



Swaziland National Disability Plan of Action (NDPA)

2015-2020

DEPUTY PRIME MINISTERS OFFICE JULY 2015

FOREWORD

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

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

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

> <u>Senator Paul Dlamini</u> Deputy Prime Minister

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

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

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

> Khangeziwe Mabuza Principal Secretary

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Acronyms

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

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

Executive Summary

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

The Swaziland National Disability Plan of Action (NDPA) has been prepared, with the active involvement of all key stakeholders including Persons With Disabilities, Organisations representing Persons With Disabilities, Civil Society, International donors, Local Municipalities and the Government of the Kingdom of Swaziland. The objective of the NDAP is to facilitate the implementation of the disability policy and ensure that the rights and fundamental freedoms of Persons With Disabilities in Swaziland are promoted and protected; and they are empowered to exercise those rights and enjoy equal participation in the life of the community in which they live, without discrimination of any kind on the basis of their disability. A key element of the NDAP is improving access for Persons With Disabilities to all public and community services and facilities. This strategy, commonly called *"Mainstreaming*", has the capacity to significantly improve the quality of life of all Persons With Disabilities, with little or no cost to the rest of the community.

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

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

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

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

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

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

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

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

1.0: Background and Context

The World Bank classifies Swaziland as a lower-middle income country¹ (World Bank DAC list 2013), due to the fact that the government budget, and therefore GDP, are propped up by customs revenues from the Southern African Customs Union (SACU). Economic growth over the past decade has remained slow, with real GDP averaging around 2-3%² and then falling to 0.2% in 2012 and 0.8% in 2013³. This falls short of the 5% national target needed to make a positive impact on poverty. The poverty survey suggests that 63% (down from 69% in 2000/1) of the population still lives below the national poverty line, whilst 29% lives in extreme poverty. The burden of poverty falls disproportionately on the rural population, the elderly, the disabled and children. Since 2002, HIV/AIDS has become by far the greatest health and socioeconomic problem of the nation. This has resulted in a disproportionate share of children who have lost one or both parents to AIDS.

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

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

² Government of Swaziland (2010) National Social Development Policy

³ Government of Swaziland (2013) Economic Indicators for Swaziland, MoEPD

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

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

1.1: Definition of Disability

A disability may be defined as any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can impact on a person's lifestyle and / or everyday functioning. Disabilities can occur at any time in a person's life. For some, the disability begins at birth. For others, it can be the result of an occurrence such as sporting or motor vehicle accident or from armed conflict. Other people acquire disabilities later in life through various illnesses or ageing. Some disabilities can affect a person's ability to communicate, interact with others, learn or get about independently. A disability can impact on a person's employment, education, recreation, accommodation and leisure opportunities. Disabilities may be short- or long-term. Some are episodic and many people may have more than one disability.

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

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

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

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

Traditional approaches to the provision of social protection for Persons With Disabilities operate on the basis of a *social welfare model* which has two main pillars. The first, is the medical view of disability as a health condition and the second is a rehabilitation approach which aims to change the person rather than to adapt the environment to his or her needs. Thus, the explanation for the exclusion of a person with a disability is located within his or her physical, psychological or sensory impairment. In a system designed on this basis most of the activities aimed at resolving the circumstances of Persons With Disabilities are implemented through treatment and capacity building interventions. Another element of this approach is that there is a system of support aimed at compensating individuals in terms of pensions and benefits for their disability. The concept of integration, including the development of more accessible social mainstream institutions, is only implemented in isolated cases and often only by organisations focusing on disability including nursing homes, special education institutions, sheltered enterprises and special recreation providers. Unfortunately, these organisations represent a segregated domain of activity for persons with disabilities which enhances social exclusion.

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

1.2: Delivery of Disability Services

Poverty, disability and social exclusion take complex and multi-dimensional forms, which require the mobilisation of a wide range of policies. It is linked to activity status as well as to a number of indicators that relate to an individual's means, perception and satisfaction, all of which are key determinants of people's standard of living and quality of life. Alongside employment policy, social protection has a pre-eminent role to play, while the importance of other factors such as housing, education, health, information and communications, mobility, security and justice, leisure and culture should also be acknowledged. The social model of disability complimented by a rights-based model of understanding disability, provides the foundation for a holistic approach to the provision of services for families caring for a child or adult with a disability; and for persons with disabilities living in institutions or in the community. The exclusion barriers and social and environmental challenges which Persons with Disabilities living in poverty experience need to be urgently addressed if persons with disabilities are to be included in society and are to break out of a vicious cycle of poverty and disability. It is necessary and important to run development activities designed to address the particular needs of Persons with Disabilities through sector-specific programs. But at the same time, it is also vital to address disability as a crosscutting issue, and to consider the needs of all sectors of a diverse population in the development of public facilities and delivery of public services. Because the needs of Persons With Disabilities are so diverse, it is impossible for one government agency to satisfy those needs. A multidimensional approach is required to address a multidimensional challenge. This will involve the cooperation and coordination of many actors from government, nongovernment and donor community. A vital ingredient in effective and efficient service delivery will be the capacity to coordinate interventions from different sources at central, regional and community levels.

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

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

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

The objects of the National Statutory Body are to:

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

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

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

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

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

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

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

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

ii) Mainstreaming Disability in Policy and Programme Development

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

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

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

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

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

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

iii) Public Private Partnerships

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

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

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

The major objective of PPP is to provide better quality outcomes for service users at a lower cost, therefore outsourcing the delivery of services should lead to measurable improvements in the effectiveness and efficiency of service delivery. Once a decision has been made on the service to be outsourced, it is then important to accurately cost the service. It is impossible to measure the financial impact of outsourcing if the baseline cost is unknown. It is also difficult to establish a fair and equitable contract fee without this information. It is important when considering proposals for social contracting that all alternatives be comprehensively evaluated. This involves considering both the costs and outcomes or outputs, including comparative quality. All risks should be systematically assessed, including the risk of dismantling in-house capabilities leading to possible dependence on an external single supplier. Government authorities can commission social services from the non-governmental or private sector partners, through procurement, subsidy mechanisms or "direct payments". This provides the contracting authority with a range of possible means to pay for services or tasks rendered by partners. A major trend in many countries is to give individual clients more control over the process of service selection by allocating funds directly or indirectly to them. Direct payments provide the users, directly or indirectly with the necessary funds to pay the fees related to the social services of their need, such as personal assistance.

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

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

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

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

1. National Coordination and Mainstreaming Mechanism for Disability

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

2. Advocacy and raising awareness

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

There is an urgent and ongoing need for a substantial awareness raising program to educate and inform all parts of the Swaziland community especially the political establishment. Despite lots of rhetoric and fine policies, Persons With Disabilities and their representative organisations feel that disability issues are very low in the priority of government and therefore few resources are invested to this sector. There is a strong need to advocate for the inherent rights of Persons With Disabilities to be respected and promoted at all levels. Advocacy is defined as the support or argument in favor of a cause, policy or idea. It is undertaken to influence public opinion and societal attitudes or to bring about changes in government, community or institutional policies. The process of actively speaking out, writing in favor of, supporting, and/or acting on behalf of oneself, another person, or a cause; act of speaking or interceding for and on behalf of people with disabilities.

3. Social Protection

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

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

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

4. Education and Training

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

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

A child whose disability or developmental delay is identified at an early stage will have a much better chance of reaching her or his full capacity. Early childhood care and education, whether it is public, private or provided by the community, should be designed to respond to the child's individual needs. Early childhood education is not limited to preschools and other childcare facilities – the home environment plays a fundamental role in stimulating and facilitating the development of the child. The issues of access to education is a complex one. Although the desire to develop inclusive education is commendable, this cannot be successfully achieved without a great deal of development work at family and community level and the allocation of substantial resources. Despite a policy of inclusive education in Swaziland, many children with disabilities are still unable to access even basic primary education due to a number of factors including a lack of transport, inaccessible environment and school buildings, lack of equipment and resources in schools, teachers without the necessary skills, large class sizes and the negative attitudes within families and communities. Even in situations where children with disabilities are able to access special or mainstream educational facilities, the quality of education is questionable. A more appropriate and relevant competency-based curricula is needed, which accommodates the needs of all learners, together with more flexible assessment practices. This will lead to improved numbers of children with special needs succeeding in primary school and progressing to secondary and higher education.

5. Health

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

Both government and non-government rehabilitation services are seriously under-resourced and access to therapy and assistive and adaptive technology is limited. There are substantial shortages in allied health professionals such as Occupational Therapists, Physiotherapists, Audiologists and Speech Therapists and there is currently no professional education and training in these disciplines in Swaziland. Interested persons must therefore study in other countries such as South Africa.

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

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

6. Skills Development and Labour Market

There are few opportunities for Persons With Disabilities to access vocational training which provides them with marketable skills to engage in employment or self-employment. Statistics show that 83.7% of Persons With Disabilities are economically inactive (Swaziland Disability Profile 2011). Vocational training for Persons With Disabilities is provided in three segregated rehabilitation centres, provided by the Ministry of Labour and Social Services; Nhlangano, Malkerns and Mbabane. (Mbabane is currently closed for renovations). Rehabilitation centres provide vocational training in a number of trades and provide some assistance to help graduates find jobs or self-employment. However the vocational rehabilitation centres report a lack of resources and a need to urgently review curricula to better reflect the needs of the labour market.

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

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

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

7. Infrastructure and the Environment:

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

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

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

3.0: Implementation Partners

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

i) NGOs Representing People with Disabilities

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

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

ii) Government Ministries

- 1. The Prime Minister's Office, (Correctional Service and the Royal Swaziland Police)
- The Deputy Prime Minister's Office (DPMO), Department of Social Welfare (DSW) is primarily responsible for the planning, administration and delivery of social protection.
- 3. Ministry of Education and Training (MOET)
- 4. Ministry of Health (MOH)
- 5. Ministry of Labour and Social Security (MOLSS)
- 6. Ministry of Justice and Constitutional Affairs (MoJCA)
- 7. Ministry of Foreign Affairs and International Cooperation (MFAIC)
- 8. Ministry of Information Communication and Technology (ICT)
- 9. Ministry of Tourism and Environmental Affairs (MTEA)
- 10. Ministry of Finance (MOF)
- 11. Ministry of Economic Planning and Development (MOEDP)
- 12. Ministry of Agriculture (MOA)
- 13. Ministry of Commerce, Industry and Trade (MOCIT)
- 14. Ministry of Tinkhundla Administration and Development (MOTAD)
- 15. Ministry of Home Affairs (MOHA)
- 16. Ministry Housing and Urban Development (M0HUD)
- 17. Ministry of Public Works and Transport (MOPWT)
- 18. Ministry of Sports, Culture and Youth Affairs (MOSCYA)

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

iii) Municipal Councils

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

iv) International Development Partners

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

v) International NGOs

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

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

vi) Employer Organisations:

- Employers Trade Unions
- TUCOSWA Trade Union

4.0: Objectives of the NDPA:

a) Overall Objective

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

b) Specific Objectives:

- i) National Coordination and Mainstreaming Mechanism for Disability: To ensure effective coordination and mainstreaming of the implementation of the strategic thematic areas of the National Plan of Action for Persons With Disabilities (2016-2020), the UN Convention on the Rights of Persons With Disabilities (CRPD) and national policies and programmes for Persons With Disabilities (PWD).
- **ii)** Advocacy and Awareness Raising: To raise awareness at all levels in society, including at the family level, on the rights of Persons With Disabilities and to combat stigma, stereotypes, prejudices and harmful practices related to Persons With Disabilities, including those based on age and gender, in all areas of life.

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

5.0: Monitoring and Evaluation

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

5.1: Objectives and Results

| | | | and fundamental freedoms of Persons With Disabilities oy equal participation in the life of the community in which |
|----------------------------|------------------------------------|---------|---|
| they live, without discrim | nination of any kind on the | e basis | s of their disability. |
| 1. National Coordinati | ion and Mainstreaming | Mecha | anism for Disability |
| | ime Ministers Office (DPM | | |
| Implementation Partners | <u>s: All line-Ministries, Mun</u> | icipali | ties, NGOs, DPOs, Donors and Development Partners |
| Specific Objective 1 | Policy Areas and or | Resu | llts |
| | target group | | |
| The effective | 4.3 Poverty alleviation | 1.1 | Persons With Disabilities have equal access to early, |
| coordination and | 4.4 Inclusive | | primary, secondary and further Education |
| mainstreaming of the | education | 1.2 | Persons With Disabilities have equal access to Technical |
| implementation of the | 4.5 Children with | | Education, Vocational Training (TVET) and Employment |
| strategic thematic | disabilities | 1.3 | Persons With Disabilities have equal access to Health |
| areas of the NDPA, the | 4.6 Gender issues | | Care |
| UNCRPD, national | 4.9 Health care | 1.4 | Persons With Disabilities have equal access to Public |
| policies and | 4.12 Sport and | | Housing, Transport and Public Services, Public Facilities |
| programmes for PWD | Recreation | | and the built environment |
| strengthened. | 4.14 Barriers to | | |
| | Inclusion | | |
| | 4.15 Culture | | |
| 2. Advocacy and Aware | ness Raising | | |
| Coordination: Deputy Pr | ime Ministers Office and | FODS | WA |

| Specific Objective 2 | Policy Areas | Results |
|-------------------------|--------------------|---|
| To raise awareness at | 4.5 Children with | 2.1 All levels of society including families, community |
| all levels in society, | disabilities | leaders, and the general public are well-informed |
| including at the family | 4.6 Gender Issues: | about the nature and cause of disability; the |

| level, on the rights of | Women with | rights and needs of Persons With Disabilities and |
|-------------------------|----------------|---|
| Persons With | disabilities | the positive contribution that persons with |
| Disabilities and to | 4.13 National | disabilities can make to the social, cultural and |
| combat stigma, | Registration | economic well-being of the communities in which |
| stereotypes, prejudices | 4.17 Legal | they live |
| and harmful practices | Representation | 2.2 Government policy, legislation, regulation and |
| related to PWD, | | work practices do not intentionally or |
| including those based | | unintentionally, discriminate against any person |
| on age and gender, in | | on the basis of his or her disability |
| all areas of life; | | 2.3 Persons With Disabilities are well informed about |
| | | their rights and they are empowered to advocate |
| | | their rights |
| | • | |

3. Social Protection

Implementation Partners: DPMO, Ministries of Labour and Social Services, Tinkhundla Administration and Development, EU, World Bank, UNICEF, UNDP and NGOs

| Specific Objective 3 | Policy Areas | Results | | | | | | | | |
|---------------------------|-------------------------|---|--|--|--|--|--|--|--|--|
| To ensure that Persons | 4.3. Poverty | 3.1 Persons With Disabilities and families caring for a child | | | | | | | | |
| With Disabilities and | Alleviation | and/or adult with disabilities, are better informed about | | | | | | | | |
| families caring for | 4.1. Employment | the availability, eligibility criteria and application | | | | | | | | |
| children and/or adults | | procedures for social assistance and social services | | | | | | | | |
| with disabilities, have | 4.2.Vocational Training | 3.2 Families caring for children and/or adults with | | | | | | | | |
| access to financial and | and Skills | disabilities receive a monthly financial family | | | | | | | | |
| material assistance and | Development | support allowance (grant) | | | | | | | | |
| a range of quality social | 4.7 Housing | 3.3 Eligible Persons With Disabilities, who are not in | | | | | | | | |
| services and support | 4.11. Social Safety | regular employment, receive financial support: a | | | | | | | | |
| programs, which assist | Nets | monthly "disability support allowance (Grant)"; | | | | | | | | |
| them to access | 4.14.Disaster | 3.4 Persons With Disabilities, facing difficult life | | | | | | | | |
| opportunities and | management | circumstances, can access a range of responsive | | | | | | | | |
| choices available to the | | social services in urban and rural centres | | | | | | | | |
| rest of society, and | | including emergency accommodation for | | | | | | | | |

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

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

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

6. Skills Development and the Labour Market

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

| | - | | | | | | | | | | |
|--------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|
| Specific Objective 6 | Policy Areas | Results | | | | | | | | | |
| To improve the socio- | 4.1. Employment | 6.1 Improved access to mainstream vocational | | | | | | | | | |
| economic status of | 1 5 1 | | | | | | | | | | |
| Persons With | Training and Skills | Persons With Disabilities of working age | | | | | | | | | |
| Disabilities, and ensure | Development | irrespective of the nature or severity of their | | | | | | | | | |
| equal participation in | _ | disability | | | | | | | | | |
| the economic | | 6.2 Skills training facilities, providing vocational | | | | | | | | | |
| development of | | education and training specifically for Persons | | | | | | | | | |
| Swaziland through | | With Disabilities, have sufficient resources and | | | | | | | | | |

| | T | | | | | | | | | | |
|-----------------------------|--|---|--|--|--|--|--|--|--|--|--|
| skills development and | | competence to provide trainees with marketable | | | | | | | | | |
| access to the labour | | skills and qualifications | | | | | | | | | |
| market as employees or | | 6.3 Improved access to business development and | | | | | | | | | |
| entrepreneurs; | | entrepreneurship training and mentoring | | | | | | | | | |
| | | programs | | | | | | | | | |
| | 6.4 A supported employment placement and small | | | | | | | | | | |
| | | business development program, which supports | | | | | | | | | |
| | | Persons With Disabilities to find and keep jobs in | | | | | | | | | |
| | | the mainstream labour market | | | | | | | | | |
| | | 6.5 Community-based, and industry-based | | | | | | | | | |
| | | employment programs are available and | | | | | | | | | |
| | | accessible for all Persons With Disabilities on the | | | | | | | | | |
| | | same basis as other jobseekers | | | | | | | | | |
| | | 6.6 A quota system for the vocational education, | | | | | | | | | |
| | | training and employment of Persons With | | | | | | | | | |
| | | Disabilities in the public and private sectors | | | | | | | | | |
| | | 6.7 A funds established, with an annual budget, to provide | | | | | | | | | |
| | | work place modifications and assistive and adaptive | | | | | | | | | |
| | | technology aids and appliances to support Persons With | | | | | | | | | |
| | | Disabilities to undertake vocational training, and secure | | | | | | | | | |
| | | and retain employment | | | | | | | | | |
| | | | | | | | | | | | |
| 7. Infrastructure an | d the environment | | | | | | | | | | |
| Implementation partner | rs: Ministries of Housin | ng and Urban Development, Tinkhundla, Public Works and | | | | | | | | | |
| Transport, Sports and C | ulture, Municipal Council | ls | | | | | | | | | |
| Specific Objective 7 | Policy Areas | Results | | | | | | | | | |
| To remove all | 4.7. Housing | 7.1 Public facilities and infrastructure are fully accessible for | | | | | | | | | |
| infrastructural, | 4.10. Assistive and | all citizens; building regulations reflect the principles of | | | | | | | | | |
| environmental, | adaptive technology | universal design and international best practice in | | | | | | | | | |
| physical, social and | and rehabilitation | accessibility | | | | | | | | | |
| 1 1, 1 1 1 1 1 1 | 1 10 0 1 | | | | | | | | | | |

cultural barriers which 4.12. Sport and 7.2 User-friendly, accessible public transport and

| restrict the capacity | of | Recreation | | transportation facilities are available for all |
|--------------------------|----|----------------|----|---|
| Persons Wi | h | 4.14. Barriers | to | citizens |
| Disabilities | to | Inclusion | | 7.3 Persons With Disabilities are able to enjoy |
| participate fully in the | ne | 4.15. Culture | | Inclusive, social, sporting and cultural facilities and |
| life of the community | | | | activities |
| | | | | 7.4 Psychosocial rehabilitation programs; home and |
| | | | | community-based support services; and |
| | | | | accessible supported housing are available and |
| | | | | affordable |

5.2: Activities and Timeline

| 1. National Coordination and Mainstreaming Mechanism | n fo | or Di | isal | bili | ty | | | | | | | | | | | |
|--|------|--------|------|------|--------|------|-----|--------|-----|-------|--------|------|------|--------|----|--|
| Result 1.1: Persons With Disabilities have equal access to e | ar | ly, p | rin | ıar | y, s | seco | nda | ry a | and | l fui | rthe | r Ed | luca | tio | n; | |
| Activities | | Year 1 | | | Year 2 | | | Year 3 | | | Year 4 | | | Year 5 | | |
| 1.1.1: Coordinate and support the MOET with the | | | | | | | | | | | | | | | | |
| implementation of its inclusive education Program | | | | | | | | | | | | | | | | |
| 1.1.2: Monitor and report to government on the participation rates of children with disabilities in all levels of education | | | | | | | | | | | | | | | | |
| 1.1.3: Lobby Politicians and Policy makers to ensure that all | | | | | | | | | | | | | | | | |
| education and training policy and programs are designed | | | | | | | | | | | | | | | | |
| and equipped to maximise the inclusion of Persons with | | | | | | | | | | | | | | | | |
| Disabilities | | | | | | | | | | | | | | | | |
| 1.1.4 Conduct research, knowledge management and monitor | | | | | | | | | | | | | | | | |
| implementation of policy and research recommendations. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Result 1.2: Persons With Disabilities have equal access to l | Hea | alth | Caı | re; | | | | | | | | | | | | |
| | Y | ear 🗄 | L | Y | 'ea | r 2 | Y | ear | r 3 | | Yea | r 4 | Y | ear | 5 | |
| 1.2.1: Advise and support MOH to review health care policy | | | | | | | | | | | | | | | | |
| and practice to ensure that Persons with Disabilities have | | | | | | | | | | | | | | | | |
| equal access to all health care services | | | | | | | | | | | | | | | | |
| 1.2.2: Monitor and report to Government on the participation | | | | | | | | | | | | | | | | |
| rates of Persons With Disabilities in health promotion | | | | | | | | | | | | | | | | |
| activities | | | | | | | | | | | | | | | | |
| 1.2.3: Lobby Politicians and Policy makers to ensure that all | | | | | | | | | | | | | | | | |
| health promotion activities and health care services are | | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | | |
| designed and equipped to maximise the inclusion of Persons | | | | | | | | | | | | | | | | |
| designed and equipped to maximise the inclusion of Persons with Disabilities | | | | | | | | | | | | | | | | |
| designed and equipped to maximise the inclusion of Persons with Disabilities 1.2.4: Advise Health Care Authorities on making health care | | | | | | | | | | | | | | | | |
| designed and equipped to maximise the inclusion of Persons with Disabilities | | | | | | | | | | | | | | | | |

| Result 1.3: Persons With Disabilities have equal access Employment and other income generating activities; | s t | : o 1 | Гес | hni | ical | an | d V | oca | atior | nal | Tra | ini | ng | (T | VET |
|---|-----|--------------|-----|-----|-------------|-----|-----|-------------|-------|-----|------|------|-----|------------|------|
| | Ye | ear | 1 | Ŋ | <i>l</i> ea | r 2 | Y | 'ear | 3 | Y | ear | 4 | 3 | Zea | r 5 |
| 1.3.1: Advise and support the MOET and MOESS to review policy and practice to ensure that Persons with Disabilities have equal access to all TVET programs | | | | | | | | | | | | | | | |
| 1.3.2: Monitor and report to Government on the participation rates of Persons With Disabilities in TVET and the mainstream labour market | | | | | | | | | | | | | | | |
| 1.3.3: Lobby Politicians and Policy makers to ensure that all TVET programs are designed and equipped to maximise the | | | | | | | | | | | | | | | |
| inclusion of Persons with Disabilities | | | | | | | | | | | | | | | |
| Result 1.4: Persons With Disabilities have equal access t Public Facilities and the built environment; | 0] | Pub | lic | Но | usi | ng, | Tra | nsp | ort | and | l Pı | ıbli | c S | erv | ices |
| Result 1.4: Persons With Disabilities have equal access t | 1 | Pub | | | usi Zea: | • | | nsp 'ear | | | l Pi | | | erv Zea | |
| Result 1.4: Persons With Disabilities have equal access t | 1 | | | | | • | | _ | | | | | | | |
| Result 1.4: Persons With Disabilities have equal access the Public Facilities and the built environment; 1.4.1: Support all relevant Government Ministries to review and amend legislation, regulation and policy to ensure that Persons With Disabilities have equal access to Government facilities and Services 1.4.2: Establish Disability Advisory Bodies in each Municipal Authority to advise and support them to make the built environment and public infrastructure more accessible and | 1 | | | | | • | | _ | | | | | | | |
| Result 1.4: Persons With Disabilities have equal access to Public Facilities and the built environment;1.4.1: Support all relevant Government Ministries to review and amend legislation, regulation and policy to ensure that Persons With Disabilities have equal access to Government facilities and Services1.4.2: Establish Disability Advisory Bodies in each Municipal Authority to advise and support them to make the built | 1 | | | | | • | | _ | | | | | | | |

| positive contribution that persons with disabilities can ma of the communities in which they live; | ıke | e to | th | ie : | soc | ial | , C | ult | ura | 1 a: | nd | eco | ono | mi | c w | ell- | bei | ng |
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| Activities | Y | ear | 1 | | Ye | ear | 2 | | Ye | ar 3 | 3 | Y | ear | : 4 | | Yea | ır 5 | |
| 2.1.1: Disseminate the disability policy, legislation and plan | | | | | | | | | | | | | | | | | | |
| of action, more broadly to Line- Ministries, local government, | | | | | | | | | | | | | | | | | | |
| and regional offices of Tinkhundla Administration, Schools, | | | | | | | | | | | | | | | | | | |
| Health Centres and other public facilities | | | | | | | | | | | | | | | | | | |
| 2.1.2: Lobby politicians and community leaders and | | | | | | | | | | | | | | | | | | |
| implement a media campaign which promotes the rights of | | | | | | | | | | | | | | | | | | |
| PWD to participate fully in the life of the community | | | | | | | | | | | | | | | | | | |
| 2.1.3: Design and implement an ongoing campaign to identify | | | | | or | ıgo | ing | 20 | | | | | | | | | | |
| and register PWD hidden in communities, in collaboration | | | | | | | | | | | | | | | | | | |
| with relevant government ministries and local authorities | | | | | | | | | | | | | | | | | | |
| 2.1.4: In partnership with the Association of Parents with | | | | | | | | | | | | | | | | | | |
| Disabilities, design and implement an awareness raising | | | | | | | | | | | | | | | | | | |
| campaign to educate, inform and sensitise families, | | | | | | | | | | | | | | | | | | |
| communities and the broader society, about developmental | | | | | | | | | | | | | | | | | | |
| disabilities such as learning disabilities, intellectual | | | | | | | | | | | | | | | | | | |
| disabilities, Autism and Cerebral Palsy | | | | | | | | | | | | | | | | | | |
| 2.1.5: In partnership with the National Association of the | | | | | | | | | | | | | | | | | | |
| Deaf, design and implement, an awareness raising campaign | | | | | | | | | | | | | | | | | | |
| to educate, inform and sensitise families, communities and | | | | | | | | | | | | | | | | | | |
| the broader society, to the needs of the deaf community | L | | | | | | | | | | | | | | | | | |
| 2.1.6: In partnership with the National Association of the | | | | | | | | | | | | | | | | | | |
| Blind, design and implement an awareness raising campaign | | | | | | | | | | | | | | | | | | |
| to educate, inform and sensitise families, communities and | | | | | | | | | | | | | | | | | | |
| the broader society, to the needs of people with visual | | | | | | | | | | | | | | | | | | |
| impairments | <u> </u> | | | | | | | | | | | | | | | | | |
| 2.1.7: In partnership with the National Association of the | | | | | | | | | | | | | | | | | | |
| Physically Impaired, design and implement an awareness | | | | | | | | | | | | | | | | | | |
| raising campaign to educate, inform and sensitise families, | | | | | | | | | | | | | | | | | | |

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| interested stakeholders | | | | | | | | | | | | | | | | | | | |
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| 2.3.3: Evaluate the outcomes of the training program and its | | | | | | | | | | | | | | | | | | | |
| impact on the social inclusion of persons with disabilities | | | | | | | | | | | | | | | | | | | |
| 3. Social Protection | | | | | | | | | | | | | | | | | | | |
| Result 3.1: Persons With Disabilities and families caring f | or | a c | hi | lđ | an | d/ | or | ac | lul | lt v | vit] | h đ | isa | bil | itie | s a | re | bet | tter |
| informed about the availability, eligibility criteria and app | lic | ati | on | pr | oc | eď | ur | es | fo | r so | oci | al a | ass | ista | anc | e a | nd | so | cial |
| services; | | | | | T | | | | | | | | | | | | | | |
| Activities | Y | ear | 1 | - | Y | 'ea | <u>r 2</u> | 2 | | Yea | ar 3 | 3 | Y | Zea1 | r 4 | | Ye | ar | 5 |
| 3.1.1: Produce and disseminate, information on public | | | | | 0 | ng | goi | ng | | | | | | | | | | | |
| services in formats suited to the communication needs of | | | | | | | | | | | | | | | | | | | |
| Persons With Disabilities, currently provided to the general | | | | | | | | | | | | | | | | | | | |
| public | | | | | | | | | | | | | | | | | | | |
| 3.1.2: Review application procedures for public services and | | | | | 0 | ng | goi | ng | | | | | | | | | | | |
| social protection and modified to remove barriers which | | | | | | | | | | | | | | | | | | | |
| restrict access for people on the basis of their disability | | | | | | | | | | | | | | | | | | | |
| 3.1.3: Produce and disseminate information on current and | | | | | 0 | ng | goi | ng | | | | | | | | | | | |
| developing social protection programs, in suitable formats, to | | | | | | | | | | | | | | | | | | | |
| all sectors of the community; | | | | | | | | | | | | | | | | | | | |
| Result 3.2: Families caring for children and/or adults w | ith | di | sal | oili | tie | es | re | cei | ive | a | m | ont | thl | y fi | ina | nci | al | fan | nily |
| support allowance (grant); | 1 | | | | | | | | _ | | | | - | | | | | | |
| Activities | _ | ear | 1 | | Y | ea | <u>r 2</u> | 2 | | Yea | <u>ar 3</u> | 3 | Y | Zea1 | r 4 | | Ye | ar | 5 |
| 3.2.1: Establish and adopt a more accurate definition of | | | | | | | | | | | | | | | | | | | |
| disability using as a conceptual framework the ICF developed | | | | | | | | | | | | | | | | | | | |
| by the World Health Organisation (WHO) | | | | | | | | | | | | | | | | | | | |
| 3.2.2: Based on the revised definition, research and | | | 01 | nge | oin | ıg | | | | | | | | | | | | | |
| document on a database, the numbers of families with caring | | | | | | | | | | | | | | | | | | | |
| responsibility for a child or adult with disabilities | | | | | | | | | | | - | - | - | | 1 | | | | |
| 3.2.3: Determine a needs-based funding formula, based on an | | | | | | 1 | | | | | | | | | | | | | |
| annual budget from government and elaborate eligibility | | | | | | 1 | | | | | | | | | | | | | |
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| criteria and procedures for the provision of a monthly financial allowance (grant) to targeted families | | | | | | | | | | | | | | | | | | | |

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| programs | | | | | | | | | | | | | | | |
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| 3.4.3: Establish emergency respite centres in each region for | | | | | | | ong | oin | g | | • | | | | |
| abused and neglected children, youth, men and women with | | | | | | | - | | | | | | | | |
| disabilities | | | | | | | | | | | | | | | |
| 3.4.4: Develop and implement strategies to ensure that | | | | | | | | | | | | | | | |
| elderly Persons With Disabilities have access to social | | | | | | | | | | | | | | | |
| assistance and support services in their homes and as a last | | | | | | | | | | | | | | | |
| resort in institutional care facilities | | | | | | | | | | | | | | | |
| 3.4.5: Increase human and material resources in regional | | | | | | | ong | oin | g | | | | | | |
| offices and sub-offices of social welfare | | | | | | | | | | | | | | | |
| 3.4.6: Facilitate local partnerships with other regional | | | | ong | oin | g | | | | | | | | | |
| government and non-government agencies to provide more | | | | | | | | | | | | | | | |
| holistic interventions | | | | | | | | | | | | | | | |
| | • | | aia1 | SA1 | rtti / | 200 | 1 | inh | nr | ote | et f | the | rig | hts | - 6 |
| Result 3.5: Quality standards and performance indicator | | | | | | | | | | | | | | | |
| Result 3.5: Quality standards and performance indicator service users, are defined and used as a criteria to regist | | | | | | | | | | | | | | | |
| Result 3.5: Quality standards and performance indicator | er, m | oni | tor | and | l ev | valu | ate | bot | h s | stat | e a | nd | non | i-sta | ate |
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| Result 3.5: Quality standards and performance indicator service users, are defined and used as a criteria to regist providers of social services; Activities 3.5.1: In consultation with all key stakeholders define minimum quality standards and performance indicators for residential and non-residential care services 3.5.2: Prepare modified operational manuals and guidelines incorporating national standards and key performance indicators(KPI) 3.5.2: Provide training for social sector staff on quality improvement based on the new operational manuals and guidelines. | er, m | oni | tor | and | l ev | valu | ate | bot | h s | stat | e a | nd | non | i-sta | ate |
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| Result 3.5: Quality standards and performance indicators service users, are defined and used as a criteria to regists providers of social services; Activities 3.5.1: In consultation with all key stakeholders define minimum quality standards and performance indicators for residential and non-residential care services 3.5.2: Prepare modified operational manuals and guidelines incorporating national standards and key performance indicators(KPI) 3.5.2: Provide training for social sector staff on quality improvement based on the new operational manuals and guidelines. 3.5.3: Introduce quality standards into all facilities and organisations providing health care and social services for | er, m | oni | tor | and | l ev | valu | ate | bot | h s | stat | e a | nd | non | i-sta | ate |
| Result 3.5: Quality standards and performance indicator service users, are defined and used as a criteria to regist providers of social services; Activities 3.5.1: In consultation with all key stakeholders define minimum quality standards and performance indicators for residential and non-residential care services 3.5.2: Prepare modified operational manuals and guidelines incorporating national standards and key performance indicators(KPI) 3.5.2: Provide training for social sector staff on quality improvement based on the new operational manuals and guidelines. 3.5.3: Introduce quality standards into all facilities and organisations providing health care and social services for Persons With Disabilities, monitor compliance and evaluate | er, m | oni | tor | and | l ev | valu | ate | bot | h s | stat | e a | nd | non | i-sta | ate |
| Result 3.5: Quality standards and performance indicator service users, are defined and used as a criteria to regist providers of social services; Activities 3.5.1: In consultation with all key stakeholders define minimum quality standards and performance indicators for residential and non-residential care services 3.5.2: Prepare modified operational manuals and guidelines incorporating national standards and key performance indicators(KPI) 3.5.2: Provide training for social sector staff on quality improvement based on the new operational manuals and guidelines. 3.5.3: Introduce quality standards into all facilities and organisations providing health care and social services for | er, m | | | and Yea: | r 2 | | ate Yea: | r 3 | ih s | stat Yea | | nd : | Ye | ar 5 | ate 5 |

| partnerships in the provision of social services; | | | | | | | | | | | | | |
|---|------|-------|------|-----|-------|-----|-------|------|-------|--------|--------|-----|------|
| Activities | Ye | ar 1 | | Ye | ear 2 | | Yea | r 3 | Y | ear 4 | Y | ear | 5 |
| 3.6.1: In consultation with all stakeholders determine a | | | | | | | | | | | | | |
| funding formula for the financial and material support of | | | | | | | | | | | | | |
| non-state actors providing services for Persons With | | | | | | | | | | | | | |
| Disabilities | | | | | | | | | | | | | |
| 3.6.2: In consultation with all stakeholders prepare a | | | | | | | | | | | | | |
| contracting protocol and template for funding agreements | | | | | | | | | | | | | |
| 3.6.3: Establish an inspection protocol and reporting | | | | | | | | | | | | | |
| mechanism, and an "Inspection Unit" unit with responsibility | | | | | | | | | | | | | |
| to monitor and evaluate compliance | | | | | | | | | | | | | |
| Result 3.7: Institutional practices for inter-agency coo | per | atio | n e | con | cern | ing | pla | nnin | ıg, o | levelo | pme | nt | and |
| implementation of the disability policy; | 1 | | | - | | | | | | | | | |
| Activities | Ye | ar 1 | | | ear 2 | | Yea | r 3 | Y | ear 4 | Y | ear | 5 |
| 3.7.1: Facilitate the establishment of a functioning national | | | | on | igoin | ıg | | | | | | | |
| statutory body and sub-committees, with clear terms of | | | | | | | | | | | | | |
| reference, to coordinate the implementation of the Disability | | | | | | | | | | | | | |
| Policy and NDPA | | | _ | | | | | | | | | | |
| 3.7.2: Establish a national "Mainstreaming Disability" | | | | on | igoin | lg | | | | | | | |
| steering group, reporting to the national statutory body, to | | | | | | | | | | | | | |
| monitor and coordinate the process of mainstreaming | | | _ | | | | | | | | | | |
| 3.7.3: Establish a "Mainstreaming Disability" steering group | | | | on | lgoin | ıg | | | | | | | |
| in each Ministry and in each Municipality reporting annually | | | | | | | | | | | | | |
| to the national steering group | | | | | | | | | | | | 1 | |
| 3.7.4: Develop and document guidelines and protocols for the | | | | | | | | | | | | | |
| coordination and monitoring of inter-agency cooperation on | | | | | | | | | | | | | |
| the implementation of the disability policy and the NDPA | | | | | | | | | | | | | |
| 4. Education and Training | | | | - | | | • | | | - | | | |
| Result 4.1: A majority of Children With Disabilities are en | olle | ed in | 1, a | nd | prog | res | s fut | ther | thr | ough, | all le | eve | s of |
| education and training; | | | | | | | | | | - | | 1 | _ |
| Activities | Ye | ar 1 | - | Ye | ear 2 | | Yea | r 3 | Y | ear 4 | Ŷ | ear | 5 |

| 4.1.1: Develop and implement a campaign in rural and remote regions to promote awareness of the educational rights of Children With Disabilities and combat attitudinal barriers; 4.1.2: Establish and maintain a database in each educational | | | onį | goi | ng | | | | | | | | | |
|---|-------|---|-----|-----|-----|-----|------|------|------|-----|------|-----|------|-------|
| facility, with details of the number and characteristics of students with disabilities in their catchment area | | | | | | | | | | | | | | |
| 4.1.3: Facilitate access to early childhood care and development (ECCE) for Children With Disabilities | | | | | | on | goi | ing | | | | | | |
| 4.1.4: In partnership with local transport providers, organise accessible transport services for children with mobility impairments and severe disabilities. | | | | | | | | | on | go | ing | | | |
| 4.1.5: Introduce mechanisms for sharing knowledge and experience on best practice with others in the schools system and with families and other service providers | | | | | | | | | | | | 0 | ngo | oing |
| 4.1.6: Promote and support the progression of students with special needs from primary school to secondary school; and for more competent children, progression from secondary school to higher education and vocational training | | | | | | on | Igoi | ing | | | | | | |
| Result 4.2: Educational infrastructure and the surroundin design and provide a user-friendly setting for all Persons W | | | | | onf | orm | ı to | o pr | inci | ple | s of | fur | live | ersal |
| Activities | ear 1 | ~ | Yea | | 2 | Ye | ar | 3 | Ye | ar | 4 | Y | ear | 5 |
| 4.2.1: Conduct an audit of learning institutions and infrastructure to guide prioritising renovations and refurbishments to ensure compliance with standards of universal design | | | | | | | | | | | | | | |
| 4.2.2: Review and amend building regulations for learning institutions to ensure that all new buildings and infrastructure comply with standards | | | | | | | | | | | | | | |
| 4.2.3: Facilitate an agreement between MOET and MOPWT for a five-year rolling program of refurbishment for all learning | | | | | | | | | on | go | ing | | | |

| institutions based on defined priorities | | | | | | | | | | | | | | | | |
|--|------|-----|-----|-----|-----|-----|------|-------|------|------|----|------|------|-----|-----|-------|
| 4.2.4: Ensure that all facilities of learning institutions, | | | | | | | | 0 | ngo | oing | 7 | | | | | |
| including classrooms, sanitation and playground are user- | | | | | | | | Ŭ | | | 5 | | | | | |
| friendly for children with special needs | | | | | | | | | | | | | | | | |
| Monitor and evaluate the progress of refurbishment | | | | | | | | | | | C | ngo | oing | | | |
| Result 4.3: The learning and support needs of each stude | nt | are | - a | SSE | 255 | eđ | hv | com | npe | ten | | | | sne | cia | lists |
| and individual learning and transition plans are prepared | | | | | | | • | | _ | | | | | _ | | |
| basis; | ., - | | | | , | | | | | | | | | | 8 | , |
| Activities | Y | ear | : 1 | | Ye | ear | 2 | Y | ear | · 3 | 3 | Zea1 | : 4 | Y | ear | 5 |
| 4.3.1: Ensure that learning institutions have effective | | | | | | | | | | | | | | | | |
| strategies for the early identification of children with special | | | | | | | | | | | | | | | | |
| needs and provide early supportive interventions | | | | | | | | | | | | | | | | |
| 4.3.2: Introduce a new competency-based curricula and | | | | | | | | | | | | | | | | |
| review teaching methods and assessment procedures at | | | | | | | | | | | | | | | | |
| primary and secondary level to ensure they are flexible, | | | | | | | | | | | | | | | | |
| inclusive and relevant to all learners with special education | | | | | | | | | | | | | | | | |
| needs; | | | | | | | | | | | | | | | | |
| 4.3.3: Ensure that students with disabilities have access to | | | | | | | | | | | | | | | | · |
| age-appropriate knowledge and information on HIV/Aids and | | | | | | | | | | | | | | | | |
| preventative life skills, on the same basis as other students | | | | | | | | | | | | | | | | |
| 4.3.4: Ensure availability of assistive and adaptive technology | | | | | | | | | | | | | | | | |
| for students with special needs, on the basis of a professional | | | | | | | | | | | | | | | | |
| diagnosis and assessment by qualified practitioners; | | | | | | | | | | | | | | | | |
| including access to communications aids such as computers, | | | | | | | | | | | | | | | | |
| sign language and Braille | | | | | | | | | | | | | | | | |
| 4.3.5: Introduce an effective monitoring and evaluation | | | | | | | ong | goin | ıg | | | | | | | |
| system to measure and review the educational progress of | | | | | | | | | | | | | | | | |
| children with special needs | | | | | | | | | | | | | | | | |
| Result 4.4: Educators are sensitive to the needs of Stu | ıde | ent | s V | Wit | :h | Dis | sabi | litie | es a | and | ha | ve | the | ski | 11s | and |
| resources to support their learning; | | | | | | | | | | | | | | | | |
| Activities | Y | ear | : 1 | | Ye | ear | 2 | Y | ear | 3 | Ŋ | Zea1 | : 4 | Y | ear | 5 |

| 4.4.1: Implement a learning institution-based program to sensitise and educate students, educators and the school community on the rights of Children With Disabilities. | | | | | | | | | | | | | | | | | | | |
|--|-----|-----|----|----|-----|-----|-----|-----|-----|-----|----------|----|----|----------|-----|-----|-----|------|----|
| 4.4.2: Ensure relevant teaching and learning materials are available for every learner at every level | | | | | | | | | 01 | ngo | oin | g | | <u> </u> | | | | | |
| 4.4.3: Provide adequate human resources at learning institution level (quality assurance officers, teachers, assistant teachers, therapists, audiologists, interpreters etc.) to ensure effective implementation of learning programs for Students With Disabilities | | | | | | | | | 01 | ngo | oin | ğ | | | | | | | |
| 4.4.4: Develop and facilitate capacity building programs for educators, including pre-service and in service courses in special education and training in sign language and Braille; and in the use of technology as a communications tool | | | | | | | | | | | | | | | | | | | |
| 4.4.5: Introduce into all learning institutions a qualified social | | | | | | | | | | | | | | | | | | | |
| worker or guidance counsellor who can provide support to | | | | | | | | | | | | | | | | | | | |
| educators and provide psychosocial support to children with | | | | | | | | | | | | | | | | | | | |
| special needs | | | | | | | | | | | | | | | | | | | |
| 5. Health | | | | | | | | | | | | | | | | | | | |
| Result 5.1: Disability is integrated into health promoti | on, | pr | ev | en | tat | tiv | e a | and | 1 c | eur | ati | ve | h | ealt | h s | ser | vic | es | to |
| reduce incidence of disability; | | | | | | | | | 1 | | | | | | _ | | | | |
| Activities | | ear | 1 | | Ye | ear | 2 | | Ye | ear | : 3 | | Ye | ear | 4 | | Yea | ar ! | 5 |
| 5.1.1: Sensitize health care providers and workers on disability prevention, early identification and the provision of appropriate maternal, new-born and early childhood care | | | | | | | | | | | | | | | | | | | |
| 5.1.2: Develop and implement strategies to promote healthy lifestyles among the general public and particularly targeting Persons With Disabilities | | | | | Oľ | ıgo | oin | g | | | <u>.</u> | | | · | | | • | • | |
| 5.1.3: Develop and implement strategies identify, prevent and manage potentially disabling conditions, especially childhood | | | | | or | ıgo | oin | g | | | | | | | | | | | |

| illnesses and non-communicable diseases (NCD) | | | | | | | | | | | | | | |
|---|-----------|-------------|----|----|-------|----------------|------|-------------|-------|------|------|------|-------|---|
| 5.1.4: Within the health care system, adopt a more accurate | | | | | | | | | | | | | | |
| definition of disability using a conceptual framework the ICF | | | | | | | | | | | | | | |
| developed by the World Health Organisation (WHO)-refer | | | | | | | | | | | | | | |
| result to 2.2 | | | | | | | | | | | | | | |
| Result 5.2: Improved access to early diagnosis, interve | ntio | n a | nd | th | erape | uti | c se | ervi | ces | for | chil | dren | wit | h |
| disabilities; | 1 | | | 1 | | | | | | | | | | |
| Activities | Ye | ar 1 | 1 | Ye | ear 2 | | Yea | r 3 | | Year | 4 | Yea | ar 5 | |
| 5.2.1: Plan and build capacity for the provision of community | | | | | | | | | | | | | | |
| outreach and/or community-based preventative and primary | | | | | | | | | | | | | | ļ |
| health care programs | | | | | | | | | | | | | | |
| 5.2.2: Plan and build capacity for the provision of therapeutic | | | | | | | | | | | | | | |
| interventions for school students with disabilities (including | | | | | | | | | | | | | | |
| those with learning/intellectual disabilities) | | | | | | | | | | | | | | |
| 5.2.3: Plan and implement a program specifically targeting | | | | | | | ong | oin | g | | | | | |
| parents and families in rural and remote regions, focused on | | | | | | | | | | | | | | |
| the early detection of children with disabilities and the | | | | | | | | | | | | | | |
| provision of appropriate maternal, new-born and early | | | | | | | | | | | | | | |
| childhood healthcare | Ļ | | | | | | | | - | | | | | |
| Result 5.3: Persons With Disabilities, (especially girls an | | | | | re we | :11-i : | nfor | me | d a | nd ł | ave | equ | itabl | e |
| access to reproductive health, family planning and HIV/AI | 1 | | | | | — . | | | · · · | | | 1 | | |
| Activities | Ye | <u>ar 1</u> | | Y | ear 2 | | Yea | r 3 | | Year | 4 | Yea | ar 5 | |
| 5.3.1: Undertake media campaigns and develop information, | | | | | | | | | | | | | | |
| education and communication to disseminate health | | | | | | | | | | | | | | |
| information, including sexual and reproductive health | | | | | | | | | | | | | | |
| information, in formats suited to the communication needs of | | | | | | | | | | | | | | |
| Persons With Disabilities | | | | | | | | | | | | | | |
| 5.3.2: Improve the capacity of sexual and reproductive health, | | | 1 | | | | ong | 01 n | g | | | | | |
| family planning and HIV/AIDS programs to provide relevant | | | | | | | | | | | | | | |
| services to Persons With Disabilities | \square | | | | | | | | | | | | | |
| 5.3.3: Educate health care providers to respect the sexual | | | | | | | | | | | | | | |

| and reproductive health rights of Persons With Disabilities, | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|------|-------|------|------|-----|------|-------|------|-----|----|-------------|
| especially women and girls | | | | | | | | | | | | | | | |
| 5.3.4: Establish equitable access for Persons With Disabilities | | | | | | | or | igoi | ing | | | | | | |
| to preventative services, treatments, care and support | | | | | | | | | | | | | | | |
| services for HIV/AIDS | | | | | | | | | | | | | | | |
| Result 5.4: Persons With Disabilities have equitable access | to | all | hea | lth | ca | re se | rvic | es; | | | | | | | |
| Activities | Y | ear | 1 | Y | eai | : 2 | Ye | ear | 3 | Ye | ear 4 | 4 | Ye | ar | 5 |
| 5.4.1: Develop and implement strategies to improve the | | | | | | | | | | | | | | | |
| capacity of health care providers to provide communication | | | | | | | | | | | | | | | |
| support services such as sign language and Braille signage | | | | | | | | | | | | | | | |
| 5.4.2: Review and modify the physical accessibility of health | | | | | | | | | | | | | | | |
| care facilities and infrastructure and adapt /modify in line | | | | | | | | | | | | | | | |
| with the principles of universal design | | | | | | | | | | | | | | | |
| 5.4.3: Plan and implement a sensitization program to inform | | | | | | | | | | | | | | | |
| and educate health care providers and workers on the rights | | | | | | | | | | | | | | | |
| of persons with disabilities | | | | | | | | | | | | | | | |
| 5.4.4: Introduce exemptions from user fees and community | | | | | | | | | | | | | | | |
| levies for persons with disabilities | | | | | | | | | | | | | | | |
| 5.4.5: Improve access to affordable dental and oral health | | | | | | | | | | | | | | | |
| services for persons with disabilities | | | | | | | | | | | | | | | |
| 5.4.6: Establish more accessible and affordable mental health | | | | | | | | | | 01 | ıgoi | ng | | | |
| services and support programs in major population centres | | | | | | | | | | | | | | | |
| and in community health clinics | | | | | | | | | | | | | | | |
| 5.4.7: Produce and make available, information related to | | | | | | | or | igoi | ing | | | | | | |
| health issues, in formats suited to meet the communications | | | | | | | | | | | | | | | |
| needs of people with disabilities | | | | | | | | | | | | | | | |
| Result 5.5: Improved access to medical and psycho-s | SOC | ial | reh | abi | lita | ation | pr | ogr | ams | s fo | or l | Pers | ons | V | 7ith |
| Disabilities in urban and rural areas; | | | | | | | - | | | | | | | | |
| Activities | _ | ear | 1 | Y | eai | : 2 | Ye | ar | 3 | Ye | ear 4 | 4 | Ye | ar | 5 |
| 5.5.1: Improve human resource capacity for the provision of | | | | | | | | | | | | | | | |
| rehabilitation services in all public and private sector | | | | | | | | | | | | | | | |

| hospitals | | | |
|--|--|--|---------|
| 5.5.2: Establish and equip modern rehabilitation units in all | | | |
| public and private hospitals | | | |
| 5.5.3: Lobby for the adequate provision of funding for | | | ongoing |
| assistive and adaptive technology in medical and | | | |
| rehabilitation facilities including sign language and Braille | | | |
| interpretation services | | | |
| 5.5.4: Ensure that individuals are assessed by qualified | | | ongoing |
| personnel to determine the type of assistive and adaptive | | | |
| technology that is relevant and appropriate | | | |
| 5.5.5: Plan and build capacity for the provision of community | | | ongoing |
| outreach and/or community-based rehabilitation programs | | | |
| 5.5.6: Lobby government and health care authorities to | | | ongoing |
| improve and finance the availability of sufficient assistive and | | | |
| adaptive technology; and sign language interpreters | | | |
| 5.5.7: In partnership with Colleges, in Swaziland, introduce | | | |
| professional education in allied health professions such as | | | |
| Occupational Therapy, Physiotherapy, Speech Therapy and | | | |
| Audiology | | | |

| 6. Skills Development and Access to the Labour mark | tet | | | | | | | | | | | | | |
|--|-------|------------|-----|-------|------|------|------|-------|------|------|------|-------|-------------|------|
| Result 6.1: Improved access to mainstream vocational trai | ning | g an | d s | ;kill | ls d | eve | lopı | nent | t pr | ogra | ms f | lor F | er : | sons |
| With Disabilities of working age irrespective of the nature of | or se | ver | ity | of | the | ir d | isab | ility | ; | | | | | |
| Activities | Yea | r 1 | | Ye | ar 2 | 2 | Ye | ar 3 | | Yea | r 4 | Ye | ear | 5 |
| 6.1.1: Review the physical structure of training premises and | | | | | | | | | | | | | | |
| modify to comply with the principles of universal design | | | | | | | | | | | | | | |
| (reasonable accommodation) | | | | | | | | | | | | | | |
| 6.1.2: Review the vocational training curricula, training | | | | | | | | | | | | | | |
| methods and assessment procedures and remove or modify | | | | | | | | | | | | | | |
| any structural barriers that discriminate against people on | | | | | | | | | | | | | | |

| the basis of disability | | | | | | | | | | | | | | | | | | | |
|--|----------|-----|-----|-------------|---|-----|------|-----|---|-----|-----|----|-----|-----|-----|----|------|----|-----|
| 6.1.3: Develop and implement a training program to sensitize | | | | | | | | | | | | | | | | | | | |
| and educate instructors and academic staff on the rights and | | | | | | | | | | | | | | | | | | | |
| needs of trainees with disabilities. | | | | | | | | | | | | | | | | | | | |
| 6.1.4: Introduce practices which ensure that Women With | | | | | | | | | | | | | | | | | | | |
| Disabilities have equal access to courses and programs | | | | | | | | | | | | | | | | | | | |
| available to other students depending on their skills and | | | | | | | | | | | | | | | | | | | |
| interests | | | | | | | | | | | | | | | | | | | |
| 6.1.5: Ensure the provision of sufficient instructors with | | | | | | | | | | | | | | | | | | | |
| communication skills in sign language, Braille and the use of | | | | | | | | | | | | | | | | | | | |
| communications technology | | | | | | | | | | | | | | | | | | | |
| 6.1.6: Ensure that training materials are available in a variety | | | | | | | | | | | | | | | | | | | |
| of formats suited to the learning needs of students with | | | | | | | | | | | | | | | | | | | |
| disabilities | | | | | | | | | | | | | | | | | | | |
| 6.1.7: Ensure that Persons With Disabilities have equal | | | | | | | | | | | | | | | | | | | |
| opportunity to acquire skills in agriculture, and participate in | | | | | | | | | | | | | | | | | | | |
| agricultural programs | | | | | | | | | _ | _ | | | | | | | _ | | |
| 6.1.8: Establish within the TVET system, pre-vocational | | | | | | | | | | | | | | | | | | | |
| education programs for students with no or low levels of | | | | | | | | | | | | | | | | | | | |
| primary and secondary education | | | | | | | _ | | _ | _ | | | | | | | | | |
| 6.1.9: Provide labour market mediation services to support | | | | | | | | | | | | | | | | | | | |
| graduates with disabilities to become economically active | <u> </u> | | | | | | | Ļ | | | | | | | | | | | |
| Result 6.2: Skills training facilities, providing vocational e | | | | | | | | | | | | | | | | | | | |
| Disabilities, have sufficient resources and competence | to | p | rov | 71 d | e | tra | air | iee | S | wit | h | ma | rke | eta | ble | S. | kill | S | and |
| qualifications; | | | _ | | | | | | | | | | | | _ | | | | _ |
| 6.2.1: Strengthen coordination and collaboration with | | ear | 1 | | Y | ea | r '2 | 2 |) | 'ea | r 3 | | Y | ear | 4 | | Ye | ar | 5 |
| mainstream vocational training providers, industry and the | | | | | | | | | | | | | | | | | | | |
| business community | | | | 1 | | | | | | | | | | | | | | | |
| 6.2.2: Conduct a detailed assessment of the skills currently | | | | | | | | | | | | | | | | | | | |
| being taught and their relevance to labour market needs | | | | | | | | | | | | | | | | | | | |
| 6.2.3: On the basis of this review, restructure the range of | | | | | | 1 | | | | | | | | | | | | | |

| courses offered so that students with disabilities graduate with marketable skills 6.2.4: Review training methods and assessment procedures so that they are competency-based and flexible enough to meet the learning needs of trainees with disabilities 6.2.5: Introduce a post-graduation options program which assists graduates to progress into employment in the formal | | | | | | | | | | | | | | | | | | |
|---|---|-----|-----|-----|-----|-----|-----|------|------|-----|-----|----|-----|----|---|------|-----|---|
| or informal sector; or to progress on to further education and training | | | | | | | | | | | | | | | | | | |
| Result 6.3: Improved access to business development programs; | a | nd | le | ntı | rep | rei | ieu | rshi | p | tra | ini | ng | a | nd | m | ento | rin | g |
| Activities | Y | eai | r 1 | | Ye | ar | 2 | Y | 'ea: | r 3 | | Ye | ear | 4 | | Yea | : 5 | |
| 6.3.1: Review the physical structure of training premises and modify where possible to comply with the principles of universal design (reasonable accommodation) | | | | | | | | | | | | | | | | | | |
| 6.3.2: Review the curricula, training methods and assessment procedures and remove or modify any structural barriers that discriminate against people on the basis of disability | | | | | | | | | | | | | | | | | | |
| 6.3.3: Develop and implement a training program to sensitise and educate trainers and mentors on the rights and needs of trainees with disabilities. | | | | | | | | | | | | | | | | | | |
| 6.3.4: Introduce practices which ensure that Women With Disabilities have equal access to programs available to other students depending on their skills and interests | | | | | | | | | | | | | | | | | | |
| 6.3.5: Ensure the provision of sufficient instructors and mentors with communication skills in sign language, Braille and the use of communications | | | | | | | | | | | | | | | | | | |
| 6.3.6: Ensure that training and business development materials are available in a variety of formats suited to the needs of all students with disabilities | | | | | | | | | | | | | | | | | | |
| 6.3.7: Ensure that graduates with disabilities have equal | | | | | | | | | | | | | | | | | | |

| access to mentoring and micro-finance programs | Τ | | | | | | | | | | | | | | | | |
|--|---|------|-----|-----|-----|----|-----|------|------|------|----|-----|------|-----|-------|------|-------|
| Result 6.4: A supported employment placement ⁴ and | 1 | sma | all | bı | ısi | ne | ss | de | ve | lop | m | ent | pı | ogr | am, | w | hich |
| systematically supports Persons With Disabilities to find | | | | | | | | | | _ | | | _ | - | • | | |
| Note! This could be implemented in partnership with Result 5.5 | | | | _ | - | | | | | | | | | | | | |
| Activities | Y | 'ear | 1 | | Ye | ar | 2 | | Yea | ar : | 3 | Ŋ | Zea1 | r 4 | Ÿ | ear | : 5 |
| 6.4.1: Prepare an operational manual and training program | | | | | | | | | | | | | | | | | |
| based on international experience and standards of | | | | | | | | | | | | | | | | | |
| supported employment | | | | | | | | | | | | | | | | | |
| 6.4.2: Provide training for a selected number of teachers, | | | | | | | | | | | | | | | | | |
| social workers, vocational trainers or allied health | | | | | | | | | | | | | | | | | |
| professionals who will form a team of "job coaches" | | | | | | | | | | | | | | | | | |
| 6.4.3: Initiate the pilot program in each region targeting job | | | | | | | | | | | | | | | | | |
| seekers with disabilities, or workers who's' job is threaded | | | | | | | | | | | | | | | | | |
| due to disability | | | | | | | | | | | | | | | | | |
| 6.4.4: Monitor and evaluate the outcomes of the pilot | | | | | | | | | | | | | | | | | |
| program | | | | | | | | | | | | | | | | | |
| Result 6.5: Community-based, and industry-based employ | | | pro | ogr | an | ıs | are | e av | vail | ab | le | and | ac | ces | sible | e fo | r all |
| Persons With Disabilities on the same basis as other jobsee | 1 | | | | | | | | | | | - | | | | | |
| Activities | Y | ear | • 1 | | Ye | ar | 2 | | Yea | ar (| 3 | Y | Zea1 | r 4 | Y | ear | : 5 |
| 6.5.1: Review eligibility criteria and program guidelines to | | | | | | | | | | | | | | | | | |
| remove any intended or unintended discrimination against | | | | | | | | | | | | | | | | | |
| people on the basis of gender or disability | | | | | | | | | | | | | | | | | |
| 6.5.2: Prepare and disseminate to industry and commerce, | | | | | | | | | | | | | | | | | |
| information on disability issues and their rights to | | | | | | | | | | | | | | | | | |
| employment on the same basis as other people, | | | | | | | | | | | | | | | | | |
| 6.5.3: Ensure that all training materials and processes are | | | | | | | | | | | | | | | | | |
| adapted to meet the needs of participants with disabilities | | | | | | | | | | | | | | | | | |
| and sign language interpreters are available where needed | | | | | | | | | | | | | | | | | |

⁴ "Supported Employment", is a specific model of active labour market program used in many countries to assist persons with disabilities to secure and retail employment in the mainstream labour market-refer www.euse.org

| 6.5.4: Ensure that training methods and assessment procedures are sufficiently flexible to accommodate the needs of trainees with disabilities 6.5.5: Provide workplace-based support to the employer and the worker with disabilities including access to reasonable accommodation and the provision of assistive and adaptive technology | | | | | | | | | | | | on | goin | ğ | | | |
|---|-----|-------|---|----|----|-----|-------|----|------|-------|-----|------|------|--------------|------|------|-----|
| Result 6.6: fund is established, with an annual budget, to p | oro | vid | e | wo | rk | pla | ice | mo | difi | cat | ior | is a | nd a | ssi | stiv | e a | nd |
| adaptive technology aids and appliances to support Pe training, and secure and retain employment; | | | | | | _ | | | | | | | | | | | |
| Activities | Ye | ear | 1 | | Ye | ear | 2 | 3 | Zea: | r 3 | | Ye | ar 4 | | Yea | ar ! | 5 |
| 6.6.1: Establish working group with representatives from MOH, MOLSS, MOET and MOCIT to develop a structure and plan for the fund | | | | | | | | | | | | | | | | | |
| 6.6.2: Determine the processes needed to assess the need for work place modifications and assistive and adaptive technology aids and appliances to assist workers with disabilities to secure and retain employment | | | | | | | | | | | | | | | | | |
| 6.6.3: Determine the human, material and financial resources needed to carry out assessments and procure devices or modifications | | | | | | | | | | | | | | | | | |
| 6.6.4: Determine the amount of funding initially required to establish the fund and define eligibility criteria and processes to use the fund | | | | | | | | | | | | | | | | | |
| 6.6.5: Prepare and submit a proposal to government for consideration in the budgeting process | | | | | | | | | | | | | | | | | |
| 7. Infrastructure and the Environment | | • 1 • | | 6 | - | 4 | • . • | | 1 | • 1 • | • | | . 1 | | | ~ | |
| Result 7.1: Public facilities and infrastructure are fully acc the principles of universal design and international best pr | | | | | | | | | ; bı | iild | ing | g re | gula | tio : | ns r | etl | ect |
| Activities | | ear | | | 1 | ear | | | (ea: | r 3 | | Yea | ar 4 | | Yea | ar ! | 5 |

| 7.1.1: Establish a steering group, in partnership with the Construction Industry Council and relevant government ministries and authorities, to plan, monitor and evaluate progress in improving the accessibility of public and private facilities, infrastructure and the environment | | | | | | | | | | | | | | |
|---|----------|----------|------|-----|---|-----|-----|---|-----|------------|------------|----|------|-------------|
| 7.1.2: Review and revise the Building Act and building regulations to ensure that they comply with international principles of universal design | | | | | | | | | | | | | | |
| 7.1.3: Elaborate and implement a planning and a rigorous inspection process to ensure that the new building regulations are enforced in both the private and public sector for all new buildings and public facilities and infrastructure | | | | | | | | | | | | | | |
| 7.1.4: MOPWT and other public authorities, to plan and commence a structured and systematic program to identify and correct non-compliant buildings and public facilities falling within their mandate | | | | | | | | | ong | goin | g | | | |
| 7.1.5: Municipal councils to plan and commence a structured and systematic program to identify and correct non-compliant buildings and public facilities falling within their mandate (roads, footpaths, parks etc.) | | | | | | ngo | | | | | | | | |
| Result 7.2 User-friendly, accessible public transport and | | | | | | | | | | | all | | | |
| Activities | ar 1 |]] | Zea: | r 2 | Y | ear | 3 | | Yea | r 4 | | Ye | ar : | <u>></u> |
| 7.2.1: Transport Department and the MOET to prepare a plan to introduce user-friendly transport services for students with mobility challenges | | | | | | | | | | | | | | |
| 7.2.2: Transport Department to research and identify a suitable model of vehicle to provide accessible public transport in Swaziland | | | | | | | | | | | | | | |
| 7.2.3: Transport Department to advocate and regulate for the gradual introduction of accessible public buses as existing vehicles are replaced | | | | | 0 | ngo | inį | g | | | | | | |

| 7.2.4: Municipal councils are to define a program and timeframe to renovate transportation facilities such as bus stops and bus stations, to comply with the principles of | | | | | | | | 0 | ngo | oin | g | | | | | | | |
|--|------|-------|---|-----|-----|-----|-----|------|-----|------|------|-----|------|-----|-----------|------|------|------|
| universal design | | | | | | | | | | | | | | | | | | |
| Result 7.3: Persons With Disabilities are able to enjoy Inc | clus | sive, | S | oci | al, | sŗ | ort | ting | g a | nd | cu | ltu | ral | fa | cili | itie | es a | and |
| activities; | 1 | | | - | | | | | | | | 1 | | | | | | |
| Activities | Ye | ear 1 | _ | 3 | Tea | r 2 | 2 | Y | ear | r 3 | | Ye | ear | 4 | | Ye | ar | 5 |
| 7.3.1: Information and promotional publications and | | | | | | | | | | | | | | | | | | |
| materials, currently provided by Municipal councils to the | | | | | | | | | | | | | | | | | | |
| public, are also made available in formats suitable for | | | | | | | | | | | | | | | | | | |
| persons with disabilities | | | | | | | | | | | | | | | | | | |
| 7.3.2: Municipal councils to design and implement a training | | | | | | | | | | | | | | | | | | |
| program to sensitise and educate their staff and staff from | | | | | | | | | | | | | | | | | | |
| public facilities about disability rights issues | | | | | | | | | | | | | | | | | | |
| 7.3.3: DSW in partnership with the MOTAD, develop and | | | | | | | | | | | | | | | | | | |
| implement a program focusing on reducing environmental, | | | | | | | | | | | | | | | | | | |
| physical barriers to social inclusion in rural and remote areas | | | | | | | | | | | | | | | | | | |
| 7.3.4: Municipal councils to advocate and plan for the | | | | | | | | | | | | | | | | | | |
| inclusion of persons disabilities in mainstream social, | | | | | | | | | | | | | | | | | | |
| cultural and sporting activities, and support the development | | | | | | | | | | | | | | | | | | |
| of special activities where mainstream activities are not | | | | | | | | | | | | | | | | | | |
| available | | | | | | | | | | | | | | | | | | |
| Result 7.4: Psychosocial rehabilitation programs; hom | e | and | C | on | ımı | un | ity | -ba | sed | l s | up | po | rt | ser | vio | ces | ; ; | and |
| accessible supported housing; are available to assist Pers | ons | s Wit | h | Di | sab | ili | tie | s li | vin | ıg i | in ' | the | e fa | ımi | 1y | ho | me | e or |
| living independently; | | | | | | | | | | | | | | | | | | |
| Activities | Ye | ear 1 | | | Zea | r 2 | 2 | Y | ear | : 3 | | Ye | ear | 4 | | Ye | ar | 5 |
| 7.4.1: Plan and commence implementation for the | | | | | | | | | | | | | | | | | | |
| development of community based supported housing to | | | | | | | | | | | | | | | | | | |
| replace institutional care for Persons With Disabilities | | | | | | | | | | | | | | | | | | |
| currently in residential care | | | | | | | | | | | | | | | | | | |
| 7.4.2: Introduce a home and community care program in | | | | | | | | | | | | | | | | | | |

| major population centres, which provides a range of needed support services for elderly people and Persons With Disabilities | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 7.4.3: Improve access to assistive and adaptive technology for Persons With Disabilities living independently in their homes | | | | | | | | |
| 7.4.4: Introduce psycho-social rehabilitation programs, including the provision of assistive and adaptive technology, which support Persons With Disabilities to live independently or with their families | | | | | | | | |
| 7.4.5: Introduce an outreach home and community care program in rural and remote regions | | | | | | | | |
| 7.4.6: Establish a functioning resource centre in each region, providing information in assessable formats; and advice on assistive and adaptive technology on the basis of a professional diagnosis and assessment by qualified practitioners; | | | | | | | | |

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