Programme information -Summary

THE GLOBAL DISABILITY FUND (GDF) END OF PROGRAMME REPORT – NATIONAL PROGRAMMES

Programme title:	**Strengthening the Inclusion and Coordination of Disability Issues in Eswatini**
Countries	**Eswatini**
Overall programme duration:	**18 months**
Budget:	**US$ 575,000**
Overall programme focal persons:	**RCO** [redacted] Development Coordinator Officer – Team Leader & Strategic Planner Email address: [redacted] Contact: [redacted] **UNFPA** [redacted] Head of Office Email address: [redacted] Contact: [redacted] **UNICEF** [redacted] Resident Representative Email address: [redacted] Contact: [redacted] **UNESCO** [redacted] UNESCO Regional Office for Southern Africa Head of Unit, Social & Human Sciences E-mail : [redacted]
All PUNOs focal points:	[redacted] UNFPA Programme Specialist SRHR/HIV Email: [redacted] [redacted]

	UNESCO Regional Office for Southern Africa, Social Human Sciences Project Officer Email : [redacted] [redacted] UNICEF Chief, Lifelong Learning Protection and Development (LLPD) Email: [redacted]
OPDs and Gov focal points	**OPDs** [redacted] Acting President of the Federation Organizations of Persons with Disabilities in Eswatini (FODSWA) Email address: [redacted] | Contact: [redacted] [redacted] Ex- Officio FODSWA Email address: [redacted] | Contact: [redacted] [redacted] – Secretary General FODSWA Email address: [redacted] | Contact: [redacted] **Deputy Prime Minister's Office** [redacted] Principal Secretary Email address: mailto:[redacted] Contact: [redacted] [redacted] Director – Social Welfare Email address: [redacted] Contact: [redacted]
Reporting period (please include start and end date of the implementation phase):	01 July 2024 - 31 December 2025
Short description of the programme:	The second phase of the programme is designed to expand upon the achievements of the initial phase, which focused on improving the inclusion and coordination of disability issues within Eswatini. The initial success was rooted in assisting the Government, Organizations of Persons with Disabilities (OPDs), and Civil Society Organizations (CSOs) to advance the Convention on the Rights of Persons with Disabilities (CRPD) through strengthening disability-inclusive Accountability and Governance, promoting Equality and Non-discrimination, and adopting CRPD-compliant Budgeting and Financial Management approaches. Therefore, the phase 2 proposal seeks to build on the strong foundations laid by the project in the first phase. These strategies will be executed through several key interventions, including: ● Capacity-building initiatives for various stakeholders—such as government officials, OPDs, the Disability Secretariat, and parliamentarians—on CRPD-compliant Reporting, Budgeting, and Finance Management, as well as on coalition building, advocacy, and

	disability-inclusive approaches. ● Providing disability testing and identification services for newborn children. ● Integrating disability data and indicators into the Education Management Information System (EMIS) and the health sector management information systems (HMIS). ● Facilitating the development of guidelines for the screening and identification of children with disabilities among newborn babies, and guidelines for integrating disability data and indicators into the national health and education management information systems.
Target groups[1]	● All Persons with Disabilities ● Women and girls with disabilities
Thematic focus：	● Strengthening disability inclusive Accountability and Governance, ● Advancement of Equality and Non-discrimination ● Ensuring UNCRPD-compliant Budgeting and Financial management approaches.

Introduction

Please note the report should be accessible.[1]

1.Progress towards impact and specific outcomes

Using the table format provided below, please provide information on the contribution towards impact and outcome indicators. Please make sure to capture, in your description, relevant shifts in addressing gaps in preconditions to CRPD implementation, capacity development as well as in the wider disability inclusion agenda and implementation of the SDGs in the country. Where it has not been possible to collect data on indicators, additional narrative information should be provided detailing why that was the case and what plans have been put in place to ensure that the relevant data will be provided.

Reporting on the contribution to GDF impact (please see annex 1 for indicators)

GDF Impact Indicator (please refer to approved proposal section 5 for relevant indicators selected by the programme)	**Country baseline** (Beginning of the project reporting period) 2024	**Country Endline** (End of the project reporting period) 2026	**Means of Verification**
Proportion of population living below the national	58.9%	58.9%	Eswatini Central Statistical Office (CSO) – *Household Income and*

[1] **Prior to the submission of this report, please check that the document is accessible to persons using screen readers.** In a window system it is possible to do this by going to the File Menu, clicking Check for Issues and then Check Accessibility. If errors, warnings and tips show up in the report of the accessibility checker, please follow the instructions in the checker to make the necessary corrections. On a Mac, click on review and select check accessibility. When the document is accessible the checker will display a report stating *"No accessibility issues found. People with disabilities should not have difficulty reading this document."* Please see Windows Accessibility Checker ; Apple Mac Accessibility Checker for more information.

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GDF Impact Indicator (please refer to approved proposal section 5 for relevant indicators selected by the programme)	**Country baseline** (Beginning of the project reporting period) 2024	**Country Endline** (End of the project reporting period) 2026	**Means of Verification**
poverty line by sex and age (SDG indicator 1.2.1) and disability.			*Expenditure Survey (HIES)* Disaggregation not available
Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.	N/A	N/A	Disaggregated data on poverty by disability and before/after social transfers is limited, highlighting the need to strengthen disability-inclusive data collection in upcoming surveys and the 2027 Population and Housing Census specifically.
Rates of children with disabilities out of school, rate of enrolment, attendance, promotion by grade, completion, and drop out in mainstream primary, secondary, tertiary educational institutions, vocational training, lifelong learning courses, as compared to others, disaggregated by sex, age, disability.	Primary enrolment - 99.7%	Primary enrolment - 99.7% Disability indicators integrated into EMIS but no nationally published disability-disaggregated learning proficiency data yet	Ministry of Education and Training Eswatini, Education Management Information System (EMIS)
Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG indicator 4.1.1), age and disability.	(a) Not reported (b) (i) Reading 84.3% (Female - 86% Male - 83%) (ii) Mathematics 37% (Female - 33% Male - 42%) (c) Not reported	(a) Not reported (b) (i) Reading 84.3% (Female - 86% Male - 83%) (ii) Mathematics 37% (Female - 33% Male - 42%) (c) Not reported Disability indicators integrated into EMIS and data to be obtained in future	Ministry of Education and Training Eswatini, Education Management Information System (EMIS)
Coverage of essential health services/Universal Health Coverage disaggregated as a proportion of the population, by sex, age and	56%	58% Disability-disaggregated health coverage improvements ongoing	MoH Annual Performance Reports

GDF Impact Indicator (please refer to approved proposal section 5 for relevant indicators selected by the programme)	**Country baseline** (Beginning of the project reporting period) 2024	**Country Endline** (End of the project reporting period) 2026	**Means of Verification**
disability (SDG indicator 3.8.1)			
Percentage of persons with disabilities employed as compared to other persons and to overall employment rate, disaggregated by type of employment (public, private, self-employed), age, sex and disability	28% to overall employment of 45% **Type of employment:** Public sector: 1.1% Private sector: 16.2% Family farm/business: 39.5% Self-employed:10.2% **By age:** 25–29 years: 30.9% 30–34 years: 48.7% 40–44 years: 52.8% 65+ years: 5.7% **By sex:** Men: 34.9% Women: 25.4% **By disability:** Seeing difficulties - 21 % Walking difficulties - 13 % Cognition & communicating difficulties - 10 % Self-care difficulties - 6 %	28% to overall employment of 45% **Type of employment:** Public sector: 1.1% Private sector: 16.2% Family farm/business: 39.5% Self-employed:10.2% **By age:** 25–29 years: 30.9% 30–34 years: 48.7% 40–44 years: 52.8% 65+ years: 5.7% **By sex:** Men: 34.9% Women: 25.4% **By disability:** Seeing difficulties - 21 % Walking difficulties - 3 % Cognition & communicating difficulties - 10 % Self-care difficulties - %	2017 Population and Housing Census
Average hourly earnings of female and male employees, by occupation, age and persons with disabilities (SDG indicator 8.5.1).	Male average hourly earnings: 19.19 Emalangeni Female average hourly earnings: 13.95 Emalangeni Both sexes (disabled employees): 18.72 Emalangeni	Male average hourly earnings: 19.19 Emalangeni Female average hourly earnings: 13.95 Emalangeni Both sexes (disabled employees): 18.72 Emalangeni	Kingdom of Eswatini Integrated Labour Force Survey 2021
SDG indicator 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities.	No nationally reported percentage available	No nationally reported percentage available	

GDF Impact Indicator (please refer to approved proposal section 5 for relevant indicators selected by the programme)	**Country baseline** (Beginning of the project reporting period) 2024	**Country Endline** (End of the project reporting period) 2026	**Means of Verification**
#Number of persons with disabilities who have undergone a CRPD aligned disability assessment and are in possession of disability certification compared to statistical estimations of the number persons with disabilities.	Approximately 146,554 persons with disabilities (13% of population)	Approximately 146,554 persons with disabilities (13% of population)	2017 Population and Housing Census, Eswatini Central Statistical Office (CSO)
Percentage of public spending on disability rights and inclusion, as a proportion of the GDP/sector budgets, disaggregated by disability specific budget allocations and allocations within mainstream budget.	Approximately E496.4 million expenditure during FY2024/25 (spending for disability and elderly grants)	Not yet available	DPMO Administrative Expenditure Reports
Increase of disability data/disaggregation (including by sex) within standard data and CRPD compliant collection processes.	Limited disability data collected and not systematically integrated across sectors. Initial capacity building on CRPD compliant collection undertaken	Integration of disability identifiers into national education data systems (EMIS) and within the health management information system (HMIS) undertaken. Sex disaggregation disability data available in administrative datasets including census and surveys.	Ministry of Education and Training – EMIS reports Ministry of Health – HMIS reforms Eswatini Central Statistical Office
SDG indicator 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age and population group.	Data not available	Data not available	

State Outcome 1
National Stakeholders have the knowledge and practical tools to effectively contribute to the development and implementation of disability inclusive policies, systems
Please provide narrative description on the progress made to achieve outcome 1
Significant progress was made toward strengthening the capacity of national stakeholders to advance disability-inclusive policies and systems in Eswatini. The programme focused on building institutional knowledge, strengthening technical capacities, and equipping stakeholders with practical tools to operationalize disability inclusion in line with the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). A key achievement was the implementation of four national capacity-building trainings led by the Deputy Prime Minister's Office with technical support from UN agencies and partners. These trainings reached approximately 430 stakeholders from government institutions, Organizations of Persons with Disabilities (OPDs), and development partners. The training covered critical areas including CRPD-compliant budgeting, disability-inclusive governance and coordination, non-discrimination, disability-inclusive service delivery, and coalition building for advocacy. Post-training assessments indicated that 86% of participants reported increased knowledge and capacity to design or strengthen policies and systems that promote disability inclusion. The programme also strengthened the role and engagement of OPDs in national policy processes. A total of 18 OPDs participated in capacity-building activities, enabling them to better contribute to policy dialogue, advocacy, and implementation of disability-inclusive initiatives. Their participation enhanced representation of persons with disabilities in national decision-making processes and reinforced the principle of "nothing about us without us." In parallel, the programme supported sector-specific institutional capacity development to ensure that disability inclusion is embedded within national systems. In the health and education sectors, training was provided to Monitoring and Evaluation and information management teams on integrating disability indicators into the Health Management Information System (HMIS) and the Education Management Information System (EMIS). Capacity building was also provided for health care workers and teachers on using newly improved information systems. These efforts strengthened the ability of sector institutions to collect, analyze, and use disability-disaggregated data for planning inclusive services, thereby improving evidence-based decision-making. Further progress was made in strengthening frontline service delivery capacity. A total of 319 healthcare workers, including nurse managers and regional mentors, were trained on newly developed Standard Operating Procedures for Neonatal Disability Screening including up to five years. This intervention enhanced the capacity of health facilities to detect early signs of disability, improve documentation, and establish referral pathways for specialized care and social support services. Early identification contributes to improved health outcomes and strengthens linkages to social protection and other support programmes for children with disabilities. Complementing these capacity-building efforts, the programme developed and disseminated several knowledge products and practical tools to support disability-inclusive policy and system development. These included guidelines for integrating disability indicators into national data systems, research on barriers to participation for persons with disabilities, a costing study on children with disabilities, and a draft national advocacy strategy. These tools provide government institutions and partners with practical guidance for mainstreaming disability inclusion across sectors. Collectively, these interventions contributed to strengthening institutional knowledge, improving coordination mechanisms, and equipping national stakeholders with practical tools to advance disability-inclusive policies and systems. The programme therefore laid an important foundation for sustained progress in implementing the National Disability Plan of Action and advancing the rights and inclusion of persons with disabilities in Eswatini.

State Outcome 2
Gaps in achievement of essential building blocks or preconditions to CRPD implementation in development and humanitarian programs addressed
Please provide narrative description on the progress made to achieve outcome 2

Substantial progress was made in addressing key systemic gaps required to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) in Eswatini. The programme focused on strengthening policy frameworks, improving national data systems, and piloting inclusive service delivery models to ensure that disability inclusion is embedded within national development and service delivery systems.

A major milestone was the operationalization of the National Disability Plan of Action (NDPA) 2024–2028 through the development and validation of a costed implementation framework. Through a series of national consultative processes involving government institutions, Organizations of Persons with Disabilities (OPDs), and development partners, the programme supported the Deputy Prime Minister's Office to develop a comprehensive costing of the NDPA. This process strengthened national capacity to mobilize resources, prioritize disability-inclusive interventions, and advance the implementation of the Disability Act and national commitments to inclusive development. The costed plan also provides a practical framework for aligning disability inclusion efforts with national planning processes and the 2030 Agenda for Sustainable Development.

The programme also contributed to strengthening national information systems to support disability-inclusive planning and monitoring. Technical support was provided to the Ministry of Health and the Ministry of Education and Training to integrate disability indicators into the Health Management Information System (HMIS) and the Education Management Information System (EMIS). As a result, national guidelines were developed to guide the systematic collection, management, and use of disability-disaggregated data within these systems. These improvements lay the foundation for the progressive generation of reliable data on persons with disabilities, enabling government institutions to better monitor service access, inform policy development, and strengthen accountability for inclusive service delivery.

In addition, the programme supported the development of an inclusive healthcare service delivery model to strengthen early identification of disabilities among newborns. Standard Operating Procedures for neonatal disability screening were developed and rolled out across maternity health facilities nationwide, establishing a standardized approach to identifying developmental risks and disabilities at birth. The intervention strengthened referral pathways between health facilities and specialized support services, while also enabling stronger linkages to social protection and other support programmes for children with disabilities and their families.

A significant milestone from Phase 1 has been successfully achieved; the establishment of the Secretariat, as mandated by the Disability Act of 2018. This key objective provides the essential institutional framework required to coordinate, monitor, and implement disability-inclusive policies across the government and private sectors. The focus is now shifting to ensuring the Secretariat is fully operational with key leadership in place. The recruitment process for the critical, high-level positions of Director and Registrar is currently underway. These appointments are central to providing strategic direction and administrative oversight for the organization's mission to champion the rights and welfare of persons with disabilities. The successful and timely conclusion of this recruitment phase is paramount to maintaining the momentum and ensuring the effective implementation of the Act's provisions.

Collectively, these interventions addressed several structural gaps that have historically limited the effective implementation of disability-inclusive policies and services. By strengthening policy frameworks, improving disability data systems, and introducing inclusive service delivery models, the programme contributed to building the institutional foundations required for sustainable and rights-based disability inclusion in Eswatini. These efforts position the government and its partners to more effectively advance the rights of persons with disabilities and ensure their inclusion in national development processes.

2. Achievement of specific outputs

Please complete by indicating what was achieved on each output and report against the output indicators. In the narrative, please describe any challenges during the output delivery. The narrative could include any qualitative results from the

output activities that were completed, contextual specifics e.g. who are the beneficiaries? What are the intervention types? Any unexpected / unplanned results?

Please complete one table per output including all relevant output indicators. Add as many tables as required.

Output 1.1.A
Enhanced capacity of national stakeholders to accelerate operationalization of the National Disability Action Plan in Eswatini
Brief narrative description on completion of output
In 2025, the programme supported the Deputy Prime Ministers Office to implement the National Disability Act through institutional strengthening of the national disability coordination mechanism (established with support from the programme in 2024). Results also included the Government being supported technically and financially to undertake five (5) national capacity building training on the preconditions required by any Member State to effectively advance disability rights. These trainings reached an estimated 430 multi-stakeholders from five (5) entities from Government and Organization of Persons with Disabilities (OPDs). The government was also supported to adopt the CRPD-Compliant budgeting approach for increased resource allocation and mobilization for disability inclusion. Interventions continue to contribute to increased coordination, knowledge and skills on disability rights for inclusive SDGs and Agenda 2030. In addition, the programme reached a total of 41 chiefs with disability inclusion information that sought to enhance and strengthen their capacity to accelerate the implementation of the disability plan.

Reporting on Output 1.1A Indicators (Refer Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.1.1 # of trainings (disaggregation by type of capacity building[1]) developed and delivered in the GDF programme. (Dissaggregated by topics[2])	0	4 national trainings on disability inclusion	Five (5) (Ministry of Finance, Ministry of Justice and Constitutional Affairs, OPDs, parliamentarians and DPMO) Topics covered included: -how to address non-discrimination towards persons with disabilities, -strengthening disability accountability and coordination,	Training Reports, Pre and Post Training Surveys

Indicator*	Start level Baseline (Beginning of the project reporting period)*	Target*	End level End line (End of the project reporting period)*	Means of Verification
			-CRPD-Compliant Budgeting, - Disability inclusive service delivery across government ministries, - addressing Gender-Based Violence towards women and girls with disabilities and under-represented groups - coalition building among others. The Post training surveys revealed increased knowledge and skills on disability rights. Disability inclusive approaches for parliamentarians and all parliament portfolio committees Coalition building and advocacy	

1.1.2 # of participants (disaggregated by type of stakeholder[3]) disaggregated by sex,disability,rural/urban participating in capacity building activities funded or provided by GDF programmes	0	350	430 stakeholders Disaggregated data: **By Stakeholder**s ● Government staff from the Deputy Prime Minister's Office total- 82 Staff ● Ministry of Justice total- 86 Staff, ● Ministry of Finance & Economic Development ● OPDs and persons with disabilities - 140 (online & virtual participants) ● Parliamentarians - 39 ● Chiefs - 41 **By Gender:** Females - 261 Males -169 **Total 350** **By Disability Type total persons** Physical Disabilities -12 Deaf- 7 Visual disabilities - 12	Training Reports and attendance registers

			Intellectual Disabilities -1 Persons with Albinism- 8 **Total 42 persons with disabilities**	

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive.	0	90%	86% Reported increased knowledge & capacities from the trainings to advance policy and systems strengthening	Activity Reports Pre and post survey Forms
1.1.4 # of OPDs (disaggregated by type umbrella-disability specific-women-underrepresented other) that benefitted from capacity building activities (type of activities[4]) funded by GDF programmes to strengthen the capacity of organizations of persons with disabilities.	0	10	18	Activity Reports & Registers
1.1.5 # of capacity building activities funded by GDF programmes, directed at women and girls with disabilities on their rights and requirements and/or directed at underrepresented groups of persons with disabilities on their rights and requirements. (disaggregated by target group)	0	3	4	Activity Reports

Output 1.1.B
Enhanced Capacity of the Monitoring and Evaluation teams from the MoH and MoET on integrating disability data and indicators into the education (EMIS) and health sector management information systems (HMIS)**.**
Brief narrative description on completion of output
To strengthen disability responsive data systems in Health and Education, in partnership with the European Union (EU), supported the Ministry of Health (MoH) and the Ministry of Education and Training (MoET) to strengthen national data systems for the inclusion of disability indicators. The initiative focused on enhancing the capacity of sectoral Monitoring and Evaluation (M&E) and information management teams to systematically collect, analyze, and utilize disability-disaggregated data for evidence-based planning and service delivery. In the health sector, the programme supported the Ministry of Health to strengthen the capacity of Health Management Information System (HMIS) teams on the integration of disability indicators into national health data systems. The training aimed to operationalize the HMIS guidelines on disability inclusion and support their implementation through the strengthening of the Client Management Information System (CMIS). The CMIS will progressively generate reliable and disaggregated data on disability across health facilities, community health structures, and schools. This will enable the health sector to better identify the needs of persons with disabilities, monitor service access, and inform inclusive health programming and policy decisions. A total of 23 participants were trained, including 12 HMIS Officers, 3 Ministry of Health M&E Officers, and 8 representatives from key stakeholder institutions. As a result of the training, participants enhanced their technical capacity to integrate disability indicators within routine data collection tools, improve reporting processes, and strengthen data use for inclusive health service planning and monitoring. Complementing these efforts in the education sector, the programme supported the Ministry of Education and Training (MoET) to strengthen the capacity of Education Management Information System (EMIS) personnel on disability inclusion within education data systems. The training focused on building technical knowledge and practical skills on the application of national guidelines for integrating disability indicators and disability-disaggregated data into the EMIS. A total of 21 participants were trained, including 13 EMIS Officers and 8 representatives from partner institutions. The training enhanced the capacity of EMIS teams to capture, analyze, and report disability-related education data more effectively, contributing to improved identification of learners with disabilities and enabling more targeted planning for inclusive education services. Collectively, these capacity-building interventions contribute to strengthening national information systems in both the health and education sectors. By improving the availability and quality of disability-disaggregated data, the initiative supports the Government of Eswatini to better monitor inclusion outcomes, inform policy and resource allocation, and advance equitable access to essential services for children and persons with disabilities.

Reporting on Output 1.1B Indicators (Refer Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.1.1.# of trainings developed and delivered in the UNPRPD programme	12	2	2	EMIS staff training report HMIS staff training report

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.1.2. # of participants (disaggregated by type of stakeholders) disaggregated by sex, disability, rural/urban participating in capacity building activities funded or provided by UNPRPD programmes	724	50	44 HMIS Officers - 12, Ministry of Health M&E Officers - 3, Stakeholders - 8; EMIS Officers - 13; education stakeholders - 8	Training reports
1.1.3: # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive	80%	90%	90%	Training reports
1.1.4. # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities (type of activities[4]) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities.	14	5	0 The training targeted education officers	
1.1.5. # of capacity building activities funded by UNPRPD programmes, directed at women and girls with disabilities on their rights and requirements and/or directed at underrepresented groups of persons with disabilities on their rights and requirements. (disaggregated by target group)	4	3	0 The training targeted education officers	

Please complete <u>one table per output</u> including all relevant output indicators. Add as many tables as required.

Output 1.1.C
Enhanced Capacity of Healthcare workers in selected healthcare facilities on the provision of disability screening and identification services for children
Brief narrative description on completion of output
The programme strengthened national capacity for early identification of disabilities by supporting the training of 319 health care workers, including nurse managers and regional mentors from across Eswatini's four regions, on the newly developed Standard Operating Procedures (SOPs) for Neonatal Disability Screening which further included screening up to five years. The training equipped health providers with standardized guidance to screen newborns for early signs of disability, improve documentation, and establish clear referral pathways for specialized care and support services up to five years. By enhancing the skills of frontline health workers who oversee maternal and newborn care, the initiative strengthens the integration of disability screening into routine health services and promotes earlier identification and intervention for children with developmental challenges. This capacity-building effort contributes to stronger health systems, improved continuity of care, and greater inclusion of children with disabilities from birth, supporting Eswatini's commitment to equitable health services and ensuring that no child is left behind.

Reporting on Output 1.1C Indicators (Refer Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.1.1.# of trainings developed and delivered in the UNPRPD programme	21	2	2	Attendance registers
1.1.2. # of participants (disaggregated by type of stakeholders) disaggregated by sex, disability, rural/urban participating in capacity building activities funded or provided by UNPRPD programmes	724	80	319 **Type of stakeholder:** Health workers - 80 Rural Health care workers - 239 **By sex:** Females - 247 Males - 72 **By disability:** None Rural - 167 Urban - 152	Attendance registers
1.1.3: # and % of participants reporting increased knowledge or	90%	90%	92%	Training reports

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
capacity to design or revise policies or systems to be more disability inclusive				
1.1.4. # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented others) that benefitted from capacity building activities (type of activities) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities.	14	5	1 FODSWA The training mainly targeted health care workers.	Training reports
1.1.5. # of capacity building activities funded by UNPRPD programmes, directed at women and girls with disabilities on their rights and requirements and/or directed at underrepresented groups of persons with disabilities on their rights and requirements. (disaggregated by target group)	4	0	0	

Output 1.2:
Knowledge products (e.g., tools and guidelines) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion
Brief narrative description on completion of output
In addressing gaps in achieving the preconditions for disability inclusion, the programme developed and disseminated the following knowledge products, which have significantly contributed to advancing disability inclusion: the Costing Report for Children with Disabilities, providing data essential for resource allocation; the Disability Grant Design Proposal, offering a framework for effective financial support to persons with disabilities; a study on participation and inclusion barriers for persons with disabilities, identifying key challenges to inform policy and programmatic responses; and a Draft Advocacy Strategy for Disability Inclusion, guiding concerted efforts to promote the rights and full participation of persons with disabilities. In addition,a Study on Barriers to Participation and Inclusion for Persons with Disabilities in Eswatini was conducted. The programme further developed the following guidelines; Standard Operating Procedures for Neonatal Disability Screening which equip nurses, midwives, social workers, psychologists, and other health care providers with standardized guidance to detect early signs of disability, assess severity, and initiate timely referrals to specialized care and support services; Guidelines for Disability Indicator Inclusion in Education Management Information System and the Guidelines for Disability Inclusion in Health Management Information System.

Reporting on Output 1.2 Indicators (Refer to Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
Indicator 1.2.1. # of knowledge products(disaggregated by type of product/thematic focus) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices	4	2	7 (Costing Report for Children with Disabilities; Disability Grant Design Proposal; Study on Barriers to Participation and Inclusion for Persons with Disabilities in Eswatini; Draft Advocacy Strategy for Disability Inclusion; Standard Operating Procedures for Neonatal Disability Screening; Guidelines for Disability Indicator Inclusion in Education Management Information System; the Guidelines for	Documents available https://drive.google.com/drive/folders/1CHYxshcK0HAiuN0A_ARDzZfYSNo46Xvs?usp=sharing

Indicator*	Start level Baseline (Beginning of the project reporting period)*	Target*	End level End line (End of the project reporting period)*	Means of Verification
			Disability Inclusion in Health Management Information System.) Research / Analytical Report - 2 Policy Document - 1 Advocacy Tool - 1 Technical guidelines - 3	
1.2.2. # of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)	4	2	7 (Social Protection - 2; Research and Evidence Generation - 1; Advocacy - 1; health system strengthening - 1; Data inclusion - 2)	Documents available
1.2.3. # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other)	4	5	5 (Government, Development partners, OPDs, NGOs and private sector)	Attendance registers
1.2.4. # of stakeholders reporting increased or strengthened policies and systems as a result of UNPRPD funded KM tools (disaggregated by stakeholder)	0	5	5 (Government, Development partners, OPDs, NGOs and private sector)	

Output 1.3:
Models of good practice, learning and exchange mechanisms are developed to share country level experiences, to increase understanding, and to inform innovative practices.
Brief narrative description on completion of output
The output was successfully achieved through the facilitation of a South–South learning exchange between Eswatini and Namibia focused on strengthening disability inclusion systems. A consultative forum held brought together representatives from government institutions, national disability councils, organisations of persons with disabilities (OPDs), and United Nations partners. The engagement provided a platform for dialogue, peer learning, and the documentation of country experiences and governance models related to disability inclusion. Through structured discussions and comparative reflections, stakeholders identified key good practices from Namibia's disability governance framework, including the operationalisation of an independent secretariat, inclusive representation of persons with disabilities in decision-making structures, and sustained government resourcing. These practices were analysed alongside the Eswatini context, enabling participants to identify institutional gaps and opportunities for strengthening national systems. As a result of the exchange, a set of shared observations, commitments, and priority actions was documented in an outcome statement. The document captures lessons learned, promotes mutual learning, and outlines commitments to strengthen institutional collaboration, promote joint capacity-building initiatives, and support policy and research exchanges between the two countries. The forum therefore contributed to the development of learning and exchange mechanisms that document country-level experiences and inform innovative approaches to advancing disability-inclusive development.

Reporting on Output 1.3 Indicators

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.3.1 # of UNPRPD Situational Analysis through multi stakeholder approach	1	0	0	
1.3.2 # of planning and processes related to UNPRPD-funded programs and/or beyond UNPRPD-funded programs influenced by UNPRPD Situational Analyses findings (disaggregation by UNPRPD -funded programmes and beyond)	1	0	0	
1.3.3 # of mechanisms to share and exchange learning and evidence to inform inclusive policies and systems. (disaggregated by national/ regional/global mechanism)	0	1	1	Strengthening South–South Learning Exchange between Eswatini and Namibia on Disability Inclusion

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
				Affirmations and Statement https://drive.google.com/file/d/1RGIr9rEPOvVGrf3kHotAXBiBD-4X4bhe/view?usp=sharing
# actors involved in mechanisms to share learning and evidence to inform inclusive policies and systems disaggregated (UN/ GOV/OPDs, other)	4	4	4 (Government, UN, OPDs, Council)	Attendance registers
1.3.5 # of models of good practice, learning and exchange mechanisms addressing the situation of women with disabilities and/or underrepresented groups of persons with disabilities (disaggregation women or underrepresented groups) (disaggregated by disability specific or mainstream)	1	1	1	

Output 2.1 A
National disability plan of action operationalised through the costing of the national disability plan.
Brief narrative description on completion of output
Under Phase 1 of the programme the Deputy Prime Minister's Office was supported by the Eswatini Round 4 Programme to firstly establish the inter-ministerial disability coordination mechanism that brought together multi stakeholders from Government, OPDs and the UN. This mechanism played a key role in the development of the new National Disability Plan of Action (2024-2028) (Link Eswatini National Disability Plan Action 2024-2028 - UNESCO Digital Library. Phase 2 of the Round 4 Programme further supported the operationalization of the National Disability Plan of Action (2024-2028), through strengthening disability financing processes. OPDs were supported to participate in three national consultative processes to develop the Coated Plan of the NDPA. The costed was successfully drafted and validated by stakeholders and currently being reviewed by the Deputy Prime Minister for dissemination. Continued advocacy with OPDs and the Ministry of Finance remain critical to strengthening disability financing and resource mobilization for persons with disabilities in Eswatini. The costing of the National Disability Plan of Action is key for effective implementation of the Disability Act and inclusive SDGs.

Reporting on Output 2.1A Indicators

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
2.1.1 # of national regulatory frameworks and systems changes targeted by the GDF program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversite/monitoring systems, 11) financing and budgeting or 12) other (please explain)	0	1 Validated National Disability Plan of Action as well as 4 Legal Frameworks	National Disability Plan of Action (2024-2028) developed and launched in 2024 by Deputy Prime Ministers Office (Link Eswatini National Disability Plan Action 2024-2028 - UNESCO Digital Library Costed Plan to advance resource mobilization for NDPA developed in 2025	National Disability Plan of Action, Frameworks and Activity Reports
2.1.2 # type of change (development/review/reform) in legal frameworks and systems	0	1 National Disability Plan of action framework developed	Frameworks developed to advance implementation of the National Disability Plan of	

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
			Action and Disability Act	

Output 2.1B
Health Management Information System (HMIS) and Education Management Information System (EMIS) improved/ Strengthened through integrating disability data and indicators
Brief narrative description on completion of output
The programme supported the Government to strengthen national systems for the early identification of children and young people with disabilities and to improve the availability and use of disability-disaggregated data for planning inclusive services. This support focused on strengthening the Health Management Information System (HMIS) and the Education Management Information System (EMIS), to align with the proposed Disability Management Information System (DMIS) under the Deputy Prime Minister's Office (DPMO). In the health sector, the programme provided technical assistance to the MoH to develop HMIS Guidelines on how to include disability indicators in the Client Management Information System (CMIS). The guidelines established practical procedures for integrating disability indicators and screening tools into routine health data collection processes. As part of this work, early identification screening tools for disability and developmental delays among children were adapted for use by healthcare personnel, school health officers, and community health volunteers. These measures strengthened the capacity of the health system to identify children with disabilities earlier and generate disability-related data across health facilities, community platforms, and school health services. In parallel, the programme supported the MoET to develop Guidelines for Disability Indicator Inclusion in the Education Management Information System (EMIS). These guidelines provide practical guidance on integrating disability indicators into EMIS and establishing systematic mechanisms to identify, document, and monitor learners with disabilities within the education sector. The EMIS will progressively generate disability-related data from schools, strengthening national data on learners with disabilities. The EMIS guidelines also support the integration of disability screening data into EMIS in alignment with the proposed DMIS framework under the DPMO. This will contribute to establishing a centralized repository of disability data for the education sector that can be used by government institutions, non-governmental organizations (NGOs), Organizations of Persons with Disabilities (OPDs), and United Nations agencies to improve coordination and streamline the delivery of disability-related services and interventions. Importantly, the system will produce disability-disaggregated data that reflects the diversity of persons with disabilities, supporting more targeted and inclusive policy and programme responses. The strengthened data management systems laid the foundation for improved early identification of children with disabilities, stronger referral pathways between health and education services, and increased availability of reliable disability-disaggregated data for evidence-based decision-making. These improvements also enhanced the ability of government and partners to consolidate disability-related information from multiple sources, including sector ministries, development partners, and OPDs.

Reporting on Output 2.1B Indicators (Refer to Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
2.1B.1:# of national management information systems integrating disability data and	Disability management information	Disability inclusion budgets are	HMIS and EMIS allocated national budget to support	HMIS and EMIS Reports

Indicator*	Start level Baseline (Beginning of the project reporting period)*	Target*	End level End line (End of the project reporting period)*	Means of Verification
indicators through the support from the UNPRPD programme	system practice note developed	allocated for MoH and MoET	integration of disability data	
2.1B.2: # and type of change (development/review/reform) in national management information systems undertaken through the support of the UNPRPD programme	Disability management information system practice note developed	2 revisions of the indicators in the HMIS and EMIS (National management information system reviewed to integrate disability data and indicators)	Disability Inclusion Guidelines developed for HMIS Disability Inclusion Guidelines developed for EMIS	Guidelines for Disability Indicator Inclusion in HMIS Guidelines for Disability Indicator Inclusion in EMIS

Output 2.1C:
Inclusive healthcare service delivery model developed to scale up access to services for persons with disabilities.
Brief narrative description on completion of output
The programme successfully introduced a standardized neonatal screening protocol across all maternity health facilities nationwide. This milestone strengthened Eswatini's national systems for the early identification and referral of neonatal disabilities. Previously, while the Apgar score was used for screening, the lack of national standardization hindered the effectiveness and uniformity of screening in health facilities. To resolve this, the programme developed national standard operating procedures and provided training to healthcare workers, ensuring a consistent approach to screening. This standardized process has resulted in improved outcomes for newborns. Initially intended as a pilot at Pigg's Peak and Mkhuzweni Hospitals, the intervention was expanded to encompass all health facilities offering delivery services, a critical need identified by the Ministry of Health. However the programme could not quantify the number of neonates screened as the inpatient system was still under development and the tools proposed in this guidance will inform the process. Quantifying the number of neonates screened was not possible because the inpatient system was still under development. The tools outlined in this guidance will be used to inform the development process of that system. When conducting the training some of the issues that were noted were the challenges experienced by health facilities when attempting to identify possible disabilities early which included limited confidence among some health workers in recognizing early developmental concerns, inconsistent documentation of suspected cases and delays in referral due to unclear referral pathways. Importantly, early identification facilitates linkages to social protection and support programmes, including disability grants, psychosocial services, and support for Orphaned and Vulnerable Children (OVCs). This integrated approach improves the likelihood that children with disabilities and their families receive the support they need at the earliest stages of life.

Reporting on Output 2.1C Indicators (Refer to Annex 2)

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
2.1C.1:# of disability inclusive healthcare service delivery model developed	0	1	1	
2.1C.2: # and type of change (development/review/reform) in disability inclusive healthcare service delivery model	0	1	1	

3. Equality between men and women

Please describe how the programme ensured equality between men and women by responding to the questions below.

How did the programme consider differences in the barriers faced by men and women with disabilities?
Social and economic barriers faced by both men and women with disabilities in participating in development programmes were considered during the Programme design and implementation phase. As reflected in the UNESCO led capacity building interventions, the Programme ensured that women with disabilities participated in the Programme.
In what way did the programme advance gender equality?
The programme significantly advanced gender equality by ensuring the deliberate inclusion of women and girls with disabilities across all capacity-building initiatives and other engagements. Specifically, all five national trainings targeted women with disabilities and prioritized the participation of women-led Organizations of Persons with Disabilities (OPDs) throughout the implementation cycle. Disaggregated data from the capacity building activities show that out of an estimated 430 stakeholders reached, 261 were female, demonstrating a strong commitment to gender parity and addressing the compounded discrimination faced by women and girls with disabilities. Furthermore, training topics specifically included addressing Gender-Based Violence (GBV) towards women and girls with disabilities, thereby strengthening the capacity of stakeholders to recognize and respond to their unique rights and requirements.
How have the specific actions undertaken by the programme contributed directly to the empowerment of women and girls with disabilities? Please include here baseline and end line data on how women with disabilities were included and impacted while implementing the project. Kindly note that in the expenditure section below projects are requested to state the overall funding spent on these activities.
The programme directly contributed to the empowerment of women and girls with disabilities by ensuring their active participation and addressing their specific needs within the capacity-building initiatives. For instance, the **baseline** data shows that before the program, specific capacity building activities targeting women and girls with disabilities were at **0**. However, the **end line** results from Output 1.1A demonstrate that all five national capacity-building trainings explicitly targeted women with disabilities and ensured the participation of women-led

Organizations of Persons with Disabilities (OPDs) throughout the implementation cycle, meeting the target of 3 dedicated capacity buildings (Indicator 1.1.5). Overall, of the estimated 430 stakeholders reached, **261 were female**, significantly higher than the 169 male participants, indicating a strong focus on gender inclusion. Furthermore, the training topics explicitly covered "addressing Gender-Based Violence towards women and girls with disabilities and under-represented groups," directly strengthening their knowledge and capacity to advocate for their rights and address intersecting discrimination, as confirmed by the **86%** of stakeholders reporting increased knowledge and capacities.
How did women with disabilities and women led OPD groups (informal/formal) participate in the implementation?
Women with disabilities and women-led Organizations of Persons with Disabilities (OPDs) participated directly in the implementation of Output 1.1A, which focused on enhancing the capacity of national stakeholders to accelerate the operationalization of the National Disability Action Plan. Specifically, the four major national capacity-building workshops organized by the Deputy Prime Minister's office explicitly targeted women with disabilities and ensured that women-led OPDs participated throughout the programme's implementation cycle. One of the topics covered in these trainings was addressing Gender-Based Violence towards women and girls with disabilities and under-represented groups, indicating a thematic focus on their specific rights and requirements. Out of the total estimated 430 stakeholders reached across all trainings, 261 were female participants, demonstrating a high level of inclusion in the capacity-building efforts. Furthermore, the programme met its target of capacity building activities directed at women and girls with disabilities, with all four national trainings ensuring their participation and focus on their rights.

4. Full and effective participation of persons with disabilities

Please describe how the programme ensured the full and effective participation of persons with disabilities and their representative organizations by responding to the questions below.

How did the programme consider the barriers faced by persons with disabilities for effective participation?
The programme team in partnership with Government, facilitated the participation of OPDs through ensuring that their Reasonable Accommodation needs were met e.g. through provision of sign language interpreters, accomodation, transport or transport reimbursement for persons with disabilities that had participated. Accessible venues for activities were often sought to ensure that barriers of physical accessibility were addressed. It must be noted that although service providers had fully accessible venues, the programme team did their best to ensure that accessibility issues were addressed throughout the Programme's implementation cycle.
How were persons with disabilities involved in the programme's governance as well as in the planning, implementation, monitoring and evaluation phases?
The National Disability Technical Working Group and the Inter-Ministerial Committee on National Disability Affairs, established with support from the Round 4 Programme is inclusive of diverse OPDs. OPDs have not only been involved in the design, implementation of the project, but have been meaningfully engaged in all programme activities. For example of the estimated 55 Multi stakeholders that participated in the development of the Costed National Disability Plan of Action framework, a total of 16 OPDs who included 23 persons with disabilities were meaningfully engaged. The Eswatini programme has ensured that the meaningful engagement of diverse persons with disabilities is prioritized in compliance with principles of the UN Convention on the Rights of Persons with Disabilities. The OPDs were involved in leading some of the activities which included the advocacy strategy development, conducting the barriers study and facilitating for some of the capacity building activities. This ensured their

involvement and participation, not as recipients but also as resource persons. FODSWA is also a co-chair of the National Disability TWG which is a critical role that they play in the disability programming governance.
How have the specific actions undertaken by the programme contributed directly to the full and effective participation of persons with disabilities?
The programme team ensured that diverse groups of persons with disabilities participated in the programme not just as participants, but as resource persons, key national dialogue and decision making platforms. This resulted in increased awareness raising on the rights of persons with disabilities and self advocacy on the issues that affect them. In addition, OPDs were trained alongside government officials and development partners, strengthening their ability to engage more effectively and articulate their needs with clarity and influence. They greatly contributed to the development of the National Disability Plan of Action (NDPA) and regulations for the Persons with Disability Act of 2018, embedding their perspectives into national law and strategy. OPDs were extensively consulted during the development of the Advocacy Strategy for Disability Inclusion and consultations included NGOs, CBOs representing OPDs and OPD rights, as well as National Disability Council.

Please use the table below to summarize the details of OPDs the programme has engaged with.

Name and Type of OPD (Umbrella, regional, national, specific disability type)	**Contact details** (Email address of contact person of the organization and website where available)	**Overall OPD leadership** (disaggregated according to sex and type of disability)	**OPD representatives engaged in the programme** (disaggregated according to sex and type of disability)
National Umbrella Body- Federation of Organisations of Disabled Persons in Swaziland (FODSWA)	[redacted] Acting President Mobile phone number: [redacted]		
		[redacted] FODSWA Secretary Email address: nondumisothandiswa@gmail.com [redacted] [redacted] Director National Association for the Deaf Eswatini (NADE) Email:anthonyml1974@gmail.com	[redacted] Parents For Children With Disability In Eswatini (PEDSWA) Email address: elliotshongwe450@gmail.com [redacted] [redacted] Network of Business Women with Disabilities

Name and Type of OPD (Umbrella, regional, national, specific disability type)	**Contact details** (Email address of contact person of the organization and website where available)	**Overall OPD leadership** (disaggregated according to sex and type of disability)	**OPD representatives engaged in the programme** (disaggregated according to sex and type of disability)
		[redacted] President National Association for the Visually Impaired Eswatini (NAVIE) 0026876277719 [redacted] Director Foundation of Life +26876170534 [redacted] Director SANAKWA Inclusion Care Centre [redacted]com [redacted] Director Disability Women Eswatini (DIWOSWA) Email: [redacted] [redacted] Director Eswatini Comprehensive Disability Mainstreaming Initiative (ECDMI) [redacted] Director Eswatini Epilepsy Organization +26876647613	+26876647613 [redacted] National Association of Visual Impaired +26876647613 [redacted] Albinism Eswatini [redacted]eswatini.com [redacted] Swaziland Association of the Physically Disabled Persons +26876755145 [redacted] Another Hope dlaminkaybee@gmail.com [redacted] Silalabenyoni Co-operation +26876414945 [redacted] SAPA +26876113102 [redacted] APAS +26876654923

Name and Type of OPD (Umbrella, regional, national, specific disability type)	**Contact details** (Email address of contact person of the organization and website where available)	**Overall OPD leadership** (disaggregated according to sex and type of disability)	**OPD representatives engaged in the programme** (disaggregated according to sex and type of disability)

5. Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities

Please describe how the project ensured inclusion of marginalized and underrepresented groups of persons with disabilities by responding to the questions below.

How did the programme consider and identify marginalized and underrepresented groups of persons with disabilities? for example by considering type of disability, gender, age, location, minority status or other contextually appropriate demographic factors.
● The Programme worked with the Deputy Prime Ministers Office and Umbrella Body FODSWA to identify underrepresented and marginalized persons with disabilities. Examples include ensuring that OPDs that represent women, children with disabilities, persons with psychosocial and intellectual disabilities participating in the national disability coordination mechanism, as well as the development of national mechanisms such as the NDPA and its costed framework, capacity building and in the study. ● Special emphasis was placed on women with disabilities, acknowledging their heightened vulnerability to gender-based violence and barriers to participation. By the end of the year, a dedicated symposium and indoor games were organized specifically for women with albinism and Deaf women, ensuring their voices and experiences were meaningfully recognized. ● Disability data and indicators were integrated into health (HMIS) and education (EMIS) systems, allowing disaggregation by disability type for more tailored service delivery as well as a Standard Operating Procedure to strengthen Early identification Screening.
In what way did the programme advance equity regarding rights and needs of most marginalized groups?
It prioritized women and children with disabilities, recognizing their heightened vulnerability to exclusion and gender-based violence. Specific initiatives, such as a symposium and indoor games for women with albinism and Deaf women, ensured visibility and tailored engagement for groups often overlooked.
How have the specific actions undertaken by the programme contributed directly to the inclusion of marginalized and underrepresented groups of persons with disabilities?
The programme greatly supported the inclusion of marginalised and underrepresented groups of persons with disability through engagement and capacity building. The groups that the programme directly impacted were women and girls with disability, persons with down syndrome and persons with albinism. As part of inclusion children with disabilities voices were heard during key engagements and sensitization mainly children with down syndrome.
How did marginalized and vulnerable persons with disabilities and these groups led by marginalized and vulnerable persons with disabilities (informal/formal) participate in the implementation?
Marginalized and vulnerable persons with disabilities, including those represented through Organizations of Persons with Disabilities (OPDs), actively participated in the implementation of programme activities through consultations, capacity-building initiatives, and policy dialogue platforms. Representatives from OPDs were engaged in national and sectoral consultations related to the implementation of the National Disability Plan of

Action and other programme activities, ensuring that the perspectives and priorities of persons with disabilities informed programme design and implementation. These groups also participated in training and knowledge-exchange activities aimed at strengthening their capacity to advocate for disability-inclusive policies and services. Through this participatory approach, the programme promoted the principle of "nothing about us without us," ensuring that persons with disabilities contributed to decision-making processes and to shaping interventions that directly affect their lives.

Please use the table below to list the type of marginalized and underrepresented groups of persons with disabilities who were included so far in programme implementation.

Type of Marginalized or Underrepresented group	**Organization contact details** (email address of Organization contact where available)
Downs Syndrome Association	[redacted] Chairperson of Eswatini Down Syndrome Association Email: [redacted] Contact: [redacted]
Parents for Children with Disability in Eswatini (PEDSWA)	[redacted] Email: [redacted] Contact: [redacted]
Network of Business Women with Disabilities	[redacted] Contact: [redacted]
NADE	[redacted] Contact: [redacted]
Disability Women Eswatini (DIWOSWA)	[redacted] Email: [redacted] Cell:+[redacted]
Autism Eswatini	[redacted] Email address: [redacted] Contact: [redacted]
Epilepsy Organization	[redacted] EMAIL: [redacted] / [redacted] Contact: [redacted]
Mandla Elizulu	[redacted] Cell: [redacted]
Shiya Phansi kukhubateka	[redacted] Cell: [redacted]
Motshane Association of Disabled Persons	[redacted] Cell: [redacted]
Nyakeni Disability Persons Organisation	[redacted] Cell: [redacted]

6. Partnership-Building

Please provide a narrative on how the programme has contributed to greater UN inter-agency collaboration to advance the rights of persons with disabilities in the country.

The Eswatini Programme has strengthened partnerships to advance disability rights using the multistakeholder approach that brings Government, OPDs and different UN Agencies. The Round 4 Programme has contributed to strengthening the coordination roles of the Deputy Prime Minister's Office and Umbrella Body FODSWA. Strengthened partnerships has resulted in increased awareness raising on the UNCRPD and advancement of the National Disability Act. The Round 4 Eswatini Programme has contributed significantly in providing the technical and financial support that was required to advance the rights of persons with disabilities. The UN has since established a coordinating mechanism for disability inclusion which seeks to strengthen disability mainstreaming in the UNCT. This has been a direct result of the programme.

Please describe the different stakeholders (for example Government departments, UN entities, OPDs and Civil Society) involved and how they worked together.

In the duration of the Project programme a wide range of stakeholders worked together in a coordinated way to advance disability inclusion:

Government departments: The Deputy Prime Minister's Office (DPMO) played a central role, alongside ministries such as Finance, Justice, Health, and Education. Each ministry appointed disability focal persons and engaged in training on disability-inclusive budgeting, planning, and reporting. This ensured disability issues were mainstreamed across all government sectors rather than confined to a single line ministry.

UN entities: Agencies like UNFPA, UNICEF, UNESCO, collaborated closely. They provided technical expertise, capacity building, and oversight. For example, UNICEF focused on integrating disability data into health and education systems, while UNESCO supported the costing of the National Disability Plan of Action. UNFPA coordinated the programme and led advocacy efforts.

Organizations of Persons with Disabilities (OPDs): The Federation of Organizations of Persons with Disabilities in Eswatini (FODSWA) unified OPDs under a common platform. They strengthened advocacy, coordinated at local and regional levels, and ensured persons with disabilities were directly involved in decision-making and programme implementation.

Civil Society Organizations (CSOs): Groups such as CANGO contributed to coalition building, advocacy, and grassroots engagement, ensuring that disability inclusion was addressed at community level.

Together, these stakeholders established and operationalized structures like the National Advisory Council for Persons with Disabilities, the Inter-Ministerial Committee, and the Technical Working Group on disability mainstreaming. These platforms allowed government, UN agencies, OPDs, CSOs, and international partners to jointly design policies, develop tools (such as the Disability Mainstreaming Handbook and Service Directory), and coordinate advocacy. This collaborative approach created a unified voice, strengthened accountability, and laid the foundation for systemic change in disability inclusion.

In addition, the programme partnered with the European Union in implementing some of the activities including capacity building of policy makers and screening.

How has the programme contributed to generating new knowledge on how best to promote the rights of persons with disabilities to support policy and system changes?

According to the proposal document, the UNPRPD programme in Eswatini has contributed significantly to generating new knowledge on how best to promote the rights of persons with disabilities, which in turn supports policy and system changes.

Knowledge products such as the draft Advocacy Strategy and the Study on Barriers were developed to serve as practical resources, offering stakeholders clear guidance on mainstreaming disability inclusion while identifying gaps that have hindered progress on disability issues.

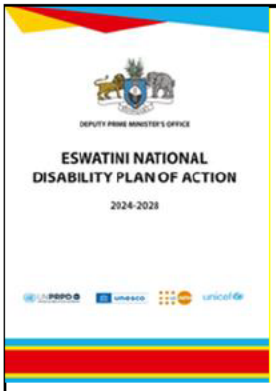
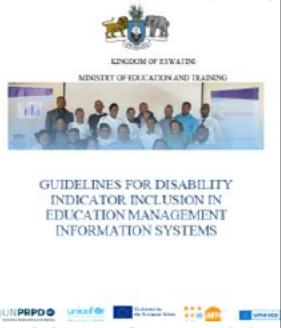
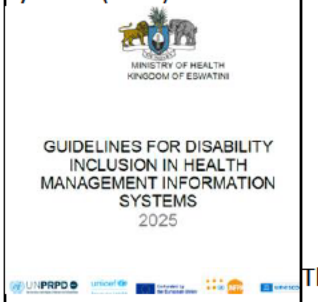
The programme facilitated studies and frameworks, including the Disability Grant Design Study and the outline of a Disability Management Information System. These generated new insights into financial support mechanisms and data systems for disability inclusion, informing future policy directions. Furthermore by training policymakers, planners, and OPDs on CRPD-compliant budgeting, reporting, and advocacy, the programme created a knowledge base within government and civil society. This shifted disability inclusion from a line-ministry issue to a cross-sectoral responsibility, embedding it into especially education, health, and youth policies.
Please also describe in this section any unique expertise and products developed by the programme that could be used to support other countries within a south-south cooperation framework
There were a number of Unique expertise products developed during the course of the programme that can be very resourceful to the South South cooperation framework such as 1. Guidelines for integrating disability data and indicators into education (EMIS) and health (HMIS) management information systems, offering a template for other countries seeking to embed disability data into national systems. 2. Disability Grant Design Study that explored financial support mechanisms for persons with disabilities, generating insights that can inform social protection policies elsewhere. 3. The Standard Operating Procedure document for facilitating newborn screening in Eswatini's health facilities as an innovative approach that, once documented, could serve as a best practice for other countries aiming to strengthen early identification and inclusive health services.

7. Creation of knowledge products

How has the programme contributed to generating new knowledge on how best to promote the rights of persons with disabilities to support national level policy and system changes?
Please also describe in this section any unique expertise and products developed by the programme that could be used to support other countries within a south-south cooperation framework
The Programme contributed to frameworks such as the National Disability Plan of Action (2024-2028) (Link Eswatini National Disability Plan Action 2024-2028 - UNESCO Digital Library. The Costed Plan for this farmwork benefitted from lessons learned from a similar national costing process of the Zimbabwe Coated Plan for the National Disability policy which was also supported by the Global Disability Fund Programme. The Eswatini NDPS and Cost Plan can be also used for cross learning with Zimbabwe and other Member States on what has worked well and how disability financing can be strengthened in Southern Africa. The Standard Operating Procedure document for facilitating newborn screening is another product that can be used to support other countries. The experience we had when developing the document was that there was limited literature for such an undertaking.

Please list the type of knowledge products the programme has developed using the table below .

Name of product and type of product (report, guidelines, assessments etc**)**	**Purpose** Describe what was the purpose of the product	**Process** Describe who participated in the development of product (OPDs, NGOs, Academia etc.) and the different stages of development	**Link /attachment**	**Accessible formats**	**Validation** Has the product been validated by national actors. If yes by whom?
	[…]	[…]	[…]	[…]	[…]

	The purpose of developing the plan of action is to ensure that national policies and development programmes mainstream disability rights in all stages of planning, implementation, monitoring, and reporting. It also aims at promoting and protecting the fundamental rights of all 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 based on their disability status.	The next 5-year NDPA was developed using a multistakeholder approach to advance disability inclusion and involved the Government, the United Nations and Organizations of Persons with Disabilities. This multistakeholder includes the Deputy Prime Minister's Office, the Federation Organization of the Disabled People in Swaziland (FODSWA), Organizations of Persons with Disabilities, the UN. Developed through a consultative process that included the Ministry of Education, Ministry of Health, DPMO, Ministry of ICT, Ministry of Justice, Royal Eswatini Technology Park (RSTP) FODSWA, UNFPA, UNESCO, WHO, UNICEF, and EU. The process also included an extensive desk review on disability costing across sectors (e.g. cost of education, health, and national disability grants)	Eswatini National Disability Plan Action 2024-2028 - UNESCO Digital Library.	Yes, Braille 	Yes, Deputy Prime Minister's Office, the Federation Organization of the Disabled People in Swaziland (FODSWA), Organizations of Persons with Disabilities
Guidelines for Disability Indicator Inclusion in Education Management Information System (2025) 	The purpose of the Guideline is to provide practical guidance on integrating disability indicators into EMIS, and establish systematic mechanisms to identify, document and monitor learners with disabilities within the education sector.				Yes, by the Ministry of Education (EMIS and Special Education Needs Department), DPMO (Disability Unit).
Guidelines for Disability Inclusion in Health Management Information Systems (2025) 	The purpose is to provide practical guidance on	Developed through a consultative process that included the Ministry of Health, Ministry of Education, DPMO, Ministry of ICT, RSTP, Ministry of Justice, FODSWA, UNFPA, UNESCO, UNICEF, and EU.			Yes, by the Ministry of Health, key line ministries including Ministry of Education, (EMIS and Special

The Disability Grant of the Kingdom of Eswatini: Costing to Estimate Financial Burden of Households Raising Children with Disabilities (2025) The Disability Grant of the Kingdom of Eswatini: Costing to Estimate Financial Burden of Households Raising Children with Disabilities June 2025	how to include disability indicators in the health sector client management systems (CMIS)				Needs Department), DPMO (Disability Unit),FODSWA, UNICEF
Advocacy Strategy for Disability Inclusion in Eswatini (Draft)	The purpose is to provide evidence on the key direct and indirect costs of households raising children with disabilities in Eswatini. The purpose of the National advocacy strategy for disability inclusion is to influence political priorities, institutional practices, public attitudes, and coordination and accountability mechanisms.	Development included participation of key stakeholders including FODSWA, DPMO, NGOs, UNFPA, UNESCO, UNICEF and EU. The development of the strategy included the participation of various disability stakeholders, including community-based organizations, NGOs, FODSWA leadership, National Disability Council and the Media.			No, the Advocacy Strategy is still in draft form and awaiting final endorsement by FODSWA and the government.
 "A Study on Barriers to Participation and Inclusion for Persons with Disabilities in Eswatini" December 2025 A Study on Barriers to Participation and Inclusion for Persons with Disabilities in Eswatini (pending proper design)	The purpose of the barriers to participation and inclusion is to to generate comprehensive, context-specific evidence on the participation and inclusion barriers experienced by persons with disabilities in Eswatini. It seeks to	The study adopted a mixed-methods design, integrating quantitative analysis of secondary data from the 2017 Population and Housing Census with qualitative primary data collected through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and In-Depth Interviews (IDIs).	https://drive.google.com/file/d/10OONB7eULNJh7a5_wSf3N9vecv6nMKDy/view?		

	move beyond anecdotal evidence by systematically documenting the drivers of exclusion, with the objective of informing more coordinated, effective, and rights-based policy and programmatic responses.		usp=sharing		

8. Communications materials

Branding: Were there any visual assets developed? (For example, banners, notebooks, social media cards).
Yes, visual assets were developed, including branded banners that were prominently displayed during programme activities. These materials enhanced the visibility and recognition of disability inclusion, demonstrated donor/financial support, and reinforced the programme's commitment to disability mainstreaming. The banners supported broader advocacy efforts to position disability inclusion as a cross-cutting development objective in Eswatini.
Dissemination: What tools work best for communication and dissemination, and what don´t? (For example, dissemination across social media platforms, which platforms have worked best from your experience and why do you think that is the case) Have you collaborated with any 'influencers' or organizations in the country for cross-promotion of the project, civil society or partner organizations? If yes, could you share their handles? Is there a dedicated webpage section or Flickr album?
Dissemination was carried out primarily through Facebook and X (formerly Twitter). **Facebook** proved to be the most effective platform for outreach and engagement. It enabled broad dissemination to community stakeholders, Organizations of Persons with Disabilities (OPDs), civil society actors, and the general public. The platform's accessibility, high user penetration, and ability to share event photos, banners, short updates, and key messages contributed to stronger interaction and visibility. Posts featuring visual documentation from programme activities generated high engagement. **X** was particularly effective for reaching policy-level audiences, development partners, UN agencies, and government stakeholders. It was useful for tagging institutional partners, sharing key advocacy messages on disability mainstreaming, and positioning the project within national and global disability inclusion conversations. While engagement rates were generally lower than Facebook, the platform was valuable for strategic visibility and institutional amplification. The project collaborated with PUNO, including the Federation of Disabled Persons in Eswatini (FODSWA) and the Deputy Prime Minister's Office, who shared content through their official Facebook. This cross-promotion strengthened credibility, expanded reach to established disability rights networks, and ensured alignment of messaging. No individual influencers were formally engaged; the approach prioritized institutional partnerships and rights-based organizations.
Media: Has there been any media coverage? If yes, what were the main obstacles when liaising with the media? Has there been any media request for interviews?
Yes media was part and parcel of the engagements such that some of the Workshops were covered on Eswatini news and published on newspaper articles. The programme received notable media coverage throughout the implementation of its activities, as highlighted below. No obstacles were encountered in liaising with the media; on the contrary, they consistently

demonstrated cooperation and support. Interviews were successfully conducted with government representatives, Organizations of Persons with Disabilities (OPDs), and PUNO.
Through UNESCO's platforms, the programme achieved significant visibility:
• Social Media Reach: An estimated 10,000 views across different platforms
• UNESCO Newsletter: Distributed to over 2,000 UNESCO employees, permanent delegates, National Commissions, and partners
• LinkedIn: 12,500 views
• Facebook: 8,400 views

Example of Newsletter
Capacity Building Training Workshops 25 March to 4 April 2025
https://unesdoc.unesco.org/ark:/48223/pf0000393688.locale=en

Validation of the National Disability Plan of Action (2024-2028)
unesdoc.unesco.org/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach_import_d6
Launch of the National Disability Plan of Action 2024 - 2028
https://unesdoc.unesco.org/ark:/48223/pf0000390425.locale=en**669ce2-7001-455a-9b60-563c07203368?_=388859eng.pdf&to=19&from=1**

https://www.facebook.com/unfpa.eswatini/posts/pfbid023Rqzpqn4hjiMWkBy89nzvrP9syY3hSfeKERdSXAdKGYV2XF95J4Hp3x513Nw6E16l

https://www.facebook.com/unfpa.eswatini/posts/pfbid02n2WJ1o9TDDvi6i5ujEko7NUfxBcfahDM6Jv1fJubgKhKwr1xEnALR6wLd2G1Jku9l

https://www.facebook.com/unfpa.eswatini/posts/pfbid02n2WJ1o9TDDvi6i5ujEko7NUfxBcfahDM6Jv1fJubgKhKwr1xEnALR6wLd2G1Jku9l

https://www.facebook.com/unfpa.eswatini/posts/pfbid0mRzmxDBw7m9GUGfL4PxSWTfbRwDwosKmAedCEoAC3z4S8ETdzQfhJZx6926uFi4Bl

https://www.facebook.com/unfpa.eswatini/posts/pfbid0vBH3eNHyYyFmEuqc5bz2Xj5XopKqCJm4p2fQh6g7rv93HzJJ3GnThke1EfneZWLEl

https://www.facebook.com/unfpa.eswatini/posts/pfbid02EnVUX8aqhfjb5YR2GbXmiqjLDenVQWvnCeSCfsV6ekEpDBPGjQEFMH3koPAh11Fsl

https://www.facebook.com/unfpa.eswatini/posts/pfbid02w6Tjbqx4EdwUktgzZeVM3y2obCTvBYMJoKQ8A3qHmUsv7WLEtiiaHkQeJ4A7Hr9pl

https://www.facebook.com/unfpa.eswatini/posts/pfbid02Tnb2nZ2e6HS2tdeNWk9jq4nZV92TRQqts1F76KqszZ2BVFoXNSdF3cdYkrpPZT1al

https://x.com/UNEswatini/status/1992959264781119978

https://x.com/UNFPAEswatini/status/1968706044063850581

https://x.com/UNFPAEswatini/status/1963257507280785804

https://eswatinipositivenews.online/eswatini-namibia-join-forces-to-advance-disability-rights/

https://eswatinipositivenews.online/eswatini-and-namibia-strengthen-collaboration-on-disability-inclusion/

https://eswatinipositivenews.online/eswatini-advances-disability-rights-with-national-workshop/

https://eswatinipositivenews.online/fodswa-congress-pushes-disability-inclusion-beyond-city-limits/

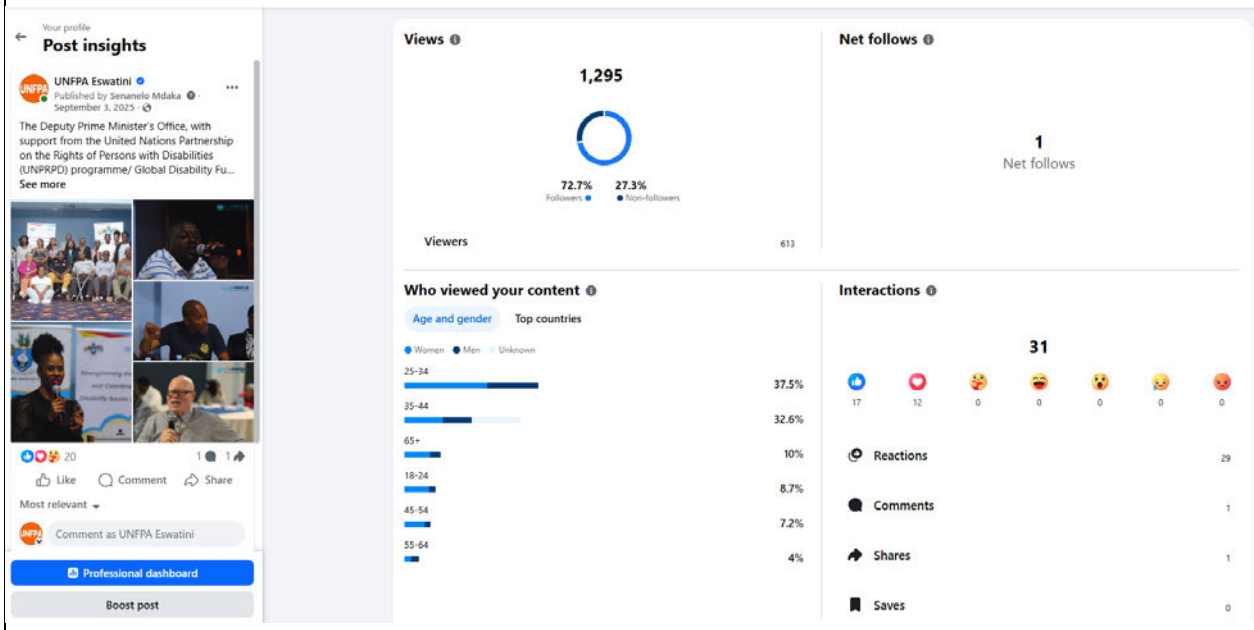
https://eswatinipositivenews.online/dpm-to-build-5-houses-for-people-with-disabilities/

https://eswatinipositivenews.online/government-unfpa-unite-to-promote-disability-inclusion/

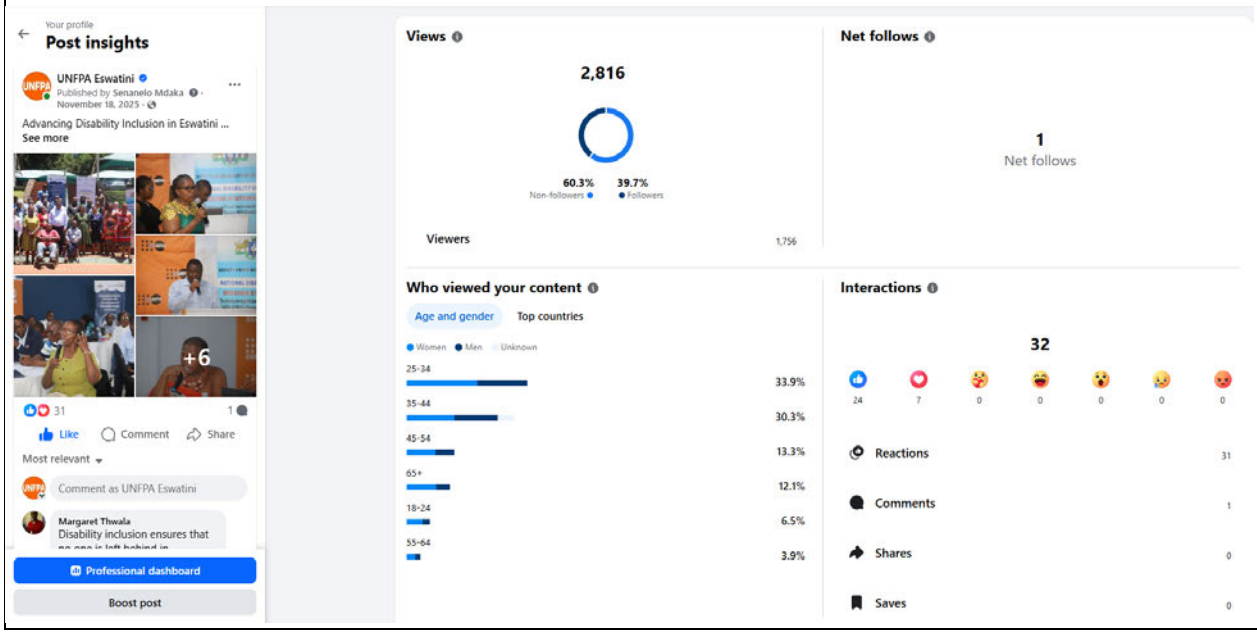
https://eswatinidailyorg.wordpress.com/2024/12/02/dpm-launches-qualification-register-for-people-with-disabilities/

Insights from some of social media posts on Facebook

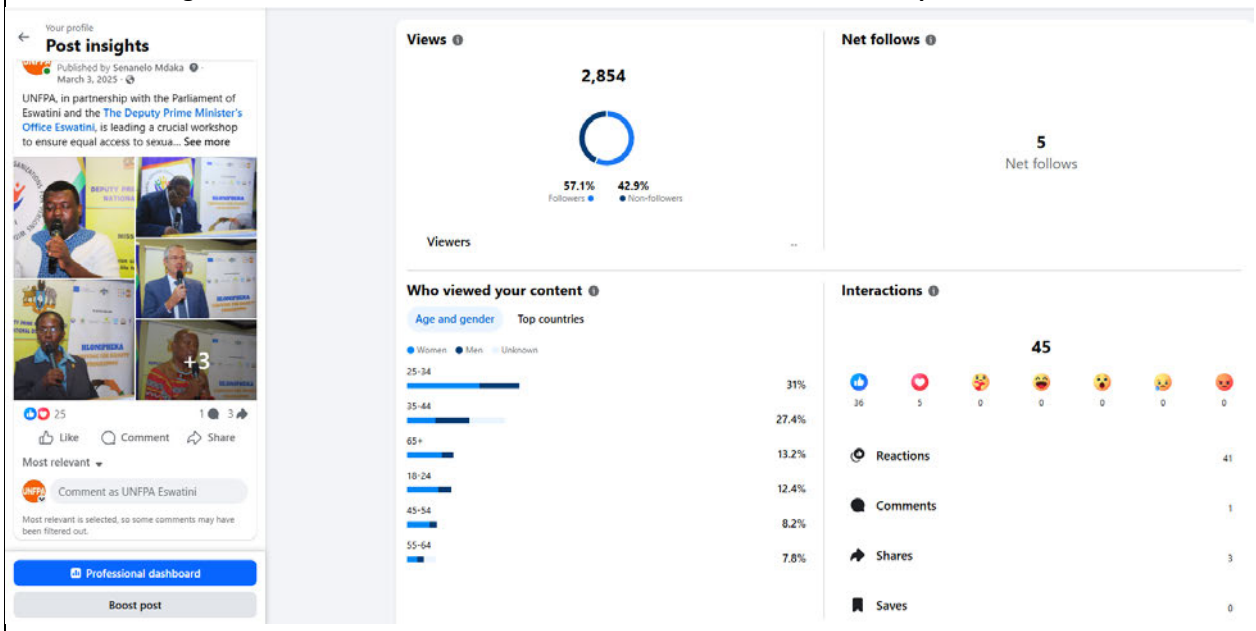
1. Meeting with the Human Rights Commission



2. Meeting with Parliamentarians on Disability Inclusion



3. **Meeting with Parliamentarians, UNFPA, the EU, OPDS and PWDs workshop.**



Newsletter

A newsletter highlighting key achievements from UNFPA, UNICEF, and UNESCO was published to showcase the project's progress and impact in the country and is available in the following links:

https://eswatini.unfpa.org/en/publications/unprpd-newsletter-sept-dec-2entity25
https://www.facebook.com/unfpa.eswatini/posts/pfbid037ri3TEaE9vu8Z4YARxNFFQARDUHpH4rUfapTBGehxN9b915Qc1jqmCWfEBBz3qFyl
https://x.com/UNFPAEswatini/status/2031016371165749711

Please also list the type of communications material using the table below.

Name of Product	Type of Product (toolkit, Video, Poster, etc.)	Purpose	Dissemination	Links/ Attachments	Language	Accessible formats
Social media posts	Social media posts	UNESCO continued to share news letters for programme	Twitter Facebook Organization Website	Links provided in the section below	English	N/A

Name of Product	Type of Product (toolkit, Video, Poster, etc.)	Purpose	Dissemination	Links/ Attachments	Language	Accessible formats
		activities as well as Tweets, e.g. on activities related to the institutional strengthening of Duty Bearers and rights holders on disability inclusion.				

Capacity Building Workshops 25 March- 4 April 2025

- https://x.com/unescoROSA/status/1904834098222211418?t=V6nrWoS50HLq5mdNJUFcfA&s=09
- https://x.com/UNESCO_Eswatini?t=-Smx-6e19SGj4Oat0vuDIw&s=09

1st consultative meetings with IMC and OPDs -costing of the National Disability Plan of Action

- https://x.com/UNESCO_Eswatini/status/1988567878665187457?s=20
- https://x.com/unescoROSA/status/1988570344303505724?s=20
- https://www.facebook.com/share/p/1FhjjcdFSw/
- https://www.linkedin.com/posts/unesco-regional-office-for-southern-africa_first-consultative-meetings-with-organization-activity-7394340121245986817-Q8_O?utm_source=share&utm_medium=member_desktop&rcm=ACoAAAeLN_YBpLbjQ2oUnHFgHXT0VJSyMSidazI

Validation of the Costed National Disability Plan of Action Meeting – 18 December 2025, Esibayeni Lodge

- https://www.facebook.com/share/p/17bAa3X12G/
- https://www.facebook.com/share/p/1JHM7KNSYB/
- https://www.linkedin.com/posts/unesco-regional-office-for-southern-africa_eswatini-didyouknow-eswatini-activity-7407569064648388608-SwRL?utm_source=social_share_send&utm_medium=android_app&rcm=ACoAABJ2C0oBQ9EuxiMmXP9xAkgVwsnzh3nv7Sw&utm_campaign=whatsapp

2024

20 February Eswatini UNCT Bimonthly meeting

Newsflash

https://www.unesco.org/en/articles/un-called-lead-example-disability-rights-practice

Launch of the National Disability Plan of Action

https://www.unesco.org/en/articles/eswatini-national-disability-plan-action-2024-2028

https://x.com/unescoROSA/status/1800803540065018332?t=NNPmDFXVZ_jDzfasiuNx1w&s=08

https://x.com/unescoROSA/status/1800902241068740863?t=F_cb48SO-cRJk_p9X2Z5VA&s=08

https://www.youtube.com/live/qpiLqFSsxag?si=BFS0TsVaUU6PigSh

https://youtu.be/31Q2NqAS_j0?si=Kq8HdAUzPSqRI2EF

9. Challenges

Please describe any major challenges that arose during the programme implementation and how this affected the programme implementation.
1. While awareness was created about disability-inclusive practices, many of these shifts were not fully entrenched within government systems. The main stakeholders such as the Ministry of Finance were constantly busy therefore coverage was not as the program desired . 2. While the programme successfully catalyzed important reforms, the availability of funding and technical resources was not sufficient to expand interventions at scale, particularly in areas such as disability-inclusive budgeting and service delivery models. As a result, coverage remained limited and highly dependent on budget constraints. 3. Lack of a digital monitoring system or dashboard where the different Ministries can send reports on the progress done. 4. Whilst the project achieved milestones on disability indicator inclusion in national data systems (HMIS and EMIS), linking the two systems remains a gap that the government needs to take forward. 5. The project identified capacity gaps on disability screening among health care workers that require sustained training efforts. 6. The project identified gaps in referral mechanisms and coordination for children identified with disabilities following disability screening.
Please could you share what action you took to address identified challenges?
1. Continue advocacy with the government through the Disability Advisory Council and Secretariat for fully entrenched disability systems. 2. Continuous resource mobilization for expansion of programmes 3. Engage the Ministry of Information, Communication and Technology on digital systems for disability reporting 4. The training of the EMIS and HMIS officers provided the necessary skills to pursue the linkages of the two systems. To engage the Ministry of Information, Communication and Technology on linking the systems 5. Engage the Ministry of Health to roll-out disability screening for early detection and further strengthen the capacity of health care workers 6. Engage the Ministry of Health to strengthen its disability referral pathways to effectively assist children requiring further assessment and assistance and to systematically integrate a disability programme with linkages to the social welfare department.

10. Project Sustainability

Please provide an overview of initiatives planned by various stakeholders in order to follow up on activities initiated by the programme.
1. Through advocacy of the programme, the DPMO has been successful in establishing the Secretariat as recruitment for the Director and Registrar is ongoing. This will play a great role in the sustainability of the activities initiated by the programme and further strengthening disability inclusion especially in government ministries. 2. For sustainability of gains made in operationalization of the National Disability Plan of Action, the Deputy Prime Minister's Office continues to follow up and raise awareness on the Costed Plan as resource mobilization for disability financing is a priority to sustain gains made by the Round 4 Programme. 3. The Ministry of Health will incorporate the validated disability screening tools in the CMIS at health facilities, communities and school health, forming routine data collection henceforth. Similarly, the Ministry of Education will incorporate the validated disability screening tools in EMIS for routine education sector data collection. 4. The broader Eswatini Government plan is to ensure data systems are digitised and PIN driven to enable interoperability and linkages. Therefore EMIS and CMIS now have the capacity to pursue these linkages. 5. The UN through the programme has been able to strengthen disability inclusion in its operations and programming. As a result it has established a disability coordinating mechanism platform for UN agencies. This will continue to be implemented through the new UNSDCF 2026-2030.
Please outline how the medium-to-long term sustainability of the work initiated by the project will be ensured after the end of the Project.
1. The existence of the Costed Eswatini National Disability Plan Action (2024-208) provides a national roadmap for mainstreaming disability rights in program planning, implementation, monitoring and reporting. 2. Because the project strengthened the capacity of existing government institutions to mainstream disability inclusion, e.g., EMIS and HMIS, sustainability is assured after project end. 3. Continuous support for the established coordination mechanism in government, national and UN. 4. Expansion and strengthening of the disability screening.

11.Risk Reporting

Please describe any risks experienced during the programme's implementation and how these were managed.

Type of risk* (Contextual, programmatic, institutional)	Risk	Occurrence (Y/N)	Impact on result	Mitigation strategies	Risk treatment owners
Societal attitudes	Despite progress, stigma and discrimination against persons with disabilities remain a challenge, which could slow down	Y	None	Continuous awareness raising	Deputy Prime Minister's Office (DPMO), supported by the Interministerial Committee, civil society organizations such as FODSWA (Federation of Organizations of Disabled in Swaziland), and UN agencies like UNICEF,

	uptake of inclusive practices.				UNFPA and UNESCO. These actors are responsible for implementing the National Disability Plan of Action (NDPA) 2024–2028, which explicitly targets stigma reduction and inclusion.
Institutional gaps	Institutional risks that involved coordination was that, multiple stakeholders (government, UN agencies, OPDs, CSOs) were involved, of which some were participating minimally and constantly changing participants which led to delays in implementation and coordination. More precisely the Ministry of Finance which is the key Ministry that controls the budget	Y	None	Continuous engagement	Deputy Prime Minister's Office (DPMO), which serves as the lead coordinating body and chairs the Interministerial Committee on Disability Alongside government, the Federation of Organizations of Disabled in Swaziland (FODSWA) and other Organizations of Persons with Disabilities (OPDs) act as critical partners, providing lived-experience perspectives and monitoring implementation. Oversight is further strengthened by the Human Rights Commission, while UN agencies such as UNICEF, UNFPA, and UNESCO provide technical support and resources. At the community level, the Ministry of Tinkhundla Administration and Development, together with Community-Based Organizations (CBOs) and civil society, ensures grassroots inclusion.
Capacity gaps	OPDs, parliamentarians, and government ministries require ongoing training; without sustained capacity building, implementation may falter. The change has not been fully institutionalized,	N	None	Conducting continuous capacity building	Deputy Prime Minister's Office (DPMO), which holds the mandate to coordinate disability-related policy and oversee the National Disability Plan of Action (NDPA). The DPMO, through the Interministerial Committee on Disability, is responsible for ensuring that ministries such as Education, Health, Social Welfare, and Finance have

	hence the focus of phase two is to institutionalize these changes to ensure their entrenchment.				the technical and institutional capacity to mainstream disability inclusion. Supporting risk owners include FODSWA (Federation of Organizations of Disabled in Swaziland) and other Organizations of Persons with Disabilities (OPDs), who provide lived-experience expertise and highlight gaps in implementation. Oversight and accountability are reinforced by the Human Rights Commission, while UN agencies (UNICEF, UNFPA, UNESCO, WHO) act as technical partners to build knowledge, provide training, and strengthen institutional frameworks.

* Please specify here the type of risk and refer to the following definitions:
Contextual: risk of state failure, return to conflict, development failure, humanitarian crisis; factors over which external actors have limited control.
Programmatic: risk of failure to achieve the aims and objectives; risk of causing harm through engagements.
Institutional: risk to the donor agency, security, fiduciary failure, reputational loss, domestic political damage etc.

12. Detailed expenditure in relation to sections 3, 4 and 5 above

Category	Activity (please describe)	Budget Allocated	Total Expenditure
Direct impact on empowerment of women and girls with disabilities	**Symposium and indoor games for women with albinism and Deaf women**	**5,000**	**5,000**
Full and effective participation of persons with disabilities/ OPD capacity building	**Capacity building for OPDs**	**50,000**	**50,000**
	Operationalise OPD coordination structures at Regional and Tinkhundla Levels	**23,528.73**	**19,339.40**
Direct reach/inclusion of marginalized and vulnerable groups	**Support the participation of underrepresented and marginalised groups with disabilities**	**22,042**	**18,248.73**

Category	Activity (please describe)	Budget Allocated	Total Expenditure
Accessibility costs		**0**	**0**
	Total	**100,570.73**	**92,588.13**

14. Photos depicting Project related impact and outcomes

Please share photos depicting the programme in high resolution image files with appropriate consents of subjects having been taken as well as with the associated credits and along with permission for use in GDF publications and communications materials including website. Please refer to the GDF photography guidelines which have been shared with the country teams already.

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
1.	 **A picture of participants during the the capacity building with the Organizations of Persons with Disabilities, 27-28 March 2025, The George Hotel, Eswatini**	Yes	**Capacity Building Workshop for Organizations of Persons with Disabilities on Coalition building, advocacy and disability inclusive approaches**	**Copyright UNESCO**	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
2.	 **A picture of participants during the capacity building with the Ministry of of Justice and Constitutional Affairs, 1-2 April 2025, the Ministry of Education Board Room, Eswatini**	Yes	**Capacity Building Workshop for Ministry of Justice and Constitutional Affairs on CRPD Compliant Reporting**	**Copyright UNESCO**	
3.	 **A picture of participants during the capacity building training with the Deputy Prime Minister's Office, 3-4 April 2025, the Ministry of Education Board Room2, Eswatini**	Yes	Capacity Building Workshop 4 for Deputy Prime Ministers Office staff and the National Technical Coordination Committee on disability inclusion for the effective coordination of the 5-year National Disability Plan of Action	Copyright UNESCO	
4.	 **A picture of Mr Mphumelelo Khumalo the acting president of FODSWA sharing a lighter moment with Dr Abdul Lamin, Head, UNESCO Social and Human**	Yes	Validation of the National Disability Plan of Action	Copyright UNESCO	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
	Sciences, during the multistakeholder validation meeting of the National Disability Plan of Action, 18 December 2025, Esibayeni Lodge, Eswatini. A picture of the Consultant Mr Sibandze engaging with his analysis on the Costed Plan of Action.				
5.	**A picture of the Principal Secretary and the Deputy Prime Minister, Her Excellency Hon. Thuli Dladla (middle)during the launch of the National Disability Plan of Action (2024-2028), 12 June 2024, the George Hotel, Eswatini**	Yes	Launch of the National Disability Plan of Action	Copyright UNESCO	
6.	**Participants collaborated in group sessions towards shaping the Advocacy Strategy during the workshop held on 29–30 September at Happy Valley Hotel.**	Yes	Advocacy Strategy Training	UNICEF	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
7.	 **The National Advisory Disability Council collaborated in group sessions towards shaping the Advocacy Strategy during the workshop held on 7 October 2025 at Mountain View Hotel.**	Training and Consultative meeting for the Disability Advocacy Strategy with the National Disability Advisory Council.	Yes	UNICEF	
8.	 **Training and consultative meeting for the development of the Disability Advocacy Strategy for Community-Based Organizations, held at the George Hotel on the 8th-9th October 2025**	Training and Consultative meeting for the development of the Disability Advocacy Strategy for Community Based Organisation	Yes	UNICEF	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
9.	 **FODSWA and Media training and consultation towards shaping the Advocacy Strategy during the workshop held on 16th-17th October 2025 at George Hotel.**	Consultative meeting with FODSWA for developing the Advocacy Strategy	Yes	UNICEF	
10.	 **Training and consultation meeting of the Disability Interministerial Committee held on the 27th October 2025 at Mountain view Hotel.**	Yes	Training and Consultative meeting with the Interministerial Committee on the Development of the Disability Advocacy Strategy	UNICEF	
11.		Yes	Downs Syndrome Symposium with the Ministry of Education	UNFPA	
12.	 **Pictures of the Down Sydrome symposium and the Launch of the of the Eswatini Down Syndrome Association held at Bethel Court on the 30th October 2025.**		Downs Syndrome Symposium with the Ministry of Health	UNFPA	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
13.	 **Commemoration of World Down Syndrome Day, bringing together teachers, parents, and children with Down Syndrome, alongside the Deputy Prime Minister and the Minister of Education on the 21st of March 2025 at Ekwetsembeni Special School in Mbabane, organized by the Deputy Prime Minister's Office in partnership with the Ministry of Education and development partners.**	Yes	Down Syndrome Day Commemoration	UNFPA	
14.	 	Yes	Disability Grant Dissemination meeting	UNICEF	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
	Partners from UNICEF, the European Union, and the Deputy Prime Minister's Office gathered at the UN Building on the 17th July 2025, for the dissemination meeting on the Disability Grant design				
15.	**Representatives from Organizations of Persons with Disabilities (OPDs) and the Interministerial Committee participated in the initial workshop on the costing exercise of the National Disability Plan of Action (NDPA), held on 11 November 2025 at Esibayeni Lodge.**		First Consultative meeting of Costing of NDPA with OPDs and Interministerial Committee	UNESCO	
16.	**The Interministerial Committee and Organizations of Persons with Disabilities (OPDs) convened at Esibayeni Lodge on 25 November 2025 for a consultation focused on reviewing the first draft of the costed National Disability Plan of Action (NDPA) 2024–2028.**		The consultation will focus on reviewing the first draft of the costed National Disability Plan of Action (NDPA) 2024–2028.	UNESCO	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
17	 **The dedicated team behind the development of the CMIS, advancing its design to include disability screening.**	Yes	Development of CMIS to include Disability Screening	© UNFPA Eswatini	
18.			Disability Screening Training for Ministry of Education and Training	UNICEF	
19.	 **Training of Health Care Workers on disability Screening, referral and reporting.**	Yes	Disability Screening Training for Ministry of Health	UNICEF	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
20.		Yes	Commemoration of International White Cane Day at St Joseph's Mission School in Manzini	©UNFPA Eswatini	
21.	**A courtesy call by the South-South Delegation to the Deputy Prime Minister's Office, where they met the Acting Deputy Prime Minister and visited the UN Resident Coordinator's Office in Eswatini.**	Yes	South-South Cooperation Learning Exchange with Namibian delegation	©UNFPA Eswatini	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
22.	**Participants of the Africa Disability Protocol and Human Rights Workshop, held at Piggs Peak in collaboration with the Deputy Prime Minister's Office, the Human Rights Commission, and the Ministry of Education and Training.**	Yes	Africa Disability Protocol and Human Rights workshop held at Piggs Peak in collaboration with the Deputy Prime Minister's Office, Human Rights Commission and the Ministry of Eduation and Training	©UNFPA Eswatini	
23.		Yes	Technical workshop to develop Standard Operating Procedures (SOPs) for neonatal disability screening in collaboration with the Ministry of Health and FODSWA.	©UNFPA Eswatini	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
24.	 **Workshop training Healthcare Workers on Standard Operating Procedures (SOPs) for Neonatal Disability Screening at the The George Hotel, on 17 December 2025.**	Yes	Workshop to Train Healthcare workers on Standard Operating Procedures (SOPs) for neonatal disability screening	UNFPA	
25.	 **Workshop with Parliament and the European Union focused on ensuring equal access to sexual and reproductive health (SRH) services for persons with disabilities.**	Yes	Workshop to ensure equal access to sexual and reproductive health (SRH) services for persons with disabilities with the Parliament and the European Union.	UNFPA Eswatini	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
26.	 **The participants of the Interministerial Committee and OPDS partaking in the Disability Barriers Study Validation Workshop that took place on the 17th October 2025 at the George Hotel.**	Yes	Validation workshop for the Disability Barriers Study	UNFPA	
27..	 **Submission made by the Deputy Prime Ministers Office Legal Expert on theDraft Disability Regulations in the Parliament Chambers where the Senate was present.**	Yes	Presentation of Disability Act Regulations in the Parliament Chambers	UNFPA	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
28.	 **The Deputy Prime Minister's Office, in partnership with UNFPA, Eswatini TV, Stuki Foundation, and the Department of Social Welfare, hosted the Albinism and Deaf Women Symposium alongside indoor games on 19 December 2025 at the UN Building, Conference Room 1."**	Yes	Albinism and Deaf Women Symposium and indoor games		

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
29.	 **Capacity Building Regional Workshops for Chiefs to support the establishment of disability-inclusive structures within Regional Development Teams and Community Development Officers under the Ministry of Tinkhundla Administration and Development that took place at Bethel Court on the 5th December 2025.**	Yes	Workshop for Chiefs on the establishment of functional and active disability structures at Tinkhundla, regional and local levels.	UNFPA	

Photo No.	Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit	
30.	 **On the 17th of November 2025, the Deputy Prime Minister's Portfolio Committee joined OPDs and legal experts for a capacity building workshop to strengthen disability-inclusive policy development held at the Piggs Peak Orion Hotel.**		Capacity building workshop with the Deputy Prime Ministers Portfolio Committee, OPDs and legal experts	UNFPA	

Annex 1

GDF IMPACT INDICATORS
Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.
Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.
Rates of children with disabilities out of school, rate of enrolment, attendance, promotion by grade, completion, and drop out in mainstream primary, secondary, tertiary educational institutions, vocational training, lifelong learning courses, as compared to others, disaggregated by sex, age, disability.
Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG indicator 4.1.1), age and disability.
Coverage of essential health services/Universal Health Coverage disaggregated as a proportion of the population, by sex, age and disability (SDG indicator 3.8.1)
Percentage of persons with disabilities employed as compared to other persons and to overall employment rate, disaggregated by type of employment (public, private, self-employed), age, sex and disability
Average hourly earnings of female and male employees, by occupation, age and persons with disabilities (SDG indicator 8.5.1).
SDG indicator 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities.
#Number of persons with disabilities who have undergone a CRPD aligned disability assessment and are in possession of disability certification compared to statistical estimations of the number persons with disabilities.
Percentage of public spending on disability rights and inclusion, as a proportion of the GDP/sector budgets, disaggregated by disability specific budget allocations and allocations within mainstream budget.
Increase of disability data/disaggregation (including by sex) within standard data and CRPD compliant collection processes.
SDG indicator 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age and population group.

Annex 2

GDF Outputs and outputs indicators

Output 1.1 - Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs.

1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the GDF programme. (Dissaggregated by topics[2])

1.1.2 # of participants (disaggregated by type of stakeholder) disaggregated by sex,disability,rural/urban participating in capacity building activities funded or provided by GDF programmes

1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive.

1.1.4 # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities (type of activities) funded by GDF programmes to strengthen the capacity of organizations of persons with disabilities.

1.1.5 # of capacity building activities funded by GDF programmes, directed at women and girls with disabilities on their rights and requirements and/or directed at underrepresented groups of persons with disabilities on their rights and requirements. (disaggregated by target group)

Output 1.2 - Knowledge products (e.g., tools and guidelines) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion

1.2.1 # of knowledge products(disaggregated by type of product[5]/thematic focus[6]) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices

1.2.2 # of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)

1.2.3 # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other)

1.2.4 # of stakeholders reporting increased or strengthened policies and systems as a result of GDF funded KM tools (disaggregated by stakeholder)

Output 1.3 Models of good practice, learning and exchange mechanisms are developed to share country level experiences, to increase understanding, and to inform innovative practices.

1.3.1 # of GDF Situational Analysis through multistakeholder approach

1.3.2 # of planning and processes related to GDF-funded programs and/or beyond GDF-funded programs influenced by GDF Situational Analyses findings (disaggregation by GDF -funded programmes and beyond)

1.3.3 # of mechanisms to share and exchange learning and evidence to inform inclusive policies and systems. (disaggregated by national/ regional/global mechanism)

1.3.4 # actors involved in mechanisms to share learning and evidence to inform inclusive policies and systems disaggregated (UN/ GOV/OPDs, other)

1.3.5 # of models of good practice, learning and exchange mechanisms addressing the situation of women with disabilities and/or underrepresented groups of persons with disabilities (disaggregation women or underrepresented groups) (disaggregated by disability specific or mainstream)

Output 2.1 – Legal frameworks and systems (i.e., laws, policies, plans, programs, services and administrative systems) addressing the preconditions for disability inclusion are newly developed, reviewed, or reformed, to be in line with CRPD standards.

2.1.1 # of national regulatory frameworks and systems changes targeted by the GDF program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversite/monitoring systems, 11) financing and budgeting or 12) other (please explain)

2.1.2 # type of change (development/review/reform) in legal frameworks and systems

Output 2.2 – Multi stakeholder participation and contribution to the design, reform, and implementation of disability inclusive laws policies and systems is enhanced

2.2.1 # of multi-stakeholder coordination mechanisms (disaggregated formal/informal) to support legislative policy and systems changes developed or strengthened

2.2.2 # of stakeholders within each mechanism (disaggregated by type of stakeholder Gov/ UN/OPDs/other).

2.2.3 # stakeholders involved in consultation and validation processes (disaggregation by stakeholder(GOV/UN/OPDs/other)

Output 3.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN development activities at the country level including in humanitarian settings.

3.1.1 # of Common Country Analysis (CCA) including disaggregated data and analysis of the situation of persons with disabilities.

3.1.2 # UNSDCF where disability inclusion has been mainstreamed and/or targeted.

3.1.3 # of joint programmes funded through MPTFs where the rights of persons with disabilities have been addressed (disaggregation by disability group) through collaboration with GDF programmes.

3.1.4 # Humanitarian Response Plans (HRPs) and Humanitarian Needs Overviews (HNOs) addressing persons with disability needs and rights.

Output 3.2 – National development assessments, plans, budgets, programs and monitoring mechanisms supported under the SDG processes are designed to advance disability inclusion.

3.2.1 # of national and subnational SDGs implementation plans integrating and mainstreaming actions towards persons with disabilities.

3.2.2 # of adopted/ implemented COVID 19 inclusive response and recovery plans and frameworks containing systematic mainstreaming of persons with disabilities including the most marginalised

3.2.3 # SDGs implementation data collection, monitoring and accountability processes assessing progress against specific disability-inclusion targets

3.2.4 # SDGs budgets/financial planning with explicit allocations to disability inclusion

Output 3.3 – OPDs are supported to systematically engaged in the national development coordination mechanisms and accountability frameworks, (gov/UN/Independent) around SDGs and in humanitarian coordination mechanisms.

3.3.1 # UN led national and/or regional coordination mechanisms with established consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of instruments for planning and implementation of UN development activities at the country level

3.3.2 # of governmental coordination mechanisms with established consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the planning, implementation and monitoring of SDGs

3.3.3 # of identified persons with disabilities including through their representative organizations participating in the State's formulation/implementation of COVID-19 policy responses