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The Disability Grant of the Kingdom of Eswatini:

Costing to Estimate Financial Burden of Households Raising Children with Disabilities

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Executive Summary

Background and rationale of the Costing Report: This UNICEF-commissioned Costing Report presents a costing framework and estimation of the financial burden of households raising children (persons 0 to 18 years of age) with disabilities (CWD) in Eswatini. The rationale for this is growing concern among social protection stakeholders in Eswatini, that these households are under strain and not adequately supported, both in terms of coverage and an adequate social assistance benefit level (i.e. the current payout value of the Disability Grant). The objective of the costing is to provide evidence on the key direct and indirect cost items for these households, in order to inform the proposals for the redesign of the Disability Grant administered by the Government of the Kingdom of Eswatini (GoKE). The Costing Report informs what social assistance is required (grant criteria, coverage, benefit level) to allow for equal access to essential services, including 'inclusive education.'

The costing framework draws from a mixed-method approach, including (i) desk reviews of international best practices and examples in costing regarding disability-inclusive social protection,[1] (ii) key stakeholder consultations through telephonic interviews, (iii) an onsite (Eswatini) Focus Group Discussion (FGD) in February 2025, and (iv) a follow-up online, costing-focused survey. The following summarizes the key findings from the data collection and analysis:

Best practices and examples in costing regarding disability-inclusive social protection. ***There is compelling evidence that globally, households caring for persons (of all ages) with disabilities (PWD) incur a significant additional financial burden*****.** For example, in Lebanon, households with PWD to pay an additional 30 to 40 percent of their average income to achieve similar standards of living than the rest. In Philippines, a CWD requires an expenditure that is 40 to 80 percent higher than other children without disabilities. Also in Philippines, registered households with CWD spent a share of their budget on healthcare that was almost 3 times more than those of other households.

Globally there is also agreement that disproportionate support through cash-based social assistance is required so that PWD have equal access to social services and social participation (inclusion). *Specifically*, there is globally and nationally an agreement on the need for the costing and provision of additional cash support to alleviate the additional financial burden incurred by households caring for CWD.

Qualitative and quantitative data collection and findings. A costing framework was developed to establish the basket of inputs for rural, poor households (with combined income of less than E2,000) caring for CWD. It distinguishes *a priori* between actual (empirical) and required (normative) costs,[2] and informs the evidence-based argument on the gap that poor households with CWD experience. The broad cost categories that were identified by the desk review and key informants, and that was the focus of the costing were: healthcare, education, transport, special equipment, special care, food (groceries). The key findings were that spending on all essential items is unaffordable for poor households caring for PWD, and that rural, poor households, that care for a child with a severe disability, face a significant additional financial burden. Also, the loss of employment is the most

[1] Disability-inclusive social protection includes social assistance for Persons with Disabilities (PWD) that is comprehensive, inclusive, non-contributory, and sensitive to the financial burdens and non-financial barriers that PWD face. This term is explored in the 'Proposals for the Enhancement of the Eswatini Disability Grant Report,' available upon request from UNICEF Eswatini.

[2] Empirical costs: what households are currently spending on, for example: basic necessities such as healthcare, food, transport. Normative costs: what households should spend on to have adequate access to essential goods and services, for example: additional necessities associated with caring for CWD, including special and assistive devices, third-party carers, additional healthcare, psychological support, etc.

significant indirect, financial cost for caring for a CWD in Eswatini, followed by loss of job upskilling and adult education.

Recommendations on the optimal benefit level of the Disability Grant:

- The Disability Grant benefit level should be linked to the prevailing poverty line. This is currently USD3.65 per person per day,[3] which is slightly more than E2,000 per person per month.
- The benefit level should be based on the socio-economic status of the household and reviewed periodically taking into consideration human capital development and changes in economic indicators (including inflation.). The level should be reviewed periodically.
- Key informants proposed an optimal benefit level range: at least E975 per month (which is in line with poverty figures from Census 2017), and up to E1,500 per month. The benefit level should be adjusted regularly (ideally annually), in line with core inflation rates, to ensure the level keeps pace with the cost of living, and also in line with the price effects of currency volatility (i.e. of the South African Rand), to further counter the effect of purchasing power erosion.
- Progressively, government should strive to attain regional absolute and relative benchmarks, for example:
    - Namibia: Disability Grant value of E1,600; and total disability spending: ~0.4 percent of GDP, ~1.4 percent of total government expenditure.[4]
    - South Africa: Disability Grant value of E2,315; and total disability spending: ~0.3 percent of GDP, ~1.5 percent of total government expenditure.
- The benefit level should not be limited to cash only and need to include access to and/or subsidization of other essential goods and services, e.g. assistive devices, healthcare, school expenses and transport vouchers. In essence, there is a need for a *Cash Plus Service Approach* to social assistance benefit provision to PWD, and specifically households caring for CWD.
- Benefit levels need to be differentiated in terms of types and severity of disability, demographic and socio-economic differences.
- An appropriate benefit level should be supported by a feasible financing framework.

Recommendations for future and follow-up studies to explore remaining qualitative and quantitative parametres:

- Specifically account for costs associated with caring for children with autism and epilepsy.
- Incorporate field data collection methods (including tools) that account for the elements of access to, availability of and knowledge of the Disability Grant and essential social services.
- Estimate the indirect financial and socioeconomic costs (opportunity costs, income losses) of caring for CWD Estimate the costs associated with caring for CWD.
- Account for the risk of supply shortages (regardless of cost) of essential goods & services.

[3] World Bank. 2024. *Eswatini Poverty & Equity Brief, April 2024*. World Bank: Washington, D.C. Available online at: https://datacatalogfiles.worldbank.org/ddh-published/0064942/DR0092469/Global_POVEQ_SWZ.pdf?versionId=2024-04-16T15:18:08.5566696Z.

[4] Gross domestic product (GDP) is a widely used and understood measure of the size of the wider economy, namely what the public (most government) and private sector produce and consume within a given timeframe (typically one calendar year). Total government expenditure refers specifically to government's contribution expenditure (consumption of goods and services, infrastructure investment, etc.) within a 12-month period (the fiscal year). These measures are widely used to calculate relative expenditure (i.e. 'percentage of') on thematic areas, sectoral priorities, etc.

- Conduct field research to estimate the package of goods and services provided by 'inclusive schools' and employed in estimating the full scope of goods and services that CWD should access, as opposed to what they currently do.

Undertake studies to explore and build evidence on the financial and non-financial barriers to equal access to the Disability Grant, as well as essential social services. Particularly how economies of scale at 'inclusive schools' would make such schools a feasible object of further funding, via the Disability Grant system, or otherwise.**In conclusion:**

- The costing framework developed and tested to account for the additional direct financial burden of households caring for CWD in Eswatini, provides a benchmark for future studies.
- The costing framework is not only a benchmark for future studies but also intends to inform immediate system improvements.
- All indications from data collected are that such families, especially poor, rural-based households face additional financial burdens that are unaffordable.
- The burden of care invariably pushes such households into deeper poverty, highlighting the plight for social assistance. They should specifically be targeted for the Disability Grant.
- There is a need for a Cash Plus Service Approach to social assistance benefit provision, namely that monetary support (the Disability Grant) should be complemented with in-kind benefits (subsidization of and/or provision of assistive devices, healthcare vouchers, transport subsidies, therapist fees) to address the multidimensional needs of CWD. This is supported by ILO and UNICEF research[5] and findings from the FGD.
- Above elements emphasize the need for adequate budgetary commitments, without which the additional financial burden of households caring for CWD in Eswatini will not be countered.

The findings from this report are integrated into the policy recommendations formulated in the overarching "Proposals for Enhancing the Eswatini Disability Grant Report," which is available upon request from UNICEF Eswatini.

--- End of Executive Summary Costing Report ---

[5] Mont, D. et al. 2022. *Estimating the Extra Costs for Disability for Social Protection Programs, Advanced draft*. ILO: Washington, D.C., UNICEF: New York.

Acronyms

ADA	Africa Disability Alliance
CPI	Consumer Price Index
CSO	Civil Society Organisation
CWD	Children with disabilities
DMIS	Disability Management Information System
DPMO	Deputy Prime Minister's Office
ENDPA	Eswatini National Disability Plan of Action
FODSWA	Federation of Organisations of Persons with Disabilities in Eswatini
GDP	Gross Domestic Product
GoKE	Government of the Kingdom of Eswatini
ID	Identity Document
IDA	International Disability Alliance
ILO	International Labour Organisation
LMIC	Low to Medium Income Countries
NDPA	National Disability Plan of Action
OPD	Organisations of Persons with Disabilities
PPP	Purchasing Power Parities
PWD	Persons with disabilities
SACU	Southern African Customs Union
SDG	Sustainable Development Goal
SOL	Standard of Living
UMIC	Upper Middle Income Countries
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNSDCF	United Nations Sustainable Development Cooperation Framework
WGQ	Washington Group Questions
WHO	World Health Organisation

Table of Contents

1. Introduction

This UNICEF-commissioned report presents a costing framework and subsequent estimation of the financial burden of households raising children with disabilities (CWD) in Eswatini. The objective is to provide evidence on the key direct and indirect cost items for these households, in order to inform the proposals for the redesign of the Disability Grant administered by the Government of the Kingdom of Eswatini (GoKE) in terms of what social assistance is required (grant criteria, benefit level) to allow for equal access to essential services, including 'inclusive education.'

The costing framework draws from the international best practices and examples in costing regarding disability-inclusive social protection. It concludes with top-down findings and implications for the Disability Grant redesign proposals. It is based on data collected from key informants through onsite (Eswatini), telephonic and online (survey) consultations, on the appropriate costing design, and costing data representative of households caring for CWD.

Background, rationale: As per the UNICEF consultancy ToR, the rationale is to estimate the additional costs incurred by households raising CWD in Eswatini, and to compare these costs with the standard cost of living in Eswatini to provide a clear picture of the economic impact on affected households. The results of the costing exercise inform us of the proposals for the Disability Grant redesign, especially on options for adequate grant values.

2. Methodology

The methodology for this Costing Framework consists of:

- Desk review of the costing elements of the current Disability Grant, and global practices in costing of disability-inclusive social protection, focusing on disability grant schemes (or equivalents) – please see the resources consulted and their relevant summaries in ***Annex 1***.
- The above feeds are taken into the costing assumptions (approach, data required, data collected, calculations, etc.) and a framework for collecting data and presenting results of costings.
- Stakeholder consultations (onsite and virtual) on the proposed costing framework and estimated costs of the additional financial burden of households caring for CWD in Eswatini.
- An online survey among key stakeholders, focusing on the additional financial burden of households caring for CWD.
- The derived cost ranges for key cost items spent on by these households are presented in this report. Cost input templates and calculations available upon request from the author.
- This Costing Report identifies the key implications of the costing and the recommendations for the Proposals for the Disability Grant Redesign, focusing on appropriate benefit levels.
- This methodology is further detailed in Chapter 5 on the costing framework and Chapter 6 on the costing input template.

The study has the following methodological limitations:

- It relies on key informant data, rather than direct household expenditure records.
- The sample size of the online costing survey is limited to the key informants identified: approximately 20 individuals from government, OPD, international development partners (primarily UNICEF, ILO, World Bank). Limited sample size for the online survey.

- Due to the limited sample involving key informants, there is a potential recall bias in providing estimations on what households caring for CWD are spending on, meaning survey participants may recall costs associated with them and their specific income and expenditure profile/status.
- The analysis of the completed cost input templates, both the onsite administered templates and the online survey's templates, indicates that the key informants experienced challenges in distinguishing between actual and required expenditures (to attain equal access to essential services), meaning the derived gap between actual and required are not accurate.

The mitigations against future and follow-up studies have been incorporated into the recommendations emanating from this Costing Report, including the key element: a larger sample size, involving a representative sample of households in Eswatini caring for CWD.

3. Current disability grant design: evidence on its costing

3.1 Key cost-related elements of the architecture of GoKE's current Disability Grant

From a costing perspective, the following elements characterize the Disability Grant [6, 7, 8, 9]:

- The Disability Grant is a non-contributory social assistance benefit. [10]
- Government provides a quarterly 'Persons with Disabilities (PWD) grant.' UNICEF contends that while it is a form of social assistance, it is not a formalized social grant, and that the current format of this form of social protection support is very limited in its level of support.
- According to the Department of Social Welfare (DSW) under the Deputy Prime Minister's Office (DPMO), it is a means-tested grant, though there is no documentary evidence to explain the methodology for the grant. GoKE adjusts the disability grant benefit level by basing it on the value of the elderly grant.
- Number of beneficiaries: FY2023/24: 11,379; FY2024/25: 14,459.
    - By FY2023/24, out of the total population of PWD only 6.8 percent received the grant.
    - 10 percent of the total population with disabilities will be receiving the Disability Grant in FY2024/25.
    - Latest unpublished data shows that by Q3 2024, there are 15030 beneficiaries and waiting list of 6000 (i.e. applications for the Disability Grant).[11]
- The size / monetary value of the current Disability Grant (i.e. budgetary commitments, not actual expenditure): FY2023/24: E280; FY2024/25: E400.

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[6] GoKE, DPMO, Department of Social Welfare. 2023. *Social Assistance Programs in Eswatini (presentation, unpublished)*. GoKE, DPMO, Department of Social Welfare: Mbabane

[7] 'Disability grant increased to E400,' Times of Swaziland, 27 February 2024. Available online at: http://www.times.co.sz/news/144089-disability-grant-increased-to-e400.html. Accessed on 2 December 2024.

[8] UNICEF Eswatini. 2023. *2023 Situation Analysis of Children with Disabilities*. UNICEF Eswatini: Mbabane.

[9] GoKE, DPMO, Department of Social Welfare. 2023. *Social Assistance Programs in Eswatini (presentation)*. GoKE, DPMO, Department of Social Welfare: Mbabane. [unpublished]

[10] As part of the contributory social protection programme, a disability benefit, paid by DPMO (among others) compensates for the loss of income due to a disability. Eligibility is when a person assessed with a total physical or mental incapacity for any work.

[11] GoKE. 2024. *Presentation by DPMO on Disability Inclusion at September 2024 internal workshop*. UNICEF: Mbabane. [unpublished]

- Total disbursement: DPMO was allocated E909,430,000 for FY2024/2025 to cover Disability Grants (i.e. budgetary commitments, not actual expenditure). The increase is a function of increased number of beneficiaries, and increased monetary value per grant.
- The Eswatini National Development Plan of Action (NDPA) 2024-2028 envisaged some form of additional support in its targeted outputs: "…families caring for children and/or adults with disabilities receive a monthly financial family support allowance (grant)."

The Multiple Indicator Cluster Survey (MICS) 2021-2022 data covers 'people with difficulties' that are not fully aligned to the Washington Census and other priority and neglected groups, including Albinism, Autism, Epilepsy. The MICS data reports for certain age brackets and groups only, (2-17, 18-49) and is not aggregated for the whole population, therefore problematic to employ to update above baselines.

3.2 Key challenges and opportunities with the Disability Grant

Consultations with stakeholders in disability-inclusive social protection in Eswatini (including UNICEF, ILO, UNESCO) in December 2024 to February 2025 pointed to the following challenges:

- Horizontal weaknesses: there is general lack of clarity regarding Disability Grant's design, including eligibility criteria. As a key stakeholder to disability-inclusive social protection in Eswatini, UNICEF, contends that the Disability Grant needs to provide financial support across all age groups, thereby ensuring that PWD access an appropriate level of social assistance needed to overcome barriers to equal access to essential social services, particularly education and healthcare.
- Vertical weaknesses: there is a general lack of clarity on the methodology for the benefit level. It is perceived that the Disability Grant's benefit level is a function of the Elderly Grant. This presents a marked entry-point for stakeholders to support the government.
- Related to above: there is a lack of capacity in the government to clearly define the bottom-up demand, with key weakness areas being:
    - Technical expertise: there is a lack of capacity in designing and implementing the Disability Grant system to the standards that it is inclusive, comprehensive and linked to an adequate benefit level.
    - Data collection systems: current systems are not able to produce verified and updated official number of PWD, disaggregated in terms of type, severity, age, sex, geographical location, income status, etc. Government, as well as other stakeholders, including UNICEF, largely relies on the arguably outdated 2017 Census figures.[12]
    - Assessment tools: no official documented assessment tools employed in determining type and severity of disability, among other elements, to inform the bottom-up demand.

An onsite (Eswatini) key stakeholder consultation workshop on 6 February 2025 informs the proposals for the redesign of the Disability Grant (a separate standalone report by UNICEF). The following findings from the workshop relate to the optimal benefit level of the Disability Grant, and therefore is related to the costing exercise:

[12] GoKE, CSO. 2019. *The 2017 Population and Housing Census, Volume 6: Disability, Albinism and Epilepsy Report*. GoKE, CSO: Mbabane.

- The benefit level should be closely linked to, and supportive of the Standard-of-Living realities of Eswatini, and by implication to the official poverty line. This is currently USD3.65 per person per day,[13] equating to approximately E2,000 per person.
- The benefit level should be based on the socio-economic status of the household and reviewed regularly (ideally annually) taking into consideration human capital development and changes in economic indicators, such as the core inflation rate and South African Rand volatility, to ensure that the benefit level accounts for the rising cost of living and maintains its purchasing power.
- The optimal benefit level range: at least E975 per month (which is in line with poverty figures from Census 2017), and up to E1,500 per month.
- The benefit level should not be limited to cash only and may need to include provision of and/or subsidies to other essential goods and services, e.g. assistive devices, healthcare, school expenses, transport vouchers, etc. The Costing Report here only focuses on the needed cash-based social assistance.

3.3 Costs, and barriers to access essential services and the Disability Grant

Disability-related direct costs:

A recent UNICEF-commissioned study in 2023 on the Eswatini Disability Grant and its costing elements,[14] identified the following key direct cost items of households caring for CWDs, and PWD themselves:

- Food and healthcare are the top two items spent on by recipients of Disability Grant.
- Other expenditure items included, in order of priority:
    - access to education (school enrolment);
    - independent living (31 percent);
    - clothes, funeral policy scheme;
    - paying debt;
    - paying accommodation or rent;
    - sending remittances.

The study found that the FY2023/24 disability welfare payment of E280 (approximately USD 14) could not cover the critical elements of (1) ensuring household food security, (2) covering additional disability-related costs, and (3) compensating for income loss experienced by adults with disabilities or caregivers of individuals with severe disabilities. The study noted that even if increased to E500 (approximately USD 26), this amount "…would still prove inadequate in shielding households with disabled dependents from the financial impact of essential disability-related expenses, which must be accommodated within the basic food basket budget constraints."

The same study gathered the following telling responses from stakeholders, including PWD, on the Disability Grant values:

[13] World Bank. 2024. *Eswatini Poverty & Equity Brief, April 2024*. World Bank: Washington, D.C. Available online at: https://datacatalogfiles.worldbank.org/ddh-published/0064942/DR0092469/Global_POVEQ_SWZ.pdf?versionId=2024-04-16T15:18:08.5566696Z.

[14] Africa Disability Association (ADA). 2024. *Eswatini Disability Grant Design Study - Final Report*. UNICEF Eswatini: Mbabane. [unpublished]

- The E280 (the value for FY2023/24) was considered "too low to afford purchases that meet even their most basic daily needs."
- The Disability Grant impacted positively on offsetting disability-related expenses.
- The Disability Grant value should be primarily informed by the potential impact on the ability of PWD to purchase essential goods.
- Respondents contend that the value must be the same as the value of the disability grant in South Africa.

Regarding the response that the Disability Grant must be equal to South Africa's disability grant: the latter is currently a maximum of R2,190 per month (FY2024/25), which equates to E2,190 per month. Furthermore, it is important to know that 'paying debt' is a key cost of recipients of the Disability Grant. This is arguably a strong indicator that recipients may struggle financially and have to resort to short-term debt to fund short-term essential needs.

Financial barriers to equal access to essential services:
At a community-level the critical challenge is that households and caregivers have to make tough choices between spending on basic needs and accessing education. High transportation costs are a key financial barrier to households with and caregivers of CWD to access education and healthcare.

Consultations pointed out that "one size does not fit all"; there is diversity regarding disability-related costs in relation to the poverty line. Some categories of disability spend significantly high amounts, in particular persons with deafness, and deaf/blindness.

Financial barriers to equal access to the Disability Grant:
The key financial barrier is the high cost of transportation to physically register PWD, as well as to collect the cash payment, in cases where it cannot be accessed through mobile or other digital platforms. Disability-related costs are high for the share of the population that need specific support, and lower when essential services (e.g. education) become inclusive and accessible. Stakeholder consultations did not successfully draw out how Eswatini's 'inclusive schools' can provide insights into the costing framework. It is therefore recommended that future studies should explore this topic, particularly how economies of scale (these schools' input costs are shared among all CWD) would make such schools a feasible object of further funding, via the Disability Grant system, or otherwise.

Non-financial barriers to and costs related to equal access to essential services:
The above study noted the dire socio-economic status of Eswatini, especially regarding high levels of income inequality. There are external, non-financial barriers that impact on accessing education, i.e. school attendance. However, the monetary costs associated with these barriers have not yet been quantified. This costing exercise seeks to address that gap by exploring their financial implications.

The most significant obstacles impeding access to education among PWDs are[15]:

- Lack of financial support is a major limiting factor in the continued learning of PWDs.: cited by parents and learners alike. Other issues: unaffordable, high boarding fees, inability to provide "gadgets" for their children.
- Discouraged learners, lost interest to continue schooling, due to frequent repetitions. Absence of role models.

[15] UNFPA. n.d. *Obstacles Impeding Access to Education Among PWDs*. UNFPA: Mbabane. (unpublished)

- Lack of family support to continue schooling, including no one to accompany walking to school. Families not conversant in sign language.
- Illness and poor health, leading to absenteeism.
- Perspectives of teachers: Student dropouts are largely attributed to underperformance, which stems from several factors: standard curriculum too heavy for learners with disabilities, level of attention varied by student, some teachers not having requisite skills, lack of special tools and equipment (e.g. brailed novels), human resource shortages, poor living conditions in the boarding schools.

Consultations with international stakeholders (in particular UNICEF and UNESCO) provided the following pointers regarding disability-inclusion in the education sector:

- While there is social welfare spending, such as provision of free primary education, these measures do not cover CWD. It would be important to have a full understanding of the gaps.
- In the education sector, there is currently a consideration for standardizing school fees.
- There is a costed Education Sector Plan that provides costed benchmarks (norms & standards). However, these do not necessarily account for the additional costs associated with CWD to access these services. The costing exercise attempts to benchmark the costed packages for 'inclusive schools' of what is/can be spent to allow equal access to education, to compare with what are not provided / resourced at other schools.
- The World Bank has conducted an education sector analysis and is currently reviewing the Orphans and Vulnerable Child (OVC) Grant.

Non-financial barriers for and costs related to accessing the Disability Grant:
At community-level, a key non-financial barrier is stigma surrounding PWD, leading to an unwillingness to register and qualify PWDs for social assistance. Also, hesitance by these actors to assist PWD, both from a demand (e.g. household, caregiver) and supply side (government services). Also, modes of public transportation used in Eswatini are not disability-accessible – a significant barrier to register/access grant. The size of disability-focused social assistance is generally not perceived by stakeholders as helpful.

Table 1 - Summary table of the relevant cost categories:

Drawing from above studies, the following table summarizes the relevant cost categories spent on by general households, by PWD, and households caring for CWD. The categories are not mutually exclusive, meaning one concept may refer to or subsumed other concepts. Where relevant to the objectives of the Costing study, these concepts are employed in the costing framework (Chapter 5). The terms 'costs,' 'cost items,' 'expenses' are used interchangeably.

General household expenses	**Household disability-specific expenses**
General expenses by households without / not caring for PWD or CWD. Key items: healthcare, food (groceries), education, transport.	Expenses by households with / caring for PWD or CWD. Key items: additional/special healthcare, food and education, special equipment (assistive devices).
Financial cost	**Non-financial cost**

A financial outflow, typically cash-paid, to access an essential good or service. E.g. cost of food and healthcare.	Not associated with a financial outflow, cannot by be easily monetized. E.g. loss of social inclusion, community activities, leisure time.
Direct financial costs of PWD / households with CWD	**Indirect financial costs**
Most significant: food, healthcare. Followed by: school fees; clothes, funeral policy scheme; paying debt; paying accommodation or rent; sending remittances.	Not associated with a financial outflow, rather a loss of financial inflows. Can be considered the 'opportunity cost' of caring for a PWD / CWD. E.g. loss of income of the main caregiver.
Financial barriers to access essential services	**Non-financial barriers**
A direct cost, that may or may not be incurred, depending on its nominal size. Key financial barrier is high transportation costs: by caregivers of CWD to access education and healthcare, to physically register PWD, to collect the grant cash payment.	Lack of support (financial, family) in continued learning of PWDs. Loss of motivation. Absence of role models. Illness and poor health, leading to absenteeism. Capacity of educators to facilitate, adequately teach PWD, CWD.
Recurring costs	**Once-off costs**
Households, whether general households or those caring for PWD or CWD, incur regular, recurring costs, typically on weekly and monthly bases. Key items: healthcare, food (groceries), education, transport.	Households, whether general households or those caring for PWD or CWD, incur periodic, non-regular (once-off) costs in a given 12 calendar month period, typically on larger items that have a useful life of longer than 12 months, including furniture. The once-office costs of households with PWD / CWD are typically: special (assistive) equipment (e.g. hearing aids, spectacles, wheelchair), learning aids (e.g. braille textbooks).

4. Global best practices and findings on disability-related costing

A desk review of national, regional and global evidence and guidance, focusing on costing of and budgeting for disability-inclusive social protection is summarized in ***Annex 1***. The following paragraphs present the key findings, and concludes with the recommended costing approach, namely the Goods & Services Required (GSR) approach, which is adapted considering the data limitations (small sample size of key informant to estimate the key empirical and normative costs).

Standard of Living method[16]:

- This method employs Household Income and Expenditure Surveys and similar data collection methods, to estimate the average extra expenses by households with PWD, by examining statistical correlations from differences in the standard of living between households with and without PWD, and who have similar levels of income or expenditure / consumption.
- *By example*: two households, one with a PWD and one without, that have the same income level, and share very similar demographic and other characteristics (e.g. household size,

[16] Drawing largely from: Mont, D. et al. 2022. *Estimating the Extra Costs for Disability for Social Protection Programs, Advanced draft*. ILO: Washington, D.C., UNICEF: New York.

geographical location), should have similar standards of living. If they do not, then that is ascribed to the additional financial burden associated with disability.

- The method's advantage is its ability to explore the current economic impact disability on households.
- The method is limited in that it does not identify households' key spending items (actual purchases), nor the required spending to enjoy full access to essential goods and services (normative or required purchases). The limitation is a function of the surveys in that those do not account that households may spend less than what is needed due to: (i) income constraints, (ii) lack of awareness on available and suitable goods and services, unavailability of goods and services, or (iii) because of discrimination within the household.

The Goods and Services method:

- This is a more resource-intensive method and has the advantage of identifying the actual expense items (actual goods and services procured) by PWD or their caregivers (households, families), and how those differ by disability type and severity.
- The main limitation is that the generally small sample sizes does not facilitate national or regional representative estimates. As with the Standard of Living method, the Goods and Services method also does not measure what is required for full access to essential services, on what is actually being spent on, which is a function of various determinants that this method does not account for.

The Goods & Services Required (GSR) approach, to determine the 'extra cost of disability':

- The recommended approach, i.e. the GSR approach, largely draws from a UNICEF-commissioned study on the additional cost of raising a CWD in Georgia.[17]
- The GSR method estimates the cost of those goods and services that needed for full access to the essential goods and services (healthcare, food, education, etc.).
- However it, ***does not estimate the current economic impact of disability on households,*** meaning whether and how far households caring for PWD / CWD are pushed lower into poverty due to the additional financial burden.
- Key methodological steps of the GSR approach typically include:
    - **Identify empirical costs**, i.e. the most significant cost items ('Goods & Services') currently consumed by PWD and their families. Meaning, the actual expenses incurred. The mentioned Georgia study explored the following items spent on by households with CWD: ***healthcare, education, food (nutrition), assistive technology, personal assistance, rehabilitation, mobility/accessibility expenses.***
    - **Identify the normative costs**, i.e. costs associated with the goods and services required (GSR) by households caring for CWD to achieve equal participation and / or defined standard of living / poverty line. Use the same list of cost items as above. Meaning, the expenses that should be incurred. In the GSR approach in the case of Georgia, this list specifically included: assistive technology, personal assistance, rehabilitation, healthcare, mobility/accessibility expenses.

[17] UNICEF Georgia. 2023. *The Cost of Raising a Child with Disabilities in Georgia: The Goods and Services Required for the Equal Participation of Children with Disabilities*. UNICEF: Tbilisi. Available online at: https://www.unicef.org/georgia/reports/cost-raising-child-disabilities-georgia.

- **Extra cost of disability** = average expenditure of a household with CWD to achieve equal participation and / or defined standard of living / poverty line *minus* average expenditure of all households to reach that level of standard of living.
- Factors that point to the gap (the 'extra cost of disability'):
  - Purchasing power, disposable income, income level
  - G&S not available
  - Lack of knowledge
  - Discrimination in the household
- The global examples point to the need to distinguish as much as is possible between ***types of disabilities*** and ***different support needs***, since children with different disabilities have different categories of needs.

The Georgia study followed this data specification and collection process in its GSR approach:

- Eight (8) groups of children were considered and their additional needs in the form of goods and services were identified: children with a physical disability; an intellectual disability; behavioural disability; with multiple/complex needs; with psychosocial needs (a mental health impairment); with vision difficulties; with hearing difficulties; with deaf-blindness.
- An expert panel pre-identified the GSR of households caring for children with the above different functional difficulties and their related support needs. They distinguished between the type of disability and the level of support needs.
- A focus group discussion was held to validate what households was spending on, and should spend on, to meet the GSR. This included the frequency and size of spending. The group also identified the costs and coverage of key goods and services provide under government programmes.
- Consolidation of the costs of GSR through market research, which identified goods and services whose values were unknown to the above panel or could not be specified beforehand. Their values were determined based on their costs in online stores or stores in Georgia.

The Georgia study concluded with the following key findings in its use of the GSR approach:

1. For the equal participation of CWD, the cost of GSR is out of reach for most families in Georgia.
2. The structure and level of costs differ vastly between groups of children with different functional difficulties and support needs, with those with the highest support needs facing higher costs across categories.
3. "One size does not fit all": The current State system of relatively uniform support for CWD does not respond to the level and diversity of their needs.
4. The Government does not cover all identified cost categories yet.
5. The Government and civil society have already found solutions to some of the issues facing CWD.
6. Parents tend to spend the family's limited expenditure mainly on health and therapies (rehabilitation services).
7. Families in the regions have further additional costs caused by the problem of the geographic inaccessibility of services.

Excerpt from: UNICEF Georgia. 2023. *The Cost of Raising a Child with Disabilities in Georgia: The Goods and Services Required for the Equal Participation of Children with Disabilities*. UNICEF: Tbilisi.

Limitations of the GSR method:
The employment of the GSR method has shown that it is at best explorative. The method focuses mainly on the disability-specific costs, not all disability-related costs. It does not estimate national costs but provides examples to illustrate the scale of needs across different life activities, which can be directly linked to policy interventions.

This method is preferred for estimating the additional financial burden of households caring for CDW in Eswatini given the following characteristics, with consideration of this study's resource constraints and given that no household data collection was foreseen:

- relatively low level of data requirement and data collection intensity;
- rapid turnaround from concept to results;
- demonstrated application in international and similar settings.

Results from studies employing all three above methods suggest the impact of disability on households is substantial and that studies employing the Goods and Services and GSR methods demonstrate the considerable variance in costs by disability type and severity. Significant costs are concentrated in a few expenses. Therefore, a one-size-fits-all cash transfer may not work best to address the varying and costly needs of PWD.

Other studies that highlight the most significant actual (empirical) costs of households with PWD:

- The 2023 UNICEF-commissioned study on the Disability Grant draws from various international examples (Cambodia, China, India, South, Africa, Vietnam) to point out that the average additional financial cost of disability ranges from 23 to 55 percent of household income."[18]
- Lebanon: Households with PWD to pay an additional 30 to 40 percent of their average income to achieve similar standards of living than the rest.
- Philippines: a CWD requires an expenditure that is 40 to 80 percent higher than other children without disabilities.
- Namibia: In recent years the disability grant has been significantly increased. Monthly grant amount is N$1,600 (~ E1600 / ~ USD84) per person, irrespective of the type and scale of disability.
- Philippines: healthcare costs by far the main source of extra costs to raise CWD – registered households (with CWD) spent a share of their budget on healthcare that was almost 3 times more than those of other households (10.7 vs 3.7). Other common extra costs were education and transportation if the child was enrolled in school.

Comparison of additional costs/financial burden of households with children with liabilities with the standard cost of living in Eswatini to provide a clear picture of the economic impact on affected households. The following parametres were identified in the desk review:

[18] Africa Disability Association (ADA). 2024. *Eswatini Disability Grant Design Study - Final Report*. UNICEF Eswatini: Mbabane. [unpublished]

- The need for a robust costing tool, user-friendly, adapted to government's planning, budgeting, forecasting, information management systems, etc.
- Factors such as disability type, severity, social mobility, and geographical location requires unit-cost scenario for ordinary household cost per child for basic basket of goods & services (health, nutrition, education, development, housing) vs unit-cost for households/facilities per child with disability.
- Consider the inflection point from Namibia's ongoing costing exercise (please see ***Annex 1*** for details):
    - Goods & Services "currently consumed by PWD and their families."
    - vs Goods & Services Required (GSR): "costs associated with the good and services required by PWD to achieve equal participation."
    - I.e. the empirical vs normative inflection: costed normative package of goods & services, MINUS costed empirical package of consumed goods & services = additional financial burden / gap.
- Costing to delineate regard the disability types as per Washington Group of Questions (same categories covered by the Eswatini Census 2017):
    - Seeing / vision
    - Hearing
    - Speaking / communication
    - Cognition / remembering
    - Mobility
    - Selfcare
    - Other forms of disabilities
- Noted that the Eswatini National Census 2017 covered above.
- To consult stakeholders for inclusion of costing for:
    - persons with Albinism
    - persons with Epilepsy
    - persons with mental disorders
- Severity types as per Washington Group of Questions:
    - No difficulty
    - Some difficulty
    - A lot of difficulty
    - Cannot do at all
- In conclusion: this Costing Reports borrows from above (GSR), to inform stakeholder consultations. This includes a list of GSR and the level of support needs (disaggregated by at least type/severity of disability), costing the key expenditure items, and estimate the cost of goods and services that are not currently available or cannot be spent on due to them being unaffordable.

Use of established costing formulas and methodologies. This Costing Report applied the following approaches, based on the author's experience in social sector costing and global guidance:

- Selection of essential goods and services (both private and public), for ordinary households, and for households and children with CWD. The selection was defined in collaboration with the key stakeholders, primarily at the FGD.

- Distinguish in the descriptions of cost items those items that households with CWD will spend on.
- Application of 80/20 Pareto Principle in terms of selecting such a basket of essential services and hence expense items, i.e. selection of the 20 percent of cost items that account for 80 percent of total cost of essential services.
- With regards to ensuring contextualization to the specific socio-economic environment of Eswatini: account where feasible for the urban/rural divide (see e.g. section on Cost Drivers below), and access issues (e.g. transport to access nutrition, education, housing, transport). Also, account where feasible for low upward mobility.
- As far as is possible and feasible, distinguish between direct and indirect expenses associated with raising a CWD in Eswatini. Global practice and guidance to be followed in the attribution of costs, i.e. whether direct or indirect, capital or operational of nature, recurrent or once-off, etc.
- Estimate the gap between spending by 'normal/ordinary' households and those with CWD, to estimate required additional financial support.

In line with the best practice, the costing framework accounts for cost drivers and their effects:

- The costing templates include the cost-driver items, i.e. those cost items that have the most significant impact on the unit cost per child.
    - Systemic-wide cost drivers (applying to all households): food (nutrition), healthcare, education, subsistence items (clothes, toiletries), fuel / electricity (cooking, heating), transport.
    - Cost drivers specific to families and facilities with children living with disabilities: importing of assistive devices / special equipment (toys, occupational therapy, IT devices, spectacles). There is a downside currency exchange risk, the risk of supply/shortages, etc.
    - Cost driver specifically to rural households: normative cost driver, meaning the additional support / goods / services to be delivered to obtain equal access to essential goods and services.

Towards defining an adequate benefit level:

Based on the above references, and data collected from consultations with national stakeholders (including OPD, GoKE) and external stakeholders (including UNICEF, ILO, UNESCO), there is a general agreement on the need for the costing of and provision of additional cash support to alleviate the additional financial burden that households with CWD incur. The global literature indicates that there is agreement that disproportionate financial support is required so that PWD have equal access to social services and participation in social activities.

Monetary amounts should be linked to credible macroeconomic-fiscal forecasting (GDP, debt, inflation, currency exchange rates) and microeconomic forecasting (healthcare, food, education/schooling, rent, food, assistive devices, special equipment, etc.). Whether means-tested or not: the criteria include that the design should be cost-effective, and reliant on evidence, or good proxies where detailed beneficiary details are lacking.

The proposal for the appropriate benefit-level should be backed by a feasible financing framework, including:

- Compact between all stakeholders (public, private, CSOs, domestic and international) about the roles and responsibilities in resourcing the grant.
- Progressively resourced by the public sector, primarily tax-funded national government budgets, to progressively increase coverage and adequacy of benefit levels.

5. Costing framework: methodology, assumptions, data collection, analysis

This Chapter provides the framework for estimating the additional financial burden of households caring for CWD in Eswatini. It details the model employed (GSR), and quantitative and qauliative data considerations.

Costing model: The costing framework incorporates as far as was feasible under the constraints of the assignment, the key parametres of the Goods & Services Required (GSR) model. In summary, the key methodological elements are:

- Identify the empirical costs, i.e. the most significant cost items ('Goods & Services') spent on by households caring for CWD. *A priori*, these are found to be: healthcare, education, food (nutrition), assistive technology, personal assistance, rehabilitation, mobility/accessibility expenses.
- Identify the normative costs, i.e. costs associated with the goods and services required (GSR) by households caring for CWD to achieve equal participation and / or defined standard of living / poverty line. *A priori*, these are found to be the same categories as those under empirical costs.
- Calculation for the additional cost (i.e. financial burden) associated with disability: average expenditure of a household with CWD to achieve equal participation and / or defined standard of living / poverty line *minus* average expenditure of all households to reach that level of standard of living.

Data specifications, collection, reporting, validation:

- ***Data specifications:***
    - Sample size: due to the limitations in scope and budget, the decision was made to focus on collecting costing data from key information stakeholders, namely Government, OPD and international partners supporting disability-inclusive social protection in Eswatini. The selective sampling method therefore meant that the size was limited to the representatives and/or regular focal points of these stakeholders, approximately 25 people.
    - Cost specification: average monthly spending per household with CWD.
    - Level of disaggregation:
        - types of disability: see below paragraphs for details.
        - severity of disability: see below paragraphs for details.
        - period: annual (i.e. a full 12-month period).
        - Number of CWD that a household care for.
        - Age of CWD that a household car for.
        - Time horizon of costing: average monthly costs per household.
        - Cost categories: healthcare, education, transport, groceries, equipment, housing, clothing, assets & liabilities, other (user-specified).

- Qualitative data collection was through a semi-structured questionnaire employed at a UNICEF-hosted Focus Group Discussion (FGD) on 6 February 2025. The FGD gathered inputs on the Disability Grant redesign, in particular on identifying essential packages of goods & services for 'normal/ordinary' households, and households with CWD.
- Quantitative data collection was through a basic costing template to estimate the costs of essential goods and services consumed of 'normal/ordinary' households, and households with CWD.
    - The costing template distinguishes between estimating empirical and normative costs. Empirical costs: what households are currently spending on, for example: basic necessities such as healthcare, food, transport. Normative costs: what households should spend on to have adequate access to essential goods and services, as derived from the Goods & Services approach (see Chapter 4), for example: additional necessities associated with caring for CWD, including special and assistive devices, third-party carers, additional healthcare, psychological support, etc.
    - The costing template is derived from global best practices (see Chapter 4) on the most significant cost items spent on by households caring for CWD, aligned to the 80/20 Pareto Principle, namely that 20 percent of cost items typically accounts for 80 percent of the financial burden of households caring for CWD.
    - The template was employed at above-mentioned FGD and through a follow-up online survey. The focus was on poor households caring for CWD, i.e. households that have a combined income at the level of the Eswatini poverty line: approximately E2,000 per month.
- The online survey was adjusted to focus on the key living expenses of poor households caring for CWD, meaning those households that would face the highest form of financial burden. The following parametres defined the scope of the online survey:
    - ***severity:*** high, requiring constant (24/7) care.
    - ***type of disability:*** physical impairment (cerebral palsy), visual impairment (blind), intellectual disability (not developed cognitively beyond 2 years of age, hearing impairment (deaf), mobility disability (cannot walk or use hands/arms).
    - ***location:*** rural.
- Primary research with households was not conducted due to the budgetary constraints of this study. Primary research findings from the 2023 UNICEF-commissioned study were incorporated throughout.
- Cost-of-living estimates: the poverty line of USD 3.65 per person per day (approximately E2,000 per month) was chosen as the most relevant and recognizable floor to establish where the greatest need for cash-based social assistance is situated.
- Validation: interactive sessions with key stakeholders, with inputs feeding into revised, final policy recommendations.

Towards an Economic Burden Analysis on households caring for CWD:

- This Costing Report attempts to highlight the financial challenges these households face. Specific questions to key stakeholders explored the full scope of their economic hardship Financial and non-financial challenges presented in the Disability Grant Design Study (January 2024) and international examples, were employed as reference points for exploring the associated costs, including: transportation, special (assistive) equipment (including toys).

- The costing study could not fully explore the socio-economic costs due to the lack of field research involving households caring for CWD. The desk review and field research (FGD, survey, interviews) highlighted the following considerations that future and follow-up research may need to consider:
    - cumulative income not earned when entering labour force, due to under-investment in cognitive and physical abilities
    - cumulative expenses in later years to care for young adults living with disabilities.
    - time taken to care for CWD. Costing of time consumed may rely on proxies, e.g. minimum wage to estimate 'income not earned / foregone.' This being said, the costing template and online survey included specific questions to explore such costs – these are presented in the next two chapters.

Other quantitative and qualitative considerations:

- Quantitative elements: it was envisaged to project baskets of actual and required goods & services in line with inflation forecasts. While these are not portrayed in this version of the costing report, it would be a relatively straightforward task to do, considering that the essential costs items are well-accounted for in the standard (core) price indexes for Eswatini.
- Qualitative elements: it was envisaged that any costing should align to targeted social development outcomes and outputs of government, international commitments, etc.
- Future and follow-up studies would benefit from the following:
    - Explore the absorption capacities of beneficiaries (households, facilities), recipients (Ministry of Education / Social Welfare).
    - Account for the risk of under-supply / supply-shortages (regardless of the cost) of essential goods & services.

Critical success factors for costing exercise:

- Key *a priori* factors identified were: data accessibility, and the willingness and capacity to provide or to collect requested data. The main limitation was that some stakeholders / key informants may be unwilling or unable to participate in stakeholder meetings and/or to provide requested information, including feedback, technical inputs, references to best practices, etc. The implication would be a deterioration in the comprehensiveness, reliability and validity of the stakeholder consultations, which would impede upon the relevancy of the policy recommendations to stakeholders. The mitigation was centered around open and regular communication between the UNICEF consultant and UNICEF Eswatini.
- Another factor was that "standard cost-of-living statistics" would be compatible with, and/or can be converted to some form of unit cost per child, that distinguishes between 'ordinary/normal' households, and those with CWD. As mentioned earlier, this costing study selected the accepted poverty line for Eswatini of USD 3.65 per person per day (approximately E2,000 per month), as the most relevant and recognizable floor to establish where the greatest need for cash-based social assistance is situated.

Use of appropriate, acceptable benchmarks and proxies:

- During the inception stage of the costing study, stakeholders identified the role that 'inclusive education schools' potentially plays, and should play, in supporting equal access. Therefore, any policy enhancements to disability-inclusive social protection would need to explore how

the Disability Grant can and should address equal access to such schools and the services they provide. It stands to reason that the package of acceptable, albeit ideal education outputs provided by such schools would by definition have a finite cost attached to it. Stakeholder consultations identified that Eswatini's 'inclusive' schools' expenses may be a potential proxy or benchmark for such a package. If this has been costed, then it would in theory be possible to calculate the marginal cost for households with CWD that do not have access to this package, i.e. provided by 'inclusive schools.' Recommendation: field research to estimate the package of goods and services provided by 'inclusive schools' and employed in estimating the full scope of goods and services that CWD should access, as opposed to what they currently do.

- A review of the 2024 MICS 2021/2022 Survey Report (January 2024[19]) confirmed that it does not contain input costs for the basket of basic goods and services that households consume. The estimates from the 2017 Census were incorporated where necessary. The poverty line of USD 3.65 per person per day was selected as the appropriate floor for capturing the greatest need for cash-based social assistance.
- Recommendation: explore other proxies and benchmarks that support the case on where financial and non-financial needs of households caring for CWD are the highest, and therefore in highest need of cash-based social assistance.

6. Costing input templates

Based on the desk reviews and stakeholder consultations, and following from the presented Costing Framework (see Chapter 5), the following data collection and calculation template was employed during the FGD in Eswatini on 6 February 2025, to estimate the costs of the Goods & Services consumed by households with CWD:

Framework for capturing Actual Costs (G&S), Required Costs (G&SR), and Gap (the difference) of a household with PWD/CWD					
Baseline year	2024				
Number of CWD	(please insert)				
Age of CWD	(please insert)				
Type of disability	(please insert)				
Severity	(please insert)				
Time horizon	Average monthly costs per household				
Category	**Cost (expense) item**	**Notes, explanations**	**Actual costs (empirical) in SZL**	**Required costs (normative) in SZL (linked to Standard-of-Living or equivalent)**	**Gap**
Healthcare	Healthcare: hospital fees				

[19] GoKE, Central Statistical Office. 2024. *Eswatini Multiple Indicator Cluster Survey (MICS) 2021-2022: Survey Findings Report*. GoKE: Mbabane.

Framework for capturing Actual Costs (G&S), Required Costs (G&SR), and Gap (the difference) of a household with PWD/CWD					
Baseline year	2024				
Number of CWD	(please insert)				
Age of CWD	(please insert)				
Type of disability	(please insert)				
Severity	(please insert)				
Time horizon	Average monthly costs per household				
Category	**Cost (expense) item**	**Notes, explanations**	**Actual costs (empirical) in SZL**	**Required costs (normative) in SZL (linked to Standard-of-Living or equivalent)**	**Gap**
Healthcare	Healthcare: doctor fees				
Healthcare	Healthcare: therapist fees				
Healthcare	Healthcare: medicine / drugs				
Healthcare	Healthcare: other expenses (please insert below)	Please provide a detailed explanation for 'Other costs'			
Education	Education: school enrolment / fees				
Education	Education: school textbooks, learning material				
Education	Education: school uniforms				
Education	Education: other expenses (please insert below)	Please provide a detailed explanation for 'Other costs'			
Transport	Transport of CWD to access healthcare				
Transport	Transport of CWD to access education				
Transport	Transport of Therapist of CWD				
Transport	Transport of Teacher of CWD				
Transport	Transport of Carer of CWD				
Groceries	Ordinary food & groceries				
Groceries	Special food & groceries for CWD				
Equipment	Special equipment	(please specify)			
Equipment	Assistive devices	(please specify)			
Equipment	Other (please insert below)	Please provide a detailed explanation for 'Other costs'			
Clothing	Ordinary clothes				

Framework for capturing Actual Costs (G&S), Required Costs (G&SR), and Gap (the difference) of a household with PWD/CWD					
Baseline year	2024				
Number of CWD	(please insert)				
Age of CWD	(please insert)				
Type of disability	(please insert)				
Severity	(please insert)				
Time horizon	Average monthly costs per household				
Category	**Cost (expense) item**	**Notes, explanations**	**Actual costs (empirical) in SZL**	**Required costs (normative) in SZL (linked to Standard-of-Living or equivalent)**	**Gap**
Clothing	Special clothing for CWD				
Housing	Accommodation costs / rent				
Housing	Electricity				
Housing	Water				
Housing	Property rates & taxes				
Housing	Property maintenance				
Assets & Liabilities	Funeral policy scheme				
Assets & Liabilities	Short term insurance				
Assets & Liabilities	Debt repayment				
Assets & Liabilities	Remittances				
Other	Other (please insert below)	Please provide a detailed explanation for 'Other costs'			
Total average monthly cost per household					
Total average monthly cost per household per CWD					

The 'Gap' column is the difference between G&S and G&SR, thereby providing potential evidence for the need for increased benefit-level as well as coverage, since more households would then be under increased strain of poverty.

Based on the costing-related findings from the FGD (see findings in next Chapter), the follow-up online costing survey to key stakeholders employed the following questionnaire and options (invitation & instructions letter in ***Annex 3*** and detailed survey questionnaire in ***Annex 4***):

Survey costing scenario:

"Consider the case of a poor household in Eswatini, in a rural area. It is a typical nucleus family: mother, father, with two to three children. One of the children is 6-year-old Nandi – she has a severe disability (***options provided below***), and needs constant care (24/7). Only her father is employed, as the mother needs to look after Nandi (feeding, accessing healthcare and education). Her farther earns a humble wage of E2,000 per month. Distances to the following amenities are: clinic: 10km; school: 5km; hospital with therapists: 50km; grocery store: 2km. ***What do you think are the average monthly expenses of the household for the following items?*** Please note: these are the average monthly costs they are most likely to spend on, not what they ideally want to spend on. **Only provide estimates for what the household may afford**."

Survey participants were asked to select the average monthly costs bands/brackets for the following five (5) types of disability: (1) physical impairment (cerebral palsy), (2) visual impairment (blind), (3) intellectual disability (not developed cognitively beyond 2 years of age), (4) hearing impairment (deaf), (5) mobility disability (cannot walk or use hands/arms) (therefore 5 multiple choice questions). Therefore, there are five cost input templates, each with the same key cost items, as follows, with cost specifically associated with the CWD highlighted in light blue (Table below). The additional financial cost of poor, rural households caring for children with severe disabilities requiring moderate to constant care, is derived from adding only costs specifically associated with CWD.

Key household costs	**Less than E100 pm**	**E100-E200 pm**	**E200-E300 pm**	**E300-E400 pm**	**E400-E500 pm**	**More than E500 pm**
Healthcare: medical costs (medicine, diagnostics/screenings, doctors/hospital/clinic, therapists)						
Special equipment: assistive technology and mobility devices (e.g. braille materials, walking stick, wheelchair, laptop, audio devices, home modification, etc.)						
Caregiver wage / fee (only if you deem it applicable)						
Education: school fees / enrolment, uniforms, hostel / boarding, school trips, school lunches, etc.						
Transport: general transport for whole household						
Transport: transport specifically related to CWD, including transport to clinic, to school, of caregiver						
Groceries: general groceries for whole household (clothing, food, toiletries, etc.)						
Groceries: special food for CWD						
Groceries: special items for CWD (clothing, diapers,						

Key household costs	Less than E100 pm	E100-E200 pm	E200-E300 pm	E300-E400 pm	E400-E500 pm	More than E500 pm
sanitary ware, formula-based food, etc.)						
Derived minimum average monthly cost of a poor, rural household caring for Children with severe Disability (approx.)						
Additional minimum financial burden of a poor, rural household caring for Children with severe Disability (approx.)						

The limitations of above survey approach are:

- The cost input templates employ scenario-based questions for key information stakeholders and rely on hypothetical situations, rather than actual household expenditure data.
- The predetermined cost ranges may introduce response bias.
- Respondents may have varying knowledge of actual household costs.
- The template design may not capture seasonal variations in expenses.

7. Data collection and analysis

7.1 Onsite Focus Group Discussion (FGD):

An onsite FGD was held with key Eswatini stakeholders in disability-inclusive social protection at UNICEF premises in Mbabane on 6 February 2025. The FGD achieved to gather rich qualitative data and to a lesser extent quantitative data, as input to the Proposal for the Disability Grant Redesign (separate report) and the Costing Report (this report) on the additional financial burden of households with CWD. The costing template introduced earlier (Chapter 6) was the key cost data collection tool employed.

The FGD concluded with the following data and findings on the costing elements of the Disability Grant. ***Annex 2*** provides a detailed note on the costing-related findings.

- The interpretation of the participant groups' completed costing templates is that some groups have inputted the actual costs (in the correct column), while others the required (ideal) costs (in the 'actual' costs column). This can be ascribed to a lack of detailed instructions (written and verbal) by the UNICEF consultant on how to complete the template, and/or that some stakeholders are not appropriately positioned to estimate the costs (both actual and required).
- Some groups did not transform costs to average monthly costs, e.g. one group budgeted E132,000 per month for schooling fees (enrolment, boarding, groceries, etc.).
- From comments in submitted templates, it is deduced that some groups accounted for only expenses related to the CWD, not the whole household. This also points to a weakness in the instructions provided beforehand by the UNICEF consultant.
- The template exercise outputs can be seen as to confirm that the key cost categories and line items have been correctly identified.

- Ranges: Due to above mentioned points, it is problematic to compare the outputs of the different groups' cost input templates. Key cost item ranges among all 4 stakeholder groups, with exceptions in sub-bullet points:
    - Healthcare: hospital fees : E120 - E500
    - Healthcare: doctor fees: E10 – E3,600
    - Healthcare: therapist fees: E10 – E12,000
    - Healthcare: medicine / drugs: from E500 - E1,000
    - Healthcare: Assistive devices e.g. hearing aids, wheelchair (training etc.),electricity units for motorized wheelchair, diapers: E52,000
    - Education: school enrolment / fees: E1,250 - E7,500
        - Education: school enrolment / fees that include: hostel fee, groceries , school deposit: E132 000.00
    - Education: school uniforms: E400 - E3,200
    - Education: school learning materials, textbooks: E1,000
        - Education: school textbooks, learning material, incl. reading glasses, braille note touch, laptop, audio books, visual devices (pictures): E400 - E52,000
    - Education: Lunch box, school trips (incl. specialized transport): E1,000 – E7,000
    - Transport: Transport of CWD to access healthcare: E250 – E3,600
    - Transport: Transport of CWD to access education: E1,200 – E7,200
    - Transport: Transport of Therapist of CWD: E200 – E3,600
    - Transport: Transport of Teacher of CWD: n/a
    - Transport: Transport of Caregiver of CWD: E250 – E6,000
    - Transport: Other, incl. leisure, church: E400 – E600
    - Groceries: Ordinary food & groceries: E700 – E6,000
    - Groceries: Special food & groceries for CWD: E200 – E6,000
    - Groceries: Diapers: E350 – E600
        - Groceries: Diapers, sanitizers, hand gloves, plastic gloves, first aid kit, PPE: E300 - E48,000
    - Groceries: Toiletries: E500
    - Equipment: Special equipment - reading devices, e.g. tablet, braille: E90,000
    - Equipment: Special equipment - motorized wheelchair, walking stick, hearing device: E37,000 – E40,000
    - Equipment: Assistive devices- Hearing aid: E700
    - Equipment: Laptop, tablets, note touch: E10,000
    - Clothing: Ordinary clothes: E300 – E7,200
    - Clothing: Special clothing for CWD: E400 – E480
    - Housing: Accommodation costs / rent: E14,400
    - Housing: Electricity: E600 - E4,800
    - Housing: Water: E400 - E6,000
    - Housing: Property rates & taxes: n/a
    - Housing: Property maintenance: n/a
    - Assets & Liabilities: Funeral policy scheme: E50
    - Assets & Liabilities: Short term insurance: n/a
    - Assets & Liabilities: Debt repayment: n/a
    - Assets & Liabilities: Remittances: n/a

- Key new or additional cost items added by groups:
    - Healthcare: Diagnostic test & screening: from E500 pm
    - Education: sensory toys and communication board: from E1,000 pm
    - Assistive device & technology: from E500 pm
    - Specialized feeding equipment: from E300 pm
    - Home modification: from E500 pm
- The onsite consultations regrettably did not conclude with clear, common guidance on the costs of the key items spent on by poor households with CWD, both from empirical (actual spending) and normative (required) aspects. This can largely be attributed to: lack of clarity and guidance in the costing template on need to input costs for a poor household with CWD, and not having detailed insights of the key costs incurred by such households.

The FGD lifted out the need for the costing framework to be enhanced for further data collection. Specifically, it highlighted the need for a follow-up data collection from key stakeholders to establish the basket of inputs for poor households caring for CWD: actual (empirical) and required (normative), to inform evidence-based argument on the gap that poor households with CWD experience, and to contextualize with the broader standard-of-living concerns, i.e. half of the population is poor and barely meet basic needs (towards supporting the argument for additional financial support due to additional financial burden). This serves as a final round of triangulation of results obtained from FGD and the desk review, among others.

7.2 Follow-up online costing survey:

Considering that there were gaps in the costing data, a follow-up data collection exercise was conducted from 14 to 28 February through an online survey for key stakeholders (invitation letter in ***Annex 3*** and survey questionnaire in ***Annex 4***). The survey centered on scenarios that are based on a poor, rural household (earning less than E2,000 per month) that cares for a child with a disability, where the participants need to estimate household costs of key costs – healthcare, education, transport, food, caring for the child. Some questions applied to the whole of the family and some specifically to the additional cost associated with the CWD. Questions were categorized in terms of the type and severity of the disability. The objective was to explore the financial burden by the segment of the Eswatini population that has the highest need for cash-based social assistance. Healthcare costs were collated. Future and follow-up costing exercise may need to delineate this item in terms of general out-of-pocket costs for the whole household, and out-of-pocket costs associated with the CWD.

Key data points and findings from the online survey:

Number of responses received from key informants: 14.

Question 1: Number of children with disabilities (CWD), that need moderate to constant care, are currently in Eswatini, and that live in poor households (combined income of less that E2,000 per month)?[20]

[20] With moderate care is meant: spending up to half a day in total in caring, involving feeding, clothing, bathing, sanitation, playing, transportation, and may include home-schooling. With constant care is meant the same elements of care, though more intensive and time-consuming, i.e. child 24/7.

- Where numbers were provided (from six respondents), the range was from 70 to 20,000. A specific response was that two thirds (66 percent) of the total PWD population in Eswatini requires moderate to constant care. Note: considering the estimates from the 2017 Census (PWD population: ~146,000 (narrow definition) to ~176,000 (broad definition) – for more details please see separate report 'Proposals for Redesign of Disability Grant.'
- Key qualitative statements:
    - 95 to 98 percent of CWD who need moderate to constant care, live in poor households.
    - Need to modify the population census tool to capture such information.

Question 2: Types of disability that significantly add to the financial burden of households caring for CWD, ranked from high to low:

- Child with severe physical impairment – cerebral palsy.
- Child with severe visual impairment – blind.
- Child with severe intellectual disability - not developed cognitively beyond 2 years of age, needs constant care.
- Child with severe hearing impairment – deaf.
- Child with severe mobility disability - cannot walk or use hands/arms.

Questions 3 to 9: Average cost ranges of key average monthly cost items of a household in Eswatini caring for a CWD, with high severity of disability. With one of six (6) ranges that could be selected: Less than E100 pm, E100-E200 pm, E200-E300 pm, E300-E400 pm, E400-E500 pm, More than E500 pm. The collated responses produce the following table, portraying the average range for all of the six ranges, for the five types of disability, as well as a 6th dimension that explored the costs to ensure equal access to essential services.

Key household costs items	**Child with severe physical impairment – cerebral palsy.**	**Child with severe mobility disability - cannot walk or use hands/arms.**	**Child with severe visual impairment – blind.**	**Child with severe hearing impairment – deaf.**	**Child with severe intellectual disability - not developed cognitively beyond 2 years of age, needs constant care.**	**Spending to ensure equal access to essential services: health, education, social inclusion.**
Healthcare: medical costs (medicine, diagnostics/screenings, doctors/hospital/clinic, therapists)	E400-E500 pm	E300-E400 pm	E200 – E300 pm	E200 – E300 pm	More than E500 pm	More than E500 pm
Special equipment: assistive technology and mobility devices (e.g. braille materials, walking stick, wheelchair, laptop, audio devices, home modification, etc.)	More than E500 pm	E400-E500 pm	E400-E500 pm	E400-E500 pm	E300-E400 pm	More than E500 pm
Caregiver wage / fee (only if you deem it applicable)	More than E500 pm	E400-E500 pm	E200-E300 pm	E300-E400 pm	More than E500 pm	More than E500 pm
Education: school fees / enrolment, uniforms, hostel / boarding, school trips, school lunches, etc.	More than E500 pm	More than E500 pm	E400-E500 pm	More than E500 pm	More than E500 pm	More than E500 pm
Transport: general transport for whole household	E400-E500 pm	E300-E400 pm	E300-E400 pm	E300-E400 pm	E400-E500 pm	E400-E500 pm

Key household costs items	Child with severe physical impairment – cerebral palsy.	Child with severe mobility disability - cannot walk or use hands/arms.	Child with severe visual impairment – blind.	Child with severe hearing impairment – deaf.	Child with severe intellectual disability - not developed cognitively beyond 2 years of age, needs constant care.	Spending to ensure equal access to essential services: health, education, social inclusion.
Transport: transport specifically related to CWD, including transport to clinic, to school, of caregiver	E300-E400 pm	E300-E400 pm	E300-E400 pm	E200 – E300 pm	E400-E500 pm	E400-E500 pm
Groceries: general groceries for the whole household (clothing, food, toiletries, etc.)	More than E500 pm	More than E500 pm	More than E500 pm	More than E500 pm	More than E500 pm	More than E500 pm
Groceries: special food for CWD	E400-E500 pm	E400-E500 pm	E200-300pm	E200 – E300 pm	E400-E500 pm	More than E500 pm
Groceries: special items for CWD (clothing, diapers, sanitary ware, formula-based food, etc.)	More than E500 pm	E400-E500 pm	E200-300pm	E200-E300 pm	E400-E500 pm	More than E500 pm
(A) Derived minimum, total, average monthly expenses on key items of poor, rural households caring for CWD with severe disability	At least E4,200 pm	At least E3,850 pm	At least E3,100 pm	At least E3,150 pm	At least E4,150 pm	At least E4,400 pm
(B) Derived minimum average monthly cost of a poor, rural household, with no CWD to care for.	At least E1,900 pm	At least E1,700 pm	At least E1,550 pm	At least E1,600 pm	At least E1,950 pm	At least E,1950 pm
(C) Additional minimum financial burden of poor household caring for Children with severe Disability (approx.) (A minus B)	At least E2,300 pm	At least E2,150 pm	At least E1,550 pm	At least E1,550 pm	At least E2,200 pm	At least E2,450 pm

Findings from quantitative responses to Questions 3 to 9:

- There are wide variations in estimations of respondents in terms of monthly cost ranges for the various cost items. Selected monthly cost options routinely cover all the six cost ranges, i.e. from 'less than E100' to 'More than E500 pm,' with a broad dispersion in responses (i.e. the relative weights of responses for the various cost ranges) . For example, for a household with a child with a hearing impairment (deaf), responses for the cost item 'Transport: transport specifically related to CWD' collectively covered all the six cost ranges. These wide variations and broad dispersion in responses are significantly higher for households caring for children with visual (blind) and hearing (deaf) impairments.
- Average monthly expenses for all responses:
    - Total monthly expenses are highest for households caring for children with cerebral palsy, and severe cognitive disabilities: E4,200 and E,4,150 per month respectively.
    - Total monthly expenses are lowest for households caring for children with visual (blind) and hearing (deaf) impairments: E3,100 and E3,150 per month respectively.
    - Average monthly expenses for households, *excluding* the additional costs associated with caring for CWD: ranging from E1,550 to E1,950. This can be seen as a form of 'control': poor, rural households not caring for CWD should in theory be spending similar amounts on core expenses. The range (E1,500 to E,1950) can be attributed to

the lack of delineation of 'Healthcare' costs into (a) 'ordinary' and (b) specifically related to CWD, which are invariably out-of-pocket costs not covered by free/subsidized public health facilities. Recommendation: need for future and follow-up exercises to affect this delineation.

- The *additional financial burden of a poor, rural household caring for a child with a severe disability* is derived by only aggregating CWD-specific costs in the template: children with cerebral palsy and severe cognitive disabilities are associated with the highest additional financial burden: E2,300 and E2,200 per month respectively. The range reflects the above point that disabilities of visual and hearing impairment are associated with lower monthly costs: E1,550 per month for both categories.
- The additional financial burden of poor, rural households caring for children with severe disabilities ranges from 96 per cent to 126 per cent across the five 'disability groups.' While it may not be accurate (i.e. an overestimation), this reinforces the severity of the additional burden and the international literature's finding that such care pushes households further into monetary poverty, and potentially those households above the poverty line.
- The sixth category accounts for ensuring 'equal access' to essential services. The total monthly cost for a household with a CWD of E4,400 is similar to the other 'high-cost groups' (cerebral palsy, severe cognitive disability). The additional financial burden of E2,450 likewise is also similar for these 'high-cost groups.'

- 'General groceries for the whole household' was routinely the most significant cost item, i.e. averaging more than E500 pm. This emphasizes the hard budgetary (trade-off) choices faced by poor, rural households.
- Considering that the scenario involved a poor, rural household with total income of not more than E2,000 per month, the responses can be interpreted as to represent the Goods & Services Required, i.e. the normative level of consumption necessary for the particular households to have similar access to essential goods and services.
- Conversely, considering that the particular household cannot in theory spend more than E2,000 per month, ***the responses support the notion that poor, rural households cannot afford the extra costs for equal access and participation of CWD***.
- Weaknesses and limitations:
  - Use of the Likert-type options can seem daunting and complicated. Enhancement options include open-ended questions, where respondents insert actual monetary estimates, as opposed to choosing among cost ranges.
  - Key stakeholders may not at all know the costs that poor, rural households with CWD incur, therefore their estimates are merely guesses. An enhancement would be to provide respondents to choose the option 'I do not know.' In addition, respondents could be asked to propose measures and sources to establish such costs.
  - Respondents, while knowing that the household can only afford up to E2,000 of consumption per month, might have purposefully estimated the required goods and services that such a household should / needs to spend on, i.e. 'normative' cost. An enhancement would be to distinguish clearly between the two types of costing: one is normative, one is empirical.
  - Key stakeholders may not / cannot know the costs that poor, rural households with CWD incur, therefore their estimates are merely guesses.

- Respondents, while knowing that the household can only afford up to E2,000 of consumption per month, might have estimated the required goods and services that such a household should / needs to spend on, i.e. 'normative' cost.
- *Recommendation*: future and follow-up costing exercises would need to account for above limitations through better structuring and content of costing questions.

Question 10: Other types of disability among children that will put severe financial burdens on poor, rural households caring for CWD that require moderate to constant care:

- Chronic conditions and illness, such as epilepsy, autism, rare diseases, that require long-term medical treatment. "These create financial strain through medical costs, specialized equipment, transport to facilities, and often require a caregiver to reduce or quit employment." "All disabilities create additional financial needs as the children have special needs that cost financially to cater for."
- "Physical disabilities requiring mobility aids, surgeries and ongoing therapy."
- "Intellectual disabilities needing specialized education and care."
- "Invisible / internal disabilities that require surgical medical procedures."

Question 11: Ranked non-financial burdens (indirect, opportunity costs) of the above household for caring for a child with disability, from high to low:

- Loss of social life (including leisure time).
- Loss of inclusion in the community.
- Loss of adult education.
- Loss of job upskilling.
- Loss of employment (job) [i.e. the highest burden]

Question 12: Other non-financial burdens (indirect, opportunity costs) of the above household who cares for a child with a severe disability (the following collates all text responses received):

- "To cater for a child with special needs costs between E2,000 - E10,000 per month for the basic needs to be met depending on severity."
- "It is important to create a disability friendly environment and through accommodation and awareness raising to ensure that children with disability are accepted."
- "To truly understand the burden faced by families of children with disabilities, a survey should be conducted that interviews the families. The families to be interviewed can be recruited through EMIS and CMIS."
- "Inability to participate in community & traditional ceremonies due to care demands Reduced ability to maintain subsistence farming/agricultural activities."
- "Strained relationships with neighbors due to misunderstandings about disability. Difficulty in maintaining social commitments."
- "Restricted mobility between rural and urban areas for economic opportunities."
- "Mental illnesses such as depression, anxiety quite common among single parents of CWD."
- "Delayed or no early childhood education for the siblings."
- "Poor nutrition."
- "Poor household building or structure."
- "Missed personal developmental opportunities."
- "Decreased affordability to get water and energy / electricity."

Findings from qualitative responses to Questions 10 to 12:

- Other conditions that require special care and hence an additional financial burden on households include epilepsy and autism. *Recommendation: future and follow-up costing exercises to specifically account for cost associated with caring for children with these conditions.*
- A cost category that was omitted in the costing template was 'therapist fees (including psychological evaluations).' It can be considered a financial barrier (e.g. parents may not be able or willing to pay for it), therefore a 'hidden' cost. Estimating such financial barriers are in line with the recommended GSR approach. *Recommendation: future and follow-up costing exercises to include this in field-based surveys.*
- Loss of employment is the highest indirect, opportunity cost for caring for a CWD in Eswatini, followed by loss of job upskilling and adult education, which can be argued are strong supportive factors (enablers) of increasing employment income. Recommendation: future and follow-up field research to quantify this loss of income, as it arguably presents the strongest evidence for the need of cash-based social assistance to affected households. Recommendation: to better articulate this question, including separating the indirect financial burden and/or opportunity costs (e.g. wages foregone) from non-financial burdens (e.g. loss of social inclusion).
- While the non-financial burdens (provided in text in response to an open-ended question) are varied.

7.3 Towards addressing constraints of onsite FGD and online costing surveys:

Future and follow-up studies would need to address the following statistical analytic constraints that were encountered:

- There is an absence of statistical significance in the costing data collected for households with different disability types.
- There is a lack of confidence intervals for cost estimates.
- There was limited exploration of the factors influencing cost variations.

Future and follow-up studies would need to incorporate an improved disaggregation of the Healthcare Costs category, including distinguishing between:

- Routine healthcare and disability-specific healthcare.
- Service types: medication, therapy, diagnostics, assistive devices.
- Access to and utilization of subsidized healthcare services.

When not feasible to add as separate cost item under the broader Healthcare Costs category, then include an additional category for 'Therapist fees.' Sub-category items to include 'Psychological evaluations,' among others. These can be considered financial barriers (e.g. parents may not be able or willing to pay for it), therefore 'hidden' costs. Estimating such financial barriers are in line with the recommended GSR approach.

7.4 Quantification of opportunity costs, and non-financial barriers and costs:

The stakeholder consultations provided insights into the significance of indirect financial cost (i.e. opportunity cost, such as wages foregone), and non-financial barriers and burdens (e.g. loss of social life, community inclusion) of households caring for CWD. These insights are reflected throughout in the findings and proposals of this study. While the study attempted to collect quantitative evidence on such indirect costs and non-financial barriers and costs, this was not successful and can be ascribed to inadequate data collection tools (primarily due to the absence of field research involved households caring for PWD) and the time constraint of the study (December 2025 to March 2025).

The key stakeholder consultations highlighted the following notion on how to estimate the financial burden of poor households caring specifically for CWD (and for that matter can also be applicable to households caring for PWD):

- *Premise 1*: Poor households invariably have to make tough budgetary decisions given their severe financial constraints, resulting in risking the welfare of CWD in their care. These risks are direct, e.g. poor nutrition, poor education, and indirect, e.g. loss of cognitive development.

- *Premise 2*: studies to estimate what poor households spend on (i.e. empirical costs) do not adequately account for above. Actual costs estimates are more practical within households falling in middle-income and upwards.

- *Premise 3*: poor households have inadequate information on how to spend and on what to spend for their CWD, thereby amplifying the constraint to spend on essential goods and services. you do not spend.

- *Premise 4*: The appropriate care for CWD requires at least three interlinked and supportive elements that speak to the demand and supply of disability-inclusive social protection: (1) ability to physical access essential goods and services, (2) the availability of either subsidized public services (e.g. in 'inclusive schools') or effective cash-based social assistance, and (3) knowledge to spend on the appropriate goods and services benefiting the CWD (and this also holds true for households of middle-income and upwards).

- *In conclusion:* above limitations necessitate, among other things, moving the study lens to the opportunity costs of such households, or primary caregivers within such households, primarily as expressed in terms of the loss of income, as opposed to, or complimentary to studies on the empirical and normative costs associated with caring for CWD. This lens would account for the burden of care. This lens would therefore include field research with households and/or primary caregivers on their estimations of realistic income lost and/or realistic income that could be earned if not responsible for caring for CWD.

Recommendation: future and follow-up costing frameworks and estimates would benefit from incorporating field data collection methods (including tools) that account for above elements of access, availability and knowledge, as well as estimating the opportunity (income loss) costs.

8. Findings and implications for proposals for redesign of Disability Grant

8.1 Best practices and findings on costing of disability-related expenses:

***There is compelling evidence that globally, households caring for PWD incur a significant additional financial burden, e.g.*:**

- The 2023 UNICEF-commissioned study on the Disability Grant draws from various international examples (Cambodia, China, India, South Africa, Vietnam) to point out that the average additional financial cost of disability ranges from 23 to 55 per cent of household income.
- Lebanon: Households with PWD to pay an additional 30 to 40 percent of their average income to achieve similar standards of living than the rest.
- Philippines: a CWD requires an expenditure that is 40 to 80 percent higher than other children without disabilities.
- Philippines: healthcare costs by far the main source of extra costs to raise CWD – registered households (with CWD) spent a share of their budget on healthcare that was almost 3 times more than those of other households (10.7 vs 3.7). Other common extra costs were education and transportation if the child was enrolled in school.

Desk reviews, and consultations with national stakeholders (including OPD and GoKE) and external stakeholders (including UNICEF, ILO, UNESCO), point to an agreement on the need for the costing and provision of additional cash support to alleviate the additional financial burden incurred by households caring for CWD – the so-called Cash Service Modality. The global literature points to agreement that disproportionate financial support through cash-based social assistance is required so that PWD have equal access to social services and participation in social activities (social inclusion).

Such assistance should be linked to credible macroeconomic-fiscal forecasting (GDP, debt, inflation, currency exchange rates) and microeconomic forecasting (healthcare, food, education/schooling, rent, food, assistive devices, special equipment, etc.). Whether means-tested or not: the criteria for a disability grant (or equivalent) should include: cost-effectiveness, evidence-based, and/or use of adequate proxies where detailed beneficiary details are lacking.

8.2 Pointers on the optimal benefit level of the Disability Grant:

Recent research on optimal value:

A UNICEF-commissioned study in 2023 found that the Disability Grant value was too low for beneficiary households caring for children with severe disabilities to adequately ensure food security and other essential expenses (health, education), the additional direct financial burden of care, and compensation for the indirect financial burden of care through the loss of income.

Key stakeholder inputs on optimal value:

An onsite (Eswatini) key stakeholder consultation workshop hosted by UNICEF Eswatini on 6 February 2025 among other things gathered qualitative and quantitative data to inform the proposals for the Disability Grant Redesign (a separate standalone report by UNICEF). The following findings from the workshop relate to the optimal benefit level of the Disability Grant, and therefore is related to the costing exercise:

- The Disability Grant benefit level should be closely linked to, and supportive of the Standard-of-Living realities of Eswatini, and by implication to the official poverty line. This is currently USD3.65 per person per day,[21] equating to approximately E2,000 per person per month.
- The benefit level should be based on the socio-economic status of the household and reviewed periodically taking into consideration human capital development and changes in economic indicators, i.e. primarily the prevailing inflation rate. The benefit level should be reviewed periodically with these parameters in mind.
- The optimal benefit level range: at least E975 per month (which is in line with poverty figures from Census 2017), and up to E1,500 per month.
- The key cost categories that households caring for CWD spend on are: healthcare, food (groceries), education (school fees, uniforms), special and assistive equipment. An adequate cash benefit needs to alleviate the financial pressure on such households.
- The benefit level should not be limited to cash only and needs to include access to and/or subsidization of other essential goods and services, e.g. assistive devices, healthcare, school expenses and transport vouchers. This means the need for a Cash Plush Service Modality to social assistance.

Disability grant values in regional contexts:

- The Kingdom of Eswatini and the Republic of South Africa share strong economic (trade and labour) and cultural ties. While their poverty profiles differ (in Eswatini, 58 percent of the population lives below the poverty line of USD 3.65 per person per day, compared to 40 percent in South Africa[22]), it is telling that the South African Disability Grant value equates to i.e. E2,315 per month. Respondents from UNICEF's 2024 study on the Disability Grant in Eswatini indicated that a benefit value similar to that of South Africa's grant would be sufficient to meet their basic needs. It is noteworthy that South Africa spends about 3.5 percent of GDP on social assistance grants,[23] with the ***Disability Grant transfers accounting for about 0.3 percent of GDP and 1.5 per cent of total government expenditure in FY2022/2023*** (excluding grant administration and overhead costs).[24] [25] Considering a projected population of 200,000 of PWD and a GDP of USD 4.44 billion in 2023, a 0.3 percent of GDP benchmark equates to a normative value of close to E10,000 for the Eswatini Disability Grant.
- In recent years the Namibian Disability Grant value has been significantly increased. The monthly grant amount is N$1,600 (~ E 1600 / ~ USD 84) per person, irrespective of the type

[21] World Bank. 2024. *Eswatini Poverty & Equity Brief, April 2024*. World Bank: Washington, D.C. Available online at: https://datacatalogfiles.worldbank.org/ddh-published/0064942/DR0092469/Global_POVEQ_SWZ.pdf?versionId=2024-04-16T15:18:08.5566696Z.

[22] From latest World Bank Poverty and Equity Briefs for South Africa and Eswatini: https://www.worldbank.org/en/topic/poverty/publication/poverty-and-equity-briefs.

[23] https://groundup.org.za/article/heres-how-south-africas-social-grant-system-has-changed-since-1994/#:~:text=SASSA percent20pays percent2026 percent2Dmillion percent20grants percent20every percent20month&text=The percent20South percent20African percent20Social percent20Security,inflation percent20is percent20taken percent20into percent20account.

[24] Percent of GDP derived from Government of South Africa's Social Development Vote 19 of 2023: https://www.treasury.gov.za/documents/national percent20budget/2023/ene/Vote percent2019 percent20Social percent20Development.pdf.

[25] Percent of total government expenditure derived from Statistics South Africa: https://www.statssa.gov.za/?p=17355#:~:text=The percent20South percent20African percent20national percent20government,how percent20these percent20funds percent20were percent20distributed.

and scale of disability. It is noteworthy that 33.3 per cent of Namibia's population lives below the lower middle income class poverty line of USD 3.65 per person per day. Disability spending is 0.4 percent of GDP and about 1.4 percent of the total government budget, over the period 2018/19 to 20122/23, which is considered insufficient by UNICEF Namibia.[26]

In conclusion, the benefit range justification is informed by:

- Not less than E975, considering the population living in poverty by the time of Census 2017.
- Up to E1,500, as recommend by key informants at the mentioned FGD.
- Progressively, as close as possible to cover the current low middle income class poverty threshold of ~E2,000 per month.
- Progressively, as close as possible to the absolute value of regional countries' Disability Grant values: Namibia: E1,600, South Africa's: E2,315.
- Progressively, as close as possible to the relative regional benchmarks:
    - Namibia: 0.4 percent of GDP, 1.4 percent of total government expenditure.
    - South Africa: 0.3 percent of GDP, 1.5 percent of total government expenditure by FY2023.

Towards differential benefit levels:

The costing framework concentrated on estimating the additional financial burden of rural, poor households (earning less than the poverty line, i.e. less than ~E2,000 combined per month) that care for children with severe disabilities. The initial, albeit statistically insignificant finding (due to the limited survey sample and lack of participation by households themselves), is that such households are under considerable financial pressure to procure basic necessities for the household. Indicative differential benefit levels can differentiate as follows:

Type	All types qualify, as per legislation.	All types qualify, as per legislation.	All types qualify, as per legislation.
Severity	Highest (24/7 care)	Medium (half-day care)	Lowest (minimal care)
Geographical location (urban vs. rural)	Rural	Rural	Urban
Household composition	One CWD, two and more children without	One CWD, one child without	One CWD
Household economic status	Below poverty line: < E2,000 per month	Above poverty line: E2,000 – E5,000 per month	Above poverty line: > E5,000 per month
Indicative benefit level ranges	**At least E1,500 per month**	**E1,000 – E1,500 per month**	**E500 – E1,000 per month**

[26] UNICEF Namibia. 2024. *Disability Budget Brief FY2023/24*. UNICEF: Windhoek.

The proposal for the appropriate benefit-level should be backed by a feasible financing framework, including:

- A compact between all stakeholders (public, private, CSOs, domestic and international) about the roles and responsibilities in resourcing the grant.
- Financing should be progressively resourced by the public sector, primarily through tax-funded national government budgets, to progressively increase coverage and adequacy of benefit levels.

The fiscal impacts of different benefit levels (ranges) should be analysed in terms of:

- Total program costs at various coverage rates.
- Budgetary requirements as a percentage of GDP and total government expenditure.
- Potential phased implementation approaches.

Recommendation: incorporate above pointers into the Proposal for the Disability Grant Redesign, including:

8.3 Qualitative data collection and findings from FGD and online survey:

The data collection through costing templates administered at the above-mentioned FGD, and subsequently adjusted for the online costing survey, focused on the average monthly costs, of key/essential cost items, by poor, rural households, that care for a child with severe disabilities, needing moderate (half a day) to constant care (full-time).

The FGD onsite costing exercise outputs (completed costing templates) concurred with the key essential cost categories that should be costed (healthcare, education, transport, special equipment, groceries). The exercise outputs alluded that spending on all essential items are unaffordable for poor households caring for PWD. However, the costing exercise did not conclude with a clear, common guidance on the specific costs of the key items spent on by poor households with CWD, both from empirical (actual spending) and normative (required) aspects. This can largely be attributed to: lack of clarity and guidance in the costing template on the need to input costs for a poor household with CWD, and not having detailed insights of the key costs incurred by such households.

The FGD lifted out the need for the costing framework to be enhanced for further costing data collection. Specifically, it highlighted the need for a follow-up data collection from key stakeholders to establish the basket of inputs for poor households caring for CWD: actual (empirical) and required (normative), to inform evidence-based argument on the gap that poor households with CWD experience, and to contextualize with the broader standard-of-living concerns, i.e. half of the population is poor and barely meet basic needs (towards supporting the argument for additional financial support due to additional financial burden). This served as a final round of triangulation of results obtained from FGD and the desk review, among others.

Considering that there were gaps in the costing data, a follow-up data collection exercise was conducted in February through an online survey for key stakeholders (invitation letter in ***Annex 3*** and survey questionnaire in ***Annex 4***). The survey centred on scenarios that are based on a poor (earning less than E2,000 per month), rural-based household that cares for a child with a severe disability, where the participants need to estimate household costs of key costs – healthcare, education, transport, food, caring for the child. Some questions applied to the whole of the family and some

specifically to the additional cost associated with the CWD. Questions were categorized in terms of the type and severity of the disability. The objective was to explore the financial burden in the part of the Eswatini population that would need to biggest cash-based social assistance. Healthcare costs were collated. Future and follow-up costing exercise may need to delineate this item in terms of general out-of-pocket costs for the whole household, and out-of-pocket costs associated with the CWD.

Key findings from the qualitative questions of online survey:

- Beyond the five types of disability, other conditions that require special care and hence an additional financial burden on households include epilepsy and autism.
- The Disability Grant might not fully cover the financial requirements needed for essential evaluations and interventions. The Grant design needs to consider support for those with special needs, including a top-up mechanism. A more sustainable solution may be providing free and readily available services. This approach could potentially offer a more sustainable solution.
- Loss of employment is the most significant indirect, opportunity cost for caring for a CWD in Eswatini, followed by loss of job upskilling and adult education, which can be argued are strong supportive factors (enablers) of increasing employment income.

Recommendations: Future and follow-up studies to explore the following qualitative parametres:

- Specifically account for costs associated with caring for children with autism, epilepsy, albinism. This includes the financial barrier (hidden cost) of therapist fees (including psychological evaluations).
- Separate the indirect financial burden and/or opportunity costs (e.g. wages foregone) from non-financial burdens (e.g. loss of social inclusion).
- Quantify loss of income of poor households with CWD, as it arguably presents the strongest evidence for the need of cash-based social assistance to affected households.
- Incorporate field data collection methods (including tools) that account for the elements of access, availability and knowledge, as well as estimating the opportunity (income loss) costs.
- Explore the absorption capacities of beneficiaries (households, facilities), recipients (Ministry of Education / DSW).
- Explore sustainable solutions for addressing the therapeutic and psychological needs of special needs children (in particular children with Autism), including the policy option of free and or subsidized, and readily available services.
- Account for the risk of undersupply / supply-shortages (regardless of the cost) of essential goods & services.

8.4 Quantitative (monetary cost) data collection and findings from online costing survey:

There are wide variations in estimations of respondents in terms of monthly cost ranges for the various cost items of poor, rural households caring for children with severe disabilities. Selected monthly cost options routinely cover all the six cost ranges, i.e. from 'less than E100' to 'More than E500 pm,' with a broad dispersion in responses (i.e. the relative weights of responses for the various cost ranges). For example, for a household with a child with a hearing impairment (deaf), responses for the cost item 'Transport: transport specifically related to CWD' collectively covered all the six cost ranges.

These wide variations and broad dispersion in responses are significantly higher for households caring for children with visual (blind) and hearing (deaf) impairments.

Average monthly expenses derived from the survey responses:

- Total monthly expenses are highest for households caring for children with cerebral palsy, and severe cognitive disabilities: E4,200 and E,4,150 per month respectively.
- Total monthly expenses are lowest for households caring for children with visual (blind) and hearing (deaf) impairments: E3,100 and E3,150 per month respectively.
- Average monthly expenses for households, excluding the additional costs associated with caring for CWD: ranging from E1,550 to E1,950. This can be seen as a form of 'control': poor, rural households not caring for CWD should in theory be spending similar amounts on core expenses. The range (E1,500 to E,1950) can be attributed to the lack of delineation of 'Healthcare' costs into (a) 'ordinary' and (b) specifically related to CWD, which are invariably out-of-pocket costs not covered by free/subsidized public health facilities. ***Recommendation***: need for future and follow-up exercises to implement this delineation.
- The additional financial burden of a poor, rural household caring for a child with a severe disability is derived by only aggregating CWD-specific costs in the template: children with cerebral palsy and severe cognitive disabilities are associated with the highest additional financial burden: E2,300 and E2,200 per month respectively. The range reflects the above point that disabilities of visual and hearing impairment are associated with lower monthly costs: E1,550 per month for both categories.
- The additional financial burden of poor, rural households caring for children with severe disabilities ranges from 96 per cent to 126 per cent across the five 'disability groups.' While it may not be accurate (i.e. an overestimation), this reinforces the severity of the additional burden and the international literature's finding that such care pushes households further into monetary poverty, and potentially those households above the poverty line.
- The sixth category accounts for ensuring 'equal access' to essential services. The total monthly cost for a household with a CWD of E4,400 is similar to the other 'high-cost groups' (cerebral palsy, severe cognitive disability). The additional financial burden of E2,450 likewise is also similar for these 'high-cost groups.'

The most significant cost item that emerged, in terms of relative weight in total monthly costs: 'General groceries for the whole household' was routinely the most significant cost item, i.e. averaging more than E500 pm. This emphasizes the hard budgetary (trade-off) choices faced by poor, rural households.

Considering that the scenario involved a poor, rural household with total income of not more than E2,000 per month, the responses can be interpreted as to represent the Goods & Services Required, i.e. the normative level of consumption necessary for the particular households to have similar access to essential goods and services.

Conversely, considering that the particular household cannot in theory spend more than E2,000 per month, the ***responses support the notion that poor, rural households cannot afford the extra costs for equal access and participation of CWD***. This finding logically points to the need for a ***Cash Plus Service Approach*** to social assistance benefit provision, namely that monetary support (the Disability Grant) should be complemented with in-kind benefits (subsidization of and/or provision of assistive

devices, healthcare vouchers, transport subsidies) to address the multidimensional needs of CWD. This is supported by ILO and UNICEF research[27] and findings from the FGD.

Weaknesses, limitations and potential enhancements of the online costing survey:

- Healthcare costs not adequately disaggregated (discussed elsewhere in this report).
- Therapist fees (including psychological evaluations) not included as a cost item.
- Low response rate: only 13 responses received out of a potential of 80 key stakeholders.
- The mentioned variations and dispersions, which detract from the significance of the results.
- Use of the Likert-type options can seem daunting and complicated. Enhancement options include open-ended questions, where respondents insert actual monetary estimates, as opposed to choosing among cost ranges.
- Key stakeholders may not at all know the costs that poor, rural households with CWD incur, therefore their estimates are merely guesses. An enhancement would be to provide respondents to choose the option 'I do not know.' In addition, respondents could be asked to propose measures and sources to establish such costs.
- Respondents, while knowing that the household can only afford up to E2,000 of consumption per month, might have purposefully estimated the required goods and services that such a household should / needs to spend on, i.e. 'normative' cost. An enhancement would be to distinguish clearly between the two types of costing: one is normative, one is empirical.
- Recommended to validate cost estimates against goods and service providers' prices (including administered prices from hospital, schools, energy utilities).

Recommendation: future and follow-up costing exercises would need to account for above limitations through better structuring and content of costing-related questions.

8.5 Indirect, socio-economic costs of caring for CWD:

Poor households, i.e. earning not more than E2,000 per month, cannot, by definition, spend more than E2,000 per month. Any added financial pressure, such as the additional costs associated with caring for a CWD (of any type and severity of disability), would by definition deteriorate the socio-economic position of such households. The added financial burden, if it means additional out-of-pocket expenses, results in spending trade-offs, further pushing such households deeper into poverty. The additional financial burden is amplified when the severity of the disability increases.

The costing study could not fully explore the socio-economic costs due to the lack of field research involving households caring for CWD. The desk review and field research (FGD, survey, interviews) highlighted the following considerations that future and follow-up research may need to consider:

- cumulative income not earned when entering labour force, due to under-investment in cognitive and physical abilities
- cumulative expenses in later years to care for young adults living with disabilities.
- time taken to care for CWD. Costing of time consumed may rely on proxies, e.g. minimum wage to estimate 'income not earned / foregone.' This being said, the costing template and

[27] Mont, D. et al. 2022. *Estimating the Extra Costs for Disability for Social Protection Programs, Advanced draft*. ILO: Washington, D.C., UNICEF: New York.

online survey included specific questions to explore such costs – these are presented in the next two chapters.

The key stakeholder consultations highlighted that studies to estimate what poor households with CWD spend on (i.e. empirical costs), do not adequately account for indirect, socio-economic costs, including poor nutrition, poor education, loss of cognitive development, etc. Actual costs estimates are more practical within households falling in middle-income and upwards. Poor households have inadequate information on how to spend and on what to spend for their CWD, thereby amplifying the constraint to spend on essential goods and services. The appropriate care for CWD requires at least three interlinked and supportive elements that speak to the demand and supply of disability-inclusive social protection: (1) ability to physical access essential goods and services, (2) the availability of either subsidized public services (e.g. in 'inclusive schools') or effective cash-based social assistance, and (3) knowledge to spend on the appropriate goods and services benefiting the CWD (and this also holds true for households of middle-income and upwards). These limitations necessitate, among other things, moving the study lens to the opportunity costs of such households, or primary caregivers within such households, primarily as expressed in terms of the loss of income, as opposed to, or complimentary to studies on the empirical and normative costs associated with caring for CWD. This lens would account for the burden of care. This lens would therefore include field research with households and/or primary caregivers on their estimations of realistic income lost and/or realistic income that could be earned if not responsible for caring for CWD.

Recommendation: future and follow-up costing frameworks and estimates would benefit from incorporating field data collection methods (including tools) that account for above elements of access, availability and knowledge, as well as estimating the opportunity (income loss) costs.

8.6 Financial barriers to equal access to the Disability Grant:

During the inception stage of the costing study, stakeholders identified the role that 'inclusive education schools' potentially plays, and should play, in supporting equal access. Therefore, any policy enhancements to disability-inclusive social protection would need to explore how the Disability Grant can and should address equal access to such schools and the services they provide. It stands to reason that the package of acceptable, albeit ideal education outputs provided by such schools would by definition have a finite cost attached to it. Stakeholder consultations identified that Eswatini's 'inclusive' schools' expenses may be a potential proxy or benchmark for such a package. If this has been costed, then it would in theory be possible to calculate the marginal cost for households with CWD that do not have access to this package, i.e. provided by 'inclusive schools.'

Recommendation: field research to estimate the package of goods and services provided by 'inclusive schools' and employed in estimating the full scope of goods and services that CWD should access, as opposed to what they currently do.

Beyond what is reported in this costing report, the stakeholder consultations did not successfully draw out how Eswatini's 'inclusive schools' can provide insights into the costing framework.

Recommendation: future studies explore this topic, particularly how economies of scale (these schools' input costs are shared among all CWD) would make such schools a feasible object of further funding, via the Disability Grant system, or otherwise.

8.7 Non-financial barriers to equal access to essential services:

Any form of care, if not compensated, translates into the opportunity cost of (at least) wages forgone. What this would mean for poor, rural households that care for CWD, is still not clear and would invariably be a function of socio-economic status of individuals, including, skill sets and employability, income and/or wealth profile, informal and formal access to capital (wealth/savings, donations, credit, etc.). The costing study could not account for all these factors, hence the emphasis on the need for field research, involving households with and without CWD, to estimate the empirical and normative costs of caring for CWD.

Recommendation: future studies to explore and gain a full understanding of the gaps. Including exploring proxies and benchmarks that support the case on where financial and non-financial needs of households caring for CWD are the highest, and therefore in highest need of cash-based social assistance.

8.8 Conclusions and policy implications:

- The costing framework developed and tested cost input templates to account for the additional direct financial burden of households caring for CWD in Eswatini. Considerable weaknesses and limitations have been encountered regarding data specification, representativeness, statistical significance, which detracts from the robust of the analyses and findings.
    - *Policy implication: the costing framework at best provinces provides a quantitative framework benchmark for future and follow-up studies, though key findings, that repeat and affirm global studies, support the motivation for an improved Disability Grant design that is evidence-based, hence the need to pursue costing exercises among representative samples of rural, poor households caring for CWD.*
- All indications from data collected and analysed, albeit limited, are that such families, especially poor, rural-based households face additional financial burdens that are unaffordable.
    - *Policy implication*: *grant design improvements need to account for adequate benefit levels, and for adequate differentiation in terms of types and severity of disability, demographic and socio-economic differences*.
- The burden of care invariably pushes such households into deeper poverty, highlighting the plight for cash-based social assistance. The Disability Grant, by the very least, should be targeted to these households.
    - *Policy implication: Disability Grant eligibility / targeting criteria, and coverage objectives should be improved to explicitly prioritize coverage of such households, with adequate, differentiated benefit levels attuned to the resource constraints of government and its partners.*
- Cash-based assistance would alleviate the financial pressure regarding the key cost items, though there is a pronounced need to explore and accordingly address the access to and/ or subsidization of essential goods and services.
    - *Policy implication: a Cash Plus Service modality is recommended. Policy analysis on the gaps to reach such modality and research on which public services need to improve or align with such access and subsidization, is required.*

- *Policy implication: explore sustainable solutions for addressing the therapeutic and psychological needs of special needs children (in particular children with Autism), including the policy option of free and or subsidized, and readily available services.*

- Weaknesses, limitations and enhancements to the costing framework have been identified that should be implemented in future and follow-up costing exercises. Including:
  - Costing of additional, direct financial costs associated with caring for CWD should distinguish between healthcare general and healthcare CWD-specific costs.
  - Costing of the indirect financial impact of the loss of income due to caring for CWD.
  - Estimate the monetary poverty effect of the additional burden of caring for CWD.

Above elements emphasize the need for adequate budgetary commitments, without which the additional financial burden of households caring for CWD in Eswatini will not be countered.

--- End of Report ---

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This section contains all standalone references (documents). References to website text are provided in the main body of the report as footnotes.

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Annex 1: Summary desk review on disability-inclusive costing

Africa Disability Association (ADA). 2024. *Eswatini Disability Grant Design Study - Final Report*. UNICEF: Mbabane. [unpublished]

The following are key costing-related facts and findings from the report:

The Additional Cost of Disability: noted that study employs the "Standard of Living Approach to determine the financial impact of disability on households" and suggests that the "average financial cost of disability ranges from 23-55 percent of household income." *While the Report references studies from China, Indian, Cambodia, South Africa and Vietnam, these contexts may not all apply to Eswatini. South Africa and Vietnam most likely to mirror Eswatini's socio-economic trajectory the best. The Report does not make a detailed, comparative analysis (not all the stats from above studies are comparable) of the additional costs and what this would mean / look like in monetary or relative terms for Eswatini. Hence the need for the detailed, activity-based costing (this Costing Report). The "Standard of Living Approach" noted for its comparability if outputs/results are comparable, e.g. percent of household income, percent increase in poverty level (where the latter are international standards, albeit often provided in constant USD).*

Economic considerations: noted the dire socio-economic status of Eswatini, especially high-income inequality. The logical conclusion that "social assistance emerges as a potent avenue to tackle the triple menace of poverty, inequality, and food insecurity, offering a buffer against risks and vulnerabilities" is true. *Future and follow-up costing exercises may benefit from a consistent budget advocacy framework to argue the move for public investment in disability-inclusive social protection mechanisms, covering all arguments: (human) rights-based argument, socio-economic argument, the political / societal stability argument, etc.*

Status quo of benefit level of Disability Grant:

- For aged 18 and above, must provide citizenship or national ID card. Children can use birth certificates.
- "Paid to 4,744 people in 2018, just over one-third of the 13,196 people estimated to be living with disabilities in Eswatini. As of March 2021, 7,716 PWD received a welfare payment of E280 per month, constituting a 56 percent rise from the E180 before 2020." Note: this is outdated, with reference to the 2024 news article.[28]
- As per draft Social Assistance Policy (2021): "exclusion or under-coverage rate remains high for two reasons: (1) registration of new Disability Grant recipients ***was suspended*** for a significant period, so many eligible Persons with Disabilities were excluded. (1) the Disability Grant is means tested, so ***only Persons with Disabilities whose income falls below a specified threshold are eligible***. It is estimated that less than 60 percent of Persons with Disabilities received the cash transfer."
- *By the time of writing, no new documents were accessed to update above facts and figures: future and follow-up costing exercises to continue to update where documents become available.*

[28] 'Disability grant increased to E400,' Times of Swaziland, 27 February 2024. Available online at: http://www.times.co.sz/news/144089-disability-grant-increased-to-e400.html. Accessed on 2 December 2024.

"The existing disability welfare payment of E280 (USD14.5) falls short of significantly addressing essential aspects such as (1) ensuring household food security, (2) covering additional disability-related costs, and (3) compensating for income loss experienced by adults with disabilities or caregivers of individuals with severe disabilities. Even if increased to E500 (USD 26.7), this amount would still prove inadequate in shielding households with disabled dependents from the financial impact of essential disability-related expenses, which must be accommodated within the basic food basket budget constraints."

Disability Grant values: Perceptions from 'rights holders'

- Disability-focused social assistance generally not perceived as helpful.
- By the time of writing, the E280 was considered "too low to afford purchases that meet even their most basic daily needs."
- Ost modes of public transportation used in Eswatini are not disability-accessible – a significant barrier to register/access grant.
- ***Food and health care are top two items spent on by recipients of disability grant.***
- ***Other expenditure items included, in order of priority***: access to education (school enrolment), independent living (31 percent), clothes, funeral policy scheme, paying debt, paying accommodation or rent and sending remittances.
- Disability cash grant impacted positively on offsetting disability-related expense.
- Respondents: disability grant value be primarily informed by potential impact on ability of PWD to purchase essential goods.
- Respondents value must be the same as the disability grant in South Africa. *Noted that this currently a maximum of R2,315 per month, i.e. E2,315 per month.*

Country examples of costing regarding disability-inclusive social protection:

A 2023 study on identification and intervention for children with disability in Fiji[29]:

- Study focuses on early identification of vulnerability, exploring the life-cycle 'journeys' of CWD, how they access essential services and care (including therapy), barriers to intervention and support services for children.
- Key finding: services for children with disability have existed in Fiji for several decades but have primarily been for school aged children.
- No pointers on social assistance grant design, additional financial burdens, nor optimal grant monetary values. No clear use for Eswatini Revised Grant Design and Costing.

The 2023 Factsheet on National Disability Allowance in Lebanon[30] has the following key messages:

- "Lebanon has no social grants in place to provide basic income support to families raising children, people with disabilities, or older people.
- The National Social Protection Strategy calls upon establishing Social Grants to complement existing poverty targeting programmes.
- Evidence suggests that Persons with Disabilities (PWD) face higher costs amidst limited access to social protection in Lebanon.

[29] Nossal Institute for Global Health and Melbourne School of Population and Global Health. 2023. *Early identification and intervention for children with disability in Fiji – current practices and opportunities*. NIGH & MSPGH: Australia.

[30] UNICEF et al. n.d. *The National Disability Allowance (NDA): Establishing Social Grants as part of a Social Protection Floor for Lebanon – Factsheet*. UNICEF et al: Beirut.

- Households with PWD have to pay an additional 30 to 40 percent of their average income to achieve similar standards of living. Even prior to the crisis, 75 percent of households with members with disabilities in Lebanon were in the bottom 3 quintiles.
- The National Disability Allowance is a new social assistance benefit, to be rolled out. The aim of the programme is to support Persons with Disabilities (PWD) in facing the extra cost of disability, providing a basic level of income support, and facilitating their access to existing services. Identification and eligibility - to be enrolled in the programme, beneficiaries must be:
    - Alive and residing in Lebanon.
    - Between the age of 18 – 28 years old, as determined by the year of birth (1995 – 2005).
    - Have a valid Personal Disability Card for Lebanese or are registered as living with a disability for non-Lebanese.
- Ultimately, the Government of Lebanon will need to provide national funding to the programme.
- While the programme aims to be universal, all young individuals aged 18 - 28 years old will be prioritized during the roll out."
- Governance and Oversight:
    - MOSA, in collaboration with UNICEF and ILO, oversees the programme implementation, including communication, monitoring and adaptation of activities.
    - UNICEF and ILO provide technical, financial, and operational support for the design, implementation and evaluation of the programme.
    - Civil society organizations, and organizations of PWD in particular, contribute to the design of the programme and support the successful communication and implementation of the programme.

UNICEF Namibia's FY2023/24 Disability Budget Brief[31]:

- Regarding disability grant design:
    - "Like any other disability program, the disability grant is insufficient and not equity focused." UNICEF recommends that government undertake a comprehensive analysis of the different costs of each type of disability to inform a more equitable floor for the disability grant, and guide resource allocation towards disability inclusion.
    - UNICEF recommends that government "Revise the Guidelines for the Assessment of the Degree of Disablement (currently based on a more medical approach) to make it more transparent, while simultaneously broadening the eligibility approach by applying a more inclusive social model, to determine eligibility for the disability grant.
    - And "consider introducing a grant for personal assistants/caretakers caring for people with disabilities, as they currently work on a voluntary basis, or are paid from a portion of the grant."
- In recent years the disability grant has been significantly increased, an equal monthly amount of N$1,600 per person, is paid out, irrespective of the type and scale of disability.
- Government budget remains the major source of disability financing in Namibia. Though no identifiable on-budget donor support towards disability interventions in the budget documents.

[31] https://www.unicef.org/esa/media/13501/file/Namibia-Disability-Budget-Brief-2023-24.pdf

An inception report for a UNICEF Namibia-commissioned consultancy on "costs incurred by people with various disabilities," [32] provides important entry-point for estimating costs:

- 'Established' Goods & Services "currently consumed by Persons with Disabilities and their families."
- vs Goods & Services 'Required': "costs associated with the good and services required by Persons with Disabilities to achieve equal participation."
- I.e. the empirical vs normative inflection: costed normative package of goods & services, MINUS costed empirical package of consumed goods & services = additional financial burden / gap.
- Same methodology used in the Tamil Nadu study in India by the Center of Inclusive Policy.[33]
- Factors that point to gap:
    - Purchasing power, disposable income, income level
    - G&S not available
    - Lack of knowledge
    - Discrimination in the household

The 2022 UNICEF Georgia study Cost of Raising a Child with Disabilities in Georgia[34] **– key findings**:

- Report explores costs are incurred due to additional goods and services required (GSR) for CWD to participate equally in society, regarding: to communicate, move around, go to school, socialize, play with peers, and perform all other activities necessary for a child's harmonious development.
- Specifically explored (1) additional goods and services that would be required for their full participation, and (2) current and required expenditures in the children's given environment to meet their needs. "Study sought to calculate the approximate range of costs for GSR for children with various types of disabilities and different support needs."
- 8 groups of children were considered and their additional needs in form of goods and services were identified: Children with a physical disability; an intellectual disability; behavioural disability; with multiple/complex needs; with psychosocial needs (a mental health impairment); with vision difficulties; with hearing difficulties; with deaf-blindness.
- Approach, methodological phases :
    - "1. Pre-identification by an expert panel, of the GSR and their related costs for the groups of children with different functional difficulties and their related support needs (type of disability and the level of support needs).
    - 2. Focus group discussion to validate met and unmet needs for GSR (including frequency and intensity) as well as their costs and coverage by the state programmes.
    - 3. Consolidation of the costs of GSR through market research. This meant identifying products and services, the value of which was unknown to the panel or could not be specified, and determining their value based on their costs in online stores or stores in Georgia."

[32] Kakujaha-Matundu, O. 2024. *Inception Report: National Consultancy - To Estimate the Cost Incurred by People with Various Disabilities in Namibia*. UNICEF Namibia: Windhoek.

[33] https://inclusive-policy.org/wp-content/uploads/2024/06/Direct-Costs-of-Disability-to-Families-in-Tamil-Nadu_June-2024.pdf

[34] https://www.unicef.org/georgia/reports/cost-raising-child-disabilities-georgia

- List of GSR to at least include: "assistive technology, personal assistance, rehabilitation, healthcare, mobility/accessibility expenses."
- Key findings:
    - For the equal participation of CWD, the cost of GSR are out of reach for most families in Georgia.
    - Children with different disabilities have different categories of needs.
    - The structure and level of costs differ vastly between groups of children with different functional difficulties and support needs, with those with the highest support needs facing higher costs across categories.
    - "One size does not fit all": The current State system of relatively uniform support for CWD does not respond to the level and diversity of their needs.
    - The Government does not cover all identified cost categories yet.
    - The Government and civil society have already found solutions to some of the issues facing CWD.
    - Parents have a tendency to spend the family's limited expenditure mainly on health and therapies (rehabilitation services).
    - Families in the regions have further additional costs caused by the problem of the geographic inaccessibility of services.

This detailed analysis of the GSR and respective costs, confirmed that:

- All CWD may require additional goods and services to participate equally, and those needs are very different depending on their type of functional difficulties and their environment, which leads to the need for different levels of support.

- This diversity translates into different structures and levels of disability-related costs.

- The current State support system is relatively uniform and does not consider and respond to the level and the diversity of the needs of CWD.

- While the current package can support some groups of children better than others, no group receives the support required for equal participation.

- Families have to bear a large financial cost, and in the vast majority of cases, cannot afford the costs of the GSR for the equal participation of their CWD.

- While the ongoing reform of disability assessment will allow better consideration for the diversity and level of support needs, a critical review of the current State support system is required to identify ways to respond more adequately to this diversity.

UNICEF Philippines' 2022 study on the Cost of Raising Children with Disabilities in the Philippines[35]: the key finding: children with a disability card and their families were in a situation of systematic disadvantage across all dimensions of (1) access to basic services and (2) fundamental rights, and the group with the highest neglect was made up of children with functional limitations without a disability card. Other key findings:

[35] https://www.unicef.org/philippines/reports/cost-raising-children-disabilities-philippines

- Deprivations and poverty dimensions served to develop "non-monetary measures of wellbeing to be used in the analysis of the extra costs of disability."
- Study employed a survey that enabled the construction of monetary welfare measures, in particular, consumption expenditure and income aggregates.
- "Consumption expenditure data confirmed the relative disadvantage of households with a disability card if children also have functional limitations. Again, the poorest group appeared to be households with children with functional limitations, but without a disability card."
- In terms of costs to raise CWD, by far the main source of extra costs concerns health expenditure, where households with a disability card spent a share of their budget that was almost three times more than those of other households (10.7 vs 3.7). Other common extra costs were education and transportation if the child was enrolled in school.
- "The determination of the extra cost of disability has relied on the comparison of consumption expenditure across households reaching the same standard of living. ***If households who have a child with disabilities have a systematic higher expenditure required to achieve comparable living standards, the difference in consumption expenditure can be considered the extra cost of disability***."
- "The calculation of extra costs relied on the estimation of a regression model of non-monetary wellbeing indicators over consumption expenditure, a measure of disability, and other control variables. Almost a hundred regression models were estimated using three different types of wellbeing indicators: (1) Subjective assessment of living standards, (2) Asset indexes, (3) Measures of non-deprivation in fundamental rights of the child."
- "Across all wellbeing indicators, the models consistently showed a strong positive correlation with the level of consumption expenditure and a negative impact of disability, confirming the presence of disability extra costs. Moreover, there was evidence that moderate/severe disabilities incurred higher extra costs compared with mild disabilities, and households with more than one child with disabilities had substantially higher costs."
- "Recognizing the extra costs of disability implies that poverty rates among households with children with disabilities are at least 25 percent higher than what ignoring these extra costs reveal. After taking the extra costs into account, households with children with disabilities have poverty rates (percentage of poor) that are 50 percent higher than those of other households with children."
- ***"…a child with disabilities needs an expenditure that is 40 to 80 percent higher than other children without disabilities***."
- Policy implications:
    - need to increase awareness on disability registration and develop multiple entry and referral systems for early detection.
    - The size and significance of extra costs need to be addressed with a disability allowance that could at least cover some of the extra costs.
    - Adjust eligibility assessment and financial support to CWD in programmes that are means tested.

GoKE. 2024. *Kingdom of Eswatini combined initial, First and Second Periodic Reports on Implementation of UN Convention on Rights of PWD*. GoKE: Mbabane. [unpublished]

- Report by 'Eswatini National Mechanism for Reporting and Follow Up.'

- "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."
- *Noted that this report confirms key messages of the NDP 2024-2028*, as well as of the 2019 report by CSO on Disabilities (based on 2017 Census).
- "The Government and other stakeholders have realized 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.'
- Government definitions of 'disability':
    - NDAP 2018-2022: "any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and / or everyday functioning,".
    - PWD Act of 2018: "a long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder ones full and effective participation in society on an equal basis with others."
    - The 2017 Population and Housing Census: a "difficulty in one or all of the following areas; seeing, hearing, speaking, walking/climbing, remembering/concentrating, self-care."
    - National Social Development Policy 2010: "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."
    - Disability Policy 2013: "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."
    - PWD Act of 2018: 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."

Key observations on achievement regarding Education:

- Since 2006, Eswatini 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."

- "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***. MOET's 2018 policy 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***."
- "The strategic direction for inclusive education is incorporated in the MOET 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 Disabled People Organizations (DPOs) are also represented in the MOET Sector Wide meetings."
- "Standards on Inclusive Education have been developed for schools to achieve a level of quality of Inclusive Education."
- "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."
- "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."
- 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."
- "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."
- Regarding Annual Education Census (AEC) on out of school children with Disabilities: "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."
- Challenges and Gaps:
    - "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;
    - The Ministry of Education endeavours to identify how school systems can draw support from parents of CWD and community resource to support teaching and learning.
    - 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."

- Regarding statistics and data collection: "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."
- "Through the operationalization of the PWD Act, 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 realization of these aspirations amongst other issues."
- In terms of grant system: "Government continues to ensure that PWD access quarterly grants irrespective of economic situation. NGO's and Development partners also have standing programmes to support PWD's. Out of the total population of PWD only 6.8 percent have access to the quarterly grants at E 280 per month."
- *Noted no mention of NDAP 2024-2028*.

Implications:

- Noted to add MOET's SEN Department to list of key stakeholders to consult.
- Important to note that report makes link between need **for data on people with disabilities** to inform evidence-based budgeting, etc.
- *Recommendation: For future an follow-up studies: inclusive schools spending be analyzed, as a benchmark for what it does / can cost for all children to have equal access to education (normative costing).*

Mont, D. et al. 2022. *Estimating the Extra Costs for Disability for Social Protection Programs, Advanced draft*. ILO: Washington, D.C., UNICEF: New York.

Report exams pros and cons of different approaches in measuring the extra costs:

- **"Standard of Living method**: uses data from Household Income and Expenditure Surveys (also known as Living Standards Measurement Studies) and similar instruments, to generate estimates of the average extra expenditures made by households with disabilities. This method can be used to examine the current economic impact disability is having on households. It has the limitation, though, of not identifying what specific goods and services are being purchased, nor does it estimate what is needed for full participation. People may be spending less than what is needed because they face income constraints, they are unaware of goods and services that could help them, those goods and services are not available where they live, or because of discrimination within the household.
- **The Goods and Services method** is more resource intensive to implement but has the advantage of identifying what goods and services people with disabilities are purchasing and

how that differs by the type and degree of disability. However, the sample sizes are generally too small to make nationally or even regionally representative estimates, and even if they are sufficiently large, probably not big enough to disaggregate expenditures by various characteristics. The Goods and Services method also has the same limitation as the Standard of Living method in that it measures what is being spent, not what is needed for full participation.

- The **Goods and Services Required** (GSR) method does estimate what particular goods and services are needed for full participation, and so is well suited for designing social protection programs with that purpose in mind. However, it ***does not estimate the current economic impact of disability on households***.
- All methods suggest the impact of disability on households is substantial, but both the Goods and Services and Goods and Services Required method reveal that there is great variance in costs by type and degree of disability. Moreover, that a significant proportion of those experiencing large costs lie in a few areas, such as personal assistance. A conclusion to be drawn is that a one size fits all cash transfer is not well suited to effectively and efficiently meet the needs of people with disabilities."

Report's recommendations:

1. Social protection programs should account for the extra costs of disability.

2. The different approaches to estimate disability related direct extra costs can be used for different purposes

3. Disability adjusted means test thresholds and amounts could be adopted in relation to mainstream social protection schemes

4. Categorical cash benefits, such as disability support allowance should be provided to contribute to coverage of disability extra costs.

5. Health care costs, including (re)habilitation and assistive devices should be covered for all PWD.

6. To address the diversity of costs and tend towards adequacy, extra costs should be covered by a combination of cash and in-kind benefits

Data availability on PWD is determined by this author to be lacking in terms of level, disaggregation and quality. The GSR method is the preferred method at this stage as the most feasible. Future and follow-up studies need to confirm this, based on an updated, detailed mapping of disability-inclusive social protection in Eswatini.

Musker et al. 2012. *Costing of Primary Education in Swaziland*. UNICEF & GoKE. [unpublished]

- This was a study on the cost of providing primary education in Swaziland, to inform the appropriateness of the (back then) Free Primary Education Grants (FPEs) paid directly to schools, in pursuit of free primary education over the period 2010 to 2015.
- The grants did not cover teachers' salaries, but are rather intended to support schools' operational costs. the grant is relatively large but it is one of several sources of funding for schools.
- Focused on operational costs of primary schools.

- Many countries in Africa have similar grants, but are significantly small and barely cover the most basic operational costs of schools.
- From a costing framework perspective:
    - "…the 'top-down' approach to costing which seeks expert opinion on educational and other inputs has value, but is best informed by empirical research in schools to ascertain which inputs are used and valued in different contexts."
    - The study undertook a comprehensive, random sample-based, bottom-up qualitative and quantitative data collection, through costing surveys and key informant interviews (i.e. teachers at schools).
    - Study covered both income and expenses of schools.
    - Study provides a framework for the "development of a scenario-building costing tool for future use in the determination of school grants."

Key findings of the data collection and analysis:

- Qualitative: Additional fees charged to parents are for once-off expenses, including school trips. Close to all schools surveyed ran feeding schemes, which they generally have to incur expenses on, i.e. schemes are not provided for free.
- Quantitative findings:
- Low rates of CWD enrolled – only 0.51 percent average for only two of the 16 schools surveyed.
- "FPE grants allocations have had a substantial positive impact on schools' income since 2010, in particular in the first year of implementation (2009-2010), when schools' income per learner rose on average (for Grades 1 and 2) by just under 135 percent. The impact was slightly less (just over 29 percent) when we compare 2010 and 2011, when the FPE grant for Grade 3 was introduced, and much less (just under 12 percent) when we compare 2011 and 2012, when the Grade 4 grant was introduced. The change in Grades 5-7 income per learner was minimal."
- "…average expenditure per learner increased over the period 2009-2012 by 23.77 percent, while average income per learner also increased but on a smaller scale (10.37 percent - a difference of just over 13 percentage points)."
- Above explained by data showing substantial variations in how schools charged over years and per grade.
- From empirical costing perspective: large expenditure items were: ***wages for non-teaching staff, school feeding, teacher materials, maintenance, other (sundry expenses, incl. firewood and other supplies, transport; and casual labour and minor repairs to equipment)***. *Noted however that this statistic does not speak to the normative element, i.e. what spending should be prioritized in terms of size/weight. Noted that there were large variations among schools in different areas in these weightings*
- The analysis of variable expenditure on key items supports the following conclusions:
    - There is clearly a need to understand the factors at work in particular schools that make it necessary to spend more on their feeding schemes.
    - Further investigation is needed to ascertain whether there is a justification for the levels of expenditure on wages for non-teaching staff.
    - It is not typical of a school grant scheme that major construction projects in public schools are funded by the grant or by parents, since the grants are typically intended to fund operational costs rather than capital investment. Expenditure on major

projects related to school buildings and grounds has therefore been eliminated in the costing scenarios presented below."

- The study proceeds to estimate the cost of primary education in Eswatini. It incorporates cost estimates provided by the Central Statistics Office (CSO). It arrives at an average cost per learner. It incorporates norms and standards prescribed by national legislation as standard input cost items, as well as the additional costs that the survey identified.
- Economies of scale mean that average costs are lower in larger schools. The study therefore concludes: "From a policy perspective, the current FPE approach (allocating fixed amounts per grade) is erroneous for two main reasons: economies of scale mean that larger schools need less per learner; and some schools need more per learner to enrich their feeding schemes." And "…certain cost items, such as the cost of transport and sundry expenses, are not included in the FPE allocation."
- **Costing of Primary Education in Swaziland SPREADSHEET SIMULATION January 2013 FINAL.xlsx**: per school-surveyed, annual per learner costing of non-teacher wage costs (i.e. in line with the study's costing framework). Key variables: costs of major items, enrolment numbers. Can provide projections based on manual definition of increment input (i.e. inflation). Then calculates the normative (ideal) School Grant to cover these non-teacher wage costs.
- **Costing of Primary Education in Swaziland DATA CAPTURING TEMPLATE FINAL 120612.xlsx**: input templates provided to selected schools where predetermined and newly identified cost items (annual costs) are inputted manually.

Implications:

- Study supports the top-down costing approach proposed by this Costing Report.
- *For future and follow-up costing exercises: revert to this study as checklist for the costing framework, in that households with children with disability's costs for schooling are accounted for, i.e. over and above what the current school grant system provides.*
- Important: to make any meaningful impact, the disability grant needs to significantly cover the additional burden that people with disabilities face.
- Future and follow-up studies to explore the following qualitative and quantitative questions:
    - are CWD accessing school feeding schemes (equal access, physical difficulties in doing that, etc.)?
    - Do they need to pay more than other children for equal access?
    - What influence the variation in priority spending, per school, district, urban vs rural? Related: what are the unique cost drivers per location. E.g. urban vs rural, intra-district, etc.
    - How do economies of scale affect schools' costs, and how does that affect CWD (enjoying equal access to education)?

Musker et al. 2013. *Costing of Secondary Education in Swaziland*. UNICEF & GoKE. [unpublished]

- Purpose: "to estimate the operational costs of secondary schooling in Swaziland in order to support improvements in the manner in which school fees – including subject fees – are determined."
- Approach: "presents the cost of running a secondary school and the cost of offering the various junior and senior secondary subjects." *Noted: the empirical, actual costs.* "The cost of

offering subjects includes investment costs (in machinery, for example) and the cost of consumables (such as stationery); in this scenario the cost per learner per year varies with enrolment numbers, especially in practical subjects that require heavy investment."

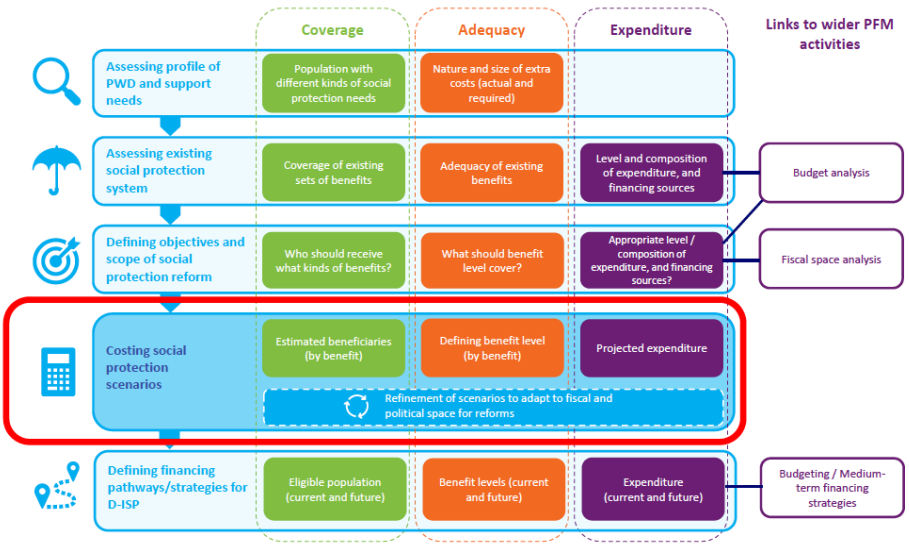
- Methodology: similar 'top-down' approach, supported by bottom-up empirical research (data surveys at representative sample of schools.
- The study presents the costing tool that was employed.
- *Key limitation that may play out in the study, was that* "schools studied had widely different ways of reporting fees, income and expenditure." Also: "The categories of income and expenditure also differ widely across schools. For this reason, it has only been possible to analyse overall income and expenditure rather than comparing the categories across schools."
- No explicit reference to CWD except: "The number of children with disabilities varies from school to school – it was argued that government should subsidize special needs."
- Key findings:
    - "…the quality of subject offerings may vary depending on the fees that schools are able to charge in communities with different levels of wealth and that the relationship between quality and affordability needs to be examined through further research."
    - Regarding links between poverty and affordability: "Since schools determine their fees, and the fees they can charge are necessarily affected by poverty levels in the community, it was found that schools in better-off communities are able to raise more funds and spend considerably more per learner." "***The question of affordability is probably a factor in the general trend of decreased enrolment in the higher grades***."
    - Regarding the costing tool that the supported the study: "Schools (or whichever entity is responsible for purchasing) should use the costing tool to calculate the annualized cost of replacing equipment; the resulting amounts should be budgeted for on an annual basis to ensure that equipment can be replaced when its lifespan ends."

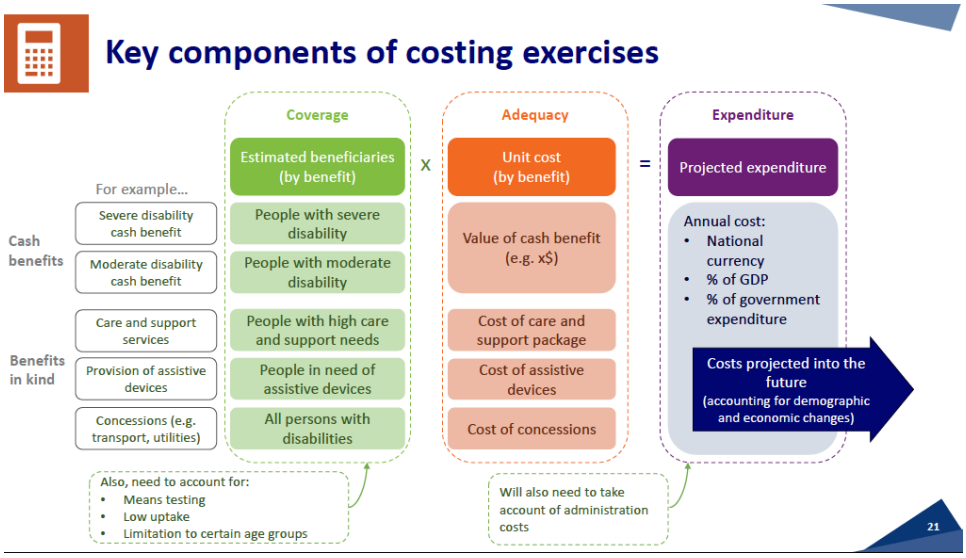
- **Costing of Secondary Education in Swaziland DATASET FINAL SUBMITTED 131206.xlsx**: provides costing by school subjects, with major cost items being: investments (lasting longer than 1 year, e.g. textbooks) and consumables (items not lasting longer than 1 year, e.g. stationary).
- **Costing of Secondary Education in Swaziland SPREADSHEET SIMULATION 130724 DRAFT FIVE CORE.xlsx**: provides for -
    - schools to calculate projections of general non-subject specific costs of schools, where officials can choose from list of predetermined items, e.g. non-teacher wages.
    - 2) projections of junior as well as senior secondary school subject-specific costs per learner per year, with manual setting of increments (i.e. inflation). Variables determining this are: enrolment numbers.

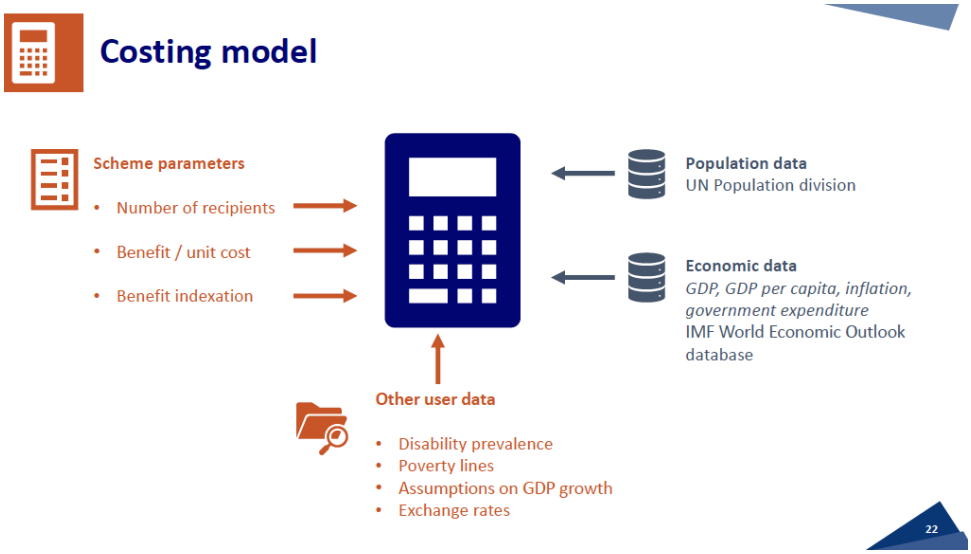
UNICEF Eswatini. 2024. *Disability Inclusive Social Protection Costing (presentation)*. UNICEF: Mbabane. [unpublished]

Key messages:

- Costing social protection scenarios: function of (1) Estimated beneficiaries (by benefit), (2) Defining benefit level (by benefit), (3) Projected expenditure. It is an iterative process: "Refinement of scenarios to adapt to fiscal and political space for reforms."
- Mapping social protection for PWD in Eswatini points to substantial gaps in the system managed by DPMO (including the Disability Grant):
    - lack of clarity in specification (eligibility, criteria), Benefit level is flat-rate, Not based on socio-economic needs, Benefit level is low, Limited coverage (e.g. compared to 13 percent of population with disabilities) – equity not been addressed.
- Mapping also shows significant gaps in: healthcare, assistive technology, any concession (presumably both public and private sector).
- Mapping also shows general (systemic) gaps:
    - Lack of mapping to define beneficiary profiles – and different benefits provided
    - Data and research – e.g. research needed on disability in rural areas – data is inaccurate or limited (e.g. registry)
    - Interventions are not sustainable/impactful – not well established in legal/policy frameworks
    - Issues of ownership and accountability - Weak accountability of duty bearers – accountability checks are poor
    - Greater voice and participation of PWD
    - Need to align disability assessment with CRPD – encompass all forms of disabilities
- Concept of 'Disability-inclusive (CRPD compliant budget)' = Strategic and operational application of CRPD throughout the public financial management cycle to achieve inclusion objectives. *Though not entirely the focus of the Costing Report, the conceptual framework is useful and important to consider going forward, some elements to consider for the Comprehensive Policy Brief for key stakeholders in Eswatini.*
- Costing exercise framework presents a useful check for the costing of additional financial burden of households caring for CWD:







Setting the benefit levels – key considerations:

Benefit levels (cash benefits)
Key indicators

Indicator	Specific indicators	Considerations
Approaches to measure extra costs	Monetary value of extra costs incurred/required (GS or GSR) Extra costs as % of individual/HH income (SOL)	• A growing area of research – but link between research and policy still a challenge • Measures primarily focus on **direct costs** (not income security/indirect costs)
Poverty lines	National poverty lines International poverty lines (according to country group) National poverty line **+ assumed extra costs**	• In theory = a standard of living deemed reasonable by a given society (in practice more complex) • Poverty lines usually take little account of disability-related extra costs (can be adjusted to account for extra costs) • Provide some indication of income security (individual) but not that of dependents
Level of economic development	GDP/GNI per capita	• Give sense of "redistributive capacity" • **Key benchmark: globally, disability benefits average 14% of GDP per capita**
Average income/ expenditure	Median income/expenditure Pre-transfers income/expenditure of target/recipient population	• Give sense of prevailing levels of income in total (or target) population. • Rely on analysis of household survey data
Wages	Average wage Minimum wage (legal provision)	• Average wages a common benchmark for income security: • **Key benchmark: ILO conventions – disability benefits should be 40-50% of average wage of "unskilled manual labourers"**

UNICEF Eswatini. 2024. *Dis-SP Costing model for Eswatini*. UNICEF: Mbabane. [unpublished]

It is not a 'disability grant bottom-up costing model' *per se,* though assists with multi-year projections when eligibility criteria and benefit level have been defined.

Key data points that the model needs:

- Macroeconomic projections: latest national poverty line (monthly), or "assumed" for 2025; updated GDP growth and currency exchange rate estimates
- Grant eligibility (inputted manually): age bracket / limits; number of people meeting disability eligibility criteria. percent of total population in age group; percent of those within age and disability criteria meeting means test; uptake (percent of eligible group accessing benefits); benefit level (local currency).
- Outputs of model (automatic): percent cost of grant of GDP over time; total cost over time.

Implications for future and follow-up costing exercises: useful to project outputs as per above once a benefit level has been defined, i.e. once Revised Grant Design adjusted with the results of the Costing.

--- End Annex 1 ---

Annex 2: Costing-related findings from February 2025 onsite Focus Group Discussion

Findings:

- Costing exercise design:
    - Each group costed the average monthly costs for key items for households with one (1) CWD.
    - Each group assigned an age bracket: 0-24 months, 2-5 years, 5-14 years, and 15-17 years.
    - Each group had to assign a level of severity to the CWD. Some groups chose the highest level, while others mild.
- Above delineations make comparisons of costing inputs across groups problematic.
- An initial interpretation of the groups' completed costing templates is that some groups inputted the actual costs (in the correct column), while others the required (ideal) costs (in the 'actual' costs column). This can be ascribed to a lack of detailed instructions (written and verbal) by the UNICEF consultant on how to complete the template, and/or that some stakeholders are not appropriately positioned to estimate the costs (both actual and required).
- Some groups evidently did not transform costs to average monthly costs, e.g. one group budgeted E132,000 per month for schooling fees (enrolment, boarding, groceries, etc.).
- From comments in their templates, it is deduced that some groups accounted for only expenses related to the CWD, not the whole household. This also point to a weakness in the instructions provided beforehand by the UNICEF consultant.
- The template exercise outputs can be seen as to confirm that the key cost categories and line items have been correctly identified.
- Ranges: Due to above mentioned pointed, it is problematic to compare the outputs of the different groups' cost input templates. Key cost item ranges among all 4 stakeholder groups, with exceptions in sub-bullet points:
    - Healthcare: hospital fees : E120 - E500
    - Healthcare: doctor fees: E10 – E3600
    - Healthcare: therapist fees: E10 – E12000
    - Healthcare: medicine / drugs: from E500 - E1000
    - Healthcare: Assistive devices e.g. hearing aids, wheelchair (training etc.),electricity units for motorized wheelchair, diapers: E52,000.00
    - Education: school enrolment / fees: E1,250 - E7,500
        - Education: school enrolment / fees that include: hostel fee, groceries , school deposit: E132 000.00
    - Education: school uniforms: E400 - E3,200
    - Education: school learning materials, textbooks: E1,000
        - Education: school textbooks, learning material, incl. reading glasses, braille note touch, laptop, audio books, visual devices (pictures): E400 - E52,000
    - Education: Lunch box, school trips (incl. specialized transport): E1000 – E7,000
    - Transport: Transport of CWD to access healthcare: E250 – E3,600
    - Transport: Transport of CWD to access education: E1200 – E7,200
    - Transport: Transport of Therapist of CWD: E200 – E3,600

  - Transport: Transport of Teacher of CWD: n/a
  - Transport: Transport of Caregiver of CWD: E250 – E6,000
  - Transport: Other, incl. leisure, church: E400 – E600
  - Groceries: Ordinary food & groceries: E700 – E6,000
  - Groceries: Special food & groceries for CWD: E200 – E6,000
  - Groceries: Diapers: E350 – E600
    - Groceries: Diapers, sanitizers, hand gloves, plastic gloves, first aid kit, PPE: E300 - E48,000
  - Groceries: Toiletries: E500
  - Equipment: Special equipment - reading devices, e.g. tablet, braille: E90,000
  - Equipment: Special equipment - motorized wheelchair, walking stick, hearing device: E37,000 – E40,000
  - Equipment: Assistive devices- Hearing aid: E700
  - Equipment: Laptop, tablets, note touch: E10,000
  - Clothing: Ordinary clothes: E300 – E7,200
  - Clothing: Special clothing for CWD: E400 – E480
  - Housing: Accommodation costs / rent: E14,400
  - Housing: Electricity: E600 - E4,800
  - Housing: Water: E400 - E6,000
  - Housing: Property rates & taxes: n/a
  - Housing: Property maintenance: n/a
  - Assets & Liabilities: Funeral policy scheme: E50
  - Assets & Liabilities: Short term insurance: n/a
  - Assets & Liabilities: Debt repayment: n/a
  - Assets & Liabilities: Remittances: n/a
- Key new or additional cost items added by groups:
  - Healthcare: Diagnostic test & screening: from E500 pm
  - Education: sensory toys and communication board: from E1000 pm
  - Assistive device & technology: from E500 pm
  - Specialized feeding equipment: from E300 pm
  - Home modification: from E500 pm
- The onsite consultations regrettably did not conclude with clear, common guidance on the costs of the key items spent on by poor households with CWD, both from empirical (actual spending) and normative (required) aspects. This can largely be attributed to: lack of clarity and guidance in the costing template on need to input costs for a poor household with CWD, and not having detailed insights of the key costs incurred by such households.

Implications for Costing:

- The current draft Costing Framework (3 February) allows on the input-side (i.e. data collection) for the respondents to input key dimensions (type, severity), though not for socio-economic status, specific income/consumption/expenditure status. Need to be tweaked in case the framework is employed again in any form of stakeholder discussion and further data collection.
- Need for a final round of data collection among key stakeholders to established basket of inputs for poor households with CWD: actual (empirical) and required (normative), to inform

evidence-based argument on the gap that poor households with CWD experience, and to contextualize with the broader standard-of-living concerns, i.e. half of the population is poor and barely meet basic needs (towards supporting the argument for additional financial support due to additional financial burden). This would serve as final round of triangulation of results obtained from FGD and the desk review, among others.

Considering above, key facts & figures that would enhance the Policy Brief:

- The Policy Brief to capture above contributions of the stakeholder consultations, address each key policy, legislative and institutional weaknesses and opportunities identified. Include the key requirements of relevant legislation, especially the PWD Act of 2018, which elements have been implemented, and what are the implementation gaps
- Specifically present the case for prioritizing the targeting of priority financial support, i.e. PWD/families with CWD that are in the poorest quintile.
- Latest projections of number of PWD, based on the latest figures from the Census 2017, which is admittedly outdated (ranging from 146,000 to 176,000, depending on the narrow or broad definition applied). Latest projections on number of poor people, based on the official poverty line of income of USD3.65 per person per day. This could amount to as many as 600,000 people in Eswatini. Given the Census 2017 estimates of number of PWD (including the undercount of the 0-4 year population with disabilities), the projected number of PWD by 2023 is close to 200,000. This presents a considerable investment case, especially if the trajectory in the coverage and benefit level is sub-optimal (by FY2024/25).
- Outline the findings from desk reviews and fieldwork, including key eligibility criteria, optimum benefit values (ranges) that link to the PWD population (above bullet) and socio-economic realities (i.e. the level of poverty of households with CWD).

--- End of Annex 2 ---

Annex 3: Invitation letter to stakeholders for follow-up costing survey

From: Juan Bester <jbester@unicef.org>
Sent: 14 February 2025 09:54
Cc: Shan Ni <sni@unicef.org>; Vanessa Sihlongonyane <vsihlongonyane@unicef.org>; Phumzile Dlamini <phdlamini@unicef.org>; Ruben Antonio Pages Ramos <rpages@unicef.org>; Victor Nkambule <vnkambule@unicef.org>
Subject: Short survey on additional financial burden of households caring for children with disabilities in Eswatini

Dear Colleagues

Greetings from UNICEF Eswatini!

We are grateful for your participation during the past stakeholder consultations, including the 6 February onsite focus group discussion in Mbabane. We gathered rich qualitative data from the discussions to inform the proposals for the enhancement of the Eswatini Disability Grant. We still need to explore more avenues, in particular the additional financial burden of households caring for children with disabilities.

We invite you to please take 10-15 minutes to complete the following online survey:
https://forms.office.com/e/LhqehFcr7B

The survey explores your views on some scenarios that such households face, in particular poor households that care for children with severe disabilities.

We would be very grateful if you could complete the survey by Friday 21 February, close-of-business.

Please do let me know if you have difficulties in accessing the form or any queries regarding the form's questions. Many thanks in advance for your kind cooperation.

You are also most welcome to send me directly any documents that may assist the project, much obliged.

We look forward to share with you the results of our work in due course!

Best regards
Juan

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Juan Bester
Consultant | *Eswatini Disability Grant Redesign & Costing of Additional Financial Burden of Households with Children with Disabilities*
UNICEF Eswatini | Somhlolo Rd & Madlenya Street, Mbabane

--- End of Annex 3 ---

Annex 4: Survey on financial burden of households with Children with Disabilities

Follow-up survey on expenses of households with children with disabilities in Eswatini
Brought to you by UNICEF Eswatini

Section 1

1.Name, designation, unit, organization / department. Required to answer. Single line text.

Enter your answer

2. How many children with disabilities (CWD), that need moderate to constant care, are there currently in Eswatini, and that live in poor households (combined income of less that E2,000 per month)?[36] Please include the source of data for your estimation if possible. Required to answer.

Enter your answer

3. Please rank all of the following statements so that they reflect the levels of additional financial burden that a household caring for such a child will face, with 1 being the lowest additional financial burden, and 5 being the highest. *Hint: clicking on the up or down arrow next to each statement to move it either up or down*.

- Child with severe physical impairment – cerebral palsy
- Child with severe mobility disability - cannot walk or use hands/arms
- Child with severe visual impairment - blind
- Child with severe hearing impairment - deaf
- Child with severe intellectual disability - not developed cognitively beyond 2 years of age, needs constant care

4. **Scenario**: Consider the case of a poor household in Eswatini, in a rural area. It is a typical nucleus family: mother, father, with two to three children. One of the children is 6-year old ***Nandi – she has a severe physical disability – cerebral palsy, and needs constant care (24/7)***. Only her father is employed, as the mother needs to look after Nandi (feeding, accessing healthcare and education). He farther earns a humble wage of E2,000 per month. Distances to the following amenities are: clinic: 10km; school: 5km; hospital with therapists: 50km; grocery store: 2km. What do you think are the average monthly expenses of the household for the following items? Please note: these are the average monthly costs they are most likely to spend on, not what they ideally want to spend on**. Only provide estimates for what the household may afford.**

	Less than E100 pm	E100-E200 pm	E200-E300 pm	E300-E400 pm	E400-E500 pm	More than E500 pm
Healthcare: medical costs (medicine, diagnostics/screenings, doctors/hospital/clinic, therapists)						
Special equipment: assistive technology and mobility devices						

[36] With moderate care is meant: spending up to half a day in total in caring, involving: feeding, clothing, bathing, sanitation, playing, transportation, and may include home-schooling. With constant care is meant the same elements of care, though more intensive and time-consuming, i.e. child 24/7.

(e.g. braille materials, walking stick, wheelchair, laptop, audio devices, home modification, etc.)						
Caregiver wage / fee (only if you deem it applicable)						
Education: school fees / enrolment, uniforms, hostel / boarding, school trips, school lunches, etc.						
Transport: general transport for whole household						
Transport: transport specifically related to CWD, including transport to clinic, to school, of caregiver						
Groceries: general groceries for whole household (clothing, food, toiletries, etc.)						
Groceries: special food for CWD						
Groceries: special items for CWD (clothing, diapers, sanitary ware, formula-based food, etc.)						

5. Consider the **same case as above**, with one difference: ***Nandi has a severe mobility disability – cannot walk.*** What do you think are the average monthly expenses of the household for the following items? Required to answer. [same table as above]

6. Consider the same case as above, with one difference: ***Nandi has a severe visual impairment (blind).*** What do you think are the average monthly expenses of the household for the following items? [same table as above]

7. Consider the **same case as above**, with one difference: ***Nandi has a severe hearing impairment (deaf).*** What do you think are the average monthly expenses of the household for the following items? [same table as above]

8.Consider the same case as above, with one difference: ***Nandi has a severe mental impairment (not developed cognitively beyond 2 years of age, needs constant care).*** What do you think are the average monthly expenses of the household for the following items? [same table as above]

9. Consider above cases and what Nandi's parents **need to spend to ensure equal access** (i.e. the same as other households without CWD) **to healthcare, education, social inclusion.** What do you

think **should** the average monthly expenses of the household be for the following items, **to ensure such equal access?** [same table as above]

10. What other types of disability among children will put severe financial burdens on the mentioned household?

Enter your answer

11. Please rank the non-financial burdens (indirect, opportunity costs) of the above household for caring for a child with disability, with 1 being the lowest non-financial burden, and 5 being the highest.

- Loss of job upskilling.
- Loss of adult education, loss of social life / inclusion in the community.
- Loss of social life (including leisure time).
- Loss of inclusion in the community.
- Loss of employment (job).

12. Please list any other non-financial burdens (indirect, opportunity costs) of the above household for caring for a child with disability.

Enter your answer

13. Any other suggestions, and/ or additional information/ data you would like to provide?

Enter your answer

14. Please rate the usefulness of this survey: [1 to 5 stars]

--- End of Annex 4 ---