

Inclusion of those that are most left out

Portfolio Strategy for the period 2011 -2015

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1 Introduction

At the DGMT Board meeting in February 2011, a skeletal framework for the Inclusion Portfolio, based on the four points below was presented. The points were:

1. Protect the interest of Older Persons with little social support
2. Support disabled people
3. Protect and Support those who have been abused
4. Protect and empower other highly vulnerable and marginalised groups.

Clarity of purpose and terminology

This strategy document recommends a slight deviation (or perhaps adds on) to the above mentioned four programmes. In hindsight the above focus areas, in terms of language used, could be interpreted as a proposal to support programmes that are in essence reactive and have the treatment of symptoms as its primary goals. It is acknowledged that for the foreseeable future these will remain important and much needed services. However, the programmes with the highest potential to have sustainable and long term effects are those that address the causes and highlights inefficiencies and duplication of services. In terms of 'strategic programmes' these will be promoted and sought in all the focus areas wherever possible and within the current capacity constraints. For purposes of further clarity the wording of point 3 above is changed in this document to read 'Support for programmes that address the causes and effects of violence against women and children.

The overall framework for the portfolio is based on the following premises:

1. Government has the primary responsibility for the social and economic well-being of its citizens and has a constitutional obligation to fulfil it as far as possible. NGO's have a role to hold them accountable.
2. Given the number of NGO's operating in the sector; partners with the ability to deliver quality programmes, without geographical overlap, should be selected. Quality does not refer to technical expertise but ability to deliver contextually relevant services.
3. Rural communities are the poorest and most under resourced in all the sectors that fall within this portfolio; services delivered in these areas should be favoured.

The balance of this document provides detail as to what will be the strategic direction of the portfolio and the theory that supports the selected direction. The document is divided into the four categories based on the four programmes listed above.

2 Older Persons (*older persons = older than 60 years of age*)

2.1 Expressed needs of the sector

Senior citizens and older persons contributed to the drafting of the South African Older Persons Charter. In the charter older persons asks to ‘...lead **useful** and **satisfying** lives, to stay **in our homes** for as long as we are able, to receive **care and support** when we need it and, when we are no longer able to live at home, to be **cared for in a place that protects us** and allows us **to lead dignified** lives until the end of our lives.’¹ These are consistent with the international universal principles of independence, participation, care, self-fulfilment and dignity as contained in the Madrid International Plan of Action on Ageing² and the South African Older Persons Act of 2006.

In terms of portfolio’s expressed strategy for older persons to ‘Protect the interest of Older Persons with little social support’ programmes addressing the needs as expressed by older persons above will be supported within the overall framework of the strategy for the portfolio.

The sector though has features which need to be considered when assessing applications and the ones which are considered for ‘major projects’. The influencing factors in the sector are listed below.

2.2 Predicted increase in the number of older persons

In 2000 South Africa had 20 older persons for every 100 children; it is estimated that by 2015 this amount will have increased to 31 older persons for every 100 children. All research on the ageing of the South African population indicates that both nationally and globally the numbers of older persons are increasing; and South Africa has the most rapidly ageing population in Africa. Joubert, J. & Bradshaw, D. (2003) claim that ‘*Global population ageing was one of the most distinctive demographic events of the 20th century*’.

This phenomenon has serious implications for both NGO’s; donors and Government in terms of the inevitable increase in demand for services aimed at the aged. Supporting the delivery of services, especially services that are not supported by government in any way will not be sustainable. Sustainability will become a criterion which needs to be considered when entering into relationships with NGO’s.

¹ South African Older Persons’ Charter

² The Madrid Plan was produced by the Second World Assembly on Ageing in 2002; 159 countries were represented.

2.3 The geographical areas of most poor

Within South Africa it is common knowledge that the poorest areas in terms services and living standards are those that have been previous homelands. For the older persons sector, as in most other (all) sectors in this portfolio, the areas of greatest poverty and the majority of poor elderly are those that were previous homelands.

Table 1: Distribution of poor older persons (%)

Province	50-63	64-73	74-84	84+	Total
Eastern Cape	33.9	32.8	29.0	27.5	33.6
Free State	34.0	32.9	29.9	29.1	33.7
Gauteng	19.8	17.8	16.9	13.3	19.4
KwaZulu Natal	25.1	22.7	18.4	23.6	24.7
Limpopo	39.0	37.9	33.1	35.8	38.6
Mpumalanga	29.5	27.7	30.3	29.7	29.4
North West	31.4	29.5	27.0	23.9	31.2
Northern Cape	25.7	24.5	15.0	16.6	25.2
Western Cape	12.3	8.8	6.0	9.2	11.7
Total	10 310 735	805 480	355 399	43 156	11 658 047

Source: Chronic Poverty of Older Persons in South Africa. May, J. 2003

The above data is closely linked to the findings of Statistics South Africa that found that 'between 2002 and 2009 the Eastern Cape contained the largest proportion of food insecure older persons while the smallest proportions were generally found in the two richest provinces, Gauteng and the Western Cape, and in 2002 also Limpopo and Free State'. (StatsSA. 2010)

2.4 Engendered nature of poverty

In an analysis of the data contained in the October and General Household Surveys Posel, M & Rogan, M (2011) found that 'Across all four years and for each measure of income, the extent, depth and severity of poverty are significantly higher for females and for female headed-households'. This is consistent with all research. Females generally live longer than males. This has implications for many older women who are also carrying the burden of caring for their orphaned grandchildren; the needs of this group will need to be considered.

2.5 Preferred programmes to support

In terms of the Older Person's Charter (into which NGO's inputted) older persons want to stay in their homes for as long as is possible and only once this is not possible to go to residential facilities.

For the above reasons the DGMT focus for older persons will concentrate mainly on programmes supporting older persons in their home. These programmes can be:

- Home-based care
- Relief
- Social
- Residential facilities (mainly capital and maintenance costs)
- Awareness re conditions of ageing

Although access to residential facilities are regarded as essential; the strategy takes cognisance of the outcome of the Free State Court Case where NGO's took the Provincial Department of Social Development to court for the funding formulae used in supporting NGO's that are delivering services which fall within the ambit of Governments responsibility.

The judge ruled that the funding formula used is flawed and needs to be corrected. Although the case was against the Provincial government the formulae used is the one set by National government for all provinces.

2.6 Organisations not complying with organisations criteria

In instances where the applications are received from NGO's operating in geographical areas that are resource poor and are not being subsidized, these need to be interrogated and the relevant departments contacted to ascertain why no funding is being provided. These types of organisations are the ones which will need to be supported in order to build their capacity -this will be outsourced wherever possible.

2.7 Lead Projects

- Initial discussions have been held with one service provider to do capacity building work in the rural Eastern Cape with a group of organisations serving older persons. An application was submitted to the May meeting but the budget was unrealistic and the application was declined. This will be taken up after the meeting.
- A new model of supporting Older persons?
Contact has been made with an organisation that has successfully been training older persons to establish and run their own support groups. Initial talks have been held as to the possibility of replication - this will be explored.
- South African Social Security Agency (SASSA)
A meeting has been held with the Manager of strategic partnerships at SASSA. There is a keenness to collaborate on a programme that supports the economic well-being of older persons; the nature of this needs to be further explored.

3 Support for programmes aimed at increasing the quality of life of persons with disabilities

3.1 Problem of Definition

When reading up on issues surrounding disabilities, one of the first issues one is confronted with is the differing definitions of what constitutes disability as this too has changed over time. For the purposes of this strategy and the need for clarity of purpose disabilities in this strategy refers to physical; sensory (hearing and sight) intellectual disabilities and mental illness.

3.2 Factors that have influenced the strategy

Table 2: Prevalence of disabilities per province

Province	Total (%)
Western Cape	4.1
Eastern Cape	5.8
Northern Cape	5.7
Free State	6.8
KwaZulu Natal	5.0
North West	5.8
Gauteng	3.8
Mpumalanga	5.8
Limpopo	5.1
South Africa	5.0

Table 3: Prevalence per age group

Age Group	Total (%)
0-9	2.1
10-19	3
20-29	3.5
30-39	4.9
40-49	7.1
50-59	10.5
60-69	13.0
70-79	17.3
80+	27.2
South Africa	5.0

- *Profile of persons with disabilities in SA.*

According to the latest census data 2 255 982 people in South Africa have disabilities; this constitutes 5% of the population. Of this, 1 854 376 are African; 191 693 white; 168 678 coloured; 41 235 Indian.

- *Highest prevalence per disability*

Table 4: Prevalence per disability

Disability type	Prevalence (%)
Sight	32
Physical	30
Hearing	20
Emotional	16
Intellectual	12
Communication	7

- *Needs of the sector*

In the area of disability service delivery remain an important need and this will continue to be an essential focus for this portfolio. However, many applications received historically and the biggest grants made have traditionally been in favour of organisations serving urban and peri-urban communities. This will need to be re-aligned to areas of need.

Service delivery organisations in poorer communities often lack the appropriate skills and resources to provide quality care. In rural areas this is compounded by distance from resources. This portfolio recognises the difficulty in supporting such organisations but not doing so will mean ignoring the needs of those that need support the most. Training and resource allocation to under-resourced areas will be a priority. Caution will need to be taken of how much can realistically be done.

- *Advocacy*

Although inclusion of persons with disabilities into mainstream society is often touted as an ideal it remains an area that the sector as a whole is not very active in. This portfolio strategy will not initiate advocacy programmes but will support applications if they are relevant and address an area that is essential.

3.3 Preferred programmes to support

- *Capacity development/ Training*

The capacity of organisations servicing persons with disabilities in the poorer rural areas is a well-known fact within the DGMT and has been experienced by many. Given the statistics

above this is however areas where there is also the greatest need. Training in how to appropriately care for disabled persons and increase their level of functioning is a priority area of support. This is also an area where greater creativity is possibly needed and

Mentorship programmes and skills exchanges might be what are needed. This has however not been explored sufficiently but will remain an important consideration during this strategic period.

- *Prevention programmes*

Many disabilities are preventable and many are incurred as a result of lack of information. Programmes aimed at creating awareness and delivering services that can prevent disabilities are seen as important as advocacy and will be supported equally.

- *Equipment*

Organisations that have not been preferred service delivery partners but are often catering to large numbers have resource deficits; mainly in the area of suitable equipment. The proper use of equipment is recognised as being closely linked to lack of training. If training is supported support needs to also be considered for equipment so that skills acquired can be used effectively.

3.4 Way of working

Experience of requests received at the DGMT have been characterised by sector overlap in areas of operation and programmes designed; especially in materials development and training. The process of requesting national bodies to submit one application as opposed to different branches submitting individual appeals has already been started. This will be continued both for national bodies and organisations within the same sector. There needs to be greater collaboration within the sector to prevent duplication. Section 2.2 clearly indicates not only where the areas of need are but also which disabilities have the highest prevalence; the strategy needs to be aligned with reality of the South African population and will influence recommendations made.

3.5 Planned Key programmes

- *Physical accommodations for disabled children living in children's homes*

In terms of key programme; the Western Cape Provincial Department of Social Developments' example will be followed. The department is in the process of bringing about structural adjustments to one children's home so that children with physical disabilities can be accommodated. The portfolio will select a number of children's homes that are current beneficiaries and have a make-over competition. Organisations will be required to motivate why they should be selected.

- *Special Schools Transport programme*

Recent experience has highlighted the problem of transporting children attending schools for children with special educational needs. Transport costs are high. What has been highlighted is how learners are attending schools far from their homes when there are closer options.

Summary

The strategy for the Disability section of the portfolio will be largely focussed on skills development and sharing and resource provision. Areas favoured, in terms of input and allocation of time, will be those most in need. The way of working will not only be focussed on grant making to individual organisations but forging and encouraging connections between organisations in the same areas, sharing of skills and resources (where possible) and leadership development.

4 Services aimed at dealing with causes and treatment of Violence Against Women and Children

4.1 A need to focus on causes and not only symptoms

Violence against women and children can squarely be placed in the realm of gender inequality and affects all programmes in this Inclusion portfolio. In the Older persons sector households headed by women are poorer than those headed by men. The most at risk of abuse individuals are girls and women with mental disabilities. There has been a substantial increase in the number of girls and women trafficked in South Africa; rape of women and children make headlines too often. Violence in the home (domestic violence) remains the most widely form and expression of abuse. Although there is a recognised need for services treating symptoms; this section is the one where advocacy has the potential to make the most difference. Programmes aimed at victim empowerment, court support, therapeutic and counselling services will always be essential but the ideal is that there is a working towards the reduction in need.

4.2 Broader social and economic development is not divorced from gender inequality

The Community Agency for Social Enquiry researched Child Sexual Abuse and Exploitation in South Africa for Save the Children Fund Sweden in 2005. The report found that ‘a number of causal or aggravating factors can be identified. These range from individual factors such as personal experiences of abuse and the impact of dysfunctional families, to broader societal factors such as high levels of poverty, the acceptance of violence in society, unequal gender relations, the disintegration of family life, certain cultural traditions and substance abuse. The home is one of the most common settings in which child sexual abuse occur.

Statistics South Africa in their Social Profile of South Africa, 2002-2009 report found that ‘...women remain vulnerable. Poverty patterns continue to be gendered and female headed households are more likely to have low incomes, to be dependent on social grants and less likely to have employed members. Women and female headed households are predominantly responsible for the care for children. Male headed, child inclusive households are significantly less likely to report problems with hunger than households with children that are headed by women’.

4.3 The Need for Advocacy - Legislation vs Reality

The disconnect between legislation and enactment continues. In South Africa the Domestic Violence Act (DVA) and Sexual Offences Act (SOA) has been promulgated; both aimed at promoting and protecting the rights of women. An analysis of the response to violence

against women done by the Tshwaranang Legal Advocacy Centre found the following in terms of Government and the South African Police Services responses to legislation passed:

Governments Response (or lack thereof)

- The Department of Social Development (DSD) has no role in SOA
- No legislated obligation to provide shelter and other services
- The Department of Health (DoH) has no legislated obligations in terms of the DVA
- DoH: no SOA training or implementation reports submitted
- Directives late, facilities not designated
- Training inadequate:
 - Gauteng Province has trained every year for last 3 years, 10 day course
 - The Free State Province has had 1 year of training for 10 days
 - The Western Cape Province has had 1 training for 1 day

South African Police Services Response

3 DVA reports submitted to parliament in 10 years (out of a possible 20)

- 1 121 complaints to Independent Complaints Directorate (ICD) 2001 to 2008
 - Disciplinary proceedings recommended in 83%
 - Instituted in 5%
- Auditor-General, the SAPS, the ICD and parliament: DVA training is inadequate
 - 3 626 trained in 2008/09 (182 754)
 - 3 181 trained in 2009/10 (190 199)
- No budget

The above clearly indicates that the national response to violence experienced by women is not taken seriously by Government and further and stronger advocacy is needed.

The above section sketched a picture of the environment in which services are delivered and what is often mentioned experienced as frustrations by NGO's. Services that will be focussed on in the strategy are broadly grouped into three areas, which are:

- *Therapeutic Services*

The DGMT is fortunate in that it already has strong and positive relationships with many of the leading organisations working in this area. The organisations though have a strong Gauteng and Western Cape footprint. New relationships have been started with organisations working in other areas in order to expand service delivery to resource poor areas. Outreach and support to organisations working in previously underserved areas will; like in all other areas of this strategy will be a feature. Training will be an important component of this.

- *Safety nets (Shelter programmes)*

For many the need to get out of a dangerous situation in haste is often a requirement in order for their own and their children's safety. The needs for shelters have been highlighted as a need. The reality of returning to the abusive relationship though is a major criticism of the shelter model. Second and third stage housing is seen as an ideal. This is an area where creativity is needed and the exploration of new and alternative models with greater sustainability for the individuals is needed.

- *Justice and law enforcement*

In terms of justice for abused women, conviction rates and the criminal justice process remains traumatic and discriminatory. Conviction rates are low as 'evidence' often does not hold up in court. A number of organisations have been approached and questioned about areas of greatest need. Responses though have been different depending on the province or district in which the organisation operates. Initial discussions seem to indicate that there is no consensus between DGMT's existing partners in terms of priority areas of intervention. This is the one area where a meeting is being proposed with the various stake holders in order to direct the DGMT's response.

5 Support for services aimed at caring and protecting persons in difficult circumstances not covered in the above

5.1 Focus

Much of the preceding strategy has been focussed on very specific groups. Within the South African context and sometimes as a result of the above, many individuals are not living in a safe and secure family environments (however the family is constituted), nor do they have support structures. This section is intended to include those persons.

- *Children living in insecure environments (orphans; street children; refugee children)*
The number of orphaned children in South Africa is high largely due to HIV/AIDS. The needs are varied. It is also recognised and has been proven sufficiently that the best place for a child is within his/her family. Family preservation programmes are regarded as essential and will be supported.
- *Children living in Children's homes*

There will be two main focuses for children living in children's homes. These will be:

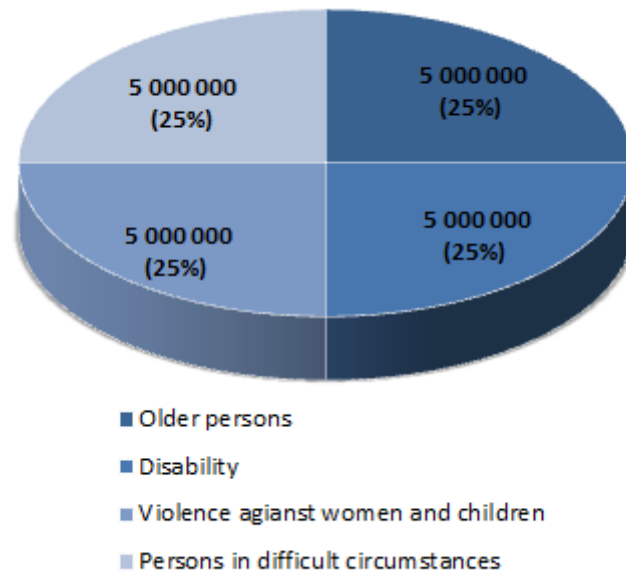
- *Family reunification programmes*
It is recognised that the best place for any child is to be raised in their own families. Families themselves; due to various issues, are themselves in need of support. An initial grant made to increase the reunification team's human resources of one children's home has shown that more hours with a family pre and post reunification stabilises the return of the child. This will be continued.
- *Support for youth transitioning out of places of care*
Children living in children's home are subsidised until they are 18 years old. Once they reach 18 they are required to leave what has often been their home for a number of years. Very few children's homes are not able to support those that want to study if they have completed matric and many never reach that stage.
- *Prevention/ alternative programmes*
Much of the above focuses on children in need and the 'negative'. There is however programmes that also focuses on acting as alternatives to children growing up in challenging environments. Although this is not a major priority area for the Portfolio space needs to be made to support effective programmes. This category allows for that.

6 Financial Strategy

6.1 Allocation per category

The financial allocation for the four sectors is equally spread over the four sections proposed above.

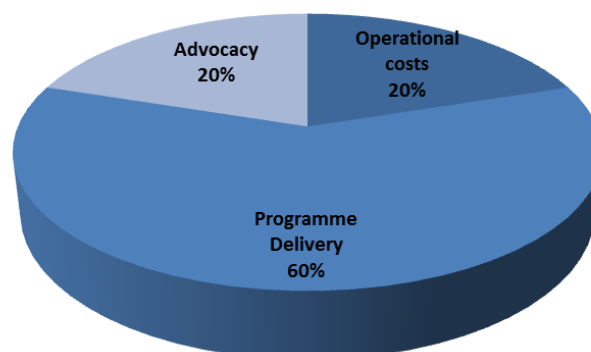
Figure 1: Allocation per category



6.2 Allocation within categories

Within each category it is proposed that 20% is allocated towards capital costs and equipment, 60% to programme delivery and 20% towards advocacy work.

Figure 2: Allocation within categories



6.3 Geographical area

This strategy is heavily biased to directing resources to areas that have historically been under-supported. It is however not foreseen that great shifts will happen within the period that this strategy covers. The lack of infra-structure (mature NGO's) can only be achieved over a longer period. Shifts, however small though will be worked towards.

There financial allocation however cannot be rigid. This period is one that is seen as a learning period and adjustments should be accommodated for.

7 Conclusion

The strategy proposed in this document is rooted in the belief that the NGO sector is and has an important role to play in South Africa. The government does not have the capacity or all the required skills needed to deliver what services are still needed by the majority of South Africans.

However most NGO's post democracy in 1994 have become largely quiet and are no longer playing a strong monitoring and 'watch dog' role. As stated by Professor Adim Habib (2003), the Director of The Centre for Civil Society at the School of Development Studies at 'Some relationships between civil society actors and state institutions will be adversarial and conflictual, while others will be more collaborative and collegiate. This state should not be bemoaned. Instead it should be celebrated for it represents the political maturing of our society'. The advocacy component of this strategy is based on the above. Legislation and policies are meaningless if the implementation thereof is not happening. The 'adversarial' component in the NGO sector needs to be encouraged. One positive example of this is the August 2010 court case where three Free State NGO's took the MEC and Minister of Social Development to court for the unequal funding allocation to completely state run versus facilities run by NGOs. The judge found 'it is the constitutional and statutory obligation of the department to care for children, older persons and vulnerable persons in need and to provide statutory services, albeit by reasonable measures to the maximum extent of available resources or within available resources. I find therefore that the policy fails to recognise (this), as a fundamental principle of funding'.

In an analysis of the NGO sector done by Swilling and Russell in 2002, it was found that 'the sectors which received most of governments funds were characterised by well-developed, formal NPO's which tended to be more active in established, urban working class and middle class communities than in poor communities... 47% of social services NPO's and 42% of Health NPO's were concentrated in the middle-income social economic categories'.

The National Department of Social Development in their financial awards to service providers indicate 'new and emerging organisations that are meeting the needs of the communities in which they are located, have been left out in terms of resource allocation'.

The strategy is not being proposed in ignorance of the challenges in working with 'less technically and administratively 'sophisticated' organisations. However of the DGMT overall aim of Inclusion of those most left out is to be realised, it needs to focus on just – those most left out.

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