

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NO. 2750

18 November 2022

CO OPERATIVES THAT HAS BEEN REMOVED FROM THE REGISTER

1. MGABADELI AND NKOMOSE AGRICULTURAL AND MULTI-PURPOSE
PRIMARY CO-OPERATIVE LIMITED (2008/002338/24)
2. LJT INVESTMENTS PRIMARY CO-OPERATIVE LIMITED (2018/000890/24)

Notice is hereby given that the names of the abovementioned co-operatives will, after the expiration of thirty days from the date of this notice, be struck off the register in terms of the provisions of section 71A of the Co-operatives Amendment Act, No 6 of 2013.

Any objections to this procedure, which interested persons may wish to raise, must together with the reasons therefore, be lodged with this office before the expiration of the period of thirty days.

REGISTRAR OF CO-OPERATIVES

Office of the Registrar of Co-operatives

Dtic Campus

77 Meintjies Street

Pretoria

0002

Private Bag X237

Pretoria

0001

DEPARTMENT OF WATER AND SANITATION

NO. 2751

18 November 2022

**NATIONAL WATER ACT, 1998
(ACT NO. 36 OF 1998)****RESERVE DETERMINATION FOR WATER RESOURCES OF THE MZIMVUBU CATCHMENT**

I, Senzo Mchunu, in my capacity as Minister of Water and Sanitation, and duly authorised in terms of sections 16(1) of the National Water Act, 1998 (Act No. 36 of 1998), hereby publish the Reserve determination for water resources of the Mzimvubu catchment, as set out in the Schedule to this Notice.

Director: Reserve Determination
Attention: Mr Atwaru Yakeen
Department of Water and Sanitation
Ndinaye Building 178 Francis Baard Street
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Pretoria
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MR SENZO MCHUNU

MINISTER OF WATER AND SANITATION

DATE: 20/09/2022

080522an

SCHEDULE**RESERVE DETERMINATION FOR WATER RESOURCES OF THE MZIMVUBU CATCHMENT
IN TERMS OF SECTION 16(1) AND (2) OF THE NATIONAL WATER ACT, 1998 (ACT NO. 36
OF 1998)****DESCRIPTION OF WATER RESOURCE**

1. (1) The Reserve is determined for all or part of every significant water resource within the Mzimvubu catchment as set out below:

| | |
|-----------------------|---|
| Catchment: | Mzimvubu |
| Drainage areas: | Secondary drainage area T3 (Mzimvubu) |
| River(s) and estuary: | Major rivers include the Mzimvubu, Mzintlava, Thina, Kinira, Tsitsa and Inxu (Wildebees) rivers, and the Mzimvubu Estuary |

(2) The Minister has in terms of section 12 of the National Water Act, 1998 (Act No.36 of 1998) ("the Act"), prescribed a system for classifying water resources by issuing Government Notice No. R. 810, published in *Government Gazette* No. 33541 dated 17 September 2010. In terms of section 16(1) of the Act, the Minister must, as soon as reasonably practicable after the class of all or part of a water resource has been determined, by Notice in the *Gazette*, determine the Reserve for all or part of that water resource.

(3) The Minister, in terms of section 16(3) of the Act, proposes, for the purpose of section 16(1) of the Act, the following Reserve determination for the Mzimvubu catchment.

2. ACRONYMS AND DEFINITIONS**2.1 Acronyms**

| | |
|----------|---|
| BAS | Best attainable state |
| BHN | Basic Human Needs |
| CAWC | Co-ordinated Water Bird Counts |
| CBA | Critical Biodiversity Areas |
| EC | Ecological Category |
| EcoSpecs | Ecological Specifications |
| EIA | Environmental Impact Assessment |
| EIS | Ecological Importance and Sensitivity |
| ESA | Ecological Support Areas |
| EWR | Ecological Water Requirement |
| GRAII | Groundwater Resource Assessment Phase II |
| GRDM | Groundwater Reserve Determination Methodology |
| GRUs | Groundwater Resource Units |
| MAR | Mean Annual Runoff |
| MCM | Million Cubic Metres |
| PES | Present Ecological Status |
| REC | Recommended Ecological Category |
| TEC | Target Ecological Category |
| TPCs | Thresholds of Potential Concern |
| WUL | Water Use Licence |

2.1 Definitions

Baseflow is a sustained low flow in rivers during dry or fair weather conditions, but not necessarily all contributed by groundwater; and includes contribution from delayed interflow and groundwater discharge.

Ecological Importance and Sensitivity (EIS): Key indicators in the ecological classification of water resources. Ecological importance relates to the presence, representativeness and diversity of species of biota and habitat. Ecological sensitivity relates to the vulnerability of the habitat and biota to modifications that may occur in flows, water levels and physico-chemical conditions.

Ecological Water Requirements (EWR): The flow patterns (magnitude, timing and duration) and water quality needed to maintain a riverine ecosystem in a particular condition. This term is used to refer to both the quantity and quality components.

Ecological Water Requirement (EWR) Sites: Specific points on the river as determined through the site selection process. An EWR site consists of a length of river which may consist of various cross-sections for both hydraulic and ecological purposes. These sites provide sufficient indicators to assess environmental flows and assess the condition of biophysical components (drivers such as hydrology, geomorphology and physico-chemical) and biological responses (viz. fish, invertebrates and riparian vegetation).

Present Ecological State (PES): A category indicating the current health or integrity of various biological attributes of the water resource, compared to the natural or close to natural reference conditions. The results of the process are provided as Ecological Categories (ECs) ranging from A (near natural) to F (completely modified) for the PES.

Recharge is the addition of water to the zone of saturation, either by downward percolation of precipitation or surface water and/ or the lateral migration of groundwater from adjacent aquifers.

Recommended Ecological Category (REC): An ecological category indicating the ecological management target for a water resource based on its ecological classification that should be attained. Categories range from Category A (unmodified, natural) to Category D (largely modified).

River Node (biophysical node): These are modelling point's representative of an upstream reach or area of an aquatic eco-system (rivers, wetlands, estuaries and groundwater) for which a suite of relationships apply.

Sub-quaternary catchments: A finer subdivision of the quaternary catchments (the catchment areas of tributaries of main stem rivers in quaternary catchments).

Target Ecological Category (TEC): Means the assigned ecological condition by the Minister to a water resource that reflects the ecological condition of that water resource in terms of the deviation of its biophysical components from the natural reference condition. The ultimate target being to achieve a sustainable system both ecologically and economically taking into account the PES and REC.

PROPOSED RESERVE DETERMINATION AS REQUIRED IN TERMS OF SECTION 16(1) AND (2) OF THE NATIONAL WATER ACT, 1998

3. (1) A summary of the quantity component for the Rivers which include the EWR (**Figure 1**) and the BHN in terms of section 16(1) of the Act for the Mzimvubu catchment is set out in Section 4. **Table 4.1** includes the results of the priority sites.
- (2) A summary of the quality component for the River at EWR sites in terms of section 16(1) of the Act for the Mzimvubu catchment is set out in **Table 5.1-5.5**.
- (3) A summary of the wetland component in terms of section 16(1) of the Act for the Mzimvubu catchment is set out in **Table 6.1-6.5**.
- (4) A summary of the Estuary component in terms of section 16(1) of the Act for the Mzimvubu catchment is set out in **Table 7.1-7.2**.
- (5) A summary of the groundwater contribution to the Reserve for Water Quantity in terms of section 16(1) of the Act for the Mzimvubu catchment is set out in **Table 8.1**.
- (6) A summary of the groundwater contribution to the Reserve for Water Quality in terms of section 16(1) of the Act for the Mzimvubu catchments is set out in **Table 9.1 - 9.3**.
- (7) The Reserve will apply from the date signed off as determined in terms of Section 16(1) of the Act, unless otherwise specified by the Minister.

4. SURFACE-WATER – RIVER QUANTITY COMPONENT

Proposed results for the Reserve determination and ecological categorisation for the Mzimvubu catchment, where the Reserve amounts are expressed as a percentage of the NMAR for the respective catchments (cumulative) in terms of section (16)(1).

Table 4.1: Summary of the quantity component for the Rivers which include the EWR & BHN for the priority sites

| Quaternary catchment | RU Node | River | PES | REC | Mean Annual Runoff (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|----------------------|---------------------|--------------|-----|-----|--|----------------------------------|
| T31A | T31-1 | Mzimvubu | B/C | B/C | 32.73 | 0.008 |
| T31B | T31-2 | Krom | B | B/C | 31.33 | 0.008 |
| T31C | T31-3 | Mzimvubu | B | B | 87.01 | 0.006 |
| T31C | T31-4 | Nyongo | C | C | 8.92 | 0.053 |
| T31D | T31-5 | Mzimvubu | B | B | 104.92 | 0.013 |
| T31D | T31-6 | Riet | C | C | 13.98 | 0.006 |
| T31E | T31-7 | Tswereka | B | B | 12.78 | 0.015 |
| T31E | T31-8 | Tswereka | B/C | B/C | 29.55 | 0.092 |
| T31E | T31-9 | Unknown | C | C | 4 | 0.001 |
| T31F | T31-11 | Unknown | B/C | B/C | 3.71 | 0.001 |
| T31F | T31-12 ¹ | Mzimvubu | C | C | 190.45 | 0 |
| T31G | T31-13 ¹ | Mzimvubu | B/C | B/C | 217.82 | 0.01 |
| T31H | T31-14 | Mvenyane | B | B | 23.98 | 0.003 |
| T31H | T31-15 | Mvenyane | B/C | B/C | 40.83 | 0.044 |
| T31H | T31-16 | Mkemané | B | B | 13.61 | 0.027 |
| T31H | T31-17 | Unknown | C | C | 1.3 | 0.005 |
| T31H | T31-18 | Mkemané | C/D | C/D | 64.81 | 0.025 |
| T31J | T31-19 ¹ | Mzimvubu | B/C | B/C | 335.66 | 2 |
| T32A | T32-1 | Mzintlava | C | B/C | 9.46 | 0.007 |
| T32A | T32-2 | Mzintlava | C | C | 37.6 | 0.004 |
| T32B | T32-3 | Mzintlava | C | B/C | 11.08 | 0.019 |
| T32C | T32-4 | Mill Stream | C | B/C | 4.26 | 0.002 |
| T32C | T32-5 | aManzamnyama | B/C | B/C | 13.86 | 0.012 |
| T32C | T32-6 | Mzintlava | B | B | 86.17 | 0.021 |
| T32C | T32-7 | Unknown | B/C | B/C | 8.53 | 0 |
| T32D | T32-8 | Droewig | C | C | 18.43 | 0.007 |
| T32D | T32-9 | Mzintlava | D | D | 98.14 | 0.002 |
| T32D | T32-10 | Mzintlava | D | D | 134.49 | 0.019 |
| T32E | T32-11 ¹ | Mvalweni | C/D | C/D | 223.24 | 0.107 |
| T32F | T32 | Mzintlava | C/D | C/D | 223.24 | 0.304 |
| T32G | T32-12 | Mzintlavana | B/C | B/C | 57.16 | 0.247 |
| T32H | T32-13 ¹ | Mzintlava | C | C | 348.86 | 0.364 |
| T33A | T33-1 | Mafube | B | B | 20.45 | 0.006 |
| T33A | T33-2 | Kinira | B/C | B/C | 26.29 | 0.129 |
| T33A | T33-3 | Unknown | C | C | 97.37 | 0.021 |
| T33B | T33-4 | Jordan | B | B | 33.94 | 0.02 |

| Quaternary catchment | RU Node | River | PES | REC | Mean Annual Runoff (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|----------------------|-----------------------------|-----------------|-----|-----|--|----------------------------------|
| T33B | T33-5 | Seeta | B/C | B/C | 69.76 | 0.032 |
| T33B | T33-6 | Mosenene | C | C | 94.27 | 0.012 |
| T33C | T33-7 ¹ | Morulane | C | C | 36.158 | 0.102 |
| T33D | T33-7 ¹ | Kinira | C | C | 302.96 | 0.11 |
| T33E | T33-8 | Somabadi | C | C | 6.17 | 0.024 |
| T33F | T33-9 ¹ | Kinira | C | C | 368.32 | 0.038 |
| T33F | T33-10 | Ncome | C | C | 15.58 | 0.031 |
| T33G | MRU Kinira (MzimEWR3) | Kinira | C | C | 407.12 | 0.158 |
| T33G | T33-11 | Cabazi | C | C | 14.01 | 0.044 |
| T33H | T33-12 | Mnceba | C | C | 17.05 | 0.113 |
| T33H | T33-13 | Caba | C | C | 9.22 | 0.065 |
| T34A | T34-2 | Thina | B | B | 32.91 | 0 |
| T34A | T34-3 | Thina | B/C | B/C | 41.14 | 0.027 |
| T34B | T34-4 | Phiri-e-ntso | B | B | 68.08 | 0.01 |
| T34B | T34 | Thina | B | A/B | 95.826 | 0.048 |
| T34C | T34-1 | Phinari | B | B | 33.59 | 0.009 |
| T34D | T34-5 | Thina | C | C | 123.48 | 0.054 |
| T34D | T34-6 | Tokwana | C | C | 20.35 | 0.129 |
| T34E | T34-7 | Luzi | B | B | 45.2 | 0.001 |
| T34F | T34-8 | Luzi | B/C | B/C | 84.7 | 0.048 |
| T34G | T34-9 | Nxaxa | B | B | 27.13 | 0.055 |
| T34H | T34-10 | Tsilithwa | B | B | 20.07 | 0.039 |
| T34H | T34-11 | Ngcothi | B | B | 11.86 | 0.037 |
| T34H | T34-12 | Ngcibira | C | C | 18.25 | 0.02 |
| T34K | MRU Thina_C (MzimEWR2) | Thina | C | C | 404.51 | 0.356 |
| T35A | T35-1 | Tsitsa | B | B | 101.14 | 0.008 |
| T35B | T35-2 | Pot | B | B | 79.71 | 0.002 |
| T35C | T35-3 | Klein-Mooi | B | B | 63.69 | 0.001 |
| T35D | T35-4 | Mooi | C | C | 127.57 | 0.012 |
| T35E | T35-5 | Gqukunqa | B | B | 46.09 | 0.049 |
| T35F | T35-6 | Inxu | B | B | 37.64 | 0.001 |
| T35G | T35-7 | Gqaqala | B | B | 26.15 | 0.02 |
| T35F | T35-8 | Kuntombizininzi | B | B | 14.29 | 0.001 |
| T35G | MRU Gat IFR1 ² | Gatberg | B/C | B | 10.9 | 3 |
| T35H | MRU Inxu EWR 1 ² | Inxu | B/C | B/C | 44.38 | 0.099 |
| T35H | T35-9 | KuNgindi | B/C | B/C | 35.07 | 0.002 |
| T35H | T35-10 | Qwakele | C | C | 19.87 | 0.026 |
| T35J | T35-11 | Ncolosi | C/D | C/D | 29.76 | 0.1 |
| T35K | T35-12 | Culunca | C | C | 18.12 | 0.054 |
| T35K | T35-13 | Tyira | C/D | C/D | 14.72 | 0.046 |

| Quaternary catchment | RU Node | River | PES | REC | Mean Annual Runoff (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|----------------------|--------------------------|------------|-----|-----|--|----------------------------------|
| T35K | T35-14 | Xokonxa | C | C | 36.24 | 0.093 |
| T35K | MRU Tsitsa Ca (MzimEWR1) | Tsitsa | C | C | 438.04 | 0.038 |
| T35L | T35-15 | Ngcolora | C | C | 10.19 | 0.02 |
| T35M | T35-16 | Ruze | B | B | 13.52 | 0.029 |
| T36A | T36-1 | Mzintshana | B | B | 14.34 | 0.087 |
| T36A | T36-2 | Mkata | B | B | 9.78 | 0.073 |
| T36A | MRU Mzim (MzimEWR4) | Mzimvubu | C | C | 2655.13 | 0.133 |

- 1) NMAR is the Natural Mean Annual Runoff.
- 2) This amount represents the long term mean based on the NMAR. If the NMAR changes, this volume will also change.
- 3) Represents the percentage of BHN.
- 4) The total Reserve amount accounts for both the Ecological Reserve and the Basic Human Needs Reserve (BHN).

5. SURFACE-WATER – RIVER QUALITY COMPONENT

Summary of the Quality component at EWR sites

5.1. Water quality assessment for MzimEWR1 on the Tsitsa River

| River | Tsitsa | Water Quality Monitoring Points | |
|--|---|--|--|
| | | RC | Benchmark tables (DWAf, 2008) |
| EWR Site | MzimEWR1 | PES | T3H006Q01 (n = 136-180; 2000-2016) |
| | Parameter / units | PES value | Ecological Category / comment |
| Inorganic salt ions (mg/L) | Sulphate as SO ₄ | 13.4 | Inorganic salt assessment not triggered due to low Electrical Conductivity levels |
| | Sodium as Na | 13.0 | |
| | Magnesium as Mg | 9.03 | |
| | Calcium as Ca | 18.10 | |
| | Chloride as Cl | 13.15 | |
| | Potassium as K | 2.54 | |
| Electrical conductivity | mS/m | 22.84 | A |
| Nutrients (mg/L) | SRP-P | 0.012 | B |
| | TIN-N | 0.146 | A |
| Physical variables | pH (5 th and 95 th % tiles) | 7.3 + 8.28 | B |
| | Temperature (° C) | - | Natural temperature range expected. Supported by data from Madikizela et al., 2001. |
| | Dissolved oxygen (mg/L) | - | Natural oxygen range expected. Supported by data from Madikizela et al., 2001. |
| | Turbidity (NTU) | 114: 95 th percentile 54: 50 th percentile (n=4; 2015-2016) | Moderate – Large change: Erosion and urban runoff processes are known causes of unnaturally large increases in sediment loads and turbidity. |
| Response variable | Chl-a: phytoplankton (ug/L) | - | |
| | Macroinvertebrate score (MIRAI) SASS score ASPT score | 72.91% | C |
| | Diatoms | SPI=15.7 (n=4) | B |
| | Fish score (FRAI) | 68.3% | C |
| | | | |
| Toxics (mg/L) | Ammonia (as N) | 0.01 | A |
| Overall site classification (from PAI table) | | | B (86.4%) |

5.2. Water quality assessment for MzimEWR2 on the Thina River

| River | Thina | Water Quality Monitoring Points | |
|--|---|---------------------------------|--|
| | | RC | Benchmark tables (DWAF, 2008) |
| EWR Site | MzimEWR2 | PES | T3H005Q01 (<i>n</i> = 135-188; 2000-2016) |
| | Parameter / units | PES value | Ecological Category / comment |
| Inorganic salt ions (mg/L) | Sulphate as SO ₄ | 10.87 | Inorganic salt assessment not triggered due to low Electrical Conductivity levels |
| | Sodium as Na | 9.17 | |
| | Magnesium as Mg | 7.36 | |
| | Calcium as Ca | 15.33 | |
| | Chloride as Cl | 8.01 | |
| | Potassium as K | 2.42 | |
| Electrical conductivity | mS/m | 18.7 | A |
| Nutrients (mg/L) | SRP-P | 0.014 | B |
| | TIN-N | 0.146 | A |
| Physical variables | pH (5 th and 95 th % tiles) | 7.23 + 8.25 | B |
| | Temperature (° C) | - | Natural temperature range expected. Supported by data from Madikizela et al., 2001. |
| | Dissolved oxygen (mg/L) | - | Natural oxygen range expected. Supported by data from Madikizela et al., 2001. |
| | Turbidity (NTU) | - | Moderate changes to the catchment land-use have resulted in unnaturally high sediment loads and high turbidities during runoff events. |
| Response variable | Chl-a: phytoplankton (ug/L) | - | |
| | Macroinvertebrate score (MIRAI) SASS score ASPT score | 76.56% | C |
| | Diatoms | SPI=17.8 (n=1) | Modified to a B category as dominant population suggests a recent high flow event |
| | Fish score (FRAI) | 78.4% | B/C |
| Toxics (mg/L) | Ammonia (as N) | 0.018 | B |
| | Fluoride (F) | 0.485 | A |
| Overall site classification (from PAI table) | | | B (85.5%) |

5.3. Water quality assessment for Mzim EWR3 on the Kinira River

| River | Kinira | Water Quality Monitoring Points | |
|--|---|---------------------------------|---|
| | | RC | Benchmark tables (DWAF, 2008) |
| EWR Site | MzimEWR3 | PES | T3H019Q01 (<i>n</i> = 72-94; 2007-2016) |
| | Parameter / units | PES value | Ecological Category / comment |
| Inorganic salt ions (mg/L) | Sulphate as SO ₄ | 7.08 | Inorganic salt assessment not triggered due to low Electrical Conductivity levels |
| | Sodium as Na | 18.74 | |
| | Magnesium as Mg | 14.29 | |
| | Calcium as Ca | 32.71 | |
| | Chloride as Cl | 9.50 | |
| | Potassium as K | 2.82 | |
| Electrical conductivity | mS/m | 32.11 | A/B |
| Nutrients (mg/L) | SRP-P | 0.010 | B |
| | TIN-N | 0.10 | A |
| Physical variables | pH (5 th and 95 th % tiles) | 7.36 + 8.53 | B |
| | Temperature (° C) | - | Natural temperature range expected. |
| | Dissolved oxygen (mg/L) | - | Natural oxygen range expected. |
| | Turbidity (NTU) | | Serious changes due to serious erosion problems. Increased turbidity levels are present most of the time, with large silt loads deposited and a serious reduction in habitat. |
| Response variable | Chl-a: phytoplankton (ug/L) | - | |
| | Macroinvertebrate score (MIRAI) SASS score ASPT score | 74.68% | C |
| | Diatoms | SPI=14.5 (n=1) | B/C: Diatoms growing in conditions of reduced light penetration (i.e. high turbidity), were present in the sample. |
| | Fish score (FRAI) | 62.7% | C |
| | Ammonia (as N) | 0.012 | A/B |
| Toxics (mg/L) | Fluoride (F) | 0.514 | A |
| Overall site classification (from PAI table) | | | B/C (81.8%) |

5.4. Water quality assessment for MzimEWR4 on the Mzimvubu River

| River | Mzimvubu | Water Quality Monitoring Points | |
|--|---|---------------------------------|---|
| | | RC | Benchmark tables (DWAF, 2008) |
| EWR Site | MzimEWR4 | PES | T3H020Q01 (n = 69-73; 2000-2016) |
| | Parameter / units | PES value | Ecological Category / comment |
| Inorganic salt ions (mg/L) | Sulphate as SO ₄ | 7.33 | Inorganic salt assessment not triggered due to low Electrical Conductivity levels |
| | Sodium as Na | 19.52 | |
| | Magnesium as Mg | 13.67 | |
| | Calcium as Ca | 19.93 | |
| | Chloride as Cl | 15.87 | |
| | Potassium as K | 2.70 | |
| Electrical conductivity | mS/m | 28.44 | A |
| Nutrients (mg/L) | SRP-P | 0.006 | A/B |
| | TIN-N | 0.100 | A |
| Physical variables | pH (5 th and 95 th % tiles) | 7.43 + 8.32 | B |
| | Temperature (° C) | - | Natural temperature range expected. |
| | Dissolved oxygen (mg/L) | - | Natural oxygen range expected. |
| | Turbidity (NTU) | - | Although there are severe erosion problems in the upper catchments, the impact has been classified as Moderate due to the size of the river system which moderates the impact, and the naturally turbid state of the Mzimvubu River. Moderate changes imply that catchment land-use have resulted in unnaturally high sediment loads and high turbidities during runoff events. |
| | | | |
| Response variable | Chl-a: phytoplankton (ug/L) | - | |
| | Macroinvertebrate score (MIRAI) SASS score ASPT score | 74.10% | C |
| | Diatoms | SPI=17.0 (n=1) | B: Dominant species suggest flows recently elevated, and diatoms growing in conditions of reduced light penetration (i.e. high turbidity), were present in the sample. |
| | Fish score (FRAI) | 76.1% | C |
| Toxics (mg/L) | Ammonia (as N) | 0.006 | A |
| Overall site classification (from PAI table) | | | A/B (88.3%) |

Summary of the Quality component at Desktop level

Table 5.5. Desktop Water quality assessments

| | Quaternary catchment | RU | Water resource | Component | Sub-Component | Indicator | Ecospecs PES and REC |
|----------------------------|----------------------|---|----------------|---------------------|---------------------|---------------------------------|--|
| IUA T32_a: Mzintlaba | T32C | RU T32-6: T32C-05273 | Mzintlaba | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.025 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | River Water Quality | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| | T32C, T32D | RU T32-9: T32D-05352 | Mzintlaba | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.125 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | River Water Quality | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T32_b: Mzintlaba | T32D | RU T32-10: T32D-05373 | Mzintlaba | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.125 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | River Water Quality | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| | T32E, T32F | RU T32-11: T32F-05464 | Mvalweni | River Water Quality | Salts | Electrical conductivity | 95th percentile of the data must be less than or equal to 55 mS/m (aquatic ecosystems: driver). |
| | | | | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.125 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| IUA T33_a: Kinira | T32E, T32F | RU T32-11: T32F-05464 | Mvalweni | River Water Quality | Nutrients | Total Inorganic Nitrogen | 50th percentile of the data must be less than 1.0 mg/L TIN-N (aquatic ecosystems: driver). |
| | | | | River Water Quality | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| | T33A | RU T33-3: T33A-04990, T33A-04991 | Kinira | River Water Quality | Salts | Electrical conductivity | 95th percentile of the data must be less than or equal to 30 mS/m (aquatic ecosystems: driver). |
| | | | | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.025 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| IUA T33_b: Kinira | T33G | MRU Kinira (MzimEW3): T33E-05213, T33F-05326, T33G-05395 | Kinira | River Water Quality | Suspended sediments | Turbidity/clarity or TSS levels | A large change from natural with erosion being a known cause of unnaturally large increases in sediment loads and turbidity. Habitat often silted but clears (aquatic ecosystems: driver). |

| | Quaternary catchment | RU | Water resource | Component | Sub-Component | Indicator | Ecospecs PES and REC |
|---------------------|----------------------|---|----------------|---------------------|---------------------|---------------------------------|---|
| IUA T34_b: Thina | T34D | RU T34-6: T34D-05463 | Tokwana | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.025 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T34_b: Thina | T34J, T34K | MRU Thina_C (MzimEWR2): T34H-05772, T34H-05838, T34K-05835 | Thina | | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.025 mg/L (aquatic ecosystems: driver). |
| IUA T35_a: Tsitsa | T35C, T35D | RU T35-4: T35C-05874 | Mooi | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.025 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T35_b: Tsitsa | T35H | MRU Inxu (EWR1): T35F-06020 | Inxu | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.075 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T35_c: Tsitsa | T35K | RU T35-14: T35K-06167 | Xokonxa | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.125 mg/L PO ₄ -P (aquatic ecosystems: driver). |
| | | | | | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T35_d: Tsitsa | T35K | MRU Tsitsa_Ca (MzimEWR1): T35E-05977, T35K-06037, T35K-06098, T35L-05976 | Tsitsa | River Water Quality | Nutrients | Orthophosphate | 50th percentile of the data must be less than 0.015 mg/L (aquatic ecosystems: driver). |
| | | | | | Toxics | | 95th percentile of the data must be within the TWQR for toxics. Numerical limits can be found in DWAF (1996) and DWAF (2008). |
| IUA T36_a: Mzimvubu | T36A | MRU Mzim (MzimEWR4): T36A-06250, T36A-06354, T36B-06391 | Mzimvubu | River Water Quality | Suspended sediments | Turbidity/clarity or TSS levels | Moderate changes from natural with temporary high sediment loads and turbidity during runoff events. Urban activities and land-use have resulted in high sediment loads |

6. SURFACE-WATER – WETLANDS COMPONENTS

Summary of the Wetlands assessment

6.1. Desktop Wetland and Ecoclassification

| SQ Code | Name | PES | Wetland EI | Wetland ES | REC |
|------------|--------------|-----|------------|------------|-----|
| T31A-04712 | Mzimvubu | C | HIGH | LOW | B/C |
| T31B-04745 | Krom | B | HIGH | MODERATE | B/C |
| T31B-04868 | Krom | B | VERY HIGH | MODERATE | A |
| T31B-04873 | Name unknown | B | VERY HIGH | MODERATE | A |
| T31C-04796 | Mngeni | C | HIGH | MODERATE | B/C |
| T31C-04866 | Mzimvubu | B/C | MODERATE | MODERATE | B/C |
| T31C-04879 | Nyongo | C | MODERATE | VERY HIGH | C |
| T31D-04926 | Mzimvubu | C | HIGH | MODERATE | C |
| T31D-04936 | Riet | B/C | VERY HIGH | MODERATE | A |
| T31D-05030 | Riet | C | HIGH | LOW | B/C |
| T31D-05060 | Mzimvubu | D | HIGH | MODERATE | C |
| T31D-05076 | Mzimvubu | C | VERY HIGH | VERY LOW | B |
| T31E-04836 | Tswereka | B | HIGH | MODERATE | B/C |
| T31E-04910 | Malithasana | D | HIGH | MODERATE | C/D |
| T33D-05063 | Kinira | D | VERY HIGH | VERY LOW | C |
| T33D-05106 | Pabatlong | C/D | HIGH | VERY HIGH | C |
| T33D-05150 | Kinira | C/D | HIGH | LOW | C |
| T33E-05213 | Kinira | C/D | HIGH | MODERATE | C |
| T33E-05367 | Somabadi | C/D | MODERATE | VERY HIGH | C/D |
| T33F-05285 | Rolo | D | MODERATE | VERY LOW | D |
| T33F-05326 | Kinira | C/D | HIGH | VERY LOW | C |
| T33F-05398 | Kinira | C/D | HIGH | VERY LOW | C |
| T33F-05439 | Ncome | C/D | MODERATE | VERY LOW | C/D |
| T33G-05395 | Kinira | C/D | HIGH | LOW | C |
| T33G-05587 | Cabazi | C/D | MODERATE | HIGH | C |
| T33G-05659 | Mzimvubu | B | MODERATE | MODERATE | B |
| T33H-05638 | Mnceba | C | MODERATE | VERY HIGH | C |
| T33H-05680 | Mzimvubu | C | MODERATE | LOW | C |
| T33H-05803 | Caba | C/D | HIGH | MODERATE | C |
| T33H-05821 | Mzimvubu | C | MODERATE | MODERATE | C |
| T33J-05834 | Mzimvubu | C | MODERATE | LOW | C |
| T34A-05394 | Vuvu | B/C | HIGH | HIGH | B |
| T34A-05404 | Thina | C | HIGH | VERY LOW | B/C |
| T34A-05408 | Khohlong | C | HIGH | VERY LOW | B/C |
| T34A-05415 | Thina | B/C | HIGH | VERY LOW | B |
| T34B-05269 | Nxotshana | B/C | HIGH | VERY LOW | B |
| T34B-05275 | Phiri-e-ntso | B/C | HIGH | VERY LOW | B |
| T34B-05351 | Thina | C/D | HIGH | VERY LOW | C |
| T34B-05356 | Thina | C/D | HIGH | LOW | C |
| T34B-05385 | Thina | C/D | HIGH | VERY LOW | C |
| T34C-05168 | Tinana | B | HIGH | VERY LOW | A/B |
| T34C-05292 | Tinana | C | MODERATE | LOW | C |
| T34D-05412 | Thina | C | HIGH | LOW | B/C |

| SQ Code | Name | PES | Wetland EI | Wetland ES | REC |
|------------|------------------|-----|------------|------------|-----|
| T34D-05460 | Thina | D | HIGH | LOW | C/D |
| T34E-05495 | Bradgate se Loop | B/C | HIGH | VERY LOW | B |
| T34E-05503 | Luzi | C | HIGH | VERY LOW | B/C |
| T34E-05507 | Luzi | C | HIGH | LOW | B/C |
| T34F-05512 | Luzi | C | HIGH | VERY LOW | B/C |
| T34G-05543 | Thina | C | HIGH | LOW | B/C |
| T34G-05634 | Nxaxa | C/D | VERY HIGH | LOW | C |
| T34G-05667 | Thina | B/C | MODERATE | LOW | B/C |
| T34H-05598 | Thina | D | HIGH | MODERATE | C/D |
| T34H-05772 | Thina | B | HIGH | LOW | A/B |
| T34H-05826 | Ngcothi | B/C | HIGH | LOW | B |
| T34K-05835 | Thina | B/C | HIGH | MODERATE | B |
| T35A-05596 | Tsitsana | B/C | HIGH | VERY LOW | B |
| T35A-05648 | Tsitsa | B | HIGH | LOW | A/B |
| T35A-05750 | Tsitsa | C/D | HIGH | VERY LOW | C |
| T35B-05709 | Pot | B/C | HIGH | VERY LOW | B |
| T35B-05798 | Pot | C/D | HIGH | LOW | C |
| T35B-05815 | Little Pot | C | VERY HIGH | LOW | B |
| T35C-05858 | Mooi | C | HIGH | VERY LOW | B/C |
| T35C-05874 | Mooi | C/D | VERY HIGH | MODERATE | B |
| T35C-05930 | Klein-Mooi | C | HIGH | VERY LOW | B/C |
| T35D-05721 | Tsitsa | D | HIGH | LOW | C/D |
| T35D-05844 | Mooi | B | HIGH | MODERATE | A/B |
| T35E-05780 | Gqukunga | B | MODERATE | VERY LOW | A/B |
| T35E-05908 | Tsitsa | C | HIGH | MODERATE | B/C |
| T35E-05977 | Tsitsa | C | MODERATE | HIGH | B/C |
| T35F-05973 | Kuntombizinzi | B | VERY HIGH | MODERATE | A |
| T35F-05999 | Inxu | B/C | HIGH | LOW | B |
| T35F-06020 | Inxu | D | VERY HIGH | LOW | C |
| T35G-06002 | Inxu | C | HIGH | LOW | B/C |
| T35G-06021 | Inxu | C | HIGH | VERY LOW | B/C |
| T35G-06069 | Gatberg | B/C | VERY HIGH | LOW | B |
| T35G-06074 | Gatberg | B/C | HIGH | VERY LOW | B |
| T35G-06099 | Gatberg | B/C | VERY HIGH | LOW | B |
| T35G-06100 | Name unknown | C | MODERATE | VERY LOW | C |
| T35G-06108 | Inxu | B | HIGH | LOW | A/B |
| T35G-06118 | Gatberg | B/C | VERY HIGH | MODERATE | B/C |
| T35G-06133 | Name unknown | C | HIGH | LOW | B/C |
| T35G-06135 | Gqaqala | C | VERY HIGH | MODERATE | B |
| T35G-06148 | Name unknown | A | HIGH | VERY HIGH | A |
| T35G-06169 | Gqaqala | C | HIGH | LOW | B/C |
| T35G-06179 | Name unknown | C | HIGH | LOW | B/C |
| T35H-06024 | Inxu | C | MODERATE | LOW | C |
| T35H-06053 | Inxu | C | MODERATE | MODERATE | C |
| T35H-06186 | Umnga | C | HIGH | HIGH | B/C |

| SQ Code | Name | PES | Wetland EI | Wetland ES | REC |
|------------|----------|-----|------------|------------|-----|
| T35H-06240 | KuNgindi | C | VERY HIGH | MODERATE | B |
| T35H-06282 | Umnga | B | HIGH | MODERATE | A/B |
| T35J-06106 | Ncolosi | D | MODERATE | MODERATE | D |
| T35K-05897 | Culunca | D | MODERATE | HIGH | C/D |
| T35K-05904 | Tyira | D | MODERATE | HIGH | C/D |
| T35K-06037 | Tsitsa | C | MODERATE | VERY HIGH | B |
| T35K-06167 | Xokonxa | C | HIGH | MODERATE | B/C |
| T35L-05976 | Tsitsa | C | VERY HIGH | HIGH | B |
| T35L-06190 | Tsitsa | B | HIGH | LOW | A/B |
| T35L-06226 | Ngcolora | D | HIGH | HIGH | C/D |
| T35M-06187 | Tsitsa | B | MODERATE | MODERATE | B |
| T35M-06275 | Ruze | B | HIGH | MODERATE | A/B |
| T36A-06250 | Mzimvubu | C | MODERATE | LOW | C |
| T36B-06391 | Mzimvubu | C/D | VERY HIGH | MODERATE | C |

7. SURFACE WATER: ESTUARINE COMPONENTS OF THE RESERVE

Downstream boundary: 31°37'52" S, 29°32'59" E (Estuary mouth)
 Upstream boundary: 31°29'7.15" S, 29°22'59.66" E
 Lateral boundaries: 5 m contour above mean sea level (MSL) along each bank

The PES of an estuary is assessed in terms of the degree of similarity to reference conditions. The Estuarine Health Index is used to determine the PES and corresponds to an ecological category that describes the health using six categories, ranging from natural (A) to critically modified (F). As per the EHI the different components assessed are: Abiotic components: Hydrology, physical habitat, hydrodynamics and water quality. Biotic components: Microalgae, macrophytes, invertebrates, fish and birds.

| Quaternary Catchment | Water Resource | PES | EIS | REC | NMAR (MCM) |
|----------------------|----------------|-----|----------|-----|------------|
| T36B | Mzimvubu | B | Moderate | B | 2 613.5 |

Table 7.2 Recommended Ecological Flow scenario for the Mzimvubu Estuary (REC – Category B)

| %iles | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 99.9 | 324 | 449 | 401 | 611 | 672 | 970 | 487 | 391 | 297 | 314 | 155 | 747 |
| 99 | 279 | 406 | 392 | 599 | 619 | 691 | 374 | 235 | 295 | 232 | 143 | 272 |
| 95 | 129 | 275 | 300 | 446 | 541 | 526 | 264 | 81 | 81 | 103 | 56 | 83 |
| 90 | 92 | 189 | 254 | 310 | 508 | 369 | 174 | 65 | 47 | 34 | 37 | 51 |
| 85 | 80 | 129 | 201 | 222 | 381 | 278 | 131 | 55 | 34 | 29 | 27 | 29 |
| 80 | 58 | 92 | 176 | 178 | 272 | 237 | 111 | 45 | 28 | 25 | 23 | 23 |
| 70 | 41 | 67 | 130 | 147 | 188 | 201 | 102 | 33 | 21 | 20 | 17 | 19 |
| 60 | 32 | 57 | 71 | 107 | 153 | 162 | 81 | 25 | 18 | 17 | 14 | 15 |
| 50 | 27 | 47 | 53 | 82 | 121 | 133 | 70 | 23 | 16 | 14 | 13 | 14 |
| 40 | 24 | 39 | 43 | 70 | 86 | 113 | 58 | 20 | 14 | 12 | 12 | 12 |
| 30 | 23 | 37 | 39 | 58 | 70 | 80 | 52 | 18 | 13 | 12 | 11 | 11 |
| 20 | 21 | 35 | 34 | 52 | 58 | 68 | 48 | 17 | 12 | 10 | 10 | 10 |
| 15 | 20 | 32 | 33 | 43 | 54 | 63 | 44 | 16 | 11 | 10 | 10 | 10 |
| 10 | 19 | 31 | 31 | 37 | 46 | 57 | 40 | 15 | 11 | 10 | 10 | 9 |
| 5 | 18 | 30 | 27 | 35 | 40 | 47 | 35 | 15 | 11 | 10 | 9 | 8 |
| 1 | 16 | 28 | 26 | 30 | 31 | 37 | 31 | 13 | 10 | 9 | 8 | 8 |

8. GROUNDWATER - QUANTITY COMPONENT

There are 51 quaternary catchments within the Mzimvubu T3 catchment. The basic human needs Reserve provides for the essential needs of individuals served by the water resource in question and includes water for drinking, food preparation and for personal hygiene. A life-line amount of 25 litres per person per day was used. The groundwater quantity component was determined using values (i.e. recharge, baseflow and population) obtained during the determination of the groundwater Reserve study in the Mzimvubu to Keiskamma WMA - Eastern Region (DWA, 2012).

Table 8.1: The Groundwater Quantity Component of the Reserve for the Mzimvubu T3 Catchment

| Quaternary catchment | Area (km ²) | Recharge (Mm ³ /a) | Population | Baseflow (Mm ³ /a) | EWR_MLF (Mm ³ /a) | BHN Reserve (Mm ³ /a) | EWR as % of Recharge | BHN as % of Recharge |
|----------------------|-------------------------|-------------------------------|------------|-------------------------------|------------------------------|----------------------------------|----------------------|----------------------|
| T31A | 221.3 | 11.61 | 493 | 9.68 | 0.69 | 0 | 5.93 | 0 |
| T31B | 284 | 16.55 | 2903 | 6.18 | 0.42 | 0.03 | 2.55 | 0.18 |
| T31C | 290.6 | 15.25 | 13110 | 6.26 | 0.41 | 0.12 | 2.71 | 0.79 |
| T31D | 352.5 | 20.54 | 3587 | 5.27 | 0.32 | 0.04 | 1.56 | 0.19 |
| T31E | 508.7 | 26.7 | 12815 | 8.24 | 0.33 | 0.12 | 1.24 | 0.45 |
| T31F | 606.9 | 28.09 | 2188 | 11.89 | 0.29 | 0.02 | 1.05 | 0.07 |
| T31G | 208.4 | 12.14 | 262 | 6.35 | 0.58 | 0 | 4.77 | 0 |
| T31H | 616.2 | 35.9 | 29073 | 12.34 | 0.36 | 0.26 | 1.02 | 0.72 |
| T31J | 506.4 | 29.5 | 21943 | 13.68 | 0.5 | 0.2 | 1.69 | 0.68 |
| T32A | 347.1 | 20.23 | 2246 | 9.07 | 0.46 | 0.02 | 2.25 | 0.1 |
| T32B | 306.5 | 17.86 | 4658 | 9.11 | 0.49 | 0.04 | 2.77 | 0.22 |
| T32C | 372.9 | 21.73 | 39324 | 10.69 | 0.48 | 0.36 | 2.23 | 1.66 |
| T32D | 350.2 | 20.4 | 3405 | 6.02 | 0.33 | 0.03 | 1.61 | 0.15 |
| T32E | 382 | 22.26 | 32609 | 4.47 | 0.17 | 0.3 | 0.77 | 1.35 |
| T32F | 296 | 17.24 | 23029 | 4.65 | 0.2 | 0.21 | 1.16 | 1.22 |
| T32G | 437.7 | 25.5 | 42683 | 5.54 | 0.14 | 0.39 | 0.55 | 1.53 |
| T32H | 452.2 | 26.35 | 36169 | 6.32 | 0.17 | 0.33 | 0.64 | 1.25 |
| T33A | 341.4 | 17.92 | 56453 | 6.11 | 0.2 | 0.51 | 1.13 | 2.85 |
| T33B | 268.2 | 14.08 | 30627 | 6.07 | 0.23 | 0.28 | 1.62 | 1.99 |
| T33C | 237.7 | 12.48 | 17759 | 324 | 0.23 | 0.16 | 1.81 | 1.28 |
| T33D | 358 | 18.8 | 33472 | 3.84 | 0.22 | 0.3 | 1.19 | 1.6 |
| T33E | 267.1 | 15.56 | 14955 | 2.18 | 0.22 | 0.14 | 1.44 | 0.9 |
| T33F | 437 | 25.46 | 21162 | 4.88 | 0.21 | 0.19 | 0.83 | 0.75 |
| T33G | 502 | 29.25 | 29938 | 6.2 | 0.26 | 0.27 | 0.88 | 0.92 |
| T33H | 516 | 30.06 | 58784 | 4.43 | 0.2 | 0.54 | 0.67 | 1.8 |
| T33J | 456.4 | 25.59 | 38276 | 3.48 | 0.19 | 0.34 | 0.75 | 1.33 |
| T33K | 169.1 | 9.85 | 13409 | 2.16 | 0.22 | 0.12 | 2.24 | 1.22 |
| T34A | 671.9 | 32.27 | 8720 | 5.69 | 0.38 | 0.08 | 1.18 | 0.25 |
| T34B | 601.9 | 31.59 | 6940 | 5.17 | 0.37 | 0.06 | 1.18 | 0.19 |
| T34C | 366.9 | 19.26 | 9860 | 5.11 | 0.36 | 0.09 | 1.89 | 0.47 |
| T34D | 461 | 24.2 | 21115 | 7.4 | 0.39 | 0.19 | 1.62 | 0.79 |
| T34E | 241.5 | 12.67 | 3000 | 6.24 | 0.43 | 0 | 3.36 | 0 |
| T34F | 246.1 | 12.92 | 5627 | 5.49 | 0.39 | 0.05 | 3 | 0.39 |
| T34G | 281.9 | 14.8 | 14867 | 7.81 | 0.38 | 0.13 | 2.6 | 0.88 |

| Quaternary catchment | Area (km ²) | Recharge (Mm ³ /a) | Population | Baseflow (Mm ³ /a) | EWR_MLF (Mm ³ /a) | BHN Reserve (Mm ³ /a) | EWR as % of Recharge | BHN as % of Recharge |
|-------------------------|----------------------------|----------------------------------|------------|----------------------------------|---------------------------------|-------------------------------------|----------------------------|-------------------------|
| T34H | 590.1 | 34.38 | 46605 | 12.59 | 0.45 | 0.42 | 1.3 | 1.22 |
| T34J | 296.3 | 17.26 | 23028 | 2.61 | 0.29 | 0.21 | 1.7 | 1.22 |
| T34K | 332.9 | 19.4 | 20920 | 2.54 | 0.2 | 0.19 | 1.02 | 0.98 |
| T35A | 475.1 | 24.94 | 10162 | 11.96 | 0.43 | 0.09 | 1.72 | 0.36 |
| T35B | 395.7 | 20.77 | 0 | 10.04 | 0.39 | 0 | 1.88 | 0 |
| T35C | 306.1 | 16.07 | 2934 | 9.56 | 0.48 | 0.23 | 2.99 | 1.43 |
| T35D | 347.8 | 18.25 | 8329 | 7.24 | 0.45 | 0.08 | 2.46 | 0.44 |
| T35E | 491.8 | 28.65 | 25094 | 13.11 | 0.43 | 0.22 | 1.51 | 0.77 |
| T35F | 358.7 | 18.83 | 1271 | 8.43 | 0.45 | 0.01 | 2.39 | 0.05 |
| T35G | 574.5 | 30.15 | 6074 | 10.31 | 0.45 | 0.05 | 1.48 | 0.17 |
| T35H | 519.3 | 27.26 | 27442 | 12.34 | 0.4 | 0.25 | 1.46 | 0.92 |
| T35J | 188.4 | 10.98 | 15134 | 12.44 | 1.17 | 0.39 | 10.61 | 3.55 |
| T35K | 624.8 | 36.4 | 53682 | 2.87 | 0.12 | 0.49 | 0.32 | 1.35 |
| T35L | 340.1 | 19.81 | 21721 | 2.87 | 0.2 | 0.2 | 0.99 | 1.01 |
| T35M | 304.5 | 17.74 | 20465 | 4.14 | 0.19 | 0.19 | 1.08 | 1.07 |
| T36A | 462 | 55.9 | 29898 | 11.73 | 0.27 | 0.27 | 0.48 | 0.48 |
| T36B | 264.4 | 31.99 | 21375 | 10.01 | 0.26 | 0.19 | 0.81 | 0.59 |

9. GROUNDWATER QUALITY COMPONENT

In the determinations of the groundwater quality component the ambient groundwater quality is compared to Class 1 potability value (SANS 2005). The lowest or more conservative value of the two is selected. In instances where the ambient value is selected, it is increased by 10 per cent. In instances where the ambient quality, of geological origin, exceeds the potability value the ambient water quality is used. The groundwater quality should at all times comply in all respects with the quality specifications set as per water quality guidelines contained in Table 2 below. The groundwater quality of the Mzimvubu catchment was assessed per quaternary level and the results are summarised in Table 3 below.

Table 9.1. Assessment guide for the suitability of groundwater for potable use

| Chemical Parameter | Target Water Quality Ranges ¹ | | | | |
|-------------------------------|--|---------|-----------------|--------------------|-------------|
| | Units | Class 0 | Class I | Class II | Class III |
| pH (pH Units) | | 6 - 9 | 5 - 6 & 9 - 9.5 | 4 - 5 & > 9.5 - 10 | < 4 or > 10 |
| Total Dissolved Solids | mg/l | 0 - 450 | 450 - 1000 | 1000 - 2450 | > 2450 |
| Electrical Conductivity | mS/m | 0 - 70 | 70 - 150 | 150 - 300 | > 370 |
| Calcium as Ca | mg/l | 0 - 80 | 80 - 150 | 150 - 300 | > 300 |
| Magnesium as Mg | mg/l | 0 - 30 | 30 - 70 | 70 - 100 | > 100 |
| Sodium as Na | mg/l | 0 - 100 | 100 - 200 | 200 - 400 | > 400 |
| Chloride as Cl | mg/l | 0 - 100 | 100 - 200 | 200 - 600 | > 600 |
| Sulphate as SO ₄ | mg/l | 0 - 200 | 200 - 400 | 400 - 600 | > 600 |
| Nitrate as NO ₃ -N | mg/l | 0 - 6 | 6 - 10 | 10 - 20 | > 20 |
| Fluoride as F | mg/l | 0 - 1 | 1 - 1.5 | 1.5 - 3.5 | > 3.5 |
| Faecal coliforms | counts/100ml | 0 | 0 - 1 | 1 - 10 | > 10 |

1) Ref: South African Water Quality Guidelines, Volume 1: Domestic Water Use, 2nd Ed. 1996. Department of Water Affairs and Forestry. Pretoria, South Africa.

NOTE:

Class 0: Water is classed as ideal drinking water, suitable for life time use. The values are essentially the same as the target water guideline in the South African Water Quality Guideline for Domestic Use.

Class I: **Water is still safe for life time use; however some mild health effects may, in very rare cases, occur. They may also be some aesthetic effects.**

Class II: Water allowable for limited short term or emergency use. Health effects may be felt more commonly, as compared to Class I, especially by those who are long term users of the water. Therefore, it is not recommended that the water be used continuously for life. This is only class in the guideline which is not specific in terms of the exact duration that the water can be used for. It states that it can be used for short term use; but does not define what length of time "short term" refers to.

Class III: Class III water will cause serious health effects, particular in infants and elderly people. Use of this water is not recommended for drinking purposes.

Table 9.2: The Groundwater Quality Component of the Reserve for the Mzimvubu T3 Catchment

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| T31A | No of Samples | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Ambient GW Quality | 8.52 | 41 | 7.11 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.08 |
| | 5 percentile | 8.18 | 37.4 | 5.99 | 0.5 | 74.14 | 125.59 | 26.9 | 5.49 | 0.02 | 2.92 |
| | 95 percentile | 8.72 | 47.1 | 11.69 | 2.13 | 86.76 | 148.81 | 42.54 | 12.48 | 0.1 | 4.74 |
| T31C | GW Quality Reserve | 9.37 | 45.1 | 7.82 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.48 |
| | No of Samples | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ambient GW Quality | 8.57 | 41.25 | 7.46 | 1.19 | 82.47 | 137.1 | 32.84 | 8.81 | 0.04 | 4.07 |
| | 5 percentile | 8.18 | 37.95 | 5.88 | 0.69 | 75.36 | 124.92 | 26.48 | 5.74 | 0.02 | 2.9 |
| T31E | 95 percentile | 8.72 | 47.43 | 11.78 | 2.14 | 86.97 | 149.44 | 42.96 | 12.53 | 0.1 | 4.77 |
| | GW Quality Reserve | 9.43 | 45.38 | 8.2 | 1.31 | 90.72 | 150.81 | 36.12 | 9.7 | 0.05 | 4.47 |
| | No of Samples | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | Ambient GW Quality | 8.62 | 41 | 7.81 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.06 |
| T33A | 5 percentile | 8.18 | 37.32 | 5.88 | 0.5 | 74.4 | 125.14 | 26.62 | 5.48 | 0.02 | 2.91 |
| | 95 percentile | 8.72 | 47.32 | 11.75 | 2.14 | 86.9 | 149.23 | 42.85 | 12.51 | 0.09 | 4.58 |
| | GW Quality Reserve | 9.49 | 45.1 | 8.59 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.46 |
| | No of Samples | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| T33B | Ambient GW Quality | 7.62 | 30.5 | 7.1 | 2.7 | 15.54 | 91.61 | 6.09 | 2 | 0.04 | 0.22 |
| | 5 percentile | 7.04 | 10.5 | 4.07 | 0.73 | 5.73 | 38.41 | 1.5 | 2 | 0.02 | 0.1 |
| | 95 percentile | 8.25 | 39.65 | 22.59 | 9.71 | 87.38 | 177.92 | 10.03 | 20.66 | 1.21 | 1.51 |
| | GW Quality Reserve | 8.38 | 33.55 | 7.81 | 2.97 | 17.09 | 100.77 | 6.7 | 2.2 | 0.04 | 0.24 |
| T33C | No of Samples | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Ambient GW Quality | 8.45 | 42.2 | 7.81 | 1.2 | 83.04 | 137.73 | 38.6 | 11.2 | 0.04 | 3.85 |
| | 5 percentile | 8.15 | 37.64 | 5.61 | 0.5 | 74.64 | 126.95 | 27.74 | 5.5 | 0.02 | 2.57 |
| | 95 percentile | 8.71 | 54.1 | 11.52 | 2.09 | 108.18 | 160.79 | 48.47 | 20.45 | 0.1 | 4.68 |
| T33C | GW Quality Reserve | 9.3 | 46.42 | 8.59 | 1.32 | 91.34 | 151.5 | 42.46 | 12.32 | 0.04 | 4.24 |
| | No of Samples | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | Ambient GW Quality | 8.62 | 41 | 7.81 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.06 |
| | 5 percentile | 8.18 | 37.32 | 5.88 | 0.5 | 74.4 | 125.14 | 26.62 | 5.48 | 0.02 | 2.91 |
| | 95 percentile | 8.72 | 47.32 | 11.75 | 2.14 | 86.9 | 149.23 | 42.85 | 12.51 | 0.09 | 4.58 |
| | GW Quality Reserve | 9.49 | 45.1 | 8.59 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.46 |
| T33D | No of Samples | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Ambient GW Quality | 8.52 | 41 | 7.11 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.08 |
| | 5 percentile | 8.18 | 37.4 | 5.99 | 0.5 | 74.14 | 125.59 | 26.9 | 5.49 | 0.02 | 2.92 |
| | 95 percentile | 8.72 | 47.1 | 11.69 | 2.13 | 86.76 | 148.81 | 42.54 | 12.48 | 0.1 | 4.74 |
| | GW Quality Reserve | 9.37 | 45.1 | 7.82 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.48 |
| | No of Samples | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Ambient GW Quality | 8.52 | 43.25 | 9.02 | 1.7 | 80.78 | 135.49 | 36.96 | 9.34 | 0.05 | 3.82 |
| | 5 percentile | 8.17 | 37.9 | 5.88 | 0.65 | 76.24 | 124.47 | 27.3 | 5.68 | 0.03 | 2.88 |
| T34E | 95 percentile | 8.72 | 47.65 | 11.84 | 2.15 | 87.12 | 145.52 | 43.3 | 12.42 | 0.09 | 4.64 |
| | GW Quality Reserve | 9.37 | 47.58 | 9.92 | 1.87 | 88.86 | 149.04 | 40.66 | 10.27 | 0.05 | 4.2 |
| | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Ambient GW Quality | 8.31 | 45.75 | 10.82 | 1.88 | 82.78 | 137.59 | 40.97 | 11.45 | 0.05 | 3.29 |
| T34F | 5 percentile | 8.17 | 41.34 | 7.58 | 1.7 | 77.19 | 124.83 | 34.19 | 6.37 | 0.02 | 2.87 |
| | 95 percentile | 8.66 | 47.87 | 11.89 | 2.17 | 87.26 | 146 | 43.6 | 12.51 | 0.07 | 3.99 |
| | GW Quality Reserve | 9.14 | 50.33 | 11.9 | 2.07 | 91.05 | 151.35 | 45.07 | 12.6 | 0.05 | 3.62 |
| | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| T34G | Ambient GW Quality | 8.31 | 45.75 | 10.82 | 1.88 | 82.78 | 137.59 | 40.97 | 11.45 | 0.05 | 3.29 |
| | 5 percentile | 8.17 | 41.34 | 7.58 | 1.7 | 77.19 | 124.83 | 34.19 | 6.37 | 0.02 | 2.87 |
| | 95 percentile | 8.66 | 47.87 | 11.89 | 2.17 | 87.26 | 146 | 43.6 | 12.51 | 0.07 | 3.99 |
| | GW Quality Reserve | 9.14 | 50.33 | 11.9 | 2.07 | 91.05 | 151.35 | 45.07 | 12.6 | 0.05 | 3.62 |
| T35A | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Ambient GW Quality | 8.21 | 46 | 11.4 | 2.07 | 86.04 | 141.92 | 41.03 | 11.71 | 0.06 | 3 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 8.17 | 45.55 | 10.35 | 1.73 | 80.17 | 134.12 | 40.92 | 11.25 | 0.04 | 2.86 |
| | 95 percentile | 8.4 | 47.98 | 11.92 | 2.17 | 87.33 | 146.24 | 43.76 | 12.56 | 0.07 | 3.52 |
| | GW Quality Reserve | 9.03 | 50.6 | 12.54 | 2.28 | 94.64 | 156.11 | 45.13 | 12.88 | 0.06 | 3.3 |
| | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| T35B | Ambient GW Quality | 7.71 | 23.1 | 13.5 | 2.5 | 28.7 | 118.9 | 4.7 | 6.4 | 0.13 | 0.21 |
| | 5 percentile | 7.47 | 5.55 | 2.88 | 0.7 | 6.47 | 28.45 | 1.82 | 5.77 | 0.03 | 0.15 |
| | 95 percentile | 8.28 | 38.31 | 38.61 | 8.26 | 39.59 | 136.54 | 21.8 | 9.55 | 1.86 | 0.28 |
| | GW Quality Reserve | 8.48 | 25.41 | 14.85 | 2.75 | 31.57 | 130.79 | 5.17 | 7.04 | 0.14 | 0.23 |
| T35C | No of Samples | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Ambient GW Quality | 8.52 | 43.25 | 9.02 | 1.7 | 80.78 | 135.49 | 36.96 | 9.34 | 0.05 | 3.82 |
| | 5 percentile | 8.17 | 37.9 | 5.88 | 0.65 | 76.24 | 124.47 | 27.3 | 5.68 | 0.03 | 2.88 |
| | 95 percentile | 8.72 | 47.65 | 11.84 | 2.15 | 87.12 | 145.52 | 43.3 | 12.42 | 0.09 | 4.64 |
| T35D | GW Quality Reserve | 9.37 | 47.58 | 9.92 | 1.87 | 88.86 | 149.04 | 40.66 | 10.27 | 0.05 | 4.2 |
| | No of Samples | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Ambient GW Quality | 8.31 | 46.85 | 11.11 | 1.94 | 83.49 | 139.99 | 40.97 | 12.18 | 0.06 | 3.21 |
| | 5 percentile | 8.22 | 45.64 | 10.32 | 1.72 | 79.91 | 133.93 | 40.92 | 11.75 | 0.06 | 2.88 |
| T35F | 95 percentile | 8.41 | 48.07 | 11.89 | 2.16 | 87.08 | 146.04 | 41.02 | 12.6 | 0.07 | 3.55 |
| | GW Quality Reserve | 9.14 | 51.54 | 12.22 | 2.13 | 91.84 | 153.99 | 45.07 | 13.4 | 0.07 | 3.53 |
| | No of Samples | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | Ambient GW Quality | 8.62 | 41 | 7.81 | 1.7 | 82.05 | 137.73 | 33.01 | 7.48 | 0.04 | 4.06 |
| T35G | 5 percentile | 8.17 | 37.72 | 5.8 | 0.62 | 76.2 | 124.24 | 26.94 | 5.64 | 0.02 | 2.88 |
| | 95 percentile | 8.72 | 47.76 | 11.86 | 2.16 | 87.19 | 145.76 | 43.43 | 12.36 | 0.09 | 4.68 |
| | GW Quality Reserve | 9.49 | 45.1 | 8.59 | 1.87 | 90.25 | 151.5 | 36.31 | 8.23 | 0.05 | 4.46 |
| | No of Samples | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| T35G | Ambient GW Quality | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |
| | 95 percentile | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |
| | GW Quality Reserve | 8.48 | 25.41 | 14.85 | 2.75 | 44.88 | 130.79 | 5.17 | 7.04 | 0.14 | 0.32 |
| | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| T35H | Ambient GW Quality | 8.62 | 41 | 7.81 | 1.7 | 82.05 | 137.73 | 33.01 | 7.48 | 0.06 | 4.06 |
| | 5 percentile | 8.25 | 40.64 | 7.18 | 1.15 | 77.3 | 124.78 | 32.7 | 5.71 | 0.02 | 2.97 |
| | 95 percentile | 8.7 | 47.48 | 11.56 | 2.13 | 86.93 | 145.82 | 40.12 | 12.14 | 0.1 | 4.07 |
| | GW Quality Reserve | 9.49 | 45.1 | 8.59 | 1.87 | 90.25 | 151.5 | 36.31 | 8.23 | 0.06 | 4.46 |
| T31B | No of Samples | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Ambient GW Quality | 8.2 | 33 | 32.16 | 15.17 | 12.32 | 140.87 | 8.23 | 4.46 | 0.83 | 0.19 |
| | 5 percentile | 7.96 | 26.44 | 22.23 | 7.65 | 6.98 | 92.25 | 5.81 | 2 | 0.1 | 0.15 |
| | 95 percentile | 8.39 | 46.73 | 48.84 | 19.33 | 19.16 | 191.4 | 32.43 | 8.47 | 5.24 | 0.66 |
| T31D | GW Quality Reserve | 9.02 | 36.3 | 35.37 | 16.69 | 13.55 | 154.96 | 9.05 | 4.91 | 0.92 | 0.21 |
| | No of Samples | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Ambient GW Quality | 8.18 | 37.35 | 34.48 | 15.96 | 12.59 | 144.57 | 11.02 | 4.06 | 1.15 | 0.22 |
| | 5 percentile | 7.96 | 26.03 | 22.59 | 7.49 | 8.06 | 92.05 | 5.82 | 2 | 0.2 | 0.14 |
| T31G | 95 percentile | 8.38 | 46.83 | 48.98 | 19.41 | 19.5 | 193.42 | 33.46 | 8.52 | 5.39 | 0.66 |
| | GW Quality Reserve | 9 | 41.09 | 37.92 | 17.55 | 13.84 | 159.03 | 12.12 | 4.46 | 1.26 | 0.24 |
| | No of Samples | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ambient GW Quality | 8.21 | 32.85 | 30.67 | 15.17 | 12.59 | 144.49 | 8.16 | 4.93 | 0.75 | 0.22 |
| T31H | 5 percentile | 7.97 | 24.89 | 22.53 | 7.8 | 7.02 | 92.44 | 5.07 | 2 | 0.11 | 0.15 |
| | 95 percentile | 8.38 | 46.64 | 48.7 | 19.26 | 18.81 | 189.37 | 31.39 | 8.41 | 5.09 | 0.66 |
| | GW Quality Reserve | 9.03 | 36.14 | 33.74 | 16.68 | 13.84 | 158.93 | 8.98 | 5.42 | 0.82 | 0.24 |
| | No of Samples | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| T31H | Ambient GW Quality | 8.24 | 38.1 | 33.85 | 13.75 | 22.1 | 160.16 | 11.3 | 5.96 | 1.05 | 0.27 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 8.19 | 30.48 | 22.99 | 3.36 | 11.98 | 108.09 | 6.99 | 2.85 | 0.32 | 0.17 |
| | 95 percentile | 8.36 | 47.39 | 45.51 | 16.02 | 34.6 | 202.03 | 19.99 | 17.25 | 6.85 | 1.14 |
| | GW Quality Reserve | 9.07 | 41.91 | 37.23 | 15.12 | 24.31 | 176.18 | 12.43 | 6.55 | 1.16 | 0.29 |
| | No of Samples | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| T31J | Ambient GW Quality | 8.23 | 37.4 | 30.75 | 10.04 | 19.02 | 143.41 | 11.3 | 5.96 | 0.96 | 0.26 |
| | 5 percentile | 7.85 | 22.02 | 15.69 | 3.76 | 8.83 | 81.6 | 5.03 | 2 | 0.14 | 0.15 |
| | 95 percentile | 8.35 | 47.12 | 44.92 | 15.81 | 34.03 | 201.57 | 19.36 | 18.99 | 6.8 | 1.12 |
| | GW Quality Reserve | 9.05 | 41.14 | 33.83 | 11.04 | 20.92 | 157.75 | 12.43 | 6.55 | 1.06 | 0.29 |
| T32A | No of Samples | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Ambient GW Quality | 7.89 | 51.6 | 26.4 | 18.1 | 34.5 | 135.2 | 38.8 | 4.8 | 5.93 | 0.16 |
| | 5 percentile | 6.97 | 28.75 | 14.65 | 8.95 | 21.75 | 53.25 | 19.9 | 2 | 1.03 | 0.12 |
| | 95 percentile | 9.06 | 75.2 | 54.1 | 23.8 | 62.15 | 185 | 107.55 | 9.5 | 11.4 | 0.29 |
| T32B | GW Quality Reserve | 8.68 | 56.76 | 29.04 | 19.91 | 37.95 | 148.72 | 42.68 | 5.28 | 6.53 | 0.18 |
| | No of Samples | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| | Ambient GW Quality | 7.73 | 39.4 | 20.7 | 14.7 | 33.3 | 128.8 | 37.7 | 4.3 | 5.93 | 0.15 |
| | 5 percentile | 6.53 | 16.96 | 6.36 | 4.78 | 15.64 | 28.56 | 9.3 | 2 | 1.05 | 0.1 |
| T32C | 95 percentile | 8.99 | 72.04 | 52.04 | 23.14 | 61.34 | 182.52 | 99.6 | 9.5 | 11.31 | 0.28 |
| | GW Quality Reserve | 8.5 | 43.34 | 22.77 | 16.17 | 36.63 | 141.68 | 41.47 | 4.73 | 6.53 | 0.17 |
| | No of Samples | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Ambient GW Quality | 8.08 | 33.2 | 28.41 | 10.32 | 11.4 | 108.42 | 11.69 | 2 | 0.14 | 0.15 |
| T32D | 5 percentile | 7.53 | 6.4 | 4.41 | 2.7 | 3.36 | 22.59 | 4.49 | 2 | 0.04 | 0.07 |
| | 95 percentile | 8.58 | 56.83 | 45.13 | 21.62 | 31.75 | 240.35 | 43.94 | 14.43 | 2.73 | 1.57 |
| | GW Quality Reserve | 8.88 | 36.52 | 31.26 | 11.35 | 12.54 | 119.26 | 12.86 | 2.2 | 0.16 | 0.16 |
| | No of Samples | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| T32D | Ambient GW Quality | 8.33 | 39.2 | 34.02 | 10.83 | 22.15 | 154.56 | 9.96 | 6.88 | 1.02 | 0.23 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 7.95 | 19.05 | 7.96 | 2.01 | 8.29 | 77.75 | 1.5 | 2 | 0.04 | 0.13 |
| | 95 percentile | 8.58 | 59.18 | 47.95 | 30.55 | 59.53 | 227.04 | 47.65 | 29.48 | 5.2 | 2.46 |
| | GW Quality Reserve | 9.17 | 43.12 | 37.42 | 11.91 | 24.37 | 170.01 | 10.95 | 7.56 | 1.13 | 0.26 |
| T32E | No of Samples | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ambient GW Quality | 8.34 | 40.85 | 35.64 | 16.6 | 20.76 | 174.38 | 10.86 | 6.22 | 1.17 | 0.22 |
| | 5 percentile | 8.21 | 25.25 | 16.54 | 8.15 | 11.24 | 96.37 | 3.12 | 2 | 0.05 | 0.12 |
| | 95 percentile | 8.56 | 57.17 | 51.69 | 26.58 | 34.64 | 234.53 | 37.1 | 19.76 | 2.77 | 0.74 |
| | GW Quality Reserve | 9.17 | 44.94 | 39.2 | 18.26 | 22.84 | 191.82 | 11.95 | 6.84 | 1.29 | 0.25 |
| T32F | No of Samples | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Ambient GW Quality | 7.64 | 30.6 | 7.1 | 3.15 | 22.77 | 124.85 | 6.13 | 2 | 0.12 | 0.27 |
| | 5 percentile | 7.32 | 11.93 | 4.62 | 0.69 | 10.7 | 41.65 | 1.98 | 2 | 0.03 | 0.11 |
| | 95 percentile | 8.25 | 39.78 | 22.79 | 9.89 | 87.91 | 179.27 | 10.07 | 21.22 | 1.26 | 1.58 |
| | GW Quality Reserve | 8.4 | 33.66 | 7.81 | 3.47 | 25.04 | 137.34 | 6.74 | 2.2 | 0.13 | 0.3 |
| T32G | No of Samples | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ambient GW Quality | 8.34 | 40.85 | 34.76 | 16.6 | 19.46 | 167.34 | 10.86 | 4.07 | 1.3 | 0.21 |
| | 5 percentile | 8.21 | 24.64 | 16.23 | 8.53 | 10.88 | 94.46 | 5.78 | 2 | 0.08 | 0.12 |
| | 95 percentile | 8.57 | 57.8 | 52.94 | 26.96 | 29.62 | 237.03 | 35.74 | 10.86 | 2.79 | 0.49 |
| | GW Quality Reserve | 9.17 | 44.94 | 38.23 | 18.26 | 21.41 | 184.07 | 11.95 | 4.48 | 1.43 | 0.23 |
| T32H | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Ambient GW Quality | 7.83 | 33.9 | 13.02 | 2.68 | 58.29 | 156.83 | 5 | 5.44 | 0.04 | 0.34 |
| | 5 percentile | 7.7 | 24.36 | 11.25 | 1.86 | 30.48 | 104.3 | 2.3 | 2.34 | 0.04 | 0.27 |
| | 95 percentile | 8.01 | 34.35 | 15.01 | 3 | 61.67 | 160.86 | 5.83 | 6.89 | 0.18 | 1.58 |
| | GW Quality Reserve | 8.61 | 37.29 | 14.32 | 2.95 | 64.12 | 172.51 | 5.5 | 5.98 | 0.04 | 0.38 |
| T33E | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Ambient GW Quality | 8.38 | 49.35 | 25.8 | 6.8 | 83.5 | 162.55 | 69.45 | 15.2 | 1.16 | 4.48 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 7.52 | 42 | 3.36 | 0.5 | 47.25 | 54.29 | 30.34 | 6.8 | 0.02 | 0.57 |
| | 95 percentile | 9.01 | 83.9 | 81.14 | 23.39 | 87.63 | 278.3 | 78.99 | 27.51 | 5.09 | 9.4 |
| | GW Quality Reserve | 9.21 | 54.29 | 28.38 | 7.48 | 91.85 | 178.81 | 76.4 | 16.72 | 1.27 | 4.92 |
| | No of Samples | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| T33F | Ambient GW Quality | 7.65 | 30.7 | 7.1 | 2.7 | 30 | 158.1 | 6.17 | 2 | 0.04 | 0.33 |
| | 5 percentile | 7.41 | 15.7 | 4.59 | 0.65 | 11.67 | 46.72 | 3.94 | 2 | 0.02 | 0.11 |
| | 95 percentile | 8.25 | 39.9 | 22.99 | 10.07 | 88.45 | 180.62 | 10.12 | 21.77 | 1.32 | 1.64 |
| | GW Quality Reserve | 8.42 | 33.77 | 7.81 | 2.97 | 33 | 173.91 | 6.79 | 2.2 | 0.04 | 0.36 |
| T33G | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Ambient GW Quality | 8.42 | 49 | 40.6 | 19.27 | 22.03 | 203.98 | 13.86 | 6.52 | 1.98 | 0.23 |
| | 5 percentile | 8.33 | 39.2 | 33.63 | 10.79 | 20.66 | 150.91 | 11.84 | 2.62 | 0.32 | 0.21 |
| | 95 percentile | 8.51 | 59.06 | 55.43 | 28.68 | 31.61 | 242.02 | 42.4 | 12.08 | 2.82 | 0.56 |
| T33H | GW Quality Reserve | 9.26 | 53.9 | 44.66 | 21.2 | 24.24 | 224.38 | 15.25 | 7.17 | 2.18 | 0.26 |
| | No of Samples | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Ambient GW Quality | 8.34 | 44.3 | 40.1 | 20.3 | 20.9 | 215.9 | 13.64 | 6.14 | 1.31 | 0.23 |
| | 5 percentile | 8.32 | 35.5 | 32.13 | 11.12 | 12.22 | 145.42 | 6 | 2 | 0.08 | 0.14 |
| T33J | 95 percentile | 8.57 | 58.11 | 53.56 | 27.77 | 35.06 | 238.28 | 40.53 | 21.61 | 2.8 | 0.77 |
| | GW Quality Reserve | 9.18 | 48.73 | 44.11 | 22.33 | 22.99 | 237.49 | 15 | 6.76 | 1.44 | 0.25 |
| | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Ambient GW Quality | 7.93 | 34.15 | 12.03 | 2.22 | 60.17 | 158.9 | 5.05 | 5.45 | 0.08 | 1.03 |
| T33K | 5 percentile | 7.71 | 24.89 | 5.76 | 1.68 | 32.02 | 107.22 | 2.45 | 2.52 | 0.04 | 0.27 |
| | 95 percentile | 8.41 | 35.85 | 14.9 | 2.99 | 73.96 | 161.26 | 5.8 | 6.81 | 0.19 | 2.02 |
| | GW Quality Reserve | 8.72 | 37.57 | 13.24 | 2.45 | 66.18 | 174.79 | 5.56 | 5.99 | 0.09 | 1.13 |
| | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Ambient GW Quality | 7.83 | 33.9 | 13.02 | 2.68 | 58.29 | 156.83 | 5 | 5.44 | 0.04 | 0.34 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 7.7 | 24.36 | 11.25 | 1.86 | 30.48 | 104.3 | 2.3 | 2.34 | 0.04 | 0.27 |
| | 95 percentile | 8.01 | 34.35 | 15.01 | 3 | 61.67 | 160.86 | 5.83 | 6.89 | 0.18 | 1.58 |
| | GW Quality Reserve | 8.61 | 37.29 | 14.32 | 2.95 | 64.12 | 172.51 | 5.5 | 5.98 | 0.04 | 0.38 |
| T34H | No of Samples | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Ambient GW Quality | 7.69 | 23.3 | 13.02 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| | 5 percentile | 7.69 | 23.3 | 13.02 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| T34J | 95 percentile | 7.69 | 23.3 | 13.02 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| | GW Quality Reserve | 8.46 | 25.63 | 14.32 | 3.34 | 30.12 | 108.31 | 6.51 | 2.2 | 0.22 | 0.38 |
| | No of Samples | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| T34K | Ambient GW Quality | 7.93 | 75.2 | 54.1 | 22.95 | 54.45 | 157.8 | 104.55 | 7.7 | 9.34 | 0.24 |
| | 5 percentile | 7.89 | 60.98 | 44.83 | 19.22 | 43.88 | 147 | 66.08 | 6.08 | 7.9 | 0.16 |
| | 95 percentile | 7.97 | 89.42 | 63.37 | 26.69 | 65.03 | 168.6 | 143.03 | 9.32 | 10.78 | 0.31 |
| T34E | GW Quality Reserve | 8.72 | 82.72 | 59.51 | 25.25 | 59.9 | 173.58 | 115.01 | 8.47 | 10.28 | 0.26 |
| | No of Samples | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Ambient GW Quality | 7.97 | 91 | 64.4 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| T35J | 5 percentile | 7.97 | 91 | 64.4 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| | 95 percentile | 7.97 | 91 | 64.4 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| | GW Quality Reserve | 8.77 | 100.1 | 70.84 | 29.81 | 72.82 | 186.78 | 162.03 | 6.49 | 8.51 | 0.35 |
| T35E | No of Samples | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Ambient GW Quality | 8.03 | 31.55 | 27.45 | 5.7 | 34.75 | 128.7 | 14.2 | 8.15 | 1.09 | 0.25 |
| | 5 percentile | 7.74 | 23.95 | 14.9 | 2.82 | 29.31 | 119.88 | 5.65 | 6.58 | 0.23 | 0.21 |
| T35J | 95 percentile | 8.31 | 39.16 | 40.01 | 8.58 | 40.2 | 137.52 | 22.75 | 9.73 | 1.96 | 0.29 |
| | GW Quality Reserve | 8.83 | 34.71 | 30.2 | 6.27 | 38.23 | 141.57 | 15.62 | 8.97 | 1.2 | 0.28 |
| | No of Samples | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| T35J | Ambient GW Quality | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | 5 percentile | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |
| | 95 percentile | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |
| | GW Quality Reserve | 9.13 | 67.76 | 29.81 | 22.22 | 64.46 | 106.59 | 67.65 | 75.46 | 8.72 | 0.68 |
| | No of Samples | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| T35K | Ambient GW Quality | 7.83 | 33.9 | 11.05 | 2.27 | 58.29 | 156.83 | 5 | 5.46 | 0.04 | 0.34 |
| | 5 percentile | 7.62 | 18.66 | 5.94 | 1.68 | 21.79 | 78.4 | 2.55 | 2.69 | 0.04 | 0.14 |
| | 95 percentile | 8.39 | 35.76 | 14.79 | 2.97 | 73.26 | 161.24 | 5.75 | 6.94 | 0.18 | 2 |
| | GW Quality Reserve | 8.61 | 37.29 | 12.16 | 2.5 | 64.12 | 172.51 | 5.5 | 6 | 0.04 | 0.38 |
| T35L | No of Samples | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Ambient GW Quality | 7.94 | 34.3 | 12.43 | 4.23 | 54.92 | 158.56 | 6.13 | 7.45 | 0.04 | 0.46 |
| | 5 percentile | 7.4 | 30.53 | 4.56 | 0.61 | 17.71 | 101.58 | 3.8 | 2 | 0.02 | 0.14 |
| | 95 percentile | 8.25 | 40.03 | 23.19 | 10.25 | 88.99 | 181.97 | 8.91 | 22.32 | 1.33 | 1.71 |
| T35M | GW Quality Reserve | 8.74 | 37.73 | 13.68 | 4.65 | 60.41 | 174.41 | 6.74 | 8.19 | 0.04 | 0.51 |
| | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Ambient GW Quality | 7.65 | 30.7 | 19.76 | 7.2 | 30 | 158.1 | 6.17 | 12.9 | 0.04 | 0.33 |
| | 5 percentile | 7.38 | 30.52 | 6.58 | 1.17 | 16.98 | 98.26 | 3.68 | 3.09 | 0.02 | 0.13 |
| T36A | 95 percentile | 8.2 | 37.18 | 23.4 | 10.43 | 74.86 | 158.93 | 9.07 | 22.88 | 1.4 | 0.56 |
| | GW Quality Reserve | 8.42 | 33.77 | 21.73 | 7.92 | 33 | 173.91 | 6.79 | 14.19 | 0.04 | 0.36 |
| | No of Samples | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Ambient GW Quality | 7.99 | 2115 | 57.75 | 65.25 | 5942.85 | 2960.4 | 5127.8 | 3623.65 | 0.08 | 0.53 |
| T36B | 5 percentile | 7.8 | 364.5 | 20.27 | 33.98 | 775.37 | 501.06 | 831.38 | 416.91 | 0.03 | 0.43 |
| | 95 percentile | 8.18 | 3865.5 | 95.24 | 96.53 | 11110.34 | 5419.74 | 9424.22 | 6830.4 | 0.13 | 0.63 |
| | GW Quality Reserve | 8.79 | 2326.5 | 63.53 | 71.73 | 6537.14 | 3256.44 | 5640.58 | 3986.02 | 0.09 | 0.58 |
| | No of Samples | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| T36B | Ambient GW Quality | 8.01 | 170 | 16.1 | 30.5 | 201.2 | 227.8 | 354 | 60.6 | 0.08 | 0.42 |

| Quaternary catchment | No Samples and percentile | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|----------------------|---------------------------|------|--------------|--------------|--------------|--------------|---------------|--------------|---------------|---------------|-------------|
| | | | | | | | | | | | |
| | 5 percentile | 7.8 | 49.58 | 14.48 | 12.14 | 53.15 | 67.51 | 92.73 | 17.58 | 0.03 | 0.2 |
| | 95 percentile | 8.18 | 3671 | 91.07 | 93.05 | 10536.17 | 5146.48 | 8946.84 | 6474.09 | 0.13 | 0.62 |
| | GW Quality Reserve | 8.81 | 187 | 17.71 | 33.55 | 221.32 | 250.58 | 389.4 | 66.66 | 0.09 | 0.46 |

A summary of the water quality class and parameters of concern per quaternary catchment is shown in Table 4. The parameter of concern is the parameter that was used to make a decision about the water quality class of the quaternary.

Table 9.3. Water quality class and parameters of concern

| Quaternary catchment | Class | Parameters of concern |
|----------------------|-------|---|
| T31A | 0 | None |
| T31B | 0 | None |
| T31C | 0 | None |
| T31D | 0 | None |
| T31E | 0 | None |
| T31F | 0 | None |
| T31G | 0 | None |
| T31H | 0 | None |
| T31J | 0 | None |
| T32A | 0 | None |
| T32B | 0 | None |
| T32C | 0 | None |
| T32D | 0 | None |
| T32E | 0 | None |
| T32F | 0 | None |
| T32G | 0 | None |
| T32H | 0 | None |
| T33A | 0 | None |
| T33B | 0 | None |
| T33C | 0 | None |
| T33D | 0 | None |
| T33E | 0 | None |
| T33F | 0 | None |
| T33G | 0 | None |
| T33H | 0 | None |
| T33J | 0 | None |
| T33K | 0 | None |
| T34A | 1 | None |
| T34B | 1 | None |
| T34C | 1 | None |
| T34D | 1 | None |
| T34E | 0 | None |
| T34F | 0 | None |
| T34G | 0 | None |
| T34H | 0 | None |
| T34J | 1 | Electrical Conductivity, Chloride and Nitrate |

| Quaternary catchment | Class | Parameters of concern |
|----------------------|-------|---|
| T34K | 1 | Chloride |
| T35A | 0 | None |
| T35B | 0 | None |
| T35C | 0 | None |
| T35D | 0 | None |
| T35E | 0 | None |
| T35F | 0 | None |
| T35G | 0 | None |
| T35H | 0 | None |
| T35J | 0 | None |
| T35K | 0 | None |
| T35L | 0 | None |
| T35M | 0 | None |
| T36A | 3 | Electrical conductivity, Sodium, Chloride and Phosphate |
| T36B | 2 | Electrical conductivity, Sodium and Chloride |

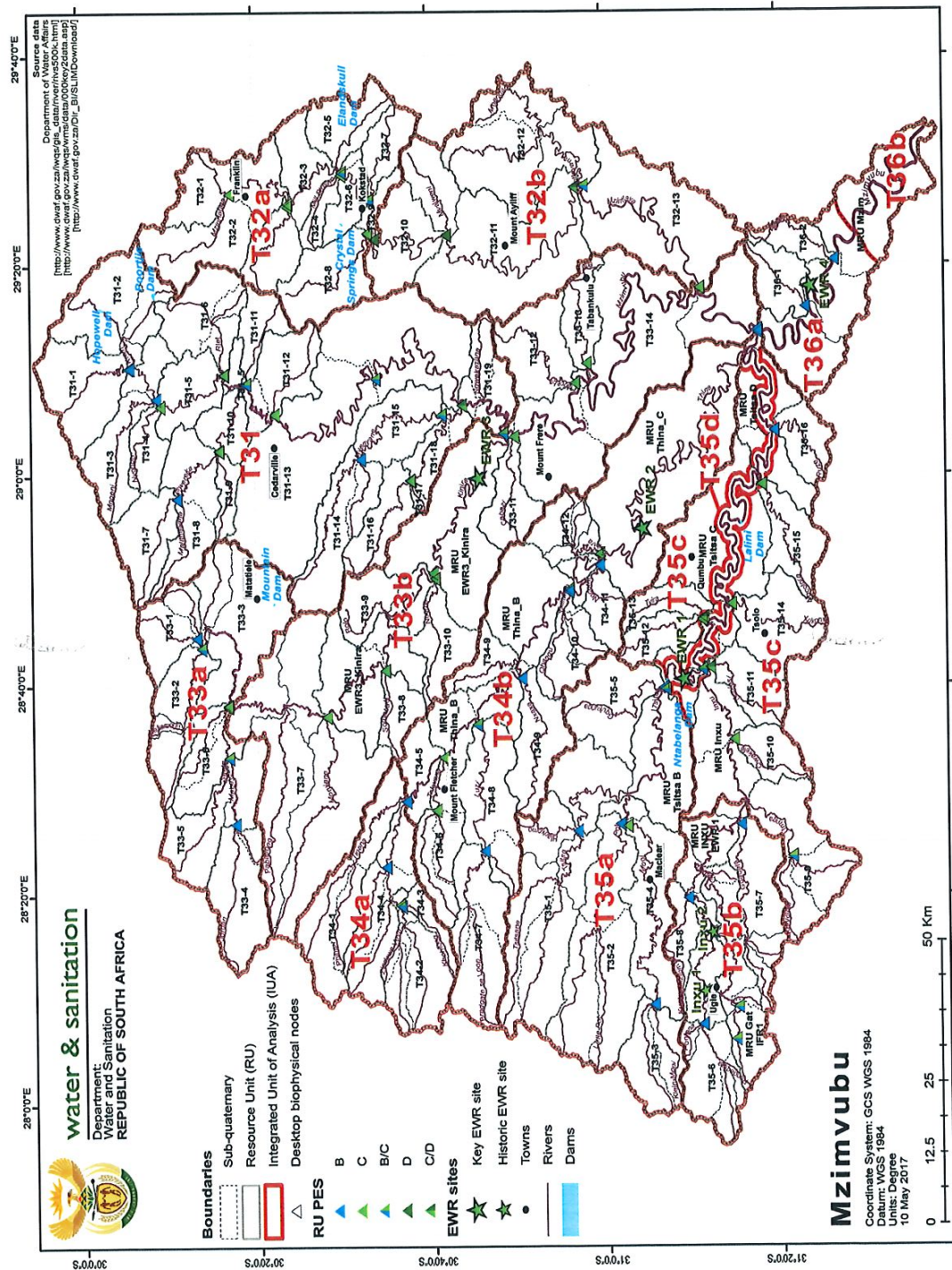


Figure 1: Locality map for the Mzimvubu, catchment.

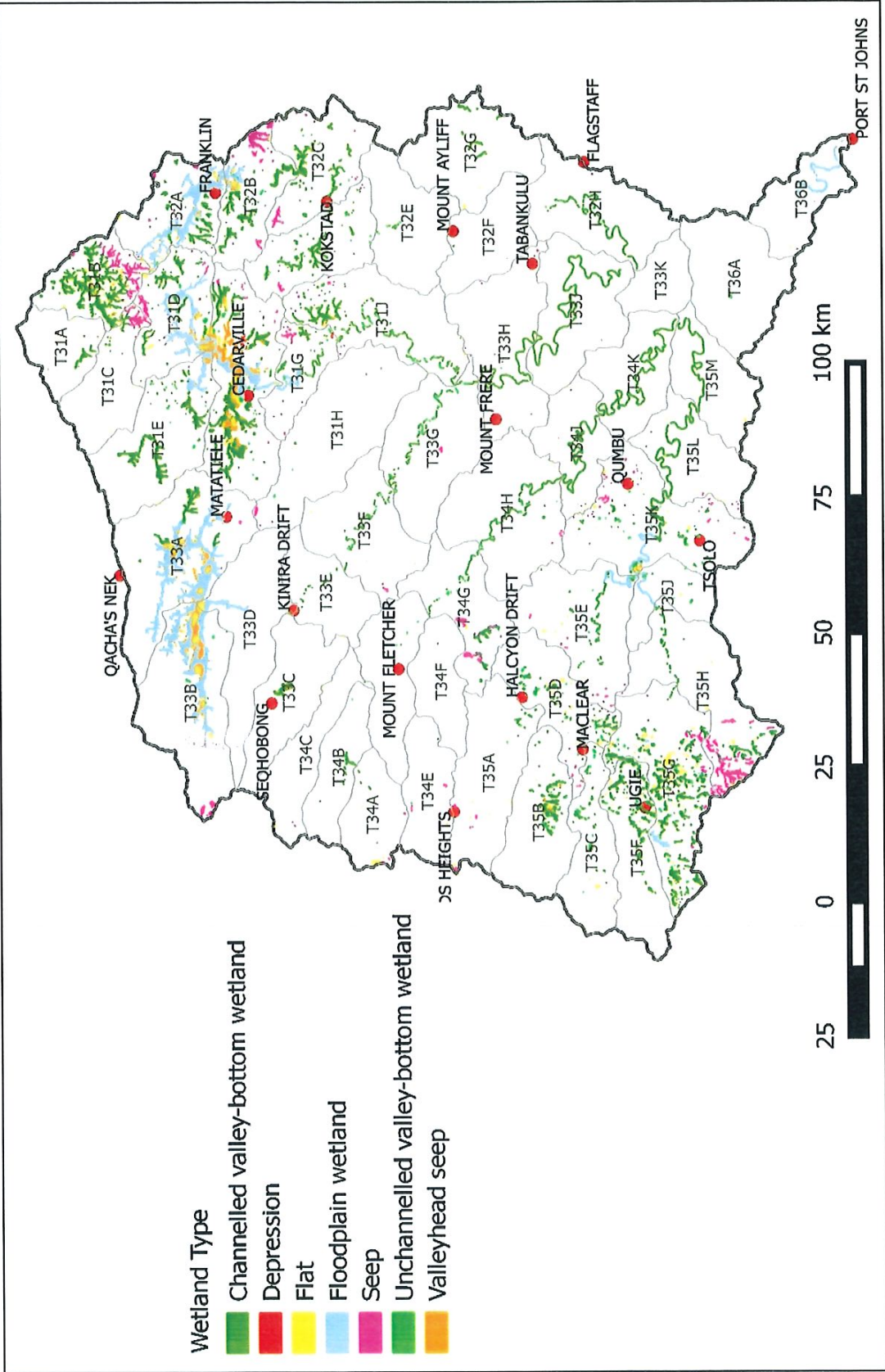


Figure 2 Study area: T3 primary catchment showing quaternary catchments and distribution of wetland types

**ISAZISO
SIKAWONKEWONKE**

INOMBOLO YESAZISO. ____KA-2022

ISEBE LAMANZI NOGUTYULO

UMTHETHO WAMANZI KAZWELONKE, 1998

(INOMBOLO YOMTHETHO. 36 KA 1998)

UHLELO LWEMIJELO YAMANZI KWINDOWO YOKUQOKELELA AMANZI UMZIMVUBU

Mna, Senzo Mchunu, kwisikhundla sam njengoMphathiswa weSebe lezaManzi noGutyulo, ndigunyaziswa yimiqathango yesiqendu 16 (1) soMthetho wezaManzi weSizwe, ka1998 (Umthetho No. 36 ka1998), ukuba ndibhengeze amahlelo emijelo yamanzi ekwindawo yokuqokelela amanzi UMzimvubu njengoko kubonisiwe kwiShedyuli yesi Saziso.

UMlawuli: Gcina Ingqalelo
Yokuzimisela: UMnu Atwaru Yakeen
iSebe lezaManzi noGutyulo
Ndinaye Building 178 Francis Baard Street
Private Bag X313
Pretoria
0001
I-meeyile: Atwaruy@dws.gov.za


MNU SENZO MCHUNU

UMPHATHISWA WAMANZI NOGUTYULO

UMHLA: 20/09/22

ISHEDYULI**ISICELO SOKUGCINWA KOOVIMBA BAMANZI KWINDOWO YOKUQOKELELA AMANZI UMZIMVUBU NGOKWECANDELO LE-16(1) KUNYE NO (2) LOMTHETHO WAMANZI KAZWELONKE, 1998 (INOMBOLO YOMTHETHO. 36 KA 1998)****INGCACISO YOBUTYEBI BAMANZI**

1. (1) Lo vimba umiselwe kuwo wonke okanye inxalenye yawo wonke ubutyebi bamanzi obubalulekileyo kwindawo yokuqokelela amanzi yaseMzimvubu njengoko kucacisiwe ngezantsi:

Indawo yokuqokelela amanzi: UMzimvubu
 Indawo zokuhambisa amanzi: Indawo yokukhupha amanzi yesibini T3 (UMzimvubu)
 Umlambo (imi) kunye nechweba: Imilambo emikhulu iquka uMzimvubu, uMzintlava iThina, iKinira, iTsitsa ne-Inxu (Wildebees) imilambo, kunye nomlambo uMzimvubu Estuary

(2)UMphathiswa ngokwecandelo le-12 loMthetho waManzi weSizwe, ka-1998 (uMthetho onguNombolo 36 ka-1998) ("uMthetho"), umisele inkqubo yokuhlela ubutyebi bamanzi ngokukhupha iSaziso sikaRhulumente esinguNombolo R. 810, esipapashiweyo kuRhulumente iGazette inombolo 33541 yomhla we-17 eyoMsintsi2010. Ngokwecandelo 16(1) loMthetho, uMphathiswa kufuneka, ngokukhawuleza kangangoko kunokwenzeka emva kokuba udidi lwawo wonke okanye inxalenye yobutyebi bamanzi lumisiwe, ngeSaziso iGazette, ukumisela uGcino lwalo lonke okanye inxalenye yalo mthombo wamanzi.

(3)UMphathiswa, ngokwecandelo 16(3) lalo Mthetho, ucebisa, ngenjongo yecandelo 16(1) loMthetho, olu miselo lulandelayo oluselugcinweni lwengingqi yaseMzimvubu.

2. IZIFAKANISO NEENKCAZELO**2.1 Izishunqulelo**

| | |
|------------|--|
| BAS | Eyona meko ifikelelekayo |
| BHN | Iimfuno zoLuntu eziSisiseko |
| CAWC | Ubalo lweeNtaka zaManzi oluLungeleleneyo |
| CBA | IiNdawo eziBalulekileyo zeNdalo |
| EC | Udidi lwezendalo |
| I-EcoSpecs | Iinkcukacha ze-Ecology |
| EIA | UVavanyo lweMpembelelo yokuSingqongileyo |
| EIS | Ukubaluleka kwezendalo kunye novakalelo |
| ESA | IiNdawo zeNkxaso yezendalo |
| EWR | IMfuneko yamanzi ye-Ecological |
| GRAII | ISigaba soVavanyo lweziBonelelo zaManzi aphantsi komhlaba II |
| I-GRDM | Indlela Yokumisela Ugcino lwamanzi aphantsi komhlaba |
| I-GRUs | IiYunithi zoMthombo waManzi aphantsi komhlaba |
| I-MAR | Kuthetha ukubaleka koNyaka |
| I-MCM | Izigidi zeCubic Meters |
| I-PES | Ubume bangoku beEkholoji. |
| I-REC | Udidi lwe-Ikholoji olucetyiswayo |
| ITEC | Uluhlu lwezendalo ekujoliswe kuzo |
| TPCs | Imibundu yeNgxaki enokwenzeka |
| I-WUL | Ilayisensi yokusetyenziswa kwamanzi |

2.1 lingcaciso

Uhambo kwisiseko kukuhamba okuphantsi okuqhubekayo emilanjani ngexesha lemozulu eyomileyo okanye efanelekileyo, kodwa akunyanzelekanga ukuba zonke zibe negalelo lamanzi aphantsi komhlaba; kwaye ibandakanya igalelo lokulibaziseka kokungena kunye nokukhutshwa kwamanzi aphantsi komhlaba.

Ukubaluleka kwezendalo kunye novakalelo (EIS): limpawu eziphambili kuhlelo lwendalo lwemithombo yamanzi. Ukubaluleka kwe-ikholoji kunxulumene nobukho, ukumelwa kunye nokwahlukana kweentlobo ze-biota kunye nendawo yokuhlala. Ubuzaza be-ikholoji bunxulumene nokuba sesichengeni kwendawo yokuhlala kunye ne-biota kuhlengahlengiso olunokuthi lwenzeke ekuhambeni, kumanqanaba amanzi kunye neemeko zekhemikhali ye-physico.

liMfuno zaManzi nge-Ecological (EWR): lipateni zokuqukuqela (ubukhulu, ixesha kunye nobude bexesha) kunye nomgangatho wamanzi ofunekayo ukugcina i-ikhosistim yomlambo kwimeko ethile. Eli gama lisetyenziselwa ukubhekisa kuzo zombini ubungakanani kunye nomgangatho.

liNdawo ezifunekayo zamanzi ngokwendalo (EWR): Amanqaku athile emlanjeni njengoko amisiwe ngenkqubo yokukhetha indawo. Isiza se-EWR sinobude bomlambo onokuthi uqulathe iindawo eziqamlezileyo ezahlukeneyo ukulungiselela iinjongo zamanzi kunye ne-ikholoji. Ezi sayithi zibonelela ngezalathi ezaneleyo zokuvavanya ukuqukuqela kokusingqongileyo kunye nokuvavanya imeko yamacandelo ebhayoloji (abaghubi abafana nehydrology, i-geomorphology kunye nephysicochemical reactions) kunye neempendulo zebhayoloji (oko kukuthi, intlanzi, izilwanyana ezingenamqolo kunye nohlaza lwaselunxwemeni).

Imeko yangoku ye-Ecological (PES): Udidi olubonisa impilo yangoku okanye imfezeko yeempawu ezahlukeneyo zebhayoloji kubutyebi bamanzi, xa kuthalekiswa nendalo okanye kufutshane neemeko zezalathiso zendalo. Iziphumo zenkqubo zibonelelwa njengeZintlu ze-Ecological (ECs) ukusuka ku-A (kufuphi kwendalo) ukuya ku-F (zilungiswe ngokupheleleyo) kwi-PES.

Ukugcwalisa: Kukongezwa kwamanzi kwindawo yokuzalisa, nokuba kukukuhla kwemvula okanye amanzi aphezu komhlaba kunye/okanye ukufuduka ecaleni kwamanzi aphantsi komhlaba esuka kwi-aquifer ekufuphi.

Udidi Lwezinto Eziphilayo Ezicetyiswayo (REC): Udidi lwe-ikholoji olubonisa ummiselo wolawulo lwe-ikholoji kubutyebi bamanzi ngokusekwe kuhlelo lwe-ikholoji ekufuneka lufunyenwe. Iindidi ziqala kuDidi A (olungalingiswanga, lwendalo) ukuya kuDidi D (ubukhulu becala lulungisiwe).

Indawo yomlambo (indawo yokuhlala): Ezi ziindawo ezibonisa umfuziselo wokufikelela phezulu okanye ummandla we-ikhosistim yasemanzini (imilambo, imigxobhozo, amachweba kunye namanzi aphantsi komhlaba) apho unxulumano lusebenza khona.

Iindawo ekugcinwa kuzo amanzi ngaphantsi kwekota: Ulwahlulo olungcono lweendawo zequaternary (imimandla eqokelela amanzi emilambo ephuma kwiindawo ekugcinwa kuzo amanzi kwikota).

Uluhlu lwezendalo ekujoliswe kuzo (TEC): Kuthethwa imeko eyabelwe i-ikholoji nguMphathiswa kumthombo wamanzi obonisa imeko ye-ikholoji yomthombo wamanzi ngokokutenxa kumacandelo awo ebhayoloji ukusuka kwimeko yesalathiso sendalo. Okona kujoliswe kuko kukufikelela inkqubo ezinzileyo ngokwendalo nezoqoqosho kuthathelwa ingqalelo iPES neREC.

**UKUMISELWA OKUCETYWAYO KWESIBONELELO NJENGOKO KUFUNEKA
NGOKWECANDELO LE-16(1) KUNYENO (2) YOMTHETHO WAMANZI KAZWELONKE, ka-1998**

3. (1) Isishwankathelo secandelo lobuninzi bemilambo ebandakanya i-EWR (**Umboniso 1**) kunye neBHN ngokwecandelo 16(1) loMthetho kwindawo egcina amanzi eMzimvubu ichazwe kwiCandelo lesi-4. **Itafile 4.1** ibandakanya iziphumo zeendawo eziphambili.
- (2) Isishwankathelo secandelo lomgangatho woMlambo okwiziza ze-EWR ngokwecandelo 16(1) loMthetho wethambeka laseMzimvubu lichazwe apha **kwiTafile 5.1-5.5**.
- (3) Isishwankathelo secandelo lemigxobhozo ngokwecandelo 16(1) loMthetho kwindawo eqokelela amanzi emvula eMzimvubu sicaciswe apha **kwiTafile 6.1-6.5**.
- (4) Isishwankathelo secandelo lechweba ngokwemiqathango yecandelo 16(1) loMthetho weNdawo yokuqokelela amanzi yaseMzimvubu sicaciswe apha **kwiTafile 7.1-7.2**.
- (5) Isishwankathelo segalelo lamanzi aphantsi komhlaba kuMyinge woMyinge waManzi ngokwecandelo 16(1) loMthetho wobume bendawo eqokelela amanzi aphantsi komhlaba uMzimvubu lucaciswe apha **kwiTafile 8.1**.
- (6) Isishwankathelo segalelo lamanzi aphantsi komhlaba kuVimba woMgangatho waManzi ngokwecandelo 16(1) loMthetho weendawo eqokelela amanzi emvula kumlambo uMzimvubu luthiwe thaca apha **kwiTafile 9.1 - 9.3**.
- (7) Ugcino luza kusebenza ukususela kumhla otyikitywe njengoko kumisiwe ngokwemigaqo yeCandelo le-16(1) loMthetho, ngaphandle kokuba kuchazwe ngenye indlela nguMphathiswa..

4. UMPHAKATHI-AMANZI – UMNTU WOMLAMBO

Iziphumo ezicetywayo zomiselo loLondolozo kunye nokuhlelwa ngokwendalo kwindawo eqokelela amanzi omlambo uMzimvubu, apho izixa zoLondolozo zichazwa njengepesenti ye-NMAR yeendawo eziqokelela amanzi emvula (cumulative) ngokwecandelo (16)(1).

Itafile 4.1: Isishwankathelo secandelo lobungakanani beMilambo ebandakanya i-EWR & BHN yeendawo eziphambili

| Indawo yokugcina amanzi kwikota | Indawo yeRU | Umla mbo | I-PES | I-REC | Kuthetha ukuqhutywa koNyaka (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|---------------------------------|---------------------|--------------|-------|-------|---|----------------------------------|
| T31A | T31-1 | UMzimvubu | B/C | B/C | 32.73 | 0.008 |
| T31B | T31-2 | IKrom | B | B/C | 31.33 | 0.008 |
| T31C | T31-3 | UMzimvubu | B | B | 87.01 | 0.006 |
| T31C | T31-4 | INyongo | C | C | 8.92 | 0.053 |
| T31D | T31-5 | UMzimvubu | B | B | 104.92 | 0.013 |
| T31D | T31-6 | IRiet | C | C | 13.98 | 0.006 |
| T31E | T31-7 | UTswereka | B | B | 12.78 | 0.015 |
| T31E | T31-8 | UTswereka | B/C | B/C | 29.55 | 0.092 |
| T31E | T31-9 | Ayaziwa | C | C | 4 | 0.001 |
| T31F | T31-11 | Ayaziwa | B/C | B/C | 3.71 | 0.001 |
| T31F | T31-12 ₁ | UMzimvubu | C | C | 190.45 | 0 |
| T31G | T31-13 ₁ | UMzimvubu | B/C | B/C | 217.82 | 0.01 |
| T31H | T31-14 | uMvenyane | B | B | 23.98 | 0.003 |
| T31H | T31-15 | uMvenyane | B/C | B/C | 40.83 | 0.044 |
| T31H | T31-16 | UMkemané | B | B | 13.61 | 0.027 |
| T31H | T31-17 | Ayaziwa | C | C | 1.3 | 0.005 |
| T31H | T31-18 | UMkemané | C/D | C/D | 64.81 | 0.025 |
| T31J | T31-19 ₁ | UMzimvubu | B/C | B/C | 335.66 | 2 |
| T32A | T32-1 | UMzintlava | C | B/C | 9.46 | 0.007 |
| T32A | T32-2 | UMzintlava | C | C | 37.6 | 0.004 |
| T32B | T32-3 | UMzintlava | C | B/C | 11.08 | 0.019 |
| T32C | T32-4 | Mill Stream | C | B/C | 4.26 | 0.002 |
| T32C | T32-5 | UManzamnyama | B/C | B/C | 13.86 | 0.012 |
| T32C | T32-6 | UMzintlava | B | B | 86.17 | 0.021 |
| T32C | T32-7 | Ayaziwa | B/C | B/C | 8.53 | 0 |
| T32D | T32-8 | I-Droewig | C | C | 18.43 | 0.007 |
| T32D | T32-9 | UMzintlava | D | D | 98.14 | 0.002 |
| T32D | T32-10 | UMzintlava | D | D | 134.49 | 0.019 |
| T32E | T32-11 ₁ | UMvalweni | C/D | C/D | 223.24 | 0.107 |
| T32F | T32 | UMzintlava | C/D | C/D | 223.24 | 0.304 |
| T32G | T32-12 | UMzintlavana | B/C | B/C | 57.16 | 0.247 |
| T32H | T32-13 ₁ | UMzintlava | C | C | 348.86 | 0.364 |

| Indawo yokugcina amanzi kwikota | Indawo yeRU | Umla mbo | I-PES | I-REC | Kuthetha ukuqhutywa koNyaka (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|---------------------------------|------------------------|--------------|-------|-------|---|----------------------------------|
| T33A | T33-1 | Mafube | B | B | 20.45 | 0.006 |
| T33A | T33-2 | Kinira | B/C | B/C | 26.29 | 0.129 |
| T33A | T33-3 | Ayaziwa | C | C | 97.37 | 0.021 |
| T33B | T33-4 | Jordan | B | B | 33.94 | 0.02 |
| T33B | T33-5 | Seeta | B/C | B/C | 69.76 | 0.032 |
| T33B | T33-6 | Mosenene | C | C | 94.27 | 0.012 |
| T33C | T33-7 ₁ | Morulane | C | C | 36.158 | 0.102 |
| T33D | T33-7 ₁ | Kinira | C | C | 302.96 | 0.11 |
| T33E | T33-8 | Somabadi | C | C | 6.17 | 0.024 |
| T33F | T33-9 ₁ | Kinira | C | C | 368.32 | 0.038 |
| T33F | T33-10 | Ncome | C | C | 15.58 | 0.031 |
| T33G | MRU Kinira (MzimEWR3) | Kinira | C | C | 407.12 | 0.158 |
| T33G | T33-11 | UCabazi | C | C | 14.01 | 0.044 |
| T33H | T33-12 | UMnceba | C | C | 17.05 | 0.113 |
| T33H | T33-13 | UCaba | C | C | 9.22 | 0.065 |
| T34A | T34-2 | IThina | B | B | 32.91 | 0 |
| T34A | T34-3 | IThina | B/C | B/C | 41.14 | 0.027 |
| T34B | T34-4 | Phiri-e-ntso | B | B | 68.08 | 0.01 |
| T34B | T34 | IThina | B | A/B | 95.826 | 0.048 |
| T34C | T34-1 | Phinari | B | B | 33.59 | 0.009 |
| T34D | T34-5 | IThina | C | C | 123.48 | 0.054 |
| T34D | T34-6 | ITokwana | C | C | 20.35 | 0.129 |
| T34E | T34-7 | ILuzi | B | B | 45.2 | 0.001 |
| T34F | T34-8 | ILuzi | B/C | B/C | 84.7 | 0.048 |
| T34G | T34-9 | Nxaxa | B | B | 27.13 | 0.055 |
| T34H | T34-10 | ITsilithwa | B | B | 20.07 | 0.039 |
| T34H | T34-11 | UNgcothi | B | B | 11.86 | 0.037 |
| T34H | T34-12 | Ngcibira | C | C | 18.25 | 0.02 |
| T34K | MRU Thina_C (MzimEWR2) | IThina | C | C | 404.51 | 0.356 |
| T35A | T35-1 | ITsitsa | B | B | 101.14 | 0.008 |
| T35B | T35-2 | Pot | B | B | 79.71 | 0.002 |
| T35C | T35-3 | Klein-Mooi | B | B | 63.69 | 0.001 |
| T35D | T35-4 | IMooi | C | C | 127.57 | 0.012 |
| T35E | T35-5 | UGqukunqa | B | B | 46.09 | 0.049 |
| T35F | T35-6 | Inxu | B | B | 37.64 | 0.001 |
| T35G | T35-7 | Gqaqala | B | B | 26.15 | 0.02 |

| Indawo yokugcina amanzi kwikota | Indawo yeRU | Umla mbo | I-PES | I-REC | Kuthetha ukuqhutywa koNyaka (10 ⁶ m ³) | BHN Mm ³ /a @ 25L ppd |
|---------------------------------|-----------------------------|-----------------|-------|-------|---|----------------------------------|
| T35F | T35-8 | Kuntombizininzi | B | B | 14.29 | 0.001 |
| T35G | MRU Gat IFR1 ₂ | IGatberg | B/C | B | 10.9 | 3 |
| T35H | MRU Inxu EWR 1 ₂ | Inxu | B/C | B/C | 44.38 | 0.099 |
| T35H | T35-9 | KuNgindi | B/C | B/C | 35.07 | 0.002 |
| T35H | T35-10 | Qwakele | C | C | 19.87 | 0.026 |
| T35J | T35-11 | UNcolosi | C/D | C/D | 29.76 | 0.1 |
| T35K | T35-12 | ICulunca | C | C | 18.12 | 0.054 |
| T35K | T35-13 | ITyira | C/D | C/D | 14.72 | 0.046 |
| T35K | T35-14 | IXokonxa | C | C | 36.24 | 0.093 |
| T35K | MRU ITsitsa Ca (MzimEWR1) | ITsitsa | C | C | 438.04 | 0.038 |
| T35L | T35-15 | UNgcolora | C | C | 10.19 | 0.02 |
| T35M | T35-16 | IRuze | B | B | 13.52 | 0.029 |
| T36A | T36-1 | UMzintshana | B | B | 14.34 | 0.087 |
| T36A | T36-2 | UMkata | B | B | 9.78 | 0.073 |
| T36A | MRU Mzim (MzimEWR4) | UMzimvubu | C | C | 2655.13 | 0.133 |

- 1) I-NMAR yiNdlela yeNdalo yokuQaliswa koNyaka.
- 2) Esi sixa simele intsingiselo yexesha elide esekwe kwi-NMAR. Ukuba i-NMAR iyatshintsha, lo mthamo nawo uza kutshintsha.
- 3) Imele ipesenti yeBHN.
- 4) Isixa esisiSiseko sisonke sibalelwa zombini uGcino lweEcological kunye noGcino lweMfuno zaBantu eZisisiseko (BHN).

5. UMPHAKATHI-AMANZI – INKQUBO YOMTHETHO

Womlambo Isishwankathelo secandelo loMgangatho

wiziza ze-EWR

5.1. Uvavanyo lomgangatho wamanzi MzimEWR1 kuMlambo iTsitsa

| Umlambo | Itsitsa | lindawo zokuJonga uMgangatho waManzi | |
|--|---|--|---|
| | | RC | litafle (DWAF, 2008) |
| Isiza seEWR | MzimEWR1 | I-PES | T3H006Q01 ($n = 136-180$; 2000-2016) |
| | Ipharamitha / liyunithi | Ixabiso lePES | Udidi lwezindalo / izimvo |
| Iiyoni zetyuwa ezingaphiliyo (mg/L) | ISulphate njengo SO_4 | 13.4 | Uvavanyo lwetyuwa lwe-Inorganic aluqhutywa ngenxa yamanqanaba asezantsi oMbane wokuqhutywa koMbane |
| | ISodium njengo Na | 13.0 | |
| | IMagnesium njengo Mg | 9.03 | |
| | ICalcium njengo Ca | 18.10 | |
| | IClchloride njengo Cl | 13.15 | |
| | iPotassium njengoko K | 2.54 | |
| Ukuqhuba kombane | mS/m | 22.84 | A |
| Iinyutriyentsi (mg/L) | SRP-P | 0.012 | B |
| | TIN-N | 0.146 | A |
| Izinto eziguqug uqakayo ngokwase mzimbeni | ipH (5 th kunye no 95 th % iithayile) | 7.3 + 8.28 | B |
| | Ubushushu ($^{\circ}C$) | - | Uluhlu lobushushu bendalo olulindelekileyo. Ixhaswe yidathe isuka kuMadikizela et al., 2001. |
| | I-oxygen ehloliweyo (mg/L) | - | Uluhlu lweoksijini yendalo lulindelwe. Ixhaswa yidatha evela kuMadikizela et al., 2001. |
| | ITurbidity (NTU) | 114: 95 th iphesentile 54: 50 th iphesentile ($n=4$; 2015-2016) | Phakathi - Utshintsho olukhulu: Ukhukuliseko kunye neenkqubo zokubaleka ezidolophini zaziwa ngoonobangela bokwanda ngokungekho ngokwemvelo intlenga kunye nenkunkuma. |
| Ukuguquguquka kwempendulo | Chl- a : iphytoplankton (ug/L) | - | |
| | Inqaku leMacroinvertebrate (MIRAI) SASS amanqaku ASPT | 72.91% | C |
| | IDiatoms | SPI=15.7 ($n=4$) | B |
| | Inqaku leentlanzi (FRAI) | 68.3% | C |
| Iityhefu (mg/L) | I-Ammonia (as N) | 0.01 | A |
| Ukuhlelwa kwendawo ngokubanzi (ukusuka kwitafle yePAI) | | | B (86.4%) |

5.2. Uvavanyo lomgangatho wamanzi we-MzimEWR2 kuMlambo iThina

| Umlambo | IThina | Iindawo zokuJonga uMgangatho waManzi | |
|--|---|--------------------------------------|---|
| | | RC | Iitafle zeBenchmark (DWAf, 2008) |
| Isiza seEWR | MzimEWR2 | I-PES | T3H005Q01 (n = 135-188; 2000- 2016) |
| | Ipharamitha / Iiyunithi | Ixabiso lePES | Udidi lwezendalo / izimvo |
| Iiyoni zetyuwa ezingaphiliyo (mg/L) | ISulphate njengo SO ₄ | 10.87 | Uvavanyo lwetyuwa lwe-Inorganic aluqhutywa ngenxa yamanqanaba asezantsi oMbane wokuqhutywa koMbane |
| | ISodium ngokwe Na | 9.17 | |
| | IMagnesium ngokwe Mg | 7.36 | |
| | ICalcium ngokwe Ca | 15.33 | |
| | IClchloride ngokwe Cl | 8.01 | |
| | iPotassium njengoko K | 2.42 | |
| Ukuqhuba kombane | mS/m | 18.7 | A |
| Iinyutriyentsi (mg/L) | SRP-P | 0.014 | B |
| | TIN-N | 0.146 | A |
| Izinto eziguqug uqakayo ngokwase mzimbeni | ipH (5 ^{ith} kunye no 95 ^{ith} % iithayile) | 7.23 + 8.25 | B |
| | Ubushushu (° C) | - | Uluhlu lobushushu bendalo olulindelekileyo. Ixhaswa yidatha evela kuMadikizela et al., 2001. |
| | Ioksijini enyibilikisiweyo (mg/L) | - | Uluhlu lweoksijini yendalo lulindelwe. Ixhaswa yidatha evela kuMadikizela et al., 2001. |
| | ITurbidity (NTU) | - | Utshintsho oluphakathi kusetyenziso lomhlaba olukhokelele kumthwalo ongekho ngokwemvelo wentlenga kunye nenkunkuma enkulu ngexesha lokubaleka. iziganeko. |
| Ukuguquguquka kwempendulo | Chl-a: iphytoplankton (ug/L) | - | |
| | Inqaku leMacroinvertebrate (MIRAI) SASS amanqaku ASPT Amanqaku e-ASPT | 76.56% | C |
| | IDiatoms | SPI=17.8 (n=1) | Ukuhlengahlengiswa kudidi B njengoko abemi abongameleyo kubonisa isiganeko sokuqukuqela okuphezulu kutshanje |
| | Inqaku leentlanzi (FRAI) | 78.4% | B/C |
| Iityhefu (mg/L) | I-Ammonia (as N) | 0.018 | B |
| | I-Fluoride (F) | 0.485 | A |
| Ukuhlelwa kwendawo ngokubanzi (ukusuka kwitafle yePAI) | | | B (85.5%) |

5.3. Uvavanyo lomgangatho wamanzi we-Mzim EWR3 kuMlambo iKinira

| Umlambo | IKinira | Iindawo zokuJonga uMgangatho waManzi | |
|--|--|--------------------------------------|--|
| | | RC | Iitafle (DWAf, 2008) |
| Isiza seEWR | MzimEWR3 | I-PES | T3H019Q01 ($n = 72-94$; 2007- 2016) |
| | Ipharamitha / Iiyunithi | Ixabiso lePES | Udidi lwezindalo / izimvo |
| Iiyoni zetyuwa ezingaphiliyo (mg/L) | ISulphate ngokwe SO ₄ | 7.08 | Uvavanyo lwetyuwa lwe-Inorganic aluqhutywa ngenxa yamanqanaba asephantsi oMbane wokuqhutywa koMbane |
| | ISodium ngokwe Na | 18.74 | |
| | IMagnesium ngokwe Mg | 14.29 | |
| | ICalcium ngokwe Ca | 32.71 | |
| | IClchloride ngokwe Cl | 9.50 | |
| | iPotassium ngokwe K | 2.82 | |
| Ukuqhuba kombane | mS/m | 32.11 | A/B |
| Iinyutrientsi (mg/L) | SRP-P | 0.010 | B |
| | TIN-N | 0.10 | A |
| Izinto eziguqug uqukayo ngokwase mzimbeni | ipH (5 th kunye no 95 th % iithayile) | 7.36 + 8.53 | B |
| | Ubushushu (° C) | - | Uluhlu lobushushu bendalo olulindelekileyo. |
| | Ioksijini enyibilikisiweyo (mg/L) | - | Uluhlu lweoksijini yendalo lulindelwe. |
| | ITurbidity (NTU) | | Utshintsho olukhulu ngenxa yeengxaki ezinzulu zokhukuliseko. Ukunyuka kwamanqanaba e-turbidity akhona ixesha elininzi, kunye nemithwalo yentlenga enkulu efakwe kunye nokuncipha okukhulu. in habitat. |
| Ukuguqug uquka kwempendulo | Chl-a: phytoplankton (ug/L) | - | |
| | Inqaku le-Macroinvertebrate (MIRA) SASS amanqaku ASPT amanqaku | 74.68% | C |
| | IDiatoms | SPI=14.5 (n=1) | B/C: Idiatoms ekhula kwiimeko zokunciphisa ukukhanya (oko kukuthi i-turbidity ephezulu), yayikhona kwisampuli. |
| | Inqaku leentlanzi (FRAI) | 62.7% | C |
| Iityhefu (mg/L) | I-Ammonia (as N) | 0.012 | A/B |
| | I-Fluoride (F) | 0.514 | A |
| Ukuhlelwa kwendawo ngokubanzi (ukusuka kwitafle yePAI) | | | B/C (81.8%) |

5.4. Uvavanyo lomgangatho wamanzi MzimEWR4 kuMlambo uMzimvubu

| Umlambo | UMzimvubu | Iindawo zokuJonga uMgangatho waManzi | |
|--|---|--------------------------------------|---|
| | | RC | Iitafle zeBenchmark (DWAF, 2008) |
| Isiza seEWR | I-MzimEWR4 | I-PES | T3H020Q01 (n = 69-73; 2000- 2016) |
| | Ipharamitha / iiyunithi | Ixabiso lePES | Udidi lwezindalo / izimvo |
| Iiyoni zetyuwa ezingaphiliyo (mg/L) | ISulphate njengo SO ₄ | 7.33 | Uvavanyo lwetyuwa lwe-Inorganic aluqhutywa ngenxa yamanqanaba aseziantsi oMbane wokuqhutywa koMbane |
| | ISodium njengo Na | 19.52 | |
| | IMagnesium njengo Mg | 13.67 | |
| | ICalcium njengo Ca | 19.93 | |
| | IClchloride Njengo Cl | 15.87 | |
| | iPotassium njengoko K | 2.70 | |
| Ukuqhuba kombane | mS/m | 28.44 | A |
| Iinyutriyentsi (mg/L) | SRP-P | 0.006 | A/B |
| | TIN-N | 0.100 | A |
| Izinto eziguqug uqakayo ngokwase mzimbeni | ipH (5 th kunye no 95 th % iithayile) | 7.43 + 8.32 | B |
| | Ubushushu (° C) | - | Uluhlu lobushushu bendalo olulindelekileyo. |
| | I-oksijini enyibilikisiweyo (mg/L) | - | Uluhlu lweoksijini yendalo lulindelwe. |
| | I-Turbidity (NTU) | - | Nangona kukho iingxaki zokhukuliseko olumandla kwiindawo eziphakamileyo zemithombo, impembelelo ichazwe njengePhakathi ngenxa yobukhulu benkqubo yomlambo ethomalalisa impembelelo, kunye nobume bendalo obugxobhozayo boMlambo uMzimvubu. Utshintsho oluphakathi luthetha ukuba ukusetyenziswa komhlaba kubangele ukugcwala kwentlenga ngokungekho ngokwemvelo kunye ne-turbidities ephezulu ngexesha lokubaleka. iziganeko. |
| Ukuguqug uquka kwempen dulo | Chl-a: phytoplankton (ug/L) | - | |
| | Inqaku leMacroinvertebrate (MIRAI) SASS amanqaku ASPT Amanqaku e-ASPT | 74.10% | C |
| | IDiatoms | SPI=17.0 (n=1) | B: Iintlobo eziphambili zibonisa ukuhamba okusanda kuphakanyiswa, kwaye i-diatoms ekhula kwiimeko zokungenwa kokukhanya okuncitshisiweyo (oko kukuthi i-turbidity ephezulu), yayikhona kwisampuli. |
| | Inqaku leentlanzi (FRAI) | 76.1% | C |
| Iityhefu (mg/L) | I-Ammonia (as N) | 0.006 | A |
| Ukuhlelwa kwendawo ngokubanzi (ukusuka kwitafle yePAI) | | | A/B (88.3%) |

Ushwankathelo Lomgangatho Wamanzi

Itafle 5.5. Iziphumo Zokuhlola Komgangatho

| | Indawo yokugcina amanzi kwikota | I-RU | Uvimba waManzi | Umgangatho | Oko kuqulethwe ngamanzi | Izalathisi | I-Ecospecs PES ne-REC |
|----------------------------|---------------------------------|----------------------|----------------|-------------------------------|-------------------------|---------------------|--|
| IUA T32_a: Mzintlaba | T32C | RUT32-6:T32C-05273 | UMzintlaba | Umgangatho waManzi aseMfuleni | Izondlo | I-Orthophosphate | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi 0.025 mg/L PO ₄ -P (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| | | | | Umgangatho waManzi aseMfuleni | Iityhefu | | Iityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| | T32C, T32D | RU T32-9: T32D05352 | Mzintlaba | Umgangatho waManzi aseMfuleni | Izondlo | I-Orthophosphate | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi 0.125 mg/L PO ₄ -P (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| | | | | Umgangatho waManzi aseMfuleni | Iityhefu | | Iityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| IUA T32_b: Mzintlaba | | | | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi 0.125 mg/L PO ₄ -P (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| | T32D | RU T32-10: T32D05373 | Mzintlaba | Umgangatho waManzi oMlambo | Iityhefu | | Iityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| | | | | Umgangatho waManzi oMlambo | Ityiwa | Ukuqhuba kombane | Iityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| | | | | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi 0.125 mg/L PO ₄ -P (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| | T32E, T32F | RU T32-11: T32F05464 | Mvalweni | Umgangatho Wamanzi Omfula | Izondlo | Isimbuku seNitrogen | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi Kwe 1.0 mg/L TIN-N (i-ecosystems yasemanzini: umqhubi). |

| | Indawo yokugcina amanzi kwikota | I-RU | Uvimba waManzi | Umgangatho waManzi oMlambo | Okokuqethwe ngamanzi | Izalathisi | I-Ecospecs PES ne-REC |
|-------------------|---------------------------------|---|----------------|---|----------------------|--|--|
| | | | | Umgangatho waManzi oMlambo Umgangatho Wamanzi Omfula | Ityhefu | | Ityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| IUA T33_a: Kinira | T33A | RU T33-3: T33A04990, T33A-04991 | Kinira | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Ityiwa ayimele idlule ku 95 pesenti 30 mS/m (iecosystems yasemanzini: umqhubi). |
| IUA T33_b: Kinira | T33G | MRU Kinira (MzimEWR3) T33E-05213, T33F-05326, T33G-05395 | Kinira | Umgangatho waManzi oMlambo | Inflanga emisiweyo | I-turbidity / ukucaca okanye amanqanaba eTSS | Ipesenti ye-50 yedatha kufuneka ibe ngaphantsi 0.025 mg/L PO ₄ -P (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| IUA T34_b: IThina | T34D | RU T34-6: T34D-05463 | Tokwana | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Umlinganiselo we 50 pesenti wezi nkukakacha umele ube ngaphantsi kwe- 0.025 mg/L (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| IUA T34_b: IThina | T34J, T34K | MRU Thina_C (MzimEWR2): T34H-05772, T34H-05838, T34K-05835 | Thina | | Izondlo | I-Orthophosphate | Ityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| IUA T35_a: ITsisa | T35C, T35D | RU T35-4: T35C-05874 | IMooli | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Umlinganiselo we 50 pesenti wezi nkukakacha umele ube ngaphantsi kwe- 0.025 mg/L (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |

| | Indawo yokugcina amanzi kwikota | I-RU | Uvimba waManzi | Umgangatho | Oko kuqulethwe ngamanzi | Izalathisi | I-Ecospects PES ne-REC |
|---------------------|---------------------------------|--|----------------|----------------------------|-------------------------|--|---|
| | | | | | | | lityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| IUA T35_b: ITsitsa | T35H | MRU Inxu (EWR1): T35F-06020 | Inxu | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Umlinganiselo we 50 pesenti wezi nkukacha umele ube ngaphantsi kwe- 0.025 mg/L (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| IUA T35_c: ITsitsa | T35K | RU T35-14; T35K-06167 | IXokoxa | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | Umlinganiselo we 50 pesenti wezi nkukacha umele ube ngaphantsi kwe- 0.025 mg/L (ngohlobo lwe i-ecosystems yasemanzini: umqhubi). |
| IUA T35_d: ITsitsa | T35K | MRU Tsitsa_Ca (MzimEWR1): T35E-05977, T35K-06037, T35K-06098, T35L-05976 | ITsitsa | Umgangatho waManzi oMlambo | Izondlo | I-Orthophosphate | lityhefu azimele zidlule ku 95 pesenti kwi- TWQR. Imilinganiselo yamanani iyafumaneka kwi-DWAF (1996) nakwi-DWAF (2008). |
| IUA T36_a: Mzimvubu | T36A | MRU Mzim (MzimEWR4): T36A-06250, T36A-06354, T36B-06391 | Mzimvubu | Umgangatho waManzi oMlambo | Izondlo | I-turbidity / ukucaca okanye amanqanaba eTSS | 50 th ipesenti yedatha kufuneka ibe ngaphantsi kwe-0.015 mg/L (i-ecosystems yasemanzini: umqhubi). |
| | | | | | | | Ufshintsho oluphakathi ukusuka kwindalo kunye nomthwalo ophakamileyo wentlenga wexeshana kunye ne-turbidity ngexesha leziganeke zokubaleka. Imisebenzi yasezidolophini kunye Ukusetyenziswa komhlaba kukhokelele kumthwalo ophezulu wentlenga |

| Ikhawudi yeSQ | Igama | I-PES | I-Wetland EI | I-Wetland ES | I-REC |
|---------------|---------------------|-------|--------------------|----------------------|-------|
| T33H-05680 | UMzimvubu | C | PHAKATHI | EZANTSI | C |
| T33H-05803 | Caba | C/D | PHEZULU | PHAKATHI | C |
| T33H-05821 | UMzimvubu | C | PHAKATHI | PHAKATHI | C |
| T33J-05834 | UMzimvubu | C | PHAKATHI | EZANTSI | C |
| T34A-05394 | Vuvu | B/C | PHEZULU | PHEZULU | B |
| T34A-05404 | Thina | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T34A-05408 | Khohlong | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T34A-05415 | Thina | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T34B-05269 | Nxotshana | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T34B-05275 | Phiri-e-ntso | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T34B-05351 | Thina | C/D | PHEZULU | ISEZANTSI KAKHULU | C |
| T34B-05356 | Thina | C/D | PHEZULU | EZANTSI | C |
| T34B-05385 | Thina | C/D | PHEZULU | ISEZANTSI KAKHULU | C |
| T34C-05168 | Tinana | B | PHEZULU | ISEZANTSI KAKHULU | A/B |
| T34C-05292 | Tinana | C | PHAKATHI | EZANTSI | C |
| T34D-05412 | IThina | C | PHEZULU | EZANTSI | B/C |
| T34D-05460 | IThina | D | PHEZULU | EZANTSI | C/D |
| T34E-05495 | Bradgate se Loop | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T34E-05503 | Luzi | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T34E-05507 | Luzi | C | PHEZULU | EZANTSI | B/C |
| T34F-05512 | Luzi | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T34G-05543 | IThina | C | PHEZULU | EZANTSI | B/C |
| T34G-05634 | Nxaxa | C/D | PHEZULU KAKHULU | EZANTSI | C |
| T34G-05667 | IThina | B/C | PHAKATHI | EZANTSI | B/C |
| T34H-05598 | IThina | D | PHEZULU | PHAKATHI | C/D |
| T34H-05772 | IThina | B | PHEZULU | EZANTSI | A/B |
| T34H-05826 | Ngcothi | B/C | PHEZULU | EZANTSI | B |
| T34K-05835 | Ithina | B/C | PHEZULU | PHAKATHI | B |
| T35A-05596 | Tsitsana | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T35A-05648 | ITsitsa | B | PHEZULU | EZANTSI | A/B |

| Ikhawudi yeSQ | Igama | I-PES | I-Wetland EI | I-Wetland ES | I-REC |
|---------------|-----------------|-------|--------------------|----------------------|-------|
| T35A-05750 | ITsitsa | C/D | PHEZULU | ISEZANTSI KAKHULU | C |
| T35B-05709 | Imbiza | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T35B-05798 | Imbiza | C/D | PHEZULU | EZANTSI | C |
| T35B-05815 | Imbiza encinci | C | PHEZULU KAKHULU | EZANTSI | B |
| T35C-05858 | Mooi | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T35C-05874 | Mooi | C/D | PHEZULU KAKHULU | PHAKATHI | B |
| T35C-05930 | Klein-Mooi | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T35D-05721 | Itsitsa | D | PHEZULU | EZANTSI | C/D |
| T35D-05844 | Mooi | B | PHEZULU | PHAKATHI | A/B |
| T35E-05780 | Gqukunqa | B | PHAKATHI | ISEZANTSI KAKHULU | A/B |
| T35E-05908 | Itsitsa | C | PHEZULU | PHAKATHI | B/C |
| T35E-05977 | ITsitsa | C | PHAKATHI | PHEZULU | B/C |
| T35F-05973 | Kuntombizininzi | B | PHEZULU KAKHULU | PHAKATHI | A |
| T35F-05999 | Inxu | B/C | PHEZULU | EZANTSI | B |
| T35F-06020 | Inxu | D | PHEZULU KAKHULU | EZANTSI | C |
| T35G-06002 | Inxu | C | PHEZULU | EZANTSI | B/C |
| T35G-06021 | Inxu | C | PHEZULU | ISEZANTSI KAKHULU | B/C |
| T35G-06069 | Gatberg | B/C | PHEZULU KAKHULU | EZANTSI | B |
| T35G-06074 | Gatberg | B/C | PHEZULU | ISEZANTSI KAKHULU | B |
| T35G-06099 | Gatberg | B/C | PHEZULU KAKHULU | EZANTSI | B |
| T35G-06100 | Igama alaziwa | C | PHAKATHI | ISEZANTSI KAKHULU | C |
| T35G-06108 | Inxu | B | PHEZULU | EZANTSI | A/B |
| T35G-06118 | Gatberg | B/C | PHEZULU KAKHULU | PHAKATHI | B/C |
| T35G-06133 | Igama alaziwa | C | PHEZULU | EZANTSI | B/C |
| T35G-06135 | Gqaqala | C | PHEZULU KAKHULU | PHAKATHI | B |
| T35G-06148 | Igama alaziwa | A | PHEZULU | PHEZULU KAKHULU | A |
| T35G-06169 | Gqaqala | C | PHEZULU | EZANTSI | B/C |
| T35G-06179 | Igama alaziwa | C | PHEZULU | EZANTSI | B/C |
| T35H-06024 | Inxu | C | PHAKATHI | EZANTSI | C |
| T35H-06053 | Inxu | C | PHAKATHI | PHAKATHI | C |
| T35H-06186 | Umnga | C | PHEZULU | PHEZULU | B/C |

| Ikhawudi yeSQ | Igama | I-PES | I-Wetland EI | I-Wetland ES | I-REC |
|---------------|-----------|-------|--------------------|--------------------|-------|
| T35H-06240 | KuNgindi | C | PHEZULU KAKHULU | PHAKATHI | B |
| T35H-06282 | Umnga | B | PHEZULU | PHAKATHI | A/B |
| T35J-06106 | Ncolosi | D | PHAKATHI | PHAKATHI | D |
| T35K-05897 | Culunca | D | PHAKATHI | PHEZULU | C/D |
| T35K-05904 | Tyira | D | PHAKATHI | PHEZULU | C/D |
| T35K-06037 | ITsitsa | C | PHAKATHI | PHEZULU KAKHULU | B |
| T35K-06167 | Xokonxa | C | PHEZULU | PHAKATHI | B/C |
| T35L-05976 | ITsitsa | C | PHEZULU KAKHULU | PHEZULU | B |
| T35L-06190 | ITsitsa | B | PHEZULU | EZANTSI | A/B |
| T35L-06226 | Ngcolora | D | PHEZULU | PHEZULU | C/D |
| T35M-06187 | ITsitsa | B | PHAKATHI | PHAKATHI | B |
| T35M-06275 | Ruze | B | PHEZULU | PHAKATHI | A/B |
| T36A-06250 | UMzimvubu | C | PHAKATHI | EZANTSI | C |
| T36B-06391 | UMzimvubu | C/D | PHEZULU KAKHULU | PHAKATHI | C |

7. AMANZI OMPHEZULU: ESTUARINE AMACANDELO ENDAWO YOKUGCINA

Umda osezantsi: 31°37'52" S, 29°32'59" E (Umlomo wechweba)

Umda ongasentla: 31°29'7.15" S, 29°22'59.66" E

Imida esecaleni: I-5 m contour ngaphezu komphakamo wolwandle (MSL) ecaleni kwebhanki nganye

I-PES yechweba vavanywa ngokwenqanaba lokufana neemeko zezalathiso. Isalathiso seMpilo ye-Estuarine sisetyenziselwa ukumisela i-PES kwaye sihambelana nodidi lwe-ecological oluchaza impilo ngokusebenzisa iindidi ezintandathu, ukusuka kwindalo (A) ukuya kwi-critical modified (F). Ngokwe-EHI amacandelo ahlukeneyo avavanyweyo ngala: Amalungu e-Abiotic: I-Hydrology, indawo yokuhlala ebonakalayo, i-hydrodynamics kunye nomgangatho wamanzi. Amalungu eBiotic: I-Microalgae, i-macrophytes, i-invertebrates, intlanzi kunye neentaka.

| Indawo yokugcina amanzi kwikota | Uvimba waManzi | I-PES | I-EIS | I-REC | NMAR (MCM) |
|---------------------------------|----------------|-------|----------|-------|------------|
| T36B | UMzimvubu | B | Phakathi | B | 2 613.5 |

Uluhlu 7.2 Imeko eCetyisiweyo yokuMqukuqela kwendalo kwichweba laseMzimvubu (REC – uDidi B)

| %iles | Okthobha | Novemba | Desemba | Januwari | Febhuwari | Matshi | Aprili | Mayi | Juni | Julayi | Agasti | Septemba |
|-------|----------|---------|---------|----------|-----------|--------|--------|------|------|--------|--------|----------|
| 99.9 | 324 | 449 | 401 | 611 | 672 | 970 | 487 | 391 | 297 | 314 | 155 | 747 |
| 99 | 279 | 406 | 392 | 599 | 619 | 691 | 374 | 235 | 295 | 232 | 143 | 272 |
| 95 | 129 | 275 | 300 | 446 | 541 | 526 | 264 | 81 | 81 | 103 | 56 | 83 |
| 90 | 92 | 189 | 254 | 310 | 508 | 369 | 174 | 65 | 47 | 34 | 37 | 51 |
| 85 | 80 | 129 | 201 | 222 | 381 | 278 | 131 | 55 | 34 | 29 | 27 | 29 |
| 80 | 58 | 92 | 176 | 178 | 272 | 237 | 111 | 45 | 28 | 25 | 23 | 23 |
| 70 | 41 | 67 | 130 | 147 | 188 | 201 | 102 | 33 | 21 | 20 | 17 | 19 |
| 60 | 32 | 57 | 71 | 107 | 153 | 162 | 81 | 25 | 18 | 17 | 14 | 15 |
| 50 | 27 | 47 | 53 | 82 | 121 | 133 | 70 | 23 | 16 | 14 | 13 | 14 |
| 40 | 24 | 39 | 43 | 70 | 86 | 113 | 58 | 20 | 14 | 12 | 12 | 12 |
| 30 | 23 | 37 | 39 | 58 | 70 | 80 | 52 | 18 | 13 | 12 | 11 | 11 |
| 20 | 21 | 35 | 34 | 52 | 58 | 68 | 48 | 17 | 12 | 10 | 10 | 10 |
| 15 | 20 | 32 | 33 | 43 | 54 | 63 | 44 | 16 | 11 | 10 | 10 | 10 |
| 10 | 19 | 31 | 31 | 37 | 46 | 57 | 40 | 15 | 11 | 10 | 10 | 9 |
| 5 | 18 | 30 | 27 | 35 | 40 | 47 | 35 | 15 | 11 | 10 | 9 | 8 |
| 1 | 16 | 28 | 26 | 30 | 31 | 37 | 31 | 13 | 10 | 9 | 8 | 8 |

8. AMANZI ASEMHLABENI – UBUNINZI BAWO

Kukho iindawo eziyi-51 ezinamanzi amileyo kumlambo uMzimvubu njengoko kubonisiwe kuT3. Indawo ethi BHN Reserves ibonisa amanzi adingwa ngabantu kuquka nalawo okusela, okupheka nawokuhlamba. Amanzi angangeelitha eziyi-25 ebesetyenziswa ngumntu ngamnye suku ngalunye. Amanzi asemhlabeni naphantsi kwawo avezwe kusetyenziswa amanani (inani lamanzi, iindawo akuzo nenani labantu) nkcukacha ezo ezifunyenwe xa bekusenziwa uphando lwamanzi asemhlabeni kumlambo uMzimvubu ukuya eKeiskamma WMA – Impuma Koloni (DWA, 2012).

Itafile 8.1: Amanzi asemhlabeni naphantsi kwawo kuMzimvubu T3

| Indawo enamanzi | Uman dla | Ubuninzi bawo | Inani labantu | I-Baseflow | EWR_MLF | BHNR | EWR ngokwe% | BHN ngokwe% |
|-----------------|--------------------|----------------------|---------------|----------------------|----------------------|----------------------|------------------|-------------------|
| ukubanjwa | (km ²) | (Mm ³ /a) | | (Mm ³ /a) | (Mm ³ /a) | (Mm ³ /a) | yokusetyenzis wa | yokusetyenz is wa |
| T31A | 221.3 | 11.61 | 493 | 9.68 | 0.69 | 0 | 5.93 | 0 |
| T31B | 284 | 16.55 | 2903 | 6.18 | 0.42 | 0.03 | 2.55 | 0.18 |
| T31C | 290.6 | 15.25 | 13110 | 6.26 | 0.41 | 0.12 | 2.71 | 0.79 |
| T31D | 352.5 | 20.54 | 3587 | 5.27 | 0.32 | 0.04 | 1.56 | 0.19 |
| T31E | 508.7 | 26.7 | 12815 | 8.24 | 0.33 | 0.12 | 1.24 | 0.45 |
| T31F | 606.9 | 28.09 | 2188 | 11.89 | 0.29 | 0.02 | 1.05 | 0.07 |
| T31G | 208.4 | 12.14 | 262 | 6.35 | 0.58 | 0 | 4.77 | 0 |
| T31H | 616.2 | 35.9 | 29073 | 12.34 | 0.36 | 0.26 | 1.02 | 0.72 |
| T31J | 506.4 | 29.5 | 21943 | 13.68 | 0.5 | 0.2 | 1.69 | 0.68 |
| T32A | 347.1 | 20.23 | 2246 | 9.07 | 0.46 | 0.02 | 2.25 | 0.1 |
| T32B | 306.5 | 17.86 | 4658 | 9.11 | 0.49 | 0.04 | 2.77 | 0.22 |
| T32C | 372.9 | 21.73 | 39324 | 10.69 | 0.48 | 0.36 | 2.23 | 1.66 |
| T32D | 350.2 | 20.4 | 3405 | 6.02 | 0.33 | 0.03 | 1.61 | 0.15 |
| T32E | 382 | 22.26 | 32609 | 4.47 | 0.17 | 0.3 | 0.77 | 1.35 |
| T32F | 296 | 17.24 | 23029 | 4.65 | 0.2 | 0.21 | 1.16 | 1.22 |
| T32G | 437.7 | 25.5 | 42683 | 5.54 | 0.14 | 0.39 | 0.55 | 1.53 |
| T32H | 452.2 | 26.35 | 36169 | 6.32 | 0.17 | 0.33 | 0.64 | 1.25 |
| T33A | 341.4 | 17.92 | 56453 | 6.11 | 0.2 | 0.51 | 1.13 | 2.85 |
| T33B | 268.2 | 14.08 | 30627 | 6.07 | 0.23 | 0.28 | 1.62 | 1.99 |
| T33C | 237.7 | 12.48 | 17759 | 324 | 0.23 | 0.16 | 1.81 | 1.28 |
| T33D | 358 | 18.8 | 33472 | 3.84 | 0.22 | 0.3 | 1.19 | 1.6 |
| T33E | 267.1 | 15.56 | 14955 | 2.18 | 0.22 | 0.14 | 1.44 | 0.9 |
| T33F | 437 | 25.46 | 21162 | 4.88 | 0.21 | 0.19 | 0.83 | 0.75 |
| T33G | 502 | 29.25 | 29938 | 6.2 | 0.26 | 0.27 | 0.88 | 0.92 |
| T33H | 516 | 30.06 | 58784 | 4.43 | 0.2 | 0.54 | 0.67 | 1.8 |
| T33J | 456.4 | 25.59 | 38276 | 3.48 | 0.19 | 0.34 | 0.75 | 1.33 |
| T33K | 169.1 | 9.85 | 13409 | 2.16 | 0.22 | 0.12 | 2.24 | 1.22 |
| T34A | 671.9 | 32.27 | 8720 | 5.69 | 0.38 | 0.08 | 1.18 | 0.25 |
| T34B | 601.9 | 31.59 | 6940 | 5.17 | 0.37 | 0.06 | 1.18 | 0.19 |
| T34C | 366.9 | 19.26 | 9860 | 5.11 | 0.36 | 0.09 | 1.89 | 0.47 |
| T34D | 461 | 24.2 | 21115 | 7.4 | 0.39 | 0.19 | 1.62 | 0.79 |
| T34E | 241.5 | 12.67 | 3000 | 6.24 | 0.43 | 0 | 3.36 | 0 |
| T34F | 246.1 | 12.92 | 5627 | 5.49 | 0.39 | 0.05 | 3 | 0.39 |
| T34G | 281.9 | 14.8 | 14867 | 7.81 | 0.38 | 0.13 | 2.6 | 0.88 |
| T34H | 590.1 | 34.38 | 46605 | 12.59 | 0.45 | 0.42 | 1.3 | 1.22 |

| Indawo enamanzi ukubanjwa | Ummandla (km ²) | Ubuninzi bawo (Mm ³ /a) | Inani labantu | I-Baseflow (Mm ³ /a) | EWR_MLF (Mm ³ /a) | BHNR (Mm ³ /a) | EWR ngokwe% yokusetyenziswa | BHN ngokwe% yokusetyenziswa |
|------------------------------|--------------------------------|---------------------------------------|---------------|------------------------------------|---------------------------------|------------------------------|--------------------------------|--------------------------------|
| T34J | 296.3 | 17.26 | 23028 | 2.61 | 0.29 | 0.21 | 1.7 | 1.22 |
| T34K | 332.9 | 19.4 | 20920 | 2.54 | 0.2 | 0.19 | 1.02 | 0.98 |
| T35A | 475.1 | 24.94 | 10162 | 11.96 | 0.43 | 0.09 | 1.72 | 0.36 |
| T35B | 395.7 | 20.77 | 0 | 10.04 | 0.39 | 0 | 1.88 | 0 |
| T35C | 306.1 | 16.07 | 2934 | 9.56 | 0.48 | 0.23 | 2.99 | 1.43 |
| T35D | 347.8 | 18.25 | 8329 | 7.24 | 0.45 | 0.08 | 2.46 | 0.44 |
| T35E | 491.8 | 28.65 | 25094 | 13.11 | 0.43 | 0.22 | 1.51 | 0.77 |
| T35F | 358.7 | 18.83 | 1271 | 8.43 | 0.45 | 0.01 | 2.39 | 0.05 |
| T35G | 574.5 | 30.15 | 6074 | 10.31 | 0.45 | 0.05 | 1.48 | 0.17 |
| T35H | 519.3 | 27.26 | 27442 | 12.34 | 0.4 | 0.25 | 1.46 | 0.92 |
| T35J | 188.4 | 10.98 | 15134 | 12.44 | 1.17 | 0.39 | 10.61 | 3.55 |
| T35K | 624.8 | 36.4 | 53682 | 2.87 | 0.12 | 0.49 | 0.32 | 1.35 |
| T35L | 340.1 | 19.81 | 21721 | 2.87 | 0.2 | 0.2 | 0.99 | 1.01 |
| T35M | 304.5 | 17.74 | 20465 | 4.14 | 0.19 | 0.19 | 1.08 | 1.07 |
| T36A | 462 | 55.9 | 29898 | 11.73 | 0.27 | 0.27 | 0.48 | 0.48 |
| T36B | 264.4 | 31.99 | 21375 | 10.01 | 0.26 | 0.19 | 0.81 | 0.59 |

9. AMANZI APHANTSI KOMHLABA

Ekubaleni umgangatho wamanzi aphantsi komhlaba kusetyenziswa ilklasi 1 ye-potability value (SANS 2005). Kukhethwa inani eliphantsi kula mabini. Kwiimeko apho kukhethwe khona i-ambient value, iye yonyuswe ngeepesenti eziyi- 10. Kwiimeko apho umgangatho we-ambient ungaphezulu kunowe-potability, kuye kusetyenziswe umgangatho we-ambient. Ngalo lonke ixesha umgangatho wamanzi aphantsi komhlaba umele uhambelane nemiqathango ebekiweyo yamanzi njengoko ibonisiwe ku-Itafile 2 ezantsi. Amanzi aphantsi komhlaba kumlambo uMzimvubu ahloliwe zaza iziphumo zawo zashwankathelwa ku-Itafile 3 ezantsi.

Itafile 9.1. Imiqathango emele ilandelwe ekusetyenzisweni kwamanzi aphantsi komhlaba

| I-Chemical Parameter | Umgangatho Wamanzi ¹ | | | | |
|--|---------------------------------|----------|-----------------|--------------------|-------------|
| | Amanani | Iklasi 0 | Iklasi I | Iklasi II | Iklasi III |
| pH (pH Amanani) | | 6 - 9 | 5 - 6 & 9 - 9.5 | 4 - 5 & > 9.5 - 10 | < 4 or > 10 |
| Isimbuku Samanzi Acociweyo | mg/l | 0 - 450 | 450 - 1000 | 1000 - 2450 | > 2450 |
| Ukuhamba Kombane | mS/m | 0 - 70 | 70 - 150 | 150 - 300 | > 370 |
| ICalcium njengo Ca | mg/l | 0 - 80 | 80 - 150 | 150 - 300 | > 300 |
| IMagnesium njengo Mg | mg/l | 0 - 30 | 30 - 70 | 70 - 100 | > 100 |
| ISodium njengo Na | mg/l | 0 - 100 | 100 - 200 | 200 - 400 | > 400 |
| IClhoride Njengo Cl | mg/l | 0 - 100 | 100 - 200 | 200 - 600 | > 600 |
| ISulphate ngokwe SO ₄ ²⁻ /g | mg/l | 0 - 200 | 200 - 400 | 400 - 600 | > 600 |
| INitrate ngokwe NO ₃ -N | mg/l | 0 - 6 | 6 - 10 | 10 - 20 | > 20 |
| IFlouride ngokwe F | mg/l | 0 - 1 | 1 - 1.5 | 1.5 - 3.5 | > 3.5 |
| Ii-Faecal coliforms | counts/100ml | 0 | 0 - 1 | 1 - 10 | > 10 |

Ref: Imiqathango Yokusetyenziswa Kwamanzi EMzantsi Afrika
Isebe Lezamanzi Nolimo. Pitoli, Mzantsi Afrika.

QAPHELA:

- Iklasi 0:** Amanzi afakwa kwiklasi yamanzi aselwayo, anokusetyenziswa ngonaphakade. Amanani adla ngokulingana nawalawo emigaqo ekwi-South African Water Quality Guideline for Domestic Use.
- Iklasi I:** **Amanzi asakhuselekile ukuba angaselwa nanini na; kodwa ke kusenokubakho iingxaki zempilo ezingephi, nangona ingafane yenzeke into enjalo. Kodwa kusenokubakho iimeko ezingentlanga.**
- Iklasi II:** Amanzi avumelekile ixeshana okanye ngexesha likaxakeka. Iingxaki zempilo zisenokubakho amatyeli ngamatyeli, ngokufanayo noKlasi I, ingakumbi abo bawasebenzise ixeshana elide loo manzi. Ngoko, la manzi awamele asetyenziswe unomphelo. Le kuphela kwe- Klasi kule miyalelo engatsho ngqo ixesha amanzi angasetyenziswa ngalo. Ibonisa ukuba imele ibe lixesha; kodwa ayitsho ukuba limele libe lingakanani elo "xesha" kuthethwa ngalo.
- Iklasi III:** Amanzi akwi-Klass III aza kubangela umntu agule kakhulu, ingakumbi abantwana nabantu abadala. La manzi awamele aselwe.

Itafale 9.2: Imiqathango emele ilandelwe ekusetyenzisweni kwamanzi aphantsi komhlaba

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leSampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|---------------------------|-------------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| | | | | | | | | | | | |
| T31A | Inani leSampuli | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Ukugcina uMgangatho weGW | 8.52 | 41 | 7.11 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.08 |
| | Iphesentile ezi 5 | 8.18 | 37.4 | 5.99 | 0.5 | 74.14 | 125.59 | 26.9 | 5.49 | 0.02 | 2.92 |
| | Iphesentile eyi 95 | 8.72 | 47.1 | 11.69 | 2.13 | 86.76 | 148.81 | 42.54 | 12.48 | 0.1 | 4.74 |
| | Ukugcina uMgangatho weGW | 9.37 | 45.1 | 7.82 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.48 |
| T31C | Inani leSampuli | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ukugcina uMgangatho weGW | 8.57 | 41.25 | 7.46 | 1.19 | 82.47 | 137.1 | 32.84 | 8.81 | 0.04 | 4.07 |
| | Iphesentile ezi 5 | 8.18 | 37.95 | 5.88 | 0.69 | 75.36 | 124.92 | 26.48 | 5.74 | 0.02 | 2.9 |
| | Iphesentile eyi 95 | 8.72 | 47.43 | 11.78 | 2.14 | 86.97 | 149.44 | 42.96 | 12.53 | 0.1 | 4.77 |
| | Ukugcina uMgangatho weGW | 9.43 | 45.38 | 8.2 | 1.31 | 90.72 | 150.81 | 36.12 | 9.7 | 0.05 | 4.47 |
| T31E | Inani leSampuli | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | Ukugcina uMgangatho weGW | 8.62 | 41 | 7.81 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.06 |
| | Iphesentile ezi 5 | 8.18 | 37.32 | 5.88 | 0.5 | 74.4 | 125.14 | 26.62 | 5.48 | 0.02 | 2.91 |
| | Iphesentile eyi 95 | 8.72 | 47.32 | 11.75 | 2.14 | 86.9 | 149.23 | 42.85 | 12.51 | 0.09 | 4.58 |
| | Ukugcina uMgangatho weGW | 9.49 | 45.1 | 8.59 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.46 |
| T33A | Inani leSampuli | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Umgangatho weAmbient GW | 7.62 | 30.5 | 7.1 | 2.7 | 15.54 | 91.61 | 6.09 | 2 | 0.04 | 0.22 |
| | Iphesentile ezi 5 | 7.04 | 10.5 | 4.07 | 0.73 | 5.73 | 38.41 | 1.5 | 2 | 0.02 | 0.1 |
| | Iphesentile eyi 95 | 8.25 | 39.65 | 22.59 | 9.71 | 87.38 | 177.92 | 10.03 | 20.66 | 1.21 | 1.51 |
| | Ukugcina uMgangatho weGW | 8.38 | 33.55 | 7.81 | 2.97 | 17.09 | 100.77 | 6.7 | 2.2 | 0.04 | 0.24 |

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leSampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|---------------------------|-------------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| T33B | Inani leSampuli | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Umgangatho weAmbient GW | 8.45 | 42.2 | 7.81 | 1.2 | 83.04 | 137.73 | 38.6 | 11.2 | 0.04 | 3.85 |
| | Iphesentile ezi 5 | 8.15 | 37.64 | 5.61 | 0.5 | 74.64 | 126.95 | 27.74 | 5.5 | 0.02 | 2.57 |
| | Iphesentile eyi 95 | 8.71 | 54.1 | 11.52 | 2.09 | 108.18 | 160.79 | 48.47 | 20.45 | 0.1 | 4.68 |
| | Ukugcina uMgangatho weGW | 9.3 | 46.42 | 8.59 | 1.32 | 91.34 | 151.5 | 42.46 | 12.32 | 0.04 | 4.24 |
| T33C | Inani leSampuli | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | Umgangatho weAmbient GW | 8.62 | 41 | 7.81 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.06 |
| | Iphesentile ezi 5 | 8.18 | 37.32 | 5.88 | 0.5 | 74.4 | 125.14 | 26.62 | 5.48 | 0.02 | 2.91 |
| | Iphesentile eyi 95 | 8.72 | 47.32 | 11.75 | 2.14 | 86.9 | 149.23 | 42.85 | 12.51 | 0.09 | 4.58 |
| | Ukugcina uMgangatho weGW | 9.49 | 45.1 | 8.59 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.46 |
| T33D | Inani leSampuli | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Umgangatho weAmbient GW | 8.52 | 41 | 7.11 | 1.2 | 79.66 | 134.62 | 33.01 | 9.2 | 0.04 | 4.08 |
| | Iphesentile ezi 5 | 8.18 | 37.4 | 5.99 | 0.5 | 74.14 | 125.59 | 26.9 | 5.49 | 0.02 | 2.92 |
| | Iphesentile eyi 95 | 8.72 | 47.1 | 11.69 | 2.13 | 86.76 | 148.81 | 42.54 | 12.48 | 0.1 | 4.74 |
| | Ukugcina uMgangatho weGW | 9.37 | 45.1 | 7.82 | 1.32 | 87.62 | 148.08 | 36.31 | 10.12 | 0.04 | 4.48 |
| T34E | Inani leSampuli | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Umgangatho weAmbient GW | 8.52 | 43.25 | 9.02 | 1.7 | 80.78 | 135.49 | 36.96 | 9.34 | 0.05 | 3.82 |
| | Iphesentile ezi 5 | 8.17 | 37.9 | 5.88 | 0.65 | 76.24 | 124.47 | 27.3 | 5.68 | 0.03 | 2.88 |
| | Iphesentile eyi 95 | 8.72 | 47.65 | 11.84 | 2.15 | 87.12 | 145.52 | 43.3 | 12.42 | 0.09 | 4.64 |
| | Ukugcina uMgangatho weGW | 9.37 | 47.58 | 9.92 | 1.87 | 88.86 | 149.04 | 40.66 | 10.27 | 0.05 | 4.2 |
| | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leSampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Ta (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|---------------------------|-------------------------------|------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|----------|
| | | | | | | | | | | | |
| T34F | Umgangatho weAmbient GW | 8.31 | 45.75 | 10.82 | 1.88 | 82.78 | 137.59 | 40.97 | 11.45 | 0.05 | 3.29 |
| | Iphesentile ezi 5 | 8.17 | 41.34 | 7.58 | 1.7 | 77.19 | 124.83 | 34.19 | 6.37 | 0.02 | 2.87 |
| | Iphesentile eyi 95 | 8.66 | 47.87 | 11.89 | 2.17 | 87.26 | 146 | 43.6 | 12.51 | 0.07 | 3.99 |
| | Ukugcina uMgangatho weGW | 9.14 | 50.33 | 11.9 | 2.07 | 91.05 | 151.35 | 45.07 | 12.6 | 0.05 | 3.62 |
| T34G | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Umgangatho weAmbient GW | 8.31 | 45.75 | 10.82 | 1.88 | 82.78 | 137.59 | 40.97 | 11.45 | 0.05 | 3.29 |
| | Iphesentile ezi 5 | 8.17 | 41.34 | 7.58 | 1.7 | 77.19 | 124.83 | 34.19 | 6.37 | 0.02 | 2.87 |
| | Iphesentile eyi 95 | 8.66 | 47.87 | 11.89 | 2.17 | 87.26 | 146 | 43.6 | 12.51 | 0.07 | 3.99 |
| T35A | Ukugcina uMgangatho weGW | 9.14 | 50.33 | 11.9 | 2.07 | 91.05 | 151.35 | 45.07 | 12.6 | 0.05 | 3.62 |
| | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Umgangatho weAmbient GW | 8.21 | 46 | 11.4 | 2.07 | 86.04 | 141.92 | 41.03 | 11.71 | 0.06 | 3 |
| | Iphesentile ezi 5 | 8.17 | 45.55 | 10.35 | 1.73 | 80.17 | 134.12 | 40.92 | 11.25 | 0.04 | 2.86 |
| T35B | Iphesentile eyi 95 | 8.4 | 47.98 | 11.92 | 2.17 | 87.33 | 146.24 | 43.76 | 12.56 | 0.07 | 3.52 |
| | Ukugcina uMgangatho weGW | 9.03 | 50.6 | 12.54 | 2.28 | 94.64 | 156.11 | 45.13 | 12.88 | 0.06 | 3.3 |
| | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Umgangatho weAmbient GW | 7.71 | 23.1 | 13.5 | 2.5 | 28.7 | 118.9 | 4.7 | 6.4 | 0.13 | 0.21 |
| T35B | Iphesentile ezi 5 | 7.47 | 5.55 | 2.88 | 0.7 | 6.47 | 28.45 | 1.82 | 5.77 | 0.03 | 0.15 |
| | Iphesentile eyi 95 | 8.28 | 38.31 | 38.61 | 8.26 | 39.59 | 136.54 | 21.8 | 9.55 | 1.86 | 0.28 |
| | Ukugcina uMgangatho weGW | 8.48 | 25.41 | 14.85 | 2.75 | 31.57 | 130.79 | 5.17 | 7.04 | 0.14 | 0.23 |
| | Inani leSampuli | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leSampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO ₄ (mg/l) | NO ₃ (mg/l) | F (mg/l) |
|---------------------------|-------------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------------------|------------------------|----------|
| T35C | Ukugcina uMgangatho weGW | 8.52 | 43.25 | 9.02 | 1.7 | 80.78 | 135.49 | 36.96 | 9.34 | 0.05 | 3.82 |
| | Iphesentile ezi 5 | 8.17 | 37.9 | 5.88 | 0.65 | 76.24 | 124.47 | 27.3 | 5.68 | 0.03 | 2.88 |
| | Iphesentile eyi 95 | 8.72 | 47.65 | 11.84 | 2.15 | 87.12 | 145.52 | 43.3 | 12.42 | 0.09 | 4.64 |
| | Ukugcina uMgangatho weGW | 9.37 | 47.58 | 9.92 | 1.87 | 88.86 | 149.04 | 40.66 | 10.27 | 0.05 | 4.2 |
| T35D | Inani leSampuli | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Ukugcina uMgangatho weGW | 8.31 | 46.85 | 11.11 | 1.94 | 83.49 | 139.99 | 40.97 | 12.18 | 0.06 | 3.21 |
| | Iphesentile ezi 5 | 8.22 | 45.64 | 10.32 | 1.72 | 79.91 | 133.93 | 40.92 | 11.75 | 0.06 | 2.88 |
| | Iphesentile eyi 95 | 8.41 | 48.07 | 11.89 | 2.16 | 87.08 | 146.04 | 41.02 | 12.6 | 0.07 | 3.55 |
| T35F | Ukugcina uMgangatho weGW | 9.14 | 51.54 | 12.22 | 2.13 | 91.84 | 153.99 | 45.07 | 13.4 | 0.07 | 3.53 |
| | Inani leSampuli | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | Ukugcina uMgangatho weGW | 8.62 | 41 | 7.81 | 1.7 | 82.05 | 137.73 | 33.01 | 7.48 | 0.04 | 4.06 |
| | Iphesentile ezi 5 | 8.17 | 37.72 | 5.8 | 0.62 | 76.2 | 124.24 | 26.94 | 5.64 | 0.02 | 2.88 |
| T35G | Iphesentile eyi 95 | 8.72 | 47.76 | 11.86 | 2.16 | 87.19 | 145.76 | 43.43 | 12.36 | 0.09 | 4.68 |
| | Ukugcina uMgangatho weGW | 9.49 | 45.1 | 8.59 | 1.87 | 90.25 | 151.5 | 36.31 | 8.23 | 0.05 | 4.46 |
| | Inani leSampuli | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Ukugcina uMgangatho weGW | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |
| T35H | Iphesentile ezi 5 | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |
| | Iphesentile eyi 95 | 7.71 | 23.1 | 13.5 | 2.5 | 40.8 | 118.9 | 4.7 | 6.4 | 0.13 | 0.29 |
| | Ukugcina uMgangatho weGW | 8.48 | 25.41 | 14.85 | 2.75 | 44.88 | 130.79 | 5.17 | 7.04 | 0.14 | 0.32 |
| | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leSampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|---------------------------|-------------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| T35H | Umgangatho weAmbient GW | 8.62 | 41 | 7.81 | 1.7 | 82.05 | 137.73 | 33.01 | 7.48 | 0.06 | 4.06 |
| | Iphesentile ezi 5 | 8.25 | 40.64 | 7.18 | 1.15 | 77.3 | 124.78 | 32.7 | 5.71 | 0.02 | 2.97 |
| | Iphesentile eyi 95 | 8.7 | 47.48 | 11.56 | 2.13 | 86.93 | 145.82 | 40.12 | 12.14 | 0.1 | 4.07 |
| | Ukugcina uMgangatho weGW | 9.49 | 45.1 | 8.59 | 1.87 | 90.25 | 151.5 | 36.31 | 8.23 | 0.06 | 4.46 |
| T31B | Inani leSampuli | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Ukugcina uMgangatho weGW | 8.2 | 33 | 32.16 | 15.17 | 12.32 | 140.87 | 8.23 | 4.46 | 0.83 | 0.19 |
| | Iphesentile ezi 5 | 7.96 | 26.44 | 22.23 | 7.65 | 6.98 | 92.25 | 5.81 | 2 | 0.1 | 0.15 |
| | Iphesentile eyi 95 | 8.39 | 46.73 | 48.84 | 19.33 | 19.16 | 191.4 | 32.43 | 8.47 | 5.24 | 0.66 |
| T31D | Ukugcina uMgangatho weGW | 9.02 | 36.3 | 35.37 | 16.69 | 13.55 | 154.96 | 9.05 | 4.91 | 0.92 | 0.21 |
| | Inani leSampuli | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Ukugcina uMgangatho weGW | 8.18 | 37.35 | 34.48 | 15.96 | 12.59 | 144.57 | 11.02 | 4.06 | 1.15 | 0.22 |
| | Iphesentile ezi 5 | 7.96 | 26.03 | 22.59 | 7.49 | 8.06 | 92.05 | 5.82 | 2 | 0.2 | 0.14 |
| T31G | Iphesentile eyi 95 | 8.38 | 46.83 | 48.98 | 19.41 | 19.5 | 193.42 | 33.46 | 8.52 | 5.39 | 0.66 |
| | Ukugcina uMgangatho weGW | 9 | 41.09 | 37.92 | 17.55 | 13.84 | 159.03 | 12.12 | 4.46 | 1.26 | 0.24 |
| | Inani leSampuli | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Ukugcina uMgangatho weGW | 8.21 | 32.85 | 30.67 | 15.17 | 12.59 | 144.49 | 8.16 | 4.93 | 0.75 | 0.22 |
| T31G | Iphesentile ezi 5 | 7.97 | 24.89 | 22.53 | 7.8 | 7.02 | 92.44 | 5.07 | 2 | 0.11 | 0.15 |
| | Iphesentile eyi 95 | 8.38 | 46.64 | 48.7 | 19.26 | 18.81 | 189.37 | 31.39 | 8.41 | 5.09 | 0.66 |
| | Ukugcina uMgangatho weGW | 9.03 | 36.14 | 33.74 | 16.68 | 13.84 | 158.93 | 8.98 | 5.42 | 0.82 | 0.24 |
| | Inani leSampuli | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |

| Indawo enamanzi ukubanjwa | Iphesentile & Inani leisampuli | pH | EC (mS/m) | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|---------------------------|--------------------------------|------|-----------|-----------|-----------|-----------|------------|-----------|------------|------------|----------|
| T31H | Ukugcina uMgangatho weGW | 8.24 | 38.1 | 33.85 | 13.75 | 22.1 | 160.16 | 11.3 | 5.96 | 1.05 | 0.27 |
| | Iphesentile ezi 5 | 8.19 | 30.48 | 22.99 | 3.36 | 11.98 | 108.09 | 6.99 | 2.85 | 0.32 | 0.17 |
| | Iphesentile eyi 95 | 8.36 | 47.39 | 45.51 | 16.02 | 34.6 | 202.03 | 19.99 | 17.25 | 6.85 | 1.14 |
| | Ukugcina uMgangatho weGW | 9.07 | 41.91 | 37.23 | 15.12 | 24.31 | 176.18 | 12.43 | 6.55 | 1.16 | 0.29 |
| T31J | Inani leSampuli | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | Umgangatho weAmbient GW | 8.23 | 37.4 | 30.75 | 10.04 | 19.02 | 143.41 | 11.3 | 5.96 | 0.96 | 0.26 |
| | Iphesentile ezi 5 | 7.85 | 22.02 | 15.69 | 3.76 | 8.83 | 81.6 | 5.03 | 2 | 0.14 | 0.15 |
| | Iphesentile eyi 95 | 8.35 | 47.12 | 44.92 | 15.81 | 34.03 | 201.57 | 19.36 | 18.99 | 6.8 | 1.12 |
| T32A | Ukugcina uMgangatho weGW | 9.05 | 41.14 | 33.83 | 11.04 | 20.92 | 157.75 | 12.43 | 6.55 | 1.06 | 0.29 |
| | Inani leSampuli | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| | Umgangatho weAmbient GW | 7.89 | 51.6 | 26.4 | 18.1 | 34.5 | 135.2 | 38.8 | 4.8 | 5.93 | 0.16 |
| | Iphesentile ezi 5 | 6.97 | 28.75 | 14.65 | 8.95 | 21.75 | 53.25 | 19.9 | 2 | 1.03 | 0.12 |
| T32B | Iphesentile eyi 95 | 9.06 | 75.2 | 54.1 | 23.8 | 62.15 | 185 | 107.55 | 9.5 | 11.4 | 0.29 |
| | Ukugcina uMgangatho weGW | 8.68 | 56.76 | 29.04 | 19.91 | 37.95 | 148.72 | 42.68 | 5.28 | 6.53 | 0.18 |
| | Inani leSampuli | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| | Umgangatho weAmbient GW | 7.73 | 39.4 | 20.7 | 14.7 | 33.3 | 128.8 | 37.7 | 4.3 | 5.93 | 0.15 |
| | Iphesentile ezi 5 | 6.53 | 16.96 | 6.36 | 4.78 | 15.64 | 28.56 | 9.3 | 2 | 1.05 | 0.1 |
| | Iphesentile eyi 95 | 8.99 | 72.04 | 52.04 | 23.14 | 61.34 | 182.52 | 99.6 | 9.5 | 11.31 | 0.28 |
| | Ukugcina uMgangatho weGW | 8.5 | 43.34 | 22.77 | 16.17 | 36.63 | 141.68 | 41.47 | 4.73 | 6.53 | 0.17 |

| Indawo enamanzi | pH | EC | Ca | Mg | Na | Tal | Cl | SO ₄ | NO ₃ | F |
|-----------------|--------------------------|------|--------|--------|--------|--------|--------|-----------------|-----------------|--------|
| Ukubaniwa | | mS/m | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) |
| T32C | Inani leSampuli | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Umgangatho weAmbient GW | 8.08 | 33.2 | 10.32 | 11.4 | 108.42 | 11.69 | 2 | 0.14 | 0.15 |
| | Iphesentile ezi 5 | 7.53 | 6.4 | 2.7 | 3.36 | 22.59 | 4.49 | 2 | 0.04 | 0.07 |
| | Iphesentile eyi 95 | 8.58 | 56.83 | 21.62 | 31.75 | 240.35 | 43.94 | 14.43 | 2.73 | 1.57 |
| | Ukugcina uMgangatho weGW | 8.88 | 36.52 | 11.35 | 12.54 | 119.26 | 12.86 | 2.2 | 0.16 | 0.16 |
| T32D | Inani leSampuli | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | Umgangatho weAmbient GW | 8.33 | 39.2 | 10.83 | 22.15 | 154.56 | 9.96 | 6.88 | 1.02 | 0.23 |
| | Iphesentile ezi 5 | 7.95 | 19.05 | 2.01 | 8.29 | 77.75 | 1.5 | 2 | 0.04 | 0.13 |
| | Iphesentile eyi 95 | 8.58 | 59.18 | 30.55 | 59.53 | 227.04 | 47.65 | 29.48 | 5.2 | 2.46 |
| | Ukugcina uMgangatho weGW | 9.17 | 43.12 | 11.91 | 24.37 | 170.01 | 10.95 | 7.56 | 1.13 | 0.26 |
| T32E | Inani leSampuli | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Umgangatho weAmbient GW | 8.34 | 40.85 | 16.6 | 20.76 | 174.38 | 10.86 | 6.22 | 1.17 | 0.22 |
| | Iphesentile ezi 5 | 8.21 | 25.25 | 8.15 | 11.24 | 96.37 | 3.12 | 2 | 0.05 | 0.12 |
| | Iphesentile eyi 95 | 8.56 | 57.17 | 26.58 | 34.64 | 234.53 | 37.1 | 19.76 | 2.77 | 0.74 |
| | Ukugcina uMgangatho weGW | 9.17 | 44.94 | 18.26 | 22.84 | 191.82 | 11.95 | 6.84 | 1.29 | 0.25 |
| T32F | Inani leSampuli | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | Umgangatho weAmbient GW | 7.64 | 30.6 | 3.15 | 22.77 | 124.85 | 6.13 | 2 | 0.12 | 0.27 |
| | Iphesentile ezi 5 | 7.32 | 11.93 | 0.69 | 10.7 | 41.65 | 1.98 | 2 | 0.03 | 0.11 |
| | Iphesentile eyi 95 | 8.25 | 39.78 | 9.89 | 87.91 | 179.27 | 10.07 | 21.22 | 1.26 | 1.58 |
| | Ukugcina uMgangatho weGW | 8.4 | 33.66 | 3.47 | 25.04 | 137.34 | 6.74 | 2.2 | 0.13 | 0.3 |

| Indawo enamanzi | pH | EC | Ca | Mg | Na | Tal | Cl | SO4 | NO3 | F |
|-----------------|--------------------------|------|--------|--------|--------|--------|--------|--------|--------|--------|
| Ukubanjwa | | mS/m | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) |
| T32G | Inani leSampuli | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Umgangatho weAmbient GW | 8.34 | 40.85 | 16.6 | 19.46 | 167.34 | 10.86 | 4.07 | 1.3 | 0.21 |
| | Iphesentile ezi 5 | 8.21 | 24.64 | 8.53 | 10.88 | 94.46 | 5.78 | 2 | 0.08 | 0.12 |
| | Iphesentile eyi 95 | 8.57 | 57.8 | 26.96 | 29.62 | 237.03 | 35.74 | 10.86 | 2.79 | 0.49 |
| | Ukugcina uMgangatho weGW | 9.17 | 44.94 | 18.26 | 21.41 | 184.07 | 11.95 | 4.48 | 1.43 | 0.23 |
| T32H | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Umgangatho weAmbient GW | 7.83 | 33.9 | 2.68 | 58.29 | 156.83 | 5 | 5.44 | 0.04 | 0.34 |
| | Iphesentile ezi 5 | 7.7 | 24.36 | 1.86 | 30.48 | 104.3 | 2.3 | 2.34 | 0.04 | 0.27 |
| | Iphesentile eyi 95 | 8.01 | 34.35 | 15.01 | 61.67 | 160.86 | 5.83 | 6.89 | 0.18 | 1.58 |
| | Ukugcina uMgangatho weGW | 8.61 | 37.29 | 2.95 | 64.12 | 172.51 | 5.5 | 5.98 | 0.04 | 0.38 |
| T33E | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Umgangatho weAmbient GW | 8.38 | 49.35 | 6.8 | 83.5 | 162.55 | 69.45 | 15.2 | 1.16 | 4.48 |
| | Iphesentile ezi 5 | 7.52 | 42 | 0.5 | 47.25 | 54.29 | 30.34 | 6.8 | 0.02 | 0.57 |
| | Iphesentile eyi 95 | 9.01 | 83.9 | 23.39 | 87.63 | 278.3 | 78.99 | 27.51 | 5.09 | 9.4 |
| | Ukugcina uMgangatho weGW | 9.21 | 54.29 | 7.48 | 91.85 | 178.81 | 76.4 | 16.72 | 1.27 | 4.92 |
| T33F | Inani leSampuli | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | Umgangatho weAmbient GW | 7.65 | 30.7 | 2.7 | 30 | 158.1 | 6.17 | 2 | 0.04 | 0.33 |
| | Iphesentile ezi 5 | 7.41 | 15.7 | 0.65 | 11.67 | 46.72 | 3.94 | 2 | 0.02 | 0.11 |
| | Iphesentile eyi 95 | 8.25 | 39.9 | 10.07 | 88.45 | 180.62 | 10.12 | 21.77 | 1.32 | 1.64 |
| | Ukugcina uMgangatho weGW | 8.42 | 33.77 | 2.97 | 33 | 173.91 | 6.79 | 2.2 | 0.04 | 0.36 |

| Indawo enamanzi | pH | EC | Ca | Mg | Na | Tal | Cl | SO ₄ | NO ₃ | F |
|-----------------|--------------------------|------|--------|--------|--------|--------|--------|-----------------|-----------------|--------|
| Ukubanjwa | | mS/m | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) |
| T33G | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Umgangatho weAmbient GW | 8.42 | 49 | 19.27 | 22.03 | 203.98 | 13.86 | 6.52 | 1.98 | 0.23 |
| | Iphesentile ezi 5 | 8.33 | 39.2 | 10.79 | 20.66 | 150.91 | 11.84 | 2.62 | 0.32 | 0.21 |
| | Iphesentile eyi 95 | 8.51 | 59.06 | 28.68 | 31.61 | 242.02 | 42.4 | 12.08 | 2.82 | 0.56 |
| | Ukugcina uMgangatho weGW | 9.26 | 53.9 | 21.2 | 24.24 | 224.38 | 15.25 | 7.17 | 2.18 | 0.26 |
| T33H | Inani leSampuli | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Umgangatho weAmbient GW | 8.34 | 44.3 | 20.3 | 20.9 | 215.9 | 13.64 | 6.14 | 1.31 | 0.23 |
| | Iphesentile ezi 5 | 8.32 | 35.5 | 11.12 | 12.22 | 145.42 | 6 | 2 | 0.08 | 0.14 |
| | Iphesentile eyi 95 | 8.57 | 58.11 | 27.77 | 35.06 | 238.28 | 40.53 | 21.61 | 2.8 | 0.77 |
| | Ukugcina uMgangatho weGW | 9.18 | 48.73 | 22.33 | 22.99 | 237.49 | 15 | 6.76 | 1.44 | 0.25 |
| T33J | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Umgangatho weAmbient GW | 7.93 | 34.15 | 2.22 | 60.17 | 158.9 | 5.05 | 5.45 | 0.08 | 1.03 |
| | Iphesentile ezi 5 | 7.71 | 24.89 | 1.68 | 32.02 | 107.22 | 2.45 | 2.52 | 0.04 | 0.27 |
| | Iphesentile eyi 95 | 8.41 | 35.85 | 2.99 | 73.96 | 161.26 | 5.8 | 6.81 | 0.19 | 2.02 |
| | Ukugcina uMgangatho weGW | 8.72 | 37.57 | 2.45 | 66.18 | 174.79 | 5.56 | 5.99 | 0.09 | 1.13 |
| T33K | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Umgangatho weAmbient GW | 7.83 | 33.9 | 2.68 | 58.29 | 156.83 | 5 | 5.44 | 0.04 | 0.34 |
| | Iphesentile ezi 5 | 7.7 | 24.36 | 1.86 | 30.48 | 104.3 | 2.3 | 2.34 | 0.04 | 0.27 |
| | Iphesentile eyi 95 | 8.01 | 34.35 | 3 | 61.67 | 160.86 | 5.83 | 6.89 | 0.18 | 1.58 |
| | Ukugcina uMgangatho weGW | 8.61 | 37.29 | 2.95 | 64.12 | 172.51 | 5.5 | 5.98 | 0.04 | 0.38 |

| Indawo enamanzi | pH | EC mS/m | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|-----------------|--------------------------|------------|--------------|--------------|--------------|---------------|--------------|---------------|---------------|-------------|
| Ukubanjwa | | | | | | | | | | |
| T34H | Inani leSampuli | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Umgangatho weAmbient GW | 7.69 | 23.3 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| | Iphesentile ezi 5 | 7.69 | 23.3 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| | Iphesentile eyi 95 | 7.69 | 23.3 | 3.04 | 27.39 | 98.47 | 5.92 | 2 | 0.2 | 0.34 |
| | Ukugcina uMgangatho weGW | 8.46 | 25.63 | 3.34 | 30.12 | 108.31 | 6.51 | 2.2 | 0.22 | 0.38 |
| T34J | Inani leSampuli | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Umgangatho weAmbient GW | 7.93 | 75.2 | 22.95 | 54.45 | 157.8 | 104.55 | 7.7 | 9.34 | 0.24 |
| | Iphesentile ezi 5 | 7.89 | 60.98 | 19.22 | 43.88 | 147 | 66.08 | 6.08 | 7.9 | 0.16 |
| | Iphesentile eyi 95 | 7.97 | 89.42 | 26.69 | 65.03 | 168.6 | 143.03 | 9.32 | 10.78 | 0.31 |
| | Ukugcina uMgangatho weGW | 8.72 | 82.72 | 25.25 | 59.9 | 173.58 | 115.01 | 8.47 | 10.28 | 0.26 |
| T34K | Inani leSampuli | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Umgangatho weAmbient GW | 7.97 | 91 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| | Iphesentile ezi 5 | 7.97 | 91 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| | Iphesentile eyi 95 | 7.97 | 91 | 27.1 | 66.2 | 169.8 | 147.3 | 5.9 | 7.74 | 0.32 |
| | Ukugcina uMgangatho weGW | 8.77 | 100.1 | 29.81 | 72.82 | 186.78 | 162.03 | 6.49 | 8.51 | 0.35 |
| | Inani leSampuli | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

| Indawo enamanzi | | pH | EC | Ca | Mg | Na | Tal | Cl | SO4 | NO3 | F |
|-----------------|-------------------------|------|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| Ukubanjwa | | | mS/m | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) | (mg/l) |
| T35E | Umgangatho weAmbient GW | 8.03 | 31.55 | 27.45 | 5.7 | 34.75 | 128.7 | 14.2 | 8.15 | 1.09 | 0.25 |
| | Iphesentile ezi 5 | 7.74 | 23.95 | | 2.82 | 29.31 | 119.88 | 5.65 | 6.58 | 0.23 | 0.21 |
| | Iphesentile eyi 95 | 8.31 | 39.16 | 40.01 | 8.58 | 40.2 | 137.52 | 22.75 | 9.73 | 1.96 | 0.29 |
| | Ukucina uMgangatho weGW | 8.83 | 34.71 | 30.2 | 6.27 | 38.23 | 141.57 | 15.62 | 8.97 | 1.2 | 0.28 |
| T35J | Inani leSampuli | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | Umgangatho weAmbient GW | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |
| | Iphesentile ezi 5 | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |
| | Iphesentile eyi 95 | 8.3 | 61.6 | 27.1 | 20.2 | 58.6 | 96.9 | 61.5 | 68.6 | 7.93 | 0.62 |
| T35K | Ukucina uMgangatho weGW | 9.13 | 67.76 | 29.81 | 22.22 | 64.46 | 106.59 | 67.65 | 75.46 | 8.72 | 0.68 |
| | Inani leSampuli | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | Umgangatho weAmbient GW | 7.83 | 33.9 | 11.05 | 2.27 | 58.29 | 156.83 | 5 | 5.46 | 0.04 | 0.34 |
| | Iphesentile ezi 5 | 7.62 | 18.66 | 5.94 | 1.68 | 21.79 | 78.4 | 2.55 | 2.69 | 0.04 | 0.14 |
| T35L | Iphesentile eyi 95 | 8.39 | 35.76 | 14.79 | 2.97 | 73.26 | 161.24 | 5.75 | 6.94 | 0.18 | 2 |
| | Ukucina uMgangatho weGW | 8.61 | 37.29 | 12.16 | 2.5 | 64.12 | 172.51 | 5.5 | 6 | 0.04 | 0.38 |
| | Inani leSampuli | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Umgangatho weAmbient GW | 7.94 | 34.3 | 12.43 | 4.23 | 54.92 | 158.56 | 6.13 | 7.45 | 0.04 | 0.46 |
| T35L | Iphesentile ezi 5 | | 30.53 | 4.56 | 0.61 | 17.71 | 101.58 | 3.8 | 2 | 0.02 | 0.14 |
| | Iphesentile eyi 95 | 8.25 | 40.03 | 23.19 | 10.25 | 88.99 | 181.97 | 8.91 | 22.32 | 1.33 | 1.71 |
| | Ukucina uMgangatho weGW | 8.74 | 37.73 | 13.68 | 4.65 | 60.41 | 174.41 | 6.74 | 8.19 | 0.04 | 0.51 |
| | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

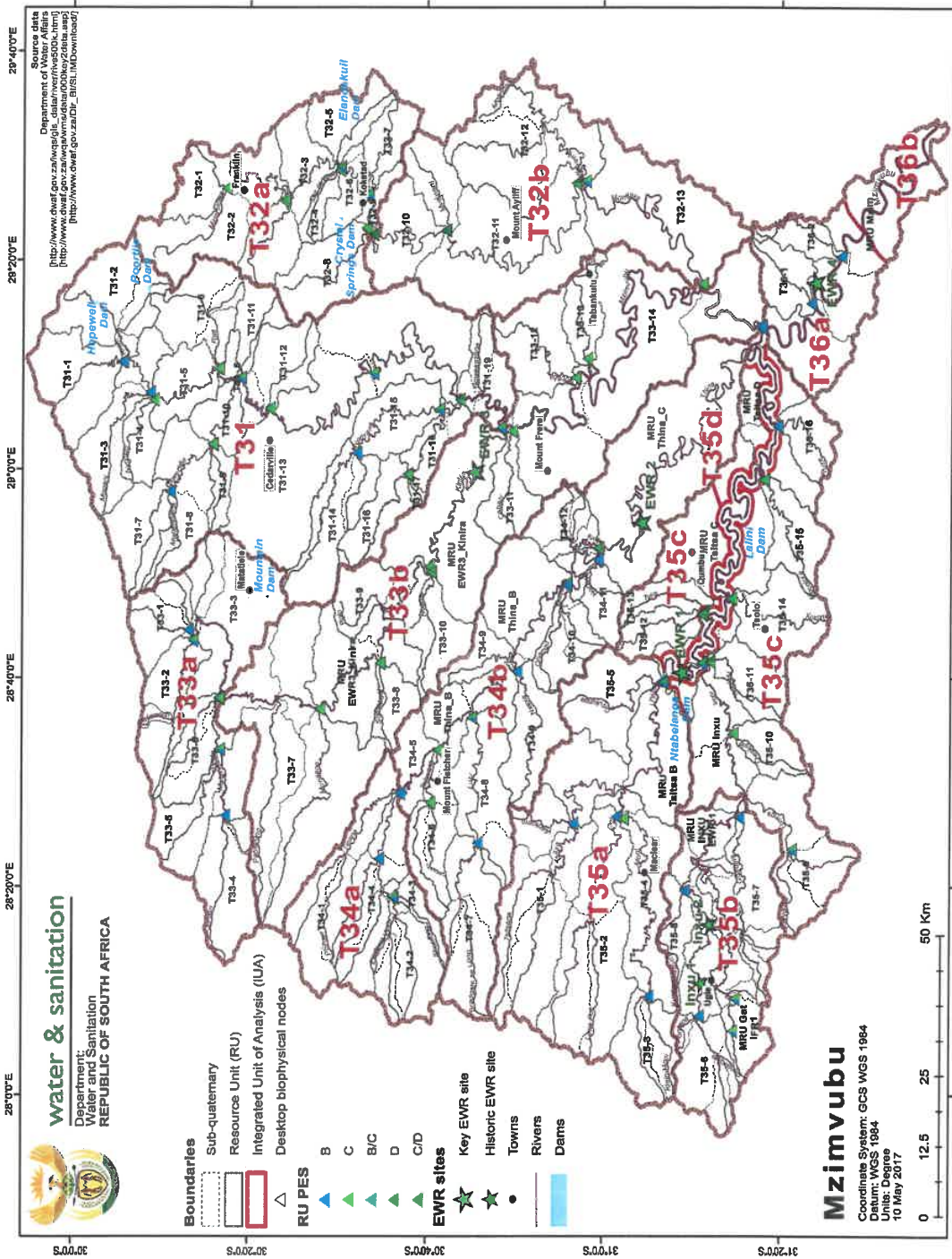
| Indawo enamanzi Ukubanjwa | pH | EC mS/m | Ca (mg/l) | Mg (mg/l) | Na (mg/l) | Tal (mg/l) | Cl (mg/l) | SO4 (mg/l) | NO3 (mg/l) | F (mg/l) |
|------------------------------|--------------------------|------------|--------------|--------------|--------------|---------------|--------------|---------------|---------------|-------------|
| T35M | | 30.7 | 19.76 | 7.2 | 30 | 158.1 | 6.17 | 12.9 | 0.04 | 0.33 |
| | Umgangatho weAmbient GW | | | | | | | | | |
| | Iphesentile ezi 5 | 30.52 | 6.58 | 1.17 | 16.98 | 98.26 | 3.68 | 3.09 | 0.02 | 0.13 |
| | Iphesentile eyi 95 | 37.18 | 23.4 | 10.43 | 74.86 | 158.93 | 9.07 | 22.88 | 1.4 | 0.56 |
| T36A | Ukugcina uMgangatho weGW | 33.77 | 21.73 | 7.92 | 33 | 173.91 | 6.79 | 14.19 | 0.04 | 0.36 |
| | Inani leSampuli | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | Umgangatho weAmbient GW | 2115 | 57.75 | 65.25 | 5942.85 | 2960.4 | 5127.8 | 3623.65 | 0.08 | 0.53 |
| | Iphesentile ezi 5 | 364.5 | 20.27 | 33.98 | 775.37 | 501.06 | 831.38 | 416.91 | 0.03 | 0.43 |
| T36B | Iphesentile eyi 95 | 3865.5 | 95.24 | 96.53 | 11110.34 | 5419.74 | 9424.22 | 6830.4 | 0.13 | 0.63 |
| | Ukugcina uMgangatho weGW | 2326.5 | 63.53 | 71.78 | 6537.14 | 3256.44 | 5640.58 | 3986.02 | 0.09 | 0.58 |
| | Inani leSampuli | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Umgangatho weAmbient GW | 170 | 16.1 | 30.5 | 201.2 | 227.8 | 354 | 60.6 | 0.08 | 0.42 |
| T36B | Iphesentile ezi 5 | 49.58 | 14.48 | 12.14 | 53.15 | 67.51 | 92.73 | 17.58 | 0.03 | 0.2 |
| | Iphesentile eyi 95 | 3671 | 91.07 | 93.05 | 10536.17 | 5146.48 | 8946.84 | 6474.09 | 0.13 | 0.62 |
| | Ukugcina uMgangatho weGW | 187 | 17.71 | 33.55 | 221.32 | 250.58 | 389.4 | 66.66 | 0.09 | 0.46 |

Isishwankathelo somgangatho wamanzi kunye neeparameters ezixhalabisayo kubambo lwequaternary luboniswe kwiTafle yesi-4. Le yi-parameter eye yasetyenziswa xa bekujongwa umgangatho wamanzi akulo mlambo.

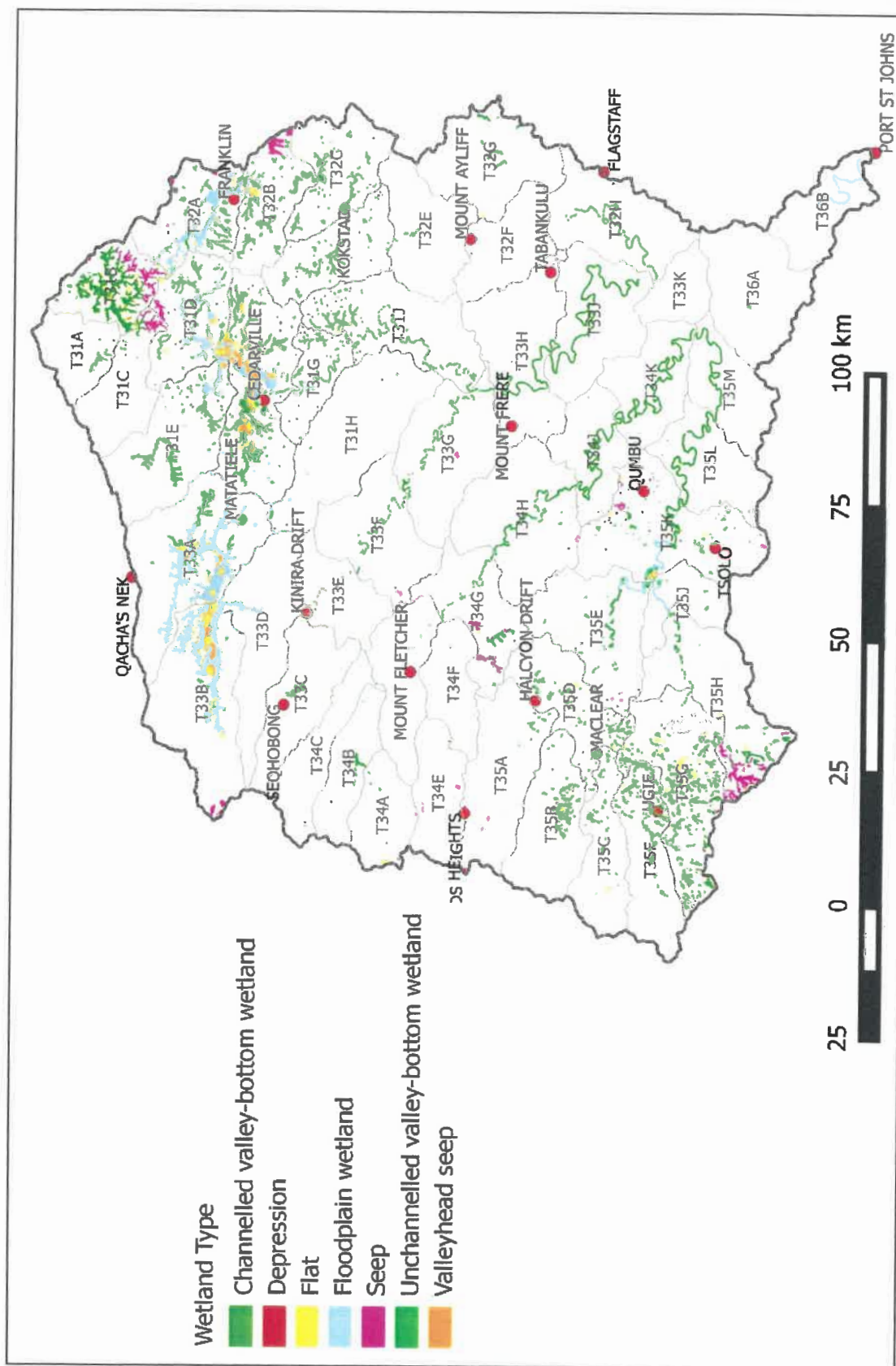
Itafle 9.3. Umgangatho wamanzi

| Indawo enamanzi amaninzi | Iklasi | I-Parameters |
|--------------------------|--------|--------------|
| T31A | 0 | Ayikho |
| T31B | 0 | Ayikho |
| T31C | 0 | Ayikho |
| T31D | 0 | Ayikho |
| T31E | 0 | Ayikho |
| T31F | 0 | Ayikho |
| T31G | 0 | Ayikho |
| T31H | 0 | Ayikho |
| T31J | 0 | Ayikho |
| T32A | 0 | Ayikho |
| T32B | 0 | Ayikho |
| T32C | 0 | Ayikho |
| T32D | 0 | Ayikho |
| T32E | 0 | Ayikho |
| T32F | 0 | Ayikho |
| T32G | 0 | Ayikho |
| T32H | 0 | Ayikho |
| T33A | 0 | Ayikho |
| T33B | 0 | Ayikho |
| T33C | 0 | Ayikho |
| T33D | 0 | Ayikho |
| T33E | 0 | Ayikho |
| T33F | 0 | Ayikho |
| T33G | 0 | Ayikho |
| T33H | 0 | Ayikho |
| T33J | 0 | Ayikho |
| T33K | 0 | Ayikho |
| T34A | 1 | Ayikho |
| T34B | 1 | Ayikho |
| T34C | 1 | Ayikho |
| T34D | 1 | Ayikho |

| Indawo enamanzi amaninzi | Iklasi | I-Parameters |
|--------------------------|--------|---|
| T34E | 0 | Ayikho |
| T34F | 0 | Ayikho |
| T34G | 0 | Ayikho |
| T34H | 0 | Ayikho |
| T34J | 1 | Ukuhanjiswa koMbane, iChloride kunye neNitrate |
| T34K | 1 | I-Chloride |
| T35A | 0 | Ayikho |
| T35B | 0 | Ayikho |
| T35C | 0 | Ayikho |
| T35D | 0 | Ayikho |
| T35E | 0 | Ayikho |
| T35F | 0 | Ayikho |
| T35G | 0 | Ayikho |
| T35H | 0 | Ayikho |
| T35J | 0 | Ayikho |
| T35K | 0 | Ayikho |
| T35L | 0 | Ayikho |
| T35M | 0 | Ayikho |
| T36A | 3 | Ukuhanjiswa koMbane, iSodium, iChloride kunye nePhosphate |
| T36B | 2 | Ukuhanjiswa koMbane, iSodium, iChloride kunye nePhosphate |



Umboniso 1: Imephu yendawo yaseMzimvubu, kwindawo eqokelela amanzi.



Umboniso wesi-2: Indawo yoPhononongo: I-T3 eyona ndawo iphambili yokufumana amanzi ebonisa iindawo ekukho kuzo amanzi kwi-quaternary kunye nokusasazwa kweentlobo zemigxobhozo

DEPARTMENT OF WOMEN, YOUTH AND PERSONS WITH DISABILITIES

NO. 2752

18 November 2022

**FINAL RESEARCH REPORT IMPACT OF COVID 19 ON PERSONS WITH DISABILITIES****COVID-19 and rights of persons with disabilities:
The impact of COVID-19 on the rights of persons with disabilities in South Africa**

[Image: Three women who are Deaf signing 'COVID-19']

APPROVED BY CABINET,
MAY 2022



women, youth &
persons with disabilities
Department:
Women, Youth and Persons with Disabilities
REPUBLIC OF SOUTH AFRICA



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ACRONYMS

| | |
|--------|--|
| CBR | Community Based Rehabilitation |
| CP | Cerebral Palsy |
| COGTA | The Department of Cooperative Governance and Traditional Affairs |
| DBE | Department of Basic Education |
| DoE | Department of Education |
| DoH | Department of Health |
| DSD | Department of Social Development |
| DPO | Disabled People's Organisations |
| DSD | Department of Social Development |
| DWYPD | Department of Women, Youth and Persons with Disabilities |
| EELC | Equal Education Law Clinic |
| ICU | Intensive Care Unit |
| IED | Inclusive Education Directorate |
| NCCC | National Coronavirus Command Council |
| NCID | National Institute for Communicable Diseases |
| NDMA | National Disaster Management Act |
| DNMA | National Disaster Management Act |
| NDMC | National Disaster Management Committee |
| NGO | Non-Governmental Organisations |
| OCD | Obsessive Compulsive Disorder |
| OT | Occupational Therapy |
| PDBE | Provincial Department of Basic Education |
| PPE | Personal Protective Equipment |
| ROSA | Regional Office for Southern Africa |
| SAPS | South African Police Service |
| SASSA | South African Social Security Agency |
| SASL | South African Sign Language |
| SOP | School Operating Procedures |
| TOR | Terms of Reference |
| UN | United Nations |
| UNHCHR | United Nations High Commissioner for Human Rights |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

According to various national and international policies on the rights of persons with disabilities, persons with disabilities need to have access to healthcare, education and employment opportunities, and during periods of healthcare emergencies and pandemics these rights should be protected and accommodated (UN, 2020; WHO, 2020; DSD, 2011). The limiting or denial of these rights is in direct contradiction with the Bill of Rights found within the Constitution of the Republic of South Africa, which states that all persons have equal rights to, among other things, healthcare, education and employment. Limiting or denying these rights is also in direct contradiction with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which South Africa has signed and ratified.

Even when the world is not experiencing a global pandemic, persons with disabilities have greater healthcare needs and are more likely to experience poor health compared to persons without disabilities (Ned et al, 2020). In order to provide relevant and suitable accommodations and healthcare, persons with disabilities and their representative organisations need to be consulted and involved in all plans and policies (McKinney et al, 2020). During the current COVID-19 pandemic healthcare crisis, the need has become even more urgent as there are life-threatening consequences.

The main focus of this study was to examine the impact of the COVID-19 pandemic on the human rights of persons with disabilities in South Africa. The following thematic areas were used to gather data: Access to health; access to education; access to information; access to social services; access to safety and security; access to livelihoods and economic opportunities; participation and consultation (design and implementation period); and access to quarantine and isolation sites and other COVID-19 specific facilities.

Participants in this study included adults, students and children with disabilities; parents of children and adults with disabilities; and organisations supporting persons with disabilities such as disabled people's organisations, non-governmental organisations and government departments. Of the participants, 50% identified as male; 48% as female and two percent as non-binary. Participants in this study represented the following demographics: 31% identified as being Coloured, 30% as being Black/African, 29% White, five percent Indian/Asian, while five percent of participants preferred not to disclose their race group. The youngest participant was 3 years old and oldest was 78 years old. Participants came from all nine of South Africa's provinces. A total of 192 participants were included in this study and data was collected via 114 completed surveys, four focus group discussions with 114 participants, and 17 individual interviews. Due to COVID-19, face-to-face interviews and focus group discussions were limited to the one province that had the lowest COVID-19 infections at that time, while all others were conducted via online platforms and cell phones.

The voices of persons with disabilities need to be heard to ensure that their human rights are not overlooked or excluded during future pandemic provisioning. The findings from this study showed that while there were a few positive stories and experiences shown during the COVID-19 pandemic in South Africa, the rights of many persons with disabilities are being denied or limited. These include the rights to healthcare, communication, education, safety and security, and employment. The findings from this study specifically revealed that many participants experienced difficulties following mandatory COVID-19 guidelines such as social distancing and wearing of PPE;

accessing healthcare including therapy, medication, specialist care and assistive devices; communication and care from healthcare workers; accessing education for children and students with disabilities, especially those enrolled in special schools and in school hostels; being able to access COVID-19 information, social services, and safety and security; employment opportunities; inaccessible transportation and transportation challenges; and in the lack of consultation and involvement in COVID-19 design and implementation programmes and policies, including quarantine and isolation sites and other COVID-19 specific facilities.

After the study was conducted, the findings were shared with stakeholders at a validation workshop for disability reports that was held online on the 17th of March 2021. Stakeholders included the Disability Sector (the Presidential Working Group on Disability; South African Disability Alliance), Provincial Governments (Limpopo, North West, Northern Cape, Gauteng, Free State, Western Cape and Eastern Cape with approximately 80% representation), National Departments (with approximately 80% representation); and three representatives from the United Nations Agencies and Partners (UNDP & OHCHR). Based on the feedback received, additional clarification was made and information included.

The stories provided by participants in this study need to be read and acknowledged, and government departments need to understand the many challenges, some of which are life-threatening, that persons with disabilities face. Government departments need to consult with persons with disabilities as they implement strategies to accommodate persons with disabilities. This will help to ensure that they have human rights on a par with those of persons without disabilities. It is hoped that the findings will provide policymakers and other stakeholders in South Africa and around the globe with an awareness of some of the of persons with disabilities in future pandemics, as it highlights the need for the inclusion of persons with disabilities in all future policy and procedure decision-making. This is in line with the disability movement's slogan, 'nothing about us without us', which is especially pertinent considering that the implications of such decision-making can have life and death consequences.

1. STUDY BACKGROUND

The Office of the United Nations High Commission for Human Rights (OHCHR) Regional Office for Southern Africa (ROSA) provides technical assistance on the promotion and protection of human rights to 14 countries in southern Africa, including South Africa. The Regional Office, which is based in Pretoria, focuses on protecting civic space, early warning and prevention, human rights risk analysis, human rights in humanitarian action, tackling gender-based violence and discrimination, integrating human rights in development, strengthening national protection systems, reporting on human rights and following up on recommendations by human rights mechanisms.

In the context of OHCHR's work on the rights of persons with disabilities, OHCHR provides support to the South African Department for Women, Youth and Persons with Disabilities (DWYPD) in researching the impact of COVID-19 on the rights of persons with disabilities in South Africa.

The researcher carried out research, data collection, information gathering, in-depth analysis, report writing and producing infographics on the impact of COVID-19 on persons with disabilities in South Africa.

The researcher, Dr Emma McKinney, is a Senior Lecturer and researcher at the University of the Western Cape, as well as the owner of Disability Included CC who was awarded the tender to complete this study. Dr McKinney is person with a disability herself, and personally collected and collated the data pertaining to the impact of the COVID-19 pandemic on the human rights of persons with disabilities in South Africa. This included data on their gender and youth dimensions, and was collected from a variety of data sources that included focus group discussions and individual interviews, as well as telephonic, online and email surveys administered within institutional settings via disability organisations as well as other networks.

The researcher also examined policy interventions and positive practices recorded in terms of inclusion of persons with disabilities in the response to COVID-19 by government, organisations of persons with disabilities, service providers and/or other stakeholders. Finally, the researcher held a validation meeting where the research report was shared with relevant stakeholders. The researcher reported directly to both the OHCHR's ROSA and the DWYPD.

1.1 Study framework

The underlining framework of this study follows a social model view of disability. This view suggests that persons with disabilities are disabled by the barriers within society and not by their impairment (Oliver, 2013; Shakespeare, 2017). In line with this view, the definition of persons with disabilities used in this study include 'those who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others' (United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006, p.4).

1.2 Main focus

The main focus of this study was to examine the impact of the COVID-19 pandemic on the human rights of persons with disabilities in South Africa. The following thematic areas, taken directly from the terms of reference (TORs), were used to gather data:

1. Access to health
2. Access to education
3. Access to information
4. Access to social services
5. Access to safety and security
6. Access to livelihoods and economic opportunities
7. Participation and consultation (design and implementation period)
8. Access to quarantine and isolation sites and other COVID-19 specific facilities.

1. LITERATURE REVIEW

This section of the report includes previously published work including policy interventions and responses to COVID-19, policy briefs and other documents by government, organisations of persons with disabilities, service providers and other stakeholders. It also includes literature from peer-reviewed journal articles relating to persons with disabilities and COVID-19 that have been published both locally in south Africa and internationally.

2.1 Introduction

An estimated 15% of the global population, equating to more than one billion people, currently live with a disability and prevalence rates are set to rise (World Health Organization and World Bank, 2011). In developing countries, this number is expected to be higher due to factors including undernutrition, poor health, a lack of access to education and healthcare, and challenging environments that can lead to a greater risk of disability (McKinney et al, 2020; Ned et al, 2020). Studies have shown that there is a strong correlation between disability, poverty and rurality, and that these significantly increase barriers to accessing healthcare, rehabilitation services, education and employment (Ned et al, 2020; Vergunst, 2016; Vergunst et al, 2017).

People with disabilities, even under usual circumstances, experience poorer access to services and are among the most vulnerable in any crisis-affected community. Persons with disabilities are more likely to live in poverty and to experience higher rates of violence, neglect and abuse (Kuper et al, 2020; WHO, 2020). Due to inequalities in various sectors including education, employment, transport, and access to healthcare, some persons with disabilities are already vulnerable because of their disability. As such, they may require greater care and consideration. In crisis situations, persons with disabilities tend to be excluded from emergency and pandemic responses as well as in allocating relief resource considerations, as evidenced by previous cases of pandemics such as Ebola, swine flu, cholera (McKinney et al, 2020; Sabatello et al, 2020).

According to the World Health Organization, COVID-19 is impacting societies across the globe at their very core, deepening pre-existing inequalities, increasing threats and further compounding in inequalities experienced both directly and indirectly (2020).

2.2 Disability-inclusive COVID-19 responses

As the COVID-19 pandemic spread across the globe, international organisations including the United Nations (UN) and the World Health Organization (WHO), published policy briefs and documents that call for the inclusion of persons with disabilities in COVID-19 responses and recovery (WHO, 2020; UN, 2020).

The WHO published *Disability Considerations During the COVID-19 Outbreak* in March 2020. This document described additional considerations that were needed for persons with disabilities during the COVID-19 outbreak. It included actions needed to ensure that persons with disabilities would be able to access the healthcare services, water and sanitation services and public health information that they required. The document detailed the specific actions the various stakeholders should take during the pandemic. These stakeholders included persons with disabilities and their households, governments, disability service providers in the community, institutional settings, and members of the community.

Actions for persons with disabilities and their households included reducing potential exposure to COVID-19; putting plans in place to ensure continuation of the care and support needed; preparing households for the instance that COVID-19 was contracted; and maintaining the mental and physical health of household members and caregivers.

Actions for governments included ensuring accessibility of public health information and communication; undertaking targeted measures for persons with disabilities and their support networks; undertaking targeted measures for disability service providers in the community; increasing attention given to persons with disabilities living in potentially high-risk settings of developing the disease; and ensuring that emergency measures incorporate the needs of persons with disabilities.

Actions for healthcare included ensuring that COVID-19 healthcare is accessible, affordable and inclusive; and delivering telehealth services for persons with disabilities.

Actions for disability service providers in the community included developing and implementing service continuity plans; communicating frequently with persons with disabilities and their support networks; reducing potential exposure to COVID-19 during provision of disability services in the community; and providing sufficient support for persons with disabilities who have complex needs.

Actions for institutional settings included reducing potential exposure to COVID-19; preparing for COVID-19 infections in institutions; providing sufficient support for residents with disabilities; and guaranteeing the rights of residents during the COVID-19 outbreak.

Actions for the community included basic protection measures to be adopted by the general public; flexible work arrangements and infection control measures to be supported by employers; increased access to stores to be provided by store owners for vulnerable populations; and extra support to be provided by family, friends and neighbours for a person with a disability (WHO, 2020).

The UN's *Policy Brief: A Disability-Inclusive Response to COVID-19* was published in May 2020. The policy brief identifies four overarching areas of action: ensuring

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mainstreaming of disability in all COVID-19 response and recovery together with targeted actions; ensuring accessibility of information, facilities, services and programmes in the COVID-19 response and recovery; ensuring meaningful consultation with and active participation of persons with disabilities and their representative organisations in all stages of the COVID-19 response and recovery; and establishing accountability mechanisms to ensure disability inclusion within the COVID-19 response (UN, 2020).

2.3 Background to disability in South Africa

According to the South African census of 2011, which used questions that were based on the Washington Group questions, the disability prevalence rate was 7.5% (2 870 130 persons with disabilities) of the total South African population (Statistics South Africa, 2014).

When it comes to the protection and rights of persons with disabilities, South Africa's overarching framework remains the Constitution of the Republic of South Africa (1996), which states in the Bill of Rights that 'Everyone is equal before the law and has the right to equal protection and benefit of the law.' The Constitution further states that no person or body, including the State and private companies, may unfairly discriminate directly or indirectly against any person on one or more grounds including race, gender, colour, age or disability.

South Africa has also signed and ratified international laws and agreements relating to the protection and rights of persons with disabilities. These include the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) of 2006. South Africa ratified this in 2007, meaning that the country accepts all the legal obligations that are imposed by this convention. The UNCRPD seeks to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities. The UNCRPD Article 11: Situations of risk and humanitarian emergencies, outlines that:

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

In line with the domestication of the UNCRPD, the White Paper on the Rights of Persons with Disabilities, including the implementation matrix, was launched in 2015. This White Paper provides clear policy directives, implementation methods and guidelines for government to roll out programmes and projects that promote and protect the rights of persons with disabilities (Department of Social Development, 2015).

The Disaster Management Act, 2002 (Act No. 57 of 2002)

The Disaster Management Act, 2002 (Act No. 57 of 2002) specifically provides for the protection of vulnerable communities and households. Vulnerability in the context of disaster management legislation means 'the conditions determined by physical, social, economic, and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards'. This definition encompasses persons with disabilities.

In accordance with the Disaster Management Act (2002), Disaster Management Centres across the spheres of government are compelled to undertake risk assessments and implement prevention and mitigation measures including assessing the vulnerability of communities and households (and persons with disabilities) to disasters that may occur. The act also allows Disaster Management Centres across the spheres of government to give advice and guidance by disseminating information regarding disaster management in the municipal area, especially to communities that are vulnerable to disasters (including persons with disabilities).

2.4 South African COVID-19 situation

On 15 March 2020, South Africa's president declared a national lockdown. In accordance with the National Disaster Management Act, 2002 (Act, 2002 No. 57 of 2002), the South African government issued regulations on measures to prevent and combat the spread of the novel coronavirus. These regulations were amended to include other matters regarding the protection and safety of people during the lockdown. Regulation 11B (7) published in Government Gazette No. 43199, Government Notice No. R446 of 2 April 2020, issued in terms of the Disaster Management Act, 2002 (Act No. 57 of 2002), stated that:

Any Cabinet member may, after consultation with Ministers of Cooperative Governance and Traditional Affairs and Justice and Correctional Services, issue directions which fall within his or her line functions to provide for further conditions that will apply to activities referred to in sub-regulation (1), or other activities provided for in these Regulations, for the protection and safety of any person, including essential workers from COVID-19, provide reasonable measures for persons with disabilities and may vary the directions as the circumstances require.

Currently, the National State of Disaster under COVID-19 lockdown has been extended to 15 April 2021.

Since then, COVID-19 positive cases have continued to rise on a daily basis. As of the 6th of May 2021, 1,590,370 positive cases of COVID-19 have been identified, with 54,620 deaths having been reported. However, South Africa is anticipated to be moving towards a third wave and the number of infections is forecasted to increase significantly (National Institute for Communicable Diseases [NICD] 2021). While the reported number of COVID-19 recoveries currently sits at 1,511,905 some people may have or continue to have significant health conditions (including lung damage, chronic fatigue and strokes), some of which may result in disabilities as a result of previous COVID-19 infection.

2.5 Persons with disabilities at a higher risk

Persons with disabilities may be at greater risk of contracting COVID-19 because of various factors including barriers to implementing basic hygiene measures; difficulty in enacting social distancing because of additional support needs or because they are institutionalised; the need to touch things to obtain information from the environment or for physical support; barriers to accessing public health information. In addition, persons with disabilities may be at greater risk of developing severe disease if they become infected because of pre-existing health condition underlying the disability; and barriers to accessing healthcare. However, the barriers facing persons with disabilities

can be minimised or reduced if key stakeholders take appropriate action (McKinney et al, 2020; Ned et al, 2020; WHO, 2020).

2.6 Thematic areas

The literature included in this section of the report is arranged into the following eight thematic areas as they relate to persons with disabilities both globally and in South Africa: Access to health; access to education; access to information; access to social services; access to safety and security; access to livelihoods and economic opportunities; participation and consultation; and access to quarantine and isolation sites and other COVID-19 specific facilities.

2.6.1 Access to health

In general, persons with disabilities have greater healthcare needs and are more likely to develop health-related complications compared to persons without disabilities (McKinney et al., 2020; Ned et al., 2020). Even prior to COVID-19, persons with disabilities, especially those in low-income countries, experience multiple challenges accessing healthcare. These challenges include a lack of accessible transportation; availability of healthcare and rehabilitation services; inadequate medication and equipment; high costs associated with medication and equipment; communication challenges including a lack of South African Sign Language (SASL) interpretation services for persons who are Deaf¹; negative staff attitudes and behaviour towards certain disability categories such as persons with intellectual and learning disabilities; and questioning of the worth and value of surgical treatment due to discriminatory judgements about quality of life for some persons with disabilities (Ali et al., 2015; Eide et al., 2015; Vergunst et al., 2015; 2017).

According to Eide et al (2015), a lack of healthcare access for persons with disabilities jeopardises the Millennium Development Goals targets set by United Nations. The UNCRPD, the World Disability Report, the Sustainable Development Goals (SDGs), the World Health Organization (WHO), and in South Africa, the Bill of Rights within the Constitution of the Republic of South Africa, all state that healthcare is a basic human right and that persons with disabilities should have equal rights in accessing healthcare (Eide et al, 2015; McKinney et al, 2020).

In March 2020, the World Health Organization (WHO) published *Disability Considerations During the COVID-19 Outbreak* which provides clear guidelines to various stakeholders including governments. Here governments were encouraged to ensure that all clinics providing testing and services related to COVID-19 were fully accessible to persons with disabilities. Physical barriers including uneven pathways and surfaces, stairs, hard-to-reach spaces or difficult to use equipment needed to be addressed so that persons with disabilities could access healthcare facilities. In addition, attitudinal barriers including social stigma against disability and the denial of essential services needed to be addressed so that persons with disabilities had equal access and provisioning of healthcare.

2.6.2 Inaccessible transportation

¹ The word 'Deaf' has been capitalised and represents persons who use sign language as their primary means of communication and identify as members of the Deaf community.

Throughout Africa, the majority of public transport such as trains, buses and minibus taxis remain inaccessible to persons with disabilities. This directly impacts on the ability of persons with disabilities to seek employment, receive an education and access healthcare thus creating economic, educational and health barriers (Vergunst et al., 2015; 2017). The lack of accessible transportation specifically negatively impacts on the ability of persons with disabilities to access healthcare services such as COVID-19 screening and testing sites, to obtain medication and receive therapeutic interventions, and to be admitted to clinics and hospitals (Ned et al, 2020).

2.6.3 Inaccessible built environment

An inaccessible built environment directly impacts on a person with disabilities' ability to access healthcare, particularly if they are not able to use public transportation and are therefore left to make their own way to healthcare facilities. Other environmental factors include uneven and rocky surfaces, as well as safety concerns. These remain a significant barrier for many persons with disabilities who have mobility, intellectual and visual impairments, which result in their increased vulnerability. For example, a person with cerebral palsy using crutches may have significant difficulty navigating their way across uneven surfaces, while persons with intellectual impairments are more prone to being attacked, assaulted or taken advantage of. In addition, many buildings – including healthcare facilities – are not built with universal design principles in mind.

Buildings that do not have ramps or grab rails, for example, generally pose significant challenges for persons with mobility impairments (Vergunst et al, 2017).

2.6.4 Access to education

Globally, children with disabilities, especially in developing countries, experience numerous challenges in accessing and remaining in education (Donohue, 2014; McKinney et al., 2016 & 2020). When it comes to health and children with disability, a study representing 30 countries found that children with disabilities were five times more likely to experience illness compared to children without disabilities (Kuper et al., 2014).

While there are currently no reliable global figures on learners with disabilities during COVID-19, it is probable that the pandemic has intensified their exclusion from education. This has been reported in the few studies that have been conducted during this period (Di Pietro et al, 2020; Joline et al, 2020; UN, 2020). Several factors relating to distance and online learning that widen the divide for learners with disabilities have been cited. These include a lack of support, minimal access to the internet due to a lack of (or limited) electricity, Wi-Fi and data costs, lack of accessible software and learning materials (Di Pietro et al, 2020; Joline et al, 2020).

South African educational challenges

In South Africa, children with disabilities have experienced multiple layers of discrimination based on their race as well as disability. Historically, most white children with disabilities received an education in segregated special schools, while the majority of black children received an inferior education or were completely excluded from the education system (Chataika et al., 2012; Engelbrecht et al., 2016).

A study conducted in 2014 indicated that 70% of children with disabilities in South Africa were still being excluded from receiving an education. Most of the 30% of children who were receiving an education attended segregated special schools

(Donohue et al, 2014). This is despite the Department of Education having adopted an inclusive education policy (Educational White Paper 6) that states that children with disabilities have the right to attend their local neighbourhood schools with support (Chataika, et al, 2012; Engelbrecht et al, 2016; Kelly et al, 2020). These educational challenges are a result of inadequate teacher training on how to accommodate the individual needs of learners with disabilities, a lack of assistive devices, teaching and learning equipment and materials, inaccessible school environments, and negative attitudes and stigma towards disability (Engelbrecht et al, 2016; McKinney, 2013).

School closure

On 18 March 2020, all schools across South Africa were closed in accordance with the pronouncement of lockdown by the president three days prior. While some schools were able to provide online teaching and support for learners, the majority of learners across South Africa did not have access to devices such as laptops and computers.

For many of those that did have this access, data and Wi-Fi costs remained a significant challenge. As a result, the majority of learners across South Africa did not have access to quality teaching and learning during the COVID-19 lockdown (Adedoyin et al, 2020; Zar et al, 2020). Only approximately 20% of school children had access to online schooling; this disproportionately affected vulnerable and disadvantaged children across South Africa (Paediatrician Management Group, 2020).

According to Statistics South Africa, in 2018, 77% of children in public schools (approximately 9 million children), received a meal every school day (2019). With the lockdown preventing learners and teachers from returning to school, there were significant concerns relating to learners not receiving a daily meal (Paediatrician Management Group, 2020). An additional challenge related to learner safety, with many children being left unsupervised at home and vulnerable to child abuse, gender-based violence and other violent crime (Artz et al, 2016; Paediatrician Management Group, 2020; Zar et al, 2020).

School re-opening

After consultation with parent organisations, medical specialists such as paediatricians, teacher unions and other stakeholders, the Department of Basic Education (DBE) announced that schools would reopen. On 19 May 2020 the Minister of Basic Education announced during a press briefing that all schools would be provided with COVID-19 'Essentials', which included hand and surface alcohol-based sanitisers, masks, water, sanitation, and specialised cleaning equipment before being opened (DBE, 2020).

Learners were slowly phased back into the school system with those in grades 7 and 12 returning on 1 June 2020, followed by learners in grades 6 and 11 who went back to school on 6 July 2020. Schools were reopened with strict procedures set out in directions, guidelines and school operating procedures (SOPs) that were developed by the Department of Basic Education (DBE, 2020).

However, these were only applicable to learners in 'ordinary' schools and no guidelines or SOPs were developed to ensure the health and safety of learners with disabilities attending special schools or residing in special school hostels (Hansungule, 2020).

After consultation with From April 2020, concerned parties including parental organisations, educators, disabled people's organisations (DPOs), non-governmental

organisations (NGOs) and other specialist stakeholders collectively attempted to raise their concerns relating to the reopening of special schools and hostels with the DBE and the Inclusive Education Directorate (IED).

Eventually additional guidelines were published to accommodate the needs of certain disabilities (learners with hearing and visual impairments, and those with autism). However, the DBE's Directions and Guidelines excluded all of categories of learners with disabilities, including learners with physical disabilities, intellectual disabilities, severe to profound intellectual disabilities, and learners with Epilepsy.

This led to legal action being taken against the DBE by concerned parties, represented by the Equal Education Law Clinic (EELC). These parties sent letters of demand to the Minister of Basic Education requesting information on the reopening of special schools across South Africa. Specific focus was on the provision of adjusted personal protective equipment including masks and sanitisers, special school hostels and special care centres, the criteria that would be used to monitor the readiness of special schools, and support for learners remaining at home.

The minister's responses to these letters were significantly delayed and unsatisfactory. This resulted in growing concerns that the specific requirements of thousands of learners with disabilities across South Africa had not been taken into consideration by the DBE in their COVID-19 directions, planning guidelines and monitoring procedures.

As a result, EELC launched an urgent application to the Pretoria High Court in July 2020 against the minister of the Department of Basic Education. The EELC asked the DBE to publish specific guidelines for learners with physical, intellectual, and severe to profound disabilities, and those with epilepsy. They stated that without clear guidelines, the risk of contracting COVID-19 for learners from the excluded categories of disabilities would be heightened. In the EELC's Press Release, they stated:

These learners need very specific educational and therapeutic support services while they remain at home, and appropriate and adjusted health and safety measures to be put in place when they return to special schools and special school hostels. It is therefore imperative that the Minister develop comprehensive guidelines for these learners (2020, p. 2).

This court application highlighted the minister's failure to adequately provide support and proper health and safety measures during the COVID-19 pandemic. An out-of-court settlement was reached and the DBE was required to revise its directions, guidelines and standard operating procedures to ensure that the health and well-being of learners with disabilities would be protected when returning to school. As a result, the *Standard Operating Procedure for the management and Containment of COVID-19 for Schools and School Communities* was revised and included more inclusive guidelines was published in September 2020. While these revisions were finally made, concerns remained. These related to continuous monitoring of the implementation of the revised directions, guidelines and standard operating procedures (Hansungule, 2020).

However, even after the DBE published revised guidelines, many parents of children with disabilities still feared for the safety of their children and did not send them back to school (DBE, 2020). Some special schools refused to open due to safety concerns as staff members felt that they were still unable to ensure the safety of their learners,

teachers and non-teaching staff. Some special schools refused to reopen their school hostels citing significant concerns, including a shortage of staff, and the inability of learners and staff to social distance in areas such as dining halls, bathrooms and dormitories.

2.6.5 Access to information

Global policies speak to the need for accessible information about COVID-19 as without this, persons with disabilities will not be able to take the necessary decisions, live independently, isolate or quarantine in a safe manner, or be able to access health and public services on par with those without disabilities (Ned et al, 2020; McKinney et al, 2020; UN, 2020a). Appropriate COVID-19 responses require information to be accessible, up to date with the rapidly changing knowledge evidenced during the pandemic and this information needs to be shared with persons with disabilities (UN, 2020b).

Recommendations to governments made by international organisations such as the UN and WHO state that national addresses, press briefings, and live social media relating to COVID-19 should include captioning/subtitles and sign language for all live and recorded events and communications. Public information on COVID-19 should be converted to a range of formats to ensure that they are accessible for persons with intellectual disability or cognitive impairment. These should also be available in electronic format, large print, Braille versions and formats for people with visual impairments and those who are deafblind. Governments should work closely with DPOs and NGOs that support and represent persons with disabilities to ensure that COVID-19 information is accurately disseminated to their members with disabilities (Ned et al, 2020; WHO, 2020; UN, 2020).

While the Department of Health (DoH) in South Africa provided information about COVID-19, its transmission and prevention via media including television, news and media briefings, radio and social media, many persons with disabilities were still excluded from accessing information. Not all media included SASL interpretation for persons who were Deaf, closed captioning or subtitles for persons with hearing impairments who did not use SASL. Much information was provided at a level that was not accessible for some persons with intellectual and learning impairments. Not all resources in print and online were accessible for persons with visual impairments (Ned et al, 2020).

In addition, a lack of consultation and involvement with persons with disabilities, DPOs and other NGOs supporting persons with disabilities resulted in a lack of dissemination of information and inclusion in COVID-19 related policies.

2.6.6 Access to social services

There is a significant interplay between poverty, ill-health and limitations in access to health services for persons with disabilities (Grut et al, 2012; Moodley et al, 2015; WHO, 2011). The World Report on Disability that was published by the World Health Organization states that 'Disability may increase the risk of poverty, and poverty may increase the risk of disability' (2011:10). Global studies have shown that in the majority of countries, social protection systems offer little support to persons with disabilities and their families, with only 28% of persons with significant or severe impairments having

access to disability (Kidd et al, 2018; Mitra et al, 2016; WHO, 2020). In low-income countries, this figure drops to 1% (Mitra et al, 2016).

The UN's *Policy Brief: A Disability Inclusive Response to COVID-19* states that persons with disabilities must have access to services and that measures need to be put in place to facilitate the timely access to health services for persons with disabilities, including transportation to healthcare facilities, access to sign language interpretation in hospitals, as well as the procurement of goods, medicines and services (2020).

Within the South African context, there is a strong link to the policies of apartheid, which segregated and excluded many persons, especially those who were black, disabled and residing in rural areas. However, there are still significant inequalities regarding wealth and welfare distribution, with rural areas being the most under-served and most neglected (Grut et al, 2012; Kidd et al, 2018). Persons with disabilities, especially those living in resource-poor areas, experience multiple challenges that are associated with individual as well as societal poverty (Grut et al, 2012; Moodley et al, 2015). Poverty outcomes are formed by numerous factors including gender, race, class as well as severity of impairment (Mitra et al, 2016; Moodley et al, 2015).

As a result of the ongoing cycles of poverty, many families in South Africa have come to rely on the government's monthly social disability grants as their main source of income. Distribution of all social grants is made by the South African Social Security Agency (SASSA), which is a national agency of the government on behalf of the Department of Social Development (DSD). The disability grant is means-tested and available on a permanent or temporary basis to persons who are unable to work as a result of their impairment, and who do not have sufficient other means of support (Kelly, 2013). As of January 2021, the disability grant amounted to R1,860 (approximately 56USD) per month.

However, at the end of December 2020 significant challenges were raised by the suspension of 210,778 temporary disability grants due to a lack of funds, 222,021 disability-related grants and 11,234 care dependency grants. This resulted in beneficiaries having to reapply for medical assessments during the peak of South Africa's second wave of COVID-19 infections and caused significant backlog (Daniel, 2021; South African Government, 2020). Recipients were required to visit healthcare facilities and obtain medical certificates from medical practitioners who were already inundated with COVID-19 related admissions, putting both at risk for infection. Due to the lockdown curfew hours being extended to 6am, queues at healthcare facilities resulted in thousands of desperate South Africans ignoring social distancing requirements and descending on medical practitioners in the hopes of having their suspended disability grants reactivated (Daniels, 2021; Köhler et al, 2020; McKinney et al, 2020).

Due to the significant negative financial impact of COVID-19, the government provided a R350 'special COVID-19 social relief of distress grant'. This 'social relief of distress' was a temporary provision of assistance intended for persons in such dire material need that they were unable to meet their or their families' most basic needs during the COVID-19 pandemic. However, this additional financial support – which was given to over six million social grant recipients – was only originally provided for the months May to October 2020. In December, the Department of Social Development announced that this grant would be extended until 31 January

2021. However, not all applicants received payments (Köhler et al, 2020; South African Government, 2020).

2.6.7 Access to safety and security

Research has shown that persons with disabilities, especially women and children, experience increased vulnerability to violence, including psychological violence, neglect, and deprivation. The stigma attached to many categories of disabilities has been identified as a key element and contributing factor to how many women with disabilities are exploited and dehumanised (Shah et al, 2016; van der Heijden et al, 2016; WHO, 2020). Furthermore, persons with disabilities are vulnerable, and at higher risk of experiencing sexual, physical, emotional, and financial abuse than persons without disabilities (McKenzie et al, 2015; van der Heijden et al, 2016). Women with disabilities are at a greater risk of experiencing violence than men with disabilities, and women without disabilities. In addition, they experience multiple forms of violence during their lifetime, by multiple perpetrators and for longer durations (van der Heijden et al, 2016). Persons with disabilities' risk of violence is increased by societal stigma and discrimination, communication barriers, and not being viewed as credible witnesses if violence is reported; and multiple layers of abuse and neglect are experienced by persons living in residential institutions (French et al, 2009; Swedlund et al, 2000).

South Africa

South Africa has unprecedented levels of interpersonal violence with many women and children, including those with disabilities, being exposed to violence during their lifetime (van der Heijden et al, 2016). A study conducted by Abrahams and colleagues showed that a woman is murdered by an intimate partner every eight hours in South Africa (Abrahams et al, 2012). In addition, South Africa has extremely high rape statistics with one in four South African men having reported rape perpetration (Jewkes et al, 2011).

Women with disabilities in South Africa experience violence as a result of gender bias, which is compounded by their disabilities. This can be attributed to some of them having reduced physical and emotional defences, and being socially isolated and reliant on care givers. These increased factors of power and control make women with disabilities considerably more vulnerable than women without disabilities (van der Heijden et al, 2016).

During the COVID-19-enforced lockdown periods there has been a significant increase in reports of gender-based and domestic violence. This has been attributed to persons being under pressure, and experiencing feelings of stress, frustration and anxiety as a result of being confined in close proximity to others (Joska et al, 2020). During the first week of the Level 5 lockdown, 87,000 cases of gender-based and domestic violence were reported in South Africa (Chothia, 2020).

2.6.8 Access to livelihoods and economic opportunities

Prior to the COVID-19 pandemic, the majority of persons with disabilities across the globe did not have equal access to employment opportunities. This is due to many factors including an inferior education; a lack of accessible transportation; negative attitudes towards disability by employers; unfounded assumptions of the capabilities of persons with disabilities; and a lack of assistive devices (McKinney, 2013; 2019; Lourens et al, 2016). As a result, the majority of persons with disabilities are

unemployed. Persons with disabilities are also more likely lose their jobs and experience greater difficulties returning to work after natural disasters and pandemics (Mitra et al, 2016; WHO, 2020).

South African studies show that over 90% of persons with disabilities are unemployed and as a result, many persons with disabilities and their families are reliant on the state disability grant. It is feared that as a result of COVID-19, that persons with disabilities will be further discriminated against and excluded from economic opportunities (McKinney et al, 2019; Vergunst et al, 2017).

According to the UN, employment and working conditions need to be responsive to accessibility and inclusion of persons with disabilities. Those who continue to work may require specific protection or adjustments in order to stay safe during COVID-19. The recommend that employers and workplaces provide accessible environments and reasonable workplace adjustments based on individual needs of their employees with disabilities. Alternate working arrangements and conditions made accessible and inclusive. Regarding work platforms such as online platforms and new ways of meeting need be accessible to all employees, and adequate adjustments must be in place to allow persons with disabilities to work from home (2020).

Disability-inclusive COVID-19 policies speak to the need for employers to provide specific protection, or adjustments, to ensure that persons with disabilities stay safe during the pandemic. Employment and working conditions need to be responsive to accessibility and inclusion of persons with disabilities to ensure that they are able to continue to work. It is important that accommodations and adjustments are done on an individual basis with consultation of the person with a disability (McKinney et al, 2020; Schur et al, 2020; WHO, 2020b).

2.6.9 Participation and consultation (design and implementation period)

Globally, persons with disabilities are excluded from participation and consultation in the design and implementation of healthcare and disaster policies that directly impact on their lives. During pandemics and natural disasters such as Hurricane Katrina and the Haiti earthquakes, persons with disabilities were often excluded with deadly consequences (Hunt et al, 2015; McKinney et al, 2020; Stough et al, 2016).

A lack of consultation and participation with persons with disabilities via NGOs and DPOs has led to the development of policies that either excluded or discriminated against persons with disabilities. For example, South Africa's COVID-19 Critical Care Triage and Decision Tool policy, which assists healthcare workers prioritise ICU access and ventilator support, directly discriminates against persons with physical disabilities. (Western Cape Government, 2020a; 2020b; McKinney et al, 2020; Ned et al, 2020). According to the triage policy *Allocation of Scarce Critical Care Resources during the COVID-19 Public Health Emergency in South Africa*, persons with physical disabilities and those with intellectual impairments will be classified on the Clinical Frailty Scale as being 'vulnerable' (Category 4 or 5), resulting in no access to ICU care or ventilators (Western Cape Government, 2020a).

According to a recent study,
the current COVID-19 triage policies and practices in South Africa may exclude or disadvantage many disabled people, especially people with physical and

intellectual impairments, from gaining intensive care unit (ICU) access and receiving ventilators if becoming ill (McKinney et al, 2020, p. 1).

The lack of consultation also resulted in the specific needs of learners with disabilities attending special schools and school hostels being excluded from the DBE's TORs required for the opening of schools, and safety of learners, support staff and teachers (McKinney et al, 2020; Ned et al, 2020).

2.6.10 Access to quarantine and isolation sites, identified screening and testing sites and other COVID-19 specific facilities.

It is vital that everyone is able to access quarantine and isolation sites as well as other COVID-19 specific facilities, in order to access the care and medical intervention they require. The UN states that COVID-19 facilities must be accessible to persons with disabilities otherwise they will not be able to make necessary decisions, isolate or quarantine independently and safely or access these sites on an equal basis with others (2020). However, as discussed above, there are many factors that prevent persons with disabilities accessing these facilities including a lack of accessible transportation, discriminatory policies, SASL interpretation, and a lack of accessible information. No guidelines were issued by government to address accessibility for persons with disabilities at identified quarantine and isolation sites, identified screening and testing sites during the lockdown period

3. RESEARCH METHODS

Overview

The review used a combination of desk research and analysis, key informant focus group discussions and individual interviews, as well as data obtained through an online survey. Qualitative and quantitative methodologies were used to achieve the objective: 'carry out research, data collection, information gathering, in-depth analysis, report writing and producing infographics on the impact of COVID-19 on persons with disabilities in South Africa'.

The researcher sought not just to involve stakeholders as participants, but also to enable them to play a part in directing the research process. Topics of research and methods of investigation were influenced by what stakeholders considered to be relevant and appropriate. In-depth qualitative data was collected via the focus group discussions and individual interviews and a semi-structured interview guide was used. The researcher prepared a brief inception report, outlining her approach for the research, in particular for the desk review. This included developing a template (which was approved by DWYPD and OHCHR) to ensure that the desk review included consistent and relevant information relating to COVID-19 and disability. She reviewed documents (and other media evidence) in the following main categories:

- Policy interventions and positive practices recorded in terms of inclusion of persons with disabilities in the response to COVID-19 by government, organisations of persons with disabilities, service providers or other stakeholders
- International policies and academic peer-reviewed studies including, but not limited to: situation analyses; international and other convention reports; national policies; publicly available reports/guides from other NGOs working in selected countries; and relevant academic literature.

From the desk review data, a mapping of existing interventions and policies for persons with disabilities was prepared, using the template presented in the inception report. Evidence from the desk review was also organised according to the overall research areas outlined in the TOR, and guided the development of detailed questions for the survey and qualitative individual and focus group discussions with persons with disabilities across South Africa.

Ethics statement

Prior to the study being conducted, the participant information sheet, consent forms, interview sheets, interview schedules, and online survey that were used in the study were approved by the OHCHR and DWYPD. The participants were required to give informed written consent prior to participating in this study. This included participants who attended face-to-face individual interviews and focus group discussions, as well as those who participated in telephonic and online Zoom interviews. Learners and children under the age of 18 provided assent prior to their participation in interviews and focus group discussions, which only took place after written consent was obtained from the parent or caregiver. Participants with visual impairments were offered electronic and Braille versions of the documentation once interviews and focus group discussions were confirmed. Information letters provided background information to the study, and included what would be required if they chose to participate. These letters also stated that as far as possible anonymity would be maintained; listed the advantages and disadvantages of participation in the study; described the right to terminate the interview or focus group discussion at any time; and gave the researcher's contact details. All participants were provided with a copy of the information letter as well as their signed consent forms. The researcher read through and summarised the content of the documents with participants aloud before interviews and focus group discussions took place to ensure that they understood and were happy to participate.

Participants who were Deaf were offered a sign language interpreter of their choice to translate the questions from spoken English into SASL and to translate their answers from SASL into spoken English. The sign language interpreters were required to sign a code of conduct for sign language interpreters (agreeing to confidentiality, accuracy of translation etc.) prior to interviews being conducted. All interpreters were reimbursed for their services.

While there was no reimbursement for participation in the study, participants over the age of 18 were provided with a cell phone airtime or data voucher, which was automatically uploaded onto their cell phones for accessibility purposes. Learners and children were provided with a meal and cool drink rather than cell phone airtime or data because many schools have a zero-cell phone policy, and because carrying a cell phone can put learners at risk of being attacked or robbed of their cell phones while they are traveling home after the interview or focus group discussion. Participants who were unable to provide consent were not included in this study.

Recruitment

As part of the recruitment process, a number of organisations and groups across all nine of South Africa's provinces were approached and invited to complete the online survey and participate in the study. These included DPOs; NGOs supporting persons with disabilities; various government departments; known employers of persons with disabilities; disabilities services and units for students with disabilities in higher education institutions; initial schools for learners with disabilities; mainstream schools accommodating learners with disabilities; and parents of children with disabilities. Additional participants were recruited through snowballing techniques. Participants were purposefully selected on the basis of either being an adult with a disability, a student with a disability, a child with a disability, a parent or caregiver of a child or adult with a disability, a DPO representing persons with disabilities, or an NGO supporting persons with disabilities.

Inclusion and exclusion criteria

Participants with physical, sensory, psychosocial, learning, intellectual and multiple disabilities aged between one and 70 years old were included in the study. The study also included participants without disabilities, such as parents and caregivers of children and adults with disabilities; teachers and support staff working in special schools for learners with disabilities and mainstream schools accommodating learners with disabilities; and persons working in NGOs and DPOs. Only persons residing in South Africa during the COVID-19 pandemic were included. In order to be eligible for inclusion in the study, participants had to agree to participate in the study and sign a letter of consent providing permission to use their data.

Procedures

Data for this study was obtained via three methods. Firstly, an online survey containing quantitative and qualitative questions was developed and completed by 114 participants. Secondly four focus group discussions took place. Three were conducted face-to-face with participants, while a final focus group discussion took place via Zoom. Finally, individual interviews were conducted with 76 participants face-to-face, telephonically, via Zoom as well as WhatsApp video. An interview schedule was used during focus group discussions and individual interviews with participants to gather in-depth qualitative data. The data collection phase of the research took place between November 2020 and January 2021.

Interviews and focus group discussions

The original TORs required the researcher to conduct face-to-face focus group discussions with participants in five of South Africa's nine provinces. However, this was reduced to four separate focus group discussions that took place in one province of South Africa, which was at the time the province with the lowest number of active COVID-19 cases. The remaining focus group discussions involved participants from other provinces, and were conducted remotely via online platforms such as Zoom. An additional challenge was the very tight time frame, which was as a result of some administrative challenges relating to the signing and authorisation of contracts. These challenges had an impact on the number of interviews that were conducted. The delays meant that all students in higher education institutions had completed their studies for the year, and only one week was available to conduct focus group discussions with learners, teachers and non-teaching staff in schools.

While individual interviews were not originally planned, the researcher was able to conduct individual interviews with participants face-to-face in the one province. In addition, moving to online platforms enabled the researcher to conduct qualitative individual interviews. This added to the richness of the study.

Face-to-face interviews and focus group discussions were held in selected venues that were wheelchair accessible, had accessible bathrooms, were close to public transportation or within walking distance to participants' homes and places of employment or education, and were away from noise and distractions.

Strict COVID-19 safety protocols were followed, including the researcher sanitising her hands, all surfaces and all stationery used before and after each interview; requiring all participants to sanitise their hands upon entering the interview venue; ensuring that seating was compliant with the 1.5 m social distance requirements; maintaining ventilation at all times; and wearing masks. Individual interviews and focus group discussions ranged from 45 minutes to two-and-a-half hours.

The semi-structured interview schedule included questions relating to accessing healthcare; education; information relating to COVID-19; employment opportunities; and quarantine facilities. As mentioned previously, these questions were approved by the OHCHR and DWYPD when submitted in the inception report.

Some participants requested telephonic interviews due to comorbidities or fear of contracting the virus and infecting their children with disabilities. A number of parents of children with disabilities chose to be interviewed telephonically in order to protect their children from possible infection. Others were persons with disabilities who had comorbidities while some preferred telephonic interviews over online platforms such as Zoom or WhatsApp calls.

All face-to-face and telephonic interviews and focus group discussions were audio recorded using a digital voice recorder, while online interviews and focus group discussions were recorded with both video and audio functions. These were downloaded onto the researcher's computer and saved in a password-protected folder. All identifying features such as names, locations and employers were removed and a pseudonym allocated to each participant. Additional field notes that were taken during the interviews and focus group discussions were stored in a locked safe. The interviews were transcribed verbatim. All participants over the age of 18 signed that they had received the airtime or data voucher, and learners and children under the age of 18 signed that they had received their meal and cool drink.

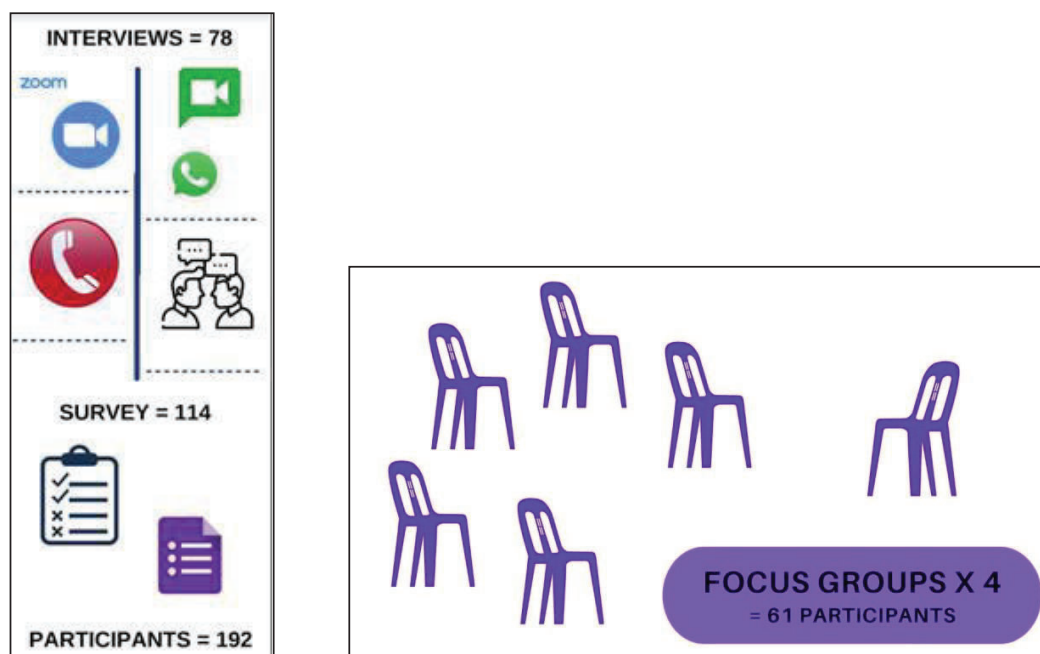
Random online survey

A collection of disaggregated data in relation to the human rights impacts of COVID-19 on the rights of persons with disabilities in South Africa was collected via a random survey. This survey was administered via online survey, phone and email for persons with disabilities who required assistance with completing the survey.

The online survey was aimed at four different audiences and completed by adults with disabilities, students with disabilities, parents and caregivers of children and adults with

disabilities, and organisations supporting and representing persons with disabilities. Semi-structured and open-ended questions were included in combination of biographic data in the survey that came directly from the TOR document. Information including participants' race, gender, age and province of residence was included. Using the Washington Group questions, participants selected their impairment limitations and provided more details about their condition or that of their child/adult with a disability (Washington Group on Disability, 2020).

Random sampling was used to select participants, and the sample size included a total 114 participants. The researcher ensured that the survey was accessible to people with differing disabilities and that it was compatible with assistive devices that they might use (such as JAWS). She also informed prospective participants that she was available to assist any person who might require help completing the survey (i.e. through reading the questions, typing answers, explaining any questions if required etc.). At the end of the survey those completing were asked if they would like to participate in focus group discussions or individual interviews.



Participants included in the research

The total number of participants that were represented in this study totalled 192, which included 114 completed surveys, and 76 participants taking part on focus group discussions and individual interviews.

Difficulty and disability

The Washington Group set of questions were used in this study and participants were encouraged to select categories that best described their conditions. 18% of participants found walking and climbing stairs difficult; 10% found hearing difficult and used lip reading or use Sign Language to communicate; seven percent found seeing difficult even when wearing glasses; five percent had a psycho-social or mental health

condition; nine percent had difficulty holding, gripping and lifting things; nine percent felt depressed, sad, anxious or moody; seven percent had difficulty remembering and concentrating on things; six percent had difficulty communicating with others or being understood; five percent had difficulty reading and writing; two percent had difficulty in carrying out simple instructions; four percent had developmental or intellectual disabilities; three percent were on the autism spectrum; seven percent had a neurological condition; and eight percent had multiple disabilities.

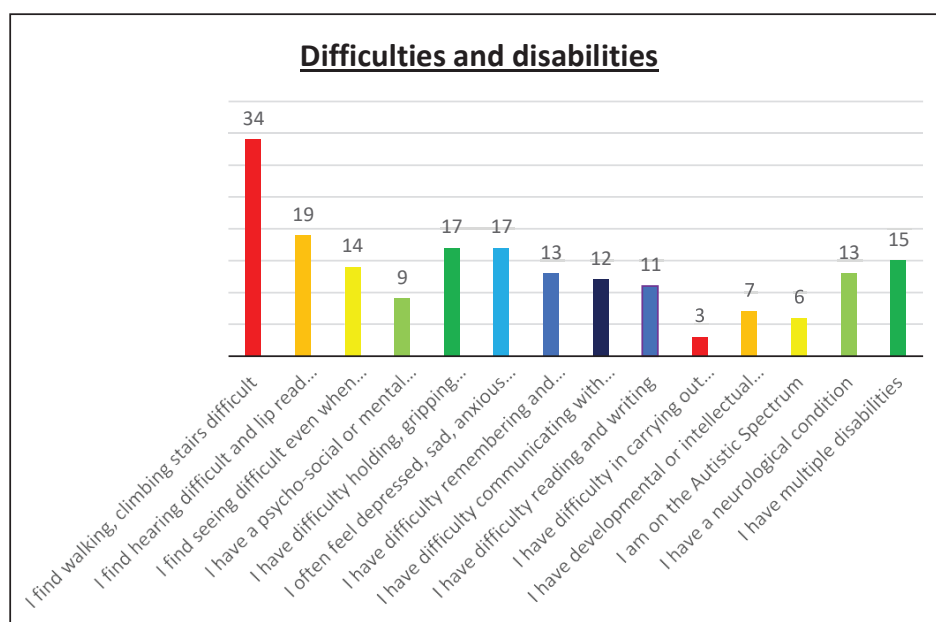


Chart 1: Difficulties and disabilities

Participant's age

When it came to the age of persons included in this study, the following age categories were represented: Four percent were children between the ages birth to 10 years; 10% included both children and youth aged 11 to 20, and for persons ranging in age from 21 to 30. Persons ranging in ages between 31 and 40 represented 21% of participants while the largest represented group included persons 41 to 50 years in age. 13% of participants ranged in age from 51 to 60 and 6% were between the ages of 61 and 70.

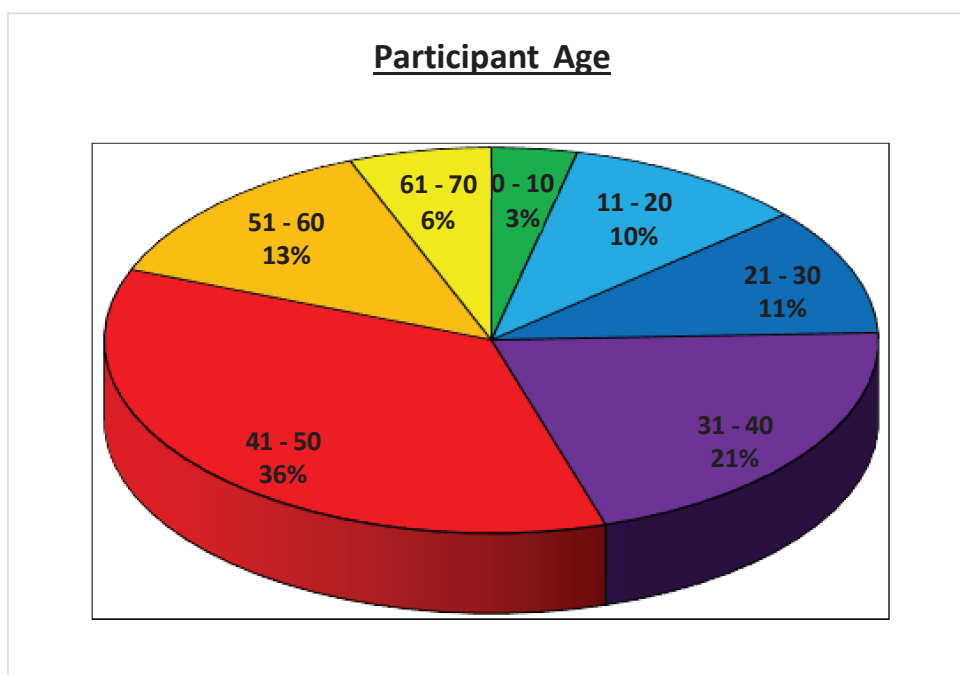


Chart 2: Participant age

Gender

In this study, 50% of participants identified as being male, 48% as female, and two percent as being non-binary.

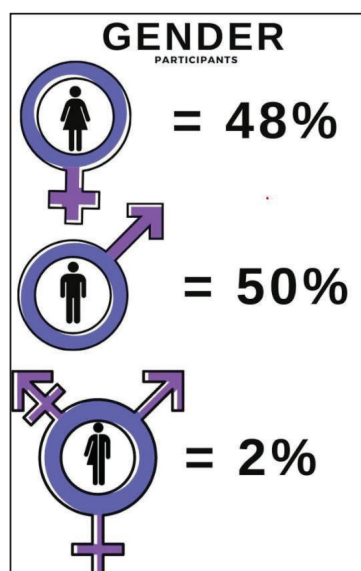


Chart 3: Participant gender

Race

Participants in this study represented the following demographics: 31% identified as being Coloured, 30% as being Black/African, 29% White, five percent Indian/Asian, while five percent of participants preferred not to disclose their race group.

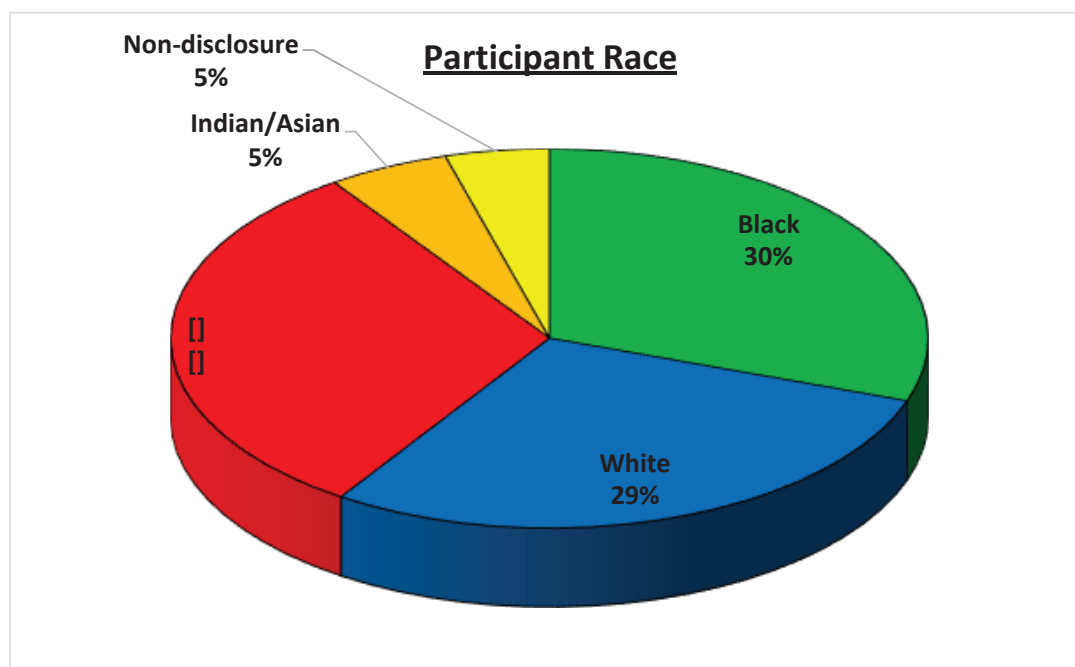


Chart 4: participant race

Provincial inclusion

Participants including in this study resided in the following provinces across South Africa: 69% in the Western Cape; 57% in the Northern Cape; 19% in Gauteng; 15% from KwaZulu-Natal; nine percent from the Eastern Cape; and seven percent in Limpopo. Four percent of participants resided in the North West, Mpumalanga and Free State provinces of South Africa.

Questions

All questions on disability that were used in the survey and the focus group discussions were aligned with the Washington Group set of questions and categories adopted by Stats SA in data collection on persons with disabilities as part of 2011 Census and General Household Surveys to ensure comparability.

Data disaggregation included gender, age, race, province, and type of disability. Data was gathered via thematic areas and included access to health, access to education, access to information, access to social services, access to safety and security, access to livelihoods and economic opportunities, participation and consultation (design and implementation period), access to quarantine and isolation sites and other COVID-19 specific facilities.

The samples for qualitative and quantitative data collection methods reflected the diversity of the population of persons with disabilities in South Africa, and included

persons in private and public closed institutions. Data was suitably weighed to ensure it was representative in line with available census and other relevant baseline data.

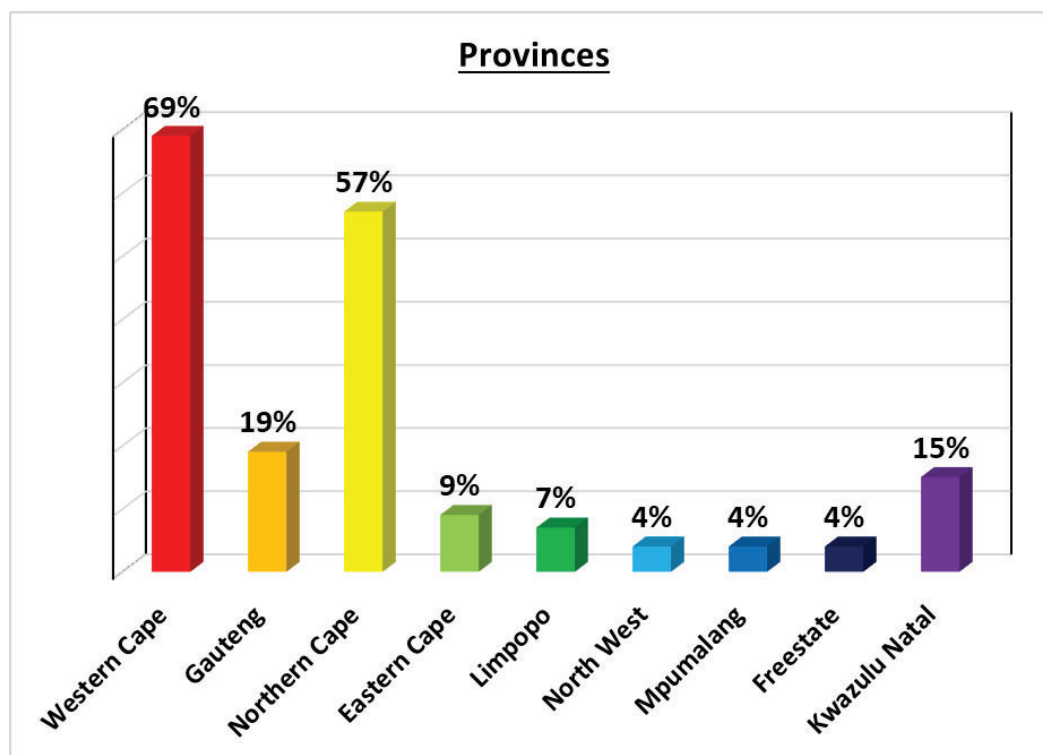


Chart 5: Provinces

Analysis

Analysis of the interview and focus group discussion transcripts was performed using thematic analysis. The transcripts were read and reread several times by the researcher in order to become familiar with the data. She then arranged the data into the eight differing thematic areas that were identified as being key in the TORs.

Validation Workshop

After the study was conducted, the findings were shared with stakeholders at a validation workshop for disability reports that was held online on the 17th of March 2021. Stakeholders included the Disability Sector (the Presidential Working Group on Disability; South African Disability Alliance), Provincial Governments (Limpopo, North West, Northern Cape, Gauteng, Free State, Western Cape and Eastern Cape with approximately 80% representation), National Departments (with approximately 80% representation); and three representatives from the United Nations Agencies and Partners (UNDP & OHRCHR). Based on the feedback received, additional clarification was made and information included.

4. FINDINGS

The findings from this study are arranged into the following eight thematic areas relating to persons with disabilities: access to health, access to education, access to information, access to social services, access to safety and security, access to livelihoods and economic opportunities, participation and consultation (design and implementation period), and access to quarantine and isolation sites and other COVID-19 specific facilities.

In addition to sharing the challenges experienced by persons with disabilities during the COVID-19 pandemic in South Africa, participants also shared positive stories and experiences and provided recommendations that they felt were required. These are vital, especially when many of their voices were not heard or acknowledged, and their input was not sought by the policy-makers.

4.1 Background to participants

'I truly have my doubts as to whether I'm going to be able to make it for another year. It puts a lot of pressure psychologically on one to try and figure out how, in the face of this, this valley of the shadow of death, do I just sort of carry on walking?'

This section of the findings provides data relating to the experiences of participants with disabilities during the COVID-19 pandemic. It begins with providing some of their experiences relating to adherence to government regulation personal protective equipment (PPE), obtaining support, contracting COVID-19, life during lockdown Level 1, lack of independence, vulnerability and difficulty coping, and the impact of COVID-19 on families with persons with disabilities.

PPE challenges

A significant challenge to participants with disabilities in this study related to the adherence to PPE regulations. This section highlights some of these challenges and includes the wearing of masks and face shields, social distancing, and hygiene concerns.

An organisation supporting persons with disabilities commented:

The world's forgotten about people with disabilities and PPE. It's carnage really. Government just wasting money in huge volumes of rubbish – PPE was just thrown everywhere. But even in that throwing, it wasn't thrown towards people with disabilities. They weren't considered.

Mask and face shield challenges

Some participants with hearing disabilities who relied on lip-reading shared the difficulties they experienced in completing their jobs because they were required to wear a mask. One respondent said:

I had difficulty with communication especially with clients and work colleagues due to mask covers.

A participant who was Deaf shared:

I struggle to read people lips as they wear masks as they don't want to take off and can't follow them even if they shout behind the mask and makes communication difficult unless a sign language interpreter is available which is not easy to arrange.

An adult who was Deaf and relied on SASL taught at a school for deaf children. This respondent highlighted the challenge of not being able to sign correctly due to wearing a mask or even a clear face shield:

Certain signs happen on your face and when you wear a shield you can't touch your face. Sometimes I have to take it off sign and then put it back on again. It's a lot of problems.

A participant with a hearing disability shared her experiences of trying to understand people who were wearing a mask:

I always say to people, 'You got to look at me when you talk to me, otherwise I can't hear you.' But I didn't realise quite how much that mask makes it muffle the sound. And I'm clueless, half the time I have no idea what people are saying to me.

A parent of a child with a disability shared her experiences:

Some people with disabilities are not able to comply with strict laws. My son cannot wear a mask due to over-sensitivity. He rips it off the second it goes on. He is three. He doesn't understand the importance or the reason or anything regarding the mask. He doesn't understand that he has to stay at home and he really misses going out. It has limited my movement as I have to stay home with him.

Social distancing

A number of participants who were deaf shared concerns about social distancing: *Social distancing for many people who are deaf is challenging. For facial expression and eye contact it is difficult. Deaf people need to be close to each other as a result we cannot observe the social distancing. The law says we must be one and half metres but when you are deaf it is hard. You can try but you cannot. You have to come closer.*

Adults who were Deaf shared some concerns regarding specific aspects of Deaf culture that require physical touch:

Deaf people, when they want your attention, it is appropriate to touch you on the shoulder, to touch you on the arm. That is Deaf culture. They tap and touch you. That is how they were taught in Deaf schools.

A number of participants, especially those who were wheelchair users and those with visual impairments making use of guide dogs, shared challenges related to people not adhering to social distancing regulations.

A participant who was a wheelchair user shared her experience:

People don't respect the fact that I also need my two meters of space. I have to ask them to move away from me. It's almost like you're a non-person sometimes.

Some persons with disabilities used humour to educate people about the need to social distance:

I tend to use humour to get through somebody else. 'Oh, excuse me I can't get through, my butt is too big.' Then they get it and it makes them realise that I'm human.

Another participant shared his frustration at some people's ignorance and exclusion of his needs and personal space:

Excuse my horrible language but I'm not some kind of vegetable. I hate having to be the teacher to ignorant people. Sometimes I have to use my teacher voice, or the voice I use when my kids are being naughty and don't listen.

A participant who uses a wheelchair and who has an acquired spinal cord injury shared how much longer it took to do basic tasks such as shopping because his family could not assist him and because of the additional time it took to sanitise his wheelchair. This exposed him to the virus for a longer period of time:

Everything takes me three times longer than it used to. If it was a half hour into the shop and back, it takes an hour and a half. Now it's COVID-19 it takes even longer.

A participant with a visual impairment spoke of the challenges of being unable to social distance during COVID-19:

For us who are blind we are depending on the Almighty Father because when I am walking here getting lost I need someone to help me. There is no social distancing when it comes to being helped. You have to touch them [sighted persons] with your hands.

An employer of persons with disabilities shared some of the challenges relating to persons with disabilities:

Even our staff we've got some of our staff who have 15 people living in a house. They stay at home but it's the others. Those people go out partying, that the guy with a disability just has to stay there and live in those circumstances. They are not considered.

An organisation supporting persons with disabilities including parents of children with disabilities shared:

I think he's found the ability to social distances impossible. That has been a big concern and parents have been very stressed by that.

Hygiene concerns

While the government encourages people to wash their hands with soap and water a number of participants shared their concerns relating to many persons with disabilities:

We are supposed to wash our hands, share water facilities and toilets. That type of thing is really stressful and a lack of access to PPE. Parents were not given PPE. These are for various of children with severe disabilities. This is everywhere, not just in rural areas.

A participant with a visual impairment said:

I do follow everything that [President] Ramaphosa is saying. Wash your hands or 20 seconds with warm water. I do it. But it is no use. My hands are my eyes. I am going to touch all of the surfaces.

A participant with multiple disabilities shared her frustration at the inequalities within South African societies and worry about persons with disabilities who are not as privileged:

For me I sit in my nice little middle-class bubble. Outside the when people are sharing shacks with several other people and there's no running water, and so on. It's a disaster waiting to happen. And it's also a humanitarian issue. It's an offense such, it shouldn't happen like that.

A staff member working in a special care centre shared her experiences of having to educate residents with severe intellectual and multiple impairments on keeping safe:

We had to repeat and repeat about handwashing and sanitising. We had to practise and demonstrate. Giving them a piece of paper and saying read would never work! When COVID-19 started, [manager's name] demonstrated during assemblies practically. We would use a rhyme of how you must wash your hands for 20 seconds. Then they would remind each other and if one didn't do it, they would tell on. They are now in that routine of washing their hands, sanitising and cleaning all the time.

Co-morbidities

Participants were asked whether they had co-morbidities and whether they felt at greater risk of contracting COVID-19. All participants responded and while 53% of participants stated that they did not have co-morbidities, 40% shared that they did and that many were fearful of contracting the virus as a result. It was concerning that eight percent of participants were not aware of what co-morbidities were.

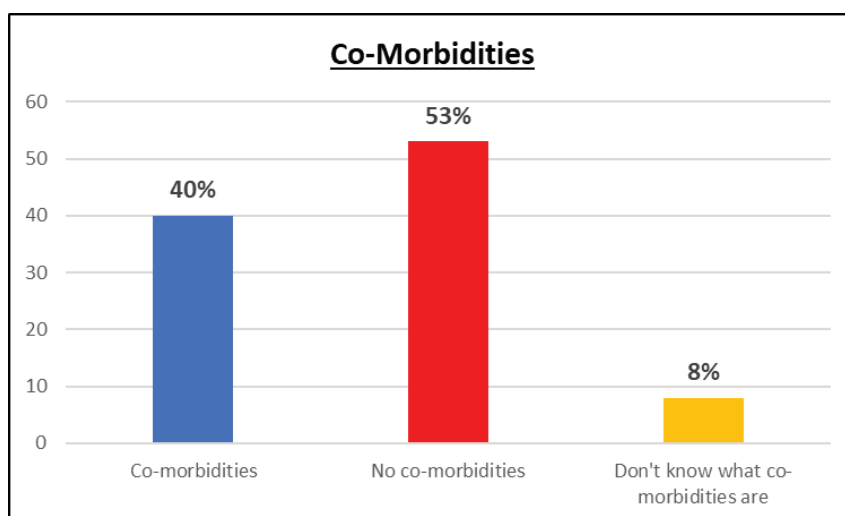


Chart 6: Participant co-morbidities

Some participants with co-morbidities shared their fears of contracting COVID-19, *I am more compromised, than I'd be if I wasn't taking my medication for my immune condition. My doctor said my medical condition makes me more vulnerable.*

Another participant spoke of how if he contracted COVID-19 that there may be severe consequences: *'The risks are higher.'*

It's a combination of the things they said one just has to accept that if you get sick. 'You will get sick more quickly and you'll stay sick longer and it may be more severe.'

A mother of a child with multiple disabilities shared that her daughter had numerous health challenges and as a result, was extremely vulnerable during COVID-19:

She is classified as cerebral palsy and profoundly disabled. She suffered hypoxic ischemic event at birth. So, for lack of a better diagnosis she is classified as cerebral palsy. She's got global developmental delays. She's also visually impaired. She can hear but because of the brain damage she is not able to translate messages into meaningful things. With that global developmental delay, she is at a stretch maybe at about a six-month old cognitive and development level. She's wheelchair bound. She obviously it's not able to feed herself. She's got swallowing issues, chewing issues.

Chronic health conditions

A number of persons with chronic medical conditions were included in this study as they were unable to work as a result of their conditions and received a disability grant. In addition, a number had additional disabilities. A participant shared:

I've got chronic kidney disease. I am had a transplant 29 years ago and it's been stable and successful. But transplant is a therapy, not a cure. You have to take anti-rejection meds to manage which lowers your immune system and or reduces your immune response. But obviously under current circumstances [COVID-19] that's not quite the same.

A person with chronic health condition shared:

A friend of mine who's on dialysis. He's was supposed to be a chef, but he's on disability because of his condition. He can't hold down a proper job. H is living in a one room with a flat with in semi poverty. He goes on public transport to get to dialysis and sometimes he walks. Sometimes it's to save money. Because of his condition he's afraid of getting COVID-19.

Many persons with chronic health conditions spoke of being vulnerable:

Now so already, you're vulnerable because and you see people dying for your reasons of your condition and now you've got the pandemic and that's killing them too.

There are more of us than I think they realised. Many people have invisible vulnerabilities or chronic medical conditions that are going to render them more vulnerable than most under the circumstances, even if our conditions are not disabling or disabling at this point.

Some participants spoke of the need to adhere to strict lockdown measures in order to keep themselves healthy and not contract the virus:

It was extremely frightening. When we went into lockdown. I was actually relieved because I thought I felt safe. I mean, look in my situation. I have my ownhome. I have control over who comes into it. That was really helpful in that

regard. And I managed to create a sort of a little safe bubble for myself. It is safer. The only person I've had in my home since other than me since March has been a person who fixed a broken tap.

Obtaining support

Clear differences between participants were reported relating to the support they received from family, friends, carers, work colleagues, healthcare workers, NGOs and DPOs as well as their local community during COVID-19. Some participants spoke about positive support structures:

I'm really lucky because I am quite privileged and I have got family who support me emotionally.

I have had some amazing friends and colleagues who really helped me. If I hadn't been in a situation where I know the people who I do, I don't know how I would have made it through.

A participant who contracted COVID-19 spoke of the support she received from her doctor and how this assisted her and her family in understanding and dealing with the virus:

My doctor was an email or a phone call away. He came back and gave us a lot of information. And that was really useful. So, we could actually be prepared in advance for what we would probably have to deal with.

On the other hand, some participants shared how a lack of support created significant challenges in keeping safe, minimising contracting the virus, receiving food and accessing healthcare. A participant who was blind shared her fears:

Contracting COVID-19 – it's a big worry for us. For my parents and I, we don't really have a support system. Once again, the lack of independence, it's difficult for me.

Many participants, especially persons with physical disabilities and parents of children and adults with disabilities, spoke of the fear of contracting COVID-19 from their carers. Many shared feelings of vulnerability arising from being reliant on others for daily care. Participants mentioned the complexities around the cost of COVID-19 testing, and requiring carers to social distance and follow guidelines when they were off duty and travelling to and from work.

A person with paraplegia shared:

While we have been isolating and living in our bubble, we have no control over what our carers do when they are off.

Another wheelchair user shared her experiences of having contracted COVID-19 from her carer:

My greatest fear came true. My carer went home not feeling well. She stopped at the chemist and got some dry cough mixture as that's what the pharmacist recommended. She said it didn't sound like COVID-19. She came back the next day and I said she must leave straight away. I ended up being positive. She probably gave it to us before it got to that point because you contagious before you even showing sometimes.

A participant with a physical disability shared her experiences of both her and her carer contracting COVID-19 and having to rely on help and care from her children:

I was coughing up blood. I was so weak. I had no one to help. I am a single mom. The kids helped me with the cooking and keeping me healthy, help me with the everything. My carer was in hospital with COVID-19.

A number of participants with psychosocial disabilities spoke of their difficulties accessing care and support, and how some healthcare professionals did not accept their disabilities:

Persons with epilepsy are not viewed as persons with disabilities.

A participant with a visual impairment spoke of how isolated and fearful she felt, and how she had no support:

I don't have a choice, I have to ask others to help me in the street. I am scared. I don't have friends or family here. I ask each and every individual that I meet on the street for help because I stay alone. I cook. I clean. I do everything myself. You don't know if it got corona or not but you need help. So, I just go with them. If I had a choice I would just hibernate in my room. I wish food and medicine would just come there and my home but it does not. You have to move out of your home to get food.

Contracting COVID-19

The greatest fear that many participants shared was of contracting COVID-19. A single mother with a physical disability who had two children on the autistic spectrum shared her experiences of contracting COVID-19 and being reliant on their care:

My one son, he gets totally overwhelmed, very emotional, and then has meltdowns which you have to deal with as well. The last thing I want to do is to hold somebody when I was so ill but this is what he needs to calm down. He needs to be held.

A participant spoke of his experiences of having contracted COVID-19 from his carer:

My heart stopped when on the Sunday night I got a call from her daughter saying she [carer] was in the hospital and on oxygen. On the Monday, I went to go get tested because I was really not feeling great by that stage. Then it really hit me.

Another participant who uses a wheelchair for mobility after a car accident contracted COVID-19, and spoke of how she was left with significant pain even after she was no longer COVID-19 positive:

The nerve pain was horrible. Even now if I don't take my medication, I can't even put my feet down and because of the pain.

Lockdown Level 1 challenges

When South Africa first went into hard lockdown during Level 1, no one was permitted to leave their homes other than to buy food or receive medical care. There was a lack of clarity regarding carers' ability to leave their homes to assist persons with disabilities. This resulted in significant challenges and stress in the lives of many persons with disabilities who were reliant on personal care for survival. Another significant challenge was that public transportation was shut down so carers who did not have their own transportation were unable to make use of buses and trains to get to and from work.

A participant who was a wheelchair user shared:

Because of my significant health challenges, I normally make use of three carers on a rotational basis. Because of the lockdown, I could only use one as she lived close to me and could walk. The other two could not come in because of transport. This was very stressful for me and the only carer.

A participant with paraplegia shared her experiences of having to have physical care:

Because I get terrible back pain, my carer has to massage my legs and back. While I was strict about masks and washing hands, we just could not social distance. That is how I caught it [COVID-19].

A participant who had quadriplegia spoke about the need for his carers to assist him physically with intimate and personal bodily care:

Because of the nerve damage, my muscles go into spasm and then there's nothing I could do about it. He has to assist me. We can't social distance.

A mother with a severe physical disability shared her experiences of parenting young children during lockdown after her partner walked out on the family. She was not permitted to have her carers travel to work:

I've had wild children lately; they have become free-range children. I don't have a choice. They have watched too much TV but I don't have a choice.

A student with a disability shared that being in lockdown was not new for her and that she experienced many years of being isolated:

Lockdown for me was actually not that weird because my life was like that, in any case, staying at home.

Another participant with a visual impairment commented:

I chatted to my friend [with a disability] every day and the one thing we said was all the people without disabilities are moaning about being stuck down in their homes saying 'we can't do anything'. We basically said, 'welcome to our world, we know about this isolation'. This is what it feels like to be disabled, especially visually impaired.

Lack of independence, vulnerability difficulty coping and anxiety

A number of participants reported feeling frustrated with their loss of independence, being vulnerable, and having difficulty coping during the COVID-19 pandemic. A participant shared his feelings of being overwhelmed and anxious:

It is very difficult and it's not a good feeling. As somebody who was always brought up to be a very independent person and very having to be very strong. I've had no option but to be struggle.

A wheelchair user who contracted COVID-19 shared his difficulties of having to rely on others:

To have to sit there and be vulnerable has been very hard.

Some participants with mood disorders spoke of the increased anxiety surrounding keeping safe and how this often became overwhelming:

There were days, which was, it was more than I could cope with.

Another participant with a mood disorder shared:

I bought myself some so much chocolate and comfort food and stuff because I knew I would start unravelling.

A participant with diagnosed obsessive compulsive disorder (OCD) shared how difficult the pandemic had been for him:

COVID-19 is my worst nightmare because I have OCD tendencies and so handwashing is now enforced. There is so much anxiety surrounding all this is hygiene. It's very scary for me. I'm very scared and my life changed completely because of COVID-19. Completely.

A participant with a visual disability shared:

It has been more than 30 years. It is still hard accepting my disability, even now I cry. People say 'accept, accept' but there are daily challenges. The world is not kind to us, especially during COVID-19.

Numerous participants with visual impairments spoke of their fear of contracting the virus while trying to move around in society and having to rely on people to guide them or using a white cane or a guide dog. One participant with a visual impairment shared:

The anxiety of catching the virus through touching things was real. I am physically reliant on touch. It is a big issue.

A participant with a visual impairment shared:

Especially at first, I was scared. For me I have to eat. I have to work. I have to rely on people to help me in the taxis. There is nothing I can do. If corona comes I have to say 'Heavenly Father it is Your will that I die'.

A number of people with visual impairments who made use of a guide dog for independence also chose not to use her guide dog as they were concerned of contracting the virus via people touching their dog's harness, lead or collar, or physically trying to guide them:

For the first five months of lockdown I didn't use my guide dog in public. I had to rely on my mother, which was very frustrating. It was just too risky.

A participant with a visual impairment who used a guide dog shared her fear around people touching her guide dog:

People say, 'oh look at the doggie'. Then they just go ahead and touch him without my permission. That terrified me. I know I can trust my guide dog when we walk together. I never bumped into things or people. But now during COVID they don't understand that I could catch the virus from them if they touch her halter.

Another participant with a visual impairment spoke about how not all family members stood up for them during challenging situations in public when support was needed:

A lady, she bent down and she touched her [guide dog]. And I was like, 'Please, please, don't touch my dog. You know, we happen to be experiencing a global health crisis.' I controlled myself and said it nicely. But my mom was so embarrassed about her 'rude blind daughter'. I kept on saying, 'Look, I'm not being rude to you, but you can't touch my guide dog without my permission.' My mom stepped in between and spoke to her and apologised. Basically, I was blowing against thunder.

The same respondent explained that she did not want to cause trouble and only wanted to collect her medication from the clinic:

I don't saddle up my dog and go out to town, thinking, 'oh today I'm going to blow someone's head off their shoulders'. I'm not looking for a fight. I'm not like that. I just want to go to town, do my things I need to do, and go back home. That's, that's all I want to do.

A participant with multiple disabilities shared their fear of contracting COVID-19 as they would not be able to have the COVID-19 vaccine because of their multiple health challenges:

I am at a significantly higher risk of contracting COVID-19 and if I do, I'm probably not going to make it. It's anxiety provoking being around people who don't care.

A number of participants with chronic health conditions shared their experiences of having to keep themselves safe. A participant shared:

Anti-vaccine and COVID-19 denialists are particularly prevalent here. They want to feel like they are able to choose for themselves. But I don't always feel like it's safe for me to go to places or to interact with people because I can tell that the community isn't really taking these things seriously. That exposure risk could eventually come back to me and kill me.

Another participant with a chronic health condition spoke about the challenges of having to defend themselves among people who do not understand their conditions:

It's been very stressful. Sometimes the conversations that people have on social media where I am trying to hold my own as a person with a chronic illness is hard. Especially in a community where people sort of shame or have fear-based reactions to my condition.

A person with multiple health conditions as well as multiple disabilities that placed her at high risk of contracting COVID-19 shared:

It's very, very, very difficult for me to cope with the stress of having to constantly confront people and assert myself and my boundaries. It takes an enormous amount of effort and energy. Where I see people in public places being irresponsible, I have to say, 'I will not socialise with you. I cannot be in this space. I will not interact with you unless you comply with regulations.' It is so freaking stressful.

Some participants lived in fear of contracting COVID-19 and this has a significant impact on their mental wellbeing:

I truly have my doubts as to whether I'm going to be able to make it for another year. It puts a lot of pressure psychologically on one to try and figure out like how, in the face of this, this valley of the shadow of death, do I just sort of carry on walking?

Many participants, especially those with psycho-social disabilities spoke of the increase in anxiety, stress and mental health complications as a result of COVID-19:

My anxiety levels and depression levels are up and down, and up and down. There'll be periods where everything's fine and I can carry on as normal. Then I

sort of emotionally flatline and have become like a slug. I can't get simple things done. I just wanted to sort of lie on my bed.

Many participants spoke of their difficulties buying food and medication during lockdown. Only 1.7% of participants were able to access food parcels from government departments, while 3.4% were hungry or were unable to get the medication their required.

Buying of food or medicine during lockdown

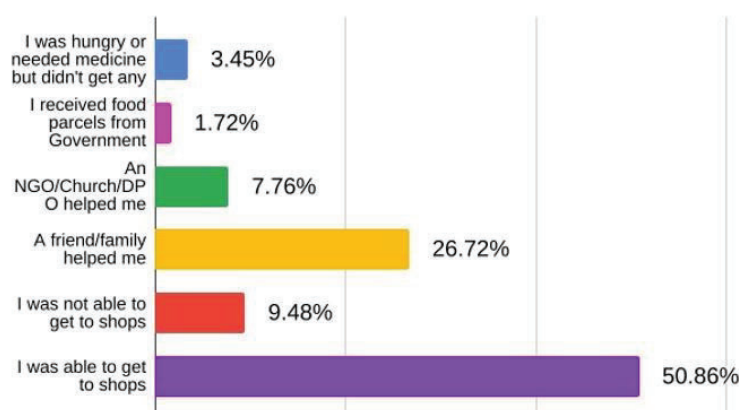


Chart 7: Buying food or medicine during lockdown

Impact of COVID-19 on persons residing in special care centres and institutions A

A number of participants and persons caring for adults residing in or attending special care centres and institutions shared that COVID-19 was significantly challenging. A manager working at a special care centre that accommodated adults with intellectual impairments, multiple disabilities and mental health conditions shared some challenges that they experienced and what they did to accommodate and support their users:

Our day workers are 40 and our service users in the hostel are around 220. During COVID-19 our residents stayed. But some of those that were here stayed while some who were home when lockdown happened in March unfortunately had to stay at home. There are some that have not been here for the best part of the year. Our day workers we also had to stop them from coming in, which was hard for them and is still hard for them. It's hard for us too as we need their hands and skills here. But throughout, we assisted them with food parcels. We took them cooked food, we are constantly on the phone and WhatsApp groups with them and their families. We had to get a WhatsApp platform for all our parents to get information out quicker. We have always used the telephone and emails with them but now with WhatsApp it is quicker. It helps them as well as if they send a message, we get it straight away and are on it.

A social worker shared that many of the residents and service users were vulnerable:

Our primary disability is severe intellectual, but many have multiple disabilities and mental health conditions. Over one hundred of our residents are on

psychiatric medication, which is a co-morbidity, as well as blood pressure and diabetes. All these things make them more vulnerable.

One special care centre built a fence around their facilities in order to keep the residents safe as the area where their buildings were located was not secure:

Some of mental health service users find being restricted in our facilities, especially in our frail care, very difficult. Having a fence around us to keep us safe makes them feel like they are in prison. They feel cut off. When the fences went up around the buildings it was very traumatic for them. They just don't understand. They feel like they have lost their freedom.

Impact of COVID-19 on families

The impact of COVID-19 had a ripple effect not only on the lives of persons with disabilities, but very often on the lives of their family members. A student with a disability who relied on a bursary to survive had to take in and look after his parents after they lost their home. He commented that:

The parental roles have been reversed. For me it's very difficult.

A participant with a visual disability spoke of the challenges of having to support her family during COVID-19:

I also discovered, to my horror, that my father is an addict. I basically had to set up counselling sessions and try to track down NGOs or NPOs who could help in that regard, because we didn't have the funding for rehab. All state rehabilitation facilities as part of lockdown were closed. That was [...] very hard. I to take charge of the finances, because otherwise we wouldn't have made it.

Another participant with a disability who was supporting his family said:

We would go hungry on a monthly basis. In week number two of the month.

Other participants with disabilities spoke of the stress and anxiety of having to support their families. A participant who was supporting a family member with an addiction said:

The person he himself is not bad or evil or anything, but the behaviour that comes with the addiction. The lying and manipulating and I've never ever experienced something like that in my whole life. I put on my big girl panties very fast.

Some participants with mental health conditions spoke about the numerous challenges that changes in routine, job losses and the fear of contracting COVID-19 had on their lives. A participant shared how they were forced to move after being retrenched:

I particularly wanted to move into a deeper rural area because my wife has various other neurological issues and mental health conditions and living in the city during COVID-19 from a sensory perspective was really very difficult for her.

One respondent acquired a physical disability after a severe car accident, resulting in her having spent significant time in hospital and rehabilitation when her son was young. Her son has a disability, and she spoke of the trauma he experienced when she was admitted to hospital with COVID-19:

He was so nervous about it and because he'd been through me being in hospital. He was even more anxious and stressed about it.

Some participants with disabilities were also required to support other family members who lost their jobs due to COVID-19, while others had to resign due to comorbidities:

My also disabled mother had to quit her job though so I have additional financial responsibilities to help her and added pressure.

Participants identified a number of challenges that excluded them from being employed. These included:

A lack of accommodations, poor access to places of work due to lack of transport and few positions suited for me.

A mother of a child with multiple disabilities spoke about the impact that COVID-19 had on her family and the changes that they had to make in order to protect their daughter from contracting the virus:

In terms of contact when my husband returned from work initially, he came home through the back door, got undressed, and showered. He stayed away. He wouldn't feed her until the next day. In terms of family, our immediate family, they know you come in you wash your hands. You don't kiss [daughter's name] You don't touch her hands because in terms of development. Her sensory stimulation is through our hands. Her hands are still very much in a mouth, her fingers go into her mouth, her hands rubbing all over her face and into her eyes. Everything that COVID-19 guidelines say you must not do, she does. There's no way that I can stop this.

4.2 Access to health

'The pharmacists are so overworked that when you talk to them, you get a very negative picture and it creates a lot of anxiety. It was very scary because I need my medication to survive.'

This section of the findings focuses on the healthcare experiences of participants with disabilities. It includes participants' experiences of receiving therapeutic assistance, assistive devices and specialised care, communication and care from healthcare workers, experiences of having a COVID-19 test, using public transportation to get to healthcare facilities, accessing medication during the pandemic, and finally their thoughts on the COVID-19 vaccine.

Accessing therapy, assistive devices and specialised care

A number of participants with disabilities, as well as parents of children with disabilities, spoke of how there had been reductions in accessing therapeutic services, or mentioned that they were not able to access them at all. A parent of a child with a disability shared that her child received remote occupational therapy (OT):

We had telehealth for his OT only.

Another parent spoke of how her child had not been able to access therapy that he required since June 2020:

My son used to have physical therapy once a week and swimming therapy once a week. Although he had some therapy at first lockdown in March, it was far less than usual as his physical therapist came to the house but he couldn't go for aquatherapy. Then funds ran out as both parents lost jobs and medical aid ran out.

With government rehabilitation centres being closed, there were significant shortages of specialised mobility devices such as wheelchairs being provided to persons with disabilities, especially new patients:

There's many, many people who haven't received their devices. They have already been waitlisted for two or three years; are now delayed another year or so for their devices.

Some participants spoke of how there was a shortage of specialised care available:

Rehab services have been closed or drastically cut back as resources have been allocated to COVID-related care.

Therapists working with persons with physical disabilities experienced significant challenges with providing rehabilitation as well as therapy during COVID-19. Some therapists spoke of the steps they put in place to keep themselves and their clients safe:

We had to conduct therapy wearing full PPE.

With government regulations preventing early childhood centres from reopening, many children with disabilities were not able to access the therapeutic services and early intervention that they required. An organisation providing support to learners and their parents/caregivers said:

All our early childhood development work stopped because all the DSD [Department of Social Development] closed. All our 'let's talk disabilities' and all our advocacy and awareness stigma work stopped.

A parent expressed her worry that persons with disabilities would not be able to receive the medical assistance or therapy they required:

A lot of them [specialised healthcare workers] have been moved to other areas. So they are not going to get the normal support they would get.

The lack availability of medical specialists such as psychiatrists in the state system was highlighted as a significant challenge for a number of participants with mental health conditions:

I have been accessing a state psychiatrist before COVID-19 and last year she told me that my meds have to be adjusted, but she is no longer available. The hospital told me psychiatrists are few and far between, and especially now they are overworked and they don't see patients so I'm forced to see a doctor that issues scripts. He is a GP with some other licence to be able to issue schedule five and up. He adjusted my meds and I'm like, 'Oh, no, no, no! That was not good for me.'

Another participant with a mood disorder shared her experiences of not being able to access a state psychiatrist:

It seems to be worse during COVID-19. I don't know what other people with mental health challenges must be going through. It's terrible.

Some participants, especially those with physical disabilities, spoke of the many challenges they experienced trying to access medical care in hospitals during COVID-19. A wheelchair user explained that the situation had changed since the start of the pandemic:

Going to [name of hospital in the Eastern Cape] hospital was very problematic because after going there for three years with no problems they just decided that people with wheelchairs or walking aids will not get preferential treatment in any form when at the hospital.

Another participant with a physical disability spoke of a lack of care while in hospital and that he was asked to provide his own assistant to help him after healthcare staff refused to do so:

At hospitals then they want to know where is your carer?

Many participants spoke of the significant price increases of certain medications and materials that they required on a daily basis. A mother of a child with a disability said,
I told the lady at [name of national pharmacy chain] that I can show her the prices for the past 16 years for gloves, bioscrub, degerm, syringes and nappies as we've been buying the same products all these years. The price increases are astronomical.

Communication and care from healthcare workers

Some participants shared the challenges that they had in communicating with and accessing care from healthcare workers. This was especially highlighted from participants with hearing impairments who relied on lip-reading:

I really battled to understand what my doctor was saying. His voice was muffled and I couldn't lip-read because of his mask.

While teleconsultations and online health consultations were conducted between patients and healthcare workers in order to reduce the risk of COVID-19 infections, this form of consultation was not always accessible to all persons with disabilities:

She [colleague who was Deaf] asked me to call in the doctor. I called the doctor and she gave me the information. I then had to explain it to her.

Another significant challenge for participants who were Deaf was healthcare workers being unable to communicate in SASL and the lack of SASL interpreters within the healthcare system in South Africa. A parent of a child who was Deaf raised her concerns:

If she goes into hospital there are no visitors, who is going to help her? Who is going to explain to her?

Some residents of a special care centre had severe intellectual and psychosocial disabilities and were hospitalised after contracting COVID-19. A participant described how they were accommodated in hospital:

Our nursing sister was well connected so she knows a lot of the doctors and staff. Even if she didn't know them, she would phone them each and every day. They could put her through to 10 different people and she would stay on that line until she spoke to the right person. She maintained relationships with doctors, especially for the resident who ended up in ICU.

Also, our centre is well known in the area so if they hear it is a patient from [name of facility] then they will help them. It's not always that nice, you do have those bad cases, but often if they know it's one of our people then they help.

COVID-19 testing

A number of participants shared that they had not gone for COVID-19 testing even after experiencing COVID-19 symptoms because of long lines at state testing sites, fear of contracting the virus from those waiting in the line if they were negative, being unable to access public transportation to get to testing sites, and the high cost of private testing.

Two participants, both wheelchair users, spoke of how the drive-through testing sites were the best option for them. However, they both reported over a two-hour wait and the high cost of having the tests conducted privately:

I had two, one nasal and one throat due to my husband testing positive. It was a drive-through facility so stayed in car which was preferable.

A participant who suspected she had COVID-19 was concerned with the 10-day turnaround time (at the start of the pandemic in South Africa) but could not afford to be tested at a private testing facility. She commented that:

To be honest, I think the cost of testing has been quite prohibitive.

A participant who was deaf and relied on lip-reading found the experience very challenging:

The staff were not friendly and mostly rude in a way. I had to get them to understand that I am deaf and that I need to lip-read. I had to force them to write down on what they are saying.

Another participant who was Deaf and who tested positive said:

I went for a test but nobody explained what was happening. Only one doctor tried a little to me but once she left the doctor's room I was on her own. There was no interpreter, no nothing.

Participants who had a COVID-19 test conducted were asked to share information regarding the test results. 75% of participants who took the COVID-19 tests received their results and understood what they meant. When asked, participants shared their SMS messages 'SARS-CoV-2 (COVID-19) was DETECTED from the sample taken' and said that the words were confusing and difficult to understand. Four percent of participants did not understand the SMS they receive; 17% never received their test results, while four percent received an SMS a week or more after the took the test.

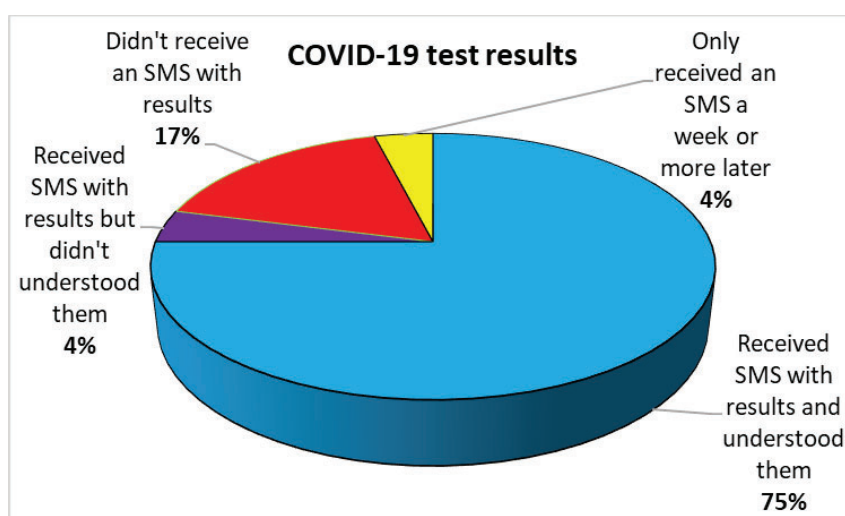


Chart 8: COVID-19 test results

Only a very few number of participants had a COVID-19 test conducted in a State healthcare facility, with the majority of those having had them conducted after being admitted to hospital after exhibiting COVID-19 symptoms. Many participants shared that the long queues at State facilities and not been given priority, inaccessible transport to get to healthcare facilities, communication concerns especially by participants who were Deaf and those who relied on lip-reading, as well as significant delays in receiving their test results were cited as significant challenges that prevented participants from being tested.

These factors resulted in some participants feeling like they had no choice but to have tests done via private healthcare. A significant challenge that was raised by participants was the associated cost of having a COVID-19 test conducted privately. A participant who was a wheel chair user shared:

I cannot rely on the State testing. The lines are so long and the waiting times for results were up to 3 weeks. I cannot wait that long. I am forced to pay to have tests done privately and this costs an arm and a leg.

Another participant shared:

The private test costs R850 which is way out of most disabled people's range. Most cannot pay for what they need let alone for tests. If you think that the disability grant is only R1,860 per month. Many of us have no choice.

Some participants who relied on carers and family members for their care shared their challenges of trying to get them tested for COVID-19. A participant who was a wheelchair user who was reliant on carers shared:

Normally we change carers every five days. If I catch COVID-19 there is a very good chance that I could die. I need to have my carers tested before they come on shift. Who is going to pay for these tests? A disability grant won't cover that. Also, I tried to get them tested at the [name of State hospital] but they said that because they do not have any COVID-19 symptoms that they would not test them. It is only for sick people and they are healthy. I wrote letter explaining my situation but they [State healthcare workers] wouldn't budge.

A parent of a child with multiple disabilities shared:

Having to pay for our carers to be tested to keep our daughter safe is an expense we hadn't budgeted for. It has resulted in a complete change in our routine which is very difficult for our daughter who needs routine to feel safe. Normally they [carers] work two days on, two days off. Because of the cost, and having to isolate after the test while waiting for their results, we now only change once a month. This is very tough on our poor carers but financially we have no choice.

Transport

A number of participants shared their concerns about how persons with disabilities were discriminated against in being unable to get to healthcare facilities due to accessibility challenges:

In the beginning, they couldn't get to the hospitals, because there wasn't a transport.

Others spoke about the health risks of using public transportation as a person with a disability:

They cannot get to the hospitals, because it was too dangerous to use it [minibus taxis].

A mother of a child with a disability expressed the financial challenges relating to getting children with disabilities to healthcare facilities:

Now they can't get to it [hospital] because they can't afford to, because they've been getting no money that unable to work. I mean, parents with a kid with a disability is not going to turn work now. There are many different layers of various barriers they've been experiencing.

Medication

A number of participants shared that they were not able to obtain the medication and materials that they required during the COVID-19 pandemic, or that they were no longer able to afford them due to unemployment or increases in prices. A participant requiring schedule five medication for a chronic condition said:

There was a stage where my medication wasn't available in the country because of the borders having been closed and stuff like that. And even now I have to buy my medication from a chemist, because my meds aren't available at the moment through this state.

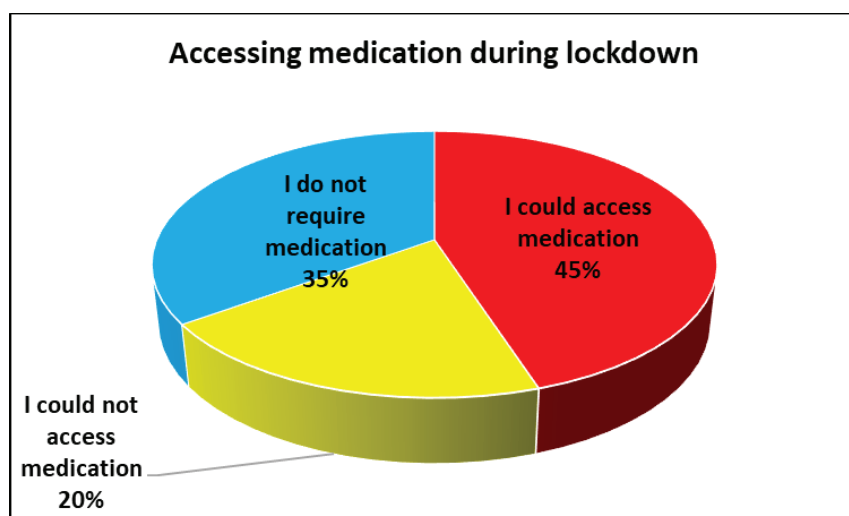


Chart 9: Accessing medication during lockdown

Another participant shared how anxious he became when he was unable to access his medication:

That was very scary and, you know, we would go to the clinic to collect our medication. Then they would always be IOU, which means certain meds weren't in stock and you need to come back later and collected. But, you know, we would go back with our IOU letters and that would be like, 'Well, you know, there's no stock and we don't know when it's going to get any better.'

This was echoed in the comments of another respondent:

The pharmacists are so overworked that when you talk to them, you get a very negative picture and it creates a lot of anxiety. It was very scary because I need my medication to survive.

Not being able to access medication also had a significant effect on mental health:

Going to clinic the lines are so long. They don't give all my tablets right and it's hard to get a doctor appointment. At the moment I don't work I just lay everyday with a lot of regrets in my mind and don't know what to do with my life.

A participant who was the recipient of a kidney transplant spoke of the life-and-death situations for transplant patients who were not able to access their medication from the government and had no funds to pay for them privately.

Many of my friends with my condition have been told that there are no medicine stocks available as the borders were closed. Some can pay for medicines privately, but the majority who are on newer medications do not have the money. It is unethical.

Some interviews were conducted in institutions accommodating persons with psychosocial and mental health conditions, and the topic of access to psychiatric medications was raised. Some participants shared that there were shortages of medication. One participant shared that they were fortunate to have a resident nursing sister who had built up a good relationship with healthcare workers from surrounding

healthcare facilities and was able to call on their support when they were not able to access medication directly:

Our nursing sister would drive to the local depo to collect the medication. If there wasn't stock, she would talk to other clinics in the area who would give her some. So fortunately, thank God, we didn't have any stockouts.

COVID-19 vaccine

During the study, many participants shared their feelings towards being vaccinated against COVID-19. There were very differing opinions among participants:

There are a lot of strong opinions and a lot of contradicting information regarding the vaccine. There are many concerns. But nothing based in facts.

Some participants were desperate for the vaccine:

Persons with disabilities should be first in line to get the vaccine.

Some wanted to have it but spoke about their concerns whether they would have access to the vaccine:

Will I have access?

My greatest fear is that the government will screw up the roll-out of the vaccine. They are so hopelessly useless at any initiative that involves careful planning and organisation.

Other participants were strongly opposed to being vaccinated:

I oppose forced vaccination even though I understand the need for vaccination and agree with a vaccine program being created.

I don't think we should be injected with this vaccine.

My concern is if it does not work what then? Why is government taking so long to implement the vaccine and why must it be rolled out to certain groups first? I don't know. Government is playing with lives.

I doubt its effectiveness.

I am not interested in this vaccine because I have heard many negative things about the outcome.

A few participants said that they did not believe that they would be able to have the vaccine due to health conditions:

I have an immune condition common in those with autism (MCAS) and cannot be vaccinated at present but I fear they may attempt to penalise those who refuse unless they can produce expensive medical documents which I cannot afford to obtain proving it is not safe for me. I fear them violating my bodily autonomy with some excuses about public safety.

It may be unsafe for disabled people with prior conditions but many cannot afford to see doctors and get evidence of such conditions and may be forced to vaccinate even against their will.

Many participants worried about the safety of the vaccine:

I feel a bit worried about the vaccine because there is so much information going around about it. I'm not sure what is true and what is false?

I am not too sure if it is 100% guaranteed.

I would like to see if there are negative reactions to the vaccine and worried that not all the strains will be covered.

I am worried about safety.

Other participants spoke of the damage that conspiracy theorists were creating via spreading 'fake news' and incorrect information:

The conspiracy theory stuff that actually makes me so angry. You know, I used to. I started off by sort of laugh loudly. Then reprimanding people on Twitter. I was getting so angry about it. But now I've stopped because it was causing me too much stress.

A mother of a child with multiple what she called 'severe' disabilities shared:

Our access to things, there's times that we could still have that we could that should be given to our children and our people with disabilities. We should not have to scrounge and scratch and fight and argue and all of those things for on a daily basis.

4.3 Access to education

'School, it was halted just because of his disability. I felt bad because his other two brothers in mainstream, they had online classes and even returned normal schooling.'

This section of the report provides information on the educational experiences of learners with disabilities attending special schools for learners with disabilities and mainstream schools, as well as those residing in special school hostels during the COVID-19 pandemic. It also includes the experiences of students with disabilities attending higher education institutions. It describes the impact of school closures on the education of learners with disabilities, some positive home-schooling experiences, online and home-schooling challenges, the lack of support and communication from the DBE, the impact of COVID-19 on teaching and learning, provisioning of PPE, mask wearing, social distancing, school hostel COVID-19 safety challenges, transparency and communication between DBE, schools and parents, and the experiences of students with disabilities in higher education institutions.

4.3.1 Learners with disabilities

While South Africa's DBE stated that remote teaching and learning of all learners must continue during the COVID-19 pandemic, many special schools accommodating learners with disabilities opened later than mainstream schools. This was attributed to them not being able to physically keep learners, teachers, teaching assistants and other staff members safe from the virus, because it was not possible to eliminate physical contact. Some learners required physical assistance such as being transferred from wheelchairs, there were communication challenges with social distancing and mask wearing for learners who were deaf, some learners needed to share assistive

devices such as braille machines, and learners with visual and physical disabilities needed to touch surfaces such as grab-rails.

Impact of school closures

A number of parents of children with disabilities spoke of the negative impact that school closure had on their children. Many spoke of increased anxiety, stress and mental health conditions brought on by isolation. In some cases, this led to developmental and academic regression.

A parent of a child on the autism spectrum spoke of how difficult home-schooling was, as it involved changes in their child's regular routine and a lack of clear communication on school opening dates for special schools:

It was very difficult for him to adjust to the new schedule when he went back as the school alternated days to reduce the number of kids on the premises. He thrives on routine. During the hard lockdown he struggled to complete his work at home as worksheets are not the best way to teach him. He just got more anxious.

Another parent of a learner with mental health challenges said:

He is an introvert so he preferred being at home, however the isolation made him reclusive and affected his mental health. It was a struggle to get him to go outside or leave his room for anything.

A significant challenge identified by a number of participants was the poverty of many families with children with disabilities. Many special schools provide meals as part of school feeding schemes and with school closures, this no longer took place. During an interview with a principal of a special school (who was an adult with a disability herself), it was clear how much she cared for her learners:

We worry so much for our children. Many only got their one meal of the day at school. Now that the school is closed, we know many are hungry. We send our school bus and driver to the homes of parents that we know are struggling once a week. We make up basic food parcels as they have nothing.

Positive home-schooling experiences

Some parents with disabilities reported that they were able to provide their children with home-schooling and had positive relationships with their child's school and teachers. Other parents shared that while their school had not provided their children with work, they were able to create their own work or purchase resources from their own pockets. One mother said:

I am a stay-at-home mom. I have focused on his education using a subscription worksheet service for his developmental age.

A number of parents shared how their children who would normally become very ill during the winter months and who regularly missed school or were hospitalised shared how being in a 'bubble' and not attending school resulted in their children remaining free of illness:

Ironically my child has been the healthiest he has ever been. Not being exposed to the other children's bugs has kept him healthy and illness free.

A few participants – including principals and parents – praised their educators for putting in significant amount of work to support their learners. A principal shared:

They are so hardworking. The love for their learners is so strong. Sometimes they would pay for things from their own pockets to help their children.

A number of parents spoke of the support they received from their children's teachers:
They tried so hard. They started WhatsApp support groups with all of us parents. They gave us ideas on how to work and help our children. They were so encouraging. They really cared.

Some teachers shared that because their learners' parents did not have devices such as laptops, computers, smartphones, or data, they had to develop creative and relevant strategies to support their learners:

Once every two weeks, our school bus would deliver a pack of work from each teacher to a few homes in various communities and parents would collect their children's work.

A parent shared how her child's teacher held her accountable for ensuring that her daughter completed her work each week and that how this helped to her remain motivated:

We had to submit our work to her [teacher] every Monday. We knew that if we had problems that we could WhatsApp her and she would help us. This really worked.

A teacher working at a school for learners with visual impairments spoke of how she missed being able to teach her learners:

Just knowing that my children are sitting at home doing nothing is so painful.

Home-schooling and online challenges

Interviews with parents of children with disabilities, some teachers, NGOs and DPOs supporting learners with disabilities showed that not all teachers provided remote teaching and learning to all learners with disabilities. Numerous reasons were provided, including a lack of accountability among teachers working in special schools, parents being unable to assist their children, parents residing far from the school and not being able to physically collect work-packs, as well as a lack of online teaching because of a lack of devices, electricity, internet and WIFI data challenges.

A teacher shared:

I work so hard but there are others [teachers] who are so lazy. They think, 'Because we teach the special ones [learners with disabilities] we can do what we like. The department won't do anything to us.' They gave the learners nothing. They sat at home and did nothing.

A number of teachers expressed that many of their learners' parents were uneducated, or were only able to read and write at a basic level. As a result, they were unable to assist their children with work that was sent home:

I made up packs of work but the children didn't do it. I sent WhatsApp messages and they said they didn't know what to do so we stopped.

A teacher of learners with vision impairments shared some of the challenges she experiences with parents of the children she taught:

They are unable to read braille. Some parents are illiterate. Others are just not interested. They are interested in their normal nondisabled children, but not their children who are blind. Even if we give them a simple task, like go do this to help your child. No, they won't do it.

Many parents who had children who were deaf spoke about their lack of fluency in SASL as being a major challenge in being able to assist their child with completing their work. A father shared:

I just don't know the specialised signs for things so I cannot help my boy. It is so frustrating especially when I can help his brother with his work but I cannot help him as I can't sign.

The most common barrier teachers raised related to parents not having devices such as laptops or computers. For those who did, data and a lack of internet connectivity remained a barrier to children not receiving or completing work:

They [parents] don't have fancy devices. Most don't have data to download the work. That is the main challenge.

A mother whose child has photosensitive epilepsy spoke about some of the challenges she had trying to support her son with home-schooling as his school only provide online teaching:

If you catch him having a seizure he's not functioning and not responding. Having to spend a lot of time on the computer just it became really difficult because of the photosensitivity.

A number of parents interviewed chose not to send their children back to school when schools reopened, while others sent them back later. Some parents cited fear of their children contracting the virus, or because of their children having medical or health-related challenges:

He [child with a disability] was not in school. His paediatrician advised us in 2017 not to send him back to school due to his lung problems.

Many parents spoke of the very difficult decision of whether to send their children back to school, especially for those with comorbidities.

A mother spoke of how her son's mental health had deteriorated while at home and how she was so grateful when his school reopened:

This is why I decided to send him back to school. His mood improved dramatically while he was back at school. It was brief unfortunately as his father caught COVID-19 so my son was no longer allowed to return to school and washome for exams until the school closed.

Support and communication from the DBE

Teachers working in special schools shared their frustration at the lack of guidance from their Provincial Department of Basic Education (PD BE) officials regarding the reopening of special schools, what would happen to learners with disabilities who were not able to return to school, and how evaluations and assessments would take place:

There was no guidance from them [the PD BE]. We were waiting for guidance from them. Term One we have evaluations. Term two there were no evaluations. Term Three we closed, there was nothing. We didn't know. It was still the same as if it was a normal school year. But it wasn't a normal year.

Another teacher with a disability shared her frustration:

The Department of Education don't care for us. They don't even come to our school to help us to know what to do to help the children with disabilities. They don't ask us what our challenges are, or tell us how they can help us. They don't come near.

Another teacher shared how the lack of clarity regarding the number of teaching days in special school and how teachers were required to complete the curriculum was challenging:

We basically had two months to teach. Not even a full two months. But we went, but nothing was done. They compress the curriculum but up until now everyone is confused.

Teachers raised the issue of a lack of clarity regarding the reopening of special schools from the DBE and how not being able to provide information to parents was very difficult:

The parents are looking at us and saying that you lied to us all the time. But we didn't get any information from the department.

Parents of children with disabilities were asked whether they were satisfied or unsatisfied with the education their child received from their teachers and schools during lockdown. 57% of parents stated that they were unsatisfied while 43% stated that they were satisfied.

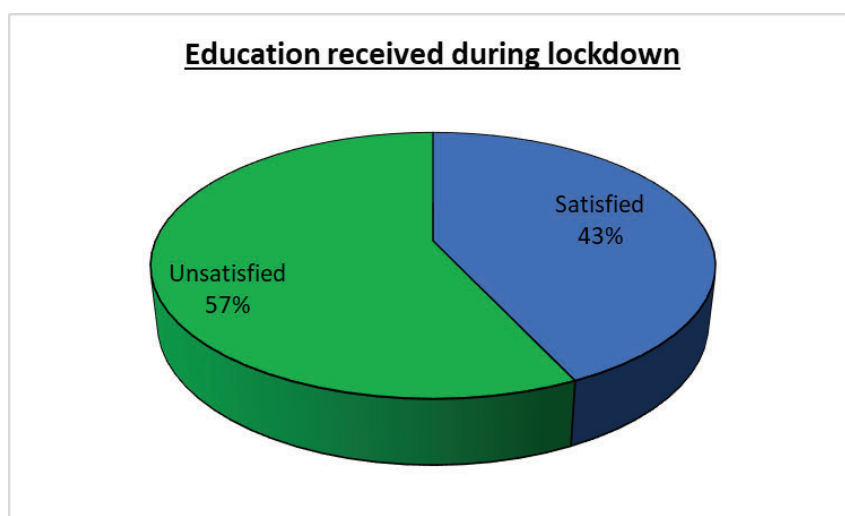


Chart 10: Education received during lockdown

Impact of COVID-19 on teaching and learning

As a result of the challenges identified in this section, many learners in special schools would be required to repeat the year again:

Those in Grade 5 this year must come back and be in Grade 5 next year.

A mother who had a daughter on the autism spectrum in matric spoke of how they decided to remove her from school during COVID-19 and repeat the year in 2021:

She couldn't cope with the home-schooling, the work, the anxiety, the changes.

Another parent also decided to remove her son from school:

He just got so depressed, so anxious, not knowing with the changes that were going on. Not knowing what to expect, what was going to happen.

The impact of home-schooling a child with a disability took a significant emotional, physical and mental toll on many parents of children with disabilities. Parents found the multiple roles of being a carer, parent, financial provider and teacher challenging. A single mother of two children with disabilities said:

I had to see a psychologist and it was just too much.

A teacher working in a special school that only provided schooling for two months shared her anger and frustration towards the DBE for not ensuring the safety of her learners with disabilities and the ensuing late reopening of her school:

This is not right. This is not fair. It is only because they go to a special school. If they went to a mainstream school, they would have been back in their classrooms learning.

Parents were asked about whether their children with disabilities returned to school after lockdown. 55% of parents stated that their children returned to school, 27% selected not to send their children back to school because of co-morbidities and safety fears, while 18% of parents shared that the school their children attended did not reopen.

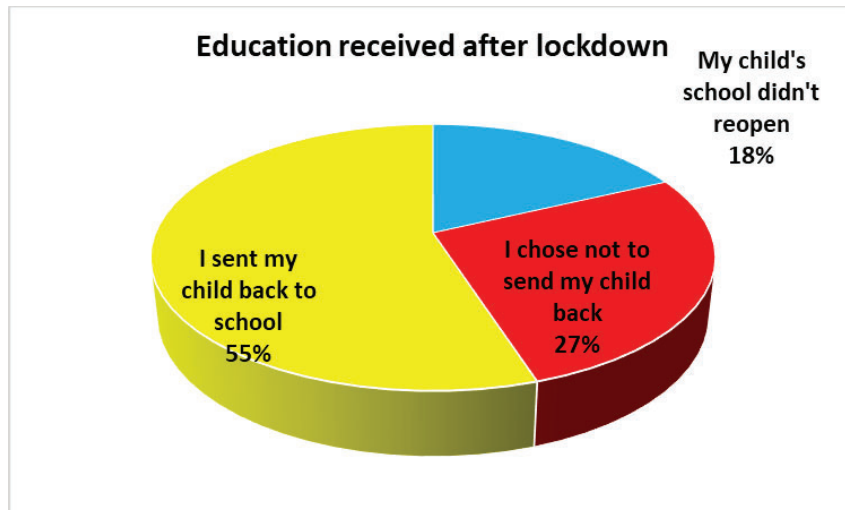


Chart 11: Education received after lockdown

Provisioning of PPE

According to the Department of Basic Education (DBE) all schools were required to screen all learners and staff, ensure that surfaces were sanitised and provide PPE to learners and all staff. After lobbying and legal actions by organisation supporting

persons with disabilities, additional school operating plans (SOPs) were put in place to ensure the safety of learners with disabilities, educators and support staff working in special schools as the existing SOPs were not inclusive of their needs.

Special schools were informed that additional PPE would be provided. This included clear face shields so that learners with hearing impairment could lip-read, those relying on SASL could follow facial cues, and those with intellectual impairment or sensory difficulties could see their teachers and staff. They were informed that there would be an increase in the quantity of PPE such as masks and face shields provided. This included the equipment required to physically assist learners with toileting, feeding and other close-contact activities. They were told that they would also receive additional sanitiser volumes to ensure that personal devices such as standing frames, braille machines, crutches and wheelchairs could be sanitised.

However, some participants working in schools that accommodated learners with disabilities shared that there was not sufficient or appropriate PPE available. Other principals shared that while the DBE informed them of what they were required to have, that there was no budget available and that the funds had to be taken from the schools' own budget. As a result, some schools that did not have funds available were not able to provide the necessary PPE or were forced to purchase inferior products. A principal of a special school stated,

It was so hard. We had to borrow from Peter to pay Paul. They told us we had to buy PPE but provided us with no money. 'Sorry we didn't budget for COVID.' It's now our problem.

An educator working in a special school for deaf learners shared that each educator was only allocated one clear shield and that this was not sufficient:

I use one all day but it doesn't stay clear. When you are using sign language you need to see facial expression. It is a barrier. When you clean it, it gets foggy. It looks like a window that is not washed properly. That is a problem visually.

Mask wearing

Some learners, parents, teachers, school managers and support staff shared that compulsory mask wearing posed a significant challenge for some learners and adults with disabilities working in special schools.

Parents of children on the autism spectrum and those with children with severe intellectual impairments shared some challenges relating to mask wearing.

A mother of a child on the autism spectrum shared:

My son was very, very frightened of the masks. We tried everything. We wore them at home to try get him use to them but he would just scream. His teacher wore fun masks with kiddie pictures but nothing worked. It was just too different for him. He didn't understand.

A father of a child with cerebral palsy spoke of how while he understood the compulsory mask wearing regulations, due to health and hygiene reasons, mask wearing was very difficult for his son, who had cerebral palsy (CP):

Because of my son's condition of CP he drools a lot. This makes his mask very wet and we don't want him developing chest infections and other complications.

Social distancing

Teachers – both deaf and hearing – and support staff who were deaf working in a school shared that social distancing was significantly challenging when teaching and communicating with learners who were deaf.

An educator teaching learners with severe intellectual impairments shared her concern and fear about not being able to follow social distancing guidelines:

Distance is a problem. You cannot have the one and a half metres. Some learners learn slower so you need to be near them to be able to help them to concentrate. But it is a challenge. It is very dangerous for us to work here.

While many teachers shared the challenges of being required to social distance from their learners, some found creative solutions, such as teaching outside their classrooms. They expressed some of the benefits:

It would be better if we could teach outside. Then we wouldn't need to use our masks. Visually it would be clearer.

However, many stated that this wasn't always possible:

Unfortunately, where we live it is hot. Very hot outside.

Another teacher stated,

If you are outside then it is fine. But when you come into the classroom to teach that is a problem.

A teacher with a visual impairment working in a special school for children with visual impairments spoke of her challenges with social distancing, sanitising of braille materials and mask wearing:

When I am teaching a child who is blind in the classroom, there is no social distancing. The book she is reading I am going to read. Where it is as she reads, I have to follow with my finger because of braille. You cannot sanitise because the paper will get soggy. I cannot wear a mask because I have to hear if she says an 'E' or whatever. I have to be near to articulate. As a result, us teachers are running the risk of getting COVID-19. There is nothing we can do.

Another teacher with a visual impairment shared:

Even if I sanitise my hands 20 times, I am going to hold the same book. I am going to hold her hands to show her how to type on the braille machine to check what she is writing is the correct thing. I have to feel her hands. I can't sanitise but I am working in danger.

A teacher of learners who were deafblind raised the concern regarding how to communicate and keep both learners and educators safe:

What about the deafblind children? They have tactile sign language. How is that going to work? They need to be close. They need to touch their hands.

School hostel COVID-19 safety challenges

When the DBE announced that all schools would close due to COVID-19, school hostels that accommodated learners with disabilities were also closed in order to prevent the spread of the virus and to keep learners and staff safe. However, when schools reopened, significant COVID-19 safety challenges were raised by parents of children with disabilities, teachers, principals, support staff, DPOs, NGOs and other

stakeholders. These concerns resulted in legal action being taken against the DBE. As a result of this legal action, the DBE was required to revise the SOP to focus on the needs of learners with disabilities, teachers and support staff in the school and hostel environments; and to provide additional PPE.

However, many parents still chose to keep their children at home:

As a mother of a child with severe disabilities, I do not feel that the school hostel is equipped to keep my daughter safe. I cannot take the risk. This is my daughter's life we are talking about. Not just a number.

In some provinces and districts, teachers, support staff and principals supported the decision to keep the school hostels closed. They cited reasons including COVID-19 safety concerns and continued lack of PPE; not being able to comply with social distancing requirements especially in dormitories, bathrooms and eating areas; and insufficient number of support staff. A teacher working in a special school shared:

If the hostels would have opened, we would've had deaths on our hands. The principal of the hostels really cares. It was the best decision.

A head of department shared that she, other teachers and their principal approached their teacher unions and lawyers for legal advice and refused to reopen:

We cannot keep our learners safe. They will die.

A support staff member working in the school hostel shared:

Working in special school hostels is not the same as others. We have to physically carry, turn, toilet and transfer many disabled learners. How do we keep them [learners] safe? How do we keep ourselves safe?

Another stated that:

We were understaffed before COVID-19. Now it is even worse. Some staff are too scared to come to work. Others have comorbidities or have family with comorbidities. Some come but leave because they are sick. We cannot cope.

A principal working in a special school shared:

We know that in the hostel there are problems such as social distancing in the bathrooms and eating areas. There are too many children. And a sleeping space for social distancing is a problem.

A staff member who previously worked in the school hostel spoke about the difficulties she had with social distancing and not having sufficient PPE:

Those of us working in the hostels will not be able to social distance. We don't have enough staff. Now the hostel is in a COVID-19 mode. They didn't appoint screeners; there is no extra masks.

A staff member working in a different school hostel said:

We can't take the masks that they gave us at school and wear them for the whole of the rest of the day. These are the things the department did not think of.

A teacher working in a special school that previously accommodated learners with disabilities spoke of how hard her principal had to fight to keep the hostel closed due to

safety concerns of his staff and learners, many of whom had severe disabilities and comorbidities:

The department said the hostels must open. The principal stood his ground and said the hostels will not open. They sent the circuit manager to him. Then they sent the one above her. Then they sent [...] in the MEC to him and he still said the hostel will not open unless you deep cleaned this hostel. Unless you deep cleaned all these hostels. Unless you can make sure that there will be social distance in the sleeping eating and toilet areas. Even the infrastructure in these hostels.

One of the most significant results of some school hostels remaining closed was for the matric learners with disabilities residing in rural areas who could not attend school as a result. Learners who could not stay in the hostel and lacked online teaching were required to repeat their final year of schooling. A HOD shared:

The deaf and blind children in matric have to come back next year. They couldn't come in to write their exams.

Parents and teachers spoke of the difficulty facing learners who resided far from the school. Because school hostels were closed, they had no option of receiving schooling:

Some of the parents would have sent their children back, they would have. They would have sent them back if they had any other place for their children to stay other than the hostel. But they don't have.

Transparency and communication between DBE, schools and parents

A number of participants raised the issue of the DBE's lack of transparency and communication with parents and learners with disabilities who attended special schools or resided in school hostels. An educator working in a special school that provided hostel accommodation to more than half of the learners at the school shared her concern about the lack of transparency regarding the opening of school hostels:

There is a challenge for children living in the hostel. The hostel closed in March. The children thought that it was closed because of school holiday, they didn't know that it was because of COVID-19 and that they wouldn't be going back till next year.

A teacher raised the question of whose responsibility it was to inform parents that school hostels would remain closed:

Who should share this information with the parents were for deaf children? Who is responsible? The department [DBE] are responsible, they should intervene. Now even in the first week of December the deaf children are still at home. There are about 45 out of the 75 deaf children are still at home because they stay in the hostel. The only reason for them not coming back to school is because the hostel is closed.

A school head of department shared her frustration at not receiving clarity on the reopening of school hostels from the DBE:

We were waiting, waiting, waiting for the department to let us know what was going to happen for the deaf learners. We as teachers want to know what do we do with the learners who are not coming to school? The [provincial] department said they were waiting for national Department of Education so we must wait. It was all very confusing.

Teachers working in special schools whose hostels did not open shared how the lack of information and communication from the provincial DBE damaged their relationships with parents. Parents no longer trusted them or believed that they had had their children's best interest at heart:

The parents called and called each and every week saying, 'When can my child come back to school?' 'Why don't you want to tell us?' 'Why are you hiding this information?' 'Why don't you want to get answers from the department?' 'Don't you care about our children?' This was very, very hard. I cried a lot as I love my children but I didn't know what to tell them.

Transport

Another significant challenge highlighted by parents, teachers and NGO's supporting children with disabilities was the inability of special school busses to operate due to COVID-19 safety concerns. As a result, many children, especially those with physical disabilities who cannot access public transport, have been forced to remain at home. A teacher shared:

We just cannot safely operate the school busses. Our children have severe disabilities and have to have carers and assistants on the busses to keep them safe. We don't have space to social distance and have the funds to sanitise our busses

Many special schools had lost funding as well as income from school fundraising generating projects such as annual golf days due to COVID-19. A parent said:

Our accessible busses are not funded by the department. The funds come from our 'Friend of [school name]' and because we couldn't fundraise, we cannot run our busses as there is no money. Parents don't have the money or accessible cars to bring in their children. It is so sad that they are missing out on education just because they cannot get to school.

4.3.2 Students with disabilities in higher education

A number of students with disabilities shared their experiences of accessing teaching and learning remotely during the COVID-19 pandemic.

A lecturer with a disability working in a higher education institution shared her experiences of online teaching during the COVID-19 pandemic:

It was triple the amount of work. We've been doing face-to-face lectures and suddenly we now had to take everything, the modules and put them on the online platform. It was just a tad bit of crazy. You know what? I got through it.

Another lecturer spoke of how working online enabled her to build closer relationships with many of her students with disabilities:

I've become closer to some of my students with disabilities. We've actually developed some great bonds. Some of my students – we have a really close working relationship now.

Another student shared her positive experiences of enrolling for online distanced education:

I was actually quite relieved that I was doing online because I have been able to continue through COVID-19. It's been very hard. But what's actually been amazing is that we've got an incredible support group. It is a fellow student

support group from all over the world. It's quite funny, if you've got a problem at any time of day or not, you can actually post something somebody will be awake.

A student with a visual disability shared her experience of making the decision to leave her university residence due to fears that she would not receive support if she contracted COVID-19:

When lockdown was imminent, I told my parents, look and I need to come home now, because what if I get sick and no one wants to help me? The university said, 'Once you – once you go, you can't come back.' I panicked and packed minimal winter clothes. I left in such a rush, even leaving food in my fridge.

Students with disabilities who returned home to stay with family members due to the university's lack of support stated that that this move had its challenges. One student who was visually impaired spoke of having her independence withdrawn once she moved in with her parents:

When I am back home my own life is very disabling. I can't even do my own washing. When I want to make coffee, I have to always ask first.

She further shared how difficult it was to fit into her parents' routines and rules after being independent at university:

[University name] was heaven because I could go to the shops on my own. I could go and drink coffee and do what I wanted to do. But it's unfortunately how it is with my parents. It's very dysfunctional.

A student with a disability spoke of how she was forced to find emergency accommodation because her home was not safe:

I had to live with my uncle who is an alcoholic and has very bad rage issues. It was very traumatic for me living with him. I held out for two and a half months but I knew I had to create an escape plan, so to speak. I couldn't stand it any longer.

4.4 Access to information

'It is better for us to have a sign language interpreter. We don't understand the meaning of the word. Whereas if there is a sign language interpreter then we understand.'

This section of the findings shares the experiences of participants relating to the accessibility of COVID-19 information, specifically during news briefings, COVID-19 information updates, and presidential and premier briefings.

Sign language interpretation

At the start of lockdown there was an outcry from members of the Deaf community regarding the lack of SASL interpreters during official government addresses and COVID-19 related broadcasts. Officials from the DWYPD shared how they ensured that access for persons using SASL were accommodated:

When the National State of Disaster was first announced, our initial measures were to make sure that sign language interpretation was available.

Numerous participants who were deaf shared their challenges in accessing COVID-19 information on television because there was no consistent SASL interpretation:

Sometimes there is an interpreter on the TV. Other times there is not. I then have to try lip-read. I have to try very, very hard to concentrate on what is being said but most of the information it goes missing. It is very, very important to have an interpreter.

Other participants who were deaf highlighted that even when interpreters were provided, on some television channels the interpreter was too small and information was lost as a result:

Sometimes they have an interpreter but she is so small on the screen that I can't see well and then I miss out.

Other participants who were deaf and relied on SASL interpreters shared that access to information differed across the lockdown levels:

When it was locked down Level 5 there was an interpreter all the time for the news and for some information such as meetings with the president. It was so good. But when it came to Level 3 the interpreter went away. By the middle of August access for the deaf went away. Where is the information? We couldn't understand. We want to know.

When participants who were deaf were asked if they had raised their concerns, some shared that they had sent messages and emails to ICASA (the official regulator of the South African broadcasting and telecommunications services sectors) but they received no response to their messages:

The law says, ICASA must provide information such as the news in an accessible format. If it is not accessible there is R100,000 fine if they don't comply to the law. They ignored the law. Many deaf WhatsApp and email their problems to the broadcaster but they always get lost then never get response. When the deaf sent messages to that number they give on their website they get ignored.

Subtitles

Not all persons with hearing impairments use SASL to communicate. Some persons follow an oral/aural approach using lip-reading and speech to communicate and make use of assistive devices such as hearing aids, cochlear implants and bone anchored hearing aids. During interviews with persons using this form of communication, the majority spoke of the need for subtitles to be provided, especially during the news and important COVID-19 media briefings:

We need captions on the news when our president talks.

Other participants with intellectual and learning disabilities spoke of the need for subtitles to be included as some did not understand some of the terminology used during briefings and on the news. They spoke of the need for the words that were used in the subtitles to be simplified:

I wish they used more simple and easy to understand words so we can follow as I don't understand some of what people are saying.

Another participant concurred:

It is good to have subtitles but sometimes they have big words that I don't understand.

Many participants requested a SASL interpreter over subtitles, due to low literacy levels among certain persons who are deaf. A parent of an adult who was deaf reported:

Most of deaf people in South Africa cannot read and write at the same levels as hearing people. This is not their fault. Rather it is because there is no written form of SASL. Also, many teachers cannot sign. That is a really big problem.

An official from the DWYPD shared the importance of planning and accountability regarding accessibility of information:

Spheres of government and institutions to start making that information available, but it's not just the information itself. It's the whole planning process, the budgeting process. The who is responsible for this and will be held accountable if it's not done.

Accessible information from employers

It was vital that COVID-19 information was provided for employees returning to work. Some participants with disabilities were employed as teachers, teacher assistants, cleaners and general workers. Many raised concerns relating to a lack of accessible COVID-19 safety information provided by the DBE. This affected their safety, the safety of other staff members, and the safety of learners with disabilities. A teacher shared her challenges in having to assist fellow staff members who were deaf:

The information that the Department of Education gives our school is sent to us but there is no interpreter. Our deaf staff and teachers don't understand. Sometimes the information comes in Afrikaans. I have to translate it to English and I have to shorten the information. Sometimes the information is a voice note. I have to tell that deaf what it says. While it should be the department's responsibility these are my colleagues. I work with them closely.

A participant with a disability shared her concerns that many of her colleagues with disabilities did not have an adequate understanding about COVID-19 when they returned to work:

There is nobody that cares. Our colleagues with disabilities need to know. They do not know when to come back to work. They were confused.

A hearing teacher shared his anger at the DBE and blamed them for not providing his colleagues who were deaf with adequate information; this led to a number of positive cases of COVID-19 so severe that hospitalisation was required.

The Minister of Education failed the deaf. She failed everybody and mostly them. Especially the provincial Department of Education. The Department of Health said that schools need to have information on how to prevent the coronavirus and that we as teachers need to practise. The province failed us. They taught at the other hearing schools how to clean. They were all given workshops. We here never received anything.

Another teacher working in a special school said:

Schools for the disabled got nothing. It was the responsibility of the teachers to teach the children that we were never taught. We need to know the challenges of helping a disabled child. The principal did not give us any training. We knew nothing.

Suggestions

During a focus group discussion with a group of participants representing a DPO, support persons who were deaf shared the importance of having an interpreter:

It is better for us to have a sign language interpreter. We don't understand the meaning of the word. Whereas if there is a sign language interpreter then we understand.

When participants were asked what they felt was needed to provide more accessible COVID-19 information, they provided the following suggestions:

- *We need more accessible media like pictures that we understand.*
- *Door-to-door information sharing or at least printed information that is clear will help.*
- *Some people do not have access to social media. Catalogue with detailed information to be distributed within our community is needed.*
- *They could reach out to small towns, like rural in the areas where they need it most.*
- *Using social stories, child friendly illustrations, and audio visuals would be great to share information.*
- *For people who are deafblind, education and training will assist us. We need face-to-face training; we believe in touching or seeing.*
- *They need to consult with NPOs and not service providers to really understand the needs of disabled people.*

4.5 Access to social services

This section of the findings provides accounts of how persons with disabilities and parents/caregivers of children with disabilities accessed social services during the COVID-19 pandemic.

During interviews the DWYPD shared some of the concerns raised by persons with disabilities relating to COVID-19:

I think there was a lot of confusion there was a lot of panic amongst the disability sector and understandably so. They raised number of issues and we responded to it or we saw to engage particular departments in order to get some kind of relief.

A participant with a visual disability shared that she was not able to access support from the DWYPD:

I believe there is an office for the disabled people in the president's office. I believe there are somewhere there may be in the premier's office but they don't come near our school. We get no support.

Another teacher with a disability said:

Sometimes they [DWYPD provincial official] come to our school they signed the register, they talk talk, but when they go, we never hear from them. They close their books and do nothing.

An official within the DWYPD shared some of the collaborative practices that had taken place between government and civil society during COVID-19:

We received a number of letters from the presidential Working Group on Disabilities and from disabled persons individually. These highlighting issues

which we had raised with other departments, as well issues such as food distribution social grants.

They further shared of how this collaboration brought about change:

You would have seen that the Department of Social Development made provision for there to be one special day that persons with disabilities come to collect grants.

However, they acknowledged that there were challenges with implementation of this directive:

They [persons with disabilities] could try and observe the protocols in place to avoid COVID-19 but there was a delay during the initial period in terms of some of the officials on the ground.

Additional areas that the DWYPD wished to share included how they assisted in changing guidelines to allowed guide dogs and service dogs to be walked and exercised during lockdown:

So, we had raised a number of these issues with the departments including access to guide dogs, which you'll see in the legislation we were very clearly say that is allowed. You would have heard Minister Zulu from Social Development saying that that guide dogs are allowed and service animals are allowed.

However, the DWYPD shared that they experienced some challenges:

There were glitches and red tape, because it is ministers that needed to sign off, or there was confusion around processes because according to our understanding, we did the directions, however there was, I think, miscommunication in government, to that extent. But having said that, we have to the greatest extent possible engaged and all the issues.

Media reports and other sources have revealed that food distribution to those in desperate need has been severely challenges as a result of many factors including a lack of coordination in the distribution of food parcels, the need outweighing the resources available, as well as corruption. However, an DWYPD shared:

Although food distribution was a crisis, there were measures put in place to accommodate children who were a part of feeding schemes through community nutrition centres.

There appeared to be some confusion regarding the eligibility of social grants and government's criteria for food parcels amongst participants in this research. Many were not aware that if persons with disabilities received a disability grant, then they would be excluded from receiving food parcels. An official from DWYPD said:

The Social Relief of Distress Grant is for people who are disabled, who do not qualify to receive the disability grant.

Of the 94 participants that provided data regarding Department of Social Development monthly disability grants, 33% of participants stated that they accessed disability grants during COVID-19.

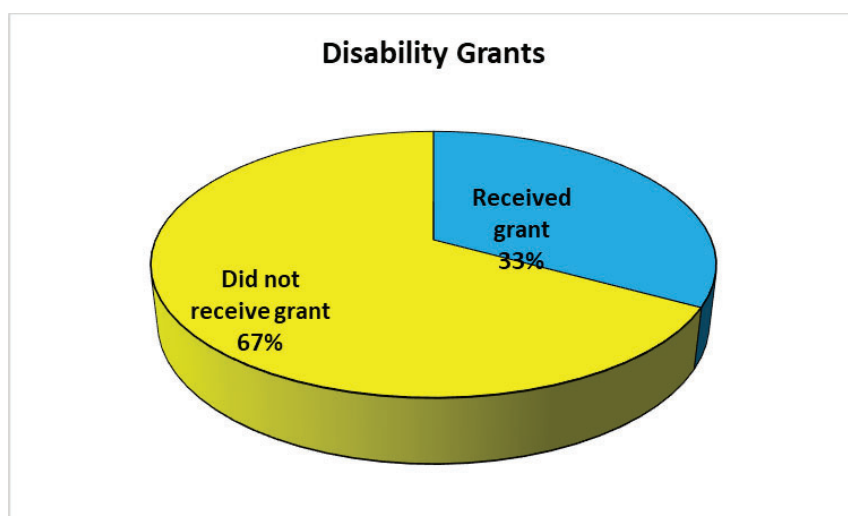


Chart 12: Disability grants

Of the total number of participants who received a monthly disability grant during COVID-19, only six percent received an additional R350 payments.

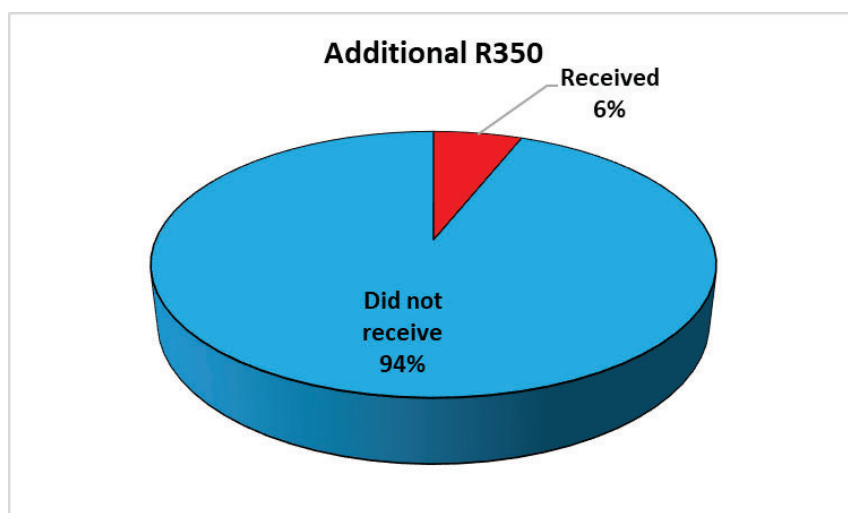


Chart 13: Accessing additional R350

A person with a health condition and disability shared his experiences of having to wait in line to collect his disability grant:

People with diabetic cannot stand long on their feet hence the long queues cause them to experience painful feet.

Another participant with a physical disability mentioned that no preferential treatment was provided to some persons with disabilities while waiting for their grants:

Security want us to queue in those long line.

A number of participants spoke of how they were not treated well and their needs were not accommodated:

I have been discriminated against by not be helped in a way, that one can understand what is going on and not being support enough based on your disability as mostly we get treated that we are dumb or stupid.

A participant shared how many persons with disabilities were not able to access services that they required as mentioned in the World Report on Disability:

People fail to provide the necessary services as per the WRPD 2015 and more so during COVID-19 pandemic, which has highlighted this discrimination.

Some participants felt that more social grants should have been provided:

Grants should have been given to all people with disabilities.

Participants who experienced abuse and assault during COVID-19 shared that they felt the government should:

Provide respite care and safe houses.

A number of participants shared experiences of significant challenges trying to access disability grants during the COVID-19 pandemic. A participant shared:

The government should have given us proper answers as to why certain things just didn't happen during COVID-19. I didn't receive my disability grant for six months during the lockdown and when I finally got my paperwork resubmitted the clerk at SASSA just said that my six months of disability grants fell away with no reason why.

A number of participants with disabilities expressed the need for departments such as the DSD to provide support to persons with disabilities:

They should reach out to people with disabilities by having task teams that specifically check and ensure that they have the necessary stuff needed to survive during this pandemic.

A participant spoke of the need for government departments to provide specific COVID-19 training to persons with disabilities:

At least one workshop in a quarter, so that information can be spread to other disabilities people because not everyone has smartphone or have access to social media. I suggest face-to-face training. That will assist us.

The DWYPD shared how they had developed partnerships in order to access materials that persons with disabilities required:

We were able to get a partnership with [name of American consumer goods corporation] and they gave us supplies to the value of around two million. They gave us nappies. We'd asked them for adult nappies but they were not able to assist us with that so they gave us children's nappies, washing powder, toothbrushes and wet wipes.

In some provinces, 'dignity' sanitary packs were included as well as food distribution in the form of food parcels. These products were distributed amongst the disability sector in three provinces as instructed by the deputy minister. However, none of the participants interviewed said that they had received food parcels or supplies that were mentioned above.

4.6 Access to safety and security

'I can't get into the courtrooms for the trial because they've put up a security gate. It makes the door too narrow for my wheelchair.'

This section of the findings focuses on the safety and security experiences of participants during the COVID-19 pandemic. A participant with a psycho-social disability spoke of how she felt safe during COVID-19:

My home is safe. Its secure. I've got a burglar alarm. I've got, you know, I'm on good terms of my neighbours. I've got internet access. I've got all the things that allow me to be safe or safe as possible because nobody ever is completely safe.

However, many participants in this study spoke of feelings of vulnerability as a result of their disabilities and how many did not feel safe both from contracting COVID-19 but also from factors including abuse and violence.

A woman with a visual disability shared her experiences of having being attacked and robbed and how the SAPS refused to open a case:

As a blind person they [SAPS] said I cannot open a police case. I was robbed here [place of employment]. Someone put a knife around my neck and said, 'I'm going to kill you.' I told the police but the first question they asked me was: 'How does that persons look like? You can be of no help. You will not be able to identify him. Because you can't see there is no case for a blind person.'

She further spoke of the urgent need to disability sensitivity training on how to accommodate persons with disabilities:

The police people should be taught how to be sensitive when asking questions. They mustn't just ask, What did that person look like? What was she wearing? How will I know that? I was praying for my life. I thought I was going to heaven.

A woman with a physical disability reported poor handling of her case by a SAPS officer and how she was not supported:

I went directly to the minister working with safety in my province. I spoke to her and I explained the situation and what happened. She said she would do something but she did nothing. We are not safe. There supposed to be persons with disabilities in each and every government departments to help with these type of things but there are not.

A participant with a visual impairment shared her experiences of not feeling safe in her local community:

I was walking down the road using my cane because I cannot see. There was someone walking in front of me but I did not see him. I think that all my cane must've touched his shoe. He turned around and said: 'You have made me angry.' He hit me on the chest with his fists. I said. 'But I didn't see you I am blind.' I said: 'I am so, so sorry.' People just don't know about disability, about my life. No one came to help me. Nobody came. Nobody cared. They just don't know. They haven't seen a blind person in their life before.

Some female participants disclosed that they had been physically assaulted and abused, while two mothers with disabilities reported that their children also with disabilities had been assaulted by partners in their homes during lockdown:

He has a drug and alcohol problem, and he was becoming more and more aggressive and verbally abusive with everybody. Eventually he hit my son [with a disability] in the face.

A participant with a son on the autism spectrum expressed relief that a detective from her local South African Police Service (SAPS) was disability-sensitive and allowed her to accompany her son and speak on his behalf when needed when he was required to give a statement after being assaulted:

It was because he's on the autistic spectrum. And it's because of the disability he couldn't speak clearly.

A participant with a physical disability shared that he was contacted and requested to physically come to his local SAPS station to open a case of assault. When he explained to the officer that he had a physical disability and that he had concerns about using public transportation during COVID-19, the officer agreed to come to his house:

The detective phoned and he wanted me to come down to the police station to do an interview. I said I am disabled. He came to me which was good. Although the problem is that I did sit around waiting for him for two days before he did actually arrive.

A mother shared her feelings of vulnerability of not being able to protect her children as she was a wheelchair user and her partner was physically strong. Another mother shared that she had obtained a protection order against her partner but spoke of how traumatic the event was:

I was so stressed that he would lose his sight. There was blood everywhere. He couldn't see for hours. I was worried that his eye might have detached after being hit by my now ex-partner. We had him checked out. Fortunately, it healed. They said it was probably just some bruising within the eyeball.

A mother spoke of how as a result of lockdown and not being able to leave the house that she became aware of how her partner had been abusing her children:

As it actually turns out, I now know, I can confirm that things have been going on because with COVID I was home all the time. I stopped seeing what he'd been hiding and the abuse that had been going on. And you know, I was able to see what was happening because the kids [with disabilities] didn't tell me.

Another mother spoke of how she developed a closer relationship with her daughter with a disability. This led to her daughter disclosing that she was being abused:

The stuff [abuse] was going on too long ago. But, you know, if you don't know what's going on. And people are hiding things from you. I mean, I knew, I knew there was friction between them, but I didn't know what was actually happening.

A participant with a visual impairment spoke of how vulnerable she felt making use of public transportation and having to be reliant on the public to assist her:

When I wake in the morning my taxi to go to work, I just have to sing sweet Jesus and hope that I will get a taxi it will take me. I just paid my R12 and pray that I get to work. Every day is a challenge. Some days I get good drivers and when I say stop at [road name] they take me there. Other drivers stop short and drop me off somewhere. When I get out, I recognise that I'm not where I need to be. Then I have to find someone to help me. This is the problem with COVID-19. I need help. I have to say: 'I'm sorry please help me where am I?' They say let

me help you. I don't know maybe they are a tsotsi. Maybe he's taking you to the nearest forest to do horrible things to you. You don't know. I feel so vulnerable as a woman with a disability. When a person offers to help you, all I can do is pray that he is really going to help me. Maybe he's going to be the one to grab you or your bag.

A mother shared her experiences of trying to obtain supervised visitations for her ex-partner who had assaulted another of her children during lockdown as she feared for her child's safety:

I've had to go through Child Welfare and asked if they will do supervised visitation. This was hard as a mother with a disability during COVID. Eventually they agreed to do supervised visitation with him. So, she sees her father once a week for a couple of hours and supervised.

A woman with a disability felt that she could not obtain the support that she required in order to leave an abusive partner from government departments during COVID-19 and how she had to rely on friends to assist:

They [Department of Social Development] don't answer their phones or emails and aren't in their offices. I called a colleague from work. She literally walked me through the steps doing everything [of getting a restraining order]. I honestly I don't think that I could have done this if it hadn't been for the fact that she went with me.

A participant who was a wheelchair user spoke of some of the accessibility challenges he faced when he tried to access the magistrate's court building after being assaulted during COVID-19:

I can't get into the courtrooms for the trial because they've put up a security gate. It makes the door too narrow for my wheelchair.

The same participant spoke of how he was required to sit outside the courtroom at the entrance and give his evidence there, because he could not gain access. When asked whether this occurred in other courtrooms, he said that all the rooms in that particular magistrate's court had security gates, meaning that no venues were accessible.

Ironically, they are only used to lock the courtrooms at night not to keep us safe. Who would want to break into an empty room?

A participant shared her experiences of having to complete a statement after an assault on her child with a disability at a local SAPS station and how frustrating this process was. It was made additionally challenging as she was a wheelchair user. Getting to the police station was challenging and she was afraid of contracting COVID-19:

I had to go twice. The first time I got in the police station and they said, oh, no, the lady who does the children's stuff wasn't there to do the interview, I must come back the next day. So, went back the next day, but it was a public holiday and she wasn't there either.

Another participant who was also a wheelchair user described how she had to find a back entrance to the police station in her area because it was inaccessible:

I couldn't get in the normal entrance. I had to hunt to get in. No one helped me.

A woman with a disability said that she felt directly discriminated because of her disability by a SAPS officer when she tried to open a case of assault during the COVID-19 pandemic:

When we went there to make the statement that the one officer just wrote us off and after we told him what happened said, 'Whatever.' He didn't take me seriously.

There were a few positive stories. A woman participant with a disability shared her experiences of having a magistrate who she felt listened to her story and took her case seriously:

I had some photographic evidence [of the abuse] but you know I take my hat off to the magistrate that we saw. We did the protection order because we had to go and get an interim protection order and then you have to go back. I had to say it was terrible. But the magistrate he listened and granted us.

Another participant spoke of how she made a conscious effort to engage with the magistrate. At first, he seemed dismissive but then provided a significant amount of support:

After a while his whole demeanour changed, and he started asking a whole lot of questions. He actually added a whole lot of stuff to the protection order. He added in psychological and mental and emotional which I did not know about. It was really weird it was like we broke through a bit of a barrier.

4.7 Access to livelihoods and economic opportunities

'COVID-19 has changed the way we will work in the future.'

This section of the finding relates to the experiences of persons with disabilities who were employed, actively seeking employment or lost their jobs during the COVID-19 pandemic. It also includes feedback from employers – those with disabilities, as well as those employing persons with disabilities. Not all participants in this study were employed or actively seeking employment; those who were employed reported mixed experiences relating to working during the COVID-19 pandemic.

Some participants reported positive employment experiences:

My work have been incredibly supportive and proactive in supporting vulnerable staff. I have felt very safe.

An employer of many persons with disabilities who were classified as essential workers said that keeping their employees safe was vital. The company assisted with private transportation to and from work:

In terms of our staff obviously first priority was to keep them safe as they were coming back to work. We put on private transport for them.

Another participant shared that she had no challenges with her work:

I had no difficulties. I was working from home.

Transport challenges

Many participants including persons with disabilities as well as employers who employed persons with disabilities shared some of the challenges relating to transportation. A participant with a physical disability shared his feelings towards

inaccessible and unsafe public transportation and how this affected the employment of persons with disabilities:

For the guys with disabilities, it is certainly a nightmare. It really is. I honestly think one of the biggest challenges in this country has been public transport.

A wheelchair user described a significant challenge:

Getting to work because the public transport could only take eight passengers by that time so when they get to me, they are always full to capacity.

Another participant spoke of some of the challenges of public transportation and accountability:

The inaccessibility of it. With the fact that they have been noncompliant. I mean, the government's been bending over backwards to accommodate the taxi industry and in doing so, I think put many, many people at risk. We packed up taxis with closed windows. There's no regulations on it and no enforcement.

One employer spoke of the significant financial and time cost of providing safe and accessible transportation for their employees with disabilities:

They couldn't take public transport. That was hugely expensive because as we had to pay the drivers' overtime. A round trip to collect them was like four hours every time, every day.

A participant with a visual impairment who relies on catching a taxi to get to work shared:

Every morning I am coming to work by taxi. I am going to touch the taxi. Who has touched the seat before me with their hands? For a blind person my hands are my eyes. I cannot use it wearing a glove. When I touch things with my bare hands, I am running the risk of getting the virus.

Additional challenges relating to social distancing within vehicles transporting employees meant that reductions in working hours occurred as multiple trips were required to collect all employees:

You had to have few people in each car and bus. It was quite a performance.

An employer shared that:

It was a lot of extra cost. Yeah. But keeping them [employees with disabilities] safe was priority.

Employer retrenchments or resignations

A number of participants shared that they had either lost their jobs after their employers were no longer able to pay their salaries, or resigned due to factors such as a lack of accessible transportation or safety risks. A participant with multiple disabilities who previously worked in the hospitality industry said:

They [company] had to shut down. They were too small to be able to afford the additional measures that would be required to open up again. They basically were like, 'Look, we're sorry. We're gonna have to ask you to leave.'

A number of participants with physical disabilities shared how they were forced to resign from their places of employment due to feeling unsafe using public transportation:

I stopped traveling on public transportation and I was the only person with a severe disability.

Safety at work

Many participants spoke about the changes that employers had made in order to be COVID-19 compliant:

The way we were working at the office was changed. We upped our hygiene at the office significantly and took temperatures four times a day.

An employer spoke of the changes that the company made as an essential service employer to keep their employees safe:

We really put stringent rules in place and we employed two people just clean constantly.

Some participants shared how they were required to complete a risk profile and that employers used these to determine who should work from home:

We had to complete the risk profile form so that I could stay working from home to keep safe.

A company shared how they had shifted how they work to ensure the safety of their employees:

We've really been running our organisation completely remotely. There's hardly anybody in in the offices, except production.

An employer of persons with hearing impairments shared:

We need our employers to provide face shields instead of masks for staff so I can lip-read.

Another manager with multiple disabilities shared that after weeks of no one wanting to make a decision about whether to return to work, she made the call:

I said, 'Sorry, I'm taking an executive decision, we're not working, face to face, we're going to keep doing this till the end of the year. I know it's not what you would have liked, but it is what it is, how we're living now. We have to keep everyone safe.'

However, not all participants felt that their employers took COVID-19 seriously. An employee with a disability shared her experiences. Two of her colleagues with disabilities contracted COVID-19 and both were hospitalised:

He [employer] said COVID-19 it's not that important. Because he doesn't know the SOP he speaks of things he doesn't know. Because he's in management you don't contradict the leader in front of you, and in front of the staff. So you keep quiet. He has a nonchalant attitude, 'Agh what? Nothing will happen. It's fine, don't worry.'

An employee with a disability described how three employees tested positive for COVID-19 after coming to work. Despite this, there was no deep cleaning of their workplace areas:

No nothing was done. We just had to return to work like normal. Our boss didn't take it seriously.

Another employee spoke of the lack of training given to cleaning staff and what the outcomes were:

Our cleaners did not go for that specialised training on how to sanitise after a positive case in the school. [Name of cleaning supervisor] was training [name of general worker] to use this sprayer but he used it wrongly. It went in one of the class assistant's eyes. He also has a disability. He moves a bit slower because he has CP. There was no PPE. No eye protection or gloves given.

Financial concerns

Many employers of persons with disabilities experienced significant financial challenges. One employer who provided specialised mobility devices shared her experiences:

Our therapists couldn't see private clients because of the risk to the private clients unless it was really urgent and that of course has a huge impact on our financial annual turnover.

An employer with a disability spoke of his challenges of having to retrench a number of persons with disabilities during COVID-19 due to significant financial challenges:

We've also had to retrench a lot of staff. It is so tough knowing that persons with disabilities are already discriminated from jobs. How will they w=find new ones in this climate?

Participants with disabilities spoke of the stress surrounding reduction in pay and uncertainty of whether their jobs were safe from closure:

Our salary has been reduced.

Another participant mentioned the stress caused by financial uncertainty:

I have had a cut in salary. Uncertainty of the future of my employment due to finances is stressful.

Creative solutions

A number of employers of persons with disabilities and entrepreneurs with disabilities shared how they had to find creative solutions to keep working.

A company that previously provided face-to-face training and support shared their experience:

We repositioned all our work for remote training and that's been really successful, but of course you can't charge people for [that] so it's all free.

An employer spoke of how his employees have remained positive, worked extremely hard and developed creative ways to provide services to persons with disabilities:

They have been amazing. They've taken on the change. We had all the therapists designing online training and making home videos. They really have worked hard to make whatever they can during this time.

An employer of persons with disabilities said:

COVID-19 has changed the way we will work in the future. We wouldn't go back to traveling so extensively, like before. Our training is now all online.

Accommodation of individual needs

Some employees with disabilities spoke about employers not being willing to accommodate their individual needs. A participant with a mental health condition that was aggravated by stress and anxiety said:

I had difficulty to get agreement to work shortened hours.

A participant with multiple disabilities said:

I lost my previous job and now I'm freelancing but I had to take the first job I could find and my boss is not understanding of my mental health.

A number of parents of children with disabilities spoke of their difficulties in trying to work while looking after their children, especially when special care centres, ECDs and many special schools remained closed even when the mainstream schools reopened.

A mother of a child with a severe disability expressed her frustration with her employer not allowing her to work remotely:

My employer refused me to stay at home during COVID-19 period with my child. I got all the necessary documentations and still they refused. They knew about my son's disability and his health issues.

Online platforms

A few participants shared that they experienced the same challenges that many South Africans faced with working remotely and having to familiarise themselves with online platforms:

I had to work from home and needed to make adjustments, like familiarise myself with virtual platforms such as MS Teams and Zoom.

Some participants with visual impairments found that some software used for online meetings were not accessible:

Online meetings software such as Zoom and MS-Teams is not particularly accessible for blind computer users.

Another challenge expressed by some participants was the cost of using online platforms:

I had a lack of adequate support in respect of data to work remotely.

Employers not following COVID-19 protocols

A number of participants shared their concerns of having employers who chose not to follow COVID-19 governmental policies and how difficult this was for them:

When I was diagnosed with COVID-19, my employer was adamant that I had to submit all my documents within three days although I was under quarantine and I was not able to walk due to shortness of breath and weakness. If wanted to go to toilets I had to ask for assistance from my wife. It was very difficult during this time.

A teacher working in a special school described how general workers responsible for deep cleaning and sanitising schools had not received adequate training and how this led to some significant negative health and safety effects:

The only one in our whole school who went to training was head of maintenance which was less than two hours long. This was only after the department didn't want to pay private contractors to come sanitise our school with machines. I

went on training but it wasn't only on how to use the sanitising machine but most of it was about their company business.

A general worker with a disability working in a large company shared:

I was only given training for five minutes on how to use the machine. I then had to come back to [name of company] and show the other staff how to use the machine. I did not learn how to keep myself safe. It was just on how to use the spray.

Some participants with disabilities shared how their employers did not take confirmed cases of COVID-19 seriously. They did not close their places of employment and deep clean:

We had corona cases here twice. In the mainstream the school would be closed to be deep cleaned. But at our school, no. There were two teachers who got sick. They were sick on Friday, my principal knew. They had a normal school day on Monday.

Losing their jobs

A number of participants lost their jobs due to companies closing as a result of the COVID-19 pandemic. A participant shared:

I lost my job. The company I worked for closed.

Some participants lost not only their jobs but also their places of accommodation as a result of the COVID-19 pandemic:

I lost my job in the hospitality industry due to lockdown. I had to move as I lived on the premises as a barter-trade agreement tied to my job.

A few participants resigned from their jobs because their employers did not take the actions required to ensure their safety:

I left my job due to conflict over COVID-19 regulations that were not enforcement at work.

4.8 Participation and consultation (design & implementation period)

'I believe if persons with disabilities were involved the committees that were established to combat the pandemic, valuable insights could have been shared with response to our plights. "Nothing about us, without us."

This section of the findings relates to participants' experiences of participation in and consultation on the designing and implementation of COVID-19 responses affecting persons with disabilities. Many persons with disabilities spoke of the significant need for participation and consultation of persons with disabilities, and that without this, there would be serious and even life-threatening consequences. A participant shared her frustration:

They [government] exclude us naturally.

Lack of consultation

Very few persons with disabilities stated that they were consulted by government during the COVID-19 pandemic. Those that reported that they were consulted said that

this consultation happened far too late, and most saw no improvements after they had provided suggestions:

I was somewhat consulted but little came of that.

I was consulted for a time by people in government but little was done and I became disillusioned and withdrew to save my energies for more effective work.

A participant with a physical disability shared his experiences of being consulted by government:

It was all just window-dressing, ticking boxes to say that they had consulted with us. They consulted us only after we caused a scene and told them that they were excluding us and that wasn't ok. They didn't hear what we had to say. Nothing changed. I was so angry. People are dying.

Workers at DPOs and NGOs shared their anger and frustration at not being consulted on issues directly affecting the lives and safety of persons with disabilities:

The representation of the disability sector was inappropriate and ineffective as the so-called representatives made no effort to contact and include organisations of and for persons with disabilities.

A member of another organisation supporting persons with disabilities said:

We really need help from government because we as NPOs wanna help but we are excluded.

A member of a DPO shared the sentiment that:

If we could have been involved, we could have helped many people through this pandemic.

Lack of awareness

Many persons with disabilities wanted to make a difference and be part of the consultation process relating to COVID-19 but found this difficult:

There was not a platform to make a contribution.

Another participant reported that:

I was not sure where to give my inputs.

A person with a disability said:

I'm not aware if there were any active consultations towards the design, implementation and the monitoring of the measures to protect persons with disabilities that we could have participated in.

Inter-governmental departmental communication

A participant representing the DWYPD shared some of the disability accessibility and inclusivity challenges they experienced with the implementation of the National Disaster Management Act (NDMA) and its implementation by the National Coronavirus Command Council (NCCC) and how as a result, they were required to put measures in place. An example provided spoke to the challenges of a lack of SASL interpreters during COVID-19 related broadcasts:

Because they [NDMC] didn't act as smoothly as we would have liked for them to act, we then put in a measure in place, knowing it would be temporary.

During interviews with DWYPD officials it was reported that there was a lack of response from various government departments:

We send out emails to them again. Asking what kind of inclusion there would be. Their response was, they'll come back to us, which they never really did.

As a result of a lack of response, the DWYPD had to provide their own interventions to accommodate persons with disabilities:

We had to put in other measures, interventions and communications in order to follow that up with various departments including COGTA [the Department of Cooperative Governance and Traditional Affairs].

Inclusion in government

During interviews with DWYPD officials shared how they were represented in various technical COVID-19 related national committees:

We are represented on the COVID-19 Command Council and various technical committee workstreams.

Government departments were all involved in COVID-19 workstreams that worked on strategies for interventions and included legal and regulatory; public health containment; safety and security; economic; social impact; and transport and tourism workstreams. These workstreams:

Coordinate all the inputs and then advise the president. They also reported to the president on the work that they have done on matters related to the national disaster.

The DWYPD provided guidance for a number of workstreams including:

In terms of residential facilities and what guidelines are put in place. We assisted the Department of Social Development in developing the directions to make sure it was inclusive.

We guided Health [Department] in terms of quarantine sites being accessible. [Name of DWYPD official] had started putting together a checklist of what was needed to comply with in order for them to be fully accessible.

We also looked at economic work stream where we said that they need to make sure that all the interventions were inclusive of persons with disabilities in terms of not just targeting, but the reporting as well.

The DWYPD spoke about how they have been providing online support and training to departments during COVID-19:

We've done presentations to assist departments with strengthening the systems. We have been working more closely with Social Development to assist them with strengthening their systems in terms of reporting, because it seems as though they are doing work. Unfortunately, it's not coming out in their reports. A system's approach is really important in trying to embed the disability mainstreaming in the planning in the budgeting.

Implementation of policy and inclusion of persons with disabilities

A participant representing the DWYPD spoke of some of the challenges they experienced with a lack of implementation of disability inclusion within government departments policies and guidelines, specifically the NDMA:

We had been working with the NCCC over a number of years. We had already started the process of advocating also assisting them with policies and guidelines in terms of including persons with disabilities into the interventions and their responses. There was a commitment that came from them that they would be inclusion and they would put together an advisory committee.

It appears that establishing an advisory committee for the NDMA was also highlighted as lacking by the UN Committee on the Rights of Persons with Disabilities:

We had a constructive dialogue with the UN Committee and there again, they raised the issue. The response that we got from them [NCCC] was that they were putting together a committee and advisory committee of persons with disability.

The DWYPD shared that they were involved in providing information on the rights of persons with disabilities on governmental platforms:

We developed a resource page which includes the April 2 amendments that specifically speaks about ability inclusion and reasonable accommodation and universal access to all the interventions that that was implemented during this time.

An official from the DWYPD captured the importance of implementation of policy within government departments and how this remains a challenge:

I think perhaps as the president has said in some of his statements as well, although we have really good policies and directives, people seem to be acting without protocols and at times without sensitivity towards particular groups.

Disability-specific desegregated data

During interviews with a number of participants, the issue of a lack of disability-specific desegregated data was raised as a significant challenge in planning for and monitoring services and support for persons with disabilities.

A participant spoke of the need for the government to obtain disability-specific data:

Official data on COVID-19 ought to be desegregated by disability so as to see how COVID-19 affects people with disabilities to inform evidence-based interventions.

A DWYPD official said:

We struggled to get the segregated data during this time and this has been a challenge for a number of years where we've been trying to clean up the data and standardise it across all administrative data. We know Stats SA is not bringing in the level of information that we would like them to.

However, it was mentioned that an attempt at gathering disability-specific data is being made:

The project that we're doing that is being supported by the World Bank, we are now going to create a standard for the measure of disability, which will make it easier for departments to report on disability.

Others shared this would not happen overnight:

It will still take some time in terms of institutionalising it, but there has been a challenge in terms of getting that data coming through. So even with the provinces. We work not just with national department, but with provinces as well.

Having disaggregated data on disability is vital in order provide appropriate support and interventions. With Government departments not having this information available goes against the UNCRPDs Preamble and Article 6 which states that this information is required by all states who have signed and ratified the convention.

Some examples of the negative impact of not having disability desegregated data included that were provided by the DWYPD included:

Even Social Development – from the information that we received – is not able to desegregate to tell us how many food parcels went to people with disabilities.

We do not have data of what's going on in residential facilities. We were aware that there's guidelines that needs to be made. We don't know what the infection rate is at the residential facilities that we had also requested.

Similar information from Health [Department of Health] in terms of psychiatric institutions is lacking.

I think what we're seeing is definitely a challenge in terms of getting the information that we need. There may be pockets of excellence but it's coming out very, very clearly in terms of what the reporting that we've received.

Lack of disability representivity in government

A number of participants mentioned that one of the factors relating to the lack of participation and consultation of persons with disabilities by government was the lack of disability representation within government departments:

The government still represents us by using able bodies.

Another participant said:

They needed to ask us for advice in making their plans about us.

Systemic challenges

In interviews with members of the DWYPD, they spoke of how they were putting monitoring frameworks in place but that there were significant systemic challenges:

Over and above that we've been liaising with the national departments, as well as the provincial departments where we put monitoring frameworks in place so that we could get reports from national departments and provinces. Unfortunately, they've not been forthcoming with as much information as we would like.

Long-term systemic relating to disability-specific information challenges were mentioned:

That actually points to a systemic issue that we struggled with for a number of years. Since the White Paper and the Rights of Persons with Disabilities, all institutions, especially public institutions, are meant to be reporting on progress on the inclusion of persons with disabilities. But we were only able to put out the

first annual report as a baseline, even though we only received about 50% slightly over 50% responsiveness.

The impact of some government departments working in silos results in many concerns raised by persons with disabilities not being dealt with or addressed by the responsible departments. Instead, these are then forwarded to the DWYPD:

The buck keeps coming back to us because the whole system is still not responsible and responsive enough. What the disability sector tends to do is come back to us rather than going to the line function departments and pressuring them.

The importance of having disability-inclusive policies came through strongly in interviews:

All policies must have the disability mainstreaming component to it so that we can build the system in terms of inclusive planning, implementation, consultation and ownership with the disability sector. That comes out in the reporting as well. Unfortunately, and very frustratingly, that that kind of information has not come through to the extent that that we would like to see.

In addition, a decline in reporting was also reported:

Now in the coming year [...] in the following years, we see that is a declining quality as well as responses. And that's something that we need to find a way of reenergising. Our portfolio committee is key to making sure that happens.

A DWYPD official shared her concern about a lack of disability desegregated data: *What is clear is that the desegregation is not coming through. It's hard to measure the impact of an inclusive mandate for each department in terms of what the impact is the planning is weak. We started a process where we analyse the annual performance plans.*

Other challenges identified was late submission of documentation and its negative impacts:

We are also supposed to be analysing the strat [strategic] plans, but those processes inevitably become delayed. When the departments don't meet a deadline in terms of a draft strat plan, so we have a number of approaches that we've taken in order to try and get the planning more inclusive.

Another participant raised an additional barrier:

The reporting, even now, doesn't very clearly show us the planning or the progress that has been made.

While the DWYPD spoke of committees that were set up to ensure disability inclusivity, there were a number of challenges in terms of institutional arrangements:

We have the National Disability Rights machinery which is represented by all national departments as well as provincial departments and we generally ask for the highest level of representation. The challenge on that forum is that we get mid-level management, junior-level management that comes who doesn't have influence in terms of decision making. So, the intervention that we have been looking at for that and are busy with is the professionalisation of our disability.

4.9 Access to quarantine and isolation sites and other COVID-19 specific facilities.

This section of the findings includes the experiences of the few participants with disabilities who accessed COVID-19 specific facilities. Not one participant in this study made use of a COVID-19 quarantine or isolation site, however one special care centre was converted into a field hospital.

Two participants made recommendations. One said that government should: *Make special provision for testing and accessing health care in the event persons with disabilities test positive for COVID-19 and need to be isolated.*

The other participant suggested that government should help persons with disabilities who tested positive for COVID-19:

Give us support with a caretaker, food vouchers, supplies and put us in a safe facility where people can help and assist us.

A staff member working in a special care centre that accommodated adults with severe intellectual impairments and mental health conditions shared their experiences of having staff and residents contracting COVID-19 and being converted into a field hospital:

We had over 70 positive cases of COVID-19. The majority were service users [adults with severe intellectual impairments]. We had everything closed, no one other than staff could come in and out. One of our residents had to go for a COVID-19 test as he needed to have an operation. That is how we found out that he had COVID-19. Everything is closed. PPE is worn by all staff. Everything is done. Temperature checked. And here someone who wasn't outside, never outside tested positive. That is how we found out. That day in June when it happened our whole lives changed. Literally. We had to jump. These are the most vulnerable people. He was one of those in our frail care centre. Just thinking about it makes me relive all those emotions again. We had to get the staff tested and many of the staff tested positive working in the frail care centre. Then we called the Department of Health [DoH] and they came in as we obviously had to report to them. Then the District Department of Health came in. We are so thankful that they came in and tested all those with symptoms. We had to set up a field hospital here in our ward. Everything was closed off. It was a terrible, terrible month. The parents weren't allowed in. No one was allowed in. It was so so terrible.

When participants were asked about the support and services provided by the DoH after they were turned into a field hospital a participant shared:

They came in and told our nursing sister what to look for. She then told our housemother look for this, look for that, then they identified people who they felt were positive and they [DoH] tested them. They couldn't test everyone. They just tested random people who had symptoms and those with co-morbidities. They [DoH] were quite loving and caring and treated our people very good with respect. It wasn't like they came in and said, 'why don't you want to sit still?' No. They allowed the housemothers to be in the areas where they were testing to help them calm down. For the residents just knowing that I can hear my housemother's voice and that she was with me really helped and at least gave some comfort.

However, when it came to the conversion of the facility into a field hospital, they shared that they were not provided with support:

We had to move the beds and everything. The DoH just came in to do the testing and giving of results. But the setting up of the field hospital was us, the workers, ourselves. They did not give us anybody to help us. They gave us nothing, no equipment. We did everything. They did not come back. Everything was done telephonically. Our poor sister did everything. They came once to see how it looks and said: 'Yes that looks good, nice.' They just ticked the box and left. We did not get any PPE, nothing from DoH.

However, as traumatic as it was, parents of service users and residents expressed that they were happy that they were kept safe:

They [staff] were constantly on the phone giving us feedback. They had cell phones to keep in contact with us.

It was established that although the facility had been extremely cautious and COVID-19 compliant, a staff member had transmitted it:

We looked at where this thing [COVID-19] could have come in. After we did the tracing it appeared that a staff member brought it in after a family gathering. A number had been to various family gatherings. One of our residents went to hospital and passed away. He didn't make it.

It was a big wake up call for many of our staff who thought our manager was being too overbearing, too overwhelmed, too scared. But when this hit, their eyes were opened. We were so careful. We were so careful and then this happened. We took every precaution.

A social worker shared her difficulties of not being able to provide face-to-face counselling to residents and staff after 70 persons contracted COVID-19:

The residents were traumatised after the virus hit. We as social workers couldn't get in to talk to them. We had to talk through the house mothers. For the houseworkers and staff it was very overwhelming and very terrible. It was for themselves and their families and the service users isolated in the hostels.

5. RECOMMENDATIONS

'They should have asked us for help designing the help they offer instead of just deciding for us.'

During interviews and focus group discussions, as well as in the survey, participants were asked what recommendations they had for the government to ensure that the human rights of persons with disabilities were upheld.

Recommendations came from persons with disabilities, parents and caregivers of children and adults with disabilities, children with disabilities, and NGOs and DPOs representing and supporting persons with disabilities.

5.1 Acknowledgement and involvement of persons with disabilities

Many participants spoke of the need for persons with disabilities to be acknowledged by government. A parent of a child with a disability commented that if government had:

Remembered they [persons with disabilities] existed would have been a good start.

Not all persons with disabilities felt heard or acknowledged. A person with epilepsy shared that she wished that there was:

Recognition of persons with epilepsy as part of the disability sector, and solutions regarding medication shortages.

Person with invisible disabilities and those with chronic health conditions shared their experiences of feeling vulnerable due to their conditions:

People like me who have a invisible medical condition which is something that can be a disability or sometimes isn't a disability. I mean it makes them feel vulnerable because one doesn't fit in one spot or the other. You're not obviously a vulnerable person, but you are vulnerable. I'm grateful that most people I encounter have been pretty considerate but I would just love the people higher up [government] to understand that people like us need to be protected.

Having direct involvement with persons with disabilities, parents of children and adults with disabilities, and the organisations representing them was highlighted as a significant need:

They should have asked us for help designing the help they offer instead of just deciding for us.

Ask people with disabilities more for advice on how to help us and then actually listen.

5.2 Inclusion in planning

Extending from lack of acknowledgement described above, many most persons with disabilities felt excluded in COVID-19 planning and interventions:

Understand and consider their needs, and then included this understanding into disaster planning and budgeting.

Another participant shared the opinion that: *'the lethargy and lack of professionalism and strategy in the government social-work sector is absolutely shocking.'*

5.3 Developing partnerships

Many NGOs and DPOs supporting persons with disabilities expressed frustration at the lack of involvement, engagement and partnering between themselves and government departments. One participant recommended:

Partnerships with organisations, specifically allocated resources e.g., food parcels etc., support for NPOs who lost funding.

A participant expressed that the government should have assisted persons with disabilities by forcing companies to make accommodations for persons with disabilities who were employed:

Businesses should be obligated to provide adjusted services to people who are at high risk and be held liable if they force people into dangerous situations.

5.4 Provisioning of resources

Some participants expressed that they felt persons with disabilities were excluded from resources:

People with disability need more support from government with medicine, food and transport and job creation for youth and education studies.

Another participant spoke of the need for food:

Supply them [persons with disabilities] with food parcels and to deliver it to them.

A parent of a child with a disability shared:

They [government] could have helped us. Many children slept hungry cause their parents doesn't work. No PPE equipment for us to assist. No money, no food, no assistance.

Provisioning of appropriate access to information was highlighted among many participants with hearing disabilities and people who were deaf, who wanted to government to:

Make use of sign language interpreters.

'Home-based services' were requested by some participants with physical disabilities who were not able to get to healthcare facilities during the COVID-19 pandemic.

Provisioning of PPE was mentioned a number of times as being vital:

Give adequate support and free PPEs to persons with disabilities.

Specifically including people with disabilities in the emergency planning, PPE provision. We are talking about millions of families affected by disability. This is not a minority population! Over eight million individuals with approximately four family members each.

Participants who were Deaf mentioned the need for SASL interpreters being available in healthcare facilities:

Having interpreters available on site at hospitals or at least available immediately online via WhatsApp video call etc. to assist in communicating with medical personnel will be such a great help – when we get to medical facilities on our own the personnel do not understand what we say nor do we understand them or the doctors. Training ER medical personnel with basic Sign Language will also be good.

A participant saw the need for provisioning of resources across all areas:

As part of the disability community, I hear the experiences of others less fortunate than myself. It is simply shocking.

5.5 Providing accessible COVID-19 information and support

Other participants felt that government should have targeted persons with disabilities and provided them with more COVID-19 related information and support:

Maximising communication and providing measures to approach persons with disabilities. Especially during hard lockdown when movement was restricted.

More online information and guidance if you find yourself stranded with a disability.

We need to workshop or receive training to educate people with disabilities about COVID-19, or any general disease.

Another suggestion was to develop a database of persons with disabilities:

An up-to-date registry of people with serious disabilities living alone, with adequate social-work follow up and support.

Many participants with hearing impairments focused on ensuring that information was accessible. Participants who relied on lip-reading highlighted the need for subtitling during broadcasts:

Ensuring that information is accessible to all persons with disabilities. For example, persons with hearing loss not using SASL were excluded from information as no subtitling/captioning was available. This still continues despite ongoing complaints.

Participants who are Deaf shared:

Being Deaf, having interpreters on TV and social media every time new information becomes available or when government makes announcements will be a great help to us.

5.6 Higher level recommendations

a) Consultation and participation of persons with disabilities (Self-representation)

- In accordance with the internationally adopted disability slogan 'nothing about us without us', it is recommended that persons with disabilities must be fully consulted and involved in all government planning processes, policy development and decision-making structures established to manage current and future national disasters.
- Relationships need to be built and maintained with DPOs and NGOs supporting persons with disabilities.

b) Safety and protection of persons with disabilities

- It is recommended that the safety and protection of persons with disabilities is prioritised during the state of disaster and situation of humanitarian emergencies.
- Prioritise safety and protection of persons with disabilities especially in institutional settings and care centres
- Prioritise safety and protection of women and girls with disabilities experiencing gender-based violence during the state of national disaster.

c) Accessibility to government services, information and communication, and public environments

- It is recommended that government must ensure access to basic services, information and communication, and access to identified screening and testing sites, quarantine and isolation sites for all persons with disabilities during the national state of disaster.
- Information and communication must be made available and be offered in all accessible formats to all persons with disabilities (braille, audio-visual, large prints, electronic and print media, social media, online education and training, sign language interpretation services, close-captioning, subtitles etc.)
- Department of Cooperative Governance and Government Communication Information Services must set aside a budget to ensure that all national/public briefing platforms on national disasters have sign language interpretation services, close-captioning and subtitles for persons with disabilities.

d) Access to employment and economic opportunities

- It is recommended that government must ensure that persons with disabilities benefits equally to all announced employment and economic relief measures during the national state of disaster
- Employment environment need to provide reasonable accommodations to those that require it, especially to those with comorbidities.

e) Access to social services

- Provisioning of psychosocial support services.
- Provisioning of social grants and social relief of distress.
- Provisioning of food parcels.

f) Access to health

- Provisioning of PPE.
- Screening methods and procedures must be accessible.
- Healthcare information must be accessible.
- Transportation barriers need to be addressed.

g) Access to education

- Accessible online education including assistive devices, data and devices.
- Prioritise special schools and school hostels.
- Safety and protection of learners.

h) Having disability-specific desegregated data

- All government departments need to obtain specific disability data in order to develop evidence-based and appropriate interventions and support.

i) Benchmarking and partnerships

- Establish partnerships and benchmark on international and continental disability practices and interventions.

6. CONCLUSION

According to various national and international policies on the rights of persons with disabilities, persons with disabilities should have access to healthcare, education and employment opportunities, and during periods of healthcare emergencies and pandemics they should be protected and accommodated (UN, 2020; WHO, 2020; DSD, 2011). Even when the world is not experiencing a global pandemic, persons with disabilities have greater healthcare needs and are more likely to experience poor health compared to persons without disabilities (Ned et al, 2020). In order to provide relevant and suitable accommodations and healthcare, persons with disabilities and their representative organisations need to be consulted and involved in all plans and policies (McKinney et al, 2020). This is true at all times, and it becomes even more urgent when the world is facing a healthcare crisis on the scale of the COVID-19 pandemic.

The voices of persons with disabilities need to be heard to ensure that their human rights are not overlooked or excluded during future pandemic provisioning. The findings from this study showed that while there were a few positive stories and experiences shown during the COVID-19 pandemic in South Africa, the rights of many persons with disabilities are being denied or limited. These include the rights to healthcare, communication, education, safety and security, and employment.

This was evident in the difficulties participants faced in following mandatory COVID-19 guidelines such as social distancing and wearing of PPE; accessing healthcare including therapy, medication, specialist care and assistive devices; communication and care from healthcare workers; accessing education for children and students with disabilities, especially those enrolled in special schools and in school hostels; being able to access COVID-19 information, social services, and safety and security; employment opportunities; and in the lack of consultation and involvement in COVID-19 design and implementation programmes and policies, including quarantine and isolation sites and other COVID-19 specific facilities.

The limiting or denial of these rights is in direct contradiction with the Bill of Rights found within the Constitution of the Republic of South Africa, which states that all persons have equal rights to among other things, healthcare, education and employment. It is also in direct contradiction with the UNCPRD, which South Africa has signed and ratified.

The stories provided in this study need to be read and acknowledged, and government departments need to understand the many challenges, some of which are life-threatening, that persons with disabilities face. Government departments need to consult with persons with disabilities as they implement strategies to accommodate persons with disabilities. This will help to ensure that they have human rights on a par with those of persons without disabilities.

7. STUDY STRENGTHS AND LIMITATIONS

Making use of individual interviews, focus group discussions, and data from online surveys provided the differing perspectives of persons with disabilities across South Africa relating to their experiences during the COVID-19 pandemic.

However, in order to ensure the safety of participants, many of whom were vulnerable, it was not possible to conduct the anticipated five face-to-face focus group discussions. While online platforms were used for individual interviews and focus group discussions, not all participants were able to engage with their cameras switched on due to poor Wi-Fi connectivity or data cost challenges. Thus, some non-verbal cues were missed or lost; these would have added to the richness of the data being shared.

In order to ensure the widest inclusion of persons with disabilities from urban, peri-urban and rural areas, the researcher provided participants with options that did not exclude participants for financial reasons. For example, she asked participants for their preference for interviews and focus group discussions including using her cell phone airtime rather than expecting participants to use their data. To ensure inclusion of participants from rural areas, she offered participants the option of traveling to the closest town or village with better Wi-Fi or cell phone coverage and accommodated their availabilities. This resulted in some interviews taking place before 6am or after 6pm.

A further strength of the study is the comparatively large sample size: previous qualitative studies investigating the experiences of persons with disabilities have included fewer participants. In addition, very limited number of studies relating to persons with disabilities and COVID-19 in South Africa have been conducted so this data will contribute to the limited body of knowledge in this area.

8. IMPLICATIONS OF THE STUDY

Discrimination in accessing health, education, information, social services, safety and security, livelihoods and economic opportunities, participation and consultation, as well as access to quarantine and isolation sites and other COVID-19 specific facilities are global issues with life-threatening consequences.

It is hoped that the findings will provide policymakers and other stakeholders in South Africa and around the globe with an awareness of some of the needs of persons with disabilities in future pandemics, as they highlight the need to include persons with disabilities in all future policy and procedure decision-making. This is in line with the disability movement's slogan, 'Nothing about us without us', which is especially pertinent considering that the implications of such decision-making can have life and death consequences.

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DEPARTMENT OF WOMEN, YOUTH AND PERSONS WITH DISABILITIES

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ANNUAL PROGRESS REPORT ON
IMPLEMENTATION OF THE WHITE PAPER ON
THE RIGHTS OF PERSONS WITH DISABILITIES

2017 - 2020

APPROVED BY CABINET, MAY 2022

Minister's Foreword

Following the general elections in May 2019, a new Cabinet was announced together with the new Ministry for Women, Youth and Persons with Disabilities. This announcement resulted in the relocation of the function for Rights of Persons with Disabilities from the Department of Social Development to the new Department of Women, Youth and Persons with Disabilities. .

Within the current term of office, it is critical to reflect on the set milestones in the fight for disability equality and inclusion.

South Africa's National Development Plan (2012) states, 'Disability and poverty operate in a vicious circle. Disability often leads to poverty and poverty, in turn, often results in disability.' In response to this, the Disability-Disaggregated National Development Plan was published in 2015 and provides a roadmap for an inclusive society envisioned by 2030, in line with the provisions of the Constitution. This represents government's commitment and continued national effort to promote the equal and active participation of all persons with disabilities in key sectors of society.

The White Paper on the Rights of Persons with Disabilities was approved by Cabinet in 2015, together with its attendant Implementation Matrix 2015 – 2030. At that point, the Cabinet requested annual progress reports to track government-wide commitment to disability inclusion. The institutionalization of disability mainstreaming in all state and non- state institutions is key to the transformation we seek.

On the 10 December 2017, the Cabinet approved the First Annual Progress Report on the Implementation of the White Paper on the Rights of Persons with Disabilities which covered a reporting period of January – December 2016. In 2018, this report with its recommendations was distributed widely in order to raise awareness on the status of disability inclusion and inform planning among government departments. The delay in publishing this report was attributed to the slow response rate of government departments as well as the deficit quality of reporting. This process reflected the unresponsiveness of planning, implementation, budgeting and performance reporting systems that still remain a challenge. This created a lag in producing subsequent reports.

The delay in reporting was also a challenge experienced with the compilation of the 2013 Baseline Country Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities which was due for depositing in 2010. The report was subsequently deposited in 2014.

In August 2018, South Africa appeared before the UN Committee on the Rights of Persons with Disabilities. The Concluding Observations resulting from this engagement was widely distributed and is in the public domain. It is attached to this report for ease of reference. The prominent issues included but is not limited to the domestication of the UN Convention on the Rights of Persons with Disabilities, prevention and combating discrimination, violence and abuse against women and children with disabilities; enforcing inclusive education, legislating supported decision- making; reasonable accommodation; and universal access and design. It is envisaged that these concluding observations will inform government's planning going forward which must be reflected in all compliance reporting.

In its 2019 Election Manifesto, the African National Congress recommitted to the needs of persons with disabilities with emphasis on compliance with the revised broad-based black economic empowerment programme; improved targeting for social grants; introduction of laws to combat hate crimes; and disability mainstreaming in all facets of planning, budgeting, monitoring and accounting, including performance indicators and targets in government programmes.

South Africa hosted Ms. Ikponwosa Ero, UN Independent Expert on the enjoyment of human rights by persons with albinism for her country visit on the 16 – 26 SEPTEMBER 2019. She engaged with government, UN agencies, SAHRC and disability sector stakeholders to:

- Identify, exchange and promote good practices relating to the realisation of the rights of persons with albinism and their participation as equal members of society;
- Promote and report on developments towards and the challenges and obstacles to the realisation of the enjoyment of human rights by persons with disabilities in South Africa;
- Gather, request, receive and exchange information from relevant sources, including persons with albinism and their representative organisations, and other civil society organisations, on violations of the rights of persons with albinism; and
- Raise awareness on the rights of persons with albinism and to combat stereotypes, prejudices and harmful traditional practices and beliefs that hinder their enjoyment of human rights and participation in society on an equal basis with others.

A preliminary report on the rights of persons with albinism in South Africa was shared with Ms Ero in preparation for her engagements. She released her country report with recommendations in 2020.

Ms Ero noted a myriad of positive initiatives undertaken by South Africa, including the adoption of the 2013 Ekurhuleni Declaration on the Rights of Persons as a key achievement. However, she emphasised the challenge with availability of data on persons with albinism. She also highlighted the continued stigmatisation and discrimination against persons with albinism that must be systematically addressed.

This combined annual progress report reflects government's performance in the implementation of the WPRPD for the years 2017 – 2020.

It is clear that the development of the Disability Rights Bill must be expedited in order to strengthen accountability and enforcement of the rights of persons with disabilities, notwithstanding therecourse currently available through PEPUDA, other legislative measures and the South African Human Rights Commission for short to medium term relief.

Minister
Women, Youth and Persons with Disabilities

Deputy Minister's Overview

The White Paper on the Rights of Persons with Disabilities is a pre-cursor to the development of national legislation which will domesticate the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol, ratified without reservations by South Africa in 2007.

After ratifying the Convention, as a country we noted that the state machinery was not in readiness to implement or report against the Convention's articles or the Pillars of the WPRPD.

The Baseline Country Report to the UNCRPD, approved by Cabinet in April 2013, acknowledged that the *"weaknesses in the governance machinery of the State, and capacity constraints and lack of coordination within the disability sector, have detracted from a systematic approach to the implementation of the UNCRPD. The continued vulnerability of persons with disabilities, particularly children with disabilities as well as persons with psychosocial disabilities, residing in rural villages, requires more vigorous and better coordinated and targeted intervention"*. This remains true for the combined annual progress report on the WPRPD as well.

The good practices of disability inclusion can be found in the Early Childhood Development, Higher Education and Training; and Transport sectors where the seeds of reasonable accommodation; universal design and access; disability-rights budgeting have been planted and is consistently advancing even though it is still at early stages. It is clear that it has been business as usual since the introduction of the WPRPD. This has resulted in a lack of strategic thinking and application in the disability mainstreaming approach at the highest levels.

In 2017, Cabinet endorsed the government-wide disaggregation of data sets by disability, gender and age. In 2018, Cabinet approved the disability mainstreaming of the MTSF and APPs. My department has embarked on various interventions to support the implementation of the WPRPD, including the mainstreaming of the MTSF 2019 – 2024. This next term of office provides an opportunity to ensure that disability mainstreaming is embedded in national planning, budgeting, implementation and reporting.

I invite all leaders at all levels and across sectors to establish and strengthen partnerships and collaborations that ensures that our transformation project realises equality for persons with disabilities.

Deputy Minister
Women, Youth and Persons with Disabilities

Director-General's Message

In the absence of all state and non-state actors translating the White Paper on the Rights of Persons with Disabilities (2015) into departmental and sector-specific mainstreaming strategies and implementation plans that is guided by the Implementation Matrix 2015 – 2030, the overall tracking of progress towards the targets is fragmented and incoherent as a collective effort. The inputs from contributing institutions rarely contextualise their performance in relation to targets. There is therefore an adhoc nature of performance without the necessary institutional interpretation of the current state of disability inclusion and how much more needs to be done within the given timeframes to meet our goals.

There are serious compliance challenges overall in terms of disability-inclusion in all departmental strategies and annual performance plans (APPs). Together with the chronic lack of designated capacity and budget to implement mainstreaming, the state has not met the mid-term targets set in the Implementation Matrix. It is therefore necessary to realign and recalibrate planning and resourcing in order to meet the 2030 targets.

To date, most lead and supporting departments have not reported significant progress against the recommendations of the First Annual Progress Report on the Implementation of the WPRPD. The Department of Women, Youth and Persons with Disabilities supported DPME in embedding the mainstreaming of women, youth and persons with disabilities in the Medium Term Strategic Framework (2019 – 2024). This represented a significant shift in integrating and acknowledging the needs of persons with disabilities in high-level planning in government. The remaining challenge is programmatic commitment by all implementing departments and spheres of government to the full realisation of rights of vulnerable groups through attendant allocation of budgets, human capacity, disaggregation of performance information and timeous reporting to the DWYPD.

Therefore, the following recommendations from the First Annual Progress Report, which was approved by Cabinet, remains relevant. For ease of reference, these are listed below:

1. In 2018, Cabinet approved the following recommendations in the First Annual Progress Report on the Implementation of the WPRPD, which are still relevant: Executive authorities must strengthen efforts to champion implementation of the WPRPD within their respective departments/institutions.
2. Accounting officers must ensure that the WPRPD policy directives are embedded in departmental/institutions' annual performance plans, operational plans, standard operating procedures, budgets, performance management and reporting systems.
3. Accounting officers must ensure that each institution has an approved WPRPD Implementation Plan, inclusive of organisational design, reasonable accommodation support provisioning for both staff as well as external programme participants, budgets, departmental skills plans, departmental employment equity plans, entity oversight etc.
4. The Department of Public Service and Administration (DPSA) must prioritise the development of guidelines for formalising and strengthening the designation/appointment of disability rights coordinators in all public institutions, inclusive of organisational design.

5. The DPSA must expedite the process of formalising compulsory disability inclusion training for all public servants, commencing with incorporating a module on disability inclusion in the compulsory induction programme for public servants.
6. The NSG must prioritise the development of credit bearing and non-credit bearing contact, as well as online universal design and disability inclusion courses, contributing towards the implementation of the WPRPD and UNCRPD.
7. All forums of South African Directors General (FOSAD) clusters must establish a Disability Equity Work Group that will take responsibility for coordinating the implementation of specific pillars.
8. The DoLE must give consideration to the establishment of a Statutory Committee to develop a more coherent understanding of the downward trend in employment equity for persons with disabilities. This should culminate in the development of a more comprehensive costed employment support strategy for accelerated access to decent work for persons with disabilities.
9. The Department of Health (DoH) must develop a more responsive system to eradicate backlogs of assistive devices, expand the range of assistive devices to all persons with disabilities, and improve on turnaround times for issuing of assistive devices.

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Executive Summary

1. Introduction

In 2015, when Cabinet approved the White Paper on the Rights of Persons with Disabilities and its Implementation Matrix, it also requested annual progress reports to be tabled so that Cabinet can closely track trends in the inclusion of persons with disabilities.

Over the recent years the quality of institutional reporting and submission rate has declined, putting at risk the quality and regularity of reporting on the realisation of rights of persons with disabilities. The compliance reporting is intended to represent the country's performance in its entirety on service delivery for persons with disabilities. The lack of responsiveness from reporting institutions can be attributed to non-responsiveness to deadlines, unsigned submissions, incomplete reporting against milestones, lack of evidence on performance information and gaps in information reported.

This is a combined report that covers the period of 2017 to 2020. The report includes information provided by institutions as well as analysis of department's annual reports. The information has been consulted and validated by government institutions and the disability sector.

South Africa appeared before the UN Committee on the Rights of Persons with Disabilities in August 2018 in response to the UN List of Issues based on the Initial Country Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities. The Concluding Observations were received from the Committee and has since been distributed to all National and Provincial Director-Generals and relevant HODs. The Concluding Observations are attached as Annexure "A" to this report for ease of reference.

2. General Observations

This report is designed to be an instrument of accurate reflection for institutional planning, budgeting, programmatic implementation and performance reporting. It is clear from this report that disability performance reporting in many departments is an event rather than a sustained effort to fully realise legislative obligations for persons with disabilities, with some key departments not having reported at all.

Most recommendations in the First Annual Report remain relevant during this period. Additionally, the observations and recommendations made by the UN Committee is echoed in this report through the lack of information on key areas.

This report sees the introduction of case studies where best practices have been observed and can be replicated in similar sectors.

3. Highlights

- During the period under review, the DoT developed norms and standards for road vehicles and facilities through piloting universal design standards in new road-based public transport vehicles and facilities in the 13 IPTN municipalities. These were further developed into national technical requirements (NTR) which were subsequently used in the 13 IPTN municipalities.
- The SAPS installed panic buttons at schools to report to Umlazi Police Station in case of intruders in the dormitories.
- In 2017, the SAPS partnered with Albinism Society of South Africa (ASSA) in conducting albinism awareness campaigns in Manguzi, Northern Part of KwaZulu-Natal
- The Gauteng Office of the Premier developed and ran the disability rights awareness programme for most of GPG Departments during February 2017 which continues to be implemented to date.
- The Gauteng Provincial Government established its Gauteng Universal Design and Access Programme which comprises of Gauteng Department of Infrastructure Development and the Gauteng Treasury. A reference group with representation of the disability rights civil society organisations and experts contributed multi-disciplinary professional advice to officials of the Gauteng City Region.
- The Mpumalanga Provincial Government customised the National Norms and Standards for infrastructure design to improve compliance for reasonable accommodation policy and access to services for persons with disabilities.

4. Challenges

- There is a culture of late submissions despite official periodic reminders. This compromises the timeframes for Cabinet approval.
- Where Departmental disability mainstreaming strategies exist, they are not aligned with the WPRPD and its Implementation Matrix.
- The 2019 targets will not be met and the implementation plan will be reviewed and revised.
- Planning must be the driving force behind disability inclusion, not monitoring.
- There is a general weakness in providing timeous signed-off reports with evidence.

5. Recommendations

1. All 2019 targets will be adjusted to be implemented by 2024.
2. The UN Committee on the Rights of Persons with Disabilities' Concluding Observations (Annexure A) on SA's 2013 Baseline Country Report on the Implementation of the UN CRPD, echoed a number of issues that are evident in this report. Therefore, all relevant government institutions must draw up intervention plans and urgent practical measures to address the UN Committee's Concluding Observations (Annexure A), as South Africa must submit the

country response in June 2022.

3. South Africa ratified the UNCRPD in 2007. The SALRC must accelerate the process of domesticating the UN CRPD as well as the supportive-decision making legislation.
4. The Disability Rights approach is a systematic approach, as demonstrated by the Gauteng Case study, and therefore should not be treated as a special project. It is evident that the majority of departments do not have disability mainstreaming strategies or WPRPD Implementation Plans. At a strategic level, all departments must ensure that disability inclusion is integrated into their 5 year MTSF in substantive measurable ways that reflect the mandate and external programmes of the Department. Therefore, internal disability rights monitoring mechanisms should be strengthened for this purpose.
5. All Departments must disaggregate performance reporting by gender, disability and age.
6. The STATS SA must urgently standardize administrative data to improve disability data collection and performance reporting.
7. The success of the SAVE model is evident for people with intellectual and psychosocial disabilities. The Justice Cluster must therefore roll out this model to enhance access to justice for persons with disabilities.
8. The DBE must, as a matter of urgency, regulate age limits for learners with disabilities as provided for in the SA Schools Act of 1996.
9. The DBE must review and revise implementation of White Paper 6, with a view to mainstreaming children with disabilities to the greatest appropriate level possible.
10. The DBE and the DoT must publish a plan for implementation of the National Learner Transport policy as it pertains to learners with disabilities.
11. The DoH must put measures in place to ensure that the Orientation & Mobility Services System in place in Mpumalanga is replicated in all other provinces.
12. The DoH should take measures to ensure that the national policy on assistive devices is implemented with clear minimum norms and standards, timelines and resourcing strategies.
13. The Department of Public Service and Administration as well as the Department of Employment and Labour must develop a recruitment plan for persons with disabilities outlining how the 7% target will be met by 2030. This must include a disability disclosure campaign across the public sector.
14. The NSG must ensure that any training or capacity building of public servants are inclusive of a disability dimension, and that greater use be made of trainers with disabilities (equity).
15. In terms of strengthening coordinating mechanisms at a national and provincial level, an IGR task team, led by DPSA, with provincial participation, must be established to develop guidelines on disability, gender and youth focal points. This must include disability focal person's/mainstreaming officer's job descriptions, professionalisation, capacitation and budgeting of disability inclusion or as well as the issue of location.
16. The recommendations of the First Annual Progress Report on the Implementation of the WPRPD still remain relevant and should be used for planning and reporting purposes for the next annual report.
17. No centralised financial tracking of government's support to the disability sector. National

Treasury should track government's funding to disability sector.

18. All reporting institutions must submit their WYPD programmatic mainstreaming strategy to the DWYPD by June 2021.
19. Review of Implementation Matrix of the WPRPD as midterm milestones were not met.
20. Review of White Paper 6 – Inclusive education must be fast-tracked.
21. Reporting on the JOB ACCESS Strategy must be aligned with Annual reporting on the WPRPD.
22. All national and provincial DG's/HODs must submit quarterly reports on the implementation of the WPRPD by the end of the subsequent month after each quarter, namely; July, October, January and April.
23. All district-based projects must demonstrate inclusion of persons with disabilities in planning budgeting and reporting.

Acronyms and Abbreviations

| | | |
|-------------|---|---|
| WPRPD | – | White Paper on the Rights of Persons with Disabilities |
| UN CRPD | – | UN Convention on the Rights of Persons with Disabilities |
| MTSF | – | Medium Term Strategic Framework |
| APPs | – | Annual Performance Plans |
| DPSA | – | The Department of Public Service and Administration |
| DPME | – | Department of Planning, Monitoring and Evaluation |
| NSG | – | National School of Government |
| FOSAD | – | Forums of South African Directors General |
| DoEL | – | Department of Employment and Labour |
| DoH | – | Department of Health |
| NDSD | – | National Department of Social Development |
| SAPS | – | South African Police Services |
| ASSA | – | Albinism Society of South Africa |
| GPG | – | Gauteng Provincial Government |
| DPW | – | Department of Public Works |
| NDP | – | National Development Plan |
| IPTN | – | integrated Public Transport Network |
| NTR | – | national technical requirements |
| DCS | – | Department of Correctional Services |
| DIRCO | – | Department of International Relations and Cooperation |
| NDRM | – | National Disability Rights Machinery |
| CAA | – | Civil Aviation Authority |
| SAHRC | – | South African Human Rights Commission |
| GTIP5 | – | Gauteng: 5-Year Transport Implementation Plan |
| DoT | – | Department of Transport |
| Epilepsy SA | – | Epilepsy South Africa |
| DEAFSA | – | Deaf South Africa |
| ICASA | – | Independent Communications Authority of South Africa |
| DTPS | – | Department of Telecommunications and Postal Services |
| PRASA | – | Passenger Rail Agency of South Africa |
| RSR | – | Railway Safety Regulator |
| ICT | – | Information and Communications Technology |
| ETDP | – | Education, Training and Development Practices |
| SETA | – | Sector Education and Training Authority |
| SASL | – | South African Sign Language |
| PEPUDA | – | Promotion of Equality and Prevention of Unfair Discrimination Act |
| SIAS | – | Policy on Screening, Identification, Assessment and Support |
| DoJ&CD | – | Department of Justice and Constitutional Development |
| NGO | – | Non-governmental organisations |
| NPO | – | not for profit organisation |
| DBE | – | Department of Basic Education |
| SPCHD | – | Social Protection, Community and Human Development |
| SRSA | – | Sport and Recreation South Africa |
| COGTA | – | Department of Cooperative Governance and Traditional Affairs |

| | | |
|-------------|---|---|
| IUDF IP | - | Integrated Urban Development Framework Implementation Plan |
| NUA | - | New Urban Agenda |
| NUA-LF | - | New Urban Agenda Localisation Framework |
| IP | - | Implementation Plan |
| PSS | - | Psychosocial Support Programme |
| SAFMH | - | SA Federation for Mental Health |
| NDMAF | - | National Disaster Management Advisory Forum |
| NDMC | - | National Disaster Management Centre |
| GPDMC | - | Gauteng Provincial Disaster Management Fire and Rescue Services |
| ADR | - | Alternative Dispute Resolution |
| QuadPara SA | - | Quadriplegic and Paraplegic South Africa |
| LSEN | - | Learners with Special Education Needs |
| MINMEC | - | Ministers and Members of Executive Councils Meeting |
| DHS | - | Department of Human Settlements |
| CAPS | - | Curriculum and Assessment Policy Statement |
| | - | ECD |
| | - | Early Childhood Development |
| SNE | - | Special Needs Education |
| CET | - | Community Education and Training |
| ABET | - | Adult Basic Education and Training |
| DHET | - | Department of Higher Education and Training |
| CLCs | - | CET Learning Centres |
| DSBD | - | Department of Small Business Development |

1. Introduction

“...with targeted interventions, sound strategies, adequate resources and political will, even the poorest countries can make dramatic and unprecedented progress”.
(The Millennium Development Goals Report 2015, p.4)

The relevance of this quote rings true for the disability sector globally and mainly in South Africa. The Millennium Development Goals is an example of a global initiative that despite its merit as a developmental agenda, excluded people with disabilities. Therefore, the victories of the MDGs were bitter sweet. However, subsequently the Sustainable Development Goals as a developmental agenda, did not repeat that mistake.

The WPRPD (2015) represented a milestone in South Africa’s history, in that through multi-sector consultation, a roadmap was developed in the form of the Implementation Matrix 2015-2030 that mirrors the trajectory of the National Development Plan Vision 2030 (NDP). THE WPRPD was the outcome of many lessons learned in the exclusion of persons with disabilities.

If we are to ensure that history never repeats itself, we must have sound strategies, adequate resources and political will to drive the change that the disability sector has been long awaiting.

1.1. Purpose

The purpose of this document is to report on the implementation measures and progress made by government departments at national and provincial levels in the realisation of the WPRPD.

1.2. Reporting Period

This Report covers the period 2017 to 2020.

1.3. Focus

The combined second, third and fourth Annual Progress Report focuses predominantly on the national and provincial spheres of government.

The Report furthermore focuses on selected disability inclusive case studies that are setting precedent in inclusive systemic implementation within public service delivery.

1.4. Process Followed in Compiling the Annual Progress Report

The WPRPD was officially launched at the National Disability Rights Summit in March 2016. Cabinet approved the WPRPD and its implementation matrix in December 2015 and directed that progress reports on its implementation be submitted to Cabinet on an annual basis.

Accounting officers of all national government departments, as well as provincial Directors-Generals (and in some instances, the Heads of Departments of provincial departments of Social Development), were provided with an outline of the reporting process and requirements for periodic reports since November 2017. The deadline for submissions was set for 31 March 2018 for National Departments

and 30 April 2018 for provinces and has since been extended in order to strengthen the quality of reports.

In preparation for the Combined Second, Third and Fourth Annual Progress Report on the Implementation of the White Paper on the Rights of Persons with Disabilities, the Governance and Compliance component of the National Disability Rights Coordination Mechanism provided technical support to all national departments and provincial departments (that requested assistance), namely; Department of Correctional Services (DCS), South African Police Services (SAPS), Department of Social Development (DSD), Department of International Relations and Cooperation (DIRCO) and the following provinces: Eastern Cape, Northern Cape, Mpumalanga and Western Cape.

In 2018, out of the forty two reports that were requested from national departments and their respective entities, only nineteen (19) reports were received and 23 departments did not submit. Only four out of nine provinces submitted reports. This revealed a 49% compliance rate for national departments, including entities and a 40% compliance rate for provinces. The status of received reports is attached herein as Annexure B.

The preliminary assessment of performance against the WPRPD Implementation Matrix mid-term(2015–2019) targets was done against five levels as follows:

1 – fully compliant; 2 – work in progress; 3 – no action taken;
4 – insufficient information; and 5 – no evidence provided.

The primary reporting template is a compliance framework, based on the King III Report approach of comply or explain.

The National Disability Rights Machinery (NDRM), which convened from 23 – 24 April 2018, provided a platform for engagements on the progress made in the implementation of seven out of the nine pillars of the WPRPD. Selected national departments were invited to share their progress and were further requested to outline their obligations on the implementation. This process enabled robust and frank discussions, debates and proposals for accelerated implementation of the WPRPD.

In 2019, the NDRM focused on consulting on a disability-inclusive MTSF 2019 – 2024. These deliberations informed the finalisation of the imperatives contained in the current MTSF.

The NDRM provided a key platform for discussions on the implementation of the WPRPD. The salient discussions and recommendations have been captured in this report.

In the year 2019, the National Disability Rights Coordination Mechanism was relocated to the newly established Department of Women, Youth and Persons with Disabilities through the NMOG process.

2. PROGRESS ON THE IMPLEMENTATION OF PILLARS

2.1. Pillar 1 - Removing Barriers to Access and Participation

The WPRPD isolates the following six dimensions to remove barriers to access and participation for persons with disabilities:

- Changing attitudes and behaviour
- Access to the built environment
- Access to transport
- Access to information and communication
- Universal design and access
- Reasonable accommodation measures.

In the main, very few of the departments that submitted reports were able to provide evidence that the measures taken during the year flowed from the WPRPD policy directives. Action was therefore more of a continuation of existing initiatives, with insufficient alignment between the WPRPD directives, plans, budgets and reports.

Indicator 1.1 - Changing attitudes and behaviour

There is currently no coherent targeted awareness-raising strategy or plan that measures that provides guidance on disability rights awareness-raising campaigns for impact. The National Disability Rights Coordination Mechanism started the process of developing a national framework in this regard to coordinate, standardise and measure impact of campaigns whilst at the Department of Social Development and will finalise this framework in 2021/22.

The National Disability Rights Awareness Month remains the pillar initiative through which stereotypes, prejudices and harmful practices relating to persons with disabilities is addressed. From 3 November to 3 December 2016, the Department of Social Development successfully coordinated the 2016 Disability Rights Awareness Month, which promotes the human and socio-economic rights of persons with disabilities. The national launch on 3 November coincided with the handing-over of the MTN SA Foundation Multi-Purpose Media Centre for Deafblind learners at the Sibonile School for Visually Impaired Learners in Meyerton. On 3 December, the National Day of Persons with Disabilities, a commemoration took place to honour the lives lost in the Esidimeni Tragedy. South Africa's pioneering work in promoting and protecting the rights of persons with disabilities continues to elevate its international profile. The Department was able to showcase its products and approaches through participating on international platforms such as the United Nations Conference of States Parties to the Convention on the Rights of Persons with Disabilities (UNCRPD). This led to South Africa (represented by the Department) being invited to participate in two high-level panels during the 2016 UN Social Forum, which focused on the 10th anniversary of adoption of the UNCRPD by the General Assembly, in Geneva in October 2016.

The Esidimeni tragedy is a poignant reminder that much more still needs to be done to raise awareness regarding persons with disabilities throughout society, including at the family, community, policy and practice levels, and to foster respect for the rights and dignity of persons with disabilities. The Department of Social Development welcomed the Health Ombudsman's report and recommendations into this matter. The DSD initiated consultations with provinces to ensure speedy implementation of the Ombudsman's recommendations.

The Department continued to fast-track the implementation of the WPRPD and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). In this regard, International Solidarity in Advancing the Rights of Persons with Disabilities African Union Protocol on the Rights of Persons with Disabilities was approved by the AU Heads of States. This process led to South Africa's appearance before the UNCRPD in August 2018. During the reporting period, the Department held a round table on Social Protection and Disability (Pillar 5 of WPRPD). The round table was attended by, among others, the Global Disability Advisor of the World Bank. This was one of the Department's efforts to embed the WPRPD Policy Directives in Outcome 13.

As part of the Department's contribution towards National Albinism Awareness Month, a national round table on the Rights of Persons with Albinism was convened in September 2018 to explore synergies, resolve tensions in the sector and agree on the process towards the development of a National Strategy on the Rights of Persons with Albinism. The strategy is informed by Pillar 2 of the WPRPD and will be finalised in 2019/20. The user-friendly English version of the WPRPD will enable persons with disabilities and their families to use the WPRPD in self-advocacy efforts. This version will be translated into all official languages as well as South African Sign Language in 2019/20.

During the reporting period, the Department engaged with other structures to strengthen disability inclusion in the 2019-2024 MTSF. In this regard, the President pronounced in his 2019 State of the Nation Address that the 2020-2025 MTSF should mainstream disability across all government departments and programmes. Furthermore, the Presidential Working Group on Disability (PWGD) was also convened at the end of February 2019, bringing together the Executive of Government and leaders in the disability sector. Five national priorities were identified to accelerate and deepen disability inclusion in the next MTSF. A Ministerial Task Team was established following engagement between the Minister and sector leaders, culminating in a cessation of hostilities between the disability sector and government.

During the year under review, the Department led South Africa's presentation of the Country Report on the Convention on the Rights of Persons with Disabilities (CRPD). A number of other Country Reports were tabled before various International Committees in the UN and the AU. Building on the momentum and South Africa's successful election as a non-permanent member of the UN Security Council, the Department vigorously participated in annual sessions of the UN such as Commission for Social Development, Commission on Population and Development, and the Conference of State Parties to the CRPD. South Africa is an active member and serves as Secretary of Partners in Population and Development (PPD). Cooperation engagement with partners in BRICS and India-Brazil-South Africa (IBSA) were

also maintained. The Department actively participated in the 22nd International AIDS Conference which was convened in Amsterdam. The Department also participate in the Disability Summit held in London.

For the reporting period, the national broadcaster launched a disability rights platform in November 2016. The SABC Disability 360 Campaign aims to empower persons with disabilities by providing ongoing disability related content on-air, online and on the ground (events) through SABC various platforms, which provide the sector with information about job opportunities, training opportunities and pertinent disability content, in all 11 official languages. The Disability 360 Campaign further aims at creating an online “community” where persons with disabilities can engage and access any disability related Information.

The campaign ensured disability content for a total of 10,102 minutes (168 hours) of across the radio stations run by the South African Broadcaster between the period January 2017 and March 2018, and 7,427 minutes (123 hours) of podcast disability content.

In 2017, the SAPS partnered with Albinism Society of South Africa (ASSA) in conducting albinism awareness campaigns in Manguzi, Northern Part of KwaZulu-Natal. The awareness events took place at all the towns of Manguzi, two border gates (Bay Border gate and trading border gates to Mozambique.) The campaign commenced from the 21 to 23 November 2018.

Furthermore, Awareness campaigns were conducted to sensitise communities about crimes against women, children, the elderly and people with disabilities. These campaigns were conducted at provincial and police station levels, in support of calendar events. The campaigns, included door-to-door campaigns, roundtable discussions/community dialogues, school visits, school and community outreach programmes, community imbizos and women in law enforcement operations, led by women.

The SAPS acknowledges the rights of people with disabilities, as enshrined in the South African Constitution, 1996 and the White Paper on the Rights of People with Disabilities, 2015. In 2018, the SAPS compiled the first Disability Action Plan. The Plan will enhance the SAPS's efforts to address the challenges faced by people with disabilities and provides mechanisms, to ensure that all employees of the SAPS understand and respect the rights of people with disabilities, as well as to ensure continuous service to the community, in accordance with the SAPS Act, 1995 (Act No 68 of 1995). The SAPS intends to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedom by all persons with disabilities. A Guideline for the Policing of Persons with Disability was also developed, with particular reference to the UN Convention on the Rights of Persons with Disabilities. The aim of the guideline is to assist SAPS members in fulfilling their obligations, with regard to people with disabilities in South Africa.

Guidelines on the policing of older persons and persons with disabilities were developed, with the input from organisations dealing with disabled persons, including Chapter 9 Institutions and approved by the then Acting National Commissioner. Subsequently, 50 000 booklets of the guidelines were procured and 40 500 copies were issued to all nine provinces.

The Department of Arts and Culture hosted the The Zwakala Awards (2017/18), designed to recognize the abilities of children with hearing disability. The event serves as a tool to create awareness of the silent minority that is cut off from the hearing world due to prejudice, and lack of tolerance and understanding. The hosting of the annual national performing arts competition for learners with hearing disability on 27 October 2017 at the M1 Studio, SABC and Radio Park. Every effort was made to ensure that the competition reached out to all schools for the deaf in South Africa, to provide a platform where the deaf youth can express their feelings, their fears, and their hopes through performing arts.

In 2018/19, DAC committed to addressing the plight of people with disabilities especially people with albinism. On 13 June 2018, the Minister launched International Albinism awareness Day under the theme SHINE YOUR LIGHT. The launch was held in Hlalakahle in Mpumalanga where two (2) girls were killed and their body parts disembodied. The Minister also had the opportunity to meet with the affected family. There was also a performance on the DAC funded drama: "MAMA I WANT TO BE THE BLACK THAT YOU ARE" featuring issues affecting people with albinism. Legends with disabilities host workshops and events in various theatres and at special schools nationally. The project also empowers people with disabilities including people with albinism to express their artistic abilities, liberation from stigma and rejection. The "I Can Campaign Programme" is implemented through dialogues and workshops in all special schools.

In 2017/18, the Department of Health's non-communicable disease (NCD) sub-programme focused on the reduction of risk factors, the improvement of health systems and services for early detection, and improvement of the service delivery platform for PHC-focused eye care, oral health, care of the elderly, rehabilitation, and care of persons with disability and mental health. The interventions have been implemented in collaboration with other sectors to increase public awareness regarding health, to reduce stigma and discrimination associated with mental illness, and to scale up decentralisation of integrated primary mental health services.

In managing NCDs, there must also be focus on disability. If not attended to appropriately, disability has implications for optimal functioning, potentially excluding people from gainful employment and/or financial independence. This situation exacerbates the risk of out-of-pocket expenditure, impacting negatively on the development of individuals, families, and communities. Mental disorders continue to be a major and growing cause of disability-adjusted life years (DALYs). Importantly, DALYs for mental disorders are highest during youth and mid-adulthood, accounting for 18.6% of total DALYs among people aged 15-49 years; this has a critical impact on social and economic development.

In 2019/20, during the November Disability Rights Awareness Month, the Department of Transport's Community outreach programme conducted for Rivoni Special School learners (Vhembe, Limpopo) to raise awareness on sector opportunities particularly to learners with disabilities.

In driving transformation imperatives within the Department of Agriculture, Forestry and Fisheries; various awareness sessions (e.g. Disability awareness and disclosure, HIV-AIDS

awareness, financial-wellness, gender-based violence awareness, motivational speaking, etc.) were successfully facilitated in various provinces in commemoration of the “16-Days of Activism against Women and Child Abuse” under the Theme: “Achieving 17 Goals for the Future We Want”.

The DIRCO conducted a Roundtable Discussion on “Reasonable Accommodation for Persons with Disabilities” on 20 October 2017 • A “Disability Awareness” Workshop on 17 November 2017.

In the **dti**, Internal Consultations were conducted with the Organisation for Persons with Disabilities on guidelines, advice and services in support of employees with disabilities i.e. telephonic consultation was conducted with South African Anxiety and Depression Group (SADAG) on support groups for employees with Psychosocial Disabilities; and Gauteng Provincial Association for Persons with Disabilities (GPAPD) conducted a Disability Awareness Workshop.

SARS made specific efforts to focus on the needs of the disabled community. We took part in information sharing sessions with the South African Disability Development Trust (SADDT) and the South African Disability Organisation (SADO) to further highlight SARS’s commitment to be accessible and accommodating to all taxpayers.

The DBE also prioritises the safety of the physically disabled officials and therefore trained officials in evacuation chair training in order to assist them during an emergency evacuation. SHE representatives are responsible to conduct a monthly inspection in their areas of responsibility and report to the SHE supervisors if there any health or safety hazards. First Aiders alert the OHS supervisors in advance if there is a need to supply them with first aid material.

In 2017/18, the Department of Justice and Constitutional Development, hosted disability awareness events where 420 employees participated through disability rights month, such as the International Day of People with Disabilities. A total of 2 741 employees attended proactive psychosocial services, and 119 supervisors were trained.

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Stats SA hosted an enthusiastic group of delegates from different statistical institutions, universities and representatives for persons with disabilities from around the world for the 16th annual meeting of the Washington Group on Disability Statistics in December 2016. This comes after South Africa celebrated National Disability Rights Awareness Month and International Day of Persons with Disabilities between 3 November and 3 December 2016. The Washington Group on Disability Statistics (WG) is a UN City Group established under the United Nations Statistical Commission to address the urgent need for cross-nationally

comparable population-based measures of disability.

JICA annually in partnership with the Department with Social Development, annually conducts disability mainstreaming programme relating to training for officials and people with disabilities, monitoring and evaluation, and networking activities. To date, there has been more than 1 403 participants. In Limpopo, JICA team conducted a team-building workshop and disability mainstreaming training and established a self-help group of persons with disabilities and peer counselling.

The DSD continued to fast-track the implementation of the WPRPD and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). In this regard, International Solidarity in Advancing the Rights of Persons with Disabilities African Union Protocol on the Rights of Persons with Disabilities was approved by the AU Heads of States. This process led to South Africa's appearance before the UNCRPD in August 2018. During the reporting period, the Department held a round table on Social Protection and Disability (Pillar 5 of WPRPD). The round table was attended by, among others, the Global Disability Advisor of the World Bank. This was one of the Department's efforts to embed the WPRPD Policy Directives in Outcome 13.

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The Gauteng Office of the Premier developed and ran the disability rights awareness programme for most of GPG Departments during February 2017 which continues to be implemented to date.

The Northern Cape Province developed its Disability awareness plan, guiding the districts on what to budget and how to make provision for reasonable accommodation. The Province conducted training at various departmental platforms to ensure the determination of the

disability status and support schemes that are grounded on a human rights-based approach to disability. There were 160 Advocacy programmes conducted for persons with disabilities. Training on the White Paper on the rights of persons with disabilities was conducted in all 5 districts.

A consultative session on the psychosocial model on protective workshops was held with persons with disabilities

The Provincial Department of Social Development (Mpumalanga) reported the development of a Disability Awareness Plan which is reflected in the Annual Performance Plan 2018/19. The plan also addresses issues of correct disability terminology and was costed with budget allocation.

Indicator 1.2 - Access to the built environment

The Department of Public Works (DPW) is the lead agency for the coordination of access to the built environment. The DPW reported that out of the 89 031 utilised immovable assets that were assessed by March 2016 during Phase 2 of the Immovable Asset Register Enhancement Programme, 87 972 (99%) were found to have some of the basic facilities for persons with disabilities. The basic facilities for persons with disabilities include signage, parking, toilet facilities, ramps, lifts and warning signals. 1 059 immovable assets do not have the basic facilities for persons with disabilities.

Projects are currently in progress to install facilities for persons with disabilities in 50 of the 1 059 immovable assets. The installation of facilities for persons with disabilities in the remaining 1 009 immovable assets will be undertaken in the next financial years based on available budgets.

An amount of R15 320 000.00 was approved by the Infrastructure Budget Committee (IBC) for the installation of facilities for persons with disabilities in State-owned buildings in 2018/19. The projects will be funded from the Department of Public Works (DPW) capital budget.

The Department is a member of the SABS Disability Task Team for SABS/TC 059/SC 04: Universal access and universal design in the built environment. The team is currently reviewing the SANS10400 -2011 to align it with the Universal design and universal access in the built environment. The Department is also a panel member in the current reviewing processes of the National Building Regulations Act of 1977.

The Department is also participating in the development of the Universal Design and Universal Access Framework led by the Department of Social Development.

The SAPS reported in its 2018/19 annual report that the infrastructure of 14 police stations was developed to improve access for persons with disabilities. This is an indication that the SAPS is progressive in its approach to policing, by ensuring that all police stations can be accessed by all victims and complainants, including clients with a disability. The SAPS aims to deliver quality policing to persons with disabilities, by ensuring that they have equal access to the full range of services, information and facilities of the SAPS. It is further aimed at addressing

barriers faced by persons with disabilities, as this will further encourage participation by persons with disabilities in public life.

The Gauteng Provincial Government established its Gauteng Universal Design and Access Programme which comprises of Gauteng Department of Infrastructure Development and the Gauteng Treasury. A reference group with representation of the disability rights civil society organisations and experts contributed multi-disciplinary professional advice to officials of the Gauteng City Region.

The province hosted the inaugural Universal Design and Access Dialogue on the Built Environment on 6th February 2018, which included inputs from experts in universal design from national, provincial and local government, the private sector and representatives from civil society.

The Mpumalanga Provincial Government customised the National Norms and Standards for infrastructure design to improve compliance for reasonable accommodation policy and access to services for persons with disabilities.

The Western Cape Government focused on empowering officials in DPW in understanding Part S of the South African National Building Regulations Act. The norms and standards were developed are based on Part S. The contractors procured are obliged to comply with these norms and standards, thereby saving the taxpayers money in terms of correcting errors. This has become a good practice to ensure accessibility of buildings.

The Department of Tourism has ensured destination enhancement initiatives which will include universal accessibility are:

- Shangani Gate Tourism Development, Kruger National Park
- Phalaborwa Wild Activity Hub, Kruger National Park

Universal Access projects at:

- Blyde River Canyon Tourism Site in Mpumalanga
- Hilltop Rest Camp at Hluhluwe Game Reserve, KZN
- Gariep Nature Reserve in Free State
- Dwesa Cwebe Nature Reserve in Eastern Cape

In 2016/17, the Department of Defence prioritised the Pretoria Air Defence Artillery Group for upgrades to improve access to members with disabilities. This construction was reported as completed in the Department's annual report.

Indicator 1.3 – Access to Transport

The DoT facilitated a national consultation on the Rural Transport Strategy which was published in 2017. This strategy document contains disability access as one of its key objectives.

During the period under review, the DoT developed norms and standards for road vehicles and facilities through piloting universal design standards in new road-based public transport vehicles and facilities in the 13 IPTN municipalities. These were further developed into national technical requirements (NTR) which was subsequently used in the 13 IPTN municipalities. Implementation in these selected IPTN cities was compulsory through the receipt of the public transport network development grant. The IPTN cities test the processes for the implementation of standards throughout the travel chain in new public transport systems before it becomes regulations. This process has been on-going from 2010 to 2017.

The standards for infrastructure on rail were developed in 2015 and have been used in rail upgrading programmes since then. No audits were carried out during the year under review. The PRASA launched its new rolling stock in May 2017, and unfortunately did not consider implementing universal design standards properly in rolling stock development, despite advice received from DoT from 2013 onwards, resulting in a non-alignment of standards in rolling stock in different rail services. This is now being addressed by DoT, RSR and PRASA.

The NTR 1 for pedestrian crossings were approved by the Acting DG and published in March 2017 for circulation to roads and rail. These were used for auditing the implementation of universal access standards on pedestrian facilities in the IPTN municipalities. However, it proved difficult for traditional engineering processes to adapt to the introduction of the new standards, and as such these have not yet been incorporated into the standards for engineers.

Licences are issued for all forms of transport i.e; road, rail, aviation and maritime transport. No operator should, in terms of the Constitution and equality legislation, discriminate against people with disabilities; although this is not the daily experience for people with disabilities.

With regards to Aviation; regular complaints throughout 2017 were received from passengers with disabilities on their accommodation in Aviation services. The Civil Aviation Authority is in the process of amending CAA regulations in line with non-discriminatory practice.

All 13 IPTN municipalities are obliged to accommodate persons with disabilities in new service licences. No new services operated in 2017, and therefore only four with accommodating operating licences continued to operate throughout the country.

In 2018/19, DOT conducted a total of ten (10) Community Outreach Campaigns as targeted. These campaigns focused on Gender, Disability, Youth and Children.

The South African Human Rights Commission (SAHRC) investigated a case on the inability of Metrobus services to accommodate persons with disabilities with equity and respect. Whilst there is some response from the operator to the immediate problems raised through the SAHRC in 2017, the commitment to implement a plan to upgrade services over time is not forthcoming, despite the legal obligation to do so. This SAHRC case is significant for the upgrading of all other existing public transport services throughout the country, whether they receive grant funding from the Government or not.

At a provincial level, the Gauteng: 5-Year Transport Implementation Plan (GTIP5) provides for universal access and states that persons with disabilities should have equal access to transport facilities and services available to the general public, to the greatest extent possible, in rural and urban areas; under the section on Principles and Departure Points for GTIP5.

The NDRM plenary noted that DoT is exploring and engaging with all forms of accessible public transport systems, inclusive of the private sector (e.g. Uber), however, the inaccessible built environment remains a challenge.

The Plenary also noted the development of the draft program of action on universally accessible minibus taxis and taxi services which was circulated within the DoT prior to distribution for public comment.

Epilepsy SA indicated that a position paper on Persons with Epilepsy and Driving was submitted to the DoT. This is still pending response.

Indicator 1.4 – Access to Information and Communication

On 21 November 2017, braille promotional material on breaking the silence to domestic violence, sexual offences, children's rights, child justice, rights of older persons were officially launched by SAPS at Lincoln Special School in Umlazi, Durban. Nine hundred (900) braille public education booklets were provided to the school. The SAPS translated brochures on Children's Rights and Child Justice into braille booklets and 500 copies of each were distributed at special schools.

The SAPS worked with DeafSA and other role-players on Deaf access to the 10111 call centre. It is envisaged to be operational in 2018.??

Furthermore, the Department of Telecommunications and Postal Services (DTPS) is collaborating with the Independent Communications Authority of South Africa (ICASA) and operators on reducing costs and enabling access to emergency services for persons with disabilities.?? (Should these 2 paragraphs not speak in past tense?)

The Vodacom launched an emergency SMS service to connect Deaf people to emergency services. The interface was developed as one of the products of the Disability ICT Chamber of the DTPS.

The Department of Communications and Digital Technologies participated in the 34th Session of the SCCR of the WIPO conference which continued the discussions on the following issues: the Broadcasting Treaty – protection of broadcasting organisations; exceptions and limitations for libraries and archives, expectations and limitations for educational and research institutions, and persons with disabilities.

A report on the recommendations from the Public Broadcasting Review Colloquium was developed and incorporated in the White Paper on Audio-Visual and Digital Content Policy for South Africa Bill. The department regarded the colloquium as a process which would contribute

to the finalisation of the draft White Paper on Audio-Visual and Digital Content Policy for South Africa and happening parallel to the submissions related to the gazetted public broadcasting policy review published in June 2018.

One of the key recommendations incorporated into the White Paper was that Government must fund implementation of disability requirements, early childhood development programming and universal roll-out of infrastructure.

The Department of Communications and Digital Technologies supports Public information and social development through social action campaigns such as Raising Babies 101: A talk series for first time parents and every caregiver in South Africa. It covers every issue that affects parents – from scolding toddlers the correct way, raising babies with disabilities and screening ECD centres.

SARS implemented the **Assistive Solutions for Persons with Disabilities** (Internal Policy-approved on the 7 Sep 2017 and published on the 11th Dec 2017), aimed at improving accessibility to systems and information for both SARS employees and taxpayers. The aim is to ensure all hardware and software purchased and/or developed adheres to international standards of accessibility. It further ensures consistency in the procurement, upgrade, design development and maintenance of all software, hardware, applications and solutions to cater and ensure systems availability and accessibility for Persons with Disabilities.

The SARS **eFiling MobiSite** was the first application (2017- Filing Season) that complied with the SARS adopted standards and practices relating to disabled employees and taxpayers. Blind taxpayers who rely on screen-reading software were able to navigate the mobisite on their mobile devices, PC or laptop. Visually impaired taxpayers also benefitted by using the SARS eFiling MobiSite as it offered improved contrast that adapted to the user's choice of screen colour (for example, high contrast black which displays white text on a black background). This means that blind and visually impaired taxpayers were able to complete and submit their Income Tax Returns (ITR12) in 2017 Filing Season, while previously this may have been challenging without assistance.

In 2019/20, the Independent Police Investigative Directorate?? through community outreach programmes continued to access the most vulnerable parts of the community which includes women, children and persons with disabilities. Through these programmes IPID was able to educate and create awareness in respect to its constitutional mandate.

The dti observes the availing accessible format in an alternative manner (i.e braille) to persons with visual impairment.

The dti observes and supports the Marrakesh Treaty through its Intellectual Property (IP) and Copy-right Policies.

With regard to making different formats of communication available, the Mpumalanga Provincial Department of Social Development purchased a braille printing machine which will be centralised for use by all provincial departments. However, it was noted that one braille

printing machine is not sufficient to cover Mpumalanga provincial-wide braille printing requirements.

In the Northern Cape Province, approximately seven public libraries were identified and equipped with devices to access reading materials in all accessible formats. Librarians are currently undergoing training on how to utilise the devices.

The Mpumalanga Province also highlighted the scarcity of qualified sign language interpreters as a challenge and planned to increase the number of sign language practitioners in the Province.

The Limpopo Provincial Government reported that ETDP SETA organised a sign language interpretation skills programme. Within the context of its partnership with the Northwest Department of Arts and Culture, the Province conducted a study visit on SASL.

In keeping with providing accessible emergency and disaster management information, the Mpumalanga Provincial Department of Cooperative Governance and Traditional Affairs approved the provincial disaster management plan. All staff members were capacitated on the implementation of the plan and the Occupational Health and Safety Act.

In Gauteng, 2017 saw the standardisation of the practice of all GPG public events having an SASL interpreter for Deaf participants.

Indicator 1.5 – Universal Access and Design

The DWYPD is in advanced stages of finalising the National Framework on Universal Access and Design. This framework will guide the development of new legislation with the review of existing legislation and instituting minimum norms and standards for this critical area of work. The approval is anticipated in 2021/22.

The National Regulator for Compulsory Specifications (NRCS) and South African Bureau of Standards (SABS) as agencies of **The dti** are mandated to enforce compliance with the National Building regulations and building standards and it embraces reasonable accommodation for persons with disabilities.

When **The dti** embarks on awareness raising campaigns, there is provision for reasonable accommodation for persons with disabilities. The departmental Supply Chain Management Policy also provides for such services to be procured from within the locality where the campaign is being implemented.

Indicator 1.6 – Reasonable Accommodation Measures

The *Strategic Policy Framework on Disability in the Post School Education and Training System* was gazetted on 6 April 2018. This policy framework guides all institutions in this sector on what is required from them to provide support to students with disabilities. The National Student Finance Assistance Scheme has broadened its reasonable accommodation support measures to colleges and universities to be inclusive of personal assistance.

Sunscreen is available free of charge at clinic level to indigent persons with albinism as part of the Essential Drug List for Primary Healthcare, and the Albinism Care Pack in one province thus far has been extended to include protective clothing and sunglasses, among others.

Additionally, the Department of Justice and Constitutional Development (DoJCD), appointed 151 permanent intermediaries to assist children and persons who are under the mental age of 18 to give testimony in court. Control measures were put in place through the National Operations Centre to ensure that appointed intermediaries are suitably qualified. Other support measures include in-camera facilities for children with disabilities who experience trauma or high levels of stress when testifying, as well as Court Preparation Services for child victims and witnesses with disabilities, where the victims and witnesses are prepared for court to eliminate secondary victimisation.

The WPRPD has a specific focus area directing action towards extending reasonable accommodation consistently across all sectors. A national Framework on Reasonable Accommodation for Persons with Disabilities has been finalised and is awaiting Cabinet approval in 2019.

The Mpumalanga Provincial Department of Social Development customised and implemented the National Norms and Standards for Residential Facilities for persons with disabilities. For the reporting year, the standards were implemented at seven residential facilities, 66 protective workshops and 55 stimulation care centres for children with disabilities.

The Eastern Cape Provincial Department of Cooperative Governance and Traditional Affairs used the existing Service Charter to address reasonable accommodation measures and issues.

2.2. Pillar 2 - Protecting Persons with Disabilities at Risk of Compounded Marginalisation

The WPRPD isolates the following four dimensions for specific protective measures to be taken to ensure that the rights of persons at risk of compounded marginalisation are protected and upheld:

- The right to life;
- Equal recognition before the law;
- Access to justice; and
- Freedom from torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse.

The Justice, Crime Prevention and Security (JCPS) Cluster is responsible for overall coordination of Pillar 2.

Indicator 2.1 - The right to life

The National Department of Health (DoH), in collaboration with Gauteng Province, is in the process of implementing all the recommendations of the Health Ombud as well as the Arbitration Award in relation to the Life Esidimeni tragedy. Progress on the implementation of the 18 recommendations was reported to the Health Ombud in the form of the report dated 26 May 2017, as follows -

- Former Life Esidimeni Users were relocated from unlawful NGOs within 45 days from the release of the report to appropriate health establishments in Gauteng Province as recommended by the Health Ombud.
- The Minister of Health requested the South African Human Rights Commission (in a letter dated 9 February 2017), in line with recommendation 9 of the Health Ombud's report, to undertake a national systematic and systemic review of human rights compliance and possible violations related to mental health.
- The Life Esidimeni Arbitration process was established in line with recommendation 17 of the Health Ombudsperson's Report. The Arbitration agreement was entered into by parties on 8 September 2017. The Arbitration proceedings started on 9 October 2017 and ended on 9 February 2018. The Arbitration award was made on 19 March 2018.
- General Regulations, Norms and Standards Regulations Applicable to Different Categories of Health Establishments were published in the Government Gazette No. 41419 on 2 February 2018.
- The Policy Guidelines for the Licensing of Residential and/or Day Care Facilities for Persons with Mental Illness and/or Severe or Profound Intellectual Disability were published in Government Gazette No. 41498 on 16 March 2018.

The Health Ombud's Report into the Life Esidimeni tragedy recommended that an Alternative Dispute Resolution (ADR) process be followed. The Life Esidimeni ADR hearings, under the stewardship of retired Deputy Chief Justice Dikgang Moseneke, were held between October 2017 and February 2018 over 45 days. A total of 60 witnesses were called, inclusive of 19 government officials, 31 family members of both deceased and surviving victims, six experts and four Not-for-Profit institutions.

Justice Moseneke made a binding award on 19 March 2018 due to the death caused of 144 healthcare users and the pain and suffering and torture of 1 480 mental healthcare users who survived and their families. The government of the Republic of South Africa was ordered to, with respect to the 135 claimants who were part of the ADR hearings:

- Pay R 20,000 to families of 67 deceased in respect of funeral expenses no later than 19 June 2018;
- Pay R 180,000 to 67 families of deceased as well as 68 survivors in respect of general damages for shock and psychological trauma no later than 19 June 2018;
- Pay R1 million to 67 families of deceased as well as 68 survivors as appropriate relief and compensation for the Government's unjustifiable and reckless breaches of the Constitution of the Republic of South Africa (Section 1 A and C and D of Section 7,

Section 10, Section 12(1) D, Section 12(1) E, Section 27(1) A, Section 27(1) B, Section 195(1) A, B, D, E, F and G), multiple contraventions of the National Health Act 61 of 2003 as well as the Mental Health Act 17 of 2002 no later than 19 June 2018;

- Within 30 days, make available the services of qualified mental health care professionals who must assess the counselling and support needs of each of the 135 claimants and up to three members of each claimant's family. Those who require support must be provided with such services immediately after the needs assessment, except if any of the claimants or their family in writing decline the counselling and support;
- A remembrance monument be erected within 12 months;
- A recovery plan must be developed within six months and implemented.

The Gauteng Office of the Premier paid a total sum of R159.46m to all the 134 claimants who were part of the alternative dispute resolution process. All payments were concluded by June 13 2018, meeting the deadline set by Justice Moseneke.

The Premier's Mental Health Advisory Panel was appointed to assist in taking action over the next two years to restore the dignity and human rights of mental health patients and all vulnerable groups.

The Gauteng Province has instituted systematic and wide-ranging inspection of the condition of all centres that care for the elderly, people with disabilities and children irrespective of whether they are operated by the public sector, private sector, NGOs or non-profit-organisations. These inspections will give regular reports on the assessment of each entity's compliance to the norms and standards specified in their licences to carry out the work that they purport to be doing for people.

The Ntirhisano Service delivery teams also pay periodic unannounced visits to all facilities to assess that the services that they provide to children, older persons, and people with physical and psycho-social disabilities are up to standard and compliant with the established norms and standards.

In the social sector, the Mpumalanga Provincial Department of Social Development monitored the standard of services in funded NPOs to improve quality of life and investigated reported deaths on a monthly and quarterly basis.

With regards to the North West incident in which three deaf learners lost their lives, the SAHRC instituted an investigation, during which the North West Department of Basic Education (DBE) was summoned to provide evidence, and a report with findings and recommendations was released in January 2018. The Department of Education in North West was given three months to respond.

The NDRM plenary noted the Life Esidimeni tragedy, the death of the three deaf learners at the North West School for Deaf learners and the increase in the attacks, murders, abductions and desecration of graves of persons with albinism, clearly illustrate the relevance of inclusion

of this protection Pillar in the WPRPD.

It further noted that persons with disabilities are dying daily and no one seems to care, as persons with disabilities are 'medicalised' and called patients, not human beings.

The QuadPara SA, during the NDRM plenary, repeatedly called for stricter interventions and investigations into the high mortality rate among wheelchair users (predominantly quadriplegics and paraplegics) in South Africa due to the lack of professional and appropriate health care services outside of the main metropolitan areas.

The SAHRC, during the NDRM plenary, indicated that a provincial hearing for all special schools in North West was instituted during which dormitories were evaluated for skilled and experienced human capacity. The report is currently being compiled with recommendations.

Indicator 2.2 - Equal recognition before the law

Although South Africa ratified the UNCRPD without reservation, the alignment of supported decision-making mechanisms is still outstanding. The South African Law Reform Commission finalised its Report on Assisted-Decision Making. The report is currently under executive consideration for a decision.

In terms of mental health involuntary admissions, there were 24,032 admissions in 2014, 28,326 admissions in 2015, 33,057 admissions in 2016 and 43,504 admissions in 2017.

Additionally in the social sector, the Mpumalanga Provincial Department of Social Development's indicated that its current Admission Policy to Regulate Admission for Persons with Disabilities at Residential Facilities enables people with disabilities to give consent to living in residential facilities.

Indicator 2.3 - Access to justice

According to the Equality Court Statistics from 2012/13 to 2017/18, there were a total number of 384 complaints lodged with only 5 (1.3%) complaints from persons with disabilities.

Measures taken to create awareness on the right of persons with disabilities to access justice included the finalisation of The Strategy on Provision of Police Services to Persons with Disabilities by SAPS.

The SAPS installed panic buttons at schools to report to Umlazi Police Station in case of intruders in the dormitories.

Indicator 2.4 - Freedom from torture or cruel, inhuman or degrading treatment or punishment, exploitation, violence and abuse

In order to ensure that ALL child welfare services are equally accessible to children with severe disabilities who have been subjected to abuse and neglect, the DSD has made efforts to improve access to partial and full-time care facilities under Social Development as follows:

- Registration of the care centres as partial care facilities for children with disabilities was effected by provinces. Measures to work incrementally on this issue is being considered.
- A database of care centres was developed to guide the development of programmes and provision of services and support to children in partial facilities.
- Collaboration with the DBE in the provision of education support programmes for children of school going age, currently outside the schooling system.
- An interim working committee between DSD & DOH was established to work around the roles and responsibilities of both departments with regard to persons with intellectual disabilities. The team collaborated with the Limpopo Esidimeni facility to work on roles and responsibilities of key departments.
- Whilst there are systemic issues that exist in addressing transversal issues and the constitutional mandates of national and provinces, a need for a well-defined national strategic direction and legislation on collaborative work focusing on service to Persons with Intellectual disabilities was identified.

Additionally, under this area of work, the Eastern Cape Provincial DBE conducted train-the-trainer workshops on the consequences of corporal punishment for educators.

Furthermore, the Mpumalanga Provincial DSD developed monitoring tools for the Norms and Standards on Residential Facilities. The funded NPOs were monitored monthly and quarterly to ensure that persons with disabilities were not abused.

The NDRM plenary noted the measures that the SAPS continues to put in place to strengthen protection for persons with disabilities and expressed concern about how little has changed on the ground for the majority of communities where SAPS commanders are unaware that albinism is a disability and the majority of police stations refuse to open cases or take action when abuse of children with disabilities in school hostels are reported.

2.3. Pillar 3 - Supporting Sustainable Integrated Community Life

The WPRPD isolates the following five dimensions for specific measures to be taken to support sustainable integrated community life:

- Building socially cohesive communities and neighbourhoods;
- Building and supporting families;
- Accessible human settlements/neighbourhoods;
- Access to community-based services supporting independent living; and
- Protection during situations of risk and disaster.

The FOSAD Social Protection, Community and Human Development (SPCHD) Cluster is responsible for coordination of implementation of Pillar 3.

Indicator 3.1 - Building socially cohesive communities and neighbourhoods

Sport and Recreation South Africa (SRSA) reported that the School Sport Winter Championships features 9 sporting codes and 2 Indigenous games. These sporting codes have learners participating in different age groups. Of the different sporting categories, 43% of these categories are for participation by persons with disabilities. During the School Sport Summer Championships there are also 9 sporting codes and 2 indigenous games codes. Of these different sporting categories, 39% is meant for participation by persons with disabilities

The total budget for more than 60 national federations supported by the Department is R97 524 000. A budget of R3 700 000 is set aside for disability programmes over and above the mainstreamed programmes and projects. The School Sport grant is meant for provision of organising championships at the district, province and national. It is also used to provide sports attire and equipment to participating schools, including the employment of school sport coordinators. In all these efforts, LSEN schools are being supported and catered for with equipment and attire, including participation of learners with disabilities in sports.

The Department provides financial support to the following institutions established specifically to cater and advocate for persons with disabilities:

South African Sport Association for the Physically Disabled

South African Sport Association for the Intellectually Impaired

South African Deaf Sport Federation

The Department continued to ensure that South Africa was well represented at identified multi-lateral fora, and that it played an active role in the African Union Sports Council (AUSC) Region Five during the period under review. South Africa was represented on: the Executive Committee; the Council of Ministers Meeting; the Sports Development Commission; the Finance and Marketing Commission; the Women and Sport Commission; and the Commission for People with Disability. In addition, South Africa was represented on the Association of National Olympic Committees of Africa (ANOCA) and the Confederation of Southern African National Olympic Committees (COSANOC).

- 418 scholars participated at the National Schools Championships from all 9 Provinces of which 127 scholars have a disability
- Anne Vermaak is a member of the FIG Disability working group.

In 2017/18, the review of the Domestic Tourism Strategy brought new appreciation for visiting friends and relatives (VFR). Consideration and inclusion of VFR, including the capacity building of emerging tour operators, will assist in increasing the domestic tourism numbers. Through the social tourism programme in 2017/18, a special focus was on the designated groups, namely, youth, women, elderly and persons with disabilities to encourage them to travel their country.

The Gauteng Provincial Government hosted a Provincial Sports Day for 522 persons with disabilities at the Vaal University of Technology Stadium. Additionally, a Provincial Eisteddfod / Talent Show was held for 656 people with disabilities at the Saulsville Stadium to promote awareness of the capabilities and the rights and dignity of persons with disabilities.

The following are the programmes and events that the Gauteng Province was also involved in that achieved participation of persons with disabilities:

1. The Provincial Table Tennis Games on 23rd September 2017 at the Joni Bach Sports Centre (Tshwane) benefitted 91 learners without disabilities and 17 learners with disabilities (13 boys and 4 girls).
2. The "Gauteng Women in Sport Dialogue 2nd Edition" themed: "Together Building the Toolkit for Her Excellence" facilitated the participation of the 281 attendees, 12 of whom were sports persons with disabilities.
3. Team Gauteng consisted of 367 learners, 162 boys (49 boys with disabilities) and 205 girls (80 girls with disabilities) were supported to participate in the National School Sport Competitions from 9th – 15th July 2017 at Durban, Kwa-Zulu Natal.
4. Out of a total of 659 athletes that was supported by the Sport Academies with Sport Science Testing on 8th July 2017, only 1.52% were athletes with disabilities. There were ten (12?) athletes with disabilities (8 males and 4 females) from Kwa-Thema Disability Club.

In 2018/18, The Department of Correctional Services (DCS) provided land to be used by CWP for agricultural purposes. The produce from the land was provided to vulnerable households and a disability centre. There were 10 parolees who were recruited into the CWP. This has assisted in the reintegration of the parolees into the community, as well as to receive a stipend to prevent them from re-offending.

Indicator 3.2 - Building and supporting families

The Gauteng Provincial Government's Poverty Alleviation and Sustainable Livelihoods programme reached 66 people with disabilities which made up less than 1% of people reached by the programme.

Additionally, the Gauteng Province hosted South African Sign Language Training at High Hopes for parents with Deaf children from 4 - 8 September 2017 for 14 persons.

Indicator 3.3 - Accessible human settlements/ neighbourhoods

The COGTA is reviewing the Integrated Urban Development Framework Implementation Plan (IUDF IP) which will be aligned with, and informed by the New Urban Agenda (NUA). The revised IUDF IP will act as the New Urban Agenda Localisation Framework (NUA-LF). The current IUDF IP does not specifically identify action for persons with disabilities in the urban space, as it was largely at an overarching level. This will be rectified in the revised Implementation Plan (IP) where engagements with stakeholders will inform action planning in the new IP, in order to correctly identify priority needs and interventions.

In 2017/18, the cities were implementing Integrated Public Transport Networks carrying a combined total of over 100 000 passengers per weekday, this facilitated the procurement of nearly 1 000 vehicles worth over R3 billion, that are universally accessible for all users, especially the elderly and people with disabilities. These cities constructed over 110 km of dedicated lanes and have committed over R2 billion to supporting affected minibuss operators.

The Department of Human Settlement (DHS) reflected the number of houses delivered to persons with disabilities in the table below:

| Provinces | 2015/16 | 2016/17 | 2017/18 | Grand Total |
|--------------------|----------------|----------------|----------------|--------------------|
| EC | 54 | 50 | 34 | 138 |
| FS | | | | |
| Vision | 1 | | | 1 |
| Walking | 2 | 4 | | 6 |
| GP | 26 | 71 | 61 | 158 |
| KZN | 7 | 19 | 3 | 29 |
| LP | 20 | 15 | 20 | 55 |
| MP | 38 | 111 | 161 | 310 |
| NC | 6 | 35 | | 41 |
| NW | 25 | 1 | 4 | 30 |
| WC | 228 | 262 | 217 | 707 |
| Grand Total | 407 | 568 | 500 | 1475 |

In March 2019, the National Assembly and the National Council of Provinces approved the Property Practitioners Bill. This step was preceded by intensive nation-wide stakeholder consultation sessions that were spearheaded by the Department, in partnership with the Estate Agency Affairs Board. The passing of the Bill by Parliament was a ground-breaking accomplishment, as the Property Practitioners Bill advances the transformation of the property sector as a whole. The Bill provides for measures that promote the participation of young

persons, black women and people living with a disability, in order to reflect the demographics of South Africa in the sector.

The NDRM Plenary noted the slow delivery of decent shelter to persons with disabilities and their families despite increased vulnerability factors.

The Plenary further emphasized that the poor routine maintenance of side-walks, bulk infrastructure, parks, open manholes, low-hanging tree branches, building rubble and such posed serious safety risks and mobility limitations for persons with disabilities.

Indicator 3.4 - Access to community-based services supporting independent living

The DSD concluded the consultative process directed at the development of the transformation plan for Protective Workshops which provide skills and recreation programmes for persons with severe and profound disabilities. The transformation plan redefines the focus, services and programmes for protective workshops, and commits key departments to deliver on their key mandates. A draft Psychosocial Support Programme (PSS) was developed between DSD and the SA Federation for Mental Health (SAFMH) to guide the process.

The Gauteng Provincial DSD continues to implement an Independent *Living Pilot Project* in partnership with JICA and the Japanese NGO Human Care Society in Soweto and Germiston. The focus of the pilot is strengthening community living options and quality standard of living for persons with predominantly mobility disabilities. The evaluation of the pilot resulted in an extension and continued funding acquired by *Human Care Society*. In 2017, three workshops were conducted on the Gauteng Assisted Living policy and Guidelines which was attended by 13 people.

The NDRM plenary noted that the SA Human Rights Commission intervened in 2017 to expedite processing of the Policy on Group Housing Support for Persons with Disabilities, which resulted in a commitment by the Department of Human Settlements (DHS) to have it finalised in 2018/19. The policy is currently under consideration by the Human Settlements MINMEC. The implementation guidelines were developed to expedite implementation by provinces and the housing support institutions following the approval of the policy.

Indicator 3.5 - Protection during situations of risk and disaster

The Disaster Management Act, 2002 (Act No. 57 of 2002) was amended in 2015 to include representatives of national umbrella organisations for women, children, the elderly and people with disabilities in the National Disaster Management Advisory Forum (NDMAF). The Forum is a body in which national, provincial and local government, and a host of other disaster management role players consult one another and coordinate their actions on matters relating to disaster management.

The Act was also amended so that the disaster management plans developed by organs of state across the spheres of government must include specific measures taken to address the needs of people with disabilities during the disaster management process.

Guidelines on inclusion of persons with disabilities in the development and structure of a Disaster Management Plan during a disaster were issued by the NDMC in 2017. Disaster Management Plans submitted to the NDMC are assessed against this criteria and the relevant organ of state is then required to improve its planning where these matters are not adequately addressed.

The Western Cape Provincial Government, as a part of the Disaster Relief Response, utilised the services of the Go- George transport services to rescue vulnerable people in emergency situations such as fires.

The Victim Empowerment programme of the The Gauteng Provincial DSD reached 458 victims with disabilities making up only 1% of the 80,802 able-bodied persons.

The Gauteng Provincial Disaster Management Fire and Rescue Services (GPDMC) were approached to assist with evacuation plans for employees with disabilities of the GPG as well as the accommodation of people with disabilities when a disaster occurs but has not sent any assistance to date.

2.4. Pillar 4 - Promoting and Supporting the Empowerment of Persons with Disabilities

The WPRPD isolates the following five dimensions for specific measures to promote and support the empowerment of persons with disabilities throughout their lifecycles:

- Early childhood development;
- Lifelong education and training;
- Social integration support;
- Access to healthy lifestyle support; and
- Supported decision-making.

The FOSAD Social Protection, Community and Human Development (SPCHD) Cluster is responsible for coordination of implementation of Pillar 4.

Indicator 4.1 – Early Childhood Development (ECD)

In the area of ECD, there are continued consultations on the use and benefit of the ECD grant to children with disabilities and policy is being championed by the National Department of Social Development (DSD). The costing of ECD for children with disabilities is underway.

In the Limpopo Province, more than 2000 ECD practitioners were trained on Screening, Identification, Assessment and Support (SIAS) Policy.

The Gauteng Provincial government hosted the South African Sign Language Training at the High Hopes for parents with Deaf children from 4 - 8 September 2017 which was attended by 14 people.

The Gauteng Department of Social Development created a programme to facilitate the process of admission of children with disabilities at the (50) fifty ECD sites in all 5 regions of Gauteng

at 10 ECDs per region. Furthermore, fifty ECD practitioners were trained on the START (Strive Towards Achieving Results Together) by the Sunshine Centre.

Indicator 4.2 – Lifelong Education and Training

The institutionalisation of the SIAS Policy and Curriculum Differentiation provides a mechanism for early identification of learning barriers with the view of developing solutions to overcoming these barriers through curriculum delivery and assessment. The policy seeks to improve access to quality education for vulnerable learners and those who experience barriers to learning, including learners in ordinary and special schools who are failing to learn due to barriers of varying nature (family disruption, language issues, poverty, learning difficulties, disability, etc.), children of compulsory school-going age and youth who may be out of school or have never been enrolled in a school due to their disability or other barriers.

To date the progressive rollout of SIAS Policy and Curriculum Differentiation has reached eighty two thousand two hundred and nineteen (82 219) teachers from twenty two thousand six hundred and twelve (22 612) schools (88%) and four thousand two hundred and fifteen (4 215) officials from all districts. The training of officials is transversal and includes Curriculum, EMGD and Inclusive Education at Provincial and District Levels. The training also extended to **school principals and therapists**.

Specialised knowledge and skills teacher training programmes for disabled learners have resulted in **1 596** teachers being trained in Braille, **1 029** teachers were trained on South African Sign Language (SASL), **3 925** teachers were trained in Autism and **1 987** teachers trained in Inclusive Programmes.

There are challenges in the management and governance of some special schools. The DBE is implementing a turn-around strategy to improve the functionality and quality of education in special schools. In addition, as part of the turnaround strategy, the DBE is providing twenty-two schools for the visual impaired with assistive devices and additional teachers.

In relation to the court order relating to the provisioning of LTSM for learners with visual impairments, the Minister appointed an Advisory Committee to advise the Minister and DBE on all matters pertaining to the education of learners with visual impairments.

Two (2) weeks of training was conducted for teachers and Deaf Teaching Assistants for Senior Phase and Grades 11-12 between February and March 2017. A total of thirty-seven (37) schools participated with fifty-one (51) teachers and thirty-eight (38) Deaf Teaching Assistants for Senior Phase as well as twenty-four (24) teachers and eighteen (18) Deaf Teaching Assistants for Grades 11-12 participating in the training.

The DBE reported in its annual report that NEEDU evaluated schools (115), districts (24) and provinces (9) to establish the type of education learners receive in special schools that cater for different forms of disabilities. Specifically, this investigation sought to address the following issues:

- How accessible are special schools to learners with special needs?
- How is the National Curriculum Statement implemented in special schools?

- Do learners in special schools have access to quality education?
- What programmes are offered to learners with different disabilities?
- What support is provided to learners at Special Schools?
- Does the use of LTSM and assistive devices enhance the quality of teaching and learning?
- Are all staff at special schools appropriately trained to teach and support learners with special needs?
- Where do learners go after finishing school? (Opportunities after school).

Data collection from schools, districts and PEDs was completed in June 2016. Data analysis is currently underway, and the report will be submitted to the Minister in December 2017.

This report was not shared with the NDRCM.

The DBE distributed compact discs (CDs) of the Department of Social Development (DSD) Child Services Directory containing contact details of the organisations providing services to children in the country, to assist with referrals. Each provincial coordinator for Inclusive Education and/ or Psychosocial Support received a copy (8 provinces in total) during the Inclusive Education workshop on Accommodations and Concessions on 20 September 2016. A further eighty (80) copies were distributed during the Minister's meeting with District Directors on 02 December 2016. Seventy-five (75) CDs were distributed during the school readiness visits through the Branch officials and through the School Improvement Support Co-ordinator (SISCO) for the south circuit of Gauteng East.

The DBE supported the PEDs on five (5) conditional grants allocated during the 2017/18 Financial Year. This support was extended to the new Learners with Severe to Profound Intellectual Disabilities (LSPID) Conditional Grant, by facilitating the setup of relevant structures to integrate it into the planning, co-ordination, reporting and evaluation cycle and systems of the sector. Some of the outputs include the appointment of all nine (9) LSPID Provincial Co-ordinators, and a total of 105 Transversal Itinerant Outreach Team Members who were appointed in different PEDs.

The DBE supported the implementation of all conditional grants with extra support afforded to the new Learners with Severe to Profound Intellectual Disabilities (LSPID) Conditional Grant, by facilitating the setup of relevant structures to integrate it into the planning, co-ordination, reporting and evaluation cycle and systems of the sector. To this end, monitoring and support visits to unblock bottlenecks that inhibited implementation were undertaken in all Provincial Education Departments resulting in a noticeable improvement of performance as challenges around the appointment and remuneration of itinerant teams and supply chain management were addressed.

The National Curriculum Statement Grades R-5 for Severe Intellectual Disability (SID) is being piloted in 176 SID Schools in all PEDs. The CEM approved the publication of the curriculum for public comment in March 2018. Training plans for Gauteng and Free State were submitted to ensure that the monitoring takes place.

Only 104 of the 155 transversal itinerant outreach team members were appointed by PEDs. Of the 104 members appointed, 99 of them as well as nine (9) provincial co-ordinators and nine (9) DBE officials were trained on the Learning Programme for LSPID in February 2018. Data has been collected from 220 of the 320 targeted care-centres with an enrolment of 8 124 children with severe to profound intellectual disability.

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

The system for monitoring and supporting the implementation of the Curriculum and Assessment Policy Statements (CAPS) for South African Sign Language (SASL) curricula for Grades R–12 was prepared for the first NSC Examination in November 2018. The National catalogue for Grades 4–12 was released in January 2018. Circular S1 of 2018 on the prescribed SASL literature texts for the FET phase was released in February 2018.

The draft Guidelines on Resourcing of Inclusive Education was approved by the Minister for public comment in February 2018.

The process of public consultations on textbook evaluation by the Ministerial Task Team (MTT) that evaluates textbooks and other LTSM for the promotion of diversity, started on 2 August 2017 and was finalised in October 2017. Some of the findings include, among others, stereotypes in respect of sexual and gender identities as well as disabilities.

Training of teachers and officials (capacity building)

- Provision of an accredited training programme for identified teachers and caregivers of children with SPID;
- Training of 155 outreach officials to provide outreach services as part of the District-Based Support (DBS) teams to care centres as well as to ordinary, full-service and special schools;
- Training of teachers from 31 special/full-service schools to support the special care centres and implement the learning programme;
- Training of teachers at 155 identified schools to support children with SPID enrolled at these schools by delivering the learning programmes; and
- Capacity-building of caregivers at 280 centres contributing towards their professionalisation.

Outreach services provided:

- Assessment of children with SPID in schools and centres by outreach officials;
- Children with profound intellectual disabilities at 280 centres and 31 designated schools introduced to the learning programme;
- Therapeutic services provided to learners at 280 centres and 31 schools; and
- Psycho-social support services provided to learners at 280 centres and 31 schools.
- Database of selected schools and care centres (national and provincial responsibilities)
- Baseline information available of 280 care centres, 31 selected special/full-service schools and 155 other schools that provide support and services to children with SPID

Actual outputs achieved

- All PEDs have appointed their LSPID Provincial Project Managers
- A total of 105 Transversal Itinerant Outreach Team Members have been appointed in different PEDs
- Blended course made of 2 Modules developed and used for training Transversal Itinerant Outreach Team Members and LSPID Provincial Co-ordinators
- 134 participants trained on Module 1: the DBE Moodle online learning platform and the LSPID Policy on December 2017 and January 2018.
- 117 trained on Module 2: The LSPID Learning Programme in February 2018

- 324 care givers from 144 care centres in KZN, LP, MP and WC, 291 teachers from 36 schools in KZN, LP, MP and NW and 309 provincial and district officials from KZN, GP, LP and MP were orientated on the Policy and Learning Programme for Children with Severe to Profound Intellectual Disability (CSPID)
- Although the delay in recruiting transversal itinerant outreach team members has contributed to delays in the provision of outreach services, the FS, GP, WC and MP provided some outreach services to targeted care centres and schools. These include assessment of Children with Severe to Profound Intellectual Disability (CSPID) and providing therapeutic services
- As the second respondent to the Western Court Case of 2010 the WC has been and continued to implement the Learning Programme for CSPID and provision of therapeutic services to 47 care centres
- A total of 221 of the 280 care centres were audited. Preliminary data show that as at 31 March 2017 there were 8,124 CSPID enrolled in the 221 care centres
- Tool kit specification approved in October 2017 and forwarded to PEDs to use to procure while waiting for the establishment of the National Tool kit Transversal Tender
- All PEDs procured LTSM and toolkits for care centres and targeted schools
- DBE is working with National Treasury to establish a transversal tender that will be used by PEDs to procure LTSM and tool kits for LSPID in targeted care centres and schools
- All PEDs submitted approved 2018/19 Business plans, compliance certificates were issued and first tranche paid to all PEDs as per payment schedule.

Amount per amended DORA R72 million Amount transferred (R'000) R 66 million Reasons if amount as per DORA not transferred. The last tranches for Eastern Cape (R 988 000); Free State (R 2 929 000) Limpopo (R 1 731 000) and Northern Cape (R 329 000) were withheld due to under-expenditure Amount spent by the

Department/ Municipality (R'000) R 48 million

Reasons for the funds unspent by the entity

- Delay in the appointment of Transversal Itinerant Outreach Team Members, who are a scarce skill, by PEDs. This delay had a ripple effect on expenditure on other Grant activities such as, procurement of tools for trade, LTSM and toolkits and provision of outreach services, as these are dependent on their recruitment. Monitoring mechanism by the transferring Department.
- Monthly analysis of provincial expenditure against the allocated budget to identify risks.
- Letters signed by the DG requesting HODs to intervene in fast-tracking the implementation of the Grant activities.
- Monthly and quarterly reporting
- Weekly follow-up on implementation by PEDs
- Bilateral on-site meetings held between the DBE and PEDs to unlock blockages and expedite implementation.

DBE Committee Meetings 2017/2018

Date Committee Topic for Discussion Matters Raised by the Committee How the Department addressed the matters raised

12 September 2017

PC on BASIC EDUCATION

Vuwani Unrest

Exam Readiness for 2017

Vuwani Unrest Catch up plan

The Committee kept asking for a differentiation for learners with disabilities. Is there a way that mathematical literacy could be taught in a vernacular language?

Progression Policy for lower grades

Schools would be assisted to draw a compacted timetable to cover ground lost in teaching and learning. A timetable for trial examinations and other third term formal assessment tasks would be drawn up for all grades. Implementation would have to be monitored and support provided on site. Noted and attention is being given to special schools.

Noted. The DBE had taken note of the recommendation to have the Progression Policy applied to lower grades, and not only the Further Education and Training (FET) phase of schooling.

2018 – 19**Inclusive Education**

National Curriculum Statement (NCS) Grades R-6 for Severe Intellectual Disability (SID): The NCS Grades R-6 for

SID was piloted in the 177 targeted special schools and this number has since increased to 190 schools as interest grew. 616 teachers were trained on the curriculum in preparation for the implementation of the pilot.

Section 1 of the policy document has been versioned into 11 official languages and an audit tool was developed and sent to PEDs to carry out the audit to inform preparations of the system for implementation from 2019 onwards.

Oversight visits were conducted in two (2) schools per province (18 in total) to support the implementation of CAPS

Grades R-6 for learners with SID. Targeted schools in seven (7) PEDs (EC, FS, GP, KZN, LP, NC and WC) out of nine (9) are implementing the curriculum.

North West trained 180 teachers and the curriculum was introduced to therapists from 25-28 September 2018 on the learning programme for C/LSPID training.

13 out of 177 schools targeted for piloting the NCS Grade R-5 for SID have so far been monitored by subject advisors, as some subjects are new.

Management of the implementation of the Screening, Identification, Assessment and Support (SIAS) Policy and

Curriculum Differentiation: The progressive rollout of the SIAS Policy and Curriculum Differentiation has reached 95 089 teachers and 4 999 officials from 24 442 schools. The training of teachers on subject-specific differentiation in Mathematics and English for Grades R-9 is underway.

Policy on Home Education: The Policy on Home Education was promulgated on 16 November 2018. The registration

tools were developed and uploaded on the DBE website to support the implementation of the Policy.

Engagement with key stakeholders: The DBE made inputs into a number of reports as indicated below:

- 2017/2018 Half Year Report on the implementation of the Child Justice Act 2008 was submitted to the

Department of Justice and Constitutional Development.

- The country report was presented to the United Nations Committee on the Rights of People with Disabilities.

- A case study was submitted on the implementation of the policy on Inclusive Education as part of the United

Nations programme to highlight good practice internationally.

Connectivity in special schools: MTN completed piloting in schools in Limpopo and have been allocated a further

100 schools. Vodacom completed their pilot schools in the Eastern Cape and has been provided a further 100 schools to commence with the roll-out. Cell-C and Liquid Telecoms have not yet completed their pilot schools.

Specialised teacher training to improve access to quality education: The teachers have been trained in specialized areas as follows: 1 118 in Braille; 1 302 in SASL as LoLT, 2 243 in Autism and 9 441 in Attention Deficit Hyperactivity Disorder (ADHD), Augmentative and Alternative Communication (AAC) and different forms of dyslexia. The collaborative partnership between the Department of Basic Education and Department of Higher Education and Training has led to the development of specialised university qualifications in the education of learners who are deaf, and those who have hard-of-hearing, visual impairment and neuro-developmental conditions.

Technical Occupational Pathway

The Ministerial Task Team was established to make recommendations on the introduction of the Technical Occupational Stream. The Task Team established work streams to address different areas, namely, Policies and Legislation and Qualification Structure.

Access for learners with severe to profound intellectual disability: The C/LSPID Learning Programme was introduced to 7 080 children, and 265 transversal itinerant outreach team members and therapists were trained on the Policy and Learning Programme for the C/LSPID. 28 transversal itinerant outreach team members were trained on the DBE Modular Object-Oriented Dynamic Learning Environment (MOODLE) platform.

Delays in the appointment of transversal itinerant outreach team members in EC, FS and NW, procurement in most PEDs, and misallocations of grant expenditure in GP, KZN and LP contributed to the under-spending. Chief Financial Officers (CFOs) and Grant managers were alerted to the under-expenditure and its implications on governments' response to the Court Order and provision of services to C/LSPID. To address the situation, on site provincial monitoring and support for the conditional grant on the C/LSPID was conducted in seven (7) out of nine (9) PEDs. 168 transversal itinerant outreach team members and 11 officials were trained on SA-SAMS and how to use it to capture data from special care centres. Data from 423 special care centres was captured on SA-SAMS. However, not all the data for special care centres has been captured on SA-SAMS as anticipated due to incomplete learner records.

A roundtable was held on 26 November 2018 to reflect on the implementation of the Western Cape High Court Order Regarding Children with Profound Intellectual Disability and to agree on a way forward on how to ensure the implementation of the court order in a co-ordinated sustainable manner. The roundtable took a decision to establish task teams whose responsibility is to refine

recommendations of the commissions into practical concrete steps with realistic time frames.

2.7. Ensure that Learners with Severe to Profound Intellectual Disabilities access quality publicly funded education and support

2.7.1. Number of Children/Learners with

Severe to Profound Intellectual Disability (C/LSPID) who utilise the learning programme for C/LSPID 3 327 (Annually)

6 416 +3 089 Increase in the number of special care centres

2.7.2. Number of Children/Learners with Severe to Profound Intellectual Disability (C/LSPID) with access to therapeutic and psycho-social support services that will enable them to improve their participation in learning 3 327 (Annually) 6 416 +3 089 Increase in the number of special care centres

Data Driven Districts Dashboard Project: DDD Programme has been implemented in eight (8) provinces, with Northern Cape being the eighth Province to implement, having 571 schools currently on the DDD Dashboard and 5 districts already being trained. The inclusion of the Western Cape schools using SA-SAMS is already underway. 11 million learners were uploaded to the DDD Dashboard in 2018. The number of active users on the Dashboard grew by 79% and active users by more than 240%, with Eastern Cape contributing the highest number of repeat users.

The duplicate learner report was created to assist in realising the various levels in which learners are duplicated across schools, districts and provinces. A Special Needs report was created to assist Dashboard users to ascertain the types of schools across their entities with disabled learners. This assists in providing Inclusive Education with a consolidated view of their environment and ascertain support required by schools and learners.

Actual outputs achieved

- All Provincial Education Departments (PEDs), with the exception of Free State, have appointed and retained their C/LSPID Provincial Co-ordinators
- A total of 174 Transversal Itinerant Outreach Team Members have been appointed in different PEDs
- 28 Transversal Itinerant Outreach Team Members were trained on data management, while 143 were
- trained on the Learning Programme for C/LSPID
- 168 outreach team members have been trained on how to use SA-SAMS to capture data from special care centres information, care givers and C/LSPID data
- Data for 500 special care centres, with 9 620 learners with severe to PID have been captured on SASAMS
- LTSM Toolkits for special care centres have been procured and delivered
- All PEDs submitted approved 2019/20 business plans, certificates of compliance issued and the first tranche was paid to all PEDs

05 June 2018

PC Basic Education

Fourth Quarterly Report Underspending on crucial grants that affect the most vulnerable of learners Underspending for learners with profound disabilities was due to a lack of personnel that were able to work permanently for this; grants for these positions were allocated for staff that would be able to

work permanently for two years under this contract

2019 – 2020

The Department has created opportunities in the system, through the Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID) Conditional Grant, for the inclusion of learners with severe and profound intellectual disabilities. We will continue to improve the spending, quality of instruction and support of all Learners with Special Educational Needs (LSEN). Human resource provisioning specific to Inclusive Education is at the heart of this work. Through this programme, 8 855 learners were supported in the 2019/20 financial year.

A **Comprehensive Plan to deliver LTSM on devices** was approved by the Minister. The plan was also presented at SMM, BMM, HEDCOM and CEM meetings and to the Portfolio Committee on Basic Education. The plan will guide the sector on deployment of devices to all learners by the end of the sixth administration, starting with schools for learners with disabilities. The audit of all 477 schools for learners with disabilities was completed and presented to the Minister at a Ministerial Roundtable on 8 November 2019 to which the Minister invited all the Mobile Network Operators (MNOs) as well as tech companies in South Africa. The Minister mobilised the MNOs to provide a basic ICT package and assistive devices basket to these schools. The DBE also shared ICT guidelines for schools for learners with disabilities, developed in consultation with DTPS, ICASA and all relevant inclusive education stakeholders. The Roundtable was followed by one-on-one meetings between the Director-General and Vodacom, MTN and Telkom.

Funding for ICT Roll-out: The DBE hosted a meeting with Infrastructure, ICT, LTSM and MST managers from provinces to discuss identification of funding sources. The following budget sources were identified: Workbook, Operation Phakisa, MST Conditional Grant, Norms and Standards, Children/Learners with Severe to Profound Intellectual Disabilities (C/LSPID) Grant, PEDs Equitable Share, EIG Grant and the private sector.

Inclusive Education

Monitoring the implementation of Inclusive Education: Conducted oversight visits in Eastern Cape, Gauteng, KwaZulu-Natal, North West and Northern Cape to provide support on the implementation of the Education White Paper 6. Four (4) institutions were sampled from two (2) districts (except for Northern Cape) for each province, namely: a special care centre; special school; full-service school and a public ordinary school. Findings included the following: Some visited schools reported that they received support from the **District-based Support Teams** (DBSTs), although for many, this support was largely from Inclusive Education Programme.

School-based Support Teams (SBSTs) had been established in the schools visited, some SBSTs were not functional and there is minimal or no involvement of the BSTs with the implementation of the Conditional Grant on Children/Learners with Severe to Profound Intellectual Disability (C/LSPID).

Management of the implementation of the Technical Occupational Stream: Exploratory visits were made to two (2) Schools of Skill in each of the four (4) Provincial Education Departments, namely, Gauteng, KwaZulu-Natal, North West and Western Cape. The intention was to assess the implementation of the Technical Occupational Stream in the Schools of Skill and to prepare for

developing a framework or guideline on how Schools of Skill must be located within the Three-Stream Model.

Management of the implementation of the Policy on the Quality of Education and Support for Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID):

Provision of outreach services to special care centres: 186 transversal itinerant outreach team members were appointed; eight (8) provincial C/LSPID Grant Managers facilitated the provision of a range of outreach services to 476 special care centres and 8 371 learners enrolled in these special care centres in all provinces. The 2016 Learning Programme for C/LSPID was repackaged into the 2019 Learning Programme. 182 officials, consisting of transversal itinerant outreach team members, provincial C/LSPID Grant Managers and district officials were trained on the revised Learning Programme. A total of 4 308 learners with profound intellectual disability benefited from the learning programme for C/LSPID.

The **2020/21 C/LSPID Conditional Grant Framework and Provincial Business Plans** were developed and approved by the Director-General and used by PEDs to develop eight (8) Provincial 2020/21 C/LSPID Business Plans. Provincial annual evaluation of the C/LSPID Conditional Grant, reporting template and data collection tool were developed and shared with PEDs to use when evaluating the 2019/20 grant performance in provinces as required by the 2019 Division of Revenue Act (DoRA). Monitoring the implementation of the Screening, Identification, Assessment and Support (SIAS) Policy and Curriculum Differentiation: Monitoring of the implementation of the SIAS policy was conducted every quarter. The progressive roll-out of SIAS Policy and Curriculum Differentiation for 2019/20 reached 113 204 teachers and 5 821 officials.

Guidelines on Resourcing of an Inclusive Education and Training System: In order to escalate the implementation of the inclusive education system, the draft guidelines for resourcing an Inclusive Education system were developed. Two-phase sessions of analysing and integrating public submissions into the Guidelines were held on 22–23 July and 4–6 September 2019, respectively.

The development of the National Curriculum Statement Grades R–5 for Learners: with Severe Intellectual Disability (SID):

The DBE developed mark schedules for Grades R–5 learners, to support schools who are struggling to develop mark schedules. A total of 4 547 learners with severe intellectual disability are utilising the curriculum for SID.

Monitoring and strengthening of Special Schools through the provision of ICT platforms and specialised Assistive Devices:

The roll-out of connectivity and specialised devices to Special Schools is underway. Vodacom and MTN have both completed their pilot schools. The DBE together with the Independent Communications Authority of South Africa (ICASA) and the Department of Telecommunications and Postal Services (DTPS) visited Bartimea School for the blind and deaf in Free State on 5 August 2019 to support Liquid Telecoms to complete their assessment. Three of the four (4) pilot schools were completed in quarter 3, namely Halen Franz (Limpopo) which was completed by MTN, St Thomas School for the Deaf (Eastern Cape) which was completed by Vodacom and Bartimea School for the Deaf and Blind (Free State) which was completed by Liquid Telecoms. DBE, ICASA, DTPS and the Telecoms companies visited six (6) provinces (EC, LP, MP,

FS and NC) to engage with Special School principals, therapists, provincial ICT and e-learning, and Inclusive Education special school coordinators at province and district level.

Designation, conversion, and resourcing of full-service schools: Circular S4 of 2019 was sent to PEDs to provide guidance on the implementation of the recommendations of the Auditor-General of South Africa. In addition, Standard Operating Procedures for the Designation, Conversion and Resourcing of Full-Service Schools were developed and the document is being prepared for approval and distribution to provinces.

Strengthening Communication in the Basic Education Sector:

Inter-sectoral Steering Committee for Child Justice: The DBE submitted the 2018/19 Annual Report on Child Justice for further processing in preparation for presentation to Cabinet. The DBE collaborated with the Departments of Social Development and Health to develop a draft project and implementation plans and submitted this to the Centre for Child Law (CCL) and the SA Federation of Mental Health (SAFMH) as required and in accordance with implications of Case No. 73662/16 of the High Court of South Africa, Gauteng Provincial Division, Pretoria.

Specialised Teacher Training - Development of an Inclusive Education Curriculum for Universities (Teaching for All): Inclusive Education collaborated with the British Council, DHET and MIET Africa on the Teaching for All project, to finalise the curriculum for Inclusive Education that will be taught at second-year BEd degree level at 12 universities. This has also led to the drafting of a CPTD training course for in-service teachers.

Strengthening stakeholders' collaboration in providing services to C/LSPID: Collaborated with the DoH, DSD and Department of Transport (DoT) to develop a consolidated plan to strengthen the provisioning of services to learners with profound intellectual disability. The DBE participated in the Joint Special Expanded Public Works Programme (EPWP) Social Sector National Steering Committee Meeting with the DSD Coordinating Forum, introduced the intervention in special care centres and explored the possibility of special care centres, caregivers and school class assistants participating in the EPWP.

VVOB and DBE Collaboration: The DBE and VVOB held a planning session on activities for 2020, in which it was agreed that the Inclusive Education symposium must continue as this benefits teachers in the system. IE and VVOB, together with NW University and other organisations, will work together to ensure the continuation of the symposium in 2020.

International Forum on Inclusion and Equity in Education: The DBE attended and presented at the Forum, held on 11–13 September 2019, at Valle del Pacífico Convention Centre, Cali, Colombia. Among others, the Forum was attended by policymakers, education practitioners, civil society organisations, non-governmental organisations, United Nations agencies, development partners and the private sector.

2.7. To ensure that learners with severe to profound intellectual disabilities access quality publicly funded education and support.

2.7.1 Number of Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID) using the CAPS Grade R–5 for SID and Learning Programme for C/LSPID.

6 416 3 327 annually
8 855 Profound Intellectual Disability
(PID): 4 308 Severe Intellectual Disability
(SID): 4 547 +5 528 Support provided to the PEDs and database management

Approval of Conditional Grants Business Plans for 2020/21: The DoRA requires that PEDs implementing conditional grants should submit business plans and be issued with compliance certificates by the national transferring officer, should the business plans be approved. To this end (although Free State's business plan for C/LSPID was delayed and thus not submitted within the given timeframe), a total of 44 conditional grants business plans for HIV and AIDS Life Skills Education Programme, Children/ Learners with Severe to Profound Intellectual Disability (C/LSPID), Mathematics, Science and Technology (MST) and National School Nutrition Programme (NSNP) for all nine PEDs were approved and submitted to National Treasury in compliance with the prescripts of the DoRA. Certificates of Compliance were subsequently issued by the national transferring officer to certify to the PEDs that the various institutional arrangements, including their procurement processes and human resources assigned to the grant, were compliant with the prerequisites for the implementation of the grants.

Quarterly Performance Reports for Six Conditional Grants submitted to National Treasury: The Department submitted performance reports for the conditional grants for each of the four quarters of the financial year, for the Education Infrastructure Grant (EIG), HIV and AIDS Life Skills Education Programme, Learners with Severe to Profound Intellectual Disability (LSIPD), Mathematics, Science, and Technology grant (MST), School Backlogs Infrastructure Grant (SBIG) and National School Nutrition Programme (NSNP) grants.

Provincial Education Departments

To provide the necessary support, resources and equipment to identified care centres and schools for the provision of education to children with severe to profound intellectual disabilities (SPID).

Human resources specific to inclusive education through the provision of key additional staff on a permanent basis, such as:

- Nine (9) deputy chief education specialists as provincial grant managers.
- 230 transversal itinerant outreach team members, to provide curriculum delivery and therapeutic support in special care centres and targeted schools.

Database of selected schools and care centres:

- Information of 500 special care centres that support children with severe to profound
- Intellectual disabilities.
- Disaggregated data on caregiving staff in care centres.
- Disaggregated data of C/LSPID enrolled in targeted special care centres and schools and are
- Using the Learning Programme for C/LSPID.
- Disaggregated data on C/LSPID from special care centres who have been placed in schools.

Transversal itinerant outreach team members, caregivers, teachers, in-service therapists and officials trained on the Learning Programme for C/LSPID, and other programmes that support the delivery of the Learning Programme. This will entail training of:

- 230 transversal itinerant outreach team members;
- 1 500 caregivers;
- 919 special school teachers;
- 160 in-service therapists;
- 585 officials.

Outreach services provided will include:

- Facilitating the use of the Learning Programme by 8 000 children/learners with severe to profound intellectual disabilities in 500 care centres and 104 schools.
- Provision of psychosocial and other therapeutic services.
- Providing LTSMs to 500 care centres and 104 schools.
- Providing assistive devices to C/LSPID when required.

Human resources specific to inclusive education through the provision of key additional staff on a permanent basis.

• Eight (8) of the targeted nine (9) deputy chief education specialists were retained to manage the grant provincially. Free State did not fill the post that has been vacant since 2 July 2018. The Mpumalanga and Western Cape grant managers are appointed in permanent posts. However, the Mpumalanga grant manager resigned on 30 August 2019 and the post was filled and the new manager will resume duty on 1 April 2019:

- 186 of the targeted 230 transversal itinerant outreach team members were recruited and provided curriculum delivery and therapeutic support in special care centres and targeted schools.
- Gauteng could not fill three posts due to budget constraints.
- 14 posts were not filled in Eastern Cape, five (5) in Free State, seven (7) in KwaZulu-Natal, two (2) in Northern Cape and one (1) in Western Cape.
- During the year, a number of transversal itinerant outreach team members resigned in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Mpumalanga, North West and Western Cape. Free State, Gauteng, Mpumalanga and North West filled in posts left vacant by staff that resigned during the year, Eastern Cape, KwaZulu-Natal and Western Cape did not fill in the posts.
- All outreach team members in Mpumalanga were appointed to permanent posts. Except for the Free State, KwaZulu-Natal and Western Cape, all PEDs have initiated the appointment of transversal itinerant outreach team members to permanent posts.

Database of selected schools and care centres:

- Database of 482 special care centres and 9 809 learners enrolled in these special care centres was captured.
- Database of 5 365 C/LSPID enrolled in 382 of the targeted 482 special care centres that were serviced during the year and five special schools are using the Learning Programme for C/LSPID was captured.
- Database of 453 C/LSPID from special care centres placed in schools was captured.

Transversal itinerant outreach team members, caregivers, teachers, in-service therapists and officials trained on the Learning Programme for C/LSPID and other programmes that support the delivery of the Learning Programme.

- 186 transversal itinerant outreach team members;
- 2 467 caregivers;
- 1 089 special school teachers;
- 210 in-service therapists; and
- 279 officials.

Outreach services provided

- 5 365 C/LSPID enrolled in 382 of the targeted special care centres and five (5) schools used the Learning Programme for C/LSPID. Mark schedules and report cards were generated for these learners.
- 4 308 C/LSPID were provided with psychosocial and other therapeutic services.
- 482 Special care centres and 58 schools were provided with LTSMs.
- Of the 482 special care centres, only data of C/LSPID from 476 was captured by PEDs.
- 174 C/LSPID were provided with assistive devices for individual use in Gauteng, Limpopo and Western Cape. In addition, assistive devices for group use were provided in 184 special care centres in nine provinces.

The last tranche (R8.460 million) was not transferred due to the Free State not complying with the requirements of the DoRA in as far as reporting is concerned by not submitting the 2018/19 Annual Grant Evaluation Report, the first, second and third quarterly performance reports to the DBE.

The following monitoring mechanisms were put in place by the DBE monitor the grant implementation.

- Monthly and quarterly analysis of reports on grant implementation, including expenditure by PEDs and on-site and online monitoring was conducted.
- Challenges were identified and support provided to PEDs.
- Support included advising PEDs to use existing transversal tenders, request for deviations from their business plans and utilise under-expenditure from the compensation of employees (CoE) to supplement other grant output.
- Supporting PEDs to develop turnaround procurement plans to expedite the implementation of grant activities and monitoring the implementation of these procurement plans.
- Participated in meetings led by Provincial Budget Monitoring and Support Directorate, with CFOs, senior managers and Grant Managers, in which progress on the implementation of the grant was discussed and PEDs assisted in addressing challenges they were experiencing in the implementation of grant activities.
- Letters from the Director-General were mailed to Provincial Heads of Education Department requesting them to intervene and support the fast-tracking the implementation of the grant activities.

30 October 2019

Portfolio Committee on Basic Education

Inclusive Education

Status update

Management of waiting lists for learners with special needs to be admitted in various schools.

The management of waiting lists is still a challenge for DBE – as of April 2019, 2 352 children with disabilities were on waiting lists across the nine provinces. The provinces have their own strategies for managing waiting lists. For example, the Eastern Cape opened four new special schools to accommodate learners on waiting lists. In Gauteng, children who are waiting for a placement are enrolled in public ordinary schools, full-service schools and special classes. DBE has been battling for a long time with giving children with autism access to education.

The DHET has convened workshops in all provinces to train post school education and training (PSET) sector stakeholders on the new PSET policy.

The introduction of the Guidelines for Resourcing an Inclusive Education System is designed to support the realisation of the principles embodied in the SIAS Policy at three levels: human resource provisioning (including districts Guidelines), non-Personnel Non-Capital provisioning (NPNC) and provisioning of infrastructure and transport.

The DBE has developed a Three Stream Model Approach, where learners are able to access secondary education by enrolling in Technical Occupational subjects. In 2016, 26 Draft Technical Occupational subjects were completed and are currently being piloted in 74 Schools of Skill with a view of full implementation in 2019.

The implementation of South African Sign Language (SASL) Curriculum and Assessment Policy Statement (CAPS) was approved to policy in July 2014 and a phased-in implementation commenced in January 2015 in Schools for the Deaf across Provinces. SASL has been implemented in 43 schools since 2015 and 2018 year will see the first cohort of grade 12 deaf learners writing the National Senior Certificate. There are seventeen (17) schools for the Deaf that offer Grade 12. 44 learners from 8 of the 17 schools will be writing the NSC examination in SASL Home Language in 2018. Winter school classes were organised for learners who will be writing the NSC 2018.

The DBE called for submissions of the South African Sign Language (SASL) resources for screening in 2016 and 2017 academic years. Only 4 service providers submitted materials for screening. The SASL material was screened in 2017 for Intermediate, Senior and FET phases. Subsequently the catalogue was forwarded to provinces for procurement.

The DBE collaborated with the DHET in EU Funded Teaching and Learning Development Capacity Improvement Programme (T & LDCIP) over three years since 2017. The programme aimed at setting standards for improving competences of all teachers to implement inclusive education strategies in practice. The programme also includes the introduction of specialised university qualifications in education of learners who are Deaf and Hard-of-hearing (WITS), with visual impairment (UP) and neuro-developmental disorders such as Autism (UCT and UJ).

The DBE completed the draft National Curriculum Statement (NCS) Grades R-5 for learners with severe intellectual disability (SID). This curriculum consists of 21 subjects which have already gone through the public comment process. The subjects are currently being piloted in 177 schools for learners with SID.

The introduction of the Conditional Grant (R649m) for 2017-2021 for the implementation of the Policy and Learning Programme for Children with Severe to Profound Intellectual Disability (CSPID) was set up to realise children's right to basic education. This grant will provide educational services to 320 care centres across all provinces.

During the past two years the DBE has provided all the Special Schools with Book 1 of Grade R, Grades 1-6 Home Language, Grade 1-9 Mathematics Braille workbooks and Toolkits in all 11 languages to schools for the visually impaired. All Braille workbooks provided are accompanied by Teachers' Guides.

A National Strategy for Autism is currently being drafted. A total of 177 schools for Severe Intellectual Disability (SID) created Autism units to improve access to education for this group.

CURRENT FACILITIES TO ACCOMMODATE LEARNERS WITH SPECIAL NEEDS

| Province | Number of SNE Schools | Number of Special School Resource Centres | Number of Full Service Schools | Number of Full Service Schools with Hostels |
|--------------------------------------|-----------------------|---|--------------------------------|---|
| EC | 43 | 19 | 30 | 2 |
| FS | 21 | 5 | 175 | 8 |
| GT | 149 | 17 | 19 | 0 |
| KZN | 72 | 16 | 100 | 0 |
| LP | 34 | 5 | 17 | 2 |
| MP | 20 | 8 | 140 | 2 |
| NC | 11 | 5 | 12 | 0 |
| NW | 32 | 8 | 182 | 1 |
| WC | 83 | 25 | 40 | 2 |
| National | 465 | 108 | 715 | 17 |
| <i>Source: SNE SNAP Survey, 2016</i> | | | | |

A new grant framework for Support to Learners with Severe to Profound Intellectual Disabilities was drafted and all consultative processes seeking buy-in from all stakeholders was undertaken. This included tabling it twice for discussion at the HEDCOM Subcommittee on Finance as well as a consultative forum with PED representatives in the Inclusive Education spheres. The new framework and its attendant MTEF allocations were approved within the timeframe indicated in the Division of Revenue Act.

The DBE held discussions with DHET, Umalusi and Quality Co-ordinating Team (QCT) in January 2017 on the General Certificate Education (GCE) to place it within the broader discussion on the introduction of the Three Stream Model. The Technical Task Team met on 21-22 February 2017 to discuss and consolidate public comments on the Policy and Learning Programme for Severe to Profoundly Intellectually Disabled (PID) children.

A Business Plan was developed for PEDs for the R477 million Conditional Grant for the 2017 MTEF for implementing the PID Policy and Learning Programme.

Training Manuals for each of the twenty-six (26) Technical Occupational subjects were developed on 16-20 January 2017 and National Training Team (NTT) Orientation Programme was held on 27 February to 03 March 2017 to strengthen the pilot of the subjects in the sixty-seven (67) Schools of Skill that are piloting in 2017.

The audit data from the sixty-seven (67) Schools of Skill was collated and consolidated. A preliminary analysis was done, and findings were presented to the Portfolio Committee on 14 February 2017 as part of progress made in the introduction of the Three Stream Model.

The implementation of the SIAS Policy, Curriculum Differentiation, and the South African Sign Language (SASL) CAPS was monitored through reports from PEDs at the Inter-provincial meeting on Inclusive Education held on 14-15 March 2017.

NEEDU evaluated schools (115), districts (24) and provinces (9) to establish the type of education learners receive in special schools that cater for different forms of disabilities. Specifically, this investigation sought to address the following issues:

- How accessible are special schools to learners with special needs?
- How is the National Curriculum Statement implemented in special schools?
- Do learners in special schools have access to quality education?
- What programmes are offered to learners with different disabilities?
- What support is provided to learners at Special Schools?
- Does the use of LTSM and assistive devices enhance the quality of teaching and learning?
- Are all staff at special schools appropriately trained to teach and support learners with special needs?
- Where do learners go after finishing school? (Opportunities after school).

Data collection from schools, districts and PEDs was completed in June 2016. Data analysis is currently underway, and the report will be submitted to the Minister in December 2017.

Higher Education and Training

In 2016, the Department of Higher Education and Training (DHET) established a new branch called Community Education and Training (CET), which includes ABET and skills training. CET Learning Centres are spread across all Provinces. Over and above reading, writing and numeracy skills, the students learn useful business skills such as computer skills, dress-making, baking, cooking, bricklaying, ECD and many other skills.

| CET Established in April 2016 | | |
|--------------------------------------|----------------------|------------------------------|
| College Name | List of CLC 1 | Proposed List of CLC2 |
| Eastern Cape CET College | 304 | 880 |
| Free State CET College | 203 | 210 |
| Gauteng CET College | 47 | 313 |

| | | |
|---------------------------|--------------|--------------|
| KwaZulu-Natal CET College | 1 097 | 784 |
| Limpopo CET College | 780 | 732 |
| Mpumalanga CET College | 251 | 252 |
| Northern Cape CET College | 191 | 119 |
| North West CET College | 148 | 282 |
| Western Cape CET College | 254 | 250 |
| NATIONAL | 3 275 | 3 822 |

The Limpopo Province reported that the Inclusive education directorate established forums on the education of learners with various disabilities. There are learnerships and skills programmes with various SETAs and service providers which include sign language interpretation skills programme, ICT learnership and youth development learnerships. There was a study visit to Northwest to learn more about access to TVET by deaf learners. The Capricorn TVET has registered 20 visually impaired learners.

With regards to Lifelong Education and Training, the NDRM plenary noted that the DBE meets with the provincial Inclusive Education teams on a quarterly basis to track progress and provide a platform for peer learning and information sharing. In respect of basic education for children with autism, two national autism engagements within the curriculum workshops were convened in 2017, and a plan of action was developed to expand access to and improvement of quality of education for learners with autism.

The NDRM Plenary noted that no parents/parents organisations were trained on the SIAS. Also, the number of schools trained on the Policy of Severe to Profound Intellectual Disabilities is unknown.

The Plenary further noted the poor quality of education in the 22 specialised schools for the visually impaired learners has been a recurring issue for years. These concerns include but are not limited to; non-specialised teachers that cannot teach basic life skills; late/non issuing of braille textbooks; no equipment or stationery to take notes; lack of braille machines and other assistive devices. In response to this, the DBE developed an implementation plan for the 22 schools, which included provision of assistive devices and additional supportive teachers, however, the implementation remains the responsibility of provinces.

The White Paper 6 on Inclusive education is overdue. This has urgent consequences for access to education for children with disabilities.

The SAHRC was informed that many nurses working in special schools and the boarding facilities attached to special schools are unregistered and do not have any supervision. The registration is the responsibility of practicing professionals and employers (schools) are obliged to demand registration certificates on an annual basis.

It was noted that the DHET convened workshops in all provinces to train Post School Education and Training (PSET) sector stakeholders on the new PSET policy. Furthermore, the DHET Transformation Managers Forum, represented by universities, meets quarterly, where issues

of disability and social inclusion are discussed. A similar platform is being put in place with Students Support Services Managers of TVET Colleges. It was noted that much needs to be done by the DHET regarding the Community Learning Centres to transform attitudes of management in these centres and to put in place student disability support mechanisms.

Indicator 4.3 – Social Integration Support

The DSD drafted a Policy on Social Development Services to Persons with Disabilities that identified the Departments' services to persons with disabilities from a life cycle approach. The policy was widely consulted, peer reviewed and is currently at finalisation stages. A service provider was appointed to develop a costing model, fast track streamlining and the implementation of uniform standards on service provision, as well as ensure consistencies in provinces on funding of services to persons with disabilities.

The review of the Policy on Financial Awards was concluded. This will ensure that the policy responds to the National Treasury's draft Framework for Managing NPO Transfers.

The DSD acknowledges the constrained levels of NGO financing and resourcing. During the period under review, the Department funded 33 organisations at a value of R12 162 000 for services to older persons, persons with disabilities, orphans and vulnerable children, families, social crime prevention programs and anti-substance abuse programmes.

The DSD contributes towards deepening discourse in social policy and evidence-based policy making through developing and producing research and policy briefs. These briefs are derived from research and policy initiatives undertaken by the Department and its partners and focus on issues such as policy considerations for fostering children with disabilities, youth mortality patterns and the likely impact of fiscal consolidation on social protection expenditure.

The DSD continued accelerating the implementation of the White Paper on the Rights of Persons with Disabilities (WPRPD) through, among others, strengthening the voices of under-represented groups within the disability sector, embedding disability inclusion in government-wide planning and reporting systems, as well as expanding national coordination platforms for implementation of the WPRPD. The Department also commenced with the ratification of the AU Protocol on the Rights of Persons with Disabilities as part of international solidarity in advancing the rights of persons with disabilities. We continue to develop national frameworks that will guide the implementation of the WPRPD, and such frameworks will serve as an intermediate step towards regulation of components of the WPRPD.

The DoH conducted a study on readiness of provinces to implement the Framework and strategy for Disability and Rehabilitation (FSDR). It also strengthened district health services by focusing on the inter-disciplinary rehabilitation teams. The DOH plans to address the shortage of audiologists in the Eastern Cape, Free State and Northern Cape by contracting private providers through the NHI fund.

The DoH further reported in its annual report that 8 provinces developed implementation plans for the National Policy Framework and Strategy for Disability and Rehabilitation Services.

The Department of Correctional Services provided support to 136 inmates with disabilities in the area of social work services and programmes.

The Northern Cape Province funded DEAFSA, SANCB for Orientation and Mobility Program, APD and Mental Health Federation. Additionally, 7 protective workshops and 3 residential facilities for adults were funded. Finally, part of Helen Bishop Home was funded for residential facility for 45 children with disabilities in need of care. The Helen Bishop received a monetary subsidy.

The NDRM plenary noted that the crisis in the audiology services, where the shortage of audiologists in state hospitals resulted in very long waiting lists for audiology services, especially in the Eastern Cape where a patient waited up to nine months for an assessment. The waiting lists for hearing aids are equally long, and reports have been received that children are prioritised and receive two hearing aids, whereas adults are often issued with only one hearing aid, regardless of the impact.

Many of these hearing aids are also not compatible with FM loop systems used in classrooms, which means that special schools often procure their own hearing aids. These schools then often do not allow learners to take the hearing aids home during school holidays and when they leave school.

Indicator 4.4 – Access to Healthy Lifestyle Support

Policy Guidelines for licencing day care and residential facilities for persons with mental illness and/or severe or profound intellectual disability published by Minister on 15 March 2018 for implementation. Peer support and counselling protocols yet to be developed.

NSP for HIV and AIDS has bias toward persons with disabilities. Personnel working in mental health services are qualified and registered as mental health professionals with the requisite skills to work in the field. In-service training in mental health is ongoing, and carried out by provincial departments.

The Health Ombudsman report into the circumstances surrounding the deaths of mentally ill patients in Gauteng Province states that if deinstitutionalisation is to be implemented in South Africa, it has to be done with the provision of structured community mental health care services, and the projects such as the Gauteng Mental Health Marathon Project must not in future be undertaken without a clear policy framework, without guidelines and without oversight mechanisms and permission from the National Health Minister. Currently, no policy framework nor guidelines for deinstitutionalisation in place.

The Framework and Strategy for Disability and Rehabilitation makes provision for training of health workers and awareness raising on the needs of persons with disabilities, as well as respect for their privacy and ensuring access to all services in a dignified way.

National health statistics include indicators on wheelchairs and hearing aids to ensure monitoring and evaluation. Tenders have been developed for wheelchairs and accessories, audiology assistive devices, speech therapy assistive devices and rehabilitation equipment

Guidelines on assistive devices are available, as well as adoption of WHO guidelines on wheelchairs in under-resourced settings

There is training available for advanced seating principles and practice for specialist staff, and this is passed on to the persons with disabilities

In-service training of health workers on existing policies and guidelines which address issues of equality and access to services that are affordable, of high quality and in a culturally sensitive manner.

The NHI process is at an advanced stage and ensures that there is no discrimination against any class of the population with respect to access to healthcare. There are guidelines in place for habilitation and rehabilitation of persons with disabilities, as well as on the provision and maintenance of assistive devices. All guidelines and policies are developed in consultation with organizations of persons with disabilities. The Ideal clinic project is designed to provide a basket of services, including rehabilitation services to clinics which are based in local communities. Statistics not available.

The NDRM plenary noted that Deaf persons' lives and well-being remain at risk due to lack of access to health information and medical care.

The plenary also noted that despite some provinces/hospitals having provided staff training in basic SASL skills, the general practice is that people usually bring their own interpreters or family members who serve as an interface, which is unsuitable.

Indicator 4.5 – Supported Decision-Making

No progress was reported.

2.5. Pillar 5 - Reducing Economic Vulnerability and Releasing Human Capital

The WPRPD isolates the following four dimensions for specific measures to be taken to reduce economic vulnerability and release the human capital of persons with disabilities:

- Disability, poverty, development and human rights;
- Access to decent work and employment opportunities;
- Persons with disabilities as owners of the economy; and
- Reducing the cost of disability for persons with disabilities and their families.

Indicator 5.1 – Disability, Poverty, Development and Human Rights

The income support to persons with disabilities through social grants should be noted. A total of R20.9 billion was transferred to persons with disabilities through disability grants and a further R2.8 billion through care dependency grants in 2017/18. A total of 1.2 million beneficiaries received these grants. Over and above social grants, the National Department of Social Development spent R26.6 million on persons with disabilities whilst the provincial departments in total spent approximately R794 million on services to persons with disabilities in 2017/18.

Indicator 5.2 – Access to Decent Work and Employment Opportunities

The DPSA continues to implement and monitor the Cabinet decision of 2005, which set an employment target of 2% employment equity for persons with disabilities.

The DPSA annually monitors the submission of the implementation plans and progress reports for the implementation of the JobACCESS Strategic Framework on the Recruitment, Employment and Retention of employees with disabilities in the Public Service.

The DPSA also monitored the implementation of the Policy on Reasonable Accommodation and Assistive Devices and its Determination through compliance reports as a lack of reasonable accommodation and assistive devices was cited as a hindrance to the positive representation of persons with disabilities in the workplace.

As at 31 December 2017, there was 1 236 508 employees in the Public Service of which 11 076 (0.90%) were employees with disabilities. Out of the **11 076** employees, **5 539** (50.01%) were female and **5 537** (49.99%) were male.

There were **289 477** employees below the age of 34 and **1 317** (0.45%) were young persons with disabilities;

There were **171 160** employees between the ages of 35-39 and **1 196** were employees with disabilities;

There were **186 448** employees between the ages of 40-44 and **1 713** were employees with

disabilities;

There were **211 052** employees between the ages of 45-49 and **2 384** were employees with disabilities;

There were **189 877** employees between the ages of 50-54 and **2 216** were employees with disabilities;

There were **132 066** employees between the ages of 55-59 and **1 659** were employees with disabilities;

There were **43 701** employees between the ages 60-64 and **580** were employees with disabilities;

There were **1 337** employees between the ages of 65-69 and **10** were employees with disabilities;

Out of **9 843** Senior Management Services (SMS) level positions 141 were employees with disabilities; **94** male and **47** female;

Out of **16 297** Middle Management Services (MMS) level positions, **262** were employees with disabilities; **153** male and **109** female.

44 273 officials using GEMS were on chronic medication from mental health issues translating to **3.07%**

National and Provincial breakdown of disability employment equity (Public Service)

| Spheres of Government | December 2015 (0.69%) | December 2016 (0.72%) | December 2017 (0.90%) |
|-----------------------|--------------------------|--------------------------|--------------------------|
| National | 0.84% | 1.03% | 1.25% |
| Gauteng | 1.59% | 1.72% | 2.18% |
| Mpumalanga | 0.52% | 0.51% | 0.59% |
| North West | 0.56% | 0.49% | 0.58% |
| Western Cape | 0.42% | 0.45% | 0.46% |
| Limpopo | 0.43% | 0.41% | 0.44% |
| Eastern Cape | 0.45% | 0.41% | 0.41% |
| Free State | 0.34% | 0.35% | 0.39% |
| KwaZulu Natal | 0.30% | 0.24% | 0.35% |
| Northern Cape | 0.30% | 0.28% | 0.33% |

The highlights from the 18th Annual Report of the Commission for Employment Equity (CEE) contains the following reflections on employment of persons with disabilities:

In 2001, designated employers reported that 1% of their total employees were persons with disabilities across all occupational levels of their organisations compared to the 1.3%, in 2017. This is a marginal increase.

One of the concerns expressed by the Commission was that the Economically Active Population for persons with disabilities was not available from Stats SA and therefore could not provide benchmarks for this designated group.

The following is a breakdown of representation of persons with disability by level in the public service:

- Persons with disabilities are grossly under-represented at 1,3% at top management level, with white and Indian males dominating at this level.
- Persons with disabilities accounted for 1,3% of the workforce at senior management level, with white and African males dominating;
- Persons with disabilities are grossly under-represented at the professionally qualified level at 1.3%, with white persons with disabilities (both male and female) followed by Africans being predominantly represented;
- Persons with disabilities at the skilled technical level are grossly under-represented at 1.3%, with the African group being predominant;
- The percentage of persons with disabilities at the semi- skilled level is very low at 0,9%, with African males being predominantly represented at 39.3%;
- The percentage of persons with disabilities at the unskilled level stands at 0,9%, with the majority being African males at 45.6%, followed by African females at 33.5%.

The NDRM Plenary questioned the requirement criteria of needing a driver's license for certain jobs in which driving would not be required as this automatically discriminates the visually impaired and other persons with disabilities who are unable to obtain a driver's license due to their impairments.

The plenary also noted the practice of industries being built on the back of persons with disabilities, whilst persons with disabilities remain impoverished users of these services, citing the development of the sign language interpreter industry as the latest example, where interpreters become wealthy yet Deaf people remain unemployed and poor.

In 2016/17, the Department of Labour reported that the Supported Employment Enterprise (SEE) employed 893 factory workers. 100% have intellectual and psychosocial disabilities.

It is the vision of the factories to transform and expand direct employment for people with intellectual and physical disabilities, and to develop as a provider of quality training for people with disabilities to enable and facilitate their transition into the open labour market.

In 2018/19, the Annual Report of the DOL reflected the following info. However, the disability disaggregation is not evident.

| MAIN SERVICES | BENEFICIARIES | CURRENT/ ACTUAL STANDARD OF SERVICE | DESIRED STANDARD OF SERVICE | ACTUAL ACHIEVEMENT | | | |
|---|---|--|---|--|-------------------------|--|---------------|
| Public Employment Services: Work-seekers placed in employment opportunities | Unemployed. Under-employed. Retrenched People with Disabilities Employers | Annual Target: 42 500 registered employment opportunities filled by registered work-seekers per year | 47 500 registered employment opportunities filled by registered work-seekers per year | 49 968 of registered employment opportunities were filled by registered work-seekers (Achieved) | | | |
| | | | | OFFICE | REGISTERED WORK-SEEKERS | PLACED AGAINST THE REGISTERED EMPLOYMENT OPPORTUNITIES | % PERFORMANCE |
| | | | | PES-Online | 45 558 | 1 | 0% |
| | | | | EC | 104 656 | 7 303 | 7% |
| | | | | FS | 60 038 | 5 434 | 9% |
| | | | | GP | 216 486 | 9 473 | 4% |
| | | | | KZN | 134 760 | 8 593 | 6% |
| | | | | LP | 70 419 | 5 036 | 7% |
| | | | | MP | 62 864 | 3 157 | 5% |
| | | | | NC | 29 614 | 2 959 | 10% |
| | | | | NW | 50 118 | 2 293 | 5% |
| | | | | WC | 113 040 | 5 719 | 5% |
| | | | | Total | 888 553 | 49 968 | 6% |

The DoL reported that 85 new persons with disabilities appointed from 01 April 2017 until 31 March 2018 under DECENT EMPLOYMENT THROUGH INCLUSIVE ECONOMIC GROWTH FOR PERSONS WITH DISABILITIES (OUTCOME 4). The Department reported that it had created 100 work opportunities additional persons with disabilities by end of March 2019.

The Department of Environmental affairs reported in its 2016/17 annual report that work opportunities were created for vulnerable groups as follows: Women – 54.46% (53 677/98 566*100); Youth – 63.31% (62 407 /98 566*100); and persons with disabilities – 5.22% (5 142/98 566*100).

Indicator 5.3 – Persons with Disabilities as Owners of the Economy

The Minister of Finance, in terms of section 5 of the Preferential Procurement Policy Framework Act, 2000 (Act No.5 of 2000), regulated that persons with disabilities benefit equally from public procurement. The Preferential Procurement Regulations was promulgated in 2017.

The National Treasury created a *Central Supplier Database* where owners or suppliers are disaggregated by black and disabled persons. A total payments of R239m was received by 245 of these suppliers.

The Department of Tourism include persons with disabilities in the following initiatives:

- Working for Tourism projects
- Tourism Incentive Programmes
- Tourism Human Resource Development programmes
- Tourism Enterprise Development programmes and initiatives

Within the Department of Water and Sanitation's *Women in Water Programme*, it was reported that 30% of participants were women entrepreneurs with disabilities.

The Department of Small Business Development (DSBD) reported raising awareness on its support programmes in partnership with SEDA and SEFA to over 700 persons with disabilities countrywide. Close to 100 persons with disabilities have registered as clients of the Department of Small Business Development through SEDA and SEFA for financial and non-financial support. 75% of people with disabilities at the Mamelodi Workshop received training through the Basic Business Training Programme at SEDA in February 2018.

Furthermore, the KZN EDTEA, with assistance from DSBD, established a database of entrepreneurs with disabilities to assist with financial, non-financial and procurement related business development services.

The Limpopo Provincial procurement strategy has a 7% target for entrepreneurs with disabilities. Furthermore, there was support to businesses owned by persons with disabilities by LEDET. So far the LEDET has registered more than 160 businesses of persons with disabilities. The LIPEDIB established a provincial chamber of businesses of persons with disabilities;

The NDRM Plenary noted that with innovation and creativity, all the departments can improve in their management of supply chain policies to promote entrepreneurial projects and tenders for persons with disabilities.

Indicator 5.4 – Reducing the Cost of Disability for Persons with Disabilities and Their Families

The NDRM Plenary noted that SARS officials across all offices have been trained to appropriately advise taxpayers wishing to register for, or claim back, disability-related tax rebates.

The plenary also noted the improvements in SARS ICT interface, and the collaborative work being done in the DTPS ICT Forum's Disability Chamber Work Groups. However, more work is still to be done on improving the SARS E-filing mobile-site, which is still not fully accessible for screen readers for more complicated task execution. The meeting re-emphasised the need for a structured training programme to be rolled out to enable screen reader users to engage with the webpages.

In 2017 – 18, the Department of Human Settlements 219 people with a disability were trained under the homebuilders programme.

2.6. Pillar 6 - Strengthening the Representative Voice of Persons with Disabilities

The WPRPD isolates the following five dimensions for specific measures to strengthen the representative voice of persons with disabilities:

- Strengthening access and participation through self-representation;
- Recognition of representative organisations of persons with disabilities;
- Strengthening the diversity and capacity of disabled people's organisations (DPOs) and self-advocacy programmes;
- Public participation and consultation programmes; and
- Self-representation in public life.

Indicator 6.1 – Strengthening Access and Participation through Self-Representation

The finalisation of the National Framework on Self-Representation by Persons with Disabilities this year will be an important step towards institutionalising the generally practiced principle of self-representation.

Indicator 6.2 – Recognition of Representative Organisations of Persons with Disabilities (inclusive of parent organisations)

No progress reported.

Indicator 6.3 – Strengthening the Diversity and Capacity of DPOs and Self-Advocacy Programmes

The National Framework on Self-Representation by Persons with Disabilities referred to above will include the policy directives of this indicator in its scope of work.

Indicator 6.4 – Public Participation and Consultation Programmes

The DSD will be developing a National Framework for Inclusive Public Participation and Consultation Programmes during the 2017/18 financial year, which will provide direction and minimum norms and standards for public participation and consultation.

Indicator 6.5 – Self-Representation in Public Life

No progress reported.

2.7. Pillar 7 - Building a Disability Equitable State Machinery

The WPRPD isolates the following five dimensions for specific measures to build a disability equitable state machinery that is able to implement the WPRPD:

- Disability equitable planning, budgeting and service delivery;
- Monitoring, evaluation, reporting, research, data and statistics;
- Public procurement and regulation;
- Capacity building and training; and
- Strengthening accountability.

Indicator 7.1 – Disability Equitable Planning, Budgeting and Service Delivery

From a planning perspective, a common finding through the various evaluations undertaken uncovered that implementation programmes were not adequately informed by a thorough evidence-based diagnostic analysis and were not clearly designed with an implementation programme theory detailing how the implementation of the government's programmes will contribute towards developmental results.

The DPME is in process of responding to the recommendations following the evaluation of the National Evaluation System and are looking to introduce gender-related dimensions and disability-related dimensions.

This was piloted through the evaluation of EPWP for DSD (2015) which included a module on disability to assess the extent to which EPWP-Social Sector included people with disabilities. The evaluation found that this area of the programme struggled. Over the past five years on average 71% of participants were women and 51% were young people. However, the programme repeatedly failed to achieve the 2.14% target for employment of people with disabilities.

Participants thought that if they were to start receiving the EPWP stipend government would withdraw disability grant. Additionally, more resources would be needed from government to enable organisations/workplace to be accessible to people with disabilities.

A key recommendation of the EPWP evaluation was to improve programme monitoring to better track the inclusion of people with disabilities against an improvement plan and targets .

The NDRM Plenary noted the implementation challenges within the public service against established minimum guidelines, norms and standards; as well as public service delivery procurement bids that are issued without a disability/universal access & design dimension, which is unconstitutional. The meeting further expressed concern with removing the disability measure from the MPAT HR assessment measures and specifically, that the removal was not consulted. This disadvantages the sector in efforts to improve disability mainstreaming.

Indicator 7.2–Monitoring, Evaluation, Reporting, Research and Statistics

On 1 March 2017, the Cabinet approved the piloting of the Disability Inequality Index. The Cabinet also announced that all government performance data should be disaggregated by gender, disability and age. A key element to this is the standardising of disability measures across government. In view of STATS SA being the custodian of standard setting of statistical and official data, the Department of Social Development handed over the piloting of the Disability Inequality Index to STATS SA.

STATS SA in partnership with the Department of Social Development and subsequently, the Department of Women, Youth and Persons with Disabilities sourced support from the World Bank to inform the standard setting exercise. Both government and disability sector stakeholders were consulted with regards to current disability data collection processes with a view of investigating the alignment with the Washington Group Short set of Questions. The project was concluded in December 2020. The report will be finalised in 2021. The STATS SA will announce the next steps of this process.

Stats SA formed the National Disability Advisory group in 2017. The objectives of the disability advisory group include:

- To provide expert opinion to Statistics South Africa in relation to disability statistics as sourced from both questionnaire survey and administrative data sources.
- To inform decisions related to new initiatives in relation to the measurement of disability statistics.
- To advise on improved integration and the standardization of terms and definitions used in the disability sector.

The group consists of representatives from government, academic and non-governmental sector (NGOs) such as the South African Blind Association and has had two meetings in 2017.

Stats SA tested the child functioning module for the age-groups 2-4yrs and 4-17yrs respectively in 2015/16. A report based on the testing was prepared in 2016. The organisation decided to put the implementation of the module on hold due to the following reasons:

- The module is too long and needs to be shortened if it is to be appended to existing data collection tools. A compounding challenge to shortening the module is that it is difficult to cut out specific questions without impacting the flow or quality of what the

module is intending to measure.

- The second option was to implement a stand-alone module. However, funding remains an obstacle.
- The sample size of the General Household Survey is too small to adequately measure disability and even more inadequate to focus on the age group 0-5 years.

STATS SA highlighted that there are no reliable instruments for the 0-4 year old age group, but that there is work underway with the Washington Group and UNICEF on developing an instrument for this age group.

A disability thematic report produced by Stats SA's Population Statistics Division was published in March 2018. The report is based on the Community Survey 2016 data. Analysis in this report compares persons with disabilities to those without disabilities across various indicators (such as wealth status) to measure inequalities. Additionally, other thematic reports produced by Stats SA (such as the child report) have also included some disability disaggregation.

The DII prototype was developed. Through testing and stakeholder consultation, additional indicators and domains were suggested. The National Disability Advisory Group was also consulted. Due to the lack of the standardisation of disability concepts across data producers, as well as the general lack of data the prototype largely focuses on indicators for which data is available and consistent. The current index will be further enhanced, for greater harmonization between standards and definitions in the sector.

The final provincial disability-disaggregation training in the pilot phase was conducted by the DSD in the Western Cape. Last year saw all other provinces receiving training.

The Free State, Eastern Cape and Western Cape Provinces have made noteworthy strides in customising the WPRPD Implementation Matrix to simplify and embed to the reporting process. These tools have been shared with all provinces to enable synergy.

Additionally, the SRSA has institutionalised disability-disaggregation within its reporting template and the registration system. As a result, this template assists to track the support that is provided for people with disability.

The NDRM Plenary noted that the disability disaggregated statistics for household access to water and sanitation are unavailable, and STATS SA will work on this going forward.

The Department of Cooperative Governance put in place *specific measures during 2017 to monitor implementation of the Disability Framework for Local Government 2015-2020*. Key institutional mechanisms and processes at local level include:

- Established disability units in the municipal manager's office;
- Established/strengthened Equity Committees to mainstream disability in the work environment;
- Established and facilitated Disability Forums with ensured functionality; and
- Encouraging the participation of people with disabilities in municipal processes (e.g.

Izimbizo, IDP reviews and LED forums).

Furthermore, the DCOG established a Transformation Forum (COGTA Provinces, SALGA) and a working group dealing with disability matters that meets quarterly. This forum reports to MinMec and PCC. Additionally, the Sec 48 Report, IDP Guidelines and B2B reporting guidelines are being reviewed to include indicators on the mainstreaming of disability matters by municipalities.

The NDRM plenary noted the ongoing work as part of the piloting of the Disability Inequality Index on standardisation of measurement of disability.

It further noted the MPAT is a broad management performance assessment tool which looks at the overall performance of a department in four administration and management domains. The Disability Inequality Index, in contrast, measures inequality between persons with and persons without disabilities within three specific sector domains (poverty, employment and education).

Indicator 7.3 – Public Procurement and Regulation

The Preferential Procurement Treasury regulations was promulgated in 2017.

Indicator 7.4 – Capacity Building and Training

In 2017, the National Department of Social Development (DSD) conducted training on the Implementation of the White Paper on the Rights of Persons with Disabilities in the following four Provinces; Free State, Northern Cape, North West and Kwa Zulu Natal.

As part of the ongoing SARS Schools Program, SARS educated **10** Special Needs Schools and a total of **805** learners on Tax Morality in 9 provinces for the 2017 financial year. Additionally, the SARS educated learners of 15 different schools for deaf, blind and hard of hearing in the 9 different provinces on tax obligations with sign language interpreting. SARS also delivered a Tax and Disability Awareness-raising presentation to explain the tax benefits for people or dependents with disabilities to different stakeholders at ARTSCAPE in Western Cape 3 Oct 2017.

The National Department of Transport (DoT) conducted disability education and sensitisation campaigns in the following urban and rural Integrated Public Transport Network (IPTN) municipalities, namely; A re Yeng: Tshwane, GoGeorge: George, Bojanala Platinum District Municipality: North West, OR Tambo DM: Eastern Cape, John Taolo Gaetsewe DM: Northern Cape and Thabo Mofutsanyane DM: Free State.

The Vulnerable Groups Learning Programme was developed by SAPS in 2016, and training of provincial trainers commenced early in 2017. The training on interpretation and implementation of Standing Order 291 of the Mental Health Care Act was also conducted. This seeks to regulate the manner in which SAPS members approach and manage persons with psychosocial disabilities.

Public awareness campaigns on the promotion of the usage of Equality Courts, took place in collaboration between the Department of Justice and Constitutional Development, the SAHRC, the Commission on Gender Equality and Legal Aid South Africa in 2016 and 2017. Persons with disabilities and NGO's in the disability sector participated in these campaigns.

In the transport sector, the Eastern Cape Provincial Department of Transport conducted year-long road safety awareness programmes. The Youth Road Safety Council was established to support road safety awareness programmes to prevent road injuries that lead to disabilities and road deaths.

The NSG launched a project called Rutanang Ma Africa, to recruit and select full-time and part-time trainers to facilitate their courses and programmes. All interview candidates were requested to indicate how they deal with special needs learners and ensure that these learners participate effectively during a contact session.

The NSG participated in the UN workshop on the Disability Africa Toolkit in Namibia during December 2017 for purpose of benchmarking and sharing of information related to disability inclusion. A presentation was made on Disability Inclusive Education in South Africa.

The NDRM plenary noted the National School of Government is working towards transforming itself and its products into a fully disability inclusive institution with a more detailed announcement to be made in 2019. Some of the work include finding ways of including persons with disabilities in all resource groups; as well as an online disability inclusion intervention that will be linked to the performance management and development system for all public servants.

The Plenary also noted concerns that many of the current initiatives to capacitate departments on disability inclusion exclude some of the impairment groups such as Deaf persons, persons with visual impairments, autism as well as other groups and that the training often focusses on impairment rather than the abilities of persons with disabilities.

Indicator 7.5 – Strengthening Accountability

No progress reported.

2.8. Pillar 8 - Promoting International Cooperation

The WPRPD isolates the following three indicators to foster international solidarity and cooperation for accelerated implementation of the UNCRPD, the 2030 Agenda for Sustainable Development and the African Union Agenda 2063:

- Include disability in all international engagements and agreements;
- Support disability mainstreaming and strengthening participation in the Pan African Parliament, AU, Southern African Development Community (SADC) and other such organisations; and
- Develop and implement a National Disability Agenda on International Cooperation.

8.1. Include disability in all international engagements and agreements

South Africa participated in the 11th Conference of States Parties to the UN Convention on the Rights of Persons with Disabilities. Within the JICA-SA partnership, a delegation of persons with disabilities from civil society and Government attended Self-advocacy training in Okinawa, Japan in November 2017.

The National Department of Social Development and National School of Government attended the UN-DESA training on disability toolkit in Namibia in 2017.

In 2018, SA received the UN List of Issues from the UN Committee on the Rights of Persons with Disabilities based on the Initial Country report on the Implementation of the UN Convention on the Rights of Persons with Disabilities (2013). Through a consultative process within government, a response was drafted and approved for depositing.

On the 28 – 29 August 2018, Minister Susan Shabangu led a South African delegation to engage with the UN Committee on the Rights of Persons with Disabilities on the Implementation of the UN Convention on the rights of Persons with Disabilities (CRPD) and its Optional Protocol. The Committee's Concluding Observations is included at Annexure B.

8.2. Support disability mainstreaming and strengthening participation in the Pan African Parliament, AU, Southern African Development Community (SADC) and other such organisations

South Africa participated in the second meeting of the AU Specialised Technical Committee on Social Development, Labour and Employment, in Algeria, 24 – 28 April 2017. In preparation for the SA delegation providing technical inputs into the drafting of the AU Protocol on the Rights of persons with Disabilities (Protocol), the DSD convened a panel of local disability rights experts to engage on the draft Protocol.

8.3. Develop and implement a National Disability Agenda

No progress reported.

2.9. Institutional Arrangements

The WPRPD highlighted six focus areas aimed at strengthening institutional arrangements for implementation of the WPRPD.

9.1. Disability rights coordinating mechanisms must be designated and/or appointed in all public institutions.

No progress reported.

9.2. Institutional capacity to contribute to the national disability rights agenda across the spectrum of development, statistical and innovation agencies must be strengthened through the development of designated disability-focused programmes and mechanisms.

No progress reported.

9.3. Statistics South Africa, as the national statistical body, must establish a Disability Statistics Advisory Group to guide the research, development, testing, validity and analysis of disability question(s) and responses to provide acceptable disability data for inclusion in the national Census, household, labour and other socio-economic surveys.

Membership of the Advisory Group must include, among others, national government departments, the South African Local Government Association, disability organisations, research institutions and institutions of higher education.

The National Disability Statistics Advisory Group (NDSAG) was established in 2017. The objectives of the NDSAG include, providing expert opinion to STATS SA in relation to disability statistics as sourced from both questionnaire survey and administrative data sources; informing decisions related to new initiatives in relation to the measurement of disability statistics; and advising on improved integration and the standardisation of terms and definitions used in the disability sector. The group consists of representatives from government, academic and representative organisations of persons with disabilities.

9.4. The South African Bureau of Standards (SABS) must strengthen its universal design capacity in the work of their design institute and standard setting bodies.

No progress reported.

9.5. The CSIR must strengthen its capacity to promote universal design in its research, technological innovation as well as industrial and scientific development programmes.

No progress reported.


9.6. The South African Qualifications Authority (SAQA) must strengthen its capacity to promote and coordinate the development of a national universal design qualifications framework.

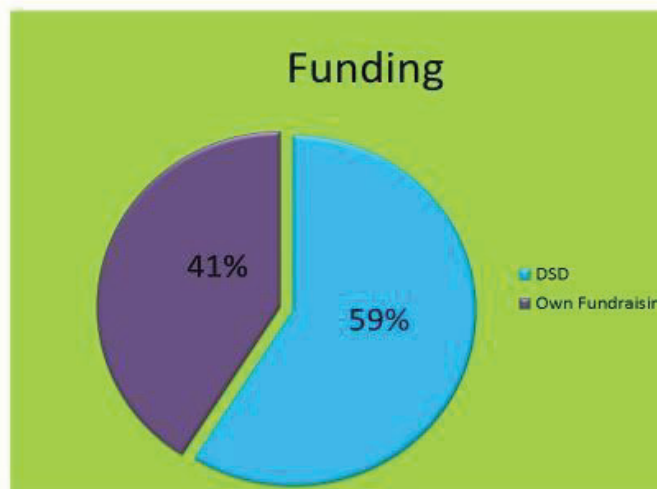
No progress reported.

24. Case Studies

a) The SAVE Model

| Case Study Title | SAVE Sexual Abuse Victim Empowerment |
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| Project lead | Cape Mental Health (CMH) <ul style="list-style-type: none"> • Registered NGO • Celebrating 105 years of service excellence • Member of the SA Federation for Mental Health • Offers services to people with intellectual disability, psycho-social disability and emotional adjustment problems • Committed to challenging discriminatory practices • Slogan: All about Ability |
| Purpose of Project | SAVE offers the complainants with mental disability the same access to justice as the general population in cases of sexual abuse |
| Target Audience | People with psychosocial and intellectual disabilities |
| Partnerships (if applicable) | Cape Mental Health, Psychologists, Social Workers, FCS investigators |
| Province, Municipality, sector | Western Cape, Mental Health, Justice sector |
| Problem statement | People with psychosocial / intellectual disabilities have challenges in accessing the justice system value chain until resolution of cases. |
| Background/Context of Project | The SAVE Programme offers the complainants with mental disability the same access to justice as the general population in cases of sexual abuse, using the model below. |

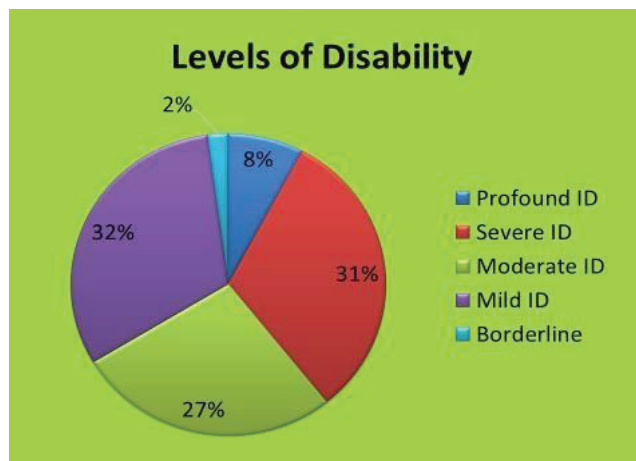
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| | <div data-bbox="687 315 1342 786"> <h3 style="text-align: center; background-color: #92d050; padding: 5px;">SAVE ROLE-PLAYERS</h3>  <pre> graph TD PCO[Project co-ordinator] --> NPA[NPA/DOJ] PCO --> PSY[Psychologists] NPA --> FCS[FCS investigators] PSY --> SW[Social workers] FCS <--> SW </pre> </div> <p>The psychologists evaluate the complainant's level of intellectual functioning, competence as a witness, capacity to consent to intercourse and emotional effect of the alleged rape.</p> <p>The social workers support complainants and their families as well as providing court preparation if necessary.</p> <p>In the role as expert witness, support is provided to prepare the court for the complainant and recommends reasonable accommodation measures and use of clarifying questions.</p> <p>There is ongoing training of FCS officers, prosecutors, court support workers, intermediaries, NGOs and other relevant role-players.</p> <p>The model is based on the following key elements:</p> <ul style="list-style-type: none"> • Strengthened relationships between NPA, DOH, FCS and CMH • Constant training of all role-players • Dedicated team of social workers and psychologists • Funding secured from DSD, First for Women and the Oppenheimer Foundation ensures the provision of the comprehensive service |
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Demographics of Clients

- 87% female
- Between 2005 – 2013, the age distribution has ranged between 4 years old to 64 years old, with the highest number of clients being between 13 years to 18 years old.

The levels of disabilities is illustrated below:

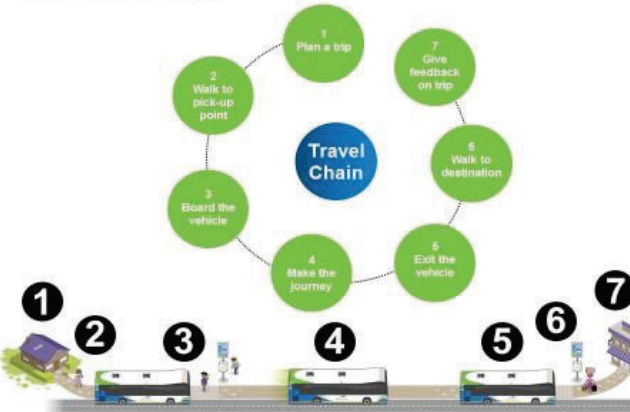


Profound intellectual disability comprise 8% of clients, severe intellectual disabilities is at 31%, Moderate intellectual disabilities is at 27%, Mild intellectual disabilities is at 32% and finally a borderline classification is represented at 2%.

| | <p>Below is a graph that reflects percentages of clients who are able to testify by levels of disability.</p> <div><p>Able to testify</p><table border="1"><thead><tr><th>Disability Level</th><th>Testify (%)</th><th>Not Testify (%)</th></tr></thead><tbody><tr><td>Borderline</td><td>80%</td><td>20%</td></tr><tr><td>Mild ID</td><td>60%</td><td>40%</td></tr><tr><td>Moderate ID</td><td>15%</td><td>85%</td></tr><tr><td>Severe ID</td><td>20%</td><td>80%</td></tr><tr><td>Profound ID</td><td>0%</td><td>100%</td></tr></tbody></table></div> <p>0% of people with profound intellectual disabilities are able to testify. 20% of people with severe intellectual disabilities are able to testify. Under 20% of people with moderate intellectual disabilities are able to testify. 60 % of people with mild disabilities are able to testify. 80% of borderline classification are able to testify.</p> | Disability Level | Testify (%) | Not Testify (%) | Borderline | 80% | 20% | Mild ID | 60% | 40% | Moderate ID | 15% | 85% | Severe ID | 20% | 80% | Profound ID | 0% | 100% |
|---|--|------------------|-------------|-----------------|------------|-----|-----|---------|-----|-----|-------------|-----|-----|-----------|-----|-----|-------------|----|------|
| Disability Level | Testify (%) | Not Testify (%) | | | | | | | | | | | | | | | | | |
| Borderline | 80% | 20% | | | | | | | | | | | | | | | | | |
| Mild ID | 60% | 40% | | | | | | | | | | | | | | | | | |
| Moderate ID | 15% | 85% | | | | | | | | | | | | | | | | | |
| Severe ID | 20% | 80% | | | | | | | | | | | | | | | | | |
| Profound ID | 0% | 100% | | | | | | | | | | | | | | | | | |
| Successes (quantitative &/ qualitative data) | <ul style="list-style-type: none">• Increased number of referrals and prosecutions• Increased awareness of access to justice for people with mental disabilities• Increase in different types of cases that include human trafficking, grooming and other sexual offences• Interest from FCS, NPA and other role-players and commitment to make it work• Increase in expert witness request• More convictions – even cases where complainant is not able to testify• Complainants not denied justice because they have an intellectual or psycho-social disability, | | | | | | | | | | | | | | | | | | |

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| | but rather cases are evaluated according to evidence |
| Challenges | <ul style="list-style-type: none"> • How many cases are turned away from police stations? • Are staff at police stations adequately trained to recognise a person with a disability? • Training FCS, NPA and DOJ staff to familiarise themselves with people with disability • Addressing delays with investigations • Addressing delays in court procedures • Stigma of disability in communities • SAVE programme limited to Cape Town and surrounding areas – do other complainants in other provinces not deserve the same access to justice? • The issue of reasonable accommodation for people with disabilities – programmes for different disabilities and different needs |
| Lessons Learnt | <ul style="list-style-type: none"> • Willingness to collaborate with partners in an equal partnership • The importance of training and/or workshops • Sustainable funding • The importance of planning, planning and more planning • Challenging existing systems that do not facilitate access to justice for people with disabilities • Advocating on behalf of people with disabilities • Never give up, its one case at a time ... |
| Acronyms | <p>NPA – National Prosecuting Authority DSD – Department of Social Development FCS – CMH – Cape Mental Health NGOs – Non-government organisations</p> |
| Contact Persons with Contact details for more info. | <p>Ms. Carol Bosch Deputy Director Cape Mental Health</p> |

b) Go George

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| Case Study Title | GO GEORGE |
| Project lead | George Municipality |
| Purpose of Project | To provide accessible transport infrastructure to persons with disabilities |
| Target Audience | People with disabilities |
| Partnerships (if applicable) | Western Cape Government |
| Province, Municipality, sector | Western Cape, George, Transportation Sector |
| Problem statement | Transport is essential to accessing all human rights, however many people with disabilities cannot access conventional transportation and are thereby excluded from community and society on the basis of physical access and affordability. |
| Background/Context of Project | <p>At the heart of accessible transport infrastructure, is the Travel Value Chain Model below:</p> <p>Travel Chain</p>  <p>Namely;</p> <ol style="list-style-type: none"> 1. Plan a trip The website has readspeaker accessibility. 2. Walk to pick up point 3. Board the vehicle 4. Make the journey 5. Exit the vehicle 6. Walk to destination 7. Give feedback on trip |

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| | <p>This is premised on :</p> <ul style="list-style-type: none"> • Accessible vehicles • Accessible infrastructure • Service availability • Service convenience • Service reliability • Service integration • Safety & security • Journey speed • Journey comfort & enjoyment |
| Successes (quantitative & qualitative data) | <ul style="list-style-type: none"> • Passengers are able to log complaints or suggested improvements via call centre, social media and website. • The operational room monitors for any incidents via field monitors and on-bus CCTV • There are accessible vehicles • The services are convenient |
| Challenges | <ul style="list-style-type: none"> • Community resistance to verge invasion • There is a lack of understanding of the role of sidewalk in providing access to bus stops • Training of officials is not always understood or appreciated • Driver training is a challenge |
| Lessons Learnt | <p>Printed communication & training materials</p> <p>Marketing and communication</p> <ul style="list-style-type: none"> • Route & timetable information, operational communication & complaints management processes must be accessible to persons with special categories of need. • User forums/ test panels essential to ensure UA compatible design <p>Website and social media</p> <ul style="list-style-type: none"> • Compliance with international web design standards and protocol requires design expertise aligning with the technical requirements. |

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| | <p>The complete street approach</p> <ul style="list-style-type: none"> • The complete street designs approach is critical • Side audit essential <ul style="list-style-type: none"> -Different issues in different environments (CBD, residential) • Application of sidewalk zones essential but challenging <ul style="list-style-type: none"> -Lack of understanding of role of sidewalk in providing access to bus stops -Community resistance to “verge invasion” – public consultation critical • Prioritisation of sidewalk development and shelter installation <ul style="list-style-type: none"> -Bus stop boarding & alighting monitoring • Approved guidelines <ul style="list-style-type: none"> -Clearly defined and approved street furniture and materials palette -Bus shelter typology and amenities framework necessary <p>Vehicle</p> <ul style="list-style-type: none"> • Standard/Minibuses <p>Vehicle specification needs to be clear regarding the UA requirements</p> <ul style="list-style-type: none"> • Boarding ramp is a critical component • Wheelchair backrest specification • Bus entrance space, aisle widths • Hanging straps • Minibuses Accessible, not universally accessible (two entrances) • Hoist specification must accommodate correct weight occupation combination (450 kg) • Seat row arrangement need to accommodate taller people (leg room) |
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| | <ul style="list-style-type: none"> Entrance arrangement not ideal – retrofitting around existing chassis <p>UA Training</p> <ul style="list-style-type: none"> Need for the training of officials not always understood or appreciated. Driver training, while initially problematic, is extremely beneficial, but requires regular refresher courses. Broadening of training to other disciplines is essential. Multi-purpose training curriculum & associated supporting materials essential. <p>Operational Monitoring/Feedback</p> <ul style="list-style-type: none"> Methods to capture feedback from targeted categories of passengers on their journey experiences <p>-Implementation of feedback framework, including comment/complaint categorisation</p> <ul style="list-style-type: none"> Research the views of targeted categories of passengers on their treatment during any part of the travel chain <p>-Institute process to obtain more detailed feedback (“travel diaries”)</p> <p>Consultant Universal Access</p> <ul style="list-style-type: none"> Lack of appreciation / understanding of the role of the UDAP Should form part of the ITP process and obtain approval of Councils Road standards need to be reviewed to accommodate UA principles and requirements Integration of civil engineering and planning intentions to retrofit infrastructure (better understanding of UA) Approved policy and guidelines fundamental |
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| Recommendations | <ul style="list-style-type: none"> • Performance indicators: to measure “mainstreaming universal access” • Disaggregated statistics: to provide evidence of progress on reports • Regulations: to confirm standards for UA in public transport system • Staff: to institutionalise processes |
| Acronyms | UA- Universal Access NMT- UDAP- Universal Design Access Plan ITP- Information Technology Processes CBD- Central Business District |
| Contact Persons with Contact details for more info. | Mr. James Robb |


c) **Persons with Disabilities in Agriculture and Rural Development**


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| Case Study Title | Persons with Disabilities in Agriculture and Rural Development (PDARD) |
| Project Lead | Limpopo Department of Agriculture and Rural Development |
| Purpose of Project | <ul style="list-style-type: none"> • To remove discriminatory barriers that perpetuate the exclusion and segregation of persons with disabilities. • To foster equal opportunities of persons with disabilities to participate in the agricultural sector as entrepreneurs • To empower individuals and cooperatives owned by persons with disabilities in the agricultural sector through food security, job creation, economic growth and poverty alleviation. • To encourage and increase full participation of persons with disabilities to be commercial agricultural entrepreneurs |

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| | <ul style="list-style-type: none"> To reposition PDARD from subsistence to be at commercial level of farming |
| Target Audience | Farmers with Disabilities |
| Partnerships (if applicable) | |
| Province, Municipality, sector | Limpopo, Agriculture and Rural Development |
| Background/Context of Project | <p>PDARD is an economic empowerment programme that was introduced with an aim to reduce inequality, poverty and economic vulnerability.</p> <p>The Department conducted an audit to establish a database for farmers with disabilities in the province.</p> |
| Problem statement | Persons with disabilities do not enjoy equal opportunity in the agricultural sector |
| Successes (quantitative &/ qualitative data) | <ul style="list-style-type: none"> From 2016 to date, 102 farmers with disabilities were honoured through recognition awards for their contribution in addressing food security and job creation. 1,5 million in cash prizes were awarded to deserving farmers with disabilities Established partnership with key stakeholders such as agricultural institutions and the mainstream media Provided aftercare through technical support and allocation of agricultural production inputs such as fertilizers and seeds Mathoho farming in Vhembe District was supported with the erection of 60 m² of fencing for R57 000.00 , drilling of boreholes, provision of water tanker and stand to the value of R347,000.00 Mashashane Disabled project was supported with a broiler environmental controlled |

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| | <p>house to the value of R800 000 and feeds for R350 000.</p> <ul style="list-style-type: none"> • Assisted Cyferskuil Disability project in Waterberg District to settle transformer rental fee with ESKOM for R60 000. • Supported Macheke farming with production inputs for R250,000.00 and purchasing of a truck at a cost of R325,000.00 through youth funding • Secured feeds at the value of R145 000.00 for Bahlakwana Piggery • Konanani Disabled Cooperative assisted with 66 bags of broiler feeds to the value of R19 800. |
| Challenges | <ul style="list-style-type: none"> • Poor interest in choosing agriculture as a career • Access to land for persons with disabilities are neglected • Challenges with market • Lack of equipment |
| Lessons Learnt | <ul style="list-style-type: none"> • Change of framework: from the medical model to the human rights model of disability approach • Mainstreaming disability in all policies and programmes • Persons with disabilities should be reached and served through development efforts at the rate of non-disabled peers • Involvement of persons with disabilities in the decision-making platforms • Inclusion of persons with disabilities require constant vigilance at all levels |
| Contact Persons with Contact details for more info. | Mr. M. Mulibana |

d) Eastern Cape Disability Economic Empowerment Trust (ECDEET)

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| Case Study Title | Eastern Cape Disability Economic Empowerment Trust (ECDEET) |
| Purpose of Project | To improve the socio-economic conditions of persons with disabilities in the Eastern Cape Province through equity participation, skills development, enterprise development & support and job placement. |
| Target Audience | Unemployed persons with disabilities |
| Partnerships (if applicable) | 1. A partnership with the Department of Economic Development Environmental Affairs and Tourism (DEDEAT) started in 2014 through the Local & Regional Economic Development (LRED) Fund, with the purpose of developing and managing a database for job seekers and entrepreneurs with disabilities, followed by a three year agreement on business and empowerment support that commenced in 2015. Currently working on the new MoA for 2018 going forward |
| Province, Municipality, sector | Eastern Cape |
| Background/Context of Project | <p>The Eastern Cape Disability Economic Empowerment Trust (ECDEET), was founded in 2002 by Disabled People South Africa and other DPOs.</p>  <p>Our Programmes</p> <pre> graph TD A[TRAINING & SKILLS DEVELOPMENT] --> B[ENTERPRISE DEVELOPMENT AND SUPPORT PROGRAMME] B --> C[ADVOCACY AND RIGHTS AWARENESS] C --> D[Job Readiness, Database, placement and business support] D --> A </pre> <p>Objectives of the MOA</p> <ol style="list-style-type: none"> 1. Collaboration between ECDEET & DEDEAT focuses on opportunities that exist within the Economic Sector as well as Environmental and Tourism Sectors. 2. Targeting the empowerment and training |

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| | <p>opportunities that capacitate our people to seize opportunities offered by the government and municipalities.</p> <p>3. Providing support to entities owned by persons with disabilities to ensure that they remain compliant and are able to participate in the state procurement processes.</p> <p>MANAGEMENT COMMITTEE</p> <ul style="list-style-type: none"> • Consisting of three senior representatives nominated by each of the Parties. • Meet on a quarterly basis to discuss the project, review the minutes of the Management Committee referred to below, and acting in accordance with, and performing any other functions in terms of the written Terms of Reference which are agreed upon within a reasonable period of the commencement date and before the first meeting of the Management Committee. • Subject the performance of the programme to the internal audit process as part of the review |
| Problem statement | <p>Socio-Economic conditions of Persons with Disabilities</p>  |
| Successes (quantitative &/ qualitative data) | <ul style="list-style-type: none"> • Developed database. It is operational and maintained. • Job placement take place at a snail pace with majority of people placed under the EPWP Non-State sector programme. • Facilitate the SMME development training programme, ensure compliance, registration on database and participation in the tendering process. |

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| | <ul style="list-style-type: none"> • Linked the free driver training programme to increase mobility and start small taxi business operations. • Provided training programmes on Employment Life Skills and Self-Employment. • Placed 150 EPWP beneficiaries in their own organisations and further 150 placed at South African National Council for the Blind EC • Provided Free Driver Training linked to the Employment Life Skills Programme. • Provided support to DPOs in the province: Capacity building, equipment, material and advocacy programmes <p>The above was confirmed by the internal audit conducted by DEDEAT in 2017</p> |
| Challenges | <ul style="list-style-type: none"> • Lack of coordination and direction by OTP. • SPU driven and other programmes show a lack of interest. • Beneficiaries not progressing beyond workshops and training. • Departments working in silos and lack of interest in the programme • No dedicated resources for the implementation of the white paper. |
| Contact Persons with Contact details for more info. | <p>Eastern Cape Disability Economic Empowerment Trust 16 Greenwood Street Berea, East London, 5200 Phone: +27 (0)43 722 7333 Fax: +27 (0) 43 722 7334 Email: asanda@ecdeet.co.za Website: www.ecdeet.co.za</p> |

e) *Building a disability equitable state machinery in Gauteng*

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| Case Study Title | <i>Building a disability equitable state machinery in Gauteng</i> |
| Purpose of Project | To ensure that delivery on the rights of persons with disabilities is included in the Provincial MTSF Plan of Action |
| Target Audience | Public officials, DPOs |
| Partnerships (if applicable) | |
| Province, Municipality, sector | Gauteng |
| Background/Context of Project | <p>The GPG used the disability rights approach to conduct inclusive planning, monitoring and evaluation systems. It also maintains close co-cooperation with DPOs in the process.</p> <p>The GPG approach to building a Disability Equitable State Machinery was to:</p> <ol style="list-style-type: none"> 1. Get EXCO approval of a Disability Rights Policy 2018 to 2023 & 5 year Programme of Action. 2. Get EXCO approval to include the policy's targets in the total M&E system of the GPG 5 year PoA. 3. Use a theory of change approach 4. Build departmental capacity to use the policy and to construct the mainstream value chain of departments through their Disability Rights Managers and the line managers. <p>The GPG's institutional arrangements were established to drive the implementation of the Gauteng City Region Disability Rights Policy (GCR-DRP) which:</p> <ul style="list-style-type: none"> • specifies the rights that should be delivered to persons with disabilities; • specifies the mandate, accountability and reporting methods of each duty bearer in the GCR; and • specifies the role of rights holders and their organisations to improve delivery of disability rights at departmental, municipal and provincial |

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| | <p>levels.</p> <p>Parallel to internal measures , the GPG pro-actively engaged with organisations of people with disabilities in the Gauteng City Region (GCR) to;</p> <ol style="list-style-type: none"> 1. consult DPOs and service organisations on accessing their rights in the GCR; 2. inform DPOs about the accountability of each duty bearer in each government structure of the GCR; and 3. encourage and facilitate partnerships with disability rights organisations with each GCR structure and the private sector. <p>Examples of institutionalisation in the GCR-DRP :</p> <ol style="list-style-type: none"> 1. The Governmental Disability Rights Committee (GDRC) coordinates the interventions of officials in all GCR's Departments, Metros and Municipalities to deliver on the policy; 2. Departmental delivery against their disability rights targets are coordinated by the Departmental Disability Rights Committee; and 3. The Gauteng Legislature (GPL) holds MECs and their respective Heads of Department accountable for service delivery to people with disabilities in the Province. |
| Problem statement | People with disabilities are not accessing services on an equal basis as others. |
| Successes (quantitative &/ qualitative data) | <p>The GPG has:</p> <ol style="list-style-type: none"> 1. Exceeded the target of 2% of its staff being employees with disabilities and is on its way to achieving the 3%. 2. Distributed many more specified priority packs to meet people with albinisms' preventative health needs by building effective partnerships between the GDH and organisations of people with albinism. 3. Set up a GCR Universal Access and Design Programme & reference group. |

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| | <ol style="list-style-type: none"> 4. Expanded the support programme offering at a range of special schools to make schools more accessible to learners. 5. Public Ordinary Schools are supported towards including learners with mild support needs 6. Workshops with School Based Support Teams were conducted. 7. 279,326 learners were screened for possible barriers to learning in order to plan for their reasonable accommodation. 8. Free health care for people with disabilities was introduced in 2003 and has continued and improved to date. 9. Reduced waiting times at hospitals for people with disabilities were introduced. 10. Health infrastructure retrofitted to comply with universal design and access standards 11. Exceeded targets to provide assistive devices 12. Improved early diagnosis and treatment for people with psycho-social disabilities |
| Challenges | <ol style="list-style-type: none"> 1. Poor service delivery on the rights of persons with disabilities by departments |
| Lessons Learnt | <p>In the past 3 years the Gauteng Provincial Government, dealt with the Life Esidimeni human rights violations and learnt to acknowledge the depth to which human rights violations could be perpetrated against at least 1624 mental health care users.</p> <p>Additionally, the tragedy revealed how easily human rights violations can be perpetrated by high ranking politicians and officials.</p> <p>The findings revealed the following:</p> <ol style="list-style-type: none"> 1. There were 1711 psychiatric patients were moved from Life Esidimeni and 144 of these persons died 2. It was verified that the 12 families who thought their loved ones died in the transfer did not appear on the official |

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| | <p>death toll of 156 persons.</p> <p>3. There were 59 unaccounted for patients from Life Esidimeni after 4 more than the initial 55 were found.</p> <p>Government was ordered to :</p> <ul style="list-style-type: none"> a) To pay R1 200 000 to the claimants as appropriate relief and compensation for the government's unjustifiable and reckless breaches of 8 Sections of the Constitution, Multiple contraventions of the National Health of 2003 and of the Mental Health Act 17 of 2002 and general damages for shock and psychological trauma and funeral expenses for the families of the deceased a) To erect a Remembrance monument to serve as a reminder to future generations of the human dignity and vulnerability of mental health care users. <p>The main lesson that the GCR learnt are:</p> <ul style="list-style-type: none"> 1. Have more than one theory of change for better interventions for the value chain of each department's delivery of services to non-targeted groups. This will show where bottle-necks are for delivery to people with disabilities. 2. Interviewing line managers builds respect for their contribution to the value chain and can make them keener contributors to changes to include delivery on disability rights. |
| Recommendations | <ul style="list-style-type: none"> 1. Assist departments to build a specific theory of change and alternative theories of change to change interventions when necessary. 2. Assist departments to translate their duty bearing accountabilities of our disability rights policy and PoA into a Departmental MTSF and Departmental Annual Plans of Action 3. Assist each Departmental Disability Rights Manager to write down a value chain of their department's delivery of services to non-targeted groups through interviewing line managers |

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| | |
| Contact Persons with Contact details for more info. | Mr. Zain Bulbulia |

25. Recommendations

1. All 2019 targets will be adjusted to be implemented by 2024.
2. The UN Committee on the Rights of Persons with Disabilities' Concluding Observations (Annexure A) on SA's 2013 Baseline Country Report on the Implementation of the UN CRPD, echoed a number of issues that are evident in this report. Therefore, all relevant government institutions must draw up intervention plans and urgent practical measures to address the UN Committee's Concluding Observations (Annexure A), as South Africa will be submitting the country response in May 2022.
3. South Africa ratified the UNCPRD in 2007. The SALRC must accelerate the process of domesticating the UN CRPD as well as the supportive-decision making legislation.
4. The Disability Rights approach is a systematic approach, as demonstrated by the Gauteng Case study, and therefore should not be treated as a special project. It is evident that the majority of departments do not have disability mainstreaming strategies or WPRPD Implementation Plans. At a strategic level, all departments must ensure that disability inclusion is integrated into their 5 year MTSF in substantive measurable ways that reflect the mandate and external programmes of the Department. Therefore, internal disability rights monitoring mechanisms should be strengthened for this purpose.
5. All Departments must disaggregate performance reporting by gender, disability and age.
6. The STATS SA must urgently standardize administrative data to improve disability data collection and performance reporting.
7. The success of the SAVE model is evident for people with intellectual and psychosocial disabilities. The Justice Cluster must therefore roll out this model to enhance access to justice for persons with disabilities.
8. The DBE must, as a matter of urgency, regulate age limits for learners with disabilities as provided for in the SA Schools Act of 1996.
9. The DBE must review and revise implementation of White Paper 6, with a view to mainstreaming children with disabilities to the greatest appropriate level possible.

10. The DBE and the DoT must publish a plan for implementation of the National Learner Transport policy as it pertains to learners with disabilities.
11. The DoH must put measures in place to ensure that the Orientation & Mobility Services System in place in Mpumalanga is replicated in all other provinces.
12. The DoH should take measures to ensure that the national policy on assistive devices is implemented with clear minimum norms and standards, timelines and resourcing strategies.
13. The Department of Public Service and Administration as well as the Department of Employment and Labour must develop a recruitment plan for persons with disabilities outlining the how the 7% target will be met by 2030. This must include a disability disclosure campaign across public sector.
14. The NSG must ensure that any training or capacity building of public servants are inclusive of a disability dimension, and that greater use be made of trainers with disabilities (equity).
15. In terms of strengthening coordinating mechanisms at a national and provincial level, an IGR task team, led by DPSA, with provincial participation, must be established to develop guidelines on disability, gender and youth focal points. This must include disability focal person's/mainstreaming officer's job descriptions, professionalisation, capacitation and budgeting of disability inclusion or as well as the issue of location.
16. The recommendations of the First Annual Progress Report on the Implementation of the WPRPD remain relevant still and should be used for planning and reporting purposes for the next annual report.
17. No centralised financial tracking of government's support to the disability sector. National Treasury should track government's funding to disability sector.
18. All reporting institutions must submit their WYPD programmatic mainstreaming strategy to the DWYPD by June 2021.
19. Review of Implementation Matrix of the WPRPD as midterm milestones were not met.
20. Review of White Paper 6 – Inclusive education must be fast-tracked.
21. Reporting on JOBACCESS Strategy must be aligned with Annual reporting on WPRPD.
22. All national and provincial DG's/HODs must submit quarterly reports on the implementation of the WPRPD by end of subsequent month after each quarter, namely; July, October, January and April.
23. All district-based projects must demonstrate inclusion of persons with

disabilities in planning budgeting and reporting.

26. Conclusion

The compilation of the Combined Second, Third and Fourth Annual Report has reflected a greater awareness on the WPRPD. However, there are still institutional challenges that prevent effective and efficient systematic implementation and performance reporting.

Until every accounting officer takes full responsibility for the disability inclusion within respective mandates, persons with disabilities will not enjoy the full range of rights that all other South Africans are able to take for granted. If we do not plan for inclusion, then we are planning for exclusion.

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Annexure A

CRPD/C/ZAF/CO/1

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Committee on the Rights of Persons with Disabilities
Concluding observations on the initial report of South Africa*

I. Introduction

1. The Committee considered the initial report of South Africa (CRPD/C/ZAF/CO/R.1) at its 399th and 400th meetings (see CRPD/C/SR.399 and 400), held on 28 and 29 August 2018. It adopted the present concluding observations at its 413rd meeting, held on 7 September 2018.

2. The Committee welcomes the initial report of South Africa, which was prepared in accordance with the Committee's reporting guidelines, and thanks the State party for its written replies (CRPD/C/ZAF/Q/1/Add.1) to the list of issues prepared by the Committee (CRPD/C/ZAF/Q/1).

II. Positive aspects

3. The Committee commends the State party:

(a) On the launching of a Deaf Access facility and Skype functionality, allowing for video calling the National Gender Based Violence Command Call Centre;

(b) On the prompt and comprehensive response to the Gauteng Mental Health Marathon Project case that had resulted in more than 140 deaths of persons with psycho-social disabilities, by starting investigations, and arbitration procedures, thus setting a good practice example for other countries facing such situations;

(c) For making the decision to undertake an audit of its laws and policies to bring them in line with the human rights model of disability, including the comprehensive White Paper on the Rights of Persons with Disabilities (WPRPD) of 2015, which aims to accelerate transformation and redress with regard to full inclusion, integration and equality for persons with disabilities;

(d) For initiating the process to develop a suite of universal design standards across the travel chain to give interpretation to the requirements of the National Land Transport Act (No. 5) of 2009.

* Adopted by the Committee at its twentieth session (27 August – 21 September 2018).

III. Principal areas of concern and recommendations

A. General principles and obligations (arts. 1-4)

4. The Committee notes with concern that the concept and assessment procedures of disability in some national laws still reflects the medical model of disability, particularly in the South African education system and specifically in the Guidelines on the “Licensing of Residential and/or Day-care Facilities for Persons with Mental Illness and/or Severe and Profound Intellectual Disabilities”.

5. The Committee recommends that the State party harmonise and align the concept of disability in all laws and policies to bring them in line with the human rights model of disability in the Convention. In particular it is recommended that persons with disabilities, through their representative organisations, are involved in the design of disability assessment and that multiple assessment is eliminated, which should reduce the burden on applicants, and should promote consistency and transparency in assessment.

6. The Committee is concerned about the absence of meaningful consultation and effective participation mechanisms to ensure that the views, opinions and concerns of persons with disability, particularly youth, are included in policy formulation, including decision-making processes, by public authorities both at the national and local level.

7. The Committee recommends that the State party:

(a) Establish formal mechanisms to ensure effective and meaningful participation and consultation with persons with disabilities, particularly youth, through their representative organisations, including their participation in the implementation of the Convention. The Committee also recommends that the State party provide sufficient budgetary resources to such organisations.

(b) Provide regular training to all public officials involved in the consultation process on non-discrimination, dignity and respect as well as the right to reasonable accommodation of persons with disabilities focusing on the human rights based approach to disability.

B. Specific rights (arts. 5-30)

Equality and non-discrimination (art. 5)

8. The Committee notes with concern that:

(a) Understanding of the concept of reasonable accommodation is limited among public authorities and the society at large and is therefore not adequately applied to persons with disabilities, especially persons with psychosocial and/or intellectual disabilities as well as persons with albinism;

(b) Discrimination remains widespread especially against persons with psychosocial and/or intellectual disabilities and persons with albinism, including persons with disabilities in rural areas;

(c) The lack of specific legislation protecting persons with disabilities against multiple and intersectional discrimination;

(d) The slow pace in promulgating Chapter 5 of the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA), which imposes obligations on all members of society to promote equality, including the private sector;

(e) The absence of information on the legal remedies and measures of redress and compensation for persons with disabilities subjected to discrimination and statistics on the number of investigations conducted, sanctions imposed and/or remedies provided to victims, particularly women and girls with disabilities.

9. The Committee recommends that the State Party:

(a) **Take concrete measures to promote awareness about the concept of reasonable accommodation among the general public and the private sector and ensure its application at all levels of government;**

(b) **Adopt effective legislation and policies that will explicitly provide protection against multiple and intersectional forms of discrimination;**

(c) **Establish effective mechanisms for persons with disabilities exposed to discrimination, to obtain redress, including compensation, rehabilitation and sanction perpetrators;**

(d) **Set up an integrated system to collect data on complaints submitted by persons with disabilities disaggregated by sex, age and disability type across all sectors, including information in accessible formats about**

the legal remedies and measures of redress and compensation provided for persons with disabilities who have faced disability-based discrimination.

Women with disabilities (art. 6)

10. The Committee is concerned about:

(a) The multiple forms of discrimination faced by women and girls with disabilities in obtaining access to education, employment and health care and their exclusion from public and social life;

(b) The lack of legislation and policies, including affirmative action measures, aimed at addressing multiple and intersecting forms of discrimination against women and girls with disabilities, particularly against black women and girls with disabilities, including discrimination arising from traditional and cultural practices; and the limited opportunities for women with disabilities, particularly black women with disabilities, to be systematically involved in decisions that concern them directly;

(c) The absence of measures to prevent and combat discrimination and violence, including rape and other forms of gender-based sexual violence, exploitation, and abuse against women and girls with disabilities and the lack of information in accessible formats for health, psychosocial and legal services for victims of violence and abuse or to those who are at such risk.

11. The Committee recommends that the State party take note of general comment No. 3 (2016) on women and girls with disabilities in its implementation of Goal 5 of the Sustainable Development Goals and:

(a) **Adopt as a matter of priority measures to prevent and combat discrimination, violence and abuse against women and girls with disabilities and enact legislation and adopt effective strategies to that effect and ensure that information in accessible formats are available for victims to access health, psychosocial and legal services;**

(b) **Develop and adopt affirmative action measures aimed at the empowerment and full inclusion of women and girls with disabilities in all spheres of life geared towards addressing multiple and intersecting forms of discrimination against black women and girls with disabilities and raise awareness about all forms of**

discrimination arising from traditional and cultural practices.

Children with disabilities (art. 7)

12. The Committee is concerned about:

(a) The lack of legislation to give full effect to the right to inclusive education for all children with disabilities, in line with general comment No. 4 (2016) on the right to inclusive education, and as outlined in the recommendations from the Committee on the Rights of the Child (CRC/C/ZAF/CO/2, paras. 43-45).

(b) The high number of reported cases of corporal punishment, violence, abuse, neglect and inequality involving children with disabilities, especially autistic children and children with psychosocial and/or intellectual disabilities, by teachers and peers. The Committee is further concerned about reported cases of abuse of children with disabilities at schools and school hostels, with teachers allegedly being the perpetrators in most cases.

(c) The large number of children with disabilities, nearly 600,000, who are out of school or studying in specialised schools or classes, in particular children with psychosocial disabilities, and children with disabilities placed in child centres or less regulated special service centres, all of which are based on long-term institutionalisation, often located far from their families and communities, in isolation, and lack properly trained staff.

13. **The Committee recommends that the State party:**

(a) **In line with target 16.2 of the Sustainable Development Goals, develop, adopt and implement legislation and concrete measures to ensure that children with disabilities, including autistic children, those with albinism and children with psychosocial and/or intellectual disabilities, are adequately protected from violence, abuse, including corporal punishment, and that sanctions are imposed against perpetrators; and that the Children's Act is amended without delay to explicitly prohibit all forms of corporal punishment in all settings;**

(b) **Enact legislation giving full effect to the right to inclusive education for all children with disabilities, as outlined in the recommendations from the Committee on the Rights of the Child (CRC/C/ZAF/CO/2, paras. 43-45),**

review the Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System (2001) with a view to further developing a legal and policy framework for inclusive education, and the inclusion of children with disabilities into mainstream schools;

(c) Adopt a time-bound plan of action to address the high levels of physical, sexual, verbal and emotional abuse in special education schools, including special education school hostels. This plan must include a monitoring framework and process with a comprehensive vetting procedure, including for criminal records, for all teachers and officials working with children before recruitment, and ensure that the National Sexual Offenders Register and National Child Protection Register be adequately maintained;

(d) Develop and adopt effective implementation plans for prevention and early intervention programmes in communities to enable early identification and support to children and adults with disabilities in family and community settings with adequate budget allocations, including training and continuous professional development of care workers and parents of children with disabilities, increased public awareness raising programmes to understand the importance of family and community based provisions instead of institutionalisation.

Awareness-raising (art. 8)

14. The Committee notes with concern:

(a) The lack of a coherent and comprehensive national strategy to raise awareness among the public and private media about the on-going stigmatisation and marginalisation of, and prejudices and stereotypes about persons with disabilities, particularly persons with psychosocial and/or intellectual disabilities and persons with albinism, even within family settings;

(b) The non-inclusion of persons with disabilities and their representative organisations, in awareness-raising campaigns and programmes, including in the planning and implementation of such campaigns and programmes.

15. The Committee recommends that the State party:

(a) Develop a coherent and comprehensive national strategy to raise awareness among the society and media about the negative effects of stigmatisation of, prejudices and stereotypes about persons with disabilities, particularly persons with psychosocial and/or intellectual disabilities and persons with albinism;

(b) Undertake public awareness-raising campaigns, including human rights education programmes, in partnership with community, traditional and religious leaders, as well as media professionals, to combat stigmatisation of and prejudices against persons with disabilities, including persons with albinism, aimed at reaffirming the value and dignity of such persons, in particular children with disabilities, and persons with psychosocial and/or intellectual disabilities;

(c) Adopt effective mechanisms for the inclusion and participation of persons with disabilities, through their representative organisations, especially in rural communities, in the design and implementation and evaluation of awareness-raising campaigns and training programmes in conformity with the principles of the Convention.

Accessibility (art. 9)

16. The Committee notes with concern:

(a) The absence of laws enabling accessibility of persons with disabilities, and their inclusion, participation and meaningful consultation, through their representative organisations, in developing and monitoring an accessibility plan;

(b) The absence of a clear unified national strategy on accessibility for persons with disabilities, providing for such accessible facilities at banks, including online bank platforms for persons with disabilities, particularly those with sensory impairments and psychosocial and/or intellectual disabilities, and including public transport in rural areas.

17. The Committee recommends that the State party, in line with general comment No. 2 (2014) on accessibility:

(a) Adopt and implement legislation, a national strategy and policies on accessibility and services for persons with disabilities, paying particular attention to persons with sensory impairments and psychosocial and/or

intellectual disabilities, allocate sufficient resources, provide effective sanctions for non-compliance, and introduce accessibility criteria in public procurement;

(b) Ensure that persons with disabilities and their representative organisations are fully involved and meaningfully consulted on the development of any accessibility plan;

(c) Step up measures to enforce the National Building Regulations and Building Standards Act, monitor progress and reinforce sanctions for lack of compliance with accessibility standards in public and private sector buildings.

Right to life (art. 10)

18. The Committee is concerned about extreme forms of violence against persons with disabilities, especially persons with albinism and children with psychosocial and/or intellectual disabilities, including kidnappings, killings and attacks for witchcraft practices, and the absence of measures to prevent these crimes, protect victims and to prosecute and convict perpetrators.

19. The Committee strongly recommends that the State party:

(a) Take all necessary measures to prevent the killings of persons with disabilities, particularly persons with albinism, and ensure their protection and that perpetrators are brought to justice and are given sanctions commensurate with the gravity of these crimes;

(b) Ensure full implementation of the Ekurhuleni Declaration on the Rights of Persons with Albinism adopted in 2013 and ensure effective investigations of violations of the rights of persons with albinism.

Situations of risk and humanitarian emergencies (art. 11)

20. The Committee is concerned about the lack of a national plan for disaster risk reduction to support persons with disabilities in situations of risk and humanitarian emergencies, especially persons with psychosocial and/or intellectual disabilities and persons who are blind or visually impaired. It is also concerned about the lack of access to information in appropriate formats including emergency related information, evacuation systems, transportation and shelters.

The Committee recommends that the State party:

(a) Adopt a national plan to ensure the protection of persons with disabilities in situations of risk and humanitarian emergencies and to ensure universal accessibility and inclusion for persons with disabilities at all levels of disaster risk reduction policies and their implementation in line with general comment No. 2 (2014) on accessibility and the Sendai Framework for Disaster Risk Reduction (2015);

(b) Design and disseminate information in accessible formats to all persons with disabilities, in all of the State party's official languages, about early warning mechanisms in case of risk and humanitarian emergencies.

Equal recognition before the law (art. 12)

21. The Committee is concerned about:

(a) The current guardianship and mental health laws, which maintain a substitute decision making regime and the absence of legislation and supported decision-making mechanisms for persons with disabilities that uphold the autonomy, rights, will and preferences of persons with disabilities in all areas of life;

(b) The lack of data on persons with disabilities under guardianship, disaggregated by age, gender and type of impairment.

22. **Recalling its general comment No. 1 (2014) on equal recognition before the law, the Committee recommends that the State party:**

(a) Repeal all legislation that allow for substituted decision-making, and adopt legislation on supported decision-making and measures to strengthen data collection in this respect, disaggregated by age, gender and type of impairment;

(b) Provide training, in consultation with representative organisations of persons with disabilities for all stakeholders, including their families and community members, civil servants, judges and social workers, on the recognition of the legal capacity of persons with disabilities and on existing good practices in supported decision-making.

Access to justice (art. 13)

23. The Committee is concerned about:

(a) The barriers, including physical and legislative, that prevent the effective participation of all persons with disabilities, especially women and children, persons with psychosocial and/or intellectual disabilities, blind and deaf persons, in accessing the justice system, due to lack of procedural accommodations, including accessibility, in the judicial system;

(b) The absence of information about the justice system and its proceedings in accessible formats provided to blind and visually impaired persons (Braille and audio), deaf persons (sign language interpretation) and persons with psychosocial and/or intellectual disabilities (Easy-Read);

(c) The limited knowledge about the human rights of persons with disabilities within the judicial system and inadequate number of trained professional and certified sign language interpreters, Braille users or Easy-Read users to convey judicial information to persons with disabilities that require them.

24. **The Committee recommends that the State party, taking into account article 13 of the Convention and target 16.3 of the Sustainable Development Goals:**

(a) **Establish legal safeguards to ensure the participation of persons with disabilities in all legal proceedings on an equal basis with others and ensure that procedural, gender and age-appropriate accommodations based on free choice are provided for persons with disabilities in all judicial premises, police stations, and all places of detention, including prisons;**

(b) **Adopt measures to ensure that all persons with disabilities have access to justice and information and communication in accessible formats, such as Braille, tactile, Easy-Read and sign language;**

(c) **Ensure a systematic training programme for judicial officials, law enforcement officials, including police and prison officials, on the right of all persons with disabilities to justice, including involving persons with disabilities as judicial officials.**

Liberty and security of the person (art. 14)

25. The Committee notes with concern:

(a) The intention of the Government to revise the Older Persons Act (2006) following the amendment of the Mental Health Care Act (2002) with no indication regarding timeframes for these amendments.

(b) The alarming increase in the number of admissions of persons with disabilities in mental health care institutions, which almost doubled between 2015 and 2017;

(c) The absence of adequate measures to monitor the situation of persons with disabilities in institutions and other places of detention and the lack of training of staff regarding the rights of persons with disabilities to reasonable accommodation.

26. **The Committee recommends that the State party:**

(a) **Guided by the Committee's guidelines on article 14 of the Convention, repeal all legislation that authorises forced institutionalisation and repeal all laws that allow for deprivation of liberty on the basis of impairment;**

(b) **Take effective measures for the de-institutionalisation of persons with disabilities and adopt adequate measures to ensure the rights of persons with disabilities, particularly persons with psychosocial and/or intellectual disabilities, deprived of their liberty in all mental health facilities;**

(c) **Adopt measures to revise the Older Persons Act (2006) and the Mental Health Care Act (2002), to strengthen their alignment with the Convention, including providing clear timeframes for these amendments.**

(d) **Meaningfully involve persons with disabilities, through their representative organisations, in monitoring of all places where persons with disabilities are deprived of their liberty and provide training to mental health professionals and law enforcement and prison officials to respect the rights of persons with disabilities in mental health facilities, prisons and detention centres.**

Freedom from torture and cruel, inhuman or degrading treatment or punishment (art. 15)

27. The Committee notes with concern:

(a) The high number of unregulated and unsupervised institutions housing persons with disabilities leading to disasters

such as the Esidimeni tragedy that resulted in the death of more than 140 persons with psychosocial disabilities;

(b) The lack of concrete measures, including complaint mechanisms, to prevent abuse and cruel, inhuman or degrading treatment or punishment of persons with disabilities, including persons with psychosocial and/or intellectual disabilities and children with disabilities in the home, school and community settings; the lack of accessible community-based services for persons with disabilities, especially women and girls with disabilities who have experienced gender-based violence.

(c) The increasing incidence of corporal punishment of children with disabilities in the State party with insufficient awareness about complaint mechanisms and support services for children with disabilities exposed to these crimes, and lack of disaggregated data on investigation, prosecutions and disciplinary sanctions against perpetrators of torture and ill-treatment.

28. The Committee recommends that the State Party:

(a) Adopt legal provisions and concrete administrative measures to protect persons with disabilities, in particular women and girls with disabilities, persons with psychosocial and/or intellectual disabilities, from torture and other cruel, inhuman or degrading treatment or punishment, and adopt measures aimed at supporting victims, through providing legal advice, information in accessible formats, counselling, and redress, including compensation and rehabilitation;

(b) Ensure that perpetrators of these crimes are brought to justice and punished with sanctions commensurate with the gravity of these crimes and collect data on investigation, prosecutions and disciplinary sanctions against perpetrators of abuse and cruel, inhuman or degrading treatment or punishment, of persons with disabilities, including children in home, education and community settings;

(c) Empower the National Human Rights Commission as the national independent monitoring mechanism to monitor all institutions and settings in which persons with disabilities are deprived of their liberty, in line with the Optional Protocol to the Convention against Torture;

(d) Ratify the Optional Protocol to the Convention against Torture and establish a national preventive mechanism with the mandate to monitor institutions and other places of detention.

Freedom from exploitation, violence and abuse (art. 16)

29. The Committee notes with concern:

(a) The lack of legislation, policies and programmes to protect all persons with disabilities, in particular women and girls with intellectual and/or psychosocial disabilities, and children with disabilities from all forms of violence and abuse, including corporal punishment, and the lack of accessible and age-friendly information on access to counselling, redress, including compensation and rehabilitation;

(b) The lack of dedicated mechanisms for identifying, investigating and prosecuting instances of exploitation, violence and abuse against persons with disabilities as well as lack of disaggregated data on related reports, investigations and prosecutions in line with article 16, paragraph 3.

30. The Committee recommends that the State party:

(a) Adopt and implement legislation, policies and programmes to protect all persons with disabilities, in particular women and girls with psychosocial and/or intellectual disabilities, and children with disabilities from all forms of violence and abuse, including corporal punishment, as well as expedite the implementation of article 16, paragraph 3, and the Prevention and Combating of Trafficking in Persons Act (2013);

(b) Investigate promptly and effectively incidents of violence against persons with disabilities, prosecute suspects and duly sanction perpetrators and that victims are provided with effective redress, including compensation and rehabilitation, and ensure that child victims have access to child-friendly reporting channels, physical and psychological rehabilitation and health services, including mental health services;

(c) Raise awareness about the 24-hour Gender-Based Violence Command Centre(GBVC), aimed at providing support and counselling to persons with disabilities and their families exposed to gender-based violence, and ensure its accessibility and the provision of accessible

information and victim support services in all parts of the State party, in particular for women and children with disabilities.

Protecting the integrity of the person (art. 17)

31. The Committee notes with concern:

(a) That forced sterilisation and forced abortion of persons with disabilities, especially women with disabilities, and in particular those with psychosocial and/or intellectual disabilities, occur unabated;

(b) The lack of protection of persons with disabilities, especially those with psychosocial and/or intellectual disabilities, against the use of menstrual suppression drugs, including the use of experimental or new drugs and treatment without free and informed consent, which is also a condition of admission into some special education schools.

32. **The Committee recommends that the State Party:**

(a) **Revise the South African Sterilisation Act No. 44, 1998, and Choice on Termination of Pregnancy Act No. 92, 1996, and remove provisions allowing for sterilisation and termination of pregnancy under substitute decision-making regime, and bring them in line with general comment No. 1 (2014) on supported decision-making;**

(b) **Adopt legislative and policy measures to prevent and prohibit forced sterilisation and non-consensual abortions, ensuring, without exception, that persons with disabilities, especially women and girls with disabilities, and in particular persons with psychosocial and/or intellectual disabilities, including those deprived of their legal capacity, enjoy their right to free and informed consent;**

(c) **Abolish the use of menstrual suppression drugs, including the use of experimental or new drugs and treatment as a condition of admission into special education schools, notably schools for learners with intellectual disabilities and autism.**

Living independently and being included in the community (art. 19)

33. The Committee is concerned about the lack of a well-defined national strategic and legislative framework on de-institutionalisation and the absence of independent living community support services that provide for inclusion of persons with disabilities, particularly for persons with psychosocial and/or intellectual disabilities. Furthermore, the Committee is deeply

concerned that the Gauteng tragedy may discourage the continuation of the process of de-institutionalisation process in the State party.

34. The Committee, in line with its general comment No. 5 (2017) on the right to independent living and to be included in the community, recommends that the State party:

(a) Develop and adopt a national strategic and legislative framework on de-institutionalisation of persons with disabilities, including all necessary independent living community support services and ensure that persons with disabilities are effectively included, through their representative organisations, at all stages of the deinstitutionalisation process;

(b) Step up the efforts for de-institutionalisation;

(c) Adopt an action plan at the national, regional and local level to develop community support services in urban and rural areas, including providing personal assistance, grants and support to families of children with disabilities and parents with disabilities, covering support for assistive devices, guides and sign language interpreters.

Personal mobility (art. 20)

35. The Committee notes with concern:

(a) The significant and increasing challenges faced by persons with disabilities, particularly those with mobility impairments, blind and visually impaired persons, in accessing quality and affordable mobility and assistive technologies, live assistance and intermediaries, especially in remote and rural areas;

(b) The lack of orientation and mobility practitioners as well as teachers to train persons with motor impairment, blind and visually impaired persons, particularly in remote and rural areas, on the use of their assistive technologies that will enhance their dignity and respect in society.

36. The Committee recommends that the State party:

(a) Adopt measures to facilitate the acquisition of necessary mobility and assistive technologies, live assistance and intermediaries, particularly for persons with

motor impairments, blind and visually impaired persons, especially in remote and rural areas;

(b) Adopt an effective national strategy for the training and retraining of orientation and mobility practitioners and teachers in the use of devices for motor impaired, blind and visually impaired persons, particularly in remote and rural areas.

Freedom of expression and opinion, and access to information (art. 21)

37. The Committee is concerned about:

(a) The slow pace in amending the Constitution to reflect the adoption of the South African Sign Language as an official language of deaf persons;

(b) The lack of sufficient teachers trained in sign language, tactile, translators on Easy-Read Braille, the inaccessibility of websites and inability of television stations to provide information in accessible formats for persons who are deaf and hard of hearing;

(c) The lack of meaningful consultation with representative organisations of deaf persons in assigning sign language interpreters at important national functions.

38. **The Committee recommends that the State party:**

(a) Expedite the amendment of the constitution to reflect the adoption of the South African Sign Language as the 12th official language and conduct effective training for sign language interpreters;

(b) Adopt legislative provisions to ensure that information provided to the general public through the mass media is available to persons with disabilities in accessible formats, such as Braille, Easy-Read and sign language, and technologies appropriate to different impairments, including by ensuring that websites are accessible and comply with the standards developed by the Web Accessibility Initiative (WAI) of the World Wide Web Consortium (W3C);

(c) Make the rights of persons with disabilities as an integral part of the teacher-training courses mandatory and ensure that television stations provide news and

programmes in accessible formats for all persons with disabilities, including deaf persons.

Education (art. 24)

39. The Committee notes with concern:

(a) The high number of students with disabilities, including girls with disabilities, those with intellectual disabilities, autism and deaf or hard of hearing, that still largely remain outside the school system and the continuing growth in special education schools as opposed to inclusive education, and the lack of safety in school hostels;

(b) Barriers against students with disabilities to access mainstream schools, including discrimination in admissions to school, long distances, poor transportation, lack of teachers trained on inclusive education and in sign language, Braille and Easy-Read skills, lack of accessible curricula, and negative societal attitudes opposing attendance of children with disabilities to regular and inclusive schools;

(c) The lack of information on budget allocations for the promotion of inclusive education, the absence of systematic data collection, disaggregated by sex and type of impairment, on the number of children with disabilities mainstreamed into regular and inclusive school environment, and on the enrolment and dropout of children with disabilities in both mainstream and special schools;

(d) The absence of effective measures to provide reasonable accommodation in the education system, including absence of sufficient learning materials, especially in remote and rural areas, and a reporting mechanism for parents and children with disabilities who are denied access to education or reasonable accommodation to ensure accountability.

40. **The Committee recommends that the State party, in line with general comment No. 4 (2016) on the right to inclusive education:**

(a) **Adopt, implement and oversee inclusive education as the guiding principle of the education system and develop a comprehensive plan to extend it throughout its territory, where children can stay in their local school, not be removed from their families and live in hostels;**

(b) **Intensify efforts at allocating sufficient financial and human resources for reasonable accommodations that**

will enable children with disabilities, including children with intellectual disabilities, autism and deaf or hard of hearing, to receive inclusive and quality education, including engaging in systematic data collection, disaggregated by sex and type of impairment, on the number of children mainstreamed into regular and inclusive schools and dropouts;

(c) Establish an effective and permanent programme for training of teachers on inclusive education, including learning sign language, Braille and Easy-Read skills;

(d) Prepare a time-bound plan of action to address the high levels of physical, sexual, verbal and emotional abuse, including bullying, in special schools, including a monitoring framework, and review the norms with the Children's Act's provisions on "child and youth centres" to ensure regulated and safe school environments, including school hostels.

Health (art. 25)

41. The Committee notes with concern:

(a) Challenges faced by persons with disabilities, especially women, girls and youth with disabilities and persons with psychosocial and/or intellectual disabilities, in accessing health services as a result of geographic distance to health centres, physical, financial and attitudinal barriers and lack of information and health-care services, including with regard to sexual and reproductive health and rights, and abortion.

(b) The lack of information on sexual and reproductive rights in accessible formats for persons with disabilities, including the absence of adequate training for children, teachers and healthcare workers on sexual and reproductive rights and the recognition of the sexual and reproductive rights of persons with disabilities.

42. The Committee recommends that the State party be guided by Sustainable Development Goal 3, especially target 7, and:

(a) Adopt measures to ensure universal coverage of health services for all persons with disabilities, and that such services are accessible, affordable and culturally sensitive, and prevent the denial of health-care services;

(b) Take measures to provide all persons with disabilities with information in accessible formats about their sexual and reproductive health and rights;

(c) Conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities under the Convention and have the tools to provide appropriate advice for persons with disabilities, including on sexual and reproductive rights.

Work and employment (art. 27)

43. The Committee is concerned about:

(a) The very low rate of employment among persons with disabilities, 1.2% of the workforce according to the 16th Commission for Employment Equity Annual Report based on data from 2014-2015, including women with disabilities, and gender-based discrimination in the open labour market;

(b) Lack of measures to provide accessible and adapted work places including the provision of reasonable accommodation, especially for persons with disabilities with motor impairments;

(c) The lack of protection and compensation afforded to migrant workers, who have acquired an impairment as a result of their work;

(d) The absence of statistical data on persons with disabilities currently employed, disaggregated by age, gender, type of impairment and geographical location.

44. **The Committee recommends that the State party:**

(a) **Promote the employment of persons with disabilities in the private and public sectors, including through affirmative action, and the adoption of laws and policies on reasonable accommodation, and provide data on persons with disabilities currently employed in the open labour market, disaggregated by age, gender, type of impairment and geographical location;**

(b) **Adopt a strategy to increase the employment of persons with disabilities in the public and private sectors, including through mechanisms to ensure that reasonable accommodations are provided and to prevent discrimination against persons with disabilities and their families in the labour market in line with article 27 of the Convention and target 8.5 of the Sustainable Development Goals, to ensure productive and decent work for everyone, including persons with disabilities, in accordance with the principle of equal pay for work of equal value;**

(c) **Adopt effective measures for making the physical environment of work places accessible and adapted for persons with disabilities, including reasonable accommodation, especially for persons with disabilities with motor impairments and provide training to employers**

at all levels to respect the concept of reasonable accommodation;

(d) Ensure that the labour law fully and equally protects migrant workers with disabilities, and that such workers who have acquired an impairment as a result of their work receive appropriate treatment, rehabilitation and compensation.

Adequate standard of living and social protection (art. 28)

45. The Committee notes with concern:

(a) Challenges faced in accessing social grants, by grant beneficiaries resulting in beneficiaries being unable to pay for their daily expenses and for those of their dependents and discriminatory provision on pensions adversely impacting women with disabilities;

(b) The absence of a comprehensive national social protection scheme that ensures persons with disabilities and their families access to an adequate standard of living, including provisions to cover the disability-related expenses.

46. The Committee recommends that the State party:

(a) Eliminate challenges faced in accessing social grants by grant beneficiaries and establish a social protection scheme that is inclusive of all persons with disabilities, aimed at guaranteeing an adequate standard of living, including through compensation schemes in the form of allowances that will enable persons with disabilities to meet disability-related expenses;

(b) Pay attention to the links between article 28 of the Convention and target 10.2 of the Sustainable Development Goals, to empower and promote economic inclusion of all persons, irrespective of disability status.

Participation in cultural life, recreation, leisure and sport (art. 30)

47. The Committee is concerned about the delay in revising the Copyright Act (1978) and ratifying the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled.

48. The Committee recommends that the State party expedite action to complete the process of the revision of

the Copyright Act (1978) and the ratification of the Marrakesh Treaty.

C. Specific obligations (arts. 31-33)

Statistics and data collection (art. 31)

49. The Committee is concerned about the lack of accurate and comprehensive data on persons with disabilities in all sectors of the State party, and is further concerned about the non-inclusion of disability concerns in the monitoring indicators for the implementation of the Sustainable Development Goals as well as the absence of information on statistical data and its dissemination to persons with disabilities in all accessible formats.

50. The Committee recommends that the State party:

(a) Meaningfully consult with persons with disabilities and their representative organisations to create a system for the collection of up-to-date disaggregated appropriate data on persons with disabilities;

(b) Pay attention to the links between article 31 of the Convention and target 17.18 of the Sustainable Development Goals to increase significantly the availability of high-quality and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts;

(c) Analyse such data in order to enable the State party to formulate and implement policies to give effect to the Convention and ensure that such data is available in Braille, sign language, Easy-Read and electronic formats.

International cooperation (art. 32)

51. The Committee notes with concern that representative organisations of persons with disabilities are not consulted or included in the design and implementation of international cooperation agreements and programmes and that a disability perspective is not sufficiently mainstreamed in the national implementation and monitoring of the 2030 Agenda for Sustainable Development.

52. The Committee recommends that the State party adopt concrete measures to ensure effective participation,

inclusion and consultation of persons with disabilities, through their representative organisations in international cooperation agreements and programmes, specifically in the monitoring of the 2030 Agenda for Sustainable Development.

National implementation and monitoring (art. 33)

53. The Committee is concerned about:

(a) The lack of information about the specific focal points and mechanisms at the regional and local levels to implement the Convention;

(b) The absence of an independent monitoring entity to exercise the powers of an independent mechanism for the protection, promotion and monitoring of the Convention in accordance with the provisions of article 33, paragraph 2, of the Convention and in line with the Paris Principles;

(c) The lack of processes for the meaningful consultation of organisations of persons with disabilities in adopting policies and other matters affecting them, and that their views are often not adequately reflected in the decisions adopted;

(d) The lack of provision of the necessary resources by the Department of Social Development to promote the effective participation of organisations of persons with disabilities and the cumbersome and expensive accreditation procedures, especially in rural and remote areas.

54. **The Committee recommends that the State Party:**

(a) **Establish a mechanism and a system of focal points, including adopting measures to strengthen the efficiency of the focal points at the national, regional and local levels to implement the Convention;**

(b) **Expedite the designation of the South African Human Rights Commission as the Independent Monitoring Mechanism and allocate sufficient financial resources to enable it to fully execute its mandate;**

(c) **Establish and strengthen mechanisms for meaningful and effective consultation and participation of organisations of persons with disabilities, including those that represent women and children and older persons with disabilities, persons with psychosocial and/or intellectual disabilities and persons with disabilities in rural areas,**

when adopting policies, and on other matters that concern them, and ensure that accreditation procedures are accessible and simplified at all levels of the National Disability Rights Machinery.

Cooperation and Technical Assistance

55. Under article 37 of the Convention, the Committee can provide technical guidance to the State party on any queries addressed to the experts via the secretariat. The State party can also seek technical assistance from United Nations specialized agencies with offices in the country or the region.

IV. Follow-up

Dissemination of information

56. The Committee requests that the State party takes note, as a matter of priority, measures taken to implement the Committee's recommendations as set forth in paragraphs 15 (b) (children with disabilities) and 42 (b) (education).

57. The Committee requests the State party to implement the recommendations contained in the present concluding observations. It recommends that the State party transmit the concluding observations for consideration and action to members of the Government and parliament, officials in relevant ministries, the judiciary and members of relevant professional groups, such as education, medical and legal professionals, as well as to local authorities, the private sector and the media, using modern social communication strategies.

58. The Committee strongly encourages the State party to involve civil society organisations, in particular organisations of persons with disabilities, in the preparation of its periodic report.

59. The Committee requests that the State party disseminate the present concluding observations widely, including to non-governmental organisations and organisations of persons with disabilities, and to persons with disabilities themselves and members of their families, in national and minority languages, including sign language, and in accessible formats, and to make them available on the government website on human rights.

Next periodic report

60. The Committee requests the State party to submit its second, third and fourth reports by 3 June 2022 and to include in them information on the implementation of the recommendations made in the present concluding observations. The Committee also requests the State party to consider submitting the above-mentioned reports under the Committee's simplified reporting procedure, according to which the Committee prepares a list of issues at least one year prior to the due date set for the report of a State party. The replies of a State party to such a list of issues constitute its report.

Annexure B

STATUS OF SUBMISSIONS FOR WPRPD SECOND PROGRESS REPORT 19 JUNE 2018 (NATIONAL DEPARTMENTS)

- Submitted by deadline: The deadline for submission was 29/03/2018
- Submitted after deadline: Submitted between 03/04/2018 and 30/06/2018
- Not submitted: These departments failed to submit reports despite numerous follow ups with DGs offices and disability rights coordinators
- Authorised: These reports were signed off by Accounting Officers
- Evidence: Departments submitted a portfolio of evidence on performance reported in the template
- NDRM presentation: Lead departments were requested to respond to specific questions in the National Disability Rights Machinery Meeting, 23-25 April 2018. Yes indicates they responded positively; No indicates they did not honour the invitation; N/A indicates they were not requested to present.

| No. | NATIONAL DEPARTMENTS | Submitted 29/03/2018 | Submitted after deadline | Not submitted | Authorised | Evidence | Part A | Part B | NDRM Presentation |
|-----|---|----------------------|--------------------------|---------------|------------|----------|--------|--------|-------------------|
| 1. | Department of Agriculture, Forestry and Fisheries | | | X | | | | | |
| 2. | Department of Arts and Culture | | | X | | | | | |
| 3. | Department of Basic Education | | | X | | | | | yes |
| 4. | Department of Communications | | | x | | | | | Yes |

| No. | NATIONAL DEPARTMENTS | Submitted 29/03/2018 | Submitted after deadline | Not submitted | Authorised | Evidence | Part A | Part B | NDRM Presentation |
|-----|--|-------------------------|-----------------------------|------------------|------------|----------|--------|--------|----------------------|
| 5. | Department of Correctional Services | X | | | Yes | No | Yes | Yes | No |
| 6. | Department of Telecommunications and Postal Services | | | X | | | | | |
| 7. | Department of Cooperative Governance | | | X | | | | | |
| 8. | Department of Defence | | | X | | | | | |
| 9. | Department of Economic Development | | X | | Yes | No | Yes | Yes | No |
| 10. | Department of Energy | | X | | | | | | |
| 11. | Department of Environmental Affairs | | X | | Yes | No | No | Yes | No |
| 12. | Department of Health | X | | | No | Yes | Yes | Yes | Yes |
| 13. | Department of Higher Education Training | | | X | | | | | |
| 14. | Department of Home Affairs | | X | | | No | | | |
| 15. | Department of Human Settlements | | | X | | | | | |
| 16. | Department of International Relations & Cooperation | | | X | | | | | |
| 17. | Department of Justice and Constitutional Development | | | X | | | | | |
| 18. | Department of Labour | | | X | | | | | |
| 19. | Department of Military Veterans | | | X | | | | | |
| 20. | Department of Mineral Resources | | | X | | | | | |
| 21. | National Treasury | | X | | No | No | Yes | Yes | Yes |
| 22. | South African Police Services | | X | | | | | | |
| 23. | Department of Public Enterprises | | | X | | | | | |
| | Department of Public | X | | | Yes | Yes | Yes | Yes | Yes |

| No. | NATIONAL DEPARTMENTS | Submitted 29/03/2018 | Submitted after deadline | Not submitted | Authorised | Evidence | Part A | Part B | NDRM Presentation |
|-----|---|----------------------|--------------------------|---------------|------------|----------|--------|--------|-------------------|
| 24. | Service and Administration | | | | | | | | |
| 25. | Department of Public Works | | X | | Yes | No | Yes | No | Yes |
| 26. | Department of Rural Development and Land Reform | | | X | | | | | |
| 27. | Department of Science and Technology | | | X | | | | | |
| 28. | Department of Social Development | | X | | Yes | No | Yes | Yes | Yes |
| 29. | Sport and Recreation South Africa | | X | | | No | | | |
| 30. | Department of Tourism | X | | | Yes | No | Yes | Yes | No |
| 31. | Department of Trade and Industry | | | X | | | | | |
| 32. | Department of Traditional Affairs | | | X | | | | | |
| 33. | Department of Transport | | X | | Yes | Yes | Yes | Yes | Yes |
| 34. | Department of Water and Sanitation | | X | | No | No | Yes | Yes | Yes |
| 35. | Department of Women | | | X | | | | | |
| 36. | National School of Government | X | | | Yes | No | Yes | Yes | Yes |
| 37. | SA Revenue Service | | | X | | | | | |
| 38. | Statistics South Africa | X | | | Yes | No | Yes | Yes | Yes |
| 39. | The Presidency | X | | | Yes | No | Yes | Yes | No |
| 40. | Department of Planning, Monitoring and Evaluation | | | X | | | | | Yes |
| 41. | Department of Small Business Development | X | | | Yes | No | Yes | No | No |

ANNEXURE B: STATUS OF SUBMISSIONS FOR WPRPD SECOND PROGRESS REPORT 19 JUNE 2018 (PROVINCIAL GOVERNMENT)

- Submitted by deadline: The deadline for submission was 30/04/2018
- Submitted after deadline: Submitted between 01/05/2018 and 30/06/2018
- Not submitted: These departments failed to submit reports despite numerous follow ups with DGs offices
and disability rights coordinators
- Authorised: These reports were signed off by Accounting Officers
- Evidence: Departments submitted a portfolio of evidence on performance reported in the template
- NDRM presentation: **Lead departments / institutions were requested to respond to specific questions in the National Disability Rights Machinery Meeting, 23-25 April 2018.**
Yes indicates they responded positively; No indicates they did not honour the invitation; N/A indicates they were not requested to present.


| No | PROVINCIAL GOVERNMENTS | Submitted 30/04/18 | Submitted after deadline | Not submitted | Authorised | Evidence | Part A | Part B | NDRM Presentation |
|----|------------------------|--------------------|--------------------------|---------------|------------|----------|--------|--------|-------------------|
| 1. | Eastern Cape | | X | | Yes | No | Yes | Yes | No |
| 2. | Free State | | | X | | | | | |

| | | | | | | | | | |
|----|---------------|---|---|---|-----|-----|-----|-----|-----|
| 3. | Gauteng | | x | | No | No | Yes | Yes | Yes |
| 4. | Kwazulu-Natal | | x | | No | | | | No |
| 5. | Limpopo | X | | | Yes | Yes | Yes | Yes | No |
| 6. | Mpumalanga | | X | | Yes | Yes | Yes | Yes | No |
| 7. | North West | | | X | | | | | |
| 8. | Northern Cape | | X | | Yes | No | Yes | Yes | No |
| 9. | Western Cape | | | X | | | | | |

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF COMMUNICATIONS AND DIGITAL TECHNOLOGIES**NOTICE 1412 OF 2022****AMENDMENTS TO THE RULES OF THE POST OFFICE RETIREMENT FUND**

I, Khumbudzo Ntshavheni, the Minister of Communications and Digital Technologies, acting in terms of section **10** of the Post Office Act, **No. 44** of 1958, as amended, hereby promulgate amendment No. 5 here attached to the Rules of the Post Office Retirement Fund.



Hon. Khumbudzo Ntshavheni, MP

Minister of Communications and Digital Technologies

Date: 28 October 2022

POST OFFICE RETIREMENT FUND**Amendment No. 5**

The Trustees of the Post Office Retirement Fund resolved at SANDTON on 29 AUGUST 2018 that with effect from the date on which this amendment is published by notice in the Government Gazette, the Rules of the Post Office Retirement Fund shall be amended for the reasons set out below:

- (1) *To provide that due to changes in tax legislation, a Member who retires from Service may leave his benefit in the Fund until such time as he makes an election with regard to payment of the benefit;*
- (2) *To clarify that a child shall not be regarded as a Qualifying Child once a capital guarantee payment has been made;*
- (3) *To allow the Trustees, on the advice of the Actuary, to determine the amount of the Employer contributions to be allocated to the Risk Reserve to procure risk benefits and the General Reserve to meet Fund expenses, and to allow any excess amounts to be allocated towards retirement funding;*
- (4) *To allow the Fund to accept amounts transferred from another fund in which the Employer participates which are earmarked for allocation to the Stabilisation Reserve;*
- (5) *To clarify that membership of the Fund only ceases when a Member has received all the benefits due to him from the Fund;*
- (6) *To provide for the payment of a greater spouse's pension in the event that the value of the Member's Share exceeds the value of the spouse's and children's pensions;*
- (7) *To clarify that the provisions of the Rule dealing with the disposition of benefits on the death of a Member do not apply to a benefit which is expressed in the Rules to be paid to a particular person;*

- (8) *With effect from the 2021 Trustee elections, to extend the term of office of the elected Trustees and promote continuity on the board of Trustees by providing that Trustee elections will be held every two years and alternate between elections for the Trustees representing the A-Pensioners, B-Pensioners, C-Pensioners and Pensioners, and elections for the Trustees representing the other Members of the Fund;*
- (9) *To remove historic provisions which no longer apply to any Defined Benefit Members;*

by:

- (i) *adding the following definitions to Rule 1.1:*

DEFERRED RETIREE : a MEMBER other than a DEFINED BENEFIT MEMBER who has retired from SERVICE in terms of RULE 5 or RULE 7.3, or a DEFINED BENEFIT MEMBER who has retired from SERVICE in terms of clause 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3 or 5.4 of ANNEX A and whose RETIREMENT FROM THE FUND does not take place on his retirement from SERVICE;

IMPLEMENTATION DATE : the date on which Amendment No. 5 to the RULES effective 1 December 2005 is published by notice in the Government Gazette;

RETIREMENT FROM THE FUND : in relation to a MEMBER other than a DEFINED BENEFIT MEMBER who has retired from SERVICE in terms of RULE 5 or RULE 7.3, or a DEFINED BENEFIT MEMBER who has retired from SERVICE in terms of clause 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3 or 5.4 of ANNEX A ;

- (a) prior to the IMPLEMENTATION DATE, the date on which a benefit became due and payable from the FUND to such MEMBER; or

- (b) on or after the IMPLEMENTATION DATE, the date on which such MEMBER elects to receive payment of his benefit in terms of paragraph 4 of the Second Schedule to the Income Tax Act, 1962 (Act No. 58 of 1962) or, if later, the date on which the FUND receives notification of such election;

- (ii) *replacing the definition 'Pension Interest' in Rule 1.1 with the following:*

PENSION INTEREST : the meaning assigned to it in the Divorce Act, 1979 (Act No. 70 of 1979);

- (iii) *replacing the definition 'Qualifying Child' in Rule 1.1 with the following:*

QUALIFYING CHILD of a MEMBER, PENSIONER or C-PENSIONER

- (a) a child of the MEMBER, PENSIONER or C-PENSIONER including a child born out of wedlock or a legally adopted child, under the age of 18 years and unmarried, or
- (b) a step-child, under the age of 18 years and unmarried, who, in the opinion of the TRUSTEES, was substantially dependent on the MEMBER, PENSIONER or C-PENSIONER at the time of his death,

and shall include

- (i) in the case of a child of a MEMBER or PENSIONER, at the discretion of the TRUSTEES, a child as defined in (a) or (b) above who is over the age of 18 years but under the age of 25 years, who was substantially dependent on the MEMBER or PENSIONER, and
- (ii) in the case of a child of a C-PENSIONER, a child as defined in (a) or (b) above, but who is older than 18 years and younger than 25 years where such child is studying full-time or is physically or mentally handicapped; and

- (iii) a child born after the death of the MEMBER, PENSIONER or C-PENSIONER who, but for such death, would have been a QUALIFYING CHILD in terms of (a) or (b) above,

but shall exclude

- (aa) in the case of a child of a MEMBER or PENSIONER, a child as defined in (a) or (b) above who was adopted or became a step-child after the MEMBER'S NORMAL RETIREMENT DATE, or the date of the MEMBER'S actual retirement from SERVICE, whichever is the earlier; and
- (bb) in the case of a child of a C-PENSIONER, a child as defined in (a) or (b) above who was adopted or became a step-child after the STATUTORY RETIREMENT DATE of the C-PENSIONER or the date of his actual retirement from SERVICE, whichever is the earlier; and
- (cc) a child who ceased to be a QUALIFYING CHILD on or after the attainment of age 18 years, if an amount was claimed and paid in terms of RULE 6.1(1)(d);

provided that where doubt exists, the TRUSTEES shall at their discretion decide whether or not such child is a QUALIFYING CHILD; provided further that the TRUSTEES may, in a particular case, extend the maximum age of 25 years, on condition that the employer contributes to the FUND such additional amounts as the ACTUARY may deem necessary to make provision for the said benefit;

- (iv) *replacing the definition 'Qualifying Spouse' in Rule 1.1 with the following:*

QUALIFYING SPOUSE : a surviving partner of the MEMBER, PENSIONER or C-PENSIONER in a RECOGNISED MARITAL UNION existing at the time of the death of the MEMBER, PENSIONER or C-PENSIONER; provided that

- (a) in the event of the death of a PENSIONER such RECOGNISED MARITAL UNION must already have existed on the PENSIONER'S RETIREMENT FROM THE FUND;
- (b) in the event of the death of a C-PENSIONER such RECOGNISED MARITAL UNION must already have existed at the earlier of the C-PENSIONER'S NORMAL RETIREMENT DATE or the date of his actual retirement from SERVICE;
- (v) *replacing Rule 2.2(1)(a)(iii) with the following:*
 - (iii) the EMPLOYER'S contributions made after the CONVERSION DATE on behalf of the MEMBER in terms of RULE 3.2(1)(a) and, if applicable, that part of the contributions received by the FUND in terms of RULE 3.2(1)(b) that is applied for the MEMBER'S retirement benefit in terms of RULE 3.2(5)(b);
- (vi) *replacing Rule 2.2(3)(c)(aa)(ii) with the following:*
 - (ii) EMPLOYER contributions in terms of RULE 3.2(5)(a)(i);
- (vii) *adding the following Rule 2.2(3)(e)(aa)(v) to Rule 2.2(3)(e)(aa):*
 - (v) any amounts transferred from another APPROVED FUND in which the EMPLOYER participates which are earmarked for allocation to this account.
- (viii) *replacing Rule 2.2(3)(f)(aa)(iv) with the following:*
 - (iv) EMPLOYER contributions in terms of RULE 3.2(5)(a)(ii);
- (ix) *adding the following Rule 3.2(5) to Rule 3.2:*

(5) Out of the amount contributed by the EMPLOYER in terms of RULE 3.2(1)(b) :

(a) such amounts, as decided by the TRUSTEES on the advice of the ACTUARY, as are required :

(i) to procure the death and disability benefits described in RULE 6.1(1) and RULE 7 shall be allocated to the Risk Reserve;

(ii) to cover the cost of expenses referred to in RULE 10.14 and RULE 10.15, other than expenses referred to in RULE 2.2(3)(a)(bb)(iii), RULE 2.2(3)(b)(bb)(vi) and RULE 2.2(3)(b)(bb)(vii), shall be allocated to the General Reserve;

and

(b) the balance, if any, shall be applied towards the MEMBER'S retirement benefit.

(x) *replacing Rule 4.2 with the following:*

TERMINATION

4.2 (1) Unless otherwise provided for in the RULES, a MEMBER shall not be permitted to withdraw from membership while he remains in SERVICE.

(2) A MEMBER who has left SERVICE for any reason and has received all the benefits which may be due to him in terms of these RULES shall cease to be a MEMBER.

(xi) replacing Rule 5.1 with the following:

NORMAL RETIREMENT

- 5.1 (1) A MEMBER other than a DEFINED BENEFIT MEMBER shall retire from SERVICE on his NORMAL RETIREMENT DATE. On RETIREMENT FROM THE FUND, such MEMBER shall become entitled to a PENSION secured by the balance of his MEMBER'S SHARE at that date, after the amount of any lump sum benefit paid in terms of RULE 5.3 has been deducted. The PENSION payable will be based on a conversion factor applicable to his age at RETIREMENT FROM THE FUND, as decided by the TRUSTEES acting on the advice of the ACTUARY.
- (2) The PENSION shall commence on the first day of the month following RETIREMENT FROM THE FUND and the first payment of the PENSION shall be due at the end of such month.
- (3) If a MEMBER other than a DEFINED BENEFIT MEMBER is dismissed by the EMPLOYER as a result of a reduction in or a reorganisation of staff, the provisions of (1) and (2) shall apply *mutatis mutandis* to the MEMBER; provided that if the MEMBER so elects a cash withdrawal benefit shall be paid to him in terms of RULE 8.1.

(xii) replacing Rule 5.2 with the following:

EARLY RETIREMENT

- 5.2 (1) A MEMBER other than a DEFINED BENEFIT MEMBER may, after having attained the age of 55 years and before having attained the NORMAL RETIREMENT AGE, retire

from SERVICE. On RETIREMENT FROM THE FUND, such MEMBER shall become entitled to a PENSION secured by the balance of his MEMBER'S SHARE at that date, after the amount of any lump sum benefit paid in terms of RULE 5.3 has been deducted. The PENSION payable will be based on a conversion factor applicable to his age at RETIREMENT FROM THE FUND, as decided by the TRUSTEES acting on the advice of the ACTUARY.

- (2) A MEMBER other than a DEFINED BENEFIT MEMBER may, after having attained the age of 50 years and before having attained the NORMAL RETIREMENT AGE and subject to the approval of the EMPLOYER, retire from SERVICE. On RETIREMENT FROM THE FUND, such MEMBER shall become entitled to a PENSION secured by his MEMBER'S SHARE at that date, less the amount of any lump sum benefit paid in terms of RULE 5.3, based on a conversion factor applicable to his age at RETIREMENT FROM THE FUND, as decided by the TRUSTEES acting on the advice of the ACTUARY.

(xiii) *replacing Rule 5.3(1) with the following:*

- 5.3 (1) On RETIREMENT FROM THE FUND, a MEMBER other than a DEFINED BENEFIT MEMBER, may choose to receive as a lump sum benefit up to one-third of his MEMBER'S SHARE (or up to the whole thereof if allowed by income tax legislation). The balance of the MEMBER'S SHARE, if any, will be made available to secure a PENSION for the MEMBER, as decided by the TRUSTEES acting on the advice of the ACTUARY.

(xiv) *replacing Rule 5.3(2)(a) with the following:*

- (a) the pension purchased for the BENEFICIARY from the INSURER is, effective from the date following RETIREMENT FROM THE FUND, payable for the lifetime of the BENEFICIARY,

(xv) *replacing Rule 5.4 with the following:*

ADDITIONAL RETIREMENT BENEFIT

- 5.4 On RETIREMENT FROM THE FUND, a MEMBER other than a DEFINED BENEFIT MEMBER who has retired from SERVICE in terms of this RULE 5 and who has made additional contributions in terms of RULE 3.1(3) shall become entitled to an additional benefit secured by such additional contributions on such terms and conditions as the TRUSTEES determine after consultation with the ACTUARY. Such MEMBER may choose to receive as a lump sum benefit up to one-third of the balance in his Additional Voluntary Contribution Account.

(xvi) *replacing Rule 6.1(1)(b) with the following:*

- (b) a PENSION to his QUALIFYING SPOUSE equal to 40% of the MEMBER'S PENSIONABLE EMOLUMENTS immediately before his death; provided that if the value of the MEMBER'S SHARE at the date of death is greater than the value of :
 - (i) the amount required to provide the PENSION payable to the QUALIFYING CHILDREN in terms of (c) below; plus
 - (ii) the amount required to provide a PENSION to the QUALIFYING SPOUSE as calculated in the first paragraph of (b) above;

the PENSION to the QUALIFYING SPOUSE shall be of such higher amount as can be secured by the difference between the value of the MEMBER'S SHARE at the date of death and the value of the PENSIONS in (i) and (ii) above, as calculated by the ACTUARY;

(xvii) *replacing Rule 6.1(2)(d) with the following:*

- (d) after the last payment of a QUALIFYING SPOUSE'S PENSION and/or QUALIFYING CHILDREN'S PENSION has been made in terms of RULE 9.1, the TRUSTEES shall deduct the total amount paid to the PENSIONER, his QUALIFYING SPOUSE, QUALIFYING CHILDREN, DEPENDANTS, and/or NOMINEES including any amount which may have been paid in a lump sum, from the amount of the MEMBER'S SHARE at RETIREMENT FROM THE FUND.

Should there be any positive difference, such positive difference shall be paid to the PENSIONER'S DEPENDANTS and/or NOMINEES, and/or into the PENSIONER'S estate.

(xviii) *replacing the first paragraph of Rule 6.5(1) with the following:*

- 6.5 (1) Any benefit payable by the FUND in respect of a deceased MEMBER which is not expressed in the RULES to be paid to a particular person, shall, subject to a pledge in accordance with any guarantee in terms of RULE 10.16, not form part of the assets in the estate of such a MEMBER, but shall be dealt with in the following manner :

(xix) *replacing Rule 7.3 with the following:*

- 7.3 (1) If the TRUSTEES, after taking medical advice, decide that a MEMBER other than a DEFINED BENEFIT MEMBER is PERMANENTLY DISABLED, the MEMBER shall retire

from SERVICE and on RETIREMENT FROM THE FUND become entitled to a PENSION equal to 65% of his PENSIONABLE EMOLUMENTS at the date of his PERMANENT DISABLEMENT, increased at a rate decided by the TRUSTEES acting on the advice of the ACTUARY, from the date of retiring from SERVICE until RETIREMENT FROM THE FUND.

- (2) On RETIREMENT FROM THE FUND, at the request of the MEMBER, the TRUSTEES may at their discretion commute for a cash payment up to one-third of the PENSION described in (1) above. Such cash payment shall be calculated by the ACTUARY and the PENSION shall be reduced by the amount thereof which is commuted in terms of these RULES.
- (3) If a PENSIONER who retired in terms of (1) above dies, the provisions of RULE 6.1(2) shall apply *mutatis mutandis*.
- (4) On RETIREMENT FROM THE FUND, a MEMBER who has retired from SERVICE in terms of (1) above and who has made additional contributions in terms of RULE 3.1(3) shall become entitled to an additional benefit secured by such additional contributions on such terms and conditions as the TRUSTEES determine after consultation with the ACTUARY. Such MEMBER may choose to receive as a lump sum benefit up to one-third of the balance in his Additional Voluntary Contribution Account.

(xx) replacing Rule 9.1(2)(a) with the following:

- (a) a MEMBER'S RETIREMENT FROM THE FUND takes place, or the MEMBER dies, or

(xxi) *replacing Rule 9.12(5)(a) with the following:*

- (a) in the case of a **MEMBER**, including a **DEFERRED RETIREE**, who is not a **DEFINED BENEFIT MEMBER**, from the **MEMBER'S SHARE** and, if applicable, the **MEMBER'S Additional Voluntary Contribution Account**; or

(xxii) *replacing Rule 9.12(5)(b) with the following:*

- (b) in the case of a **DEFINED BENEFIT MEMBER**, including a **DEFERRED RETIREE** who is a **DEFINED BENEFIT MEMBER**, from the **MEMBER'S interest in the FUND**;

(xxiii) *replacing Rule 10.1(3) with the following:*

- (3) The term of office of the **TRUSTEES** is three years; provided that:
 - (a) the term of office of the **TRUSTEES** elected by the **MEMBERS** in terms of **RULE 10.1(1)(b)(ii)** with effect from 1 April 2021 and thereafter shall be four years;
 - (b) the term of office of the **TRUSTEES** elected by the **A-PENSIONERS, B-PENSIONERS, C-PENSIONERS** and **PENSIONERS** in terms of **RULE 10.1(1)(b)(i)** in respect of the 1 April 2021 **TRUSTEE** election shall be two years; and
 - (c) the term of office of the **TRUSTEES** elected by the **A-PENSIONERS, B-PENSIONERS, C-PENSIONERS** and **PENSIONERS** in terms of **RULE 10.1(1)(b)(i)** after the 1 April 2021 **TRUSTEE** election shall be four years.

At the end of the term of office, the **TRUSTEES** shall cease to hold office but shall be eligible for re-election or **re-appointment** as the case may be.

(xxiv) adding the following Rule 13 to the Rules:

13. PROVISIONS APPLICABLE TO A DEFERRED RETIREE

The following special provisions shall apply to a DEFERRED RETIREE who has retired from SERVICE in terms of RULE 5 or RULE 7.3 :

- (1) After the date on which the DEFERRED RETIREE retires from SERVICE with the EMPLOYER in terms of RULE 5 or RULE 7.3 :
 - (a) contributions by and in respect of the DEFERRED RETIREE in terms of RULE 3 shall cease;
 - (b) the benefits referred to in RULE 6.1(1) shall not become payable if the DEFERRED RETIREE dies before RETIREMENT FROM THE FUND.
- (2) If the DEFERRED RETIREE made additional contributions in terms of RULE 3.1(3), the DEFERRED RETIREE'S additional voluntary contribution account shall remain in the Share Account and shall be credited with investment earnings in terms of RULE 2.2(1)(b)(aa)(ii) until RETIREMENT FROM THE FUND.
- (3) In the case of a DEFERRED RETIREE who has retired from SERVICE in terms of RULE 5 :
 - (a) the DEFERRED RETIREE'S MEMBER'S SHARE shall remain in the Share Account and shall be :

- (i) debited with such reasonable expenses as the TRUSTEES may determine;
 - (ii) credited with investment earnings in terms of RULE 2.2(1)(a)(v) and debited with any amounts transferred to the Reserve Account in terms of RULE 2.2(1)(a)(bb)(i) until RETIREMENT FROM THE FUND;
- (b) the benefit referred to in (3)(a) and, if applicable, (2) above shall become payable in the following circumstances :
 - (i) in terms of RULE 5 to the DEFERRED RETIREE on RETIREMENT FROM THE FUND; or
 - (ii) in terms of RULE 6.5 if the DEFERRED RETIREE dies before RETIREMENT FROM THE FUND.
- (4) In the case of a DEFERRED RETIREE who has retired from SERVICE in terms of RULE 7.3 :
 - (a) the benefit referred to in RULE 7.3(1) and, if applicable, (2) above shall become payable in terms of RULE 7.3 to the DEFERRED RETIREE on RETIREMENT FROM THE FUND;
 - (b) if the DEFERRED RETIREE dies before RETIREMENT FROM THE FUND, such benefits shall be payable as would have been paid if the DEFERRED RETIREE'S RETIREMENT FROM

THE FUND had taken place on the day before his death and he had elected to commute for a lump sum the maximum amount permissible in terms of RULE 7.3.

- (xxv) *replacing the definition 'Prospective Annuity' in clause 1 of Annex A with the following:*

PROSPECTIVE ANNUITY : the annuity that would have been payable to a MEMBER on his STATUTORY RETIREMENT DATE if his PENSIONABLE EMOLUMENTS would have remained unchanged from the date of his actual retirement from SERVICE or death up to and including his STATUTORY RETIREMENT DATE;

- (xxvi) *replacing clauses 3.1, 3.2, 3.3 and 3.4 of Annex A with the following:*

BENEFITS ON RETIREMENT

3.1 Retirement on reaching the STATUTORY RETIREMENT AGE

An A-MEMBER who reaches his STATUTORY RETIREMENT AGE shall retire from SERVICE on his STATUTORY RETIREMENT DATE with the following PENSION BENEFITS :

- (1) A gratuity of 6,72 per cent of his PENSIONABLE EMOLUMENTS on retirement from SERVICE multiplied by the period of his PENSIONABLE SERVICE.
- (2) An annuity of 1/55th of his PENSIONABLE EMOLUMENTS on retirement from SERVICE multiplied by the period of his PENSIONABLE SERVICE, plus the ADDITIONAL ANNUITY AMOUNT.

3.2 Retirement after reaching the STATUTORY RETIREMENT AGE

If an A-MEMBER who reaches his STATUTORY RETIREMENT AGE is requested by the EMPLOYER to remain in his SERVICE, and the A-MEMBER agrees, he shall remain an A-MEMBER of the FUND and further contributions by and for him shall be made to the FUND. Such MEMBER shall retire from SERVICE upon reaching the age of seventy years at the latest, with the PENSION BENEFITS calculated in terms of clause 3.1, based on his PENSIONABLE EMOLUMENTS and PENSIONABLE SERVICE at the date of his actual retirement from SERVICE.

3.3 Retirement before reaching the STATUTORY RETIREMENT AGE

An A-MEMBER who has completed QUALIFYING SERVICE of at least ten years, may retire from SERVICE before reaching his STATUTORY RETIREMENT AGE subject to the following provisions :

- (1) An A-MEMBER who has reached the age of sixty years shall be entitled to, and if he has reached the age of fifty-five years may with the approval of the EMPLOYER, retire from SERVICE with the PENSION BENEFITS as set out in clause 3.1, reduced in either case by one third of one per cent for each completed month between the date on which he retires from SERVICE and his STATUTORY RETIREMENT DATE.
- (2) The benefits of an A-MEMBER who retires from SERVICE in terms of this clause shall be calculated with reference to his date of retirement from SERVICE; provided that -

- (i) the earliest date on which he may retire from SERVICE shall be the end of the month during which he reached the age entitling him thereto, or during which the EMPLOYER grants him approval to retire from SERVICE before reaching his STATUTORY RETIREMENT AGE, or if he reaches the said age on the first day of the month, with effect from that date;
- (ii) he may otherwise only retire from SERVICE at the end of a month.

BENEFITS ON DISABILITY

- 3.4 (1) Subject to the provisions of subclause (2), an A-MEMBER who becomes disabled before reaching his STATUTORY RETIREMENT AGE shall retire from SERVICE with benefits as set out in clause 3.1; provided that his PENSIONABLE SERVICE shall be increased for this purpose by the shortest of the following periods :
- (i) One third of the MEMBER'S actual period of PENSIONABLE SERVICE at the date of his retirement from SERVICE as a result of disability.
 - (ii) The period between the date of his retirement from SERVICE as a result of disability and his STATUTORY RETIREMENT DATE.
 - (iii) Five years.
- (2) An A-MEMBER who becomes disabled before reaching his STATUTORY RETIREMENT AGE as a result of an injury arising out of and in the course of his employment, shall retire from SERVICE with benefits as set out in clause 3.1;

provided that the MEMBER'S PENSIONABLE SERVICE shall be increased by the period contemplated in clause 3.4(1)(ii); provided further that the TRUSTEES are satisfied that the value of the benefits is not less than the value of the benefits that would in such a case have been applicable to the MEMBER on 30 September 1991, but based on his PENSIONABLE EMOLUMENTS and PENSIONABLE SERVICE at the date of his retirement from SERVICE.

- (3) An A-MEMBER who retires from SERVICE as a result of disability shall become a PENSIONER for purposes of the STATUTES and shall be entitled to the benefits and subject to the conditions applicable to PENSIONERS of the FUND.

(xxvii) *replacing clause 3.5(3) of Annex A with the following:*

- (3) If an A-MEMBER dies after reaching his STATUTORY RETIREMENT AGE, but before retiring from SERVICE in terms of clause 3.2, the benefits shall be paid as though the MEMBER had retired from SERVICE in terms of clause 3.2 and his RETIREMENT FROM THE FUND had taken place on the day before his death.

(xxviii) *replacing clauses 4.1, 4.2, 4.3 and 4.4 of Annex A with the following:*

BENEFITS ON RETIREMENT

4.1 Retirement on reaching the STATUTORY RETIREMENT AGE

A B-MEMBER who reaches his STATUTORY RETIREMENT AGE shall retire from SERVICE with an annuity calculated at $1/40^{\text{th}}$ of his PENSIONABLE EMOLUMENTS at retirement from SERVICE multiplied by the period of his PENSIONABLE SERVICE, plus the ADDITIONAL ANNUITY AMOUNT.

4.2 Retirement after reaching the STATUTORY RETIREMENT AGE

If a B-MEMBER who reaches his STATUTORY RETIREMENT AGE remains in the SERVICE of the EMPLOYER, he shall remain a B-MEMBER of the FUND and further contributions by and for him shall be made to the FUND. Such MEMBER shall retire from SERVICE upon reaching the age of seventy-five years at the latest, with an annuity calculated in terms of clause 4.1, based on his PENSIONABLE EMOLUMENTS and PENSIONABLE SERVICE at the date of his actual retirement from SERVICE. In exceptional cases the age of seventy-five years may be extended, in which case the other provisions of this clause shall apply *mutatis mutandis*.

4.3 Retirement before reaching the STATUTORY RETIREMENT AGE

- (1) A B-MEMBER, excluding a B-MEMBER referred to in subclause (2), who has completed QUALIFYING SERVICE of at least ten years and has reached the age of fifty-five years, may with the approval of the EMPLOYER, before reaching his STATUTORY RETIREMENT AGE, retire from SERVICE with an annuity calculated in terms of clause 4.1, reduced by one third of one per cent for each full month between the date on which he retires from SERVICE and his STATUTORY RETIREMENT DATE.
- (2) If the services of a contract employee are terminated as a result of -
 - (i) the expiry of his initial contract period or an extension thereof;

- (ii) the exercising by him of a contractual right to terminate his contract during an extension thereof;
- (iii) any other reason with the approval of the EMPLOYER,

he shall retire from SERVICE with an annuity calculated in terms of clause 4.1.

- (3) The provisions of clause 3.3(2) shall apply *mutatis mutandis* to a B-MEMBER.

BENEFITS ON DISABILITY

- 4.4 (1) Subject to the provisions of subclause (2), a B-MEMBER who becomes disabled before reaching his STATUTORY RETIREMENT AGE shall retire from SERVICE with an annuity calculated in terms of clause 4.1; provided that the PENSIONABLE SERVICE of the MEMBER shall be increased for this purpose by the shortest of the following periods :

- (i) One third of the MEMBER'S actual period of PENSIONABLE SERVICE at the date of the MEMBER'S retirement from SERVICE as a result of disability.
- (ii) The period between the date of his retirement from SERVICE as a result of disability and his STATUTORY RETIREMENT DATE.
- (iii) Five years.

- (2) A B-MEMBER who becomes disabled before reaching his STATUTORY RETIREMENT AGE as a result of an injury arising out of and in the course of his employment, shall retire from SERVICE with an annuity calculated in terms of clause 4.1; provided that the MEMBER'S PENSIONABLE SERVICE shall be increased with the period between the date of his retirement from SERVICE and a date five years beyond his STATUTORY RETIREMENT DATE; provided further that the TRUSTEES are satisfied that the value of such benefits is not less than the value of the benefits that would in such a case have been applicable to the MEMBER on 30 September 1991, but based on his PENSIONABLE EMOLUMENTS and PENSIONABLE SERVICE at the date of his retirement from SERVICE.
- (3) A B-MEMBER who retires from SERVICE as a result of disability shall become a PENSIONER for purposes of the STATUTES and shall be entitled to the benefits and subject to the conditions applicable to PENSIONERS of the FUND.

(xxix) *replacing clause 4.5(3) of Annex A with the following:*

- (3) The provisions of subclauses (1) and (2) shall apply *mutatis mutandis* to a B-MEMBER who dies after reaching his STATUTORY RETIREMENT DATE, but before retiring from SERVICE in terms of clause 4.2.

(xxx) *replacing clauses 5.1, 5.2, 5.3 and 5.4 of Annex A with the following:*

BENEFITS ON RETIREMENT

5.1 Retirement on reaching the STATUTORY RETIREMENT AGE

A C-MEMBER who has reached his STATUTORY RETIREMENT AGE shall retire from SERVICE on his STATUTORY RETIREMENT DATE with an annuity calculated at 1/50th of his AVERAGE TERMINAL SALARY multiplied by the period of his PENSIONABLE SERVICE.

5.2 Retirement after reaching the STATUTORY RETIREMENT AGE

If a C-MEMBER who reaches his STATUTORY RETIREMENT AGE is requested by the EMPLOYER to remain in his SERVICE, and the C-MEMBER agrees, he shall remain a C-MEMBER of the FUND and further contributions shall be made by and for him to the FUND. Such MEMBER shall retire from SERVICE upon reaching the age of seventy years at the latest, with an annuity calculated in terms of clause 5.1, based on his AVERAGE TERMINAL SALARY and PENSIONABLE SERVICE at the date of his actual retirement from SERVICE.

5.3 Retirement before reaching the STATUTORY RETIREMENT AGE

- (1) A C-MEMBER who has completed QUALIFYING SERVICE of at least ten years and has reached the age of sixty years shall be entitled to, and if he has reached the age of fifty-five years may with the consent of the EMPLOYER, retire from SERVICE with an annuity calculated in terms of clause 5.1, reduced by one third of one per cent for each full month between the date on which he retires from SERVICE and his STATUTORY RETIREMENT DATE.

- (2) The provisions of clause 3.3(2) shall apply *mutatis mutandis* to a C-MEMBER.

BENEFITS ON DISABILITY

- 5.4 (1) A C-MEMBER who becomes disabled before reaching his STATUTORY RETIREMENT AGE shall retire from SERVICE with an annuity equal to his PROSPECTIVE ANNUITY at that stage.
- (2) A C-MEMBER who retires from SERVICE as a result of disability shall become a PENSIONER for purposes of the STATUTES and shall become entitled to the benefits and subject to the conditions applicable to PENSIONERS of the FUND.
- (3) If a C-MEMBER has retired from SERVICE as a result of disability, and subsequently rejoins the SERVICE of the EMPLOYER and again qualifies for membership of the FUND, he shall cease to be a PENSIONER and shall become a C-MEMBER of the FUND. On such rejoining, the MEMBER shall become entitled to benefits applicable to C-MEMBERS; provided that any subsequent annuity be based on his full period of PENSIONABLE SERVICE in the FUND with exclusion of the period during which he was disabled. If the MEMBER had converted a portion of his annuity to a gratuity in terms of clause 6.3, the period of his PENSIONABLE SERVICE shall be reduced in consideration thereof on a basis as determined by the ACTUARY.
- (4) If a C-MEMBER who has retired from SERVICE as a result of disability subsequently recovers to such an extent that

he no longer qualifies for an annuity, but he does not rejoin the SERVICE of the EMPLOYER, he shall become entitled to a benefit as set out in clause 5.8.

(xxxi) *replacing clause 5.5(2) of Annex A with the following:*

- (2) If a C-MEMBER dies after reaching his STATUTORY RETIREMENT AGE, but before he retires from SERVICE in terms of clause 5.2, the benefits shall be paid as though the MEMBER had retired from SERVICE in terms of clause 5.2 and his RETIREMENT FROM THE FUND had taken place on the day before his death. For this purpose, the greatest permissible portion of the C-MEMBER'S annuity shall be deemed to have been converted into a gratuity in terms of clause 7.

(xxxii) *replacing clause 7.1 of Annex A with the following:*

- 7.1 If a B-MEMBER'S SERVICE is terminated in terms of clauses 4.1 to 4.4 or 4.7(1)(ii), or if a C-MEMBER'S SERVICE is terminated in terms of clauses 5.1 to 5.4 or 5.7(1)(ii) or (iii), the TRUSTEES may, at the request of the B-MEMBER or C-MEMBER, convert up to one third of the annuity payable to the B-MEMBER or C-MEMBER into a gratuity, payable on the first day of the month immediately following the B-MEMBER'S or C-MEMBER'S RETIREMENT FROM THE FUND or termination of SERVICE. The amount of the gratuity shall be determined by the TRUSTEES after consultation with the ACTUARY. The amount of the gratuity payable to the B-MEMBER or C-MEMBER shall thereafter be reduced proportionately on a basis determined by the ACTUARY.

(xxxiii) *adding the following clause 11 to Annex A:*

11. PROVISIONS APPLICABLE TO A DEFERRED RETIREE

The following special provisions shall apply to a DEFERRED RETIREE who has retired from SERVICE in terms of clause 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3 or 5.4 of ANNEX A :

- (1) After the date on which the DEFERRED RETIREE retires from SERVICE with the EMPLOYER no further contributions shall be payable by or in respect of the DEFERRED RETIREE.
- (2) On RETIREMENT FROM THE FUND, the DEFERRED RETIREE shall become entitled to the PENSION BENEFITS set out in clause 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3 or 5.4 of ANNEX A, as applicable, increased at a rate decided by the TRUSTEES acting on the advice of the ACTUARY, from the date of the DEFERRED RETIREE'S retirement from SERVICE until his RETIREMENT FROM THE FUND.
- (3) If the DEFERRED RETIREE dies before RETIREMENT FROM THE FUND, such benefits shall be payable as would have been paid if the DEFERRED RETIREE'S RETIREMENT FROM THE FUND had taken place on the day before his death. For this purpose, in the case of a DEFERRED RETIREE who was a B-MEMBER or a C-MEMBER on retirement from SERVICE, the greatest permissible portion of such person's annuity shall be deemed to have been converted into a gratuity in terms of clause 7.

Certified that the above resolution has been adopted in accordance with the provisions of the Rules of the Fund.


.....
Chairman of Trustees
.....
Trustee
.....
Principal Officer

Certified that the above amendments are financially sound.


.....
Actuary to the Fund
.....
Signature
.....
Qualifications

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 1413 OF 2022**

Notice published by the Essential Services Committee ('the Committee') in terms of section 71, read with section 71(8) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended)

A. Notice is hereby given in terms of section 71(8) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended), that under section 71(7) the Committee designates the following services as essential:

1. The following services in the pharmaceutical industry:
 - a) the services of manufacture, supply and distribution of vaccines and or biologicals; anaesthetics; antiretrovirals to treat HIV virus; Immunosuppressants; covid 19 related products; and antibiotics; and
 - b) the manufacture and supply of chronic medicines.
2. Disaster Management in local government
3. The following services in the health industry:
 - a) The manufacture, supply and re-service of theatre drapes, and surgical gowns/ garments;
 - b) The manufacture of single use of theatre drapes, and surgical gowns/ garments.



Adv Luvuyo Bono
ESC Chairperson

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 1414 OF 2022**

Notice published by the Essential Services Committee ('the Committee') in terms of section 71(8), read with section 71(9) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended)

ERRATUM OF GAZETTE NOTICE 122 OF 2021 DATED 19 MARCH 2021 AS CONTAINED IN GAZETTE NUMBER: 44293

- A. Notice is hereby given in terms of section 71(8) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended), to correct an error or omission in the General Notice 122 of 2021 dated 19 March 2021 as contained in Gazette Number 44293:

To the extent that the notice in error only referred to only the service of-
"Security services for the purposes of securing the infrastructure, access control, property and information at water utilities and pump stations" as the designated service, the said error or omission is corrected, and the notice should read-

The ESC designates the following services as essential services

- a) Supply and Distribution of water;
- b) Security services for the purposes of securing the infrastructure, access control, property and information at water utilities and pump stations."



Adv Luvuyo Bono
ESC Chairperson

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 1415 OF 2022

LABOUR RELATIONS ACT, 1995

CANCELLATION OF REGISTRATION OF A TRADE UNION

I, Lehlohonolo Molefe, Registrar of Labour Relations, of section 106(2A), cancel the registration of **MEDUNSA United Staff Union (MUSU) (LR2/6/2/765)** with effect from 28 October 2022

The reasons for my decision are as follows:

- The organisation failed to comply with the provisions of section 98, 99 and 100 of the Act, and
- The organisation ceased to function in terms of its constitution

The name of the Organisation has been removed from the Register of Trade Unions.

**REGISTRAR OF LABOUR RELATIONS**

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 1416 OF 2022

LABOUR RELATIONS ACT, 1995

NOTICE OF INTENTION TO CANCEL THE REGISTRATION OF A TRADE UNION

I, Lehlohonolo Molefe, Registrar of Labour Relations, hereby, in terms of section 106(2B) give notice of my intention to cancel the registration of **South African Industrial Commercial and Allied Workers Union (SAICWU) (LR2/6/2/2499)** for the following reasons:

- The organisation failed to comply with the provisions of section 98, 99 and 100 of the Act,
- The organisation ceased to function in terms of its constitution

The organisation and all interested parties are hereby invited to make written representations as to why the registration should not be cancelled. **Only representations pertaining to this Notice will be considered. All correspondence should refer to case number: 2022/186.**

Objections must be lodged to me, c/o the Department of Employment and Labour, Laboria House, 215 Francis Baard Street, PRETORIA. [Postal address: Private Bag X117, PRETORIA, 0001 – email address: registrar.labourrelations@labour.gov.za : tabogelo.mahlangu@labour.gov.za ; mary.ngwetjana@labour.gov.za], within 60 days of the date of this notice.



REGISTRAR OF LABOUR RELATIONS

DEPARTMENT OF HUMAN SETTLEMENTS

NOTICE 1417 OF 2022

GAUTENG DEPARTMENT OF HUMAN SETTLEMENTS**APPOINTMENT OF PANEL OF ADJUDICATORS AND MEMBERS TO THE GAUTENG RENTAL HOUSING TRIBUNAL****INVITATION TO APPLY**

Interested parties are invited in terms of Section 9 and 17(A) of the Rental Housing Act (as amended) to apply or nominate an individual to serve as adjudicators and members to the Gauteng Rental Housing Tribunal for a period of 3 years.

FUNCTIONS OF THE RENTAL HOUSING TRIBUNAL

The Tribunal is vested with certain rights and obligations in terms of the Rental Housing Act, No. 50 of 1999 (as amended) and its Regulations. It receives and considers complaints lodged by either landlords or tenants and in pursuit of such complaints hold tribunal hearings/appeals. The complaints shall relate to the violation of the Act and committal of an Unfair Practice.

COMPOSITION AND QUALIFICATIONS OF THE RENTAL HOUSING TRIBUNAL MEMBERS

The Tribunal panel will consist of six members who are fit, and proper persons appointed by the MEC. The MEC may appoint up to six persons to serve as alternate members of the Tribunal. The Panel will consist of individuals who possess legal qualifications and/or, exposure and expertise in rental housing matters, consumer matters, property management, housing development and all the statutes pertaining to rental housing.

COMPOSITION AND QUALIFICATIONS OF THE RENTAL HOUSING TRIBUNAL PANEL OF ADJUDICATORS

The panel will consist of seven individuals who are fit, and proper persons appointed by the MEC. The Panel will consist of individuals who possess legal qualifications and/or, exposure and expertise in rental housing matters, consumer matters, property management, housing development and all the statutes pertaining to rental housing.

SUBMISSIONS OF APPLICATIONS/NOMINATIONS

Applications/nomination must be submitted in writing and must contain the following: detailed CV, motivation for appointment, certified copy of identity document and qualifications. People with disabilities and youth are encouraged to apply. Separate applications/nominations **MUST** be submitted. Applications/nominations must reach the following address on or before closing date, clearly marked for the attention of **Ms. Betty Kgobe**. Nominations and applications received after the closing date will not be considered.

IKusasa House, 4th Floor, 129 Fox Street, Johannesburg.

Enquiries: Betty.Kgobe@gauteng.gov.za: 011 630 5176/5053.

Closing Date: 15 November 2022

N.B Due to the large number of applications we envisage receiving, applications will not be acknowledged. If you do not receive any response within 3 months, please accept that your application was not successful.

APPOINTMENT OF MEDIATORS AND INTERPRETERS FOR THE GAUTENG RENTAL HOUSING TRIBUNAL**INVITATION TO APPLY**

Interested parties are invited in terms of Section 13(c) of the Rental Housing Act (as amended) and to apply or nominate an individual as mediators to the Gauteng Rental Housing Tribunal and interpreters/translators for a period of 3-5 years.

COMPOSITION AND QUALIFICATIONS OF THE MEDIATION PANEL

The Panel will consist of 15 individuals who possess legal qualifications and/or, exposure and expertise in rental housing matters, consumer matters, property management, housing development and all the statutes pertaining to rental housing.

COMPOSITION AND QUALIFICATIONS OF THE INTERPRETERS/TRANSLATORS

The panel will consist of 4 individuals with expertise and exposure to housing matters, proficiency in the 11 official languages and sign language, post matric qualification and experience in translation and interpretation services specifically in a legislative body or institution, ability to perform administrative functions. Perform stenography, recording and court orderly functions

SUBMISSIONS OF APPLICATIONS/NOMINATIONS

Applications/nomination must be submitted in writing and must contain the following: detailed CV, motivation for appointment, certified copy of identity document and qualifications. People with disabilities and youth are encouraged to apply. Separate applications/nominations **MUST** be submitted. Applications/nominations must reach the following address on or before closing date, clearly marked for the attention of **Ms. Betty Kgobe**. Nominations and applications received after the closing date will not be considered.

IKusasa House, 4th Floor, 129 Fox Street, Johannesburg.

Enquiries: Betty.Kgobe@gauteng.gov.za: 011 630 5176/5053.

Closing Date: 15 November 2022

N.B Due to the large number of applications we envisage receiving, applications will not be acknowledged. If you do not receive any response within 3 months, please accept that your application was not successful.



GAUTENG PROVINCE
HUMAN SETTLEMENTS
REPUBLIC OF SOUTH AFRICA



GGT2030
GROWING GAUTENG TOGETHER

NON-GOVERNMENTAL ORGANIZATION

NOTICE 1418 OF 2022

NOTIFICATION REGARDING OPPORTUNITY TO PARTICIPATE IN ENVIRONMENTAL AUTHORISATION APPLICATION PROCESS FOR THE PROPOSED TGS GEOPHYSICAL SURVEY BASIC ASSESSMENT PROJECT, LOCATED OFFSHORE EXTENDING FROM APPROXIMATELY 120 KM OFFSHORE OF ST HELENA BAY TO 230 KM OFFSHORE OF HONDEKLIP BAY, OFF THE WEST COAST, SOUTH AFRICA.

TGS Geophysical Company (UK) Limited (hereafter referred to as the applicant - TGS) has appointed Environmental Impact Management Services (Pty) Ltd (EIMS) as the Environmental Assessment Practitioner (EAP) to assist with undertaking the required authorisation processes (including the statutory public participation), and to compile and submit the required documentation in support of application for:

Environmental Authorisation (EA) in accordance with the Environmental Impact Assessment (EIA) Regulations (GRN982 of 2014, as amended)- Listed Activity 21(b) (GNR 983):

Any activity including the operation of that activity which requires a reconnaissance permit in terms of section 74 of the Mineral and Petroleum Resources Development Act, as well as any other applicable activity as contained in this Listing Notice or in Listing Notice 3 of 2014, required to exercise the reconnaissance permission, excluding- (a) any desktop study; and (b) any aerial survey.

TGS proposes to undertake a 3D seismic survey off the West Coast of South Africa. The proposed project area is located between approximately 120 km offshore of Saldanha Bay, extending north along the western coastline to approximately 230 km offshore of Hondeklip Bay. The survey area main corner coordinate points are as follows:

| Point | Latitude | Longitude | Point | Latitude | Longitude |
|-------|---------------|---------------|-------|---------------|---------------|
| 1 | 32°59'53.46"S | 16°35'02.75"E | 6 | 30°40'16.36"S | 13°20'38.26"E |
| 2 | 32°59'57.95"S | 13°53'17.25"E | 7 | 30°32'53.92"S | 13°35'15.39"E |
| 3 | 32°39'06.43"S | 13°53'26.20"E | 8 | 30°15'21.82"S | 14°04'05.31"E |
| 4 | 32°09'29.22"S | 13°58'04.38"E | 9 | 30°15'27.76"S | 14°52'28.65"E |
| 5 | 31°31'44.64"S | 13°39'01.12"E | | | |

EIMS will be following the procedures defined in the EIA Regulations (GRN982 of 2014, as amended) for undertaking a Basic Assessment (BA) process. In accordance with Chapter 6 of the EIA Regulations, a public participation process will be undertaken. You are hereby invited to register and comment on the proposed project and application/s.

In order to ensure that you are identified and registered as an Interested and Affected Party and that your comments are captured, please submit your name, contact details, the reason for your interest or any comments, in writing or telephonically, to EIMS. Please note that only registered I&AP's will be directly informed of future project information and opportunities for participation.

In order to avoid missing out on opportunities for public participation please submit I&AP registrations, or any queries, comments, or concerns with regards to this application, as soon as possible to EIMS at:

Contact Person: Andisiwe Xuma

EIMS Reference Number: **1520**

Postal Address: P.O. Box 2083; Pinegowrie; 2123

Telephone: (011) 789 7170/ Fax: (086) 571 9047

E-mail: tgs@eims.co.za

Please include the project reference number **1520** in all correspondence.



NIE-REGERINGSORGANISASIE

KENNISGEWING 1418 VAN 2022

KENNISGEWING MET BETREKKING TOT GELEENTHEID OM DEEL TE NEEM AAN OMGEWINGSMAGTIGING AANSOEKPROSES VIR DIE VOORGESTELDE TGS SEISMIESE OPNAME BASIESE ASSESSERINGSPROJEK , GELEË SEEWAARTS EN STREK VAN ONGEVEER 120 KM VANAF DIE KUS VAN ST HELENABAAI TOT ONGEVEER 230 KM VANAF DIE KUS VAN HONDEKLIPBAAI AAN DIE WESKUS VAN SUID AFRIKA.

Environmental Impact Management Services (Edms) Bpk (EIMS) is deur TGS Geophysical Company (UK) Limited (hierna na verwys as die aansoeker - TGS) aangestel om die vereiste magtigingsprosesse (insluitend die statutêre openbare deelname) te onderneem en om 'n omgewingsmagtiging (EA) aansoek te voltooi en in te dien volgens die vereistes van die Omgewingsimpakstudie (OIS) Regulasies, 2014, soos gewysig vir die volgende aktiwiteit:

Omgewingsmagtiging (EA) in ooreenstemming met die OIS Regulasies, soos gewysig-Gelyste Aktiwiteit 21(b) (GNR 983):

Enige aktiwiteit insluitend die bedryf van daardie aktiwiteit wat 'n verkenningssertifikaat ingevolge artikel 74 van die Wet op die Ontwikkeling van Minerale en Petroleumhulpbronne vereis, asook enige ander toepaslike aktiwiteit soos vervat in hierdie Noteringskennisgewing of in Noteringskennisgewing 3 van 2014, wat vereis word om verkenningstoestemming uit te oefen, uitgesluit- (a) enige lessenaarstudie; en (b) enige lugopname.

TGS stel voor om 'n 3D seismiese opname aan die Weskus van Suid-Afrika te onderneem. Die voorgestelde projekgebied is geleë tussen ongeveer 120 km vanaf die kus van Saldanha Baai, wat noord langs die westelike kuslyn strek tot ongeveer 230 km van die kus van Hondeklipbaai. Die koördinaatpunte van die hoofhoeke van die opname area is soos volg:

| Punt | Breedtegraad | Lengtegraad | Punt | Breedtegraad | Lengtegraad |
|------|---------------|---------------|------|---------------|---------------|
| 1 | 32°59'53.46"S | 16°35'02.75"E | 6 | 30°40'16.36"S | 13°20'38.26"E |
| 2 | 32°59'57.95"S | 13°53'17.25"E | 7 | 30°32'53.92"S | 13°35'15.39"E |
| 3 | 32°39'06.43"S | 13°53'26.20"E | 8 | 30°15'21.82"S | 14°04'05.31"E |
| 4 | 32°09'29.22"S | 13°58'04.38"E | 9 | 30°15'27.76"S | 14°52'28.65"E |
| 5 | 31°31'44.64"S | 13°39'01.12"E | | | |

EIMS sal die prosedures volg soos voorgeskryf en vereis in die Omgewingsimpakbepaling (OIB) Regulasies (GRN982 van 2014, soos gewysig) vir die onderneming van 'n Basiese Evaluering (BA) proses. In ooreenstemming met Hoofstuk 6 van die OIB-regulasies, sal 'n openbare deelnameproses onderneem word. U word hiermee uitgenooi om te registreer en kommentaar te lewer op die voorgestelde projek en aansoek/e.

Om te verseker dat U geïdentifiseer en geregistreer is as 'n Belanghebbende & Geïntereseerde Party (B&GP) en dat U kommentaar vasgelê word, dien asseblief U naam, kontakbesonderhede, die rede vir U belangstelling of enige kommentaar, skriftelik of telefonies, by EIMS in. Neem asseblief kennis dat slegs geregistreeerde B&GP's direk ingelig sal word oor toekomstige projekinligting en geleenthede vir deelname.

Om te verhoed dat geleenthede vir publieke deelname misgeloop word, dien asseblief B&GP-registrasies, of enige navrae, kommentaar of bekommernisse met betrekking tot hierdie aansoek, so gou as moontlik in by EIMS deur gebruik te maak van die volgende kontakbesonderhede:

Kontakpersoon: Andisiwe Xuma

EIMS-verwysingsnommer: 1520

Posadres: Posbus 2083; Pinegowrie ; 2123

Telefoon: (011) 789 7170/ Faks: (086) 571 9047

E-pos: tgs@eims.co.za

Sluit asseblief die projekverwysingsnommer 1520 by alle korrespondensie in.



NON-GOVERNMENTAL ORGANIZATION

NOTICE 1419 OF 2022

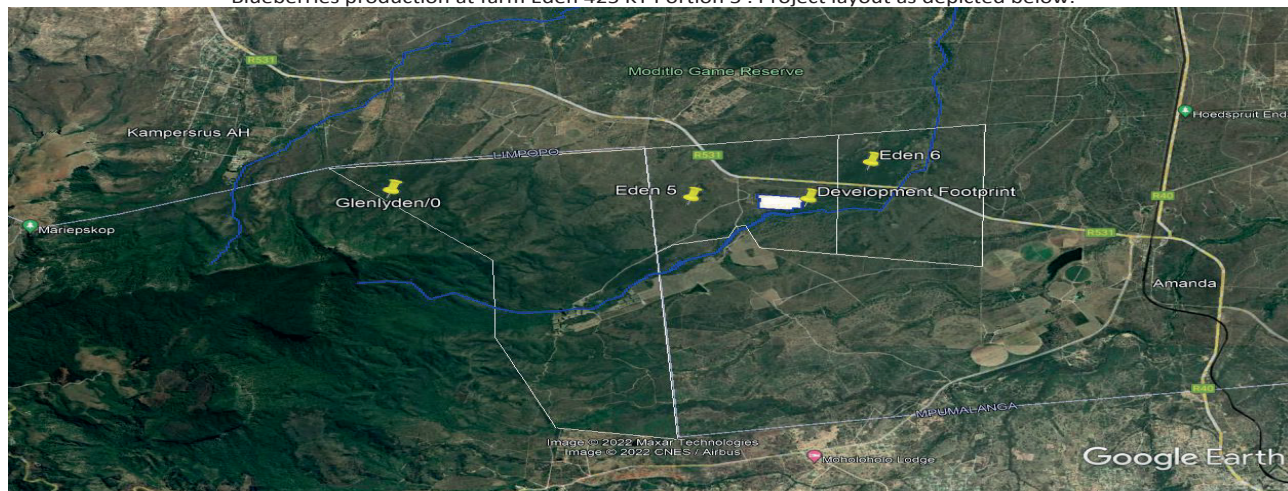
NOTICE FOR PUBLIC PARTICIPATION PROCESS

WATER USE LICENCE APPLICATION AT FARM GLENLYDEN 424 KT/0 AND FARM EDEN 425 KT/5

Notice is hereby given of a Public Participation Process (PPP) in terms of the National Water Act (Act 36 of 1998), and specifically in terms of the regulations regarding the procedure requirement for Water Use Licence Application No.R.267 of 24 March 2017. This constitutes a notification in terms of a Water Use Licence Application that was submitted to the Department of Water and Sanitation.

BACKGROUND

The site is located on the farm Glenlyden 424 KT Portion 0 and Eden 425 KT Portion 5, east of Hoedspruit. The site is accessed from the R531 road. The Applicant intends to abstract surface and groundwater from farm Glenlyden 424 KT Portion 0 for irrigation purposes of Blueberries production at farm Eden 425 KT Portion 5. Project layout as depicted below:



PROJECT DETAILS

| | | | | | | |
|----------------------------------|--|------------|-------------|-----------------------|------------|-------------|
| Project Name | Water Use Licence Application at farm Glenlyden 424 KT/0 and farm Eden 425 KT/5 | | | | | |
| Applicant | Franklyn Farms (Pty) Ltd | | | | | |
| Property Details | Glenlyden 424 KT Portion 0 and Eden 425 KT Portion 5 | | | | | |
| Co-ordinates | Point | Lat | Long | Point | Lat | Long |
| | Glenlyden 424 KT Portion 0 | -24.557235 | 30.945543 | Eden 425 KT Portion 5 | -24.531273 | 30.969866 |
| Competent Authority | The Department of Water and Sanitation (Olifants Catchment) | | | | | |
| Application Reference No. | Pending | | | | | |
| Water Uses Applying For | - Section 21(a) Abstraction of ground water and surface water - Section 21(b) Storage of water - Section 21(c) & (i) Activities in drainage line including the existing dam, groundwater abstraction and existing pipeline crossing the drainage line. - Section 21(g) On-site Sanitation | | | | | |

OPPORTUNITY TO PARTICIPATE

Interested and Affected Parties (I&AP's) are invited to register and provide comments on the proposed application. I&AP's must provide their comments, together with their name, contact details (preferred method of notification, e.g. email, WhatsApp) and an indication of any direct business, finance, personal or other interest which they have in the application no later than **30 January 2023** a period of 60 days in terms of the NWA Act (Act 36 of 1998) to the contact person indicated below.

FOR MORE INFORMATION CONTACT

| | |
|----------------------|--|
| Consultant | Matukane & Associates (Pty) Ltd |
| Contact | Theo Magamana / Erik Pretorius |
| Cell/WhatsApp | 073 252 0657 / 082 493 3021 |
| Email | tmagamana@matukane.co.za / epretorius@matukane.co.za / info@matukane.co.za |
| Postal | Postnet 404, P/Bag X1, The Willows, 0014 |

This document is also available in Sepedi and Xitsonga languages upon request.

Ge o nyaka tokomane ye e gona ka leleme la Sepedi le Xitsonga

Tsalwa leri ra kumeka na hi ririmi ra Sepedi na Xitsonga hi ku komberiwa



water & sanitation
Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA

Matukane
& Associates

PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA

NOTICE 1420 OF 2022

MR M.G.E HENDRICKS, MP

NOTICE OF INTENTION TO INTRODUCE THE DIVORCE AMENDMENT BILL, 2022, A PRIVATE MEMBER'S BILL, INTO PARLIAMENT AND INVITATION FOR PUBLIC COMMENT THEREON

Mr M.G.E Hendricks, MP, acting in accordance with section 73(2) of the Constitution of the Republic of South Africa, 1996, intends to introduce the Divorce Amendment Bill, 2022 ("draft Bill"), in Parliament. An explanatory summary of the draft Bill is hereby published in accordance with Rule 276(1)(c) of the Rules of the National Assembly (9th Edition).

The Divorce Act, 1979 (Act No. 70 of 1979) ("Divorce Act"), amongst other things, regulates the division of assets and the provision of maintenance of parties dissolving their marriage, with the aim of ensuring justice and fairness between them. The important remedies, contained in the Divorce Act, ensure the protection of interests of parties dissolving their marriage and the welfare of dependent children through access to maintenance, during and after divorce. The Divorce Act further provides for the protection of any assets parties may have brought into a marriage in community of property, but which they would otherwise lose. This protection allows the forfeiture by the other party of the patrimonial benefits of marriage. To date, parties in Muslim marriages are being left destitute, with their children, because they are cut off from the civil remedies available in the Divorce Act upon dissolution of their marriage. The vulnerabilities that this creates for parties in a Muslim marriage and children include risks of violence and abuse, sexual and economic exploitation and increased adverse mental health impacts and harms their human dignity.

In recognition of the above mentioned persisting injustices, the Constitutional Court, in **Women's Legal Centre Trust v President of the Republic of South Africa and Others**¹ declared the Marriage Act, 1961 (Act No. 25 of 1961), and the Divorce Act to be inconsistent with sections 9, 10, 28 and 34 of the Constitution in that they fail to recognise marriages solemnised in accordance with *Sharia* law (Muslim marriages), which have not been registered as civil marriages, as valid marriages for all purposes in South Africa, and to regulate the consequences of such recognition. The exclusion of Muslim Marriages in this Act, was declared unconstitutional.

Section 6 of the Divorce Act was declared unconstitutional in that the section fails to provide for mechanisms to safeguard the welfare of dependent children born of Muslim marriages, at the time of dissolution of the Muslim marriage in the same or similar manner as it provides for mechanisms to safeguard the welfare of dependent children born of other marriages that are

¹ [2022] ZACC 23

dissolved. Section 7(3) of the Divorce Act was declared unconstitutional in that the section fails to provide for the redistribution of assets, on the dissolution of a Muslim marriage, when such redistribution would be just. Section 9(1) of the Divorce Act was also declared unconstitutional in that the section fails to provide for the forfeiture of the patrimonial benefits of a Muslim marriage at the time of its dissolution in the same or similar terms as it does in respect of other marriages that are dissolved.

The legislative process to address the issues raised have been ongoing for decades, the draft Bill provides an effective, expedient and timely remedy to amend the Divorce Act and to bring it in line with our Constitution, by ensuring that parties in a Muslim marriage and the children born from such marriage are no longer left out, and that the injustices that arise from their exclusion are eradicated.

While the proposed amendment presents an important measure to ensure the immediate and much needed protection of parties in Muslim marriage and the children born from such marriages, the Constitutional Court has set a deadline for November 2024 for the final amendments to the entire legislative scheme.

Interested parties and institutions are invited to submit written representations on the proposed content of the draft Bill to the Speaker of the National Assembly within 30 days of the publication of this notice. Representations can be delivered to the Speaker, New Assembly Building, Parliament Street, Cape Town; mailed to Speaker, P O Box 15 Cape Town 8000, or emailed to speaker@parliament.gov.za and copied to mhendricks@parliament.gov.za.

Copies of the Divorce Amendment Bill may, after introduction, be obtained from:

Party name: Al Jama -ah

5 Bolton Road, Rondevlei, Weltevreden Valley, Mitchells Plain, 7780

Attention: Hon Ganief Hendricks

Telephone: 081 387 9247

E-mail: gsamodien@parliament.gov.za

CONTINUES ON PAGE 258 OF BOOK 3

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PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA**NOTICE 1421 OF 2022****DR DION GEORGE, MP****NOTICE OF INTENTION TO INTRODUCE A PRIVATE MEMBER'S BILL AND INVITATION FOR COMMENT, 2022**

Dr Dion George, MP, acting in accordance with section 73(2) of the Constitution of the Republic of South Africa, 1996, intends to introduce the Responsible Spending Bill, 2022, in Parliament. An explanatory summary of the Bill is hereby published in accordance with Rule 276(1)(c) of the Rules of the National Assembly (9th Edition).

South Africa's debt burden continues to rise as government borrowing increases. Debt-service costs have been the fastest growing item on the budget while consuming an increasing share of GDP and revenue for the past two decades. The interest on national debt occupies an increasingly larger percentage of national expenditure, with 20 cents of every Rand collected in revenue now being needed to pay debt-service costs. These interest payments increasingly crowd out spending on essential public services.

Urgent action is required to bring South Africa's debt levels under control and reduce the interest payments this debt entails. Once this goal is achieved, greater national spending can be directed to areas in need of support, such as education, infrastructure, healthcare, and social grants.

The Responsible Spending Bill ("Draft Bill") will introduce statutory fiscal rules aimed at containing national debt and debt service costs in South Africa. These rules will apply to different debt level bands, thereby adjusting as debt levels reduce. The rules will be binding on government, while allowing for exemptions under specified circumstances, subject to Parliamentary approval. The Draft Bill will also require regular review of the fiscal rules, as well as an annual report on compliance with the fiscal rules. Where fiscal rules were not complied with, the Minister is required to provide reasons therefore, as well as a recovery plan.

Interested parties and institutions are invited to submit written representations on the proposed content of the draft Bill to the Speaker of the National Assembly within 30 days of the publication of this notice. Representations can be delivered to the Speaker, New Assembly Building, Parliament Street, Cape Town; mailed to the Speaker, PO Box 15, Cape Town, 8000; or emailed to speaker@parliament.gov.za and copied to legislation@da.org.za.

Copies of the draft Bill may be obtained upon request from legislation@da.org.za.

PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA**NOTICE 1422 OF 2022****MS OMPHILE MAOTWE, MP****NOTICE OF INTENTION TO INTRODUCE THE INSOURCING BILL, 2022, A PRIVATE MEMBER'S BILL, INTO PARLIAMENT AND INVITATION FOR PUBLIC COMMENT THEREON**

Ms Omphile Maotwe, MP, acting in accordance with section 73(2) of the Constitution of the Republic of South Africa, 1996, intends to introduce the Insourcing Bill, 2022 ("draft Bill"), in Parliament. An explanatory summary of the draft Bill is hereby published in accordance with Rule 276(1)(c) of the Rules of the National Assembly (9th Edition).

The South African government in all spheres, including organs of state, provides services to citizens, but in order to do so contracts third parties who provide these services and who bring their own employees to deliver these services. This includes, but is not limited to: cleaning services; security services; gardening services; construction of buildings and infrastructure; maintenance of buildings and infrastructure; IT services; catering services; auditing services; transport services; administration services, and healthcare related services. All these services will be required on a recurring basis, and there is always a need for government to provide them for an indefinite period of time.

Post-1994 the South African government embarked on a programme of wholesale outsourcing of services and functions required or provided by government. Emphasising the principles of de-bureaucratisation of the public sector and local government; reforming and strengthening management practices in government; decentralising decision making; and outsourcing of all government functions where possible.

These reforms created many administrative problems, but to highlight two:

- (1) Prices for contracts are often purposefully inflated through manipulation of the tendering system. This underlies the majority of corrupt activities that are currently taking place in all spheres of government, including in organs of state. It has further, to a large extent,

collapsed the ability of the state to deliver the necessary services to the people of South Africa; and

- (2) exploitation of the workers who are employed by the service providers to deliver these services – services that the state will for the foreseeable future be required to provide on a recurring basis. By contracting third parties who provide outsourced workers, the government in all spheres, including organs of state, is often making use of persons whose labour is exploited, whose employment is on a casual basis, providing minimal job security, whose labour is under-paid, who receives minimal or no benefits and who are accordingly not properly protected by labour legislation.

The draft Bill seeks to provide a comprehensive legislative mechanism to bring an end to these problems and challenges, brought about by the outsourcing of services and functions provided by government and to provide for insourcing of services that are required on a regular basis by the organs of state.

Interested parties and institutions are invited to submit written representations on the proposed content of the draft Bill to the Speaker of the National Assembly within 30 days of the publication of this notice. Representations can be delivered to the Speaker, New Assembly Building, Parliament Street, Cape Town; mailed to Speaker, P O Box 15 Cape Town 8000, or emailed to speaker@parliament.gov.za and copied to chiefwhip@effonline.org.

Copies of the Bill may, after introduction, be obtained from: 90 Plein Street, Cape Town Centre, 8000, Marks Building Office M415.

SOUTH AFRICAN RESERVE BANK

NOTICE 1423 OF 2022

NOTICE BY THE PRUDENTIAL AUTHORITY IN TERMS OF SECTION 54(1)(b) OF THE BANKS ACT, 1990 (ACT 94 OF 1990 – the “Banks Act”)

Notice is hereby given for general information, in accordance with the provisions of section 30(1)(f) of the Banks Act, of the consent granted by the Minister of Finance, in terms of section 54(1)(b) of the Banks Act, to the arrangement for the transfer of more than 25 per cent of the assets and liabilities of Ubank Limited to African Bank Limited.



N Tshazibana

CEO: Prudential Authority

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NOTICE 1424 OF 2022

INTERNATIONAL TRADE ADMINISTRATION COMMISSION

CUSTOMS TARIFF APPLICATIONSLIST 10/2022

The International Trade Administration Commission (herein after referred to as ITAC or the Commission) has received the following applications concerning the Customs Tariff. Any objection to or comment on these representations should be submitted to the Chief Commissioner, ITAC, Private Bag X753, Pretoria, 0001. Attention is drawn to the fact that the rate of duty mentioned in these applications is that requested by the applicant and that the Commission may, depending on its findings, recommend a lower or higher rate of duty.

CONFIDENTIAL INFORMATION

The submission of confidential information to the Commission in connection with customs tariff applications is governed by section 3 of the Tariff Investigations Regulations, which regulations can be found on ITAC's website at <http://www.itac.org.za/documents/R.397.pdf>.

These regulations require that if any information is considered to be confidential, then a non-confidential version of the information must be submitted, simultaneously with the confidential version. In submitting a non-confidential version the regulations are strictly applicable and require parties to indicate:

- ❑ Each instance where confidential information has been omitted and the reasons for confidentiality;*
- ❑ A summary of the confidential information which permits other interested parties a reasonable understanding of the substance of the confidential information; and*
- ❑ In exceptional cases, where information is not susceptible to summary, reasons must be submitted to this effect.*

This rule applies to all parties and to all correspondence with and submissions to the Commission, which unless clearly indicated to be confidential, will be made available to other interested parties.

The Commission will disregard any information indicated to be confidential that is not accompanied by a proper non-confidential summary or the aforementioned reasons.

If a party considers that any document of another party, on which that party is submitting representations, does not comply with the above rules and that such deficiency affects that party's ability to make meaningful representations, the details of the deficiency and the reasons why that party's rights are so affected must be submitted to the commission in writing forthwith (and at the latest 14 days prior to the date on which that party's submission is due).

Failure to do so timeously will seriously hamper the proper administration of the investigation, and such party will not be able to subsequently claim an inability to make meaningful representations on the basis of the failure of such other party to meet the requirements.

1. INCREASE IN THE GENERAL RATE OF CUSTOMS DUTY ON:

“Front windscreens (windshields), rear windows and other windows specified in subheading Note 1 to Chapter 87, by way of creating a new 8-digit tariff subheading for front windscreens (windshield) classifiable under tariff subheading 8708.22”.

APPLICANT:

Shatterprufe, a division of PG Group (Proprietary) Limited

P.O. Box 810

Gqeberha

6000

Enquires: ITAC Ref: **08/2022**. Mr. Tshepiso Sejamoholo,
Ms. Mpho Mafole and Ms Mukeliwe Manyoni. **Tel:** 012 394 1605/3697/3676
and/or alternatively **Email:** tsejamoholo@itac.org.za/MMafole@itac.org.za/
mmanyoni@itac.org.za.

REASONS FOR THE APPLICATION:

- Historically windscreens for vehicles to be used in the replacement market were imported and classified under tariff subheading 7007.21.20, which attract a 30% *ad valorem* import duty;
- A new tariff subheading 8708.22 was created and came into effect on 01 January 2022 to make a clear distinction between motor vehicle windows and other motor vehicle parts as per tariff subheading 8708.29. This tariff subheading carries a 20% *ad valorem* import duty;
- As a result of the creation of the new tariff subheading 8708.22, the opportunity now exists that this tariff subheading can be used to import windscreens legally and/or to circumvent the ordinary rate of customs duty of 30% *ad valorem* that currently applies to tariff subheading 7007.21.20 also for the importation of windscreens;
- It would thus allow for windscreens to be imported at a 10 percentage point lower rate (or 33% lesser rate) of *ad valorem* duty, which products would then compete with the windscreens that are produced in the Southern African Customs Union (“SACU”) for use in the aftermarket market; and
- Such circumvention would also undermine the importers that import windscreens and classify them under tariff subheading 7007.21.20.

PUBLICATION PERIOD:

Written representations should be made within **four (4) weeks** of the date of this notice.

2. INCREASE IN THE GENERAL RATE OF CUSTOMS DUTY ON:

“Coated welded wire mesh, classifiable under tariff subheading 7314.39, from 5% ad valorem to the World Trade Organisation (“WTO”) bound rate of 15% ad valorem”

APPLICANT:

Clear Creek Trading 167 (Pty) Ltd, trading as Wireforce
P O Box 4341
Germiston South
1411

Enquires: ITAC Ref: **07/2022**. Ms Diphetogo Rathete and Ms Mukeliwe Manyoni.

Tel: 012 394 3683/3676 and/or alternatively **Email:** drathete@itac.org.za/
mmanyoni@itac.org.za.

REASONS FOR THE APPLICATION:

As reasons for the application, the applicant cited, amongst others, the following:

- The locally produced coated welded wire mesh offers an opportunity for import replacement as well as export opportunities;
- An additional 10% tariff protection would assist the industry in the initial stage to develop, increase economies of scale and enhance global competitiveness;
- There is an anomaly in the tariff structure as the main input material used in the manufacture of coated welded wire mesh (i.e., wire rod) currently attracts a higher ordinary customs duty of 10% *ad valorem* whilst the end-product remains significantly below the WTO bound rate at only 5% *ad valorem*; and
- Should the tariff support not be granted and low-priced imports of the coated wire mesh, specifically those from China, continue to increase at the rate observed in recent years, this would be to the detriment of the SACU domestic industry.

PUBLICATION PERIOD:

Written representations should be submitted within **four (4) weeks** of the date of this notice.

3. INCREASE IN THE RATE OF CUSTOMS DUTY ON:

Thermal paper rolls of a width not exceeding 150 mm, from free of duty to 5% *ad valorem*, classifiable under various tariff subheadings in Chapter 48 of the Customs and Excise Act, 1964, through the creation of additional 8-digit tariff subheadings, which reads as follows:

| Heading | Proposed tariff subheadings | Article Description |
|--------------|-----------------------------|---|
| 48.10 | 4810.13.xx | Paper and paperboard of a kind used for writing, printing or other graphic purposes, not containing fibres obtained by a mechanical or chemi-mechanical process or of which not more than 10 per cent by mass of the total fibre content consist of such fibres: In rolls: Thermocopy paper: Of a width not exceeding 150 mm |
| | 4810.14.xx | In sheets with one side not exceeding 435mm and the other side not exceeding 297mm in the unfolded state: Thermocopy paper: Thermocopy Paper: Of a width not exceeding 150 mm |
| | 4810.19.xx | Thermocopy paper: Of a width not exceeding 150 mm |
| | 4810.29.xx | Other :Thermocopy Paper: Of a width not exceeding 150 mm |
| 48.11 | 4811.60.xx | Paper, paperboard, cellulose wadding and webs of cellulose fibres, coated, impregnated, covered, surface-coloured, surface-decorated or printed, in rolls or rectangular (including square) sheets, of any size (excluding goods of the kind described in heading 48.03, 48.09 or 48.10): Paper and paperboard, coated, impregnated or covered with wax, paraffin wax, stearin, oil or glycerol: Coated with a thermosensitive layer: In rolls of a width not exceeding 150mm |
| | 4811.90.xx | Other: Other paper, paperboard, cellulose wadding and webs of cellulose fibres: Coated with a thermosensitive layer: In rolls of a width not exceeding 150mm |

Source: South African Revenue Service

APPLICANT:

Printing Industries Federation of South Africa (PIFSA NPC) on behalf of Rotunda (Pty) Ltd
575 Lupton Drive,
Halfway House,
Midrand
1682

Enquiries: Ref: 09/2022. Ms Khosi Mzinjana, at email: kmzinjana@itac.org.za; Ms Dolly Ngobeni at Email: dngobeni@itac.org.za; or Ms Amina Varachia at email: avarachia@itac.org.za

REASONS FOR THE APPLICATION:

- “Import volumes of finished thermal paper rolls into the SACU market have increased over the past few years and have resulted in a decline in local converter's domestic market share;
- The poor-quality imports are slowing down the growth of local converters that can make a real difference to the South African economy by providing employment. Paper quality, including manufacturing processes such as sources of pulp and chemistry contained are ignored, including the basic metrics of the finished rolls such as grammage, length, width and outer and core diameters;
- These rolls are often low priced and do not comply with any standards and local converters compromised as they are not able to compete on price against these imported products”.

PUBLICATION PERIOD:

Representation should be submitted to the above officials within **four (4) weeks** of the date of this notice.

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NOTICE 1425 OF 2022

**INTERNATIONAL TRADE ADMINISTRATION COMMISSION OF
SOUTH AFRICA****NOTICE OF INITIATION OF SUNSET REVIEW OF THE ANTI-DUMPING DUTIES ON
CLEAR FLOAT GLASS ORIGINATING IN OR IMPORTED FROM THE REPUBLIC OF
INDONESIA (“INDONESIA”)**

In accordance with the provisions in Article 11.3 of the World Trade Organization Agreement on Implementation of Article VI of the General Agreement on Tariffs and Trade, any definitive anti-dumping duty shall be terminated on a date not later than five years from its imposition, unless the authorities determine, in a review initiated before that date, on their own initiative or upon a duly substantiated request made by or on behalf of the domestic industry within a reasonable period of time prior to that date, that the expiry of the duties would likely lead to continuation or recurrence of dumping and injury.

On 15 June 2022 the International Trade Administration Commission of South Africa (“the Commission”) notified interested parties through Notice No.1087 of 2022 in Government Gazette No. 46550, that unless a substantiated request is made indicating that the expiry of the anti-dumping duty against imports of clear float glass originating in or imported from the Republic of Indonesia would likely lead to the continuation or recurrence of dumping and injury, the anti-dumping duties on clear float glass originating in or imported from the Republic of Indonesia would expire on 01 February 2023.

THE APPLICANT

The application was lodged by PFG Building Glass, a division of PG Group (Pty) Ltd (“the Applicant”), being the only producer of the subject product in the Southern African Customs Union (“SACU”).

The Applicant alleges that the expiry of the duties would likely lead to the recurrence of dumping and material injury.

The Applicant submitted sufficient evidence and established a *prima facie* case to enable the Commission to arrive at a reasonable conclusion that a sunset review investigation of the anti-dumping duties on clear float glass originating in or imported

from Indonesia, should be initiated.

THE PRODUCT

The anti-dumping duties subject to this sunset review is applicable to clear float glass originating in or imported from Indonesia, classifiable under tariff subheading 7005.29.17, 7005.29.23, 7005.29.25 and 7005.29.35.

THE ALLEGATION OF THE RECURRENCE OF DUMPING

The allegation of recurrence of dumping is based on the comparison between the normal values and the export prices.

In calculating the normal value for Indonesia, an independent consultant on behalf of the Applicant obtained a quotation for the domestic selling prices of the subject product in Indonesia.

In calculating the export price for Indonesia, the Applicant stated that there were no imports of the subject products from Indonesia for the 3 mm, 4mm, 5 mm and 6 mm categories in 2020, 2021 and 2022. However, imports of the subject product in the 4 mm category were recorded in 2021 and 2022. From the Indonesian normal value information obtained, the Applicant indicated that the 4 mm subject product imports were exported into SACU in 2022 at dumped prices. The Applicant is therefore of the view that if the other subject products categories would have been imported in 2022, such products would also have been imported at dumped prices. The Applicant used this category and applied a 9 percent increase to determine export prices for 3mm, 5mm and 6mm categories (4mm increased by 9 percent in January 2022).

The dumping margins were determined to be 60.16% for 3mm, 60.90% for 4mm, 61.12% for 5mm and 63.18% for 6mm.

On this basis, the Commission found that there was *prima facie* proof of the likelihood of the recurrence of dumping.

THE ALLEGATION OF RECURRENCE OF MATERIAL INJURY

The Applicant alleges and submitted sufficient evidence to show that it would experience an increase in imports and inventories, a decline in sales, profit, output, productivity, market share, return on investment, capacity utilisation, cash flow, and growth if the duties expire.

On this basis, the Commission found that there was *prima facie* proof of the recurrence of material injury if the duties expire.

PERIOD OF INVESTIGATION

The investigation period for likely recurrence of dumping is from 1 June 2021 to 31 May 2022 and the recurrence of material injury is from 1 June 2022 to 31 May 2023, if the anti-dumping duty expires.

PROCEDURAL FRAMEWORK

Having decided that there is sufficient evidence and a *prima facie* case to justify the initiation of an investigation, the Commission has begun an investigation in terms of section 16 of the International Trade Administration Act, 2002 ("the ITA Act"). The Commission will conduct its investigation in accordance with the relevant sections of the ITA Act, the World Trade Organisation Agreement on Implementation of Article VI of the GATT 1994 ("the Anti-Dumping Agreement") and the Anti-Dumping Regulations of the International Trade Administration Commission of South Africa ("ADR"). Both the ITA Act and the ADR are available on the Commission's website (www.itac.org.za) or from the Trade Remedies section, on request.

In order to obtain the information, it deems necessary for its investigation, the Commission will send non-confidential versions of the application and questionnaires to all known importers and exporters and known representative associations. The trade representative of the country of origin has also been notified. Importers and other interested parties are invited to contact the Commission as soon as possible in order to determine whether they have been listed and were furnished with the relevant documentation. If not, they should immediately ensure that they are sent copies. The questionnaire has to be completed and any other representations must be made within the time limit set out below.

CONFIDENTIAL INFORMATION

Please note that if any information is considered to be confidential then a non-confidential version of the information must be submitted for the public file, simultaneously with the confidential version. In submitting a non-confidential version, the following rules are strictly applicable and parties must indicate:

- X where confidential information has been omitted and the nature of such information;
- X reasons for such confidentiality;
- X a summary of the confidential information which permits a reasonable understanding of the substance of the confidential information; and
- X in exceptional cases, where information is not susceptible to summary, reasons must be submitted to this effect.

This rule applies to all parties and to all correspondence with and submissions to the Commission, which unless indicated to be confidential and filed together with a non-confidential version, will be placed on the public file and be made available to other interested parties.

If a party considers that any document of another party, on which that party is submitting representations, does not comply with the above rules and that such deficiency affects that party's ability to make meaningful representations, the details of the deficiency and the reasons why that party's rights are so affected must be submitted to the Commission in writing forthwith (and at the latest 14 days prior to the date on which that party's submission is due). Failure to do so timeously will seriously hamper the proper administration of the investigation, and such party will not be able to subsequently claim an inability to make meaningful representations on the basis of the failure of such other party to meet the requirements.

Subsection 33(1) of the ITA Act provides that any person claiming confidentiality of information should identify whether such information is *confidential by nature* or is *otherwise confidential* and, any such claims must be supported by a written statement, in each case, setting out how the information satisfies the requirements of the claim to confidentiality. In the alternative, a sworn statement should be made setting out reasons why it is impossible to comply with these requirements.

Section 2.3 of the ADR provides as follows:

“The following list indicates “information that is by nature confidential” as per section 33(1)(a) of the Main Act, read with section 36 of the Promotion of Access to Information Act (Act 2 of 2000):

- (a) management accounts;*
- (b) financial accounts of a private company;*
- (c) actual and individual sales prices;*
- (d) actual costs, including cost of production and importation cost;*
- (e) actual sales volumes;*
- (f) individual sales prices;*
- (g) information, the release of which could have serious consequences for the person that provided such information; and*
- (h) information that would be of significant competitive advantage to a competitor;*

Provided that a party submitting such information indicates it to be confidential

ADDRESS

The response to the questionnaire and any information regarding this matter and any arguments concerning the allegation of dumping and the resulting material injury must be submitted in writing to the following address or on the emails below:

Physical address

The Senior Manager: Trade Remedies I
International Trade Administration Commission
Block E – The DTI Campus
77 Meintjies Street
SUNNYSIDE
PRETORIA
SOUTH AFRICA

Postal address

The Senior Manager:
Trade Remedies I
Private Bag X753
PRETORIA
0001
SOUTH AFRICA

PROCEDURES AND TIME LIMITS

The Senior Manager: Trade Remedies I, should receive all responses, including non-confidential copies of the responses, not later than 30 days from the date hereof, or from the date on which the letter accompanying the abovementioned questionnaire was

received.

The said letter shall be deemed to have been received seven days after the day of its dispatch.

Late submissions will not be accepted except with the prior written consent of the Commission. The Commission will give due consideration to written requests for an extension of not more than 14 days on good cause shown (properly motivated and substantiated), if received prior to the expiry of the original 30-day period. Merely citing insufficient time is not an acceptable reason for an extension. Please note that the Commission will not consider requests for extension by the Embassy on behalf of foreign producers.

The information submitted by any party may need to be verified by the Investigating Officers in order for the Commission to take such information into consideration. The Commission may verify the information at the premises of the party submitting the information, within a short period after the submission of the information to the Commission. Parties should therefore ensure that the information submitted would subsequently be available for verification. Specifically, it is planned to verify the information submitted by the foreign producers within three to five weeks subsequent to the submission of the information. This period will only be extended if it is not feasible for the Commission to do it within this time period or upon good cause shown, and with the prior written consent of the Commission, which should be requested at the time of the submission. It should be noted that unavailability of, or inconvenience to appointed representatives, will not be considered to be good cause.

Parties should also ensure when they engage representatives that they will be available at the requisite times, to ensure compliance with the above time frames. Parties should also ensure that all the information requested in the applicable questionnaire is provided in the specified detail and format. The questionnaires are designed to ensure that the Commission is provided with all the information required to make a determination in accordance with the ITA Act and the ADR. The Commission may therefore refuse to verify information that is incomplete or does not comply with the format in the questionnaire, unless the Commission has agreed in writing to a deviation from the required format. A failure to submit a non-confidential version of the response that complies with the rules set out above under the heading *Confidential Information* will be regarded as an incomplete submission.

Parties, who experience difficulty in furnishing the information required, or submitting information in the format required, are urged to make written applications to the Commission at an early stage for permission to deviate from the questionnaire or

provide the information in an alternative format that can satisfy the Commission's requirements. The Commission will give due consideration to such a request on good cause shown.

Any interested party may request an oral hearing at any stage of the investigation in accordance with Section 5 of the ADR, provided that the party indicates reasons for not relying on written submissions only. The Commission may refuse an oral hearing if granting such hearing will unduly delay the finalisation of a determination. Parties requesting an oral hearing must provide the Commission with a detailed agenda for, and a detailed version, including a non-confidential version, of the information to be discussed at the oral hearing at the time of the request.

If the required information is not received in a satisfactory form within the time limit specified above, or if verification of the information cannot take place, the Commission may disregard the information submitted and make a finding on the basis of the facts available to it.

Should you have any queries, please do not hesitate to contact us at the following e-mail addresses; Mr Zuko Ntsangani at zntsangani@itac.org.za or Mr Emmanuel Manamela at emanamela@itac.org.za.

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION**NOTICE 1426 OF 2022****COMPETITION TRIBUNAL****NOTIFICATION OF COMPLAINT REFERRAL**

The Competition Tribunal gives notice in terms of Section 51(3) & (4) of the Competition Act 89 of 1998 as amended, that it received the following complaint referrals listed below. The complaint(s) alleges that the respondent(s) engaged in a prohibited practice in contravention of the Competition Act 89 of 1998.

| Case No. | Complainant | Respondent | Date received | Sections of the Act |
|------------|------------------------|---|---------------|---------------------|
| CR134Oct22 | Competition Commission | Brian Pienaar (Pty) Ltd; Brian Pienaar North (Pty) Ltd and Pienaar Brothers | 21/10/2022 | 4(1)(b)(ii) |
| CR142Oct22 | Competition Commission | Vita Gas (Pty) Ltd | 28/10/2022 | 8(d)(i); 8(c) |

**The Chairperson
Competition Tribunal**

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NOTICE 1427 OF 2022

STANDARDS ACT, 2008
STANDARDS MATTERS

In terms of the Standards Act, 2008 (Act No. 8 of 2008), the Board of the South African Bureau of Standards has acted in regard to standards in the manner set out in the Schedules to this notice.

SECTION A: DRAFTS FOR COMMENTS

The following draft standards are hereby issued for public comments in compliance with the norm for the development of the South Africa National standards in terms of section 23(2)(a) (ii) of the Standards Act.

| Draft Standard No. and Edition | Title, scope and purport | Closing Date |
|--------------------------------|--|--------------|
| SANS 60269-7 Ed 1 | <i>Low voltage fuses - Part 7: Supplementary Requirements for fuse-links for the protection of batteries and battery systems.</i> These supplementary requirements apply to fuse-links for the protection of batteries and battery systems, including, but not limited to terminology, for electricity storage in equipment for circuits of nominal voltages up to 1 500 V DC. | 2022-12-24 |
| SANS 61557-2 Ed 2 | <i>Electrical safety in low voltage distribution systems up to 1 000 V a.c. and 1 500 V d.c. - Equipment for testing, measuring or monitoring of protective measures - Part 2: Insulation resistance.</i> This part of IEC 61557 specifies the requirements applicable to equipment for measuring the insulation resistance of equipment and installations in the de-energized state. | 2023-01-03 |
| SANS 61557-6 Ed 1 | <i>Electrical safety in low voltage distribution systems up to 1 000 V a.c. and 1 500 V d.c. - Equipment for testing, measuring or monitoring of protective measures - Part 6: Effectiveness of residual current devices (RCD) in TT, TN and IT systems.</i> This part of IEC 61557 specifies the requirements applicable to measuring equipment for testing the effectiveness of protective measures of residual current devices (RCD) installed in TT, TN and IT systems. | 2023-01-03 |
| SANS 18119 Ed 1 | <i>Gas cylinders - seamless steel and seamless aluminium alloy gas cylinders and tubes - periodic inspection and testing.</i> Specifies the requirements for periodic inspection and testing to verify the integrity of cylinders and tubes to be re-introduced into service for a further period of time. | 2023-01-03 |
| SANS 10406 Ed 3 | Transport of dangerous goods - The reprocessing of previously certified packaging. Covers the procedures to follow for the reprocessing of previously certified packaging for the transport of dangerous goods, to ensure that the reprocessed packaging meets regulatory and quality standards, and that the safe transport of goods packaged in such reprocessed packaging is not compromised. Ensures the health and safety of employees, the public and the environment. | 2023-01-03 |
| SANS 60601-2-66 Ed 3 | <i>Medical electrical equipment Part 2-66: Requirements for the basic safety and essential performance of hearing instruments and hearing instrument systems.</i> Applies to the basic safety of hearing instruments and hearing instrument systems. | 2023-01-15 |
| SANS 10400-T Ed 5 | <i>The application of the National Building Regulations Part T: Fire protection.</i> Provides deemed-to-satisfy requirements for compliance with part T (Fire Protection) of the National Building Regulations. | 2023-01-05 |

SCHEDULE A.1: AMENDMENT OF EXISTING STANDARDS

The following draft amendments are hereby issued for public comments in compliance with the norm for the development of the South African National Standards in terms of section 23(2)(a) (ii) of the Standards Act.

| Draft Standard No. and Edition | Title | Scope of amendment | Closing Date |
|--------------------------------|--|---|--------------|
| SANS 921 Ed 3.2 | <i>Pitch-impregnated fibre pipes and fittings and jointing.</i> | Amended to delete the annex on notes to purchasers. | 2023-01-05 |
| SANS 1350 Ed 1.3 | <i>Guardrails for roads - W-section.</i> | Amended to update to update the requirements on materials, the table on tensile properties, and the requirements on dimensions, to update drawings and remove notes to purchasers | 2023-01-05 |
| SANS 60079-5 Ed 4.1 | <i>Explosive atmospheres - Part 5: Equipment protection by powder filling "q".</i> | Amended to update the clause on verifications and tests. | 2023-01-05 |
| SANS 1782 Ed 1.1 | <i>Lubricants, industrial oils and related products (class L) - Family T (Turbines) Specification for lubricating oils for turbines.</i> | Amended to update Filterability tests according to ISO 13357-1 and ISO 13357-2; Requirements related to the stage of the test method | 2023-01-05 |

SCHEDULE A.3: WITHDRAWAL OF INFORMATIVE AND NORMATIVE DOCUMENTS

In terms of section 24(5) of the Standards Act, the following documents are being considered for withdrawal.

| Draft Standard No. and Edition | Title | Reason for withdrawal | Closing Date |
|--------------------------------|-------|-----------------------|--------------|
| | | | |

SECTION B: ISSUING OF THE SOUTH AFRICAN NATIONAL STANDARDS

SCHEDULE B.1: NEW STANDARDS

The following standards have been issued in terms of section 24(1)(a) of the Standards Act.

| Standard No. and year | Title, scope and purport |
|-----------------------------|--|
| SANS 13408-6:2022 Ed 1 | <i>Aseptic processing of healthcare products Part 6: Isolator systems.</i> Specifies the requirements for and provides guidance on the specification, selection, qualification, bio-decontamination, validation, operation and control of isolator systems related to aseptic processing of health care products and processing of cell-based health care products. |
| SANS 56005:2022 Ed 1 | <i>Specifies requirements and tests for the safe operation of portable sealed secondary lithium cells and batteries containing non-acid electrolyte, under intended use and reasonably foreseeable misuse.</i> Specifies requirements and tests for the safe operation of portable sealed secondary lithium cells and batteries containing non-acid electrolyte, under intended use and reasonably foreseeable misuse. |
| SANS 62133-2:2022 Ed 1 | <i>Secondary cells and batteries containing alkaline or other non-acid electrolytes - Safety requirements for portable sealed secondary cells, and for batteries made from them, for use in portable applications - Part 2: Lithium systems.</i> |
| SATS 62257-7-1:2022 Ed 1 | <i>Recommendations for small renewable energy and hybrid systems for rural electrification - Part 7-1: Generators - Photovoltaic generators.</i> Specifies the general requirements for the design and safety of generators used in decentralized rural electrification systems. |

| Standard No. and year | Title, scope and purport |
|----------------------------|---|
| SANS 62053-21:2022 Ed 2 | <i>Electricity metering equipment - Particular requirements Part 21: Static meters for AC active energy (classes 0,5,1 and 2).</i> Applies only to static watt-hour meters of accuracy classes 0,5, 1 and 2 for the measurement of alternating current electrical active energy in 50 Hz or 60 Hz networks and it applies to their type tests only. |
| SANS 50071-14:2022 Ed 2 | <i>Safety of toys - Part 14: Trampolines for domestic use.</i> Specifies requirements and test methods for trampolines for domestic use, their access devices and their enclosures, intended for outdoor and/or indoor use by one person at a time. |

SCHEDULE B.2: AMENDED STANDARDS

The following standards have been amended in terms of section 24(1)(a) of the Standards Act.

| Standard No. and year | Title, scope and purport |
|----------------------------|--|
| SANS 1229:2022 Ed 1.1 | <i>Processed core-spun ducks. Consolidated edition incorporating amendment No.1.</i> Amended to update referenced standards and to delete the annex on notes to purchasers. |
| SANS 1286:2022 Ed 1.1 | <i>Local goods, services and works - Measurement and verification of local content. Consolidated edition incorporating amendment No.1.</i> Amended to delete the annex on notes to purchasers. |
| SANS 1520-1:2022 Ed 2.1 | <i>Flexible electric trailing cables for use in mines - Part 1: cables with operating voltages of 640/1100 V and 1900/3300 V. Consolidated edition incorporating amendment No.1.</i> Amended to update definitions and to delete the annex on notes to purchasers. |
| SANS 5526:2022 Ed 3.1 | <i>Dielectric resistance of electric cables. Consolidated edition incorporating amendment No.1.</i> Amended to update the clause on calculation. |
| SANS 6284-2:2022 Ed 2.2 | <i>Test methods for cross-linked polyethylene (XLPE) insulated electric cables Part 2: Tests on extruded semi-conducting screens. Consolidated edition incorporating amendment No. 2.</i> Amended to delete the introduction and to add the bibliography. |

SCHEDULE B.3: WITHDRAWN STANDARDS

In terms of section 24(1)(C) of the Standards Act, the following standards have been withdrawn.

| Standard No. and year | Title |
|--------------------------|-------|
| | |

SCHEDULE B4: ESTABLISHMENT OF TECHNICAL COMMITTEES

| Committee No. | Title | Scope |
|---------------|-------|-------|
| | | |
| | | |

SCHEDULE B5: RETRACTION OF PREVIOUSLY GAZETTED ITEMS

If your organization is interested in participating in these committees, please send an e-mail to Dsscomments@sabs.co.za for more information.

SCHEDULE 6: ADDRESS OF THE SOUTH AFRICAN BUREAU OF STANDARDS HEAD OFFICE

Copies of the standards mentioned in this notice can be obtained from the Head Office of the South African Bureau of Standards at 1 Dr Lategan Road, Groenkloof, Private Bag X191, Pretoria 0001.

DEPARTMENT OF TRANSPORT

NOTICE 1428 OF 2022

**AIR SERVICE LICENSING ACT, 1990 (ACT NO.115 OF 1990)
APPLICATION FOR THE GRANT OR AMENDMENT OF DOMESTIC AIR
SERVICE LICENCE**

Pursuant to the provisions of section 15 (1) (b) of Act No. 115 of 1990 and Regulation 8 of the Domestic Air Regulations, 1991, it is hereby notified for general information that the application detail of which appear in the appendix, will be considered by the Air Service Licensing Council. Representation in accordance with section 15 (3) of the Act No.115 of 1990 in support of, or in position, an application, should reach the Air Service Licensing Council, Private Box X 193, Pretoria, 0001, within 21 days of date of the publication thereof.

APPENDIX I

(A) Full name and trade name of the applicant. (B) Full business or residential address of the applicant. (C) Class of licence applied for. (D) Type of air service to which application applies. (E) Category of aircraft to which application applies.

(A) OFSC (Pty) Ltd. Oribi Flying Services Charter. (B) Hangar 2, Pharazyn Way, Pietermaritzburg Airport, Pietermaritzburg, 3201. (C) Class II. (D) Type N1 & N2. (E) Category A3 & A4.

(A) Phuhliso Drone Tech (Pty) Ltd. (B) 62 8th Ave, Alberton North, Alberton, 1449. (C) Class III. (D) Type G3, G4, G5 & G16 (RPAS). (E) Category H1 & A4.

(A) Fullserve Services UAV (Pty) Ltd. (B) 62 8th Ave, Alberton North, Alberton, 1449. (C) Class III. (D) Type G3, G4, G5 & G16 (RPAS). (E) Category A4 & H1

APPENDIX II

(A) Full Name and trade name of the applicant. (B) Full business or residential address the applicant. (C) The Class and number of license in respect of which the amendment is sought (D) Type of air service and the amendment thereto which is being applied for (E) Category of aircraft and the amendment thereto which is being applied for. (F) Amendment referred to in section 14(2) (b) to I.

(A) Swift Flite (Pty) Ltd. Swift Flite (B) Hangar 29, Lanseria International Airport, Lanseria. (C) Class I & II; S1197D & N292D. (D) Type S1, S2, N1 & N4. (E) Category A1, A2, A3 & A4. (F) **Changes to the MP:** L. Naidoo replaces M.D. Clark as the Chief Executive Officer, C.W. Johnson replaces W.J. du Bruyn as the Responsible Person: Flight Operations, C.A. Ninneman replaces S.S. Selkon as the Air Services Safety Officer. **Change to Directors:** Current directors; D. James, N.H. Kropman & L. Naidoo.

(A) Flyfofa Airways (Pty) Ltd. (B) Hangar 03, Lindvelt Road, Wonderboom National Airport, Pretoria, 0182. (C) Class I & II. (D) Type S1, S2, N1 & N2. (E) Category A1, A2 & N3. (F) **Changes to Postholders.**

(A) Gasa-Geotech Aviation South Africa (Pty) Ltd. Gasa. (B) Hangar #1, Farm 412, Portion 67, Elandsfontein, Bapsfontein. (C) Class II & III; N1139D & G1045. (D) Type N1, N2, G3, G8 & G15. (E) Category A3, H1 & H2. (F) **Changes to the MP:** Mr. R.A. Wilson replaces Mr. G.W.P. Siepmann as the CEO, Mr. A.Z. Reeves replaces Mr. P. Bronkhorst as the RP: Aircraft. **Changes to the Directors:** Mr. T.J. Morrison and Ms. G. Braisier were appointed as directors. **Changes to Voting Rights:** Mr. R.A. (40%), Mr. T.J. Morrison (20%) and Ms G. Braiser (40%).

(A) Sky Messaging (Pty) Ltd. (B) Unit 92 Eden on Bay, 5 Beach Estate Boulevard, Big Bay, Cape Town, 7441. (C) Class III. (D) Type G2, G3, G8 & G14. (E) Category A4. (F) **Changes to Postholders.**

(A) Liebenconsult (Pty) Ltd. Drone Analitix. (B) Unit 9A, Bishop's Court, 8 Delamore Road, Hillcrest, KwaZulu Natal, 3610. (C) Class III; G1401D. (D) Type G3, G4 & G16 (RPAS). (E) Category H1. (F) **Change of Postholders:** Simon Muholland is appointed as the accountable manager, Byron Walters is appointed as the SMS and Simon Mulholland is appointed as the RP: A and RP:FO.

(A) Sapphire Blue Drones. (B) Hangar J One A, Nelspruit Airport, Nelspruit, 1200. (C) Class III; G1370D. (D) Type G5, G10, G16 (RPAS). (E) Category H1. (F) **Amendment to type of Air Service:** Adding G5 to ASL

(A) Equilibrium Aviation (Pty) Ltd. (B) Hangar 28 North, Springs Airfield, Springs, South Africa. (C) N1282D & G1283D (D) G2, G3, G4, G5, G8, G10 & N1 & N2. (E) H2. (F) **Notification of Change of Address.**

(A) AIR 2000 (Pty) Ltd. (B) 1st Floor, Terminal Building, Lanseria International Airport. (C) Class II & N151D. (D) Type N1 & N2. (E) Category A2, A3 & A4. (F) **Changes to directors/shareholding:** Mr J. Gaines-Burrill appointed as director and holds 75% voting rights/shares. **Changes to MP:** Mr. R. A Maier replaces Mr. H. J Brink as RP: Aircraft, Mr. V. R Gruneberg replace H.J Brink as Air Service Safety Officer.

(A) John Bassi Helicopter (Pty) Ltd (B) Hangar #B6, New Tempe Airport, Bloemfontein. (C) Class II & N685D; Class III & G534D (D) N1 & N2; G3, G10 & G15 (E) H2 (F) **Change of status from CC to (Pty) Ltd.**

(A) African Wings (Pty) Ltd (B) 20 8th Street, Voelkip, Hermanus, Western Cape, 7200 (C) Class II (D) G3 & G4 (E) H4 (F) **Change of Post Holders:** Mr.E G Austin replaces Mr. E.G Austin as Chief Executive Officer, Mr. P. Pedlar replaces Mr. N. J Austin as RP:Flight Operations, Mr. B. D Wesely-Colley replaces Mr. E. G Austin as RP: Aircraft, Mr. P. Pedlar replaces Mr. N. J Austin as Safety Officer.

(A) UAV & Drone Solutions (Pty) Ltd. (B) 2 bompas West, Dunkeld West, Randburg, 2196. (C) Class III. (D) Type G3 & G4. (E) Category A4, H1 & H2. (F) **Changes to the MP:** Jurie Van Loggerenberg is appointed as the RPA. □ Accountable Manager: Previous Otto Werdmuller von Elgg – Current Dale Keri McErlean , Safety Manager: Previous Jackie Visagie – Current Dirk Grobler, Responsible Person Flight Operations: Previous Stadler Brits – Current Dale Keri McErlean, Quality Manager: Current Lizelle Jonker.

DEPARTMENT OF TRANSPORT

NOTICE 1429 OF 2022

**INTERNATIONAL AIR SERVICE ACT, (ACT NO.60 OF 1993)
GRANT /AMENDMENT OF INTERNATIONAL AIR SERVICE LICENSE**

Pursuant to the provisions of section 17 (12) of Act No.60 of 1993 and Regulation 15 (1) and 15 (2) of the International Air Regulations, 1994, it is hereby notified for general information that the applications, detail of which appear in the Schedules hereto, will be considered by the International Air Services Council (Council) representation in accordance with section 16(3) of the Act No. 60 of 1993 and regulation 25(1) of International Air Services Regulation, 1994, against or in favour of an application, should reach the Chairman of the International Air Services Council at Department of Transport, Private Bag X 193, Pretoria, 0001, within 28 days of the publication hereof. It must be stated whether the party or parties making such representation is / are prepared to be represent or represented at the possible hearing of the application.

APPENDIX I

(A) Full name, surname and trade name of the applicant. (B) Full business or residential address of the applicant. (C) Class of licence applied for. (D) Type of International Air Service to which application pertains. (E) Category or kind of aircraft to which application pertains. (F) Airport from and the airport to which flights will be undertaken. (G) Area to be served. (H) Frequency of flight.

(A) Ultimate Airways (Pty) Ltd. Ultimate Air. (B) Ultimate Heliport, Ultimate Road, Corner of Bridal Veil and R101 Waterfall Logistics Precinct, Gauteng. (C) Class III. (D) Type G3, G4 & G7. (E) Category A3 & A4. (F) Ultimate Heliport, 1 Ultimate Road, Waterfall Logistics Precinct, Gauteng or any other Airport/Airfield. (G) Worldwide.

(A) OFSC (Pty) Ltd. Oribi Flying Services Charter. (B) Hangar 2, Pharazyn Way, Pietermaritzburg Airport, Pietermaritzburg, 3201. (C) Class II. (D) Type N1 & N2. (E) Category A3 & A4. (F) Pietermaritzburg Airport. (G) Worldwide.

APPENDIX II

(A) Full name, surname and trade name of the applicant. (B) Full business or residential address of the applicant. (C) Class and number of license in which the amendment is made. (D) Type of International Air Service in respect of which the amendment was made. (E) Category or kind of aircraft to which license was made. (F) Airport in respect of which the amendment was made. (G) Area to be served. (H) Frequency of flight.

(A) Swift Flite (Pty) Ltd. Swift Flite (B) Hangar 29, Lanseria International Airport, Lanseria. (C) Class II; I/N034. (D) Type N1 & N4. (E) Category A1, A2, A3 & A4. (F)(G)(H) **Changes to the MP:** L. Naidoo replaces M.D. Clark as the Chief Executive Officer, C.W. Johnson replaces W.J. du Bruyn as the Responsible Person: Flight Operations, C.A. Ninneman replaces S.S. Selkon as the Air Services Safety Officer. **Change to Directors:** Current directors; D. James, N.H. Kropman & L. Naidoo.

(A) Flyfofa Airways (Pty) Ltd. (B) Hangar 03, Lintvelt Road, Wonderboom National Airport, Pretoria, 0182. (C) Class I & II. (D) Type S1, S2, N1 & N2. (E) Category A1, A2, A3 & A4. (F) (G)(H) **Changes to Postholders.**

(A) Gasa-Geotech Aviation South Africa (Pty) Ltd. Gasa. (B) Hangar #1, Farm 412, Portion 67, Elandsfontein, Bapsfontein. (C) Class II & III; I/N269 & I/G248. (D) Type N1, N2, G3, G8 & G15. (E) Category A3, H1 & H2. (F) Hangar #1, Farm 412, Portion 67, Elandsfontein, Bapsfontein or any other Airport/ Aerodrome. (G) Worldwide. (H) **Changes to the MP:** Mr. R.A. Wilson replaces Mr. G.W.P. Siepmann as the CEO, Mr. A.Z. Reeves replaces Mr. P. Bronkhorst as the RP: Aircraft. **Changes to the Directors:** Mr. T.J. Morrison and Ms. G. Braisier were appointed as directors. **Changes to Voting Rights:** Mr. R.A. (40%), Mr. T.J. Morrison (20%) and Ms G. Braiser (40%).

DEPARTMENT OF TRANSPORT

NOTICE 1430 OF 2022

**INTERNATIONAL AIR SERVICE ACT, (ACT NO.60 OF 1993)
GRANT /AMENDMENT OF INTERNATIONAL AIR SERVICE LICENSE**

Pursuant to the provisions of section 24 (1(a) and (b) and 25 (5) of Act No.60 of 1993 and Regulation 16 (1) and 17 (1) of the International Air Regulations, 1994, it is hereby notified for general information that the applications, detail of which appear in the Schedules hereto, will be considered by the International Air Services Council (Council) representation in accordance with section 24(3) of the Act No. 60 of 1993 and regulation 25(2) of International Air Services Regulation, 1994, against or in favour of an application, should reach the Chairman of the International Air Services Council at Department of Transport, Private Bag X 193, Pretoria, 0001, within 21 days of the publication hereof. It must be stated whether the party or parties making such representation is / are prepared to be represent or represented at the possible hearing of the application.

APPENDIX I (Renewals/New)

(A) **CARGOLUX AIRLINES INTERNATIONAL S.A.** (B) Cargolux Airlines, Findel Airport, L-2990 Luxembourg. (C) Class I. (D) Type S2. (E) Category A1: **B747-8F** - Reg: LX-VCA, LX-VCB, LX-VCC, LX-VCD, LX-VCE, LX-VCF, LX-VCG, LX-VCH, LX-VCI, LX-VCJ, LX-VCK, LX-VCL, LX-VCM, LX-VCN. **B747-400BCF** - Reg: LX-ECV. **B747-400F** - Reg: LX-GCL, LX-ICL, LX-NCL. **B747-4EVF** - Reg: LX-JCV. **B747-4R7-F** - Reg: LX-OCV, LX-RCV, LX-SCV, LX-TCV, LX-UCV, LX-VCV, LX-WCV, LX-YCV. **B747-400ERF** - Reg: LX-KCL, LX-LCL, LX-MCL (F) and (G) Luxembourg-Johannesburg- Nairobi-Amsterdam-Luxembourg. (H) Four (04) return flights per week.

(B) **ASTRAL AVIATION LTD.** (B) P O Box 594-00606, Nairobi, Kenya. (C) Class I. (D) Type S2. (E) A1 - B767-232 - Reg: 5Y-SNL; B727-223 - Reg: 5Y-NIV; B747-400F - Reg: TF-AMU and TF-AMM (F) and (G) Nairobi (Jomo Kenyatta International Airport) - Johannesburg (ORTIA, O R Tambo International Airport) - Nairobi (Jomo Kenyatta International Airport); and Liege Airport - Johannesburg (O R Tambo International Airport) - Nairobi (Jomo Kenyatta International Airport) (H) Five (05) flights per week.

(C) **KENYA AIRWAYS LTD.** (B) P.O BOX 19002-00501, Embakisi, Nairobi, Kenya (C) Class I. (D) Type S1 (E) Boeing 737-800. Reg. 5Y-CYA, 5Y-CYB, 5Y-CYC, 5Y-CYD, 5Y-CYE, 5Y-CYF; Boeing 787-8. Reg. 5Y-KZA, 5Y-KZB, 5Y-KZC, 5Y-KZD, 5Y-KZE, 5Y-KZF, 5Y-KZG, 5Y-KZH, 5Y-KZI, 5Y-KZJ. Boeing 737-300F. Reg. 5Y-KQC, 5Y-KQD; Embraer 190. Reg. 5Y-KYP, 5Y-KYQ, 5Y-KYS, 5Y-KYT, 5Y-FFA, 5Y-FFB, 5Y-FFC, 5Y-FFD, 5Y-FFE, 5Y-FFF, 5Y-FFG, 5Y-FFH, 5Y-FFI, 5Y-FFJ, 5Y-FFK. (F) and G Nairobi to Johannesburg (NBO-JNB and JNB-NBO) Nairobi to Cape Town Via Livingstone with 5th Freedom traffic rights (NBO-LVI-CPT and CPT-LVI-NBO) Nairobi to Cape Town Via Victoria Falls with 5th Freedom traffic rights (NBO-VFA-CPT and CPT-VFA-NBO) Nairobi to Cape Town (NBO-CPT and CPT-NBO) (H) Twenty-Seven flights per week (27)

KENYA AIRWAYS LTD. (B) P.O BOX 19002-00501, Embakisi, Nairobi, Kenya (C) Class I (D) Type S2 (E) B737-300, Reg. 5Y-KQC; 5Y-KQD; B787-7 5Y-KZB and 5Y-KZA (F) and (G) Points in Kenya to Johannesburg, Durban, Cape Town international airports (H) Seven flights per week (7)

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 364 OF 2022

**SACNASP CODE OF CONDUCT 2022****(with effect from 1 October 2022)**

The South African Council for Natural Scientific Professions (SACNASP) hereby, in terms of Section 37 of the Natural Scientific Professions Act (No 27 of 2003), as amended, gives notice that it has drawn up the rules set out in the revised Code of Conduct below, under Section 28 of the said Act.

Failure to comply with this revised Code of Conduct will constitute improper conduct, which may result in the registered person being found guilty and being sanctioned terms of Section 33 (3) of the Natural Scientific Professions Act (No 27 of 2003) ("the Act"), as amended.

CODE OF CONDUCT**1. DEFINITIONS**

In this Code of Conduct, unless otherwise defined, a word or expression to which a meaning has been assigned in the Act, has the same meaning in this Code of Conduct.

The following words bear the meanings assigned to them:

1.1 **"The public"** means every person, community and corporate entity within the borders of South Africa. The public includes natural scientists registered with SACNASP.

1.2 **"Natural sciences"** means a branch of science concerned with the study of the objects or phenomena of the natural world and the derivatives thereof, involved in the fields of practice in terms of schedule 1A of the Act.

1.3 **“Natural scientist”**. means a person qualified and practising in the Natural sciences.

1.4 **“Practice”** means to use the knowledge and experience gained from the study of particular disciplines in the Natural sciences and their applications in order to offer objective, evidence-based advice and services for defined compensation and "practises" has a corresponding meaning.

1.5 **“The environment”** refers to the biophysical, social or economic environment within which natural scientists operate and may have an impact on.

1.6 **“The rendering of natural scientific services”** includes the practice of natural sciences within business, for private practice, academic areas and government.

1.7 **“Registered person”** means a person who is registered in terms of the Act.

1.8 **“Unprofessional or improper conduct”** means improper or disgraceful or dishonourable or unworthy conduct or breach of the Code of Conduct or Rules made in terms of section 28 of the Act or conduct which, when regard is had to the profession of a person who is registered in terms of this Act, is improper or dishonourable or unworthy.

1.9 **‘The Act’** means the Natural Scientific Professions Act 27 of 2003, as amended.

2. RULES OF CONDUCT

In practicing Natural Science Professions, Registered persons:

2.1 *With respect to the public interest and the environment:*

- 2.1.1 must protect the public and the environment by refraining from improper, unlawful and/or negligent unprofessional behaviour in matters involving the rendering of natural scientific services.

2.1.2 must act in accordance with applicable laws, regulations, standards and guiding principles.

2.1.3 must act in a manner consistent with the good reputation of the natural science profession and natural scientists and refrain from conduct which may harm the public, the natural science profession or which may bring the natural science profession or natural scientists into disrepute.

2.2 *With respect to integrity and dignity:*

2.2.1 must discharge their duties to their employers, clients, associates and/or the public with due care, skill and diligence.

2.2.2 must, when carrying out work, adhere to applicable ethical principles, relevant legislation and standards in their respective fields of practice.

2.2.3 must, in accordance with the applicable employment conditions or contract, disclose to their employer or client, in writing, any interest, including but not limited to financial or personal interest, that they may have in any company, firm or organisation, or with any person, which is potentially in conflict with the work that they are employed to perform. The registered person must refrain from undertaking work in respect of which the registered person has conflicting interest.

2.2.4 must disclose, in writing, particulars of any royalty or other financial benefit which accrues or may accrue to them as a result of such interest.

2.2.5 must uphold the integrity, dignity, standing and reputation of the natural scientific profession.

2.2.6 must maintain and uphold privacy and confidentiality of the information obtained in the exercise of their duties, in accordance with the applicable laws and regulations (such as the Protection of Personal Information Act 4 of 2013)

- 2.2.7 must maintain and keep safe a record of calculations, document or any other evidence required for the verification of their work, in accordance with document management laws, regulations and standards and guiding principles.
- 2.2.8 must refrain from deliberately causing direct or indirect harm to, the professional reputation, prospects or business of another person.
- 2.2.9 must not unlawfully attempt to supplant another registered person after a formal offer of employment and/or letter of award has been made.
- 2.2.10 must obtain consulting work in a professional manner and not by way of intimidation, threat or bribery.
- 2.2.11 must advertise their professional services in a manner that is accurate and that is not misleading or derogatory of the dignity of the profession.

2.3 *With respect to competency:*

- 2.3.1 must only undertake natural scientific work for which their education, training and experience have rendered them competent to perform and is within the category of their registration.
- 2.3.2 must not misrepresent or knowingly permit misrepresentation of their own or their associates' academic or professional qualifications, or exaggerate their own degree of responsibility for any work of a natural scientific nature.
- 2.3.3 must give due recognition when using the work of others, in compliance with applicable laws, regulations, standards and guiding principles.
- 2.3.4 must become familiar and comply with the applicable SACNASP rules and regulations prescribed in terms of the Act, as well as any enforcement procedures that are prescribed in accordance with the relevant field of practice.

2.4 *With respect to operating outside the boundaries of South Africa:*

- 2.4.1 must, when practising their science professions in another country, do so in accordance with this Code of Conduct, in so far as the Code of Conduct is not inconsistent with the law of the country concerned; provided that they also adhere to the standards of professional conduct in that country.

BOARD NOTICE 365 OF 2022**SOUTH AFRICAN COUNCIL FOR NATURAL SCIENTIFIC PROFESSIONS****RECOMMENDED CONSULTATION FEES**

The South African Council for Natural Scientific Professions herewith retract Board Notice 98 of 2021 as published on 6 August 2021 in Government Gazette No. 44945.

The South African Council for Natural Scientific Professions has under article 35 (1) of the Natural Scientific Professions Act, 2003 (Act 27 of 2003), determined the amended tariff of recommended fees in this Schedule, which has been approved.

SCHEDULE**Definitions**

1. In this Schedule the definitions are as follows:

"Category A", in respect of a private consulting practice in natural sciences, shall mean a top practitioner whose expertise is nationally or internationally recognised and who provides advice at a level of specialisation where such advice is recognised as that of an expert;

"Category B", in respect of a private consulting practice in natural sciences, shall mean a partner, a sole proprietor, a director, or a member who, jointly or severally with his other partners, co-directors or co-members, bears the risk of the business, takes full responsibility for the liabilities of such practice, performs work of a conceptual nature in natural sciences and development, provides strategy guidance in planning and executing a project and/or carries responsibility for quality management pertaining to a project;

"Category C", in respect of a private practice in natural sciences, shall mean all salaried professional and technical staff performing work of a natural scientific nature and who carry the direct technical responsibility for one or more specific activities related to a project. A person referred to in Category B may also fall in this category if such person performs work of a natural scientific nature at this level;

"Category D", in respect of a private consulting practice in natural sciences, shall mean all other salaried technical staff with adequate expertise and relevant experience performing work of a natural scientific nature with direction and control provided by any person contemplated in Categories A or B or C.

RECOMMENDED RATES

| CATEGORY OF STAFF | Indicative Rates per hour in Rands (2022) |
|-------------------|---|
| A | R2 663.00 |
| B | R2 277.00 |
| C | R1 351.00 |
| D | R 970.00 |

BOARD NOTICE 366 OF 2022**AGRICULTURAL PRODUCE AGENTS ACT, 1992****(ACT NO 12 OF 1992)****UNCLAIMED MONIES PAYABLE TO PRINCIPALS OF FRESH PRODUCE AGENTS**

In terms of Section 21(1) of the Agricultural Produce Agents Act, 1992 (Act No. 12 of 1992) notice is hereby given of unclaimed monies specified in the Schedule, that have been paid to the Registrar of the Agricultural Produce Agents Council in terms of Section 21(2) of the Act.

Any person who is of the opinion that he/she is entitled to an indicated amount shall claim it within 90 days from the date of publication of this notice by means of a statement, duly sworn and confirmed to the Registrar, Agricultural Produce Agents Council, Postnet Suite #296, Private Bag X1, East Rand, 1462, and in which the following particulars are furnished:

- a) The full name and address of claimant;
- b) The names of the fresh produce agent concerned;
- c) The amount claimed and quantity of produce for which it is claimed; and
- d) The date on which and the address at which the produce concerned were delivered.



THE REGISTRAR:**AGRICULTURAL PRODUCE AGENTS' COUNCIL**



Agricultural Produce Agents Council

Unclaimed monies details list

Reporting month:

30 September 2022

Period reflected:

2022/04/01 - 2022-09-30

| Gazette Number | Unadvertised | |
|--|------------------------------------|--------------------|
| Agency | Producer (Surname and Initials) | Sum of Balance |
| CL de Villiers Market Agents | Mankga MJ | R 184,68 |
| CL de Villiers Market Agents Total | | R 184,68 |
| Dapper Market Agents | Masala RN | R 511,09 |
| Dapper Market Agents | Masala VM | R 316,32 |
| Dapper Market Agents | Nyatwa P | R 197,67 |
| Dapper Market Agents | Manenzhe S | R 39,02 |
| Dapper Market Agents | Ndou N | R 204,78 |
| Dapper Market Agents | Sigonde TA | R 273,17 |
| Dapper Market Agents | Tshivhanda TS | R 126,84 |
| Dapper Market Agents | Zanke Boerdery | R 1 351,10 |
| Dapper Market Agents | Lephalale Martin | R 830,37 |
| Dapper Market Agents | Nemalale C | R 771,79 |
| Dapper Market Agents | Nemalale MS | R 472,99 |
| Dapper Market Agents | Khambule Thempson | R 2,37 |
| Dapper Market Agents Total | | R 5 097,51 |
| Botha Roodt Johannesburg Market Agents | Mathebula | R 66,05 |
| Botha Roodt Johannesburg Market Agents | Overpayment | R 0,10 |
| Botha Roodt Johannesburg Market Agents | Emonti Perishables | R 1 141,40 |
| Botha Roodt Johannesburg Market Agents | Tooleys Avos | R 4 484,20 |
| Botha Roodt Johannesburg Market Agents | Rufos | R 6,39 |
| Botha Roodt Johannesburg Market Agents | Ondrhoek | R 0,92 |
| Botha Roodt Johannesburg Market Agents | Tsakani | R 132,25 |
| Botha Roodt Johannesburg Market Agents | Tikketai | R 0,04 |
| Botha Roodt Johannesburg Market Agents | Skiwambani | R 79,07 |
| Botha Roodt Johannesburg Market Agents | Tshisevhe | R 127,49 |
| Botha Roodt Johannesburg Market Agents | Keyterfontein | R 0,80 |
| Botha Roodt Johannesburg Market Agents | Ahmad | R 0,03 |
| Botha Roodt Johannesburg Market Agents | Sutherland | R 2,55 |
| Botha Roodt Johannesburg Market Agents Total | | R 6 041,29 |
| Delta Market Agents | WM Fresh | R 42 259,31 |
| Delta Market Agents | Hadebe S | R 2 529,16 |
| Delta Market Agents Total | | R 44 788,47 |
| DW Fresh Produce Market Agents (JHB) | Mukwevho TE | R 693,05 |
| DW Fresh Produce Market Agents (JHB) Total | | R 693,05 |
| DW Fresh Produce Market Agents (TSE) | Makhubela NC | R 911,93 |
| DW Fresh Produce Market Agents (TSE) | Driftwood | R 213,90 |
| DW Fresh Produce Market Agents (TSE) | Thoma WP | R 8,97 |
| DW Fresh Produce Market Agents (TSE) | KMT | R 351,73 |
| DW Fresh Produce Market Agents (TSE) | Botalana Plantations | R 229,30 |
| DW Fresh Produce Market Agents (TSE) Total | | R 1 715,83 |
| Exec-U-Fruit Market Agents | Maloka N | R 1 731,15 |
| Exec-U-Fruit Market Agents | Mudau J | R 516,85 |
| Exec-U-Fruit Market Agents | Makhuvele VA | R 354,60 |
| Exec-U-Fruit Market Agents | Starosa Farming | R 32,37 |
| Exec-U-Fruit Market Agents | Maranda VP | R 689,79 |
| Exec-U-Fruit Market Agents | Mudau MJ | R 646,44 |
| Exec-U-Fruit Market Agents | Rasalanavho NR | R 2 099,94 |

| | | | |
|--|-------------------------|----------|------------------|
| Exec-U-Fruit Market Agents | Mudau MP | R | 607,46 |
| Exec-U-Fruit Market Agents | Ramatlho ND | R | 671,02 |
| Exec-U-Fruit Market Agents | Rascosa Trading | R | 3 024,32 |
| Exec-U-Fruit Market Agents | Manangeng M | R | 82,06 |
| Exec-U-Fruit Market Agents | Tshivhula W | R | 186,43 |
| Exec-U-Fruit Market Agents | Nenzhelele S | R | 344,80 |
| Exec-U-Fruit Market Agents | Tshimomola AE | R | 105,55 |
| Exec-U-Fruit Market Agents | Ngamaanda Farming | R | 104,64 |
| Exec-U-Fruit Market Agents | Sun Farmers | R | 573,25 |
| Exec-U-Fruit Market Agents | Khethani M | R | 352,83 |
| Exec-U-Fruit Market Agents | Ramufhi TH | R | 29,41 |
| Exec-U-Fruit Market Agents | Mufhufi NH | R | 576,39 |
| Exec-U-Fruit Market Agents | Malatji RS | R | 956,00 |
| Exec-U-Fruit Market Agents | Multiple payments | R | 24 868,36 |
| Exec-U-Fruit Market Agents | EXEC-U-FRUIT | R | 438,47 |
| Exec-U-Fruit Market Agents Total | | R | 38 992,13 |
| Farmers Trust Market Agents | Serane C | R | 238,54 |
| Farmers Trust Market Agents | Magodo M | R | 104,25 |
| Farmers Trust Market Agents | Kapee Farm | R | 84,11 |
| Farmers Trust Market Agents | Molele R | R | 567,60 |
| Farmers Trust Market Agents | Selowa P | R | 325,20 |
| Farmers Trust Market Agents | Kopanang | R | 221,34 |
| Farmers Trust Market Agents | Lebjene L | R | 59,40 |
| Farmers Trust Market Agents | Leshabane MT | R | 353,25 |
| Farmers Trust Market Agents | Mkansi G | R | 423,33 |
| Farmers Trust Market Agents | Mnisi Bdy | R | 293,14 |
| Farmers Trust Market Agents Total | | R | 2 670,16 |
| G.W. Poole Market Agents | Dludla GP | R | 182,40 |
| G.W. Poole Market Agents | Dludla G P | R | 43,63 |
| G.W. Poole Market Agents Total | | R | 226,03 |
| Mabeka Market Agency | Back to Earth | R | 91,25 |
| Mabeka Market Agency Total | | R | 91,25 |
| Marco Market Agents | Happy Valley Agri SA | R | 12 320,42 |
| Marco Market Agents | Mamphadeni DL | R | 380,02 |
| Marco Market Agents | Munyai NB | R | 315,95 |
| Marco Market Agents Total | | R | 13 016,39 |
| Noordvaal Market Agents | Rossouw EJJ | R | 1 646,78 |
| Noordvaal Market Agents | Sutherland Super Spar | R | 17,25 |
| Noordvaal Market Agents | Charles | R | 25,47 |
| Noordvaal Market Agents | Buhle Farmers Academy | R | 16,65 |
| Noordvaal Market Agents | Vigorous Agricultural | R | 285,70 |
| Noordvaal Market Agents | PJ Boerdery | R | 188,64 |
| Noordvaal Market Agents | Roberts Farm | R | 950,55 |
| Noordvaal Market Agents | Casper Botha | R | 399,14 |
| Noordvaal Market Agents | Baloyi W | R | 214,17 |
| Noordvaal Market Agents | Silverlakes Farm | R | 178,19 |
| Noordvaal Market Agents | Kloppers Bos Properties | R | 583,20 |
| Noordvaal Market Agents | Mussa S | R | 12,84 |
| Noordvaal Market Agents | Lemoenfontein BDY | R | 2 185,25 |
| Noordvaal Market Agents | Baloyi Consortium | R | 556,67 |
| Noordvaal Market Agents Total | | R | 7 260,50 |
| RSA Market Agents (CPT) | Harmony Farm | R | 2 343,69 |
| RSA Market Agents (CPT) | Jerome Embrose Mkosana | R | 637,75 |
| RSA Market Agents (CPT) | H and I Boerdery | R | 151,09 |
| RSA Market Agents (CPT) Total | | R | 3 132,53 |
| RSA Market Agents (DBN) | King Fresh | R | 5 342,84 |
| RSA Market Agents (DBN) | Mandlangampisi CO OP | R | 2 936,59 |
| RSA Market Agents (DBN) | Abekar | R | 462,09 |

| | | | |
|---|--------------------------------|----------|------------------|
| RSA Market Agents (DBN) | Govender A | R | 227,73 |
| RSA Market Agents (DBN) | Utho Ngathi | R | 1 002,41 |
| RSA Market Agents (DBN) | The King Fresh Wholesaler | R | 5 207,89 |
| RSA Market Agents (DBN) | Veggie Fresh | R | 568,88 |
| RSA Market Agents (DBN) | Msleku Simiso | R | 436,68 |
| RSA Market Agents (DBN) | Ekuthukuzeni Area | R | 522,26 |
| RSA Market Agents (DBN) | Mohan Bridge | R | 128,43 |
| RSA Market Agents (DBN) Total | | R | 16 835,80 |
| RSA Market Agents (JHB) | National Fruit Supplies | R | 987,54 |
| RSA Market Agents (JHB) | Boxer | R | 7 232,04 |
| RSA Market Agents (JHB) | Mgiba MP | R | 951,29 |
| RSA Market Agents (JHB) | Ylboomvlakte Boerdery | R | 38 737,77 |
| RSA Market Agents (JHB) | Indi Atlantic Trading CC | R | 811,35 |
| RSA Market Agents (JHB) | Fakude Farms | R | 202,41 |
| RSA Market Agents (JHB) | Mathebula W | R | 209,45 |
| RSA Market Agents (JHB) | Delicious Mountain (Pty) Ltd | R | 433,83 |
| RSA Market Agents (JHB) Total | | R | 49 565,68 |
| RSA Market Agents (Limpopo) | Shemange Farming | R | 380,20 |
| RSA Market Agents (Limpopo) | Klipfontein | R | 140,50 |
| RSA Market Agents (Limpopo) | Geldenhuis E | R | 426,15 |
| RSA Market Agents (Limpopo) | Mohlolane Agricultural | R | 146,50 |
| RSA Market Agents (Limpopo) | RMSE063394/7021/POL/59/RSA Mar | R | 34,25 |
| RSA Market Agents (Limpopo) Total | | R | 1 127,60 |
| RSA Market Agents (SPR) | Ylboomvlakte Boerdery | R | 77 981,87 |
| RSA Market Agents (SPR) | Basedi Delmas | R | 308,66 |
| RSA Market Agents (SPR) | OMBS PTY LTD | R | 100,61 |
| RSA Market Agents (SPR) Total | | R | 78 391,14 |
| RSA Market Agents (TSE) | Mukwevho | R | 68,50 |
| RSA Market Agents (TSE) | Matopo Farm | R | 32,29 |
| RSA Market Agents (TSE) | Farani S | R | 490,25 |
| RSA Market Agents (TSE) | Letsie RM | R | 2,07 |
| RSA Market Agents (TSE) | Marilizmar (EDMS) BPK | R | 15 673,47 |
| RSA Market Agents (TSE) | Faranani Sechaba CO OP | R | 3 842,12 |
| RSA Market Agents (TSE) | Freshgold | R | 2,35 |
| RSA Market Agents (TSE) | Grysappel Trust | R | 2 131,70 |
| RSA Market Agents (TSE) | Setwaba | R | 1 621,16 |
| RSA Market Agents (TSE) | TL Mahlangu | R | 569,04 |
| RSA Market Agents (TSE) | Thinandavha NG | R | 376,37 |
| RSA Market Agents (TSE) | Mukwitha Holdings | R | 539,90 |
| RSA Market Agents (TSE) | Mogale N | R | 522,50 |
| RSA Market Agents (TSE) | Shivambo MJ | R | 394,35 |
| RSA Market Agents (TSE) | Sepheke Mathu | R | 188,00 |
| RSA Market Agents (TSE) | Maluleke Caroline | R | 62,19 |
| RSA Market Agents (TSE) | Thaoge Farms | R | 37,67 |
| RSA Market Agents (TSE) | Wets Farming | R | 1 528,79 |
| RSA Market Agents (TSE) | Malatji MA | R | 325,83 |
| RSA Market Agents (TSE) | Portia Poultry | R | 86,35 |
| RSA Market Agents (TSE) | BA Kgosana Co Operative | R | 8,56 |
| RSA Market Agents (TSE) | Mukwita Holdings | R | 1 963,34 |
| RSA Market Agents (TSE) | The Cow Bouyz | R | 529,99 |
| RSA Market Agents (TSE) | The Cow Bouys | R | 59,93 |
| RSA Market Agents (TSE) | Morola Eden | R | 142,32 |
| RSA Market Agents (TSE) | Shepard Mutemeli | R | 110,94 |
| RSA Market Agents (TSE) Total | | R | 31 309,98 |
| Subtropico Market Agents (JHB) | Malomane RM | R | 170,51 |
| Subtropico Market Agents (JHB) | CASHFOCUS SUBTROPICO JHB/UNKNO | R | 3 672,54 |
| Subtropico Market Agents (JHB) Total | | R | 3 843,05 |
| Subtropico Market Agents (PMB) | Ntabaziyaling Farming | R | 163,87 |

| | | | |
|---|----------------------|----------|-------------------|
| Subtropico Market Agents (PMB) Total | | R | 163,87 |
| Subtropico/ Protea Market Agents (TSE) | Sehloana PL | R | 1 869,48 |
| Subtropico/ Protea Market Agents (TSE) | Muhlarhi O | R | 57,40 |
| Subtropico/ Protea Market Agents (TSE) | Elands Aquaponics | R | 619,97 |
| Subtropico/ Protea Market Agents (TSE) | Homegrow Farm | R | 353,07 |
| Subtropico/ Protea Market Agents (TSE) | Manganyi J | R | 128,27 |
| Subtropico/ Protea Market Agents (TSE) | J Sindane Farm | R | 1 164,70 |
| Subtropico/ Protea Market Agents (TSE) | Sam Project | R | 351,31 |
| Subtropico/ Protea Market Agents (TSE) | Mushwana TE | R | 294,75 |
| Subtropico/ Protea Market Agents (TSE) | J Simelane Project | R | 161,32 |
| Subtropico/ Protea Market Agents (TSE) Total | | R | 5 000,27 |
| Subtropico/ Spes Bona Market Agents | 451535 | R | 6 872,26 |
| Subtropico/ Spes Bona Market Agents | Urban Foods | R | 800,59 |
| Subtropico/ Spes Bona Market Agents | Thomas Ngada Bdy | R | 179,16 |
| Subtropico/ Spes Bona Market Agents Total | | R | 7 852,01 |
| Tshwane Green Market Agency | Bee Tree Farm | R | 135,47 |
| Tshwane Green Market Agency | Macarlos Farm | R | 154,12 |
| Tshwane Green Market Agency | Tshegetsa E | R | 169,26 |
| Tshwane Green Market Agency | Bango D | R | 94,39 |
| Tshwane Green Market Agency | Mufamadi B | R | 321,14 |
| Tshwane Green Market Agency | General Trading | R | 784,81 |
| Tshwane Green Market Agency | Muthuphei TC | R | 578,94 |
| Tshwane Green Market Agency | Two For Joy Farm | R | 191,44 |
| Tshwane Green Market Agency | Disolvane Mamoagie | R | 106,76 |
| Tshwane Green Market Agency | Xivandzani Farm | R | 7,65 |
| Tshwane Green Market Agency | Matome Malematja | R | 645,00 |
| Tshwane Green Market Agency | CPJ Erusmas | R | 52,15 |
| Tshwane Green Market Agency | Mametsa R | R | 106,75 |
| Tshwane Green Market Agency | Matjila Stafel | R | 76,36 |
| Tshwane Green Market Agency | Nthangeni N N | R | 68,56 |
| Tshwane Green Market Agency | Nwa Empire Farming | R | 123,69 |
| Tshwane Green Market Agency | One Farms | R | 5,39 |
| Tshwane Green Market Agency | Radzuma Murendeni | R | 47,62 |
| Tshwane Green Market Agency | Tinungu Co Operative | R | 293,99 |
| Tshwane Green Market Agency | Mulaudsi C | R | 171,32 |
| Tshwane Green Market Agency Total | | R | 4 134,81 |
| W.L. Ochse & Co Market Agents | Strydom JT | R | 1 469,00 |
| W.L. Ochse & Co Market Agents Total | | R | 1 469,00 |
| Grand Total | | R | 323 603,03 |

BOARD NOTICE 367 OF 2022**FINANCIAL SECTOR CONDUCT AUTHORITY****FINANCIAL MARKETS ACT, 2012****PROPOSED AMENDMENTS TO THE JSE EQUITIES RULES, THE JSE
DERIVATIVES RULES AND THE JSE INTEREST RATE & CURRENCY
DERIVATIVES RULES: DISCIPLINARY MATTERS - PENALTIES**

The Financial Sector Conduct Authority ("FSCA") hereby gives notice under section 71(3)(b)(ii) of the Financial Markets Act, 2012 (Act No. 19 of 2012) that the proposed amendments to the rules of JSE Limited ("JSE") have been published on the official website of the FSCA (www.fsca.co.za) for public comment. All interested persons who have any objections to the proposed amendments are hereby called upon to lodge their objections with FSCA, by email to: Queries.Marketinfrastructures@fsca.co.za within a period of fourteen (14) days from the date of publication of this notice.



Ms. Astrid Ludin

Deputy Commissioner

Financial Sector Conduct Authority

BOARD NOTICE 368 OF 2022**FINANCIAL SECTOR CONDUCT AUTHORITY****FINANCIAL MARKETS ACT, 2012****APPROVED AMENDMENTS TO THE JSE GUARANTEE FUND RULES**

The Financial Sector Conduct Authority ("FSCA") hereby gives notice under section 71(3)(c)(ii) of the Financial Markets Act, 2012 (Act No. 19 of 2012) that the amendments to the rules of the JSE Limited ("JSE") have been approved. Please be advised that the rules have been published on the website of the FSCA (www.fsca.co.za) and the website of the JSE (www.jse.co.za).

The amendments come into operation on the date of publication.



Ms. Astrid Ludin

Deputy Commissioner

Financial Sector Conduct Authority

BOARD NOTICE 369 OF 2022**FINANCIAL SECTOR CONDUCT AUTHORITY****FINANCIAL MARKETS ACT, 2012****APPROVED AMENDMENTS TO THE JSE DERIVATIVES RULES, THE JSE INTEREST RATE & CURRENCY DERIVATIVES RULES AND THE JSE FIDELITY FUND RULES- RECOGNITION OF JSE CLEAR AS AN INDEPENDENT CLEARING HOUSE AND A LICENSED CENTRAL COUNTERPARTY**

The Financial Sector Conduct Authority ("FSCA") hereby gives notice under section 71(3)(c)(ii) of the Financial Markets Act, 2012 (Act No. 19 of 2012) that the amendments to the Rules of JSE Limited ("JSE") have been approved. Please be advised that the Rules have been published on the website of the FSCA (www.fsca.co.za) and the website of the JSE (www.jse.co.za).

The amendments come into operation on date 01 January 2023.



Ms. Astrid Ludin

Deputy Commissioner

Financial Sector Conduct Authority

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