

# DPSA

## POCKET GUIDE ON DISABILITY EQUITY

### AN EMPOWERMENT TOOL

IN SUPPORT OF THE AFRICAN DECADE OF DISABLE PERSONS

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## Foreword by the DPSA NATIONAL CHAIRPERSON

Have you committed yourself to the building of one nation where all south Africans are able to contribute to the reconstruction and development of our country?

Are you however not always sure how to approach the inclusion of people with disabilities in these activities?

Then this Pocket Guide was written for you, as it aims to provide you with information about disability as a human rights and development issue.

Who is Disabled People South Africa?

DPSA came about as a direct result of the double-discrimination disabled black South Africans were facing under the Apartheid regime, and was therefore part of the broader liberation struggle since the organisation was born. Our strategy of mobilising and organising people with disabilities during the 1980's and early '90's was therefore based on the concept of resistance against oppression on the basis of race, and secondly on the basis of disability.

This provided us with the opportunity to conduct a significant amount of political education among our membership, and thereby building a strong cadre of disabled activists. It also enabled us to mobilise among the masses of our people, and in particular among people with disabilities living in the deep rural and impoverished per urban townships of South Africa. We spent a lot of time and resources during this period to listen to the frustrations, aspirations and ideas of disabled people on the ground.

The first message we delivered in our negotiations with the African Congress during the early '90's was about our right to speak for ourselves – that of **self-representation**. The second message was about **integration and full participation**, which linked to the ANC's message of nation building. The third message DPSA popularised was that the human rights - and therefore advocacy was predominantly a **cross disability** issue, and that service delivery was primarily a **disability-specific** issue.

This opened the door to **deployment** of disabled activists into key positions in government after the African National Congress came into power in 1994.

This in turn provided DPSA with the unique opportunity of providing leadership and guidance to the ANC-led government that would ultimately ensure that disability was approached from a human rights and development, rather than a welfare approach.

DPSA's years of building a strong cadre of disabled activists were finally beginning to pay dividends, as the opportunities to deploy activists with different disabilities into strategic positions increased.

We subsequently managed to deploy, in consultation with the African National Congress-led government, disabled activists into, among others, the SA Human Rights Commissions, the Commission on Gender Equality, the National Youth Commission, the South African Broadcasting Corporation Board, the Board of the National Development Agency, the Public Service Commission, the National Economic Development and Labour Council, and so advocate for the inclusion of a Deaf person on the Pan South African Language Board to strengthen the development of South African Sign Language as an official language. The majority of personnel in the office on the Status of Disabled Persons have come through the ranks of DPSA, providing an essential rights perspective within these offices. These deployed activists have different disabilities, ensuring that there is a constant sensitisation around the issues of specific disability groups.

The second term of the ANC in government saw 6-disabled ANC Members OF Parliament, one disabled ANC member of the National Council of provinces, and another 3 disabled ANC members of Provincial Legislatures taking the struggle forward. A conscious decision was once again taken to ensure that this group was constituted of people with different disabilities – 4 have visual disabilities, one is Deaf, and 5 have physical disabilities. The December Municipal Elections will herald in a new era in local government in South Africa. There is therefore an urgent need to place disability issues strategically at local government level. Mayors of the six metropolitans will for example have similar powers than provincial premiers. DPSA is looking at not only gaining political power for our constituency, but also administrative power at local government level.

Our successes to date have reconfirmed that people with disabilities cannot achieve transformation alone – disability discrimination is about the attitudes of leaders and society as a whole. We therefore need the support of ALL leaders and decision-makers at ALL levels to consciously focus on the eradication of all forms of discrimination against people with disabilities, and the promotion of a society for all.

We believe that this pocket guide will assist you in carrying out this daunting task.

Forward ever, backward never!

**Louis Nzimande**  
**DPSA national chairperson**  
**ANC member of parliament**  
**September 2001**

## HOW TO USE THIS EMPOWERMENT TOOL

This pocket guide has been developed to assist public representatives, policymakers, service providers and leaders of people with disabilities with the promotion of the rights of people with disabilities as equal south African citizens by providing a 'one-stop' information tool on the international and national institutional and legislative contexts within the disability rights movement operates.

Direct links have been created to key disability websites and documents that are available on the internet. The reader can therefore either click on the link provided if working from a computer, or alternatively connect to the relevant document or website by referring to the website address contained in the references list at the end of each chapter. Some of the documents that are hyper linked have been saved in the portable document format (.pdf). To view and print pdf files, you need to download and install the free acrobat reader from adobe. The most current versions of the acrobat reader are downloadable from the adobe www site (<http://www.adobe.com/prodindex/acrobat/reastep.html>) at no cost.

Printed copies of the relevant documents can also be obtained directly from the DPSA Parliamentary Offices. Please refer to the Resource List IN Chapter 11 for contact details. Readers requiring Braille, Large Print, electronic or Audio-cassette copies should contact the Parliamentary Office.

Readers are welcome to use the information contained in this pocket guide freely , providing that acknowledgment is given, where relevant, to the DPSA Pocket Guide as a general source, in addition to the specific article.

This Pocket Guide should be read in conjunction with the White Paper on an Integrated National Disability Strategy.

# 1 DEFINITIONS AND TERMINOLOGY

## Disability Definitions, Models and Terminology

### **Why the need to define disabled people?**

People with disabilities have for some time now struggled with the issue of defining disability. Policy –makers and service providers are usually quick to point out not only the advantages, but in the fact necessity, of categorising disabled people into clearly defined groups for the purposes of service delivery, education, social security, employment equity etcetera. Experience over the years however taught people with disabilities that definitions tend to become mechanisms that are used to exclude and marginalize disabled people, rather than enabling tools for positive action, development and social integration.

People with disabilities are the only oppressed group that has to be put through often intimidating and humiliating processes in order to identify who they are. Women and black people both target groups for affirmative action as oppressed groups- are for example not required to go through a classification process to determine whether they indeed are black or female enough to qualify for positive measures.

Disabled peoples' International (DPI), the international assembly of disabled persons, in one of their submissions to the WHO during the revision process of the ICIDH-2, noted that there would be no need to classify people with disabilities in a perfect world. The organisation however acknowledged that, for the purpose of statistics, assessment for services and programmes, and above all for non-discrimination legislation, there are indeed some that need to have a definition of whom people with disabilities are and what the challenges and barriers are that they experience. DPI therefore reluctantly accepted that some sort of classification or analysis of disablement is necessary. But the crucial point for DPI was that any classification of people with disabilities or their situation must be made in the social context.

### **What is Disability?**

There are many definitions and descriptions of 'Impairment', 'Disability' and 'Handicap'. (Refer to the World Programme of Action) The World Health organisation built on the definitions by developing the International Classifications of Impairment, Disability and Handicap – the ICIDH – in the 1980's.

It is however important to note that the international disability rights movement never really accepted these definitions, as they were developed without consultation with the people with disabilities themselves, and they did not sufficiently reflect the social context – in other words the attitudinal, physical and communication barriers – that prevented people

with disabilities from participating as equal citizens. Some disabled peoples' organisations have attempted to develop a more acceptable definition of disability, for example:

### *Economic definition*

Disability is defined as a social cost caused both by extra resources that children and adults disabilities require and by their limited productivity at work, relative to able-bodied people.

The World Health Organisation developed a classification called the 'International Classification on Impairment, Disability and Handicap (ICIDH) in the '80's, and is currently in a process revising this classification in a process called ICIDH-2. People with disabilities, through their Organisations, however continue to raise concerns and reject these attempts to categorise disability rights movement at the Disability Equity Seminar held in June 2000, illustrates.

Disability needs to be defined within context, rather than focusing on the inabilities of people that inadvertently lead to stigmatisation and categorisation.

The Integrated National Disability Strategy – the South African Government official policy framework for disability equity – has therefore adopted a socio-political approach to disability whereby disability is located in the social environment. This takes cognisance of disabled people's viewpoint that disability is a social environment. People with disabilities can therefore actively contribute to changing the social construct by fighting for improvements in their material and legal situation and, at the same time, taking pride in who they are and what they are their human rights struggle.

### **Medical versus Social Model**

Disabled people during the 1970's used their personal experience of disability and institutional life to show that it wasn't their impairments that caused the 'problem', but the way in which society failed to make any allowances for their differences and instead locked them away. This way of thinking about analysing and discussing disability became known as 'The Social model of Disability'.

### *Medical Model Approach*

Traditional approaches say that the inability to carry out activities is caused by impairment or impairments; for example, you are not mobile because you have a spinal injury. This understanding of disability is said to be a medical model of disability because the causes of disability are attributed only to medical conditions. A person therefore has a disability if she or he has a physical or mental impairment which has a substantial and long term effect on her/his ability to carry out a normal day to day activities if it affects one or

more of the following: mobility, manual dexterity, physical coordination, continence, ability to lift or carry or otherwise move everyday objects, speech, hearing, eyesight (unless correctable by spectacles), memory or ability to concentrate or learn or understand, and perception of the risk of danger.

If impairment is used to account for disability, other concepts, for example 'discrimination', must also be used to address the fact that many people with impairments are not getting jobs and are prevented from participating in politics, social events and the life of the community in general. But, by saying that 'disability' (the inability to participate) is caused by impairments, implies that people with impairments will always be seen as inferior, or second rate, or inherently flawed. In this way discrimination becomes something that is done to 'limited' people who cannot carry out 'normal' activities.

There are three unintended consequences that flow from using a medical model of disability

- ✓ Because the medical model says that a person is disabled if her/his impairment has an effect on her/his "activities", it does not take into account the many social factors that may also have an effect on "day-to-day activities". For example, although impairment can have an adverse effect on a person's walking, other social factors, such as the design of transport systems, will also have an equal if not greater adverse effect in their mobility.
- ✓ The medical model puts a value judgement on activities. For example, by saying that it is "normal" to hear, speak or see, one is stating, by omission, that activities such as using Sign Language, text phones and Braille are abnormal.
- ✓ The medical model allows a spurious distinction to be made between those things that state, financial and industrial organisations will be held responsible for. For example, such organisations will be held responsible for individual prejudicial behaviour; or minor architectural barriers, or slight rigidities in job design. They will not be held responsible for, among others, the systematic exclusion of disabled people from mainstream education, the systematic undermining of disabled individuals in hospitals and residential homes, or the way which social pressures drive some disabled people to commit suicide. But perhaps the most serious incident against the medical model is the disempowerment it creates in the person with a disability. There is a belief that the professional is the "expert", the controller of the situation. The disabled person is regarded as the client or patient, an inferior member of the "team" – if a member at all. The latter is considered



the passive recipient of whatever service. Not only are disabled incapable of making decisions about their own lives, but also the hierarchical relationship itself perpetuates passivity, ignorance and inhibits participation in every aspect of their lives.

### *Social Model Approach*

The social model is not limited by such a narrow description of activities. It takes the wider view that the ability to undertake such activities is dependent upon social intervention. It can show the limitation of activity is not caused by impairments but is a consequence of social organisation – hence the phrase ‘social model’. The social model does not need to separate notion of discrimination because the model already focuses of those aspects of society that disabled people – discrimination and disability become one and the same thing. For example, because an employer will not provide sufficient training and support for a person with learning difficulties the employer is discriminating against and **disabling** her or him.

In short, the social model says that a person is disabled if the world at large will not take into account their physical or mental differences.

Disabled people internationally are effectively coming together and challenging society, those in authority and professions in the related health care fields:

- ✓ To recognize that disability is not the major barrier for people with disabilities to living fulfilling lives.
- ✓ That the external or environmental barriers, including negative attitudes towards disability, are where disabled peoples’ oppression lies.
- ✓ That people with disabilities too are “experts” in the field of disability, and that what is needed, is a democratisation of knowledge.
- ✓ That people with disabilities can identify needs, make decisions and evaluate services.
- ✓ That people with disabilities no longer accept the inferior, passive role of receipt.

- ✓ That if they are to work in the field of disability the only relationship acceptable to disabled people is that of equal partners.

This undoubtedly demands a great deal of change in the relationship between professionals and people with disabilities, changes that have endangered enormous feelings of inadequacy and discomfort in able-bodied professionals.

People often talk about following a 'combined' medical-approach to disability. It is clear from the above that this is not possible. The Social Model accepts that disabled people have medical conditions which may inhibit them and which may need medical treatment from time to time. But it goes on to argue that most of the day problems that disabled people face are caused by the fact that they live in a hostile, disabling world which is largely designed to suit able-bodied people. Using social model, disabled people are able to identify the factors that causes oppression and discrimination, and which disable them, and can choose to work towards doing something about them. They can feel good about themselves when their lives are not going so well. Disabled people can say 'it is not me or my body that is at fault, but the society around me'. By helping to draw attention to the barriers of society, the social model offers solutions that are wider than trying to change the person or curing the individual impairment. The disabled person ceases to be a tragic failure and can be seen as someone who is discriminated against by the way the society is organised.

### **Preferred terminology**

Language reflects the social context in which it is developed and used. It therefore reflects the values and attitudes of that context, and plays an important role in reinforcing values and attitudes that lead to discrimination and segregation of particular groups in society. Language can therefore be used as a powerful tool to facilitate change and bring about new values, attitudes and social integration.

People with disabilities are very vulnerable to the misuse of language and terminology where terminology has the effect of labelling people with disabilities, stereotyping them,

discriminating against them, and ultimately creating a culture of non-acceptance of diversity.

Herewith a few examples of the preferred terminology as it relates to the English language. (With acknowledgement to Patricia Digh of Real Work Group)

- ✓ Although some disabled people prefer the terms 'physically challenged' or 'differently abled', these should not generally be used. The disability rights movement of South Africa accepts both the terms 'disabled person' and 'people with disabilities'.
- ✓ Avoid "suffers from" indicates ongoing pain and torment, which is no more the case for most people with disabilities as it is for most people without disabilities. "Afflicted with" denotes a disease, which most disabilities are not. "Victim of" implies that a crime is being committed on the person who has disability.
- ✓ Do not use "wheelchair-bound" or "confined to a wheelchair". People sees their wheelchairs as a convenient mode of transportation, not prisons, and the "bound/confined" phrase belies the fact that many people with motor disabilities engage in activities without their wheelchairs, including driving and sleeping. The proper phrase is "uses a wheelchair".
- ✓ Use "disability" not "handicap". The word "handicap" derives from the phrase "cap in hand", referring to a beggar, and is despised by most with disabilities. Other terms to avoid: "physically/mentally challenged" (who is'nt?) "cripple" and "crippled".
- ✓ Use "unable-bodied" or "people without disabilities". The terms "normal" and "whole" are inappropriate and inaccurate.
- ✓ Most disabilities are not a disease. Do not call a person with a disability a "patient" unless referring to a hospital setting. In an occupational and physical therapy context, "client" or "customer" is preferred.
- ✓ Some diseases, by legal definition, are considered disabilities. Victimization imagery ("AIDS victims") or defining the person by the disease ("she is a diabetic") is still inappropriate. Use "person with diabetes" or "people living with AIDS".
- ✓ People who consider themselves part of Deaf culture refer to themselves as "Deaf" with a capital "D". Because their culture derives from their language, they may be identified as you would other cultural entities, i.e. "Shangaan". Never use the terms Deaf-mute Deaf and Dumb.

- ✓ Avoid “deformed,” “deformity” and “birth defect”. A person may be “born without arms” or “has a congenital disability”, but is probably defective.
- ✓ Use “person with Down syndrome”. Avoid “Mongol” or “mongoloid”.
- ✓ Avoid “mentally retarded”, “insane”, “slow learner,” “learning disabled” and “brain damaged”. Use person with intellectual disability, or person with a psychiatric disability.
- ✓ Avoid “cerebral palsy” and “spastic”. Use “person with cerebral palsy”.
- ✓ Use “person with epilepsy” or “child with a seizure disorder.” Avoid “dwarf” or “midget.” Some groups prefer “little/ short people,” but it’s best to use “person of short stature”.
- ✓ Use ‘man with paraplegia” or “she has quadriplegia” or “quadriplegia.” Avoid ‘paraplegic” or “quadriplegic” as either a noun or adjective.

Negative and patronizing language produces negative and patronizing images. Words are important, so make sure your words do not do offend or reinforce negative stereotypes.

### ***Different types of disabilities***

#### Physical Disability

Physical disability refers to damage to muscles, nerves, skin, or bones that leads to difficulties moving about, in performing activities of daily living (such as dressing, eating, cleaning, etcetera). It is often, but not always, associated with general weakness or long lasting or acute pain. Some examples of physical disabilities include

- ✓ Cerebral palsy – resulting from damage to the brain (often during birth) that causes muscle Inco-ordination.
- ✓ Quadriplegia – a substantial loss of function in all four limbs.
- ✓ Paraplegia – a substantial loss of function in the lower part if the body.
- ✓ Hemiplegia – a substantial loss of function on one side of the body (arm and leg), often due to a stroke or as a result of epilepsy.
- ✓ Post - Polio Paralysis – weakness in some muscles and under-development of some limbs.

People with physical disabilities experience different barriers that limit their participation in ordinary activities, for example, in the built environment,

where steps might prevent a lawyer using a wheel chair from entering a court building, thereby preventing him from practising as a lawyer.

Assistive devices are very important tools that are used by people with physical disabilities to over-come barriers, for example wheel chairs, walking frames, crutches, orthotics and prosthetics (splints, callipers, special shoes and artificial limbs), communication devices such as communication boards and specialised computers, and adjustments to motor vehicles. People with server physical disabilities in addition often require assistance in the form of personal assistance and/or service dogs to enable them to live independent lives.

### ***Visual Disability***

The loss of sight may be total or partial. "Blind" refers to the total loss of eyesight. Blind persons might experience difficulty in moving around and knowing where things are, doing some activities of daily living, writing, reading and following visual signs or commands. The most important enabling mechanisms for people who are blind are (1) independence training (orientation and mobility skills training; (2) literacy training (learning to read and write using Braille), (3) assistive devices such as a white cane, Braille writing tools, specialised computers, (4) personal assistance from guide dogs and/or personal assistance to assist with reading, driving etcetera, and (5) access to reading materials in Braille and/or audio cassette. "Low vision" or "visual disability" is more accurate for people who have some degree of sight, but who have for example a limited range of sight and focus that cannot easily be corrected with spectacles, who are squint (their eyes do not focus together), who need special lighting to be able to see, who have blurred vision (e.g. as a result of contracts or brain injury), or who have tunnel vision. They usually require very specialised spectacles, Braille or large print, and other equipment to assist them to compensate for their low vision.

### ***Hearing Disability***

Hearing loss may be mild, severe or total. Children may be born Deaf, or people might become Deaf later in life (Deafened). Hearing loss usually results in difficulties in learning a spoken language, following verbal instructions, making friends in the neighbourhood, behavioural problems due to frustration, accidents because warning signs were not heard. The first language of Deaf South Africans is South African Sign Language, which may have different dialects depending where the person lives.

Hearing aids can assist people who are hard of hearing to communicate easier with the hearing world. Interpreters are essential to break down

communication barriers between the Deaf community and the hearing world. Cochlea implants is a very controversial procedure within the Deaf community, as it touches the essence of the identity of a Deaf person. It is therefore important that Deaf persons and parents who are considering this procedure for their Deaf children receive sufficient information and counselling not only from service providers, but also from Deaf activists.(Contact the nearest DEAFSA office for more information on this).

### ***Mental disability***

Mental disabilities include cognitive, psychiatric and learning disabilities as well as physical head trauma. Particular attention needs to be given to the right of people with mental disabilities to advocate for their own rights, and not be always 'spoken for'.

### ***Intellectual Disability***

People with intellectual disabilities find it difficult to learn and retain information, and often adapt to new situations. Children with intellectual disabilities often develop slower than their peers and require additional support to develop. One example of intellectual disability is Down Syndrome. Augmentative and Alternative communication (AAC) strategies are essential communication tools for people with moderate or server intellectual disabilities, and include special communication boards, adapted computers, etcetera.

### ***Psychiatric Disability***

People living with a psychiatric or mental illness (who often prefer calling themselves users and survivors of psychiatry) often experience difficulties in perceiving or interpreting reality, coping with some aspects of daily life, forming and maintaining relationships, coping with difficult feelings, fears and anxieties, or often see and hear things that do not exist .

Enabling mechanisms include medication, counselling and peer support, family support and personal assistance to enable the person with a chronic psychiatric disability to live independently in the community. It is important to realise that the medication taken to reduce symptoms often cause other symptoms which can in turn present as further signs of mental illness. It is also important to note that not all psychiatric illnesses are of a chronic nature. But perhaps the most enabling mechanism for uses of psychiatry is positive and non - discriminatory attitudes form society.

### ***Multiple Disabilities***

Multiple Disability means having two or more of the disabilities already described, for example people who are Deaf-blind. Access to assistive devices, specialised equipment, personal assistance and interpreters/interveners are essential enabling mechanisms to enable with multiple disabilities to live independently (including with their family) and participate fully.

### ***Epilepsy***

A seizure is an episode caused by a sudden disturbance in the brain. If seizures are recurrent, it is called a seizure disorder or epilepsy. Seizures are usually controlled with medication. Epilepsy per se is not a disability, but often causes physical and/or mental disabilities. People living with epilepsy can for example not obtain a driver's license unless they have been free from any seizures for a period of three years.

### ***Albinism***

Albinism per se is also not a disability, although most people due to the nature of discrimination they experience. It is an inherited condition where a person is unable to produce normal colouring of the skin, hair and eyes (lack of pigment). People with albinism therefore have common features such as a very light and pale skin, white or sand – coloured hair and very light brown or blue eyes.

The absence of pigmentation makes a person with albinism very sensitive to the sun.

People with albinism usually have a normal lifespan (they do not 'vanish' during their teens!) and normal intelligence, but often develop visual disabilities that impact on their levels of participation. The most enabling mechanisms for people with albinism are (1) positive attitudes from peers and the community: (2) assistive devices such as large print materials, spectacles, specialised equipment and (3) protective clothing and medication such as creams that protect their skin against the sun.

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## **2 Disability, Discrimination and Poverty**

### *Disability Discrimination*

The Promotion of Equity and Prevention of unfair Discrimination Act (2000) defines discrimination on the basis of disability as follows:

“Discrimination Disability includes any act, practice or conduct which has the effect of unfairly hindering or precluding any person or persons who have or who are perceived to have disabilities from conducting their sense of human dignity and self worth, and prevents their full and equal participation society”.

‘Unfair discrimination’ on ground of disability, as defined in the Act, includes

- ✓ Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society;
- ✓ Contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility;
- ✓ Failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.

### **Compounded Discrimination**

It is important to recognise that people with disabilities are often subjected to discrimination not only because they are disabled, but also on the basis of gender, race or class.

### *Race Discrimination*

There is no doubt that South Africans with disabilities who are black are more likely to experience discrimination and therefore less likely than their white counterparts to benefit from positive measures that have been taken to advance disabled South Africans. Some examples include:

- ✓ The legacy of the discrimination applied in resource allocation between former white and black special schools during the apartheid years, the differences in curriculum content between these institutions, and the lack of transformation in centres of learning generally – and in particular in former white schools – continue to marginalize black learners with disabilities. Very few of the former black special schools have in 2000 – anything ‘specialized’ to offer in terms of equipment, specialised teaching or curriculum adaption, school- to – work programmes, etcetera. Finding a white learner within these former white

special school that have truly embraced cultural diversity is like finding a needle in a haystack.

- ✓ The unemployment rate among South Africans with disabilities is significantly higher than that of their abled- bodied peers. The unemployment rate of black South Africans with disabilities is similar than that of white South Africans with Disabilities.
- ✓ More white people with disabilities than black people with disabilities have benefited to date the provisions of the Employment Equity Act, in particular in the private sector. The public sector's record is slightly better, with black people with disabilities receiving more equal opportunities under the new dispensation.
- ✓ Black people with disabilities are however more likely to be appointed in lower rank positions, irrespective of their abilities or potential, than their white counterparts.
- ✓ Many black South Africans who rebelled against the apartheid system or who developed mental problems as a result of the consequences of apartheid, were certified by the courts and locked away in mental institutions, where many of them still reside in appalling conditions of malnutrition, physical and sexual abuse, in cases lack of adequate shelter, lack of proper medical care.
- ✓ Very few of the former Bantustans offered any specialised medical or even basic rehabilitation services for persons with disabilities, resulting black disabled people residing in these rural areas still not having equal access to appropriate health care and rehabilitation services.

The disability NGO sector itself has not been free from the problems of racism, and very little transformation has taken place within the service sector over the past four years. The legacy of racism manifests itself in various ways within the sector. Most service organisations (traditionally called welfare councils) have focused on providing services to white people with disabilities only. Although the majority of them have now extended their services to black people with disabilities,

- ✓ They have not transferred their approach to service delivery,
- ✓ They have not developed cultural and language- sensitive services,
- ✓ Their offices are still predominantly situated in former white suburbs that are not accessible by public transport,
- ✓ They have failed to transform the composition of their governance and management structures to reflect the population of South Africa.

- ✓ Their services still focus on handouts rather than empowerment, and there is still tendency to focus on menial tasks and unprofitable activities such as basket- weaving, crocheting doilies etcetera for black disabled workers (seldom without remuneration). The excuse used is that the white workers with disabilities have higher skills levels, yet black workers with disabilities that leave these workshops often start and manage their own businesses successfully, or find work in the open labour market!
- ✓ Their activities seldom focus on the prevention, monitoring and reporting of human rights violations, including racism.

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### **Gender Discrimination**

While it is true that disabled women are women first, then disabled, their circumstances need to be contextualised. Disabled women are considered as child-like, helpless and victims by abled- bodied women. The women's movement has as a result marginalised disabled women within women's movement in an effort to advance a more powerful, contempt and appealing female image, as they often believe that women with disabilities tend to reinforce traditional stereotypes of women being dependant, passive and needy!

- ✓ Disabled women are more likely to be poor or destitute
- ✓ Disabled women are more likely to receive less food
- ✓ Disabled women are more likely to be illiterate
- ✓ Disabled women have less chances of founding family
- ✓ Disabled women are more likely to be without family or community support
- ✓ The stigma of disability and myths and fears are more likely to increase women's social isolation

Disabled women experience the same oppression as abled- bodied women without necessarily receiving the admiration and looking-up-to that women traditionally receive as mothers, wives and persons who keep the domestic fires burning. Women often have to rely on their beauty and attributes such as youth and good looks to have some control over their lives. But to be disabled is not regarded as attractive and disabled women therefore find themselves not even at the starting point to equal opportunities. They are therefore less likely to be considered for example for employment equity based on gender than their abled- bodied peers.

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## **Disability and Poverty**

People with disabilities are faced with a unique set of inter-connected barriers to economic self reliance. These include, most importantly, fears, myths and stereotypes about the inabilities of disabled people that compound the lack of access to routine supports and resources of daily life available to abled-bodied people. People with disabilities tend to lack influence, information, power, resources, access and fulfilment of basic needs more than other people. Others tend to take decisions about the lives of people with disabilities and decide even very basic things for them. Poor people tend to become disabled because of their living conditions. This makes them even poorer. They do not eat enough food or well-balanced food, they live in unhealthy houses or shelters, and they are more exposed to violence.

The consequence is that disabled people are oppressed and discriminated against in all aspects of life, resulting in shorter life-spans, poverty and dependence, and society does not realise its fullest possible return on its socio-economic investment in disabled people. Many change agents, despite having identified, the need to target people with disabilities, do not realise the need systematic efforts to prepare disabled persons adequately for participation in skills development and other poverty alleviation programmes. Mere enrolment of disabled persons in those programmes often results in failure. Such failure, due to lack of adequate preparation, further reinforces negative stereotyping of disabled persons. Poverty levels among people with disabilities even in the more urban areas of the province have remained unacceptably high compared to the average population. This has mainly been due to

- ✓ Uncoordinated implementation of poverty alleviation programmes in the past;
- ✓ Poverty alleviation programmes failing to specifically identify disabled persons as a target group, resulting in total or partial exclusion of people with disabilities;
- ✓ People with disabilities, where they have been explicitly targeted for poverty alleviation, still face tremendous difficulties in being recognised as a group with entitlements, and a group whose needs should be addressed on their terms, and not on terms dictated by others. This means, inter alia, that the physical and information agreements related to rural poverty alleviation in particular are still not conducive to the freedom of movement and communication by disabled persons.

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### **3 THE INTERNATIONAL DISABILITY RIGHTS MOVEMENT**

For us to understand the current approach to disability rights movement was formed. Disabled people were traditionally seen as poor helpless cripples, blind beggars, dumb idiots, standing on street corners, as outcasts in the family and in society, and as objects of pity and charity in constant need of “curing and caring”. The Second World War in particular result in tremendous high numbers of people becoming disabled in a very short space of time. The science of medicine was by now sophisticated enough to keep many of those injured alive. This lead to a new industry emerging- that of rehabilitation and welfare that focused on building on the remaining strengths of these newly disabled people and teaching them new, compensatory skills. Welfare workers, doctors, nurses and therapists were now sharing the responsibility for the lives of disabled people.

The late sixties saw a whole new generation of young adults who had, through the advance of medical technology in the late forties and fifties, been saved from dying deceases such as polio or from war injuries sustained in the Vietnam War that resulting in permanent disability. This period saw the emergence of the charity/welfare Organisations, where concerned members of society came together into Organisations that took on the responsibility of ‘looking after” these “helpless” people. It is at this point that the idea of institutions developed to house, “educate” and ‘employ” these misfits in society. While there is no doubt that a place which offers food, bed, some assort of activity and safety to people who have never had any, is a great advancement, they were nevertheless ‘dumping grounds” which served to get and keep the problem out of sight.

This happened at a time when people of colour, students, women and gay people were rising up in different liberation movements to fight for their rights as equal citizens in society. Issues such as consumer rights, self-help, de-medicalisation, de-institutionlisation, equal accessibility to education, employment and facilities all had particular relevance tom people with disabilities who had mostly been excluded from the society in which they belonged.

Disabled activists across the USA, UK, Europe and Scandinavia in particular, united in the late 1960's and 1970's as an oppressed group by identifying with other oppressed groups and developed strategies to fight their own oppression from these groups. Disabled people began to realise that oppression was similar regardless of the disability and that their strength lay in united force against society that discriminated against them because they dared challenged the myth of the “normal healthy body”.]

By the early 1980's people with disabilities around the world have gotten together to identify issues and strategies to fight for equal opportunities and the right to speak for themselves and to take control decisions that impact on their lives. This, among others, led to the birth of Disabled People's International after a walkout by people with disabilities at the World Congress of Rehabilitation International in 1980 when disabled people were



denied a 50/50 partnership with rehabilitation professionals in decision-making structures of Rehabilitation International. The international disability rights movement had finally come of age.

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## 4 THE ROLE OF THE UNITED NATIONS

### The Role of the United Nations in Promoting Disability Equity

The United Nations has a long history in promoting the rights of people with disabilities. The UN focused predominately on disability prevention and the rehabilitation of disabled persons during the 1940's to 1960's. The UN initiatives in the 1970s embraced the growing international concept of human rights of persons with disabilities and Equalisation of opportunities for them.

The 1970's saw a shift towards the promotion of human rights of persons with disabilities. The General Assembly adopted the Declaration on the Rights Mentally Retarded Persons and Declaration on the Rights of Disabled Persons during this period. The Declarations were not drafted in partnership with people with disabilities, and international DPO's therefore do not recognise the "Declaration on the Rights of Disabled Persons" in particular.

1981 was the International Year of Disabled Persons (IYDP). It called for a plan of action at with an emphasis an Equalisation of opportunities, rehabilitation and prevention of disabilities.

A major outcome of the International Year of Disabled Persons was the formulation of the World programme of Action concerning Disabled Persons, adopted by the General Assembly in December 1982. The purpose of the WPA is to "...*promote effective measures for prevention of disability, rehabilitation and the realisation of the goals of 'full participation' of persons with disabilities in social life and development and of 'equality'*". This means opportunities equal to those of the whole population and equal share in the improvement in living conditions resulting from social economic development". The WPA focuses predominantly on the prevention of disability, the rehabilitation of persons with disabilities and the equalisation of opportunities for persons with disabilities by providing an analysis of principles , concepts and definitions relating to disability, an overview of the world situation regarding persons with disabilities, as well as recommendations for action at national, regional and international levels.

The General Assembly proclaimed 1983-1992 as the United Nations Decade of Disabled Persons in order to provide a time frame during which Governments and Organisations could implement the activities recommended in the World Programme of Action,

Marking the end of the Decade of Disabled Persons, the General Assembly proclaimed 3 December as the International Day of Disabled Persons, as this was the date on which the General Assembly's adoption of the World Programme of Action in 1982. The Decade did not result in a marked difference in the quality of life of the majority of disabled persons worldwide.

Perhaps it's most important outcome was the adoption of the Standard rules on the Equalisation of Opportunities for persons with Disabilities by the General Assembly in 1993. The Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, the Convention on the Rights of the Children and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the World Programme of Action constitute the political and Standard Rules re-affirm the concepts and scope of the WPA, and recognize the necessity of addressing both individual needs as well as the shortcomings of society. They also re-affirm the responsibility of Governments to address disability and further emphasize the need for Organisations of disabled persons to play in a leading role in the process as full partners in the process of developing policies, legislation and programmes. The 22 Standard Rules are divided into 4 chapters on 91) Preconditions for Equal Participation; (2) Target Areas for Equal Participation; (3) Implementation Measures; and (4) Monitoring Mechanisms. So although the Standard Rules are not binding on any government, they do provide an extremely useful tool for disability equity to governments, international agencies and Organisations of and for Persons with disabilities.

The new human rights approach to disability as promoted by the World Programme of Action and the Standard Rules was significantly boosted by the adoption of Resolution 98/31 of the UN Commission on Human Rights in 1988, in which the Commission "...recognizes that that any violation of the fundamental principle of equality and any discrimination or other negative differential treatment of persons with disabilities inconsistent with the UN Standard Rules...is an infringement of the human rights of persons with disabilities." The Standard Rules had with this resolution become the evaluation tool and a yardstick for the assessment of the situation of disabled persons from a human rights perspective.

Mr. Bengt Lindqvist has been designated by the Secretary-General of the United Nations as Special Rapporteur on Disability of the Commission for Social Development since 1994. His duties are to assist in the monitoring of the implementation of the Standard Rules. He does this by dividing his time between advisory functions and establishing a dialogue with Governments and non-governmental Organisation to further the implementation of the Standard Rules. The Special Rapporteur works closely with a Panel of Experts that is composed of representatives of international Organisations of persons with disabilities, Rehabilitation International, as well as with the United Nations Secretariat.

The Division for Social Policy and Development of the United Nations Secretariat in New York is the focal point within the United Nations system on matters relating to disability. The Division's programme and Disabled Persons deals with promotion, monitoring and evaluating the implementation of the World Programme of Action and the Standard Rules. In addition it

- ✓ Prepares publications and acts as a clearing-house for information on disability issues;
- ✓ Promotes national, regional and international programmes and activities;
- ✓ Provides support to Governments and non-governmental Organisations;
- ✓ Gives substantial support top technical cooperation project and activities ;
- ✓ Organizes or collaborates in international expert meetings on disability matters.

The Division has published a Compilation of International Norms And Standards Relating To Disability, which provides Governments, intergovernmental organisations and civil society with a set of international norms and standards that can be cited- or applied as appropriate- in measures to promote full participation of persons with disabilities in social life and development on the basis of equality. The Compilations also provides strategic guidance on the normative and substantive aspects of strategies, policies, programmes and legislation to further equalisation of opportunities for persons with disabilities.

United Nations specialized agencies furthermore contribute to improvement in the status of people with disabilities through specific programmes and initiatives:

- ✓ The United Nations Educational, Scientific and Cultural Organisation (UNESCO) promotion measures that will increase access by learners with disabilities to quality education through special needs education.
- ✓ The World Health Organisation (WHO) provides technical assistance in health, rehabilitation and prevention;
- ✓ The United Nations International Children’s Fund (UNICEF) supports childhood disability programmes and provides technical assistance;
- ✓ The International Labour Organisation (ILO) promotes measures that will improve access to the labour market and increase economic integration through international labour standards and technical cooperation activities.

The full text of all United Nations Disability-Related Resolutions can be found at <http://www.unescap.org/decade/resolutions1.htm>

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*United Nations.* Declaration on the Rights of Disabled Persons <http://www.unhchr.ch/html/menu3/b/72.htm>

*United Nations.* Division for Social Policy and Development <http://www.un.org/esa/socdev/index.html>

*United Nations.* International Covenant on Civil and Political Rights <http://www.unhchr.ch/html/menu3/b/a-ccpr.htm>

*United Nations.* International Covenant on Economic, Social and Cultural Rights <http://www.unhchr.ch/html/menu3/b/a-cescr.htm>

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<http://www.un.org/es/sodcev/enable/diswpa00.htm>

## **Websites**

Asia-Pacific Website <http://www.unescap.org/decade/index.htm>

International Labour Organisation Website <http://www.ilo.org>

International Year of Disabled Persons <http://www.un.org/esa/sodcev/enable/disid99.htm>

UNESCO Special Needs Education Website

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United Nations International Children's Fund Website <http://www.unicef.org>

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United Nations Website <http://www.un.org/esa/sodcev/enable>

World Health Organisation Website <http://www.who.org>

Independent Living Organisation <http://www.independentliving.org>

## 5 Organisations of and for Persons with Disabilities

It is important to distinguish between organisations of and organisations for persons with disabilities, as this illustrates a shift in power over decision-making community members and service providers to people with disabilities themselves.

- ✓ Organisations of disabled persons (DPO's) are controlled by people with disabilities themselves. This simply means that the constitution of a DPO protects disabled members' decision-making powers ensuring that at least people with disabilities constitute 2/3 of the executive committee, and that all office-bearers are disabled.
- ✓ Organisations for disabled persons in contrast are usually controlled by concerned community members and service-providers, with little or no active participation in decision-making by people with disabilities when it comes to setting priorities, the ethos of service delivery, etcetera.

### **Organisations of Disabled Persons (DPO's)**

#### **Disabled Peoples' International (DPI)**

Website <http://www.dpi.org>

DPI was founded, as already indicated, in 1983 after disabled activists walked out of the World Congress of Rehabilitation International to illustrate disabled people's anger and frustration in being side-lined in issues affecting them. Its aim is to promote the human rights of people with disabilities through full participation, Equalisation of opportunity and development. DPI is a grassroots, cross-disability network with member Organisations in over 158 countries, over half of which are in the developing world. The main functions of DPI are Development, Human Rights, Communications, Advocacy and Public Education. DPI is administered through the headquarters in Winnipeg Canada and through eight Regional Development Offices. DPI has consultative status with the ECOSOC, UNESCO and the ILO, and has official observer status at the United Nations General Assembly.

The Pan African Federation of the Disabled (PAFOD) represents the African Region of DPI. PAFOD is also the NGO sector's coordinating body for the African Decade of Disabled Persons and can be contacted at [pafod@telconet.co.zw](mailto:pafod@telconet.co.zw). Five sub-regions of PAFOD have been formed Southern Africa Federation of the Disabled (SAFOD)

- ✓ East Africa Federation of the Disabled (EAFOD)
- ✓ West Africa Federation of the Disabled (WAFOD)
- ✓ North Africa Federation of the disabled (NAFOD)
- ✓ Central Africa Federation of the Disabled (CAFOD)

SAFOD is by far the strongest sub-region and is constituted by disability federations of all the SADC countries. National disability federations are formed by all DPO's (including cross disability and disability-specific DPSO's) that come together to form a national federation. South Africa is however an exception due to its apartheid legacy. (Refer to the Chapter on the South African disability sector)

SAFOD publishes Disability Frontline as well as Disability Dialogue for Africa (formerly known as the CBR News), and can be contacted at [safod@telconet.co.zw](mailto:safod@telconet.co.zw)

Disabled People South Africa (DPSA) is the South African affiliate of SAFOD, PAFOD, and DPI.

### **World Blind Union (WBU)**

Website: <http://www.umc.once.es/index.htm>

The World Blind Union (WBU) was formed in 1989 and is the international voice of over 50 million blind and visually impaired people. It has member organisations in virtually every country of the world. These members have their own regional groups for Africa, Asia, Europe, Latin America, the Middle East, North America and the Caribbean, and the Pacific. The WBU focuses on securing equality of opportunity and full participation in society of people with visual disabilities through cooperation in education, rehabilitation and literacy programmes.

The African Union of the Blind (AFUB) represents organisations of and for persons with visual disabilities in Africa, and can be contacted on at [afub@form-net.com](mailto:afub@form-net.com)

The South African National Council for the Blind (SANCB) is the South African affiliate of the WBU and AFUB.

### **World Federation of the Deaf (WFD)**

The World Federation of the Deaf (WFD) was established in Rome, Italy, in 1951, and is the international non-governmental organisation representing Deaf people world-wide. A non profit organisation, WFD works for human rights and equal opportunity for Deaf people everywhere by promoting the right of Deaf people to use Sign Language to access education, information and all other spheres of life. Membership comprises national organisations of Deaf people in 120 countries; as well as associate, international and individual members. WFD has 7 Regional Secretaries and 1 Cooperating Partner in various regions throughout the world.



There is no continental body representing organisations of the Deaf in Africa, but the WFD, supports some regional programmes in Africa. A regional Secretariat of Eastern and Southern Africa (RSESA) coordinates regional activities and programmes in Eastern and Southern Africa. The Deaf Federation of South Africa (DEAFSA) is the South African affiliate of RSESA and WFD.

### **Inclusion International (II)**

Inclusion International was formerly known as the International League of Societies for persons with Mental Handicap. The organisation promotes and protects the rights and interests of people with intellectual disability, their families and their organisations by co-ordinating a wide range of activities across the world. It provides regional level as well as expertise in areas of relevance to people with intellectual disability. Mainly parents of people with intellectual disabilities are encouraged. For more information contact the Secretariat at [nclus@club-internet.fr](mailto:nclus@club-internet.fr)

Organisations for people with intellectual disabilities in French –speaking countries in Africa have formed FEPAPHAM, which in turn is affiliated to Inclusion International. Parents organisations and organisations for people with intellectual disabilities in English-speaking countries in Africa have formed the Parents Mobilisation Resource Group, which in turn is affiliated to Inclusion International.

The Disabled Children’s Group (GICAG) is the South African affiliate of Inclusion International.

### **World Federation of Deaf-blind Persons (WFDB)**

The WFDB is an emerging world federation that promotes the rights of Deaf-blind persons by advocating for appropriate and accessible service delivery and the formation of national organisations of Deaf-blind persons. For more information, contact Stig Ohlsson at [Stid.Ohlson@44.frukt.org](mailto:Stid.Ohlson@44.frukt.org)

### **World Network of Users and Survivors of Psychiatry (WNUSP)**

The WNUSP is an emerging network of people who make use psychiatric services. The network advocates for the rights of people with psychiatric disabilities across the world, as this is perhaps the group of disabled persons most vulnerable to human rights violations and exclusion. For more information, contact Mary O’Hagan at [mohagen@ihug.co.nz](mailto:mohagen@ihug.co.nz)

### **International Disability Alliance (IDA)**

IDA was formed in 1999 when the six major international disabled peoples’ organisations came together to form an alliance that aims to strengthen the voice of disabled people in the world politics and the international disability arena and to develop joint strategies and

inclusive positions on common issues that affect all persons with disabilities by strengthening existing international disability rights organisations actively participate.

### **Independent Living Movement**

Disabled activists who are concerned with the provision of services to disabled individuals in order to make them truly independent formed the Independent Living Movement. So whilst the disability rights movement focuses on political and legal action to break down barriers, the independent living movement focuses on advocating for tariff reductions, improved services etcetera.

### **Organisations for Disabled Persons**

#### **Rehabilitation International (RI)**

Website: <http://www.rehab-international.org>

Rehabilitation International is a federation of national Organisations and agencies working for the prevention of disability, the rehabilitation of people with disabilities and the Equalisation of opportunities within society on behalf of persons with disabilities and their federation of service organisations and providers.

The National Council for People with Physical Disabilities (NCPDP) is the SOUTH African Affiliate of RI.

#### **African Rehabilitation Institute (ARI)**

ARI was established by the Organisation of African Unity (OAU) as the OAU's disability programme, focusing mainly on rehabilitation of persons with disabilities. It is as such the coordinating body of the Africa Decade of Disabled Persons for the OAU, and therefore governments in Africa.

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Ratza, 1997 Independent Living and Our Organisations: A Definition,  
<http://www.independentliving.org/Toolsforpower/Tools7.html>

UNESCAP Management Of Self-Help Organisations Of People With Disabilities  
<http://www.unescap.org/decade/publications/z15006mg/z1500601.htm>

Resources Kits:

Disability Awareness in Action Resource Kit on Fund-Raising  
<http://www.independentliving.org/DAA/DAAKit51.html>

Disability Awareness in Action Resource Kit: Conclusion and Influence  
<http://www.independentliving.org/DAA/DAAKit21.html>

Disability Awareness in Action, Disability issues: Organizing Community Support  
<http://www.independentliving.org/ToolsforPower/Tools13a.html>

Disability Awareness in Action, Resource Kit on Campaigns  
<http://www.independentliving.org/DAA/DAAKit31.html>

Disability Awareness in Action, Resource Kit on Media Information  
<http://www.independentliving.org/DAA/DAAKit1.html>

Disability Awareness in Action, Resource Kit on Organisation Building  
<http://www.independentliving.org/DAA/DAAKit41.html>

## 6 The African Decade of Disabled Persons

The United Nations declared 2000-2100 as the African Century. This has brought new hope to Disabled people on the continent, as the focus on the prevention of wars and conflict on the continent, on the search for a new morality, on an affirmation of African culture, and renewed efforts for economic renewal as central themes of the African Century, also form integral themes of the UN Standard Rules on the Equalisation of Opportunities for persons with Disabilities.

Disabled people organisation (DPO's) in Africa started mobilising for an Africa Decade of Disabled Persons after the 5<sup>th</sup> DPI World Assembly in December 1998, at their Africa meeting, adopted the idea of a Decade. The six major international organisations of disabled Peoples' International, Inclusion International, World Federation of the Deaf, African Union of the Blind a WBU affiliate), the World Network of Users and Survivors of Psychiatry, and the World Federation of Deaf-blind Persons, gave their unwavering support to the Declaration of an African Decade of Disabled People at their meeting held in January 1999 in Cape Town, South Africa.

These calls followed the United Nations Decade of Disabled Persons between 1983-1992, and the Asia-pacific Decade of Disabled Persons declared from 1993-2002 by the Governments in the Asia-Pacific.

The 70<sup>th</sup> Session of the Council of Ministers and the 35<sup>th</sup> Assembly of Heads of States and Governments of the Organisation of African Unity (OAU) subsequently declared 03 December 1999- 03 December 2009 the Decade of Disabled Persons in Africa, with the following objectives, among others:

- ✓ Strengthening the African voice of disabled people;
- ✓ Putting disability on the social, economic and political agendas of African governments;
- ✓ Spearheading the implementation of the Equalisation of Opportunities for People with Disabilities; Leading the adoption of a Convention Disabled People by the OAU member states;
- ✓ The application of UN Instruments on the Declaration of Human Rights;
- ✓ Address of issues pertaining to children, youths and women's disabilities;
- ✓ To use UN Standard Rules as basis for policy and legislation to protect the interests of disabled people in Africa.

President Mbeki launched the South African Chapter of the Decade on 05 December 1999 during the SA Federal Council on Disability National Conference in Johannesburg.

The fact the Africa Decade of Disabled Persons kick-starts the African Century is of particular importance, as this will provide governments, the private sector, the international community, society at large and organisations of people with disabilities in particular, with an ideal opportunity to ensure that barriers that prevent people with disabilities from participating equally in the development of their communities, are addressed right from the start of the African Century.

People with disabilities will therefore be able to equally participate in the moral and economic renewal of Africa, and of benefitting from debt relief, expanding international markets and by ensuring that the strengthening of Africa's infrastructure is barrier free. We as Africans will be able to determine what these barriers are, and how best to remove them within the contexts within which we live.

It is important to remember that the African Decade is not about South Africa per se. It is about Africa. Therefore a need to relate national issues to its relevance and impact on Africa by looking beyond national issues only and trying to find solutions within a broader perspective.

The South African theme for the African Decade has been confirmed as 'Disability Renaissance – from Poverty to Social, Economic and Political Empowerment in Africa'.

The Office on the Status of Disabled Persons (OSDP) in the Presidency and DPSA has formed a joint working group to plan (provide direction), co-ordinate and monitor the implementation of the Decade in SA. The SAFCD will play a pro-active role in disseminating information to, and fostering communication between disability organisations in South Africa.

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## **7 The Disability Rights Movements in South Africa**

The foundation of the disability rights movement in South Africa was laid in 1981, which was designated by the United Nations as International Year of Disabled Persons (IYDP). While the South African Government chose not to recognise this year, disabled activists in South Africa came together to discuss their oppression and marginalisation.

These activists had learnt from the international experience of the previous year, and had one realise that the welfare sector had in fact weakened groups formed by people with disabilities by splitting people with disabilities in different groups – supposedly to deal more effectively with specific problems- as it created division among people with disabilities. They realised that, regardless of whether they were blind or used a wheel chair, their strongest handicap was society's view of people with disabilities.

They also realised that oppression and discrimination is a human rights violation, irrespective of whether the discrimination takes place on the basis of race, gender, class, religion or disability. This was particularly true in a country which was torn apart by systematic racism through the apartheid system. A large number of South Africans were disabled as a direct result of the liberation struggle, as a result of the brutality of the security forces, or through poverty created the apartheid system.

Oppressed people therefore share a common goal towards the eradication of discrimination and the creation of a just society, and the only way effectively challenging this and changing people with disabilities, and secondly as part of the broader liberation struggle of South Africa.

People with disabilities therefore started organising themselves into local organisations of disabled persons or self help groups. One of the most well known of these self-help groups was the Self Help Association of Paraplegics in Soweto – better known as SHAP. Its founder member, the Late Friday Mavuso, was the first black person with a disability in South Africa to sue a minister and Police for his injuries. This resulted in him becoming almost a cult figure in the townships and an inspiration to people with disabilities way beyond the borders of South Africa.

These self-help groups, together with some individual disabled activists, came together in 1984 to formally constitute Disabled People South Africa.

A question that obviously confronted the disability rights movement at the time was how to legally confront discrimination against people with disabilities in a country that did not recognize the equal rights of all people. It was therefore logical for Disabled People South Africa (DPSA) to join the National Democratic Revolution in the form of the Front during the Apartheid years.

DPSA as result became the only South African disability organisation with international recognition as a legitimate and democratic organisation representing disabled South Africans. It was therefore admitted as a full member of Southern Africa Federation of the Disabled (SAFOD) in the mid-eighties, even though it did not constitute a federation of different national organisations of Disabled persons as such.

The disability rights movement, initially active mainly in urban areas, moved into the vast rural areas and former Bantustans of South Africa in the late eighties and early nineties with assistance of the Rural Disability Action Group (RURACT). RURACT was formed by disabled activists and service providers working in rural areas that mobilised and organised for improved service- delivery, education and poverty alleviation in the deep rural areas of South Africa. The RURACT programme was suspended with the opening of DPSA's regional offices and the opening of the Disability Programme in the RDP Ministry (the fore-runner of the OSDP).

### References

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## **8 The South African Disability Institutional Framework**

### **Disabled People South Africa (DPSA)**

DPSA is recognised as the democratic cross-disability umbrella body of organisations of people with disabilities in South Africa. The organisation has as such always strived to unite South Africans with disabilities across race, gender, language, religious and class boundaries.

#### *Mission*

To be an effective and efficient democratic national assembly of all persons with disabilities, which mobilises us to advocate for our rights for the attainment of equal opportunity in an integrated social, political and economic environment.

#### *Objectives*

- ✓ To organise, mobilise and empowerment people with disabilities so that they can champion their own development, fight injustice and society's discrimination, thus creating conditions for increased unity of purpose, interdependency, and a reinforced spirit of self-help.
- ✓ To build a strong national movement of people with disabilities by strengthening our organisational structures at local, provincial and national level through leadership training, organisational development and the transfer of skills.
- ✓ To advocate for the rights of people with disabilities by contributing to the development and monitoring of and enabling legislative framework that will strengthen the building of a just society where citizens with disabilities enjoy the same rights and responsibilities as their abled-bodied peers.

#### *Membership Structure*

DPSA is made up of more than 150 organisations across the country, the majority of which are local self help initiatives by people with different disabilities in rural areas and pre-urban townships, but also including a number of national organisations of disabled people.

Affiliated organisations with full membership (organisations who qualify as organisations of disabled persons) come together at district level to form District Development Teams, and/or at provincial level to form Provincial Development Teams (PDT's). Provincial Executive Committees are responsible for the monitoring of delivery at provincial level. Coordination of provincial activities take place from the nine provincial offices staffed by Provincial Development Coordinator and his/her support staff. (Refer to the Resource List for Contact details)

The chairperson and deputy chairperson of each of the nine PTD's form the DPSA National Council. Council has the prerogative to co-opt additional members to facilitate cross-disability representation and skills diversity.

The National Executive Committee is elected by Council and is responsible for the day-to-day management of the organisation, supported by the Secretary General and his/her Deputy, national programme staff as well as Provincial Development Coordinators (PDC's). The Head Office is in Cape Town and can be contacted at [mzolisi@dpsa.org.za](mailto:mzolisi@dpsa.org.za)

### *Programmes*

DPSA operates the following **national** programmes:

- ✓ The Membership and Policy Development Programme (MPDP) and Local Disability Rights and Self-Representation Programme (LDRS) promotes the participation of people with disabilities in the process of policy development at national, provincial and local levels by advocating for the adoption by Government of policies that promote and protect the rights of disabled persons through social, economical and political empowerment. The Parliamentary Office is responsible for coordination of the MPDP and LDRS and can be contacted at [parliament@dpsa.co.za](mailto:parliament@dpsa.co.za)
- ✓ The Disabled Women's Development Programme (DWDP) enables women with disabilities to be at the forefront of their own development. Recognising the additional disadvantage experience by disabled women, this programme seeks to promote the participation of disabled women in the national movement for gender equality, and facilities that acquisition of leadership and other essential skills for self help development of disabled women.
- ✓ The Disabled Youth South Africa (DYSA) was formed in 1998 and strives to promote the empowerment of disabled youth. A National Committee oversees the planning and implementation of activities at national and provincial levels.
- ✓ The Economic Empowerment Think Tank was established to develop, monitor and support sustainable socio-economic opportunities for persons with disabilities. Activities include research to provide critical qualitative and quantitative analysis that will assist persons with

disabilities, the business community, civil society and the public sector to realise the potential outcomes of the Economic Empowerment Framework Programme that have been endorsed by the 1998 Jobs Summit and the OSDP as a framework for economic development.

Additional programmes are also being spearheaded in selected provinces, mainly based on the availability of funds:

- ✓ The Enterprise Development Programme (EDP) provides a comprehensive subsidised business development support service to entrepreneurs with disabilities, either as individuals or self-help income generating projects.
- ✓ The Community-Based Rehabilitation (CBR)
- ✓ Disability Support Project is a peer and family counselling service provided by disabled consultants that provides people with disabilities, their families and communities with information with information on disability and disability-related social services and opportunities, as well as referral services to relevant health, rehabilitation, education and employment services for assessment and intervention.

## Leadership

The following leaders were elected at the 1999 DPSA Congress. Congress comes together every two years to elect a new leadership:

- ✓ Louise Nizmande was elected as the DPSA National Chairperson.
- ✓ Dudu Makoena was elected as Deputy Chairperson: Disabled Women.
  - ✓ Vincent Daniels was elected as Deputy Chairperson: Development.
  - ✓ Peter Matthews was elected as Deputy Chairperson: Human Rights.
  - ✓ Shirley Makutoane serves as Deputy Chairperson: Children in her capacity as DICAG national chairperson.
- ✓ Hendrick 'Master' Modise was elected as Treasurer.

Mzolisi 'Mike' Ka Toni was appointed as Secretary accepted to serve as parton of DPSA and the disability rights movement in 1998.

DPSA has also facilitated the establishment of the National Working Committee (NWC). The NWC is a forum for disabled activists who have been working for these institutions, to come together to debate issues that impact on the lives of people with disabilities in general, or disability rights movement in particular and thereby foster unity among leaders of the movement.

### **The South African Federal Council on Disability (SAFCD)**

The SAFCD is the national umbrella body for all national welfare organisation, as well as national organisations of disabled people and parents, come together to negotiate and develop common visions for the equalisation of opportunities for people with disabilities.

The following organisations for and for persons with disabilities are affiliated to the SACD:

- ✓ Disabled people South Africa (DPSA)
- ✓ Disabled Children Action Group (DICAG)
- ✓ The Deaf Federation of South Africa (DEAFSA)
- ✓ The South African National Council for the Blind (SANCB)
- ✓ Down Syndrome Forum of South Africa (DSSA)
- ✓ The National Council of Quadriplegic Associations in South Africa (QUASA)
- ✓ The National Council for People with Physical Disabilities (NCPDP)
- ✓ The South African National Epilepsy League (SANEL)
- ✓ The South African Federation for Mental Health (SAFMH)
- ✓ The South African Foundation of Cheshire Homes
- ✓ The Cancer Association of South Africa (CANSAS)
- ✓ National Division for Persons with Cerebral Palsy (NDPCP)
- ✓ South African Council for the Aged (SANCA)

The SAFCD can be contacted at [safcd@ability.org.za](mailto:safcd@ability.org.za)

## **The Offices on the Status of Disabled Persons (OSDP's)**

Offices on the Status of Disabled Persons have been established in the Office of the Presidency as well as in the Offices of the provincial Premiers. These offices are responsible for working together with, and parallel to, the various state bodies, departments and disability NGO's in order to further the development of a disability-friendly environment. They are therefore responsible for the overall co-ordination and monitoring of the implementation of the Integrated National Disability Strategy.

Minister Dr. Essop Phased is the Minister currently responsible for disability in the Presidency.

## **Other Institutions that Impact on the Lives of People with Disabilities**

There are a number of institutions that play a very important role in the equalisation of opportunities for persons with disabilities. A number of these institutions have as a result been targeted for the deployment of disabled activists.

## **The Constitutional Court**

Website: <http://www.law.wits.ac.za/court/court.htm>

The Constitutional Court is the highest court in the land for all constitutional matters. The judgements of the Court are based on the Constitution, which is the supreme law of the land. These judgements guarantee the basic rights and freedoms of all persons. They are binding on all organs of government, including Parliament, the Presidency, the police force, the army, the public service and all courts. This means that the Court has the power to declare an Act of Parliament null and void if it conflicts with the Constitution and to control executive action in the same way. When interpreting the Constitution, the Court is required to consider international human rights law and may consider the law of other democratic countries.

Anyone wishing to bring a constitutional case before the Constitutional Court must usually start in the High Court. Legal aid will be provided in certain circumstances. The Court also has two Justices serving on it who are disabled, namely Justices Albie Sashes and Zac Yacob.

## **Parliament**

Website: <http://www.parliament.gov.za>

Parliament is the legislative authority of South Africa and has the power to make laws for the country in accordance with the Constitution. It consists of the National Assembly and the National Council of Provinces (NCOP). The National Assembly is elected every five years through a system of proportional representation. The NCOP is responsible for representing provincial interests in the national legislative process. A Joint Monitoring Committee on the

Improvement of the Quality of Life and Status of Children, Youth and Persons with Disabilities has been established. This committee is responsible for monitoring and evaluating progress with regard to the improvement in the quality of life and status of Children, youth and disabled persons in South Africa, with special reference to the Government's commitments in respect of any applicable legislation. The Committee may also make recommendations to National Assembly and/or NCOP committee. The Parliamentary Monitoring Group was established in 1995 as a partnership between Black Sash, Human Rights Committee and Idasa with the aim of monitoring the South African Parliamentary Committee meetings. Minutes of all meetings are available through the PMG website.

**Provincial Legislatures** have similar functions as Parliament, but at provincial levels. One can link up through the provincial legislature website on <http://www.gov.za/contacts/prov.htm>

### **The SA Human Rights Commission (SAHRC)**

Website: <http://www.sachr.org.za>

The South African Human Rights Commission (SAHRC) derives its power from the Constitution and the Human Rights Commission Act of 1994. The SAHRC works with government, civil society and individuals, both nationally and abroad, to fulfil its Constitutional mandate and serves as both a watchdog and a visible route through which people can access their rights. The Commission's objectives are to:

- ✓ Develop an awareness of human rights among the people of South Africa;
- ✓ Make recommendations to organs of state in order to enhance the implementation of human rights;
- ✓ Undertake studies and report to Parliament on matters relating to human rights; and
- ✓ Investigate complaints of violations of human rights and to seek appropriate redress.

Disability forms one of the focal points of the Commissions' work-

- ✓ A Disability Policy has been adopted to guide the work of the SAHRC.
- ✓ A Section 5 Committee on Disability was established to advise the Commission on disability matters.

### **The Commission on Gender Equality (CGE)**

Website: <http://www.cge.org.za>

The Commission on Gender Equality is a state institution that supports Constitutional democracy. The aim of the Commission, as set out in section 187 of the Constitution is to promote gender equality and to advise and make recommendations to Parliament or any other Legislature laws or proposed legislation which affects gender equality and the status of women.

### **Public Service Commission (PSC)**

Website: <http://www.gcis.gov.za/gov/psc/home/psc.htm>

The public Service Commission is an independent and impartial body created by the constitution to enhance excellence in governance within the public service by promoting a professional and ethical environment and adding value to a public administration that is accountable, equitable, efficient, effective, corrupt-free and responsive to needs of the people of South Africa. The Commission carries out mission by investigating, monitoring, evaluating, communicating and reporting on public administration.

### **The National Youth Commission (NYC)**

Website: <http://www.nyc.gov.za>

The National Youth Commission was established to coordinate and promote the development of young women and men through the design and implementation of a holistic and integrated National Youth Policy and national youth development plan by ensuring inter-ministerial, inter-sectoral and inter-governmental collaboration for the advancement of young people through the involvement of all stakeholders. Its Head Office is in the office of the Presidency and it works closely with the Provincial Youth Commission that have been established at provincial level.

The Youth Information Service keeps youth informed about developments and progress, and also provides a toll-free line for youth who are looking for information about youth issues.

### **The Commission for Conciliation, Mediation and Arbitration (CCMA)**

Website: <http://www.ccma.org.za>

The Commission for Conciliation Mediation and Arbitration (the CCMA) is a dispute resolution body established in terms of the Labour Relations Act, number 66 of 1995. It is an independent body.

### **The National Economic Development, Labour and Labour Council (NEDLAC)**

Website: <http://www.nedlac.org.za>

The National Economic Development and Labour Council (Nedlac) is a representative and consensus-seeking body where government organized labour, business and the community seek to reach agreement through negotiation and discussion based on the proper mandates. The community constituency comprises representatives of the women, youth, rural, disabled and civic sector. DPSA represents the disability sector.

The Nedlac Act identifies the work of the organisation as follow:

- ✓ Seek to reach consensus and conclude agreements pertaining to social and economic policy.
- ✓ Consider all proposed labour legislation relating to labour-market policy before it is introduced in Parliament.
- ✓ Consider all significant changes to social and economic policy before it is implemented or introduced in Parliament.
- ✓ Encourage and promote the formulation of coordinated policy on social economic matters.

### **Independent Complaints Directorate**

Website: <http://www.icd.gov.za>

The independent complaints directorate was established to promote proper police conduct with the aim of developing public confidence in efforts of the saps, as well as facilitating the criminal prosecution of those saps members found to have engaged in criminal conduct. The icd considers complaints or allegation relating to:



- ✓ Deaths if persons in police custody or deaths that are as a result of police action.
- ✓ The involvement of police members in criminal activities such as robbery, theft of motor vehicles and assault.
- ✓ Police conduct or behaviour that is prohibited by the police regulations, such as neglect of duties or failure to comply with the code of conduct.

### **Compensation Commissioner**

**Website:** <http://www.wcomp.gov.za/index.html>

The compensation commissioner (formerly known as the workmen's compensation commissioner) oversees the implementation of the compensation for occupational injuries or diseases act, which aims to provide for compensation for disablement caused by occupational injuries or disease sustained or contracted by employees in the cause of their employment, or for the death resulting from such injuries or diseases; and to provide for rehabilitation, personal assistance, medical costs, pension, etc related therewith

### **The Pan South African Language Bored**

Website: <http://www.pansalb.org.za>

The pan South African language bored was established to promote multilingualism and develop previously marginalised languages. The board's responsibilities is outlined in the SA constitution and includes the promotion and creation of conditions for the development and use of official languages, including South African sign language.

### **The Public Protector**

Website: <http://www.gov.za/structure/protector.htm>

The national public protector receives, investigates, recommends and reports on complaints from aggrieved persons against government agencies or officials.

### **The South African Law Commission**

Website: <http://www.law.wits.ac.za/salc/salc.html>

**The commission is an advisory body whose aim is the renewal and improvement of the law of South Africans**