PERSONS WITH DISABILITY

Study Commissioned by the Corporate Planning Unit of the City of Joburg as a Component of the Human Development Agenda

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1. INTRODUCTION

The Corporate Planning Unit in the Office of the City Manager, City of Johannesburg (CoJ) is in the process of developing a Human Development Agenda for the City. The intention of the HDA is to provide a framework for the city to be able to address issues including poverty and social exclusion with the aim of improving the quality of life for all in Johannesburg, also in relation to the identified vulnerable group. The City has highlighted a number of particularly vulnerable groups including the disabled residents of the CoJ. There are specific dimensions to poverty and social exclusion that exist amongst the disabled.

The aim of this research is to highlight the problems as well as identify the gaps for the human development agenda, as they relate to persons with disability in the City of Joburg. Once the issues have been identified and contextualized within the context of Johannesburg, being the largest urban area in South Africa, recommendations will be outlined for the immediate, medium and long term.

Persons with disability have been identified as one of the vulnerable groups that need to be further investigated for the City of Joburg’s and the possible incorporation into its Human Development Agenda. The intention of this research is to analyze the status quo and determine a problem statement as it relates to persons with disability in Joburg. Further, the research will make recommendations for the immediate, medium and long term so as to improve the quality of life of those identified in the City.
1.1. Overview of the Methodology

The methodology used aimed to capture the most accurate picture of disability in the City of Joburg and accordingly provide recommendations that should be implemented and would provide the most positive impact in the limited timeframes available for the study. It essentially went through four major steps, namely:

1.1.1. International and local literature review and analysis, especially within the context of current international protocol, achievements and declarations.

1.1.2. The second step involved reviewing the South African and Local documentation related to the disabled, focusing on available literature, legislation, associations and general trends.

1.1.3. Statistical analysis of available data was then undertaken, using primarily the 1996 and 2001 Census information. Due to the nature of the topic being researched, it was considered expedient to conduct a quantitative and qualitative analysis.

1.1.4. Due to the short timeframes, a detailed interview process could not be undertaken. It is considered important, as and when this process is taken forward, that this segment of the research needs to be unpacked. The National Disabled Persons of South Africa (NDPSA) were interviewed and three of the main associations were contacted.

1.1.5. Recommendations were then formulated, taking cognizance of the above and focusing on the role of local government in the human development process for persons with disability within the City of Joburg.
The diagram below summarizes the process that was followed in conducting this research on behalf of the City of Johannesburg.

**RESEARCH METHODOLOGY FOR DISABILITY STUDY**

1.2. **Structure of the Paper**

This paper focuses on analyzing one of the identified vulnerable groups in Johannesburg, namely persons with disability. The study has essentially been divided into five primary components, namely:

1.2.1. An overview of the legislative, global and African contexts within which this research have been grounded. This component also elaborates on and confirms the most appropriate definition for persons with disability, within the context of both the local and international terminology.
1.2.2. The next step was to undertake a statistical analysis of both the quantitative and qualitative aspects. This also includes the contextualization of the analysis within an urban context and specifically the City of Joburg.

1.2.3. The situational analysis was then undertaken to determine a problem statement, with specific reference to disability within the context of the following:

- HIV/AIDS
- Access to basic services
- Women
- Children and Youth
- Urban poverty
- Environmental and health issues
- Crime
- Education
- Employment

1.2.4. Elaboration on the findings and overall gaps in the socio-economic policies, programmes and projects, with specific focus on local government roles and responsibilities.

1.2.5. Recommendations and interventionist strategies that can address immediate, medium and long term issues, as they relate to persons with disabilities in the City of Johannesburg.
1.3. Limitations of the Study

The primary limitation of this research was the time constraint, which resulted in only a limited amount of interviews being able to be held. This did not compromise the study although the interaction would have added value and given a more personalized perspective.

The recommendations also need to be further elaborated on and action plans developed, should they be adopted by Council. Unfortunately there was not enough time to conduct interviews with personnel from the various department of the CoJ, its Regions and the UACs. Information was therefore obtained from written information sources.

The final limitation of this research is the statistical information. There is very little statistical information on persons with disabilities in South Africa. The 1996 and 2001 Census information was therefore used and this report is therefore dependent on the quality of this information.
2. OVERVIEW

This section of the research paper overviews all relevant processes, policy, legislation and definitions on disability. It was considered important to determine the status quo of research and action globally, in Africa and in South Africa. The legislative review elaborates on the current framework within which South Africa is operating in relation to the estimated 5% of the country’s population that is disabled, as detailed in the South African Integrated National Disability Strategy, 1997 (INDS).

2.1. Legislative Review

People with disabilities have equal rights and responsibilities under the SA Constitution to persons without disabilities. Chapter 2 of the 1996 Constitution guarantees fundamental rights to all citizens. Section 9 further elaborates on the freedom from discrimination based on a number of social criteria, with disability being one.

The White Paper on an Integrated National Disability Strategy (INDS) was released in 1997. The purpose of the INDS is to facilitate the realization of disabled South Africans’ rights to equality and dignity through full participation in a barrier-free society for all. The INDS has highlighted the following recommendations, which form the backbone of the Strategy:

- Be as free as possible from needing permanent medical treatment and care, while having access to such care whenever necessary;
- Retain as much personal responsibility as possible in the planning and implementation of their rehabilitation and integration processes;
- Exercise their rights to full citizenship and to have access to all institutions and services of the community, including education;
- Have a minimum livelihood, if appropriate by means of social benefits;
• Have as much mobility as possible, including access to buildings and means of transport;
• Play a meaningful role in society and to take part in economic, social, leisure, recreational and cultural activities.

“One of the greatest hurdles disabled people face when trying to access mainstream programs is negative attitudes. It is these attitudes that lead the social exclusion and marginalization of people with disabilities”.

The Integrated National Disability Strategy – the South African Government’s official policy framework for disability equity – has adopted a socio-political approach to disability, whereby disability is located in the social environment. This takes cognizance of disabled people’s viewpoint that disability is a social construct and most of its effects are inflicted upon people with disabilities by their 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 fighting for, proudly identifying themselves with their human rights struggle.

On reviewing the legislation, literature and experiences it became evident that there are subtitle differences between the perspectives of the developed world and the developing world, hence the elaboration of these two sections. Further, after each perspective has been elaborated on, the relevance to South Africa and in particular Johannesburg will be elaborated on.

This comparative analysis will also be evident in the next component of this section, which deals with the definitions. It is considered imperative that the correct definitions are used and the correct perspective is created as this will have an impact on the approach that the City of Johannesburg has to persons with disabilities.
2.2. The Developed World Perspective

More than 500 million people in the world are disabled as a consequence of mental, physical or sensory impairment. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. From a developed world perspective one of the largest focus groups in relation to human rights is for the disabled as opposed to the other human rights issues that the developing world needs to deal with.

It is further considered that the ultimate responsibility for remedying the conditions that leads to impairment and for dealing with the consequences of disability ultimately rests with governments. Governments should take the lead in awakening the consciousness of populations regarding the gains to be derived by individuals and society in including disabled persons in every area of social, economic and political life.

It is further considered the responsibility of Governments in the developed world to ensure as far as possible that people who are made dependent by severe disability have an opportunity to achieve a standard of living equal to that of their fellow citizens. It is considered that this is an extremely high standard, which can result in under achievement. Johannesburg needs to ensure that the targets set are not as rigid but rather practical and incremental.

Globally, non-governmental organizations can, in different ways, assist governments by formulating needs, suggesting suitable solutions and providing services complementary to those provided by Governments. Sharing of financial and material resources by all sections of the population, could be of major significance to disabled persons by resulting in expanded community services and improved economic opportunities.
There are strong lobbyist groups in both government and external to government who are promoting giving people with disabilities a political and social consciousness voice. The issue of providing a “voice” for the disabled is evident internationally, yet the perspective is different. It should, however, be noted that although there has been more talk and publicity on the issues of disability in the developed world, there is still not enough remedial action to be able to address the problems.

Little can be drawn from the developed world perspective on disability as South Africa other than the need to ensure that persons with disability are not a homogenous community and that there is a need to go beyond the lip service that is evident internationally.

2.3. The Africa – Developing World Perspective

The United Nations resolved at the World Disability Congress, 2002, that much disability could be prevented through measures taken against issues including malnutrition, environmental pollution, poor hygiene, inadequate prenatal and postnatal care, water-borne diseases and accidents of all types, which are primarily evident in the developing world. The international community could make a major breakthrough against disabilities caused by poliomyelitis, tetanus, whooping-cough and diphtheria, and to a lesser extent tuberculosis, through a world-wide expansion of programmes of immunization (UN Programme on Disability; 2000).

Although it is sometimes difficult to define disability, effort has been made to determine the number of persons living with a disability. Although estimates from developing countries are rough, disability may affect as much as 10 percent of the developing world’s population. The number of persons with disabilities is expected to grow because of two trends – increased aging and violent conflict – both of which are highly correlated with disability.
Africa’s and to a large extent the developing world’s problems are primarily due to low levels of economic development, war and other forms of conflict, epidemics such as HIV/AIDS, natural disasters, illiteracy, and the consequent lack of infrastructure. Disabled persons are commonly concerned about the lack of attention to their needs and rights. It would be incorrect to assume that this lack of attention is merely due to the lack of human and infrastructure resources, weak organizations of disabled persons, little or no policy and legislation, and negative attitudes towards disabled Africans. Poverty and its implications is the major problem in the developing world – both as a cause and as a consequence of disability (African Decade for Disabled Persons: 2001). At present the following issues are relevant:

- Only 1-2% of disabled persons have access to care, rehabilitation and education services in Africa (Centre for Independent Living, World Bank, 2001).
- The belief and practice is that disability is an NGO matter and therefore does not get finance through normal budgetary allocations.
- Disability is a life and death issue (survival issue). Many severely disabled people do not survive because of lack of supportive services and resources.

The developing world contextualization, as detailed above, is closer to the problems being experienced in South Africa. In South Africa people with disabilities are seen as the ‘invisible community’. Further, there is a tendency for government to determine the problem statement and then an assumption is made that institutions and NGOs are the responsible implementation agents.

It can also been concluded that globally, including South Africa, there is a definite agenda by all countries for protecting the rights of the disabled. Further, there is an international tendency to focus on the problem definition and for there to be little emphasis placed the provision of solutions.
2.4. Definitions of Disability

There is an array of definitions related to disability and it becomes difficult to choose. The most important in the context of Joburg is for the definitions to be inclusive, non-discriminatory and ensure that the improvement of the quality of life is promoted through addressing the needs of those who are disabled. The first step is to conclude that people with disabilities are not a homogenous group and they should also not be viewed as the ‘invisible’ sector of society.

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 fact the necessity, of categorizing 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 as enabling tools for positive action, development and social integration.

"Disability is the disadvantage or restriction of activity caused by a society, which takes little or no account of people who have impairments and thus excludes them from mainstream activity." (British Council of Organizations of Disabled People)

The disabled community is that community that shares the same kinds of problems with access and opportunity that is more commonly found among those people’s who have physical, cognitive, sensory or mental impairments. The primary purpose for bringing this group of citizens into a common block is to gain for this group of citizens that which is earned by all groups organized for the purpose of collective bargaining.
Biomedical Definition
Disability is identified with illness or impairment in the biomedical approach, with most emphasis falling on ‘curing’ the disabled individual. If this fails, the person is removed from society.

Philanthropic Definition
Disability is regarded as a tragedy or object of sympathy and charity. People with disabilities are therefore pitied, given handouts and ‘cared for’ in separate institutions.

Sociological Definition
This approach defines disability as a form of human difference or deviation from the social norms of the acceptable levels of activity performance.

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

The most widely used definitions are those used by the World Bank and the United Nations, as detailed below. These definitions will be elaborated on after which the SA Census definitions will be detailed.

- Physical Disability
Physical disability refers to damage to muscles, nerves, skin, or bones that leads to difficulties in 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.
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 wheelchair from entering a court building, thereby preventing him from practicing as a lawyer.

Assistive devices are very important tools that are used by people with physical disabilities to overcome barriers, for example wheelchairs, walking frames, crutches and prosthetics (splints, calipers, special shoes and artificial limbs), communication devices such as communication boards and specialized computers, and adjustments to motor vehicles.

- **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, specialized computers, (4) personal assistance in the form of guide dogs, and (5) access to reading materials in Braille and/or audio-cassette.

- **Hearing Disability**
  Hearing loss may be mild, severe or total. Children may be born Deaf, or people might become Deaf later in life. 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.
• **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 to always be ‘spoken for’.

• **Intellectual Disability**
   People with intellectual disabilities find it difficult to learn and retain new information, and often to adapt to new situations. Communication tools for people with moderate or severe 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. It is also important to note that not all psychiatric illnesses are of a chronic nature. But perhaps the most enabling mechanism for users of psychiatry is positive and non-discriminatory attitudes from society.

• **Multiple Disabilities**
   Multiple disability means having two or more of the disabilities already described, for example people who are deaf-blind.

From a South African perspective, there is a need to elaborate on the definitions as contained in the 2001 SA Census. These definitions are accordingly elaborated on below. It should be noted that there is a slight deviation from the international definitions, which has resulted in some confusion. This is especially relevant to the services that are provided for each of the categories and also in relation to communication and emotional
disability, which are seen as subjective terms in relation to people with disabilities. The Census definitions are elaborated on below:

A disability is a limitation or lack of ability that prevents a person from performing an activity within the range considered normal, or from behaving in a manner considered normal. The following categories have been identified in the Census:

- Sight (blind/severe visual limitation)
- Hearing (deaf, profoundly hard of hearing)
- Communication (speech impediment)
- Physical (needs wheelchair, crutches; prosthesis; limb or hand usage limitations)
- Intellectual (serious difficulties in learning)
- Emotional (behavioural, psychological)

2.5. Confirmation of the Definitions to be Used for Joburg

People with disabilities are very vulnerable to the misuse of language and terminology where terminology has the effect of labeling people with disabilities, stereotyping them, discriminating against them, and ultimately creating a culture of non-acceptance of diversity. The disability rights movement of South Africa accepts both the terms ‘disabled person’ and ‘people with disabilities’.

After review of a range of definitions in section 2.4, it can be considered that the most appropriate definitions for Johannesburg to use; in terms of future analysis are those of the World Bank in that they are non-discriminatory and developmental by nature. They are also internationally acceptable, especially in relation to the possibility of accessing funding for interventionist programmes and projects in Johannesburg.
The external or environmental barriers, including negative attitudes towards disability, are where disabled people’s oppression lies. People with disabilities should therefore not be viewed as inferior but rather as equal partners in the urban environment. They are “experts” in the field of disability, and that what is needed, is a democratization of knowledge.

In conclusion, there is a need to establish the basis for Johannesburg’s approach to addressing the needs of persons with disability in terms elaborating on the recommendations in the city. The definitions detailed below should be used as they are both internationally acceptable should funding be required and they are developmental and progressive.

- **Physical Disability**: refers to damage to muscles, nerves, skin, or bones that leads to difficulties in moving and in performing activities of daily living limiting their participation in ordinary activities.
- **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.
- **Hearing Disability**: Hearing loss may be mild, severe or total. Hearing loss usually results in difficulties in learning a spoken language, following verbal instructions.
- **Mental Disability**: Mental disabilities include cognitive, psychiatric and learning disabilities as well as physical head trauma.
- **Intellectual Disability**: People with intellectual disabilities find it difficult to learn and retain new information, and often to adapt to new situations.
- **Psychiatric Disability**: People living with a psychiatric or mental illness 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.
3. STATISTICAL OVERVIEW

This section of this report details the analysis that has been undertaken. The first section elaborates on the quantitative, statistical analysis in terms of the Census information. There is then a qualitative analysis that has been undertaken in terms of the identified categories. This qualitative analysis has contextualized all the statistics into the various categorized in the beginning of the documentation. Section 4 then summarizes this in a problem statement.

The Integrated National Disability Strategy White Paper recognizes the fact that there is a serious lack of reliable information about the nature and prevalence of disability in South Africa, although it is estimated that approximately 5% of the population is disabled – also applicable for Joburg1.

The analysis has broken down the various categories of disability for Johannesburg, firstly focusing on the three major categories and then viewing them per region in Johannesburg.

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1 A problem was identified with the information that has been obtained from the SA Census. The 1996 Census information is in line with the national identified norms in that the total percentage of those who have disabilities in Johannesburg is 5.36% where the national norm is 5%. The 2001 Census information in relation to persons with disabilities is, however, inaccurate not only for Johannesburg but also for the country as a whole.

In terms of the statistics for Johannesburg, the percentage has dropped from 5.36% to 3.25%, which in real terms is a drop of 40 000 people in 5 years. This is not unique for Johannesburg, although the drop varies across the country.

Individuals from the Central Statistic SA as well as those from the National Disability Association were contacted to determine why these statistics were this way. Unfortunately there is no explanation for this other than that perhaps that there were a number of institutions that were not counted. There could also have been a misinterpretation of the new definitions that came into existence for the 2001 Census. Some of the definitions have negative connotations and there could have been a resistance to answering the questions.

Essentially there is no explanation for this error. Unfortunately there has also been no further explanation from those interviewed. It should, however, be noted that the most discrepancy is in Regions 6 and 10 which are essentially the Soweto areas. It should also be noted that the highest discrepancy is in the sight category.
The statistical analysis utilised the 1996 and 2001 Census as a basis, which has been difficult to compare as the definitions were altered between the two dates.

Further, the statistics show that there were more people with disability in 1996 than in 2001- a limitation that needs to be rectified in future data gathering.

More that 70% of disabilities relate to sight impairment and the next highest is hearing impairment and then physical impairment, as detailed in the graphs.

This needs to be considered in the recommendations and initiatives for the City of Johannesburg.

As can be seen from these graphs as well as in terms of the other geographical analysis that has been undertaken, there are a number of issues that need to be identified, namely:
The majority of persons with disabilities living in Johannesburg are in Regions 6 and 10, which essentially comprise the geographic areas of Soweto and its surrounds. There are further issues that are relevant when dealing with the developmental issues surrounding disability in the Soweto areas, namely:

- There are very few supporting facilities in Regions 6 and 10 for persons with disabilities. There is only one educational facility, one public clinic, two private clinics and one public hospital that is already stretched for basic services, that has facilities for persons with disabilities.

- The disabled transport services offered by Metrobus do not extend into Regions 6 and 10 and other public transport facilities in these areas do not accommodate the disabled.

- The poverty and unemployment levels are higher in Regions 6 and 10, which accordingly affect those who are disabled.
The statistics for 1996, as detailed in the map above as well in the table below, indicate a correct percentage of disability. Calculated with the total population
for Joburg being 2639 111 people, the percentage disability is equal to 5.36%, the national average being 5%. It can further be seen that the highest concentration of people with disabilities is in Regions 6 and 10 and further in the lowest income areas. The percentage of disabled in Region 7, which includes Alexandra, is also proportionally higher than the surrounding Regions. This correlates with the related population densities as well as the location of informal settlements.

There is, however, a definite problem with the 2001 figures. Calculated with the total population for Joburg being 3 225 812 people in 2001, the percentage disability is equal to 3.52%, which is nearly a 2% decrease, the majority being in the site and hearing categories.

It should also be noted that there are more definitions in the 2001 Census, which have been elaborated on in the relevant section of this report.
The table detailed below details the number and types of disabilities per Region in Johannesburg.

### Census 2001: TOTAL = 114 270 PEOPLE

<table>
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<tr>
<th>Type of Disability</th>
<th>Reg 1</th>
<th>Reg 2</th>
<th>Reg 3</th>
<th>Reg 4</th>
<th>Reg 5</th>
<th>Reg 6</th>
<th>Reg 7</th>
<th>Reg 8</th>
<th>Reg 9</th>
<th>Reg 10</th>
<th>Reg 11</th>
<th>Totals</th>
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<td>1635</td>
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<td>6972</td>
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<tr>
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<td>1026</td>
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### Census 1996: TOTAL = 141 664 PEOPLE

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<td>490</td>
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<td>2939</td>
<td>492</td>
<td>534</td>
<td>355</td>
<td>2527</td>
<td>1000</td>
<td>9299</td>
</tr>
<tr>
<td>Multiple</td>
<td>165</td>
<td>288</td>
<td>582</td>
<td>648</td>
<td>338</td>
<td>2535</td>
<td>446</td>
<td>637</td>
<td>489</td>
<td>2160</td>
<td>980</td>
<td>9268</td>
</tr>
</tbody>
</table>
4. SECTORAL ANALYSIS

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 able-bodied people. People with disabilities tend to lack influence, information, power, resources, access and fulfillment of basic needs more than other people (INDS; 1997).

This report addresses the needs of the disabled through an integrated approach and move beyond the sporadic lobbyist-type action. The categories that are analyzed under this Section include the following:

- Disability and HIV/AIDS
- Disability and access to basic services
- Disability and women
- Disability and children / youth
- Disability and urban poverty
- Disability and environmental and health issues
- Disability and crime
- Disability and education
- Disability and employment

4.1. Disability and HIV/Aids

In 2003 the World Bank in addressing the international perspective, recognized that there is a linkage between HIV/AIDS and disability, in that people with disability have the same if not more of a risk factor in eng infected. Further, people with disabilities are among the most marginalized in the world today and therefore the implications of HIV infection for this group is largely been ignored.
Every major risk factor linked to HIV/AIDS infection is also present in the disabled population, and in many cases may of these factors, which include poverty, illiteracy and unemployment, are more acute. There is no or very little access to information, diagnosis, education and treatment for those who are disabled.

- HIV/AIDS is a significant and almost wholly unrecognized problem among the disabled population worldwide.
- While all individuals with disability are at risk of HIV infection, those who have added risks are women, adolescents and those living in institutions.
- HIV/AIDS education, testing and clinical programmes are largely inaccessible to the disabled sector of the population.

Global Survey of HIV/AIDS

There are a number of other factors that come into play when dealing with the relationship between HIV/AIDS and disability, many of which are perceptions and opinions, namely:

- It is often assumed that persons with disability are sexually inactive, unlikely to use intravenous drugs and abuse drugs.

- It is also assumed that this sector of the population is at little risk of abuse or violence. It has been concluded that abuse against disabled women is quite high and proportionally higher than their able counterparts (World Bank, December 2003).

South Africa and in this context Johannesburg has the same problems as these described above. In terms of the definitions and policies on disability as detailed in the INDS, the linkage to HIV/AIDS is obscure and essentially not recognized. Besides this fact, there are other issues that need to be addressed in Johannesburg, namely:
• Recognition that there is a very real threat / risk of HIV/AIDS to the disabled population.

• That there is a double discrimination taking place in that people with disabilities are largely viewed as the invisible community and HIV/AIDS still has a societal stigma. This needs to be addressed through information, incorporation of these factors into welfare programmes and development initiatives.

• Ensuring that access to education and health facilities related to HIV/AIDS is improved for persons with disabilities across the city.

• Providing a comprehensive, integrated information package on HIV/AIDS along with tools that ensure that there is access for the disabled sector of the population.

### 4.2. Disability and Access to Basic Services

People who receive social security benefits in South Africa tend to be totally dependent on them for their survival. People with disabilities are seldom eligible for such social security grants within the current parameters. They are only eligible if they qualify under another category. There are therefore virtually no social security nets for those who are disabled. Coupled to that, those with mental disabilities are even further discriminated against as their conditions are either not recognized by the social systems or frowned upon.

Other relevant issues that fall in the category of access to basic services include environmental issues related to services. Persons with disabilities are often exposed to environmental conditions that are negative and an added risk (World Health Organization, 2001). These conditions could be in their homes, in their communities or in the institutions that they are placed. Some
of the issues that can have an impact and accordingly need to be addressed include:

- Ensuring that domestic, institutional, government and commercial environments are adequately equipped to accommodate persons with disabilities.

- Environmental health conditions need to be taken cognizance as they can add to the risks that are exposed to the disabled. This is particularly relevant to disabled persons living in informal settlements, the poor and those who have been abandoned or ousted from their communities. These conditions include:
  
  - Indoor air pollution due to household energy sources including paraffin, wood and coal.
  - Unhygienic conditions due to the lack of water and sanitation.
  - The lack of proper waste disposal systems in the communities that they stay.
  - Overcrowding and the lack of concentrated care in the institutions that aim to treat the disabled.
  - A lack of access opportunities and transportation services that accommodate the disabled population in the City of Johannesburg.

In most cases the above-mentioned issues affect those who are physically disabled and especially children and the youth as their health is impaired and vulnerable to poor environmental conditions. Many households in Regions 6, 10 and 7 still utilize paraffin and/or wood as energy sources, especially for space heating.

Those who are bound to an institution, including the severely disabled or those with multiple and mental disabilities will be the most affected by overcrowding and poor sanitary conditions.
4.3. Disability and Women

South African society is still, in many areas and arenas, patriarchal by nature which impacts on the status and oppression. Women with disabilities experience additional discrimination and marginalization, as they are often unable to live up to the demanding ideals of womanhood imposed by society (UN Enable Programme; 2003/4).

The consequences of deficiencies and disablement are particularly serious for women. There are a great many countries where women are subjected to social, cultural and economic disadvantages which impede their access to, for example, heath care, education, vocational training and employment. If, in addition, they are physically or mentally disabled, their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life.

In families, the responsibility for caring for a disabled parent often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities. This is evident in Johannesburg due to its cultural diversities and the single parent phenomenon. Due to the lack of accurate statistical information there is no clear picture as to the actual number in Johannesburg. The DPSA has however, estimated this to be as many as 70% of households.

Women who are disabled tend to be further marginalized and are more likely to be poor and destitute, illiterate and even suffer from malnutrition. Further, women who have children who are disabled sometimes face rejection and are resultanty excluded from they communities and the related social and economic environments (INDS; 1997). Further in this regard, is the fact that an alarming number of care-givers for disabled children are grandmothers – a burden that should not be so large?
4.4. Disability and Children / Youth

Physical disability is much more prevalent in the adult than the child population (25% versus 15% respectfully), probably as a result of occupational injuries, conflict and accidents. The table below, which has been sourced from the Children in Johannesburg Study (2004), details the prevalence of disability in children, youth and adults in Johannesburg.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Age Groups in Johannesburg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-5 Years</td>
</tr>
<tr>
<td>Sight</td>
<td>27,2%</td>
</tr>
<tr>
<td>Hearing</td>
<td>13,9%</td>
</tr>
<tr>
<td>Communication</td>
<td>4,9%</td>
</tr>
<tr>
<td>Physical</td>
<td>13,9%</td>
</tr>
<tr>
<td>Intellectual</td>
<td>19,7%</td>
</tr>
<tr>
<td>Emotional</td>
<td>9,8%</td>
</tr>
<tr>
<td>Multiple</td>
<td>10,5%</td>
</tr>
</tbody>
</table>

(Source: 1996 SA Census)

As can be seen from the table above, there are a number of trends that can be drawn from the statistics that are relevant for planning solutions and which will be addressed in the recommendations, namely:

- Although overall there are a higher percentage of adults with disabilities, the increase is in relation to the emotional category whereas the most prominent category for the youth is physical disabilities and the most prominent category for children is intellectual.
- It is noted that all categories display a higher number of people with sight and hearing disabilities.
- There are proportionally not enough facilities available for those with disabilities in Johannesburg and as yet there has been no uniformed action to ensure integration, especially in education facilities.
4.5. Disability and Urban Poverty

The South African Government has given special priority to the alleviation of poverty and this is resultantly a theme in all developmental agendas in all three levels of government. There has, however, been little correlation between the high priorities of poverty and the ‘silent poverty’ of the disabled (INDS; 1997).

The relationship between disability and poverty has been clearly established in terms of cause but it has not been established in terms of effect. While the risk of impairment is much greater for the poverty-stricken, the converse is also true. The birth of an impaired child or the occurrence of disability in the family, often places heavy demands on the limited resources of the family and strains on its morale, thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society. For this reason, the number of affected families living at the poverty level steadily increases in absolute terms. The negative impact of these trends seriously hinders the development process.

People with disabilities are often excluded from the mainstream of society and experience difficulty in accessing fundamental basic services. Poverty makes people more vulnerable in an already vulnerable sector. The most vulnerable within the disabled sector of the population are those with severe mental disabilities as this disability is often not recognized and is also often frowned upon.

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 realize it fullest possible return on its socio-economic investment in disabled people.
• 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 recognized 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 arrangements related to rural poverty alleviation in particular are still not conducive to the freedom of movement and communication by disabled persons.

4.6. Disability and Environmental and Health Issues

Being disabled can be very costly from a health and medical point of view. There are not many facilities that can cater for those who are poor as well as being within this vulnerable group. Statistics reveal that only 1-2% of disabled persons have access to care, rehabilitation and education services in Africa (United Nations, 2001).

There are currently no statistics to determine whether this severe statistic is the same for South Africa and in particular Johannesburg. What is evident, however, is that there are only 5 municipal clinics in the whole of Johannesburg that have some form of facility to assist those who are disabled.

The analysis further revealed that there are only four education establishments in Johannesburg that have education services for those with disabilities.
As can be seen from the map above and the analysis that has been undertaken, there are very few primary, secondary and tertiary public health facilities that cater for the specific needs of the disabled who are unable to afford private care. It should be noted that primary health care does not include treatment for health issues related to disability. Primary health care only includes maternity, vaccinations and basic health problems.
This is compounded by the fact that there are very few social security benefits with persons with disabilities that are able to fund such need, especially in relation to aids, artificial limbs and support materials. Some of the issues that need to be addressed in this section include:

- Steps should be taken to implement a comprehensive free health care service for persons with disabilities who are below the poverty line, including the provision, where possible, of assistive devices and rehabilitation services.

- Development of a database for and of persons with disabilities in order to provide information on medical needs and medical services available across the City.

- Development of minimum norms and standards for the building of health and education facilities so as to ensure barrier-free access.

- There is also a need to increase access and financial assistance to those who are physically disabled, to assistance in the form of physical aids, prosthesis, etc.

4.7. Disability and Crime

The disabled in the CoJ are as vulnerable if not more, to high levels of crime, violence and abandonment as is evident in the City. This is due to them being considered as ‘soft’ targets by criminal elements (INDS; 1997). The most vulnerable segment of those with disabilities is persons with mental / psychological disabilities as they are often rejected by society and very often by both their communities and their families.

Some of the issues that need to be considered within the context of this section that deals with disability and crime include the following:
• Due to the relationship between neglect, abuse and abandonment with crime or perceived crime, there is a need to address the cause of the problem and the response to the problem.

• There is further a need to embark on a training programme for civil servants, especially those in the Metro Police, Emergency Services, Primary Health Care and Metrobus, to be able to deal with people with disability who are in crisis. This is relevant for both those personnel that are at the coalface as well as those involved in customer service.

• The Joburg Call Centre needs to be capacitated to address the special needs of persons with disabilities. This should include information on services as well as direct / emergency responses for the disabled in crisis.

4.8. Disability and Education

One of the greatest hurdles that people with disabilities face when trying to access mainstream programmes are the negative perceptions and attitudes that lead to social exclusion and marginalization. The education system in South Africa and similarly in Johannesburg essentially does not cater for those with disabilities as has been revealed in the availability of services in Johannesburg.

This is further exacerbated in the poor, informal environments. Being disabled costs and very often the treatment and education is classified as specialized and therefore is not offered as part of the basic curriculum or via primary health care.
Primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities should be as far as possible integrated to ensure the education of persons with disabilities is an integral part of the normal educational system and that adequate support is given to ensure accessibility and participation in integrated settings. Special communication needs of deaf and deaf/blind persons.

4.9. Disability and Employment

It has been estimated (INDS) that 99% of persons with disabilities who are of employment age, are excluded from the open labour market. These excessively high levels of unemployment result in those with disabilities working in sheltered employment where possible, which is either offered by the State or by private welfare organizations and self help programmes, which are not sustainable in themselves. These high levels of unemployment can often be attributed to:

- Inadequate and lack of availability of appropriate education.

- Discrimination in the workplace along with ineffective complementary labour law.

- Inaccessible public transport coupled with inaccessible and unsupportive working environments.

- Inadequate access to information and ignorance of society.
5. PROBLEM STATEMENT / SUMMARY OF FINDINGS

Cities in the developing world of which Johannesburg is one, have not yet had success in the combined use of policy, available technological instruments, and methods to reshape the nature of their urban fabric. Accordingly, there is a tendency to focus on the physical and infrastructural aspects to development and poverty alleviation as opposed to the human development perspective that could result in a more sustainable approach.

There have been a number of issues raised through the analysis. It should, however, be noted that it has been difficult to, in many cases, be able to narrow the analysis down to the specifics of Johannesburg due to the lack of information and appropriate data. This section has accordingly been broken down into two sections, the first dealing with the summary of the broad institutional issues and the second being of the more specific problems identified.

5.1. Broad Institutional Issues

- There is a lack of appropriate, helpful information available both for persons with disabilities and of persons with disabilities in the City of Johannesburg. This is resulting in ignorance, discrimination, restricted access, uninformed policy and disparity.

- There is no clear policy direction or statement of intent by the City of Johannesburg on how it will be addressing the needs of identified persons with disability. This is further applicable to the lack of a coherent coordination mechanism and forum between the City’s departments, Regions and UACs.

- There is a lack of intervention and implementation strategies in the City that either integrates the needs of the disabled with the mainstream developmental programmes or separate, focused initiatives.
Although there has been a strong emphasis placed by Government and lobbyist groups to identify the array of problems both associated and experienced by persons with disabilities, there is very little emphasis placed on how to prevent, rehabilitate, assist or integrate the disabled into the urban system.

There is also a lack of clarity and clear definitions. This relates to the definition of disability, which has been clarified in an earlier section of this report. It also relates to the definition and categorization of the solutions/investment programmes. There are primarily three categories which have generally been agreed to by the international community. These are accordingly prevention, rehabilitation and equalization of opportunities. The World Bank has accordingly defined these three categories, which will be used as guidelines for the recommendations made to be implemented in the City of Johannesburg.

**Prevention** means measures aimed at preventing the onset of mental, physical and sensory impairments (primary prevention) or at preventing impairment, when it has occurred, from having negative physical, psychological and social consequences.

**Rehabilitation** means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing her or him with the tools to change her or his own life. It can involve measures intended or compensate for a loss of function or a functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or readjustment.

**Equalization of opportunities** means the process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.

Disability Supports for Project Design, World Bank Group, 2004
5.2. Specific Issues Identified

- Persons with disabilities are often seen as society’s outcasts and often little attention is given to this group beyond the extended family structure or where society is impacted on. The majority of people with disabilities in South Africa have been excluded from mainstream society and prevented from accessing basic social, political and economic rights.

- A high proportion of care-givers of disabled children are the elderly and most often women.

- It is commonly considered that those with mental / intellectual disabilities fall outside the realm of development and social interventions.

- A very small percentage of people with disabilities receive social security benefits from the government – those who have other qualifications - and in many cases these funds are used by other members of the family to perform other tasks. The social security nets are therefore few and far between.

- Women with disabilities experience serious health and social problems for which they do not have adequate skills or resources to cope. As a consequence, these women experience dependency, poverty, and poor quality of life. In sum, women with disabilities are often discriminated against and excluded.

- Children with disabilities and many others who experience difficulties in learning are often marginalized within or even excluded from school systems. This analysis suggests certain barriers to progress, including attitudes within communities towards, certain groups of children, traditional practices in the field of special education, and the effects of the depressed economic situation within the region.
• The INDS recognizes HIV/AIDS and disability but has not recognized the fact that those with disabilities have a risk, and in some cases and increased risk of infection. There is no recognition that people with disabilities can be exposed to the disease.

5.3. Categories of Intervention

Before elaborating on the recommendations for the City of Johannesburg, a broad overview of how South Africa has begun to address the needs of people with disabilities is detailed below. The same categories as those detailed above have been used. It is considered important to address these three categories in the initiatives that are undertaken by the City of Johannesburg as they address the issues in a comprehensive manner and they are also accepted internationally.

**Prevention**

There is a steady growth of activities to prevent impairment, such as the improvement of hygiene, education and nutrition; better access to food and health care through primary health care approaches, with special attention to mother and child care; counseling parents on genetic and prenatal care factors; immunization and control of diseases and infections; accident prevention; and improving the quality of the environment. In some parts of the world, such measures have a significant impact on the incidence of physical and mental impairment.

**Rehabilitation**

Rehabilitation services are often provided by specialized institutions. However, there exists a growing trend towards placing greater emphasis on the integration of services in general public facilities.
Equalization of Opportunities

Policy ensuring disabled persons access to all new public buildings and facilities, public housing and public transport systems. Furthermore, measures should be adopted that would encourage access to existing public buildings and facilities, housing and transport wherever feasible, especially by taking advantage of renovation.
6. RECOMMENDATIONS

This section of this research paper is considered to be the most important in that it highlights the possible interventions required to begin addressing the needs and developmental requirements of the 5% of Joburg’s population that is disabled in some way.

This section essentially deals with the actions, programmes and projects that can be initiated by local government and in this case the City of Joburg. It has accordingly been divided into three timeframes with the first addressing the quick fix immediate solutions that do not require substantial funding but rather a policy shift and commitment. The second is in relation to medium term initiatives and the third is the long term proposals, which will require further investigation, access to developmental partnerships and addition / alternative funding.

6.1. Immediate / Short Term Priorities

The immediate / short term priorities are generally centers around providing the “voice” for those with disabilities, establishing the parameters for interventions and raising awareness. The recommendations made involve the least amount of financial intervention in the shortest time, with the most impact. The aim is to set the stage for intervention at a larger scale.

6.1.1. Awareness Raising: Guidelines should be developed in consultation with organizations of disabled persons to encourage the news media to give a sensitive and accurate portrayal of, as well as fair representation of and reporting on, disabilities and disabled persons in radio, television, film, photography and print.

An essential element in such guidelines would be that disabled persons should be able to present their problems to the public themselves and to suggest how they might be solved. The inclusion
of information on the realities of disabilities in the curricula of journalists’ training should be encouraged. In this process it is essential that this becomes an interactive and mutually beneficial process. Not only is the CoJ responsible for providing the opportunity but the disabled have a responsibility for taking up that opportunity.

Public authorities are responsible for adapting their information so that it reaches everybody, including disabled persons. This does not apply only to the information mentioned above, but also to information concerning civil rights and obligations.

A public information programme should be designed to ensure that the most pertinent information reaches all appropriate segments of the population. In addition to the regular media and other normal channels of communication, attention should be given to:

- The preparation of special materials to inform disabled persons and their families of the rights, benefits and services available to them and of the steps to be taken to correct failures and abuses in the system. Such materials should be available in forms that can be used and understood by people with visual, hearing or other communication limitations;

- The preparation of special materials for groups within the population who are not easily reached by the normal channels of communication. Such groups may be separated by language, culture, levels of literacy, geographical distance and other factors;
• Facilitate change in attitudes through policy dialogue, and understanding of the legislative framework, capacity development and validation

• Important developmental information needs to address the needs of the disabled as well as be accessible to them. This includes the information in IDP, budget, HDA and 2030 to name a few. There is also a need to make information related to HIV/AIDS, social security and primary health care available in forms (voice activated, sign language & Braille) so as to capacitate those with disabilities.

• HIV/AIDS education and services in learning institutions, the workplace and the community needs to be expanded to ensure that persons with disabilities have access to these services and information.

6.1.2. A Disability Charter that is developed and implemented in partnership with the disabled needs to be developed to map out the plan of action.

• 3 December is international disability day. The City needs to become involved and show its commitment. It is therefore proposed that the Disability Charter be developed and launched to coincide with this international day of awareness.

• The Disability Charter should include a comprehensive public information programme about the rights, contributions and unmet needs of disabled persons that would reach all concerned, including the general public. In this connection, attitude change should be given special importance.
• The Charter can also include the identification of basic safety regulations and training programmes for civil servants for addressing the needs of the disabled in the City;

6.1.3. **Accessibility**: Disabled persons should not be separated from their families and communities. The system of services must take into account problems of transportation and communication; the need for supporting social, health and education services; the existence of primitive and often hazardous living conditions.

The City of Johannesburg should recognize the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society. For persons with disabilities of any kind, Joburg should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication.

• One of the biggest problems facing those who are disabled is lack of access. The City has a public transport service for persons with disabilities. This service should be expanded in two ways including extension of the mainstream service as well as the special dial-a-ride service.

The City’s newly purchased buses are equipped to address the needs of the disabled and 10 are equipped to handle wheelchair services. The City of Joburg needs to show its commitment to people with disabilities through accommodating them within the day-to-day municipal services.

• Initiate measures to remove the obstacles to participation in the physical environment. Such measures should be to
develop standards and guidelines and to consider enacting legislation to ensure accessibility to various areas in society, such as housing, public transport services and other means of transportation, streets and other outdoor environments.

- Ensure that architects, construction engineers and others who are professionally involved in the design and construction of the physical environment have access to adequate information on disability policy and measures to achieve accessibility.

6.2. Medium Term Priorities

The medium term interventions and priorities are those that require financial and human resources. They will also require a change in local government policy and decision making and will therefore need further planning and interaction.

6.2.1. Disability Database: One of the biggest problems facing the City is that the information is poor & unreliable. Embark on a process to build a database in consultation with the relevant NGOs in the City on and for persons with disability, in order to assist the Disability Charter and to lobby for funds and programmes. A communication forum as part of the HDA and IDP processes should also be set up so as to ensure that the relevant stakeholders are involved and participate.

It is essential that assessment of the situation relating to disabled persons should be carried out periodically and that a baseline should be established to measure developments. It is considered essential to ensure that responsible authorities distribute up-to-date information on available programmes and services to persons with...
disabilities, their families, professionals in the field and the general public. Information to persons with disabilities should be presented in accessible form.

6.2.2. **Building Codes and Development Standards**: The CoJ needs to set in motion a process to amend its building codes and standards to make developments more user-friendly and accessible. Within this context, the new codes should be applicable to the new buildings immediately and the phasing of existing commercial buildings over a 5 year period. Further, all public buildings should be renovated to give effect to these new requirements.

6.2.3. **Education and Capacitation**: Ensure that public education programmes reflect in all their aspects the principle of full participation and equality. Invite persons with disabilities and their families and organizations to participate in public education programmes concerning disability matters.

Awareness-raising should be an important part of the education of children with disabilities and in rehabilitation programmes. Persons with disabilities could also assist one another in awareness-raising through the activities of their own organizations. Awareness-raising should also be part of the education of all children and should be a component of teacher-training courses and training of all professionals.

6.2.4. **Decision Making**: Ensure the provision of assistive devices and equipment, personal assistance and interpreter services, according to the needs of persons with disabilities, as important measures to achieve the equalization of opportunities. This will include the CoJ supporting the development, production, distribution and servicing of assistive devices and equipment and the dissemination of
knowledge about them via the SME programme and other related employment incentives.

Such a programme should be integrated into the 2030 Strategy for Johannesburg through the introduction of economic measures (loans, tax exemptions, earmarked grants, special funds, and so on) to stimulate and support equal participation by persons with disabilities in society.

6.2.5. **Project Planning:** It is considered imperative that the CoJ embark on infrastructure investment projects that address the needs of the disabled, with the focus being on Regions 6 and 10. This project could be divided into a number of component, namely

- One of the issues that should be considered is that all public buildings need to be accessible for the physically disabled.
- Information must be made available for those with visual and hearing disabilities.
- It is further proposed that the public transport service for persons with disabilities be extended to these areas.
- That the Metro Police and Emergency Service be trained on how to deal with people with disabilities, especially those in crisis – due to abandonment or abuse.

6.3. **Proposed Long Term Interventions**

The proposed long term interventions are though that require in-depth planning as well as are dependent on some of the proposals detailed in 6.1 and 6.2 coming to fruition. Further, these priorities will in most cases require a partnership approach and for local government to play a facilitatory role:
6.3.1. Registration of relevant organizations, institutions and additional funding sources. Establish development partnerships and projects that address the needs of the disabled.

6.3.2. Establishment of a human development fund where individuals, politicians departments, UACs and labour internal to the City of Joburg should contribute on a monthly basis and this fund will be allocated yearly (3 December) to an implementation project for persons with disability in the City of Joburg. There is a need to begin investigating the pros and cons as well as mechanisms involved in a disability development fund, which could support various pilot projects and self-help programmes at the grass-roots level.

6.3.3. Related to the above, is the need for the City to begin an investigation to establish performance system or target management system for the City, in terms of it addressing the needs of the disabled per grouping. A competition for innovation should also be set up to identify the projects where personnel of the City of Johannesburg can enter and receive incentives should their innovations be implemented. This can then also be used to report on the achievement of international targets as they relate to persons with disabilities.

6.3.4. Integrated education and community-based programmes should be seen as complementary approaches in providing cost-effective education and training for persons with disabilities. National community-based programmes should encourage communities to use and develop their resources to provide local education to persons with disabilities.
In situations where the general school system does not yet adequately meet the needs of all persons with disabilities, special education may be considered. It should be aimed at preparing students for education in the general school system. The quality of such education should reflect the same standards and ambitions as general education and should be closely linked to it. At a minimum, students with disabilities should be afforded the same portion of educational resources as students without disabilities. States should aim for the gradual integration of special education services into mainstream education. It is acknowledged that in some instances special education may currently be considered to be the most appropriate form of education for some students with disabilities.

6.3.5. The City of Johannesburg should also work with local tourist authorities, travel agencies, hotels, voluntary organizations and others involved in organizing recreational activities or travel opportunities to ensure that they accommodate people with disabilities. Suitable training should be provided to assist that process.

Sports organizations and local municipal recreation facilities should also be encouraged to develop opportunities for participation by persons with disabilities in sports activities. In some cases, accessibility measures could be enough to open up opportunities for participation. In other cases, special arrangements or special games would be needed.
7. CONCLUSION

There is a considerable amount of research that has been undertaken both locally and internationally on the problem statement as it relates to people with disability. There is, however, a concern that there is not enough emphasis or resources being allocated to addressing these needs in a sustainable manner.

It is hoped that some of the issues raised as part of this research and in terms of the recommendations, can be put into practice for the benefit of those identified in the City of Joburg.

The City of Johannesburg needs to show a commitment to this sector of the population in terms of the identified priorities both locally and globally so as to ensure the improvement of the quality of life of those involved and to ensure that the stigma related to disability is removed.
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- World Health Organization
  [www.who.org](http://www.who.org)
9. ACCRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>ACCRONYMS AND ABBREVIATIONS</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>CoJ</td>
<td>City of Joburg/City of Johannesburg</td>
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<tr>
<td>SA</td>
<td>South Africa</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>WB</td>
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<td>DPSA</td>
<td>Disabled People of South Africa</td>
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<tr>
<td>HDA</td>
<td>Human Development Agenda</td>
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<tr>
<td>IDP</td>
<td>Integrated Development Plan</td>
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<td>GPG</td>
<td>Gauteng Provincial Government</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>NSDP</td>
<td>National Spatial Development Perspective</td>
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<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
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<tr>
<td>LED</td>
<td>Local Economic Development</td>
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<tr>
<td>LUMS</td>
<td>Land Use Management System</td>
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<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
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<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>Public Private Partnerships</td>
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<td>Deaf Federation of South Africa</td>
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<td>Industrial Development Zone</td>
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<td>Key Performance Indicators</td>
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<td>National Council for the Physically Disabled</td>
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<td>South African Federation for Mental Health</td>
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<td>Disabled Children Action Group</td>
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