possibly indicating a gap in structural transformation.

Some progress was made by individual government departments to provide mechanisms for consultation with persons with disabilities and research was conducted on the level of self-representation by persons with disabilities. However, implementation has been conducted on an individual and ad hoc basis, 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.

(ii) Adapting Institutional Frameworks

Implementing agents are required to review and amend some of their institutional frameworks and standard operating procedures. Reformed policies include disability inclusion principles such as accessibility, reasonable accommodation and universal design.

In 2021, the Universal Design Access Framework was approved and the National Transport Policy White Paper was published in 2022. 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 disabilities has been noted, particularly due to a lack of sufficient reasonable accommodation in most of the public work’s projects. Forms of horizontal interdepartmental collaborations, forming implementation cohorts, were institutionalised.

Participation platforms for consultation with persons with disabilities have also been regularised. Lastly, some departments have put in place mechanisms for internal accountability when objectives related to disability inclusion are not met. However, most government officials were not clear on accountability of duty bearers.

Policy review and reform enabled the creation of various statutory structures, such as advisory committees and intergovernmental platforms. In addition to overarching departmental policies, various standard operating procedures were also adapted to accommodate the implementation of WPRPD.

All respondents confirmed that the WPRPD was aligned to their organisation's work and the majority confirmed that, as focal persons, they 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 those who were involved in its design. This may need a further focused survey to determine the exact problem with the implementation matrix and the extent to which this is the case for all implementing agents. It may also indicate the need to further capacitation of relevant stakeholders, or the need for the matrix to be amended.

Several non-state actors reported that the review and reform of various policies to incorporate disability inclusion priorities did not lead to these changes being implemented. As such, the issue of policy compliance was raised several times.

Many respondents in both the government and non-state sector reported a lack of political will to highlight disability inclusion.

It must be noted that the scepticism of non-state sector 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 the existence of institutional adaptation in response to the WPRPD.

(iii) Accessibility: Principles of Universal Design and Reasonable Accommodation

Departments are mandated to realise various objectives, including enabling accessibility. 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). 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.

It was argued that 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. The importance of accessibility assessments was also highlighted.

Non-state stakeholders argued that, while the WPRPD is clear on the principle of accessibility, very little has been visibly done from implementing departments. However, most participants

did acknowledge the presence of review and reform processes in various public sector organisations, to align institutional frameworks with the mandates contained in the WPRPD.

(iv) Planning, Designing, Budgeting and Implementation

Planning and budgeting processes must be reformed to ensure compliance with the WPRPD.

Both national and provincial government departments practice disability responsive budgeting and access additional funding from Treasury. There must be conceptual clarity based on the disability inclusion model advocated for by the WPRPD. Some respondents seem to suggest that disability responsive budgeting must just include some 'special' money for persons with disabilities within a government environment. Accessibility as a principle of disability inclusion 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 universal design and reasonable accommodation. Monitoring reports seem to indicate that there is very little spend on the implementation of programmes aligned to the WPRPD, but available data is limited.

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

(v) Accountability of Duty-Bearers

According to the WPRPD, realising disability inclusion in South Africa includes building a disability equitable state machinery, and the responsibility is put with senior managers and duty bearers. 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.

Most respondents across the sample stated that compliance reporting mechanisms are in place. However, there is no accountability for lack of performance and/or compliance.

Responses from public sector respondents took two trajectories: the existence of regulations, and the practice on the ground. Some described a public service performance management system or quarterly assessments that required senior management to account for certain objectives, including disability inclusion. The same seemed to be the case in provincial government systems. Some departments have individual performance agreements, which are occasionally assessed.

87% of public sector respondents confirmed that the implementation of WPRPD is part of performance reporting in their organisations. Some respondents reported that while disability inclusion is part of performance plans/agreements for senior managers, they are not close to the implementation sites and, therefore, unaware of the situation on the ground. Compliance also remains an issue. While 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*.

While a lack of progress reporting was reported, respondents argued that the targets in the WPRPD are unattainable, based on the current resource allocation. If the WPRPD is prioritised into manageable actions, the budgets will follow and there will be more accountability for non-performance.

(vi) Capacity Building

Section 6.7.1.4 of the WPRPD speaks to the need to capacitate the state machinery to enable effective implementation. The two directives of capacity building include: *(a) training personnel on providing services to persons with disabilities, and (b) including modules on disability in all education materials and courses* (WPRPD, 2015, Section 6.7.1.4).

When asked about the institutionalisation of capacity building regarding disability inclusion, some spoke about regulations within their departments, while others spoke of *ad hoc* departmental practices. Several respondents reported to having received training. However, it was not clear whether departmental frontline staff is also trained in the inclusive education programme. On the other hand, many respondents from national government did not know whether capacity building was undertaken.

The haphazard and *ad hoc* nature through which capacity building for disability inclusion is handled may be viewed as cause for serious concern. 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 personnel and programming comes to implementing agencies.

Almost all non-state sector actors agreed that government does not engage enough with the support provided by their organisations.

Theme 2: The Delivery System

The delivery system of a programme or policy is also referred to as the service utilisation plan, which deals with 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 disabilities access the services – is a vital component, and assessing it is the goal of implementation evaluation

(Rossi et al., 2004). Section 6.6¹ 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.

According to several respondents the collaborative engagement with representatives of persons with disabilities have 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.

Pilot projects are being conducted with government departments at different spheres of government to assess the accessibility of public infrastructure. The reality that concepts used in disability inclusion generally, and accessibility specifically, may not be familiar to all public sector officials was acknowledged. However, limited budgets seem to be a hinder the implementation of 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.

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. In addition, the urgent need for accessibility in public service infrastructure, like clinics, is not sufficiently addressed.

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

Theme 3: Achieving the Objectives

(i) 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 ...”

When asked to rate the implementation of the WPRPD, most respondents confirmed that the objectives of the WPRPD have been moderately achieved. Between 38% and 56% of respondents assessed all nine objectives as modestly achieved. 56% of the public sector

¹ Pillar 6: Strengthening the Representative Voice of Persons with Disabilities (WPRPD, 2015, Section 6.6)

respondents thought the WPRPD had provided a mainstreaming trajectory for realising the rights of persons with disabilities. 50% of respondents thought the same about the clarity provided by the WPRPD for guiding the development of standard operating procedures. 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 WPRPD had met all expectations in doing so. Only 13% of respondents thought that the WPRPD had not at all been helpful in either guiding the development of standard operating procedures or gender mainstreaming. 69% of government respondents thought the WPRPD has moderately achieved the realisation of the nine objectives. 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 non-state actors thought four out of nine objectives had been achieved as intended through the enablement of the WPRPD. At least 20% of the respondents thought that the WPRPD had 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.

A disconnect exists between government and its non-state partners on achievement of the objectives of the WPRPD. This is concerning since both groups 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. Measurable change has occurred since the implementation of the WPRPD, although some may argue that progress is slow and protracted.

(ii) Implementation Matrix

Understanding of the WPRPD is crucial for its successful implementation.

Most participants are familiar with the WPRPD (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 WPRPD. Only 75% of public sector respondents confirmed that the matrix was clear and practical, compared to 50% of non-state actors, leading to some implementing agencies only implementing what they believe they can achieve.

According to some, the fact that the outcomes and targets are explicitly stated makes it easy to follow and implement the WPRPD. 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. They could not suggest what aspects of the implementation should be changed, which may be the result of a lack of understanding of the implementation matrix.

Theme 4: Areas of Excellence and Improvement

Successes related to the WMPR are the actual existence of the WPRPD, which domesticates the UNCRPD, the availability of the 'disability budget', even though there are still challenges with the legislation, and the appointment of disability focal persons and teams in implementing agencies. While a lot needs to be done in terms 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 the establishment of advisory committees within the public, private, and public-private partnership spaces.

Significant work has been done within the service utilisation plan, including preferential procurement, protected employment, and accessibility (universal design and reasonable accommodation). A lot remains to be done to ensure access to public infrastructure and services, however, work is visible across the spheres of government.

Challenges within the implementation process exist, 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 value timeliness in realising the WPRPD mandates. There also seems to be lack of disaggregation and application of intersectionality in the implementation of the intervention. As such, some respondents note that different groups of persons with disabilities may still be left out of the process. Rural areas do not receive similar attention as urban areas in terms various interventions for persons with disabilities. 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.

Many respondents report inconsistencies in the reporting requirements and a lack of feedback, limiting opportunities for self-correction and creating 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 throughout the current implementation model.

3.6.4 Efficiency

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 evaluation, the first two forms of efficiency were assessed. However, the timelines were assessed. The tracking progress section illustrates 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 questions² were used to assess the availability and use of resources to realise results.

Resource (Economic) Efficiency

While there is no specific budget allocated to the implementation of the WPRPD *per se*, implementing departments have received additional resources. 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.

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 considered timeliness of implementing disability inclusion. 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.

Even though the allocation and prioritisation of what the disability budget is spent on 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). Some departments have realised positive results – even though it may be too early to judge their sustainability.

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.

Factors Affecting Efficiency

The lack of specific disability legislation is cited by many as an impeding factor to efficiency. 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 disabilities and partnerships with various civil society. Without legislation to enforce compliance, any initiative in that regard will be vulnerable. The

² 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?

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.

Key Learnings or Best Practice

One of the key learnings, as a zone of avoidance, has been leveraging of cooperative governance systems and enabling various forms of intergovernmental relations. According to most respondents, the partnership between the lead agency and other implementing agencies could be expedited. Information sharing on the implementation process across various departments can be encouraged and institutionalised to 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 the WPRPD. 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. Considering the spirit of the contribution by many participants, including non-state actors, implementers in the public sector must also be accountable to non-state stakeholders, particularly organisation of/for persons with disabilities. In other words, the implementation of the WPRPD should include a self-regulation approach.

3.6.5 Impact

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. As such, respondents were asked several questions on the anticipated significance and transformational change that may occur as a result of successful implementation of the WPRPD. As such, three questions were asked to this effect.

Almost all respondents across sectors agreed that the implementation of the WPRPD has instigated positive and transformative change in South Africa. The process of domesticating the UNCRPD and updating the NSDI (1997) caused public sector organisations, the private sector and civil society to increasingly consider the existential realities of persons with disabilities in South Africa.

The implementation of the WPRPD has instigated the establishment of a disability state machinery 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 effects on the lives of persons with disabilities.

Only two respondents cited 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 persons with disabilities as a burden, since retrofitting buildings is expensive.
- Persons with disabilities are grouped with vulnerable people which perpetuates the perception that persons with disabilities are incapable of contributing to society.

The practical effects of the WPRPD in terms of employment and rehabilitation of infrastructure and adaptation of public service in line with reasonable accommodation are widely recognized, despite the fact that persons with disabilities have not been adequately incorporated into the senior management of public and private organizations.

3.6.6 Sustainability

In responding to whether the initiatives being implemented under the WPRPD were sustainable, respondents had mixed reactions. Some argued that there was a lot of positives that could be leveraged upon to realise sustainable disability inclusion. However, most respondents across the sectoral divide argued that current initiatives were unsustainable.

The intervention is resources intensive, and more funding and funding modalities would help sustain the positive effects of disability inclusion. The accountability of duty-bearers should be increased and expanded upon to the private and civil society sectors to ensure compliance, possible through the establishment of an independent monitoring mechanism. The need to progressively include persons with disabilities in decision-making fora and grant them equal access to various aspects of the intervention was also recognised. However, another national government official offered an insightful response that considers the economic, social, and environmental contexts of South Africa,

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 on disability cannot be underestimated, highlighting the need for more communication, collaboration and consultation, as well as accountability. Organizations of/for persons with disabilities must be included in the implementation coalitions and receive the necessary capacitation.

Based on the information reviewed, the implementation of the WPRPD in its current form is unsustainable.

3.6.7 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 have 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).

The quality of personnel working in the public sector in charge of implementing the WPRPD should be commended. All public representatives had significant 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, the age of the public representatives (60% above 50 years) must be reviewed to include more young people. In addition, 75% of respondents did not identify as persons with disabilities. Given the objective of enabling self-representation by persons of disabilities, this finding is significant.

Collaborative spaces created within various implementation agencies must be encouraged and expanded upon. Concern was also raised on the seeming silo operation of the lead agency, and suggestions were made to increase 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 civil society was suggested as remedial actions. Some representatives from non-state sector noted more substantial collaboration with umbrella organisations, such as the South African Disability Alliance (SADA) and suggested similar arrangements within WPRPD implementing agencies.

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 and mechanisms of transparency and accountability must be expanded.

3.7 Conclusions

3.7.1 Relevance

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

The nine pillars of the WPRPD target the three key areas of significance in effecting change towards disability inclusion, namely: social (attitudinal) change, legislative (administrative) change, and environmental (infrastructure) change. Hence, the WPRPD is relevant if 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 disability priorities, and aligning the country to the continental efforts to “Leave No One Behind” and enable the realisation of Human and Peoples’ Rights. Thus, making the nine pillars of the White Paper relevant in all settings.

Conclusion 3: Despite the WPRPD alignment to many national priorities, there is room for improvement.

The voices of young people may be underrepresented in the management of disability inclusion issues. Also, most projects are implemented in urban areas. Persons with disabilities residing in rural areas may be left out from the inclusion, rights, dignity and fundamental freedoms provided by the WPRPD.

The WPRPD is aligned to national priorities, but concerns were raised regarding the lack of alignment between the WPRPD and internal departmental policies and priorities. Lack of enforcement creates room to divide attention away from implementing the WPRPD to focus on competing priorities.

3.7.2 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 to international developments around the principles of “Leave No One Behind”, as well as work done by governmental 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. Hence, interventions emanating from these policies and laws will be counterproductive to what the WPRPD aims to achieve.

3.7.3 Effectiveness

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

Programmes emanating from the WPRPD have 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.

Successful initiatives were implemented to reach beneficiaries, including initiatives to determine social security benefits and subsidisation of services targeting children and persons with disabilities.

The risk of compounded marginalisation and challenges faced by vulnerable groups with disabilities, such as women and girls, is persistent. No progress was reported on the accessibility of HIV/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 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.

Without enforceable legislation, budget allocation, management, and accountability run the risk of falling victim to discretionary management. Also, the lack of standardised disability related terminology threatens the human rights model of disability in the country. Furthermore, there is growing concern regarding the existence of guardianship and mental health laws in South Africa. There has been no progress on the legislative review or the development and appeal of legislation.

3.7.4 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.

Annual progress reports published between 2016 and 2022 contain consolidated data supplied by individual government departments on the implementation of the WPRPD. Reporting data is incomplete and sporadic. Also, there is little evidence to support the data that is included in the annual report. Many targets are not reported on and financial expenditure on disability inclusion is often combined with other programmes. 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 marginally increased since 2015. The South African government increased the affirmative action target to 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 must profit equally from public procurement. Multiple support initiatives for SMMEs have been rolled out, such as the Amavulandela funding scheme.

3.7.5 Impact

Conclusion 11: The WPRPD has had a positive impact on the lives 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 implementation of the WPRPD has instigated the creation of a disability state machinery – including government departments (focal persons), disability inclusion experts, and organisations of persons with disabilities, engendering the implementation of programmes and regulations (protected employment, preferential procurement, budget rations, accessibility (universal design and reasonable accommodation)) with overall positive cumulative effects of the lives of persons with disabilities in South Africa. 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, subsequently “tempering the stereotypes associated with persons with disabilities”.

While various implementing agencies may be struggling to realize 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.

3.7.6 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 WPRPD.

Most respondents across sectoral divide argued that existing initiatives were unsustainable in the current implementation context. It was acknowledged that the intervention is resource intensive, and 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, to ensure compliance. More communication, collaboration and consultation, is needed.

3.7.7 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 hold 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 upon. Sharing of information and best practices, conducting collaborative research and effective consultation with 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, 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.

3.8 Recommendations

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

3.8.1 Legislative Framework

Recommendation 1: The findings of the 2015 audit of the laws and policies against the human rights model of disability, as mentioned in the first annual progress report on the implementation of the WPRPD, must be implemented.

Recommendation 2: Develop specific disability legislation that supports enforcement.

Recommendation 3: Develop and implement new disability related terminology.

3.8.2 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. The conceptual design of all interventions flowing from the implementation matrix must include outcome indicators that can be tracked. In addition, the implementation matrix must 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.

3.8.3 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 independent monitoring function.

3.8.4 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.

3.8.5 Stakeholder Engagement

Recommendation 11: Develop and implement a comprehensive awareness campaign.

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.

3.8.6 Capacity Development, Knowledge Sharing and Strengthening Partnerships

Recommendation 13: Institutional capacities of all 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. Lessons learnt and success stories should be shared systematically with a wider stakeholder audience. The DWYPD should develop its own information dissemination process. Cultivated partnership with NGOs and 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 ToC's 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.

3.8.7 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. Monitoring and reporting systems must adopt an evidence-based approach.

4 REFERENCES

- Brehmer-Rinderer, B., Zigrovic, L., Naue, U., & Weber, G. (2013). Promoting Health of Persons with Intellectual Disabilities Using the UN Convention on the Rights of Persons With Disabilities: Early Implementation Assessment in Spain and Hungary. *Journal of Policy and Practice in Intellectual Disabilities*. <https://doi.org/10.1111/jppi.12018>
- Chanay, P. (2020). An institutionally Ableist State? Exploring civil society perspectives on the implementation of the convention on the rights of persons with disabilities in India. *Journal of Civil Society*, 16(4), 372–392. <https://doi.org/10.1080/17448689.2020.1852824>
- Chang, H. (2007). Social Change and the Disability Rights Movement in Taiwan 1981-2002. *The Review of Disability Studies: An International Journal*, 3. <https://scholarspace.manoa.hawaii.edu/handle/10125/58303>
- Chibaya, G., Naidoo, D., & Govender, P. (2022). Exploring the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in Namibia. Perspectives of policymakers and implementers. *South African Journal of Occupational Therapy*, 52(1), 16–23. <https://doi.org/10.17159/2310-3833/2022/vol52n1a3>
- Chiu, W. T., Yen, C. J., Teng, S. W., Liao, H., Chang, K. H., Chi, W. C., Wang, Y. F., & Liou, T. H. (2013). Implementing disability evaluation and welfare services based on the framework of the international classification of functioning, disability and health: experiences in Taiwan. *BMC Health Services Research*, 13(1). <https://doi.org/10.1186/1472-6963-13-416>
- Cleaver, S., Hunt, M., Bond, V., & Lencucha, R. (2020). Disability Focal Point Persons and Policy Implementation Across Sectors: A Qualitative Examination of Stakeholder Perspectives in Zambia. *Public Health*, 8, 496. <https://doi.org/10.3389/fpubh.2020.00496>
- Department of Social Development (DSD). (2017). First Annual Progress Report on the Implementation of the White Paper on the Rights of Persons with Disabilities.
- Dziva, C., Shoko, M., & Zvobgo, E. F. (2018). Implementation of the 2006 Convention on the Rights of Persons with Disabilities in Zimbabwe: A review. *African Journal of Disability*, 7. <https://doi.org/10.4102/ajod.v7i0.389>
- Ebuenyi, I. D., Smith, E. M., Munthali, A., Msowoya, S. W., Kafumba, J., Jamali, M. Z., & MacLachlan, M. (2021). Exploring equity and inclusion in Malawi's National Disability Mainstreaming Strategy and Implementation Plan. *International Journal for Equity in Health*, 20(18). <https://doi.org/10.1186/s12939-020-01378-y>
- Jost, C., MacDonald, M., & Khanna, S. (2022). A community-based evaluation of disability resources and inclusion practices in rural Botswana. *Disability and Health Journal*, 15(3), 1–10. <https://doi.org/10.1016/j.dhjo.2022.101275>
- Kakoullis, E. J. (2019). Monitoring mechanisms designed to serve persons with intellectual disabilities: exploring the implementation of Article 16 CRPD in Cyprus. *International Journal of Law in Context*, 15(1), 33–50. <https://doi.org/10.1017/S1744552318000101>

- Kamga, S. D. (2016). Disability Rights in South Africa: prospects for their realisation under the White Paper on the Rights of Persons with Disabilities. *South African Journal on Human Rights*, 23(3), 569–580. <https://doi.org/10.1080/02587203.2016.1264109>
- Mac-Seing, M., Ochola, E., Ogwang, M. D., Zinszer, K., & Zarowsky, C. (2021). Policy Implementation Challenges and Barriers to Access Sexual and Reproductive Health Services Faced By People With Disabilities: An Intersectional Analysis of Policy Actors' Perspectives in Post-Conflict Northern Uganda. *International Journal of Health Policy and Management*. <https://doi.org/10.34172/ijhpm.2021.28>
- Malungo, J. R. S., Nabuzoka, D., Paul, R., & Sachingongu, N. (2018). *Qualitative Study from Zambia on Barriers to and Facilitators of Life-Long Learning (Summary of Results)*. Ministry of Community Development and Social Services.
- Nkhata, M. J. (2019). Access to Justice for Persons with Disabilities in Malawi: Exploring Challenges and Possibilities in the Criminal Justice System. *African Disability Rights Yearbook*, 8, 124–149. <https://doi.org/10.29053/2413-7138/2020/v8a6>
- Srisuppaphon, D., Sriboonroj, A., Riewpaiboon, W., & Tangcharoensathien, V. (2017). Effective implementation of the UNCRPD by Thailand State Party: challenges and potential remedies. *BMC International Health and Human Rights*. <https://doi.org/10.1186/s12914-017-0123-5>
- Tigere, B., & Moyo, T. (Eds.). (2019). *Actualizing the Rights of People Living with Disabilities (PERSONS WITH DISABILITIES) in Development Policies, Planning and Programming in Africa: A Review of Selected Country Experiences (4th ed.)*. Annual International Conference on Public Administration and Development Alternatives.
- World Bank & World Health Organisation. (2011). *World Report in Disability*. World Health Organisation.