



*Empowered lives.  
Resilient nations.*

**Swaziland National Disability Plan of Action (NDPA)  
2015-2020**

**DEPUTY PRIME MINISTERS OFFICE JULY 2015**

## **FOREWORD**

The Government of Swaziland has recognised the need for developing a National Disability Plan of Action (NDPA) 2015 – 2020, pursuant to the adoption of the National Disability Policy of 2013. The purpose of developing the plan of action is to ensure that national policies and development programmes mainstream disability in all stages of planning, implementation and monitoring of the programmes. It also aims at promoting and protecting the fundamental rights of Persons with Disabilities as well as ensuring that they are empowered to exercise those rights and enjoy equal participation in the life of the community in which they live, without discrimination of any kind on the basis of their disability.

The development of the National Disability Plan of Action also demonstrates the Government of Swaziland's full commitment towards improving the livelihoods of Persons with Disability. The Plan will complement the implementation of the Disability Bill once enacted and related guidelines to ensure full compliance with the human rights provisions outlined in the Constitution of Swaziland and International & Regional Instruments.

It is this conviction that, with all these instruments in place Persons with Disability will be accorded their rightful place in society. Furthermore they shall be empowered to contribute towards the development of the country.

**Senator Paul Dlamini**  
**Deputy Prime Minister**

## **ACKNOWLEDGEMENTS**

The National Disability Plan of Action (NDPA) 2015 - 2010 is an outcome of contributions and participation of a number of individuals and stakeholders from different sectors.

The DPM's Office would like to extend its sincere gratitude to all individuals, Government Sector Ministries, NGOs of Persons With Disabilities, community based organizations and the private sector that have made contributions towards the development of this plan.

In particular, the Office extends its gratitude to the United Nations Development Programme (UNDP) for its technical assistance in putting together the National Disability Plan of Action.

**Khangeziwe Mabuza**  
**Principal Secretary**

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## Acronyms

AMICAALL	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
CANGO	Coordinating Assembly of Non-Governmental Organisations
CBO	Community Based Organisations
CBR	Community-based rehabilitation
CEDAW	United Nations Convention on the Elimination of All forms of Discrimination against Women
CRPW	United Nations Convention on the Rights of Persons With Disabilities
CIC	Construction Industry Council
CRC	United Nations Convention on the Rights of the Child
CSO	Central Statistical Office
DP	Disability Policy
DPMO	Deputy Prime Minister' Office
DPO	Disabled Persons Organisations
DSW	Department for Social Welfare
ECCD	Early Childhood Care and Development
EFA	Education for All
EU	European Union
FBO	Faith Based Organizations
FODSWA	Federation of Organizations of Disabled People in Swaziland
FSE&CC	Federation of Swaziland Employers & Chamber of Commerce
GDP	Gross Domestic Product
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
ICF	International Classification of Functioning, Disability and Health
ILC	Independent living centre
MOESS	Ministry of Employment and Social Security
MOEPD	Ministry of Economic Planning and Development
MFI	Micro Finance Institutions
MOH	Ministry of Health
MOA	Ministry of Agriculture
MOCIT	Ministry of Commerce, Industry and Trade
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MOHUD	Ministry of Housing and Urban Development
MOHA	Ministry of Home Affairs
MOPSI	Ministry of Public Service and Information
MOSC	Ministry of Sports and Culture
MOU	Memorandum of Understanding
MP	Members of Parliament
MPWT	Ministry of Public Works and Transport
MOTAD	Ministry of Tinkhundla Administration and Development
MTC	Ministry of Transport and Communications
NCPD	National Council for Persons With Disabilities (PWD)
NDPA	National Disability Plan of Action
NDU	National Disability Unit (within DSW)

NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-Governmental Organisation
PDW	People With Disability
PCDSWA	Parents of Children with Disabilities in Swaziland
PEPFAR	Presidents Emergency Plan for Aids Relief
PHU	Public Health Unit
PMS	Poverty Monitoring System
PPP	Public-Private Partnerships
PRSAP	Poverty Reduction Strategy and Action Plan
SACU	Southern African Customs Union
SAVIT	Swaziland Association of People with Visual Impairments
SC	Save the Children
SCOT	Swaziland College of Technology
SEDCO	Small Enterprises Development Corporation
SHIES	Swaziland Household Income and Expenditure Survey
SME	Small and Medium Scale Entrepreneurs
SNAD	Swaziland National Association of the Deaf
SNAPDP	Swaziland National Association of the Physically Disabled Persons
SOS	SOS Children's Village
SWAGAA	Swaziland Action Group against Abuse
TB	Tuberculosis
UNISWA	University of Swaziland
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

## **Executive Summary**

Persons With Disabilities and Families caring for Persons With Disabilities are among the most vulnerable groups in all societies and they are disproportionately represented among the poorest people of every country of the world including Swaziland. Poverty is a multidimensional phenomenon, which is linked not only to income and expenditure but also to activity status, educational attainment, employment, housing, health, transport, social protection, availability of opportunity and capacity to participate in the life of the community. The Kingdom of Swaziland, encouraged by civil society and supported by International donors, has taken significant steps in recent years to reduce poverty and improve the social inclusion of Persons with Disabilities. The Kingdom of Swaziland ratified the United Nations Convention on the Rights of Persons With Disabilities (CRPD) in 2012 and later developed a “National Policy on Disability” together with draft Legislation, namely “*The Persons With Disabilities (PWD) Bill, 2014*”. The disability policy seeks to mainstream disability issues across all development programmes of government, and implement the provision of the Constitution of Swaziland, which recognises and articulates the rights of persons with disabilities. The next step in this long journey to full social inclusion and equal rights for Persons With Disabilities is to plan strategies and activities for the implementation of the disability policy and legislation across all sectors of the Swaziland society.

The Swaziland National Disability Plan of Action (NDPA) has been prepared, with the active involvement of all key stakeholders including Persons With Disabilities, Organisations representing Persons With Disabilities, Civil Society, International donors, Local Municipalities and the Government of the Kingdom of Swaziland. The objective of the NDAP is to facilitate the implementation of the disability policy and ensure that the rights and fundamental freedoms of Persons With Disabilities in Swaziland are promoted and protected; and they are empowered to exercise those rights and enjoy equal participation in the life of the community in which they live, without

discrimination of any kind on the basis of their disability. A key element of the NDAP is improving access for Persons With Disabilities to all public and community services and facilities. This strategy, commonly called “*Mainstreaming*”, has the capacity to significantly improve the quality of life of all Persons With Disabilities, with little or no cost to the rest of the community.

The NDPA is structured into seven main themes, each targeting the achievement of specified results through the delivery of a range of activities, which collectively will impact on all Line-Ministries and local government authorities. These themes are:

**National Coordination and Mainstreaming Mechanism for Disability:** To ensure effective coordination and mainstreaming of the implementation of the strategic thematic areas of the National Plan of Action for Persons With Disabilities (2016-2020), the UN Convention on the Rights of Persons With Disabilities (CRPD) and national policies and programmes for Persons With Disabilities (PWD);

**Advocacy and Awareness Raising:** to raise awareness at all levels in society, including at the family level, of the rights of Persons With Disabilities and to combat stigma, stereotypes, prejudices and harmful practices related to Persons with Disabilities, including those based on age and gender, in all areas of life;

**Social Protection:** to ensure that Persons With Disabilities and families caring for children and/or adults with disabilities, have access to financial and material assistance and a range of quality social services and support programs, which assist them to access opportunities and choices available to the rest of society, and enjoy an adequate standard of living, as documented in article 28 of the United Nations Convention on the Rights of Persons With Disability (CRPD);

**Education and Training:** to ensure that all Persons With Disabilities, irrespective of his or her gender, or the nature or severity of his or her disability, have equal access to meaningful, age-appropriate early childhood; primary, secondary and higher education; and training;

**Health:** to ensure that Persons With Disabilities have universal access to all public health interventions and the full spectrum of health care services on an equal basis to other members of society;

**Skills development and the labour market:** to improve the socio-economic status of Persons With Disabilities, and ensure equal participation in the economic development of Swaziland through skills development and access to the labour market as employees or entrepreneurs;

**Infrastructure and the environment:** to remove all infrastructural, environmental, physical, social and cultural barriers which restrict the capacity of Persons With Disabilities to participate fully in the life of the community.

## **1.0: Background and Context**

The World Bank classifies Swaziland as a lower-middle income country<sup>1</sup> (World Bank DAC list 2013), due to the fact that the government budget, and therefore GDP, are propped up by customs revenues from the Southern African Customs Union (SACU). Economic growth over the past decade has remained slow, with real GDP averaging around 2-3%<sup>2</sup> and then falling to 0.2% in 2012 and 0.8% in 2013<sup>3</sup>. This falls short of the 5% national target needed to make a positive impact on poverty. The poverty survey suggests that 63% (down from 69% in 2000/1) of the population still lives below the national poverty line, whilst 29% lives in extreme poverty. The burden of poverty falls disproportionately on the rural population, the elderly, the disabled and children. Since 2002, HIV/AIDS has become by far the greatest health and socioeconomic problem of the nation. This has resulted in a disproportionate share of children who have lost one or both parents to AIDS.

By all definitions of poverty, Persons With Disabilities are overrepresented among the poor in every country of the world and this is especially so, in low and middle income countries. According to World Bank estimates about two thirds of all persons with severe to moderate disabilities live in poverty. They belong to the poorest of the poor of the world's population and are acutely affected by shortages in water, food and housing, bad or non-existent public transportation and health care, and the lack of employment or other income opportunities. In addition, persons with disabilities living in poverty are more likely to be excluded from information, power, resources and access than any other group of society. As a result, millions of them, in particular women and girls with disabilities, have to live "beneath any reasonable definition of human decency", as Robert McNamara, former President of the World Bank, pointed out. In Swaziland, 83.7% of Persons With Disabilities

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<sup>1</sup> In 2012 Swaziland had a gross national income (GNI) of \$2,860, which according to the World Bank places it comfortably in the lower-middle income category of countries (\$1036-\$4085)

<sup>2</sup> Government of Swaziland (2010) National Social Development Policy

<sup>3</sup> Government of Swaziland (2013) Economic Indicators for Swaziland, MoEPD

are economically inactive (Swaziland Disability Profile 2011) and for many, social exclusion and isolation is a frequent part of their daily experience. Poverty also causes new disabilities as a result of poor and dangerous living and work conditions; malnutrition; and lack of adequate health care, education, and vocational training opportunities. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion, as both a cause and a consequence of disability.

Swaziland has made some progress in addressing issues that pertain to Persons With Disabilities. The Kingdom of Swaziland ratified the United Nations Convention on the Rights of Persons With Disabilities in 2012. The main aim of the Convention is to protect, promote and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all Persons with Disabilities and to promote their inherent dignity. Subsequent to ratification, a National Policy on Disability was developed, aimed at mainstreaming disability issues across all development programmes of government. The policy also seeks to implement the provision of the Constitution of Swaziland which recognises and articulates the rights of persons with disabilities. The constitution states that Parliament shall enact laws that protect Persons With Disabilities and also take appropriate measures to ensure that persons with disabilities realise their full mental and physical potential.

### **1.1: Definition of Disability**

A disability may be defined as any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and / or everyday functioning. Disabilities can occur at any time in a person's life. For some, the disability begins at birth. For others, it can be the result of an occurrence such as sporting or motor vehicle accident or from armed conflict. Other people acquire disabilities later in life through various illnesses or ageing. Some disabilities can affect a person's ability to

communicate, interact with others, learn or get about independently. A disability can impact on a person's employment, education, recreation, accommodation and leisure opportunities. Disabilities may be short- or long-term. Some are episodic and many people may have more than one disability.

Persons with disability can be defined or classified in many ways for various purposes, however in most countries the current thinking recognizes that disability is a societal product, where physical or mental impairment is transformed into social disadvantage (handicap). The term handicap means the loss or limitations of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the Person with Disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication, education and employment, which prevent Persons With Disabilities from participating on equal terms.

Over the past few decades disability activism has challenged the traditional understanding and definition of disability, which focused on mental or physical incapacity. There are two very different ways of looking at disability, the medical model and the social model. The medical model focuses on the person and implies that the individual is in some way defective and any disadvantage or discrimination is a result of the injuries and impairments. It perceives the person as the problem, and therefore has a focus on treatments and rehabilitation to fix the problem and does nothing to change society. In the social model, disability is perceived as a relationship between the individual and society and it is consistent with the human rights approach.

Disability is considered as an expression of limitations in individual functioning within a social context and this approach stresses the importance of the physical environment and culture in determining the

implications of disability on the individual. The social model does not deny or exclude the need for appropriate medical treatment and rehabilitation, but it implies that the system should adapt to the person, not the person to the system. The social model is complemented by a rights-based model of understanding disability. This approach is based on the principles of human rights enshrined in international human rights documents and reflected in the principles documented in article 3 of the United Nations Convention of the Rights of People with Disabilities (UN 2006):

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of Persons With Disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women; and
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Traditional approaches to the provision of social protection for Persons With Disabilities operate on the basis of a *social welfare model* which has two main pillars. The first, is the medical view of disability as a health condition and the second is a rehabilitation approach which aims to change the person rather than to adapt the environment to his or her needs. Thus, the explanation for the exclusion of a person with a disability is located within his or her physical, psychological or sensory impairment. In a system designed on this basis most of the activities aimed at resolving the circumstances of Persons With Disabilities are implemented through treatment and capacity building interventions. Another element of this approach is that there is a system of support aimed at compensating

individuals in terms of pensions and benefits for their disability. The concept of integration, including the development of more accessible social mainstream institutions, is only implemented in isolated cases and often only by organisations focusing on disability including nursing homes, special education institutions, sheltered enterprises and special recreation providers. Unfortunately, these organisations represent a segregated domain of activity for persons with disabilities which enhances social exclusion.

The United Nations Convention of the Rights of Persons With Disabilities (UN 2006) seeks to empower People With Disabilities so that they can enjoy their full rights, and benefit fully from participating in society and in the economy. True participation and social inclusion for Persons With Disabilities, requires access to mainstream services and facilities on an equal basis to other citizens and a holistic and comprehensive approach to the provision of social assistance and services, which enhance their capacity for independence and social inclusion.

## **1.2: Delivery of Disability Services**

Poverty, disability and social exclusion take complex and multi-dimensional forms, which require the mobilisation of a wide range of policies. It is linked to activity status as well as to a number of indicators that relate to an individual's means, perception and satisfaction, all of which are key determinants of people's standard of living and quality of life. Alongside employment policy, social protection has a pre-eminent role to play, while the importance of other factors such as housing, education, health, information and communications, mobility, security and justice, leisure and culture should also be acknowledged. The social model of disability complimented by a rights-based model of understanding disability, provides the foundation for a holistic approach to the provision of services for families caring for a child or adult with a disability; and for persons with disabilities living in institutions or in the community.

The exclusion barriers and social and environmental challenges which Persons with Disabilities living in poverty experience need to be urgently addressed if persons with disabilities are to be included in society and are to break out of a vicious cycle of poverty and disability. It is necessary and important to run development activities designed to address the particular needs of Persons with Disabilities through sector-specific programs. But at the same time, it is also vital to address disability as a crosscutting issue, and to consider the needs of all sectors of a diverse population in the development of public facilities and delivery of public services. Because the needs of Persons With Disabilities are so diverse, it is impossible for one government agency to satisfy those needs. A multidimensional approach is required to address a multidimensional challenge. This will involve the cooperation and coordination of many actors from government, non-government and donor community. A vital ingredient in effective and efficient service delivery will be the capacity to coordinate interventions from different sources at central, regional and community levels.

**i) The Disability Unit**, within the Department of Social Welfare is currently responsible for the coordination of interventions for Persons With Disabilities. However it is significantly under resourced with only one experienced program manager, two sign language interpreters, two administrative staff and a cleaner. The mandate of this unit is to work with persons with disabilities, including those with long-term physical, mental, intellectual or sensory impairments. In particular, its mission is to champion significant improvement in the quality of their life and to collaborate with organizations representing Persons With Disabilities in promoting and supporting disability issues, to raise public awareness, to promote measures to prevent disabilities, to conduct relevant trainings (sign language and Braille communication) and to implement the national disability policy in line with the UN Convention on the Rights of Persons With Disabilities.

At implementation level the disability unit is responsible for some disability outreach services provided at community level in collaboration with various other sectoral partners. These services include: physiotherapy, occupational therapy, eye care services, ear care services, orthopaedic services, dental services, social welfare services, social mobilization services and provision of PIN numbers and ID (Ministry of Home Affairs).

The Draft legislation, the “Persons With Disabilities (PWD) Bill, 2015” has been prepared and is in the final stages of endorsement by the Parliament. This Bill will establish a statutory body, to be named the “National Disability Advisory Council Persons With Disabilities (PWD)” (NDAC). The NDAC will contain representatives from government ministries, non-governmental organisations (NGOs), Organizations for People living With Disabilities, and private sector representing Persons With Disabilities (PWD) and will have its own directorate and staff. It is proposed that the National Disability Advisory National Council will have significant responsibilities for coordinating, monitoring and overseeing the implementation of the National Policy for People Living With Disabilities and its Action Plan.

The objects of the National Statutory Body are to:

- (a) Improve the socio-economic status of men and women, girls and boys with disabilities;
- (b) Ensure that all Persons With Disabilities have equal access and opportunities to education, health and other services at all levels;
- (c) Ensure that all buildings and infrastructure are accessible to Persons With Disabilities;
- (d) Promote inclusiveness and ensure that all institutions provide services to Persons With Disabilities in the same manner as they provide to the non-disabled except where necessary;

- (e) Ensure that policies in general do not have a negative impact on the status of Persons With Disabilities, and other vulnerable groups.

The functions of the National Disability Advisory Council shall be to:

- a) Co-ordinate, monitor and oversee the implementation of the National Policy and National Plan of Action relating to Persons With Disabilities with relevant ministries, government agencies, bodies or organizations and the private sector;
- b) Make recommendations to the Government on all aspects of Persons With Disabilities including matters relating to the support, care, protection, habilitation and rehabilitation, development and wellbeing of persons with disabilities;
- c) Initiate and implement schemes for, the promotion of the welfare of, and protection of the rights of Persons With Disabilities;
- d) Monitor and evaluate the impact of policies, programmes and activities designed to achieve full and effective participation of Persons With Disabilities and in doing so may enter into arrangement with relevant Ministries, Government agencies, bodies or organizations and the private sector as it deems necessary; peace
- e) Recommend to the Government changes to the existing law as well as propose new legislation in order to secure full and effective participation in society of Persons With Disabilities, including to facilitate accessibility;
- f) Develop programmes and strategies aiming at educating the society and raise awareness throughout society, including at the family level, regarding persons with disabilities including their capabilities and contributions in order to promote positive perceptions and greater

social awareness and to foster respect for the rights and dignity of Persons With Disabilities;

- g) Adapt effective and appropriate measures to promote recognition of the skills, merits and abilities of Persons With Disabilities, and of their contributions to the workplace and the labour market;
- h) Foster at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of Persons With Disabilities;
- i) Ensure the adoption of, and compliance with, the relevant international declarations and conventions relating to Persons With Disabilities;
- j) Collect and collate data and information, and undertake and promote research relating to Persons With Disabilities;
- k) Promote the development of initial and continuing training for professionals and staff working in rehabilitation services for Persons With Disabilities;
- l) Promote employment opportunities and career advancement for Persons With Disabilities in the labour market, and assist in funding or obtaining employment on equal basis with Persons without disabilities
- m) Establish and maintain institutions to accommodate and care for Persons With Disabilities and provide educational and vocational training for Persons With Disabilities;
- n) Encourage Government and private individuals to establish and maintain institutions to accommodate Persons With Disabilities and to provide educational and vocational training to Persons With Disabilities;

- o) Guide, support, co-ordinate and monitor the activities of institutions established for the care of Persons With Disabilities;
- p) Introduce programmes to make the environment accessible to persons with disabilities and implement schemes to provide access to information and communication by Persons With Disabilities;
- q) Perform any other function as directed by the Minister for the proper implementation of this Act ; and
- r) Conduct all other acts or things as may be necessary for the discharge of any of the above functions.

The Bill for Persons With Disability proposes the establishment, within the DPMO's office, an office of the Registrar with responsibility for the registration of Persons With Disabilities (PWD), voluntary organisations and institutions. Furthermore it proposes the establishment of a Directorate for Persons With Disabilities.

## **ii) Mainstreaming Disability in Policy and Programme Development**

Mainstreaming is “a strategy for making the concerns and experiences of Persons With Disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that Persons With Disabilities benefit equally and inequality is not perpetuated. The ultimate goal is to achieve disability equality.” This requires that all measures, programmes, services and practices are assessed to determine their impact on the participation of Persons With Disabilities, instead of simply assuming their neutrality. This does not exclude, the need for specific policies and programmes, for positive discrimination measures addressed particularly to Persons With Disabilities.

Mainstreaming disability in order to promote the rights of Persons With Disabilities is a matter of basic social justice. Mainstreaming disability gives public and private organisations an opportunity to put into practice their values and become role models in respecting, supporting and celebrating human diversity. Mainstreaming Disability contains the following elements

- **Organisational commitment:** the central organisational commitment to mainstreaming disability, in terms of values (why the organisation is committed) and purpose (what the organisation hopes to achieve). This commitment underpins all mainstreaming activities.
- **Sensitisation:** the process of building people's engagement with the issue and personal commitment to mainstreaming. Sensitisation is about individuals buying into the organisational commitment.
- **Workplace mainstreaming:** the process of ensuring that organisational policies and practices in the workplace are inclusive, equitable and non-discriminatory, and do not create barriers or reinforce the negative effects of disability. In disability mainstreaming, this is about making appropriate adjustments to workplace policies, practice and environment so that disabled people can participate equally in the workplace, as employees or volunteers.
- **Program mainstreaming:** the process of ensuring that the organisations programs and services are inclusive, equitable and non-discriminatory, and do not create barriers or reinforce the negative effects of the issue. As well as looking at program design and service delivery, this means including excluded people in program planning, implementation, management and reviewing. In disability, this involves non-disability service providers and development organisations including disabled people on an equitable basis, in the same settings as non-disabled people.
- **Policy mainstreaming:** the process of addressing wider policy and institutional barriers that exclude people from equal participation or reinforce the negative effects of disability.

In practice the mainstreaming of disability into all public authorities in Swaziland will involve a great deal of commitment and effort and an effective mechanism to coordinate and monitor progress. Each central and local government agency will need to:

- Review their policies, regulations and work practices;
- Review their information and communication materials and practices;
- Establish priorities;
- Prepare and implement an action plan to introduce change where needed; and
- Monitor, evaluate and report on progress

The mainstreaming of disability in all public authorities is an important part of the NDPA implementation. Mainstreaming progress must be coordinated, monitored and evaluated by a competent authority. It is recommended that each Ministry and Municipality give this responsibility to an in-house steering group, reporting to a national steering group under the supervision of the DPMO.

### **iii) Public Private Partnerships**

Public Private Partnerships (PPP) in the delivery of disability services are now commonplace in many developed countries and it has a proven record of effectiveness. Social services, Health Care, Vocational Training and Employment services in many European countries are now delivered primarily by the non-government sector, usually with a formal contract or written agreement with government. Services are primarily delivered by the non-profit sector but in some cases, especially in areas of residential care, many services are delivered by “for-profit” businesses.

The development of outsourcing the delivery of services has often accompanied the devolution of responsibility for the provision of public

services from central government to regional or local government, and the creation of a market in services has in many cases provided communities with an efficient and effective alternative (better quality services at lower prices) to the provision of services by central government agencies. The introduction of public-private partnerships (PPP) within the social service system has proved to be a valuable strategy, providing governments throughout the world with additional opportunities to satisfy the needs of the poorest and most vulnerable members of society, while at the same time improving the efficiency and cost-effectiveness of service delivery.

Although PPP provide significant benefits there are also some inherent risks. Social services traditionally target the poorest and most marginalised people in the community and are often delivered in the home or in an institutional setting not open to public observation. There is therefore a great need, especially in emerging markets for comprehensive regulation to ensure that service users are protected from exploitation and neglect. It is prudent to define criteria for the pre-qualification of potential partners and this can require the licensing or registration of eligible organisations and/or the licensing of individual managers and specialists. In order to qualify for registration, the organisation or individual applying need to meet minimum established standards. As a general rule, these standards are related to the personnel providing the services, the condition of the premises where the services are performed, the governance of the entities providing the services and the quality of the services provided.

The major objective of PPP is to provide better quality outcomes for service users at a lower cost, therefore outsourcing the delivery of services should lead to measurable improvements in the effectiveness and efficiency of service delivery. Once a decision has been made on the service to be outsourced, it is then important to accurately cost the service. It is impossible to measure the financial impact of outsourcing if the baseline cost is unknown. It is also difficult to establish a fair and equitable contract fee without this information. It is important when considering proposals for

social contracting that all alternatives be comprehensively evaluated. This involves considering both the costs and outcomes or outputs, including comparative quality. All risks should be systematically assessed, including the risk of dismantling in-house capabilities leading to possible dependence on an external single supplier. Government authorities can commission social services from the non-governmental or private sector partners, through procurement, subsidy mechanisms or “direct payments”. This provides the contracting authority with a range of possible means to pay for services or tasks rendered by partners. A major trend in many countries is to give individual clients more control over the process of service selection by allocating funds directly or indirectly to them. Direct payments provide the users, directly or indirectly with the necessary funds to pay the fees related to the social services of their need, such as personal assistance.

## **2.0: The National Disability Plan of Action for Persons With Disabilities**

The Kingdom of Swaziland ratified the United Nations Convention on the Rights of Persons With Disabilities (CRPW), in 2012. Subsequent to ratification, a National Policy on Disability was developed and adopted in 2013, aimed at promoting the mainstreaming of disability issues across all development programs of government. The policy also seeks to implement the provision of the Constitution of Swaziland which recognises and articulates the rights of Persons With Disabilities (PWD). The constitution also states that Parliament shall enact laws that protect Persons With Disabilities (PWD) and also take appropriate measures to ensure that Persons With Disabilities (PWD) realise their full mental and physical potential. Legislation, namely “*The Persons With Disabilities (PWD) Bill, 2014*”, has been drafted and is currently awaiting endorsement by Parliament. This will reinforce the provisions of the constitution and international instruments, protocols, standards and rules on the protection of rights and welfare of Persons With Disabilities (PWD).

To operationalise the implementation of the Disability Policy and proposed Legislation, a five-year National Disability Plan of Action (NDPA) has been developed. The draft NDPA, presented here, has been developed in consultation with a broad range of stakeholders including organisations for and of people with disabilities and their families (NGOs, CBOs, and DPOs), Government Ministries, Municipalities, International NGOs, Donor Organisations and Development Partners.

The National Disability Plan of Action (NDPA) has been structured into seven focus areas:

## **1. National Coordination and Mainstreaming Mechanism for Disability**

Mainstreaming is “a strategy for making the concerns and experiences of Persons With Disabilities an integral dimension of the design, implementation, monitoring and valuation of policies and programmes in all political, economic and societal spheres so that Persons With Disabilities benefit equally and inequality is not perpetuated. The ultimate goal is to achieve “disability equality.” This requires that all central and local Government Authorities, consider the disability dimension in all policy development and take measures to ensure that Persons With Disabilities have equal access to all public services and facilities.

## **2. Advocacy and raising awareness**

Persons With Disabilities, families, communities and service providers such as health care staff and teachers are ill-informed about disability issues and the capacity of Persons With Disabilities to lead meaningful and productive lives. This has led to negative attitudes and stereotyping and in some cases reports of children with disabilities being hidden in the family home because of perceived shame. Of special concern is the community attitude to conditions such as Albinism and hidden disabilities such as Autism.

There is an urgent and ongoing need for a substantial awareness raising program to educate and inform all parts of the Swaziland community especially the political establishment. Despite lots of rhetoric and fine policies, Persons With Disabilities and their representative organisations feel that disability issues are very low in the priority of government and therefore few resources are invested to this sector. There is a strong need to advocate for the inherent rights of Persons With Disabilities to be respected and promoted at all levels. Advocacy is defined as the support or argument in favor of a cause, policy or idea. It is undertaken to influence public opinion and societal attitudes or to bring about changes in government, community

or institutional policies. The process of actively speaking out, writing in favor of, supporting, and/or acting on behalf of oneself, another person, or a cause; act of speaking or interceding for and on behalf of people with disabilities.

### **3. Social Protection**

This is defined as public or private arrangements that are put in place to protect individuals and families against life-cycle crises. These arrangements include the provision of social security, basic social services and developmental social welfare. Social protection also includes the development of active labour market policies and programs that strengthen livelihoods (DSW Strategic Plan 2011-2015). **Statistics show that 83.7% of Persons With Disabilities in Swaziland are economically inactive (Swaziland Disability Profile 2011).**

**There are many factors which influence the ability of Persons With Disabilities to not work or engage in income generating activities, including a lack of access to education, poor vocational skills and a lack of access to the labour market. There is currently no cash or in-kind social assistance provided to people with disabilities except for a small once-off “public assistance” payment of 240 Emalangeni, which is also available to all people living in poverty. With no income, many children and adults with disabilities are dependent on charity or begging on the streets of the major cities.**

**In the long-term, improved access to education, vocational training and employment programs will enhance the economic circumstances of People with Disabilities.** However, in the short-term there is an urgent need for the provision of a regular allowance (grant) for people with disabilities who are not working. In addition, many families who are caring for Persons With Disabilities are marginalised, vulnerable and living in extreme poverty. Financial and material support is urgently required to help the family to

survive and care for their needy family member. A regular monthly “family support allowance (grant)” is a priority and vital to their survival.

#### **4. Education and Training**

Inclusive education entails providing meaningful learning opportunities to all students within the regular school system. Ideally, it allows children with and without disabilities to attend the same age-appropriate classes at the local school, with additional, individually tailored support as needed. It requires physical accommodation – ramps instead of stairs and doorways wide enough for wheelchair users, for example – as well as a new, child-centred curriculum that includes representations of the full spectrum of people found in society (not just Persons With Disabilities) and reflects the needs of all children.

In an inclusive school, students are taught in small classes in which they collaborate and support one another.. The first steps towards inclusion are taken at home during the early years. If children with disabilities do not receive the love, sensory stimulation, health care and social inclusion to which they are entitled to, they can miss important developmental milestones and their potential may be unfairly limited, with significant social and economic implications for themselves, their families and the communities in which they live.

A child whose disability or developmental delay is identified at an early stage will have a much better chance of reaching her or his full capacity. Early childhood care and education, whether it is public, private or provided by the community, should be designed to respond to the child’s individual needs. Early childhood education is not limited to preschools and other childcare facilities – the home environment plays a fundamental role in stimulating and facilitating the development of the child. The issues of access to education is a complex one.

Although the desire to develop inclusive education is commendable, this cannot be successfully achieved without a great deal of development work at family and community level and the allocation of substantial resources. Despite a policy of inclusive education in Swaziland, many children with disabilities are still unable to access even basic primary education due to a number of factors including a lack of transport, inaccessible environment and school buildings, lack of equipment and resources in schools, teachers without the necessary skills, large class sizes and the negative attitudes within families and communities. Even in situations where children with disabilities are able to access special or mainstream educational facilities, the quality of education is questionable. A more appropriate and relevant competency-based curricula is needed, which accommodates the needs of all learners, together with more flexible assessment practices. This will lead to improved numbers of children with special needs succeeding in primary school and progressing to secondary and higher education.

## **5. Health**

Children with disabilities are often unable to access early intervention and therapy services and there are challenges for all Persons With Disabilities accessing preventative public health care, primary health care and rehabilitation services. At the present time there are no community-based rehabilitation programs and no outreach services provided by the four rehabilitation units based in regional public hospitals. Only one NGO is currently providing professional rehabilitation services (Cheshire Homes) mainly for people with physical disabilities.

Both government and non-government rehabilitation services are seriously under-resourced and access to therapy and assistive and adaptive technology is limited. There are substantial shortages in allied health professionals such as Occupational Therapists, Physiotherapists, Audiologists and Speech Therapists and there is currently no professional

education and training in these disciplines in Swaziland. Interested persons must therefore study in other countries such as South Africa.

A lack of assistive and adaptive technology has a serious impact on the capacity of a person to live, learn and work. Assistive technology is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities and also includes the process used in selecting, locating, and using them. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks.

The term adaptive technology is often used as the synonym for assistive technology, however, they are different terms. Assistive technology refers to "any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities", while adaptive technology covers items that are specifically designed for persons with disabilities and would seldom be used by non-disabled persons. It is important to note that the use of assistive and adaptive technology requires professional diagnosis and assessment by qualified practitioners.

## **6. Skills Development and Labour Market**

There are few opportunities for Persons With Disabilities to access vocational training which provides them with marketable skills to engage in employment or self-employment. Statistics show that 83.7% of Persons With Disabilities are economically inactive (Swaziland Disability Profile 2011). Vocational training for Persons With Disabilities is provided in three segregated rehabilitation centres, provided by the Ministry of Labour and Social Services; Nhlengano, Malkerns and Mbabane. (Mbabane is currently closed for renovations). Rehabilitation centres provide vocational training in

a number of trades and provide some assistance to help graduates find jobs or self-employment. However the vocational rehabilitation centres report a lack of resources and a need to urgently review curricula to better reflect the needs of the labour market.

The transition from the rehabilitation centre to the labour market is often difficult for graduates but work experience placements are sometimes available in local industries. The Ministry of Education and Training has mainstreamed vocational training facilities for the general population and there is no discrimination against Persons With Disabilities participating in these courses, depending on their level of education, the nature and severity of their disability. However, mainstream vocational training centres lack the resources and personnel (for example trainers with sign language proficiency) to cater for the needs of learners with disabilities and therefore very few Persons With Disabilities are able to successfully access these trainings.

At present, vocational education and training for Persons With Disabilities is the responsibility of the Ministry of Labour and Social Security and responsibility for mainstream vocational education and training rests with the Ministry of Education and Training. As there is a strong need for greater cooperation and coordination between these line Ministries to ensure better outcomes for trainees with disabilities, it would be valuable for one Ministry to have responsibility for both.

There is sufficient evidence today that socio-economic integration of Persons With Disabilities is not only a question of social justice and a right, but also the best solution in terms of social costs/benefits, even when there are no disability benefits. Access to employment is the most cost-effective way to reduce the poverty of children, youth and adults with disabilities, their families, and their communities. In this case, economic rationality and human rights go hand in hand, but it is important to recognize that socio-economic integration of Persons With Disabilities means more than the

reduction of social costs; for many individuals with disabilities, socio-economic integration is direct “*participation in economic growth*”

## **7. Infrastructure and the Environment:**

The physical environment in Swaziland presents significant challenges for Persons With Disabilities, especially people with visual impairments and people using wheelchairs. Public authorities, including municipal councils are aware of access issues and have been making some efforts to modify buildings and infrastructure in response to advocacy from individuals and organisations representing Persons With Disabilities. Municipal councils are responsible to ensure that Persons With Disabilities have equal access to community facilities, infrastructure and services, and many have made some effort to remove physical barriers. New buildings usually conform to principles of universal design and ramps are being added to existing public buildings. Audio traffic lights have been installed in some locations, barriers on footpaths such as rubbish bins have been moved and bevelled kerbs installed. However current building regulations do not comply with principles of universal design and therefore there is no systematic approach taken by municipal councils or government ministries and institutions to this issue. There is an urgent need to review, modify and enforce the building Act and regulations and prepare a long-term plan to upgrade public buildings and infrastructure.

**Universal design** (often inclusive design) refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to older people, persons without disabilities, and Persons With Disabilities. The term "universal design" was coined by the architect Ronald L. Mace to describe the concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life. Universal design emerged from slightly earlier barrier-free concepts, the broader accessibility

movement, adaptive and assistive technology and also seeks to blend aesthetics into these core considerations. As life expectancy rises and modern medicine increases the survival rate of those with significant injuries, illnesses, and disabilities, there is a growing interest in universal design modality. There are many industries in which universal design is having strong market penetration but there are many others in which it has not yet been adopted to any great extent. Universal design is also being applied to the design of technology, instruction, services, and other products and environments: Curb cuts or sidewalk ramps, essential for people using wheelchairs but also used by all; Colour-contrast dishware with steep sides that assists those with visual or dexterity problems are another; Use of cabinets with pull-out shelves, kitchen counters at several heights to accommodate different tasks and postures, and; amidst many of the world's public transit systems, low-floor buses that "kneel" (bring their front end to ground level to eliminate gap) and/or are equipped with ramps rather than on-board lifts.

### **3.0: Implementation Partners**

The Disability Policy promotes the concept of Mainstreaming and cuts across all sectors of government and civil society. **Close cooperation and coordination across government and with key development partners is vital to the successful implementation of the Disability Policy.**

#### **i) NGOs Representing People with Disabilities**

The Federation Organization of People with Disabilities in Swaziland (FODSWA) is the national umbrella body for disabled people's organisation in Swaziland (Member of the Southern Africa Federation of the Disabled, SAFOD). It has six affiliate members:

- Swaziland National Association of the Physically Impaired Persons (SNAPID) Disabled People;
- Swaziland Association of the Visually Impaired Persons (SAVIP);
- Swaziland National Association of the Deaf (SNAD);
- Swaziland Association of Parents of Children with Disabilities (PCDSWA);
- Swaziland National Association of Women with Disabilities Wing; and
- Swaziland Association of Persons with Albinism.

## **ii) Government Ministries**

1. The Prime Minister's Office, (Correctional Service and the Royal Swaziland Police)
2. The Deputy Prime Minister's Office (DPMO), Department of Social Welfare (DSW) is primarily responsible for the planning, administration and delivery of social protection.
3. Ministry of Education and Training (MOET)
4. Ministry of Health (MOH)
5. Ministry of Labour and Social Security (MOLSS)
6. Ministry of Justice and Constitutional Affairs (MoJCA)
7. Ministry of Foreign Affairs and International Cooperation (MFAIC)
8. Ministry of Information Communication and Technology (ICT)
9. Ministry of Tourism and Environmental Affairs (MTEA)
10. Ministry of Finance (MOF)
11. Ministry of Economic Planning and Development (MOEDP)
12. Ministry of Agriculture (MOA)
13. Ministry of Commerce, Industry and Trade (MOCIT)
14. Ministry of Tinkhundla Administration and Development (MOTAD)
15. Ministry of Home Affairs (MOHA)
16. Ministry Housing and Urban Development (MOHUD)
17. Ministry of Public Works and Transport (MOPWT)
18. Ministry of Sports, Culture and Youth Affairs (MOSCYA)

19. Ministry of Public Service (MoPS)
20. NERCHA National Emergency Response Council on HIV/AIDS

**iii) Municipal Councils**

1. Ezulwini Municipality
2. Hlathikhulu Town Board
3. Mankayane Town Board
4. Manzini City Council
5. Matsapha Town Council
6. Mbabane City Council
7. Nhlangano Town Council
8. Ngwenya Town Board
9. Pigg's Peak Town Council
10. Siteki Town Council
11. Lavumisa Town Council
12. Vuvulane Town Board

**iv) International Development Partners**

- European Commission (EU)
- United Nations Swaziland - UNDP, UNICEF, WHO, UNFPA, WFP, FAO, UNAIDS, UNESCO and UNODC
- USAID (PEPFAR)
- World Bank (WB)

**v) International NGOs**

- Save the Children
- World Vision
- SOS Children's Villages
- CANGO Coordinating assembly of non-government organisations
- Cheshire Homes

- AMICAALL The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa

**vi) Employer Organisations:**

- Employers Trade Unions
- TUCOSWA Trade Union

## **4.0: Objectives of the NDPA:**

### **a) Overall Objective**

To ensure the promotion and protection of the rights and fundamental freedoms of Persons With Disabilities including empowerment to exercise those rights and enjoy equal participation in the life of the community in which they live, without discrimination of any kind on the basis of their disability.

### **b) Specific Objectives:**

**i) National Coordination and Mainstreaming Mechanism for Disability:**

To ensure effective coordination and mainstreaming of the implementation of the strategic thematic areas of the National Plan of Action for Persons With Disabilities (2016-2020), the UN Convention on the Rights of Persons With Disabilities (CRPD) and national policies and programmes for Persons With Disabilities (PWD).

**ii) Advocacy and Awareness Raising:** To raise awareness at all levels in society, including at the family level, on the rights of Persons With Disabilities and to combat stigma, stereotypes, prejudices and harmful practices related to Persons With Disabilities, including those based on age and gender, in all areas of life.

- iii) Social Protection:** To ensure that Persons With Disabilities and families caring for children and/or adults with disabilities, have access to financial, material assistance and a range of quality social services and support programs, which assist them to access opportunities and choices available to the rest of society, and enjoy an adequate standard of living, as documented in article 28 of the UNCRPD.
- iv) Education and Training:** To ensure that all Persons With Disabilities, irrespective of his or her gender, or the nature or severity of his or her disability, have equal access to meaningful, age-appropriate early childhood and care; primary, secondary and higher education; and training.
- v) Health:** To ensure that Persons With Disabilities have universal access to all public health interventions and the full spectrum of health care services on an equal basis to other members of society.
- vi) Skills development and the Labour Market:** To improve the socio-economic status of Persons With Disabilities, and ensure equal participation in the economic development of Swaziland through skills development and access to the labour market as employees or entrepreneurs.
- vii) Infrastructure and the environment:** To remove all infrastructural, environmental, physical, social and cultural barriers which restrict the capacity of Persons With Disabilities to participate fully in the life of the community.

## **5.0: Monitoring and Evaluation**

Implementation and outcomes of the planned interventions will be regularly monitored by the National Disability Unit, within the Department of Social Welfare (DSW), (after the proposed restructuring of the DSW there may be a new body to assume this mandate). Responsibility for the coordination of the strategic guidance and implementation of the disability policy and NDPA will rest with the newly formed National Statutory Body for Persons With Disabilities (PWD)” known as The National Disability Advisory Council (NDAC). Each Ministry and Municipality should be required to submit annual plans for the mainstreaming of disability and the implementation of the NDAP and report at the end of each year on progress. Responsibility for the monitoring of the mainstreaming of disability across government agencies and local government will rest with the national steering group, which in turn should report to the NSBPD.

## 5.1: Objectives and Results

<b>Overall Objective</b>		
To ensure the promotion and protection of the rights and fundamental freedoms of Persons With Disabilities including empowerment, to exercise those rights and enjoy equal participation in the life of the community in which they live, without discrimination of any kind on the basis of their disability.		
<b>1. National Coordination and Mainstreaming Mechanism for Disability</b>		
Coordination: Deputy Prime Ministers Office (DPMO) Implementation Partners: All line-Ministries, Municipalities, NGOs, DPOs, Donors and Development Partners		
<b>Specific Objective 1</b>	<b>Policy Areas and or target group</b>	<b>Results</b>
The effective coordination and mainstreaming of the implementation of the strategic thematic areas of the NDPA, the UNCRPD, national policies and programmes for PWD strengthened.	4.3 Poverty alleviation 4.4 Inclusive education 4.5 Children with disabilities 4.6 Gender issues 4.9 Health care 4.12 Sport and Recreation 4.14 Barriers to Inclusion 4.15 Culture	1.1 Persons With Disabilities have equal access to early, primary, secondary and further Education 1.2 Persons With Disabilities have equal access to Technical Education, Vocational Training (TVET) and Employment 1.3 Persons With Disabilities have equal access to Health Care 1.4 Persons With Disabilities have equal access to Public Housing, Transport and Public Services, Public Facilities and the built environment
<b>2. Advocacy and Awareness Raising</b>		
Coordination: Deputy Prime Ministers Office and FODSWA Implementation Partners: All line-ministries, Municipalities, NGOs, DPOs, Donors and Development Partners		
<b>Specific Objective 2</b>	<b>Policy Areas</b>	<b>Results</b>
To raise awareness at all levels in society, including at the family	4.5 Children with disabilities 4.6 Gender Issues:	2.1 All levels of society including families, community leaders, and the general public are well-informed about the nature and cause of disability; the

<p>level, on the rights of Persons With Disabilities and to combat stigma, stereotypes, prejudices and harmful practices related to PWD, including those based on age and gender, in all areas of life;</p>	<p>Women with disabilities 4.13 National Registration 4.17 Legal Representation</p>	<p>rights and needs of Persons With Disabilities and the positive contribution that persons with disabilities can make to the social, cultural and economic well-being of the communities in which they live 2.2 Government policy, legislation, regulation and work practices do not intentionally or unintentionally, discriminate against any person on the basis of his or her disability 2.3 Persons With Disabilities are well informed about their rights and they are empowered to advocate their rights</p>
<p><b>3. Social Protection</b></p>		
<p>Implementation Partners: DPMO, Ministries of Labour and Social Services, Tinkhundla Administration and Development, EU, World Bank, UNICEF, UNDP and NGOs</p>		
<p><b>Specific Objective 3</b></p>	<p><b>Policy Areas</b></p>	<p><b>Results</b></p>
<p>To ensure that Persons With Disabilities and families caring for children and/or adults with disabilities, have access to financial and material assistance and a range of quality social services and support programs, which assist them to access opportunities and choices available to the rest of society, and</p>	<p>4.3. Poverty Alleviation 4.1. Employment 4.2. Vocational Training and Skills Development 4.7 Housing 4.11. Social Safety Nets 4.14. Disaster management</p>	<p>3.1 Persons With Disabilities and families caring for a child and/or adult with disabilities, are better informed about the availability, eligibility criteria and application procedures for social assistance and social services 3.2 Families caring for children and/or adults with disabilities receive a monthly financial family support allowance (grant) 3.3 Eligible Persons With Disabilities, who are not in regular employment, receive financial support: a monthly “disability support allowance (Grant)”; 3.4 Persons With Disabilities, facing difficult life circumstances, can access a range of responsive social services in urban and rural centres including emergency accommodation for</p>

<p>enjoy an adequate standard of living, as documented in article 28 of the United Nations Convention on the Rights of Persons With Disabilities (CRPD)</p>		<p>homeless people</p> <p>3.5 Quality standards and performance indicators for social services, which protect the rights of service users, are defined and used as a criteria to register, monitor and evaluate both state and non-state providers of social services</p> <p>3.6 A funding formula, contracting protocols and a regulatory mechanism for public-private partnerships in the provision of social services</p> <p>3.7 Institutional practices for inter-agency cooperation concerning planning, development and implementation of the disability policy</p>
<p><b>4. Education and Training</b></p>		
<p>Implementation Partners: Ministry of Education and Training, EU, UNICEF, Government of Japan</p>		
<p><b>Specific Objective 4</b></p>	<p><b>Policy Areas</b></p>	<p><b>Results</b></p>
<p>To ensure that all Persons With Disabilities, irrespective of his or her gender, or the nature or severity of his or her disability, have equal access to meaningful, age-appropriate early childhood, primary, secondary and higher education; and training;</p>	<p>4.4. Inclusive Education</p>	<p>4.1 A majority of children with disabilities are enrolled in, and progress further through, all levels of education and training</p> <p>4.2 Educational infrastructure and the surrounding environment conform to principles of universal design and provide a user-friendly setting for all persons with disabilities</p> <p>4.3 The learning and support needs of each student are assessed by competent qualified specialists and individual learning and transition plans are prepared, monitored, evaluated and reviewed on a regular basis</p> <p>4.4 Educators are sensitive to the needs of students with disabilities and have the skills and resources to support their learning</p>
<p><b>5. Health</b></p>		

Implementation partners: Ministry of Health, Municipal Councils, Private Health Care Providers, WHO, USAID PEPFAR, NGOs

<b>Specific Objective 5</b>	<b>Policy Areas</b>	<b>Results</b>
To ensure that Persons With Disabilities have universal access to all public health interventions and the full spectrum of health care services on an equal basis to other members of society;	4.9. Health Care	<p>5.1 Disability is integrated into health promotion, preventative and curative health services to reduce incidence of disability</p> <p>5.2 Improved access to early diagnosis, intervention and therapeutic services for children with disabilities</p> <p>5.3 Persons With Disabilities, (especially girls and women) are well-informed and have equitable access to reproductive health, family planning and HIV/AIDS services</p> <p>5.4 Persons With Disabilities have equitable access to all health care services</p> <p>5.5 Improved access to medical and psycho-social rehabilitation programs for Persons With Disabilities in urban and rural areas</p>

## **6. Skills Development and the Labour Market**

Implementation partners: Ministries of Education and Training, Labour and Social Services, Commerce, Industry and Trade

<b>Specific Objective 6</b>	<b>Policy Areas</b>	<b>Results</b>
To improve the socio-economic status of Persons With Disabilities, and ensure equal participation in the economic development of Swaziland through	4.1. Employment 4.2. Vocational Training and Skills Development	<p>6.1 Improved access to mainstream vocational training and skills development programs for Persons With Disabilities of working age irrespective of the nature or severity of their disability</p> <p>6.2 Skills training facilities, providing vocational education and training specifically for Persons With Disabilities, have sufficient resources and</p>

<p>skills development and access to the labour market as employees or entrepreneurs;</p>		<p>competence to provide trainees with marketable skills and qualifications</p> <p>6.3 Improved access to business development and entrepreneurship training and mentoring programs</p> <p>6.4 A supported employment placement and small business development program, which supports Persons With Disabilities to find and keep jobs in the mainstream labour market</p> <p>6.5 Community-based, and industry-based employment programs are available and accessible for all Persons With Disabilities on the same basis as other jobseekers</p> <p>6.6 A quota system for the vocational education, training and employment of Persons With Disabilities in the public and private sectors</p> <p>6.7 A funds established, with an annual budget, to provide work place modifications and assistive and adaptive technology aids and appliances to support Persons With Disabilities to undertake vocational training, and secure and retain employment</p>
<p><b>7. Infrastructure and the environment</b></p>		
<p>Implementation partners: Ministries of Housing and Urban Development, Tinkhundla, Public Works and Transport, Sports and Culture, Municipal Councils</p>		
<p><b>Specific Objective 7</b></p>	<p><b>Policy Areas</b></p>	<p><b>Results</b></p>
<p>To remove all infrastructural, environmental, physical, social and cultural barriers which</p>	<p>4.7. Housing 4.10. Assistive and adaptive technology and rehabilitation 4.12. Sport and</p>	<p>7.1 Public facilities and infrastructure are fully accessible for all citizens; building regulations reflect the principles of universal design and international best practice in accessibility</p> <p>7.2 User-friendly, accessible public transport and</p>

<p>restrict the capacity of Persons With Disabilities to participate fully in the life of the community</p>	<p>Recreation 4.14. Barriers to Inclusion 4.15. Culture</p>	<p>transportation facilities are available for all citizens 7.3 Persons With Disabilities are able to enjoy Inclusive, social, sporting and cultural facilities and activities 7.4 Psychosocial rehabilitation programs; home and community-based support services; and accessible supported housing are available and affordable</p>
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## 5.2: Activities and Timeline

<b>1. National Coordination and Mainstreaming Mechanism for Disability</b>																				
<b>Result 1.1: Persons With Disabilities have equal access to early, primary, secondary and further Education;</b>																				
<b>Activities</b>	<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>				<b>Year 4</b>				<b>Year 5</b>			
1.1.1: Coordinate and support the MOET with the implementation of its inclusive education Program	■	■	■	■																
1.1.2: Monitor and report to government on the participation rates of children with disabilities in all levels of education					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1.1.3: Lobby Politicians and Policy makers to ensure that all education and training policy and programs are designed and equipped to maximise the inclusion of Persons with Disabilities									■	■	■	■	■	■	■	■	■	■	■	■
1.1.4 Conduct research, knowledge management and monitor implementation of policy and research recommendations.									■	■	■	■	■	■	■	■	■	■	■	■
<b>Result 1.2: Persons With Disabilities have equal access to Health Care;</b>																				
	<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>				<b>Year 4</b>				<b>Year 5</b>			
1.2.1: Advise and support MOH to review health care policy and practice to ensure that Persons with Disabilities have equal access to all health care services	■	■	■	■																
1.2.2: Monitor and report to Government on the participation rates of Persons With Disabilities in health promotion activities					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
1.2.3: Lobby Politicians and Policy makers to ensure that all health promotion activities and health care services are designed and equipped to maximise the inclusion of Persons with Disabilities									■	■	■	■	■	■	■	■	■	■	■	■
1.2.4: Advise Health Care Authorities on making health care facilities more physically accessible for Persons with Disabilities	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

<b>Result 1.3: Persons With Disabilities have equal access to Technical and Vocational Training (TVET), Employment and other income generating activities;</b>																				
	Year 1				Year 2				Year 3				Year 4				Year 5			
1.3.1: Advise and support the MOET and MOESS to review policy and practice to ensure that Persons with Disabilities have equal access to all TVET programs	█	█	█	█																
1.3.2: Monitor and report to Government on the participation rates of Persons With Disabilities in TVET and the mainstream labour market					█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
1.3.3: Lobby Politicians and Policy makers to ensure that all TVET programs are designed and equipped to maximise the inclusion of Persons with Disabilities									█	█	█	█	█	█	█	█	█	█	█	█
<b>Result 1.4: Persons With Disabilities have equal access to Public Housing, Transport and Public Services, Public Facilities and the built environment;</b>																				
	Year 1				Year 2				Year 3				Year 4				Year 5			
1.4.1: Support all relevant Government Ministries to review and amend legislation, regulation and policy to ensure that Persons With Disabilities have equal access to Government facilities and Services	█	█	█	█																
1.4.2: Establish Disability Advisory Bodies in each Municipal Authority to advise and support them to make the built environment and public infrastructure more accessible and user friendly for Persons with Disabilities			█	█	█	█														
1.4.3: Coordinate accessibility issues with organisation representing Persons With Disabilities and monitor and prepare annual reports to Government.				█				█				█				█				█
<b>2. Advocacy and Awareness Raising</b>																				
<b>Result 2.1: All levels of society including families, community leaders, and the general public are well-informed about the nature and cause of disability, the rights and needs of Persons With Disabilities and the</b>																				

**positive contribution that persons with disabilities can make to the social, cultural and economic well-being of the communities in which they live;**

Activities	Year 1		Year 2		Year 3		Year 4		Year 5	
2.1.1: Disseminate the disability policy, legislation and plan of action, more broadly to Line- Ministries, local government, and regional offices of Tinkhundla Administration, Schools, Health Centres and other public facilities										
2.1.2: Lobby politicians and community leaders and implement a media campaign which promotes the rights of PWD to participate fully in the life of the community										
2.1.3: Design and implement an ongoing campaign to identify and register PWD hidden in communities, in collaboration with relevant government ministries and local authorities					<b>ongoing</b>					
2.1.4: In partnership with the Association of Parents with Disabilities, design and implement an awareness raising campaign to educate, inform and sensitise families, communities and the broader society, about developmental disabilities such as learning disabilities, intellectual disabilities, Autism and Cerebral Palsy										
2.1.5: In partnership with the National Association of the Deaf, design and implement, an awareness raising campaign to educate, inform and sensitise families, communities and the broader society, to the needs of the deaf community										
2.1.6: In partnership with the National Association of the Blind, design and implement an awareness raising campaign to educate, inform and sensitise families, communities and the broader society, to the needs of people with visual impairments										
2.1.7: In partnership with the National Association of the Physically Impaired, design and implement an awareness raising campaign to educate, inform and sensitise families,										









<b>partnerships in the provision of social services;</b>																	
<b>Activities</b>	<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>				<b>Year 4</b>				<b>Year 5</b>
3.6.1: In consultation with all stakeholders determine a funding formula for the financial and material support of non-state actors providing services for Persons With Disabilities																	
3.6.2: In consultation with all stakeholders prepare a contracting protocol and template for funding agreements																	
3.6.3: Establish an inspection protocol and reporting mechanism, and an “Inspection Unit” unit with responsibility to monitor and evaluate compliance																	
<b>Result 3.7: Institutional practices for inter-agency cooperation concerning planning, development and implementation of the disability policy;</b>																	
<b>Activities</b>	<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>				<b>Year 4</b>				<b>Year 5</b>
3.7.1: Facilitate the establishment of a functioning national statutory body and sub-committees, with clear terms of reference, to coordinate the implementation of the Disability Policy and NDPA																	
3.7.2: Establish a national “Mainstreaming Disability” steering group, reporting to the national statutory body, to monitor and coordinate the process of mainstreaming																	
3.7.3: Establish a “Mainstreaming Disability” steering group in each Ministry and in each Municipality reporting annually to the national steering group																	
3.7.4: Develop and document guidelines and protocols for the coordination and monitoring of inter-agency cooperation on the implementation of the disability policy and the NDPA																	
<b>4. Education and Training</b>																	
<b>Result 4.1: A majority of Children With Disabilities are enrolled in, and progress further through, all levels of education and training;</b>																	
<b>Activities</b>	<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>				<b>Year 4</b>				<b>Year 5</b>



























## References

### Government of Swaziland

- "The Swaziland We Want": a development strategy for Swaziland promoting sustainable development and inclusive growth (2014)
- Swaziland National Disability Policy (DPMO, 2011)
- Swaziland Disability Profile (DPMO, 2011)
- A situation assessment of children and young persons with disabilities in Swaziland (DPMO, 2010)
- National Social Development Policy (DPMO, 2010)
- National Development Plan, 2009-12
- Department for Social Welfare (DSW) Strategic Plan, 2011-15
- Poverty Reduction Strategy and Action Program (PRSAP) Vol 1 & 2 (MOEDP, 2006)
- Education and Training Sector Policy (MOET, 2011)
- Draft Bill " THE PERSONS WITH DISABILITIES ACT, 2014"
- A baseline assessment report on the appropriateness and adequacy of HIV and Aids prevention, treatment, care and support interventions for people with disabilities in institutions of learning in Swaziland (MOH, 2013)
- 2012 MDG Report (Government of Swaziland, (2012)

### National and regional reports

- SINTAF Living conditions of PWD in Swaziland, Final Report, 2011
- SAFOD-CHESHIRE Disability policy audit in Namibia, Swaziland, Malawi and Mozambique: Research Final Report, 2008
- ILO, Decent Work Country Program Swaziland, 2010-2014, 2010
- WFP, Report Cost of Hunger in Swaziland, 2013
- UNICEF, Draft Report Child and Orphan Poverty in Swaziland, 2013
- UNESCO, Education, Employment and Barriers for PWD in Southern Africa, "Education for all global monitoring report", 2012
- Southern Africa Development Community (SADC) Charter of the Fundamental Social Rights, 2003

### International documents

- UN Convention of the Rights of Persons with Disabilities and optional protocol (CRPD), 2006
- UNICEF The State of the world's Children: Children with Disabilities, 2013
- WHO, WB World Report on Disability, 2011
- Handicap International, Good Practices for the economic inclusion of PWD in developing countries: Funding mechanisms for self-employment, 2006
- Council of Europe Disability Action Plan, 2005
- EC, Handicap International Mainstreaming Disability Education Projects, 2008
- BDW Journal for Disability and International Development, 2007
- EC, European Disability Strategy 2010-20, 2010