Institute for Economic Justice
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Terms of Reference: Disability, care and support in South Africa
November 2026

Terms of Reference	
Project Lead	Tsega Girma Tefera
Research Collaborator	Juhi Kasan
Suggested title (to be confirmed)	Disability, care and support in South Africa: A situational analysis
Output type	Research report and presentation
Pages of the report	30 pages
Brief background	Access to healthcare and rehabilitation is recognised as a fundamental human right under Articles 25 and 26 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations 2006), which South Africa ratified in 2007 (Convention on the Rights of Persons with Disabilities, 2026). In response, the country has progressively strengthened its disability policy framework through the adoption of the White Paper on the Rights of Persons with Disabilities (2015) (Kamga 2016) and the Framework and Strategy for Disability and Rehabilitation Services (FSDR) 2015–2020, which was later extended to 2022 (Hussein *et al.*, 2022). The World Health Organisation (WHO) introduced community-based rehabilitation (CBR) following the Alma-Ata Declaration on Primary Health Care in 1978 as a strategy to improve access to rehabilitation services for persons with disabilities through primary health care and community participation (WHO, 2010). Over time, CBR evolved from a health-focused rehabilitation approach into a multisectoral

	strategy encompassing health, education, livelihood, social inclusion, and empowerment, as reflected in the WHO CBR Guidelines (*ibid*.). Anchored in the principles of CBR, the FSDR seeks to improve access to comprehensive rehabilitation services across all levels of the health system, strengthening community-based services, building the capacity of healthcare providers, and promoting the social inclusion and rights of persons with disabilities (Hussein *et al.*, 2022) Despite these policy and conceptual advances, persons with disabilities in South Africa continue to experience significant exclusion from essential services, education, and employment opportunities, highlighting a persistent gap between progressive policy commitments and lived realities (Parliament of South Africa, 2024). Statistics South Africa's 2022 Census estimates that disability prevalence ranges from 6% using the internationally comparable United Nations (Washington Group) measure to almost 16% under the broader disability measure, illustrating the substantial number of South Africans requiring varying levels of care, support, and rehabilitation services (Stats SA, 2024). Women are slightly more likely than men to report disabilities, while employment rates are considerably lower among persons with disabilities, particularly those with severe disabilities, of whom only around one in five is employed (Hancock and McKenzie, 2017). South Africa has also developed one of the continent's most extensive social protection systems to support persons with disabilities and their households. Constitutional protections are complemented by a range of disability-specific grants, including the Disability Grant, Care Dependency Grant, and Grant-in-Aid, alongside broader social protection measures such as free basic healthcare, fee-free schooling, housing subsidies, employment equity measures, and disability-related tax rebates (Hancock and McKenzie, 2017). Disability is closely associated with multidimensional poverty in the form of lower educational attainment, reduced employment opportunities, and lower household incomes, compounded by additional disability-related out-of-pocket costs *(ibid*.).

	Hence, it is important to consider the diverse disability-related costs and varying levels of economic vulnerability experienced across different disability types and severity levels when assessing the effectiveness of these social protection mechanisms. Further evidence from South Africa shows that disability intersects with persistent racial, socio-economic, geographic, and gender inequalities, while ableism, stigma, and culturally informed beliefs further compound exclusion (Abrahams and Kleintjes, 2026). These overlapping disadvantages limit access to healthcare, rehabilitation, education, employment, social protection, and appropriate care services, particularly for Black persons with disabilities and their predominantly female caregivers. **Problem statement** The FSDR has been constrained by a combination of systemic, institutional, and operational challenges. These include limited awareness of the policy among implementers, insufficient financial, human, and infrastructure resources, fragmented coordination across sectors, inadequate monitoring systems, and limited stakeholder participation during implementation (Hussein *et al.*, 2022). This is compounded by service delays that compromise patient care and satisfaction, safety, and geographic barriers that restrict access to rehabilitation services, as well as a lack of frontline stakeholder involvement, which creates a disconnect between policy design and practical implementation owing to its top-down approach (El Kout, Pilusa, Benjamin-Damons, and Kagura, 2025). These challenges have constrained the ability of the policy to achieve its intended objectives, with the consequences borne primarily by persons with disabilities and their families. Despite South Africa's extensive social protection system, important gaps remain in the extent to which disability grants and related benefits respond to the varying needs and additional costs and economic vulnerabilities associated with disability. Although these grants provide an important financial safety net, they often fall short of covering disability-related costs, including expenditure on assistive devices, transport, healthcare, care and support services, accommodation, and

	other support services (Hancock and McKenzie, 2017). Moreover, they do not recognise the opportunity costs of caregiving, including the income and employment opportunities forgone by family members who provide unpaid care, leaving many households without adequate support (*ibid*.). The eligibility criteria of the current Disability Grant, which primarily link support to an inability to work, risk creating exclusion errors by excluding persons with disabilities who incur high disability-related costs and care needs but do not meet the threshold for labour market incapacity (Hancock and McKenzie, 2017). By reinforcing a binary distinction between disability and employment, the system may also discourage labour market participation rather than support it. Consequently, the economic burden of disability extends beyond persons with disabilities to their households, particularly women who undertake the majority of unpaid care work. Beyond these implementation, social protection, and eligibility challenges, the heterogeneous and intersectional nature of disability presents an additional challenge for disability care and support in South Africa. Families living in informal settlements often face overcrowded living conditions, safety concerns, and regulatory requirements that limit access to home-based care, while providers in under-resourced communities struggle to meet licensing standards required to access public funding (Abrahams and Kleintjes, 2026). Consequently, persons with disabilities continue to experience unequal access to healthcare, rehabilitation, education, employment, social protection, and appropriate care services, highlighting the need for disability policies, financing mechanisms, and service delivery models that are responsive to the diverse and context-specific needs of persons with disabilities and their caregivers. Taken together, these challenges highlight the need for a comprehensive situational analysis that examines the current landscape of disability care in South Africa, identifies gaps in service provision, financing and implementation, and generates evidence to inform more equitable, coordinated, and responsive disability care policies and systems.

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<tr><td>Purpose of the activity/output</td><td>The overall objective of this study is to undertake a situational analysis of disability care in South Africa by examining the policy, institutional, and service delivery landscape for persons with disabilities. Specifically, the study seeks to:

1. assess the current policy and legislative framework governing disability care and rehabilitation;
2. review existing evidence on the availability, accessibility, quality, and coordination of disability care and rehabilitation services;
3. identify key implementation challenges, systemic barriers, and intersectional inequalities affecting persons with disabilities and their caregivers; and
4. provide evidence-based recommendations to strengthen disability care systems, improve equitable access to services, and inform future policy development and implementation.</td></tr>
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<tr><td>Target Audience</td><td>● Departments championing care programmes and policies, such as the National Care Policy: the Department of Women, Youth and Persons with Disabilities (DWYPD), Department of Social Development (DSD), Department of Employment and Labour (DoEL);
● Policymakers from relevant Ministries and departments in South Africa, such as the Department of Health (DoH), Department of Basic Education (DoE), Department of Higher Education and Training (DHET) and Department of Employment and Labour (DoEL), Department of Human Settlements, Department of Transport, and the Department of Public Works and Infrastructure (DPWI).</td></tr>
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<tr><td>Outputs/Activities</td><td>
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<tr><th>Sn.</th><th>Activities and outputs</th><th>Deliverables</th></tr>
<tr><td>1</td><td>Conduct an inception phase, including refinement of the methodology, analytical framework, and work plan.</td><td>Inception report and meeting</td></tr>
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	2	**Undertake a desk-based evidence review and secondary data analysis**, covering the literature and mapping of the policy, legislative, and institutional landscape for disability care and rehabilitation in South Africa.	Evidence review and preliminary findings report
	3	**Analyse existing data and synthesise the evidence** to identify key trends, inequalities, service, and implementation challenges	Draft research report
	4	**Presentation of draft findings for validation**	Presentation
	5	**Synthesise the evidence through a gap analysis** of disability care and support, and develop contextually relevant policy recommendations to inform South Africa's Draft National Care Strategy and related policy processes.	Final report, Executive Summary and all supporting annexes
Method	The study will adopt an exploratory, desk-based approach, with the consultant further developing the methodology. The proposed approach could include: ● Reviewing existing literature, policy and legislative frameworks, and relevant statistical and administrative data on disability care and support in South Africa. ● Analysing institutional arrangements and service provision to identify key gaps and challenges. ● A synthesis of existing qualitative evidence on the needs and experiences of persons with disabilities and their caregivers.		

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- An assessment of key gaps and opportunities to inform policy recommendations for strengthening disability care and support in South Africa.

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<tr><td>Connection with the project</td><td>The study contributes to the project by generating evidence and policy recommendations to inform South Africa's Draft National Care Strategy, particularly ensuring that the diverse care and support needs of persons with disabilities and their caregivers are adequately recognised and addressed.</td></tr>
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<tr><td>Integration of gender issues</td><td>The study integrates a gender and intersectional lens by examining how gender shapes the experiences, care and support needs, and access to services and social protection of persons with disabilities, while also assessing the disproportionate care responsibilities and associated economic costs borne by women caregivers.</td></tr>
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<tr><td>Translation</td><td>N/A</td></tr>
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<tr><td>Budget</td><td>R68,000</td></tr>
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<tr><td>Production Schedule</td><td>3 months

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<tr><th>Timeline</th><th>Deliverable</th></tr>
<tr><td>5 Feb' 2027</td><td>Inception report</td></tr>
<tr><td>5 Mar'</td><td>Evidence review and preliminary findings report</td></tr>
<tr><td>19 Mar'</td><td>Draft research report and presentation</td></tr>
<tr><td>31 Mar'</td><td>Final report, Executive Summary and supporting annexes</td></tr>
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Final timeline to be confirmed after contracting</td></tr>
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<tr><td>Request for Proposal</td><td>The following should be submitted to Nonhlanhla Ndlovu at nonhlanhla.ndlovu@iej.org.za by 27 November 2026

- CV illustrating relevant expertise
- A research abstract (maximum 1 page) outlining the proposed approach to the study, including a brief</td></tr>
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	description of the methodology, the proposed data collection and analysis methods, and illustrative examples of key literature and documents to be reviewed, as well as the key stakeholders to be consulted. ● Sample of writing