

**Lobbying Disability in South Africa, 1994-2001:  
A Description of the Activities of the Disabled People  
South Africa (DPSA) in the Policy-making Process.**

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## Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date

## Abstract

This research assignment is a detailed descriptive investigation of the lobbying role played by the Disabled People South Africa (DPSA) in the post-apartheid era in South Africa. The period under investigation is 1994-2001.

The focus is on the DPSA as a lobbyist attempting to influence policy in favour of the disabled people in South Africa. In doing this, the study gives an overview of the three important concepts in this study, namely policy-making, disability and lobbying. The three concepts are analysed and looked at particularly from a South Africa perspective. The study utilises different methods of data collection.

Disabled people have a history of being exposed to discrimination. After 1994 South Africa had a Constitution that outlawed such a practice against disabled people. South Africa in its democracy has new policies that are different from the ones that were governing the country during the apartheid era. The DPSA, as an umbrella body representing the disabled, now has to play a more effective role regarding the advocating for its members. Hence this study is conducted during the 1994-2001 period. The study mainly focuses on what and how the DPSA has tried to influence lobbying policy-making in favour of the disabled.

The conclusion of the study is that the DPSA has achieved success directly and indirectly. The DPSA has managed to play a significant role in the improvement of the lives of disabled people in South Africa. However, it is recommended that the DPSA should make more efforts in addition to what has been done up to this far.

## Opsomming

Hierdie navorsingsopdrag is 'n gedetailleerde beskrywende studie van die rol wat die werwing van steun deur die Gestremde Mense van Suid Afrika (DPSA) in die post-apartheid era 1994-2001 in Suid-Afrika speel.

Die fokus is op die DPSA as 'n steunwerwer om die beleid te beïnvloed ten gunste van gestremde mense in Suid-Afrika. Deur dit te doen gee hierdie studie 'n oorsig van drie belangrike konsepte, naamlik beleidvorming, gestremdheid en steunwerwing. Hierdie drie konsepte is spesifiek vanuit 'n Suid-Afrikaanse perspektief ontleed. Die studie gebruik verskillende metodes om data te versamel.

Gestremde mense het 'n geskiedenis van blootstelling aan diskriminasie. Na 1994 het Suid-Afrika 'n grondwet wat diskriminasie teen gestremde mense onwettig verklaar het. 'n Demokratiese Suid-Afrika het nuwe beleide wat verskillend is van dié wat die land tydens die apartheid era gehad het. Die DPSA, as 'n sambreel organisasie, verteenwoordigend van gestremdes, moes nou 'n meer effektiewe rol speel in die verdediging van sy lede. Die studie fokus hoofsaaklik op die voordele wat die DPSA gekry het ten gunste van die gestremdes.

Die gevolgtrekking van die studie is dat die DPSA direkte en indirekte suksesse behaal het. Die DPSA het dit reggekry om 'n belangrike rol te speel in die verbetering van die lewe van gestremdes in Suid-Afrika. Daar is nietemin voorgestel dat die DPSA meer pogings moet aanwend, addisioneel tot dit wat reeds gedoen is.

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## Dedication

To my late mother, Gladys Tokkie Tire, with all my love.

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## List of Selected Acronyms

ACDP	African Christian Democratic Party
ADD	Attention Deficit Disorder
AEB	Afrikaner Eenheids Beweging
ANC	African National Congress
AZAPO	Azanian Peoples' Organisation
CDE	Centre for Development and Enterprise
CASE	Community Agency for Social Inquiry
DDT	District Development Team
DEAFSA	Deaf Federation of South Africa
DHR	Swedish Federation of the Disabled Persons
DICAG	Disabled Children's Action Group
DPI	Disabled People International
DPSA	Disabled People South Africa
DSI	Danish Council of the Disabled
DSSA	Down Syndrome South Africa
DWDP	Disabled Womens Development Programme
DYSA	Disabled Youth South Africa
EDP	Enterprise Development Programme
EEA	Employment Equity Act
FA	Federal Alliance
IFP	Inkatha Freedom Party
ILO	International Labour Organisation
INDS	Integrated National Disability Strategy
IYDP	International Year of Disabled People
LDA	Lobbying Disclosure Act
LDRS	Local Disability Rights and Self-Representation
MF	Minority Front
MPDP	Membership & Policy Development Programme
NA	National Assembly

NBFET	National Board for Further Education and Training
NCOP	National Council of Provinces
NCPPDSA	National Council for Persons with Physical Disabilities in South Africa
NDA	Board of the National Development Agency
NDPCP	National Division for Persons with Cerebral Palsy
NEDLAC	National Economic Development and Labour Council
NEPA	NTSIKA Enterprise Development Promotion Agency
NGO	Non-Governmental Organisation
NNP	New National Party
NSA	National Skills Authority
NYC	National Youth Commission
OSDP	Office on the Status of Disabled Persons
PDC	Provincial Development Co-ordinator
PDT	Provincial Development Team
PEC	Provincial Executive Committee
PMG	Parliamentary Monitoring Group
POA	Programme of Action
PSALAB	Pan South African Language Board
PSC	Public Service Commission
QASA	Quadriplegic Association of South Africa
RDP	Restructuring and Development Programme
SABC	South Africa Broadcasting Corporation
SABC Board	South African Broadcasting Corporation Board
SAFCOD	South African Federal Council on Disability
SAFMH	South African National Federation for Mental Health
SAFOD	Southern African Federation of Disabled
SAHRC	South African Human Rights Commission
SALGA	South African Local Government Association
SANCB	South African National Council for the Blind
SAQA	South African Qualifications Authority
SDR	National Association for the Deaf

SHAP	Self-Help Association of Paraplegics
SHIA	Swedish Organisations of Disabled Persons International Aid Association
SRF	Swedish Federation of the Visually Impaired
UCDP	United Christian Democratic Party
UDM	United Democratic Front
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

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# **Lobbying Disability in South Africa, 1994-2001: A Description of the Activities of the Disabled People South Africa (DPSA) in the Policy-making Process**

## Chapter 1

### Context, Problem Statement and Methodology

#### 1.1 Introduction

This study investigates the lobbying of disability in South Africa during the period 1994-2001. The focus of this study is on the role played by the Disabled People South Africa (DPSA) in the policy-making process in the post-apartheid era in South Africa. The situation concerning social policy has changed tremendously compared to the apartheid period in South Africa with respect to disability. After 1994 the manner in which policy was designed changed very much from the way it used to be as all citizens are regarded equal beings and are given equal access to opportunities and facilities. South Africa in the post-apartheid era is no longer a hierarchically structured society based on race. The government now has the responsibility of providing equally for citizens, including the disabled.

The period 1994 to 2001 marks a very important part of South Africa's democratic history. The setting and period on which this study focuses is very important for two reasons. First, South Africa is in the infancy of its democracy. Second, the period 1994-2001 is recorded as a turning point of South Africa's political history. It is during this time that a new government came into power and as a result the country's governance system underwent what Calland (1999) refers to as a fundamental overhaul. Calland (1999: 3) points out that "the first five years of South Africa's democracy was an intense time. It involved no less than a fundamental overhaul of the country's system of governance. At the core of this process was the national Parliament, the institutional centrepiece of the new democratic order. As any democratic parliament will tend to, it reflected many of the complexities and contradictions of the dramatic social change that took place".

## 1.2 Background

In all countries of the world people with disabilities are a minority group. In many instances as a group they are deprived of services and facilities available to the non-disabled and, consequently, they are the least nourished, the least healthy, the least educated, the least employed. They have been subject to a long history of neglect, isolation, segregation, poverty, deprivation, charity and even pity (Hahn in Nagler, 1992: 119; Nagler, 1992: v; Howell & Masuta, 1993: 3; Doyle: 1995, White Paper on Integrated National Disability Strategy; 1997: 2-4; Manyuke in Camay and Gordon, 1998: 76-81 and *Cape Argus*, 12 December 2001).

The plight of disabled people in South Africa is not different from that of disabled people in a huge number of countries in the world. The immense responsibility for the care of the disabled is generally left to their families and a few institutions managed by voluntary organisations and the government. Like other disabled people in other parts of the world, disabled people in South Africa lacked economic, educational and political power and they were also ignored by society. Regarding the situation of disabled people in society Doyle (1995: 1) points out “throughout history disabled people have experienced social discrimination, segregation and exclusion. They have been characterised as incomplete or defective human beings, subjected at one extreme to neglect, persecution and death, and at other extreme to charity, social welfare and paternalism”.

As Doyle (1995: 1) suggests, many disabled people fell victim to segregation and exclusion due to their condition. They were thus exposed to situations in which they were denied proper health care and social services; the environment marginalised them; they were immobilised by the transport system, denied full participation in leisure and social activities and disenfranchised by the political process. Some of the indifference of society is still reflected in some facets of the lives of disabled people from the apartheid era up to now in post-apartheid South Africa. The Minister in the Office of the Presidency, Dr Essop Pahad captures the situation facing disabled people in South Africa by pointing out that “much progress has been made, but huge challenges remain; not the least a deeply ingrained mindset

that relegates the disabled to the margins of society. We must not be satisfied until there is full integration and participation of persons with disabilities in society”.<sup>1</sup>

The educational, social, health, transport and residential arrangements frequently fall short of their total requirements. The prejudices against the disabled and ignorance about their potential become institutionalised and are inevitably reflected in policy-making, resource allocation, service provision and the status accorded to them.<sup>2</sup> In addition, the South African Human Rights Council Policy Paper of 1997, No. 5 states, “the situation faced by people with disabilities in South Africa is one which is characterised by levels of extreme inequality and discrimination”. And also, in a White Paper on an Integrated National Disability Strategy in 1997, it was clearly stated that the majority of people with disabilities in South Africa have been excluded from the mainstream of society and have thus been prevented from accessing fundamental social, political and economic rights.

Disability is both a problem and a challenge at the same time. The problem in dealing with disability lies in the fact that there still is a tendency to identify disabled people as ill or as different from non-disabled people and as a result the wider social needs of the disabled are neglected.<sup>3</sup> Discrimination still happens, although South Africa gained its first ever democracy in 1994 and adopted its first democratic constitution in 1996. Pahad expressed this concern as a challenge to South Africa, particularly to those in power when he said “one of the most pressing challenges we face in South Africa is to root out discrimination”. And he emphasised that “race and gender are not the only discriminatory fields where we must focus our attention. There is the question of people with disabilities. They have for years suffered the indignity of being neglected and excluded. We must redouble our efforts to put this right”.<sup>4</sup>

Discrimination against disabled individuals has become part and parcel of our societies to such an extent that disabled people are confronted every day with the experiences of

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<sup>1</sup> Speech made by Dr Essop Pahad on 25 April 2001

<sup>2</sup> Statement issued by the Office on the Status of Disabled Persons in The Presidency, 11 June 2002

<sup>3</sup> Speech delivered by Catherine Mabuza, MEC in the Office of the Premier, Northern Province, at the Seminar on Disability, Place of Safety, 20 June 2000.

<sup>4</sup> Speech in the National Assembly on 18 June 2002.

disadvantage and inequality. Examples would include lack of access to some buildings, inaccessibility of public transport, marginalisation in the work environment, etc.

The challenge is the one of changing the past mentality of seeing disabled people as objects of pity. Instead people have to be made to see disabled people as capable individuals who are contributing immensely to the development of society. The Integrated National Disability Strategy White Paper of 1997 states that “among the yardsticks by which to measure a society's respect for human rights, to evaluate the level of its maturity and its generosity of spirit, is by looking at the status that it accords to those members of society who are most vulnerable, disabled people, the senior citizens and its children”.

The White Paper adds, “the concept of a caring society is strengthened and deepened when we recognise that disabled people enjoy the same rights as we do and that we have a responsibility towards the promotion of their quality of life”. Silver & Koopman (2000: 17) claim that “most of these people felt marginalised and excluded by society. This process of marginalisation starts at home and extends into most primary, secondary and tertiary education facilities”.

Some disabled people cannot participate in the economic activities of their countries. The severity and nature of their impairment or disability as a result restrict them. Because people with disabilities are vulnerable, women and minority groups particularly often experience unequal opportunities in all sectors of society.

The following section focuses on various aspects pertaining to the situation regarding disability in South Africa during the apartheid era up to 1994. Focusing on the period before 1994 is very important in that it shows the situation in South Africa regarding disabled people. An understanding of the situation before 1994 is a necessary requirement in order to understand how different the situation is after 1994. In a nutshell, by understanding what the situation was before 1994, it would be possible to understand how the situation changed compared to what it was before 1994.

### 1.2.1 The Situation Regarding Disability in South Africa before 1994

Before 1994 disabled people in South Africa were subjected to many forms of abuse and discrimination. The laws, policies and practices negatively affected disabled people in South Africa. In terms of employment many disabled people could not work in the open labour market. If they happened to be employed, they would be subjected to exclusion from protection by the labour legislation in the country at that time. As a result disabled people complained about unfair treatment, unfair dismissals, poor wages and poor employment conditions (Howell & Masuta, 1993: 9). Education is also one of the areas in which disabled people were also discriminated against.

During the apartheid era “special schools” were premised on two segregating criteria, race and disability. In essence this meant that “white special schools” were much better resourced than schools for black children with disabilities. For example, Worcester School for the Blind, for whites was better equipped than Siloe School for the Blind for blacks in Pietersburg. At the Worcester School for the Blind learners could take lessons like music and Mathematics.<sup>5</sup> There was also a difference between Leboneng Special School for the disabled blacks and Amarie Special School for the whites in Welkom. Amarie Special School for the whites was more equipped than Leboneng Special School for blacks.<sup>6</sup> There was therefore no effective or adequate policy guiding government in terms of disability. As a result many unfair practices were committed against disabled people (Howell & Masuta, 1993: 19)

In terms of social security many disabled people were dependent on state assistance available to them at that time. The state pensions or grants regulations that were laid down were very strict and made it hard for disabled people to receive a disability grant. The apartheid government had set a means test and disabled people had to prove that they were over 50% disabled for at least a year before they could qualify for a grant. This led to many disabled not qualifying for grants and therefore received nothing (Howell & Masuta, 1993: 14-15).

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<sup>5</sup> Telephone Interview with Adv. Mike Masutha (MP) and member of the DPSA on the 15 May 2003.

<sup>6</sup> Telephone Interview with Joseph Mzondeki (MP) and member of the DPSA on the 15 May 2003.

The apartheid administration, while making it difficult – and in some instances impossible – for disabled people to receive grants, also allocated unequal grants for black and white disabled people. Roskam (1960: 56-57) pointed out three relevant Acts based on discrimination in terms of race by the apartheid government: “the Old Age Pensions Act, No. 22 of 1928, as amended, discriminated between whites and coloureds in awarding the former a higher pension than the latter... “the Blind Persons Act, No. 11 of 1936, as amended provided for differential treatment of blind whites and Coloureds. Africans and Indians were excluded... “the Disability Grants Act, No. 36 of 1946, as amended, discriminated in the payment to persons suffering from physical or mental disabilities, whereby the highest amount was obtainable by the whites”.

In response to a question on the situation before 1994 concerning disabled people in the country, Ndzimande (2002) mentioned that different pension amounts were paid; whites earned a higher disability grant or pension, while blacks received the lowest. Also with regards to the welfare programme, there was the Blind Persons Act that provided benefits unequally to black and white people. The issue of physical access to hospitals was also discriminatory in nature. For the white disabled community there were better designed and well-resourced hospitals with efficient doctors; the situation was the total opposite for blacks.<sup>7</sup> (The following writers deal with disability discrimination: Roskam, 1960: 57-58, Howell & Masuta, 1993: 3 &16 and DPSA’s Pocket Guide on Disability Equity, 2001: 31-35.)

The discrimination suffered by people with disabilities differed from the general discrimination suffered by other black people under the apartheid. Firstly, general discrimination under apartheid was based on race. Black people were discriminated against as a result of their skin colour. Harris (1982: 1) states that “colour prejudices, moreover, are so strong that any person with the least admixture of colour is considered inferior by the dominant white group and is accordingly denied political rights, economic privileges and social status”. On the other hand, people with disabilities were discriminated as a result of their condition. Both black and white people were discriminated against, although black

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<sup>7</sup> Interview with Louis Ndzimande, National Chairperson of the DPSA (MP), in Cape Town at the National Parliament on 25 September 2002. Louis Ndzimande is blind and lost his sight at the age of 3.

people had the added disadvantage of being black. There was no law or policy that protected disabled people against discrimination during the apartheid period.<sup>8</sup> For example, disabled people were employed temporarily and as a result they did not qualify for benefits such as pensions.<sup>9</sup> The work environment was not suitable for disabled people. There was no law protecting disabled people; as a result disabled people were the first in the line in terms of retrenchment.<sup>10</sup>

In the same vein, regarding the pre-1994 relations between blacks and whites in terms of policy, Kotzé (in Venter, 1989: 172) points out that “as a result of a situation where interaction between Whites and Blacks in South Africa takes place mainly on a group basis, it stands to reason that policy originates and develops, so far as individuals are concerned, within the group context”. Kotzé (in Venter, 1989: 172) further clarified his argument by explaining that, because of the insular political culture of the Afrikaners, and more generally speaking of the whites, these groups have been privileged regarding distribution of resources by the government. The white group had developed a belief that its survival was essential to the economy.

The inadequate provision of financial assistance by the state to the disabled led to the disempowering of disabled people. There were also few educational facilities and opportunities for disabled people; people who became disabled on duty lost their jobs and could not work afterwards and many disabled people were not hired as a result of discrimination against them by employers. This therefore put the disabled in a disadvantaged position of being poverty-stricken and not being able to participate equally in the mainstream economy of the country (Howell & Masuta, 1993: 14). The situation regarding disability in South Africa after 1994, when the democratic government came into power, is discussed in the section below.

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<sup>8</sup> Response from both Adv. Mike Masutha and Joe Mzondeki (MPs) and members of the DPSA, on the question of the difference between discrimination against the disabled people and apartheid discrimination.

<sup>9</sup> Telephonic Interview with Adv. Mike Masutha, MP and member of the DPSA, on 15 May 2003.

<sup>10</sup> Telephonic Interview with Joseph Mzondeki, MP and member of the DPSA, on 15 May 2003.

### 1.2.2 The Situation Regarding Disability in South Africa After 1994

The post-apartheid policies in South Africa differed from those that were in operation before 1994. The policies designed after 1994 by the new democratic government had to rectify the discrepancies that were created by the apartheid policies. In terms of people with disabilities, the government designed policies that would ensure the rights of disabled people as equal citizens in society. Of importance is the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), the White Paper on an Integrated National Disability Strategy (1997), the Employment Equity Act, No. 55 of 1998, the Code of Good Practice on Key Aspects of Disability in the Workplace, National Rehabilitation Policy (2000) and all the policies introduced by the present day government in order to do away with the past.

With the advent of the first democratic government in South Africa in 1994, an infrastructure was created to address past inequalities and to protect the rights of all people, including the disabled. This came in the form of the introduction of the Constitution of the Republic of South Africa (1996), the establishment of government institutions like the Human Rights Commission and the authority of the Constitutional Court and the legislation passed (SAHRC Policy Paper: 1997 No. 5).

The Disabled People of South Africa's Pocket Guide Book on Disability Equity (2001: 128) correctly points out that "the first democratically elected South African Government prioritised the creation of an enabling environment within which all South Africans, irrespective of race, gender, ability, age, language or class, could develop with dignity and hope for the future when it came into power in 1994".

The fact that 1994 marked a turning point in the political history of South Africa is not in dispute. This can be picked up in the statement of former president Nelson Mandela during his inaugural address to South Africa's first democratically elected Parliament on 24 May 1994 (Calland, 1999: 7). Parliament as one of the three powers of government was now tasked with the mandate of addressing the need for socio-economic development in the new South Africa. According to Taljaard & Venter (in Venter, 1998: 23), "parliament is a key institution in a democratic state: it is the place where important public issues are debated openly and

freely; it elects the president and can remove the cabinet from office. But the most important function of parliament is to transform the policies of the government of the day into laws”.

It therefore goes without saying that the post-1994 Parliament had the responsibility of changing the apartheid-era policies to suit the democratic South Africa. The fact that South Africa has been a democratic country since 1994 means that there is a significant change in terms of policy and policy-making that would even be significant for disabled people.

The process of change can also be linked to what happened on the international scene. For example, during the civil rights movements in the United States of America (USA) in the 1960s, disabled people also took political action and came out clearly to demand their integration into the mainstream of American society. Similar action spread out to the United Kingdom (UK), Europe and Scandinavia. In all these countries disabled people had similar demands: they demanded equal treatment, an equal share in the country’s development and the removal of barriers against people with disabilities. Initially disabled people formed themselves into groups with common disabilities. This, however, changed a decade later. As a result, in the 1970s barriers were broken and the groups were composed of individuals with wide range of disabilities (Scotch in Nagler, 1990: 238; Howell and Masuta, 1993: 4 and 6; DPSA Pocket Guide on Disability Equity, 2001: 47).

The spread of civil rights movements was not limited only to the countries mentioned above. As pointed out in the Pocket Guide on Disability Equity (2001: 82), activists in South Africa learnt from the international experience. The influence from the outside world contributed towards the emergence of the disability rights movements in the country. The designation of the year 1981 as the International Year of Disabled People (IYDP) and the declaration of the international decade of disabled people by the United Nations (1983-1992) laid a strong foundation for the disability rights movements in South Africa. After disabled people realised that the discrimination and oppression that they were going through was a violation of their human rights, they united for the sake of organised action against the violation of their human rights. Chapter 3 deals in greater depth with the disability rights movements both internationally and in South Africa.

The DPSA as an umbrella disability organisation has the legitimate right to lobby for the rights of disabled people in South Africa. Venter (1998: 284) mentions, “it has been found that the most effective lobbying techniques involve direct personal communication with the decision makers”. The DPSA is in a ‘strategic partnership’ with government and thus makes use of effective internal lobbying at its technique of trying to influence decision-making.<sup>11</sup>

On the side of civil society a number of organisations were active with regards to the rights of disabled people. These groups were all active in persuading the decision-makers to change the dispensation to be more accommodative to people with disabilities. In other words they lobbied on behalf of their members.<sup>12</sup>

The elections in 1994 brought the apartheid regime to an end and made way for the first democratic government in South Africa. The new government introduced a constitution that was drawn up with the aim of including all citizens as equal members of society. The new constitution thus makes provision for involving members of the public in the legislature and other processes of the Assembly and its committees.<sup>13</sup> Section 59 (2)<sup>14</sup> mentions that the National Assembly may not exclude the public, including the media, from its deliberations, unless the reason for doing so would be justified in an open and democratic society.

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<sup>11</sup> Interview with Louis Ndzimande on 25 September 2002.

<sup>12</sup> The concept lobbying is defined as an organized action aimed at influencing or attempting to influence, legislative action through oral or written communication with legislative officials, solicitation of others to influence or attempt to influence legislative action or attempting to obtain the good will of legislative officials (Miller, 2000: 4; Holtzman, 1966: 1 and Berry, 1977: 11). The action has to be organized with an attempt to influence the legislative officials in order to achieve certain objectives.

<sup>13</sup> Section 59, of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

<sup>14</sup> See Chapter 4, Section 59 (2) of the Constitution of the Republic of South Africa.

### 1.3 Disability Prevalence and Disability Statistics

Throughout the world different countries have different methods of collecting of data on disability. Therefore an attempt to compare prevalence rates across countries would be problematic ([www.unstats.un.org/unsd/disability/20/Feb/2003](http://www.unstats.un.org/unsd/disability/20/Feb/2003)).

On an international level the United Nations Secretariat, Statistical Division has noted the lack of sufficient, accurate and up-to-date information on the topic of disability ([www.un.org/esa/socdev/enable/dis50y80.htm/20/Feb/2003](http://www.un.org/esa/socdev/enable/dis50y80.htm/20/Feb/2003)). In an attempt solve the problem, they continue to undertake methodological work and gather relevant information. To date it has published the International Disability Statistics Database (1988), the Disability Statistics Compendium (1990) and the Manual for the Development of Statistical Information on Disability Programmes and Policies (1996). The Division is currently preparing for publication of the Guidelines and Principles for the Development of Impairment, Disability, and Handicap Statistics. Furthermore, the Division plans publication of a Handbook on Census and Survey Methods for Development of Impairment, Disability, and Handicap Statistics (The United Nations and Disabled Persons).<sup>15</sup>

South Africa is no exception with regard to this problem. There is a serious lack of reliable information about the nature and prevalence of disability in this country.<sup>16</sup> According to Mabuza<sup>17</sup> (2000), “the nature of prevalence of disability in South Africa is estimated at 5% of the population, but one should not lose sight of the fact that there is a serious lack of reliable information on disability in the country”.

Among the reasons sighted, as a possibly contributing to the problem of not having accurate figures for disability is that prior to 1994 disability issues were viewed mainly within a health

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<sup>15</sup> The United Nations and Disabled People: The First 50 Years.

< <http://www.un.org/esa/socdev/enable/dis50y90.htm/24/November/2002> >

<sup>16</sup> DPSA Pocket Guide (2001: 124).

<sup>17</sup> Catherine Mabuza: Member of Executive Committee (MEC) in the Office of the Premier, Northern Province (Limpopo Province).

and welfare context. This subsequently led to disability not being integrated into mainstream government statistical processes.<sup>18</sup>

In commenting on the problems faced by South Africa in terms of disability statistics, the Democratic Alliance points out that, “one of the major problems facing the disabled sectors in South Africa is the lack of reliable statistics concerning disability and disabled people. This manifests itself in the inability of Government, NGO's and other organisations to satisfactorily determine the causes of disability, the prevalence and geographical location on disability, and other important data. As a result, it becomes difficult or nearly impossible to address disability as an issue. This perhaps explains the ad hoc approach in South Africa”.<sup>19</sup> In the same vein, Ndzimande (2002) mentions that there was a lack of statistical reports for black people because of the apartheid system that regarded them as not being a concern of government.<sup>20</sup>

A number of reasons for the unreliability of the disability statistics have been put forward. Among the main reasons advanced are the following:<sup>21</sup>

- There are different definitions for disability;
- Different kinds of surveys are used to collect information;
- There are negative traditional attitudes towards people with disabilities;
- There is a poor service infrastructure for people with disabilities in underdeveloped areas;
- Violence levels (in particular areas at particular times) have impeded the collection of data.

Disability statistics have varied over time, from the earliest to the latest. According to SA Statistics (October Household Survey, 1995), “there are 2 657 714 self-reported cases of

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<sup>18</sup> See White Paper on an Integrated National Disability Strategy, November 1997 and the DPSA Pocket Guide 2001.

<sup>19</sup> Democratic Alliance Disability Policy, page 3 <<http://www.da.org.za/02/November/2002>>

<sup>20</sup> Interview with Louis Ndzimande, National Chairperson of the DPSA on 25 September 2002.

<sup>21</sup> White Paper on an Integrated National Disability Strategy (November 1997), page 1; See also DPSA Pocket Guide 2001: 124.

disabled people in South Africa. This means that 7% of the population is classified as disabled. Visual disabilities (3%) are the most common”.

The data reported in Table 1 show that among the total of 6,6% of the disabled population sight impairment (2,7%) is the most common disability. The second highest percentage of disability is physical disability (1,4%), almost half the percentage of sight disability. Hearing disability (1,0%) is the third highest. Multiple disabilities (0,4%) and Mental (0,5%) are the lowest of all. Lastly, Unspecified accounts for 0,7% of disabilities. The survey broke the different disabilities percentages down as shown in the Table 1.

Table 1: Disability Statistics (1995 Household Survey)<sup>22</sup>

<b>Disability</b>	<b>Percentage</b>
Sight	2,7%
Physical	1,4%
Hearing	1,0%
Mental	0,5%
Multiple	0,4%
Unspecified	0,7%
<b>Total</b>	<b>6,6%</b>

Source: SA Statistics, October Household Survey, 1995.

The 1996 population census confirmed the Household Survey’s figures and also provided a figure of 6,6% disability in South Africa (Department of Health, 5 January 2000).

In 1997/98 the Community Agency for Social Inquiry (CASE) was commissioned by the Department of Health to conduct a study on the prevalence of disability in South Africa. CASE made use of a pilot study and conducted a full survey composed of 10 000 households nationally covering all the nine provinces of South Africa. The study was conducted with four race groups, namely; African, Coloured, Indian and White in the rural, urban and metropolitan areas. The analysis of disability in this study was undertaken in terms of gender,

<sup>22</sup> Health e Online Health News Service <<http://www.health-e.org.za/stats/stats13.php3/20/October/2002>>

province, age, causes of disability, felt need and other key demographic variables (Department of Health, 2002: 2).

According to this study, the prevalence of disability in South Africa is 5,9% as compared to the 10% that had been estimated by international agencies and the 6,6% of the 1995 Household Survey, which had all along been used as a benchmark for disability rates in South Africa and other developing countries. Table 2 gives the provincial disability figures in South Africa<sup>23</sup>.

Table 2: Prevalence of Disability Rate, by Province

<i>Province</i>	<i>Prevalence rate (%)</i>	<i>Total 'N'<sup>25</sup></i>
Western Cape	3.8	4081
Eastern Cape	8.9	6743
Northern Cape	4.5	888
Free State	5.8	2814
KZN	6.7	8900
North West	3.1	3596
Gauteng	5.2	7753
Mpumalanga	4.5	2963
Northern Province	6.3	5198
<b>Total (Average %)</b>	<b>5.9</b>	<b>42936</b>

Source: Community Agency for Social Enquiry (CASE), Disability Survey, 1997.

This section gives a summary of data collected on the screening questionnaire of CASE. The distribution of disabled people shows how the total sample of people with disabilities is distributed throughout South Africa. The number of respondents per province differs and so it is with the prevalence rate percentages. According to the study, the Eastern Cape (8,9%) has the highest number of disabled people, followed by Kwazulu-Natal (6,7%) and the Northern Province (6,3%). The lowest prevalence rates occur in the North West (3,1%), the Western Cape (3,8%) and Mpumalanga (4,5%) and the Northern Cape (4,5%). Gauteng (5,2%) and Free State (5,8%) are in between the lowest and the highest with regards to the disability prevalence in the nine provinces of South Africa.

<sup>23</sup> Issued by Department of Health, 5 January 2000.

Table 3 shows the prevalence of disability by province and race. According to the survey, whites had a higher prevalence rate than the other races in the Northern Province, Eastern Cape and North West Province. Africans come second in those provinces except for the Northern Cape and Kwa-Zulu Natal, where the Africans and Coloureds are recorded as having the second highest rates. Africans have a significantly higher prevalence rate than other races in all the remaining provinces with the exception of Gauteng, where both Africans and Coloureds have the same disability prevalence. Overall Africans have a disability prevalence rate of 6,1%, which is the highest.

Table 3: Prevalence Rates, by Province and Race

<i>Province</i>	<i>African (%)</i>	<i>Coloured (%)</i>	<i>Indian (%)</i>	<i>White (%)</i>
Western Cape	3.9	3.9	2.3	3.3
Eastern Cape	9.0	6.1	-	11.8
Northern cape	4.0	4.3	-	7.4
Free State	6.1	0.0	-	5.6
KZN	6.9	9.4	5.3	6.2
North West	2.9	-	-	5.8
Gauteng	5.5	5.5	1.8	4.5
Mpumalanga	4.7	-	-	2.6
Northern Province	5.8	-	-	10.4
<b>Total (average %)</b>	<b>6.1</b>	<b>4.5</b>	<b>4.8</b>	<b>5.3</b>

Source: Community Agency for Social Enquiry (CASE), Disability survey. 1997

In the response to a question on the possible causes for the high rate of the disability among the Africans, Mzondeki<sup>24</sup> (2003) pointed out three major reasons. Poverty plays a crucial role in the prevalence of disability. Because people are poor, they cannot afford to eat well enough so as not to be easily affected by the different diseases, which may lead to disability in the long run. Also, poor people cannot get medical attention early enough for the prevention of illnesses such as epilepsy, ear infection, high blood pressure, psychiatric illness, diabetes, arthritis, polio, etc. Secondly, over the past few years there have been a number of taxi accidents in which African people have been the majority of those injured and disabled in such accidents. And lastly, most of the people who fall victim to the accidents in the mines are Africans, because they are the ones exposed to danger and risks as a result of their

<sup>24</sup> Telephone Interview with Joseph Mzondeki, MP and member of the DPSA, on 15 May 2003.

placements according to their job description. For example, most people working underground are Africans, hence when an accident occurs and people get injured, the ones who are affected are mostly Africans.

#### 1.4 Problem Statement

Disabled people are a minority group in the world and they have gone through social discrimination, segregation and exclusion from mainstream activities. As a result disabled people are confronted by experiences with their disadvantages and in positions of inequality when compared to able-bodied people. This situation caused the disabled people to take political action and demand integration into mainstream society and also equal treatment. From an international perspective the move dates back from as early as the 1960s in the USA and subsequently spread to Europe.

What happened in the USA and Europe had a direct influence on the situation regarding disability in South Africa. Disability rights movements emerged in South Africa. The situation in South Africa was difficult in the sense that the apartheid laws discriminated against disabled people. There was no legal framework that worked against the discrimination of disabled people. As a result disabled people were discriminated against in terms of education, employment, social welfare, etc.

After 1994 the situation changed completely compared to the apartheid era policies of discrimination against the disabled. South Africa now has a constitution that is founded on the fundamental values of human dignity, the achievement of equality, and the advancement of human rights and freedoms. This constitution outlaws discrimination on grounds of race, gender, sex and disability. Among the voices that emerged as a result of discrimination against disabled people was that of the DPSA. The DPSA also played an important role in the promotion of human rights before 1994 and also after 1994 (Howell & Masuta, 1993: 7 and DPSA Pocket Guide on Disability Equity, 2001: 84-85). Through their 'strategic partnership' with the ruling party, the DPSA could enter government in order to ensure that issues concerning the disabled people were brought to the attention of the policy-makers. Currently, in the second term of the ANC-led government, the DPSA has six members representing

them in Parliament compared to the one member who was representing them during the first term (1994-1999).

The question that concerns the study in the main is how the DPSA interacted with the lawmakers to help them change the situation regarding disability in South Africa. In more concrete terms: how did the DPSA manage to influence policy-making in favour of the disabled in South Africa? Secondly, how much did the situation change from the early 1990s to 2001?

In this study the author shall:

- give an in-depth overview of disability in South Africa;
- describe the policy-making process in South Africa;
- describe the lobbying role of the DPSA in policy-making in South Africa; and
- look at the South African constitution and the existing legislation that advocates for the disabled persons in South Africa.

## 1.5 Aims and Significance of the Study

The purpose of this study is to describe the role of the DPSA as a lobbyist for the rights of the disabled people with the objective of attaining equal opportunities for them in an integrated, political, social and economic environment in South Africa.

A review of literature reveals that out of the studies that looked at disability in South Africa, some provided the different definitions for disability, others focused on disability prevalence and others described types of disabilities. Not all have actually looked at what has been done to try and correct the situation that the disabled people find themselves in. The mere focusing on the above listed aspects of disability has left the question of “what has been done to try and change the situation of the disabled” unanswered. Hence this study is aimed at describing the role of the DPSA as a lobbyist for the rights of the disabled in post-apartheid South Africa. The focal point in this study will be looking at how the DPSA has lobbied and what it has achieved through its lobbying during the period 1994-2001.

The study will contribute to the already existing literature on the field of disability. Through the description of how the DPSA went about trying to lobby policy-makers in South Africa, other institutions could learn a lesson that may be useful for their purposes. Even if they do not make use of the entire DPSA strategy of lobbying, some of aspects could prove to be useful. The findings of this study could be helpful to other lobbyists and even the DPSA.

## 1.6 Research Methodology

The study is of a descriptive nature. In a descriptive study the researcher observes and then describes what has been observed. The scientific descriptions are mostly more accurate and precise because of the fact that the observation is careful and deliberate. Examples of descriptive social research are: government-sponsored research like the population census, census and surveys undertaken by market research companies, collection of information such as household expenditure patterns, and employment and crime statistics (Neuman, 2000: 21-22, de Vaus, 2001: 1 and Mouton, 2001: 80-81). The terms that are synonymous to this type of study are; describe, write on, and depict (Neuman, 2000: 22). In elaborating on what descriptive research entails, Landman stated that descriptive research is a type of research primarily concerned with describing the nature or conditions and degree in detail of the prevailing situation (<http://www.petech.ac.za/robert/resmeth.htm/20/Feb/2003> also see Mouton, 2001: 80).

In this study different methods of data collection will be used. Firstly, the study will make use of information from academic journals, books, the internet, newspapers, official and unofficial publications from government and non-governmental organisations (NGOs), the South African Constitution and current legislation concerning disability. This data will help in the understanding of the situation during the period 1994-2001.

Interviewing is the second method of data collection that this study will make use of. Interviews are a requirement in order to gain inside information from the officials of government and the DPSA. The interview is therefore a social interaction explicitly arranged with the purpose of obtaining specific information (Babbie, 1995: 264; Neuman, 2000: 274). The author will use face-to-face and telephonic interviews with government officials and DPSA officials. Through these interviews the author will engage in direct communication

with the people for whom the questions were intended. The advantage of the in-person interviews is that the interviewer can clarify certain instructions or questions. The interviewer can also probe answers and gain more information.

It also needs to be mentioned here that the technique of personal interviews is not without its flaws. Interviews provide significant scope for interviewer error and bias. It is therefore important that the interviewer to be well trained, because aspects like the interviewer's tone, phrasing of questions, gender, appearance, etc. can potentially influence the respondent's answer(s). The interviewer has to exercise a certain amount of control to ensure proper handling of the interviewing process (see Johnson & Joslyn, 1991: 169-196 and Neuman, 2003: 294-296).

Through the use of the two methods of data collection, the author aims at rendering a true representation of the study that is being carried out. The author hopes to make the reader understand why and how the process of lobbying for disability rights in South Africa was conducted.

## 1.7 Chapter Outline

In Chapter One we look at the research problem, research questions and the purpose of the study. The research methodology is also outlined. The second chapter deals with the three concepts, namely policy-making, disability and lobbying. The chapter will explain in depth what policy-making, disability and lobbying are. Policy-making, disability and lobbying will be studied in the South African context and they will also be looked at from an international perspective. Policy-making will be looked at and the process will be briefly summarised in South Africa. Attention will be devoted to disability in South Africa, types of disability, disability and discrimination, the status quo of disability and disabled persons in South Africa. Finally, in this chapter we examine the situation in South Africa concerning lobbying and because lobbying is not yet well established in South Africa; we will also look at the situation in other countries around the world.

In Chapter 3 we will be looking at the DPSA in the policy-making process in South Africa for the period 1994 to 2001. In this chapter the activities of the DPSA will be described in detail. We will also be looking at the DPSA as an organisation, its background, aims and

objectives. In concluding this chapter, the study will focus specifically on the methods used by the DPSA to lobby policy-makers. Finally, the chapter will look at what the DPSA has managed to achieve as a result of its lobbying efforts.

A conclusion to the study and recommendations will be presented in Chapter Four. In this chapter we will summarise the previous chapters and present the findings. Lastly, the author will make recommendations regarding to policy-making and lobbying for people with disabilities.

## 1.8 Conclusion

Disability is one of the policy issues that came under the spotlight after 1994. The DPSA has played its role in representing disabled people with the objective of improving the conditions of their lives in South Africa. As a result policies different from those of the apartheid era were developed. As stated above, the purpose of this study is to look into the role played by the DPSA as the umbrella body for disabled organisations. In an attempt to gain an understanding of this whole process, this study will examine policy-making, disability and lobbying in South Africa between 1994 and 2001. Data for this study will be collected through document analysis and interviews.

The next chapter will deal with the conceptualisation of the three concepts: policy-making, disability and lobbying. In this chapter public policy, disability and lobbying will be analysed and examined from a South African perspective.

## Chapter 2

### Conceptualising Policy-making, Disability and Lobbying

#### 2.1 Introduction

Chapter 1 provided an introduction to the study. It indicated that disability is one of the policy issues that came under the spotlight after 1994 in South Africa; it was also mentioned that the DPSA is an umbrella organisation representing disabled people in South Africa. The study therefore focuses on describing the lobbying role of the DPSA in an attempt to influence policy-making in the post-apartheid era in South Africa for the improvement of the lives of people with disabilities. In terms of the data-collection method, the study employs interviewing and document analysis as the means of obtaining qualitative data.

Chapter 2 aims to give an overview of the three important concepts in this study, namely policy-making, disability and lobbying in South Africa in the post-apartheid era (1994-2001) in the context of disability legislation. In this chapter public policy, disability and lobbying will be analysed and looked at particularly from a South African perspective during the period of 1994 to 2001. Using references from the different methods of data collection it will be shown that legislation in terms of disabled people has changed compared to the apartheid-era policies, and that the lobbying from the DPSA contributed towards these changes. Throughout the chapter the changes in policy-making and the lobbying of the DPSA will be looked at.

The chapter finds that disability, policy-making and lobbying interact with one another. In view of this, the role of the DPSA as a lobbyist for the rights of disabled people will be looked at in Chapter Three. The role of the DPSA is the focal point of this study.

#### 2.2 Public policy and policy-making in South Africa

Policy is one of the main aims of any government; through policy-making governments choose and take decisions on what they think is best to do or not to do. Policy plays a very important role in politics. Without it, we can confidently say that there is an important dimension missing in politics. Governments in every country are tasked with various

responsibilities. Among the responsibilities is the regulation of conflict, the allocation of services to the members of a society, etc. Public policy could thus be said to be regulating, organising, extracting and distributing. Public policy therefore deals with issues in our everyday lives, namely health, law and order, defense, social welfare, etc. (Kotzé in Venter, 1989: 170).

In further stressing the importance of policy, Anderson (1997: 8) stated that "[p]olicy means the behaviour of an actor or actors, such as officials, government agencies or a legislature, in an area of activity such as the economy in general, land reform or education".

Booyesen and Erasmus (in Venter, 1998: 221) pointed out that the concept of public policy-making designates both the processes and contents of government and governance practices. In South Africa 1994 marked a fundamental change in political decision-making and public policy-making. With South Africa's transition to political democracy in 1994, positive changes were instituted in the political decision-making and public policy-making arena. In reference to the policy changes in South Africa after 1994, Booyesen and Erasmus (in Venter, 1998: 222) indicated that "both the processes and the substantive objectives of policy changed, and involved changes in the political actors driving the process of policy making; a reordering of the organisations and individuals that wield power over the policy-making processes; a restructuring of the processes through which the political decisions are taken; changes in the priorities and goals of the policy-making processes; and new expectations of the time-frames within which change has to become manifested".

In the past public policy was fundamentally unequal and differentiated in terms of race as well as in terms of class and gender. There was a need for changing the system in terms of both the processes and contents of the new government and government practices. As a response to the former situation, changes had to be made in the entire political decision-making and public policy-making domain. The changes came in a number of ways: in the political actors who became in charge of driving the process, the change in the priorities and goals of the policy-making process, the restructuring of the process through which the decisions are taken, and new time frames or deadlines in terms of the manifestation of change (Booyesen and Erasmus in Venter, 1998: 221-222).

Until February 1990 the concept of transition in South Africa was an evident impossibility. A blurry picture in that direction emerged only late in 1989. A number of factors and forces are said to have led to this transition from 1990 onwards (Cloete, Schlemmer and van Vuuren, D. 1991: 14-15). The negotiations in terms of correcting the ills of the past prepared the road towards democracy in South Africa. After 1994 South Africans and the world witnessed the change of hands regarding governance. This is the time in which the policy cycle was experienced in “fast forward” mode, since very few of the policies inherited from apartheid era were appropriate for the new democracy<sup>25</sup>. The first democratic elections in South Africa were held and the reign of the apartheid government was over. The ANC came into power under the leadership of President Nelson Mandela. Because the ANC supporters are predominately black and were previously victims of social and political exclusion, the new policy processes had to be drafted in such a manner that they address the ills of the past (Booyesen and Erasmus in Venter, 1998: 222 and 229-230). As a result the approach to policy-making and decision-making was different from that of the past in a number of respects. With new officials, priorities and set goals were different, and the manner in which decisions were taken and the time frames were changed. For example, the new Parliament passed a number of laws in 1994 (the Reconstruction and Development Programme Fund Act, labour relations legislation, property (land reform) legislation, housing legislation, water legislation, social security (welfare) legislation, etc.), the three powers of government, namely the legislature, executive and judiciary were separated; the role of the Parliament regarding the budget was questioned; and the list goes on (Calland, 1999: 7-18).

Booyesen and Erasmus (in Venter, 1998: 222) further mentioned that the new process had to be considered and legitimate. The new approach after 1994 was a complete change of the previous social and political policies. The previous policies were deliberately and consciously designed in such a manner that they benefited the people of South Africa unequally. As a result the new regime had to turn around the then prevailing set-up in South Africa after 1994 by any means.

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<sup>25</sup> See for instance [www.nrf.ac.za/news/docs/publicpolicy/bakgr.doc/10/10/2002](http://www.nrf.ac.za/news/docs/publicpolicy/bakgr.doc/10/10/2002) for an interesting discussion on this topic.

Various definitions are advanced for both policy and policy-making. This section has no intention whatsoever of discussing the merits and demerits of the definitions for the concepts and merely presents them as advanced by the different scholars.

According to Anderson (1979: 3) in Kotzé (in Venter, 1989: 170), “policy can be described as the intentional direction of an action undertaken by an actor or set of actors to approach a problem or matter of importance”. Later, Anderson (1979) came up with a more elaborate definition for policy, stating that it referred to “a relatively stable, purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern”. He goes on to say that “it focuses on what is actually done instead of what is only proposed or intended, and it differentiates a policy from a decision, which is essentially a choice among competing alternatives” (Anderson, 1997: 9 in Booyesen and Erasmus (in Venter, 1998: 222).

On the other hand, Booyesen and Erasmus (in Venter, 1998: 221) defined public policy-making simply as “a single concept that designates both the process and contents of government and governance practices”. Makumbe (in Gaidzwana, 2001: 2) presents the second definition of public policy. He argues that “policy-making is a complex set of events that determines what actions governments will take, what effects those actions will have on social conditions, and how those actions can be altered if they produce undesirable outcomes”.

Based on the above definitions, policy-making can safely be described as a very complex process. It may be defined as the action or inaction of incumbents of political offices that impacts upon society and affects the allocation of resources and/or individual behaviour. In simple terms, policy-making could be defined as whatever governments choose to do or not to do.

Public policy could therefore be seen as a common sphere of activity in which the government has a major role to play. Government has become increasingly important in the regulation of societal affairs and control over public policy is one of its major powers. These are broad definitions, which would include such relatively abstract activities as conflict

regulation, resource distribution and the regulation of international relations, as well as specific policies in concrete areas such as health, wealth, defence and inter-group relations. Public policy can take one or more of several forms. It may be embodied in specific legislation or in detailed regulations drawn up administratively within the parameters of more generalised legislative guidelines. Frequently policy regulations are determined in terms of a broad delegation of authority that permits a wide range of decisions in a particular policy area to be made administratively without legislative guidelines. Policy may also take the form of government statements of position on an issue that are complied with by the public either because they are viewed as authoritative, or because the affected parties fear the costs of non-compliance or desire to avoid the passage of formal legislation. Indeed, policies may not be explicitly enunciated at all, but may constitute guiding principles in the allocation or manipulation of resources. Finally, policy may be nothing more than a large number of ad hoc decisions and actions taken and implemented on an informal basis.

There are different actors in the policy-making process; these actors are described in different terms, for example, public actors, private actors, institutional actors, non-institutional actors, etc. The following section discusses the different policy actors.

### 2.3 The policy-making process

It is analytically useful to conceptualise the policy-making process as having two major components: individuals and groups occupying formal roles in the polity which entitle them to make decisions binding upon the society, individuals, groups and organisations attempting to influence the decision-makers to adopt policies favourable in their interests.

The formulation of public policy is but one of a large number of activities undertaken by policy-makers which include the adjudication of disputes, communicating information and decisions to other political actors and the public, and the implementation of policy.

In commenting on the policy-making environment Kotzé (in Venter, 1989: 174) states that, “the major actors in the public policy process can be identified via their various roles in decision-making institutions”. In the same vein Cloete, Schlemmer and van Vuuren (1991: 25) points out, “policy actors refer to the most influential individuals and/or interest groups

involved in deciding which policies to pursue”. The policy process therefore involves different actors, depending on the particular situation. The actors involved in public policy are referred to as “the players” and are characterised as institutional and non-institutional actors (<http://www.tamucc.edu/~whatley/PADM5302/theo22e.htm/12/02/2003>).

Kotzé (in Venter, 1989: 174, 178) referred to them as “unofficial policy-makers” and “official policy-makers”. According to his explanation of unofficial policy-makers, he states that, though they may be in a position to influence decision-making, they in most instances lack the authority of making binding policy decisions (Kotzé in Venter, 1989: 174).

For the purposes of the study, the following section will discuss the most important players or actors involved, namely parliament, parliamentary committees, cabinet, political parties and interest groups. However, more focus will be placed on the parliamentary committees, because they play an important role in processing legislation. The section is by no means trying to claim that the following identified actors are the only ones in the policy-making process.

### 2.3.1 Parliament

Parliament is a key institution in a democratic state. In South Africa it is the place where important public issues are debated openly and freely. Parliament is therefore the ultimate political forum of the people of South Africa (Taljaard & Venter in Venter, 1998: 23). Parliament has legislative authority in the Republic and is empowered to make laws in accordance with the Constitution (see the Constitution of the Republic of South Africa, 1996. Act 108 of 1996, Chapter 4, section 44). Parliament consists of two houses, namely the National Assembly and the National Council of Provinces (Constitution of South Africa, 1996; Venter (1998: 27).

The following section discusses the National Assembly (NA) and the National Council of Provinces (NCOP).

### 2.3.1.1 The National Assembly

As stipulated by the Constitution of the Republic of South Africa, 1996, Act 108 of 1996, the National Assembly must consist of between 350 and 400 members, elected every five years by citizens who are 18 years or older and who are registered on the national voters' roll. The number of seats each party holds is, in general, proportional to the number of votes each won in the last election. As stated by section 46, subsection 2 of the Constitution of the Republic of South Africa, 1996, Act 108 of 1996, "An Act of Parliament must provide a formula for determining the number of members of the National Assembly".

Half of the members of the Assembly come from the national lists of the parties and the other 200 from their regional lists. This does not affect the number of seats each party holds - rather it affects which individual candidates take up the seats on behalf of their parties. Parties hold the seats in Parliament, not individual members. To become eligible for membership, a person must therefore be nominated by a political party. If a member of the National Assembly dies, resigns or is expelled from the party, the party which holds that seat chooses another party member to represent it.

### 2.3.1.2 The National Council of Provinces (NCOP)

Provincial elections determine the composition of the NCOP. The NCOP is composed of 90 members, i.e. a delegation of 10 people per province. Each provincial delegation has ten members made up of four special delegates drawn from the provincial legislature. The premier of the province, or his or her representative, and a delegation from the South African Local Government Association (SALGA) are among the special members (Calland, 1999: 21).

The NCOP with its 90 members is very small compared to the NA with its 400 members. It therefore has less formal power than the NA. As a result, the NCOP also has lesser law-making powers compared to the NA (Calland, 1999: 22). The Constitution states that the NCOP represents the provinces to ensure that provincial interests are taken into account in the national sphere of government. It does this mainly by participating in the national legislative process and by providing a national forum for public debate of important issues affecting the provinces. The NCOP also ensures that local government concerns are

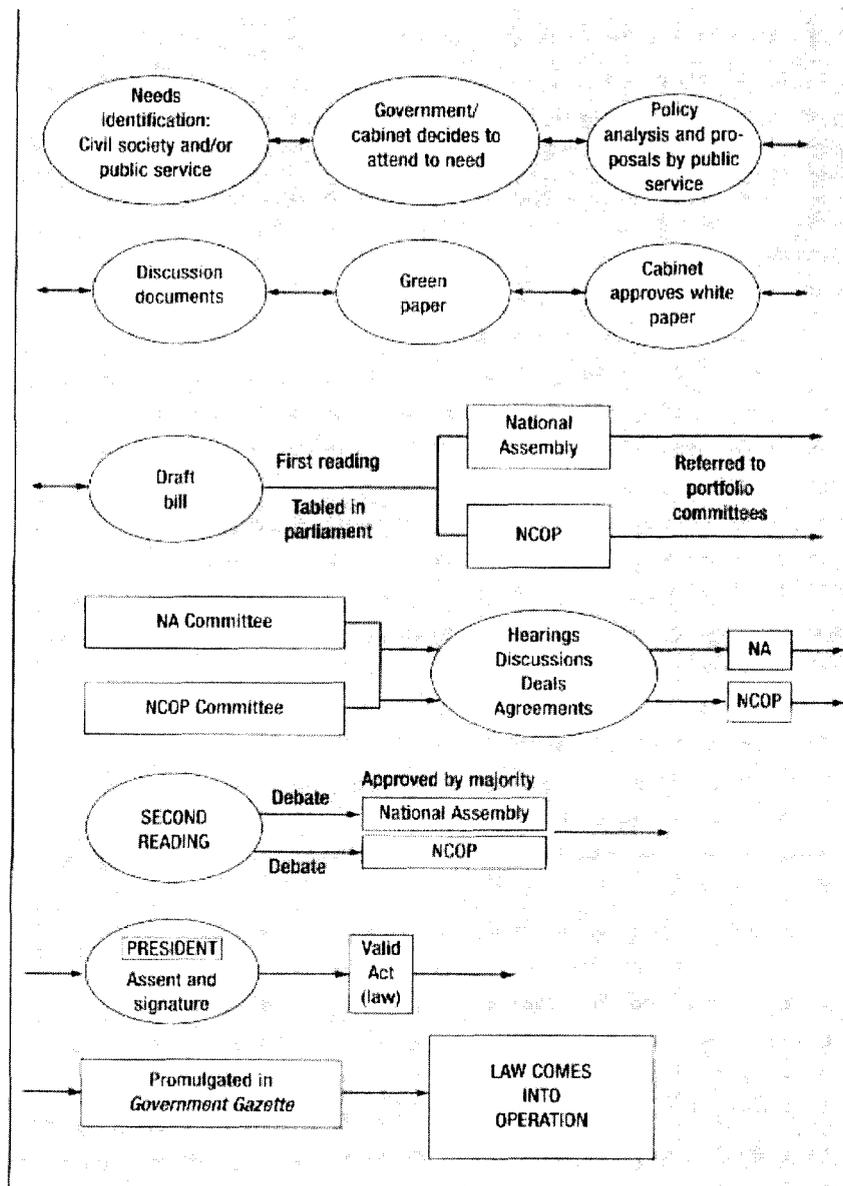
represented at the highest level (see section 62-72 of the Constitution of the Republic of South Africa, 1996 for detailed information on the NCOP).

Parliament is the legislative arm of the state and one of its most important jobs therefore is to make laws. The laws that Parliament makes become the laws that govern the country. The Houses adopted the new legislative process regarding public bills, excluding the money bills on 15 November 1994 (Kotzé, 1996: 6). The policy-making and decision-making process in government involves a number of consecutive, interconnected steps. Figure 1 (below) gives an illustration of the path through which the legislation goes in Parliament.

Regarding the path that bills go through, Taljaard & Venter (in Venter, 1998: 44) pointed out that "a bill passed by the National Assembly must be referred to the NCOP if the council must consider it and, similarly, a bill passed by the NCOP must be referred to the National Assembly [section 73]". The process begins when a Minister of the Cabinet decides that a new draft law (bill) is necessary. In addition, concerning the introduction of bills in the Cabinet, Kotzé (1996: 6) points out that, "although bills usually originate in the Cabinet or a state department, individuals and portfolio committees can also initiate legislation". Members of the public may inform the Chairperson or members of the relevant committee about issues concerning them. In this way the Chairperson, the committee or a member of the committee may introduce the bill to the assembly (<http://www.gov.za/structure/parliament.htm/30/01/2003>).

The bill is introduced by submitting it to the speaker, together with a memorandum explaining the purpose of the bill. Experts then draw up a discussion document and this document is then circulated to the interested parties and all stakeholders. A preliminary public policy document called a Green Paper is drawn from comments from interested parties and all the stakeholders. After circulation of the Green Paper to all the interested parties and stakeholders, a White Paper is drawn up from all the comments that are agreed upon. The White Paper has to be approved by the Cabinet.

Figure 1. The path of ordinary public bills (legislation) through parliament



Source: Taljaard & Venter (1998: 54)

Upon Cabinet agreeing to the bill, the relevant Minister has to introduce the bill formally to the Parliament. This is the stage referred to as the first reading. During the first reading, the party that presents it is afforded 15 minutes to make a speech. The other parties are given 3 minutes to make a statement with no amendments allowed to the bill. The bill is then referred to the relevant committee in either the National Assembly (NA) or National Council of Provinces (NCOP) for consideration, depending on the relevance of the bill itself. The

relevant committee may amend it, make recommendations or it may not recommend anything. The committee may even change the principle of the bill, substituting it with a completely new one. If it happens that the committee does not approve the bill, it will then be submitted to the House.

After the bill is put on the roll of the House, the general purpose and principle of the bill will be debated by a plenary session of the House. The placing of the bill on the roll of the House is known as the 'second reading' and the debate on it is known as the 'second reading debate'. During the 'second reading' debate is allowed. The House may amend the bill. The bill is sent back to the portfolio committee after amendments for consideration. After the committee has considered the recommendations, it has to draft a report and return it to the House. After receiving and considering the report the House can vote. If an agreement is established, the bill is adopted. The National Assembly and the National Council of Provinces must adopt the bill before it is finally sent to the President for assent and signature. In a situation where the Houses cannot reach an agreement, a method of resolving the conflict has to be put into place. When the two Houses have finally adopted the bill, the President signs the bill and it becomes a valid act of law. After the bill has become an act, it is then promulgated in the Government Gazette (Taljaard and Venter in Venter, 1998: 44; Kotzé, 1996: 6-7; and <http://www.gov.za/structure/parliament.htm/30/01/2003>).

### 2.3.1.3 Bills

A certain procedure is followed when sending bills to the portfolio committees in the NA and to the select committees in the NCOP. There are some similarities in the procedure used by the two houses of Parliament and there are instances whereby a bill is sent from one House to the other. It is important to have a thorough understanding of what the procedure is for sending bills to the different committees or the different Houses of Parliament.<sup>26</sup>

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<sup>26</sup> For a detailed discussion on the procedure of sending bills to the respective committees, see Taljaard & Venter (in Venter, 1998: 44); and, [www.gov.za/structure/parliament.htm/10](http://www.gov.za/structure/parliament.htm/10) February 2003. And regarding the different types of Bills see section 73-82 of the constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

## 2.4 Parliamentary Committees

After 1994 the democratic government changed the committee system. The number of committees was changed and parties were given more power. As a result they were tasked with performing most of Parliament's important duties. In addition they became much more open to the public.

The National Assembly's committees are called Portfolio Committees; for example, the Portfolio Committee on Education will deal with bills that come from the Department of Education. These committees play an important role in the process of building democracy and public involvement in Parliament. This can be seen in the powers of the committees as bestowed upon them by Parliament. Parliament does much of its important work through the respective committees. Bills are passed from Cabinet to the relevant committees. In performing their duties the committees are not mere 'rubber stamps'; as empowered by the Constitution of the Republic of South Africa 1996, they have the power to discuss, change or even reject bills that come from Cabinet and committees can also question Ministers and Departments about the work they do. The committees are also expected to take into account the views of the public. They do this by holding hearings and asking for submissions and the public may also inform the committee chairpersons or members of the committees about issues that concern them. In looking at the duties performed by the Parliamentary committees, Calland (1999: 31) mentions that committees are granted powers by Parliament to "monitor, investigate, enquire into, and make recommendations relating to any aspect of legislative programme, budget, rationalisation, reconstructing, functioning, organisation, structure, personnel, policy formulation or any other matter it may consider relevant, of government department or departments falling within the category of affairs consigned to the committee".

Besides these portfolio committees, ad hoc committees may be formed whenever necessary. These committees are formed in order to investigate specific issues (Calland, 1999: 31 and <http://www.gov.za/structure/parliament.htm>). An ad hoc committee is only appointed to deal with a particular matter for a certain amount of time, after which it will be dissolved.

### 2.4.1 Oversight role of Parliamentary Committees

The oversight role of the committees is enshrined in the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996). In stating the powers of the NA, Section 55 (2) reads:

- (2) The National Assembly must provide for mechanisms -
  - (a) to ensure that all executive organs of state in the national sphere of government are accountable to it; and
  - (b) to maintain oversight of -
    - (i) the exercise of national executive authority, including the implementation of legislation; and
    - (ii) organ of state.

As mentioned in the above section, the National Assembly must ensure that mechanisms of accountability are in place at a national level. This is done by the use of the portfolio committees with the powers bestowed upon them by parliament. Calland (1999: 31) confirms this by stating that National Assembly committees may initiate and prepare legislation and also that they must ensure that all executive organs of state are accountable. They also have to maintain oversight of national executive authority with the inclusion of legislation. The NA committees have the powers to summon any person to give evidence on oath or affirmation or to produce documents before it, require any person or institution to report to it, compel any person or institution to comply with a summons and to receive petitions, representations or submissions from any interested parties or institutions.<sup>27</sup>

There is no clause in the Constitution that directly tasks the NCOP to provide a mechanism to ensure accountability or the maintenance of oversight, as is the case with the NA. However, section 69 (a)-(d) of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996) empowers the NCOP the same way as it empowers the NA through section 56 (a)-(d). Because of the powers bestowed upon the NCOP, it could be argued that the NCOP also has an oversight role to play in as far as it affects provinces.

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<sup>27</sup> Section 56, (a)-(d) of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996).

As with the NA, the NCOP has the powers to summon any person to appear before it and give evidence or to produce documents; it may also require any person or institution to report to it, compel any person to comply with a summons issued and receive petitions from any person or institutions. All these powers may be exercised in the provinces by the NCOP.

## 2.5 Cabinet

The Cabinet<sup>28</sup> is also called the National Executive. It is the body that is responsible for putting the laws made by Parliament into operation. The Cabinet consists of the President, as head of the Cabinet, a Deputy President and Ministers. The President appoints the Deputy President and Deputy Ministers, assigns their powers and functions, and may dismiss them (Venter, 1998: 63).

The members of the Cabinet must follow a Code of Conduct that is set out in an Act of Parliament. The Code of Conduct contains the agreed upon rules on how Cabinet members must behave.

The President:

- a. must select the Deputy President from among the members of the National Assembly
- b. may select any number of Ministers from among the members of the Assembly; and
- c. may select no more than two Ministers from outside the Assembly.

The President must appoint a member of the Cabinet to be the leader of the government business in the National Assembly. The Deputy President must assist the President the execution of the functions of government.<sup>29</sup> The current Cabinet of South Africa is constituted of 41 members and the President and Deputy President. Twenty-seven are ministers of various portfolios and 14 are Deputy Ministers,<sup>30</sup> all appointed by the President as empowered by the Constitution.

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<sup>28</sup> See Section 91 of the Constitution of the Republic of South Africa (Act 108 of 1996)

<sup>30</sup> See Section 91 (4) and (5) of the Constitution of the republic of South Africa.

<sup>31</sup> Cabinet Ministers and Deputy Ministers: <http://www.polity.org.za/lists/cabinet1999.html/10/October/2002>

### 2.5.1 Accountability and Responsibilities of Cabinet Members

The President assigns powers and functions for the Deputy President and Ministers with executive responsibilities. All the members of the Cabinet are accountable to Parliament both individually and collectively for the exercising of their duties and powers as assigned to them by the President. The Deputy President and Ministers are obliged to conduct themselves in a manner that is in agreement with the Constitution and they are expected to report matters concerning the Cabinet regularly to Parliament (Section 92 of the Constitution of the Republic of South Africa (Act 108 of 1996)).

### 2.6 Political Parties

Political parties are a part of modern history. They are major and important political institutions. The history of political parties stretches as far back as the 18th and early 19th century. The United States of America is an excellent example of an organised party system. Britain followed suit when the organisation of elections came into effect. It was not long until this approach was adopted in South Africa. The formation of political parties took place in South Africa as from 1883. From then onwards the trend of establishing political parties was set (Sadie in Venter, 1998: 262).

Political parties are among the core institutions of democracy. They are seen as a means of consolidating democracy. A democracy cannot function without political parties. Modern democracy is unthinkable save in terms of parties. The importance of political parties in our political history is beyond doubt. (Sadie in Venter, 1998: 261).

Political parties are essential groups that play an active role in most political systems. At the same time one can see the development of electoral and parliamentary systems. All parties want to participate to some extent in the exercise of political power. This is done by winning elections and becoming the governing party or by being in the opposition. Holtzman (1966: 11) mentions that political parties are inevitably concerned with public government in one way or another. He further explained that their objective is to fill up major policy-making positions in government. The fact that political parties seek to take over government comes with the price of having to satisfy their constituencies. These parties put candidates on a public ballot; after winning the elections they have to serve the voters or else risk losing

office. Parties are therefore expected to satisfy certain government requirements, preserve public support and maintain organisational structure. They must always appeal to the general public (Holtzman, 1966: 12).

Parties are intriguing phenomena. Understanding political parties requires an investigation into a number of possible relationships. For a long time political parties have been a challenge to the best efforts of scholars to understand them. Today the study of political parties is still a challenge to scholars due to their amorphous nature (Henderson, 1976: 1-6 and <http://www.electionworld.org/election/party.htm/20/October/2002>).

Political parties have been defined in numerous ways, depending on the nature of the party itself or the government system<sup>31</sup>. Be that as it may be, the underlying reason for the formation or existence of a political party is to gain control of government. Sadie (1998: 262) has taken this point further by showing that a political party can gain control of government either by electoral or other means. This therefore indicates that political parties do not assume power in one fixed way.

A simple working definition of political parties that we will make use of in this study will be that “parties that are formed with the aim of taking government control by electoral or other means”.

### 2.6.1 South African political parties and public policy

South Africa is a multi-party democracy. Chapter 2, Section 19, of the Constitution of the Republic of South Africa 1996 (Act 108 of 1996) stipulates:

“every citizen is free to make political choices, which includes the right-

- (a) to form a political party
- (b) to participate in the activities of, or recruit members for a political party; and
- (c) to campaign for a political party or cause.”

Political parties provide the basis for government in South Africa. The organising and co-ordinating of government is one of the vital functions of political parties. It is especially

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<sup>31</sup> For more definitions see Janda et al (1994: 169) and Sadie (1998: 262)

important in the South African government system. Effective political parties are essential for an effective government.

The mobilisation of voters is therefore a very crucial function for each and every political party. Parties have to mobilise people to vote for them. This done in a number of ways, namely public meetings, rallies, advertisements, party brochures, posters, use of other forms of media, etc. Through the mobilisation a sense of the importance and legitimacy of government becomes very clear to the people (Sadie in Venter, 1998: 265 and <http://www.press.jhu.edu>).

As stated earlier by Holtzman (1966: 11), political parties are inevitably concerned with public government in one way or another. Their objective is also to fill major policy-making positions in government. The ruling party has the power to decide the direction of governance based on their policies and the needs of their supporters. In the case of the ANC, which is the ruling party in the country, it has a constituency to satisfy with regards to policy.

The political parties play a crucial role in Parliament. Parties execute one of the most important functions of Parliament, i.e. law making. The different committees of Parliament are tasked with the making of laws that ultimately become Acts of Parliament. In these committees party members serve as MPs representing their respective political parties. As a result of their presence, and especially in the case of the ruling party, it is possible for them to influence government policy.

Election choices are made simpler because South Africans can decide which candidate to vote for based on which party they wish to form the government. As a result South Africa's political scene includes several political parties. Table 4 gives a presentation of the political parties in parliament after the elections held on June 1999.

Table 4: Political party representation in Parliament 1994 and 1999.

	<b>1994</b>	<b>1999</b>
<b>Political Party</b>	<b>No. of seats</b>	<b>No. of seats</b>
1. African Christian Democratic Party (ACDP)	2	6
2. African National Congress (ANC)	252	266
3. Afrikaner Eenheids Beweging (AEB)	-	1
4. Azanian People Organization (AZAPO)	-	1
5. Democratic Party (DP)	7	38
6. Federal Alliance (FA)	-	2
7. Freedom Front (FF)	9	3
8. Inkatha Freedom Party (IFP)	43	34
9. Minority Front (MF)	-	1
10. New National Party (NNP)	82	28
11. Pan African Congress (PAC)	5	3
12. United Christian Democratic Party (UCDP)	-	3
13. United Democratic Front (UDM)	-	14
<b>TOTAL NUMBER OF POLITICAL PARTIES</b>	<b>400</b>	<b>400</b>

Sources: IEC and South African Survey 1994/1999 and South African Survey 1999/2000, SAIRR

Political parties can be very influential, depending on their support base. The stronger the party, the more influence it can have on the decision-making process. The ruling party is the most influential party. Regarding official government policy, Taljaard & Venter (in Venter, 1998: 43) argued that government policy is generally influenced by the political ideology of the ruling party. In South Africa the ruling party, that is the ANC, has the highest number of seats. As indicated in Table 4, in both terms the ANC had the majority of seats<sup>32</sup> in Parliament (252 for the first term and 266 for the second term). In commenting on the strength of political parties, Kotzé (1989) looked at the National Party, which had been the governing party since 1948; he mentioned that as a result of the NP's dominance it could easily ignore the demands of opposition parties to amend public policy (Kotze, 1989: 175). Looking at the current South African situation, it could safely be said that, as a result of the

<sup>32</sup> Seats are determined by a formula that converts the number of votes into seats in Parliament.

ANC's strong position in Parliament, it has the power to vote either in favour of or against a particular bill that might be proposed by the opposition.

The section that follows below looks into one of the public policy actors classified as one of the unofficial policy-makers.

## 2.7 Interest Groups

During the 1960s public interest groups became increasingly prominent in America. Not that these groups were a new form of organisations; they have been in existence for a long time. It just seemed like a re-awakening (Berry, 1977: 3). Nowadays, public interest groups have become to be accepted as legitimate representatives of constituencies and interests. Interest groups are normally identified with either one or more particular interests. For example, the DPSA is recognised as the democratic cross-disability umbrella body of organisations in South Africa (DPSA Pocket Guide, 2001:88).

As is the case with other concepts, the definition of interest groups is not easy. But in order to retain a clear point of focus, the author will not engage in detail with the debate concerning the different definitions for interest groups. Interest groups are described with a number of terms, among them special interests, vested interests, pressure groups, organised interests, political groups, lobbies and public interest groups.

### 2.7.1 Defining interest groups

In contemporary scholarship the using of the term 'interest group' has become preferable to the term 'pressure group' because of its apparent neutrality (Petracca, 1992: 5). According to Salisbury 1975: 176-177 (in Petracca, 1992: 5), "pressure group was widely used because it clarified that the activities of organized groups were designed to influence governmental policy". He goes on to say, "the term does, however, have a normative ring to it, implying lurid images of what might be used to impose or induce pressure".

Over the years scholars have used different terms with different meanings for the same thing. In defining the term interest group(s), scholars have emphasised different aspects of the term.

Key, Jr., 1958: 23 (in Petracca, 1992) argues “pressure groups promote their interests by attempting to influence government rather than by nominating candidates and seeking responsibility for the management of government”. This definition is functional in nature and it distinguishes interest groups from other associations of politically interested persons, for example, political parties.

Thomas and Hrebenar (in Petracca, 1992: 150), in their attempt to make their study comprehensive, adopted a broader definition of an interest group as “any association of individuals, whether formally organized or not, that attempts to influence public policy”. They deviated from the researchers who only go as far as using legal definitions, including only those lobbying groups required to register. According to Thomas and Hrebenar (in Petracca, 1992: 150), such a narrow definition excludes many lobbying entities, most notably the so-called hidden lobbies (those not required to register by law), particularly the myriad of governments and their agencies at all levels of the political system. Another good definition for this study is the one by Berry (1977: 7). He defined a public interest group as “one that seeks a collective good. The achievement of which will not selectively and materially benefit the membership of the organization”.

Within this definition two elements are of importance. The collective good refers to a common benefit that will be shared equally by all the members of the organisation. Examples of collective goods for the DPSA are the granting of equitable access to government buildings, access into the mainstream economy and protection against discrimination by the Constitution. Secondly, collective goods must benefit the members collectively and not selectively. In terms of the benefiting, all members of the interest group must benefit equally.

Lobbying as a result is one of the ways that public interest groups utilise to try and influence the decisions taken on policy in order to achieve their objectives. It is therefore through interest groups that groups get the opportunity to become involved in issues that concern them and, if possible, direct them in the way they wish. Because public interest groups offer individuals one means of participating collectively in politics for the purpose of trying to influence public policy outcomes, they could thus be seen as intermediaries between citizens

and government. The organisation has a task of converting what it perceives to be the desires of its constituents into specific policies and goals.

The DPSA is an interest group that has international recognition as a legitimate and democratic organisation representing disabled South Africans. As an interest group, it has engaged in some organised activities of lobbying with the hope of changing the situation to benefit those people whom it represents. Chapter 3 will explain the lobbying strategies and tactics used by the DPSA in their hope to influence the policies and actions of government in their favour as disabled people.

The section below will discuss the concept of disability in detail. Disability is one of the key concepts of this study, so it is important to examine it in greater depth and more broadly in order to obtain an international and a South African perspective. The section will look into definitions, models and types of disability.

## 2.8 Disability

Disabled people have been at a disadvantage due to their health conditions. All over the world they have been subject to social discrimination, segregation and exclusion. Traditionally society rejected and isolated people with disabilities, because they regarded them as different and therefore incapable of making valuable contributions towards, for example, the labour market or the mainstream economy of their countries (Disabled People at Work, 1981: 1; Doyle, 1995: 1 and Pocket Guide on Disability Equity, 2001: 45)

The situation was the same in South Africa. Hence the ground for change was laid in 1981 when disabled people decided to unite and discuss their oppression and marginalisation. In South Africa disability was looked at from a human rights violation perspective. They therefore gathered as disabled people and also as part of the liberation struggle of South Africa (Pocket Guide on Disability Equity, 2001: 82).

### 2.8.1 Defining disability

Internationally, there exists some controversy when it comes to definitions of disability. Different constituencies have indicated different views when it comes to inclusiveness and which impairments should fall outside the definition for a number of reasons – for example,

that which is not sufficiently disabling, that which is not a disability at all, that which can be controlled or mitigated by medical or drug therapies, and many others (South African Federal Council on Disability (SAFCOD)). In response to the question of the definition of disability, Ndzimande pointed out that “there is no consensus about the definition for disability in the world”. The South African Human Research Council Policy Paper No. 5 (1997) argues that “extremely inadequate and inappropriate definitions of disability used in the past, have not only resulted in limited understanding of disability, but have also contributed to the inequalities and discrimination faced by disabled people”.

The attempt to define the concept of disability has not been an easy one. People with disabilities have for some time now struggled with the issue of defining disability. As stated by Doyle (1995: 4): “[t]hree terms are central to the study of disabled persons and their experience: namely, ‘impairment’, ‘disability’ and ‘handicap’. There are however, many definitions and descriptions of ‘impairments’, ‘disability’ and ‘handicap’.

The World Health Organisation (WHO) played a significant role in the development and spread of the definitions of ‘impairment’, ‘disability’ and ‘handicap’ (Doyle, 1995: 4 and DPSA Pocket Guide, 2001: 3). The World Health Organisation, in its International Classification of Impairments, Disabilities and Handicaps, makes a distinction between impairment, disability and handicap. Doyle (1995: 4) points out that the WHO defines handicap as “a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual”. He goes on to explain that in that context impairment is “any loss or abnormality of psychological, physiological and anatomical structure or function”. And he lastly defines disability as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being”.

In the same vein, Brading and Curtis (1996: 22-23) advanced three similar definitions. According to them, “a disability is any restriction or lack (resulting from an impairment) of ability to reform an activity in the manner or in the range considered normal for a human being”. With regards to impairment, they state that, “an impairment is any loss or

abnormality of psychological, physiological or anatomical structure or function”. And lastly about a handicap they point out that, “a handicap is the disadvantage that results from disability”.

There is agreement between the definition presented by the WHO (Doyle, 1995: 4) and by Brading and Curtis (1996: 22-23). Besides the definitions by Doyle (1995: 4) and by Brading and Curtis (1996: 22-23), there have been various definitions from individuals, institutions and documents.

The Employment Equity Act No. 55 of 1998: Code of Good Practice points out that, “physical impairment means the partial or total loss of a bodily function or part of the body. It includes sensory impairments such as being deaf, hearing impaired, or visually impaired and any combination of physical or mental impairments”. And the act mental impairment means a “clinically recognised condition or illness that affects a person’s thought process, judgement or emotions”.

The Employment Equity Act further defines the concept of people with disabilities as “people who have long-term or recurring physical or mental impairment which substantially limits their prospects of entry into, or advancement in employment”. The definition of people with disabilities by the Act does not clarify how to determine whether a disability is one that is or is likely to be long-term or recurring.

In an attempt to clarify the situation, the approach of the United Kingdom is more specific. According to the United Kingdom’s Disability Discrimination Act, “a long-term effect of an impairment is one which has lasted at least 12 months; or where the total period for which it lasts is likely to be at least 12 months; or which is likely to last for the rest of the life of the person affected”.

The term ‘disability’ incorporates a great number of different functional limitations occurring in any population in any country of the world. Physical, intellectual or sensory impairment, medical conditions or illness may disable people. Such impairments, conditions or illnesses

may be permanent or transitory in nature (South African Human Research Council: Policy Paper No. 5 of 1997).

According to the Constitution of the DPSA (as amended at the General Assembly October 2001), “disability means any restriction or lack of ability to perform any activity in the manner or within the range considered normal for a human being (resulting from an impairment)”. The Constitution goes on to state that people with sensory disabilities are people who are deaf or hard of hearing, blind or partially sighted. The Constitution of the DPSA defines a handicap as “a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors, and sexual orientation) for that individual”.

Although some features in the definitions might be similar, there is no consensus on the definition for disability. The definitions have demonstrated that some are more disabling than others and the views of what disability really is do not correspond neatly. It therefore is important to take note of the different definitions of disability. Knowledge of the different definitions will create a high level of awareness in terms of the viewpoints of the different constituencies with regards to disability. For the purpose of this study the definition will be “any limitation, restriction or lack of ability to perform any activity in the manner or within the range considered normal for a human being”.

## 2.9 Disability Models

Disability is viewed in a number of different ways. For the purposes of this study we will look into the two most popular models of disability. This section presents the medical and social models of understanding disability.

### 2.9.1 The Medical Model

Disability has been regarded predominately as a health and welfare issue. As a result state intervention has been through welfare institutions. There was therefore little or no commitment to addressing disability in other areas of government. The organisations for disabled people were therefore under the control of non-disabled people, who were more

concerned with creating a caring environment and providing treatment. Because of this approach disabled people were seen as personally inadequate and functionally limited. This led to disabled people being further excluded from the mainstream of society.

In South Africa disability was understood as an individual pathology. The disabled person was seen as a problem that had to be corrected, because disability as a malfunction had become regarded as a specialised health problem. The philosophy that prevailed was that disabled people had to be pitied or helped as part of the deserving poor. The services tended to be welfare orientated; this further created the perception of being looked after or being provided for, which in turn promoted an attitude of dependency. Concerning the dependency of disabled people, the Integrated National Disability Strategy (1997: 9) argues, “dependency on state assistance has disempowered people with disabilities and has seriously reduced their capacity and confidence to interact on an equal level with other people in society”.

The medical model resulted in the isolation of disabled people from the mainstream of society and prevented them from accessing their fundamental social, political and economic rights.

### 2.9.2 The Social Model

Unlike the medical model, the social model looks at disability as a human rights and development issue. According to this model, disabled people are recognised and acknowledged as equal citizens. Resources have to be employed in such a way that they ensure that every individual has equal opportunities for participation in society.

Through the human rights approach of the social model, the focus is on the removal of barriers that would deny disabled people the opportunity to equal participation. In addition to their rights, disabled people should have equal obligations within society and they should therefore be given the necessary support to enable them to exercise their responsibility. In commenting on the approach of the social model, Pahad<sup>33</sup> stated: “... we have therefore deliberately moved away from the medical/welfare model of disability that viewed disability within the context of pity and located power over disabled people in the hands of the medical

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<sup>33</sup> Essop Pahad is the Minister in the Office of the Presidency responsible for the disability issues.

and welfare professions. We consider the restoration of the dignity and the right to determine one's own future to be the cornerstones of our process of integrating people with disabilities into society".<sup>34</sup>

In the social model the medical condition is only part of the so-called problem. The approach of this model is to create an accommodating environment that would meet the needs of disabled people. The disability rights movement believes, therefore, that the "cure" to the "problem" of disability lies in restructuring society (INDS, 1997: 11).

The different models show a paradigm shift in the way that disability is regarded. Each of the models stresses a certain way of looking at disability over different times in the history of disabled people. The shift from the medical model to the social model also coincided with the change in the way in which the South African government looks at the issue of disability in the country.

## 2.10 Types of Disabilities

The DPSA represents people with different disabilities. An understanding of these disabilities will help in knowing exactly which groups of people the DPSA is representing. It is therefore important to understand the different disabilities of the people represented by the DPSA.

There are various types and degrees of disabilities. Disabilities can be divided into several categories. Each of the disabilities has its own characteristics and as a result will have unique requirements. The severity of a disability may at times determine the extent to which a person could be limited from performing daily activities. This section will explore and analyse the different types of disabilities.

For the analysis of the disability types, the following types have been identified:

1. Physical disability
2. Visual disability
3. Hearing disability or hearing impairment

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<sup>34</sup> Pahad, E (25 April 2001): Towards a barrier free Europe for citizens with disabilities. Sweden

4. Psychiatry disability or mental illness
5. Intellectual or learning disability
6. Multiple disabilities.

### 2.10.1 Physical disability

Generally, a physical disability is one that affects one's mobility or dexterity. It may exist since birth or it could occur later as a result of an accident, illness or injury. Physical disability refers to, or may be as a result of, among other things, damage to muscles, nerves, skin or bones. This may lead to difficulties in moving about or performing the activities of daily living, for example, dressing, eating, cleaning, etc. Although this is not always the case, physical disability is often associated with general weakness or long-lasting or acute pain.

Some examples of physical disability are:

1. Cerebral palsy: this results from damage to the brain (often during birth) that causes muscle inco-ordination;
2. Quadriplegia: this refers to damage to the spinal cord in the neck;<sup>35</sup>
3. Paraplegia: this is a substantial loss of function in the lower part of the body. Quadriplegia paralysis of the extremities is caused by an injury to the neck;
4. Hemiplegia: this is a substantial loss of function on one side of the body (arm or leg); it often occurs due to a stroke or as a result of epilepsy;
5. Post-polio paralysis: this is weakness in some muscles and under-development of some limbs.

Depending on their environments, people with physical disabilities are likely to experience different barriers that limit their participation in some activities; for example, in some buildings where there are steps and no ramps or elevators, people using wheelchairs might be prevented from entering such a building.

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<sup>35</sup> [http://www.work.asu.au/disability/general\\_info/about\\_disability/typesofdisability.htm/20/Feb/2003](http://www.work.asu.au/disability/general_info/about_disability/typesofdisability.htm/20/Feb/2003)

### 2.10.2 Visual disability

The term visual disability or visual impairment may mean either a complete or partial loss of vision. The extent to which people lose their sight may be partial or total. Partial loss of sight can result in low levels of vision. Visual disability is the correct term for people who have a degree of sight, but have a limited range of sight and focus that cannot be easily corrected with spectacles. For example, squint people, people who need special lighting to be able to see, people with blurred vision. Blurred vision may occur as a result of cataracts or brain injury.

Besides partial loss of sight, people can also lose their sight totally. The total loss of sight is called blindness. Various things can cause blindness; some people may be born blind, while for others it may be caused by accidents, etc.

### 2.10.3 Hearing disability or hearing impairment

Hearing disability or impairment means a partial or total loss of hearing function that impedes the communication process essential to language, educational, social and/or cultural interactions. Hearing loss varies in severity; it may either be mild, severe or total.

It is acquired at different times or stages in life.

According to the Florida Statutes,<sup>36</sup> “hearing impairment is defined as a loss of thirty decibels or more, pure tone average of 500, 1000, 200Hz ANSI, unaided in the better ear”.

There are three main types of hearing loss:<sup>37</sup>

- Conductive loss – this affects the sound-conducting paths of the outer and middle ear;
- Sensorineural loss – this affects the inner ear and auditory nerve and can range from mild to profound;
- Mixed loss – this results from both conductive and sensorineural loss.

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<sup>36</sup> Florida Statutes, Rule 6A-10.041, FjtC.

<[http://www.stetson.edu/offices/study\\_skills/disability\\_types.shtml/20/October/2002](http://www.stetson.edu/offices/study_skills/disability_types.shtml/20/October/2002)>

<sup>37</sup> Types of disabilities. <[http://www.stetson.edu/offices/study\\_skills/disability\\_types.shtml/20/Feb/2003](http://www.stetson.edu/offices/study_skills/disability_types.shtml/20/Feb/2003)>

#### 2.10.4 Psychiatric disability or mental illness

Psychiatric disability or mental illness has to do with the brain. The International Labour Organisation (ILO) has noted that internationally different terms such as 'learning difficulties', 'psychiatric handicap' or 'psychological handicap' are used to refer to psychiatric disability or mental illness.<sup>38</sup> Mental disabilities include cognitive, psychiatric and learning disabilities, physical head trauma, stress-related conditions, major depression, bipolar disorder (formerly called manic-depressive illness), anxiety and schizophrenia.

People living with psychiatric or mental illness often experience difficulties in perceiving or interpreting reality, coping with some aspects of daily life, forming and maintaining relationships, coping with difficult feelings, fears and anxieties, or they often see or hear things that do not exist.

A psychiatric disability or mental illness can develop at any age and it is often more apparent to some people than it is to others. Of all the disabilities, psychiatric disability is often the most misunderstood. The causes of different mental illnesses are also not clearly understood. They are, however, often linked with genetic and environmental factors.

#### 2.10.5 Intellectual or learning disability

People with learning disabilities have difficulty to learning and retaining new information and they often find it very difficult to adapt to new situations. Intellectual disabilities vary in degree from moderate to severe. They may be found in people who have been classified as learning disabled, mentally retarded, autistic, multiply handicapped, or who have suffered a head injury or Down syndrome. Another type of intellectual or learning disability is Attention Deficit Disorder (ADD). People with ADD find it difficult to sit calmly and give a task their attention.

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested. It is described as a persistent condition of presumed neurological dysfunction,

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<sup>38</sup> South African federal Council on Disability.  
<<http://www.ability.org.za/legal/concepts/definitio.html/20Feb/2003>>

which may exist with other disabilities. In order for one to be categorised as learning disabled, a person must exhibit<sup>39</sup>:

- Average to above-average intellectual ability;
- Severe processing deficit(s);
- Severe aptitude-achievement discrepancy (ies);
- Measured achievement in an instruction or employment setting.

### 2.10.6 Multiple disabilities

People with multiple disabilities have two or more disabilities. Depending on the combination and severity of the disabilities, people with multiple disabilities may exhibit a wide range of characteristics.<sup>40</sup>

An example of multiple disabilities is deaf blindness. This is a condition in which there is a combination of visual and hearing impairments. Such severe conditions can make it extremely difficult for a person to carry out their daily duties effectively.

Looking into the different categories of disability indicates that disabled people have different needs. Each and every disability is unique and one should thus never generalise about them. As stated in the beginning of this section, an understanding of the different disabilities makes it possible to know the people whom the DPSA is representing through their different disabilities. The last section gives an in-depth overview into lobbying with regards to the rights of the disabled people.

### 2.11 Lobbying

The pursuit of trying to influence policy outcomes has been blurred by the tendency to refer to advocacy and lobbying as one and the same. While both concepts are about trying to influence policy-making for benefit of a particular group of people, they are different. Lobbying is very specific, whereas advocacy is a much broader and sustained approach to

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<sup>39</sup> Disabled Student Services: Types of Disabilities.  
<<http://www.merced.cc.ca.us/dss/disabilities.htm/12/October/2002>>

<sup>40</sup> National Information Centre for Children and Youth with Disabilities.  
<<http://www.nichcy.org/pubs/factshe/fs10txt.htm/12/October/2002>>

influence change. Lobbying is therefore an important part of an advocacy campaign. For the purposes of this study the term lobbying will be used when referring to the attempts of the DPSA to influence policy-making. This section gives a historical overview of lobbying internationally and also with reference to the DPSA in South Africa.

The term lobbying has been traced in the United States to the early nineteenth century (Alderman, 1984: 4). Wootton points out that by the time of the American Civil War the term lobbying had come to be defined as follows: “to address or solicit members of a legislative body in the lobby or elsewhere away from the House, with a view to influence [sic] their votes. This is practiced by persons not belonging to the legislature”<sup>41</sup>.

Milbarth, 1968: 442 in Sadie (in Venter, 1998: 284) sheds light on the origin of the concept of lobbying in the USA. She states that the word “lobbying” originated in the USA in the 1830s, when certain representatives of interest groups became known for loitering in the lobbies of the assembly halls of the American Congress and state legislature, hoping to get a chance to speak to legislators and thereby attempt to influence their decisions. A country like America is well advanced and well experienced in terms of lobbying. The indication of their experience and advancement lies in the fact that in the USA lobbying is well regulated by Acts like the Lobbying Act of 1946, Lobbying Disclosure Act (LDA) of 1995 and the Lobbying Disclosure Technical Amendments Act of 1998. Through these Acts the relationship between lobbyists and policy-makers is well defined (<http://www.nylobby.state.ny.us/lobbying.html> and [http://inaugural.senate.gov/legislative/common/briefing/lobby\\_disc\\_briefing.htm](http://inaugural.senate.gov/legislative/common/briefing/lobby_disc_briefing.htm)).

Because of South Africa’s political background, lobbying is thus a new phenomenon in this country. South Africa has a young democracy and so lobbying is a fairly recent phenomenon. With the change of government in 1994 reasons and opportunities for lobbying became more prominent. There now is a new constitution founded on the values of human dignity, the supremacy of the Constitution itself and the equality of all citizens. Because of the clause on

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<sup>41</sup> Quoted in Wootton 1975: 4; the definition is in the 1864 edition of Webster’s dictionary.

non-discrimination<sup>42</sup> disabled people can constitutionally take up action for their own rights as people. At the moment South Africa finds itself in a situation in which lobbying is entirely unregulated. In her comparison of the USA and South Africa regarding lobbying Sadie (in Venter, 1998: 287) points out that, “compared to the USA, which undoubtedly has one of the most developed lobbying practices, lobbying in South Africa is generally neither systematic nor institutionalized”.

There are as a result no guidelines for the relationship between policy-makers and professional lobbyists (CDE, 1999: 54). Such an arrangement leaves room for misunderstanding regarding lobbying and also leaves the policy-makers with the option of deciding how to respond to the attempts of lobbyists to influence policy-making in South Africa.

### 2.11.1 Defining lobbying

Lobbying can mean different things to different people. For various reasons, many people narrowly conceive of lobbying negatively. To some people it brings to mind suspicious characters hanging around the lobbies of legislatures with the intention of improperly influencing legislation for their personal benefit. This section gives a different understanding of the concept of lobbying.

Sadie (in Venter, 1998: 284) broadly presents the definition of lobbying as “the stimulation and transmission of a communication, by someone other than a citizen acting on his or her own behalf directed to a governmental decision maker with the hope of influencing his or her decision”<sup>43</sup>

According to Alderman (1984: 4), Finer provided another definition, which was based on his work on British pressure groups. According to him, “the term ‘lobby’ embraces all groups which seek to influence public policy” (Finer 1966: 4-5 in Alderman, 1984: 4). He goes on to say, “the chief characteristic of a lobby is its ‘attempt to influence government’”

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<sup>42</sup> See Chapter 1 section 1-3 and Chapter 2 section 9 and 10 of the Constitution of the Republic of South Africa 1996 (Act 108 of 1996).

<sup>43</sup> Milbarth, 1968: 442 in Sadie (in Venter, 1998: 284).

Among the more recent definitions is the one by Camay and Gordon (1998: 25). They defined lobbying as “an organised attempt by members of public to influence the legislators on behalf of a particular interest or to seek the support of an influential person”.

This definition has noteworthy characteristics. Firstly, the action is organised, meaning that it is not a haphazard or accidental action. Secondly, the action is by members of the public. It therefore means that anyone or any group may get involved in such an action. Thirdly, the influence of the legislators is based on a particular interest. Fourthly, the support of an influential person may be sought after. Through the influence of an influential person an objective may be achieved.

According to Mosimane<sup>44</sup> (*Tribute*, June 2002: 63), lobbying can be defined as “a set of activities aimed at influencing public officials, and especially, members of a legislative body on legislation”.

All the definitions share common features in terms of what lobbying is all about. They make mention of influencing the decisions of the legislature. The action of lobbying is thus not seen as haphazard or accidental, but rather as an organised action to try and change the situation in the lobbyist’s favour. This means that, because the reasons for lobbying are not the same and also the groups are not the same, the different groups will make use of a broad range of tactics and political strategies (Sadie in Venter, 1998: 284).

### 2.11.2 Lobbying Strategies and Tactics

In order for any group to be effectively influential, it will have to make use of various strategies and tactics. In an attempt to exert influence on government officials or legislature, no lobbyist or lobbying group will confine itself to one strategy or tactic only (Sadie in Venter, 1998: 284). On the same note, Mosimane (*Tribute*, June 2002: 63) argued that “lobbying is not just about sending messages to Parliament it can involve research, personal meetings with ministers, media campaigns and encouraging others to join your campaign team”. A number of factors will determine which strategies and tactics should be used by a

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<sup>44</sup> Mpho Mosimane is the Senior Manager of Strategic Investments an MTN/M-Cell, responsible for lobbying government on behalf of the group

lobbyist or a lobby group, namely the issue of concern at that time, the nature of the group and the internal structure of the group, the political culture, the resources that the group has, and many more.

When lobbying, two factors are import; firstly, who is being lobbied and at what level is the lobbying conducted. Depending on these factors, applicable and relevant strategies will be utilised. Every setting has its own applicable strategies and tactics. Although at times the same strategies and tactics may be used in different set-ups, it is not always possible to use all the strategies and tactics in all settings equally.

As already mentioned lobbyists and lobby groups exhaust different strategies and tactics in their attempts to influence public officials or the members of the legislature. Broadly speaking, lobbying activities can be put into two categories: inside and outside lobbying. Each of the categories entails distinctive activities, though at times the same strategies and tactics may be utilised interchangeably.

### 2.11.3 Inside Lobbying

This is the form of lobbying that takes place from inside Parliament and governmental departments. In commenting about the effectiveness of the inside lobbying techniques, Sadie (in Venter, 1998: 284) states that “it has been found that the most effective lobbying techniques involve direct personal communication with decision makers: this includes deputations to legislative hearing”.

Inside lobbying therefore includes a mix of the following strategies and techniques Mosimane (*Tribute*, June 2002: 63):

- Having meetings with parliamentarians and government officials;
- Providing analysis and information to committee members and government officials;
- Submitting written and oral comments to committees;
- Establishing and maintaining as many relationships as possible;
- Negotiating with policy-makers.

Lobbyists have a number of alternative strategies open to them. The DPSA makes use of what Berry (1977: 213) referred to as “direct communication between lobbyists and government officials”. This is what Mosimane (*Tribute*, June 2002: 63) called the ‘inside lobbying’ strategy. As pointed out by Ndzimande (2002), the DPSA is in a strategic partnership with the ruling party. It is therefore beneficial for the DPSA to be in partnership with the ruling party rather than to be confrontational. The DPSA does not have to fight through picketing and mass demonstrations in the streets. This as a result means that by making use of the inside lobbying strategy, the DPSA has easier access to policy-makers, not forgetting that they are policy-makers themselves because they are members of the different committees of parliament. In these committees the members of the DPSA participate in discussions.

#### 2.11.4 Outside Lobbying

Outside lobbying, unlike inside lobbying, is the kind of lobbying that takes place from outside parliament or government departments. Lobbyists who are not directly represented, or those who do not have access in parliament and government departments, mostly use this kind of lobbying. This may not always be the case, because lobbyist or lobby groups that are in parliament or in government departments may also engage in outside lobbying as an alternative strategy or tactic. Mosimane (*Tribute*, June 2002: 63) argues, “an effective lobbying campaign also requires activity outside the law and policy-making institutions, and is aimed at shifting the politics and pressure around the issue”.

Some of the outside lobbying strategies and tactics may include:

- Media activities such as news conference;
- Using local party branches and constituency offices;
- Building broad and diverse coalitions;
- Using grassroots activities, such as rallies, among others;
- Picketing, demonstrating and submitting memorandums.

Evidently, one of the most important ways in which citizens can influence the kind of government and laws that they have is through lobbying. Having said that, it is also very obvious that there are many ways in which citizens can effectively lobby their legislatures on important issues. The strategies and tactics used will not all be equally applicable to all the

situations; this therefore means that some may have to be adapted to meet the demands and circumstances of the particular situation. Lobbying can be formal, informal, individual and collective. It is not a straightforward task; lobbying usually requires a great deal of effort and it is an endless cycle that requires planning, time and commitment.

## 2.12 Conclusion

Chapter 2 gave an overview of the three key concepts of this study, namely policy-making, disability and lobbying, with special reference to South Africa in the post-apartheid era (1994-2001). In looking at policy-making in the context of South Africa, it was found that the country has undergone a fundamental transition since 1994 under the democratic government. Under the heading of policy-making the chapter looked into the different policy actors, namely Parliament, the Cabinet, political parties and interest groups. All these actors were looked at in detail with regard to where and how they fit into the policy-making process in South Africa.

The chapter also looked at disability. The different disability models were examined the different types of disability described. Finally, the chapter closed with a discussion on lobbying. It was found that lobbying engages different strategies and tactics and also that lobbyists can make use either inside or outside lobbying.

Chapter 3 will concentrate on the DPSA and their lobbying efforts. In this chapter the focus will be on the formation, structure, leadership, representation and the achievements of the DPSA as an organisation that was formed with the aim of uniting all South Africans with disabilities. The objective of this chapter is to look at the most important aspects concerning the DPSA: its history, structure, leadership and representation, programmes and achievements. All these aspects will be looked at with regards to the DPSA's role in trying to influence policy in favour of disabled people in South Africa (1994-2001). They will be analysed in detail. The DPSA's role in trying to influence policy in South Africa is the focal point of this study.

## Chapter 3

### DPSA: Lobbying and Policy-making

#### 3.1 Introduction

Chapter 3 examines the DPSA as a whole. The formation, structure, leadership, representation and the achievements of the DPSA as an organisation that was formed with the aim of uniting all South Africans with disabilities. For the sake of gaining an in-depth understanding of the DPSA, the above-mentioned aspects will be scrutinised in detail. All these aspects will be looked at with regards to the DPSA's role in trying to influence policy in favour of the disabled people in South Africa (1994-2001). The chapter finds that the DPSA has played a prominent role in as far as trying to influence policy-making in favour of the disabled people of South Africa between 1994 and 2001. It is of vital importance to understand how and why the disability rights movement was formed if we want to develop an understanding of the current situation of disability.

#### 3.2 The International Disability Rights Movement

Disabled people were traditionally seen as poor helpless cripples, blind beggars, dumb idiots standing on street corners, as outcasts in the family and in society, and as objects of pity and charity in constant need of "curing and caring"

([http://www.dpsa.org.za/documents\\_pocketguide.htm#idrm/20/October/2002](http://www.dpsa.org.za/documents_pocketguide.htm#idrm/20/October/2002)).

During the Second World War a tremendously high number of people became disabled in a very short space of time. Many of those injured could be kept alive through medication, which meant that a community of disabled people emerged. As members of society, the newly disabled people had to be taken care of in all respects. The period after the Second World War witnessed the growth of a whole generation of young adults who were disabled. They had been saved from dying from diseases or from war injuries by the advances in medical technology in the late forties and fifties. It is in this same period that charity and/or welfare organisations were established with the aim of taking on the responsibility of looking after disabled people (Scotch in Nagler, 1990: 238 and 241; DPSA Pocket Guide, 2001: 45).

At this time a number of minority groups were fighting for their rights as equal citizens in society. They were mostly fighting against issues like, discrimination, exclusion, unemployment, poverty, unfair treatment, etc. All these issues had particular relevance to people with disabilities, who had mostly been excluded from the society in which they belonged. Disabled activists across the USA, UK, Europe and Scandinavia, in particular, united in the late 1960s and 1970s as an oppressed group by identifying the areas and context of their own oppression and discrimination. They soon began identifying with other oppressed groups and developed strategies to fight their own oppression. Disabled people began to realize that oppression was similar regardless of the disability and that their strength lay in forming a united force against a society that discriminated against them (Howell and Masuta, 1993: 3-4, 6; Doyle, 1995: 1-2; and, DPSA Pocket Guide, 2001: 47-48).

The early 1980s was particularly significant in the struggle for people with disabilities around the world. During this period people with different disabilities came together to identify issues and formulate strategies to fight for equal opportunities and the right to advocate for them and to take decisions that impact on their lives. The Disabled Peoples' International came to being as a result of, among other things, the efforts of people with disabilities at this point in time. After a walkout by people with disabilities at the World Congress of Rehabilitation International in 1980, when disabled people were denied a 50/50 partnership with rehabilitation professionals in decision-making structures of Rehabilitation International, the international disability rights movement had finally come of age.

### 3.3 The Disability Rights Movement in South Africa

The struggle waged by disabled people in South Africa has always been seen as a political struggle. Disabled people shared a common goal to eradicate discrimination and create a just society in which they would be regarded as equal citizens.

In 1981 the United Nations designated that year as the International Year of Disabled Persons. In that year the disabled gathered to jointly discuss problems that they faced, namely oppression and marginalisation, among others. Due to the political situation at that time, the South African government of the day did not recognise 1981 as the International Year of Disabled Persons. Because of the apartheid policy, discrimination took place on the basis of

race, gender, class, etc. Factors such as the struggle for liberation, poverty, etc., contributed largely to the number of disabled people in South Africa. The unrest situation contributed very significantly to the prevalence of disability particularly among black South Africans; for example, the 1976 riots resulted in a lot of children losing limbs and others being disabled for the rest of their lives. Yet others were blinded by birdshot, others suffered brain damage as a result of being shot through the skulls and others lost their hearing permanently as a result of being tortured. Many diseases were also directly related to poverty; many people live in overcrowded areas with poor sanitation and experienced conditions such as under-nourishment. These diseases could ultimately lead to disabilities, for example, polio, trachoma and leprosy, TB, etc. (Jago, 1991).

The disabled in South Africa learnt from international experience. They could thus unite irrespective of their different disabilities. Disabled people therefore started local organisations and self-help groups. The Self-Help Association of Paraplegics (SHAP) in Soweto was one of the best-known self-help groups. The founder member of SHAP was Friday Mavuso. He became popular in the townships among the disabled people for the fact that he was the first black person with a disability in South Africa to sue a Minister of Police for his injuries. Through some self-help groups and individual disabled activists, the DPSA was formed in 1984 (D'Aubin, 1991; Du Toit, 1989; DPSA Pocket Guide, 2001: 84).

After its formation the DPSA became the only South African disability organisation internationally recognised (DPSA Pocket Guide, 2001: 85). As a result the DPSA, as a legitimate and democratic organisation representing disabled South Africans, had the mandate to confront discrimination against people with disabilities in the country.

### 3.4 Membership of the DPSA

The DPSA was formed in 1984 as a result of the pressing need for representation of disabled people. There was a need for the planning and implementation of joint programmes for the benefit of the disabled at that time, when disabled people were victims of inequality, unfair discrimination and oppression. The DPSA is a membership organisation that consists of self-help groups of disabled people. Presently the DPSA has 296 groups of persons with disabilities in South Africa affiliated to them (Burrows, 2002). Among the members, the

majority are local self-help initiatives in rural areas and peri-urban townships, but there are also a number of national organisations of disabled people. The DPSA is the umbrella body of the organisations of people with different disabilities. In commenting on the make-up of the membership of the DPSA, Gillian Burrows, Provincial Development Coordinator for the Western Cape, pointed out that “membership in Disabled People South Africa is open to all groups of persons with disabilities who manage the groups by themselves. Each Province has groups of disabled that are affiliated to the provincial structures of DPSA” (Interview, 27 September 2002).

The list of members affiliated to the DPSA includes, among others, the following important groups of disabled people.

- Deaf Federation of South Africa (DEAFSA)
- Disabled Children's Action Group (DICAG)
- Down Syndrome South Africa (DSSA)
- National Council for Persons with Physical Disabilities in South Africa (NCPDPSA)
- National Division for Persons with Cerebral Palsy (NDPCP)
- Quadriplegic Association of South Africa (QASA)
- South African National Council for the Blind (SANCB)
- South African National Federation for Mental Health (SAFMH)

### 3.5 Mission of the DPSA

The mission of the DPSA is to be an effective and efficient democratic national assembly of all persons with disabilities in order to be able to mobilise and to advocate for their rights. The DPSA aims at attaining equal opportunity in an integrated social, political and economic environment (DPSA Pocket Guide, 2001: 88). With regards to the DPSA's mission, Ndzimande (2002) explains that “we say we are a national assembly of disabled people. As a structure we are mobilising each disabled person to take up his or her own way rights, in his or her particular way” (Interview, 26 September 2002).

### 3.6 Objectives of the DPSA

The DPSA Pocket Guide (2001: 88-89) states that the objectives of the DPSA are:

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

### 3.7 Structure of the DPSA

At the moment the DPSA is focussed on member organisations. An organisation has to have a constitution that is in line with the DPSA's, including a clause stating that the organisation will be affiliated to the DPSA. The organisation must also have a Programme of Action (POA) with activities for the benefit of the disabled members.

The structure of the DPSA is organised into different levels. At district level the members are formed into District Development Teams (DDTs). From the DDTs two members, a disabled man and a disabled woman are elected to the provincial structure. At the provincial level the member organisations are organised into Provincial Development Teams (PDTs). The Provincial Executive Committees (PECs) of the DPSA have the responsibility for day-to-day management of the affairs of the DPSA throughout the country. The PECs are thus tasked with monitoring delivery and co-ordinating all the provincial activities of the nine provincial offices throughout South Africa. In order to achieve success, each provincial office is staffed with a Provincial Development Co-ordinator (PDC) and his/her support staff. The PDTs appoint two representatives to the DPSA Council. The DPSA Council is comprised of 25 members, made up of 18 members from the provincial structures and 7 other members who

are elected at the annual Congress. The Congress has a term of two years (<http://www.dpsa.org.za/30/02/2003>).

### 3.8 Programmes of the DPSA

The DPSA has some organised activities for the benefit of the disabled people as a means of developing them in numerous ways so as to ensure their empowerment.

#### 3.8.1 Enterprise Development Programme (EDP)

In this programme entrepreneurs with disabilities are provided a comprehensive subsidised business development support service, either as individuals or in self-help income generating projects. Through this programme the entrepreneurs with disabilities are empowered economically so that they can have an opportunity to make a positive contribution to the mainstream economy of South Africa and to have the same responsibilities as their able-bodied peers.

#### 3.8.2 Membership & Policy Development Programme (MPDP) and Local Disability Rights and Self-Representation(LDRS)<sup>45</sup>

In line with one of the objectives of the DPSA of advocating for the rights of disabled people, the MPDP and LDRS promote the process of policy development at national and provincial levels through the government on the adoption of policies to protect the rights of citizens with disabilities and promote the integration of disability into the overall socio-economic development strategy. The co-ordination of the MPDP and LDRS is managed by the parliamentary office of the DPSA.

#### 3.8.3 Disabled Women's Development Programme (DWDP)

Because women have formerly been the most disadvantaged, the DWDP focuses on enabling disabled women to be at the forefront of their own development. The programme seeks to promote the participation of disabled women in the national movement of gender equality, and facilitates the acquisition of leadership and self help development skills<sup>46</sup>.

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<sup>45</sup> See DPSA Pocket Guide (2001: 91) and [www.dpsa.org.za/30/02/2003/](http://www.dpsa.org.za/30/02/2003/).

<sup>46</sup> DPSA Pocket Guide on Disability Equity (2001: 88)

### 3.8.4 Disabled Youth South Africa (DYSA)

The aim of this programme is to campaign for equal rights for disabled youths and increase the awareness of disabled youths about health care, especially regarding AIDS issues. Youths as the leaders of tomorrow are seen as the crucial sector in society; the DPSA therefore feel a focus on the youth is essential.

### 3.8.5 Computer Training Programme

Disabled people have been unfairly discriminated against in the past in terms of being given equal access to education. Through their Computer Programme the DPSA aims to create an opportunity for disabled people in South Africa to have access to education and training in use of computers. Disabled people have been amongst the poorest of the poor. This project therefore contributes towards rescuing people with disabilities from the misery of poverty by creating business and employment opportunities through information technology education and training.

### 3.8.6 The Economic Empowerment Think Tank

This initiative was established with the aim of developing, monitoring and supporting sustainable socio-economic opportunities for people with disabilities. The core activities in this initiative include research for the provision of critical qualitative and quantitative analysis for the benefit of disabled people.

## 3.9 Partners of the DPSA

The DPSA has partners with whom it consults and has working relations. This section looks at some partners of the DPSA.

### 3.9.1 Office on the Status of Disabled Persons (OSDP)

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

the Integrated National Disability Strategy (INDS) ([www.dpsa.org.za](http://www.dpsa.org.za)). In responding to the question of the relationship between the DPSA and the OSDP, Benny Palime, Deputy Director of Liaison Services in the OSDP, (2002) pointed out that “the OSDP works with the DPSA as a partner, they consult with them, work with them and share ideas. And they are part of the monitoring” (Interview, 30 September 2002).

He further pointed out that the OSDP came about as a result of the efforts of the DPSA and also that the OSDP still consults with the DPSA (Interview, 30 September 2002).

### 3.9.2 Danish Council of the Disabled (DSI)

The DSI is the umbrella body of disabled people organisations in Denmark. The DPSA’s partnership with the DSI dates back to 1996, when the DSI supported the DPSA in the field of research and policy development, which enabled them to work with government in the development of the Integrated National Disability Strategy (INDS). Through the support of the DSI, disabled people in South Africa could successfully influence government to move from the medical model to the social model in dealing with the disabled ([www.dpsa.org.za/partnerships/30](http://www.dpsa.org.za/partnerships/30) November 2002).

### 3.9.3 Swedish Organisations of Disabled Persons International Aid Association (SHIA)

SHIA is made up of three disability organisations; namely the Swedish Federation of the Disabled Persons (DHR), National Association for the Deaf (SDR) and the Swedish Federation of the Visually Impaired (SRF). As a means of support to the DPSA, SHIA supports the Free State and Gauteng Province for the development of blind, deaf, deaf-blind, parents of disabled children and rural areas. The DPSA and SHIA also collaborate through an information programme focussing on providing information on the impact of the INDS to people with disabilities ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.9.4 Disabled People International (DPI)

DPI is an international membership organisation of disabled persons. It addresses issues affecting disabled people at an international level, especially through activities at the United Nations ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.9.5 Southern African Federation of Disabled (SAFOD)

SAFOD is the Southern African Federation of the Disabled, to which DPSA is affiliated. The following countries constitute SAFOD:

- South Africa
- Zambia
- Zimbabwe
- Lesotho
- Swaziland
- Namibia
- Botswana

The focus of these countries in terms of disability is more in consolidating regional (SADC) development of disabled people ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.9.6 Pan African Federation of Disabled (PAFOD)

PAFOD is also focused on the development of people with disabilities, exactly the same as SAFOD. The only difference is that the focus of PAFOD is more on developing disabled people on the continent as a whole ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.9.7 South African Federal Council on Disability (SAFCOD)

SAFCOD is the national umbrella body for all national disability NGOs that the DPSA is affiliated to. It is the national forum where all national welfare organisations, as well as national organisations of disabled people and parents. SAFCOD creates a platform for all the stakeholders to come together to negotiate and develop common visions for the equalisation of opportunities for people with disabilities ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.9.8 National Economic Development and Labour Council (NEDLAC)

NEDLAC's aim is to make economic decision-making more inclusive through what is called a "social dialogue". The objective is the promotion of the goals of economic growth and social equity. Government comes together with organised business, organised labour and organised community groupings on a national level to discuss and try to reach consensus on

issues of social and economic policy. NEDLAC also engages in research and information sharing which can help the constituencies (government, business, labour and community) in developing economic policy. DPSA is also represented by one of its deployed members in the NEDLAC, and as a result participates as a community constituency ([www.dpsa.org.za/partnerships/30/11/2002](http://www.dpsa.org.za/partnerships/30/11/2002)).

### 3.10 The DPSA and Lobbying

It is very important, when looking at the DPSA as a lobbyist attempting to influence policy in favour of the disabled people in South Africa, also to look at the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons. This committee is the only disability-specific committee in the NA. It deals with issues regarding children, the youth and disabled people in Parliament. This means it is the most important committee in which the DPSA can play a very prominent role of lobbying policy. However, members of the DPSA also sit on other committees of Parliament.

After 1994, with the taking over of the democratic Parliament, the weak apartheid committee system was changed both with respect to its rules and the number of committees. It meant that there were now more powerful committees that became what Calland (1999: 29) referred to as “the engine room of Parliament”. Parliament granted committees extensive powers. These include the ability to “monitor, investigate, enquire into, and make recommendations relating to any aspect of the legislative programme, budget, rationalisation, restructuring, functioning, organisation, structure, personnel, policy, formulation or any other matter it may consider relevant, of government department or departments falling within the category of affairs consigned to the committee”. (Calland, 1999: 31).

#### 3.10.1 The Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons

The Joint Monitoring Committee on the Improvement of Quality of life and Status of Children, Youth and Disabled Persons is the only committee specifically concerned with disability in parliament. It is composed of twenty-six permanent members. The twenty-six members are composed of seventeen National Assembly members and nine National Council of Provinces members. To ensure representation of both houses (NA and NCOP), the joint

committee must elect the Chairperson from one house and the Deputy Chairperson from the other house. The joint committee has two main functions: firstly; monitoring and evaluating progress made regarding the improvement of quality of life and status of children, youth and disabled persons in South Africa and, secondly, to make recommendations on any matter arising from the first function.<sup>47</sup>

The Joint Monitoring Committee on the Improvement of Quality of life and Status of Children, Youth and Disabled Persons came into existence in June 1999. The chairperson of this Committee, Hendrietta Bogopane-Zulu<sup>48</sup> is a member of the ANC and a member of the DPSA. She was elected chairperson of the committee on 19 October 1999 from the NA. The late Boyce Willem, also from the ANC and a member of the DPSA, was elected deputy chairperson from the NCOP ([www.pmg.co.za/19.10.1999](http://www.pmg.co.za/19.10.1999)). The DPSA is represented in this Committee by three of its other members, namely Maxwell Moss, Wilma Newhoudt-Druchen and Louis Ndzimande. Out of the twenty-six members making up this committee, nineteen are from the ANC, seventeen are permanent and two are alternate members<sup>49</sup>. The five members of the DPSA are included in the members of the ANC and they are permanent members.

Other members of the committee are from the New National Party (NNP), with three permanent members. The Democratic Alliance has five members, of which only one is permanent and the others are alternate members. The Inkatha Freedom Party (IFP) and the United Democratic Front (UDM) are each represented by two members each, of which one from each is permanent and the other are alternate members. Other parties are not represented in the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons, probably due to the fact that their membership is not capacitated enough to attend all the meetings in Parliament. Parliament has about forty-six committees and ad hoc committees; as a result parties with only one representative in parliament like the Azanian Peoples' Organisations (AZAPO), Afrikaner Eenheids Beweging

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<sup>47</sup> See the Joint Rules of Parliament (As Approved by the Joint Rules Committee), 24 March 1999 (2<sup>nd</sup> Edition: Jan 2002 and 3<sup>rd</sup> Edition: February 2003).

<sup>48</sup> Hendrietta Bogopane-Zulu is partially sighted. She was elected in absentia on 19<sup>th</sup> October 1999 from the NA.

<sup>49</sup> Alternate members are non-permanent members of the committee, they only attend on behalf of the permanent members and they do not vote when the members of the committee have to vote on an issue or some issues.

(AEB) and the Minority Front (MF) are obviously not able to attend all the committee meetings.

The above is a presentation of the parties in the Joint Monitoring Committee on the Improvement of Quality of life and Status of Children, Youth and Disabled Persons after the 1999 elections to date. This committee came into existence only in June 2002. Of importance is that the present study is aimed at describing the role of the DPSA as a lobbyist for the rights of the disabled people with the objective of attaining equal opportunity in an integrated, political, social and economic environment in South Africa between the periods 1994-2001. In order to cover the entire period, it is therefore important to describe the situation in as far as the representation of the DPSA was concerned after the 1994 elections, prior to the 1999 elections (second term of Parliament). The following section provides an explanation of what the situation was with regards to the representation and lobbying for the disabled in Parliament during the first term.

### 3.10.2 Parliamentary representation before 1999

Responding to the question about the interaction between the ANC and the DPSA, Mike Masutha, Member of Parliament (MP) on the list of the ANC representing the DPSA, pointed out that the interaction dates back to well before 1994. He mentioned that he remembers attending a meeting chaired by Winnie Mandela, who was heading the Welfare Desk of the ANC in 1993. He also stated that at various levels of interaction a number of DPSA leaders had been activists in the broad Mass Democratic Movement. As an example, Masutha mentioned the late Maria Rantho. Maria Rantho was the first from the DPSA to be put on the ANC list for the run-up to the elections, together with Dr William Roland<sup>50</sup>. Dr Roland, however, did not go into Parliament and as a result the late Maria Rantho was the only representative of the DPSA in Parliament after 1994, until she left Parliament in 1999 after she was appointed to the Public Service Commission (Interview, 09 April 2003).

In confirmation, Joseph Mzondeki, Member of Parliament (MP) on the list of the ANC representing the DPSA, stated that before the 1994 elections the DPSA called meetings with the different political organisations in order to find out what they had to offer for the disabled

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<sup>50</sup> Dr. William Roland was the first chairperson of the DPSA.

people should they vote for them. They also went to the media, threatening to stand as a disability organisation in the 1994 elections. According to him, the ANC was the first to respond when former President Nelson Mandela asked Walter Sisulu to speak to Friday Mavuso. These talks ultimately led to the deployment of Maria Rantho to Parliament (Interview, 09 April 2003).

When South Africa became a democratic state in 1994, Maria was the first and only Member of Parliament in the national legislature who had a disability. In 1995 Maria was responsible for heading the disability desk in the Restructuring and Development Programme (RDP) in the then Deputy President's office, which later became known as the Office on the Status of Disabled People (OSDP) ([www.proudlysa.co.za/09/02/](http://www.proudlysa.co.za/09/02/) 2003).<sup>51</sup>

### 3.10.3 Representation of the DPSA members in other Parliamentary committees

As indicated above, the members of the DPSA are also represented in other committees of Parliament. Table 5 displays the representation of the members of the DPSA in other Parliamentary committees.

Table 5: DPSA members in other Parliamentary committees (2001).

<b>Committee Name</b>	<b>Member</b>
Arts, Culture, Science and Technology	Ms. N. N. Newhoudt-Druchen
Communications	Ms. N. N. Newhoudt-Druchen
Environmental Affairs and Tourism	Mr. M. I. Moss
Justice and Constitutional Development	Adv. M. T. Masutha
<b>Labour</b>	<b>Mr. M. J. G. Mzondeki</b>
<b>Public Enterprises</b>	<b>Mr. L. P. M Ndzimande</b>

<sup>51</sup> Statement was taken from the Office on the Status of Disabled Persons (OSDP).

### 3.11 The DPSA's Lobbying

The DPSA is a disability interest group. In her description of general interest groups Sadie (in Venter, 1998: 289) described this type of group as any group of people with shared attitudes and goals, aimed at influencing the policies of government. This coincides with the explanation of what the DPSA is by Ndzimande, National Chairperson of the DPSA, who says that the DPSA is the national assembly of disabled people representing cross-disabilities. In further explaining what the DPSA is, Gillian Burrows,<sup>52</sup> Provincial Development Co-ordinator for the Western Cape, points out that the DPSA is a human rights organisation representing people with cross-sectional disabilities.

Interest groups are different and therefore would as a matter of fact make use of a number of lobbying strategies according to their organisation's internal structure, nature of the group, the issue at hand and resources available (Sadie in Venter, 1998: 290). In the South African context lobbying strategies would depend on whom the lobbyist is lobbying. In a situation in which a lobby group adopts the strategy of engaging government through talks, as is the case with the DPSA, the best place to try and influence policy-making would be as described by Sadie (in Venter, 1998: 290): "lobbying will be directed at the executive and legislative levels".

The level at which the lobbying will be directed will be determined by what the demand is, and whether the issue is of a national, provincial or municipal nature. In South Africa the government is composed of national, provincial and local governments. Therefore if the issue is of national concern, it will be directed at the executive as well as the legislature. If it is of provincial concern, it must be directed at the provincial legislature. And if the issue concerns the local government, it should be directed to the Municipal Council. Chapter 2 described the policy-making process; as shown there, both the national legislature and provincial legislature have created opportunities for individuals' participation in the decision-making process of the country. Those opportunities are created through the empowering of committees in both the National Assembly and the National Council of Provinces to be able to hold public hearings and able to introduce bills to their respective legislatures. In her response to the question of

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<sup>52</sup> Interview with Gillian Burrows, Provincial Development Coordinator for the Western Cape, on the 27 September 2002.

the DPSA's lobbying strategy, Burrows, Provincial Development Co-ordinator for the Western Cape (2002), pointed out that the DPSA lobbies on all fronts. She explained that at the provincial level they have the Provincial Executives working closely with the Provincial Development Co-ordinators. The Provincial Executive is the provincial leadership of the DPSA that works on issues concerning the respective province.

Among the examples of their lobbying in the provinces she indicated at the Western Cape lobbying for accessible transport and the Conradie Hospital for the disabled and the working closely with the provincial Offices on the Status of Disabled People (OSDP). On a national level, Burrows also mentioned that, through their insistence, the government could appoint a number of members of the DPSA into Parliament as Members of Parliament (MPs). On top of that, Burrows stated that other members of the DPSA are deployed to various other commissions, such as the Public Servants Commission and the Human Rights Commission. As their means of lobbying, these members are deployed there to see to it that disability issues are tabled and the government remains sensitive to these issues. As an example of the DPSA's national lobbying Burrows (2002) made reference to the 1999 affirmative action policy in which the government committed itself to employ 2% of disabled people within government sectors.

In responding to the same question on the lobbying strategy of lobbying used by the DPSA, Ndzimande, National Chairperson of the DPSA (2002) stated that "the DPSA is in a strategic partnership with government, in order to contribute to the ideological development of the ruling party and also to extent grip in the process of governing the country" (Interview, 25 September 2003). Ndzimande (2002) motivated the relevance of their strategy by stating that, because government makes decisions on the distribution of resources and on the governing of people, it would therefore be relevant for them to be part of the decision-making, strategically so. He argued in favour of the DPSA approach, stating that they chose the route of constructive engagement and becoming strategic partners to policy-makers rather than being confrontational. According to Ndzimande (2002), this partnership has been instrumental in the sense that the DPSA could lobby from within the chambers of government. It has therefore been much easier to address the legislators or legislative bodies for the purpose of

influencing or securing legislation advantageous to the DPSA's own interests and the achievement of its objectives.

Ndzimande (2002) argues against the confrontational method of lobbying and states that governments all over the world are scared of the confrontational approach, i.e. of picketing and making demands. According to him, through the latter methods of lobbying one is not as articulate as when one engages policy-makers through research or an ordinary situational analysis. As a result Ndzimande (2002) argues that the strategy of getting into direct negotiations with policy-makers is the most effective manner in which lobbyist could achieve their objectives.

In further justifying the DPSA's approach Ndzimande (2002) mentions that they knew that after 1994 the democratic government was going to come up with a policy that aims at correcting the ills of the past created by the National Party government. They as a result read the government's agenda correctly and as lobbyists positioned themselves correctly. By placing themselves correctly, they took on the government's own agenda instead of derailing government from its agenda. During the whole process they have made use of the strategy of leading government with information. Ndzimande perceives that as a powerful strategy, because the disabled are better positioned to describe their needs because they are in direct contact with the policy-makers. The following section seeks to describe the strategy of the DPSA regarding the influencing of policies in Parliament.

### 3.11.1 The DPSA's Strategy in the Lobbying Process

The DPSA's major strategy has been described as that one of 'strategic partnership' with the ruling party and hence it could be safely stated that the DPSA is making use of the 'inside lobbying' strategy. When asked about the effectiveness of lobbying from within Parliament, Maxwell Moss, MP for the ANC and representative of the DPSA commented, "it obviously is an advantage because the ANC is majority in Parliament, and as a result the members of the DPSA are spread out through different committees. This makes it a point that the voice of the disabled is heard. Also the members of the DPSA make it a point that when it comes to disability issues they play an effective role in the committees. The fact that we ourselves directly participate in the policy-making process and also because of our mere presence there

has been a change in a number of things regarding disability and the disabled people in Parliament. For example, when we came to Parliament some places were not accessible for us as people with disabilities but now it is different due to our presence here. Also there has been a change in the attitudes of able-bodied MPs. They are very sensitive and cooperative. I cannot think of any moment where we did not get the support of other members in issues having to do with disabled people” (Interview, 09 April 2003).

The media can be used as means of lobbying. It can also be used as a communication tool between the leadership and its constituency. Communication is very important in any organisation. To ensure that there was communication from their leaderships and constituents, a few groups in the United States have taken advantage of radio and television as a means for communicating with their members (Berry, 1977: 178). Communication through media not only reveal what information organisations feel is useful and interesting to their audiences, but also, as Pinner, et al (1959) in Holtzman (1967: 30) states “provides a renewed sense of belonging to something, being cared for, and being in some way a power to be taken into account.” The DPSA has not used the media effectively as one of their lobbying strategies. With regards to use of the media by the DPSA Palime<sup>53</sup> stated that, “although we have our differences we do not fight in the media, we have our fights in the boardrooms that we meet in” (Interview on 1 October 2002).<sup>54</sup> Mzondeki,<sup>55</sup> in response to the question of whether the DPSA has used the media in order to lobby policy-making, agrees with Palime (2002) by stating that the DPSA has not used the media effectively to communicate with its members.<sup>56</sup>

Another strategy that is used by the DPSA for trying to influence policy is the making of submissions to the relevant committee(s) and participating in discussions in the respective committee(s) in which they serve as members. This section will make use of the Records of the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons that are kept in the Parliamentary Monitoring Group’s

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<sup>53</sup> Deputy Director of Liaison Services in the OSDP

<sup>54</sup> In response to the question on the relationship of the DPSA and the OSDP.

<sup>55</sup> Joe Mzondeki, MP and DPSA member

<sup>56</sup> Interview with Joe Mzondeki, MP and DPSA member on 09 April 2003.

(PMG) archives. Below there is an overview of the first strategy, that is, the making of submissions.

### 3.12 DPSA's submission

This section reviews submissions made by the DPSA to the committees of Parliament. Regarding submissions made by the DPSA to the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons, the DPSA has made no formal written submission since it was formed in October 1999 (Interview, 14 April 2003)<sup>57</sup>. Also according to the PMG archives there is no report on the submission(s) from the DPSA to this committee ([www.pmg.org.za/14/April/2003](http://www.pmg.org.za/14/April/2003)). The following section looks at the submission made by the DPSA to the Safety and Security Portfolio Committee.

#### 3.12.1 DPSA's submission to the Safety and Security Portfolio Committee

The DPSA made a submission to the Safety and Security Committee of Parliament on the proposed Firearms Control Bill on 28 January 2000. The DPSA made the submission on behalf of the interests of the disabled people whom it represents. It was estimated that ten percent of the population live with disabilities and firearms caused some of these disabilities. According to an often-quoted statistic, for each person killed in a situation of violence, as many as three more are likely to suffer permanent disabilities.

Mike du Toit, Secretary General of the DPSA (2000), stated, "It is our conviction that the current proliferation of firearms in South Africa significantly contributes to the number of people with disabilities. We know this simply by the inordinate numbers among our leadership and members who became disabled as a result of shooting incidents ranging from accidental shootings, taxi violence and violent crime. Moreover, people with disabilities are especially vulnerable to attack and are frequently victims of gun violence".

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<sup>57</sup> Moses Manele is the Committee Clerk for the Joint Monitoring Committee on the Improvement of the Quality of Life and the Status of Children, Youth and Disabled Persons. He has been the Clerk for the committee since it was established.

The DPSA based their concern on the consequences that disabled people have to suffer. The DPSA welcomed the provisions of the Firearms Control Bill that would lead to a significantly improved control environment. They also associated themselves with the submission on the subject by Gun-Free South Africa. They urged the Committee to consider seriously their submissions in the interest of ordinary South Africans who live daily with the consequences of the current hopelessly inadequate firearm control legislation.

Apart from the submissions, the members of the DPSA have participated and contributed in the committee meetings that they are members of. What follows is an indication of the meetings of the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons that were held.

### 3.12.2 Meetings of the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons

From the time of the formation of the first meeting of the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons, a large number of meetings were organised and attended by the members of the committee. Ms Bogopane-Zulu was elected chairperson of the committee on 19 October 1999. Mr B. Willem was the deputy chairperson elected from the NCOP as required by the Joint Rules of Parliament<sup>58</sup>.

In these meeting numerous issues relevant to the committee were discussed and members of the committee participated in the discussion. The committee also invited the press, Minister Pahad and senior officials from the OSDP and different departments for briefings. Members of the committee also undertook missions like visiting provinces and attended workshops and

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<sup>58</sup> See Part 12A of the Joint Rules of Parliament, 24 March 1999 (2<sup>nd</sup> Edition: Jan 2000 and 3<sup>rd</sup> Edition Feb 2003).

training in order to be effective in the execution of their expected responsibilities.<sup>59</sup>

In all the interviews with the different members of the DPSA, they all pointed that thus far their lobbying had led to a number of achievements. The following section looks at some of the achievements of the DPSA.

### 3.13 Achievements of the DPSA

In its career as the ‘democratic national assembly’ of all persons with disabilities with, among it aims, the objective of organising, mobilising and empowering people with disabilities through lobbying and campaigning, the DPSA has achieved tremendous success. Concerning the lobbying successes of the DPSA, Burrows (2002) pointed out that “the organisation has been able to change certain things as a result of our direct advocacy” (Interview, 27 September 2002).

The Constitution of the Republic of South Africa 1996 (Act 108 of 1996) prohibits South Africans from discriminating on 17 grounds, with disability as one of them. This comes as part of the lobbying efforts of the DPSA. Disability is no longer seen as a charity/welfare issue, but as a human rights and development issue. The DPSA strongly promotes disability as a human rights issue.

Through negotiations with the former Reconstruction and Development Programme (RDP) Ministry in the Office of the President, the Disability Programme in the RDP Ministry was established in January 1995 (Telephone Interview, Toni, 14 April 2003)<sup>60</sup>. Maria Rantho<sup>61</sup> was responsible for heading the disability desk in the Reconstruction and Development Programme (RDP). The Disability Programme was the forerunner of the Office on the Status of Disabled Persons (OSDP) that was established in the Office of the Deputy President on 1 May 1997. Concerning the role of the DPSA in the formation of the OSDP, Benny Palime, Deputy Director of Liaison Services in the OSDP (2002), confirmed the role played by the

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<sup>59</sup> For detailed minutes of all the meetings of the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons, see [www.pmg.org.za](http://www.pmg.org.za)

<sup>60</sup> Telephonic Interview with Mike Mzolisi Toni, Secretary General of the DPSA.

<sup>61</sup> Maria Rantho passed away in July 2002.

DPSA by stating that “the DPSA consulted with the ANC-led government towards the formation of the office” (Interview, 30 September 2002).

The DPSA played a crucial role in the production of the White Paper on an Integrated National Disability Strategy (INDS). The then Deputy President (current President) Thabo Mbeki acknowledged the contributions of the late Maria Rantho MP and Colleen Howell, who were part of the core group and the DPSA was one of the organisations that criticised and commented on the INDS during its founding phase (INDS, 1997).

As a result government could provide a paradigm shift from that of looking at disability as a health and welfare issue to an understanding of it as a human rights and development issue. The social model of disability looks at disability as a human rights issue and development issue. The approach there is an emphasis on the reconstruction and development of our society and addressing the developmental needs of disabled people within the framework of inclusive development. Disabled people have to be recognised and acknowledged as equal citizens and should as a result enjoy equal rights and responsibilities (Masutha, 2003).

One other strategic move made by the DPSA in terms of transformation was towards the public sector. The DPSA engaged the ANC government in talks that resulted in an agreement regarding the co-ordination of stability within the public sector having to take place from a central and authoritative office. Regarding the central placement of disability, Toni (2003) argued, “the most strategic offices were the one of the President, the premiers and the mayors. The DPSA wanted government and each ministry to take disability serious under the cloud of the President”<sup>62</sup> (Telephone Interview, 14 April 2003).

In agreement with Palime, Toni pointed out that the DPSA wanted to change the previous concept of disability being relegated to welfare by adopting the social model of disability. According to the social model, disability is looked at in terms of the environment that makes it difficult or impossible for the disabled person to function like an able-bodied person. Hence the DPSA engaged government in talks on integrating disability into government policy-making.

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<sup>62</sup> President Thabo Mbeki is the Patron of the DPSA and the Disability Rights Movement since 1998.

After its establishment the DPSA continued to play an instrumental role in the contribution towards the bringing into being and implementing the Integrated National Disability Strategy (INDS). The White Paper on an Integrated National Disability Strategy (INDS) is a policy document on disabled people. It had been completed in November 1997. The primary focus of the INDS is to advise government departments on disability policies, programmes and legislation as well as to monitor implementation ([www.polity.org.za/03/03/2003](http://www.polity.org.za/03/03/2003)). The INDS is aimed at enhancing public awareness and giving disabled people back their human dignity (DPSA Pocket Guide, 2001; Pahad, 1999). In responding the question of the role that was played by the DPSA in trying to improve the lives of the disabled people, Palime, Deputy Director of Liaison Services in the OSDP (2002), pointed out that “the DPSA campaigned very hard, they really contributed to the policy. They really consulted, held conferences and as a result they managed the process very well”.

The DPSA mentioned that they managed to deploy disabled activists, in consultation with the African National Congress-led government<sup>63</sup>, to different government institutions constitutionally entrusted with the task of ensuring democracy established after 1994 as part of the transformation process, namely the SA Human Rights Commission (SAHRC), the Commission on Gender Equality (CGE), the National Youth Commission (NYC), the South African Broadcasting Corporation Board (SABC Board), the Board of the National Development Agency (NDA), the Public Service Commission (PSC), the National Economic Development and Labour Council (NEDLAC), etc. He further pointed out that the DPSA is also continuing to advocate for the inclusion of a deaf person on the Pan South African Language Board (PSALAB) to strengthen the development of South African Sign Language as an official language. He further highlighted the fact that the personnel in the Offices on the Status of Disabled Persons (OSDP) with different disabilities have come through the ranks of DPSA<sup>64</sup>. What follows is a list of the DPSA members as deployed in their respective designations.

DPSA has of its members represented in key commissions

- Human Rights

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<sup>63</sup> The DPSA has a strategic partnership with the ANC government.

<sup>64</sup> Interviews with Louis Ndzimande, 25 September 2002 and Gillian Burrows, 27 September 2002.

- Gender
- Youth
- Special Needs Education and Public Service Commissions

Other members of the DPSA are represented on the following boards:

- SATOUR
- National Skills Authority (NSA)
- NTSIKA Enterprise Development Promotion Agency (NEPA)
- South African Qualifications Authority (SAQA)
- National Board for Further Education and Training (NBFET)
- South Africa Broadcasting Corporation (SABC)
- National Economic Development and Labour
- Council (NEDLAC)

In 1999 the DPSA could advocate for the greater accessibility of voting station and polls. As a result of this, voting procedures were designed in such a way that they could accommodate people with disabilities (Interview, Ndzimande 26 September 2002).

The DPSA formed part of the Community Constituency of NEDLAC that was composed of those sectors of South African society, which had previously been marginalised in the mainstream economy. The role that was played by the DPSA was that of representing disabled people in South at the Presidential Job Summit in October 1998. Through the Job Summit government committed itself to the undertaking of ensuring that 2% of the total public service personnel will be comprised of people with disabilities by the year 2005 (Interview, Burrows, 27 September 2002). A report on Disability Equity in the South Africa Public Service in February 2002 found that, out of the 797 750 employees in the public sector, there are 2007 people with disabilities employed. This represents an average of 0,25% that is still far from 2% that needs to be achieved by 2005.<sup>65</sup>

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<sup>65</sup> This specific investigation has its origin in the Public Service Commission (PSC) investigation of 1999 into the State of Representativeness in the Public Service.

In the post-1999 Parliament the DPSA has a representation of five members, namely Advocate Mike Masuta (partially sighted), Joseph Mzondeki (paraplegic), Maxwell Moss (paraplegic), Hendrietta Bogopane-Zulu (partially sighted) and Wilma Newhoudt-Druchen (deaf and dumb). Four out of the five members came into Parliament due to their disability, with the exception to Maxwell Moss who was nominated into Parliament as a result of his active political role (Moss, 2003).<sup>66</sup>

The DPSA as an organisation has as a result effectively represented its members and has been successful in its attempts to influence policy-making in favour of its general membership. The DPSA has also been successful in its attempt to change the situation by putting disability into the mainstream politics of South Africa. This was done through its influence in changing the understanding of disability as no longer seen in terms of the medical model but the social model, which gives a different perspective to the one of looking at disabled people through the eyes of shame and the perception of inability.

### 3.14 Concluding Remarks

This chapter looked at the DPSA and its structures. It started by giving an overview of disability interest groups both internationally and in the context of South Africa. Then the establishment of the DPSA was described. The formation, structure, leadership, representation and the achievements of the DPSA as an organisation that was formed with the aim of uniting all South Africans with disabilities were scrutinised in detail. The DPSA's lobbying in an attempt to influence policy in favour of the disabled people in South Africa (1994-2001) was analysed in the South African context. Lastly, its achievements were analysed. The chapter finds and concludes that the DPSA has been very effective in trying to influence policy-making in favour of the disabled people of South Africa between 1994 and 2001.

The next chapter is the concluding chapter of this study. Chapter 4 will conclude the study by summarising the previous three chapters and making a recommendation for further study in this area of policy-making, disability and lobbying.

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<sup>66</sup> Interview with Maxwell Moss ANC Member of Parliament (MP) 09 April 2003.

## Chapter 4

### Concluding summary, findings and recommendations

#### 4.1 Introduction

After 1994 South Africa's policy-making processes underwent a tremendous change. Government policy with regards to disability after 1994 was very different from that of the apartheid era policy. This change came about as a result of the fact that a new regime had been democratically voted into office by the majority of South Africans. New policy-making in South Africa is underpinned by the founding provisions of the new Constitution of the Republic of South Africa, 1996 (Act 108 of 1996). The South African government now has the responsibility of providing equally for the citizens of South Africa without discriminating directly or indirectly against anyone on one or more grounds as specified by Section 9 (3).<sup>67</sup>

The preceding chapters of the study have been concerned with the lobbying of disability in South Africa during the period 1994 to 2001. The study gave a description of the activities of the DPSA in the policy-making process during the above-mentioned period. Specific focus was placed on the DPSA's participation in policy-making in the democratic South Africa. This study is an example of a specific policy process by the portfolio committee on the Promotion of the Status of Children, Women and Disabled People.

#### 4.2 Concluding Summary

Chapter 1 dealt with the context, problem statement and methodology of the study. In this chapter it was stated that disability and disabled people, as a minority group in South Africa, have been and still are faced with a situation that needs to be addressed in one way or another. Hence this study presented the changing nature of disability in the new politics of the post-apartheid South Africa.

Also in Chapter 1 it is observed that the situation regarding disability in South Africa before 1994 and after 1994 differs tremendously when it comes to laws, policies and practices affecting disabled people in South Africa. Disabled people have been denied fair access,

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<sup>67</sup> Chapter 2 (Bill of Rights) of the constitution for the Republic of South Africa, 1996

compared to able-bodied people, in employment, education, social security, etc. (Roskam, 1960; Kotzé, 1989; Howell & Masuta, 1993; Integrated National Disability Strategy, 1997; and DPSA Pocket Guide, 2001).

With regards to the situation regarding disabled people after 1994, it is found that the new democratic government designed laws and put in place policies aimed at rectifying the problems that were created by the apartheid regime through their discriminatory laws and policies<sup>68</sup>.

Chapter 2 explored the three concepts, namely policy-making, disability and lobbying. In this chapter the concepts were explained in detail. After looking at these concepts in South Africa, the chapter points out the importance and responsibility of public policy-making. The apartheid and post-apartheid periods are compared and it is found that in the past (pre-1994) policy-making was unequal and was based on race, class and gender.

In defining policy and policy-making the different scholars and authors commonly described the process as being complex. In addition to describing the process as complex, it is also seen as an important task for government. The chapter also described the policy-making process steps in detail. The description of the policy-making process is accompanied with explanations of the different Houses of Parliament in which the bill starts and also the types of bills in the NA and NCOP. Chapter 2 further went on to explain the public policy actors.

The second concept in Chapter 1, “disability”, is also explained in detail. Apart from explaining it in detail, the concept is looked at from a local and international perspective according to institutions, policy documents and scholars. In the same chapter the types and models of disability are also listed and discussed. In addition to listing and discussing them, the author justifies the importance of mentioning and discussing the models and types of disabilities in the study.

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<sup>68</sup> Constitution of the Republic of South Africa, 1996; White Paper on INDS, 1997, Employment Equity Act, 1998; Code of Good Practice on Key Aspects of Disability in the Workplace, The National Rehabilitation Policy, 2000 and The DPSA’s Pocket Guide Book on Disability Equity, 2001.

Chapter 2 further looked at the concept of lobbying. As with disability, the concept was looked at from both a local and international perspective. The contrast is mainly between the USA and South Africa. The main reason for the specific concept is that the USA is beyond doubt well advanced and can serve as a world model on lobbying. On the other hand, it is found that lobbying is not well developed in South Africa. Recent and previous scholars also define the concept of lobbying in detail. Lobbying strategies and tactics are explained in great detail in this chapter.

Chapter 3 is the focal point of the study in the sense that it addresses the main question of the study. In this chapter the author examined the DPSA's role of trying to influence policy-making in South Africa during the period 1994 to 2001 by looking at the most important aspects concerning the DPSA. Chapter 3 looked into the DPSA as a whole; its history, structure, leadership and representation, programmes and achievements. The author discussed these aspects with the aim of being able to give an account of the DPSA's achievements to the reader.

### 4.3 Findings

The DPSA and the ANC have a relationship dating back to the pre-1994 period. Members of the DPSA in Parliament on the ANC list had been activists in the struggle against apartheid.

The DPSA is in a strategic partnership with the ruling party. Ndzimande, National Chairperson of the DPSA and MP on the ANC list, argued in favour of the relationship, stating that it is easier for the DPSA to lobby in the chambers of Parliament than to exploit other means of trying to influence policy-making. Ndzimande's (2002) position on the partnership is seconded by Mzondeki's (2003), who states "being here in Parliament makes it easy because of access to legislators and also participation in different portfolio committees".<sup>69</sup>

The study made two findings with regards to disability and lobbying. In the sections on disability and lobbying, it is found that there is no disability and lobbying act in South Africa like it is the case with, for example, the United States of America. What is found in South

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<sup>69</sup> Interview with Joe Mzondeki, MP and DPSA member on 09 April 2003.

Africa regarding the regulation of disability and lobbying, are phrases in the Constitution<sup>70</sup>, pieces of policies and comments from the experts, scholars, institutions, government officials, etc.

The other finding that the study makes is that the DPSA has not used the media effectively<sup>71</sup>.

Lastly, the study established that, although the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons is the most relevant committee tasked with issues of disability, no written submission has been made to this committee by the DPSA. In reply to the question as to whether the DPSA has made any submission to the committee Manele (2003) pointed out that DPSA never made a written submission to the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons since the establishment of the committee in 1999 (Interview, 14 April 2003). The minutes of the committees of Parliament confirm that the DPSA has made no written submission to the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons ([www.pmg.org.za/14/04/2003](http://www.pmg.org.za/14/04/2003)). However, the study finds that the only written submission that the DPSA made was the Firearms Control Bill, which was submitted to the Safety and Security Committee of Parliament on 28 January 2000.

#### 4.4 Recommendations

Based on the above findings, a number of recommendations can be made with the intention of contributing to the lobbying role played by the DPSA in favour of the disabled people.

The lobbying of the DPSA is hindered by two factors. Firstly, in South Africa lobbying is not regulated as it is in the USA.<sup>72</sup> Without suggesting that South Africa should immediately copy what the USA does, but a situation in which policy and decision-makers are compelled by law to accommodate lobbyists would be much better than the current situation in South Africa. By mentioning that policy and decision makers have to accommodate lobbyists, the

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<sup>70</sup> See Chapter 2 (Bill of Rights), Section 9 (3).

<sup>71</sup> Confirmed in an interview with Joe Mzondeki, MP and DPSA member on 09 April 2003.

<sup>72</sup> See the Lobbying Disclosure Act of 1995 New York State Lobbying Act. ("Lobbying Act" created by Chapter 2 of the Laws of 1999, as amended most recently by Chapter 19, Laws of 2002.).

author does not mean that the legislators will have to accept whatever suggestions the lobbyists make and neither do they have to be against whatever the lobbyists suggest. Obviously a decision would not be taken overnight and without consideration of the pros and cons. The study therefore suggests that the possibility of having lobbying regulated be considered carefully.

With regards to the use of the media by the DPSA, the study recommends that the DPSA uses the media much more than it has in the past with regards to its lobbying. The media can be effectively used by the DPSA to communicate its activities to its members and other people who might have interest in the purpose of the disabled and their organisation. The media are the most effective manner in which the DPSA can spread its message.

Although Palime (2002) mentions that the OSDP and the DPSA solve their problems in boardrooms<sup>73</sup>, the importance of outside lobbying cannot be ruled out. By allowing constituencies to write or apply any other tactic of outside lobbying, they demonstrate that the issue is a real concern of those who are represented (Holtzman, 1966). While a lot of persuasive reasons have been advanced in favour of direct lobbying,<sup>74</sup> it is very important that this not be the only method of lobbying adopted by the DPSA in trying to influence policy-makers. Based on this, the study recommends that the DPSA make use of both direct and indirect lobbying. While the most influential members of the DPSA take the initiative of engaging in face-to-face talks with the policy-and decision makers, there should also be platform created for allowing its members to participate in public demonstrations if needs be.

Finally, in response to the fact that the DPSA has not made a single written report to the Joint Monitoring Committee on the Improvement of Quality of Life and Status of Children, Youth and Disabled Persons, the study recommends that the DPSA should take a much more active role in terms of making submissions with regards to the concerns of the disabled people. One of the ways in which the DPSA can do this is by having more researchers for the MPs representing the DPSA in Parliament.

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<sup>73</sup> Direct lobbying or inside lobbying strategy.

<sup>74</sup> See Dexter in Berry (1977: 216).

#### 4.5 Further Research

South Africa is in the infancy of its democracy, therefore issues like policy-making and lobbying with special reference to important minority groups in society like those of the people with disabilities need to be researched in greater depth. Further research in lobbying, with respect to the DPSA, should be looked at by investigating it as a concept and practice that is not well developed in South Africa. In-depth research into lobbying in the countries that are already advanced is very important to develop lobbying in a country that is still in the infancy of its democracy like South Africa. It would also be important to research into the aspect of the loyalty of the members of the DPSA to their respective political parties as compared to the interests of their members. The importance of such a study is prompted by the fact that some of the members of the DPSA are MPs because of their membership in the DPSA, therefore to find out how they serve their members and at the same time have to be loyal to their political is what would have to be found out in another study.

The concepts of policy-making, lobbying and disability, separately or jointly, are beyond doubt very important study areas in the current era. Because this study investigates only the period between 1994 and 2001, there is a also need to study the changes that took place after 2001.

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