



Advocacy Strategy for Disability Inclusion in Eswatini (Draft)

December 2025



FOREWORD

The Kingdom of Eswatini continues to advance its commitment to building an inclusive society in which persons with disabilities can fully enjoy their rights, access opportunities, and participate meaningfully in national development. This commitment is anchored in the Constitution, national legislation, and a growing body of policies and strategic frameworks that affirm equality, dignity, participation, and non-discrimination as fundamental principles of governance.

The enactment of the Persons with Disabilities Act of 2018 marked a significant milestone in strengthening the legal foundation for disability inclusion in Eswatini. Together with the National Disability Policy of 2013 and the National Disability Plan of Action (NDPA) 2024-2028, the Act provides a clear framework for translating national and international commitments into coordinated action across government, civil society, and communities. These instruments reflect the Kingdom's alignment with international human rights obligations, including the United Nations Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child.

In recent years, the country has also strengthened its evidence base and institutional tools to support disability-inclusive development. The National initiatives such as the Disability Capacity Assessment, the Eswatini Disability Handbook, the Disability Service Directory, and other project-led reports on disability have enhanced understanding of institutional arrangements, service landscapes, and opportunities for coordinated action. Collectively, these efforts underscore the importance of moving beyond policy intent toward strengthened implementation, accountability, and sustained public engagement.

The National Advocacy Strategy for Disability Inclusion is therefore both timely and strategic. It provides a coherent framework for advancing disability inclusion through rights-based, evidence-informed advocacy that supports institutional coordination, policy implementation, and inclusive service delivery. The strategy is designed to complement existing national frameworks by clarifying advocacy priorities, strengthening partnerships, and promoting accountability across sectors.

As Eswatini continues its development journey, disability inclusion must be recognized not as a peripheral concern, but as a cross-cutting governance and development imperative. Progress in education, health, social protection, employment, infrastructure, and community life depends on the extent to which systems and institutions respond to the diverse needs and contributions of persons with disabilities. The successful implementation of this strategy will require collective leadership and shared responsibility. Government institutions, Organizations of Persons with Disabilities, civil society, traditional and community leadership, the private sector, development partners, and the wider public all have a role to play in ensuring that disability inclusion becomes an integral and sustained feature of national development.

This strategy serves as both a guide and a call to action. Through coordinated advocacy, strengthened accountability, and meaningful participation of persons with disabilities, Eswatini can continue to build a society in which inclusion is not only stated as a commitment, but a lived reality for all.

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1. ACRONYMS

CANGO	Coordinating Assembly of Non-Government Organizations
CBOs	Community-Based Organizations
CSOs	Civil Society Organizations
CPD	Continuous Professional Development
DPMO	Deputy Prime Minister's Office
FODSWA	Federation of Organizations of Persons with Disabilities in Eswatini
FGD	Focused Group Discussion
KII	Key-informant Interviews
KoE	Kingdom of Eswatini
MoH	Ministry of Health
MoET	Ministry of Education and Training
MoPS	Ministry of Public Service
MoICT	Ministry of Information, Communication, and Technology
MoPW&T	Ministry of Public Works and Transport
MoCI&T	Ministry of Commerce, Industry, and Trade
MTAD	Ministry of Tinkhundla and Administration and Development
NDPA	National Disability Plan of Action
OPDs	Organizations of Persons with Disabilities
PWDs	Persons with Disabilities
SME	Small to Medium Enterprises
SDG	Sustainable Development Goals
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNRCO	United Nations Resident Coordinator's Office
UNESCO	United Nations Educational, Scientific, and Cultural Organization
WHO	World Health Organization
WWD	Women with Disabilities

2. BACKGROUND

Disability inclusion remains one of the least fully realized human rights agendas globally, despite near-universal ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006; World Health Organization [WHO], 2023). Globally, an estimated 1.3 billion people—approximately 16 per cent of the world’s population—live with disabilities, and consistently experience poorer outcomes across education, health, employment, and civic participation compared to persons without disabilities (WHO, 2023). These disparities are not attributable to impairment alone, but arise from the interaction between impairments and systemic barriers, including inaccessible environments, discriminatory attitudes, weak institutional responsiveness, and limited access to assistive technologies and rehabilitation services (WHO, 2022).

The burden of disability-related exclusion is disproportionately borne by populations in low-and-middle-income countries (LMICs) where approximately 80 per cent of persons with disabilities reside (WHO, 2023). In these contexts, structural constraints such as poverty, under-resourced public systems, and limited social protection compound disability-related disadvantages. Global evidence further indicates that children, women, and persons living in rural areas are among the most excluded groups, facing intersecting forms of discrimination and reduced access to essential services (United Nations Children’s Fund [UNICEF], 2022; WHO, 2023).

International human rights instruments provide a clear normative framework for addressing these disparities. The Convention on the Rights of the Child (CRC) affirms the principle of non-discrimination under Article 2 and explicitly recognizes the rights of children with disabilities under Article 23, including the right to special care, assistance, dignity, and full participation in community life (United Nations, 1989). Importantly, Article 23 frames disability inclusion not as charity or welfare, but as a matter of State obligation, requiring deliberate policy, institutional, and resource measures to ensure equitable outcomes for children with disabilities.

Regionally, the disability trends in Sub-Saharan Africa reflect similar patterns of exclusion. Evidence from regional disability bodies indicates that visual impairment is among the most commonly reported disability types; disability prevalence is higher among women than men; rates are higher in rural than urban areas; and persons with disabilities generally attain lower levels of education and experience limited access to formal employment opportunities (Africa Disability Forum, 2024-2028). These trends underscore the interaction between disability, gender, geography, and structural inequality.

At the national level, Eswatini’s disability profile mirrors these regional and global dynamics. According to the Population and Housing Census conducted in 2017, approximately 146,554 persons—nearly 13 per cent of the population—were identified as persons with disabilities (Government of the Kingdom of Eswatini, 2019). Disability prevalence is higher in rural areas (15.8 per cent) than in urban areas (8.1 per cent), and higher among females (15.5 per cent) than males (11.2 per cent). In terms of functional domains, vision impairment was the most commonly reported (32.6 per cent), followed by mobility limitations (26.5 per cent). Children and adolescents aged 0-19 years constituted approximately one-third of persons with disabilities, despite representing a smaller proportion of overall population, indicating heightened vulnerability at early stages of the life course.

These demographic patterns point to structural and systemic drivers of exclusion rather than isolated individual disadvantage. They also highlight the importance of early intervention, inclusive education systems, accessible health services, and coordinated referral mechanisms to prevent the entrenchment of exclusion across the life cycle.

Eswatini’s broader socio-economic context further shapes disability outcomes. While the country has recorded positive economic growth in recent years, performance has been uneven across sectors. The

World Bank estimates that economic growth slowed to approximately 3.0 per cent in 2024, reflecting ongoing structural constraints to inclusive growth (World Bank, 2024). High unemployment remains a persistent challenge, with labour force data indicating unemployment rates exceeding 30 per cent in recent years (World Bank, 2023). In such conditions, persons with disabilities—who face additional barriers related to accessibility, discrimination, and skills development—are disproportionately excluded from decent work, entrepreneurship opportunities, and contributory social insurance schemes.

The Eswatini context therefore reflects a pattern observed globally and regionally: disability-related exclusion is not caused by impairment alone, but by the interaction between individual characteristics and physical, informational, institutional, attitudinal, and economic barriers that restrict access to services, participation, and opportunity (WHO, 2023; United Nations, 2006).

Against this backdrop, Eswatini has progressively strengthened its policy and legal environment for disability inclusion. The national framework is anchored in the Persons with Disabilities Act of 2018, the National Disability Policy of 2013, and the National Disability Plan of Action (NDPA) 2024-2028, complemented by the recent institutional tools such as the Disability Capacity Assessment Report, the Eswatini Disability Handbook, and the Disability Service Directory (Government of the Kingdom of Eswatini, 2013; 2018; 2024a; 2024b; 2024c). Together, these instruments provide a robust foundation for advancing disability-inclusive development, while also revealing the need for sustained advocacy to ensure effective implementation, coordination, and accountability across sectors.

The data and evidence on persons with disabilities in Eswatini underscores the urgency of strengthening inclusive education, health care, employment, social protection, and community participation. They also highlight the critical role of advocacy in addressing systemic barriers, influencing policy prioritization, and ensuring that national commitments translate into tangible improvements in the lived experiences of persons with disabilities.

3. PROBLEM STATEMENT AND ANALYSIS

3.1 PROBLEM STATEMENT

Despite the existence of a relatively strong legal and policy framework, persons with disabilities in Eswatini continue to experience systemic exclusion from education, health services, employment, and public life. This exclusion persists primarily due to weak enforcement of laws and policies, limited political prioritization of disability inclusion, fragmented institutional accountability across sectors, persistent stigma and discrimination, and insufficient integration of disability considerations into planning, budgeting, and monitoring systems. As a result, national commitments to disability inclusion have not consistently translated into measurable and equitable improvements in the lived experiences of persons with disabilities.

3.2 PROBLEM ANALYSIS

Persons with disabilities in Eswatini-particularly children, women, and individuals residing in rural areas- continue to experience structural exclusion across multiple sectors, including education, health, employment, and social protection. National demographic data indicate that these groups are disproportionately represented among the population of persons with disabilities, suggesting that disability is driven by intersecting social, economic, and geographic inequalities rather than by impairment alone (Government of the Kingdom of Eswatini, 2019; World Health Organization [WHO], 2023).

This exclusion is most evident in reduced access to quality education and limited participation in the labour market. Global and regional evidence consistently demonstrates that persons with disabilities are less likely to complete formal schooling and more likely to be unemployed compared to persons without disabilities, particularly in contexts characterized by high overall unemployment and poverty (World Bank, 2023). Importantly, the persistence of exclusion cannot be attributed to the absence of legal or policy commitments. However, national assessments and policy reviews indicate that implementation gaps remain significant. These include insufficient enforcement of accessibility and non-discrimination standards, fragmented institutional mandates across sectors, limited coordination mechanisms, and inadequate disability-responsive budgeting and financing arrangements (Government of the Kingdom of Eswatini, 2018; 2024a).

Institutional constraints are further reinforced by persistent stigma and negative social norms surrounding disability. Evidence from global and regional studies demonstrates that stigma remains a major barrier to disability inclusion, particularly in low-resource and rural settings, influencing both the demand for inclusive services and the willingness of institutions to prioritize accessibility and reasonable accommodation (WHO, 2023; UNICEF, 2022). In Eswatini, such attitudes continue to affect access to education, health care, employment, and participation in community and public decision-making, limiting the visibility and influence of persons with disabilities and their representative organizations.

In addition, disability-disaggregated data is not consistently utilized as a tool for planning, accountability, and policy prioritization. While the national census provides an important baseline on disability prevalence and distribution, disability data is not systemically integrated into sector planning processes, budget frameworks, or monitoring and evaluation systems (Government of the Kingdom of Eswatini, 2019; 2024a). This limits the ability of institutions to track progress, assess equity impacts, and allocate resources in a manner that responds to the differentiated needs of persons with disabilities.

These interrelated factors-weak enforcement, fragmented institutional responsibility, persistent stigma, and underutilization of data-have resulted in a gap between formal commitments and practical outcomes. Consequently, persons with disabilities continue to face barriers that restrict access to services, opportunities, and participation, reinforcing cycles of exclusion, poverty, and dependency.

Without sustained, coordinated, and evidence-based advocacy to influence political priorities, institutional practices, public attitudes, and accountability mechanisms, these structural barriers are likely to persist, undermining national development objectives and Eswatini's obligations under international human rights instruments, including the UNCRPD and the Convention on the Rights of the Child (United Nations, 2006; United Nations, 1989).

4. METHODOLOGY

The formulation of the National Advocacy Strategy for Disability Inclusion in Eswatini adopted a qualitative and participatory methodology, combining a structured desk review with stakeholder consultations through focus group discussions (FGDs) and key informant interviews (KIIs). This approach was selected in recognition that advocacy is primarily concerned with influencing policy priorities, institutional behaviour, coordination mechanisms, and accountability structures, rather than delivering services or measuring programme-level outputs (United Nations, 2006; UNICEF, 2022).

The desk review focused on key national legal, policy, and strategic instruments relevant to disability inclusion, including the Persons with Disabilities Act (2018), the National Disability Policy (2013), the National Disability Plan of Action (2024-2028), and recent institutional and evidence-generation tools such as the Disability Capacity Assessment, the Eswatini Disability Handbook, and the Disability Service Directory. Relevant regional and international frameworks, including the UNCRPD and CRC, were also reviewed to ensure alignment with normative standards and international obligations.

Stakeholder consultations were conducted through five focus group discussions and eight key informant interviews, involving a broad range of actors across government, civil society, and development partners. Participants included Organization of Persons with Disabilities (OPDs), Community-Based Organizations (CBOs), Civil Society Organizations (CSOs), members of the National Disability Advisory Council, FODSWA, media representatives, disability focal points within line ministries, academia, and United Nations specialized agencies. This inclusive consultation process was intended to capture diverse perspectives on lived experience, institutional constraints, policy implementation gaps, and opportunities for coordinated advocacy.

The methodological approach was designed to identify not only substantive gaps in disability inclusion, but also the underlying political, institutional, financing, and attitudinal factors that constrain implementation. Particular attention was given to understanding coordination challenges across sectors, enforcement and accountability mechanisms, resourcing constraints, and the participation of persons with disabilities and their representative organizations in decision-making processes. This ensured that the strategy's advocacy priorities were grounded in both rights-holder perspectives and institutional feasibility considerations (WHO, 2023).

Data generated through the desk review, FGDs, and KIIs were analysed using a thematic and analytical synthesis approach. Findings were systematically organized around the nine thematic pillars articulated in the National Disability Plan of Action (2024-2028), enabling alignment between national policy commitments and advocacy priorities. The analysis sought to identify convergence across evidence sources, highlight systemic bottlenecks, and clarify where advocacy interventions could most effectively influence policy implementation, resource allocation, and accountability.

5. ADVOCACY VISION AND GOALS

ADVOCACY VISION

A fully inclusive Eswatini in which all persons with disabilities progressively realize their human rights, enjoy equitable access to services and opportunities, and participate meaningfully in all spheres of national development without discrimination.

ADVOCACY GOAL

To strengthen the implementation and enforcement of national disability legislation, policies, and strategic frameworks through coordinated, evidence-based, and rights-focused advocacy that influences political prioritization, enhances institutional accountability, supports inclusive service delivery systems, and advances the meaningful participation of persons with disabilities and their representative organizations.

6. THE STRATEGY

6.1. PURPOSE

The purpose of the National advocacy strategy for disability inclusion is to influence political priorities, institutional practices, public attitudes, and coordination and accountability mechanisms. Evidence confirms that policy alone is insufficient to drive change for disability inclusion and mainstreaming without structured advocacy.

6.2. GUIDING PRINCIPLES

The National Advocacy Strategy for Disability Inclusion is guided by the following principles, which are grounded in Eswatini's national legal and policy framework and aligned with international human rights standards.

a) Rights-Based Approach

All advocacy efforts shall be grounded in the recognition of persons with disabilities as rights-holders and active participants in national development. The strategy promotes alignment with the Persons with Disabilities Act (2018) and the UNCRPD, emphasizing State obligations to respect, protect, and fulfil the rights of persons with disabilities through laws, policies, institutions, and resource allocation (United Nations, 2006)

b) Equality and Non-Discrimination

Advocacy will promote equality of opportunity and outcomes by addressing direct and indirect discrimination faced by persons with disabilities. This includes advocating for the removal of legal, institutional, and social barriers that perpetuate exclusion, in line with the Constitution of the Kingdom of Eswatini and the principle of non-discrimination articulated in the UNCRPD.

c) Accessibility and Universal Design

This strategy is guided by the principle that accessibility is a precondition for the enjoyment of rights. Advocacy efforts will promote the adoption and enforcement of accessibility and universal design standards across physical infrastructure, transport, information and

communication systems, and digital platforms, consistent with UNCRPD Article 9 and national accessibility obligations (United Nations, 2006; Government of the Kingdom of Eswatini, 2018).

d) Participation and Empowerment of Persons with Disabilities

Embracing the principle of “Nothing about Us without Us,” the strategy affirms the right of persons with disabilities and their representative organization to participate meaningfully in deciding-making processes at all levels. Advocacy will support the institutionalization of OPD participation in policy development, implementation, monitoring, and accountability mechanisms, consistent with UNCRPD Article 4(3) (United Nations, 2006).

e) Transparency and Accountability

Advocacy efforts will promote transparent governance, evidence-based decision making, and accountability for the implementation of national disability commitments. This includes advocating for clear roles and mandates, performance monitoring, public reporting, and the use of disability-disaggregated data to assess progress and inform policy and budgetary decisions (Government of the Kingdom of Eswatini, 2024a).

f) Sustainability and Institutionalization

The strategy prioritizes advocacy approaches that strengthen long-term institutional capacity and embed disability inclusion within existing governance, planning, and financing systems. This principle recognizes that sustainable progress will require a move beyond ad hoc initiatives toward institutionalized practices that are resilient to political, fiscal, and leadership changes.

6.3. IMPLEMENTATION APPROACH

The implementation of the National Disability Advocacy Strategy is structured around a multi-layered approach that links national policy leadership with sector-level implementation and community-level action. At national level, the National Disability Advisory Council through the National Disability Secretariat and the Deputy Prime Minister’s Office (DPMO) provide overarching leadership, coordination, political engagement, and resource mobilisation. They ensure alignment across ministries and drive national accountability.

At sector level, line ministries integrate disability inclusion into their policies, strategies, operational plans, budgets, monitoring frameworks, and regulatory systems. Disability Focal Persons within ministries will play a key coordinating role by supporting internal mainstreaming efforts, facilitating compliance with national standards, and serving as liaison points with national coordination structures and Organizations of Persons with Disabilities (OPDs). Advocacy efforts at this level will prioritize the adoption and enforcement of standards, the integration of disability-responsive indicators and budget tagging, and the use of disability-disaggregated data to inform planning and performance monitoring.

At the community and civil society level, OPDs, Community-Based Organizations (CBOs), coordinated through FODSWA and CANGO, will be central to decentralized advocacy, public awareness, and social accountability. Working in collaboration with traditional authorities, local government and community leadership, these actors will support rights awareness, community sensitization, service navigation, referral, and monitoring of inclusion at local levels. Their role is particularly critical in amplifying lived

experiences, identifying implementation gaps, and feeding evidence into national and sectoral advocacy processes.

The implementation approach recognizes that institutional capacity, resources, and readiness vary across sectors and regions. As such, advocacy efforts will adopt a phased and adaptive approach, prioritizing foundational systems strengthening, targeted capacity development, and political engagement where constraints are most pronounced. This includes mitigating risks related to coordination overload, unfunded mandates, and uneven enforcement by promoting realistic sequencing, clear role definition, and sustained engagement with decision-makers.

Through this integrated approach, the strategy seeks to ensure that advocacy efforts reinforce existing governance systems, strengthen institutional accountability, and support the progressive realization of disability inclusion across all sectors and levels of governance in Eswatini.

6.4. STRATEGY ACTION PLAN – APRIL 2026-MARCH 2030

National Coordination and Mainstreaming

Objectives	Priority Actions	Performance indicators	Primary Actors	Advocacy Targets	Time Frame
1. Establish and fully operationalize a National Disability Secretariat with legal authority, budget, and staffing to coordinate disability inclusion across all sectors	a) Advocate for the formal establishment and strengthening of the disability secretariat through Cabinet approval and statutory instruments b) Advocate for the creation of a dedicated budget for the disability secretariat within the national budget c) Advocate for visible political champions to publicly endorse and defend the Secretariat	a) Disability Secretariat established through Cabinet decision or legal instrument b) Dedicated budget vote or sub-programme for disability coordination reflected in national budget c) At least one senior political leader publicly endorses the Disability Secretariat in formal government forums	DPMO FODSWA CANGO	Cabinet, Parliament DPMO MoF National Disability Advisory Council MoPS National Planning Units	December 2026
2. Ensure that all government ministries adopt and implement disability mainstreaming tools, indicators, and budget tagging mechanisms	a) Advocate for mandatory disability mainstreaming requirements in national planning guidelines, sector strategic plans, and annual work plans b) Advocate for the introduction of disability-responsive budget tagging within the Ministry of Finance's budget classification system	a) Disability mainstreaming requirements included in national planning and budget guidelines b) Sector budget submissions include disability-tagged expenditures	National Disability Secretariat FODSWA CANGO	DPMO MoF MoPS National Planning Units Principal Secretaries Line Ministries Government Ministries' Disability Focal Points Parliamentary Portfolio Committees	December 2028

	c) Influence budget hearings and parliamentary committees to scrutinize sector allocations for disability inclusion d) Advocate for the adoption of nationally endorsed disability mainstreaming tools, indicators, and checklists applicable across sectors	c) Parliamentary committees formally request or review disability-related budget information d) National disability mainstreaming tools, indicators, and checklists are formally endorsed by government			
3. Institutionalize the formal participation of OPDs and CSOs in national and sectoral coordination mechanisms, with representation quotas	a) Advocate for formal provisions (regulations, guidelines, terms of reference) that guarantee OPD and CBO participation in coordination bodies b) Promote representation quotas, selection criteria, and term limits to prevent tokenism c) Advocate for OPDs to have voting rights, agenda-setting roles, and access to policy drafts at early stages d) Promote recognition of OPDs as rights-holders and policy actors, not service beneficiaries	a) Formal regulatory or policy instruments mandate OPD and CBO participation in coordinating bodies b) Representation quotas, selection criteria, and term limits for OPDs and CBOs are formally adopted in coordination frameworks c) OPDs have formal voting rights and contribute to agenda-setting for coordination meetings d) OPDs engaged in policy roles beyond service delivery functions	National Disability Secretariat FODSWA CANGO	Cabinet, Parliament DPMO National Disability Advisory Council FODSWA CANGO Principal Secretaries Government Coordination Units	December 2030
4. Advocate for the development and adoption of a national disability research and evidence agenda to	a) Lobby for a national disability research and evidence agenda, linked to national development priorities	a) A national disability research and evidence agenda is formally adopted by government	National Disability Secretariat FODSWA CANGO	National Disability Advisory Council Central Statistics Office Research Institutions National Planning Units	December 2029

strengthen sector planning and accountability.	b) Advocate for the integration of disability indicators across national data systems c) Advocate for meaningful involvement of OPDs in defining research priorities, methodologies, and dissemination	b) Disability indicators are formally integrated into core national data systems c) OPDs are formally represented in national research governance or advisory structures		Line Ministries Universities ESEPARC National Research Council	
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Advocacy and Awareness Raising

Objectives	Priority Actions	Performance Indicators	Responsible	Target	Time Frame
1. Launch a national, multi-channel rights-based disability awareness campaign addressing myths, stigma, and harmful beliefs, decentralised to all regions.	a) Push for a more unified and visible national rights-based disability awareness campaign b) Advocate for a rigorous coverage of disability narratives into existing national communication platforms c) Advocate for formal involvement of traditional, faith, and community leadership as messengers d) Advocate for co-creation of messages with OPDs to avoid stigma-reinforcing narratives	a) A single, nationally endorsed rights-based awareness campaign framework is adopted b) Regular disability-related content appears on national communication platforms (in dignity-affirming language) c) Traditional, faith, and community leaders are formally recognized as partners in disability awareness initiatives d) OPDs are formally involved in the design and approval of disability awareness messages	DPMO OPDs CSOs FODSWA MoICT Regional Administrators Development partners Line Ministries	MoICT Line Ministries Chiefs Faith leaders Tinkhundla Council	December 2026

2. Ensure that all public information (policies, services, emergency alerts, civic education) is provided in accessible formats (braille, sign language, audio, easy-to-read)	a) Advocate for mandatory national accessibility standards for public information b) Advocate for Ministerial directives requiring accessible formats across sectors c) Advocate for OPD oversight and monitoring of public information accessibility d) Advocate for accountability mechanisms for non-compliance	a) National accessibility standards for public information across multiple information types are formally adopted b) Ministerial or Cabinet directives mandating accessible formats are issued c) OPDs are formally mandated to participate in oversight or monitoring of public information accessibility d) Clear accountability and enforcement mechanisms for non-compliance are established	CSOs OPDs FODSWA DPMO Line Ministries	MoICT Cabinet Ministers Line Ministries National Disability Advisory Council	December 2028
3. Increase the visibility of PWD leaders, champions, and role models in national and local governance and media	a) Advocate for formal commitments to inclusive representation in leadership and advisory bodies b) Advocate for media guidelines on disability representation beyond charity narratives c) Advocate for systematic profiling of PWD leaders at national and local levels	a) Selection and appointment processes explicitly reference disability inclusion b) Media houses integrate disability-representation guidelines into editorial policies c) PWD leaders are systematically profiled in national and local public platforms	National Disability Secretariat OPDs CSOs Media Council/Forum	Appointing authorities Editor's Forum Government ministries' disability focal points MoICT	December 2026

Inclusive Education and Training

Objectives	Priority Actions	Performance Indicators	Responsible	Target	Time Frame
1. Advocate for the adoption and enforcement of national standards for inclusive school infrastructure and accessible school transport	a) Advocate for the formal adoption of national minimum standards for inclusive school infrastructure and transport b) Advocate for mandatory enforcement mechanisms for school registration, accreditation, and inspection c) Advocate for inter-sectoral coordination between education, public works and transport authorities d) Advocate for community and OPD monitoring of compliance with standards	a) National minimum standards for inclusive school infrastructure and transport are formally adopted b) School inspection tools include accessibility and transport compliance criteria c) Joint planning and decision-making processes address inclusive school infrastructure and transport d) Community members and OPDs are formally recognized in monitoring or oversight of inclusive school infrastructure standards	DPMO National Disability Secretariat OPD coalitions CSOs	Cabinet MoET MoPW&T Government Ministries' Disability Focal Points Local authorities	December 2029
2. Ensure that inclusive education training (braille, sign language, inclusive pedagogy) is integrated into all teacher training colleges and	a) Advocate for mandatory integration of inclusive education modules in pre-service teacher training curricula b) Advocate for national standards for inclusive	a) Inclusive education modules are formally integrated into pre-service teacher training curricula	National Disability Secretariat MoET OPDs CSOs	MoET Teaching Service Commission Accreditation bodies MoF ESHEQ	December 2030

continuous professional development	education competencies for all teachers c) Advocate for recognition and accreditation of inclusive education training d) Advocate for budgeted government ownership of inclusive education training beyond donor projects	b) National inclusive education competency standards for teachers are formally adopted c) Inclusive education training programmes are recognized and accredited by national authorities d) Government-led efforts are responsible for planning and delivery of inclusive education training		Teacher Training Institutions	
3. Strengthen national early identification, school health, and referral pathways for learners with disabilities, with functional inter-ministerial protocols	a) Advocate for formal inter-ministerial protocols linking education, health, and social services b) Advocate for standardised early identification and referral tools used nationally c) Advocate for clear institutional roles and accountability across ministries d) Advocate for budgeted coordination and referral functions at national and regional levels	a) Inter-ministerial protocols linking education, health, and social services are formally adopted b) Standardized tools are used consistently across education, health, and social service systems c) Roles and responsibilities for early identification and referral are formally defined for each ministry d) Dedicated budget allocations exist for coordination and referral functions	National Disability Secretariat Government ministries' Disability Focal Points OPDs CSOs	MoET MoH DPMO MoF CSOs Line Ministries Senior Officials	December 2026
4. Secure government commitment to fund and expand inclusive TVET and higher education	a) Advocate for explicit inclusion of learners with	a) TVET and higher education policies explicitly include	National Disability Secretariat OPDs CSOs	MoET MoF MoLSS	December 2028

pathways for learners with diverse disabilities	disabilities in TVET and higher education pathways b) Advocate for dedicated budget allocations for inclusive TVET and tertiary education c) Advocate for accessibility standards and reasonable accommodation in institutions d) Advocate for labour-market-linked pathways connecting education to employment e) Advocate for inclusive admissions, assessment, and certification policies	learners with disabilities as a target group b) Institutions receive earmarked funding to support reasonable accommodation and accessibility c) National accessibility and reasonable accommodation standards for TVET and higher education institutions are adopted d) Formal partnerships exist between TVET and higher education institutions and employers to support learners with disabilities e) Admission policies of TVET and higher education institutions explicitly prohibit disability-based exclusion		Government Ministries’ Disability Focal Points TVET colleges, Universities Academic boards	
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Health and Wellbeing

Objectives	Priority Actions	Performance Indicators	Responsible	Target	Time Frame
1. Push for the integration of disability inclusion and communication accessibility into all health worker pre-service and in-service training programmes	a) Advocate for mandatory adoption of disability-inclusive competencies in all national pre-service health training curricula b) Advocate for national competency standards on disability-inclusive and accessible health communication c) Advocate for compulsory disability-inclusive and communication-accessible content within in-service training and CPD frameworks d) Advocate for OPD participation in the design, delivery, and review of health worker training	a) Disability-inclusive competencies are formally embedded in national pre-service and health training curricula b) Health workers demonstrate improved competence in communicating with PWDs c) Disability-inclusive communication competencies are included in national CPD requirements d) OPDs are formally engaged in health training governance, curriculum review, or delivery mechanisms	MoH National Disability Secretariat OPDs	MoPS MoH Medical, Nursing and Allied Health Professional Councils Training Institutions Health Worker Unions	December 2026
2. Ensure that all government health facilities meet minimum accessibility and universal design standards, with annual compliance audits	a) Advocate for adoption of national accessibility and universal design standards for health facilities b) Advocate for mandatory annual accessibility audits linked to facility accreditation c) Advocate for integration of accessibility costs into health infrastructure budgets	a) National accessibility and universal design standards for health facilities are formally adopted b) Accessibility compliance is a formal requirement for health facility accreditation c) Health infrastructure budgets explicitly include line items for	National Disability Secretariat OPDs CSOs	MoH MoF MoPW&T Government Ministries' Disability Focal Points Facility Managers	December 2028

	d) Advocate for OPD participation in accessibility assessments	accountability and universal design d) OPDs are formally mandated to participate in accessibility assessments of health facilities			
3. Advocate for a national strategy to decentralize rehabilitation, mental health, and disability-specific health services to regional and rural areas	a) Advocate for a government-endorsed national decentralization strategy for disability-related health services b) Advocate for explicit inclusion of rehabilitation and mental health in primary health care policies c) Advocate for equitable allocation of specialized personnel and resources to regions d) Advocate for increased mobile, outreach, and community-based service models on disability specific health services	a) National decentralization strategy for disability-related health services is formally adopted by Government b) Public health care policies and guidelines explicitly include rehabilitation and mental health for PWDs and their caregivers as essential services c) Distribution of specialized personnel reflects regional disparities d) PWDs report reduced travel burden and improved access to services	National Disability Secretariat MoH OPDs CSOs	Cabinet MoH MoF Regional Health Offices	December 2028
4. Secure financial protection mechanisms (transport subsidies, assistive device schemes, fee waivers) to reduce out-of-pocket costs for PWDs	a) Advocate for formal government recognition of disability-related health costs b) Advocate for transport subsidies and referral support mechanisms	a) Disability-related health costs are formally recognized in national and social protection policies b) Reported missed appointments due to transport barriers decrease among PWDs	National Disability Secretariat MoH OPDs CSOs	MoH DPMO MoF Development Partners	December 2026

	c) Advocate for assistive device financing and replacement schemes d) Advocate for integration of disability costs into national health financing reforms	c) Assistive device financing is integrated into health or social protection benefit packages d) Out-of-pocket expenditure for PWDs decrease over time			
5. Increase capacity of health practitioners to appropriately and effectively serve PWDs	a) Advocate for mandatory disability-inclusive training in pre-service health curricula b) Advocate for continuous professional development on disability competence c) Advocate for national competency standards on disability-inclusive health care d) Advocate for OPD involvement in training design and delivery	a) Disability-inclusive health content is formally integrated into national pre-service health training curricula b) Disability-inclusive care is included as a recognized continuous professional development for health professionals c) National competency standards for disability-inclusive health care are formally adopted	National Disability Secretariat MoH OPDs CSOs	MoH MoET Training Institutions Regulatory Bodies Facility Managers	December 2028

Employment and Self-Awareness

Objectives	Priority Actions	Key messages	Responsible	Target	Time Frame
1. Push for the adoption and enforcement of disability employment quotas in both public and private sectors	a) Advocate for formal adoption of disability employment quotas through legislation, regulations, or Cabinet directives b) Advocate for clear quota thresholds, timelines, and scope across public and private sectors c) Advocate for public disclosure of employment data on PWDs	a) Disability employment quotas are formally adopted through law, regulations, or Cabinet directive b) Quota thresholds, timelines, and sectoral scope are explicitly defined in official documents c) Aggregated employment data on PWDs is published regularly	National Disability Secretariat MoLSS OPDs CSOs	Cabinet Parliament MoLSS TUCOSWA Business Eswatini Labour Regulation Bodies	December 2028
2. Lobby for adoption and enforcement of disability-inclusive workplace standards covering reasonable accommodation, accessible infrastructure, and anti-discrimination policies	a) Advocate for national-inclusive workplace standards aligned to labour law and CRPD principles b) Advocate for mandatory inclusion of reasonable accommodation in employment regulations c) Advocate for complaint and redress mechanisms for workers with disabilities d) Advocate for employer guidance and compliance tools to operationalize standards	a) National inclusive workplace standards are formally adopted and aligned to labour law and CRPD principles b) Employment regulations explicitly require provision of reasonable accommodation c) Accessible complaint and redress mechanisms for workers with disabilities are formally established d) Official employer guidance on inclusive workplace standards and	National Disability Secretariat OPDs CSOs MoLSS	MoLSS Business Eswatini Employer's Federations Labour tribunals/Ombudsman	December 2026

		reasonable accommodation is issued			
3. Influence the establishment of disability-biased entrepreneurship programmes (start-up grants, microfinance, market linkages)	a) Advocate for explicit inclusion of PWDs in national entrepreneurship and SME policies b) Advocate for ring-fenced or preferential funding windows for entrepreneurs with disabilities c) Advocate for market access and value-chain inclusion for disability-owned enterprises d) Advocate for simplified administrative and eligibility requirements	a) National entrepreneurship and SME policies explicitly recognize PWDs as a priority target group b) Ring-fenced or preferential funding windows for entrepreneurs with disabilities are formally established c) National Trade, procurement, or SME strategies explicitly promote market access for disability-owned enterprises d) Administrative and eligibility requirements for SME support schemes are reviewed and simplified	National Disability Secretariat OPDs CSOs MoLSS	Ministry of Commerce and Industries Ministry of Tinkhundla and Administrative Development SME agencies MoF Micro-finance institutions Employers Federations	December 2026

Social Protection

Objectives	Priority Actions	Performance Indicators	Responsible	Target	Time Frame
1. Secure increased disability grant levels and coverage and operationalize the Disability Fund as mandated by the Disability Act	a) Advocate for the full operationalization of the Disability Fund in line with the Disability Act	a) The Disability Fund is formally operationalized in accordance with the Disability Act b) Disability grant levels are revised to reflect	National Disability Secretariat OPDs CSOs	DPMO MoF Cabinet, Parliament National Disability Advisory Council	December 2026

	b) Advocate for increased disability grant in line with cost-of-disability evidence c) Advocate for ring-fenced and predictable budget allocations for disability grants and Fund d) Advocate for transparent governance and reporting mechanisms for the Disability Fund	- evidence on the cost of disability c) Ring-fenced budget allocations for the Disability Fund reflect in the national budget d) Formal governance, reporting, and accountability frameworks for the Disability Fund are adopted			
2. Ensure the development of a national disability registry integrated with social protection	a) Advocate for adoption of a unified national Disability Registry, integrated with social protection and service delivery systems b) Advocate for OPD participation in registry design and oversight	a) Disability registry is integrated with core social protection and service delivery systems b) OPDs are formally represented in governance structures overseeing the Disability Registry	National Disability Secretariat OPDs CSOs	DPMO CSOs Cabinet	December 2028
3. Advocate for disability-responsive social protection packages differentiated by disability type and severity	a) Advocate for recognition of differentiated disability-related needs and costs b) Advocate for tiered social protection benefits based on disability type and severity c) Advocate for periodic review mechanisms to adjust benefits over time d) Advocate for alignment of disability packages with poverty and vulnerability assessments	a) National social protection policies formally recognize differentiated disability-related needs and costs b) Tiered benefit structures based on disability type and/or severity are formally adopted c) Formal mechanisms for periodic review of disability benefits are established d) Disability status and severity are integrated	National Disability Secretariat OPDs CSOs	DPMO MoF OPDs Government Planning and M&E Units	December 2026

		into vulnerability scoring or targeting mechanisms			
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Gender Equity and Underrepresented Groups

Objectives	Priority Actions	Performance indicators	Responsible	Target	Time Frame
1. Ensure the establishment of disability-inclusive GBV response services (safe spaces, trained officers, accessible reporting)	a) Advocate for formal recognition of women and girls with disabilities as a high-risk group in GBV policies and action plans b) Advocate for mandatory disability-inclusive standards in GBV response services (safe spaces, police units, shelters) c) Advocate for accessible reporting and complaint mechanisms (sign language, easy-to-read, braille, confidential support) d) Advocate for training and certification requirements for GBV responders on disability	a) National GBV policies and action plans explicitly recognize women and girls with disabilities as a high-risk group b) Disability-inclusive standards for GBV response services are formally adopted c) Accessible GBV reporting and complaint mechanisms are formally established d) Disability-inclusive GBV response training is mandated within professional standards	National Disability Secretariat OPDs CSOs Women Lobby groups/organizations	DPMO REPS Line Ministries Law Enforcement Agencies	December 2026
2. Advance leadership quotas for women with disabilities and underrepresented disability groups in	a) Advocate for formal leadership and representation quotas for WWDs	a) Formal leadership and representation quotas for women with disabilities are adopted b) Disability-gender quotas are integrated into public	National Disability Secretariat OPDs CSOs Women Lobby groups/organizations	Cabinet, Parliament National Disability Advisory Council DPMO MoPS Appointing Authorities	December 2028

public/private institutions and political structures	b) Advocate for integration of disability-gender quotas into public appointment, recruitment, and electoral frameworks c) Advocate for transparent nomination and selection process that remove informal exclusion d) Advocate for leadership pathways, mentorship, and visibility mechanisms	- sector appointment and recruitment regulations c) Eligibility criteria and selection processes are publicly available and accessible d) Formal leadership development and mentorship pathways for women with disabilities are established		Media Electoral Commission	
3. Advocate for accessible SRHR services for women and adolescents with disabilities nationwide	a) Advocate for explicit inclusion of WWDs and adolescents with disabilities in SRHR policies and strategies b) Advocate for accessibility standards in SRHR facilities and outreach services c) Advocate for training of health practitioners on disability-inclusive SRHR d) Advocate for public awareness to counter harmful myths around sexuality and disability e) Advocate for confidential, rights-based consent and counselling mechanisms	a) National SRHR implementation frameworks include targeted actions for women and adolescents with disabilities b) Accessibility standards for SRHR facilities and outreach services are formally adopted c) Pre-service and continuous professional development curricula include disability-inclusive SRHR content d) Public messaging explicitly challenges myths about sexuality, consent, and disability e) Consent and counselling mechanisms are available in accessible formats	National Disability Secretariat OPDs CSOs	DPMO MoH National Disability Advisory Council Training Institutions Communities Media	December 2026

4. Reduce economic drivers of risk (e.g., transactional sex) by promoting targeted empowerment and social protection schemes for WWDs	a) Advocate for recognition of the link between poverty, disability, and GBV risk b) Advocate for targeted social protection schemes for women with disabilities c) Advocate for flexible eligibility and delivery mechanisms that account for disability barriers d) Advocate for monitoring of protection outcomes related to GBV risk reduction	a) Prevention strategies explicitly address economic drivers of GBV affecting WWDs b) Targeted social protection schemes for WWD are formally adopted c) Social protection eligibility and delivery frameworks include disability-responsive flexibility provisions d) Monitoring frameworks for social protection programmes include indicators related to GBV risk and safety	National Disability Secretariat OPDs CSOs	DPMO MoF MoEP&D Government Planning and M&E Units	December 2026
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Sports and Recreation

Objectives	Priority Actions	Key messages	Responsible	Target	Time Frame
1. Promote adoption of a National Inclusive Sports and Recreation Strategy with dedicated budget lines	a) Advocate for the endorsement and formal adoption of a National Inclusive Sports and Recreation Strategy b) Advocate for clear institutional leadership and coordination arrangements for inclusive sports c) Advocate for integration of disability inclusion into	a) National Inclusive sports and recreation strategy is formally endorsed and adopted by government b) A unit for inclusive sports and recreation is formally designated c) Mainstream national sports policies and plans	National Disability Secretariat MoSYA OPDs CSOs	Cabinet MoSYA DPMO Government Ministries' Focal Points National Sports Council	December 2028

	mainstream national sports policies and plans d) Advocate for OPD and PWD athlete participation in strategy development and oversight	explicitly include disability inclusion objectives d) OPDs and PWD athletes are formally represented in strategy development and oversight structures			
2. Ensure retrofitting of major sports and cultural facilities to meet accessibility standards	a) Advocate for retrofitting requirements aligned to licensing, hosting rights, and public funding b) Advocate for phased, costed retrofit plans for prioritized national facilities c) Advocate for accessibility audits of major sports and cultural events d) Advocate for OPD involvement in accessibility assessments and monitoring	a) Accessibility requirements are applied consistently across sports and cultural events b) Phased and costed retrofit plans for prioritized national sports and cultural facilities are formally approved c) Accessibility audits are mandated for major sports and cultural events d) OPDs are formally recognized as partners in accessibility assessments and monitoring	National Disability Secretariat MoSYA OPDs CSOs	MoSYA MoF National Sports Council Facility Managers	December 2030
3. Increase national visibility of PWD athletes through inclusive events and media coverage	a) Advocate for formal inclusion of PWD sporting events in national sports calendars b) Advocate for media commitments to regular coverage of PWD athletes and competitions	a) PWD sporting events are formally included in national sports calendars b) Media organizations formally commit to regular coverage of PWD athletes and competitions	National Disability Secretariat OPDs CSOs	National Sports Associations Editors and Broadcasters Media Houses	December 2026

	c) Advocate for inclusive representation in sports leadership and associations d) Advocate for positive, dignity-affirming narratives in sports media and commentary	c) Sports governance frameworks formally include representation provisions for PWDs d) Reduction in charity-based, sensationalized, or infantilizing narratives in sports media and commentary			
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Infrastructure and Environment

Objectives	Priority Actions	Key messages	Responsible	Target	Time Frame
1. Advocate for nationwide accessibility audits and mandatory compliance with universal design standards for public buildings and transport	a) Advocate for formal adoption of national universal design and accessibility standards applicable across all sectors b) Advocate for nationwide accessibility audits and assessment of public buildings and transport systems c) Advocate for integration of accessibility requirements into infrastructure approval and licensing processes d) Advocate for OPD participation in	a) National universal design and accessibility standards are formally adopted and endorsed b) Nationwide accessibility audits of public buildings and transport systems are formally mandated c) Planning, building permit, and transport licensing processes include accessibility criteria d) OPDs are formally recognized as participants in	National Disability Secretariat MoPW&T OPDs CSOs	Cabinet DPMO MoPW&T Construction Industry Council Municipalities and Town Boards Facility Owners	December 2028

	accessibility audit processes	accessibility audit and assessment processes			
2. Strengthen enforcement mechanisms (penalties, approval systems, inspections) to ensure accessibility compliance across sectors	a) Advocate for binding enforcement provisions (penalties, sanctions, corrective orders) for non-compliance b) Advocate for integration of accessibility checks into routine inspections across sectors c) Advocate for clear institutional mandates and coordination among enforcement agencies d) Advocate for capacity strengthening of inspectors and regulators on accessibility standards	a) Binding enforcement provisions for non-compliance are formally adopted b) Accessibility checks are formally integrated into routine inspection frameworks across sectors c) Clear institutional mandates for accessibility enforcement are formally defined d) Accessibility standards for competence for inspectors and regulators is formally required	National Disability Secretariat OPDs CSOs	Cabinet, Parliament DPMO MoWP&T Government Ministries' Disability Focal Points (relevant ministries) Ombudsman	December 2026
3. Push for institutionalized participation of OPDs in national and municipal infrastructure planning and monitoring committees	a) Advocate for formal legal or policy provisions mandating OPD representation in infrastructure governance structures	a) Legal or policy instruments formally mandate OPD representation in infrastructure governance bodies	National Disability Secretariat OPDs CSOs	Cabinet Municipalities and Town Boards DPMO MoPW&T Construction Industry Council	December 2026

	b) Advocate for clear participation quotas, selection criteria, and terms of reference for institutionalized participation c) Advocate for early-stage involvement of OPDs in planning and design processes d) Advocate for feedback and response mechanisms to OPD recommendations	b) Participation criteria, quotas, selection criteria, and terms of reference for OPD representation are formally approved c) Infrastructure planning and design frameworks require OPD involvement at early stages d) Formal feedback and response mechanisms to OPD recommendations are established			
4. Ensure all public infrastructure projects incorporate accessible communication formats (braille, SL, signage, audio guidance)	a) Advocate for accessible communication requirements for all public infrastructure projects b) Advocate for integration of accessible formats in public notices, consultations, signage, and user information c) Advocate for OPD validation of communication accessibility d) Advocate for monitoring and accountability for communication compliance	a) Accessible communication requirements for public infrastructure projects are formally adopted b) Accessible formats are consistently used in public notices, consultations, signage, and user information c) OPDs are formally mandated to validate accessibility of infrastructure communications d) Monitoring and accountability mechanisms for communication accessibility are formally established	National Disability Secretariat OPDs CSOs	MoPW&T Construction Industry Council Construction companies Project authorities	December 2028

7. KEY MESSAGES

PILLAR	MESSAGE	TARGET
1. National Coordination and Mainstreaming	Disability coordination cannot rely on ad-hoc committees. A legally mandated, centrally located disability secretariat will reduce fragmentation across ministries and allow Cabinet to track results with clarity	Cabinet; Central Coordinating Authorities; DPMO; Line Ministries
	Without a visible budget line and staffing establishment, disability coordination remains aspirational. Predictable funding enables government to move from commitments to measurable delivery	MoF; National Planning Units
	Annual reporting on disability coordination is an accountability tool that allows Parliament to assess whether national laws and policies are being implemented as intended	Parliamentary Committees; National Disability Advisory Council
2. Advocacy and Awareness Raising	Disability messaging must shift from charity narrative to rights and citizenship. Integrating disability into national communication platforms ensures consistent, authoritative messaging across the country	MoICT; Media Council
	Harmful beliefs persist not because of culture, but because of silence. When respected leaders speak clearly on disability, communities follow	Traditional and Faith Leadership; Local Government and Community Leaders; Communities
	How disability is reported shapes how services are accessed. Accurate, dignity-affirming coverage supports inclusion and strengthens public trust	Media Houses; Editors Forum; Broadcasters
3. Inclusive Education and Training	Clear national standards for inclusive school infrastructure and transport protect learners and guide schools. Without standards, inclusion depends on goodwill and fortune rather than policy	MoET
	Inclusive education is not a specialized add-on; it is a core teaching competency. Graduating teachers without these skills perpetuates exclusion in classroom	Teacher training institutions; ESHEQ
	Early investment in inclusive education reduces the long-term costs of repetition, drop-out, and institutional care	MoF; MoET; National Planning Units
4. Health and Wellbeing	Children with disabilities are lost between systems when ministries operate in silos. Formal inter-ministerial referral protocols close these gaps and protect children's rights to care	DPMO; MoH; MoET
	Health facilities that are inaccessible undermine universal health coverage. Accessibility standards and annual audits protect both patients and public investment	MoH; MoPW&T; Cabinet, Parliament

	Out-of-pocket costs related to disability push families into poverty. Financial protection mechanisms are essential for equitable access to care	DPMO; MoH
5. Employment and Self-employment	Employment quotas are not preferential treatment; they correct structural exclusion. Clear thresholds and enforcement mechanisms create certainty for both employers and job seekers	MoLSS; Parliament
	Reasonable accommodation enables productivity and retention. Clear workplace standards reduce employer risk and misunderstanding	MoPS; Business Eswatini; Federation of Employers and Allied Business Community
	Entrepreneurs with disabilities are excluded not by lack of ability, but by inaccessible finance and markets. Targeted schemes unlock existing economic potential	MoCI&T; SME Agencies; Micro-finance institutions
6. Social Protection	Current disability grants do not reflect the real cost of disability. Adjusting grant levels and coverage is a matter of adequacy, not generosity	Cabinet; DPMO
	Operationalizing the Disability Fund fulfils an existing legal mandate and allows government to plan disability expenditure transparently	DPMO; MoF
	Disability-responsive packages must be differentiated. Treating all disabilities the same produce inequitable outcomes	Cabinet; DPMO
7. Gender Equity and Underrepresented Groups	Women and girls with disabilities face higher risks but fewer reporting options. GBV services that are not accessible effectively exclude survivors	DPMO; MoJCA; Law enforcement agencies
	Leadership quotas for women with disabilities correct historical exclusion and strengthen institutional legitimacy	Cabinet; Appointing Authorities
	Economic dependency increases exposure to exploitation. Targeted empowerment schemes reduce risk, not just poverty	DPMO
8. Sports, Recreation and Culture	Inclusive sport is a national-building tool. A resourced national strategy ensures participation is systematic, not symbolic	MoSYA; Cabinet
	Visibility of athletes with disabilities promotes excellence and national pride-not sympathy	National Sports Council; Media Council; Media Houses
9. Infrastructure and Environment	Accessibility audits prevent exclusion before it becomes costly. Universal design is a quality standard, not a special request	MoPW&T
	Standards without enforcement weaken public confidence. Penalties and inspections ensure compliance across sectors	MoPW&T Construction Industry Council

8. RESOURCING THE STRATEGY

Given the country's constrained fiscal space, reliance on external development assistance, and the imperative to strengthen state systems, the strategy adopts a blended and phased resourcing model. This model prioritizes government ownership, mainstreams disability inclusion within existing sectoral budgets and regulatory frameworks, leverages catalytic partner development support, and progressively embeds sustainability through compliance-based and institutional financing mechanisms. The model recognizes that disability inclusion is not a discrete programme requiring stand-alone funding, but a cross-cutting governance obligation that must be integrated into how public institutions plan, budget, regulate, and deliver services.

Government Core Financing and Ownership

The foundation of the Strategy's resourcing model is direct government financing for core coordination, policy oversight, and accountability functions. This includes resourcing for national disability coordination mechanisms, policy development and review processes, monitoring and reporting functions, and the institutionalized participation of Organizations of Persons with Disabilities (OPDs) in governance and oversight structures. These functions are not treated as project activities but as permanent public-sector responsibilities, and are therefore expected to be financed through the national budget and reflected in the Medium-Term Expenditure Framework.

Sectoral Mainstreaming and Cost Absorption

Beyond core coordination functions, the Strategy relies heavily on sector cost absorption as a primary resourcing mechanism. Ministries responsible for education, health, infrastructure and transport, labour, social protection and gender, sports and culture, and local government are expected to integrate disability inclusion actions into their existing plans, budgets, and operational frameworks. Rather than creating new funding streams, the Strategy promotes the use of disability budget tagging and performance markers to make existing allocations visible and accountable.

Catalytic Development Partner Support

Recognizing the scale of institutional reform envisaged, the Strategy acknowledges the continued importance of development partner support. Development assistance is positioned as catalytic and transitional, rather than substitutive. Partner resources are envisaged to support technical assistance, policy and standards' development, data and registry development, capacity building, and time-bound national advocacy and communication initiatives. Importantly, development partner support is not expected to fund routine government functions or long-term service delivery, but to accelerate reforms that can subsequently be absorbed into public systems.

Compliance-Based and Institutional Financing

Over the medium to long term, the strategy promotes a shift toward compliance-based and institutional financing mechanisms to sustain disability inclusion. This includes integrating accessibility and inclusion requirements into regulatory frameworks, licensing systems, accreditation processes, and public procurement rules, thereby embedding disability-related costs within routine operational and capital expenditure.

9. CONCLUSION

The National Advocacy Strategy for Disability Inclusion represents a decisive step in advancing Eswatini's commitment to equality, dignity, and inclusive development. It provides a coherent framework for translating policy commitments into accountable action across government and society.

Rather than introducing new policy mandates, the strategy focuses on addressing the structural and systemic factors that have constrained implementation to date. By prioritizing coordinated advocacy, strengthened institutional accountability, and evidence-informed decision-making, it responds directly to the governance, financing, and enforcement gaps that continue to limit the realization of rights for persons with disabilities. In doing so, it affirms that disability inclusion is not a peripheral social issue, but a core measure of institutional effectiveness and equitable development.

Central to the strategy is the recognition of persons with disabilities and their representative organizations as rights-holders and essential partners in governance. The institutionalization of OPD participation across policy, planning, monitoring, and accountability processes is an imperative and a practical mechanism for improving policy relevance, implementation fidelity, and public trust. Similarly, the engagement of traditional leadership, civil society, the private sector, development partners, and local government is critical to ensuring that advocacy efforts are grounded, coordinated, and sustained.

The strategy's success will ultimately be measured not by the existence of frameworks or commitments, but by demonstrable improvements in access, participation, and outcomes for persons with disabilities across all regions and sectors. This requires sustained political leadership, adequate and predictable resourcing, effective coordination, and the systematic use of evidence to track progress and address inequities.

As Eswatini moves towards 2030, this strategy provides a clear and credible pathway for embedding disability inclusion within national development processes. Through collective responsibility, consistent advocacy, and strengthened accountability, the Kingdom can ensure that disability inclusion becomes an enduring feature of governance and social progress, and that no person is left behind in the enjoyment of rights and opportunities.

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APPENDICES

Appendix 1: Definition of terms

Accessibility

The degree to which environments, services, products, information, communication, and systems can be used by persons with disabilities on an equal basis with others. Accessibility includes physical access, transport access, information and communication access, digital access, and programmatic access, and is guided by universal design principles.

Advocacy

A deliberate and systematic set of actions aimed at influencing policies, systems, practices, behaviours, and societal norms to promote the rights and full inclusion of persons with disabilities. Advocacy may be undertaken at national, sectoral, and community levels, and includes evidence generation, policy dialogue, awareness raising, and rights-based campaigning.

Assistive Devices and Technology

Products or equipment—ranging from wheelchairs and hearing aids to communication devices and digital tools—designed to improve mobility, communication, functioning, or independence for persons with disabilities.

Awareness Raising

Organised communication and engagement efforts designed to improve public understanding of disability, challenge harmful beliefs and stigma, and promote positive attitudes, behaviours, and social inclusion.

Barrier

Any factor in the physical, social, information, policy, attitudinal, institutional, or economic environment that limits the participation and equal enjoyment of rights by persons with disabilities.

Community-Based Organisations (CBOs)

Local organisations that operate at community level to support service delivery, mobilise communities, provide referrals, and implement advocacy, including disability sensitisation and inclusion initiatives.

Community-Based Rehabilitation (CBR)

A multi-sectoral strategy that promotes the rehabilitation, equalisation of opportunities, social inclusion, and empowerment of persons with disabilities at the community level, implemented in partnership with families, communities, service providers, and OPDs.

Decentralisation (in the disability sector)

The process of transferring authority, resources, and capacities from national to regional and community levels to ensure that disability-inclusive services and advocacy are implemented closer to where people live.

Disability

Long-term physical, psychosocial, sensory, neurological, developmental, or intellectual impairments which, in interaction with barriers, hinder a person's full and effective participation in society on an equal basis with others. This definition aligns with the CRPD and the Persons with Disabilities Act (2018).

Disability Inclusion

A rights-based approach ensuring that persons with disabilities can actively participate in, benefit from, and contribute to all social, economic, and political systems and opportunities without discrimination.

Disability-Inclusive Development

A development approach that integrates disability considerations across all policies, programmes, budgets, and systems to ensure equitable outcomes for persons with disabilities.

Disability Mainstreaming

A governance and planning process through which all ministries, programmes, institutions, and actors systematically integrate disability rights, accessibility, and inclusion considerations into policies, budgets, services, and monitoring systems.

Disability Focal Person (DFP)

A designated officer within a ministry, municipality, or agency responsible for coordinating disability mainstreaming, advising on inclusion standards, reporting progress, and liaising with OPDs and the National Disability Secretariat.

Disability Tagging (Budget Tagging)

A financial management practice that identifies, tracks, and reports government budget allocations that directly or indirectly support disability inclusion, enabling better resource planning, accountability, and transparency.

Early Identification and Referral

A coordinated process of screening, assessing, and identifying developmental delays or disabilities in children or youth and linking them.

Retrofitting

Process of modifying, upgrading, or improving an existing structure, system, or piece of equipment so that it meets new standards, performs more efficiently, becomes safer, or serves a new function it was not originally designed for.

