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The Disability Grant of the Kingdom of Eswatini:

Proposals towards a Comprehensive, Inclusive and Cost-Sensitive Grant Design

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Executive Summary

Background and rationale:

This UNICEF Eswatini-commission report presents proposals for the enhancement of the design of the Disability Grant currently implemented by the Government of the Kingdom of Eswatini (GoKE).

The targeted audience of the report is GoKE, especially those decision-makers responsible for policy development and implementation on disability-inclusive social protection in Eswatini. 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. It is the intent of the authors for this report to be published for public consumption.

This report draws from mixed-method research involving qualitative and quantitative data collection and analysis based on desk reviews (including of international and regional best practices in social assistance for PWD), key informant interviews, a focus group discussion and an online survey. The research identified the criteria and best practices to enhance the Eswatini Disability Grant. This report also largely draws from an unpublished 2024 study commissioned by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), with UNICEF Eswatini as lead agency, and conducted by the Africa Disability Alliance (ADA).

The proposals in this report focus on the need for disability-inclusive social protection that is comprehensive, inclusive, non-contributory, and sensitive to the financial burdens that PWD face.

In addition, proposals on the scope and benefit level (i.e. the grant payout value) of the Eswatini Disability Grant result from a costing exercise that estimated the additional financial burdens of households caring for Children with Disabilities (CWD). The costing exercise specifically explored the burdens faced by poor, rural-based households CWD and what social assistance is required to allow for equal access to essential services, including 'inclusive education.'

Key findings:

This report found, and reconfirmed, the key gaps in the policy, legislative and institutional frameworks for disability-inclusive social protection in Eswatini. Key provisions of the Persons with Disabilities Act (PWD Act) of 2018 and the current Eswatini National Disability Plan of Action have not been implemented yet. There is a lack of clarity on the roles, accountability frameworks and capacities of legislated institutions, including the National Disability Advisory Council and its Secretariat, and coordinating structures, such as the Inter-Ministerial Committee on Disability Issues. Policy implementation to realize the rights of rights-holders (primarily PWD and their carers) is weak. The Disability Grant architecture suffers from multiple horizontal and vertical issues (in terms of eligibility criteria and benefit levels) and weak system capacity (lack of disaggregated data, lack of PWD registry, lack of well-documented Grant architecture). There are gaps in population statistics for PWD and the Census 2017 statistics needs to be updated for evidence-based policy development and implementation (programming).

International experience and best practice on disability-inclusive social protection point to the need for comprehensive, universal, inclusive, non-discriminatory cash-based social assistance, that needs to be disproportionally higher for those beneficiaries that incur additional direct and indirect financial burdens due to caring for PWD.

This Report benefits from a costing exercise, which developed a costing framework based on global best practice and inputs from key stakeholders in Eswatini. The methodology included the identification of goods and services required (the 'GSR' approach) by PWD and households caring for PWD, so that they have full access to essential goods and services (as would 'normal persons and households have). International costings as well as key informant consultations in Eswatini confirmed that the key cost items are: healthcare, education, food (nutrition), assistive technology, personal assistance, rehabilitation, mobility/accessibility expenses.

Through costing exercises at a Focus Group Discussion and an online costing survey focusing specifically on rural, poor households caring for children with severe disabilities, the costing exercise was able to make basic estimates on the additional financial burden of households caring for CWD. The estimates confirmed that poor households, earning less than USD3.65 per person per day, or E2,000 per person per month, cannot afford the goods and services required to ensure full access to essential services. There is also compelling evidence that globally, households caring for a PWD incur a significant additional financial burden, twice as much as households without PWD.

Poor, rural-based households in Eswatini caring for children with severe disabilities, are most at risk to suffer from the adverse effects of poverty. The additional financial burden risks pushing households further into poverty, and those above the poverty line, into poverty. These households are in dire need for adequate cash-based social assistance, as well as provision of or subsidized access to essential services – the so-called Cash Plus Service Modality.

The costing framework serves as a benchmark for follow-up studies in Eswatini, including the identified need to explore the indirect financial burden of care, namely income loss through wages foregone, as this would provide further evidence of the poverty effect of the additional burden of caring for PWD, including CWD. Key limitations and opportunities encountered in the costing exercises have been integrated into the proposals

Key recommendations:

This Report presents recommendations to enhance disability-inclusive social protection in general in Eswatini, and specifically to improve the Disability Grant architecture (design, coverage, benefit levels, etc.). Below is a summary of the key proposals – please refer to Chapter 11 for the full set of findings and recommendations.

Legislative, policy, institutional frameworks:

Recommendation: ***Conduct a comprehensive legislative, policy and institutional review (or collation of all similar, recent past reviews) of the disability-inclusive social protection in Eswatini, to determine key implementation gaps, opportunities and feasible course direction***. This will build on, and consolidate existing studies. Specific gaps to address include:

- A review and where necessary an update of statistics on PWD: populations size, geographical location, income status, type and severity of disability, etc.
- Determine the functions / roles and capacities of (i) the Disability Council, envisaged to be an entity outside of the Deputy Prime Minister's Office (DPMO), under PM's leadership, (ii) Office of the Registrar (as key enabler for the grant management system) and (iii) the 'National Fund for Persons with Disabilities,' in order to feed into policy implementation course directions regarding system strengthening (including capacity development, technical assistance/support).
- Develop ToRs for each of these entities, that include resource and capacity development requirements.
- Accordingly, adjust and adopt the key pieces where necessary: Persons with Disabilities Act and its draft Regulations, and Draft Social Assistance Policy.
- Specifically provide legislative provisions in Regulations for enhancing the Disability Grant architecture. Provisions to be feasible, rights-based, actionable in the short- to medium-term, including:
    - the Cash Plus Service Modality, requiring all government stakeholders (and Line Ministries) to progressively provide free or subsidized access by PWDs to essential services.
    - a cash top-up benefit specific for poor, rural households caring for PWD, especially CWD, with ranges depending on disability type and severity.

Data (evidence) and system strengthening

Recommendation: Strengthen the broader disability-inclusive social protection system through evidence-based decision-making. Key outputs:

- Develop and integrate into the broader social protection system (as a module), a risk-based, Social Registry (data collection currently being piloted), to support the envisaged PWD Registry with the identification, registration and managing the entitlements of rights-holders, including PWD and people/institutions caring for PWD.
- Build system-wide capacity on the maintenance and management of this Social Registry.

***Recommendation*: determine bottom-up demand for the Disability Grant, through a deliberate effort to determine the profiles of PWD, and poor households (or equivalent) caring for them, especially for CWD.** Key inputs and outputs:

- Enhance the existing population statistical research models/frameworks, particularly the periodic Census, as wells as the periodic MICS, in order to capture detailed, disaggregated (sex, age, location, etc.) data on PWD, focusing on data comprehensiveness on the most vulnerable. Enhancements to allow for interoperable data collection and classifications of Census and MICS, so that they can provide comparable, disaggregated data on PWD, including CWD, and including the Census 2017's 'undercount' of the 0-to-4-year CWD population.
- Upgrade and implement a fully functioning PWD registry, that can link to Census and MICS data, that contains comprehensive profiles of all potential beneficiaries, including households and individuals (both adults and children), covering: type of disability, degree of severity, geographical location, income status, risk status (composite of socio-economic profile, demographic profile, rights-based / legal entitlements, etc.).

Disability Grant criteria and overall design:

Recommendation*: *enhance the Disability Grant architecture (design, system, scope, etc.) through addressing best practice criteria, that also address the context-specific (Eswatini) needs, in particular the additional financial burden borne by poor, rural households caring for PWD, in particular CWD. Related to above, intra-government coordination is required whenever there is data collection and reforms that include identifying PWD (for example the intra-governmental revision of the Orphans and Vulnerable Child Grant), so that all efforts are comprehensive and inclusive, i.e. covering all types and severity of disability. The following table summarized the key criteria to be addressed through legislative, policy and actual implementation improvements. It incorporates global best practice and evidence from the 2024 UNICEF-commissioned study on the Disability Grant.

Recommended enhancements to Disability Grant design

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
Rights-based	Explicitly to counter additional cost-of-living. All citizens, persons with official refugee status, and persons granted permanent residency and who do not receive a disability grant from another country. All PWDs to be registered, and issued a Disability Card.	Not clear.	• Base eligibility and benefit level on evidence of the additional burden, below a certain threshold. • Need to progressively move, in unison with progressive nations, keeping in line with development objectives (SDG, etc.), to Universal Child Grant (UCG). • Eligibility and registration should also incorporate self-assessment and verification by a Peer Assessment Panel. • Disability Card and Disability Grant application processes should be realigned, using a rights-based approach that factors in functional and environmental impacts.

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
Non-contributory	Considering that it is social assistance, i.e. where financial capacity is limited.	Yes.	• Retain, ensure integrated via life-cycle-approach with other social assistance/security, to avoid inclusion/exclusion errors. • The societal and socio-economic benefits of the life-cycle-approach include social inclusion and participation of PWD, including accessing adequate employment opportunities. The latter is especially critical for ensuring optimum productively of the youth with disabilities cohort (18 to 35 years of age), who are vulnerable to low skills sets and unemployment. • In addition, this point is critical given the broader issue of the need for human capital development: the life-cycle-approach, and by implication the drive to especially avoid exclusion errors, requires human capital development at all stages of life, so that citizens are able to productively contribute to the welfare of the nation.
Universal vs Means-tested	Eligible only if financial capacity falls below a certain threshold. I.e. supports the essence of appropriate targeting. Vs Universal coverage for PWD who pass the assessment criteria (0-59 years), considering that an Elderly Grant already exists.	GoKE states it is means-tested, though with reference to the Elderly Grant, which is not means-tested.	• Initially: specify the financial capacity threshold, and below this, there is universal access. • Recommended threshold is E2,000 per person per month (the poverty line). • Gradually progress to universal coverage. • Key success factors, enablers include the following mechanisms: well-functioning, continuously updated PWD Register, linked to the evolving national Social Register, and the Disability Card, that captures the unique, essential demographic and socio-economic data. • The above require a progressive improvement of baseline data from Census / MICS, etc. Supported by outreach / communication campaigns on the rights of PWD. • Building on above, it will be important for stakeholders to agree on how testing will be operationalized to minimize exclusion and inclusion errors.
Integrated into social protection system	Cohesive linkages to the wider social protection / social welfare grant system, including in terms of administration, implementation, reporting, M&E, etc.	Not clear.	• Pronounced investment in system strengthening, incl. registry of all PWD, to enable successful targeting. • Line Ministries should deliver inclusive programs and services for PWD, covering health, welfare, education, social protection, and employment support.
Inclusive, non-discriminatory	Targeting, eligibility does not discriminate within and among groups / individuals.	Not covering people with Epilepsy, Albinism, etc. Not clear how people with Autism are covered.	• Broaden targeting, to include previously neglected groups, including but not limited to Epilepsy, Albinism, Autism. • Specify inclusion of people with mental (including psychosocial) and intellectual (including cognitive) impairments (such as Autism).

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
			• Persons with disabilities residing full-time in state-owned or subsidized facilities should qualify for a disability grant.
Comprehensive	Comprehensive coverage, maximizing number of PWDs in need (severity, additional financial burden)	Low coverage	• Progressively increase coverage to priority PWD/households, based on evidence of type and severity, additional burden. • Phased approach over five years, to increase the Disability Grant benefit level to an amount that (1) secures the basic food basket for grant recipients and (2) subsidizes disability-related costs.
Benefit level appropriate	Based on costed realities.	Not clear how current Disability Grant accounts for the additional financial burden of households with PDWs.	• Base benefit level on evidence of the additional burden. • Incorporate the Cash Plus Service Modality, with Line Ministries contributing accordingly to either provision or subsidized access to essential services. • Top-up grant to counter impacts of the additional disability-related costs and support needs for individuals and their families for severely to profoundly disabled persons. Need for more studies to assess the feasibility of introducing such a top-up grant.
Responsive	Adaptable, risk-responsive disability social protection.	Not clear how the Disability Grant adapts to shocks.	Formula-based, threshold-based, PWD registry-based grant.
Value-for-money	Results-oriented framework to ensure adequacy, efficiency, effectiveness, equity in disability-inclusive social protection.	No clear results-oriented framework, linked to a feasible financing framework.	Establish, integrate results-oriented framework into plans, budgets for Disability Grant, linked to feasible financing framework, including fiscal space realities.
Feasible funding framework	Progressive resourcing of disability-inclusive social protection, including deeper and broader coverage of Disability Grant, aligned to macro-fiscal realities, and compact between all role-players.	Not clear if there is a compact between all role-players. Fiscal space not interrogated to find room, including savings within and outside the social protection system.	• Need for evidence on opening fiscal space for disability-inclusive social protection. • Eswatini should target a minimum of 0,3% of GDP[1] and 1% of total government expenditure to fund the Disability Grant. • The current disability welfare benefit budget should be repurposed to expand and improve disability-specific welfare services to PWD and their families. Therefore, 'New' funding should be allocated to finance the Disability Grant
Robust enablers	System strengthening, through investment in MIS, M&E systems, registries, capacity development.	Various capacity issues identified that ultimately impede upon quality of targeting, coverage, benefit level, administration.	Pronounced investment in system strengthening of priority enabling frameworks, systems, capacities, disability rights-based awareness-raising.

[1] 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.

Costing of additional financial burden of disability:

Recommendations: Future and follow-up studies to explore the following *qualitative and quantitative parametres of costing of the additional financial and non-financial burden of households caring for CWD*:

- Incorporate field data collection methods (including tools) that account for the elements of access, availability and knowledge.
- Specifically quantify the indirect financial burden of care regarding the loss of income of poor households with CWD (e.g. wages foregone) and non-financial burdens (e.g. loss of social inclusion), to support evidence for the need of social assistance to affected households.
- Specifically account for costs associated with caring for children with epilepsy, albinism, as well as mental (including psychosocial) and intellectual (including cognitive) impairments (including autism).
- Estimate the monetary poverty effect of the additional burden of caring for CWD.
- Explore the absorption capacities of potential beneficiaries (households, facilities) and potential recipients of larger budgets (Ministry of Education / Social Welfare).
- Account for the risk of supply shortages (regardless of cost) of essential goods & services.
- Studies to explore and build evidence on the *financial barriers to equal access to the Disability Grant*.
- Studies to explore and build evidence on the *non-financial barriers to equal access to services*.
- Field research to estimate the package of goods and services provided by 'inclusive schools' and 'special needs schools' and employed in estimating the full scope of goods and services that CWD should access, as opposed to what they currently do.

Recommendations: future and follow-up costing exercises should address the weakness, limitations and enhancements of *data collection tools and data collected*. Including:

- Actively promote and disperse collection tools widely to increase response rates.
- Variations and dispersions detract from the significance of the results.
- Lack of simplistic capturing of costing data in the online survey.
- Focus on respondents that are known to have insights into actual costs incurred.
- Distinguish clearly between the two types of costing: one is normative, one is empirical.[2]
- Ensure 'Healthcare' costs adequately distinguish between 'ordinary' and 'CWD.'
- Future and follow-up costing frameworks and estimates would benefit from incorporating 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.

Towards top-up and 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. International

[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.

examples point to the cost of caring for PWD is ***23 to 55 percent of household income***. With these in mind, benefit level ranges can differentiate as follows, by way of crude examples:

Proposed top-up Disability Grant benefit level ranges for poor, rural households caring for CWD

Type	**All types qualify, as per legislation.**	**All types qualify, as per legislation.**	**All types qualify, as per legislation.**
Severity as confirmed by Medical Practitioners or equivalent	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 – E2,500 per month	Above poverty line: > E2,500 per month
Indicative benefit level ranges	**50 percent top-up to Disability Grant**	**25 percent top-op to Disability Grant**	**The current value of Disability Grant**

Optimal coverage and benefit level scenarios given tight fiscal space:

Below scenarios attempt to provide realistic costed options for the progressive increase of both coverage and benefit level of the Disability Grant over the next four years until 2030, itself an important global milestone date for the Sustainable Development Goals. In other words, it allows for government's progressive uptake of a fiscal commitment over the medium-term (three years) and beyond. The scenarios draw from key estimates and assumptions discussed in this report:

- **Scenario 1**: Business-as-usual, striving for 20 percent coverage of total PWD population, total Disability Grant payments of 0.2 percent of GDP and 0.55 percent of Total Government Expenditure by 2030. Disability Grant only keeps track with inflation.
- **Scenario 2**: Above-inflationary Disability Grant increases. Striving for 20 percent coverage, total Disability Grant payments of 0.25 percent of GDP and 0.65 percent of Total Government Expenditure by 2030.
- **Scenario 3**: Rapid upscaling of both coverage and benefit level, to achieve benchmarks, though with pragmatic view on the tight short-term fiscal conditions. Striving for 25 percent coverage, with total Disability Grant payments of 0.35 percent of GDP and 0.5 percent of Total Government Expenditure by 2030.

The following table provides a total cost for the three trajectories of Disability Grant coverage and benefit rates increases over the medium-term.

Total cost scenarios of Disability Grant coverage and benefit levels

Scenarios:	Assumptions:	FY2025/26	FY2026/27	FY2027/28	FY2028/29	FY2029/30
	GDP (current prices) [3]	E99 billion	E104 billion	E108 billion	E113 billion	E117 billion
	Total Government Expenditure[4]	E33.6 billion	E35.1 billion	E 37.6 billion	E40.5 billion	E43.5 billion
	PWD population	165,000	166,485	167,983	169,495	171,021
Scenario 1: Business-as-usual.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	475	500	525	550
	Total Disability Grant payments	94,327,200	119,481,120	150,923,520	190,163,635	239,062,856
	% of GDP	0.10%	0.11%	0.14%	0.17%	0.20%
	% of Total Government Expenditure	0.29%	0.34%	0.40%	0.47%	0.55%
Scenario 2: Slow upscaling.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	500	550	600	650
	Total Disability Grant payments	94,327,200	125,769,600	166,015,872	217,329,869	282,528,829
	% of GDP	0.10%	0.12%	0.15%	0.19%	0.24%
	% of Total Government Expenditure	0.29%	0.36%	0.44%	0.54%	0.65%
Scenario 3: Rapid upscaling.	Beneficiaries	17,468	21,835	27,294	34,117	42,646
	Coverage (%)	11%	13%	16%	20%	25%
	Grant value	450	520	600	700	800
	Total Disability Grant payments	94,327,200	136,250,400	196,515,000	286,584,375	409,406,250
	% of GDP	0.10%	0.13%	0.18%	0.25%	0.35%
	% of Total Government Expenditure	0.29%	0.39%	0.52%	0.71%	0.94%

Sources: IMF (GDP figures); GoKE (expenditure figures); and author's calculations.

***Recommendation**:* Scenario 3 is the closest linked to the requirements of the Persons with Disability Act and Eswatini's commitments to disability-inclusive social protection. At a targeted coverage ratio of 25 percent and benefit level of E800, it is both feasible and conservative (e.g. as compared to the discussed regional examples of South African and Namibia), though can only be achieved if government and partners agree on the first step in the trajectory: a 25 percent increase in coverage and 15 percent increase in the Disability Grant value from FY2026/27. Scenario 3 is a pragmatic and

[3] GDP in current prices, author calculations based on IMF data (https://www.imf.org/external/datamapper/NGDPD@WEO/SWZ?zoom=SWZ&highlight=SWZ) and average 2024 exchange rate of E18.3/USD (https://www.exchangerates.org.uk/USD-SZL-spot-exchange-rates-history-2024.html).
[4] GoKE, Ministry of Finance (MoF). 2025. *Budget Speech 2025*. GoKE, MoF: Mbabane.

fiscally prudent pathway that tracks the gradual, broader social protection system strengthening efforts, that would ready the supply-side, which includes the systems and structures of disability-inclusive social protection, including the Disability Grant.

Fiscal space options to fund the proposed upscaling in Disability Grant coverage and benefit level:

Drawing from international studies and frameworks,[5] the fiscal space options that government, OPD and development partners can exploit are:

- Domestic resource mobilization: better tax policies and collection.
- Expenditure efficiencies: through savings, resulting from results-oriented planning and budgeting practices, accurate costings, etc.
- Reprioritization and budget reallocation.
- Public-private partnerships: e.g. a private sector entity providing support services to carers of PWD is compensated with government-subsidized fees by the end-user or an intermediary (e.g. an OPD).
- Deficit financing through domestic and external borrowing: prudent debt financing of social protection may present a feasible fiscal space option to explore further.

Recommendation: ***a detailed fiscal space analysis is called for the lift out the opportunities to generate more fiscal space for bigger public investment in disability-inclusive social protection. A critical focus of this analysis would be on identifying feasible, sustainable fiscal space avenues to fund the proposed Disability Grant coverage and benefit levels scenarios.***

Towards a feasible funding framework:

A feasible, financing (funding) framework would be a function of evidence-generation (costing exercises, budget analyses, fiscal space analyses) to identify feasible, sustainable fiscal space avenues to explore and exploit, though this would apply to the broader social protection sector, and for all other social sectors for that matter.

A policy implementation roadmap:

The implementation considerations addressed by this report are complex and substantive: they would involve numerous and sustained stakeholder contributions, policy and management decisions (including on legislative reform and intentional implementation).

The following recommended high-impact, near-term actions are needed as bases for the required longer term system strengthening and resource mobilization:

[5] Roy, R., Heuty, A. and Letouze, E. 2006. *Fiscal Space for What? Analytical Issues from a Human Development Perspective*. Paper for the G-20 Workshop on Fiscal Policy, Istanbul, June 30 – July 2, 2007; UNICEF East Asian and Pacific Regional Office (EAPRO). 2022. *Where is the Fiscal Space for Children? Review of social sector budgets in selected countries in South Asia, East Asia and the Pacific Islands*. UNICEF EAPRO: Bangkok; Series of fiscal space analyses and briefs conducted in Eastern and South Africa: https://www.unicef.org/esa/reports/fiscal-space-children-and-human-capital-eastern-and-southern-africa.

Recommended key near-term actions (by end-December 2025):

Action	Outcome	Timeline	Responsibility
Convention of all disability-inclusive social protection decision-makers, to officially adopt (adjust where necessary) the recommendations of this report.	Government-wide agreement and compact on policy direction.	By end-August 2025	DPMO, Department of Social Welfare (DSW) (Lead). Supported by UNPRPD, FODSWA.
Costed, results-based budgets for FY2026/27, to increase coverage by 25 percent and Grant by 15 percent.	Submitted to and approved by Ministry of Finance.	By end-December 2025	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Adjusted Draft Social Assistance Policy with the recommended actions of this report.	Redrafted Social Assistance Policy submitted for approval.	By end-December 2025	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.

Please see below a proposed phased implementation roadmap, with emphasis on key, feasible priority actions needed to improve the overall environment for disability-inclusive social protection, the initial steps to enhance the Disability Grant architecture, and to gradually increase the Disability Grant coverage and benefit levels. The **green highlights** are the regular, annual events that are core to the envisaged Policy Recommendations: a high-level meeting and commitment to implement the Policy Recommendations in accordance with the Implementation Roadmap 2025-2030, and the budget preparation activities to ensure that the increased coverage and benefit levels are in included in government's fiscal framework.

Disability Grant scale-up Implementation Roadmap 2025 – 2030

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
Short-term priorities, by end FY2025/26			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss and refine the Policy Recommendations and this Roadmap 2025-2030, where necessary.**	**Agreement to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2026/27, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance.**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
Increased Disability Grant coverage and benefit level	Refined, internally approved funding framework for Disability Grant coverage and benefit level increases FY2026/27 to FY2029/30.	Submitted and approved by Ministry of Finance.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Adjusted Draft Social Assistance Policy, based on: ● Disability Grant design (criteria) as per this Policy Brief's recommendations. ● Updated population statistics. ● Government-wide commitment to provide access to essential goods & services. ● Top-up benefits for where needed.	Redrafted Social Assistance Policy submitted for approval.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
	Legislative review of Disability-Inclusive legislation, gap analysis for PWD Act and Regulations, and other relevant pieces.	Submitted recommendations for adjustments to PWD Act and Regulations, and any other relevant pieces.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System-strengthening: capacity development	Drafted detailed Terms of References, including on resourcing and capacity development, for key structures and systems, including: National Disability Advisory Council ('Disability Council') and its Secretariat, Office of the Registrar, National Fund for PWD, Inter-Ministerial Committee on Disability Issues, Disability Management & Information System (MIS), Persons with Disabilities Registry (and how it links to the evolving national Social Registry).	Approved ToRs of key institutions responsible for government-wide coordination of disability issues, and Disability Grant management.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System-strengthening: evidence-generation	Mapped disability-specific service costs, at Inclusive Schools and Special Needs Schools.	Government-wide agreement on essential services that can be accessed, provided, subsidized for Persons with Disabilities.	UNESCO (Lead). Supported by UNPRPD, FODSWA.
	Mapped disability-specific service costs at health facilities.		WHO (Lead). Supported by UNPRPD, FODSWA.
	Comprehensive Social Protection-oriented Fiscal Space Analysis.	Adjusted funding framework FY2026/27 to FY2029/30.	UNICEF & ILO
Medium-term priorities, by end FY2026/27			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030 and adjust where necessary. Including an assessment of capacities of enacted structures (Council, its Secretariat, Office of Registrar, National Fund for PWD, etc.) to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2027/28, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
System-strengthening: capacity development	Training events on Disability-Inclusive Social Protection, including on system strengthening and financing, for key stakeholders: National Disability Advisory Council ('Disability Council') and its Secretariat, Inter-Ministerial Committee on Disability Issues, FODSWA and its members.	Key stakeholders have strengthened capacities to coordinate and manage Disability-Inclusive Social Protection policies and mechanisms.	UNICEF (Lead). Supported by DPMO, UNPRPD, FODSWA.
System strengthening: capacity development	Trained DPMO and other relevant staff on costed & results-based planning & budgeting.	Capacity strengthened for costed & results-based plans & budgets.	UNICEF.
System strengthening: tools	Restructured, enhanced PWD Registry. Including integration with the evolving national Social Registry, to enable the PWD Registry with the identification, registration and managing the entitlements of rights-holders, including PWD and people/institutions caring for PWD.	Enhanced PWD Registry piloted.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Defended new Draft Social Assistance Policy.	Social Assistance Policy approved.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Defended recommendations for adjustments to PWD Act and Regulations, and any other relevant pieces.	Promulgated amendments to PWD Act and Regulations and other relevant pieces.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System strengthening: capacity development	Trained GoKE staff on Disability MIS and M&E.	Disability MIS and M&E piloted, including integrated with government-wide / national social protection MIS and M&E.	UNPRPD (Lead).
System strengthening: evidence-generation	Integrated all categories of PWD into Census and MICS methodologies. To account for: people living with albinism, epilepsy, and mental and intellectual impairments (disabilities).	MICS 2026 provided detailed, disaggregated data on PWD (incl. CWD).	GoKE, (Central Statiscis Office - CSO) (Lead). Supported by UNPRPD, FODSWA.
	Comprehensive costing of burden of caring for Persons with Disabilities, from representative, field samples.	Findings inform next round of costed, results-based budgets for FY2028/29, the Disability Grant funding framework, etc.	UNICEF.

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
	Comprehensive Social Protection-oriented Fiscal Space Analysis, focusing on funding Disability Grant.	Adjusted funding framework for FY2026/27 to FY2029/30.	UNICEF & ILO.
Medium-term priorities, by end FY2027/28			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030, and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2028/29, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance.**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
System strengthening: evidence-generation	Periodic evaluation of ENDPA 2025-2028 and Disability Grant programme(s): results (outcomes, impacts), expenditure review, financing, forward-looking fiscal space, course direction opportunities.	Detailed proposals to inform further system strengthening enhancements. Adopted ENDPA 2029-2032.	GoKE: DPMO, Disability Council (L). Supported by UNPRPD, FODSWA.
System strengthening: tools	Lessons learned from Disability MIS and M&E piloted integrated.	Disability MIS and M&E fully implemented.	DPMO.
System strengthening: evidence-generation	Full interoperability on PWD data between Census and MICS.	Census 2027 and MICS provided detailed, disaggregated data on PWD (incl. CWD).	GoKE (CSO) (L). Supported by UNPRPD, FODSWA.
Medium-term priorities, by end FY2028/29			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030, and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2029/30, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted costed & results-based plans & budgets budget process.**	**DPMO, DSW. Supported by UNPRPD, FODSWA.**
Policy & legislative reform	Fast-tracked implementation of provisions of PWD Act, National Disability Plan of Action 2025-2028.	Disability Grant architecture reflects: Cash Plus, top-up, access to / subsidized essential services.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Long-term priorities: until end FY2029/30			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030, and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Drafted costed & results-based plans & budgets to increase coverage by 25 percent and Disability Grant by 15 percent.**	**Submitted costed & results-based plans & budgets for FY2030/31 budget process.**	**DPMO, DSW. Supported by UNPRPD, FODSWA.**
Policy & legislative reform	Comprehensive review of Disability-Inclusive Social Protection in Eswatini, including Social Assistance.	Comprehensive policy proposals to inform post-2030 Agenda, including on Disability Grant.	DPMO, Disability Council (L). supported by UNPRPD, FODSWA.
Increased Disability Grant coverage & benefit levels	Disability Grant benefit level: >=E800pm. 30 percent of eligible PWD beneficiaries receive Disability Grant.	Disability Grant total costs: 0.35 percent of GDP, 1 percent of Total Government Expenditure.	DPMO (Lead). Supported by UNPRDP, FODSWA.

--- End of Executive Summary ---

Acronyms

ADA	Africa Disability Alliance
CPI	Consumer Price Index
CSO	Central Statistics Office
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 Organizations of Persons with Disabilities in Eswatini
GDP	Gross Domestic Product
GoKE	Government of the Kingdom of Eswatini
ILO	International Labour Organisation
LMIC	Low to Medium Income Countries
MOEPD	Ministry of Economic Planning and Development
MOET	Ministry of Education and Training
MOF	Ministry of Finance
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
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 Eswatini-commission report presents proposals for the enhancement of the design of the disability grant currently implemented by the Government of the Kingdom of Eswatini (GoKE). The targeted audience of the report is GoKE, especially those decision-makers responsible for policy development and implementation on disability-inclusive social protection in Eswatini. It is the intention for this report to be published for public consumption.

This report draws from mixed-method research (qualitative and quantitative data collection and analysis based on desk reviews, key informant interviews, focus group discussion (FGD), online surveys) that draws out the criteria and best practices for enhancing the Eswatini Disability Grant. This report largely draws from and often retains the original text of an unpublished 2024 study commissioned by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), with UNICEF Eswatini as lead agency, and conducted by the Africa Disability Alliance (ADA). This report integrates a UNICEF internal (2024, unpublished) mapping of the social protection system in Eswatini.

This report explores international and regional best practices for social assistance for Persons with Disabilities (PWD) and builds on key criteria, namely that such social assistance should be comprehensive, inclusive, non-contributory, and sensitive to the financial burdens and non-financial barriers that PWD face. In short: disability-inclusive social protection.

This report bases its proposals on the criteria, coverage and benefit level of the Disability Grant on a costing exercise that quantified the additional financial burdens that households with PWD in Eswatini incur. A substantial element of the costing exercise explored the burdens faced by especially rural, poor households with Children with Disabilities (CWD) and what social assistance is required to allow for equal access to essential services, especially healthcare, nutrition, education and disability-specific expenses (e.g. assistive devices).

This report next summarizes the rationale and objectives of the research, sketches the current Disability Grant architecture, presents the case of best practice in disability-inclusive social protection, and provides the key findings of the costing exercise.

The report concludes with proposals to GoKE to enhance the current Disability Grant so that it is more comprehensive, inclusive, and considering of the additional financial burden that households and people face while caring for PWD, especially CWD. The proposals span key implementation considerations, including what is needed for capacities and systems to improve, and the fiscal implications of the desired coverage and benefit levels. A basic fiscal space framework is proposed to further explore feasible and sustainable financing of the progressive upscaling of the Disability Grant.

2. Rationale and objectives

Background:
In September 2012, the Kingdom of Eswatini ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).[6] This international agreement emphasizes the right to social protection, as outlined in Article 28. The Convention adopts a comprehensive approach,

[6] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities

encompassing essential rights such as social security, adequate living standards, independent living, and access to healthcare, education, and employment for PWD. It mandates that States Parties ensure equal access to social protection schemes like pensions, housing, and health insurance. Moreover, they must offer assistance for disability-related expenses, affordable services, and devices to facilitate independent living within the community, particularly for CWD and their families, aiming to prevent institutionalization and promote family-oriented environments.

The UNCRPD highlights the specific challenges faced by women and girls with disabilities and stresses involving PWD in policy development and monitoring. The United Nations Convention on the Rights of the Child (UNCRC)[7] supports self-reliance and social integration for CWD through appropriate services and universal social protection coverage, emphasizing access to essential protections for every child.

In 2019, the International Labour Organization (ILO) and the International Disability Alliance (IDA) issued a Joint Statement advocating inclusive social protection systems.[8] It underscores the necessity of these systems in addressing existing barriers, discrimination, risks, and vulnerabilities faced by PWD throughout their lives. These challenges include poverty, unaffordable healthcare and rehabilitation, stigma, violence, limited access to inclusive education for CWD, unequal employment opportunities, neglect of elderly populations with disabilities, and the compounded challenges for women with disabilities and mothers of CWD.

The Joint Statement unpacks the social model of disability's impact on the design of social protection programmes in the context of the CRPD:

- Moving away from an "incapacity to work" approach: A new enabling approach is needed that recognizes the capacities of all Persons with Disabilities and addresses the barriers they face in the labour market. Such an approach should promote an adequate and flexible combination of income security and disability-related support to promote economic empowerment.
- From institutionalized care to support for living in the community: The key drivers behind institutionalization are a lack of support for individuals and families and poverty. Along with other policies, social protection is key in preventing institutionalization. It can help to tackle poverty and support coverage of disability-related costs, as well as facilitate or incentivize the development of community support services which foster the full and effective participation, choice and control of PWD.
- Beyond one-size-fits-all eligibility thresholds and benefit levels: To make social protection more inclusive for PWD and more supportive of their social and economic participation, eligibility thresholds should consider disability-related costs. Benefits should adequately cover these costs through appropriate cash or in-kind mechanisms. Where an income threshold for disability-related support is needed, this threshold should be significantly higher than that for accessing basic income support.

Rationale for the Report:

[7] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
[8] https://www.social-protection.org/gimi/gess/ShowProjectWiki.action?id=3209&pid=2840

The COVID-19 pandemic highlighted the need for better disability-inclusive social protection measures to protect PWD and their families against the impact of natural disasters, pandemics, and deepening household poverty. The current macroeconomic environment, which includes persisting high unemployment, exacerbates the hardship. Furthermore, fiscal challenges, including decreasing revenue from the Southern Africa Customs Union (SACU) and persisting public sector inefficiencies, put pressure on government finances to adequately provide disability-inclusive social protection.

Government currently implements the Disability Grant, though it is low in coverage and monetary benefit value, and there are systemic challenges in its administration, which are acknowledged by both Government and stakeholders. Evidence on best practice disability-inclusive social protection and costing considerations need to inform enhancements to the Disability Grant.

In particular, reforms to the Disability Grant architecture (policy, laws, institutions, systems) are needed to align disability-inclusive social protection with Eswatini's national developmental goals, as contained in the National Development Pan (NDP) 2023/24 – 2027/28. A specific sectoral outcome of the NDP is "Improved and Well Targeted Social Protection Services," with a target of "all disabled and vulnerable persons to be covered by social assistance programmes."[9]

Purpose of the Report:
This Report supports decision-making for developing and implementing an enhanced Disability Grant as an integral component to progressively implement disability-inclusive social protection programmes. This report focuses on feasible ways to improve the eligibility criteria and benefit level. Specifically, this report provides a costing framework for quantifying the specific, additional financial support for households caring for PWD, especially CWD. This report recommends the short-term range in monetary terms, for the Disability Grant benefit level.

Objectives of the Report:

- To identify enhancements in targeting and registration mechanisms for the Disability Grant.
- To identify enhancements of the Disability Grant transfer values and payment modalities, to account for the financial burdens faced by households with PWD, especially households with CWD.

3. Methodology and conceptual framework

This report draws from mixed-method research that explored the criteria and best practices for enhancing the Eswatini Disability Grant. The research involved the following data collection and analysis:

- desk reviews of international best practices and examples in disability-inclusive social protection;
- desk reviews of the prevailing policy and legislative environment for disability-inclusive social protection in Eswatini;
- key stakeholder consultations through telephonic interviews;
- an onsite (Eswatini) Focus Group Discussion (FGD) in February 2025;

[9] GoKE. 2022. *Eswatini National Development Pan 2023/24 – 2027/28*. GoKE: Mbabane.

- a UNICEF-commissioned costing exercise on the financial burden of households caring for CWD in Eswatini (report available upon request from UNICEF Eswatini).

This report also draws largely from an unpublished 2024 study that explored enhancements to the Eswatini Disability Grant. The study was commissioned by the UNPRPD, with UNICEF Eswatini as lead agency, and conducted by the Africa Disability Alliance (ADA) (available upon request from UNICEF Eswatini).[10]

The following key concepts inform this report:

3.1 Official (GoKE) definitions of 'disability':

Official definitions of 'disability' include:

- Persons with Disabilities 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 Act 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." [11]
- Eswatini National Disability Plan of Action (ENDPA) of 2024-2028 (2024): employs the definition of the Persons with Disabilities Act.
- The National Social Protection Strategy (NSPS) of 2022 defines disability as: "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."[12]
- 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."
- 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 aging. 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."
- National Social Development Policy 2010: "…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."

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

[11] This summary of definitions of 'disability' pre-2021 draws from: GoKE. 2021. *Kingdom of Eswatini combined initial, First and Second Periodic Reports on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities*. [unpublished]

[12] GoKE, DPMO. 2023. *National Social Protection Strategic Plan (NSPSP) 2023/4 – 2027/8* . Published date: 18 December 2023. GoKE, DPMO: Mbabane.

- National Development Action Plan (NDAP) 2018-2022: "any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and / or everyday functioning."

A typology of types of disabilities is presented in the Census 2017,[13] which employed the types as per Washington Group of Questions (which are the same categories covered by the Eswatini Census 2017):

- Seeing / vision
- Hearing
- Speaking / communication
- Cognition / remembering
- Mobility
- Selfcare

It is noteworthy that the above categories are not fully aligned to the CPRD Article, which also refers to disabilities such as "long-term physical, mental, intellectual or sensory impairments."

It would be beneficial for future and follow-up studies to consult stakeholders for inclusion in the costing framework other types of categories, including: people with Albinism, Epilepsy, mental (including psychosocial) and intellectual (including cognitive) impairments. The latter would be conforming to the Persons with Disabilities Act. In terms of the severity, the following types are employed by the Washington Group of Questions:

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

In conclusion, there are multiple interpretations of the definition of 'disability' in the official policy and legislative frameworks. The key piece remains the Persons with Disability Act of 2018. With this in mind, this report suggests to adapt the Act's definition to read as follows: "

> *"a long term physical, mental (**including psychosocial**), intellectual (**including cognitive**) or sensory impairments, which in interaction with various barriers may hinder one's full and effective participation in society on an equal basis with others*."

3.2 The concept of 'disability-inclusive social protection':

This report draws from the following to develop a working definition of 'disability-inclusive social protection':

- The global rights-based approach to disability-inclusive social protection is rooted in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 1 defines a 'disability' as "…long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others."[14]

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

[14] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities

- UNICEF's rights-based approach calls for the removal of "physical, attitudinal and communication barriers, including in the digital divide," [15] and that PWD exercise their "rights and participate in socially expected life roles (e.g., friend, student, spouse, parent, worker) and activities (e.g., work and school, moving about communities, leisure activities)." [16] UNICEF calls for "explicit social protection instruments that are responsive to the needs of Children with Disabilities and their families, as well as a need to increase the coverage and levels (i.e., amounts disbursed) of existing social protection support that can potentially benefit Children with Disabilities."[17]
- UNICEF generally adheres to the following principles regarding inclusive social protection systems:
    - universal (basic) income security and adequate standards of living;
    - universal coverage of health care costs including early intervention, (re)habilitation and assistive devices;
    - universal coverage of disability-related costs including access to gender responsive community care and support services.
    - measures that facilitate access to early childhood development, education, economic empowerment and community participation.
- ILO's focus is on the need for employability and social security at later life stages:
    - "Social protection schemes should cover disability-related extra costs and provide incentives for Persons with Disabilities to enter and stay in the labour market. Working often includes extra costs for PWD which cut into the return to work, if not covered by social protection schemes. Thus, social protection systems – both mainstream schemes and those targeting PWD only – can play a critical role in laying the foundation for many Persons with Disabilities to enter and/or stay in employment."[18]
    - "Together with broader and more inclusive national policies, social protection is critical for supporting the resilience and participation of Persons with Disabilities and therefore contributes significantly to the realization of the Sustainable Development Goals (SDGs)."[19]
- The United Nations Economic and Social Commission for Asia and the Pacific (UN-ESCAP): "Social protection for Persons with Disabilities is fundamental for achieving their effective inclusion and active participation in society. Through the provision of essential health care and income security along the life course, social protection plays a critical role in reducing and preventing poverty, levelling out inequalities and building resilience for all against shocks and crises over the lifecycle."[20]
- The Center for Inclusive Policy supports the "design of social protection policies that promote full participation, account for the extra costs of disability and promote community support."[21]

[15] UNICEF. 2022. *Disability and Inclusion Strategy 2022-2030, short version*. UNICEF: New York.
[16] UNICEF Eastern and Southern Africa Regional Office (ESARO). n.d. *Basics of Disability Inclusion and Social Protection: A Programming Note for UNICEF ESAR Country Offices*. UNICEF ESARO: Nairobi.
[17] UNICEF Eswatini. 2023. *2023 Situation Analysis of Children with Disabilities*. UNICEF Eswatini: Mbabane. [unpublished]
[18] https://www.ilo.org/resource/disability-inclusive-social-protection
[19] https://www.social-protection.org/gimi/Media.action?id=16753
[20] https://www.unescap.org/sites/default/d8files/knowledge-products/Social_Protection_module_5_E.pdf
[21] https://inclusive-policy.org/inclusive/

3.3 Other concepts employed:

The following concepts draw from the desk reviews (***Annex 1 and 2***) and are used throughout this report:

Comprehensiveness: comprehensive coverage, maximizing the number of PWDs in need that benefit from social assistance need. Need is a function of poverty, disability type severity, additional financial burden of caring for PWD.

Inclusiveness: coverage is inclusive, i.e. regardless of socio-economic, demographic, ethnicity, gender or biological characteristics. This points to need for universality in coverage.

Cost-sensitive: grant design is based on the actual costs that PWD and families caring for CWD incur, and what they should incur in order to enjoy full, equal access to essential goods and services.

Equitable, equity: equal access, regardless of difference.

Essential goods and services: key, basic goods and services to enjoy acceptable, minimum standard of living, including primary healthcare, food (nutrition), education, social protection.

Shock-resistant, adaptive: grant design can adapt to provide social assistance during unforeseen shocks, e.g. COVID-19.

System strengthening: *Effective* social protection systems means that tangible outputs, such as social assistance grant payments to rights holders, translate into the desired outcomes and impacts, such as protecting beneficiaries from the effects of poverty. Effective systems rely on various elements (tools, sub-systems, management processes) working together to achieve the desired results. These elements include: information management, single registries, case management, referrals, monitoring and evaluation (ME&), and grievance redress procedures. Social protection system strengthening strives to improve these elements in order to improve the desired results.[22]

Fiscal space is the 'budget maneuverability' that a government has to increase revenue and decrease expenditure, in order to fund new priorities. Fiscal space is largely defined by a country's particular macroeconomic context, e.g. the size and growth trajectory of its economy (typically measured in terms of gross domestic product – GDP) and the direction of key prices in the economy (interest rates, wages, inflation, currency exchange rates, etc.).[23] The various fiscal space options for bigger public investment in disability-inclusive social protection (and for any other social sector priority for that matter) is unpacked in Chapter 5, as this report seeks to define what a feasible financing framework should be to improve the coverage and benefit level of the Disability Grant.

Financing, funding, resourcing: these terms are used interchangeably, though it needs to be noted that financing typically connotes an expectation of some form of a return of investment, whereas funding not. Resourcing is a broader concept, involving in-kind and technical assistance.

In conclusion therefore, a working definition of 'disability-inclusive social protection' is:

[22] https://www.unicef.org/esa/social-protection

[23] Drawing primarily from: Roy, R., Heuty, A. and Letouze, E. 2006. *Fiscal Space for What? Analytical Issues from a Human Development Perspective*. Paper for the G-20 Workshop on Fiscal Policy, Istanbul, June 30 – July 2, 2007.

Comprehensive (life-cycle and people-centered), inclusive, equitable measures (and supportive systems) that support and protect PWD, in particular the most vulnerable in society (specifically the poor), so that they progressively receive their rights-based entitlements and enjoy full participation (inclusion) in society, which *includes equal access to essential goods and services (healthcare, education). Systems are increasingly improved to improve the desired outcomes. Fiscal space is progressively explored and created by government and partners to progressively resource the achievement of the rights of PWD.*

4. Background: status quo on Persons with Disabilities in Eswatini

Eswatini's macroeconomic and fiscal environment [24] [25]:

The economy improved significantly over the last 4 years since COVID with GDP growth estimated to be between 4.5 to 5 percent in 2024, up from 0.5 percent in 2022. Risks persist regarding the key prices in the economy:

- currency exchange rate: since the national currency (SZL) is pegged to the South African Rand (ZAR), the economy remains vulnerable to the macroeconomic risks faced by its much larger neighbor.
- cost of essential goods and services: high inflation has eroded the value of wages, goods and services, though it is projected to slow in the medium term (next one to three years) to below 4.5 percent.
- wages: unemployment and skills mismatches persisting in the labour market, exacerbating the elevated poverty rates.

Eswatini enjoys substantial revenue from the Southern Africa Customs Union (SACU), though its reliance on that remains a fiscal risk and revenue is projected to decline over the medium term. The fiscal deficit (difference between what government gets from revenue and what it spends) is projected to remain at 2.0 percent of GDP in 2024, due to the good SACU revenue stream. Public debt is relatively contained at below 40 percent of GDP by end of 2024. High public expenditure arrears will remain another source of fiscal vulnerabilities. Weak performance on overall governance and public sector efficiency continues to confine the fiscal capacity for government to invest more in human capital development through bigger social sector budgets, in particular social protection.

Eswatini's social development indicators are generally lower than those of other lower middle-income countries. For example, the unemployment rate rose from 23 percent in 2016 to 35 percent in 2023, and income inequality is relatively high compared to the world (Gini coefficient of 54.6 by 2016).[26]

Poverty in Eswatini emphasizes the need for cash-based social assistance: more than half of Eswatini's population is considered poor, earning less than USD 3.65 per person per day (i.e. the poverty line, at

[24] 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.

[25] World Bank. 2024. *Macro Poverty Outlook for Eswatini: October 2024.* Macro Poverty Outlook (MPO), World Bank: Washington, D.C. Available online at: https://documents1.worldbank.org/curated/en/099554210142428217/pdf/IDU-1cff32f3-9b73-4919-b73f-068435b89b00.pdf

[26] https://www.worldbank.org/en/country/eswatini/overview

2017 purchasing power parity),[27] equating to about E2,000 per month. The poor lives mostly in rural regions: close to 70 percent of rural households are in the bottom three income quintiles, as opposed to about 35 percent for urban households. Poverty is especially prevalent in the Regions of Shiselweni and Lubombo.[28] Youth (18 to 35 years of age) represents 30 percent of the population and close to half of the labour force.[29] The situation is particular dire for children: more than 65.3 percent of children live below the $3.65/day poverty line and more than 46 percent of children experience multidimensional poverty (meaning deprivations in three or more dimensions). Child poverty is particularly prevalent rural areas.[30]

Disability prevalence in Eswatini:

Disability prevalence figures rely on the 2017 Census,[31] ***meaning that the data is relatively outdated***. The Census employed two definitions to estimate the total population of PWD in Eswatini:

- The narrow definition counted *only those with a difficulty or limitation in performing certain functions*: 146,554, equating to 13.4 percent of the total population of 1,093,238 (by 2017).
- The broader definition included all people with *some form of physical disability*: 176,184, equating to 16.1 percent of the total population. ***By implication, this number does not include: people living with albinism, epilepsy, and intellectual (including cognitive, including autism) and mental (including psychosocial) impairments***.
- ***Both figures exclude CWD under the age of 5 years (i.e. 0 – 4 years), and can therefore be regarded as an undercount of the total number of PWD***.
- Both figures also exclude a range of categories of PWD who are not captured by the Washington Group on Disability Statistics (WG) Questions[32] that were employed by the Census. Adding this range of criteria would invariably increase the total number of PWD across the board.

Extrapolating the Census 2017 total population and the 0 – 4 years population figures, provides the following telling estimates for the population of PWD and specifically 0 – 4 years CWD:

- considering that by 2017, the 0 – 4 years cohort size was close to 130,208 (equating to 11.9 percent of the total population) [33]; and
- considering that the simple average share of CWD (narrow definition) in the 5 – 19 years group of the total population was 5.7 percent in 2017; then

[27] 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.

[28] GoKE, CSO. 2024. *Eswatini Multiple Indicator Cluster Survey (MICS) 2021-2022: Survey Findings Report*. GoKE, CSO: Mbabane.

[29] https://www.worldbank.org/en/news/press-release/2025/05/12/new-world-bank-project-supports-job-creation-for-afe-eswatinis-youth

[30] GoKE, Ministry of Economic Planning and Development (MoEPD). 2024. *Multidimensional Child Poverty Analysis Report – Draft*. GoKE, MoEPD: Mbabane. [unpublished]

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

[32] https://www.washingtongroup-disability.com: "The Washington Group on Disability Statistics (WG) promotes and coordinates international cooperation in the area of health statistics focusing on the development of disability measures suitable for census and national surveys. The major objective of the WG is to provide information on disability that is comparable throughout the world."

[33] GoKE, CSO. 2019. *The 2017 Population and Housing Census, Volume 3.* GoKE, CSO: Mbabane; and author's calculation.

- it would be reasonable to estimate that the 0 – 4-year population of CWDs (narrow definition) was about 22,000 in 2017 (5.7 per cent of the total 0 – 4-year population in 2017); and
- considering that, invariably, both the population of total PWD and the estimated 0 – 4 years CWD would have increased since 2017; and
- considering the latest (2023) estimates of Eswatini's total population (1,230,000) and the 0 – 4 year population (142,000)[34]; and
- that by 2023, the 0-4 years cohort size was estimated to be 11.6 per cent of the total population; then
- the total population of PWD could have been as high as 165,000 (narrow definition, employing the 13.4 percent ratio estimated in 2017) and up to 198,000 (broader definition, employing the 16.1 ratio estimated in 2017) in 2023; and then
- the population of 0-4 year CWD could have been as high as 70,000 (narrow definition, employing the above-defined 5.7 ratio) in 2023, and invariably much higher if the broader definition is applied.

Various sources indicate that the total PWD population figure of 176,184 (the 2017 broader definition) is being used widely (including UNICEF and GoKE), therefore it would be prudent to assume that by 2023 the total population of PWD was close to 200,000 (i.e. about 16.1 percent of total population). The undercount regarding the 0–4-year CWD in 2017, and the estimates for this group in 2023, support the requirement for both strengthened beneficiary identification systems, and improved coverage and benefit levels for PWD, in particular households with and caregivers of CWD.

Other key figures, based on the narrow definition employed by the 2017 Census, are:

- It is estimated that 83.7 percent of PWD in Eswatini are economically inactive and excluded from economic opportunities available to the non-disabled population.
- Females have more difficulties than males as they account for 16 percent of the population with difficulty compared to the 11 percent for males. The rural population has a high percentage of PWD (15.1 percent) compared to 8 percent from urban population.
- Population with difficulty by age: 5-9: 6.1 percent; 10-14: 6.0 percent; 15-19: 5.6 percent.
- Distribution of population of PWD by type of difficulty according to residence: rural areas have significantly higher proportion of PWD in all types of difficulty.
- About 52 percent of PWD (or some form of learning difficulty) in Eswatini have no education.
- 39.5 percent of PWD have difficulty engaging in learning activities.

Field research in 2025 (key informant interviews, FGD in February and the follow-up costing survey) yielded the following estimates:

- High concentration of CWD is found along the Lubombo plateau and in particular in Mahlangatja in the Lubombo Region.
- 95 to 98 percent of CWD who need moderate to constant care, live in poor households.
- 40 percent of CWD are deemed to need moderate to constant care.

[34] UN World Population Prospects Database: https://population.un.org/wpp/downloads?folder=Standard%20Projections&group=Population.

The 2021-2022 Multiple Indicator Cluster Survey (MICS)[35] provided the following statistics that relates specifically to PWD:

- Percentage of women aged 18-49 years with functional difficulties in at least one domain (with domains being Seeing, Hearing, Walking, Self-care, Communication, Remembering): **7.9 percent**. This figure rises to above 11 percent on average for the poorest and second income quintile.
- Percentage of men aged 18-49 years with functional difficulties in at least one domain: **3.5 percent.** This figure rises to about 5 percent on average for the poorest and second income quintile.
- Percentage of children aged 2-17 years reported with functional difficulty in at least one domain (with domains being Seeing, Hearing, Walking, Fine motor, Communication, Learning, Playing, Controlling behavior): **14.1 percent**. These children's distribution within the income quintiles are:
    - Poorest: 17.3 percent
    - Second: 13.7 percent
    - Middle: 15.9 percent
    - Fourth: 9.9 percent
    - Richest: 12.7 percent

The MICS 2021-2022 is based on representative sampling for selected age brackets, and there is no aggregate figure on PWD. This means that it is problematic to use the MICS data to update the current estimates of PWD, and specifically CWD, based on the Census 2017 data. *Recommendation: research to explore how MICS 2021-2022 data can be utilized to reliably adjust the Census 2017 statistics on the population of PWD and specifically CWD.*

GoKE acknowledges that the disability prevalence statistics call for "inclusive policies and programmes that address inclusive education, employment, healthcare, poverty, and social integration for individuals with disabilities." Considering the higher prevalence of disabilities in rural areas, GoKE also calls for "targeted interventions in these regions are crucial." Also, GoKE acknowledges that PWD are an underrepresented group in Eswatini, which requires "increased awareness and advocacy for their rights."[36]

5. Current Disability Grant design: status and challenges

5.1 Policy and legislative framework for disability-focused social protection in Eswatini

To strengthen its ability to respond to its citizens' needs, the Eswatini government has promulgated laws, policies, and regulations. The Constitution of the Kingdom of Eswatini is disability-inclusive and is supported by disability-affirmative laws and policies. A brief review of the key pieces (***Annex 1***) resulted in the following key messages:

While there is much focus by the ***Persons with Disability Act of 2018*** on ensuring physical, equal access to essential services and inclusion in general social life, there is no obvious, clear provision for a

[35] GoKE, CSO. 2024. *Eswatini Multiple Indicator Cluster Survey (MICS) 2021-2022: Survey Findings Report*. GoKE, CSO: Mbabane.
[36] GoKE, DPMO. 2023. *National Social Protection Strategic Plan (NSPSP) 2023/4 – 2027/8* . GoKE, DPMO: Mbabane.

disability-inclusive social protection system that provides cash-based assistance to a) account for the additional cost of affected households and b) disproportionate public investment to allow equal access by PWD to essential social services. There are no child-specific provisions, only by implication are children included under the group of 'persons with disability.' Section 20 requires the establishment of a registry of PWD, voluntary organizations and institutions "on recommendation of the Council" (the "independent" National Advisory Council on PWD, established under Section 3 of the Act). Henceforth, this report refers to this legislative requirement as the 'PWD registry.'

The Office of the Registrar is envisaged to be a key enabler for the grant management system. The status quo of this Office is not yet clear in terms of functionality, capacity, past implementation and future plans. The Act established the 'National Fund for Persons with Disabilities.' It would also need to be determined what the status of this Fund is (as for the 'Office of the Registrar).

The ***National Disability Policy of 2013***: While providing a dedicated section on children with disabilities, there are no overt mentioning of monetary support commitment is made. The case can be made that to realize the rights-based commitments by the Policy about children, would mean progressively bigger budgets to achieve the stated goals. The 'Resources for Implementation' section contains little details on how budgets for Children with Disabilities need to grow bigger (more sufficient) and better (more efficient, effective, equitable). There are no hard fiscal stance or rules for resourcing the implementation of the Policy are provided nor required by the Policy.

One of the policy objectives of the ***Draft National Social Assistance Policy (2021)*** it is ensuring that social assistance "promotes social justice by being sensitive in its design and delivery to gender, disability, and the needs and rights of all citizens and residents, especially the poor, the vulnerable and the marginalized." Other key elements of the Policy include:

- It acknowledges that CWD are particularly at risk and in need of special attention.
- The Policy notes that the Disability Grant's under-coverage rate remains high, for two reasons: "firstly, registration of new Disability Grant recipients was suspended for a significant period, so many eligible PWD were excluded. Secondly, the Disability Grant is means tested, so only PWD whose income falls below a specified threshold are eligible." How this policy functions at the regional level remains unclear. The income threshold is not specified in the Policy.
- The Policy supports a "life-course approach" that underscores the need for tailored support to different population cohorts, and the Policy specifically singles out disability as a "cross-cutting vulnerability across all age cohorts, throughout the life cycle."

The ***National Social Protection Strategic Plan*** (***NSPSP) 2023/4-2027/8 (2023)*** calls for the review of the previous Disability Plan of Action and Policy. This, by implication, means it will review the current Disability Grant architecture. This is an opportune moment to propose a redesigned Disability Grant, informed by the costing exercise. The NSPSP does not account for measures to increase government's budgetary room to invest progressively more in social protection, nor specifically in disability-inclusive social grants, and nor specifically in wider coverage or higher benefit levels of the Disability Grant.

The ***Eswatini National Disability Plan of Action (ENDPA) 2024-2028 (2024)***:

- The ENPDA aims to accelerate over next 5 years the implementation of the UNCRPD and the Persons with Disabilities Act of 2018.

- New key themes include strengthening the national coordination mechanisms on disability across all Government Line Ministries, meaningful engagement of all PWD including marginalized and underrepresented disability groups such as women, children, persons with intellectual and psychosocial disabilities, among others.
- The ENDPA envisages the finalization of the national social assistance legislation to "establish a framework to consolidate the various grant schemes into a comprehensive system provided to vulnerable groups."
- Under the Social Protection programme, the ENPDA notes:
    - "The Deputy Prime Minister Office (DPMO) provides social assistance grants to eligible PWD. However, there is a need to ensure that the social assistance programme is covered by legal provisions. It is important that the country transitions from the charity/social model to a human rights-based approach in compliance to the CRPD."
    - There must be measures put in place to ensure that independent living for PWD is prioritized.
    - There is however no overt reference or attempt of alignment of the ENDPA with the NSPSP and vice versa.

Supporting and preceding frameworks:

These include: National Education Policy (1999), National Development Strategy (1999), National Population Policy Framework for Eswatini (2002), Eswatini National Social Development Policy (ENSDP) (2010), Eswatini Strategic Road Map 2019-2022, African Disability Protocol on Human and People's Rights for Persons with Disabilities 2003, Africa Agenda 2063, United Nations Sustainable Development Goals (UNSDGs) and their commitments regarding disability-inclusion.

Specifically with regards to children: the ***Children's Protection and Welfare Act (2012)*** covers all children 0 to 18 years of age. Article 11 provides for the rights of CWD: "A child with disability has a right to special care, medical treatment, rehabilitation, family and personal integrity, sports and recreation, education, and training to help him enjoy a full and decent life in dignity and achieve the greatest degree of self-actualization, self-reliance and social integration possible".

Conclusion:

This report notes that the policy and legislative frameworks presented above are incomplete and in need of adjustments to harmonize policy and laws. The ENDPA makes an important point that social assistance programme should be covered by legal provisions. There also is a need to fast-track the implementation of key provisions of the Persons with Disability Act and the ENDPA, including the finalization of the national social assistance legislation and policy frameworks (which includes the adjustment and approval of Social Assistance Policy).

5.2 Institutional frameworks, roles and responsibilities, capabilities

In Eswatini, ***Deputy Prime Minister's Office (DPMO)*** is leading the Disability Grant implementation. Within the DPMO, the Disability Grant is administered by the Department of Social Welfare, with support from the Disability Unit.

The ***Inter-Ministerial Committee on Disability Issues*** was launched in 2023 to "mainstream Disability Inclusion under the UNPRPD Multi Partner Trust Fund Round 4 project." The Committee consists of "disability focal points" within GoKE's 24 line ministries and aims to "create synergies to better serve and include Persons with Disabilities in service delivery." The Committee is "under the authority of the National Disability Council."[37]

The ENDPA requires this Committee to "coordinate government ministries on mainstreaming activities in their respective areas," and conduct quarterly meetings for reporting on "mainstreaming disability, implementing the NDPA and the CRPD." Noteworthy is that DPMO is assigned the role of Secretariat for this Committee, as well as Secretariat for the ***Disability Partners Forum***. The detailed terms of reference for the Committee and Forum could not be obtained by the time of writing

Under the ENDPA's *Priority interventions for national coordination and mainstreaming for disability*, under the priority area of Coordination, and under the intervention *Coordinate government ministries on mainstreaming activities in their respective areas*, the planned activity is *Conduct quarterly meetings of the inter-ministerial task force for reporting on mainstreaming disability, implementing the ENDPA and the CRPD*. Under the priority area "Institution Strengthening," the Committee is to be trained on disability inclusion.

Under *Roles and Responsibilities*, DPMO is to serve as the Secretariat for the Committee, as well as for the *Disability Partners Forum*.

The ENDPA notes that "**the successful implementation of the NDPA will therefore depend on several factors**," including (i) "availability and allocation of adequate funding to the DPMO and line ministries to support the Inter-Ministerial Committee on Mainstreaming Disability Issues," and (ii) a "functional" Committee and National Advisory Council for PWD.

The ***National Advisory Council for Persons with Disabilities*** was established in 2023, as part of the activities of the UNPRPD project, in accordance with the Eswatini National Disability Act of 2018 (Section 3), as an "independent" institution and with the aim of "providing proper coordination and monitoring mechanisms for disability mainstreaming across all sectors and levels in Eswatini."[38] The 2024 UNICEF-commissioned study on the Disability Grant noted that the Persons with Disabilities Act of 2018 and its 2022 Regulations (not available on the internet) require the ***Secretariat*** of the National Advisory Council for Persons with Disabilities to lead coordination between line ministries. This study supports the 2024 ADA study recommendation that the Act and its Regulations be reviewed to "limit the powers and functions of the Council and its Secretariat to: coordination, support, monitoring, evaluation and reporting, and that all executive functions (e.g. establishing residential care facilities, payment of disability grants, etc.) be relocated to the mandated Ministries and Departments."[39]

As mentioned elsewhere: how the roles and responsibilities, and capacities of the following institutions can contribute to disability-inclusive social protection, is also not clear: ***Office of the***

[37] https://www.unesco.org/en/articles/eswatini-launch-inter-ministerial-committee-mainstream-disability-inclusion
[38] https://eswatini.un.org/en/226458-eswatini-unveils-advisory-council-persons-disabilities
[39] Africa Disability Association (ADA). 2024. *Eswatini Disability Grant Design Study - Final Report*. UNICEF Eswatini: Mbabane. [unpublished]

Registrar (as key enabler for the grant management system) and the ***National Fund for Persons with Disabilities***.

By the time of writing, no documentary evidence could be located to detail the roles, plans and achievements of the Secretariat, Council, Fund, and Office of Registrar (beyond those contained in the Act), therefore it is problematic to cast a view on this recommendation.

Conclusion:

Key institutions responsible for disability-inclusive social protection have either not been established or institutionalized with the appropriate resourcing and technical capacities. There is a lack of detailed, official documentary evidence on the full descriptions (types, criteria, benefit levels, beneficiary profiles and numbers, etc.) of social assistance programmes for PWD, which prevents an adequate policy and legislative review. The previous is reiterated: a need for policy and legislative framework reviews and adjustments where required, so that social assistance are covered by legal and policy provisions. Ideally, following on from these would be the development of terms of references (ToRs), including resourcing and capacity development requirements for at least the following key structures and offices, delineating where needed handovers from DPMO: PWD Registry, Disability MIS, Disability M&E system (if different from the MIS), the Council and its Secretariat, Office of the Registrar.

5.3 Key challenges and opportunities in existing social protection frameworks

In 2022, the UNPRPD identified the following key challenges in disability-related policy, legislative and institutional frameworks[40]:

- Implementation of the ENDPA 2018-2022 has been weak due insufficient funding, and inadequate human resources and technical capacity.
- Low level of operationalization of Persons with Disabilities Act of 2018.
- While the Persons with Disabilities Act of 2018 has been assessed as fully aligned with the CRPD, other laws have not been aligned (amended) accordingly, therefore contradictions exist in law.
- Teachers are not trained to handle or support CWD.
- MoET lacks tailored education plans and human resources to address special education needs (SEN) children in mainstream schools.
- Few, mostly affluent schools, or those that are in close proximity to SEN children, are able to respond to the needs of SEN children.
- Children with severe disabilities are typically excluded from inclusive education due to inadequately skilled teachers and resources in schools.
- In 2023, and with regards to improvements needed for more disability-inclusive social protection, UNICEF Eswatini specifically called for [41]:
    - Multi-sectoral, multi-stakeholder system coherence.
    - Improved data/evidence management (generation/collection, administration, dissemination), improved use of data in programme planning, budgeting.
    - Organizational capacity strengthening of focal entities.

[40] UN Partnership on the Rights of Persons with Disabilities (UNPRPD). 2022. *Situation Analysis of the Rights of Persons with Disabilities in Eswatini – Country Brief.* UNPRPD & UN Eswatini: Mbabane, Eswatini.
[41] UNICEF Eswatini. 2023. *2023 Situation Analysis of Children with Disabilities*. UNICEF Eswatini: Mbabane.

    - Decentralization of services and systems of care for CWD and their families.
- UNICEF noted that caregivers of PWD may face additional costs and responsibilities that are not accounted for in cash transfer programs.[42]
- 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 Persons With Disabilities Act, 2018 and the relevant bodies or structures provided for therein."[43]
- There is an acute need for a national disability management information system – this requirement was made apparent by COVID-19.
- A PWD registry will contain all contact details of PWDs as well as their disability status and support required or receiving from social protection programmes. Though this still needs to be operationalized in terms of the Persons with Disabilities Act. The registry is envisaged to inform government for programming, planning, budgeting for the PWD community.[44]

In 2023, UNICEF Eswatini's internal study of the social protection system in Eswatini identified the following challenges and accordingly provided recommendations [45]**:** The social protection system faces various challenges, especially ineffective coverage and low expenditure, resulting in insufficient benefit levels. An example is that caregivers of PWD may face additional financial costs and duties that are not accounted for in social assistance cash transfer programs, meaning there is a need for additional assistance to address this gap.

- There is a lack of an integrated social protection monitoring and evaluation (M&E) system, which is a critical challenge to effective social protection implementation.
- UNICEF recommends the following actions:
    - Reform and implement improved legal and policy frameworks, towards comprehensive social protection systems, with universal coverage.
    - Provide dedicated, institutionalized support for PWD regarding both mainstream and targeted programmes, focusing on the additional financial burden costs associated with disability.
    - Establish links across the management information systems (MISs) of the various social programs, as well as links with MISs of the other social sectors. This is supported by the field research in 2025 that this report is based, and specifically to enhance the existing population statistical research models/frameworks, in particular the periodic Census, in order to capture detailed, disaggregated (sex, age, location) data on PWD, focusing on data comprehensiveness on the most vulnerable.
    - Establish single registries.
    - Government should further work on strengthening the resilience of social protection programmes.

[42] UNICEF Eswatini. 2023. *Social Protection Mapping in Eswatini*. UNICEF: Mbabane. (unpublished)
[43] GoKE. *2024. Kingdom of Eswatini combined initial, First and Second Periodic Reports on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities*. GoKE: Mbabane. [.docx, unpublished]
[44] *Ibid*.
[45] UNICEF Eswatini. 2023. *Social Protection Mapping in Eswatini*. UNICEF: Mbabane. (unpublished)

- Social protection financing can be strengthened through increasing public expenditures and securing donor funding.

Considering above challenges and recommendations, the following existing opportunities should be leveraged for short- to medium-term quick, tangible gains:

- Increased public investment, through performance-based agreements with donors, in social protection system strengthening, focusing on improved information (evidence) gathering and databased management, as part of the broader management information system and towards establishing the PWD registry, enhanced programme M&E tools, and adequate technical capacity in the design, review and implementation of disability-inclusive social protection. These would lay the important foundation need to manage the work associated with increased social assistance coverage and benefit levels, including of the Disability Grant.
- Quick gains can be made by investing in key tools and structures that aids results-based planning and budgeting:
  - Interoperable data collection and classifications of Census and MICS, so that they can provide comparable, disaggregated data on PWD, including CWD, and including the Census 2017's 'undercount' of the 0 – 4-year CWD population.
  - As soon as above data becomes available, rapidly update the existing equivalent of the PWD Registry with the data. This would assist in determining the demand for the Disability Grant, and the cost of supply (the cost of various coverage and grant benefit level scenarios).

5.4 The current Disability Grant architecture

There is no official, publicly available documentation that comprehensively details the Disability Grant architecture in terms of policy and legislative background, institutional frameworks, grant criteria (eligibility), management (including data collection, administration and monitoring and evaluation), etc. The following paragraphs therefore is at best a collation of documents from various sources, including from government.

Government's current Disability Grant architecture [46, 47, 48, 49, 50]:

- The Disability Grant is a non-contributory social assistance benefit.[51]
- Government provides a monthly 'PWD grant.' UNICEF sees it as a form of social assistance, and UNPRPD does deem it a formalized social grant.[52]
- The current format (by 2023) of this form of social protection support is very limited in its level of support.

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

[47] GoKE, MoF. 2024. *Budget Speech 2024, by the Minister of Finance*. GoKE, MoF: Mbabane..

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

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

[50] GoKE, MoF. 2025. *Budget Speech 2025, by the Minister of Finance*. GoKE, MoF: Mbabane.

[51] 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.

[52] UNPRPD. 2021. *Situational Analysis of the Rights of Persons with Disabilities in Eswatini Country Report*. https://www.unprpd.org/sites/default/files/library/2022-12/CR_Eswatini_2021%20%281%29.pdf?ref=disabilitydebrief.org

- According to the Department of Social Welfare 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.
- Modalities of payment: prior to FY2025/26, this was via Mobile Money Platform (MoMo), E-Mali and Banks. From FY2025/26, entirely via MoMo.
- Eligibility / qualification: upon certification by a qualified medical practitioner.
- Enrolment: not automatic but determined by the availability of funds.
- According to the Department of Social Welfare, it has "challenges with the verification of grant recipients for either proof of existence or confirmation of disability code due to inadequate resources." [53]
- According to the Draft Social Assistance Policy (2021), the low coverage of the Grant is due to: (1) registration of new DISABILITY GRANT recipients was suspended for a significant period and (2) the Disability Grant is a means-tested social protection instrument, requiring income below a specified threshold for eligibility.

The following table summarizes the number of Disability Grant beneficiaries, coverage rates, grant values and growth of these variables, from FY2022/23 until FY2025/26.

Table 1. Number of Disability Grant beneficiaries, coverage, grant values

	Number of beneficiaries	**Growth (%)**	**Coverage (%) (1) of PWD population: 146,554 (1)**	**Coverage (%) of PWD population: 165,000 (2)**	**Grant value (E)**	**Growth (%)**	**Real growth (%)**
FY2022/23	9,559 [54]	n/a	7	6	280	n/a	n/a
FY2023/24	11,379	19	8	7	280	0	-5
FY2024/25	14,459 [55]	27	10	9	400	43	38
FY2025/26	17,468	21	12	11	450 [56]	13	8

Source: Various – all sources have been acknowledged in the footnotes, and author's calculations. Numbers rounded to the nearest decimal for ease of reading. Coverage (1): narrow definition, 2017 Census figure. Coverage (2): adjusted for population growth, i.e. most recent estimates of total population (2023) applied to derive increase in total population of PWD. Growth (%): nominal, straight-line (year-on-year. Real growth (%): adjusted for inflation of preceding calendar year – inflation figures from World Bank's October 2024 Macroeconomic Outlook for Eswatini.

Funding of the Disability Grant:

- The total projected Disability Grant payment (E450 x 17,468 beneficiaries) in FY2025/26 will is E94.3 million, equating to 0.1 percent of Eswatini's estimated 2024 GDP (current prices).

[53] GoKE, DPMO, Department of Social Welfare. 2023. *Social Assistance Programs in Eswatini (presentation, unpublished)*. GoKE, DPMO, Department of Social Welfare: Mbabane.
[54] This specific number appears in: GoKE, DPMO. 2023. *National Social Protection Strategic Plan (NSPSP) 2023/4 – 2027/8* . Published date: 18 December 2023. GoKE, DPMO: Mbabane.
[55] By the third quarter of 2024, there were 15,030 beneficiaries and a waiting list of 6000 (i.e. applications for the Disability Grant), as per: GoKE, DPMO. 2024. *Presentation by DPMO on Disability Inclusion at September 2024 internal workshop*. GoKE, DPMO: Mbabane. [unpublished]
[56] GoKE, MoF. 2025. *Budget Speech 2025*. GoKE, MoF: Mbabane.

Coverage of disability-specific cash benefits varies substantially in the region (in terms of percent of GDP): e.g. South Africa: 0.35 percent; Kenya: 0.1 percent.

- The Deputy Prime Minister's Office (DPMO) was allocated E909.4 million for FY2024/2025 to cover social grants (administration and disbursement), including the Disability Grant. The allocation was increased to E1.07 billion for FY2025/26, which is a nominal increase of 18 percent, though a real (inflation-adjusted) increase of about 14 percent (accounting for the average inflation rate of 4.4 percent for 2024).
- Above allocations are budgetary commitments, though not actual expenditure: a budget analysis of past expenditure outturns vis-à-vis budgeted amounts is recommended, and to assess how increases are inflation-related, or adjusted for inflation. These increases were a function of the increased number of beneficiaries each year, and increased monetary values of social grants.

The latest assessment of Eswatini's implementation of the United Nations Convention on the Rights of Persons with Disabilities notes: "The Government's position is that institutionalization of PWD should be a measure of last resort. Normally, it is encouraged that different forms of Alternative Care of PWD within family set up and communities should be explored." [57]
The ENDPA 2024-2028 envisaged some form of additional support in one of its targeted outputs: "…families caring for children and/or adults with disabilities receive a monthly financial family support allowance (grant)."

5.5 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 issues: there is general lack of clarity regarding the DISABILITY GRANT's design, including eligibility criteria. 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 services, including education and healthcare.
- Vertical issues: 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 government – something that the UNPRD multi-trust fund, a collaboration between UNICEF, UNFPA and UNESCO, has been focusing on.
- Related to above: the is a lack of capacity in government to clearly define the bottom-up demand, primarily due to the lack of details on PWD that are eligible for the Disability Grant, or for any other social assistance for that matter, which would typically be situated in a regularly updated PWD registry as envisaged by the Persons with Disabilities Act.

The Draft Social Assistance Policy (2021) requires the following improvements to the Disability Grant architecture, under the heading of "Action Plan":

[57] GoKE. 2024. *Kingdom of Eswatini combined initial, First and Second Periodic Reports on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*. GoKE: Mbabane. [unpublished]

- A registration drive to register all eligible PWD in Eswatini for the Disability Grant, to close the coverage gap, which is estimated at approximately 40 percent. Register children with severe disabilities, recognizing the "additional costs that their households have to incur."
- Review medical assessment processes for assessing disability and severe disability, with medical practitioners rather than social workers making such assessments. Enhance technical capacity for assessing disabilities, including "complex mental disabilities that are not visible, such as schizophrenia."
- Increase value of Disability annually in line with inflation, "at least by rises in the cost of a nutritious food basket, or by rises in the consumer price index (CPI)."
- Recognizing that the Disability Grant is low and "discriminatory" against PWD, it needs to be raised "to parity with the Old Age Grant."
- Provide a Caregiver's Allowance, in accordance with the Persons with Disabilities Act, and specifically when the Disability Grant coverage gap has been closed, and the payment amount has been raised to the level of the Old Age Grant.
- Implement new systems, including "process and performance monitoring and independent grievance procedures, to ensure that all beneficiaries of the Disability Grant receive their payment in full, on time, and with dignity."
- Entitle holders of Disability Card to free health care, including disability-specific treatment, medication, prosthetics and equipment, as well as access to psychosocial support and other social services, as needed.
- Maintain a national single registry on relevant information on PWD, and all social assistance beneficiaries, in accordance with provision of the Persons with Disabilities Act for a Registry of PWD, voluntary organizations and relevant institutions.
- In coordination with the Department of Labour, discrimination in access to work will be addressed, workplaces will be monitored for disability-sensitivity, and appropriate skills development will be offered, to ensure that persons with disability have fair and equal opportunities to engage in productive economic activities.
- PWD to be afforded "protection services and case management support by social workers, to ensure they are not victims of abuse, exploitation, or any harmful practices."
- Make available all the benefits and services that are available to PWD to people with chronic or terminal illnesses.

The above improvements are all relevant and necessary, though by the time of writing, few of them have been achieved. This report calls for the adoption of the Draft Social Assistance Policy, after updating it with a thorough policy analysis and statistics on PWD (population, geographical location, income status, type and severity of disability, etc.).

UNICEF's internal 2024 study on proposals for the Disability Grant redesign,[58] gathered evidence through a comprehensive set field work, including FGDs with rightsholders (OPDs and Disability Civil Society Organizations; PWD; Parents/Primary Caregivers of PWD). One hundred and ten (110) PWD were surveyed. That study's key recommendations for enhancing the Disability Grant design are:

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

"A. Eligibility to be expanded to all citizens, persons with official refugee status, and persons granted permanent residency and who do not receive a disability grant from another country.

B. All PWDs to be registered, and issued a Disability Card.

C. Most PWD live in extreme poverty. The DISABILITY GRANT should not be means-tested. Universal coverage should be extended for all children and adults with disabilities who pass the assessment criteria (0-59 years), considering that an Elderly Grant already exists.

D. Phased approach over five years, to increase the disability grant value to an amount that (1) secures the basic food basket for grant recipients and (2) subsidizes disability-related costs.

E Top-up grant to counter impacts of the additional disability-related costs and support needs for individuals and their families for severely to profoundly disabled persons. The study calls for more studies to assess the feasibility of introducing such a top-up grant.

F. Persons with disabilities residing full-time in state-owned or subsidized facilities should qualify for a disability grant.

G. Eligibility and registration should also incorporate self-assessment and verification by a Peer Assessment Panel.

H. A centralized Multi-Disciplinary Professional Panel should deal with referrals from the Peer Assessment Panels and appeals from applicants whose applications were not approved.

I. Eswatini should target a minimum of 0,32 percent of GDP up to a maximum of 0,81 percent of GDP to finance the DISABILITY GRANT.

J. The current disability welfare benefit budget should be repurposed to expand and improve disability-specific welfare services to Persons with Disabilities and their families. Therefore, 'New' funding should be allocated to finance the Disability Grant.

K. Disability Card and Disability Grant application processes should be realigned, using a rights-based approach that factors in functional and environmental impacts.

L. Line Ministries should deliver inclusive programs and services for PWD, covering health, welfare, education, social protection, and employment support. The disability grant, being a targeted social assistance program, should be managed by social welfare services, not the NAC Secretariat."

Above recommendations informed the approach to the fieldwork that this report is based on, including the FGD with disability stakeholders in Eswatini and costing surveys on the additional costs of poor, rural households caring for CWD. Those that are most relevant or have been confirmed by the fieldwork and desk reviews, have been integrated into the finding and recommendations of this report (Chapter 11).

5.6 Financial and non-financial barriers to access essential services, as well as the Disability Grant

The link between non-financial and financial barriers: This report has not specifically addressed how non-financial barriers translate into or iterate with financial barriers. The costing exercise includes a qualitative section on how non-financial barriers can be quantified and ideally monetized, and provides some implications and recommendations for revised grant design. The DISABILITY GRANT

often supports multiple individuals within a household, meaning it does not directly contribute to the financial and non-financial welfare of the beneficiary.

There is a need for the Disability Grant system enhancements (policies, reprogramming) to (1) remove barriers and (2) provide the required support to improve both the demand (from PWDs, households) and supply-side (government, caregivers) of disability-inclusive social protection. Both types of enhancements need to account for diversities in types of disabilities, barriers and support required.

6. Best practice in disability-inclusive social protection

The desk review confirmed that the common goal of social protection is to ensure that all members of society have access to the resources they need to live with dignity and fully participate in economic and social life. More importantly, it aims to reduce poverty and inequality and promote social inclusion and well-being.

6.1 Review of best practices and guidance on disability-inclusive social protection:

Key themes highlighted by the 2024 UNICEF-commissioned study of the Disability Grant design:

Striving for vertical and horizontal equality

Against a background of severe inequalities and persistent exclusion, two important themes emerge. The first focuses on social, economic and political inclusiveness (across the inequality spectrum), and the second is that priority should be given to the most disadvantaged (at the bottom of the inequality spectrum). **Vertical inequalities** are closely related to the assessment of poverty understood as an individual deprivation. A vertical measure of inequality ranks individuals or households according to a particular outcome across a population. **Horizontal inequality** theory is closely related to social exclusion and an understanding that individuals' well-being is affected by their individual and group circumstances. Group-based inequalities derive from social, economic, political and cultural exclusionary institutions and norms which devalue certain groups compared to others.

The Disability-Poverty Cycle

A strong connection exists between disability and poverty as a cause and a result. Poverty raises the risk of disability. The likelihood of poverty is increased by disability, for instance, due to the expenses related to it, prejudice in the workplace, or exclusion from education. PWD are more prone to discrimination, resulting in monetary hardships and social and economic ostracism.

A person's socio-economic situation, where they live, and the environment in which they are raised often determine the type and scope of social protection support available. Access to social services, such as health and education, can influence how PWD develop and enable them to live with dignity. Physical and psychological impediments prevent PWD from participating in employment opportunities, education, and development processes in general. PWD are more susceptible to poverty and exclusion from the labour market due to this marginalization, seen as "disabling" and brought on by how society is structured.

Given the above disability and poverty cycle and its interwoven nature through backward and forward feeding loops, disability cash grants can break this vicious circle through several socio-economic

benefits that can emanate from the impacts associated with such grants. The implications of the Poverty-Disability Cycle for designing a disability grant find resonance in whether such a grant should be universal or means-tested. Considering the extreme poverty levels most PWD live under, this report recommends that means testing not be applied and that the grant be universal.

Breaking the Poverty-Disability Cycle necessitates a clear understanding of the pathways of change (what routes need to be taken to break the cycle, and mitigate the adverse effects and work towards positive outcomes). Therefore, the results-chain for protecting and furthering the rights of PWDs, especially vulnerable CWD, through a DISABILITY GRANT, need to be understood. The general concept is: monetary inputs (the cost of the Disability Grant, cost of managing the programme) are consumed through the most appropriate activities (programme plans and budgets, grant administration and disbursement, etc.), resulting in optimal delivery of outputs (number of PWD benefiting from the grant), resulting in the desired outcomes / benefits (with the key ones being increased equal access to essential education and health services), and contributing to desired societal impacts (improved socio-economic conditions, etc.). This basic results chain is integrated into the recommendations for the enhancement of the Disability Grant.

National, regional and global guidance, focusing on cash-based disability grants, reviewed, include**:**

- UNICEF Eswatini's commissioned review of the Disability Grant design (unpublished).[59]
- GoKE's 2024 set of resources, supported by UNPRPD.[60]
- UNICEF HQ guidance on disability-inclusive social protection and UNICEF ESARO's guidance on disability-inclusive social protection (unpublished).
- International Policy Centre for Inclusive Growth's (IPC-IG) practice notes on disability-inclusive social protection.[61]

These resources yielded criteria for optimal, disability-inclusive, non-contributory, social assistance cash transfers. Some elements are unpacked below, with the conclusion at the end of this chapter consolidating all best practices and recommendations.

Systems thinking – change the system at the margin:

The current Disability Grant architecture is operating to some effect. It can for the moment be presumed that a cash grant to qualifying households and caregivers is the **most cost-effective** social protection tool to protect and further the rights of PWD, especially CWD in Eswatini. In other words, the broad monetary expenses involved justify the targeted outcomes, primarily improved access by such beneficiaries to essential services, thereby countering the socio-economic effects of poverty, among other things. This implies that a cost-effectiveness analysis of some sort has been conducted, though that may not be the case: meaning better (cheaper) mechanisms to reach the desired outcomes may still exist. Also, this implies that the input/outcome (benefits) ratio is known: X inputs (full economic cost of the programme) results in Y benefits, though this also may not be the case. For evidence-based disability-inclusive social protection, a cost-effectiveness and cost-efficiency analysis

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

[60] Eswatini Disability Handbook 2024; Eswatini National Disability Plan of Action 2024-2028; Disability Capacity Assessment Eswatini 2024; Disability Dimension in Eswatini's National Management Information System 2024.

[61] Hammad, Maya. 2022. *Practitioner Note 1: Inclusive targeting, identification and registration: Research Report No. 67*. Brasília and Amman: International Policy Centre for Inclusive Growth and United Nations Children's Fund Middle East and North Africa Regional Office (MENARO).

of some sort needs to be conducted (or at least revisited) to assess which grant architecture (e.g. non-contributory, discretionary, non-means-tested, etc.) will provide the optimal input/output and output/outcome ratios. With inputs being the full economic cost of the programme and the key output being the number of CWD reached through the programme.

The costing exercise (described in Chapter 8) assists with determining the optimal grant monetary amount, through costing especially those added financial burdens on households caring for PWD, especially CWD. The costing exercise may assist with identifying demand and supply barriers to access to essential services. The costing exercise does not delve into the inputs of the full grant programme, and therefore cannot sufficiently assist with assessing nor improving the efficiency nor effectiveness of the programme (i.e. input/output and output/outcome ratios).

6.2 Towards an adequate benefit level:

The cost of disability:

Based on above references, there is agreement among external stakeholders (including UNICEF, ILO, UNESCO) on the need for the costing and provision of additional cash support to alleviate the additional financial burden that households with PWD and specifically CWD incur. Furthermore, there is agreement that disproportionate financial support is required so that PWD have equal access to social services and participation in social activities. The call for disproportionate financial support is supported by estimations from various global studies, as reported in the UNICEF-commissioned study on the Eswatini Disability Grant, and including examples from Cambodia, China, India, South, Africa, Vietnam, that point out that the average additional financial cost of disability ranges from 23 to 55 percent of household income."[62]

Chapter 8 is dedicated to a tailored costing framework and preliminary results from desk reviews on the key unit costs associated with PWDs, especially households with and caregivers of CWDs, whom are most vulnerable scale regarding the adverse financial burden of living with disability.

Disability grant benefit levels 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[63]), it is telling that the South African Disability Grant value equates to i.e. E2,315 per month. The grant coverage is approximately 35 percent of the eligible population in South Africa, i.e. persons with a severe functional limitation and aged 18-59 years.[64]

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

[62] Africa Disability Association (ADA). 2024. *Eswatini Disability Grant Design Study - Final Report*. UNICEF Eswatini: Mbabane. [unpublished]
[63] 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.
[64] Development Pathways. 2018. *Social Protection and Disability in South Africa - Working Paper: July 2018*. Available online at: https://www.developmentpathways.co.uk/wp-content/uploads/2018/07/Social-protection-and-disability-in-South-Africa-July-2018.pdf

noteworthy that South Africa spends about 3.5 percent of GDP on social assistance grants,[65] 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).[66] [67]

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 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.[68]

The mentioned UNICEF-commissioned study in 2024 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. The study recommended that Eswatini should target a minimum of 0.32 percent of GDP up to a maximum of 0.81 percent of GDP to finance the Disability Grant. This is in line with the relative spending on disability grants in South African and Namibia.

The Cash Plus Service Modality:

There is a growing interest from governments and development partners on, based on mounting evidence on the Cash Plus Service Modality (i.e. programmes), which provides complementary goods and services or inputs to enhance the positive impact (i.e. effectiveness) that cash-based social assistance have on reducing poverty.[69] These include the provision of essential social services, including health and nutrition.[70] The Cash Plus Service Modality supports social protection rights, empower people and better enable them to have equal access in social and economic spheres.

This Modality is implicitly supported by the latest Report of the UN High Commissioner for Human Rights on the human rights dimension of care and support, which also draws from previous UN statements requesting support for family members of PWD.[71] Such support includes human support, assistive devices and technologies.[72] The Commissioner's report recommends the establishment, financing and sustainment of "comprehensive and human rights-based care and support systems that are gender-responsive, disability-inclusive and age-sensitive.

[65] https://groundup.org.za/article/heres-how-south-africas-social-grant-system-has-changed-since-1994/#:~:text=SASSA%20pays%2026%2Dmillion%20grants%20every%20month&text=The%20South%20African%20Social%20Security,inflation%20is%20taken%20into%20account.

[66] Percent of GDP derived from Government of South Africa's Social Development Vote 19 of 2023: https://www.treasury.gov.za/documents/national%20budget/2023/ene/Vote%2019%20Social%20Development.pdf.

[67] Percent of total government expenditure derived from Statistics South Africa: https://www.statssa.gov.za/?p=17355#:~:text=The%20South%20African%20national%20government,how%20these%20funds%20were%20distributed.

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

[69] https://www.unicef.org/evaluation/documents/cash-plus-social-protection-strengthening-adolescent-and-youth-development-opportunities

[70] https://www.unicef.org/esa/social-protection.

[71] United Nations. 2025. *Report of the United Nations High Commissioner for Human Rights: Human rights dimension of care and support (A/HRC/58/43)*. United Nations: New York.

[72] See for example: Convention on the Rights of Persons with Disabilities, Article 23 (2).

6.3 Criteria for an ideal Disability Grant design

Alignment with overall social protection system strengthening:
The literature points to the need for disability grant schemes to align with the overall drive for improvements in grants harmonization, digitalization, registry formation, and eradicating in- and exclusion / targeting errors, among others. PWD registries enhance the bottom-up demand estimation, as they contain critical socio-economic and demographic data to determine eligibility. An advanced form, namely 'social registries,' enable the calculation of a household welfare 'score,' which adds another layer to risk-based social protection, e.g. during pandemics, to assess which household will be worse affected and thereby necessitating social assistance.

Inclusivity:
Global guidance on avoiding inclusion as well as exclusion (under-coverage, gaps in coverage in the life cycle) errors, overlaps (duplication of grants), etc., point to basic, practical measures such as:

- disability assessment and certification that correctly identify PWD, including CWD, and their families, the disaggregation in terms of: type of disability, type of support needed, age, sex, employment status. All these provide the data for evidence-based planning, budgeting, etc. Invariably, this means robust management information systems and linkages in some form to a registry that includes all the needed particulars.
- simplification of the issuance of disability cards;
- applying a broad definition of disability, as opposed to narrow, e.g. only those that cannot work.

Guidance on the progressive phasing-in of new/enhance disability grants (or equivalents):
Guidance recommends a progressive phasing-in of the grant, from pilot, to full, to account for teething problems, and align with government's progressive uptake of its fiscal commitment over the medium-term (3 years) and beyond.

The following paragraphs integrate the best practice and guidance presented above.

The ideal form of disability-inclusive social protection for the vulnerable in Eswatini through an enhanced Disability Grant:

- It is a rights-based, non-contributory, universal (based on appropriate poverty/income threshold), discretionary, inclusive, full life-cycle-focused, vulnerability-focused, comprehensive, evidence-based (including properly costed), responsive, predictable, accessible, value-for-money, well-resourced, cash transfer;
- at the appropriate benefit (monetary) level;
- for targeted (intended) beneficiaries, including: PWDs, and households with and caregivers of PWDs.
- Supported by appropriate investment in system strengthening, improving the structural impediments.

The following section unpacks each criterion:

- ***Rights-based social assistance, meaning:***

- For right-holders, as per international commitments, national policy and legislation regarding PWD,
- that need financial assistance to counter the cost of living with disability.
- Ideally universal coverage, with appropriate thresholds, based on some form of means-testing, to allow for targeting of beneficiaries with critical support needs, and in consideration of resource/budgeting restraints.
    - 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.
    - A revised DISABILITY GRANT should not put households with PWD on a higher income trajectory than others, but only adjust incomes to an acceptable threshold, all things being equal. Meaning the grant should only cover financial burdens in addition to what the average households experience.
    - Also, a revised Grant should not facilitate disproportionately more or better access to essential services such as education and health.
- Consider that 'disability' as an evolving concept: from Charity to Medical, to Social and Human Rights-based Models (which is UNICEF's preferred approach[73]).
- Non-contributory, since it aims to provide social protection to the vulnerable and invariably poor households and individuals. Including:
    - A grant design that accounts for gaps between the formal and inform sector, where households with PWDs, or PWDs themselves cannot afford nor be eligible for contributory social security.

- ***Integrated into the broader social protection system:***
    - Cohesive linkages to the wider social protection / social welfare grant system, including in terms of administration, implementation, reporting, M&E, etc.
        - Important to have a responsive, realistic, implementable M&E framework for the grant.
    - Discretionary cash transfer scheme, meaning beneficiaries have discretion to spend the cash to defray any expense directly and indirectly related to the disability, including essential social services (education, healthcare), transport, special / assistive equipment, toys and nutrition, caregiver wages.
    - Life-cycle approach: prevention and protection of people from poverty, vulnerability, and social exclusion throughout their lives, from childhood to old age
    - Adequately addressing root causes of the disability-poverty cycle.
    - Striving for horizontal and vertical equity.

- ***Based on appropriate eligibility, targeting, registration and qualification criteria, to mitigate inclusion and exclusion errors,*** among other things. Key elements:
    - A grant design that accounts for the female/gender-sensitivity needs and urban/rural divides in disability prevalence.
    - Census-based, i.e. beneficiary-targeting should be reliant on accurate status quo and forecasting models of beneficiary population.

[73] https://www.unicef.org/disabilities

- Beneficiary targeting and payments should also be based on accurate, centralized registries, that allow for systemic linkages to other social protection mechanisms (grants, assistance, etc.). of some sorts.
- Account for disparities and divides:
  - female/gender-sensitivity
  - urban/rural divide
  - varying poverty levels of regions
  - education attainment and access backlogs
- Non-discriminatory: e.g. non-sexist, equity-based (equal access by all), having a vulnerability/poverty-focus (meaning resource-rich households should ideally not benefit from the Disability Grant, or at least face incentives for them not to take up the grant).

- ***Is comprehensive***:
  - At a coverage ratio and benefit level that accounts for the evidence-based (costed) additional financial burden that households with and caregivers of PWDs face, especially for caring for the most vulnerable, including poor PWDs, and especially CWDs.
  - Specifically accounts for financial support for key cost drivers, especially healthcare (hospital, out-of-pocket costs for hospital/clinics, medicine, therapists) and associated costs, especially transport to access healthcare.

- ***Appropriate benefit level***:
  - Monetary amounts should be linked to credible macroeconomic-fiscal forecasting (GDP, debt, inflation, currency exchange rates) and microeconomic forecasting (household rent, food, assistive devices, special equipment, etc.).
  - Predictable, meaning grant benefit values are transparent and communicated throughout government's rolling medium-term expenditure frameworks (or equivalents). Government, civil society, facilities (supply-side), and households (demand-side) need to know, and budget for increases/decreases/discontinuation.
  - Modernized, flexible, adaptably benefit payment systems.

- **Responsive**:
  - Formula-based, meaning it adapts to key variables that impact on the financial capacity of targeted PWD, including (hyper)inflation of key cost items (education, health, special equipment, transport, etc.).
  - Shock-responsive, meaning grant system can be utilized in the short- to medium term to alleviate the adverse impacts of health epidemics, socio-economic or environmental shocks, among other things. This implies a strong element of risk registries, to identify and implement top-up grants where needed.
  - Linked to or contain basic elements of a grievance resolution mechanism (GRM).

- ***Backed by a feasible financing framework***:

- Compact between all stakeholders (public, private, civil society, 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.
- Aligned to the broader macro-fiscal constraints in Eswatini: including the implications of the economic growth trajectory, and government revenue and expenditure projections, on fiscal space for financing the Disability Grant.

- ***Maximizes accessibility and value-for money***:
  - Is cost-efficient, meaning the resources spent (the grant system, the actual grant payment) maximize the number / coverage of targeted beneficiaries of the cash grant;
  - Is cost-effective, meaning the resources spent (the grant system, the actual grant payment) maximize the type / quantity / quality of access to essential social services, primarily education and healthcare, and needed equipment;
  - Is equitable and non-discriminatory, i.e. the cash grants facilitate equal access by PWDs to essential social services, primary education and healthcare, regardless of socio-economic status, geographical location, gender/sex, disability status, etc.
  - Is impactful, i.e. cash grants enable beneficiaries to mitigate the harmful effects of vulnerability, poverty, marginalization, and improve social inclusion.

- ***Supported by robust enablers and ongoing system strengthening, including***:
  - establishment of, and strengthening / capacity development of institutions, to improve the willingness, authority and resources to plan and budget for, and implement the grant system;
  - data and management information systems, that allow for appropriate administration (including payment);
  - M&E systems that allow for course directions, oversight and accountability;
  - disability rights awareness campaigns, focusing on demand-generation and mitigating negative stigmas.
  - consistent **budget advocacy framework** to argue for the prioritization 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.

Above criteria also informed the data collection that this report is based on, including FGD with disability stakeholders in Eswatini and costing surveys on the additional costs of poor, rural households caring for CWD. The key criteria have been incorporated into the findings and recommendations of this report (Chapter 11).

7. Findings from fieldwork and consultations, including focus group discussions

Stakeholder consultations conducted in January and February 2025 gathered inputs on the required enhancements of the Disability Grant, as well as on evidence on the additional financial burden of households caring for CWD. Key messages from virtual consultations with UNICEF, ILO and UNESCO are incorporated throughout this report.

An onsite Focus Group Discussion (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 finalizing the Proposal for the Disability Grant Redesign and the Costing Report on the additional financial burden of households with CWD. Below is a summary of the key findings from the FGD, ordered by the questions presented to the participants, both in plenary and in group discussions:

Regarding objectives of a Disability Grant:

- General agreement that the grant should provide cash relief to all PWD to access/consume basic necessities and services, which includes:
    - special / supportive / assisting equipment
    - special care
    - accessing essential services on par with others (healthcare, education, employment support/opportunities), and to support poverty alleviation.
- Specifically, for PWD of high severity.
- Aligned to the life-cycle changing needs, and by implication, with other social assistance/security, to avoid inclusion/exclusion errors.
    - This point is of particular concern considering the vulnerability of youth with disabilities (18 to 35 years of age) to sustain their livelihoods outside of the care of households, and before they can access other forms of social protection, such as the Old Age Grant. The life-cycle-approach requires that such groups should enjoy social inclusion and participation, including accessing adequate employment opportunities. The upcoming World Bank-sponsored Eswatini Youth Employment Opportunities Project (EYEOP) are addressing the employability of youth, [74] and the Disability Grant targeting mechanism should include the adequate identification, registration and management of disability rights holders.
    - In addition, this point is critical given the broader issue of the need for human capital development: the life-cycle-approach, and by implication the drive to especially avoid exclusion errors, requires human capital development at all stages of life, so that citizens are able to productively contribute to the welfare of the nation.

Regarding eligibility and criteria for the Disability Grant:

- Criteria to follow prescriptions of law, as per Persons with Disabilities Act of 2018.
- Gap in law regarding intervention during childhood: "…families should have final word for who should be considered. Since families use funds for the CWD."

[74] https://www.worldbank.org/en/news/press-release/2025/05/12/new-world-bank-project-supports-job-creation-for-afe-eswatinis-youth

- As approved by an official benchmark (e.g. medical), including official certification of type and severity of disability.
- General agreement that it is a permanent disability. As opposed to temporary. Though more than one participant highlighted the need for PWD of mental nature needs to be better accounted for in targeting/coverage.
- The complexity in types and severity of disabilities, and when / how they are identified and further evolve during life-cycle, coupled with the vulnerability dimension of children who may not at first show physical disabilities, call for considerable delineations in the grant design, and by implication the type (financial and non-financial) and benefit level of social assistance.
- Comprehensiveness of the grant design will strive towards inclusivity, though the fiscal reality means that both the coverage level and benefit level will remain suboptimal for the time being.
- The Disability Grant plugs a gap between the impact of poverty (lack of capacity of PWD / families with CWD) to acquire basic needs (incl. out-of-pocket health and education), as well as special/assistive necessities, and what the public sector currently can provide for free.
- The Disability Grant should be accessed not just by PWDs, but by families, caregivers, facilities caring for PWD.

Regarding avoiding inclusion and exclusion errors:

- The grant design should be tailored to the various types and severity of disabilities. This links strongly to the findings from the costing exercise: households caring for children with different types and severity have different expense profiles.
- Ensure clear eligibility framework and criteria, stipulating targeting framework, who are the beneficiaries.
- Above linked to a PWD registry, and in particular a 'social registry,' with functionality to register, profile PWD. Incl. periodic / regular reviews of eligibility. There needs to be interoperability of the planned PWD registry with the national population registry as well as the envisaged social registry. It will be crucial to link the Disability Grant with the social registry using personal unique identify numbers, and by implication all to the national population registry. If the Disability Dard is implemented, it should have the same format as the planned digital national identification number.
- There must be appeals mechanism.
- Capacity development of Government in above matters.
- The Ministry of Ecuation and DPMO are implementing a World Bank – funded project on 'education for enhancement of human capital project'. The project is reviewing the Orphans and Vulnerable Children (OVC) grant and will make reform recommendations. The project is piloting interventions in the design that gives aid (instruments) to CWD. Findings from the pilot will inform a guidance note to cabinet on the implementation of the OVC targeted at vulnerable children. it focuses on primary school and upper secondary school. What is relevant for the Disability Grant redesign, is that there is a component that is called 'retention,' that focuses on keeping children that are at risk at school. This includes CWD. While the theme is OVC, it involves the broad spectrum of poverty and other vulnerabilities. Disability is specifically identified in this component. Going forward, it would be beneficial to assess how the targeting identifies 'disability,' whether other than physical disabilities are included

(epilepsy, albinism, mental, intellectual, etc.). This would insure that targeting inclusive and nondiscriminatory.

Ensuring equal access by PWD to essential services:

- Most answers pointed to sector-specific disability-inclusive improvements, in education, health and public infrastructure, pointed to the weakness in the posing of discussion question, which should have been more pinpointed to enhancement of the current Disability Grant system.
- Speed-up establishment of the Disability Secretariat, Council and Fund, as proposed in Persons with Disabilities Act, 2018. In addition:
    - enforce implementation of policies in all sectors to ensure disability-inclusivity;
    - introduce regulations/ guidelines for effective administration of the grant with clear eligibility criteria;
    - put in place measures to ensure registration of all eligible persons;
    - improve the efficiency in identification, registration and administration of Disability Grant.
- Critical to ensuring equal access to essential services, primarily health (PWD/CWD) and education (CWD), is GoKE's sustained implementation of subsidized healthcare and education – any sub-optimal provision (including ensuring sustainable supply of essential elements such as medicine) would impact financially and non-financially on households/families with PWD/CWD.

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,[75] 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

[75] 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.

expenses and transport vouchers. This means the need for a Cash Plush Service Modality to social assistance.

Proposals for improvement to current Disability Grant design:

- Most points under this discussion question repeat prior inputs: need for clear, regulated, inclusive, tailored (types, severity), life-cycle-aligned, inclusive eligibility and targeting framework. The Disability Grant targeting should be based on a social registry or equivalent to manage targeting, profiling, M&E of grant take-up, etc. The application process needs to be simplified.
- Additional key points:
    - Ensure linkages with other social protection programmes and all other government systems.
    - Supported by an M&E / review system. Including: conduction of regular reviews to ensure the grant keeps space with changing needs and costs of disability care.
    - Increase the grant amount to meet the day to day and specific extra needs per case.
    - There is a need for a complaint-handling mechanism.
    - Strengthen the decentralization of the service.

Public finance bottlenecks:

- Weak overall governance: corruption, lack of inter-sectoral coordination, weak policy & legal implementation (e.g. of Persons with Disabilities Act, 2018), inefficient administration, weak M&E systems, all amplifying inefficiencies.
- Lack of budget prioritization for disability-inclusive social protection. Linked to low level of awareness of the benefits of Disability Grant, and negative effects of the lack of adequate coverage by the Disability Grant, low level of buy-in from senior leadership.
- Limited resources against competing needs – current Grant focuses on individuals and not families/ households, therefore the need for innovative resource mobilization.
- Too much donor dependency on financing disability-inclusive social protection.

Who should be targeted for budget advocacy and further evidence-generation?

- Within GoKE: DPMO senior management, Ministry of Finance (MoF), Ministry of Economic and Development Planning (MOEDP), Ministry of Education and Training (MoET), Ministry of Health (MoH), Public Service, CSO, Cabinet, Parliament,
- Within Civil Society: OPDs and related organizations, Media, Private Sector Chief Executive Officers, Community and Traditional Leaders, Academia.
- Among International Partners. Though avoid relying on donors. GoKE to take initiation, ensure things are sustainable.
- In terms of data, evidence required: Situational Analysis on PWDs, including on cost-of-living estimates to meet needs of PWDs. Budget analyses and budget implications, costing, highlight the cost of non-action, of low policy implementation. Comparative international instruments and case studies.

Other emerging issues/questions not covered by questions:

- What role can public participation play, in improving Disability Grant design and rollout? This presents an opportunity.

- How does DPMO feature in the budget circular call process? How can we influence that? There is a draft budget with a ceiling. We know most of the costs are for administration though.
- We need to determine the challenges and opportunities within the social protection systems, i.e. supporting environment, for improving the Disability Grant.

Implication of above findings for policy proposals for the Disability Grant redesign:

- The Persons with Disabilities Act of 2018 is the key driving legislation. All implementation gaps need to be progressively addressed, including:
    - Eligibility and targeting criteria should capture the complexity of disability type and severity. Therefore, there needs to be a prioritization of beneficiaries (starting with the most poor, vulnerable, suffering must severe disabilities), though invariably this would rely on bottom-up data, if not captured in some form of (social/risk) registry.
- The Grant design should be linked with the socio-economic realities, i.e. the level of poverty of PWDs, and specifically households caring for CWD. The priority social assistance through financial support should be for PWD and households caring for CWD that are in the poorest quintile. They should be prioritized in the improvement of targeting of the grant design. Strive to meet the official poverty line of USD3.65 per person per day, equating to E2,000 per month.
- The coverage and benefit level are sub-optimal. The findings confirm the investment case for a significant upscaling of the Disability Grant, both in terms of coverage and benefit level. The bottom-up demand needs to be re-evaluated, since estimates of the size of the population of PWD, and specifically CWD, are still reliant on the figures from the Census 2017, which are admittedly outdated. The latest projections of 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 could be 165,000 (narrow Census 2017 definition) and up to 200,000 (broad Census 2017 definition).
- In conclusion:
    - Increase coverage and targeting, by ensuring eligibility criteria sufficiently includes families, caregivers and facilities caring for caring for PWD, including CWD.
    - Improve targeting, by prioritizing PWD and families caring for CWD that are in the poorest quintile.
    - Progressively increase the benefit level: Range: at least E975 (in line with poverty figures from Census 2017), to E1,500. Strive towards meeting the poverty line (~E2,000 per person per month).
    - Broaden the scope of the benefit, so that is not limited to cash only, and include among other things assistive devices, health care, school expenses, transport vouchers. It is therefore recommended that the Disability Grant design is enhanced with a Cash Plus Service Modality.
    - Differentiate the benefit levels, ensuring that disability types and severity associated with the highest financial burden are prioritized and receive the maximum benefit).
    - Strengthen all systems supporting the Disability Grant, in particular management information systems that are linked to a single/social registry for PWD.

8. Costing of additional financial burdens of households with Children with Disabilities (CWDs)

A costing exercise was conducted in early 2025 to estimate the additional financial burden of households caring for CWD, as a key input to proposals for the redesign of the Disability Grant, so that it is more sensitive to and inclusive of such segments of the PWD population. The costing exercise was based on a mixed-method approach, including (i) desk reviews of international best practices and examples in costing regarding disability-inclusive social protection, (ii) key stakeholder consultations through telephonic interviews, (iii) an onsite (Eswatini) FGD in February 2025, and (iv) a follow-up online, costing-focused survey.

The costing exercise develops a tailored costing framework for estimating the additional cost, and was based on the following methodology:

- 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***.
- Above fed 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 identified the key implications of the costing and the recommendations for the Proposals for the DISABILITY GRANT Redesign, focusing on appropriate benefit levels.

The costing exercise had the following methodological limitations:

- It relied on key informant data, rather than direct household expenditure records.
- The sample size of the online costing survey was 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 was a potential recall bias in providing estimations on what households caring for CWD are spending on, meaning survey participants might have recalled 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, indicated 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 was not accurate.

The mitigations against future and follow-up studies have been incorporated into the recommendations of this report (Proposals for Disability Grant Redesign), including the key element: a larger sample size, involving a representative sample of households in Eswatini caring for CWD.

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, for example:

- 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 response to evidence and its rights-based approach, the Namibia disability grant has been significantly increased. Monthly grant amount is N$1,600 (~ E 1600 / ~ USD 84) 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.

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, including provision of or subsidized access to essential services – the so-called Cash Plus 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.

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. These concepts were employed in the costing framework. The terms ‘costs,’ ‘cost items,’ ‘expenses’ are used interchangeably.

Table 2. Summary table of the relevant cost categories

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. 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 typically are: special (assistive) equipment (e.g. hearing aids, spectacles, wheelchair), learning aids (e.g. braille textbooks).

8.2 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) perspectives.

With empirical costs is meant: the most significant cost items ('Goods & Services') currently consumed by PWD and their families. Meaning, the actual expenses incurred. Examples of empirical costs are: healthcare, education, food (nutrition), assistive technology, personal assistance, rehabilitation, mobility/accessibility expenses.

With normative costs is meant: 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. Global studies narrowed down the key normative cots: assistive technology, personal assistance,

rehabilitation, healthcare, mobility/accessibility expenses. In essence, they are therefore similar to empirical costs, though not in quantity.

The above-mentioned weakness 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. The survey centered 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 of disability – all were set as severe:

- 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.

The objective was to explore the financial burden on the part of the Eswatini population that would need the 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, autism, albinism, as well as mental (including psychosocial) impairments.
- 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, and children with mental (including psychosocial) and intellectual (including cognitive) impairments (such as autism).

- 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 / Social Welfare).
- Account for the risk of under-supply / supply-shortages (regardless of the cost) of essential goods & services.

8.3 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. 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 (intellectual) disabilities (impairments): 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 (intellectual) disabilities (impairments) 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 the '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 (intellectual impairment)). 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***.

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

- 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 an actual monetary estimate, 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.
- Under-researched elements are the specific costs associated with children with albinism, epilepsy, mental (including psychosocial) impairments, and intellectual impairments (such as autism). Case in point is the Director of FODSWA's point that it costs E240 to E280 for a 200ml bottle of sunscreen, "which is essential for their daily skin protection" for a child with albinism.[76]

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

[76] 'Disability grants hike a drop in the ocean,' *Sunday Observer (Eswatini)*, 22 February 2025.

8.4 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 exercise 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 (intellectual) 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.

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 (intellectual) 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 either 'inclusive schools' or 'special needs 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).

The 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.

8.5 Financial barriers to equal access to the Disability Grant:

During the inception stage of the costing exercise, 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 either 'inclusive schools' or 'special needs schools.'

Recommendation: field research to estimate the package of goods and services provided by 'inclusive schools' and 'special needs schools' (where relevant) 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' and 'special needs 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.

8.6 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 exercise 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 need of households caring for CWD are the highest, and therefore in highest need of cash-based social assistance.

8.7 Conclusions regarding the costing framework and costing exercise:

- The costing framework developed and tested to account for the additional direct financial burden of households caring for CWD in Eswatini, provides a quantitative framework benchmark.
- All indications from data collected are that such families, especially poor, rural-based households face additional financial burdens that are unaffordable.

- These households (poor, rural, earning less than E2,000 per month per household) cannot afford the full set of essential goods and services required for their basic needs.
- The burden of care invariably pushes such households into deeper poverty, highlighting the plight for cash-based social assistance. Including provision of or subsidized access to essential services – the so-called Cash Plus Service Modality. The Disability Grant, by the very least, should be targeted to these households.
- The costing exercise alludes that poor households (where income, where one breadwinner needs to care for CWD on a full-time basis, bear an indirect (opportunity cost), i.e. the loss of income associated with caring for CWD. Where such care is required full-time, in case of a severely disabled child, that loss of income is maximized.

The following recommendations address the weaknesses, limitations and enhancements to the costing framework that have been identified and that should be implemented in future and follow-up costing exercises:

Recommendations: Future and follow-up studies to explore the following *qualitative and quantitative parametres of costing of the additional financial and non-financial burden of households caring for CWD*:

- Incorporate field data collection methods (including tools) that account for the elements of access, availability and knowledge.
- Specifically quantify the indirect financial burden of care regarding the loss of income of poor households with CWD (e.g. wages foregone) and non-financial burdens (e.g. loss of social inclusion), to support evidence for the need of cash-based social assistance to affected households. Costing can explore estimates based on available proxies, where the minimum amount of income forgone can be linked in particular to the average unskilled labour wage and the official minimum wage, whichever is the least. It is noteworthy that the basic minimum wage is less than E1,453 per month for a domestic employee (gardener, laundress, cook).[77]
- Specifically account for costs associated with caring for children with epilepsy, albinism, as well as mental (including psychosocial) impairments and intellectual (including cognitive) impairments (including autism).
- Estimate the monetary poverty effect of the additional burden of caring for CWD.
- Explore the absorption capacities of potential beneficiaries (households, facilities) and potential recipients of larger budgets (Ministry of Education / Social Welfare).
- Account for the risk of supply shortages (regardless of cost) of essential goods & services.
- Studies to explore and build evidence on the *financial barriers to equal access to the Disability Grant*. Particularly how economies of scale at 'inclusive schools' and 'special needs schools' would make such schools a feasible object of further funding, via the Disability Grant system, or otherwise.
- Studies to explore and build evidence on the *non-financial barriers to equal access to services*. Including exploring proxies and benchmarks that support the case on where financial and non-

[77] GoKE. 2023. *The Wages Act, 1964: Regulation of Wages (Domestic Employees) Order, Notice, 2024 (draft)*. GoKE: Mbabane.

financial needs of households caring for CWD are the highest, and therefore in highest need of cash-based social assistance.

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

Recommendations: future and follow-up costing exercises should address the weakness, limitations and enhancements of *data collection tools and data collected*. Including:

- Actively promote and disperse collection tools widely to increase response rates.
- Variations and dispersions detract from the significance of the results.
- Lack of simplistic capturing of costing data in the online survey.
- Focus on respondents that are known to have insights into actual costs incurred.
- Distinguish clearly between the two types of costing: one is normative, one is empirical.
- Ensure 'Healthcare' costs adequately distinguish between 'ordinary' and 'CWD.'
- Future and follow-up costing frameworks and estimates would benefit from incorporating 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.

9. Towards a feasible, sustainable funding framework for the Disability Grant:

This chapter proposes a phased implementation approach to increasing the coverage (more eligible beneficiaries reached) and benefit level of the Disability Grant. Considering that a detailed budget analysis of the full social protection system is not available yet, it would be premature to propose a full programmatic approach, meaning the required system strengthening, the Cash Plus Service approach, and top-up amounts for specific disability types and severity, among other things. The proposed approach estimates the nominal total costs and therefore budgetary requirement for the upscaling, as well as relative costs in terms of Eswatini's projected GDP and total government expenditure.

9.1 Towards an optimum benefit level:

This report presented evidence for deriving optimum benefit level, including regional examples (South Africa, Namibia), an on the financial burden faced by households caring for PWD, and specifically CWD (global examples, and Eswatini stakeholder consultations, costing exercise). The following summarize the key parametres for deriving an optimal benefit value for the Eswatini Disability Grant:

- Current Disability Grant benefit levels are barely enough to meet basic needs. PWD, and specifically households caring for CWD, especially in rural, poor quintiles, face financial hardship.
- The costing exercise that informs this report (Chapter 8) provided evidence that poor, rural households caring for children with severe disabilities, earning less than E2,000 per month per household, cannot afford the full set of essential goods and services required for their basic needs.
- Any amount striving to provide social assistance through a basic amount to be lifted out of poverty (more than ~E2,000 per month) would go far in alleviating their plights. Therefore,

progressively as close as possible to cover the current low middle income class poverty threshold of ~E2,000 per month.

- Not less than E975, considering the population living in poverty by the time of Census 2017.
- Up to E1,500, as recommended by key informants at the FGD in Eswatini in February 2025.
- 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 over the period 2018/19 to 20122/23.[78]
    - South Africa: 0.3 percent of GDP, 1.5 percent of total government expenditure by FY2023.

The key constraints highlighted in this report that prevents an immediate, significant increase in both coverage and benefit levels are:

- Weakness in legislative, policy and institutional capacities for optimal Disability Grant management, including administration, disbursement (payment), and monitor and evaluation. Specifically, the lack of an adequate PWD registry, meaning exclusion and inclusion errors may persist.
- Lack of means and capacity to verify that existing beneficiaries are actually eligible, meaning any increases would translate to leakages, inefficiencies and exacerbation of exclusion and inclusion errors.
- Limited fiscal space. E.g. if the benchmark of 0.3 percent of GDP is instituted for FY2025/26, the following scenarios prove the point:
    - If only the Grant benefit level is increased to existing beneficiaries (17,468), each beneficiary would receive E1,416. Though that would leave no room for coverage expansion.
    - At E450 per month for FY2025/26, the Disability Grant can comfortably cover 55,000 beneficiaries, though that would leave no room for above-inflationary adjustments to meet basic needs.

Above parametres inform potential top-up scenarios, based on severity of disability, and then inform the proposed coverage and benefit level scenario.

Towards top-up and 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. International examples point to the cost of caring for PWD is ***23 to 55 percent of household income***. With these in mind, benefit level ranges can differentiate as follows, by way of crude examples:

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

Table 3. Top-up Disability Grant value ranges for poor, rural households caring for CWD

Type	**All types qualify, as per legislation.**	**All types qualify, as per legislation.**	**All types qualify, as per legislation.**
Severity as confirmed by Medical Practitioners or equivalent	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 – E2,500 per month	Above poverty line: > E2,500 per month
Indicative benefit level ranges	**50 percent top-up to Disability Grant**	**25 percent top-op to Disability Grant**	**The current value of Disability Grant**

9.2 Disability grant coverage and benefit level scenarios

Fiscal space is tight for public investment in disability-inclusive social protection, and specifically a better designed Disability Grant that covers more eligible PWD, at a higher benefit level. The small size of the economy limits the financing that can be leveraged from, such as sustainable, tax-backed revenue inflows. The degree of limitation would be the purpose of a comprehensive fiscal space analysis, which would result in feasible fiscal space options to pursue, and not just for more public investment in social protection, but all other social sectors.

Tough budgetary choices would need to be made and trade-offs would need to occur for Eswatini to give effect to its commitments to the rights of PWD.

Given the tight fiscal space, the resourcing of the Disability Grant to reach desirable coverage and benefit levels would invariably have to be incremental and ultimately progressive as the broader disability-inclusive social protection is strengthening to deal with such, including adequate registry, management and information systems, M&E capabilities, and overall technical capabilities. In other words, it would be more realistic to match coverage and benefit level growth to fiscal space in terms of forecasted GDP and total government expenditure growth.

Below scenarios attempt to provide realistic costed options for the progressive increase of both coverage and benefit level of the Disability Grant over the next four years until 2030, itself an important global milestone date for the Sustainable Development Goals. In other words, it allows for government's progressive uptake of a fiscal commitment over the medium-term (3 years) and beyond. The scenarios draw from key estimates and assumptions discussed in this report:

- **Scenario 1**: Business-as-usual, striving for 20 percent coverage of total PWD population, total Disability Grant payments of 0.2 percent of GDP and 0.55 percent of Total Government Expenditure by 2030. Disability Grant only keeps track with inflation.
- **Scenario 2**: Above-inflationary Disability Grant increases. Striving for 20 percent coverage, total Disability Grant payments of 0.25 percent of GDP and 0.65 percent of Total Government Expenditure by 2030.
- **Scenario 3**: Rapid upscaling of both coverage and benefit level, to achieve benchmarks, though with pragmatic view on the tight short-term fiscal conditions. Striving for 25 percent coverage, with total Disability Grant payments of 0.35 percent of GDP and 0.5 percent of Total Government Expenditure by 2030.

Table 4. Assumptions for Disability Grant coverage and benefit level scenarios

Assumptions	Scenario 1	Scenario 2	Scenario 3
Target population: prioritize rural, poor PWD, especially rural, poor households caring for CWD.			
Growth in Disability Grant beneficiaries: Scenario 1 & 2 approximates average growth since FY2023/24. Scenario 3 is a deliberate decision to hasten coverage.	20%	20%	25%
Growth in Disability Grant monetary value: starting with Scenario 1, equal to the average annual inflation rate.	Average medium-term inflation rate: **5%**	Inflation + 500 basis points: **10%**	Inflation + 1000 basis points: **15%**
USD/SZL exchange rate to calculate the local currency value of IMF's projected GDP for 2025 to 2029 (current prices): the average exchange rate for 2024.[79]	USD 1 = E 18.3		
Total PWD population baseline: this figure is derived by adjusting the Census 2014 figure for PWD (146,554, narrow definition) with the average (simple, straight-line) population growth 2017 to 2023 as per UN World Population Prospects 2024 (i.e. 0.9% per annum).[80]	165,000		
Growth in PWD population: as per above.	0.9 % per annum		
Total Government Expenditure FY2025/26 to FY2029/30: simple average growth from FY2020/21 to FY2025/26 was 7.3%.[81] 7.5% is chosen given the relatively optimistic IMF GDP growth forecasts.	7.5%		

Fiscal impacts of scenarios:

The following table provides a total cost for the three trajectories of Disability Grant coverage and benefit rates increases over the medium-term. The baseline data (FY2025/26) are from the most recent government announcements, including the Budget Speech 2025. Above framework (scenarios) are dynamic, i.e. can be adjusted as each key variable fluctuates: inflation, population, GDP and total expenditure, and as predetermined benchmarks are deliberately set, e.g. percent of GDP, percent of total government expenditure. By employing GDP figures in current prices, the projected Grant values automatically follow inflation increases.

[79] https://www.exchangerates.org.uk/USD-SZL-spot-exchange-rates-history-2024.html.
[80] https://population.un.org/wpp/, and author's calculations.
[81] GoKE, Ministry of Finance (MoF). 2025. *Budget Speeches 2021 to 2025*. GoKE, MoF: Mbabane; and author's calculation.

Table 5. Total cost scenarios of Disability Grant coverage and benefit levels

	Assumptions:	**FY2025/26**	**FY2026/27**	**FY2027/28**	**FY2028/29**	**FY2029/30**
Scenarios:	GDP (current prices) [82]	E99 billion	E104 billion	E108 billion	E113 billion	E117 billion
	Total Government Expenditure[83]	E33.6 billion	E35.1 billion	E 37.6 billion	E40.5 billion	E43.5 billion
	PWD population	165,000	166,485	167,983	169,495	171,021
Scenario 1: Business-as-usual.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	475	500	525	550
	Total Disability Grant payments	94,327,200	119,481,120	150,923,520	190,163,635	239,062,856
	% of GDP	0.10%	0.11%	0.14%	0.17%	0.20%
	% of Total Government Expenditure	0.29%	0.34%	0.40%	0.47%	0.55%
Scenario 2: Slow upscaling.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	500	550	600	650
	Total Disability Grant payments	94,327,200	125,769,600	166,015,872	217,329,869	282,528,829
	% of GDP	0.10%	0.12%	0.15%	0.19%	0.24%
	% of Total Government Expenditure	0.29%	0.36%	0.44%	0.54%	0.65%
Scenario 3: Rapid upscaling.	Beneficiaries	17,468	21,835	27,294	34,117	42,646
	Coverage (%)	11%	13%	16%	20%	25%
	Grant value	450	520	600	700	800
	Total Disability Grant payments	94,327,200	136,250,400	196,515,000	286,584,375	409,406,250
	% of GDP	0.10%	0.13%	0.18%	0.25%	0.35%
	% of Total Government Expenditure	0.29%	0.39%	0.52%	0.71%	0.94%

Sources: IMF (GDP figures); GoKE (expenditure figures); and author's calculations.

This report recommends Scenario 3 as the closest linked to the requirements of the Persons with Disability Act and Eswatini's commitments to disability-inclusive social protection. At a targeted coverage ratio of 25 percent and benefit level of E800, it is both feasible and conservative (e.g. as compared to the discussed regional examples of South African and Namibia), though can only be

[82] GDP in current prices, author calculations based on IMF data (https://www.imf.org/external/datamapper/NGDPD@WEO/SWZ?zoom=SWZ&highlight=SWZ) and average 2024 exchange rate of E18.3/USD (https://www.exchangerates.org.uk/USD-SZL-spot-exchange-rates-history-2024.html).
[83] GoKE, MoF. 2025. *Budget Speeches 2021 to 2025*. GoKE, MoF: Mbabane.

achieved if government and partners agree on the first step in the trajectory: a 25 percent increase in coverage and 15 percent increase in Grant value from FY2026/27.

9.3 Adoption, review and revision of the funding framework

Adoption of Scenario 3 requires a feasible funding framework, with the key determinants being:

- A compact between all stakeholders (government, OPD, international partners, private sector, civil society, domestic and international) about the roles and responsibilities in resourcing the progressive increases in coverage and benefit level.
- In addition, government commits to progressively resource the framework, primarily through tax-funded national government budgets, and supported by national and international partners through programme funding (donations) and / or technical support (system strengthening, capacity development, etc.).

Responsible authorities: considering the lack of detailed roles and responsibilities (including ToRs), and the capacities of the institutions envisaged by the Persons with Disabilities Act, it is advisable that DPMO and specifically the Department of Social Welfare retains management of the Disability Grant, and on any needed revisions to the grant framework, including targeted coverage and benefit levels.

Frequency of review: the framework needs to be reviewed regularly – at least bi-annually.

Indicators to review: decisions on revisions need to be based on independent needs (demand), budget analyses and fiscal space analyses, or updates thereof. Key indicators include:

- The demand for the Disability Grant and any additional support (provision or subsidization of essential social services and goods), as per the regular updating of the registry. Including updates on poverty status of registered PWD and beneficiaries (monetary as well as multi-dimensional poverty).
- Changes in core inflation, GDP, total government expenditure, budget allocations to the key implementing authority (DPMO, Department of Social Welfare, Disability Unit).

Revisions: any revisions would need to be accompanied by results-based budget motivations, that clearly link changes in financing to changes in targeted results.

9.4 Fiscal space options to fund the proposed upscaling in Disability Grant coverage and benefit level

There are practical implementation constraints that need to be acknowledged and mitigated in the progress towards comprehensive, equitable and disability-inclusive social protection in Eswatini. A key constraint acknowledged universally is budgetary limits. A feasible funding framework is required to support the progressive improvements of the Disability Grant architecture, including improved coverage and a progressively higher, inflation-linked benefit levels. A funding framework needs to admit that the Disability Grant is by definition a non-contributory form of social assistance. Any funding would therefore be one-way: from government to PWD. There is no expectation of a direct return on investment, e.g. a repayment by the beneficiary. Any and all returns on investment rest in the domain of savings and longer-term macroeconomic returns, be they savings from the adverse effects of poverty (e.g. less curative healthcare costs associated with poor nutrition), or increases in

economic productivity, which eventually translate to more resources for government through primarily more corporate and individual income taxes.

Drawing from international studies and frameworks,[84] the fiscal space options that government, OPD and development partners can exploit are:

Domestic resource mobilization: Progressive domestic resource mobilization strategies include improvements in tax policies and administration to increase the size of revenue from corporate and individual tax collection, as well as to decrease the cost of such collection. Eswatini's tax system is known for its complexity, with a high number of tax exemptions that prevent the efficient allocation of resources.[85] With SACU revenue expected to come under pressure over the medium-term, tax administration improvements may be the more viable opportunity to pursue.

Expenditure efficiencies: savings can be made through implementing improved expenditure management practice. In the case of Eswatini, such savings could rely on results-oriented planning and budgeting practices, including accurately costed and zero-based budgets that can portray the marginal cost of outputs to improve budget accuracy and credibility. Within the social protection space, better systems utilization, e.g. using single registries to streamline data capturing and management, that ultimately supports more accurate planning and budgeting.

Reprioritization and budget reallocation: government can re-allocate budgetary resources from a non-priority or non-productive spending programme, to a priority one, for example for improving the Disability Grant architecture, including system strenghething, and increasing the coverage and benefit level of the Grant. The medium-term budget allocation process, which assigns to government ministries, departments and agencies broad expenditure ceilings on rolling three-year basis, should be the prime mechanism to progressively allocate funding towards the progressive upscaling of the Disability Grant. Mechanisms for in-year budget reallocation across and within are provided for by law (the annual adjustments budget process) should ideally be reserved for significant budget priority issues (e.g. reacting to a pandemic) or significant revenue under-collection. That being said, if cost savings are realized in other and non-priority sectors, the adjustment budget process can be leveraged to allocate more the Disability Grant implementation.

Public-private partnerships: these agreements between government and private sector providers to provide a public sector good or service can be a solution where government does not have the technical capacity, e.g. know-how on how to support carers of PWD. The agreement is based on the sharing of risks, e.g. a private sector entity providing support services to carers of PWD is compensated with government-subsidized fees by the end-user or an intermediary (e.g. an OPD).

Privatization or selling of state-owned enterprises (SOEs): the proceeds can be allocated to social protection budgets.

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[84] Roy, R., Heuty, A. and Letouze, E. 2006. *Fiscal Space for What? Analytical Issues from a Human Development Perspective*. Paper for the G-20 Workshop on Fiscal Policy, Istanbul, June 30 – July 2, 2007; UNICEF EAPRO. 2022. *Where is the Fiscal Space for Children? Review of social sector budgets in selected countries in South Asia, East Asia and the Pacific Islands*. UNICEF EAPRO: Bangkok; Series of fiscal space analyses and briefs conducted in Eastern and South Africa: https://www.unicef.org/esa/reports/fiscal-space-children-and-human-capital-eastern-and-southern-africa.

[85] World Bank. 2025. *Eswatini Public Finance Review. Leveraging Fiscal Adjustment for Better Development Outcomes*. World Bank: Washington, D.C.

Official Development Assistance (ODA): ODA is typically provided from governments or governmental organizations, with developmental objectives attached to them. ODA typically includes concessional loans (below capital market interest rates, etc.) and debt relief (writing-off of debt, debt restructuring to improve the near-term pressures, etc.).[86]

Deficit financing through domestic and external borrowing. The most widely-used options are: 1) unconditional (discretionary) or project-based loans from governments (e.g. through government-owned development banks), international financial institutions (e.g. World Bank, IMF), local and international private banks, and individuals. 2) Also, government can issue (sell) debt (public bonds) in domestic and international markets to finance large-scale spending programmes (typically infrastructure-related). With the introduction to this section in mind, governments may have an investment case, beyond the rights-based argument: government-funded social protection is productive in the long-run; hence it makes sense to use prudent debt-financing to support short-term deficits. There are substantial global arguments for debt financing (if longer term in nature and prudently managed) of sustainable development objectives, especially if the measures for such debt integrate expected socioeconomic returns, among other things.[87] This is to say that debt is good if it has direct link to such returns in society that are greater than the cost of the debt. The debt-and-socioeconomic development link is supported by more general evidence that debt-financed public spending can positively affect real GDP.[88] As noted elsewhere in this report, Eswatini's public debt is relatively contained at below 40 percent of GDP by end of 2024. Prudent debt financing of social protection may present a feasible fiscal space option to explore further.

Prudent debt management: related to above, this is a key long-term fiscal sustainability measure to ensure overall expenditure is kept in line with revenue forecasts, mitigating the need for opting for expensive deficit financing through more debt financing. Management practices include: only borrowing money to finance productive investments, such as human capital development through better targeted social sector budgets.

Other alternative fiscal space improvement avenues include[89]:

- Alternative, innovative financing tools that fund specific targeted outcome and impact results in social protection. The most popular models are:
    - social impact bonds: these typically takes the form of a contract between a government and a social service provider, where an external investor provides the initial capital for the required services to be delivered. The external investor is

[86] ODA is defined as "government aid that promotes and specifically targets the economic development and welfare of developing countries." To qualify as ODA, the aid must be (i) provided by official agencies, including state and local governments, or by their executive agencies; and (ii) concessional (i.e. grants and soft loans) and administered with the promotion of the economic development and welfare of developing countries as the main objective. Source: https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm.

[87] United Nations Economic and Social Commission of Asia and the Pacific (UN-ESCAP). 2023. *Economic and Social Survey of Asia and the Pacific 2023: Rethinking Public Debt for the SDGs*.

[88] De Soryes, C., Kawai, R., Wang, M. 2022. Public Debt and Real GDP: Revisiting the Impact (IMF Working Paper). Available online at: https://www.imf.org/-/media/Files/Publications/WP/2022/English/wpiea2022076-print-pdf.ashx.

[89] Ortiz, I., M. Cummins, M., and Karunanethy, K. 2017. *Fiscal Space for Social Protection and the Sustainable Development Goas (SDGs) Options to Expand Social Investments in 187 Countries*. ILO, UNICEF and UN WOMEN: Geneva and New York.

compensated by government based on the achievement of outcomes, as opposed to inputs and output.[90]

- blended financing: this model is a combination of concessionary (below market interest rates) loans or grants, usually provided by the public sector, and initialized through a private sector investment. This model 'de-risks' investments, meaning more private finance capital is director towards projects or locations that typically do not attract traditional investors.[91]
- results-based financing: government units, based on achievement against predetermined development-oriented objectives, attracts funding for follow-up years.

- Eliminating illicit financial flows, which includes clamping down on fraudulent invoicing of imports and exports, in order to garner more duties and tax revenue.
- Tapping into government's own foreign exchange reserves.
- Adopt a more accommodative, 'pro-growth' macroeconomic framework, e.g. policies that encourage firm formation and job creation, leading to improve private sector income levels, leading to improve tax revenue.
- Adopt a financial benchmark or 'hard fiscal rule' for financing the social protection sector, e.g. 5 percent of the total annual government budget is allocated to social protection programmes.
- Ring-fence a portion of public revenue through a hard fiscal rule. For example, a portion of SACU revenue is reserved to fund social protection spending by project, or to directly fund the budgets of line ministry budgets that implement social protection programmes.

Some of the above fiscal space options are more feasible than others, given the macroeconomic and fiscal context of Eswatini. Government's fiscal space is pressured (as highlighted in Chapter 3), with limited room to increase public investment that is backed by own revenue (mainly SACU revenue and domestic taxation). The international official development assistance space (e.g. through preferential interest rates on debt financing) is pressured by persisting geo-political crises, as are the unofficial aid through off-budget donations, whether monetary or in-kind.

In order to reduce the fiscal deficit and thereby opening up overall fiscal space, government implemented its Fiscal Adjustment Plan / Programme 2021-2023 that sought to expand of the revenue base, decrease the public sector wage bill, reform state-owned enterprises, and improve the targeting of social assistance programs.[92] Its implementation has been slow according to the World Bank's latest Public Spending Review.[93] The most feasible fiscal space avenue to pursue remains public spending reforms to generate efficiencies, thereby creating the budgetary room for bigger public investment in social protection. Efficiency-generation reforms are typically driven by the prevailing transversal (applying to all sectors) public finance management (PFM) reform strategies. In Eswatini this includes and improving public procurement procedures. A detailed fiscal space analysis is called for the lift out

[90] Bertha Centre for Social Innovation & Entrepreneurship. 2015. *Innovative Finance in Africa Review*. University of Cape Town (UCT): Graduate School of Business. Available online at: https://www.gsb.uct.ac.za/files/Bertha_InnovativeFinanceAfrica.pdf.
[91] *Ibid*.
[92] GoKE. 2020. *Fiscal Adjustment Plan (FAP) 2021-2023*. GoKE: Mbabane. [unpublished]
[93] World Bank. 2025. *Eswatini Public Finance Review. Leveraging Fiscal Adjustment for Better Development Outcomes*. World Bank: Washington, D.C.

the opportunities to generate more fiscal space for bigger public investment in disability-inclusive social protection.

9.5 Towards a feasible, financing framework

A feasible, financing (funding) framework would be a function of evidence-generation (costing exercises, budget analyses, fiscal space analyses) to identify feasible, sustainable fiscal space avenues to explore and exploit, though this would apply to the broader social protection sector, and for all other social sectors for that matter. Since the purpose of the Disability Grant is social assistance against the effects of poverty, and recipients are by and large poor, the Grant is per definition non-contributory and would need to be funded by the public sector, i.e. government on-budget funding (allocations within official national budgets, which may include official development aid/assistance and debt financing) or off-budget funding by donors (not recommended).

It is a key recommendation that government and partners embark on such evidence-generation in the short- to medium-term, in order to find feasible, sustainable fiscal space avenues to fund the proposed Disability Grant coverage and benefit levels scenarios.

10. Implementation considerations

This report describes an "ideal" Disability Grant design in Chapter 5. There are however practical implementation constraints that need be acknowledged and addressed. The desk review, stakeholder consultations and costing exercise that inform this report, point to the following implementation constraints, rollout challenges, and potential system strengthening and other mitigations:

Improved legislative and policy implementation. As discussed in Chapter 5, key elements of the main pieces, including the Persons with Disabilities Act, have not be implemented. An intentional start is critical for all other improvements to take effect.

Where needed, adjust the legislative and / or policy frameworks **to accommodate the Cash Plus Service Modality (the recommended modality)**. While basic income security for PWD and specifically households caring for CWD is needed, coverage of disability-related costs is also required, meaning either an increase (top-up) in benefit value, or the provision of or subsidization of essential social services and disability-specific items (including assistive devices), and based on appropriate ranges for different disability types and severity.

Address budgetary limitations through a feasible, sustainable funding framework. Government's fiscal space is pressured (as highlighted in Chapter 3), with limited room to increase public investment that is backed by own revenue (mainly SACU revenue and domestic taxation). The international official development assistance space (e.g. through preferential interest rates on debt financing) is pressured by persisting geo-political crises, as are the unofficial aid through off-budget donations, whether monetary or in-kind. The focus would be on public spending reforms to generate efficiencies, thereby creating the budgetary room for more public investment in social protection. Efficiency-generation reforms are typically reforms, driven by the prevailing public finance management (PFM) reform strategies. See Chapter 9 that discusses funding the Disability Grant, including fiscal implications of various coverage and benefit levels.

Broad social protection system strengthening is required. The main elements to strengthen are: management and administrative capacity, information management, integration with existing social protection systems, which include existing social assistance programmes, such as the Elderly Grant. These are outlined below.

Address horizontal and vertical issues in social protection in Eswatini. The envisaged enhancements to Disability Grant need to seamlessly interact with implementation other social protection programs in Eswatini. In particular, the recommended upscaling (coverage as well as benefit level) should contribute to improve horizontal and vertical issues identified. The enhancements would provide clarity about the Grant's design, including eligibility criteria, which required a shift to universal social assistance, at an appropriate level of support needed to overcome barriers to equal access to essential services, including education and healthcare.

The proposed enhancements points to a preferred methodology for the benefit level. The methodology is distinct from the Elderly Grant, e.g. it incorporates evidence on the impact of types and severity of disability. The proposed enhancements provide further entry-points for stakeholders to support government – including through the UNPRD multi-trust fund.

Adequate management and administrative capacity will be needed to absorb the requirements brought by intentional and progressive policy implementation, including the recommendations of this report, which includes a progressive increase of coverage and benefit level. The scope of the needed capacity can be assessed through a comprehensive needs analysis and this Chapter provides the key elements that such a needs analysis would address.

Improved information management and information systems. Government envisages a 'Disability Dimension' in Eswatini's National Management Information System, including a registry of PWD that will track among other things: personal details, including ID number, type of disability as per the Washington Group on Disability Statistics (WG), services accessed, support needs, costs of assistive devices, etc.[94] However, the envisaged registry does not seem to allow recording of any other financial data, e.g. disaggregated grant payment data, such as planned, budgeted, actual disbursement of grants, by person / group / category, by date / place, etc. There is a need for the Disability Dimension to be enhanced to record financial data, including disaggregated grant payment data.

Adequate technological infrastructure, to support the enhanced information systems, including the envisaged registry. While outside of the scope of this report, it would suffice to note that the progressive upscaling of the implementation of Eswatini's disability-related legislative and policy frameworks would require specification exercises to determine the type of, scope of and integration requirements for technology to support the envisaged systems.

Appropriate demand management (including demand generation), to address the gaps in information and communication on the Disability Grant (the eligibility criteria, payment methods, links to other social assistance programmes, etc.). Covered by this is the need to increasingly opt for online Grant registration, including through simplified, mobile phone-based platforms, to enhance the ease and efficiency of registration.

[94] GoKE. 2024. *Disability Dimension in Eswatini's National Management Information System*. GoKE: Mbabane.

Appropriate disbursement (payment) mechanisms, especially for rural contexts. The Budget Speech 2025 noted that Disability Grant payments are to be entirely through MoMo 'mobile money' platform. All indications are mobile payment systems enhance efficiency, including bringing down the cost of transactions and travel to access physical payout points (such as banks). Key risks and mitigations are:

- In deep rural settings: lack of access to mobile phones, mobile signal access and electricity to recharge mobile phones. Mitigations may need to include small vouchers for mobile phone and data vendors, and general vendors and service providers, to allow access on their mobile phones for beneficiaries to receive Grant payments and make payments.
- In general settings: lack of acceptance by vendors and service providers of MoMo payments from PWD (or their families, or carers).
- In general settings: lack of knowledge how to receive mobile payments, how to interact with MoMo.

Above considerations need to be included in the proposed appropriate demand management

Improved M&E framework. A comprehensive M&E framework for the Disability Grant implementation is needed. It would need to include key performance indicators to track implementation progress and measure the results: outputs, outcomes and impacts.

Towards an implementation roadmap. The above implementation considerations are complex and substantive: they would involve numerous and sustained stakeholder contributions, policy and management decisions (including on legislative reform and intentional implementation). There is therefore the need for a clear implementation roadmap that breaks down the implementation considerations into measurable results (milestones, outputs, outcomes), ideally into short-term (1 year), medium-term (2-3 years), and long-term (4-5 years) priorities, including system strengthening, capacity development, resourcing, etc. Stakeholder responsibilities and contributions would need to be assigned.

In conclusion, and based on the above discussion, the following table summarizes the key Disability Grant criteria enhancements necessary to address the horizontal and vertical issues identified, among other things.

Table 6. Criteria and recommendations for short- to mid-term enhancement of disability-inclusive social protection, in particular the Disability Grant

Criteria	Requirements	Current Disability Grant?	Proposal / key entry-points for enhancement
Rights-based	Explicitly to counter additional cost-of-living.	Not clear.	Base eligibility and benefit level on evidence of the additional burden, below a certain threshold. Need to progressively move, in unison with progressive nations, keeping in line with development objectives (SDG, etc.), to Universal Child Grant (UCG).
Non-contributory	Considering that it is social assistance, i.e. where financial capacity is limited.	Yes.	Retain, ensure integrated via life-cycle-approach with other social assistance/security, to avoid inclusion/exclusion errors.
Universal vs Means-tested	Eligible only if financial capacity falls below a certain threshold. I.e. supports the	GoKE states it is means-tested, though with reference to the Elderly Grant, which is not means-tested.	Specify the financial capacity threshold, and below this, there is universal access.

Criteria	Requirements	Current Disability Grant?	Proposal / key entry-points for enhancement
	essence of appropriate targeting.		
Integrated into social protection system	Cohesive linkages to the wider social protection / social welfare grant system, including in terms of administration, implementation, reporting, M&E, etc.	Not clear.	Pronounced investment in system strengthening, incl. registry of all PWD, to enable successful targeting.
Inclusive, non-discriminatory	Targeting, eligibility does not discriminate within and among groups / individuals.	Not covering people with Epilepsy, Albinism, etc. Not clear how people with Autism are covered.	Broaden targeting, to include previously neglected groups, including but not limited to Epilepsy, Albinism, Autism. Specify inclusion of: mental (including psychosocial) and intellectual (including cognitive) impairments.
Comprehensive	Comprehensive coverage, maximizing number of PWDs in need (severity, additional financial burden)	Low coverage	Progressively increase coverage to priority PWD/households, based on evidence of severity, additional burden.
Benefit level appropriate	Based on costed realities.	Not clear how current Disability Grant accounts for the additional financial burden of households with PDWs.	Base benefit level on evidence of the additional burden.
Responsive	Adaptable, risk-responsive disability social protection.	Not clear how the Disability Grant adapts to shocks.	Formula-based, threshold-based, PWD register-informed grant.
Value-for-money	Results-oriented framework to ensure adequacy, efficiency, effectiveness, equity in disability-inclusive social protection.	No clear results-oriented framework, linked to a feasible financing framework.	Establish, integrate results-oriented framework into plans, budgets for Disability Grant, linked to feasible financing framework, including fiscal space realities.
Feasible financing framework	Progressive resourcing of disability-inclusive social protection, including deeper and broader coverage of Disability Grant, aligned to macro-fiscal realities, and compact between all role-players.	Not clear if there is a compact between all role-players. Fiscal space not interrogated to find room, including savings within and outside the social protection system.	Need for evidence on opening fiscal space for improved public investment disability-inclusive social protection. Avenues to explore in a social protection-oriented fiscal space analysis include: generating spending efficiencies, spending reprioritization, official development assistance, public-private partnerships, innovative (blended, alternative) financing.
Robust enablers	System strengthening, through investment in MIS, M&E systems, registries, capacity development.	Various capacity issues identified that ultimately impede upon quality of targeting, coverage, benefit level, administration.	Pronounced investment in system strengthening of priority enabling frameworks, systems, capacities, disability rights-based awareness-raising.

11. Summary findings and recommendations for enhancements to Disability Grant

KEY FINDINGS:

There are gaps (including lack of adequate capacity) in disability-inclusive social protection legislative and policy frameworks, and policy implementation. The key challenges include:

- ***Legislative frameworks***: while there is much focus by the Persons with Disability Act, 2018 on ensuring physical, equal access to essential services and inclusion in general social life, there is no obvious, clear provision for a disability-inclusive social protection system that provides cash-based assistance to a) account for the additional cost of affected households and b) disproportionate public investment to allow equal access by PWD to essential social services.
- ***Policy frameworks***: There is no overt reference or attempt of alignment between the National Social Protection Strategic Plan (NSPSP) 2023/4-2027/8 (2023) and the Eswatini National Disability Plan of Action (ENDPA) 2024-2028 (2024).
- ***Institutions***: The functions / roles and capacities of the following key legislated institutions are not clear: (i) the Disability Council, envisaged to be an entity outside of DPMO, under PM's leadership, (ii) Office of the Registrar (as key enabler for the grant management system) and (iii) the 'National Fund for Persons with Disabilities.'
- ***Data on PWD***: There is a lack of detailed, official documentary evidence on the full architecture (types, criteria, benefit levels, beneficiary profiles and numbers, etc.) social assistance programmes for PWD. There is a lack of detailed, disaggregated (sex, age, location) data on PWD, focusing on data comprehensiveness on the most vulnerable. Importantly, population statistics on PWD relies on the relatively outdated Census 2017: ~146,000 (narrow definition) to ~176,000. These figures need to be updated so that the full demand can be accounted for in policy development and implementation (programming).

Gaps and challenges specific to the Disability Grant:

- Horizontal issues: there is general lack of clarity regarding the Disability Grant's design, including eligibility criteria. There is globally a progressive move towards universal grant designs that 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 services, including education and healthcare.
- Vertical issues: there is a general lack of clarity on the methodology for the benefit level.
- Related to above: lack of evidence on how demand from rights-holders is informing the Grant design, and subsequently planned and budgeted for.

From the evidence generated on costing: there is compelling evidence that globally, households caring for PWD incur a significant additional financial burden, up to twice as much as households without PWD. Poor, rural-based households in Eswatini caring for children with severe disabilities, are most at risk to suffer from the adverse effects of poverty. The additional financial burden risks pushing households further into poverty, and those above the poverty line, into poverty. These households are in dire need for adequate cash-based social assistance, as well as provision of or subsidized access to essential services – the so-called Cash Plus Service Modality.

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 (top-up) to alleviate the additional financial burden incurred by households caring for CWD. 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.

The costing exercises highlighted weaknesses, limitations and enhancements needed to the costing framework and that should be implemented in future and follow-up costing exercises – these attract separate recommendations in the following pages.

PROPOSALS (RECOMMENDATIONS):

11.1 Legislative, policy, institutional frameworks:

Recommendation: Conduct a comprehensive legislative, policy and institutional review (or collation of all similar, recent past reviews) of the disability-inclusive social protection in Eswatini, to determine key implementation gaps, opportunities and feasible course direction. Specific gaps to address include:

- A review and where necessary an update of statistics on PWD: populations size, geographical location, income status, type and severity of disability, etc.
- Determine the functions / roles and capacities of (i) the Disability Council, envisaged to be an entity outside of DPMO, under PM's leadership, (ii) Office of the Registrar (as key enabler for the grant management system) and (iii) the 'National Fund for Persons with Disabilities,' in order to feed into policy implementation course directions regarding system strengthening (including capacity development, technical assistance/support).
- Develop ToRs for each of these entities, that include resource and capacity development requirements.
- Accordingly, adjust and adopt the key pieces where necessary: Persons with Disabilities Act and its draft Regulations, and Draft Social Assistance Policy.
- Specifically provide legislative provisions in Regulations for enhancing the Disability Grant architecture. Provisions to be feasible, rights-based, actionable in the short- to medium-term, including:
    - the Cash Plus Service Modality, requiring all government stakeholders (and Line Ministries) to progressively provide free or subsidized access by PWDs to essential services.
    - a cash top-up benefit specific for poor, rural households caring for PWD, especially CWD, with ranges depending on disability type and severity.

11.2 Data (evidence) and system strengthening

Recommendation: Strengthen the broader disability-inclusive social protection system through evidence-based decision-making. Key outputs:

- Develop and integrate into the broader social protection system (as a module), a risk-based, Social Registry (data collection currently being piloted), to support the envisaged PWD Registry with the identification, registration and managing the entitlements of rights-holders, including PWD and people/institutions caring for PWD.
- Build system-wide capacity on the maintenance and management of this Social Registry.

Recommendation: determine bottom-up demand for the Disability Grant, through a deliberate effort to determine the profiles of PWD, and poor households (or equivalent) caring for them, especially for CWD. Key inputs and outputs:

- Enhance the existing population statistical research models/frameworks, in particular the periodic Census, as wells as the periodic MICS, in order to capture detailed, disaggregated (sex, age, location, etc.) data on PWD, focusing on data comprehensiveness on the most vulnerable. Enhancements to allow for interoperable data collection and classifications of Census and MICS, so that they can provide comparable, disaggregated data on PWD, including CWD, and including the Census 2017's 'undercount' of the 0 – 4-year CWD population.
- Upgrade and implement a fully functioning PWD registry, that can link to Census and MICS data, that contains comprehensive profiles of all potential beneficiaries, including households and individuals (both adults and children), covering: type of disability, degree of severity, geographical location, income status, risk status (composite of socio-economic profile, demographic profile, rights-based / legal entitlements, etc.).

11.3 Disability Grant criteria and overall design:

Recommendation: enhance the Disability Grant architecture (design, system, scope, etc.) through addressing best practice criteria, that also address the context-specific (Eswatini) needs, in particular the additional financial burden borne by poor, rural households caring for PWD, in particular CWD. Related to above, intra-government coordination is required whenever there is data collection and reforms that include identifying PWD (for example the intra-governmental revision of the OVC Grant), so that all efforts are comprehensive and inclusive, i.e. covering all types and severity of disability. The following table summarized the key criteria to be addressed through legislative, policy and actual implementation improvements. It incorporates global best practice and evidence from the 2024 UNICEF-commissioned study on the Disability Grant.

Table 7. Recommended enhancements to Disability Grant design

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
Rights-based	Explicitly to counter additional cost-of-living. All citizens, persons with official refugee status, and persons granted permanent residency and who do not receive a disability grant from another country. All PWDs to be registered, and issued a Disability Card.	Not clear.	• Base eligibility and benefit level on evidence of the additional burden, below a certain threshold. • Need to progressively move, in unison with progressive nations, keeping in line with development objectives (SDG, etc.), to Universal Child Grant (UCG). • Eligibility and registration should also incorporate self-assessment and verification by a Peer Assessment Panel. • Disability Card and Disability Grant application processes should be realigned, using a rights-based approach that factors in functional and environmental impacts.
Non-contributory	Considering that it is social assistance, i.e. where financial capacity is limited.	Yes.	• Retain, ensure integrated via life-cycle-approach with other social assistance/security, to avoid inclusion/exclusion errors. • The societal and socio-economic benefits of the life-cycle-approach include social inclusion and participation of PWD, including accessing adequate employment opportunities. The latter is especially critical for ensuring optimum productively of the youth with disabilities cohort (18 to 35 years of age), who are vulnerable to low skills sets and unemployment. • In addition, this point is critical given the broader issue of the need for human capital development: the life-cycle-approach, and by implication the drive to especially avoid exclusion errors, requires human capital development at all stages of life, so that citizens are able to productively contribute to the welfare of the nation.
Universal vs Means-tested	Eligible only if financial capacity falls below a certain threshold. I.e. supports the essence of appropriate targeting. Vs Universal coverage for PWD who pass the assessment criteria (0-59 years), considering that an Elderly Grant already exists.	GoKE states it is means-tested, though with reference to the Elderly Grant, which is not means-tested.	• Initially: specify the financial capacity threshold, and below this, there is universal access. • Recommended threshold is E2,000 per person per month (the poverty line). • Gradually progress to universal coverage. • Key success factors, enablers include the following mechanisms: well-functioning, continuously updated PWD Register, linked to the evolving national Social Register, and the Disability Card, that captures the unique, essential demographic and socio-economic data. • The above require a progressive improvement of baseline data from Census / MICS, etc. Supported by outreach / communication campaigns on the rights of PWD.

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
			• Building on above, it will be important for stakeholders to agree on how testing will be operationalized to minimize exclusion and inclusion errors.
Integrated into social protection system	Cohesive linkages to the wider social protection / social welfare grant system, including in terms of administration, implementation, reporting, M&E, etc.	Not clear.	• Pronounced investment in system strengthening, incl. registry of all PWD, to enable successful targeting. • Line Ministries should deliver inclusive programs and services for PWD, covering health, welfare, education, social protection, and employment support.
Inclusive, non-discriminatory	Targeting, eligibility does not discriminate within and among groups / individuals.	Not covering people with Epilepsy, Albinism, etc. Not clear how people with Autism are covered.	• Broaden targeting, to include previously neglected groups, including but not limited to Epilepsy, Albinism. • Specify inclusion of people with mental (including psychosocial) and intellectual (including cognitive) impairments (such as Autism). • Persons with disabilities residing full-time in state-owned or subsidized facilities should qualify for a disability grant.
Comprehensive	Comprehensive coverage, maximizing number of PWDs in need (severity, additional financial burden)	Low coverage	• Progressively increase coverage to priority PWD/households, based on evidence of type and severity, additional burden. • Phased approach over five years, to increase the disability grant value to an amount that (1) secures the basic food basket for grant recipients and (2) subsidizes disability-related costs.
Benefit level appropriate	Based on costed realities.	Not clear how current Disability Grant accounts for the additional financial burden of households with PDWs.	• Base benefit level on evidence of the additional burden. • Incorporate the Cash Plus Service Modality, with Line Ministries contributing accordingly to either provision or subsidized access to essential services. • Top-up grant to counter impacts of the additional disability-related costs and support needs for individuals and their families for severely to profoundly disabled persons. Need for more studies to assess the feasibility of introducing such a top-up grant.
Responsive	Adaptable, risk-responsive disability social protection.	Not clear how the Disability Grant adapts to shocks.	Formula-based, threshold-based, PWD registry-based grant.
Value-for-money	Results-oriented framework to ensure adequacy, efficiency, effectiveness, equity in disability-inclusive social protection.	No clear results-oriented framework, linked to a feasible financing framework.	Establish, integrate results-oriented framework into plans, budgets for Disability Grant, linked to feasible financing framework, including fiscal space realities.
Feasible funding framework	Progressive resourcing of disability-inclusive social protection, including deeper and broader coverage of Disability Grant, aligned to macro-	Not clear if there is a compact between all role-players. Fiscal space not interrogated to find room, including savings within and outside the social protection system.	• Need for evidence on opening fiscal space for disability-inclusive social protection. • Eswatini should target a minimum of 0,3% of GDP and 1% of total government expenditure to fund the Disability Grant.

Criteria	Requirements	Current Disability Grant?	Recommendations and key entry-points for enhancement
	fiscal realities, and compact between all role-players.		• The current disability welfare benefit budget should be repurposed to expand and improve disability-specific welfare services to PWD and their families. Therefore, 'New' funding should be allocated to finance the Disability Grant
Robust enablers	System strengthening, through investment in MIS, M&E systems, registries, capacity development.	Various capacity issues identified that ultimately impede upon quality of targeting, coverage, benefit level, administration.	Pronounced investment in system strengthening of priority enabling frameworks, systems, capacities, disability rights-based awareness-raising.

11.4 Costing of additional financial burden of disability:

Recommendations: Future and follow-up studies to explore the following *qualitative and quantitative parametres of costing of the additional financial and non-financial burden of households caring for CWD*:

- Incorporate field data collection methods (including tools) that account for the elements of access, availability and knowledge.
- Specifically quantify the indirect financial burden of care regarding the loss of income of poor households with CWD (e.g. wages foregone) and non-financial burdens (e.g. loss of social inclusion), to support evidence for the need of cash-based social assistance to affected households. Costing can explore estimates based on available proxies, where the minimum amount of income forgone can be linked in particular to the average unskilled labour wage and the official minimum wage, whichever is the least. It is noteworthy that the basic minimum wage is less than E1,453 per month for a domestic employee (gardener, laundress, cook).[95]
- Specifically account for costs associated with caring for children with epilepsy, albinism, as well as mental (including psychosocial) impairments and intellectual (including cognitive) impairments (such as autism).
- Estimate the monetary poverty effect of the additional burden of caring for CWD.
- Explore the absorption capacities of potential beneficiaries (households, facilities) and potential recipients of larger budgets (Ministry of Education / Social Welfare).
- Account for the risk of supply shortages (regardless of cost) of essential goods & services.
- Studies to explore and build evidence on the *financial barriers to equal access to the Disability Grant*. Particularly how economies of scale at 'inclusive schools' and 'special needs schools' would make such schools a feasible object of further funding, via the Disability Grant system, or otherwise.
- Studies to explore and build evidence on the *non-financial barriers to equal access to services*. 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.

[95] GoKE. 2023. *The Wages Act, 1964: Regulation of Wages (Domestic Employees) Order, Notice, 2024 (draft)*. GoKE: Mbabane.

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

Recommendations: future and follow-up costing exercises should address the weakness, limitations and enhancements of *data collection tools and data collected*. Including:

- Actively promote and disperse collection tools widely to increase response rates.
- Variations and dispersions detract from the significance of the results.
- Lack of simplistic capturing of costing data in the online survey.
- Focus on respondents that are known to have insights into actual costs incurred.
- Distinguish clearly between the two types of costing: one is normative, one is empirical.
- Ensure 'Healthcare' costs adequately distinguish between 'ordinary' and 'CWD.'
- Future and follow-up costing frameworks and estimates would benefit from incorporating 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.

11.5 Optimal coverage and benefit levels

Optimal coverage and benefit level scenarios given tight fiscal space:

Given the tight fiscal space, the resourcing of the Disability Grant to reach desirable coverage and benefit levels would invariably have to be incremental and ultimately progressive as the broader disability-inclusive social protection is strengthening to deal with such, including adequate registry, management and information systems, M&E capabilities, and overall technical capabilities. In other words, it would be more realistic to match coverage and benefit level growth to fiscal space in terms of forecasted GDP and total government expenditure growth.

Below scenarios attempt to provide realistic costed options for the progressive increase of both coverage and benefit level of the Disability Grant over the next four years until 2030, itself an important global milestone date for the Sustainable Development Goals. In other words, it allows for government's progressive uptake of a fiscal commitment over the medium-term (3 years) and beyond. The scenarios draw from key estimates and assumptions discussed in this report:

- **Scenario 1**: Business-as-usual, striving for 20 percent coverage of total PWD population, total Disability Grant payments of 0.2 percent of GDP and 0.55 percent of Total Government Expenditure by 2030. Disability Grant only keeps track with inflation.
- **Scenario 2**: Above-inflationary Disability Grant increases. Striving for 20 percent coverage, total Disability Grant payments of 0.25 percent of GDP and 0.65 percent of Total Government Expenditure by 2030.
- **Scenario 3**: Rapid upscaling of both coverage and benefit level, to achieve benchmarks, though with pragmatic view on the tight short-term fiscal conditions. Striving for 25 percent coverage, with total Disability Grant payments of 0.35 percent of GDP and 0.5 percent of Total Government Expenditure by 2030.

The following table provides a total cost for the three trajectories of Disability Grant coverage and benefit rates increases over the medium-term. The baseline data (FY2025/26) are from the most recent government announcements, including the Budget Speech 2025. Above framework (scenarios)

are dynamic, i.e. can be adjusted as each key variable fluctuates: inflation, population, GDP and total expenditure, and as predetermined benchmarks are deliberately set, e.g. percent of GDP, percent of total government expenditure. By employing GDP figures in current prices, the projected Grant values automatically follow inflation increases.

Table 8. Total cost scenarios of Disability Grant coverage and benefit levels

Scenarios:	**GDP and PWD population assumptions:**	**FY2025/26**	**FY2026/27**	**FY2027/28**	**FY2028/29**	**FY2029/30**
	GDP (current prices) [96]	E99 billion	E104 billion	E108 billion	E113 billion	E117 billion
	Total Government Expenditure[97]	E33.6 billion	E35.1 billion	E 37.6 billion	E40.5 billion	E43.5 billion
	PWD population	165,000	166,485	167,983	169,495	171,021
Scenario 1: Business-as-usual.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	475	500	525	550
	Total Disability Grant payments	94,327,200	119,481,120	150,923,520	190,163,635	239,062,856
	% of GDP	0.10%	0.11%	0.14%	0.17%	0.20%
	% of Total Government Expenditure	0.29%	0.34%	0.40%	0.47%	0.55%
Scenario 2: Slow upscaling.	Beneficiaries	17,468	20,962	25,154	30,185	36,222
	Coverage (%)	11%	13%	15%	18%	21%
	Grant value	450	500	550	600	650
	Total Disability Grant payments	94,327,200	125,769,600	166,015,872	217,329,869	282,528,829
	% of GDP	0.10%	0.12%	0.15%	0.19%	0.24%
	% of Total Government Expenditure	0.29%	0.36%	0.44%	0.54%	0.65%
Scenario 3: Rapid upscaling.	Beneficiaries	17,468	21,835	27,294	34,117	42,646
	Coverage (%)	11%	13%	16%	20%	25%
	Grant value	450	520	600	700	800
	Total Disability Grant payments	94,327,200	136,250,400	196,515,000	286,584,375	409,406,250
	% of GDP	0.10%	0.13%	0.18%	0.25%	0.35%

[96] GDP in current prices, author calculations based on IMF data (https://www.imf.org/external/datamapper/NGDPD@WEO/SWZ?zoom=SWZ&highlight=SWZ) and average 2024 exchange rate of E18.3/USD (https://www.exchangerates.org.uk/USD-SZL-spot-exchange-rates-history-2024.html).
[97] GoKE, MoF. 2025. *Budget Speech 2025*. GoKE, MoF: Mbabane.

	% of Total Government Expenditure	0.29%	0.39%	0.52%	0.71%	0.94%

Sources: IMF (GDP figures); GoKE (expenditure figures); and author's calculations.

***Recommendation**:* Scenario 3 is the closest linked to the requirements of the Persons with Disability Act and Eswatini's commitments to disability-inclusive social protection. At a targeted coverage ratio of 25 percent and benefit level of E800, it is both feasible and conservative (e.g. as compared to the discussed regional examples of South African and Namibia), though can only be achieved if government and partners agree on the first step in the trajectory: a 25 percent increase in coverage and 15 percent increase in Grant value from FY2026/27. Scenario 3 is a pragmatic and fiscally prudent pathway that tracks the gradual, broader social protection system strengthening efforts, that would ready the supply-side, which includes the systems and structures of disability-inclusive social protection, including the Disability Grant.

Fiscal space options to fund the proposed upscaling in Disability Grant coverage and benefit level:

Drawing from international studies and frameworks,[98] the fiscal space options that government, OPD and development partners can exploit are:

- Domestic resource mobilization: better tax policies and collection.
- Expenditure efficiencies: through savings, resulting from results-oriented planning and budgeting practices, accurate costings, etc.
- Reprioritization and budget reallocation: to improve the Disability Grant architecture, including system strenghething, and increasing the coverage and benefit level of the Grant.
- Public-private partnerships: e.g. a private sector entity providing support services to carers of PWD is compensated with government-subsidized fees by the end-user or an intermediary (e.g. an OPD).
- Privatization or selling of state-owned enterprises (SOEs): the proceeds can be allocated to social protection budgets.
- Official Development Assistance (ODA)
- Deficit financing through domestic and external borrowing: prudent debt financing of social protection may present a feasible fiscal space option to explore further.
- Prudent debt management: related to above, this is a key long-term fiscal sustainability measure to ensure overall expenditure is kept in line with revenue forecasts, mitigating the need for opting for expensive deficit financing through more debt financing.

Other alternative fiscal space improvement avenues include[99]:

- Alternative, innovative financing tools that fund specific targeted outcome and impact results in social protection.

[98] Roy, R., Heuty, A. and Letouze, E. 2006. *Fiscal Space for What? Analytical Issues from a Human Development Perspective*. Paper for the G-20 Workshop on Fiscal Policy, Istanbul, June 30 – July 2, 2007; UNICEF EAPRO. 2022. *Where is the Fiscal Space for Children? Review of social sector budgets in selected countries in South Asia, East Asia and the Pacific Islands*. UNICEF EAPRO: Bangkok; Series of fiscal space analyses and briefs conducted in Eastern and South Africa: https://www.unicef.org/esa/reports/fiscal-space-children-and-human-capital-eastern-and-southern-africa.

[99] Ortiz, I., M. Cummins, M., and Karunanethy, K. 2017. *Fiscal Space for Social Protection and the Sustainable Development Goas (SDGs) Options to Expand Social Investments in 187 Countries*. ILO, UNICEF and UN WOMEN: Geneva and New York.

- Eliminating illicit financial flows, which includes clamping down on fraudulent invoicing of imports and exports, in order to garner more duties and tax revenue.
- Tapping into government's own foreign exchange reserves.
- Adopt a more accommodative, 'pro-growth' macroeconomic framework, e.g. policies that encourage firm formation and job creation, leading to improve private sector income levels, leading to improve tax revenue.
- Adopt a financial benchmark or 'hard fiscal rule' for financing the social protection sector, e.g. 5 percent of the total annual government budget is allocated to social protection programmes.
- Ring-fence a portion of public revenue through a hard fiscal rule. For example, a portion of SACU revenue is reserved to fund social protection spending by project, or to directly fund the budgets of line ministry budgets that implement social protection programmes.

Recommendation: a detailed fiscal space analysis is called for the lift out the opportunities to generate more fiscal space for bigger public investment in disability-inclusive social protection. A critical focus of this analysis would be on identifying feasible, sustainable fiscal space avenues to fund the proposed Disability Grant coverage and benefit levels scenarios.

Towards a feasible funding framework:

A feasible, financing (funding) framework would be a function of evidence-generation (costing exercises, budget analyses, fiscal space analyses) to identify feasible, sustainable fiscal space avenues to explore and exploit, though this would apply to the broader social protection sector, and for all other social sectors for that matter. Since the purpose of the Disability Grant is social assistance against the effects of poverty, and recipients are by and large poor, the Grant is per definition non-contributory and would need to be funded by the public sector, i.e. government on-budget funding (allocations within official national budgets, which may include official development aid/assistance and debt financing) or off-budget funding by donors (not recommended).

12. Conclusion, and proposed Implementation Roadmap

This Report concludes with proposals to address the horizontal and vertical issues identified in the Disability Grant Design. It identifies enhancements in targeting and registration mechanisms for the Disability Grant, though also proposes enhancements to the broader social protection system, which supports and facilitates the intentions of the Disability Grant.

This Report also identifies enhancements of the Disability Grant monetary values, and presents evidence for the financial burdens faced by especially poor, rural-based households caring for PWD, in particular children. Future and follow-up studies should also explore enhancements to the payment modalities as an important element addressing both the demand- and supply-side management of the Grant.

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. 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 as beneficiaries of the Disability Grant.

A policy implementation roadmap:

The implementation considerations addressed by this report are complex and substantive: they would involve numerous and sustained stakeholder contributions, policy and management decisions (including on legislative reform and intentional implementation).

The following recommended high-impact, near-term actions are needed as bases for the required longer term system strengthening and resource mobilization:

Recommended key near-term actions (by end-December 2025):

Action	Outcome	Timeline	Responsibility
Convention of all disability-inclusive social protection decision-makers, to officially adopt (adjust where necessary) the recommendations of this report.	Government-wide agreement and compact on policy direction.	By end-August 2025	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Costed, results-based budgets for FY2026/27, to increase coverage by 25 percent and Grant by 15 percent.	Submitted to and approved by Ministry of Finance.	By end-December 2025	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Adjusted Draft Social Assistance Policy with the recommended actions of this report.	Redrafted Social Assistance Policy submitted for approval.	By end-December 2025	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.

Furthermore, there is a need for a clear implementation roadmap that breaks down the implementation considerations into measurable results (milestones, outputs, outcomes), ideally into short-term (1 year), medium-term (2-3 years), and long-term (4-5 years) priorities, including system strengthening, capacity development, resourcing, etc. Stakeholder responsibilities and contributions would need to be assigned and owned for the proposed recommendations.

Please see below a proposed phased implementation roadmap, with emphasis on key, feasible priority actions needed to improve the overall environment for disability-inclusive social protection, the initial steps to enhance the Disability Grant architecture, and to gradually increase the Disability Grant coverage and benefit levels. The **green highlights** are the regular, annual events that are core to the envisaged Policy Recommendations: a high-level meeting and commitment to implement the Policy Recommendations in accordance with the Implementation Roadmap 2025-2030, and the budget preparation activities to ensure that the increased coverage and benefit levels are in included in government's fiscal framework.

Table 9. Disability Grant scale-up Implementation Roadmap 2025 – 2030

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
Short-term priorities, by end FY2025/26			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss and refine the Policy Recommendations and this Roadmap 2025-2030, where necessary.**	**Agreement to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2026/27, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance.**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
Increased Disability Grant coverage and benefit level	Refined, internally approved funding framework for Disability Grant coverage and benefit level increases FY2026/27 to FY2029/30.	Submitted and approved by Ministry of Finance.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Adjusted Draft Social Assistance Policy, based on: ● Disability Grant design (criteria) as per this Policy Brief's recommendations. ● Updated population statistics. ● Government-wide commitment to provide access to essential goods & services. ● Top-up benefits for where needed.	Redrafted Social Assistance Policy submitted for approval.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
	Legislative review of Disability-Inclusive legislation, gap analysis for PWD Act and Regulations, and other relevant pieces.	Submitted recommendations for adjustments to PWD Act and Regulations, and any other relevant pieces.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System-strengthening: capacity development	Drafted detailed Terms of References, including on resourcing and capacity development, for key structures and systems, including: National Disability Advisory Council ('Disability Council') and its Secretariat, Office of the Registrar, National Fund for PWD, Inter-Ministerial Committee on Disability Issues, Disability Management & Information System (MIS), Persons with Disabilities Registry (and how it links to the evolving national Social Registry).	Approved ToRs of key institutions responsible for government-wide coordination of disability issues, and Disability Grant management.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System-strengthening: evidence-generation	Mapped disability-specific service costs, at Inclusive Schools and Special Needs Schools.	Government-wide agreement on essential services that can be accessed, provided, subsidized for Persons with Disabilities.	UNESCO (Lead). Supported by UNPRPD, FODSWA.
	Mapped disability-specific service costs at health facilities.		WHO (Lead). Supported by UNPRPD, FODSWA.
	Comprehensive Social Protection-oriented Fiscal Space Analysis.	Adjusted funding framework FY2026/27 to FY2029/30.	UNICEF & ILO
Medium-term priorities, by end FY2026/27			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030, and adjust where necessary. Including an assessment of capacities of enacted structures (Council, its Secretariat, Office of Registrar, National Fund for PWD, etc.) to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2027/28, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
System-strengthening: capacity development	Training events on Disability-Inclusive Social Protection, including on system strengthening and financing, for key stakeholders: National Disability Advisory Council ('Disability Council') and its Secretariat, Inter-Ministerial Committee on Disability Issues, FODSWA and its members.	Key stakeholders have strengthened capacities to coordinate and manage Disability-Inclusive Social Protection policies and mechanisms.	UNICEF (Lead). Supported by DPMO, UNPRPD, FODSWA.
System strengthening: capacity development	Trained DPMO and other relevant staff on costed & results-based planning & budgeting.	Capacity strengthened for costed & results-based plans & budgets.	UNICEF.

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
System strengthening: tools	Restructured, enhanced PWD Registry. Including integration with the evolving national Social Registry, to enable the PWD Registry with the identification, registration and managing the entitlements of rights-holders, including PWD and people/institutions caring for PWD.	Enhanced PWD Registry piloted.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Defended new Draft Social Assistance Policy.	Social Assistance Policy approved.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Policy & legislative reform	Defended recommendations for adjustments to PWD Act and Regulations, and any other relevant pieces.	Promulgated amendments to PWD Act and Regulations and other relevant pieces.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
System strengthening: capacity development	Trained GoKE staff on Disability MIS and M&E.	Disability MIS and M&E piloted, including integrated with government-wide / national social protection MIS and M&E.	UNPRPD (Lead).
System strengthening: evidence-generation	Integrated all categories of PWD into Census and MICS methodologies. To account for: people living with albinism, epilepsy, and mental and intellectual impairments (disabilities).	MICS 2026 provided detailed, disaggregated data on PWD (incl. CWD).	GoKE (CSO) (Lead). Supported by UNPRPD, FODSWA.
	Comprehensive costing of burden of caring for Persons with Disabilities, from representative, field samples.	Findings inform next round of costed, results-based budgets for FY2028/29, the Disability Grant funding framework, etc.	UNICEF.
	Comprehensive Social Protection-oriented Fiscal Space Analysis, focusing on funding Disability Grant.	Adjusted funding framework for FY2026/27 to FY2029/30.	UNICEF & ILO.
Medium-term priorities, by end FY2027/28			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030 and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2028/29, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted and approved by Ministry of Finance.**	**DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.**
System strengthening: evidence-generation	Periodic evaluation of ENDPA 2025-2028 and Disability Grant programme(s): results (outcomes, impacts), expenditure review, financing, forward-looking fiscal space, course direction opportunities.	Detailed proposals to inform further system strengthening enhancements. Adopted ENDPA 2029-2032.	GoKE: DPMO, Disability Council (L). Supported by UNPRPD, FODSWA.
System strengthening: tools	Lessons learned from Disability MIS and M&E piloted integrated.	Disability MIS and M&E fully implemented.	DPMO.
System strengthening: evidence-generation	Full interoperability on PWD data between Census and MICS.	Census 2027 and MICS provided detailed, disaggregated data on PWD (incl. CWD).	GoKE (CSO) (L). Supported by UNPRPD, FODSWA.
Medium-term priorities, by end FY2028/29			
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030 and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Costed, results-based budgets for FY2029/30, to increase coverage by 25 percent and Grant by 15 percent.**	**Submitted costed & results-based plans & budgets budget process.**	**DPMO, DSW. Supported by UNPRPD, FODSWA.**
Policy & legislative reform	Fast-tracked implementation of provisions of PWD Act, National Disability Plan of Action 2025-2028.	Disability Grant architecture reflects: Cash Plus, top-up, access to / subsidized essential services.	DPMO, DSW (Lead). Supported by UNPRPD, FODSWA.
Long-term priorities: until end FY2029/30			

Priority policy actions	Milestones	Targeted results	Responsible stakeholders
Advocacy, commitment to Policy Recommendations	**Once-off, high-level multi-stakeholder meeting to discuss the implementation of the Policy Recommendations and this Roadmap 2025-2030 and adjust where necessary. Including an assessment of capacities of enacted structures to gradually assume duties.**	**Agreement to continue to implement the Policy Recommendations and the Roadmap 2025-2030.**	**DPMO, DSW (lead). Inter-Ministerial Committee on Disability Issues, Disability Partners Platform, Disability Council and its Secretariat. Supported by UNPRPD.**
Increased Disability Grant coverage and benefit level	**Drafted costed & results-based plans & budgets to increase coverage by 25 percent and Disability Grant by 15 percent.**	**Submitted costed & results-based plans & budgets for FY2030/31 budget process.**	**DPMO, DSW. Supported by UNPRPD, FODSWA.**
Policy & legislative reform	Comprehensive review of Disability-Inclusive Social Protection in Eswatini, including Social Assistance.	Comprehensive policy proposals to inform post-2030 Agenda, including on Disability Grant.	DPMO, Disability Council (L). supported by UNPRPD, FODSWA.
Increased Disability Grant coverage & benefit levels	Disability Grant benefit level: >=E800pm. 30 percent of eligible PWD beneficiaries receive Disability Grant.	Disability Grant total costs: 0.35 percent of GDP, 1 percent of Total Government Expenditure.	DPMO (Lead). Supported by UNPRDP, FODSWA.

In conclusion - from Policy Recommendations to Policy Implementation - proposed next steps:

- A ***high-level dialogue*** between key stakeholders to formally accept the Policy Recommendations (the above-mentioned 'convention').
- Government assumes overall responsibility and accountability for implementation.
- Concluding with a ***Compact***, containing clearly-assigned roles & responsibilities, and resource commitments, including budgetary and technical assistance.
- Clearly stipulating ***coordination and monitoring mechanism***s, timelines, metric of success.

--- End of Report ---

13. References

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 review of key policy and legislative pieces regarding disability-inclusive social protection in Eswatini

GoKE. 2018. *Persons with Disability Act, No. 16 of 2018*. GoKE Printers: Mbabane.

The Act provides for the protection of rights and welfare of PWD and to provide for incidental matters. It provides for various statutory authorities and their powers and functions. The Office of the Registrar is a key enabler for the grant management system. By the time of writing, the status quo of this Office is not yet clear in terms of functionality, capacity, past implementation and future plans. The Act provides for PWD to have access to various social services, including essential services – education, health. The Act established the 'National Fund for Persons with Disabilities.' It would also need to be determined what the status of this Fund is (as for the 'Office of the Registrar). It needs to be noted that the Fund is not the funder for disability grants, but rather for the operation of the institutions established by the Act.

While there is much focus by the Act on ensuring physical, equal access to essential services and inclusion in general social life, there is no obvious, clear provision for a disability-inclusive social protection system that provides cash-based assistance to a) account for the additional cost of affected households and b) disproportionate public investment to allow equal access by PWD to essential social services. There are no child-specific provisions, only by implication are children included under the group of 'persons with disability.'

GoKE. 2013. *National Disability Policy*. GoKE, DPMO: Mbabane.

The Policy provides for the role of the key oversight authority (the "portfolio ministry"), namely the Deputy Prime Minister's Office (DPMO). It provides for the role of the 'Directorate for Social Development' that will be responsible for all matters related to disabilities. The Policy calls for a 'National Statutory Body' to regulate social development issues in line with the Policy. In other countries in Sub-Saharan Africa it is referred to as the National Disability Council. The key 'Policy Objectives' are: to ***improve the socioeconomic status*** of PWD, including children, to ensure ***equal access to health and education services***, and to promote inclusiveness.

The key 'strategies' under Social Safety Nets require government to:

- "provide social grants to disabled persons using the best targeting methods"
- "create a database of all eligible PWD for receiving grants"
- "ensure that eligible PWD receive grants on regular basis and transparent manner."

The Policy requires GoKE to "…take the special needs of Persons with Disabilities into account, in instances where the disability is too severe for certain individuals to be economically independent…" And that "…adequate social security measures will be taken to ensure a ***reasonable quality of living (life) for those individuals***." Therefore, by implication, CWD, and also by implication, the households that care for them. Also: "Ensure that the Portfolio Ministry which has the responsibility for disability issues including welfare services to Persons with Disabilities, will seek to expand and promote a more ***equitable*** welfare service."

Children with disabilities are dealt with in a dedicated section (4.5). While no overt mentioning of monetary support commitment is made, the case can be made that to realize the rights-based

commitments by the Policy with regard to children, would mean progressively bigger budgets to achieve the stated goals.

The 'Resources for Implementation' section contains little details on how budgets for CWD need to grow bigger (more sufficient) and better (more efficient, effective, equitable). No hard fiscal stance or rules for resourcing the implementation of the Policy are provided nor required.

GoKE. 2021. *Draft Eswatini National Social Assistance Policy*. GoKE, DPMO: Mbabane.

This Policy importantly notes that the exclusion or under-coverage rate remains high, for two reasons: "firstly, registration of new Disability Grant recipients was suspended for a significant period, so many eligible persons with disability (PWD) were excluded. Secondly, the Disability Grant is means tested, so only PWD whose income falls below a specified threshold are eligible." How this policy function at the regional level remains unclear.

GoKE. 2021. *National Social Security Policy*. GoKE, Ministry Labour and Social Security: Mbabane.

This Policy's focus is on disability (invalidity) cover, and therefore not relevant for the proposals for redesign of the Disability Grant.

GoKE. 2023. *National Social Protection Strategic Plan (NSPSP) 2023/4 – 2027/8* . GoKE, DPMO: Mbabane.

While quite a comprehensive paper, it does not contain elements of a succinct, results-oriented strategy, that up front provides vision, mission, strategic objectives, measurable objectives, high-level action / implementation plan and responsible entities. It is not clear how the NSSP accounts for opening up fiscal space for bigger and better public investment in social protection, and specifically for disability-inclusive social grants, and specifically for wider coverage of the disability grant.

It defines social protection as: "Public or private arrangements that are put in place to protect individuals and families against life-cycle crises. These arrangements include the provision of social security, basic social services, and developmental social welfare. It can also include the development of appropriate labour market policies and the strengthening of livelihoods."

The NSPS acknowledges "poor disability inclusion and development" within the social protection system as a key priority to focus on. It requires that the Ministry of Health (MoH) "shall deliver… free access to assistance devised for disabled children and adults." It requires that the Ministry of Education and Training (MOET) "will coordinate access to free primary education, provision of the school feeding program, retention in school especially for OVCs and special needs education support for disabled children."

The NSPS acknowledges several challenges in ensuring equal access to services by all people, and propose several potential interventions and opportunities. In terms of the "issue" of "Disparities in Education and Training access":

- "Potential interventions: "Inclusive schools to mainstream disability and increased awareness of disability mainstreaming by schools."

- Opportunities: Existence of education policy that emphasizes the need for inclusive education. Establishment of a Special Education Unit to provide support and guidance in addressing the needs of CWD.
- Constraints: Lack of resources and funding to support inclusive education. Lack of the necessary infrastructure, equipment, and trained personnel to provide effective support for children with disabilities. Lack of awareness and understanding key … (words missing).
- Challenge: Capacity of teachers and education professionals to provide effective support for CWD. Accessibility of schools and learning materials for CWD."

In terms of the "issue" of "Poor disability inclusion and development":

- "Potential interventions: Persons with Disabilities Act, 2018 addresses support towards careers or families of PWDs. Establishment of the PWD Council. Existence of FODSWA as well as Organizations for Parents of Children with Disabilities. Persons with Disabilities Act, 2018 and Sexual Offences and Domestic Violence Act, 2018 and Regulations. High political will for disability mainstreaming. Existing Health Outreach Programmes to assess in communities. Monthly and MOMO payment methods in place.
- Opportunities: Early Identification of disability within MoH for continuity of support for the identified throughout lifetime. PWDs Council in place to provide technical and strategic guidance on the rights for PWDs to be realized. Ratification and Domestication of African Union Protocol on the rights of PWDs. Medical practitioners available to conduct assessments. Development of an independent grievance / client feedback mechanism. Increased budget for MoH to include PWDs essential meds on priority list. Case Management system in Place within DSW.
- Constraints: "PWDs programmes/interventions must also focus on families of PWDs . Attitudes towards ability of PWDs to execute duties in the workplace. Limited prosecutable cases due to evidence and low reporting as well as data collection tools not disaggregated by disability status. Absence of PWDs Registry. Limited capacity to design and execute PWD programs. Government has not included in the priority list of medications essential medicine for PWDs. Low utilization of the Case management system by all Social Welfare Officers - Limited support for Children with Disabilities. No referral networks for PWD."

Regarding the issue of "Disparities in access to health for vulnerable groups," the "constraints" are: "Grants coverage (head count of person with disabilities higher than those receiving grants). Lack of link between discovery of a disability (at Health Facilities) with the DPMO's database of people living with disabilities. Lack of essential medicines for PWD on essential medicine list e.g., sun protection cream for Persons with Disability."

NSSP Results Chain pertaining to disability and related:

Strategy	**Activities**	**Outputs**	**Outcomes**
Objective 2: To enhance gender and disability mainstreaming and inclusion across all sectors			
2.1. Mainstream gender and	2.1.1. Conduct trainings on Gender and disability Responsive Budgeting for key stakeholders	Increased number of line ministries	Improve d legal,

Strategy	Activities	Outputs	Outcomes
Objective 2: To enhance gender and disability mainstreaming and inclusion across all sectors			
disability in all national policies, programmes, budgets, and legislation to achieve gender equality programming.	2.1.2. Develop Gender and disability Responsive Budgeting Guidelines	and government agencies with policies, programs and budgets reflecting gender and disability mainstreaming	regulatory, social, and economic framework for rights of women, girls, and Persons with Disabilities.
	2.1.3. Conduct trainings on Gender and disability Mainstreaming for all key stakeholders as per Gender Policy and disability plan of action		
	2.1.4. Develop gender and disability Mainstreaming toolkit.		
2.2. Facilitate identification, conservation, and promotion of positive cultural norms on gender and disability issues	2.2.1. Conduct advocacy workshops with sector ministries for social transformation on gender and disability issues	Increased community awareness on positive cultural gender and disability norms	
	2.2.2. Fast-track implementation of the gender policy		
	2.2.3 ***Review the disability national plan of action and policy***		
	2.2.4. Conduct community sensitization to promote positive cultural gender norms.		
2.3. Strengthen domestication of the provisions in ratified regional and international treaties on gender and disability	2.3.1. Establish framework for periodically assessing new laws and policies for gender mainstreaming.	Increased number of ratified regional and international treaties that have been domesticated.	Reduced physical and/or sexual
	2.3.2. Create forum for ongoing advocacy to domesticate the provisions of ratified regional and international treaties on gender and development.		
	2.3.3. Create gender and disability advocacy IEC Material targeting all key groups/stakeholder		
2.4. Integrate a gender and disability responsive approach to programmes and interventions within the sphere of social	2.4.1. Develop ICT sector framework on equal access to, control and ownership of, media and ICTs by men and women	Increased gender and disability inclusion in government programmes and interventions	
	2.4.2. Support environment, natural resource, and climate change sectors to integrate gender and disability in their response plans		

Strategy	Activities	Outputs	Outcomes
Objective 2: To enhance gender and disability mainstreaming and inclusion across all sectors			
development.	2.4.3. Conduct periodic learning reviews on best practices in gender and disability mainstreaming		
2.5. Coordinate development of effective programmes for the prevention of gender-based	2.5.1. Review TORs for multi-sectoral GBV Working Group to align to the new NSPSP	Increased GBV identification, reporting and response	
	2.5.2. Revive GBV response referral systems to ensure timely		

Noteworthy is that the NSSP requires reviewing the disability national plan of action and policy. This, by implication, means it will review the current Disability Grant architecture. This is opportune moment to propose a redesigned Disability Grant, informed by the costing exercise.

GoKE, DPMO. 2024. *Eswatini National Disability Plan of Action (ENDPA) of 2024-2028*. GoKE, DPMO: Mbabane.

The ENPDA aims to accelerate over next 5 years the implementation of the UNCRPD and the Persons with Disabilities Act of 2018. New key themes include strengthening the national coordination mechanisms on disability across all Government Line Ministries, meaningful engagement of all PWD including marginalized and underrepresented disability groups such as women, children, persons with intellectual and psychosocial disabilities, among others. The ENDPA envisages the finalization of the national social assistance legislation to "establish a framework to consolidate the various grant schemes into a comprehensive system provided to vulnerable groups."

Definition of disability: "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."

Under the Social Protection programme, the Plan notes:

- DPMO provides social assistance grants to eligible PWD. However, there is a need to ensure that the social assistance programme is covered by legal provisions. It is important that the country transitions from the charity/social model to a human rights-based approach in compliance to the CRPD.
- There must be measures put in place to ensure that independent living for PWD is prioritized.

Above being said, there is no overt reference or attempt of alignment from the ENDPA to the NSPSP and vice versa.

In terms of access to inclusive education and skills development, the planned intervention is to "Deliberately target women and girls with disabilities to grant them access to education and skills development." The only lead to the Disability Grant architecture and plans for its improvements (eligibility, targeting, benefit level, etc.) is the following: "Families caring for children and/or adults

with disabilities receive a monthly financial family support allowance (grant).” And “Eligible adults with disabilities, who are not in regular employment, receive a monthly disability support allowance (grant).”

As for a metric of success of its implementation, the ENDPA provides for the following “Guiding questions for evaluating the implementation of the NDPA,” under “Thematic area 6: Social Protection”: “What is the range and types of social assistance programmes for Persons with Disabilities (size of grant allowance for unemployed and number of beneficiaries, financial and material support provided, family support allowance)?"

The ENDPA mentions an “Inter-Ministerial Committee on Mainstreaming Disability Issues” – no other document that has been reviewed, whether governmental or external from government, contains reference to this Committee. The ENDPA notes that the Committee contributed to the development of the ENDPA.

Upon further investigation, it is noted that the Committee was launched in 2023 to “mainstream Disability Inclusion under the UNPRPD Multi Partner Trust Fund Round 4 project.” The Committee consists of “disability focal points” within GoKE’s 24 line ministries and aims to “create synergies to better serve and include Persons with Disabilities in service delivery.” The Committee is “under the authority of the National Disability Council.”[100]

Under the ENDPA’s *Priority interventions for national coordination and mainstreaming for disability*, under the priority area of Coordination, and under the intervention *Coordinate government ministries on mainstreaming activities in their respective areas*, the planned activity is *Conduct quarterly meetings of the inter-ministerial task force for reporting on mainstreaming disability, implementing the ENDPA and the CRPD*. Under the priority area “Institution Strengthening,” the Committee is to be trained on disability inclusion.

Under *Roles and Responsibilities*, DPMO is to serve as the Secretariat for the Committee, as well as for the *Disability Partners Forum*.

The ENDPA notes that "**the successful implementation of the NDPA will therefore depend on several factors**," including (i) "availability and allocation of adequate funding to the DPMO and line ministries to support the Inter-Ministerial Committee on Mainstreaming Disability Issues," and (ii) a “functional” Committee and National Advisory Council for PWD.

More detailed summaries of key disability-related policy and legislative pieces are contained in GoKE’s 2024 ‘Handbook on Disability Mainstreaming and Disability-Inclusive Budgeting.’ [101]

--- End of Annex ---

[100] https://www.unesco.org/en/articles/eswatini-launch-inter-ministerial-committee-mainstream-disability-inclusion
[101] GoKE. 2024. *Handbook on Disability Mainstreaming and Disability-Inclusive Budgeting*. GoKE: Mbabane.

Annex 2: Supplementary review of disability-relevant resources

GoKE. 2024. *Kingdom of Eswatini combined initial, First and Second Periodic Reports on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities*. [unpublished]

- This report is by the '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 takeaways made in this inception report on the NDP 2024-2028*, as well as in 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':
    - National Development Action Plan (NDAP) 2018-2022: "any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and / or everyday functioning,".
    - Persons With Disabilities 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."
    - Persons With Disabilites 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 endeavors to identify how school systems can draw support from parents of Children with Disabilities 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 Persons With Disabilities Act, 2018, 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 PWD to inform evidence-based budgeting, etc.
- Inclusive schools' spending should be analyzed, as a benchmark for what it does / can cost for all children to have equal access to education (normative costing).

GoKE, CSO. 2019. *The 2017 Population and Housing Census Volume 6 - Disability, Albinism and Epilepsy report*. GoKE, CSO: Mbabane.

- CSO's report on Disability, Albinism and Epilepsy, based on the 2017 Population and Housing Census results. Census results are presented at national, regional and urban/rural level.
- Key data parameters, limitations:
- "Questions on disability were included as per UN recommendations for Population and Housing Censuses. In addition, Sustainable Development Goal number 17 also underlines the

importance of data collection and monitoring of the SDGs with emphasis on disability disaggregated data. The 2017 Population and Housing Census adopted a new set of questions that were developed by the Washington Group to determine disability. These questions are different to those from the 2007 PHC and were adopted by the UN for consistency and comparability. Data presented excluded children below 5 years of age."

- The definitions used in the national survey therefore are predetermined, as per above elements, and detailed in the report.
- Key findings based on 2017 Census:
    - 146554 people of Eswatini had disability = about 13 percent of the whole population.
    - Females have more difficulties than males as they account for 16 percent of the population with difficulty compared to the 11 percent for males. The rural population has a high percentage of PWD (15.1 percent) compared to 8 percent from urban population.
    - Females have more difficulties than males as they account for 16 percent of the population with difficulty compared to the 11 percent for males. The rural population has a high percentage of PWD (15.1 percent) compared to 8 percent from urban population. Noted to account for this: female/gender-sensitivity need and urban/rural divide in all grant design elements and costing framework.
    - Population with difficulty by age: 5-9: 6.1 percent; 10-14: 6.0 percent; 15-19: 5.6 percent.
    - Distribution of disabled population by type of difficulty according to residence: rural areas have significantly higher proportion of PWD in all types of difficulty.
    - About 52 percent of PWD (difficulty) in Eswatini have no education.
    - Importantly: a majority of people having difficulty have no qualification and the proportions decreases as the level of education increases
    - 39.5 percent of PWD have difficulty in engaging in learning activities.

Implications: Noted to account for these all grant design elements and the costing framework: female/gender imbalance, urban/rural divide, varying poverty levels of above regions. Also large education attainment and access backlogs.

GoKE, DPMO. 2024. *Practice Note – Eswatini Disability Management Information System (DMIS).* GoKE, DPMO: Mbabane.

Key message: "The main objective is to develop and implement a Disability Management Information System (DMIS) for the Deputy Prime Minister's Office (DPMO). The purpose of the DMIS practice note is "to provide practical guidance on how to include a disability dimension (herein referred to as the DMIS) in Eswatini's national MIS." Key functions to include registration for disability grants / payments.

Implications, key takeaways:

- The DMIS is a critical facilitator for efficient, effective, inclusive, accurate and robust administration of the disability grant system, to name but a few criteria.
- To explore the operationalization, status quo, issues observed, with the DMIS.

GoKE, MOET. 2022. *Education Sector Strategic Plan 2022-2034*. GoKE, MOET: Mbabane.

- Under Programme 2.3: Provide assistance to learners at risk of dropping out, the key activity is: "In line with the 7 Dimensions of Exclusion, advocate and implement policies and programmes that promote and protect the rights of OVCs (i.e., orphans, children living with HIV/AIDS and disabilities, and those who are socioeconomically and otherwise marginalized." *There are no clearly and directly linked performance indicators/target for this planned activity*.
- *Besides above, very little detail on MOET's role in disability-inclusive social protection, including on financing / funding thereof.*

GoKE, MOET. 2022. Multi-Year Action Plan 2022/23–2024/25: Implementation of the Education Sector Strategic Plan (ESSP) 2022–2034 for Eswatini. GoKE, MOET: Mbabane.

- Repeats same 'key activity' from the ESSP. With following sub-activities:
    - Develop an advocacy strategy for ensuring the implementation of policies and programmes that promote and protect the rights of OVCs.
    - Disseminate the strategy to all stakeholders including educators and parents.
    - Build capacity of involved stakeholders for implementing the strategy.
    - Track implementation and effectiveness of the policies.
    - *Presumably CWD are covered under these sub-activities.*
- Under Goal 6: Access further improved, Programme 6.1 – Ensure equity and equality of opportunities for inclusive quality education in primary schools, has the following Programme indicator:
    - Total funds invested in specialized teaching and learning materials and equipment for schools. Footnote to this: "Currently, government allocates about E2,000,000 per year for procurement of assistive devices for learners with disabilities. This has been carried forward in the calculation of the targets."
- Also under above Programme, the Key activity 6.1.4: "In collaboration with the Ministry of Health, the Central Statistical Office (CSO) and MoET EMIS, review and implement the existing strategy for early identification, intervention and documentation of children with SEN." With the following sub-activities:
    - "Conduct workshops for teachers and instructors to capacitate schools and institutions (formal, non-formal and distance learning institutions) on early identification of barriers to learning and possible intervention strategies for children with special needs and disabilities.
    - In collaboration with the Ministry of Health and the DPM's office, develop a system of documentation of learners with special needs and disabilities at primary level for purposes of tracking their progress.
    - Regularly implement the system of documentation of learners with special needs and disabilities at primary level for purposes of tracking their progress."
- Under Programme 6.2 (Ensure equity and equality of opportunities for inclusive quality education in secondary schools), the following key activity: "Advocate for reviewing OVC grant adequacy for meeting education cost and the needs of learners with SEN, and request the formulation of relevant regulations." With the following sub-activities:

  - Undertake negotiations with the DPM's office on increasing OVC grant in accordance with inflation
  - Undertake negotiations with the DPM's office to incorporate education costs and needs for learners with disabilities.
  - Develop regulations to guide educational costs and needs for learners with special needs and disabilities.
  - *Begging the question how this undertaking links / complements / competes with the Grant Redesign?*
- *The plan has indicative total budgets by sub-programme, covering the FY2023-FY2025 period, though not clear if this is a costed plan only and what amounts will actually be allocated in terms of the MTEF*.
- *Besides above, very little detail on MOET's role in disability-inclusive social protection, including on financing / funding thereof.*

GoKE, MOET. 2019. *Eswatini Standards for Inclusive Education*. GoKE, MOET, Special Education Needs Unit: Mbabane.

- Provides checklists of standards for inclusive education for various stakeholders in education sector (school leadership, teachers, support staff, school inspectors, ministerial officials). Various standards to ensure that the early identification and management of CWD and special education needs are addressed.
- Under 'Assistive devices, materials and resources,' various standards are listed. E.g. Braille.
- *Besides above, very little detail on MOET's role in disability-inclusive social protection, including on financing / funding thereof.*

GoKE, DPMO. 2024. *Disability Dimension in Eswatini's National Management Information System*. GoKE, DPMO: Mbabane.

Key messages:

- The registry of Persons with Disabilities will track among other things:
  - "Name, address; date of birth; ID numbers, date of death; type of disability (using WG-SS);
  - List of services accessed, and date accessed;
  - Details and reports of stakeholders;
  - Barriers;
  - Supports and services required;
  - The cost the costs of services and assistive devices;
  - Desired outcomes, e.g. improvement in the quality of life as evidenced by specific indicators such as access to social security grants."
- The registry will among others have a module for "Client registration for social grant payment."
- The registry does not seem to allow recording of any other financial data, e.g. disaggregated grant payment data, such as planned, budgeted, actual disbursement of grants, by person / group / category, by date / place, etc.

Implications, key takeaways:

- There is a need for the Disability Dimension to be enhanced to record financial data, including disaggregated grant payment data.

GoKE, DPMO. 2024. *Organizations of and for Persons with Disabilities and Disability Civil Society Capacity Assessment*. GoKE, DPMO: Mbabane.

Key messages:

- Purpose of assessment: to assist a wide range organizations supporting and working in the disability space in Eswatini with assessing their strengths, and to identify for capacity-strengthening and improvement areas.
- General key findings from assessment: low morale in top leadership, lack of resources to do proper programme planning & implementation, reliance on volunteers to do work, weak administration (e.g. few membership registers maintained).
- Governance key findings: weak governance systems employed by assessed organizations, offset by relatively successful peer-to-peer networking abilities.
- Administration systems key findings: some organizations not legally registered, extensive use of volunteers for internal administration, formal organizational structures often lacking, only some organizations reflected that they have competitive remuneration for staff in place.
- Planning and programming: most organizations satisfied with their performance information (predetermined objectives, mission, vision, etc.), only some noted that their leadership seen as credible and regularly consulted in the space.
- Financial and asset management: lack of funding leading to weak financial and asset management and systems, significant degree (39 percent of organizations) reported damaged relations with donors due to past lack of accountability for funds received.
- Recommendations from report: 1. Build Representative, Accountable, Credible and Sustainable OPDs. 2. Strengthen the Representative Voice of Persons with Disabilities through meaningful OPD Participation in Governance Processes.

Implications, key takeaways:

- Weak governance levels, and weak capacity in terms of number and experience of staff, may pose a challenge to obtain relevant costing data and other technical inputs for the purposes of this study. Suggest to maintain pursuing relations with key stakeholders considering the 80/20 Pareto Principle.
- No other data relevant to Revised Grant Design and Costing.

GoKE, DPMO. 2024. Handbook on Disability Mainstreaming and Disability-Inclusive Budgeting. GoKE, DPMO: Mbabane.

Key messages:

- Purpose: the manual provides “practical guidance, best practices and actionable steps to integrate disability perspectives and considerations into policies, programmes and services."
- Details policy and legislative framework for disability-focused social protection in Eswatini, including:
    - Relevant definitions from the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

  - Key requirements form the National Disability Policy of 2013 and Persons With Disability Act of 2018, the Eswatini National Disability Plan of Action (ENDPA) of 2018-2022, Eswatini National Social Development Policy (ENSDP) 2010, Draft Eswatini National Social Assistance Policy 2021, Draft Eswatini National Social Security Policy of 2022, Eswatini Strategic Road Map 2019–2022, The African Disability Protocol on Human and People's Rights for Persons With Disabilities 2003, United Nations Sustainable Development Goals (UNSDGs) and Disability, Africa Agenda 2063.
- Provides background to the evolving concept of disability, from Charity to Medical to Social and Human Rights-based Models.
- The sections 'Financing Disability-Inclusive Plans' and 'Financing Disability' are generic at times, though some elements will be useful for the purposes of this study, including section on 'Examples of Disability Budgeting - Budget items for disability inclusion' that proposes to pursue standard items in disability mainstreaming in budget systems: Workplace adaptations permitting the recruitment of Persons with Disabilities (IT and accessible software, etc.), Accessing specific expertise on disability, etc.
- Handbook provides a "Proposed workplan template for government ministries and United Nations agencies on disability mainstreaming of policies, services, activities and programmes." Noted to consult this workplan when drafting recommendations based on the results of this study, e.g. it may help to align any qualitative and quantitative (e.g. grant values, total budgets for MTEF) in similar layout to ensure consistency in budget advocacy messaging.

Implications, key takeaways:

- No succinct definition of 'disability-inclusive social protection.'

GoKE, CSO. 2024. *Eswatini Multiple Indicator Cluster Survey (MICS) 2021-2022: Survey Findings Report.* GoKE, CSO: Mbabane.

- The MICS, as expected and in accordance with standard practice, surveys and reports on among other things socio-economic (education, health, social protection, WASH, income quintile, migratory status, media coverage) and demographic (disaggregated population statistics) indicators. It is aligned to the SDG indicator / results framework.
- Results are invariable at the level of outcomes (access, achievements), with no cost input-related data that might be useful for this study.
- The largest share of the population lives in the rural regions: close to 70 percent of rural households are in the bottom three income quintiles, as opposed to about 35 percent for urban households. Poverty is especially prevalent in the Regions of Shiselweni and Lubombo.

- Disability status is captured for adults under 'Adult Functioning.' For women and men age 18-49, data are obtained directly from the respondents themselves. It can be considered a "non-standard tabulation."
- Tables SR.8.1W and SR.8.1M present the percentage of women and men age 18-49 years with functional difficulties, by domain, and percentage who use assistive devices and have functional difficulty within each domain (seeing, hearing, walking, self-care, communication, and remembering).

- Importantly, the MICS 2021-2022 included child functioning modules intended to provide an estimate of the number/proportion of children with functional difficulties as reported by their mothers or primary caregivers. Two modules cover women age 18-49 and men age 18-49, and two modules covering children 2-4 and children 5-17:
    - Percentage of women age 18-49 years with functional difficulties in at least one domain (with domains being Seeing, Hearing, Walking, Self-care, Communication, Remembering): 7.9 percent. This figure rises to above 11 percent on average for the poorest and second income quintile.
    - Percentage of men age 18-49 years with functional difficulties in at least one domain: 3.5 percent. This figure rises to about 5 percent on average for the poorest and second income quintile.
        1. "…the Adult Functioning module does not cover adults over age 49 years which is the population most at risk of having a functional limitation due to aging."
    - Percentage of children age 2-17 years reported with functional difficulty in at least one domain (with domains being Seeing, Hearing, Walking, Fine motor, Communication, Learning, Playing, Controlling behavior): **14.1 percent**. These children distribution within the income quintiles are:
        1. Poorest: 17.3 percent
        2. Second: 13.7 percent
        3. Middle: 15.9 percent
        4. Fourth: 9.9 percent
        5. Richest: 12.7 percent
    - Percentage of children age 5-17 years with functional difficulty in at least one domain (with domains being Seeing, Hearing, Walking, Self-care, Communication, Learning, Remembering, Concentrating, Accepting change, Controlling behavior, Making friends, Anxiety, Depression): **12.7 percent**. These children distribution within the income quintiles are:
        1. Poorest: 15.6 percent
        2. Second: 13.4 percent
        3. Middle: 11.6 percent
        4. Fourth: 12.7 percent
        5. Richest: 9.5 percent
    - "Children age 0-1 years are excluded, as functional difficulties are only collected for age 2-4 years."

Implication: by the time of writing, not clear how the MICS data differs from the Census 2017 and what it means for the purposes of this Report and the policy recommendations.

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

- Most of the Governments' Social Assistance Programs are administered by the DPMO through the DSW. Some are provided by implementing partners (civil society, faith-based organizations).
- Disability Grant:

  - "Means-tested."
  - Modalities of payment: Mobile Money, E-Mali and Banks.
  - "One qualifies for a disability grant upon certification by a qualified medical practitioner since some disabilities cannot be determined at face value.
  - "Enrolment into the disability grant is not automatic but determined by the availability of funds."
  - "The DSW has challenges with verification of grant recipients for either proof of existence or confirmation of disability code due to inadequate resources."
- Common challenges:
  - "Social assistance programs were introduced to help the most vulnerable children but they do not reach them thus child poverty rates remain at alarming rates. According to the NDP 2022, of the 47,723 children aged 12 to 18 years living in extremely poor households, the OVC education grant reached only 26 percent.
  - Efficiency of the system is questionable in terms of benefits to the target groups.
  - Issue of targeting by means of systematic criteria for support to aim for the most needy.
  - Double dipping and duplication of efforts which support could be used to benefit other needy people."
- Urgent need for social protection reforms, including in:
  - "Single National Social Protection Registry to improve targeting.
  - Enrichment of Automation of the National Social Protection System in the DSW (for M&E purposes)
  - Review of the persons with disability grant.
  - Disability mainstreaming for Social Protection Programming."

Implications: key points incorporated into Proposal for Disability Grant Redesign.

WFP. n.d. *Assessment of shock responsive social protection (SRSP) in Eswatini*. (unpublished).

- Eswatini has been assessed as part of a three-country (Eswatini, Zimbabwe and Lesotho) rapid capacity assessment of the international humanitarian and national DRM & social protection systems.
- Focused on the extent to which the Emergency Food Aid, Old Age Grant and Public Assistance Grant are able to respond to shocks.
- Key relevant messages:
  - "Social protection provides limited coverage and adequacy and harmonisation for the extreme poor."
  - "Social protection systems are not yet shock responsive."
  - "Social protection spending as percent of GDP is lower than other comparable regions and countries and relies heavily on external financing and is unpredictable."
  - Key message regarding PWD: only 5 percent of the estimated number of persons living with disabilities received a social grant, quoting Ministry of Economic Planning and Development (2022) report 'Multidimensional child poverty in the Kingdom of Eswatini' (UNICEF-supported).

'Disability grants hike a drop in the ocean,' *Saturday Observer (Eswatini)*, 22 Feb 2025.

Available online at: https://www.pressreader.com/eswatini/saturday-observer-eswatini-9ZB4/20250222/281887304040881#.

"FODSWA has welcomed government's decision to increase the disability grant from E400 to E450 per month in the 2025/26 financial year. However, the federation President Bongani Makama, believes the increment is far from sufficient to meet the needs of Persons with Disabilities. He pointed out that individuals living with albinism, for instance, spend between E240 and E280 just for a 200ml bottle of sunscreen, which is essential for their daily skin protection. This leaves them with little to cover basic needs such as food, clothing, and medical expenses.

"Many Persons with Disabilities require special medication, such as eye drops for the visually impaired. Government must consider subsidising these. Many Persons with Disabilities require special medication, such as eye drops for the visually impaired. Government must consider subsidising these necessities to improve their quality of life," Makama urged.

He also highlighted that Eswatini's disability grants remain among the lowest in the Southern African Development Community (SADC) region. Given the economic struggles disabled individuals face, he believes these grants should be raised to match the elderly grant, Given the economic struggles disabled individuals face, he believes these grants should be raised to match the elderly grant, which has been increased to E600 per month.

During his recent budget speech, Minister of Finance Neal Rijkenberg reaffirmed government's commitment to supporting vulnerable populations, including PWD. He announced an allocation of E105 million to increase elderly grants and an additional budget to expand the number of disability grant recipients by 2,500, bringing the total to 17,468 beneficiaries.

"Government has also budgeted to increase the disability grant by E50 per recipient, raising the monthly amount to E450. Additionally, all beneficiaries will be transitioned to the Mobile Money (MoMo) platform for grant payments, a move aimed at improving efficiency and saving E2.9 million annually," Rijkenberg stated.

While this move is seen as progress, disability advocates argue that Eswatini still has a long way to go in ensuring adequate financial and social support for PWD. The FODSWA president said Eswatini has one of the lowest disability grants in the Southern African Development Com- The FODSWA president said Eswatini has one of the lowest disability grants in the Southern African Development Community (SADC). He said in South Africa it stands at E2 100 and in Namibia at E1 500.

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