



**Convention on the Rights
of Persons with Disabilities**

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Committee on the Rights of Persons with Disabilities

**Initial report submitted by Eswatini under
article 35 of the Convention, due in 2014***

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* The present document is being issued without formal editing.



Abbreviations

CANGO	Coordinating Assembly of Non-Governmental
CBO	Community Based Organisations
CBR	Community-based rehabilitation
CPWA	Children’s Protection and Welfare Act, 2012
CSO	Central Statistics Office
DPMO	Deputy Prime Minister’s office
DPO	Disabled Persons Organisations
DSW	Department for Social Welfare
EMIS	Education Management and Information System
ENAD	Eswatini National Association of the Deaf
ENAPIP	Eswatini National Association of the Physically Impaired Persons
ENAVIP	Eswatini National Association for the Visually Impaired Persons
ENDPA	Eswatini National Disability Plan of Action
FODEWA	Federation of Organization of Persons with Disabilities in Eswatini
LMIC	Leadership and Management of Inclusive Education
MCIT	Ministry of Commerce, Industry and Trade
MEPD	Ministry of Economic Planning and Development
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOHUD	Ministry of Housing and Urban Development
MOLSS	Ministry of Labour and Social Security
MOSCY	Ministry of Sports, Culture and Youth Affairs
MPWT	Ministry of Public Works and Transport
MPWT	Ministry of Public Works and Transport
MTAD	Ministry of Tinkhundla Administration and Development
NDAC	National Disability Advisory Council
NDP	National Disability Policy
NDS	National Development Strategy
NDU	National Disability Unit
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-Governmental Organisation
PWD	Persons with disabilities
UNCEDAW	United Nations Convention on the Elimination of All forms of Discrimination against Women

UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VTRS	Vocational Training and Rehabilitation Services

I. First Section

Introduction

1. The Kingdom of Eswatini signed the Convention on the Rights of Persons with Disabilities (CRPD) in September 2007 and ratified it on 24 September 2012. By ratifying the Convention, the Government of Eswatini (the Government) explicitly made a commitment to ensure that the rights of Persons with Disabilities (PWD) are upheld, promoted and protected.

2. This report is the initial report which covers the developments made by the Kingdom of Eswatini in the realisation of the rights contained in the Convention.

Background

3. Prior to the ratification of this Convention, the Government had already established a Community Based Rehabilitation (CBR) Programme in 1989 under the Ministry of Health aligning disability issues with other Primary Health Programmes in the country. In 2009, the programme evolved to a Disability Unit located within the Deputy Prime Minister's office under the Department of Social Welfare to ensure political support in the mainstreaming of disability issues. The Unit is tasked with creating an enabling environment to ensure the promotion and protection of rights for persons with disabilities across Government by developing policies, regulations and strategies to address issues as well as welfare of PWD.

4. Eswatini is progressively addressing and redressing issues of PWD and has ensured an enabling environment through various legislative frameworks which include the Constitution of Eswatini Act No. 001/2005 ("the Constitution") and legislation that mainstream issues of disability in the country.

5. In 2005, Eswatini enacted a Constitution which is the Supreme law and provides for the respect, promotion, protection and fulfilment of all human rights and fundamental freedoms under Chapter 3 (Bill of Rights). The Constitution provides for an express provision on disabilities and list 'disability' as a ground for non-discrimination. In terms of Section 30, PWD have a right to respect and human dignity which the Government and society shall take appropriate measures to ensure that PWD realize their full mental and physical potential. Further, the Constitution obligates Parliament to make laws that ensure PWD realize their full mental and physical potential.¹

6. In 2018, Eswatini enacted the Persons with Disabilities Act 16 of 2018 (PWDA) to provide for the protection of rights and welfare of PWD and incidental matters. There are other pieces of legislation in place that promote and safeguard fundamental rights and freedoms for all that caters for PWD on equal basis with others. These include Sexual Offences and Domestic Violence Act No. 15 of 2018 (SODVA), Children's Protection and Welfare Act No. 06 of 2012 (CPWA); Employment Act No. 05 of 1980 (as amended) Industrial Relations Act No. 01 of 2000 (amended) amongst others.

7. Subsequent to the ratification of the CRPD, a National Disability Policy was developed in 2013 aimed at mainstreaming disability issues across all development programmes of Government. The Disability Policy sought to implement the provision of the Constitution and provide for the promotion, protection and ensuring full and equal enjoyment of all human rights and fundamental freedoms by all PWD in Eswatini. Further, it is aimed at ensuring Government's commitment to improving the livelihoods of PWD by putting measures that will warrant equal opportunities on social, economic and political spheres. This policy was a build-up to the enactment of the PWDA and the costed Eswatini National Disability Action Plan, 2018–2022 (DAP).

8. The DAP provides a systematic and structured framework for effectively addressing the needs and rights of PWD. It has seven main themes each targeting the achievement of

¹ Section 30(2).

specified result through the delivery of the range of activities which collectively impacts on all line ministries and local Government authorities. The seven main themes are:

- National Coordination and Mainstreaming Mechanism for Disability: to ensure effective promotion, empowerment, coordination, evaluation of the subsequent programme inputs and mainstreaming of the implementation of the strategic thematic areas of the DAP, CRPD and national policies and programmes for 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 their gender, or the nature or severity of their 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 Eswatini 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.

9. The DAP seeks to ensure that national policies and development programmes mainstream disability issues in all stages of planning, implementation and monitoring. This plan further aims to promote and protect the fundamental rights of PWD as well as ensure 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. The DAP has a monitoring and evaluation framework with clear indicators of achievement.

10. Further, Eswatini has made progress in developing other sector policies guiding the promotion, protection and enjoyment of human rights as well as improving the livelihoods of all Emaswati, including PWD. These include National Gender Policy 2010, Education and Training Sector Policy 2018, Health and Reproductive Rights and others. There are also strategies in place such as the Strategic Roadmap 2019–2023, the National Development Plan 2019–2022, the National Strategy and Action Plan to End Violence (2017–2022), and Eswatini National Financial Inclusion Strategy (2017–2022) amongst others.

11. The country has made strides in ensuring an enabling environment for the empowerment of PWD, however, resource constraints limit the full implementation of the DAP. Further, capacity of office bearers, issues of societal traditional stereotypes and attitudes towards PWD are other notable factors for non-implementation of critical actions to improve the quality of life for PWD.

12. The Government recognises other role players in the promotion and protection of fundamental rights and freedoms of the PWD as well as in improving their livelihoods. These include the Organisations of Persons with Disabilities (OPD), Development Partners, Private Sector, Civil Society Organisations as well as the Commission on Human Rights and Public Administration (CHRPA).

Population Census

13. The Population and Housing Census 2017 indicates that there are of 146 554 PWD in the Kingdom, representing 13 % of the population. These are categories of PWD who have difficulty or limitations in seeing, hearing, speaking, walking/climbing, remembering/concentrating, self-care. 3% are not able to perform the basic functions i.e. completely disabled.

14. The Census further indicates that 16 % females have difficulty compared 11 % of males. Rural population have a high percentage of people with disability at 15.1 % compared to 8 % from urban population.

15. The age profiling indicates that the highest percentage of difficulties are observed among adults aged above 80 years at 9.1% of the population. The age group between 45–79 on average 7%, age group of 20–49 on average of 5% and 5–19 age group on average of 6%.

16. The prevalence of sight disability is the highest (32.6%) followed by walking disability (26.5%), hearing (15%), cognition (12%), self-care (9.1%) and lastly communication disability (4.7%). The causes of disability are 15% prenatal, 51% due to injury, 9.6% illness, and 1.3% from domestic violence.

17. The Government and other stakeholders have realised the significance of collecting data on Persons with Albinism (PWA) for budgeting, planning and programming, hence were included for the first time in the 2017 Population and Housing Census. There are 7332 PWA which represents 0.7 % of the whole population. Females account for 51% and 49% of males.

18. The Government remains committed to the full implementation of its obligations under the CRPD and will continue to provide support, implement and develop relevant policies to ensure that the rights of PWD are fully promoted respected and upheld.

Methodology

19. This report has been prepared in accordance with Article 35 of the Convention for submission to the Committee on the Rights of Person with Disabilities as part of monitoring the implementation of the CRPD by State Parties.

20. The drafting of this report commenced by convening a series of workshops by the Deputy Prime Minister's Office (DPMO), capacitating Senior Government Officials from all Ministries on reporting on their sector specific interventions in promoting, empowering and mainstreaming disability issues in policies, programmes as well as services offered by the Government entities. Further, highlighting challenges faced in the implementation of the interventions in line with the CRPD.

21. In 2017, the DPMO and the Ministry of Justice and Constitutional Affairs, in collaboration with the United Nations Office of the High Commissioner for Human Rights (OHCHR) Regional Office for Southern Africa Treaty Body Capacity Building Programme conducted a capacity building exercise on drafting country report under the CRPD. This workshop was attended by representatives from all Government Ministries; municipalities, Civil Society Organisations, OPD and the Commission on Human Rights and Public Administration (CHRPA).

22. In preparation of this report, a communique requesting information on the implementation of the CRPD Convention was sent to various Government Ministries/duty bearers in 2018. The Ministries were further made aware that Eswatini was preparing the CRPD report. However, there were delays experienced in drafting of the report due to the lack of a mechanism to coordinate treaty body reporting in the country. In 2019 the Government established the National Mechanism for Reporting and Follow-Up (NMRF) which started working on the preparation of reports including CRPD report.

23. On 7–10 September 2021, the NMRF Secretariat compiled a first draft of the State report using the information provided by the duty bearers. On 27 January 2022, the NMRF Secretariat conducted a consultative meeting attended by representatives from the NMRF Committee. Subsequently, a stakeholder consultation and validation session was conducted

on 08 and 09 March 2022, attended by government ministries and departments, Commission on Human Rights and Public Administration, OPD and Civil Society Organisations. The state report was then submitted to Cabinet and thereafter to the OHCHR.

II. State's alignment with the general provisions of the CRPD as outlined in

Articles 1–4

Definition of Disability

24. In Eswatini's context, disability is defined as any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and/or everyday functioning.² The PWDA defines "disability" as a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder ones full and effective participation in society on an equal basis with others.³

25. The 2017 Population and Housing Census defines disability as a difficulty in one or all of the following areas; seeing, hearing, speaking, walking/climbing, remembering/concentrating and self-care. It may be present from birth or develop during a person's lifetime.⁴ Information on disability assists the Government in planning infrastructure, education systems and community awareness programs.

26. National Social Development Policy 2010, articulates that Persons With Disabilities are those that have a physical or mental impairment that limits their ability to participate optimally in the social and economic functioning of their own lives, that of their family and the broader society. This impairment renders them vulnerable to poverty, abuse, neglect and to other social challenges, and it is therefore critical that they receive support to enable them to function optimally in society.

27. The Disability Policy 2013 states that "disability (ies) 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 a 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.

28. The PWDA provides for the determination of disability status in line with the human rights approach to disability. However, the Act has not been fully operationalized in so far as establishing the institutions such as office of the Registrar of PWD and the National Disability Advisory Council, hence the issuance of the disability certificates and cards has not been executed.

Derogatory terminology and language:

29. Eswatini is working towards the elimination of derogatory terminology and language concerning PWD from legislations that predate the Constitution. To this end, the Government is currently reviewing Mental Health Order 1978⁵ to align the terms and language used with the CRPD among other initiatives. The Government continues to raise awareness on the use of appropriate language in referring to and engaging with PWD, fully respectful of the human rights and their dignity.

² DAP, paragraph 1.1.

³ Section 2. See also Eswatini National Disability Policy 2013, page 7.

⁴ n 2 above.

⁵ The Mental Health Bill has been developed and is currently in the final stages of being enacted.

Implementation of the General Principles and Obligations

30. The Constitution guarantees the right to full and equal participation for all citizens including PWD. It guarantees the protection of the inherent dignity of all its citizens through equal access to opportunities, accessibility and reasonable accommodations. It provides for the right to equality and freedom from discrimination.

31. The Government in collaboration with CSO, OPD continues to educate the public and raise awareness on the rights of PWD and promote the principles embodied in the CRPD. Further, Government embraces the United Nations Sustainable Development Goals (SDGs) which mainstream issues of disability.

32. To effectively implement and achieve SDGs the following policies and programmes have been developed:

- Eswatini National Development Plan (ENDP) of 2018–2022; focuses on the development of human potential as an essential for progress across all the key sectors of the economy. Sectoral outcomes include a section on *Youth and Other Vulnerable Groups (including Persons with Disabilities) Empowered with Adequate Skills and Opportunities*. The strategic intervention focuses on providing well-targeted social safety nets for vulnerable people to elevate them towards self-sustenance and has interventions such as: access to Land and resources/inputs for young women and PWD.
- Strategy for Sustainable Development and Inclusive Growth (SSDIG) 2030; It has a component that focuses on Persons with Special Needs. This component integrates Persons with Special needs into mainstream community activities and provides infrastructure for rehabilitation. Institutions catering for PWD (e.g. schools for the Visually Impaired Persons, deaf and vocational training) must be expanded to cater for the existing and expected demand. It further guides that public infrastructure is in such a way that it is easily accessible to Persons with Special needs. It further creates institutional and policy mechanisms through which Persons with Special needs can be rehabilitated and integrated effectively with the rest of society. In addition it guides towards a development of a multi-sectoral strategy to raise awareness on how to prevent the various forms of disabilities.

33. Eswatini has put in place institutional frameworks that will help improve its human rights record. The institutions include the Commission on Human Rights and Public Administration (CHRPA) responsible for the protection and promotion of human rights and doubles as an Integrity Commission; The Election and Boundaries Commission responsible for the free and fair conduct of elections; The Land Management Board responsible for the overall management and regulation of any right or interest in the land. There is also an active civil society that continues to make contributions to the promotion and protection of human rights.

34. The Government is implementing new technologies to assist PWD in cities by providing pedestrian information and communication systems which use auditory guidance to assist visually impaired pedestrians. Furthermore, the Government is also implementing elevator assistive technology to assist visually impaired as well as the deaf community to move around safely. The Government has also procured a paratransit bus to transport students with disabilities to and from their training centres.

35. The Government works with the relevant OPD to inform them about mobility aids, devices and assistive technologies, including new technologies and software applications, and other forms of assistance, support services and facilities. Furthermore, there are media platforms where information to PWD is disseminated.

36. Professionals and staff working with PWD are capacitated (through trainings) with special skills to engage with them on the rights recognised in the convention.

37. The Costed DAP with clear benchmarks, baselines and indicators is being implemented to advance the disability mainstreaming agenda. In collaboration with partners the Government has undertaken a situational analysis on the status of persons with disabilities in Eswatini (2020/21) to inform a rights-based programme of Action which will be

implemented collaboratively with civil society organisations as well as organisations for persons with disabilities.

38. Government has undertaken dissemination workshops on the Convention to Government sector ministries, private sector as well as civil society organisations. The UNCRPD has also been translated into braille and is available in all information resource centres of the country (national libraries).

III. Progress on the implementation of specific CRPD provisions

Article 5 Equality and non-discrimination

39. The underlying principle of the Bill of Rights (chapter 3) of the Constitution is equality and non-discrimination captured in Section 20. The section provides for equality before and under the law, emphasizing that a person shall not be discriminated on the grounds of sex, race, disability.... In terms of the Constitution discrimination means to give different treatment to different persons attributable only or mainly to their respective descriptions by gender, race, colour, ethnic origin, birth, tribe, creed or religion, or social or economic standing, political opinion, age or disability. The Constitution explicitly prohibit Parliament from enacting law that is discriminatory either of itself or in its effect. Similarly, Section 32 of the Constitution provides for equal pay for equal work without discrimination.

40. Section 20 (2) of the Constitution explicitly prohibits discrimination on the basis of disability across all sectors and areas of life. In addition, Section 30 affirms the rights of PWD to respect and human dignity which obligates the Government and society to take appropriate measures to ensure that those persons realise their full mental and physical potential.

41. Policies that safeguard the right to equality and non-discrimination include:

- The National Development Strategy (NDS) advocates for the enactment of policy and legislation to ensure equal opportunities for Persons with Disabilities.
- The National Education and Training Sector Policy (NETSP) 2018 promotes inclusive education for all learners regardless of their gender, disability.
- The National Disability Policy 2013 seeks to ensure that PWD have equal opportunities to participate freely as equal partners in society and be empowered to realize their full potential in all spheres of life without discrimination.
- The National Social Development Policy 2010 is aimed at the provision of integrated, comprehensive and equitable social development services, without discrimination and on equal basis in partnership with key stakeholders to improve the quality of the life of Eswatini Nation particularly the most vulnerable members.
- The National Children's Policy 2009 and The National Youth Policy 2020 both allude to the rights and recognition of PWD.

42. The Government in collaboration with OPDs ensure that appropriate dissemination and awareness-raising about anti-discrimination programmes through advocacy and awareness-raising campaigns on combating stigma, prejudices and harmful practices through public engagements, media programmes as well as availing anti-discrimination frameworks in national resource centres in braille and other accessible formats.

43. There are measures adopted to prevent, investigate and sanction all forms of discrimination against PWD which include referral of complaints to the CHRPA for investigations and redress.

44. Several capacity building exercises and sensitisations campaigns have been undertaken since 2018 on the anti-discriminatory frameworks, investigation, effective remedies for victims targeting professionals such as the CHRPA, Law enforcement agencies amongst others. Between 2019 – July 2022 the CHRPA received 8 cases pertaining to

discrimination, where 3 cases on access to employment, 1 case on access to public spaces and 4 cases on access to education.

45. Abortion is criminalised in Eswatini in terms of Section 15 (5) of the Constitution, save for instances where a medical doctor certifies that continued pregnancy endangers the life of either the parent or the child or where the pregnancy occurred as a result of rape. Currently, there are no guidelines that set time limits outlining instances in which the permissible grounds of abortion can be carried out. However, the Ministry of health is in the process of finalising standard operation procedures for medical practitioners on the legal termination of pregnancy.

Challenges

46. The country has made progress in many of its initiatives with regard to equal protection and enjoyment of all rights by PWD, however, there still exist some weaknesses which can be highlighted as follows:

- The National Disability Unit, within the Department of Social Welfare, responsible for the coordination and interventions for PWD is significantly under resourced with only one experienced National Disability Programme Manager, a nurse recently joined the unit, two sign language interpreters, two support staff. As a result the unit has limited capacity to coordinate and oversee the implementation of the plan. As a mitigating measure, Social Welfare Officers are assigned some of the responsibilities of Disability Unit. However, the PWDA advocates for the need to establish a National Disability Advisory Council, disability Secretariat, office of the registration of persons with disabilities and establishes a national disability fund in order to realize a proper coordination and mainstreaming mechanism for disability at Eswatini.
- Monitoring the impact of disability programmes such as advocacy, the low progress on the implementation of the Act.
- Lack of information management system.

Article 6

Women with disabilities

47. The Eswatini established a Gender Coordination Unit in 1997 for purposes of coordinating all gender-related activities in the country. In 2014, this unit was converted into a Department of Gender and Family Issues (DGFI) and is currently located in the DPMO. Its main mandate is to mainstream gender into all Government policies, programmes and activities.

48. A number of initiatives have been undertaken by this department in a bid to execute its mandate. As a result, capacity building initiatives have been conducted for Government Planning officers who were trained in Gender Responsive Planning and Budgeting, and these are deployed in all government ministries. This training considered the principle of gender mainstreaming in National planning and budgeting. To this end women and girls with disabilities were catered for.

49. In line with the National Gender Policy 2010, the Government established Gender Focal Points across all Government departments. The focal points are aimed at providing a link between their Ministries and the DGFI. One of the key responsibilities of the focal points is to guide sector ministries for the mainstreaming of gender, this is still work in progress. The DGFI ensures that gender and disability perspectives are included in legislation and policies, in all areas of life and in spheres.

50. Eswatini enacted the SODVA, this Act prevents and protect all persons from harm and from other sexual acts and acts of domestic violence. Section 44 contains specific provisions on offences involving persons who are physically and or mentally disabled. More protection is afforded to PWD through the following sections 3 (6) (d) from being sexually violated; Section 31 (1) being used for pornographic purposes; Section 32 being used for pornographic trade; Section 55 (2) provides an exception for admission of hearsay evidence

where the victim is PWD and Section 57 register of sexual offenders is kept to mainly protect children and PWD.

51. The National Disability Policy 2013 as well as the National Gender Policy 2010 articulates the strategic areas of focus and sector for effective gender and disability mainstreaming across all sectors of development. Gender inequality affects all women across the spectrum however, women with disabilities have been identified in these policies as most vulnerable.

52. Through the DGFI, Government continues to raise awareness at all levels in society, including at the family level, on the rights of PWD and to combat stigma, stereotypes, prejudices and harmful practices related to PWD, including those based on age and gender, in all areas of life. The Department continues to carry out media advocacy programmes on national radio and television to promote programmes available nationally for women and girls with disabilities.

53. The 2017 Eswatini Population and Housing Census indicates that the females with disability proportion in Eswatini population stands at 15.5% compared to their male counterparts at 11.2%. The data further reveals that majority of the disabled population are found in the rural parts of Eswatini with 17.4% of female disabled population residing in rural areas compared to 12.6% male disabled population residing same. 28% of the disabled population is unemployed, whilst 51.7% of this population has primary certificate as the highest qualification attained, indicating a huge gap in access to education.

54. The DGFI launched the 50 Million African Women Speak Platform. This is a digital platform that enables women entrepreneurs to market their products, engage in peer to peer learning, and allows the exchange of information. The department has also ensured the participation of women in this program. Furthermore, trainings that are aimed at sensitizing and orienting women entrepreneurship are ongoing and these trainings also ensures the participation of women with disabilities.

55. The Department facilitated the establishment of the Federation of Women in Business in Eastern and Southern Africa-Eswatini Chapter (FEMCOM) currently known as the COMESA Federation of National Associations of Women in Business (COMFWB). This is a regional (COMESA) initiative which promotes women's economic empowerment. Women entrepreneurs with disabilities benefit from this initiative as they receive trainings on businesses as well as available business opportunities. To this end around 35 women entrepreneurs with disabilities continue to benefit from this initiative.

56. Eswatini participates in international trade fairs and ensures that ten percent of the products exhibited are those produced by women including women with disabilities.

57. The Government has developed National Shelter Guidelines for Survivors of Gender Based Violence. These guidelines provide a guiding and operational instrument for the establishment and management of shelters. It emphasizes the need to provide non-discriminatory services to all including PWD and prescribes those facilities be accessible.

58. The DGFI in collaboration with the Ministry of Education and Training undertook an exercise to mainstream gender concerns into the National Education and Training Sector Improvement Programme (NETIP) 2018/19–2020/2021. This exercise ensured that the concerns of young women and girls including those with disabilities in the education sector are integrated into the plan.

59. The country has not yet put in place any Affirmative Action aimed at preventing multiple intersecting forms of discrimination for women and girls with disabilities. However, women with disabilities are not precluded to benefit from initiatives established to empower women. the Election of Women Members into the House of Assembly Act, 2018. This Act was enacted to enhance representation of women in Parliament as enshrined in the Constitution.⁶

60. In 2018, the Government developed a vote for woman advocacy strategy with the aim of encouraging and sensitising the public on voting women during the elections. This strategy

⁶ Section 86 and 95.

ensured that it advocates for the voting of women with disabilities into Parliament. Furthermore, the Government introduced *Embili kanye kanye TV*⁷ programme” (which means Going forward together) to increase advocacy on voting for women including those with disabilities were voted into Parliament.

61. In 2021, the DGFI developed gender responsive electoral guidelines. These guidelines provide the Elections and Boundaries Commission (EBC) as the national Elections Management Body (EMB) and other relevant key stakeholders involved in the organisation and management of elections with a resource to develop an integrated approach of gender in electoral administration. These guidelines also emphasise on the inclusion and ensuring the provision of a conducive policy environment and programmes for women with disabilities during electoral process. These guidelines are yet to be implemented at national level.

Challenges

62. Actions and initiatives to promote the rights of persons with disabilities and disability inclusive development, often do not give adequate attention to the gender gap in disability. Some examples of factors contributing to the existing gender gap in disability for Eswatini include:

- Invisibility of women and girls with disabilities in the programme on women, disability rights and development.
- Double discrimination faced by women and girls with disabilities often compounded by other factors such as being minorities, indigenous people, refugees, persons living with HIV and AIDS and older people.
- Lack of empowerment and capacity development of women and girls with disabilities, including in leadership and their participation in the decision making in political, economic and social spheres.
- Women and girls with disabilities experience higher rates of gender-based violence; sexual abuse, physical abuse, emotional/psychological abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Whilst we have from local Studies⁸ that 1 in 3 females in Eswatini experience sexual violence before they turn 18 years old, women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women.
- Low representation of women with disabilities in decision making structures as well as in Politics.
- Limited research around issues of persons with disabilities (especially women and girls with disabilities) to inform cutting edge programming and transformative approaches to narrow the gap between disability and gender mainstreaming.

Article 7

Children with disabilities

63. Eswatini has a National Children Services Department (NCSD) under the DPMO that is responsible for the coordination of children’s issues. The department oversees the implementation of a National Plan of Action for Children⁹ with disability being a key thematic area.

64. The Government recognises and protects the right of children to survive and develop to their full potential through, inter alia, its maternal, child health, and early childhood development (ECD) policies and programmes.

65. The Government prioritizes needs of the children including those with disabilities by allocating budget for programmes that focus on their survival and development, which cut

⁷ Going forward together.

⁸ Swaziland Study on violence against women and girls, 2007, UNICEF.

⁹ Current a New National Plan of Action for Children is being developed.

across all sectors like health, justice, social advancement and education. These programmes target children at family and community level.

66. The health sector provides programmes that ensure survival and development of all children including children with disabilities.

Antenatal, maternity and post-natal programme

67. The Government provides free antenatal care programme in hospitals and clinics in the country. Antenatal care is almost universally available in Eswatini with 98% of pregnant women attending these services at least once a month. The rate of childbirths attended by skilled personnel in the country is also high, with 82% of women delivering in health facilities.

Expanded Programme on Immunisation (EPI)

68. All children are provided with an expanded programme of immunisations which covers the full range of preventable childhood illnesses. In 2014, 75 per cent of children were receiving the full schedule of vaccinations provided through the EPI programme. The Government is in a process to introduce the vaccine for cervical cancer for children below the age of 9, subject to the availability of funds.¹⁰

Early identification and detection

69. For comprehensive programmes on early identification and detection please refer to article 25.

Integrated Management of Childhood Illnesses (IMCI)

70. This programme is responsible for training health care workers to be child-friendly and capacitate them to deal with common child illnesses. The programme responds to all childhood illnesses paying particular attention to those with lead causes to child mortality and morbidity.

Special Health Days

71. Child health days are selected annually to accelerate immunisation coverage. These are followed up by integrated campaigns every three years to reduce the pool of susceptible children. The integrated campaigns make use of media and awareness raising campaigns and provide integrated services such as immunisation and deworming.

HIV and AIDS

72. The Government has successfully implemented PMTCT and ART programme which has significantly reduced the transmission of HIV from mothers to their infants to less than 2 per cent, and increased the life expectancy of people infected with HIV.¹¹

Food and nutritional support

73. MOH is the lead ministry for the promotion of the nutritional wellbeing of the general population, including children. Stunting prevalence among children has decreased. Moderate and Severe stunting, from 29 to 25.5 per cent, and the latter from 10 to 7.2 per cent between 2007 and 2014. Despite these decreases, the rates remain of grave concern to the country and measures, notably those promoting breast feeding, have been implemented to reverse the situation.

74. A number of interventions have been implemented to ensure that services reach especially marginalised communities and these include:

¹⁰ Interview, Ministry of Health, EPI Manager. Mbabane.

¹¹ Health Management Information Systems (HMIC), Ministry of Health 2020.

- Outreach services: The MOH provides outreach services through community-based mobile services on a monthly basis. A full suite of promotive and preventative services are offered through the mobile facility.¹²
- School health programme: School health services, including deworming and nutritional support are provided for children aged 6 years and older. Various rehabilitation services are provided ranging from speech and hearing, audiology, occupational therapy, physiotherapy, eye health, sun protection skin program for Children with Albinism amongst others.

75. The Constitution provides for rights of children to be properly cared for and brought up by parents or lawful authority in place of parents.¹³ The rights of the children with disabilities are further enshrined in different pieces of legislations and policies. The CPWA which is a comprehensive legislation in addressing welfare and protection of children provides for prevention of abandonment, neglect and institutionalization of children with disabilities. It further categorizes these children who are in need of care and protection. Further Section 43 of the PWDA makes it a criminal offence to neglect or abandon a child with disabilities.

76. The DSW intervenes on cases of child abandonment or neglect by facilitating alternative care and safety interventions. Currently the country does not have designated places of safety for children with disabilities instead alternative care systems are used.

77. The DSW is mandated to monitor the welfare of all children including children with disabilities. There are National Guidelines on Alternative Care which put institutionalization of children as a last resort. The Guidelines provide for different forms of Alternative Care of children within family set up and communities.

78. The removal and placement of children to places of safety comes as a last resort. There are instances where it is difficult or impossible to retain them within family or community set up, hence a need to place them in residential care facilities. The country does not have designated residential facilities for children with disabilities, however a facility has been constructed to accommodate persons with disability in Mankayane, Manzini Region.

79. The Government in partnership with CSO, Faith Based Organisations (FBO) frequently convene awareness raising campaigns in different settings, that is; communities, schools, church, media platforms on the rights of persons with disabilities. The advocacy campaigns also discourage parents and guardians from hiding children with disabilities as it hinders them to access early intervention and rehabilitation on such cases.

80. Eswatini recognises that much efforts are needed to ensure that awareness raising campaigns are conducted regularly on the rights of children with disabilities. Nevertheless, the Government recognises efforts made by Development partners and CSO. For instance, in 2017, UNICEF supported a capacity building pilot intervention for 26 parents of children with hearing impairment on Swazi sign language, aimed at addressing communication barriers and improving parental involvement in children's learning.

81. The principle of non-discrimination and equality is applied in the public and private sectors to ensure that children with disabilities have access to community-based programmes and services. However, there are limitations when it comes to education due to capacity gaps.

82. The concept of the best interest of the child is the underlying principle of the CPWA. The Act further direct all institutions and agencies dealing with issues affecting children to give due consideration to the best interest of the child.

83. The CPWA is given prominence in instances where there is anything to the contrary or less protective or less promotive in any law to the attainment of the principle of the best interest of the child.¹⁴

¹² Interview: Ministry of Health, EPI manager. Mbabane.

¹³ Section 29(3).

¹⁴ Section 3 (4).

84. The Constitution¹⁵ guarantees the freedom of expression to all categories of people of Eswatini. Further the CPWA¹⁶ comprehensively provides for the right of the children to express their opinion freely and to have that opinion taken into account in any matter or procedure affecting them.

85. There are platforms where children with disabilities can effectively express their views on all issues affecting them; such as the Association of Parents of Children with disabilities, Youth wing under the Association of Persons with Disabilities. On issues and policies affecting the welfare and livelihoods of children with disabilities, the OPD focusing on children are invited to participate in decision making process concerning them. Furthermore, the Government is in a process of developing a Child Participation strategy.

Challenges

86. The representation and participation of children with disabilities in decision making structures, politics in all level still remains low.

87. Information management system for children with disabilities has not yet been developed.

88. Therapeutic services rendered by Health Department is only available in the major cities and not in the rural areas.

Article 8

Awareness raising

89. As a measure to improve public awareness campaigns and strategies, The DAP has one of its thematic areas which address issues of advocacy and awareness raising. It emphasises that awareness programmes on disability in all levels of society should be adequately developed and undertaken.

90. There are a number of activities carried out annually to increase awareness and advocate for issues pertaining to PWD and these include amongst others the following:

- Commemoration of International Day of PWD;
- Commemoration of World Deaf Week;
- World Sign Language Day;
- Commemoration of World Albinism Day;
- White cane day;
- World braille day;
- World Sight Day;
- World awareness autism day;
- Mental Health Day;
- International Epilepsy Day.

91. The DPMO hosts a disability awareness week for purposes of creating a positive disability platform to look back, take stock and celebrate progress achieved by the country towards the promotion, empowerment and mainstreaming of disability policies, programmes and services undertaken across all Government sector ministries, in full collaboration with OPD.

92. It provides a platform where PWD showcase their talents through exhibition of their work and talents. Further, it provides a platform for local media to tell the story of PWD, their challenges, achievements, contributions and their victories towards their significant contributions in the socio-economic development of the country. These activities are

¹⁵ Section 24.

¹⁶ Section 12.

undertaken through publications in accessible formats throughout the awareness week in media channels that culminates towards the celebration and observation of the disability day.

93. In 2016 the Government in collaboration with Association of Persons with Albinism undertook community Dialogues, to sensitize communities on issues of albinism, including sensitizing traditional healers to combat the stereotype behaviours of negative attitudes towards Persons with Albinism (PWA).

94. The dialogues were undertaken in the following Constituencies: Nkhaba, Madlangamphisi and Ntfonjeni Tinkhundla in the Hhohho Region, Mankayane, Ngwemphisi and Ekukhanyeni in the Manzini Region, Lugongolweni, Sithobela and Lomahasha in the Lubombo Region, Shiselweini 1, Hosea and Nkwene in the Shiselweni Region, respectively. About 500 people attended the dialogues in each Inkhundla.

95. The Government and partners develop and disseminate educational materials (booklets) in collaboration with the Skin Department in the Mbabane Government Hospital and through social workers. These booklets contain information that explains what Albinism is, its etiology as a chromosomal condition, how best PWA could protect their skin and eyes from the harsh ultra violet light, what communities, society need to do to promote social integration of PWA in communities where they live, when and where to seek medical and social help.

96. Disability dialogues were undertaken during the course of 2016–2019 by the Government in collaboration with Federation of Organizations of Persons With Disabilities (FODSWA) in the country in the following constituencies: Mayiwane, Timphisini, Mhlangatane, Madlangamphisi, Mkhiweni, Kukhanyeni, Manzini North, Zombodze Emuva, Maseyisini, Shiselweni 1 and Shiselweni 11 where community members attended and participated. The dialogues were mainly targeted to sensitizing Communities about disability issues to change the negative attitudes that could be prevailing.

97. Ase lulame (Let us heal) Radio program is conducted by PWD at the Eswatini Broadcasting Information Services. This radio programme is conducted once a week, runs for 15 minutes and covers different thematic issues about disabilities.

98. PWD and their respective organizations to a great extent are involved during the planning, designing and implementations of the disability campaigns where all relevant stakeholders including OPD, Government Sector Ministries, Civil Society, NGO's and the private sector.

Challenges

99. Limited resources still pose as a challenge in the course of extensively undertaking advocacy and awareness raising programmes on disability in the country.

100. Printing of materials for PWD in accessible formats and languages still has not been adequately realised.

Article 9 Accessibility

101. The PWDA has a provision that ensures access to public facilities, amenities and services and buildings.¹⁷

102. Eswatini does not have a regulatory legal framework that is used universally to govern access and design, although the country relies on the building regulations based on British Standard (BS) and the South African Bureau Standards (SABS).

103. The country is in the process of reviewing the Building and Housing Act of 1968 together with Building Regulations, to this end a National Building Regulations of 2018 have been enacted. Section 72 of the National Building Regulations states that any building should have access points for the PWD in order to meet standards for approval. Part X

¹⁷ Section 31 and 32.

(Sections 116–226) in the Regulations deals with facilities for PWD. The Regulations have provisions such as parking facilities and access for PWD. Local authorities are to ensure that new building plan applications provide for the requirements of PWD including physical accessibility (ramps and elevators) in all public buildings.

104. In the past, there has been inadequate compliance with building regulations, due to amongst other things, the lack of technical expertise and the lack of the regulatory framework which accredits Auditors and Advisors on accessibility and also on monitoring and enforcement capacity.

105. In recent years Government has prioritised revamping of public infrastructure to meet the diverse needs of PWD. All planning for public infrastructure takes into account the needs of PWD and all new road projects in the Municipalities are required to have accessible pavements that are suitable for PWD. The Municipality of Mbabane and Manzini has installed guide blocks in all its roads within the Central Business District.

Accessible transport

106. The Government acknowledges the need to ensure that PWD have access to transport facilities. The PWDA declares that PWD have a right to access and use transport facilities, amenities and services open or provided to the public on equal basis with others. It further obligates the Government and providers of transport facilities, amenities and services to give appropriate consideration and take necessary measures to ensure that such facilities, amenities and services conform to universal design in order to facilitate access and use by PWD.¹⁸

107. Government procured a paratransit bus to transport PWD. The bus is utilized mainly by the students with disabilities who attend vocational training programs. It is also used to transport PWD when participating in national cultural activities.

Access to information, communication and technology

108. Section 36 PWDA guarantees the right to access information, communication and technology of PWD on equal basis with others. The Government has over the years ensured that legislative frameworks of national importance are printed into braille formats and disseminated to the Visually Impaired Persons, stored in the National Libraries, for ease of access to Visually Impaired Persons needing to access them. These include the CRPD, the Constitution, National Disability Policy, DAP.

109. The Government procured a braille equipment jaws package and printer in March 2019. This equipment is stationed at the Mbabane National Library for ease of access by Visually Impaired Persons.

110. The Eswatini Bible Society has made available bibles in accessible formats for PWD such as brailed, audio bibles, Sign Language, Large print bibles have been distributed to PWD.

111. The Government, through the Eswatini Television Broadcasting Services has made a provision of Sign Language Interpretation services for the news broadcast, court and live national events.

112. The DPMO in collaboration with the Association of the Deaf has conducted capacity development for Civil Servants across Government Sector Ministries on Sign Language Proficiency skills for effective communication with the Deaf Community, during service delivery, at the Service centres.

Challenges

113. Accessibility to old public structures continues to be a challenge. To mitigate this challenge government and private sector conducts audits on these structures and to this end

¹⁸ Section 32 of PWDA.

a number of public and private structures have been renovated to comply with the universal design principle.

114. Lack of legislation that support universal designs that would regulate infrastructure and road designs.

115. Lack of a well-structured on going in-service training for Civil Servants (those working in the service provision points), together with succession training plan to ensure the availability of a pool of Civil Servants trained in Sign Language and disability mainstreaming issues.

116. Lack of accreditation systems for Sign Language proficiency training skills.

117. Lack of an approved Eswatini Sign Language Dictionary.

118. Lack of financial resources to sustain trainings of Sign Language, braille proficiency and disability mainstreaming programmes for Civil Servants and also ensuring that there is always a succession training plan in place and refresher in-service training programmes.

119. Public transport in the Kingdom of Eswatini is privately owned and the operators do not meet the standards such as providing paratransit buses.

120. The Braille machine facility is only available in the country's two main cities (Manzini, Mbabane).

Article 10

Right to life

121. Eswatini recognises and protects the right to life and survival of PWD on an equal basis with others. Section 15 of the Constitution protects every person's right not to be arbitrarily deprived life, including PWD. The principles of non-discrimination and equality are also applied when giving effect to the right to life of PWD.

122. The Government prioritises investigation of cases of violence against PWD especially girls and women as well as Persons with Albinism (PWA). Through the collaboration between Police, Disability Unit and relevant stakeholders, PWA are placed in places of safety if there are imminent threats to their life. All Police Stations are required to keep a record of PWA living within their territorial jurisdiction to ensure their protection. Where murders or disappearances of PWA occur, task teams are established which collaborate with Interpol to investigate these cases as most of them are transnational.

123. The general principles of criminal and statutory law apply with same effect in cases of harmful practices such as ritual killings, "mercy killings", mutilations, trafficking of organs and body parts, infanticide, or premeditated killing of PWD. On sentencing, the Court considers crimes committed against PWD as aggravated, in particular if there is proof that the victim lived with disabilities.

124. Eswatini has developed a National Early Identification and Intervention Strategy for Children with Disabilities which is aimed at ensuring children with disabilities are identified early in order to ensure access to required services for optimization of development and growth. Further interventions on early identification are comprehensively discussed under article 26 of this report.

125. The PWDA imposes stiff penalties for individual that engage on practices that infringe on the right to life of persons with disabilities, such as: the neglect, abandonment, concealment, destitution and life-threatening starvation of persons with disabilities, particularly children and adults with disabilities still living in institutions.¹⁹

126. In Eswatini's health institutions, as a standard operation procedure, all people including PWD are required to give their free and informed consent decisions regarding medical treatment in life-threatening situations. Furthermore, in situations where the PWD is

¹⁹ Section 43.

incapable of giving such consent, their parent/guardian/next of kin is required to do so on their behalf.

Article 11

Situations of risk and humanitarian emergencies

127. The Government established a National Disaster Management Department under the DPMO responsible for developing legislative and policy framework relating to management of disasters. The Department further, oversees the implementation of these policies and works in conjunction with the National Disaster Management Agency (NDMA), Non-Government Organisations (including OPD) and other development partners whose mandate is to prevent and substantially reduce the impact of disasters by promoting an integrated and coordinated system of disaster management focused on decreasing vulnerability, increasing preparedness and mitigation capacity.

128. The NDMA is statutory entity mandated to complement the Department and coordinate all initiatives related to disasters, situations of risk and humanitarian emergencies. Through the NDMA, the country implements a national Multihazard Contingency Plan, which has multiple areas of focus/clusters including Social Protection whose objective is to design, plan and implement strategies to provide protection to all survivors, property including vulnerable groups (e.g. children, OVCs, women, elderly and people living with disability (PLWD) from exploitation, violence, abuse and neglect resulting from an emergency situation.

129. Through the NDMA, Eswatini implements a national Multihazard Contingency Plan 2019, which has multiple areas of focus/clusters including Social Protection whose objective is to design, plan and implement strategies providing protection to all survivors including vulnerable groups such as children, Orphans Vulnerable Children (OVC), women, elderly and PWD from exploitation, violence, abuse and neglect resulting from an emergency situation.

130. Mass media platforms are utilised to provide information on disaster risk and humanitarian emergencies as well as early warning systems to PWD. Due to capacity limitations the whole population of PWD are not adequately reached.

131. NDMA through the Social protection cluster coordinates response programmes and activities targeting the vulnerable populations including PWD in the event of situations of risk or humanitarian emergencies as guided by the Multihazard Contingency Plan. These services include psychosocial support service, protection from violence/exploitation and provision of assistive devices.

132. The NDMA is responsible for the post-emergency rehabilitation, resettlement, reconstruction and rebuilding processes based on risk assessments inclusive and accessible to PWD to ensure that they are afforded appropriate and reasonable accommodation.

Challenges

133. Eswatini's systems still lack comprehensive mechanisms to coordinate and advocate interventions for persons with disabilities. The interventions are not tailored to specifically cater for PWD.

134. The PWD still remain under represented in the coordination and planning structures to design, plan and implement strategies relating to disaster risk reduction, currently happens on an ad-hoc basis.

Article 12

Equal recognition before the law

135. Section 20 of the Constitution provides for every individual the right to equality before and under the law and the right to equal benefit of the law without discrimination on a

non-exhaustive list of prohibited grounds. Notably, it explicitly prohibits discrimination on the grounds of disability in accordance with Article 5 (2) of the CRPD.

136. The principle of non-discrimination and equality as guaranteed in Section 20 of the Constitution underpins various laws, policies, strategies, plans, projects, and actions implemented by the Government. This includes:

- The Employment Act 1980, which seeks to ensure that PWD achieve equalization in employment through the prohibition of discrimination in the workplace.²⁰
- The CPWA ensures that all children, especially those made additionally vulnerable by their circumstances, enjoy equal protection of the law and are not, either in law or as a matter of practice, discriminated against.²¹

137. The country acknowledges the need to repeal the Mental Health Order to narrow down the definition of mental illness.

138. Policies that recognize the full legal capacity of PWD on an equal basis with others are the same as those discussed in article 5 above.

139. The country has further taken certain measures to raise awareness and carry out education campaigns in relation to the equal recognition of all PWD before the law through:

- Advocacy and civic education;
- 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;
- Awareness raising and education campaigns through the Disability unit, CSO and Radio programmes aimed at sensitization on equal recognition of PWD on all spheres;
- Several capacity-building exercises and sensitisation campaigns have been undertaken since 2018 on the anti-discriminatory frameworks, investigation, effective remedies for victims targeting professionals such as the National Human Rights Institution, Law enforcement agencies amongst others;
- In 2018 national elections, the Election and Boundaries Commission (EBC) reached out to marginalised groups such as youth, women and PWD. The civic and voter education encouraged greater and more meaningful participation by these groups in all aspects of the process, not only as voters but also as candidates for all three elective offices, namely Bucopho,²² Indvuna yeNkhundla²³ and Member of Parliament (MP). As a result, a number of PWD were nominated and one elected for the position of Bucopho and one for the position of Indvuna yenkhundla.

140. The PWDA provides for the independent living of PWD in alignment with the CRPD. PWDs' right to own or inherit property, to control their own financial affairs and have equal access to bank loans and other forms of financial credit. They also have recourse through the Courts where they have been arbitrarily deprived of their property, if this right is infringed on grounds of disability.

Article 13

Access to justice

141. The Constitution²⁴ guarantees the right to a fair hearing through the provision of interpreters and intermediaries for people that may have physical, mental, intellectual or sensory impairments which may hinder ones full and effective participation in Courts and administrative bodies on an equal basis with others.

²⁰ Section 29.

²¹ Section 4.

²² Chiefdom Councillor.

²³ Constituency headman.

²⁴ Section 21.

142. To further improve access to justice for PWD, the SODVA makes an exception to hearsay evidence in cases where the victims have a visual, hearing or speech impairment or mentally impaired to be admissible.²⁵ The relief afforded to PWD by SODVA is in sharp contrast to the previously existing position of the law as provided for by the Civil Evidence Act No. 16 of 1902,²⁶ which provides that if the person appearing before the Court was afflicted by idiocy, human or insanity or of unsound mind, he shall not be competent to give evidence while under such condition.

143. The Criminal Procedure and Evidence Act 1938 directs a judicial officer, in the course of a trial or preparatory examination, who has a reason to believe that a person is of unsound mind and incapable of making his/her defence to make an enquiry into the fact of unsoundness.²⁷ To ensure fair process, the enquiry into the fact of unsoundness of the accused must be carried out by a qualified medical officer who shall thereafter make a certificate stating whether the accused is of sound or unsound mind.

144. The country has developed a Legal Aid Bill which is currently undergoing stakeholder consultations. This Bill seeks to establish a Legal Aid Office to administer, coordinate and monitor a national legal aid system at Government expense, for the provision of legal aid services to legal aid recipients in civil and criminal matters. The Aid will ensure effective access to justice for the poor and vulnerable groups through the provision of professional legal services. The Office shall ensure that effective legal aid is provided promptly at all stages of the legal process including investigative and other preliminary stages. In accessing this aid, PWD shall be eligible to automatic qualification only if the vulnerability results in their inability to generate an income.

145. Currently, in the absence of the Legal aid, Private Legal Practitioners provides *pro bono* services to indigent members and vulnerable groups of society. The Law Society of Eswatini in its effort to improve access to justice for all, is currently in a process of reviewing the Legal Practitioners Act of 1964. To this end, a Legal Practitioner's amendment Bill has been developed which seeks to encourage Legal Practitioners and Candidate Attorneys to provide legal aid services to disadvantaged members of society.

146. There are also NGO that provide para-legal services to indigent members of society in particular where the outcome will be for the benefit of the society at large i.e. outcome will change certain principle. These organisations include Women and Law South Africa, Council of Churches, Eswatini Action Group against Abuse (SWAGAA), World Vision, Save the Children and others.

147. Further, the University of Eswatini through the Department of Law operates a Legal Clinic that provides legal aid services to indigent members of the society. These services are provided by Law students under the supervision of Lecturers and in cases where there is need for appearances in Courts, such is done by the Lectures who are Admitted Attorneys.

148. In relation to children with disabilities, there country through assistance from Development Partners have established Child friendly Courts rooms to ensure that children are not intimidated during court processes. Currently, there is one such court room in the High Court, Siteki Magistrate Courts in the Lubombo Region and Nhlanguano Magistrate Court in the Shiselweni Region. There is a need to have these courts spread throughout the country's Magistrates Courts.

149. The Government in collaboration with the Association of the Deaf initiated trainings for Magistrates and Clerk of Courts on sign language. Another initiative is the collaboration between the Government and the University of Eswatini towards the development of a sign language accreditation systems and the development of a sign language dictionary of which it is still at its infancy stage. Currently, there is only one privately owned College which provides Sign Language programmes and enrolment to it voluntary by interested personnel.

²⁵ Section 55 (2) (c) and (d).

²⁶ Section 4.

²⁷ Section 163.

150. The country acknowledges that there is still more training required by the justice sector personnel on the rights of PWD.

Challenges

151. The absence of the Legal Aid in the country impacts negatively on the right to access justice. Most of the people of Eswatini, including PWD cannot afford the high costs of legal representation.

152. There is inadequate capacity of those who work in the administration of justice to enable them understand the specific needs of PWD and how to provide the necessary accommodation. This includes the facilitation of communication by PWD especially the visually impaired, deaf and those with intellectual and learning disabilities.

Article 14

Liberty and security of the person.

153. Section 16 of the Constitution supports that no person shall be deprived of personal liberty save as may be authorized by law. However, the right to liberty may be derogated from in the case of a person who is, or is reasonably suspected to be, of unsound mind, addicted to drugs or alcohol, or a vagrant, for the purpose of the care or treatment of that person or the protection of the community.²⁸

154. The Mental Health Order No. 20 of 1978, prohibits any person to detain another person in a mental hospital, psychiatric ward, approved institution or criminal mental institution.²⁹ It is only the High Court or the King acting in terms of the Criminal Procedure and Evidence Act No. 67 of 1938 (CP&E) that are authorised to detain a person in a mental hospital, psychiatric ward or approved institution as a voluntary patient, a temporary patient or a patient detained.

155. The Mental Health Order provide for instances in which a patient may be detained in a criminal mental institution, that is:

(a) For observation and report upon the order of the Court trying any case in which the sanity of the accused or his ability to understand the proceedings of the trial comes into question;

(b) Upon the order of the Court if an accused has been found unfit to understand the proceedings of a trial or has been found guilty but insane at the time of committing the act, and the signification of the King's pleasure in the case is being awaited; or

(c) In cases where the King has signified his pleasure that the accused person referred to in section 3 (b) be detained.

156. The Mental Health Order further prescribes a comprehensive procedure which allows for admission and discharge of persons who voluntarily submit and consents (after an assessment has been made to determine if the applicant understands the meaning and effect of such application) to be treated in a mental hospital.³⁰

157. The Mental Hospital Board appointed by the Minister for Health is mandated to visit mental health institutions at least once every two months for purpose of observation to admitted patients, conditions of the detention's wards and amenities of the institution. The Board is also empowered to carry out investigations emanating from complaints made by patients.

158. The Mental Health Order penalises acts of detention of patients contrary to its provisions and defaulters face custodial sentences of one year or E400 fine. Further, it criminalises ill-treatment of patients by officials working for the mental hospitals/institution

²⁸ Section 16 (3) (h).

²⁹ Section 3.

³⁰ Sections 4 and 5.

and guardians of the patients, defaulters are liable to pay a fine of E200 or imprisonment for six months.

159. The CP&E³¹ directs a judicial officer, in the course of a trial or preparatory examination, who has a reason to believe that the accused is of unsound mind and incapable of making his/her defence to make an enquiry into the fact of unsoundness.

160. The enquiry into the fact of unsoundness of the accused must be carried out by a qualified medical officer who shall thereafter make a certificate stating whether the accused is of sound or unsound mind.

161. In the case of *The King V Goodwill Sibiyi High Court Case No: 183/2019*, an application to conduct an inquiry to determine whether an accused person is of unsound mind in terms of section 163 of the CP&E was instituted by the crown. In persuasion by the defence, in light of the constitutional framework and the provisions of the CRPD it was argued that section 163 should be applied with utmost caution and with deference to the rights of accused persons.

Challenges and Mitigation Measures

162. The penalties provided by the Mental Health Order are not commensurate to the mischiefs that are sought to be curbed, hence measures are underway to repeal or amend the Mental Health Order.

Article 15 Freedom from Torture or Cruel, Inhuman or Degrading treatment or Punishment

163. Section 18 of the Constitution affirms that the dignity of every person is inviolable and prohibits torture, as it provides for protection from inhuman or degrading treatment. Eswatini currently does not have specific legislation dealing with torture and as such, cases of torture are treated as assault cases and people affected are at liberty to claim for compensation.

164. Section 57 of the Constitution provide for law enforcement objectives:

- Law enforcement officials shall at all times fulfil the duty imposed upon them by the law by serving the community and by protecting all persons against illegal acts, consistent with the high degree of responsibility required by their profession.
- In the performance of their duty law enforcement officials shall respect and protect human dignity and maintain and uphold the human rights of all persons.
- Law enforcement officials may not inflict, instigate or tolerate any act of torture or other cruel inhumane or degrading treatment or punishment, nor may any law enforcement official invoke superior orders or exceptional circumstances as a justification of torture or other cruel inhumane or degrading treatment or punishment.

165. Furthermore, section 17 of the Constitution provides that a person shall not be held in slavery or servitude nor shall a person be required to perform forced labour.

166. Eswatini acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 25 April 2004. Given the country's commitment towards eradication of all forms of torture, there are ongoing efforts to strengthen structures like the Commission on Human rights aimed at preventing and eradicating torture against all persons.

Legislative and administrative measures

167. There are pieces of legislation that have been enacted by Eswatini to ensure that no person is subjected to torture or cruel or inhuman or degrading treatment or punishment by

³¹ Section 163.

Law Enforcement Officers. These include the Police Act of 2018 section 10 - (2) in the performance of their duties, members of the Police Service shall respect and protect human dignity, maintain and uphold the human rights of all persons. (3) A member of the Police Service may not inflict, instigate or tolerate any act of torture or other cruel, inhuman or degrading treatment or punishment, nor may any member of the Police Service invoke superior orders or exceptional circumstances as justification for torture or other cruel, inhuman or degrading treatment.

168. Further, the Correctional Services Act 2017 provides that members of the Correctional Services shall not inflict, instigate or tolerate any act of torture or other cruel, inhuman or degrading treatment or punishment, nor shall any member of the Correctional Services invoke superior orders or exceptional circumstances as a justification for torture or other cruel, inhuman, or degrading treatment or punishment.

Mitigating factors allowing for the enjoyment of the right against torture

169. Individuals who have been unlawfully arrested have the right to institute legal proceedings in courts for redress. In the case of *The Eswatini Government V Aaron Ngomane Civil Appeal Case No. 25/2013* Respondent sued the Government in the sum of E350, 000 for infringement of his dignity. The court held in favour of the Respondent on the grounds of degrading treatment.

170. As set out in CAT, the country has invested resources to strengthen the capacity of the Commission on Human rights to build the capacity of all duty bearers with the intention of preventing torture. The Commission as mandated by the Constitution is working on capacitating key Government role actors and support setting up of structures that will provide sufficient redress to victims of torture.

171. With respect to the mechanisms for handling allegations of torture, allegations are investigated through the Internal Discipline and Investigations Unit with the Police Service, following which the matter would be referred to the Director of Public Prosecution (DPP).³² Culpability following such investigation could result in professional discipline, arraignment in Court, and upon conviction dismissal from the Police Force, as may be applicable. It was however noted that there is no Independent Directorate for handling such investigations, but rather, police-driven investigations.

Mechanisms in place

172. Establishment of an independent Commission on Human Rights and Public Administration (CHRPA), whose mandate is to advocate, protect and promote fundamental rights and right freedoms. The Human Rights Commission regularly conducts education and awareness campaigns by visiting communities, schools and through media platforms. Members of the public are educated about the procedure to be followed when lodging a complaint to the Commission. Where upon completion of an investigation, an act of maladministration is noted, the commission may take appropriate measures to correct the act or sanction an appropriate remedy. The commission further conducts capacitation of duty bearers, key Government departments, armed forces on safe guarding the rights under article.

173. Eswatini has designated a specialised hospital (Manzini Psychiatric Centre) for people who are in need of mental health services. Some of these patients are admitted in this health facility until their health condition has improved whilst others are out patients. People are admitted into this hospital in terms of the procedure laid down in the Mental Health Order.

174. The Correctional Services has designated one of their Correctional Institution to admit offenders who are in need of mental health services. Professional services are offered in both centres by Specialists in mental health related services. The criminal procedure and evidence Act of 1938 provides that a person can only be deprived of his liberty where he has committed an offence. The procedure for incarcerating and discharging such a person in this institution is clearly outlined. Most of the Correctional Centre's structures are yet to improve their accommodation to suit all persons living with other forms of disability.

³² Para 92 Promo 2013.

175. Within the Correctional Services and Police Service departments procedures for laying complains are also made available to people who have been deprived of their liberty. Domestic and international bodies have access to places of detention.

176. Health workers are trained on rights of persons with disabilities at college level and during in service trainings. Upon admission of new entrants into Correctional Services, every officer is expected to undergo a basic training course which covers amongst other things rights of person in conflict with the law. The Correctional Services employs health workers and some are specialists in mental health. One of the Correctional centres is designated for people who need mental health services. Mental health services are also made available in public hospitals for persons with disabilities. Psychologists and social workers are employed on permanent basis within the correctional Services to rehabilitate persons with disabilities.

Article 16

Freedom from exploitation, violence and abuse

177. The Constitution in section 30 provides for the right to respect and human dignity for persons with disabilities. It further obligates parliament to enact laws for the protection of persons with disabilities which had been adhered to by the enactment of the PWDA. The laws that regulate exploitation, violence and abuse are sensitive to persons with disabilities as it dedicates sections for protection of persons with disabilities. These laws are the CPWA and the SODVA.

178. The Department of Social Welfare is found in all the regions of the country and it works with the police and civil society organizations in intervening on incidences of exploitation, violence and abuse of persons with disabilities. There are also toll-free help lines that were established to be used for reporting violence and abuse of all persons including persons with disabilities and children. The toll-free lines are 999/9, 951, 9664, and currently the country is in a process of establishing child help line -116 which is dedicated to all children inclusive of children with disabilities. There also is a free text messaging-based platform (8500 – U-Report) where citizens including PWDs can report incidences of exploitation, violence and abuse.

179. Further, 3 One Stop Centres have been established, and these provide comprehensive services to victims/survivors of violence and abuse which are also accessible to persons with disabilities.

180. The country adopted a costed gender sensitive National Strategy to End Violence which runs from 2017–2022. The strategy seeks to address issues of exploitation, violence and abuse and has a deliberate focus to PWD among other focus areas. Government through the Ministry of Justice and Constitutional Affairs, Ministry of Health and the Deputy Prime Minister’s Office have awareness raising programmes which include the different laws and policies protecting against exploitation, violence and abuse. The awareness programmes target different groups of people including PWD. The mode used for the advocacy campaigns includes radio, television, newspaper and community outreach.

181. However, there are still barriers to access to information and education for PWD as the mode of communication through sign language and use of braille is still minimal. The DPMO has facilitated training for public officers those being social workers, police, and nurses in basic sign language, although staff turnover is affecting effectiveness.

182. Eswatini through the Department of Gender and Family Issues has developed shelter guidelines which regulates establishment of safety homes or halfway houses for victims. The guidelines are sensitive to the needs PWD. The National Guidelines on Alternative Care for Children has since been reviewed to include alternative care for children with disabilities which all along have been a challenge as they were not being catered for in the existing shelters.

183. All police stations around the country has a Domestic Violence, Children Protection and Sexual Offences Department which is tasked with responding and investigating exploitation, violence or abuse incidences. These departments are however, not appropriately resourced as human capacity and working tools limit their functionality. These departments

are by extension part of the reporting toll-free line 999/9. They work with other stakeholders such as the social welfare department, gender and family issues department, one stop centres and the members of civil society in referring for protection, rehabilitation and social integration services for the victims/survivors of violence Exploitation and abuse.

184. The awareness programmes on violence include topics such as types of violence, signs and symptoms. They emphasise on prevention of exploitation and violence. There is a multi-sectoral guideline in response to violence which covers the issue of referral among stakeholders. The Department of Social Welfare is currently testing a digital child protection case management system which will assist in tracking of each case and it incorporates referral of victims for further services to other relevant stakeholders.

185. The country established a Commission on Human Rights and Public Administration which serves as an independent monitoring body for human rights related issues across all spectrum. Further, the PDWA provides for the establishment of a National Advisory Council for PWDs to coordinate monitor and oversee the implementation of the national policy and national plan of action relating to PWDs. However, the Advisory Council has not yet been established due to resource constraints.

Article 17

Protecting the integrity of the person

186. Refer to article 15 & 25 of the report.

Article 18

Liberty of movement and nationality

187. Section 26 of the Constitution declares that a person shall not be deprived of the freedom of movement, that is to say, the right to move freely throughout Eswatini, the right to reside in any part of Eswatini, the right to enter Eswatini, the right to leave Eswatini and immunity from expulsion from Eswatini, save for those in lawful detention. Section 40 (4) safeguards against statelessness through allowing for the conferment of nationality by a mother in the circumstance stated therein.

188. Freedom of Movement is further protected through several legislations; that is: the Immigration Act, 1982 which provides for immigration procedures; Citizenship Act, 1992 which spell the procedures for acquiring Swazi citizenship, Refugees Act 2017; provides for settlements and regulates the naturalization of refugees in accordance with the international standards and Convention relating to the status of refugees, ; Criminal Procedure and Evidence Act 1938; Swazi Administration Act No. 79 of 1950 which consolidate the law relating to the administration of Swazi Affairs.

189. Laws that provide and protects PWD nationality include Section 5 of Children's Protection and Welfare Act 2012 which provides that a child has a right from birth to decent name and to acquire nationality. In terms of the Act a child has a right to be registered within 3 months, whether still birth or born alive. Section 15 of the Births, Marriages and Deaths Registration Act 1983 – makes it mandatory that within sixty days after the birth of a child, to give the prescribed notice of the birth to a registration officer or chief of the area or his induna or a nominated or appointed registration information officer. The Act provides that any such chief or induna or registration information officer shall within 10 days of receipt give written information of the birth on the prescribed form to the registration officer for the registration and issuance of a birth certificate.

190. Administrative Measures:

- Decentralisation of registration of national identities across the country.
- Hospitals provides registers for new born children.
- Refugees who live in the country more than ten years can acquire citizenship upon application.

- Refugees can visit neighbouring countries of Mozambique and South Africa with ease.
- There are no reported cases of any restrictions imposed under Swazi law and custom. The country is demarcated in terms of geographical areas which also applies under Swazi law and custom. It is generally accepted that permission is sought from traditional authorities before settling on Swazi nation land for proper settlement. Traditional authorities are also enjoined to ensure public order in their respective Chiefdoms hence all activities must be regulated.
- The Association of Parents of Children with Disabilities work in collaboration with the Government to sensitize and raise awareness at community level on matters regarding protection of children with disabilities.
- Civil society Organisations in collaboration with the Ministry of Home Affairs undertakes Civil registration to assist PWD who still require registration and certificates at community level.
- The Government has further initiated a mop up campaign in an effort to ensure all persons in Eswatini are registered (civil registration) and have certificates. This campaign has been launched November 2021 and it is envisaged that this will be an opportunity for all who reside in the country and require births, marriages and death Certificates to be afforded the opportunity. The purpose of the mopping exercise is to avail registration of vital events to all unregistered persons, at all chiefdoms/imiphakatsi to ensure that the existing registration backlog is addressed.

Challenges

191. Registration of children born of Parents with disabilities (e.g. mental disability) remains a challenge.

192. Registration of Children born outside of health facilities (home births) remains a challenge.

Article 19

Living independently and being included in the community

193. Eswatini implements community-based habilitation and rehabilitation programmes which provides independent living services including community outreach (physio, occupational therapist) assisting PWD's with independent living at community level in terms of section 39 of the Persons with Disabilities Act. However, these programmes are no longer comprehensively provided due to resource constraints.

194. The PWDA³³ obligates the Council, the private sector and non-Governmental organizations to take appropriate measures to encourage and promote the provision of a range of in-home residential and other community support services to prevent isolation or segregation of persons with disabilities from the community.

195. Generally, every person including PWD has a right to own property either alone or in association with others.³⁴ Hence they are at liberty to acquire property (movable or immovable) for purposes of establishing a residence.

196. The Government collaborates with NGOs such as Chesire Homes, Hope House, (Mankayane disability and elderly home) to provide a range of in-home, residential and other community support services to clients, including PWD. To ensure adequate provision of the above stated services, the Government periodically provides subventions to the NGO's.

197. The Government, Development partners and NGO's use all media platforms to raise awareness to PWD about the support and services offered to assist them to live independently.

198. The Government continues to ensure that PWD access quarterly grants irrespective of economic situation. NGO's and Development partners also have standing programmes to

³³ Section 40.

³⁴ Section 19 (1) of the Constitution.

support PWD's. Out of the total population of PWD only 6.8% have access to the quarterly grants at E 280 per month.

199. The Government's position is that institutionalization of PWD should be a measure of last resort. Normally, it is encouraged that different forms of Alternative Care of PWD within family set up and communities should be explored.

200. In exceptional cases where it is difficult or impossible to retain them within family or community set up, efforts are made to place them in residential care facilities. This is done with their consent and consultation. The Government of Eswatini has engaged on a capital project to construct a facility to accommodate PWD in Mankayane in the Manzini Region, thereafter the construction of such facilities will be rolled out to other regions.

Article 20

Personal Mobility

201. Provision of assistive devices has been prioritized in the disability budget for the National Disability Unit, to this end an annual allocation of E3.500.000.00 for the procurement of assistive devices which include wheelchairs, walking sticks, white canes, prosthesis, aluminium elbow crutches and eye glasses.

202. Development partners and Civil Society Organisations such as the Republic of China on Taiwan, the Luke Commission, World Vision, Rotary Clubs, Eswatini Communication Commission (ESCCOM) and others donate a significant number of assistive devices each year to the Deputy Prime Minister's Office.

Article 21

Freedom of expression and opinion, and access to information

203. Section 24 of the Constitution guarantees that every person has a right of freedom of expression and opinion; the enjoyment of this right shall not be hindered without free consent of that person. This right is also enjoyed by PWD. Through OPD, PWD are able to express and share opinions on matters of particular interest at national level.

204. To further promote the enjoyment of freedom of expression, free media and operationalization of independent media houses, the Government has enacted the Eswatini Communications Commissions Act 2013. This Act establishes a Commission whose objectives are inter alia; to regulate electronic communications, data protection in electronic communications, postal services, electronic commerce and broadcasting.

205. Eswatini has a number of radio stations and two television stations. The print media gives coverage to diverse views on a number of topical issues. The media is valuable in the fight against corruption and sensitise citizens on human rights issues.

206. PWDA guarantees the right to access information, communication and technology for PWD on equal basis with persons without disabilities. Further, it obligates the Government and the provider of information to ensure that the information is in a format and technologies that are appropriate to the different kinds of disabilities timely and without additional cost. The Act further provides for the use of Eswatini Sign Language, braille, augmentative and alternative communication, all other accessible means, modes and formats of communication by PWD in official translations.

207. There are National Libraries in all regions of the kingdom which provide accessible information resources and services to all users. To cater for PWD these centres have limited collection of information sources in large prints and in Braille. In an effort to cater for visually impaired community, the country has provided in two main libraries (Mbabane and Manzini) computers and embossers, which translates texts to braille. To ensure access to information for deaf persons, a number of library personnel (Front desk operators) have been trained on Eswatini Sign Language. Further the Kingdom is in a process of Establishing National Resource Centres for the visually impaired persons.

208. The country recognises the importance of incorporating the sign language in all settings in particular, the education sector. The adoption of a National Education and Training Sector Policy 2018 will guide the operations of the Education Sector in ensuring inclusive lifelong learning and draws attention to access, quality, equity, relevance, efficiency and effectiveness of service delivery. Currently, there is only one school that caters for children who are deaf. There are ongoing discussions between the Government and the University of Eswatini towards developing a Siswati sign language programme and dictionary. The Eswatini Television station which is owned by the Government provides for sign language interpreters during news broadcasts.

Challenges

209. Persons with disabilities do not have equal access to information due to a number of factors: lack of resources to convert information into various forms suitable for the PWD.

210. The country does not have any legislation that provides for an express right of citizens to access information held by the State.

211. Despite the country's Policy on inclusive education, many children with disabilities are still unable to access the basic primary education due to various factors such as inaccessible environment and school buildings, lack of equipment and resources in schools and teachers without the necessary skills to mention a few.

Articles 22

Respect for Privacy

212. Section 14 of the Constitution guarantees the fundamental rights and freedoms of all people including persons with disabilities and these rights are to be respected and upheld by the Executive, the Legislature and Judiciary and other agencies of Government, natural and legal persons in the Kingdom. These rights are enforceable by the courts.

213. Further Section 27 provides for the rights and protection of the family and places a duty on society and the state to preserve and sustain the harmonious development, cohesion and respect for family and family values.

214. In case of arbitrary and/or unlawful interference with the right to privacy, there are complaints mechanisms in place which are non-discriminatory for persons with disabilities. These mechanisms include community based forums, Police Stations, Commission on Human Rights and Public Administration and may also seek redress in our Courts.

215. The Government in collaboration with NGOs are making efforts to ensure that service providers and caregivers are sensitised on the rights of persons with disabilities. Pertaining to information or records on personal data; health and rehabilitation related information is protected as service providers are made to sign a confidentiality form upon employment.

216. The Government in collaboration with Civil Society organisations, undertake various campaigns at Community level in an effort to sensitise families on the protection of rights of persons with disabilities. Home inspections are also embarked on to ensure that persons with disabilities are not concealed.

Challenges

217. There are families that still associate disabilities with negative beliefs resulting in concealment of family members with disabilities.

Article 23

Respect for home and the family

218. Eswatini does not discriminate any person to marry and found a family. Section 27 of the Constitution provides that men and women of marriageable age have a right to marry and found a family. The provision further provides that marriage shall be entered into only with the free and full consent of the intending spouses.

219. The CPWA regulates issues of adoption and does not discriminate against any PWD who wants to make an application for adoption and guardianship. However, it is subject to health assessment through the collaboration with Social Welfare and the severity and type of the disability.

220. Government, in collaboration with CSOs, provides accessible and inclusive family and community support in child rearing through economic empowerment and capacity building programmes.

Article 24

Education

221. Section 29 of the Constitution states that every Swazi child has a right to education. This section provides a good foundation for promoting inclusive education for every child with or without a disability.

222. The country introduced free primary education in 2010 through the Free Primary Education Act No. 01 of 2010 (FPE Act) which promotes inclusion for all children in Eswatini. The Act provides for the implementation of the right to free primary education at public schools and further outlines responsibilities of parents/guardians and the Government. Subsequently, the Act has penal provisions for parents/guardians that neglects or refuses to cause their children to attend school. School committees liaise with social workers in communities and school health regional teams where there is a child with impairment and not attending school.

223. The Ministry of Education and Training established the Special Educational Needs (SEN) Unit in 1998. The unit is responsible for overall leadership of and strategic planning for special and inclusive education in the country working in collaboration with individuals, Government Sector Ministries, NGOs of PWDs, community based organizations and the private sector. The rollout of disability unit to high schools in 2017 and in 2018 there was introduction of competency based education currently implemented in primary schools.

224. Since 2006, the country designated inclusive education model schools, and all the primary schools, accept learners with disabilities, and inclusive education mainstreaming is progressing through educator training and the provision of facilities and equipment. In 2010, the country introduced Free Primary Education and this provided a renewed opportunity for children with special needs and disabilities to access education in mainstream schools. All schools are expected to admit and support learners with disabilities.

225. Admission of learners to school is based on age eligibility. It does not discriminate but accommodates all learners in Eswatini; taking into account all issues of efficacy, equity and special needs. The Ministry of Education and Training policy of 2018 goals include one on promoting inclusive education. As a result, the Ministry has a department designated to ensuring the welfare of children with special needs allocated inspectorate at headquarters and in the regions. The SEN department in collaboration with the Ministry of Health, facilitates proper assessment, placement and advises on effective ways to teach learners with different abilities.

226. The strategic direction for inclusive education is incorporated in the Ministry of Education and Training strategic plan 2018–2023, multiyear action plan and the National Education and Improvement Plan. As a cross cutting area, the SEN unit is represented in all sector planning, budgeting and programming committees. The SEN and DPOs are also represented in the Ministry of Education and Training Sector Wide meetings.

227. The DAP provides for Education and Training in thematic area four, that of ensuring that all PWDs, irrespective of their gender, or the nature or severity of their disability, have equal access to meaningful, age-appropriate early childhood and care; primary, secondary and higher education; and training. It also has clear monitoring and evaluation indicators to measure achievement, as appropriate.

228. The strategy for Sustainable development and Inclusive Growth (SSDIG) 2030 comprehensively provides for Special Education and Accessibility in particular amongst

others; the curriculum is inclusive and relevant to all learners with special education needs and disabilities; on the implementation of a rigorous training strategy for teachers focusing on special education needs and inclusion; provision of adequate human resources at the Ministry and school levels (quality assurance officers, teachers, assistant teachers, therapists, audiologists, interpreters etc.) to ensure effective implementation of the strategies.

229. The Education and Training Sector Policy of 2018 mainstreamed inclusive education as an overarching goal for whole system change from pre-school to tertiary education in both formal and non-formal education. All learners are to attend school regardless of impairment, age, ethnicity and sex. This policy calls for removal of barriers within the education sector to ensure access, meaningful participation and achievement for every learner.

230. To ensure access and meaningful participation for SEN the Ministry has integrated ICT in education as a catalyst to promote Universal Design for Learning for children and youth with special needs and disabilities. The Ministry provides assistive devices, hardware and software (both static and mobile) to engage learners in deeper thinking and increasing engagement within the classroom.

231. Standards on Inclusive Education have been developed for schools to achieve a level of quality of Inclusive Education; to guide schools on what inclusive education means and how this can be implemented; inform schools what is required for quality inclusive schools; to measure the quality of inclusiveness of schools; for Capacity and Professional Development. Schools have been sampled where the piloting on Standards of Inclusive education will be done and there after rolled out to all mainstream schools in Eswatini. These Standards will be a roadmap towards moving our mainstream schools to inclusive schools.

232. A fully fledged unit was established at the National Curriculum Centre to facilitate development of inclusive curricula and teaching and learning material as per MoET policy which advocates for accessible curricula and physical infrastructure. With the guidance of this department, adaptation of the school curriculum for all levels of basic education is done at the National Curriculum Centre for ease of access by learners with identified special needs. The Ministry of Education supports learners with special needs by mediating their curriculum material through electronic gadgets that they easily manipulate to suit their needs. The department also ensures that curricula in all subjects is inclusive and differentiated to accommodate learners with special needs and disabilities. The Ministry developed a Curriculum Framework which introduced five (5) new subjects which accommodate learners with special needs and disabilities. The new subjects include Braille, Daily Living Skills, Orientation and Mobility and Eswatini Sign Language. The manuals for the five subjects are due to be piloted in schools in 2022. Further, the Examinations Council of Eswatini provides access arrangements and modifications for learners with special needs during external examinations.

233. With the assistance of Partners, the Ministry of Education managed to construct two inclusive models in two primary schools namely Mbasheni Primary in Hhohho and Eqinisweni Primary in Shiselweni. To increase access to inclusive secondary education, the Ministry, with assistance from JICA, constructed four universally designed high schools in the four regions of the country. These are Enhlitiyweni High (Hhohho region), Boyane High (Manzini), Gamula High (Lubombo High) and Eqinisweni High (Shiselweni region). All the four JICA schools have accessible infrastructure, trained teachers in special needs and inclusive education and have transport to convey learners with special needs to school and back home.

234. Modification of school infrastructure is also ongoing with an aim to improve access for learners with disabilities. All schools are expected to follow standards on Universal Design for building and teaching and learning.

235. The Ministry through its non-formal education parastatal, provides lifelong learning programmes for out of school youth. Such programmes are offered in the existing schools infrastructure after the formal schooling hours. Admission in these programmes is also inclusive as all interested people including those with disabilities are admitted into such programmes. All teacher training programs offer special needs and inclusive education training to all teacher trainees at pre- and in-service level. Furthermore, there are two accredited degree programmes offered by the Southern African Nazarene University that

provides specialized education degrees to teacher trainees and aspiring school administrators since 2012. Continuous in-service training is offered by the Special Needs inspectorate through running workshops and on a yearly basis government and partners support short and long term accredited training in special needs and inclusive education for teachers in special and mainstream schools.

236. There is a comprehensive Education and Training Sector policy of 2018 which aims to transform the education system to be inclusive from pre-primary, primary, secondary to tertiary levels. Over and above that, there is a National Education and Improvement Plan (NETIP) which operationalizes the policy. It outlines the specific strategic objectives and activities to be implemented and the budget needed to transform the system to be inclusive. Wide consultation of key stakeholders was done during the development of the policy. Disabled People's Organisations (DPO's) NGOs, Civil Society organizations, parents, learners and the general public were amongst the key stakeholders consulted. Over and above that, DPOs are represented in the Education Sector Wide approach used by the Ministry to ensure meaningful involvement of key stakeholders in the design, implementation and monitoring and evaluation of programs. There is however need to improve participation, collaboration and meaningful involvement of all relevant ministries and persons with disabilities.

237. The FPE Act and the Education and Training Sector Policy of 2018 mandates all mainstream schools to accept and support learners with disabilities. The Special Education Needs (SEN) inspectors are responsible for ensuring that this act is implemented – no child is denied access to education due to disability. The Government continues to provide pre-service and in-service training to teachers so that they have skills and knowledge to support the learners during teaching and learning.

238. Since 2010, a notable increase in the number of learners with disabilities admitted in mainstream primary and high schools. However, there is still a sizeable number of learners who are not in school and or drop-out due to inadequate support to their education. Pre-service training with specialisation in special needs and inclusive education has been on-going since 2012 and that means currently there is a substantial number of teachers trained and posted in primary and high schools in the country and changes in pedagogical practices are now seen.

239. See Population and Housing Census 2017 for disaggregated statistics on children with disabilities access to education. The non-establishment of the institutional arrangements as per the persons with disabilities Act causes a major setback in ascertaining and profiling the number of persons with disabilities including children with disabilities.

240. There are significant challenges experienced in the information management system with regards to statistical data capturing and analysis in disability-related to educational needs. There is a need to align and classify disability categories.

AEC on out of school children with Disabilities

241. There is also no reliable system in place to track children with disabilities who are out of school and/or have been denied admission to school. This is an area that will receive urgent attention.

Enrolment in Ordinary Schools

242. The Ministry of Education and Training Annual Education Census (AEC) 2017 reports that 57, 360 learners with special needs and disabilities were enrolled in both special and ordinary primary schools in 2016. A total of 6, 159 were enrolled in junior and senior secondary special needs schools.

Enrolment in the Pre-School and reception classes (Grade 0)

243. Data on children with disabilities at pre-school and reception classes is not yet captured. However, the review of the Education Management Information System (EMIS) data collection instruments has already started and the plan is to collect data at all levels of

the education system. Furthermore, to focus on functional difficulties faced by learners rather than disability categories.

Post-school qualifications/enrolment

244. Enrolments of students with disabilities at institutions of higher education are not yet included in the EMIS data collection tools. However, the Annual Census of 2010 indicated that a very small percentage (2%) of persons with disabilities have access to tertiary education.

Adult education

245. Data on adults with disabilities enrolled in adult education centres is has not yet been collected. Where there is, the quality of the data is not reliable and up-to-date and lacks critical information on functional limitations of learners and school environment.

246. As indicated below, the EMIS data collection tool is under review to capture most of the indicators that are missing.

<i>Type of Impairment</i>		<i>Hearing</i>	<i>Learning</i>	<i>Other</i>	<i>Physical</i>	<i>Visual</i>	<i>Totals</i>
2015	Male	493	1 064	146	173	925	2 801
	Female	540	636	97	115	851	2 239
2016	Male	657	1 414	212	166	928	3 377
	Female	718	840	158	147	970	2 833
2017	Male	865	1 443	274	246	1 378	4 206
	Female	942	837	175	181	1 315	3 450
2018	Male	763	1 855	206	234	1 146	4 204
	Female	826	1 209	138	147	1 140	3 460
TOTALS							26 570

247. Data suggested that Visual Impairment and Learning Disability were the leading observed challenges in primary schools over the years. The magnitude of the reported 'learning disabilities' is a cause for concern. There is a great possibility that the pupils are possibly misdiagnosed. However, whatever the case the fact is, it is the lives of individuals that are at stake here. There are an increasing number of children categorized as having learning difficulties in the schools, and in some cases there is no validation or remediation given to their cause. It is worrying that learning difficulty, a very difficult phenomenon to assess is on the increase. The truth is, as children enter school they are given these labels and such labels may stay with the children throughout their education. This means even if such data were not to be collected the children are still categorized and treated as such. This may lead to stigmatisation and discrimination in future. Early identification remains a priority, and needs to be at least undertaken by all pupils registering for formal ECCDE and Primary schools.

Table1

Resident population, with disability, according to sex, and highest level of education, Eswatini

<i>Highest qualification</i>	<i>Walking</i>	<i>Seeing</i>	<i>Hearing</i>	<i>Cognition</i>	<i>Self-care</i>	<i>Communicating</i>	<i>Total</i>	<i>Percent</i>
None	12 482	14 971	8 956	7 049	5 851	2 625	51 934	51.7
Primary certificate	6 262	8 941	3 370	2 185	1 095	568	22 421	22.3
Junior certificate	2 680	4 268	1 221	842	458	203	9 672	9.6
O level/GCSE	2 306	4 317	1 146	811	382	257	9 219	9.2

<i>Highest qualification</i>	<i>Walking</i>	<i>Seeing</i>	<i>Hearing</i>	<i>Cognition</i>	<i>Self-care</i>	<i>Communicating</i>	<i>Total</i>	<i>Percent</i>
A level								
Certificate/IB	74	155	29	15	15	8	296	0.3
Certificate	401	639	134	110	67	32	1 383	1.4
Diploma	918	1 739	305	182	133	61	3 338	3.3
Bachelor Degree	354	988	133	73	62	29	1 639	1.6
Master Degree	100	270	34	14	13	7	438	0.4
PhD Degree	16	26	5	4	5	3	59	0.1
Total	25 593	36 314	15 333	11 285	8 081	3 793	100 399	100.0

248. However, the National Population and Housing Census 2017, table 1 above shows the population with disability disaggregated by highest qualification attained. About 52 percent of people with disability in Eswatini have no education. Of those that did not attend school, 22.3 percent have primary school certificate while 9.6 have junior certificate. Of note is that a majority of people with disabilities have no qualification and the proportions decreases as the level of education increases as shown in the table below.

249. According to UNESCO Institute for Statistics, 55.1% of higher secondary schools, and 55.2% lower secondary education in Eswatini have access to electricity. At primary level only 37.2 primary schools have access to electricity. Eswatini is yet to investigate and develop data for internet for pedagogical purposes; computers for pedagogical purposes; Adapted infrastructure and materials for students with disabilities and single-sex basic sanitation facilities. However, 49.4% higher education schools have access to basic drinking water; with 36.5% higher education schools having basic hand washing facilities (as per the WASH indicator definitions).

250. The DPMO have developed the National Strategy for Early Identification and Intervention strategy for Children with Disabilities. The aim of the aforementioned strategy is to ensure that children with disabilities are identified early in order to access required services for optimization of development and access to basic services, as appropriate. However, the strategy has not been fully implemented due to resources constraints.

251. Early Identification and Intervention for possible cases of persons with disabilities are comprehensively implemented under the Ministry of Health programmes. Some guidelines that serve as a guide for early identification are; Emergency obstetric care guidelines, neo-natal guidelines, Integrated Management of Childhood illness guidelines.

252. Multi-sectoral Early Childhood Care Development (ECCD) Framework also serves as an early identification and intervention.

253. Schools use the road to health/immunization card which clearly shows nutritional status, immunization and “Appearance, Pulse, Grimace, Activity, and Respiration” (APGAR)³⁵ score at birth. It assists schools to anticipate the behaviour of children in schools and plan for intervention.

254. SEN inspectors work in collaboration with ECCD inspectors and teachers to assist them on issues of early identification and intervention measures. There are School Health Nurses stationed in the Regional Education Offices. The nurses provide early identification and intervention programs in primary schools. There is a need to set up multidisciplinary team to assist in ECCD implementation.

255. The Ministry of Education and Training has pre-service and in-service training programmes for teachers in pre-schools, primary and secondary schools to equip them with skills and knowledge to support students with disabilities. Focus is on identifying areas where

³⁵ A measure of the physical condition of a newborn infant. It is obtained by adding points (2, 1, or 0) for heart rate, respiratory effort, muscle tone, response to stimulation, and skin coloration; a score of ten represents the best possible condition.

the student has difficulty and differentiating teaching and learning to accommodate the diverse needs of the learners. This programme started in 2016 at Ngwane Teacher Training College and Southern African Nazarene University, other tertiary institutions then followed suit.

256. Schools are expected to have Individualized support plans for learners who need special attention. Special schools are able to develop individualised plans for students, however, this is still a challenge in most ordinary schools.

257. Most schools have either SEN or guidance focal teacher who work in collaboration with other staff to support learners with special educational needs. When learners are identified with special needs, schools create programs to support the learner to achieve at his maximum level.

258. Most schools have study periods in their timetable, enabling teachers to close gaps with individual learners. Some schools like the models of inclusive education have resource centers and teacher assistants. SEN inspectors conduct school-based workshops to capacitate teachers on inclusive lesson planning, teaching and learning.

259. There are steps taken to facilitate the learning of Braille, other alternative scripts, augmentative and alternative modes, diverse means and formats of communication, speaking and oral skills, orientation and mobility skills, and facilitating peer support and mentoring.

260. Tertiary institution such as Southern Africa Nazarene University (SANU) offers specialization in Special Needs and Inclusive Education including learning of Braille and basic Sign Language, augmentative and alternative modes of communication. SANU has Braille as a major in Special and Inclusive Education.

261. Special schools and models for inclusive education such as St Josephs, Mbasheni and Equisweni offer rehabilitation especially for persons with disabilities e.g. those who are late blinded. The National Curriculum Centre (NCC) assists in developing large prints books, uploading of eBooks in learners' devices such as the Braille Notetouch 32 for braille users and the Prodigy Connect -12 for learners with low vision and need large print. MOET – NCC has developed material for orientation and mobility which will be taught in schools.

262. MOET provides devices for children with communication challenges such as the GO Talk 32+ and Snap Core First. These provide diverse means of communication to help learners improve their communication skills.

263. The new Competency Based Curriculum has also included Braille, Orientation and Mobility skills as formal subjects to be offered to visually impaired learners. Syllabuses for these subjects have been developed and approved and materials development is already under-way.

264. When Inclusive Education was introduced in 2006, the target was mainly primary schools. However, in the last 10 years there has been a shift to early childhood to promote early identification and intervention for children with disabilities. An effort has been made to train pre-school teachers on disability-inclusion and the need to learn basic Sign Language. On the other hand, there is a pre-school programme at the School for the Deaf that offers learning of sign language and promotion of linguistic identity of the deaf community.

265. The National Curriculum Framework and Competency based curriculum recognise Eswatini Sign Language as one of the languages taught from Grade 1 in the place of SiSwati. The Eswatini National Association of the Deaf provides and facilitates learning of Eswatini Sign Language and works closely with the NCC in developing material for promoting Sign Language.

266. Steps taken to ensure that the education of persons, and in particular children, who are blind, deaf or deaf blind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social skill, blind, deaf, deaf blind or with multiple disabilities, is delivered in the most appropriate languages and modes and means of communication for the individual in environments which maximize academic and social development.

267. MoET policy respects the right to education for children who are blind or deaf. These children have access to education in special or mainstream schools. Braille is used as a mode of communication for the learners who are blind and Eswatini Sign Language is used for those who are deaf. For now, MoET is struggling to offer education to deaf-blind learners. This is one area that is being given urgent attention.

268. There is a National Resource Centre available for the Visually Impaired learners at the St Josephs Missions School that has both Primary and High School that mainstream children with Visual Impairments in a mainstream setting. All special schools and selected mainstream schools have been provided with interactive white boards, laptops and projectors to facilitate teaching and learning. Schools develop tactile and pictorial teaching and learning material to support learners according to their educational needs.

269. A training plan for teachers in special schools and inclusive schools is in place as a mitigating strategy to equip teachers on special needs and inclusive education. All institutions (public and private) that offer teacher training in the country have special needs and inclusive education courses which are compulsory for all training teachers.

270. Scholarships are offered by Government and private partners to teachers who require basic accredited training in special needs and inclusive education. Unfortunately, there is no training for support assistants and specialized support staff yet.

271. Proposals and formal requests have been forwarded to the Ministry of Public Service for the creation of posts for teachers qualified in Sign Language to work as interpreters in the school system. Teachers with disabilities are employed by the Teaching Service Commission even though there are still challenges with appropriate placement and the provision of reasonable accommodation.

272. There is a budget in the Ministry of Education and Training allocated on a yearly basis to providing specialised teaching and learning material and assistive devices for persons with disabilities.

273. The Education and Training sector policy (2018) covers the differences in the education of boys and girls in that it ensures that girls and women are appropriately represented amongst learners in fields that have been previously dominated by boys and men. However, this policy does not address barriers to the inclusion of youth and adults with disability in postsecondary and adult education. The policy, in Section 4.2 only focuses on vocational and skills development for persons with disabilities.

274. Free Primary Education Act, 2010 ensures access to free primary education. Learners are provided with free specialised stationery such as braille paper, stylus. There are still challenges experienced in respect of programming and budgeting to support learners with special needs e.g. engaging a teacher assistant to support learners with severe disabilities; constructing accessible toilets and ramps.

275. The following statistics on learners with special needs and disabilities is based on the 2017 Annual Census Report – Education Statistics.

Primary Schools

276. There were six hundred and twenty two (622) primary schools with a total enrolment of Two Hundred and thirty eight nine hundred and twenty eight (238 928) in 2016 of which Fifty seven thousand three hundred and sixty were learners with special needs and disabilities. The learners with special needs were distribution is as follows:

- Hearing Impaired: 13,368.
- Learning disability: 20,255.
- Other Impairments: 3,213.
- Physical Disability: 3,485.
- Visually Impaired: 17,039.

Secondary Schools

277. Secondary schools (junior and senior secondary) had an estimated enrolment of Hundred and Four Thousand and Fifty Eight (104 058) of which about Three Thousand Six Hundred and Fifty Three (3 653) were learners with special needs and these were classified as follows:

- Hearing Impaired: 714.
- Learning disability: 199.
- Other Impairments: 334.
- Physical Disability: 132.
- Visually Impaired: 2 274.

Challenges and Gaps

278. The education system is engulfed by limited human capacity with the necessary knowledge and skills to facilitate proper identification and assessment of special needs and disabilities and proper placement and intervention; Limited staff capacity constraints for trained teachers and support staff such as Teacher assistants and Sign language interpreters.

279. The Ministry of Education endeavours to identify how school systems can draw support from parents of children with disabilities and community resource to support teaching and learning.

280. Eswatini's education system has fully mainstreamed disability in policy and programming however, some schools are still not adequately resourced or capacitated to accommodate children with disabilities. Furthermore, there are other social issues which militate against inclusion of disabled learners. To mitigate this challenge, the full implementation of the National Disability Plan of Action is ideal to address issues of fully mainstreaming disability.

Article 25 Health

281. Eswatini has increased the number of health facilities in the country to 327 health facilities, which has increased accessibility to health services. As a result, 85% of health facilities are within the radius of 8km in the communities and of those facilities 52% are youth friendly.³⁶ Mental health programme has been decentralised to manage the primary ailments of mental conditions before they progress into advanced complications. Management of Non-Communicable Diseases as well as Communicable Diseases have also been decentralised to all levels.

282. PWDs access free basic health services at community clinic level and pay a minimum/basic charge to access services in health centres and hospitals. Moreover, through the support from social welfare department (through a means test) a waiver is provided for persons with disabilities who are not able to pay the minimum charge to access services on an equal basis with all. Furthermore, Community health volunteers (Bagcugcuteli) undertake home care visits including PWD.

283. All persons have equal rights to access Sexual Reproductive Health (SRH) services; however, some cases require Social Welfare interventions to acquire such especially persons with cognitive impairments. SRH services are also available in all health facilities at all levels.

284. However, some PWD cannot access these facilities for social reasons, lack of information/awareness amongst the public on different types of disabilities (leading to these being kept in/hidden for the public), cognitive impairment, stigma and discrimination among families and the absence of psychological support for the carers of PWD. There is limited

³⁶ Ministry of Health 2017.

outreach programmes targeted at families of PWD to improve services uptake from their constituencies.

285. Eswatini has also developed Health Sector Strategic Plans which aim at improving health sector delivery systems. This includes the reduction of morbidity, disability and mortality that are due to disease and other social conditions. These plans also seek to promote effective allocation and management of health sector resources; and reduce the risk and vulnerability of the country's population to social welfare problems as well as the impact.

286. The Government has ensured that for public engagements, sign language interpreters are present. The Government has also developed brailled comprehensive sexuality education health information package for adolescents and young people. However, as a first product, it is only available in urban areas and plans are underway to decentralise the access to all other areas in the country.

287. There are no braille transcribers and sign language interpreters, even though some health workers have been trained. Staff turnover and retention rates are very poor in this sector. Further, the Government does not have a successive training plan for sustainability and incorporation to pre-service.

288. Interventions and access to services for all persons regardless of status are the vision of the Ministry of Health Policy. The Government has been sending health workers for training on sign language in one of the local training institutions. However, this was only limited to only hospital level staff not lower level facilities. As a mitigating measure, plans are under way to roll out the trainings to lower level health facilities.

289. Signage for the visibly impaired remained a huge challenge until 2019 when the SRH program developed the first braille IEC material for adolescent and young people that contains sexuality health information. The program is at its foundation phase in devising program intervention for persons with disability as per the inclusion UN track able indicators. This will assist planning, interventions, decentralisation of services, resource mobilisation and allocation, skill capacity for health workers and improve the data collection system.

290. Eswatini government health budget allocation has increased from 10.5% of the fiscal year 2019/2020 to 12% for 2021/2022. More advocacy is being made with the Central Agencies (Ministries of Finance, Economic Planning, and Public Service) to have the budget increased to the required 15%.

291. The Government has invested in the following programmes to improve accessibility to health facilities:

- Renovations of health centres – theatres for all (6) health centres have been renovated since 2014.
- Waiting huts for patients have been constructed for all health centres, one renovated in high volume delivery hospital, maternity ward has been constructed in Mangweni clinic (Hhohho Region), Raleigh Fitkin Memorial (RFM) and Mbabane Government Hospital (MGH) maternity wards and delivery theatre has been renovated. Renovation of waiting huts (reduce the possibility of delivering disabled children) – Mankayane, Hlatikhulu, Good Shepherd).
- Neo natal ICU's have also been installed in MGH and RFM. This has been done to reduce the maternal mortality rates in the country.
- Establishment of National Cancer Control Unit in September 2019, which made guidelines for management, referrals and reviews for all types of cancers.
- Establishment of Oncology department at Mbabane Government Hospital (National Referral Centre) in 2012 which is intended for primary chemotherapy interventions. It identifies cases for external referrals for advanced management outside Eswatini.

292. Eswatini has also developed a number of strategic plans for different programmes. These includes:

- The Ministry of Health Policy 2016–2026;
- The National Health Sector Strategic Plan (NHSSP) 2018 to 2023;

- The Reproductive Maternal Neonatal Child Adolescent and Nutrition (RMNCAH&N) Strategy (2020 to 2025);
- The Menstrual Health Management (MHM) guidelines 2021 – they followed a baseline assessment on menstrual hygiene for in and out of school adolescent young people;
- The adolescent health framework, 2019–2024 called AA-HA! (Accelerate Action for the Health of Adolescents) this is a multi-sectoral document;
- The Adolescent Youth Friendly Health (AYFHS) standards (2017 to 2022);
- National HIV Prevention Policy 2019–2029;
- National Strategic Framework on HIV/AIDS 2018–2023;
- Extended National HIV Strategy and Plan of Action;
- Sexual Reproductive Health Policy 2013;
- National Gender Policy 2010.

293. These Health sector Plans are aimed at improving health sector delivery systems which include the reduction of morbidity, disability and mortality that are due to disease and other social conditions. These plans further seek to promote effective allocation and management of health sector resources; reduce the risk and vulnerability of the country's population to social welfare problems as well as the impact.

294. Training of health care workers to early detect and manage potential complications that may result to disability is progressively undertaken. The number of trained health care workers are estimated to be about 80% of staff per health facility on early identification and interventions programmes. The staff is trained annually to factor in staff turnover, promotions and redeployments.

295. Equipment for early diagnostic of Non-Communicable Diseases (NCD) are available in almost all level facilities, i.e. screening of cervical cancer, ultra sound scanners amongst others. In addition to the existing equipment and supplies in health facilities new advanced technology such as high dependency and critical care equipment is procured.

296. The Government has put in place Integrated Management of Childhood illnesses (IMCI) programme to manage early identification and intervention of childhood illness that may result in disability. Growth monitoring is done at community level by outreach services or community volunteers to monitor growth patterns and child developments that may lead to disabilities if poorly managed.

297. Provision of ante natal care for pregnant women, intra partum care and post-natal care as an intervention that seeks to alleviate occurrence of disability to the mother and the child.

298. The development of Eswatini Strategy on Early Identification and intervention of children 2016 – 2020, is to ensure that children are identified early in order to access required services for optimisation of development and access to services.

299. The Ministry of Health has set programs aimed at facilitating early identification and intervention programs to support prevention and minimise emergence of secondary disabilities through school health programs, occupational and rehabilitation programs:

- Through the School Health Policy and Guidelines of 2014, disability screening has been established for children between 5 to 19 years in all schools in the country and referrals are made to different service provision as per need identified with each child using standard internationally recognised tool such as those used for motor skills, visual and auditory equipment to name a few. This is a collective multi-disciplinary intervention comprising of school health nurse, paediatricians, Occupational and clinical therapists, dermatologists, as well as general physicians. Screening is not limited to public schools but also incorporated to private schools.
- Through the Occupational Therapy department, the Ministry has set a Rehabilitation Unit in some hospitals to assist children with speech or motor skills, it also offers assistance in physiotherapy for children with physical disability. There are

collaborative efforts with the of Ministry of Education to allocate a number of schools (public and private) with speech or occupational therapist.

- National Mental Health Strategic Plan 2021–2023 has been finalised to cater a balanced approach for all mental health issues in service provision, resource availability and allocation, monitoring and evaluation that will inform progress and areas on improvement. The country has also recognised the skilled personnel for rehabilitation by having them registered with the Medical and Dental Council, which wasn't done before 2018 thus the number and speciality available was not generally known and monitored.
- Availability of specialised occupational therapist and speech are more in private sector where parents are able to pay independently whilst the public sector has very limited number per region.
- Data availability is very limited as it is dependent on focal persons per responding unit to compile and share nationally. It is neither disaggregated by ages, in some settings difficult to disaggregate by disability, especially for cognitive impairment.
- Occupational Health interventions are limited with availability of equipment and tools required for the full implementation of the therapeutic interventions required for most of the PWD. Most equipment is in dire need of repairs, maintenance, replacement or an upgrade to meet current standards.

300. Eswatini adopted the National Health Policy 2007 which was revised in 2016 which seeks to guide principles on access to health care for the citizenry. Every region has access to a government hospital which serves as a referral for the clinics which are available in almost every constituency countrywide. The access to these services is open to all persons however priority is given to children, the elderly and persons living with disabilities.

301. Services for Rehabilitation in respect of speech, hearing and physiotherapy have been decentralised to all regions.

302. Eswatini has embarked on a campaign titled “Umndeni Lotfokotile” (Happy family) to raise awareness on family planning for both men and women. The campaign, through the health care system makes provision for free contraceptives and placing condoms in public spaces.

303. The country has developed the Sexual and Reproductive Health Policy of 2013, which seeks to accelerate efforts towards the realization and strengthening of access and utilisation of the sexual and reproductive health services at all levels. Antenatal care attendance is now at 97% though there is not much decrease in the MMR but it is at 320/100 000 according to United Nations estimates, yet it was at 509/100 000 according to SDHS 2006.

304. In a bid to reduce teenage pregnancy awareness raising efforts have been intensified & Sexual Reproductive Health (SRH) education strengthened. Awareness-raising efforts and steps taken to ensure that men, women and adolescents in all regions of the country have access to contraceptives and sexual and reproductive health education and services include –life skill education for youth in school and Institutionalization of youth friendly services into all health facilities in the country.

305. All health providers are fully trained and provided with skill competency measures during pre-service and clinical practice hours. They have a full module on clinical ethics and principles they cover at pre-service. In practice, health providers uphold patient confidentiality for the disabled except in cases of persons with gross (>60%) cognitive impairment or some degree of educational impairment (moderate to severe autism or dyslexia), where guardian is solicited for the assistance of medical interventions. In extreme cases, where a parent or guardian is noted not to be acting in the best interest of the disabled person (such as in access to SRH services and commodities for the cognitive impaired), the social worker and court system is involved.

306. The country does not discriminate any person seeking medical services on the basis of disability both in public or private health facilities. Companies offering private medical insurances cater for persons with disability such as occupational, rehabilitation, mental health,

eye and skin care to name a few and these are paid by patients whose companies subscribe to these insurances or dependants are able to pay self.

307. Health services in the county are accessible to all regardless of age and disability as enshrined in The Constitution as well as The Health Policy. Such is covered in all programs and service thematic areas. Whilst all health services are relatively free in all primary health points (clinics), services in health centre and hospitals have subsidised charges, the elderly aged over 60 years do not pay for any admission related inpatient and outpatient health services.

308. SRH information for women with disabilities – The Government has ensured that SRH information is available for all through relevant channels (brochures, health talks) such as for public engagements by the health sector, sign language interpreters are present. The Government has also developed brailled comprehensive sexuality education health information package for adolescents and young people. However, as a first product, it is only available in urban areas and plans are underway to decentralise the access to all other areas in the country.

Limitations

309. Few specialised personnel and services are available for the early identification of child disability. The Ministry of Health, through the SRH program is establishing interventions and identifying collaboration for interventions that can be used to either prevent or quickly identify potential for disability of a child during maternal pregnancy, delivery and early neonate.

310. There is no focal point for disability in the Ministry of Health, which limits the mainstreaming of disability in this sector.

311. Government health sector lacks a continuous professional development programme on disability issues for all health providers except in special areas.

312. Limited availability of social workers compromises the linkage interventions.

313. Country has many sub-specialties for rehabilitation but only one Psychiatrist Doctor.

Article 26

Habilitation and rehabilitation

314. Rehabilitation services in Eswatini are provided by the Ministry of Health, Ministry of Labour and Social Security, Ministry of Education and Training, CSO, private entities, statutory bodies and by OPD's.

315. The Vocational Training and Rehabilitation services (VTRS) Unit under the Ministry of Labour and Social Security is tasked with coordinating services through empowering PWD, including Women and Young Persons with disabilities, with vocational skills to enable them to be economically and socially stable. Programmes offered under VTRS include skills in carpentry, sewing, electrical installations, secretarial studies, leather craft and general handicraft, design and technology (metal work), agricultural skill, ICT and building construction.

316. The Ministry of Education and Training has mainstreamed vocational training facilities for the general population and there is no discrimination against PWD participating in courses, depending on their level of education and the nature and severity of their disability.

317. Vocational training for PWD is provided in three segregated rehabilitation centres; Nhlngano, Malkerns and Mbabane. However, the vocational VTRS 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 VTRSs centres to the labour market is often difficult for graduates but work experience placements are sometimes available in local industries.

318. The country received funding from Global Fund to establish Occupational Health and Safety Clinics (OHSC) that will provide services to miners, ex miners, their families and the

community. In 2017, Eswatini officially launched and operationalized two OHSCs in Hlatikulu and RFM Manzini. This was a giant step taken in addressing the burden of TB and other occupational lung diseases among this high risk key-population.

319. However, mainstream vocational training centres lack the resources and personnel (for example trainers with sign language and braille proficiency skills) to cater for the needs of learners with disabilities and therefore very few PWD are able to successfully access these trainings.

320. The centres for rehabilitation services of PWD's are not accessible to all PWD's as they are only three of them and their locations are centralised. The skills provided are not inclusive enough, such that deaf people are not being catered for due to limited capacity of trainers.

321. Habilitation and rehabilitation programmes are not fully compliant with human rights-based approach due to the challenges alluded above. PWDs are referred by qualified health professionals at any point to the rehabilitation and occupational health units in any of the four regions, where assessments of their needs are done and interventions and trainings of the PWDs are done in order to attain maximum health care.

322. Through international cooperation the Kingdom has received support in the form of technical and financial assistance aimed at improving the livelihoods of PWD. The country has not undertaken any perception surveys on products or services rendered to PWD. Currently, there are no community-based rehabilitation programs and no outreach services provided by the four rehabilitation units based in regional public hospitals.

Article 27

Work and Employment

323. Section 32 of the Constitution provides that a person has a right to practise a profession and carry on any lawful occupation, trade or business. Labour and employment relations are mainly governed by the Employment³⁷ and Industrial Relations³⁸ Acts and these legislations prohibit any discrimination in the workplace including on the basis of disability.³⁹ Further, the PWD Act⁴⁰ provides that PWDs have a right to employment on equal basis with others and employers to provide just and favourable condition of work including equal opportunities and equal remuneration. However, the kingdom currently does not have any affirmative action to monitor the rate of employment on equal basis on PWD.

324. The women and young persons trained in Centres mentioned Article 26 are encouraged to start their own small businesses in strategic areas of their own choice or alternatively, use the already established work-sheds which are situated in various parts of the country such as Lomahasha, Siphofaneni, Mpholonjeni, Khubuta, Ntfontjeni, Gege, Buhleni, etc. The country does not have any measures in place for the PWD to conduct work away from sheltered workshops.

325. Eswatini has mechanisms in place to address discrimination and labour disputes through reporting to the Labour Commissioner. The Ministry of LSS has an Occupational and Safety Health unit that inspects workplace safety and makes recommendations. Non-compliance to the OSH standards/requirements results in Labour and civil suits being instituted against the transgressing employer.

326. Eswatini established specialised labour dispute resolution agencies for victims of unfair labour practices to vindicate their rights. These are the Conciliation, Mediation and Arbitration commission (CMAC) and the Industrial Court. The Commission on Human Rights and Public Administration investigates and provides remedial interventions in cases where employees' rights have been violated.

³⁷ Employment Act No. 5 of 1980.

³⁸ Industrial Act No. 1 of 2000 (as amended).

³⁹ Section 29 of the Employment Act.

⁴⁰ Section 35 of PWD Act.

327. The Constitution guarantees the right of every person to freely and voluntarily join labour and trade unions of their choice.⁴¹ The Industrial Relations Act also allows any employee to join trade unions of their choice with no restrictions or discrimination.

328. The Ministry of Tinkhundla Administration offers skills' training programmes such as sewing, food processing, business management, amongst others. These trainings are mainly targeted at women, young persons and other disadvantaged groups living in rural areas. In furtherance of this programme, five (5) training Centres have been established in rural areas such as Mahlangatja, Sithobela, Mahamba, Siphofaneni and Ntfontjeni.

329. The Government provides capital funding for Micro – Small and Medium Enterprises after these trainings through various funds dedicated to vulnerable groups. These includes the Poverty Reduction Fund Regional Development Fund, Inhlanyelo Fund, National and Formal Sector Fund, Eswatini Development Finance Corporation, Youth Enterprise Revolving Fund.

330. The Government has further developed a National Social Security Policy, currently being considered by Cabinet for endorsement. This Policy is the key foundational pillar of a comprehensive social security system for all workers and their families in the Kingdom of Eswatini. This policy recognizes the gaps in the social insurance system and of a comprehensive social protection framework for Eswatini. As a result, the Policy seeks to lay the foundation for a comprehensive and inclusive social insurance system for all workers and their families.

331. The development of this National Social Security Policy was undertaken simultaneously with the development of a Social Assistance Policy under the Deputy Prime Ministers' Office as well as the National Health Insurance Scheme (NHIS) Policy under the Ministry of Health.

332. In 2021, the Government commenced the implementation of activities under the Social Security Policy such as preliminary processes of establishing an Unemployment Benefit Fund (UBF) which will provide income security to protect unemployed workers and their families against poverty as well as increase their employability through skills training and retraining and further facilitate their return to employment through active labour market policies – ALMPs).

Employed persons with disabilities by Sex, Age group and Institutional sectors, Labour Force Survey 2021.

Sex	Age groups	Institutional sector							All sectors
		Public	Parastatal	Private	Households	Non-profit institutions	International institutions	Not elsewhere classified	
Male	15–19	0	0	429	191	0	0	0	621
	20–24	0	0	871	0	0	0	0	871
	25–29	106	0	1 120	0	0	0	0	1 226
	30–34	307	99	1 531	0	152	0	0	2 090
	35–39	339	0	1 295	0	0	0	0	1 635
	40–44	640	298	1 972	49	0	0	0	2 960
	45–49	1 030	0	1 469	0	0	0	0	2 499
	50–54	624	407	2 327	0	0	107	0	3 464
	55–59	625	239	1 042	0	0	0	0	1 905
	60–64	67	0	491	0	0	0	0	558
65+	80	0	790	0	0	0	0	870	
	All age groups	3 818	1 043	13 337	240	152	107	0	18 699

⁴¹ Section 32.

Sex	Age groups	Institutional sector							All sectors
		Public	Parastatal	Private	Households	Non-profit institutions	International institutions	Not elsewhere classified	
Female	15–19	0	0	195	92	0	0	50	337
	20–24	84	0	1 007	319	0	0	0	1 410
	25–29	684	99	592	347	0	0	0	1 722
	30–34	91	122	1 709	278	121	0	0	2 322
	35–39	822	0	1 960	200	0	0	0	2 982
	40–44	688	0	2 222	205	0	0	0	3 115
	45–49	987	293	2 053	537	114	0	0	3 985
	50–54	810	124	2 258	399	0	0	180	3 771
	55–59	354	0	774	446	168	0	0	1 743
	60–64	83	97	1 205	70	0	0	0	1 455
65+	0	0	1 249	0	0	0	0	1 249	
All age groups		4 603	735	15 224	2 893	403	0	230	24 091
Both sexes	15–19	0	0	624	283	0	0	50	958
	20–24	84	0	1 878	319	0	0	0	2 281
	25–29	790	99	1 712	347	0	0	0	2 948
	30–34	398	221	3 240	278	273	0	0	4 412
	35–39	1 161	0	3 255	200	0	0	0	4 617
	40–44	1 328	298	4 194	254	0	0	0	6 075
	45–49	2 017	293	3 522	537	114	0	0	6 484
	50–54	1 434	531	4 585	399	0	107	180	7 235
	55–59	979	239	1 816	446	168	0	0	3 648
	60–64	150	97	1 696	70	0	0	0	2 013
65+	80	0	2 039	0	0	0	0	2 119	
All age groups		8 421	1 778	28 561	3 133	555	107	230	42 790

333. Eswatini has limited monitoring mechanisms as institutions provided for under the Persons with Disabilities Act have not been established to perform various mandates.

334. The Workmen's Compensation Unit under the MLSS deals primarily with compensation for injuries on duty and occupational diseases. The Unit mainly compute/process Workmen's Compensation claims for all employees in Eswatini. Most employers have policies and standing practices to retain employees that have acquired disabilities in the course of employment.

Table reflecting Workman's Compensation Claims

	Government sector		Private Sector	
	2019/2020	2020/2021	2019/2020	2020/2021
No. of Claims received	40	96	1 526	1 161
No. of Claims processed	22	57	345	541
Medical Board Cases	-	51	-	164
No. of Claims paid	33	21	114	845

	<i>Government sector</i>		<i>Private Sector</i>	
	<i>2019/2020</i>	<i>2020/2021</i>	<i>2019/2020</i>	<i>2020/2021</i>
No. of Claims pending	21	255	894	1044
Monetary Value (Emalangeni)	3 104 596.31	2 212 386.76	4 7171 117.39	2 776 291.80

Source: Ministry of labour and Social Security, annual reports 2019/20–2020/21.

335. The average hourly earnings of female and male employees, by occupation, age group and persons with disabilities.⁴²

Average hourly earnings (Emalangeni) of self-declared disabled employees by sex and occupation

<i>Occupation</i>	<i>Sex</i>		
	<i>Male</i>	<i>Female</i>	<i>Both Sexes</i>
Manager	110.00	121.68	119.93
Professional	64.63	68.65	68.59
Technicians and Associate Professionals	56.56	26.48	36.86
Clerical Support Workers	58.26	41.02	35.84
Service and Sales Workers	7.97	8.92	8.07
Skilled Agricultural, Forestry and Fishery Workers	40.00	5.91	8.88
Craft and Related Trades Workers	16.87	9.63	16.67
Plant and Machine Operators and Assemblers	21.61	10.54	12.46
Elementary Occupations	12.76	9.11	10.05
All Occupations	19.19	13.95	18.72

Percentage distribution of unemployed disable population by sex and age group (Labour Force Survey 2021)

	<i>Sex</i>		
	<i>Male</i>	<i>Female</i>	<i>Both Sexes</i>
Unemployed disabled population	5 667	9 862	15 529
<i>Age group</i>			
15–19	3.9	0.0	1.4
20–24	18.0	22.0	20.5
25–29	15.9	16.4	16.2
30–34	8.6	9.0	9.0
35–39	13.9	23.2	19.8
40–44	10.0	9.1	9.4
45–49	8.2	6.6	7.2
50–54	11.9	6.4	8.4
55–59	4.6	4.1	4.3
60–64	3.0	1.1	1.8
65+	1.8	2.1	2.0
All Ages	100.0	100.0	100.0

⁴² Ibid., indicator 8.5.1.

336. The Constitution and the Employment Act prohibits slavery and forced labour.⁴³ The Ministry of Labour through Labour Inspectorate provides for monitoring and complaint mechanisms that safeguards against forced labour, exploitation or slavery.

Article 28

Adequate standard of living and social protection

337. The Government provides, as part of its social protection system, basic levels of income and in-kind support in differing forms. The social assistance and social security programmes include, but are not limited to, Universal Old Age Grants (OAG), income grants/Public Assistance to persons with disabilities, universal school feeding scheme, an education grant to support secondary school attendance in Public Schools by Orphaned and Vulnerable Children (OVC), and a World War Veterans Military grant (including for the widows).

338. The social protection coverage in 2016/2017 indicated 63.10% of households received an OAG, 2.56 % received a Disability Grant and 18.87% received an OVC grant.⁴⁴ The OVC Education Grant, though not strictly considered a form of direct social assistance, is a bursary which covers part of children's school fees to cater for Secondary and High School in Public Schools. Additionally, the Government provides relief in the form of basic necessities in the event of disasters through the National Disaster Management Agency. Eswatini further provides Food distribution and building of houses (undertaken through National Disaster Management Agency and Eswatini Baphalali Red Cross).

339. The Kingdom of Eswatini has developed a National Social Assistance Policy and a National Social Security Policy which have been endorsed by the Cabinet. These frameworks are to regulate and administer national interventions aimed at improving the standard of living for vulnerable groups. The social protection programmes (social grants) offered are made available to vulnerable groups regardless of the financial or economic situation prevailing in that particular time.

340. Eswatini is in the process of fully implementing the PWD Act 2018 through developing Regulations and Guidelines to provide and guide the eligibility criteria and the level of support to PWD in mainstream and disability-specific social programmes.

341. In the advent of the prevailing COVID-19 pandemic and the partial lockdowns introduced thus restricting people's movements, the DPMO devised a new strategy to transmit social grants to the Elderly and PWD through electronic payment grants as a safe way to transmit grants to the intended beneficiaries.

342. Information on the disability social protection measures is accessed by PWD at community level through the community leadership structures. Furthermore, the Government makes use of media through a radio programme to inform the rights holders. Stakeholder collaboration amongst ministries and duty bearers assist and ensure that PWD have access to the available social assistance programmes.

343. Eswatini has increased access to safe drinking water at national level from 72% in 2014 to 82% in 2021.78% of the rural population now has access to improved water sources compared to 93% for urban areas. The improvement has been achieved through Government's collaboration and assistance from various partners funding projects aimed at amongst others; the management of water resources, build resilience to climate change & disaster risks, water and sanitation. Most of these projects targeted the rural and peri-urban areas. The Government acknowledges that not all water and sanitation amenities are accessible and of universal design, to mitigate this, efforts are being made to upgrade the existing structures to reasonably accommodate PWD.

⁴³ Section 17 (2) and Section 145 respectively.

⁴⁴ (Central Statistics Office and World Bank, 2016/2017).

344. Eswatini is in the process of developing the overall social protection coordination mechanism, which will ensure that issues of disability are mainstreamed across all the social assistance support programmes.

Table 2

Population covered by social protection programme

<i>Proportion of population covered by social protection floors/systems</i>		
<i>Indicator</i>	<i>2016/17</i>	<i>2020/21</i>
Number of beneficiaries under the OVC grant	52 632	58 193
Number of beneficiaries under the elderly grant	94 851	74 955
Number of beneficiaries under the disability grant	4 779	5 019
<i>Government budget allocation for social protection programmes</i>		
	<i>2016/17</i>	<i>2020/21</i>
Govt. budget allocation – OVC grant (E)	108 034 458	190 000 000
Govt. budget allocation – elderly grant (E)	154 201 748	466 833 454
Govt. budget allocation – disability grant (E)	1 123 920	28 708 000

345. Poverty Reduction Strategy and Action Programmes 2005 which was tailor-made to end Poverty by 2015. This strategy's recommendations resulted in the establishment of Poverty Reduction Fund, Regional Development Fund, Youth Enterprise Fund and the social grants for the elderly, PWD, OVCs.

346. In an endeavour to fight hunger and achieve food security, Eswatini endorsed and domesticated the Sustainable Development Agenda 2030 and further prioritized SDG 2 in an effort to end hunger among its citizens in line with the Global Zero Hunger Challenge. The country collaborated with key sectors to develop the Eswatini Zero Hunger Strategic Review (EZHSR) 2019 in an effort to inform the implementation of SDGs 1 and 2.

347. Strategy for Sustainable Development and Inclusive Growth (SSDIG), 2018: A national development strategic framework which was an expansion of the NDS (National Development Strategy) to incorporate sustainable development as per Agenda 2030. This National strategic framework set national targets and priorities for pursuit towards a prosperous Eswatini by 2030. The SSDIG articulates the vision of the country for the year 2022 and beyond and further maps the development path for Eswatini. Charter 9 on the SSDIG integrates PWD into mainstream community initiatives and advocates for institutional on policy mechanisms through which PWD can be integrated effectively with the rest of society.

348. Eswatini employs a variety of strategies aimed towards poverty alleviation, these include the Funds available to all especially towards vulnerable populations, subvention on agricultural inputs to encourage subsistence farming for improved food security.

349. The Eswatini National Provident Order, 1974 establishes the Eswatini National Provident Fund to cater for the post-employment period of all workers with the exclusion of public/civil servants whose post-employment benefit is catered under the Public Service Pension Fund. Both of these post-employment insurance schemes are mutually contributory in that both the employer and the employee contribute towards these funds. The contributory rates for the Provident Fund escalate annually.

350. The post-employment benefits under the Eswatini National Provident Fund cannot be said to be sufficient to ensure an adequate standard of living for the recipients and their families. This is mainly because the amounts contributed as permissible in term of the enabling legislation are rather on the low side when compared to those contributed by employees and the employer under the Public Service Pension Fund. Moreover, the Eswatini National Provident Fund Order permits a once-off withdrawal of all the saved funds at the discretion of the beneficiary or worker at the end of employment.

351. The current non-contributory social security system caters for the elderly and PWD to obtain monthly grants. Moreover, this category of people is entitled to health services at no

cost in all public health institutions and hospitals. Orphaned and vulnerable children are entitled to basic primary education at no cost on their part.

352. The public social security schemes described above are supplemented by private schemes or informal arrangements. A number of employers, on top of contributing towards the Eswatini National Provident Fund, for instance, also develop individual pension and provident fund schemes in agreement with their employees. The funds saved through these private pension and provident fund schemes supplement the funds obtained from the public social security schemes. There is equal enjoyment by men and women as well as persons with disabilities of pension rights. The age of access, qualifying periods and amounts are without differentiation between men and women as well as PWD.

Article 29

Participation in political life

353. The Constitution in section 84 subsection (1) affirms the right of Eswatini to vote and be represented by their own freely chosen as representatives of Government. Further, it emphasizes the right of women and other marginalized groups to equitable representation in Parliament and other public structures.

354. The Elections Act of 2013 has provisions that obligate the Elections and boundaries Commission to put in place measures that will accommodate PWD to participate meaningfully in elections.⁴⁵

355. The EBC developed and is implementing a Civic and Voter educational programme that is cognisant of the involvement and participation of marginalized groups. These engagements includes OPD's together with partners supporting programmes of Persons With Disabilities.

356. The Elections Act directs a Presiding Officer to allow a voter with disability to be assisted to vote while accompanied by a person of the voters choice.⁴⁶ The Elections Act further outlines the procedure to be followed for assisted voters.

357. The EBC when determining the boundaries and premises of polling divisions is obligated to consider the availability of a suitable place and its accessibility to voters so that the free, fair and orderly conduct of elections are not affected.⁴⁷

358. Once PWD's are elected or appointed into office the Government provide the necessary material to enable the office bearer to effectively hold office and perform public functions at all levels of Government. A case in point is the former legislator (Senator Tom Mndzebele) that was appointed into office in 2008 was provided with the necessary materials and aides to effectively participate and execute the mandate of office.

359. The Government and development partners periodically provide capacity building for OPD's on leadership and business management skills. In some instance the OPD's were taken for benchmarking exercises in various jurisdictions to foster best practices. Through the JICA programme OPD's are annually offered capacity building and opportunities abroad.

360. In the past Government provided annual subventions to OPD's for their maintenance whilst pursuing their respective mandates of representing their rights and interests at the local, regional, national and international levels.

Article 30

Participation in cultural life, recreation, leisure and sport

361. Part VI, Section 38 of the PWDA provides for the access to recreation, leisure and sport by persons with disabilities. Eswatini established the Ministry of Sports, Culture and

⁴⁵ Section 16 and 56.

⁴⁶ Section 56 (1).

⁴⁷ Section 16 (4).

Youth Affairs to development sports, arts and culture and youth through popular participation and creating an environment for coordinated and structured framework to address socio economic challenges.

362. The Eswatini Sport & Recreation Council provides support on annual basis for the development of disability sports programs within respective recognised sports bodies:

- Disability programs have been initiated through collaboration with Cheshire Homes Eswatini for Wheelchair Basketball and Wheelchair Tennis;
- Support for training of respective personnel provided by respective international federations;
- Disability Sport Introduction Days are hosted annually at respective sporting centres for the disabled as a means of ensuring equitable access and participation in sport.

363. Government of Eswatini has supported the Special Olympics Eswatini towards participation at respective Special Olympic International events. Eswatini has further established National Paralympic Committee and processes are under way to have it registered with the International Paralympic Committee. Most mass sporting events organised by the Eswatini Sports & Recreation Council & Eswatini Olympic & Commonwealth Games Association allow for equal participation of persons with disabilities. Most epitome events of respective recognised sports bodies, and in particular athletics events, allow for equal participation of persons with disabilities. Specific categories have been created for the disabled and awards are given to participants. Conscious efforts have been made by the Eswatini Sports & Recreation Council and Eswatini Olympic & Commonwealth Games Association to ensure existing sports are accessible for persons with disabilities.

364. On National cultural events efforts are made by Government to transport PWD's to attend and participate in those events and sign language interpreters provide translation to activities of the proceedings. Educational media programmes are also translated by sign language interpreters to accommodate persons with hearing impairments. On ad-hoc basis, important documents, Government statements and speeches are transcribed in braille for visually impaired persons.

365. Universal Access and Service Fund under ESCCOM was established to ensure that Information Communication Technology (including broadcasting) are made available at quality service, to all citizens of Eswatini, including the disabled, regardless of geographical location, regardless of any specific national condition and must be at an affordable price.

366. Eswatini endeavours to reasonably accommodate PWDs on television programmes, films and other cultural activities, such efforts include sign language interpreters for persons with hearing impairments as well as audio aides for visually impaired persons.

367. The Ministry of Commerce Industry and Trade and the Eswatini Investment Promotion Authority gives platforms to person with disabilities to exhibit their wares and arts at International Trade Fair, the platforms are given free of charge to PWDs.

368. Government continues to train various service centres' personnel on sign language communication skills so that they are able to effectively provide services to the deaf community. Through the University of Eswatini under the faculty of Humanities (department of languages) a sign language dictionary is being developed. Sign language interpreters are now used in public meetings and national events to promote sign language services. These covers even national elections campaigns. Eswatini also established through the National Association of the Deaf a National Training Centre for the Deaf to provide sign language training to all interested parties.

369. Learners participate in Special Olympics events (an international sports organization for people living with intellectual disabilities) and zone 6 games (SADC level) where they compete with other athletes. Sporting activities are held at schools, regional and national level. For equal access mainstream and special schools teachers have been trained in special Olympics and disability sports coaching. Further examples of children with disabilities' participation in sports at schools include:

- Ekwetsembeni Special School has a partnership with Waterford kaMhlaba (as part of their community service) where they collect learners from Ekwetsembeni to go to Waterford to do all sporting activities such as soccer, netball, volleyball.
- Learners from Special schools e.g. School for the Deaf have also started to participate in Spelling B competitions at school, regional and national level and are doing exceptionally well.

370. Eswatini developed the Grading of Accommodation Establishments Regulations in 2016 wherein issues of universal accessibility form part of the criteria. This was adopted after consultations with the industry, it is envisaged that this will be further extended to other tourism facilities in the country.

371. The country hosted the World Tourism Day for 2016; all stakeholders were invited to an event to celebrate this day under the theme; “Tourism for All – promoting universal accessibility” wherein the stakeholders were taught to practice the type of Tourism which can be enjoyed equally by everybody, regardless of one’s abilities.

372. The Kingdom of Eswatini is a signatory to the Global Code of Ethics for tourism; wherein Tourism for PWDs is encouraged and facilitated. Investors in the country who are keen to establish tourism facilities are always encouraged to ensure accessibility to their facilities for persons with disabilities i.e. in exercising the obligations of stakeholders in tourism development.

Article 31

Statistics and data collection

373. PWDA provides as one of the functions of the National Council for PDWs to collect and collate data and information, as well as undertake and promote research relating to persons with disabilities.

374. Currently, the country has an elementary register of PWDs who are currently on social protection programmes offered by the government (disability grant, social assistance grants). These are kept by the Social Welfare department who are responsible for programming and providing the necessary support to PWDs whilst the country is setting up the full implementation of the PWDA and the relevant bodies or structures provided for therein.

375. Furthermore, the Statistical Bureau of Eswatini (Central Statistics Office) undertook the National Census in 2017 where PWDs were also part of the National statistics and as such volume 6 of the National Census report is on PWDs, Albinism and Epilepsy. This report gives decent details in demographics of PWDs disaggregated by sex, age, employment status, residence (rural, urban), level of education attained as well as marital status. This report has been published and disseminated for use widely in various constituents including PWDs. Through national reports including the Annual Education Census as well as the Integrated Labour Force Survey there are indicators related to PWD issues in the areas covered in these national studies.

376. Through the operationalization of the PWDA a registry of PWDs will be this will contain all contact details of PWDs as well as their disability status and support required or receiving from social protection programme. This is will be in line with this convention and the human rights based approach to disability to ensure confidentiality and respect for the privacy of persons with disabilities in Eswatini. The government is currently in the process of developing regulations to see the full operationalization of this Act for the realisation of these aspirations amongst other issues.

377. In terms of the PWDA the register will contain information to be useful to the government for planning and budgeting purposes for the PWD community as well as information on available OPDs to better understand the issues PWDs encounter for better programming and interventions design.

378. Furthermore, all other organisations and research institutions generating data on PWDs use the general indicators established and defined by the statistical bureau in Eswatini to avoid any discrepancies and data quality management issues. There are various studies

including one on persons with Autism Spectrum Disorders and the situation of Gender Based Violence amongst their constituents. This particular study was done in collaboration with the coordinating entity (department of Social Welfare) for PWDs as well as the OPD (Autism Eswatini Organisation) under the guidance and support of the Statistical bureau of Eswatini. This is a classic example of the coordinated efforts to support the collection of usable information on PWDs as well as credibility and verifiable data collected by other entities other than the Statistical bureau of Eswatini.

Article 32

International cooperation

379. The Government of Eswatini acknowledges the importance of international cooperation in support of national efforts towards the implementation of the CRPD. This cooperation should be inclusive of and accessible to PWD.

380. The Government of Eswatini in collaboration with the United Nations developed the United Nations Development Assistant framework, 2016–2020 to ensure for more effective and efficient delivery that will support in fast tracking Eswatini’s development objectives. The Government of Eswatini and the UN system are thereby committed to working together in partnership to deliver the aspirations of the UNDAF.⁴⁸

381. The kingdom of Eswatini in co-operation with other International agencies such as the Japan International Co-operation Agency programs (JICA) has empowered PWDs in the community of Eswatini into mainstreaming capacity development, in which they are sent for training opportunities in Japan. The JICA project has also built a variety of inclusive schools around the country which are also accessible to persons with disabilities. The Republic of China on Taiwan on the other hand has built an Autism Centre in Manzini as well as a retirement home in Mankayane, which benefits even persons with disabilities.

382. Furthermore, as part of the SADC mission on a Disability Promotion, Coordination, Empowerment and Mainstreaming of Disability, SADC Representative undertook an official visit to establish and strengthen working relationships within the region. The aim of the visit was to discuss a Department of Social Development (DSD) (South Africa)/Japan regional project supported that has been in operation since 2015–2022 on disability promotion, empowerment and mainstreaming activities. The Kingdom of Lesotho through its Director of Disability visited the Kingdom of Eswatini for experience sharing on good practices and also to establish collaborative links between the two countries.

383. There is however minimal participation of PWDs through their representative organization in the design, implementation, monitoring, evaluation of programs and projects aimed for their benefit and utilization. International organizations do undertake projects aimed to alleviate the plight of PWDs but the only challenge encountered is that the recipients of these projects are only consulted upon completion of such projects as opposed to their involvement at the initial stage. This is basically attributed to lack of sufficient appreciation to issues of PWD, it being a new phenomenon.

384. The Kingdom of Eswatini has however taken great strides in an attempt to alleviate this challenge. Civic education activities has been undertaken to sensitize the populace on issues of PWDs. There are also a number of non-Governmental organizations (NGOs) that represent and advocate for the rights and welfare of PWDs and they are as follows:

(a) The Coordinating Assembly of Non-Governmental Organizations (CANGO) which is an umbrella body for all non-Governmental organizations, including those with disability initiatives.

(b) Save the children, an organization which advocates for the promotion of all children’s rights, including those with disabilities.

⁴⁸ Revised to the UNSDCF – United Nations Sustainable Development Corporation Framework 2021–2025.

(c) Cheshire home of Eswatini which focuses on the rehabilitation of persons with physical disabilities.

(d) St Joseph Catholic Mission which houses Ekululameni Centre – an initiative that provides vocational training to persons with disabilities over the age of 18 years.

(e) The Federation of Organizations of the Disabled in Eswatini (FODSWA) is a human rights oriented coordinating body of DPOs. It was formed in 1993 by organizations of people with disabilities in Eswatini due to lack of coordination of their activities. The affiliates are as follows:

- Persons with Albinism Eswatini.
- Eswatini National Association of the Deaf (SNAD).
- Eswatini Association of visually impaired persons (SAVIP).
- Parents of children with disabilities in Eswatini (PCDSWA).
- Eswatini National Association of the Physically Disabled Persons (PNAPDP).

385. In 2016, the Southern African Federation of the Disabled (SAFOD) organized a series of training workshops for the members of the Federation Organization of the Disabled people of Eswatini (FODSWA) as part of the “Building DPOs Capacity in promoting an inclusive Legislative Development in Eswatini”. The project was funded by the Open Society initiative for Southern Africa (OSISA), the project focused on capacity building for FODSWA. Some of the activities in the project included review of FODSWA Constitution and its strategic Plans, conducting of the leaders and Directors Forum, training workshop on advocacy for FODSWA members, advocacy and lobbying session with Policy makers by FODSWA members.

386. Despite this progress, PWDs continue to be marginalized, discriminated against and socially excluded from mainstream activities. Very minimal measures have been taken by the Kingdom of Eswatini in an endeavour to enhance capacity building support to developing countries. This is attributed to the fact that Eswatini is a developing country with limited resources.

Article 33

National and monitoring

387. The government of Eswatini has in place a National Disability unit within the Deputy Prime Minister’s Office responsible for the coordination of the National disability mainstreaming agenda. Furthermore, there is a Special Needs education department under the Ministry of Education and training to ensure mainstreaming within the education sector. In addition, there is a department of vocational training and rehabilitation within the ministry of Labour and Social security with the aim of mainstreaming disability.

388. The Government is currently making efforts to operationalise the PWDA which will see the transformation of the National Disability Unit into a Secretariat of the National Disability Council to allow for a new paradigm shift in addressing and redressing issues of disability in the country by applying a social and human rights based machinery in the national coordination and mainstreaming mechanism in Eswatini.

389. It is envisaged that once the secretariat of the Council has been established, proper coordination and monitoring mechanism for disability mainstreaming across all policies and programs in the government structure will be formed. A proposal to this effect has been developed and approved with the technical support from the UN system (UNFPA, WHO, UNICEF, UNESCO, UNDP). This proposal also covers the establishment of coordination mechanism between the government, OPDs and CSOs for seamless mainstreaming of disability issues in Eswatini. Eswatini has in place a Commission on Human Rights and Public Administration (CHRPA) which monitors and oversee the implementation of various human rights instruments including the CRPD. The commission has further designated a focal point for disability issues.