

# **SADA**

**SOUTH AFRICAN DISABILITY ALLIANCE**

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## **Submission for the CEDAW List of Issues for South Africa**

**Drafted by the SADA CEDAW Working Group  
on behalf of the membership of the South  
African Disability Alliance (SADA)**

**Submission date: 3 February 2020**

## INTRODUCTION

1. This submission for the list of issues was developed and submitted by the South African Disability Alliance (SADA), a forum of national disability organisations in South Africa. We include background information about SADA as Annexure A at the end of this submission (pages 10 to 14).
2. SADA recognises the South African achievements towards the implementation of the CEDAW as detailed in the country report, but also notes with concern the late submission and particularly the absence of substantive information about women and girls with disabilities.
3. Due to gender discrimination, women and girls with disabilities are more exposed, vulnerable, exploited and discriminated against than men with disabilities. As such, SADA is concerned by the incidence of abuse, sexual molestation, exploitation and general marginalisation of women and girls with disabilities in South Africa, especially as many victims are not able to access the justice system.
4. "It is, however, difficult to fully estimate the extent of the problem because acts that women with disabilities may experience as violent generally go unreported. While underreporting of violence is also common amongst non-disabled women, there are additional complicating factors that may inhibit or prevent women with disabilities reporting abuse. These include high levels of dependency on caregivers, who often are the perpetrators of the violence; social isolation and discrimination against women with disabilities; and a lack of information and inadequate support services."<sup>1</sup>
5. Judith (not her real name) is a 34-year old partially sighted woman living in a rural area of the North West Province. She was physically abused by her blind husband and reported this to the local police station. Her claim was rebuffed by the police who did not believe that a blind person could physically abuse her. She explained that her husband had been gainfully employed as a security guard before his vision deteriorated which led to alcohol abuse, but this information was ignored. She sought help from community members who also ignored her. The abuse continued for nearly five years before she eventually ran away. Her husband was never charged as her complaint was not seriously considered by police.
6. South African society (and by implication the government) is failing to adequately protect women and girls with disabilities while the justice systems further fails these victims through unequal treatment and discrimination by the South African Police Services (SAPS) and prosecuting authorities. These concerns are illustrated by a case in the Eastern Cape Province of a mother with a psycho-social disability and her blind daughter who were rape victims on several occasions. Their attacker frequented a shebeen (bar) across the street. While the matter was reported to the SAPS the matter was not followed up, apparently because the pair could not identify the perpetrator due to their disabilities.
7. The credibility of such victims is often questioned resulting in perpetrators not being prosecuted. In addition, the justice system fails to provide reasonable accommodation such as adequate provisioning of intermediaries. The lack of adequate preparation of the victims for court appearance and testimony coupled with inadequate intermediary services result in cases being dismissed or perpetrators found not guilty.

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<sup>1</sup> Naidu, E, Haffejee, S, Vetten, L and Hargreaves, S. On the Margins: Violence Against Women with Disabilities. April 2005. 16.

8. The situation is exacerbated by sexist poverty trends – more women than men with disabilities tend to be poor and women experience poverty more harshly than their male counterparts. This is largely due to unemployment and exclusion, lack of access to appropriate services and the South African gender bias favouring men.
9. The general lack of research on violence against women with disabilities in South Africa is yet another matter of concern.
10. Violence against children with disabilities is a serious problem in South Africa, particularly offences committed against girls. This is often closely linked with cultural perceptions of disability.
11. Selina (not her real name) is a 31 year old woman from a rural area in the Northern Cape. She completely lost her sight in her 20s which led her family to believe that she was bewitched. Her brother (a local priest) locked her in a back room at the home of a family member who subsequently moved to another location. Her brother attempted exorcism with the approval of the community who viewed the family with respect and believed her blindness to be the result of demonic behaviour. Nobody sought help for Selina who was found starving in the back room where she was kept. No family members were ever charged.
12. Sally (not her real name) is 50 years old and lives in a rural area in the Northern Cape. She became blind due to repeated beatings by her husband. During her rehabilitation her husband followed Orientation and Mobility practitioners and accused them of having an affair with his wife. He chased them from the property, broke windows in the home and physical attacked Sally before locking her in their home. She was petrified that she would be killed but fortunately escaped. She approached the justice system for help, but her husband was never arrested.
13. SADA strongly supports the 16 Days of Activism for No Violence Against Women and Children in November annually. However, giving attention to this problem only during this campaign is clearly insufficient given the escalating violence reported in South Africa in recent years (especially 2017)<sup>2</sup>.
14. UNICEF South Africa reported in September 2015 that “violence against children and women remains stubbornly high in South Africa”<sup>3</sup> In the 2013/2014 year the South African Police Service recorded a total of 48,718 contact crimes against children with a total of 67,532 children found to be in need of care and protection by the Children’s Court. Unfortunately, these statistics were not disaggregated in terms of children with disabilities.

#### **Proposed questions**

- a. What programmes are the South African government implementing to redress the compounded marginalisation, exploitation, abuse and exclusion experienced by women with disabilities and how will the State ensure the inclusion of women and girls with disabilities in gender programmes in South Africa, specifically in terms of advocacy, awareness, networking, collaboration and promoting accessible services?
- b. What measures are the State taking to end the violence against women and children with disabilities, including research?

<sup>2</sup> The South African Child Gauge 2017 revealed that one in three children are victims of sexual violence and abuse before they reach 18 years old.

<sup>3</sup> [https://www.unicef.org/southafrica/media\\_17072.html](https://www.unicef.org/southafrica/media_17072.html). Accessed 21 January 2017.

15. In addition, SADA questions the consultative process in preparing the country report as per Annex 1 thereto.
16. In the *Overview* statistics are provided but no mention is made of women with disabilities. South Africa is a country that specifically identifies disability as a protected group against discrimination<sup>4</sup>.

#### **Proposed questions**

- c. Why was the South African country report submitted late when it was seemingly approved by Parliament in May 2016?
- d. Why was a consultative meeting only held on 21 and 22 May 2015 when the report should have been submitted in February 2015?
- e. If the purpose of the May 2015 meeting was “to bring together all stakeholders”, why is there no mention of disability organisations? The same is true of the second round of consultations (19 October 2015).

#### **METHODOLOGY**

17. Input included in this SADA submission resulted from a variety of approaches and interventions:
  - 17.1. **Desktop research** and the gathering of information over the entire existence of SADA as a collective platform provided extensive background information, as well as highlighting specific concerns. For the purposes of this report, we focused on the last five years as this provided an overview of trends rather than single events.
  - 17.2. **SADA members meet formally** three times per annum for a one-day meeting. These meetings serve as opportunities to highlight disability rights issues and generally include external speakers to provide information and insight into these issues. Speakers are drawn from the public and private sectors, as well as civil society and academia. Clause 10 of the SADA Terms of Reference allows us to “appoint sub-committees and/or task teams for specific purposes” on the understanding that the mandate, roles, responsibilities and duration are agreed by member organisations. This enables SADA to effectively respond to specific issues. As such, the CEDAW Working Group was established comprising three members: Ms Marina Clarke (SADA Chairperson and National Director of Epilepsy South Africa), Ms Cathy Donaldson (President of Blind SA) and Ms Anisha Ramlaul (member of SADA’s Executive Committee and National Executive Director of the SA National Council for the Blind). The work of the Working Group was supported by Ms Melanie Lubbe (SADA Secretariat).
  - 17.3. **SADA submissions in terms of the South African CRPD (Convention on the Rights of Persons with Disabilities) country report** were considered relevant.

#### **PART I (ARTICLES 1 – 8)**

18. While the Concluding Observations were “circulated widely via email” it is not clear whether disability organisations received this.

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<sup>4</sup> South African Constitution, Chapter 2 (Bill of Rights): “The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, **disability**, religion, conscience, belief, culture, language and birth.”

19. SADA supports the assertion that the principle of substantive equality between men and women may not be verbatim in the SA Constitution and legislation, but are embodied therein as a core right.

**Proposed question**

- f. What replaced the Green Paper towards the Women's Empowerment and Gender Equality (WEGE) Bill which lapsed in April 2014?

20. The report lists 618 Equality Court cases in 2012/2013 and 638 in 2013/2014 (paragraph 22). However, there is no information what these cases dealt with. For example, did these necessarily relate to women's rights? Similarly, the figures provided in paragraph 23 (including a 40% increase in unfair discrimination cases) do not reflect either gender or disability.
21. The decline in finalisation of cases is a matter of concern (paragraph 24). While government expresses its concern, there is no indication of what is planned to address this matter.
22. Work regarding the Traditional Courts Bill is detailed in paragraphs 31 and 32. However, the relationship between traditional and demographic courts in terms of the justice system is not clear.
23. Given the timeframe of the report, the departmental changes in terms of the Presidency (Department of Women, Youth and Persons with Disabilities) are not reflected and have significant impact on paragraph 34.

**Proposed question**

- g. Experience has shown that disability focal points are not effective. How effective is the gender focal points in departments (paragraph 36)?

24. There is finally a reference to persons with disabilities in paragraph 42, but in very vague terms.
25. While much is made of government initiatives to combat violence against women, the results are poor. If women are considered vulnerable, women and girls with disabilities are even more vulnerable. The mere fact that consideration was given to the establishment of Sexual Offences Courts underlines this situation.
26. Lindiwe (not her real name) is a blind Braille proof reader who makes use of public transport to commute to and from work. She explains what happened to her: "I was on my way home in a taxi<sup>5</sup> with two other people. The driver dropped off the other two people which left me alone in the taxi with the driver. When I asked him why I had not been dropped off he replied that he was helping me as a blind person by taking me further. I became afraid when the drive took a long time. I asked the driver where we were and he told me that he was taking me to my home. Suddenly we were driving very fast and I become so frightened that I decided to jump out of the window. I fell to the ground and people from the community came to help me and take me to the police station. I waited there for six hours before being taken to a clinic and then a hospital. I was off work for two months but suffer to this day. I am too afraid to take a taxi again and don't know if I will be able to keep my job."
27. There seems to be no information on the success/failure of the Sexual Offences Courts. The information reported in paragraphs 61 and 63 is not attributed to these courts specifically.

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<sup>5</sup> Taxis are mini-busses commonly used by the majority of South Africans.

**Proposed questions**

- h. What is the experience of women and girls with disabilities in terms of the Sexual Offences Courts and related systems?
- i. Are the Victim Friendly Facilities at police stations maintained or only “rolled out”? There is extensive evidence of other facilities established in South Africa which are allowed to deteriorate unchecked.

28. The term “mentally disabled persons” in paragraph 65 is offensive and excludes persons with other disabilities who may be equally vulnerable.

**Proposed questions**

- j. There are several reports about initiatives of government. Are these working together and how effective are they?
- k. Were women and girls included in the South African Integrated Programme of Action Addressing Violence Against Women and Children (VAWC) (2013-2018)? This initiative ended in 2018 but the report obviously does not include information on the success/failure and the way forward.
- l. What was the outcome of the work of the Inter-Ministerial Committee on the Root Causes of Violence Against Women and Children established by Cabinet in May 2012 and how was this information implemented?

29. It is interesting that awareness and education initiatives (paragraph 72) are focused on women, older persons, school violence and trafficking, but completely ignores women and girls with disabilities. South Africa does not have a good result in terms of mainstreaming disability issues.

30. Reference is made in paragraph 74 to the availability of Braille material and the November 2014 round-table on *Equal Access to Justice for Persons with Disabilities*. However, the report is silent on the outcome of this consultation.

**Proposed questions**

- m. A lot of training has seemingly taken place. What has been the results and longer-term impact of this training, particularly in terms of women and girls with disabilities?
- n. Paragraph 79 refers to the “School for the Blind” launching the anticipated Braille FAQs on the Children’s Act. Which school is referred to and what happened?
- o. If the *Prevention and Combating of Trafficking in Persons Act* was promulgated in 2013 why has it not been implemented as yet?

31. If prostitution is driven by “a complex intersection of social and economic factors in which poverty and inequality are key drivers” then persons with disabilities should be turning to prostitution more than any other group.

**PART II (ARTICLES 7 – 9)**

32. The female representation quoted in paragraph 101 does not link with the percentage of female voters and the South African demographics. This is also true in the Cabinet (paragraph 103), diplomatic appointments (paragraph 104) and female representation at senior management level in the public service (paragraph 105).

33. It is suggested that the public service achieved the 2% disability employment target (paragraph 105). However, the figures are very outdated (2012/2013) and questioned by SADA.
34. The performance of the private sector can be characterised as dismal (paragraph 107).

#### **Proposed questions**

- p. What is the status of female representation in parties other than the governing party (paragraph 98)?
- q. What is the current status in terms of the achievement of the 2% disability employment target in the public sector, especially in terms of the announced increase to 7%?

#### **PART III (ARTICLES 10 – 14)**

35. The indication that government is successful in ensuring school safety cannot be accepted when articles are published daily calling South African schools morgues (paragraph 112).
36. The vulnerability of learners with disabilities (often living in hostels away from their families) is not addressed at all despite several recent incidents and reports.
37. Government reports on “providing learners with easy to use workbooks in all 11 official languages” (paragraph 117) but problems in accessing Braille textbooks continue. While SADA is aware of an investigation there seems to be little (if any) results. The involvement of Section 27<sup>6</sup> has been involved in the process since 2009 but success remains elusive despite a court ordering the Department of Basic Education to provide Braille textbooks for blind learners.
38. The reference in this paragraph to “the deaf and the blind” is offensive. The correct terminology is “Deaf and blind persons”.
39. The report in paragraph 125 is not borne out by incidents of children drowning in pit latrines.
40. Employment statistics quoted in paragraphs 132 and 133 does not indicate any information regarding the employment rates of persons (particularly women) with disabilities.
41. The gender bias in terms of “women’s and men’s work” and the value thereof is clearly illustrated in paragraphs 134 and 135.
42. It is difficult to see the impact of the Department of Small Business Development (paragraph 137), as is the case with the various small business finance agencies (paragraph 139). Persons with disabilities (particularly women) continue to struggle to access business finance and move beyond the survivalist stage.
43. It is a misconception to believe that “increasing access to public health care will benefit the majority of Black African women to a large extent” (paragraph 141) if this is not linked to the quality of such health care. We all know that the current quality of public health facilities is deplorable as evidenced by ongoing media reports of abuses and neglect.
44. While the establishment of mobile clinics and information campaigns have value (paragraph 142), consideration should be given to adjusting supply chain management in the Department of Health to ensure access to treatment (particularly medication).

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<sup>6</sup> Section 27 is a public interest law centre in South Africa with an excellent track record in rights cases.

45. Many persons with disabilities (particularly persons with epilepsy) rely on this service which is often poor and haphazard. For example, persons with epilepsy struggle to stabilise their seizures given that they see a different doctor during each visit with apparently very little information shared between doctors. The general complaint is that doctors simply increase medication without proper diagnostic tests. The situation is even worse in rural areas where access to neurologists and related services is not feasible.
46. While free family planning and related services is reported (paragraph 145) questions again arise regarding the quality of care, despite the Campaign on Accelerated Reduction of Maternal and Child Mortality (CARMMA) described in paragraph 150.
47. It is disturbing that maternal deaths are still higher in 2013 than in 2009 (paragraph 151). There is also no indication of the current situation although SADA accepts the timeframe of the report.
48. The report is silent about the reproductive rights of some women with disabilities (especially women with psychiatric and intellectual impairments).

**Proposed question**

- r. What is the current relationship between disability organisations serving Deaf and Blind persons and the Kha Ri Gude Campaign as reported in paragraph 123)?
- s. What was the impact of the National Strategic Plan on HIV, STIs and TB (2012 – 2016) in terms of the objectives and goals listed in paragraphs 160 and 161?

49. The lack of recognition for sportspeople with disabilities remains a matter of concern (paragraph 167). It has become the norm that Paralympians outperform Olympians regularly without receiving the same acknowledgement and accolades. Disability sporting codes (e.g. goalball) remain hidden in the shadows.
50. The issue of land is a burning issue in South Africa. The report (paragraphs 168 – 170) does not reflect the situation accurately.
51. The fact that only 674 persons with disabilities benefitted is of grave concern (paragraph 170).
52. Increasing dependence on SASSA grants (paragraphs 173 and 174) is not anything to be pleased about as it is contributing to the creation of a welfare state where taxpayers are expected to fund more and more initiatives to a point of poverty.

**Proposed question**

- t. How many SASSA beneficiaries have left the system to become economically independent?

**PART IV (ARTICLES 15 & 16)**

53. The rights of the LGBTI community continue to be problematic. For example, a same-sex couple was turned away by a wedding venue in 2021 on the basis that their religious beliefs were guaranteed in the Constitution and they thus had the choice not to accommodate same-sex weddings.
54. No statistics or information is available on the situation relating to maintenance for children with disabilities. It is a well-known fact that children with disabilities continue to be abandoned (particularly by fathers) while mothers are trapped by their traditional caregiving role which prevents them from achieving economic independence.



55. The participation levels of women with disabilities in terms of the implementation of the Beijing Declaration and Platform for Action (BPfA) and other international instruments is not clear.
56. The interrelationship between CEDAW and the CRPD requires an in-depth analysis to avoid a silo approach.

#### **PART V (GENERAL RECOMMENDATIONS 12 & 19)**

57. Debates have been ongoing about the value of protection orders (paragraph 189), particularly for women with disabilities.

#### **Proposed question**

- u. Given the level of violent crime in South Africa how does a protection order protect women with disabilities?
- v. What was the percentage of older persons with disabilities in terms of the statistics reported in paragraph 190?

#### **CONCLUSION**

58. Paragraph 192 focuses on the need for “socio-economic transformation of society to accelerate economic growth and overcome the triple challenge of inequality, unemployment and poverty”. If this situation affects women, the outlook for women with disabilities is of even more concern in light of the current economic performance of South Africa.
59. The report is silent about the plight of persons with disabilities in terms of economic independence (as described in paragraph 193).
60. The role of societal norms as a prescription for the behaviour of women (paragraph 200) must be particularly applied to persons (especially women and girls) with disabilities.

# **Annexure A - SADA Profile**

## **1. Establishment of the South African Disability Alliance (SADA)**

On 15 November 2007 the South African disability sector formally established the South African Disability Alliance based on considerations in terms of the real experiences of South Africans with disabilities:

- a) South Africans with disabilities of all ages have the right to equal access to and enjoyment of all the rights and freedoms available to and an improvement in the quality of life comparable to that of society in general.
- b) Physical, social and economic barriers in society continue to prevent or limit the access of persons with disabilities to or enjoyment of these rights, freedoms and quality of life.
- c) Persons with disabilities have taken it upon themselves to strive for the goal of removing these barriers through various interventions by the State and other organs of society (including through legislation, government policy and the provision of services and other measures).
- d) Persons with disabilities, organised under the auspices of the disability rights movement in South Africa, assert our right to represent ourselves and play a leadership role in all matters directly affecting us, inspired by the slogan *“nothing about us without us”*.
- e) Organs of civil society (particularly within the disability sector, but also in society in general) have made a significant contribution by providing valuable services and initiating various programmes and projects aimed at improving the quality of life of South Africans with disabilities.
- f) A need was identified to improve collaboration between all key role-players (in government, civil society, business and labour) whose role is essential for the improvement of the quality of life and attainment of the goal of access to and enjoyment of all the rights and freedom and a quality of life generally available to society at large.
- g) While the terms *“disabled people”* and *“persons with disabilities”* were used interchangeably in South Africa at the time, the SADA preferred the latter given the struggle of persons with disabilities to be recognised as people first.

## **2. Purpose and objectives of SADA<sup>7</sup>**

SADA exists as a consultative forum of member organisation on issues of mutual concern and interest. In line with the goal of the advancement of the rights and freedoms of persons with disabilities in South Africa and the improvement of their quality of life, SADA provides a platform for seeking consensus and reaching common positions on issues relating to:

- a) Key policy and legislative issues relating to disability at national, regional (African) and international levels;
- b) Public perceptions of disability and persons with disabilities;
- c) Norms and standards of services and service delivery to persons with disabilities;
- d) Representing a unified voice as the disability sector without restricting differing views;
- e) Joint strategies and inclusive positions on cross-cutting issues affecting persons with disabilities;
- f) Self-representation by persons with disabilities;

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<sup>7</sup> Clause 2 of the Terms of Reference of the South African Disability Alliance (SADA) adopted in April 2016.

- g) Advocating and lobbying on issues affecting persons with disabilities; and
- h) Leadership for persons with disabilities in South Africa on issues affecting us.

SADA furthermore promotes collaboration in terms of joint initiatives, campaigns, programmes and projects between role-players in the disability sector and the disability sector and other societal and governmental role-players, including:

- a) The development, implementation, monitoring and evaluation of policy, legislation and other instruments affecting persons with disabilities at the national, regional and international level;
- b) Participating in research projects and initiatives;
- c) Public education and awareness; and
- d) Funding for the disability sector.

### 3. **SADA membership**<sup>8</sup>

SADA recognises both full and associate membership:

- a) Full membership is conferred on organisation operating in at least 50% of South African provinces with a core focus and function in the field of disability. Such members are required to be apolitical (not aligned to any particular political party).
- b) Organisations failing to meet the criteria for full membership may be granted associate membership, provided that the organisation has a direct interest in the field of disability beyond a commercial interest.

Membership is limited to organisations and excludes individuals. All members must be registered as non-profit organisations with the NPO Directorate of the National Department of Social Development, a non-profit company with the Registrar of Companies at the Department of Trade and Industry or a professional body.

#### Full members of SADA



Autism South Africa



Blind SA



Cheshire Homes South Africa



Disabled Children's Action Group (DICAG)



Down Syndrome South Africa (DSSA)



Epilepsy South Africa

<sup>8</sup> Clause 3 of the Terms of Reference of the South African Disability Alliance (SADA) adopted in April 2016.



Genetic Alliance South Africa (GASA)



Muscular Dystrophy Foundation of SA (MDSA)



National Association of Persons with Cerebral Palsy (NAPCP)



National Council for and of Persons with Disabilities (NCPD)



QuadPara Association of South Africa (QASA)



South African Federation for Mental Health (SAFMH)



South African National Council for the Blind (SANCB)



South African National Deaf Association (SANDA)



Stroke Survivors Foundation (SSF)



Uhambo Foundation

Associate members of SADA



Occupational Therapy Association of South Africa (OTASA)



South African Association of Audiologists (SAAA)



South African National Association of Blind and Partially Sighted Persons (SANABP)

#### **4. Values and principles of SADA<sup>9</sup>**

SADA exists to serve the common good of member organisations which implies a relationship of mutual and reciprocal respect and responsibility. The fundamental responsibility of SADA is to endorse, practise and require a commitment from member organisations to the following core values:

- a) **Fidelity to purpose:** All SADA resources, energies and activities must be devoted to promoting the purpose of SADA and not to any specific organisational, personal or private objective to the detriment of SADA. Any change of purpose must result from a formal decision to this effect, following a broad process of consultation and must be formalised by amendment of the official terms of reference.
- b) **Altruism and benevolence:** The actions and decisions of SADA must be motivated by reasons consistent with its purpose.
- c) **Integrity:** SADA and its member organisation subscribes to the highest standards of integrity.
- d) **Optimising resources:** SADA is placed in a position of trust by being in possession of funds and resources provided to advance its purpose and reach its objectives.
- e) **Equality and non-discrimination:** SADA subscribes to the principles of equality and non-discrimination as described in the South African Constitution and the UNCRPD.
- f) **Self-representation and human rights:** SADA supports the right of persons with disabilities to represent themselves (or if they are unable to, be represented by a person of trust) in all matters affecting them, as well as the promotion of equal opportunities and inclusion of persons with disabilities in all aspects of society and particularly activities and initiatives of SADA.
- g) **Conflicts of interest and self-dealing:** It is recognised that conflicts of interest cannot always be avoided. In the event of a conflict of interest, the affected person/member organisation (i) must disclose the interest and its general nature before the matter is considered at a meeting; (ii) must disclose to the meeting any material information relating to the matter and known to him/her; (iii) may disclose any observations or pertinent insights relating to the matter if requested to do so by the other member organisations; (iv) if present at the meeting, must leave the meeting immediately after any disclosures contemplated in these terms of reference; (v) must not take part in the consideration of the matter (except to the extent contemplated above); (vi) while absent from the meeting is to be regarded as present at the meeting for the purpose of determining a quorum and is not to be regarded as being present at the meeting for the purpose of determining whether a resolution has sufficient support to be adopted; and (vii) must not execute any document on behalf of SADA in relation to the matter unless specifically requested or directed to do so by the meeting.
- h) **Democracy and empowerment:** SADA will demonstrate a clear commitment to democratic process and decision-making which shall be informed by knowledge, research and a participative process allowing for wide-ranging consultation and feedback. Member organisation shall be shown respect and given the opportunity to evaluate all activities of SADA.
- i) **Independence and impartiality:** All member organisations must be treated equally and fairly, without special favour or prejudice. Where it is necessary, because of limited resources, to choose between particular member organisations or communities, the basis for choice must be such as to avoid the reality or possible perception of unfair discrimination. This is particularly important as members of the Executive Committee are identified with one member organisation or group rather than with another.

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<sup>9</sup> Clause 6 of the Terms of Reference of the South African Disability Alliance (SADA) adopted in April 2016.

A commitment to independence includes a duty to make choices and arrive at decision at arm's length without being dictated to by any particular member organisation, constituency or interest group. Similarly, SADA will always act independently and take particular care to avoid the perception of political preference or patronage.