The Situation of Disabled People in The Republic of South Africa

June 2007
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Working Paper Series: No. 5
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Introduction

“My Governments commitment to create a people-centred society of liberty binds us in the pursuit of the pursuit of the goals of freedom from want, freedom from hunger, freedom from deprivation and freedom from fear. These freedoms are fundamental to the guarantee of human dignity. They will therefore constitute part of the centrepiece of what this Government will seek to achieve” - President Nelson Mandela in his Inaugural Address to the Joint Sitting of Parliament, 24th May, 1994

The purpose of the report is to provide a situational analysis of the social, economic and political status of disabled people in South Africa, as well as analysing the policy framework in which disability services are provided. It constitutes one of a series of case studies that seeks to examine the hitherto poorly-researched relationship between disability studies and development studies. It is believed that such an investigation has the potential to make a significant contribution to each of these respective separate fields of theory and practice. The contents of this report is based upon secondary sources of published material as well as interviews conducted with key stakeholders and individuals involved in the provision of disability services, and the promotion of the concept of disability as a matter of human rights. Interviews were held over a period of one month during February 2001, and were conducted with disability activists, representatives from the disability movement, officials from the Office on the Status of Disabled Persons at national and provincial level, the South African Council on Disability, organisations representing the rights and interests of parents with disabled children, organisations “for” disabled people, and the Department of Occupational Therapy at the University of Cape Town.
1. The Demographics of Disablement in South Africa

It must be emphasized, that in a fundamental way, that South Africa is still a relatively new country, still coping with the events that surrounded the demise of the Apartheid regime that existed prior to 1994. Consequently, the underpinning physical, social, economic, and political infrastructure, upon which disability services are founded, are still emerging. South Africa as a society is still very much in a state of transition. Within the disability sector, the consequences of Apartheid are still apparent. Traditionally, under the old regime, those services that were provided were predominantly in closed institutions, almost exclusively to the white population. Those services provided were by “organisations for disabled people”, which operated under a charity-based ethos. For all intents and purposes, there was no services provided for the black population. The legacy of apartheid has resulted in the uneven distribution of resources, with those living in the townships and rural areas receiving no services at all.

To date, in alignment with most other developing countries, there are few reliable statistics that exist regarding the number of disabled people within South Africa. According to the 1996 South African census, there were 1.87 million disabled people living in South Africa, constituting 4.7 per cent of the total population. These figures were extrapolated from the 1995 Household Survey which was conducted in 1995. However, the reliability of these statistics should be treated with caution. The figures are based upon self-reported disability, and therefore are likely to be an underestimate, since of the stigma that is often associated with the condition. Furthermore, there is indeed a lack of definitional clarity regarding exactly what constitutes “disability”. Notwithstanding these caveats, the statistics provide some interesting observations. Research undertaken by the Community Agency for Social Enquiry (CASE), based in Johannesburg, in discussing the overall situation of disabled people in South Africa stated the following:-

“If the October Household Survey data is analysed by racial breakdown, Africans have the highest percentage of people with disabilities, with the white population the lowest at 4%. All the figures, in aggregate, reflect a range of 4 to 5 per cent of their respective population groups and provinces, with some outliers. This suggests that the total number of people with disabilities indicated by the October Household Survey is a relatively reliable indicator of the prevalence of disability nationally. ... While there may be uncertainty and disagreement about the exact level of disability prevalence, it is fairly commonly accepted that approximately 25% of families or households are affected by disability” (Schneider, M. and Marshall, S. 1998:27).

Research undertaken by CASE, regarding the reform of the social security system, estimated that approximately 80 per cent of disabled people lived in households with an average per capita income of less than R10,000 (approximately $900), compared with 70 per cent of the general population. Thus, it is possible to conclude that the presence of a disability increases the chances of living in extreme possibility by approximately 10 per cent. The 1995 October Household Survey estimated that 26 per cent of disabled people had received no education whatsoever, and that 1 per cent held a degree. The CASE report extrapolated that a disabled person who had received no education whatsoever had a 60 per cent likelihood of living in extreme poverty, compared with a 44 per cent chance for their non-disabled counterpart. Again, these figures starkly illustrate the symbiotic relationship between disability and poverty.

Other estimates of the number of disabled people living in South Africa have been made. For example, the 1996 South African Population Census estimated, based upon a 10 per cent sample, that there were 3,037,351 people with disabilities, accounting for 6.7 per cent of the national population. In 1997 the Department of Welfare estimated a disability prevalence rate of
12.7 per cent. The census also found that the severity of impairment for the majority of disabled South Africans was slight. The table below gives a disaggregates the 1996 Census data by category of impairment. The categories that are given below are extremely broad, and should be treated with caution. It is impossible to draw international comparisons from this data.

<table>
<thead>
<tr>
<th>Category of Impairment</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of sight</td>
<td>41</td>
</tr>
<tr>
<td>Physical impairment</td>
<td>21</td>
</tr>
<tr>
<td>Loss of hearing</td>
<td>15</td>
</tr>
<tr>
<td>Mental disability</td>
<td>7</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>6</td>
</tr>
<tr>
<td>Not specified</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The South African Federal Council on Disability are of the opinion that it is difficult to be sure how many disabled people actually live in South Africa, which consequentially militates against the effective provision of disability services. Several reasons can be given for this state of affairs, which include differences in definitions of disability; methodological differences in sample surveys; negatives social attitudes towards disabled people resulting in them being hidden; the poor service infrastructure that exist in rural areas and townships; and violence that has impeded upon the process of collecting data. The Federal Council candidly state:

“... it is likely that factors such as poverty and the continual spiral of violence may have contributed to a greater prevalence of disability in this country than has been estimated. The INDS further ascribes the causal effects of disability to: violence and war; poverty, lack of information; failure of medical services; unhealthy lifestyles; environmental factors;

Furthermore, Kathy Jogae, in chronicling the rise of the disability movement in South Africa has poignantly stated:

“... From 1976 onwards, we have been fed the cold, frightening figures of those detained, killed and those known to be injured. Seldom have we been made publicly aware of that, of those injured, some will be disabled for the rest of their lives. From the >76 Soweto riots, we know that children lost limbs from bones being shattered or bullets going septic. In the last few years, increasingly we know of people being spinal injured (even with bullets going through as high as the neck), blinded by birdshot, brain injured from bullets through the skull and even now suffering permanent hearing loss.” (Jague, K. 6)

2. The Emergence and Development of the Disability Movement

The issue of disability has become highly politicised within the new South Africa. The rise of the disability movement was strongly associated with the liberation movement, having strong linkages with the ANC. During the 1980s, building upon the experience of the disability movement in Zimbabwe, disability activists in South Africa strategically positioned themselves alongside the ANC, in their endeavour to ensure that disability issues were placed upon the political agenda. Disabled People South Africa (DPSA) was established in 1984 by disabled people as a democratically-elected pressure group, to lobby for their rights, as well as ensuring that the services they provide actually do in fact meet their needs. The linkages between the ANC and DPSA were so strong that the latter was invited to participate in the CODESA negotiation process which resulted in the drafting of the new South African constitution. In the 1994 election, DPSA with the support of the ANC,
fielded three candidates, two of which were successful in being elected to parliament.

Currently, DPSA has 150 affiliated organisations or “self help groups” established throughout the country, representing over 2,500 disabled people. Its mandate is to represent the views and interests of all disabled people, irrespective of their particular impairment. However, many within the disability sector, including some members within DPSA itself, maintain that there is indeed a “social hierarchy of impairment” within the movement, positing this some impairment groups are more influential than others. A director of a sheltered workshop located in the suburbs of Johannesburg stated that paraplegics were the “roles royces” within the movement, while, in contrast, those with intellectual or learning difficulties were perceived as the “cinderellas”. Furthermore, the vast majority of the membership of DPSA are black, with virtually none of the other three racial groups being represented. Once again, this can be attributed to the legacy of Apartheid, where under the former regime, disability service provision was only available to the whites.

The movement maintains that it has been successful in changing popularly perceived attitudes regarding disability within South Africa, and has been influential in changing the constitutional and legislative framework in which disability policy is situated. Thus, disability is no longer perceived as a charity or welfare issue, but in terms of human rights and development. For example, the new South African Constitution actually outlaws discrimination that results from disability.

Mike Toni, Secretary General of DPSA, when interviewed stated that the principal challenge that faces the movement at the present time is to build an organisation that speaks with a united voice, while at the same time representing the interests of different impairment groups. A further challenge is to work with other organisations within the disability sector who hold differing ideological positions and working practices from their own. As will become clear below, with the establishment of the Office on the Status of
Disabled Persons and the South African Federal Council on Disability, it has become imperative for all organisations to seek to work together collectively.

In parallel with the rise of the disability movement, during the post Apartheid era, parents of disabled children have established their own pressure group with the objective of securing their rights. The Disabled Children’s Action Group (DICAG) was established in 1992, by a group of parents who realised that in effect, their children were not benefiting from the rights that they already had. Originally, the organisation was part of Disabled People’s South Africa, but then subsequently broke away to form its own separate entity. DICAG, as an umbrella group has contact with between 12,000 to 15,000 parents, and has direct access to 3,900 children. However, no reliable statistics exist regarding the breakdown of their impairments. Furthermore, many parents, especially within rural areas were ignorant regarding their children’s rights. South Africa is a signatory to the United Nations Convention on the Rights of the Child, and UN’s Standard Rules on the Equality of Opportunities for Disabled Persons. In principle, at least, the South African Government recognises that disabled do indeed have rights, but these are not commonly understood or recognised. DICAG’s strategy is establish “self-help” groups, consisting of parents, whose role is to act as facilitator for the empowerment of disabled parents. The work initially started in the Western Provence, and to date approximately 300 groups have been established. Bernadette Liederman, the Executive Director of DICAG stated that the major problem to be overcome was negative social attitudes. DICAG also runs special groups of teenage youths with disabilities, assisting them with the transition from childhood to adulthood. Bernadette Liederman, when interviewed during February 2001, was of the opinion that parents had great difficulty in “letting go” of their children, especially as the matured into adolescence, and then into becoming mature adults.

From DICAG’s perspective, in agreement with the South African disability movement, the services that are provided for disabled people are structured according to geography, with the situation in rural areas being the worst. With
many rural communities, the majority of disabled people have received no formal education whatsoever. Furthermore, as is the case within the South Indian context, the cause of disability is invariably attributed to “sin”, with the burden of caring of a disabled child falling upon the mothers and grandmothers. Also, professionals providing disability services have difficulties in perceiving parents as equal partners. There is still a culture of professional paternalism and hierarchy existing within South Africa. A further factor that impedes the effective integration of disabled children and, by implication, adults, is the cultural diversity that exists within the country, where there are 12 official languages.

3. The Policy Framework for Disability

3.1 National Integrated Disability Strategy
In the wake of the 1994 general Election, DPSA strongly lobbied the newly elected government to formulate a coherent policy on disability issues. As a result of an ongoing consultative process, the National Integrated Disability Strategy White Paper, the INDS was published in November, 1977. The objective of the White Paper was to set out, in broad terms, the Government’s stance upon the issue. The funding for the consultative process for the INDS was provided by the Swedish International Development Authority. The main organisations involved in the consultation process were the South African Council on Disability; Disabled People South Africa; the Deaf Federation South Africa; the National Epilepsy League; the Quadriplegic Association South Africa; and the South African National Council for the Blind.

The tone of the INDS is very much couched in terms of human rights, endorsing the principles of the social model of disability. The paper thus states:

“People with disabilities are excluded from the mainstream of society and experience difficulty in accessing fundamental rights. There is, furthermore, a strong relationship between
poverty and disability. Poverty makes people more vulnerably to disability and disability reinforces and deepens poverty. Particularly vulnerable people are the traditionally disadvantaged people in South Africa, including, additionally, people with severe mental disabilities, people disabled by violence and war and people with AIDS. ... Over the past decade, disabled people’s organisations all over the world have worked to reposition disability as a human right issue. The result is a social model of disability based on the premise that if society cannot cater for people with disabilities, it is society that must change. The model requires substantial changes to the physical environment. The goal must be the right of people with disabilities to play a full, participatory role in society.”

Thus, the INDS seeks to orchestrate a paradigm shift in the conceptualisation of disability from medical/welfare approach, perceiving disabled people as ill and essentially unproductive, to one where disability is perceived to be the result of discrimination and the neglect of the needs of disabled people.

The INDS outlines the constitutional and political position of disabled people in South Africa, of which there are several aspects. First and foremost, Chapter 2, Section 9 of the 1993 Constitution explicitly states that “Everyone is equal before the law and has the right to equal protection and benefit of the law”. Thus, at least in theory, this constitutional clause has important implications for outlawing discrimination of disabled people within South Africa. How effective this clause will be in irradiating discrimination remains to be seen.

In addition to the constitutional rights that have been endowed, the INDS lists several other national and internationally recognised instruments that have to potential to raise the status within contemporary South African society, and to which the newly elected government has become a signatory. The strategy...
endorses and acknowledges the importance of the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly on the 20th December, 1993. The rationale that underpins the Standard Rules is to invoke a strong moral and political commitment upon signatory states to implement polices resulting in the equalization of opportunities for disabled people. Consequently, the Standard Rules attempt to provide an instrument to assist policy making in this area, founded upon the view that disabled people will enjoy the same rights and responsibilities as other South African citizens. It is beyond the remit of this paper to review the content of the Standard Rules in their entirety. However, they do emphasise the need for there to be co-ordination and collaboration between UN agencies, organs of the State, NGOs and organisations of disabled people.

To complement these international instruments, there have been, are various times to draft analogous documents within South Africa. For example, in 1991, the Disability Rights Unit of the Lawyers for Human Rights, in collaboration with DPSA, produced a Charter for the Rights of Disabled People. Once again, this document was the result of a lengthy consultation process within the disability sector. The charter consists of 18 articles, setting forth the rights of disabled people in the following areas: non-discrimination; self-representation; health and rehabilitation; education; employment; sport and recreation; social security; housing, recreation; transport; built environment; disabled children; disabled women; independent living; communication; participation in social life; prevention; positive action; and enforcement;

In addition, the 1994 Reconstruction and Development White Paper makes an explicit reference to enhancing the status of disabled people. It therefore states the following:-

"The Government will design, in consultation with disabled people, a comprehensive programme for the disabled which"
will enhance their engagement in society and remove discriminatory practices against them, especially in the workplace. Government will also discuss means to reintegrate mentally and physically disabled people into their communities. Special attention will be given to mental illness and physical disability arising from trauma and violence which can prevent people from functioning normally in society” (Government of South Africa, 1994:41).

The INDS makes specific recommendations regarding the development of disability policy in a very wide range of areas. These are prevention, public awareness and education, education, rehabilitation, accessibility, transport, communications, data information and research, education, human resource development, social welfare and community development, social security, housing and finally, sports and recreation.

Mr Andrew K. Bube, a disability consultant based in East London who had previously worked for the South African Federation of Disabled People (SAFOD) was of the opinion that the publication of the INDS was a marker to the newly elected government, and to the nation as a whole, that disability was a development and human rights issue that had to be taken seriously, and that disability encroaches upon every aspect of daily life. The INDS was is essence a “wish list” drawn up by the disability movement in collaboration with government officials. Since its publication in November, 1997, no substantive legislation has been enacted to implement the principles that underpin the White Paper. Opinion is divided as to whether legislation is indeed necessary, as some of the White Paper’s recommendations are already being implemented. For example, at the provincial level, communal 16 seater taxis (locally known as “combis”) are being adapted to accommodate wheelchair users. However, one on the main obstacles that impinges upon the effective implementation of the INDS is that lack of scare resources that have been allocated.
Many of those within the disability movement maintain that notwithstanding the publication of the INDS, the situation of disabled people in South Africa has remained largely unchanged in the advent of the new democracy, save form some few cosmetic legislative measures. In reality, disabled people continue to live in a state of poverty, thereby being marginalised from mainstream society. Reduced opportunities to take advantage of education, training, and by implication, employment, inevitably result in living in conditions of extreme poverty and poor living conditions. In an unpublished document published by the South African Council on Disability, dated March 2001, it was stated that one of the major factors that militates against disabled people achieving the status of full citizenship was that disability issues still continue to be dealt with in a piecemeal and invariably ad hoc manner, with no systematic co-ordination between the organizations within the disability sector. This is invariably the case in rural areas.

DICAG was of the opinion that the INDS has indeed has a positive influence upon the provision of disability services in South Africa, and how disability is perceived.

### 3.2 The Office on the Status of Disabled Persons

The Office on the Status of Disabled People (OSDP), a statutory body located in the Office of the Presidency, is charged with the mandate of implementing the philosophy and recommendations of the INDS encompassing all government departments. Particular emphasis was given to ensuring that all Government Departments employed disabled people, with a quota figure of two per cent of the total workforce being set. According to in INDS, the aims and objectives of the OSDP are as follows:

- “To facilitate the integration of disability issues into government developmental strategies, planning and programme;”
To develop an integrated management system for the co-ordination of disability planning, implementation and monitoring in the various line functions at all spheres of government;

To develop capacity building strategies that will enhance Government’s ability at all levels to implement recommendations contained in the Integrated National Disability Strategy;

To put in place a programme of public education and awareness raising aimed at changing the fundamental prejudices resident in South African Society; and

To create an enabling environment that will lead to the full participation and equalisation of opportunities for persons with disabilities”.

In early 2000, the OSDP commissioned an independent research consultancy company, Research Dynamics South Africa, to evaluate what progress had been made in implementing the INDS. Their report was published in August 2000, examining what had been achieved in 18 government departments. It was found that since 1994, the Government of South Africa have developed numerous policies and initiatives to integrate disabled people into mainstream society. However, within the public sector, attitudes towards disabled people have largely been based upon a medical model understanding of disability, especially at senior management level. Thus, operational working practices have not been in alignment with the underlying principles of the INDS. The report states:-

“Despite having a policy and legislative environment that is not conductive to disability integration, most departments do not have disability integration policies. Availability of such policies is fundamental to mainstreaming people with disabilities as they create an enabling environment for
disability inclusion and integration. ... Government departments are putting very little effort in creating public awareness about disability issues. There is generally very little or no capacity for integrating disability issues in government departments. The training of government officials in the execution of the INDS is a critical component of disability integration.” (Research Dynamics South Africa, 2000:v)

3.3 The South African Federal Council on Disability
The South African Federal Council on Disability (SAFCD) is the national umbrella body for all national disability NGOs. It is the national forum where all national welfare organisations, 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 Council was established in the aftermath of the publication of the INDS, attempting to present to Government, at both the Provincial and State level, a unified and coherent strategy of disability issues. Philip Thompson, currently Chairperson of the Federal Council, stated that this is indeed an ambitious task, since the constituent members of the Federal Council are invariably at ideological loggerheads with each other regarding the future development of disability policy within the country. Given this situation, the role of the Federal Council is to present to Government a position on a particular aspect of disability policy, (for example, the future development of the social security system), acknowledging the different opinions that members of the Federal Council hold.

Thus, the role of the Federal Council is to co-ordinate the disparate views within the disability sector; to establish a consultative framework within the sector in an attempt to present a coherent policy to government departments; putting forward ideas in terms of policy development with reference to disability, taking into account internationally ratified conventions; to lobby government in a coherent and co-ordinated manner on specific disability
issues and so forth; the dissemination of information and finally, raising awareness on disability issues among the general population. At the present time, the Federal Council on Disability consists of 54 members, each representing different and often conflicting ideological positions within the disability sector. These include deafness; blindness; mental and neurological disabilities; children with disabilities and their parents; disabled people who are old, Disabled Peoples South Africa, as well as traditional service providers. In addition, the Executive Committee of the Federal Council consists of 12 members elected from the membership, again reflecting the broad spectrum of the autonomous organisations affiliated to the Council. Under its mandate, it must meet at least three times a year.

Furthermore, on a bi-annual basis, the Federal Council on Disability holds a Consultative conference, with the objective of encouraging the broadest representation of ideas across the disability sector. Any member affiliated to the Federal Council has the right to attend and make their views known. It also provides a forum for informal networking and for some of the more traditionally held suspicions and mistrust that inevitably exist between the different organisations within the disability sector.

One of the inherent difficulties within the wider spectrum of South African disability politics is who has the legitimate “voice” in representing the views and opinions of disabled people, and the disability sector more generally to government. Disabled Peoples South Africa would argue that they are the sole legitimate authority, as their umbrella organisation of people with disabilities within South Africa. Alternatively, the Federal Council on Disabilities argues that it is the principal body that represents all interests within the disability sector. While it is recognised that there are good working relationships between the two organisations, it is intuitively apparent that there is friction and differences of opinion that exist between them.
4. Employment

From the fieldwork undertaken for this case study, it has been obvious that the biggest difficulty that faces disabled people in South Africa is that of unemployment. As has been demonstrated above, there are no definitive, reliable statistics regarding how many disabled people there are in the country. The INDS, published in November, 1997 estimated that 99 per-cent of disabled adults were economically inactive. Phillip Thomson, interviewed during February, 2001, was of the opinion that during the intervening four years since the publication of the INDS, that there has been no significant decrease in this statistic, with now less than 97 per cent of disabled people being unemployed.

The high insistence of unemployment amongst disabled people can be plausibly attributed to a number of distinct but related factors. Firstly, within South Africa as a whole, there is an average unemployment rate of between 40 - 50 per cent. Given this order of magnitude, from one perspective, it is indeed hardly surprising that the vast majority of disabled people are economically inactive. Secondly, again as a legacy of apartheid, there is indeed a gross inadequacy in the existing skills that disabled people have and those that are required to do a job, even those which require no or little retaining. During apartheid disabled children, particularly those living in rural area and townships, received virtually no education at all. Thus, after the elections in 1994, disabled people were not even in a position to take up a position, even when employers were willing to offer them a job. This precarious situation is further compounded by negative social attitudes held by local community members, who invariably perceive disabled people as being under the influence of witchcraft, or are inherently sinful. The situation of disabled people in townships and informal settlements are further compounded by the total lack of physical infrastructure, that in extreme cases, prevents disabled people from physically leaving their homes.
From a legislative standpoint, the Employment Equity (1995), does provide some incentive for employers to employ disabled people. However, as with much social policy legislation, there are real obstacles with respect to enforcement and implementation. The Employment Equity Act states that:

“No person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth”. (Employment Equity Act, 1995, Chapter 2, Paragraph 6).

During the site trip to South Africa, visits were made to a number of projects that were seeking the enhance and promote the employment prospects of disabled people. The Medunsa Organisation of Disabled Entrepreneurs (MODE), located in Johannesburg, was established in 1992. Its objective is to assist disabled people in establishing their own businesses, through providing training in business training and management. MODE provides a vocational rehabilitation programme of six weeks duration which seeks to equip participants with basic skills and business acumen, from which they are able to start their own businesses. The organisation has close linkages with microfinance companies which provide start-up capital of 750 rand. If the venture proves successful, then the applicant is able to obtain a further loan of up to 3,000 rand in at the end of the first year. Requests for additional capital will be considered on a favourable basis in subsequent years. The types of business that are established by disabled people upon completion of the vocational rehabilitation programme vary enormously, but include establishing tuck shop in rural villages, the weaving of handicrafts and so forth. By the end of March, 2000, MODE has assisted disabled people to establish 231 separate entities, 194 of which during the previous financial year. Thus, the activities of the organisation is undergoing a period of rapid exponential expansion, which is
creating major challenges. The organisation has also been instrumental in establishing its own affiliated micro-finance company, “Karabo Finance”, to provide start-up capital for businesses run by disabled people. The company has its own Board of Directors which are completely autonomous from MODE’s management structure. During the 1999/2000 financial year, Karabo Finance made a total of 221 loans, with the average loan amounting to 5,900 Rand (approximately $536). Notwithstanding the establishment of Karabo Finance, the company were unable to find sufficient and viable applicants for the funds that were available. Furthermore, Karabo itself has in the recent past had difficulties in securing its own financial viability and credibility within the wider micro-finance sector.

In addition to providing vocational rehabilitation, MODE has established its own employment agency “Aloga Businesses”, for people with disabilities, and has established good working relationships with employers in the private sector. During the 1999/2000 financial year, the MODE employment bureau had successfully placed 50 people into full-time employment, and has a further 650 clients who wish to obtain jobs. During the 1999/2000 financial year, 67.5 per cent of the businesses established were in retail, 26 per cent in the service sector, 6 per cent in manufacturing and 0.5 per cent in farming (MODE 2000:10).

The organisation has come to recognise that the most significant barrier that militates against disabled people from obtaining employment is negative social attitudes and prejudices held by employers, who believe that disabled people will in fact be a liability to their organization. However, this is invariably not the case. MODE’s 1999/2000 annual report states:-

“The main challenges faced so far in this ground-breaking phase, was the paradigms of employer with regard to the ‘abilities’ of persons with disabilities. Stereotype perceptions prevail, namely that this target group become ‘switchboard operators’. .... The MODE Employment Bureau therefore
invests effort in the lobbying of having employees with disabilities in the workplace. Learnings have included the facts that employees with disabilities generally show tenacity and staying power in the workplace, probably one of the work skills that employers most appreciates. A two-way solution to overcome hesitations that reluctant employers may have is for the employer to host a learnership for a disabled person. This also gives the disabled incumbent a chance in the workplace, to develop their own reference network”. (MODE, 2000:9)

A further aspect of MODE’s activities is to operate a sheltered workshop, whereby disabled people are able to acquire employment-related skills within a safe environment. However, recently, the ongoing viability of the workshop has come under threat, as public sector financial assistance for such enterprises are being cut and withdrawn.

As an organisation, MODE faces a number of daunting challenges in the future. Many disabled people remain “disempowered”, as they still live in a state of poverty, and therefore fill scarred to take the responsibility of taking out a loan as business venture capital. Others are happy to take such risks, but unaware of their ultimate responsibility to pay back such loans. Thus, the level of indebtedness and poverty becomes exasperated. A further problem, as already indicated, is the difficulty of securing initial start-up capital for disabled people, with the relationship between MODE and Karabo Finance still to be fully worked out and refined. Yet a further issue was that in 1999, MODE businesses grew faster than the requisite financial services could sustain.

During the field trip to South Africa, a visit was also made to a large vocational rehabilitation unit run by the Johannesburg Council for the Disabled (JOCOD). JOCOD operates on a large greenfield site between Johannesburg and Soweto. The project was started five years ago, and has largely been funded by government funding. However, in alignment with current government...
policy, subsidies for the voluntary sector are now being withdrawn, forcing NGOs such as JOCOD to become more self-sustaining, thereby becoming more business orientated.

Currently, JOCOD operates four business units. First, there is a contract workshop which employs approximately 200 people. The contracts that this workshop undertakes vary considerably, but are generally require low skills. During the site visit in February, 2001, those employed in the workshop were putting screws into plastic bags. The workshop employs 10 supervisors, all of whom have a physical disability.

Secondly, JOCOD operates a detergent manufacturing plant, which is run on a commercial basis. This project was started in September 1998, employing approximately 20 disabled people, who are engaged in all aspects of the production of the product. All the detergents produced are marketed under their own label and are sold locally throughout the Johannesburg area. Thus, this acts as a mechanism for promoting awareness of the productive abilities of disabled people. This particular activity has become so successful that JOCOD are now beginning to build a new processing plant on their existing site.

Thirdly, JOCOD have established a linen workshop, which employs approximately 10 disabled people. Although the products manufactured at the workshop, (which are mainly duvet and cushion covers), are of a high quality, the major difficulties encountered are to produce sufficient quantities to ensure economic viability, as well as developing an effective marketing strategy. Fourthly and finally, JOCOD has initiated a welding department, which aims to “train and equip people with disabilities in the area of welding and related tasks” and “to manufacture wrought iron articles to be marketed to generate an income” (JOCOD 2000:6). However, as is the case with the linen workshop, the organisation has experienced difficulties in marketing it products.
In addition to operating the four productive units above, JOCOD provides a number of other services to its clients. As has already been highlighted, a major obstacle that militates against disabled people successfully obtaining open employment is the fact that they have low literacy skills. In order to combat this fundamental disadvantage, JOCOD provides basic literacy courses, in both English and local languages. Literacy is a major problem for 80 per cent of JOCOD’s clients, as English is likely to be their second or even third language.

Finally, JOCOD provides a skills development and training programmes to its client, again with the objective of enabling to live in their own communities. The programme consists of eight components: self-empowerment; life skills, leadership/conflict resolution; seeking for jobs; personal hygiene; dealing with relationships; interpersonal interaction; and problem solving skills. Hence, JOCOD perceives disability in an holistic manner, seeing the need to develop life skills and employment skills in tandem.

5. Social Security and Social Assistance for Disabled People

Linked to the whole issue of employment is the related issue of what is the most appropriate means of providing social assistance to disabled people within South Africa. The Department of Welfare of the South African Government provides four types of assistance:

- The provision of Disability Grants for Adults
- Care Dependency Grant for families for disabled children
- Grant-in-aid; and
- Social relief in distress.

Given that the vast majority of disabled people in South Africa are currently not in a position to work, social assistance provides the only means of “economic survival”. Most countries throughout the developing world, particularly in Africa, do not have and provision of social assistance on the
scale that South Africa has. In South Africa, there are means-tested disability grants for adults, which are currently set at the rate of R540 (approximately £49) per month. In order to qualify for such a grant, the person must be over the age of 18, and as a result of their impairment, are unable to work. In addition, the applicant must comply with any medical treatment recommended to ameliorate the effects of employment. Research undertaken by CASE suggests that from an historical perspective, there was been confusion rationale for receiving a disability grant. Was it because the recipient was "disabled" per see or alternatively, was it because they were effectively unemployable? Furthermore, the CASE report states:-

“Disability grants have sometimes been accessed by people with a temporary disability, (e.g. a curable illness), and, because of the level of poverty in South Africa, this has become a disincentive for people to ever get well. Some people with, for example, tuberculosis, access the grant, and then do not take their medication so they maintain their grant by remaining ill”. (Schnieder, S. and Marshall, S. 1998:32).

In the light of these deficiencies, CASE recommended that a clear distinction be drawn between long-term disability grants, and those who require social assistance in the short-term. It was also recommended that the provision of free health services should not be linked to the receipt of the disability grant, since this also provides a dis-incentive to finding paid employment, thereby continuing to receive disability grants.

In addition, parents with disabled children are entitled to claim Care Dependency Grants. The rationale of these grants is to enable parents or foster parents to receive grants to take care of their children within a community setting. The presence of a disabled family member often places intolerable burdens upon households with disabled children, have the potential to thrust that family into deeper poverty. Once again the CASE report candidly states:-
“Poor children are often malnourished, subjected to increased disease, have little resistance and often no access to proper treatment. They are more exposed to inadequate sanitation, unsafe water and hazards in their homes, all of which may cause permanent damage. Taking care of a child with a disability often limits a family’s ability to produce food or generate income. The productive ability of the family decreases and the burden of care increases”. (Schbnieder, M. and Marshall, S. 1998:43).

The application procedure constitutes a medical assessment by a qualified doctor. This grant is also means-tested, and in order to receive any grant at all, the combined annual in must not exceed R48,000 per annum (approximately ,4,630). Children with HIV/AIDS are excluded from receiving such a grant. Research undertaken by the South African Federal Council on Disability suggests that only 26 per cent of eligible children actually receive the Care Dependency Grant.

In assessing the overall impact of the social assistance measures available to disabled people, the South African Federal Council on Disability are of the opinion that it is fragmented and, in parts, contradictory. For instance, the purpose of the Employment Equity Act is to promote minority groups, such as disabled people in obtaining employment. However, since the Disability Grant is means-tested, it is often the case that disabled people are often financially worse off by working, particularly when cost of transportation to the workplace are taken into consideration. Thus, the classic “poverty-trap” scenario exists in South Africa for disabled people.

Furthermore, Beth Burton, Executive Director of REHAB, an NGO providing disability services for disabled people in the Eastern Cape, was of the opinion that in many instances, the receipt of a disability grant was the principal source of income in many families. In reality, it is invariably the case that the
disabled person did not receive the benefits of the disability grant, since it was used as the primary means to financially support the family. Mrs Arnold stated in her interview that there was indeed documentary evidence that the grant system was open to corruption.

In addition to the two grants described above, impairments that are the direct result of injuries occurred during the course of employment are covered by the Compensation for Occupational Injuries Act (COIDA). Only employers make contributions to the COIDA fund, with rates varying between different categories of industries. This fund provides for medical and hospital costs; temporary incapacity costs up to 75% of monthly income; permanent total incapacity provision (a monthly pension); a partial incapacity benefit, contingent upon severity of disability; and payment to family members in the eventuality of death caused by an industrial accident. The Act also makes provision for payment of attendance allowance. In addition, The Occupational Diseases in Mines and Works Act, 1993 provides statutory compensation for occupational diseases and injuries that occur within the mining industry. The amalgamation of these two grants has been muted, but to date, there has been no movement on this. Many of those working in the mining industry are unaware of their rights and even fewer dependents are aware that they can claim compensation for breadwinners whom have died.

Within South Africa, there are private insurance schemes. However, due to the high level up unemployment and poverty in the country, the vast majority of the population are unable to make sufficient financial contributions to sustain such insurance. This situation is certainly the case with the most vulnerable members of society, including disabled people, of whom at least 98 per cent are unemployed within the formal employment sector.

In conclusion, it is apparent that the plethora of direct grants and other social assistance available to disabled are un-coordinated and often contradictory. The majority of benefits available involve some form of contribution. Therefore, in the vast majority of instances, the provision of social security is
only available to a very small proportion of disabled people. The CASE report on the reform of the social security system concludes:

“The majority of people with disabilities are, therefore, excluded from accessing social security mechanisms through formal employment and are further disadvantaged by being able to effectively access private, non-occupational based mechanisms”. (Schneider, M. and Marshall, S 1998:42).

The report further states that:

“... if all components of the social security system are to work effectively together to provide for the needs of people with disabilities, then the criteria for accessing benefits and processes towards establishing eligibility must look beyond diagnosis to understanding the impact of disability on a person’s life situation. The assessment must be coupled with an understanding of the purpose and objectives of the social security mechanism within the context of other support mechanisms and opportunities. (Schneider, M. and Marshall, S. 1998:18).
References


