

**SHADOW REPORT
TO THE COMMITTEE ON THE RIGHTS OF
PERSONS WITH DISABILITIES**

**FROM
UMGUNGUNDLOVU DISABILITY FORUM
KWAZULU NATAL
SOUTH AFRICA**

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Executive Summary

This shadow report to the Committee on the Rights of Persons with Disabilities has been generated by the Umgungundlovu Disability Forum which comprises members from disabled people's organisations, non-government organisations, special schools and the Department of Social Development in the Umgungundlovu district of KwaZulu Natal province in South Africa. The report acknowledges the positive role the South African government has played in realising the rights of people with disabilities in this country. Progressive Acts and policies of government which guarantee the rights of people with disabilities are acknowledged. The report then deals with the specific situation of people with disabilities in Umgungundlovu district in relation to Articles 7, 8, 17, 19, 24, 25 and 27 of the Convention on the Rights of Persons with Disabilities. Each article is dealt with separately and covers the relevant enabling legislation and policies, the situation in Umgungundlovu district and recommendations for improvement of the situation. For two of the articles there are also specific case studies attached which illustrate the violation of the rights of people with disabilities. The report concludes with the recognition of the roles that civil society and government must play to achieve respect for the rights of people with disabilities in South Africa.

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Introduction

This shadow report to the Committee on the Rights of Persons with Disabilities has been compiled by the Umgungundlovu Disability Forum to coincide with the initial report of the South African government to the Committee. The Umgungundlovu Disability Forum is a recently formed body which comprises disability non-government organisations (NGOs), disabled people's organisations, special schools and a representative from the Department of Social Development. Representatives from the Departments of Health and Education have also been invited to attend meetings of the forum but have thus far not participated in the forum. See Appendix 1 for the list of participating organisations. The information contained in this report was generated in a meeting of the Umgungundlovu Disability Forum as well as in subsequent reports and case studies from the participating organisations.

1. Background to the Report

Umgungundlovu District is one of 11 districts in the province of KwaZulu Natal on the east coast of South Africa. After the eThekweni (Durban) metro, it is the most populous district of the province with a population of 960 745 in 2006 (Stats SA). According to the census done by Stats SA in 2001 and a study by the Community Agency for Social Enquiry in 1999, approximately 6,7% of the population of KwaZulu Natal has a disability. In 2006, Stats SA estimated that there were 42 777 people with disabilities in Umgungundlovu district.

Umgungundlovu district consists of seven sub-districts which include a variety of settlement patterns ranging from traditional farmland communities, informal rural settlements to upmarket urban areas. The district includes the capital of KwaZulu Natal province, Pietermaritzburg, as well as a few small towns such as Mooi River and Richmond and a large number of rural areas. Throughout the rural areas of Umgungundlovu district, the homes are predominately made up of mud huts with large distances between homesteads. Many of the homes have

limited access to water and electricity. The roads are usually dirt roads and public transport may be limited. Although there are a variety of schools in the area, access to employment opportunities are poor, with most people having to travel great distances to find work in Pietermaritzburg. In terms of health care, most of the rural communities are served by a few clinics and are far from hospitals. There is a strong emphasis on traditional leadership and values in the area.

The organisations represented in the Umgungundlovu Disability Forum work with and represent people with disabilities of all ages who live in both urban and rural parts of the district. One of the case studies in this report has been compiled by an organisation in the Umgungundlovu Disability Forum which also operates in eThekweni and the case study reported actually took place in eThekweni rather than Umgungundlovu.

2. South Africa and the Convention on the Rights of Persons with Disabilities

The Umgungundlovu Disability Forum would like to acknowledge the South African government's commitment to the human rights of all its citizens and we are grateful that South Africa was one of the first signatories to the Convention on the Rights of Persons with Disabilities. We acknowledge that there are a number of progressive acts and policies in place in South Africa which guarantee various rights of persons with disabilities. These include but are not limited to the Bill of Rights in the South African Constitution, the Integrated National Disability Strategy, the South African Schools Act, Education White Paper 6, the National Rehabilitation Policy, the Employment Equity Act, the Social Assistance Act and the Promotion of Equality and Prevention of Unfair Discrimination Act.

In this report we will specifically consider respect for and violations of the rights of persons with disabilities in Umgungundlovu district of KwaZulu Natal which are dependent on the implementation of the above-mentioned Acts and policies. The

Umgungundlovu Disability Forum maintains that it is insufficient to have good policies and laws in place if they are not implemented, particularly at a regional and local level.

3. Implementation of Specific Articles of the Convention on the Rights of Persons with Disabilities in Umgungundlovu District

The following section of the report is structured per article of the CRPD in a way that outlines the policies and Acts relevant to that article. The report then details the situation in Umgungundlovu District related to the CRPD article and then with respect to some articles there are case studies illustrating the situation. The Umgungundlovu Disability Forum has not commented on every article of the CRPD, but rather the comments below are focused on specific articles which we have experience of.

3.1. Article 7 - Children with Disabilities

Relevant Acts and Policies

- Constitution – Bill of Rights section 28
- Children's Act
- Children's Amendment Act
- Basic Conditions of Employment Act of 1997: makes it illegal to employ a child under 18 years.
- Domestic Violence Act of 1998: explains how a child can get a protection order against the abuser.
- Films and Publications Act of 1996: protects children from exploitation in child pornography.
- Sexual Offences Act of 2007: has expanded or amended sexual offences against children and persons who are mentally disabled.

- Convention on the Rights of the Child
- African Charter on the Rights and Welfare of the Child.

The Situation in Umgungundlovu District

Some children with disabilities do not have their rights respected in the same way as other children in the district. For example, there are cultural beliefs about disability that stigmatize disabled children. One of these beliefs is that a mother who has a child with Down Syndrome has been punished by the ancestors for being unfaithful to her husband. This results in the child and the mother being stigmatized and discriminated against.

In addition there are a number of issues about the protection of disabled children in Umgungundlovu District and KwaZulu Natal province as a whole.

- There is no provision of places of safety in KwaZulu Natal for children with disabilities and therefore these children, who may need to be removed from their homes due to abuse, cannot be placed due to lack of accessibility at homes of safety and training of staff.
- There are too few residential facilities available for children with disabilities and this leads to long waiting periods for children to be placed
- There are no residential facilities to accommodate a young mother with a disability and her child.
- The available facilities do not cater for all impairment types or people with multiple disabilities.
- There is also a lack of shelters for abused women that will take in a woman or girl with a disability.

Case study

The non governmental sector dealing with children with disabilities is in a current state of crisis in KwaZulu – Natal. NGOs are viewed by the Department of Social

Welfare as specialised organisations providing 'one stop' services. This has left NGOs having to perform statutory work with almost no resources or funds available for the care and protection of children with disabilities. The following case study illustrates how the Association for the Physically Challenged (APC) struggled to protect, remove and place a child with a disability.

- On 22 February 2010, APC received a referral from an inspector S. He explained that he was currently investigating an allegation of sexual abuse. A cerebral palsied child (15 years) recently gave birth to a baby on 02/02/2010. The matter was reported to him by Addington hospital. She was taken to Addington hospital by her parents and a concerned neighbour. Staff suspected that the child was abused as she is a low functioning cerebral palsied child who is hearing impaired, has no speech, uses a wheelchair and is intellectually impaired. The child was eight months pregnant at the time and her biological parents alleged that they had no idea who could have abused her.
- The inspector requested assistance from APC and indicated that the child was being neglected and that the biological father would be investigated as an alleged perpetrator
- The social worker contacted a concerned neighbour who also revealed a strong suspicion towards the biological father. She stated that client N (15year old) was always locked in the bedroom from morning till parents returned from work in the evening. She noticed that the child was pregnant and forced the parents to take her to hospital.
- From February 23, the social worker contacted the following people for assistance as an immediate removal was necessary due to the serious allegations of sexual abuse and neglect:
 - Addington hospital was contacted on 23 February 2010 to assist with providing a medical report as this is a requirement for any home accommodating children with disabilities. Addington could not assist and stated that they had only completed the J88 form.

- Mental Health Society was then consulted on 23 February and a request was made for them to accommodate the child due to the urgency of the matter. They could only provide feedback on 25 May 2010.
- Natal Settlers Home was contacted on 23 February 2010 and they stated that they could not take baby N but could accommodate client N (15 year old). The home requested for medicals and stated that they could not accommodate the child immediately. We explained that once we removed the child on the Form 4, the child could not be placed back in the abusive environment. They could not assist us.
- Contacted Inspector S on 23 February 2010 to accompany the social worker to remove the child. He reported that he had transport difficulties and would contact the social worker when he was available.
- Contacted the neighbour again who revealed that client N was still locked away from her baby. A lady was employed to care for baby N. The neighbour was very concerned about the health of baby N as milk found in the home was spoilt, no formula milk was left for the baby and the mother – client N was locked in another room.
- Mental Health contacted APC on 24 February 2010 to state that they could not accommodate the child.
- Contacted the Disability Coordinator at the Regional Office on 24 February to request assistance in the placement of the child. She agreed to call various homes and provide feedback the next day.
- Contacted the neighbour on 25 February to check on client N and baby N. She stated that social workers had visited the home and advised client N's mother to take baby N to the clinic. The

neighbour could not provide information from which organisation the social workers had come from.

- Contact had been made with Umlazi Place of Safety on 25 February who stated that many homes declined to take client N as they did not feel equipped to handle a child with a disability and many homes were inaccessible to children utilizing wheelchairs. She suggested that we apply to Cheshire Homes and facilitated the process.

On 26 February both children were removed from their home. Five members of staff had to assist with the removal of the child and the following things had to be considered:

- The Association had to get police to accompany them as the investigating officer was unavailable and it had been reported that client N was locked in a room.
- The social worker had to check if the client had a wheelchair. Although a wheelchair was available, the home was inaccessible and the driver of the Association had to carry both the child and the wheelchair.
- Disposable nappies had to be sought for both client N who might have been incontinent and baby N.
- Basic clothing had to be provided as the children were clearly neglected.
- The Association did not have a car seat so the Home Based Care Attendant had to accompany the social workers during the removal/placement.
- Staff finished after hours as they waited with both children at Addington Hospital for the District Surgeon and thereafter had to make arrangements to get the children's Form 4 processed at court.

- Social workers had to arrange for transport of both children to court the next day.

FINDINGS

- When the social worker entered the home of client N, she was locked in a room secured by chains.
- The room had no windows, no water for the child to drink or ablution facilities.
- There we briefly talked to two adult siblings present who indicated that they did not wish to be involved. They feared their parents and stated that they had been physically assaulted by them. The social worker also noticed something that resembled a baton that might have been used to hit the siblings.
- Both parents smelt of alcohol and were both extremely aggressive.
- The home was in a state of dilapidation with no running water, electricity or toilets.
- Neighbours within the community stated that they had never seen client N outside the home.
- Both children were extremely neglected, smelled of urine, hair had not been washed or combed and their clothing was tattered.
- It is important to note that both parents were employed and collecting a disability grant for client N.
- The social workers discovered that although the client received initial care at Addington hospital, parents took the child to King Edward hospital for delivery of the baby. This was probably done as the staff at Addington reported the case of alleged abuse. It is important to note that staff at King Edward did not question that a 15 year old low functioning cerebral palsy child could be pregnant and did not report the matter. The child was not given the option of a caesarean and had to deliver naturally. Due to her severe disability, this could have been extremely traumatic.

Recommendations

As a province we have failed to protect and care for client N and her baby. It took us four days to secure a safe place for client N, which has left her separated from her baby. No “Place of Safety” exists for children with disabilities who may be neglected, exploited or abused. Current children’s homes offer few placements with many restrictions for children requiring special assistance. Although the country has signed and ratified the United Nations Convention on the Rights of Persons with Disabilities, no funds have been allocated in the province of KwaZulu-Natal to transform children’s homes to be more accessible and train staff to be more competent. NGOs with limited funding struggle to cope with such matters as unrealistic demands are placed on them with no resources made available.

South African Legislation (e.g. Children’s Act 38 of 2005) highlights the rights of children with disabilities but client N was forced to give birth with no knowledge or understanding of what was happening to her. Imagine her trauma:

- Being locked in a room her entire life
- Being sexually abused repeatedly
- Being forced to give birth naturally
- Being forced to express milk
- Being separated from her child and siblings
- Having to testify in court and undergo court process during prosecution of the alleged perpetrator
- Having to endure the pain of not prosecuting the perpetrator should there be insufficient evidence as she is unable to communicate what happened to her.

Client N was just one case study out of many children with disabilities requiring safety and protection.

3.2. Article 8: Awareness-raising

Relevant Acts and Policies

The Umgungundlovu Disability Forum is not aware of any specific legislation or policies in South Africa that deal with awareness-raising of disability issues as detailed in the CRPD.

The Situation in Umgungundlovu District

- From November 2007 to the present there has been no media coverage by the State of the fact that South Africa has ratified the Convention on the Rights of Persons with Disabilities (CRPD). This refers to all forms of media, including newspapers, television, radio, posters and pamphlets.
- The State's attempts to create awareness about disability issues are not sufficiently sustained and systematic – it is too sporadic.

Recommendation

- Financial resources should be made available at all levels of government to ensure disability is demystified and accepted as part of the diversity of humankind.
- Where the government is unable to raise awareness of disability and disability rights, resources should be made available to civil society organizations to play this role.

3.3. Article 17: Protecting Integrity

Relevant Acts and Policies

- The South African Constitution - Section 12 of Chapter 2 – The Bill of Rights

- The National Health Act of 2003

The Situation in Umgungundlovu District

Although the Umgungundlovu Disability Forum is not aware of any regular, repeated or general violations of this right, one specific incident has come to the awareness of the Disability Forum. Due to the sensitivity of the case it is not possible to report the details. However, it is important to note that a medical professional gave advice to the parent of a teenager with a disability and was prepared to perform a medical procedure that would harm the physical integrity of this teenager. Although the medical procedure has not yet been performed, other medical opinions indicated that there is inadequate evidence to justify the teenager undergoing the procedure.

Recommendations

It is clear from this case that interventions need to be made to increase the awareness of the rights of disabled people amongst medical professionals as well as in the general public.

3.4. Article 19: Living independently and being included in the community

Relevant Acts and Policies

- South African Constitution
- Social Housing Act of 2008
- Housing Act of 1997

The situation in Umgungundlovu District

- The physical layout of some houses provided in social housing projects does not allow a person with a disability to live there independently. It is expensive to make changes to the house and add the necessary accessible equipment/resources.
- Social housing is often not in an accessible area – a person in a wheelchair finds it very difficult to access those places. As a result of the inaccessible environment (mountainous) it is difficult for a person with a disability to live independently especially in the villages due to there being no water and electricity in homesteads. Water has to be fetched from a distance using buckets.
- The provision of sanitation in the social housing projects often does not take into account the needs of people with disabilities. Inaccessible sanitation facilities impairs the dignity of these people.
- People with disabilities still experience discrimination from their communities in Umgungundlovu District. People with mental illnesses have no voice, even in community meetings. They are undermined.
- Cultural beliefs have a negative bearing on the treatment of persons with disabilities in their communities. This has resulted in some people hiding their relatives with disabilities.
- Community activities do not include people with disabilities as meetings and other social activities are sometimes held in inaccessible venues.
- Many people in communities in Umgungundlovu District still believe that persons with disabilities must be taken care of instead of them living independently.

Recommendations

- The government has to ensure that as it rolls out its development projects, the needs of people with disabilities are addressed at the planning stage.
- Any development activity that does not embrace disability concerns should not be funded.

- The government needs to invest more in the education of people with disabilities so that they can increase their chances of living independently.

3.5. Article 24: Education

Relevant Acts and policies

- South African Schools Act of 1996: Provides for a uniform, non-discriminatory educational system
- Higher Education Act of 1997
- Further Education and Training Act of 1998
- Adult Basic Education and Training Act of 2000
- Education White Paper 6 of 2001: Provides the basis for the establishment of an inclusive education
- Skills Development Act of 1998: Provides for Learnership courses to develop the skills of the workforce

The Situation in Umgungundlovu District

- We acknowledge that there are five special schools which service children who need high levels of educational support in the district. These schools also encourage their learners to participate in sport.
- A number of mainstream schools in the district are inaccessible due to attitudes, resources and skills
- Not all special schools in Umgungundlovu have the necessary resources and skills (particularly regarding Braille and South African Sign language)
- Many children with disabilities in our district are not getting into mainstream schools –the Department of Education are not taking responsibility for appropriate placement of children with disabilities and instead they are being sent to special schools.

- Individual schools already have great demands on them such as large classes. This together with a lack of awareness, negative attitudes and a lack of support personnel (e.g. educational psychologist, physiotherapist, nurse, teacher assistant) make it difficult to provide optimal education for children with disabilities.
- NGOs have to help children get access to rehabilitation services, as this is not provided in schools.
- When children with disabilities turn 18 and there is no place to go or appropriate further training, the children are left at the school.
- There is a lack of sports facilities and programmes and accessible playgrounds for children with disabilities at special schools.
- The National Curriculum Statement has not been sufficiently adapted for children with intellectual disabilities.
- There is a lack of bridging courses between schools and tertiary institutions/employment.

Case Study

1. T is a physically disabled child who is presently mobile with the aid of a walker. He attended the APD Child Development Unit for the period September 2005 – October 2009 for physical, cognitive and social developmental programmes.
2. He was assessed for formal education in September 2009 and found to be cognitively capable of coping with a mainstream academic programme. Our problem was finding a school for T that was architecturally suitable in view of his mobility aid. His mum who is also physically disabled requested placement for him in a school situated in an urban area. The family reside in a peri-urban area.
3. Since there are lengthy delays with regard to responses to our requests to Psychological Guidance and Special Education Services division of the Department of Education for educational placement, it was decided to liaise directly with schools for placement of T. After doing an informal

- “survey” of primary schools that would be architecturally accessible to him, the NGO was eventually referred to the N Primary School. On 09.10.2009 the case was discussed telephonically with the school principal and a report on T was submitted to him. The principal responded by saying that although all the classrooms were situated on ground level, there were stairs from the car park to the classrooms which T will not be able to manoeuvre. This was discussed with T’s mum who stated that the driver of T’s school taxi would carry him down the stairs in the mornings and again after school. This was conveyed to the principal. The principal agreed to take T in for a two-day orientation period.
4. During a telephonic discussion with the class teacher on 20.10.09, the NGO was informed that T would be placed in Grade R and she provided the name of the teacher to liaise with. Discussion with T’s mum later that day revealed that T had been crying when he was fetched by the driver as he was teased, “pushed and hit” by another child. It was decided that this issue would be addressed after the period of orientation as there would be a need for an awareness programme at the school. In an ideal situation, the awareness programme would have been done in advance, however as an NGO there are limited manpower/resources.
 5. On 22.10.09 the outcome of T’s orientation was discussed with the Head of Department (HOD). The HOD reported as follows:

5.1 Grade R is a community based programme and children from the immediate community are given preference for admission.

5.2 She advised that T should seek admission to the H.S. Ebrahim School. The NGO informed her that this school is a training centre for children with intellectual impairments and since T has a physical impairment with no intellectual impairment, he is not a candidate for this centre. The NGO informed her further of Education White Paper 6 and T’s

constitutional right with regard to education. She stated that she would discuss the matter with the principal.

6. T's mum contacted the NGO on 23.10.09 and reported as follows:

6.1 Her neighbour who is a general assistant at the school in question informed her that she had overheard the secretary make derogatory remarks about T to the other staff members which included "how can they take a child like that into our school". T's mum was extremely angry and stated that she will be going to the persons concerned with regard to the comments they made about T. She added that she would not send T back to this school. The NGO also informed the mum of the contents of the discussion with the HOD.

7. T's mum subsequently had a confrontation with the secretary of the school and the HOD who then contacted the NGO with denials and "excuses".
8. T has since been successfully placed in a mainstream school. He is happy at the school and is progressing well.

This case study illustrates the number of articles of the UN Convention that were breached/violated viz:

Article 5: Equality and non discrimination

Article 7: Children with disabilities

Article 8: Awareness Raising

Article 9: Accessibility

Article 17: Protecting integrity

Article 24: Education

And indeed Article 33: National Implementation and Monitoring as we have not heard or have access to Government's plan to implement and monitor despite the lengthy time lapse since the signing of the Agreement.

Recommendations

- There is a need for the government to raise awareness on the right of a child with a disability to education
- Mainstream schools enrolling children with disabilities should get support in terms of understanding disability and how to facilitate the proper education of that child.
- The Department of Education should play a major role in disability awareness raising in the schools

4.6 Article 25: Health

Relevant Acts and policies

- Mental Health Care Act of 2002: provides for the care, treatment, habilitation and rehabilitation of persons with mental disabilities
- The South African Constitution – Chapter 2, Bill of Rights – section 27 (health care, food, water and social security)
- Primary Health Care package for South Africa – a set of norms and standards
- National Health Care Act of 2003: Provides a framework for a structured uniform health system

The Situation in Umgungundlovu District

- Persons with disabilities especially mental health care users are not respected when visiting primary health care clinics. They are referred to psychiatric clinics even though their problems may be of a general health nature which could be solved by the primary health care clinic.
- Persons with disabilities in general have to be accompanied by another person (spokesperson) for their voices to be heard at a health facility.

- In rural communities in Umgungundlovu District there is usually one psychiatrist that comes once a month to attend to a huge number of people referred to services.
- People have to walk long distances to get help in clinics.
- Information on medication such as the side effects, the option of taking a generic etc, is not explained thoroughly to many people with disabilities. This results in people defaulting on taking their medication.
- Health care workers are focusing on HIV/AIDS and they do not know much about disabilities. Very little education or training is given to them on disability issues.
- Specialised psychiatric staff have been redeployed to other parts of the province. This means that people with psychiatric illness have to attend generic clinics where they often have to wait for long periods, or where staff has limited knowledge regarding their specific conditions and medication.

Recommendations

- All health care workers need to be trained on the rights of people with disabilities and on other disability issues. This should be incorporated in the initial training of health care workers such as doctors, nurses and community health workers as well as being incorporated into the continuing professional development of health care workers.
- Specialised psychiatric clinics should be set up in rural areas

4.7 Article 27: Work and employment

Relevant Acts and Policies

- Occupational Health and Safety Act of 1993: Provides for the health and safety of persons at work

- Unemployment Insurance Act of 2001: Provides for the establishment of the Unemployment Fund and unemployment benefits
- Labour Relations Act of 1998: Provides guidance on labour relations practices and protects both the employee and employer
- Employment Equity Act of 1998: Determines employment equity quotas as they apply to the employment of persons with disabilities in the private and public sector
- The Preferential Procurement Policy Framework Act of 2000: Mentions disability as a category of persons historically disadvantaged by unfair discrimination

The Situation in Umgungundlovu District

- An article in the local newspaper (The Witness) confirmed that companies were listing individuals who wore glasses as disabled in order to meet their quota to comply with the Employment Equity Act. This means that people with more severe impairments are less likely to be employed in these companies.
- Administratively skilled people with disabilities are more likely to be employed, while people with skills such as welding, panel beating and other trade skills are often shunned.
- It is difficult for the public to obtain concrete proof of the percentage of people with disabilities employed by our local municipality and the local mall. The Employment Equity Act requires 2% of a large workforce to be people with disabilities.
- People who use wheelchairs and who rely on commuter taxis to get to work usually have to pay a double fare – one for themselves and one fare for the wheelchair.

Recommendations

- The government needs to enforce the implementation of the above pieces of legislation and monitor compliance.
- There should be workplace disability awareness-raising programmes.
- Action has to be taken against employers who put people who become disabled at work on medical board without exploring new employment possibilities. Some of these people become disabled due to the nature of their work and the lack of adherence to work safety measures.

5 General Recommendations

- The South African government needs to establish national and provincial implementation and monitoring teams to monitor the implementation of the CRPD
- The South African government should set a target for itself to have domesticated the CRPD
- There should be clearly laid out penalties for failure to implement government policies by officials.

6 Conclusion

The Umgungundlovu Disability Forum would like to applaud the South African government for being amongst the first countries in the world to ratify the Convention on the Rights of Persons with Disabilities. We acknowledge the many positive pieces of legislation and departmental policies that can guide implementation of the CRPD in South Africa. In this report we have documented our experiences in Umgungundlovu District, KwaZulu Natal province with regard to the implementation of the CRPD and some of the shortcomings. We offer our support to government structures to ensure the implementation of the CRPD in a way that will benefit all South Africans with disabilities. We are mindful of the important role of individuals, communities

and civil society more broadly in ensuring that attitudes are changed and that there is an equitable distribution of resources and articulation of rights for those who are deemed the most invisible in our society due to their disabilities. This is a cornerstone of the South African Constitution and the CRPD.

Appendix 1

- Association of the Physically Challenged
- Association for Persons with Physical Disabilities
- CBR Education and Training for Empowerment
- Department of Social Development
- Disability Action Research Team
- disAbility Connexion
- Ekukhanyeni Special School
- Epilepsy South Africa
- Isabel Beardmore Home
- Leprosy Mission
- Peter Pan School
- Pietermaritzburg & District Cerebral Palsy Association
- Pietermaritzburg Mental Health Society
- SAVF Old Age Home
- Siyaphambili Disabled Association
- Sunfield Home
- The Trade Aid Centre