



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
ESWATINI

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

ESWATINI



COUNTRY BRIEF



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COUNTRY BRIEF

November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

| | |
|---------------|----------------------------------------------------------------------------|
| AIDS | Acquired Immunodeficiency Syndrome |
| CANGO | Coordinating Assembly of Non-Governmental Organizations |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| CCA | Common Country Analysis |
| CRC | Convention on the Rights of the Child |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil Society Organization |
| DPMO | Deputy Prime Minister's Office |
| ESCCOM | Eswatini Communications Commission |
| FODSWA | Federation Organization of Disabled People in Swaziland |
| HIV | Human Immunodeficiency Virus |
| ICT | Information and Communications Technologies |
| MPTF | Multi-Partner Trust Fund |
| NGO | Non-governmental Organization |
| OPDs | Organizations of Persons with Disabilities |
| SDG | Sustainable Development Goal |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNCT | United Nations Country Team |
| UPR | Universal Periodic Review |
| WHO | World Health Organization |
| UNPRPD | United Nations Partnership on the Rights of Persons with Disabilities |

1 BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs) and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025, UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes. The 26 selected country teams (see Annex 1) were then allocated an initial budget to deliver an induction training for the key stakeholders, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

The 26 countries conducted a comprehensive multistakeholder situational analyses with the purpose to identify gaps and opportunities around preconditions to CRPD implementation and agree on a set of recommendations to address them.

From March to August 2021, the Eswatini UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

The full situational analysis report can be found [here](#).

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WHY A COUNTRY ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situational analyses were carried out to:

- Inform the design of future PRPD-funded programmes in the country and serve as a baseline for them;
- Inform UNCTs of gaps in achieving disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations (CSOs), as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

3 INTRODUCTION TO DISABILITY CONTEXT IN ESWATINI

| | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
|  Population | 1.16 million |
|  Disability Prevalance | 12% [2017]¹ |
| | Female 58% Male 42% |
| | Rural 82% Urban 18% |

The Kingdom of Eswatini is located in Southern Africa and shares borders with South Africa and Mozambique. The United Nations places Eswatini in the medium human development category and the World Bank categorizes it as a lower-middle-income country. Eswatini has the 10th highest income inequality in the world. Fifty-nine percent of its population live below the poverty line and 20 percent are considered extremely poor. Twelve per cent of the country’s 1.16 million people have disabilities, with females more affected than males (58 percent and 42 percent, respectively). Almost one-third (32.6 percent) of persons with disabilities in Eswatini have difficulties seeing, followed by those with difficulties walking. Persons with difficulties communicating make up the smallest category (4.7 percent). Eighty-two percent of all persons with disabilities live in rural areas, largely because the majority of the population overall is rural, while the remaining 18 percent live in urban areas. Rural women in particular have the highest prevalence of disability, at 17.4 per cent.

The Kingdom of Eswatini ratified the United Nations CRPD in September 2012.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A full list of stakeholders is included in the full report.

Government

■ Deputy Prime Minister's Office (DPMO)

The DPMO is the main stakeholder charged with coordinating disability issues across the whole of government and is the primary focal and coordination unit in government. It is generally mandated to provide comprehensive, appropriate and acceptable social welfare services. The department also empowers socially and economically disadvantaged citizens to be self-reliant and protected from adverse shocks, and to contribute meaningfully to the country's socio-economic development. In accordance with the Disability Act of 2018, the incoming Disability Council will assume many of the Office's current functions. As the Disability Act has not yet been operationalized and the Disability Council has not yet been constituted, the Disability Unit within the DPMO remains the government's primary focal and coordination unit.

■ Ministry of Health (MoH) and the Ministry of Education and Training (MoET)

The MoH and MoET were identified as key ministries for addressing disability issues. However, it was reported they have not necessarily designated a focal point for disability matters.

Organizations of persons with disabilities (OPDs)

■ The Federation Organization of the Disabled People of Swaziland (FODSWA)

is the country's OPD umbrella organization. It was established in 1993 and is run and managed by persons with disabilities. Its main purpose is "to build effective and efficient leadership amongst its affiliates and to act as a link between government and disabled people's organizations."

FODSWA has four members: Swaziland National Association of the Deaf; Swaziland Association of Visually Impaired Persons; Swaziland National

Association of the Physically Disabled; and Parents of Children with Disabilities in Swaziland. Organizations representing albinism, autism and multiple/severe disabilities as single issues are not FODSWA members.

FODSWA is a member of the **Coordinating Assembly of Non-Governmental Organizations (CANGO)**. CANGO is a robust umbrella body composed of governmental and NGO bodies. It oversees and coordinates NGO activity in the country in the major areas of development, particularly health development and response, such as HIV/AIDs, malaria, tuberculosis and sexual and reproductive health programmes.

CANGO has a clear mandate from the collaborative government/NGO sector to oversee implementation and coordination of efforts to achieve the SDGs. Because a high degree of coordination exists between CANGO and the government and because the NGO sector is heavily involved in Eswatini's development efforts, CANGO has an important role in the overall efforts to achieve the SDG targets. CANGO itself is therefore an important coordinating body - not directly in terms of disability, but indirectly given its nature as a quasi-governmental entity/major NGO collaboration. Since FODSWA is a member of CANGO and is recognized in this arena as the OPD umbrella body, it plays a powerful role in an even more powerful body with a mandate that extends beyond the disability sphere, where international financial flows and influence are concentrated and strong.

UN System

Six United Nations agencies participated in the national assessment: the Resident Coordinator's Office; the Joint United Nations Programme on HIV/AIDS; UNDP; UNESCO; UNFPA; and the WHO. UN agencies have not yet made any strategic or coordinated efforts to address disability issues, even as part of the SDG processes.

Donors

Key donors in the disability field include the Japan International Cooperation Agency and the European Union Commission.

Summary of stakeholder coordination analysis

- Government, CSOs, development partners and OPDs lack strong coordination mechanisms on disability-related issues. Coordination tends to be ad hoc and is not well institutionalized.
- Government ministries and departments do not have designated focal persons for disability issues.
- While coordination bodies such as CANGO and FODSWA exist, they suffer from capacity gaps. CANGO does not have a disability-specific focus or an SDG platform, despite widespread agreement that the latter is part of its mandate. FODSWA does not represent all OPDs and suffers from weak internal organizational mechanisms. Nevertheless, both CANGO and FODSWA do act

as coordinating bodies in that they link the government, NGO, CSO and OPD sectors, although this occurs largely on an ad hoc basis.

- The OPDs are characterized by organizational weaknesses, especially in terms of administrative, financial, reporting and accountability capacities. This affects their ability to secure funding for their advocacy and programmes and represents a significant bottleneck. The OPD sector is fragmented due to competition for funding.
- The involvement and participation of OPDs and persons with disabilities in national policymaking and programming are very limited. OPDs are consulted in a superficial fashion, and their influence in policy making and political decision-making is very limited.
- A similar situation exists with regard to collaboration among CSOs, UN agencies and governmental agencies on the ground. OPDs are consulted, but for information purposes only or to obtain access to OPD representatives to smooth the way for their consent. OPDs are rarely given control of disability-related projects. This is a major source of dissatisfaction and contention that nearly every OPD mentioned in the interviews.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD has identified five preconditions as foundational elements that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on these preconditions in the Eswatini context.

- 1 Equality and non-discrimination
- 2 Accessibility
- 3 Inclusive service delivery
- 4 CRPD-compliant budgeting and financial management
- 5 Accountability and governance

Equality and non-discrimination

Constitution of the Kingdom of Eswatini: Section 30 of the Constitution highlights the rights of persons with disabilities across sectors such as education, health and employment.

Eswatini signed the CRPD in 2007 and ratified it in 2012, along with the treaty's optional protocol. However, the country has not yet reported on the convention. Eswatini has also ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). New laws were enacted as a result: the Sexual Offences and Domestic Violence Act (2018), the Child Protection and Welfare Act (2012) and the Disability Act (2018).

A **National Disability Policy (2013)** was developed after the CRPD was ratified but was never implemented. Therefore in 2018, an action plan was developed and some of its provisions were incorporated into a new law, the National Disability Act of 2018. The Act addresses the issues of persons with disabilities in the country and is aligned fully with the CRPD but it, too, has yet to be implemented. While the National Disability Act is fully aligned with the CRPD, other laws have not been amended accordingly, so Some contradictions thus exist.

Swaziland National Disability Plan of Action 2018-2022: This comprehensive action plan seeks to operationalize the 2013 National Disability Policy. However, implementation remains weak due to lack of adequate funding, human resources and technical capacity.

Key findings

- The country has adopted key laws that provide for the rights of persons with disabilities and address issues related to equality and non-discrimination of persons with disabilities. However, implementation remains a challenge. Barriers to implementation include limited knowledge and awareness of the law, limited guidance and capacity on the implementation of legislation and policies, and limited resources.
- Some older legislation is not aligned fully with the CRPD and there are some contradictions with the new Disability Act.
- The country has not reported on CRPD since ratification, which has affected the government's priority-setting and willingness to address the challenges identified by stakeholders.
- Stigma and discrimination against persons with disabilities still exist in Eswatini society.

Inclusive service delivery

Disability assessment and referral services

The Government of Eswatini does not issue disability cards or official recognition of disability. Although some urban institutions or organizations may provide a letter confirming a diagnosis, this is not standardized. The education system often identifies and assesses children with disabilities. Unofficially, a person with a confirmed disability may access services and concessions from both the government and the NGO sector. Thus, disability assessment mechanisms do exist, although they are limited and ad hoc.

Disability support services

The DPMO's Social and Welfare Department is responsible for providing disability support services. They include assistive devices, such as wheelchairs, crutches, canes, and sticks, sun protection creams and sign language interpreter services. No legislation governs the provision of such services and potential beneficiaries are not fully aware of their availability. Support devices are provided based on the severity of the individual's disability and on ad hoc individual decisions by staff in the welfare department.

Mainstream services

The situational analysis report provides an overview of disability inclusion in mainstream services, including social protection, education, health, employment and access to justice. The brief highlights key gaps and further details may be found in the full report.

Social protection

The country developed an expansive National Social Development Policy (2010) and drafted a regulatory framework for welfare services. It was not implemented. The country currently relies on a draft Social Assistance Policy that is based on the previous policy. It outlines various development interventions, including the need to provide a basic social assistance package to the poor and vulnerable. These social assistance grants are also provided to eligible persons with disabilities.

The assessment noted that the DPMO's budget includes a provision for special disability grants. At a glance, this is the largest government budget item specifically targeted towards assisting persons with disabilities. However, no formalized disability grants actually exist. Rather, social assistance grants are made (as explained above). Over time, the social assistance grant has been transformed into an informal disability grant because most recipients are persons with disabilities. It is not clear how the budget allocated for disability grants has been spent or if these funds were transferred to the social assistance system.

Health

No specific health sector laws or regulations specifically pertain to disability. However, disability issues are frequently incorporated into health policy and strategy frameworks. They acknowledge the importance of the CRPD and of integrating persons with disabilities into the regular health system by providing accessible services. However, considerable work is still needed to operationalize these services on the ground.

Education

The MoET has made substantial progress in disability-related issues in terms of both operations and policy. The official education policy aims to mainstream children with disabilities in regular schools.

The analysis found that in addition to the policy, all MoET sectors have a disability focal person to ensure that disability is mainstreamed in the curriculum and at subject level. Also, the Eswatini Exams Council has an officer responsible for disability mainstreaming and inclusion. However, teachers are not generally trained to handle children with disabilities. The lack of individualized education plans, time and teachers to make such plans for special needs children in mainstream schools pose obstacles.

Some schools in the country respond to the needs of students with various disabilities. However, they tend to be accessible only to the more affluent or those who live in close proximity to them. Only two mainstream schools are known to have sign language interpreters. Thus, only children with minor disabilities are actually admitted to mainstream schools. Those with severe disabilities are usually excluded due to extra challenges.

Employment

The Disability Act of 2018 provides a legal framework to promote employment of persons with disabilities, but they continue to face challenges on the economic front. OPDs and key informants unanimously agreed that persons with disabilities are unable to secure jobs despite being qualified. They argued that these persons are ill-treated and unfairly dismissed from employment without due process. They decried the government's zero recruitment policy, which they felt exacerbated the plight of persons without disabilities, as they cannot apply for vacant positions. While the policy environment promotes the employment of persons with disabilities in all sectors of the economy, gaps in implementation remain.

Key findings

- Disability assessment mechanisms exist but they are limited and informal. Identification is possible in rural areas, but determination/diagnoses are made primarily at urban institutions.
- Schools are key sites for disability identification and assessment.
- Collaboration between the health and education sectors exists, although the funding that supports it is limited and unreliable.
- The MoH has limited capacity to provide health-related disability services, while some disability support is available through an external provider (private or NGO). The MoH does not provide comprehensive health-related disability services.
- The DPMO's Social and Welfare Department manages disability support services, but this function is not very well-resourced. Some supports are offered, including assistive devices such as wheelchairs.
- The MoET has policies, systems and structures in place for inclusive education. However, lack of teacher capacity and resources on the ground affects implementation. Only children with minor disabilities attend mainstream schools, while only the children of affluent families can attend special schools.
- COVID-19 negatively impacted disability service referrals, which were suspended to reduce virus transmission.
- The legislative framework for disability-inclusive service delivery is very weak. There is no separate legislation that specifically addresses support services.

Accessibility

Eswatini has several laws and policies touching on accessibility for persons with disabilities (see full report). The Persons with Disabilities Act of 2018 constitutes the core piece of legislation in this area. It requires public buildings, transport and information to be accessible to persons with disabilities. However, it suffers from lack of operationalization and information about its provisions is not disseminated widely.

Major accessibility challenges include inaccessible transport, infrastructure (ramps and signage are frequently not designed to meet the needs of persons with disabilities), and communication (braille and sign language interpreters are rare and must be hired privately, for the most part).

Government communications, documents and policies generally do not take into account accessibility to persons with disabilities. They are not translated into braille, no abridged or easy-to-understand versions are produced, and the availability of sign language interpreters is limited.

UN buildings and services cater only minimally to persons with disabilities by providing increased access to those with movement impairment via ramps, lifts and strategic placement of meeting rooms. However, no additional services are provided to those with auditory or visual impairments or intellectual disabilities.

The assessment noted that no information is collected regarding accessibility of urban housing, commercial buildings, government building codes, government communications, and information and communications technology-related (ICT) laws and regulations. This constitutes a significant data gap in terms of understanding the legal implications of accessibility going forward, as well as for programming for persons with disabilities.

Key findings

- A basic legal framework is in place (Persons with Disabilities Act of 2018). It must be fully operationalized, starting with constituting the Disability Council.
- Lack of accessibility in public transport and public buildings, as well as lack of accessible communication, is a serious obstacle to persons with disabilities and their right to access information, services and jobs.
- Information is lacking regarding the existence of accessibility standards in government projects, especially with regard to the built environment and ICT.
- Assistive devices, ICT and assistive communications technology targeted to persons with disabilities (e.g., voice signage or text-to-voice software) to improve lives and communication are not available.

CRPD compliant budgeting and financial management

Financial planning and monitoring

The findings noted that no specific budget is allocated for disability-specific interventions or policy operationalization, except for a budget for disability grants and the MoET budgets for inclusive and special needs education. Disability issues have been assigned to the DPMO, but it is not authorized to carry out cross-ministry budgeting, so no formal budget for disability exists across ministries. The government budget formulation process is not inclusive and does not allow external stakeholders to participate. As mentioned previously, the social assistance grant has been known as the disability grant as most recipients are persons with disabilities.

Key findings

- No specific government budget is allocated across ministries to address issues related to persons with disabilities.
- The government budgeting process is not inclusive of relevant stakeholders.
- Systems and structures (e.g., a disability unit) are in place within government, but are not mandated to influence budget allocation.
- Disability issues do receive funding from both development partners and government. However, such funding is not provided on a systematic or coordinated basis. As a result, resources may not be directed effectively and may not reach the central actors in disability programming.
- A costed Action Plan (2018) has been developed to address disability issues, but the extent of implementation is difficult to determine given the lack of a systematic and coordinated budgeting and monitoring process.

Accountability and governance

Inclusive evidence and data gathering systems

The Central Statistical Office compiles data on persons with disabilities through the census. The 2017 Population Housing Census included some of the Washington Group of Questions on disability for the first time and a monograph on persons with disabilities has since been published.

Ministry respondents noted that almost half of the ministries have created their own ministry-level data collection systems. These include the MoH, MoET, Ministry of Economic Planning and Development, and Ministry of Sports, Culture and Youth Affairs. In the education sector, a subset of the Education Management Information System contains disability-disaggregated data. This system can monitor enrolment and completion rates of children with disabilities.

The MoH noted that data disaggregated by sex, age and disability has been included in the Client Management Information System in government health facilities since 2020. While some data is being collected, it is unclear how and where this information is processed and a central database on persons with disabilities does not appear to operate. Data collection is meaningful only if the data is processed, contextualized and disseminated appropriately. The limited extent of the processing of existing data constitutes a key challenge.

National accountability mechanisms

Respondents indicated that OPDs' policy monitoring and accountability efforts are very weak in Eswatini. The findings revealed that the country has not reported on the CRPD since 2013 and CANGO only recently supported capacity building on CRPD reporting for OPDs. However, no report has been produced as human resources to support and consolidate the inputs and data collected are lacking.

On the other hand, issues affecting persons with disabilities were reported in the CEDAW and the Universal Periodic Review. OPDs participated in preparing these reports. Because Eswatini does not have a National Disability Council, there are no complaint mechanisms or administrative, civil and criminal processes in place for persons with disabilities.

Key findings

- Eswatini lacks a central database on persons with disabilities. Ministries have their own statistics, but they are not processed and shared with others.
- Eswatini lacks disaggregated data on persons with disabilities (except in the education sector).
- Existing information is not available in disability-friendly formats.
- The country has not reported on the CRPD to treaty bodies since the Convention was ratified.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes and processes, to ensure full and meaningful participation of all persons with disabilities.



Participation:

Enabling full and effective participation of persons with disabilities



Inequalities:

Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities



Gender:

Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

The findings show that monitoring and coordination structures do not exist or are underused and, inevitably, ineffective. Consequently, the involvement and participation of persons with disabilities at all levels and in different sectors have remained low. Also, OPDs still lack both the administrative and technical capacity to represent and advocate effectively for persons with disabilities and disability-related issues and to coordinate among themselves. Involvement of OPDs is mainly consultative and tends to occur only at the implementation stage of programming.

Gender

Women and girls with disabilities suffer particularly from sexual violence due to their vulnerability and, possibly, the perception that perpetrators are highly unlikely to ever be successfully prosecuted. Justice for women with disabilities face significant barriers to obtaining access to justice. Women are also marginalized in programmes and advocacy in both the women's and the disability movements.

Inequalities

Underrepresented groups of persons with disabilities are further marginalized in Eswatini. For example, no significant organizations represent the needs of individuals with intellectual and psychosocial disabilities, who are cannot participate meaningfully in society.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National Development Plans

The UN Common Country Analysis (CCA), conducted in 2020, highlights key data on persons with disabilities.² Based on the CCA, the United Nations Sustainable Development Cooperation Framework 2021-2025, developed by the UNCT and Government of Eswatini, prioritizes vulnerable groups, including persons with disabilities.³ Eswatini recently presented its Voluntary National Review in 2022 at the High-level Political Forum on Sustainable Development and described important progress for persons with disabilities in line with the 2030 Agenda.⁴

Although CANGO is widely identified as the coordinating body for SDG implementation, no systematic process exists to implement the SDGs. The expectation among CSOs and NGOs is that CANGO will have to establish and operationalize such a platform at the national coordination level in the near future. Coordination bodies such as CANGO and FODSWA suffer from capacity gaps. CANGO has no disability-specific focus and no SDG platform, despite a widespread agreement that this is part of its mandate. FODSWA does not represent all OPDs and suffers from weak internal organizational mechanisms. Nevertheless, both CANGO and FODSWA do act as coordinating bodies by serving as channels linking government, NGOs, CSOs and OPDs. However, again, this operates largely on an ad hoc basis.

Climate change, disaster risk reduction and humanitarian action

The assessment noted that no special emergency procedures or processes have been developed for persons with disabilities. No legislation or policy was identified that relates to disaster risk or emergency management for persons with disabilities.

COVID-19

COVID-19 relief did not provide needed support for persons with disabilities. Donors and development partners provided families with food parcels and other forms of support. However, despite cluster meetings held with various government sectors on COVID-19 as it relates to persons with disabilities, no specific relief or assistance has been provided.

5 CONCLUSIONS

The Kingdom of Eswatini has made progress in achieving the aims of the CRPD, but that progress has been slow. The main reason for the limited progress is the lack of implementation of the National Disability Act of 2018. This is due primarily to limited capacities in terms of implementation, coordination and monitoring mechanisms and limited human and financial resources. Issues related to stigma and attitude towards persons with disabilities and stakeholders' capacity are also highlighted as relevant to the lack of implementation. Further, the situational analysis emphasizes that information accessibility, Eswatini's limited social safety net and the absence of reliable data also constitute key challenges.

Based on the findings, the following recommendations were developed to advance disability inclusion in Eswatini:

- Ensure availability of disaggregated data on PWDs and disability issues in the country by strengthening the capacity of the Central Statistical Office, MoH, DPMO and MoET to collect, analyse, coordinate and disseminate disability-related data.
- Support the operationalization of the Persons with Disability Act of 2018. This includes finalizing key policies and strategies (disability strategy, operational plan and mental health policy).
- Advocate for the integration of disability issues in all government ministries and departments and support establishment of focal points.
- Strengthen the national coordination systems and monitoring and reporting mechanisms to address disability issues, including among CSOs and OPDs.

ANNEX 1: 26 SELECTED COUNTRIES

Argentina
Colombia
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Cameroon
DRC
Eswatini
Ghana
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova

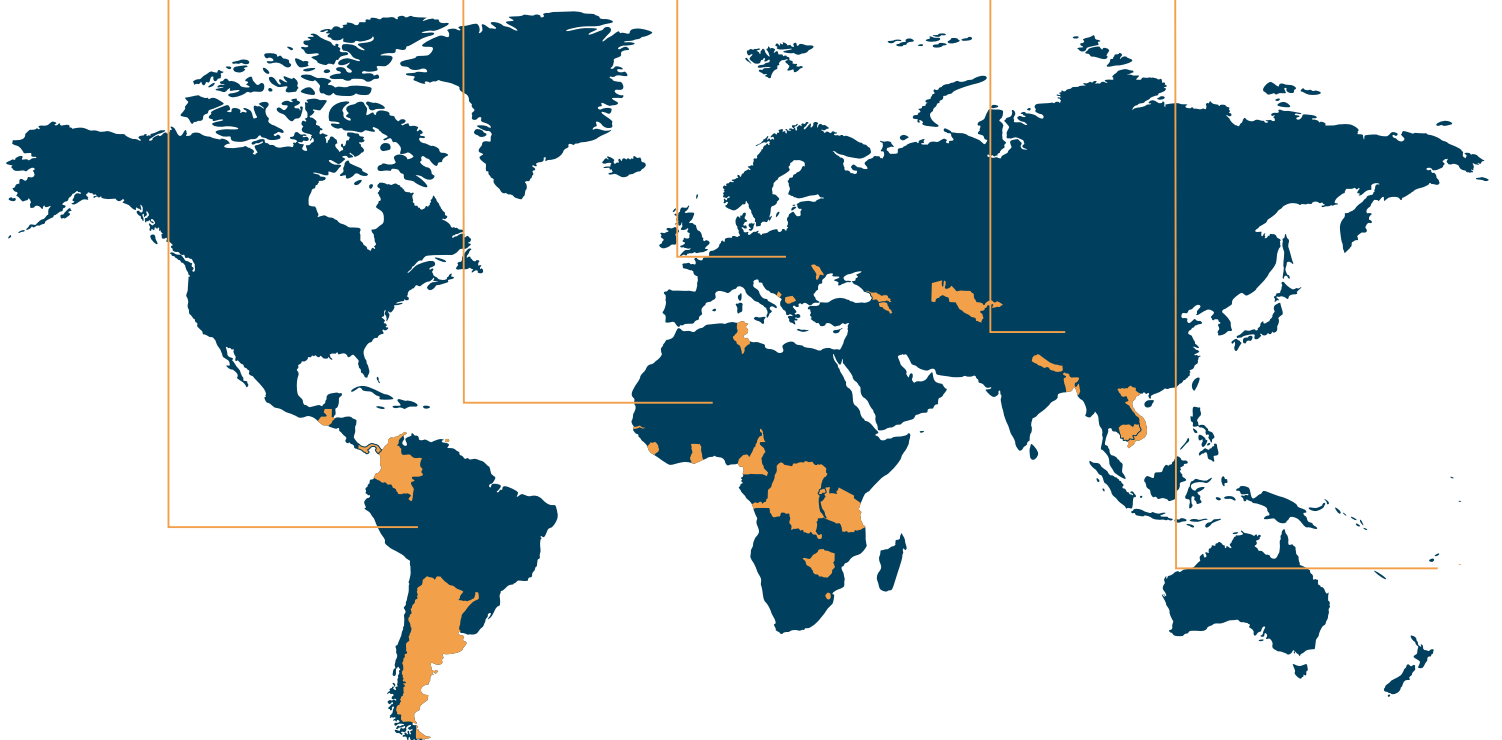
EUROPE

Armenia
Bangladesh
Cambodia
Georgia
Nepal
Uzbekistan
Vietnam

ASIA

Cook Islands

OCEANIA



ENDNOTES

- 1 GoKE, Population and Housing Census, 2017
- 2 <https://eswatini.un.org/en/115429-united-nations-common-country-analysis-kingdom-eswatini-april-2020>
- 3 <https://eswatini.un.org/en/115424-united-nations-sustainable-development-cooperation-framework-unsdcf-2021-2025>
- 4 <https://hlpf.un.org/countries/eswatini/voluntary-national-review-2022>



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