



META-ANALYSIS ON INCLUSIVE SOCIAL PROTECTION MECHANISMS FOR PERSONS WITH DISABILITIES IN SOUTH-EASTERN AFRICA

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ACRONYMS AND ABBREVIATIONS

AIP	Affordable Input Programme (Malawi)
BEAM	Basic Education Assistance Module (Zimbabwe)
CARD	Catholic Development Commission in Malawi
CBM	Christian Blind Mission
DiDRR	Disability-Inclusive Disaster Risk Reduction
DISP	Disability Inclusive Social protection
DMMU	Disaster Management and Mitigation Unit (Zambia)
DRR	Disaster Risk Reduction
FEDOMA	Federation of Disability Organisations in Malawi
FISP	Farmer Input Support Programme (Zambia)
FODPZ	Federation of Organisations of Disabled People in Zimbabwe
FSP	Food Security Pack (Zambia)
HSCT	Harmonised Social Cash Transfers
HGSFP	Home-Grown School Feeding Programme (Zambia)
JEFAP	Joint Emergency Food Assistance Programme (Malawi)
MACODA	Malawi Council for the Disabled
MASAF	Malawi Social Action Fund
MNSSPII	Malawi National Social Support Programme II
NEEF	National Economic Empowerment Fund (Malawi)
OPDs	Organisations of Persons with Disabilities
PWD	Persons with Disabilities
PWP	Public Works Programme (Zambia)
REPSSI	Regional Psychosocial Support Initiative (Zimbabwe)
ROSCA	Rotating Savings and Credit Association
SAFOD	Southern Africa Federation of the Disabled
SACCO	Savings and Credit Cooperative
SDG	Sustainable Development Goals
SCTP	Social Cash Transfer Programme (Malawi)
SCTS	Social Cash Transfer Scheme (Zambia)
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VSLAs	Village Savings and Loan Associations
ZAFOD	Zambia Federation of Disability Organisations
ZAPD	Zambia Agency for Persons with Disabilities

EXECUTIVE SUMMARY

This meta-analysis synthesises findings from three national studies on disability-inclusive social protection in Malawi, Zambia, and Zimbabwe. It examines the extent to which persons with disabilities are effectively included in formal and informal social protection mechanisms across diverse programmatic domains, focusing on operational practices, institutional frameworks, and access barriers. The review emerges in the context of growing climate shocks, persistent poverty, and entrenched inequality conditions that compound the vulnerability of persons with disabilities across the Southern African region.

Despite policy commitments and ratification of international frameworks such as the UNCRPD and the Sendai Framework, persons with disabilities remain systematically underserved in social protection programming. The analysis identifies several shared programmatic pillars across the three countries, including social cash transfers, agricultural input schemes, public works programs, and education and health subsidies. However, variations in implementation design, targeting criteria, and accessibility measures significantly affect inclusiveness. While disability-sensitive adaptations exist, for example, higher transfer values in Zambia and community-based targeting in Malawi, these remain fragmented, donor-dependent, and rarely institutionalised.

Informal social protection mechanisms such as kinship care, faith-based support, savings groups, and remittances are important complements to state-led interventions, particularly in rural areas. Yet, their reliability and inclusiveness vary widely, often constrained by stigma, social exclusion, and financial precarity. Community practices like Zimbabwe's *Zunde raMambo* and informal mutual aid groups contribute towards resilience, but integration with formal systems is largely absent. A critical gap identified in the synthesis is the lack of systematic institutional coordination. Although policy frameworks increasingly endorse cross-sectoral integration, collaboration among ministries, OPDs, and NGOs is inconsistent, underfunded, and rarely integrated into national governance structures. OPD engagement in policy design and oversight remains mostly symbolic or ad hoc, limiting their influence on disability-sensitive social protection programming.

Furthermore, while all three countries have established disaster response frameworks, they are not sufficiently aligned with adaptive social protection or disability-inclusive climate resilience strategies. The disconnect between emergency responses and long-term social protection mechanisms limits anticipatory capacity and exacerbates exclusion during crises. Operationally, the analysis highlights six interlinked dimensions of exclusion: physical inaccessibility, informational and communication barriers, procedural rigidity, attitudinal discrimination, financial burdens, and geographic remoteness. Structural shortcomings in legal frameworks, resource allocation, and accountability systems compound these

challenges. Disability-specific needs, such as accessible infrastructure, assistive technologies, inclusive targeting, and trained personnel, are rarely planned for or systematically funded. This meta-analysis calls for a paradigm shift, from fragmented, reactive responses to coherent, inclusive, and resilient social protection systems. This requires mainstreaming disability into national policies, embedding inclusive design in operational protocols, enhancing institutional coordination, and investing in infrastructure, communication tools, and human resources. Regional harmonisation and learning across contexts will also be key to ensuring that persons with disabilities are not left behind in the pursuit of equitable development and climate resilience.

1. INTRODUCTION

1.1 Background and Context

Southern Africa struggles with the dual challenges of escalating climate impacts and entrenched socio-economic vulnerabilities. The region is increasingly affected by climate-induced disasters such as prolonged droughts, erratic rainfall, flooding, and tropical cyclones, which compound existing developmental and ecological pressures. While these shocks disrupt entire communities, their consequences are particularly severe for marginalised populations, especially persons with disabilities. The heightened vulnerability of persons with disabilities does not stem solely from their impairments, but rather from structural inequalities and persistent social barriers that limit their participation in economic activities, education, healthcare, and disaster risk management. Historically, persons with disabilities across the region have been excluded from decision-making spaces and denied equal access to essential services, resulting in a cyclical relationship between poverty and disability. In the context of climate change, this exclusion translates into disproportionate exposure to risk, further threatening their rights, dignity, and livelihoods.

Social protection mechanisms are critical for poverty reduction, resilience building, and social protection. However, the design and delivery of formal and informal social protection mechanisms have often failed to include and support persons with disabilities adequately, despite national policies and commitments to international frameworks. Barriers such as physical inaccessibility, lack of tailored support, and widespread informational and institutional exclusion undermine equitable access. This persistent gap between policy intention and practical inclusion underscores a significant knowledge and implementation deficit in the region. While individual country studies in Malawi, Zambia, and Zimbabwe have generated valuable context-specific insights, a regional synthesis is necessary. A regional perspective can guide the development of more disability-inclusive and resilient social protection systems by identifying cross-cutting challenges, common patterns, and scalable good practices. This meta-analysis therefore seeks to address that need by consolidating the

available evidence and generating regional guidelines that promote disability-inclusive social protection across Southern Africa.

1.2 Purpose and Objectives of the Meta-Analysis

The Southern Africa Federation of the Disabled (SAFOD), in partnership with the Christian Blind Mission (CBM) and seven local organisations, including the Zambia Federation of Disability Organisations (ZAFOD), the Federation of Organisations of Disabled People in Zimbabwe (FODPZ), and the Federation of Disability Organisations in Malawi (FEDOMA), commissioned this meta-analysis as part of a regional Disability Inclusive Disaster Risk Reduction (DiDRR) project. The initiative addresses a gap in consolidated regional knowledge and consistent policy concerning social protection for persons with disabilities. While individual national studies in Malawi, Zimbabwe, and Zambia have provided valuable, context-specific information, a comprehensive, regional evidence base is needed to inform broader strategies. Hence, the objectives of the meta-analysis, as stated in the Terms of Reference, are:

1. **To synthesise existing evidence:** Conduct a thematic analysis of the three national studies (Malawi, Zimbabwe, Zambia) to identify common findings, divergences, and overarching insights on social protection and disaster risk reduction (DRR) for persons with disabilities, forming a foundation for regional recommendations.
2. **To develop regional guidelines for inclusive social protection and DRR:** Based on the meta-analysis, produce a set of regional guidelines that provide a coherent framework for implementing disability-inclusive social protection and DRR mechanisms. These guidelines will offer practical policy and programmatic recommendations for DRR practitioners, social protection agencies, and organisations of persons with disabilities, aligned with regional contexts and international frameworks such as the CRPD, SDGs, and the Sendai Framework.

The meta-analysis is intended to drive practical improvements to inform policies and practices that strengthen the resilience of persons with disabilities to climate shocks and enduring challenges by systematically identifying gaps and opportunities. It aims to advance inclusive social protection and disaster risk reduction in Southern Africa by facilitating deeper collaboration, knowledge sharing, and sustained commitment among stakeholders.

1.3 Relevance to International Frameworks

The meta-analysis and the subsequent development of regional guidelines were grounded in the normative context of four international frameworks that emphasise disability inclusion, social protection, and resilience:

- *United Nations Convention on the Rights of Persons with Disabilities (2006)*: Provided a rights-based foundation for assessing whether national social protection systems uphold equal access and participation for persons with disabilities. The analysis evaluated the extent to which policies and programs in Malawi, Zambia, and Zimbabwe reflect CRPD principles, including participation, accessibility, and reasonable accommodation in social services.
- *2030 Agenda and Sustainable Development Goals (2015–2030)*: Framed the analysis within global commitments to poverty reduction, inequality, and climate resilience, guiding the assessment of whether social protection mechanisms are aligned with the principle of leaving no one behind. In particular, the meta-analysis examined how current social protection programs contribute to achieving SDG 1 (No Poverty), SDG 10 (Reduced Inequalities), and SDG 13 (Climate Action) concerning persons with disabilities.
- *Sendai Framework for Disaster Risk Reduction (2015–2030)*: Informed the evaluation of how disaster risk management systems integrate disability inclusion, accessibility, and participation in preparedness, response, and recovery processes. The analysis assessed whether DRR programs apply universal design principles, ensure accessible early warning systems, and involve persons with disabilities in disaster planning and decision-making.
- *Paris Agreement on Climate Change (2016)*: Framed the consideration of how inclusive social protection contributes to building adaptive capacity and resilience for persons with disabilities facing climate-related risks. The analysis also examined how current policies address the specific vulnerabilities of persons with disabilities within broader climate change adaptation efforts.

The analysis systematically applied these international frameworks throughout its design and implementation. The process was intentionally aligned with the relevant provisions of these global instruments at every stage, from evidence synthesis to the development of regional guidelines. This deliberate integration ensured that both the meta-analysis and the resulting regional guidelines are grounded in, and contribute to, the practical realisation of international standards at national and regional levels.

2. METHODOLOGY

This chapter details the methodological framework employed for the meta-analysis. The approach was guided by established qualitative research synthesis techniques, emphasising systematic and rigorous integration of findings from the three country studies.

2.1 Description of the Qualitative Meta-Synthesis Approach

A qualitative-led structured meta-synthesis was adopted as the research design. This approach was well-suited for combining insights from the three studies. Rather than quantitatively aggregating data, it was qualitatively re-interpreted and triangulated to identify higher-order themes and constructs. The rationale for choosing a qualitative meta-synthesis was twofold. First, the richness and context-specific nature of the country studies called for an approach that could handle narrative and thematic data, preserving the meaning of each case. Second, the analysis aimed to identify patterns that might not be evident when looking at single studies in isolation. Hence, a qualitative approach allowed these broader insights to emerge by viewing evidence through a comparative and integrative lens. This method aligned with the objectives of the meta-analysis, which required a comprehensive understanding of complex social and institutional dynamics across different settings.

2.2 Data Sources and Scope

The primary data sources for this meta-analysis were the three comprehensive national study reports produced in 2024 as part of the DiDRR project. Each national report provided detailed findings from literature reviews, household surveys, key informant interviews, focus group discussions, and case studies. Therefore, the scope of the three reports defined the meta-analysis.

Table 1: *Meta-analysis data sources*

Country	Description / Focus of National Report	Key National Partners	Year
Malawi	Analysis of existing formal and informal safety mechanisms at local, regional, and national levels and development of recommendations for future safety nets.	CARD, FEDOMA, MACODA	2024
Zambia	Securing Durable Solutions for Persons of Concern in Refugee Settlements and Host Communities.	ADRA, ZAFOD	2024
Zimbabwe	Analysis of the Possibilities of (Social) Safety Mechanisms, Formal and Informal (Community) Safety Nets for Persons with Disabilities.	REPSSI, FODPZ	2024

2.3 Data Analysis and Synthesis Process

The data analysis process followed a systematic approach, encompassing several critical stages to ensure an extensive, transparent, and comprehensive synthesis of findings. Each step was designed to enhance the reliability of insights and support the development of coherent, evidence-based regional guidelines.

Step 1: Document Review and Preparation - The meta-analysis began with an exhaustive desk review of the three national reports and relevant background materials (e.g., project terms of reference and global framework documents). This familiarisation stage allowed the identification of preliminary themes and an in-depth understanding of each country's context. All country reports were then imported into a qualitative data analysis software (MAXQDA) to facilitate organised coding and retrieval of text segments.

Step 2: Development of an Analytical Framework - The next step entailed the development of a thematic framework to guide the synthesis. The framework was based on recurring topics in all three reports and key areas outlined in the terms of reference. The framework included themes such as types of social protection mechanisms, accessibility and inclusion, institutional coordination, and links between disaster risk reduction and social protection mechanisms. It also addressed barriers to access as well as enablers. Policy coherence, implementation gaps, and recommendations were also included. The framework was refined as needed, allowing new themes to emerge inductively.

Step 3: Line-by-Line Coding - With the aid of the analytical framework, line-by-line coding on each report's findings and conclusions followed. Text segments, ranging from single sentences to whole paragraphs, were assigned to one or more thematic codes. A hybrid coding approach was adopted, primarily deductive based on pre-defined themes, while remaining open to inductive insights. This process enabled the systematic tagging of evidence aligned with each theme across all three country studies.

Step 4: Formation of Descriptive Themes - All excerpts under each thematic code were reviewed and summarised. Descriptive summaries were developed for each code, capturing the main content and any country-specific variations. These summaries served as an intermediate step between the raw data and the final analysis, providing organised notes on the key findings for each theme.

Step 5: Generation of Analytical Themes - The next phase involved identifying interpretive themes by examining relationships among the descriptive themes and posing critical questions. This step moved the analysis beyond surface-level observations to uncover underlying patterns. The resulting analytical themes reflected the meta-analysis's core insights, exploring what was happening, why, and how.

Step 6: Best-Fit Framework Synthesis: - To ensure alignment with global standards, the synthesised themes were mapped against key international frameworks, including the CRPD, Sendai Framework, and the Sustainable Development Goals. This process validated the

findings by assessing their consistency with internationally recognised principles of inclusion. It also helped identify gaps between national practices and global commitments, reinforcing the policy relevance of the analysis and ensuring that the recommendations support the fulfilment of international obligations.

Step 7: Comparative Cross-Case Analysis – Lastly, A thematic matrix was developed with countries as columns and specific issues as rows, allowing for a side-by-side comparison of findings across Malawi, Zambia, and Zimbabwe. This approach systematically identified commonalities, differences, and unique elements in each country's data. The matrix supported a precise comparative analysis, ensuring that regional patterns and variations were explicitly captured rather than overlooked in the broader synthesis.

To ensure analytical validity, findings from each national study were carefully cross-checked for consistency, context, and accuracy before being integrated into the synthesis. Particular attention was paid to how each study defined and reported on key issues such as accessibility, inclusion, and institutional response.

2.4 Ethical Considerations

The meta-analysis used secondary data from officially shared country reports. The original studies obtained ethical approvals and followed protocols for research involving human participants, including informed consent, confidentiality, and accommodations for persons with disabilities. Key ethical considerations for this meta-analysis included:

- **Consent and Permissions:** Formal permission to use the three reports was granted by SAFOD. As no raw data (e.g., transcripts or datasets) were accessed, risks of identification were minimal.
- **Confidentiality:** Only anonymised and aggregated information was used. Any participant quotes retained the original anonymisation (e.g., "a focus group participant").
- **Respect and Sensitivity:** Sensitive issues were discussed respectfully, emphasising systemic challenges rather than blaming individuals or communities. Cultural contexts were handled objectively.
- **Integrity:** Integrity was ensured by presenting both the strengths and limitations of the original country reports. This involved incorporating the main findings and documented constraints, such as data gaps, methodological challenges, or context-specific barriers highlighted in each study. No findings were excluded based on their sensitivity or critical tone. All relevant themes were included to provide a balanced and comprehensive view.

2.5 Limitations of the Meta-Analysis

Two key limitations of the meta-analysis were acknowledged:

- **Reliance on Secondary Data:** The meta-analysis depended entirely on the scope, structure, methodological rigour, and overall quality of the three national studies. As no new primary data were collected.
- **Lack of Uniform Structure Across Reports:** While the three country studies were guided by shared overarching objectives, they differed considerably in research design, structure, thematic emphasis, and the depth of analysis on specific subtopics. These inconsistencies presented challenges in applying a fully standardised analytical framework across all reports. Nevertheless, using a hybrid coding strategy combining deductive and inductive approaches and developing a detailed thematic matrix helped to navigate these differences and enhance the comparability of findings across countries.

3. THEMATIC FINDINGS AND SYNTHESIS

This section presents the synthesised findings from the three country reports. The analysis is structured around key thematic areas, drawing attention to shared patterns, country-specific variations, and broader regional implications. The synthesis highlights the structural, institutional, and social dynamics shaping access to formal and informal social protection mechanisms for persons with disabilities.

3.1 Types of Social Protection Mechanisms

The three country studies reveal a complex and multi-layered landscape of formal and informal social protection mechanisms. This dual structure is consistently observed across the three countries, illustrating how grassroots efforts frequently complement or supplement formal interventions. The following section examines the characteristics of both formal and informal social protection, identifying common trends and notable country-specific variations.

3.1.1 Formal Social Protection Mechanisms

Formal mechanisms constitute the institutional core of social protection systems across Malawi, Zambia, and Zimbabwe. These mechanisms, particularly social cash transfers, agricultural input subsidies, public works schemes, and basic service support, are critical in addressing poverty and vulnerability. However, from a disability inclusion perspective, the analysis reveals that these mechanisms, while present in all three countries, often fall short in design and execution. A comparative review shows that social cash transfers are the most consistently institutionalised across the three countries. Yet, despite surface-level similarities, critical differences exist in how disability is factored into their eligibility and benefit structures. For example, Zambia's Social Cash Transfer Scheme explicitly provides higher payouts to households affected by disability, a notable effort toward equity. By contrast, while potentially increasing local responsiveness, Malawi's decentralised delivery

model often has inconsistent implementation across districts, leading to inconsistent access for persons with disabilities. Zimbabwe's Harmonised Social Cash Transfer system, although broad in scope, lacks consistent disability-responsive provisions. Across all three contexts, cash transfer programs frequently struggle with low coverage, insufficient benefit levels, and weak referral linkages.

In the area of agricultural input and food security programs, structural exclusion is particularly evident. While these programs (e.g., Malawi's AIP, Zambia's FISP and FSP, and Zimbabwe's Presidential Input Scheme) are designed to build household resilience, their eligibility criteria, especially those requiring land ownership or physical labour, often marginalise persons with disabilities. This exclusion is compounded by programmatic delivery systems that lack targeted outreach, accessibility features, or participatory targeting processes. Public works programs across the region also reflect a similar contradiction. Intended as labour-based social protection mechanisms, they are exclusive unless supported by reasonable accommodations. While examples such as Malawi's Climate Smart Public Works Programme or Zimbabwe's Food-for-Work schemes aim to promote income generation and community resilience, none of the country reports identified structured mechanisms for assessing the suitability of roles or modifying participation requirements to enable inclusion for persons with disabilities. In many instances, persons with disabilities are either excluded or placed in roles for which no support mechanisms exist, highlighting a critical disconnect between eligibility and accessibility.

Finally, education and health support mechanisms are frequently inaccessible, while present and critical in addressing intergenerational poverty. Although all three countries provide school meals and subsidised healthcare, their delivery is often undermined by infrastructural inaccessibility, communication barriers, and limited disability training among service providers. The absence of assistive devices, accessible transport, or inclusive learning environments reinforces this marginalisation. As such, the presence of these programs does not guarantee functional access or meaningful outcomes for persons with disabilities. What emerges from this cross-country synthesis is not merely a failure of implementation but a deeper design flaw in the foundational assumptions of social protection programs. Across all three countries, the analysed mechanisms are rooted in models that presume standardised needs, often sidelining disability as an add-on rather than integrating it into program logic. This results in widespread underrepresentation, fragmented access, and ineffective support.

3.1.2 Informal Social Protection Mechanisms

The synthesis of the three country studies reveals that informal mechanisms form another layer of social protection in Southern Africa. Informal financial mechanisms, including Rotating Savings and Credit Associations (ROSCAs), Village Savings and Loan Associations (VSLAs), and cooperatives, feature across all three countries as tools for risk-sharing and

microfinance. These mechanisms facilitate small loans and crisis funds and are valued for their accessibility at the community level. However, the meta-analysis shows that persons with disabilities face structural and social barriers to participation. In Malawi and Zambia, low or irregular incomes, logistical constraints, and social stigma limit their ability to contribute or be included. Emerging efforts in Zimbabwe to improve inclusion, such as targeted schemes or community-level adaptations, also remain limited in scale and scope. Across the region, informal financial systems are not inherently designed with disability in mind, resulting in inadvertent exclusion.

Non-financial mutual aid practices, such as labour-sharing, communal caregiving, and support during life events (e.g. funerals or ceremonies), also play a role, particularly in rural communities. These practices are highly localised and responsive to cultural norms, but often rely on able-bodied participation. Their relevance to persons with disabilities is therefore uneven and largely contingent on local attitudes toward disability and the willingness of communities to extend informal support inclusively. Where inclusion occurs, it is often informal and ad hoc rather than embedded in any community-level obligation. Faith-based organisations (FBOs) and religious institutions provide occasional material and psychosocial assistance as supplementary support channels. In Malawi and Zambia, churches and mosques were noted for distributing food or clothing, especially during holidays or crises. A culturally distinctive mechanism noted in Zimbabwe is the *Zunde raMambo*, a traditional grain reserve system intended to support vulnerable households. While its presence has declined in many areas, it remains an example of how indigenous practices can be adapted to meet contemporary social protection goals. Such practices offer promising insights into the potential for leveraging locally embedded systems for disability-inclusive outcomes if appropriately supported and institutionalised.

Remittances from internal migration and cross-border labour constitute another informal pillar of social protection across all three countries. These cash flows are critical in offsetting household shocks and covering basic needs. However, for households with persons with disabilities, remittances often represent a coping mechanism that masks deeper systemic exclusion from formal social protection. Moreover, their irregular nature and the socio-economic vulnerabilities of senders themselves introduce volatility and dependence, limiting their reliability as a long-term solution. Taken together, the evidence underscores that informal social protection mechanisms are indispensable yet insufficient. They often operate as critical lifelines, especially when formal coverage is weak or absent. However, their voluntary, unregulated, and often exclusionary nature limits both predictability and equity of access. Persons with disabilities are particularly vulnerable to these limitations due to socio-cultural stigma, economic marginalisation, and physical or communicative barriers. The analysis suggests that informal mechanisms cannot be relied upon in isolation to meet the rights and needs of persons with disabilities. Instead, they should be viewed as

complementary to formal systems. This requires deliberate investment in community sensitisation, inclusive financial models, and partnerships with traditional and faith-based actors to expand reach while embedding equity and dignity at the core of all informal and formal social protection mechanisms.

3.2 Institutional Coordination

The meta-analysis reveals that while institutional coordination for disability-inclusive social protection is increasingly recognised at the policy level in Malawi, Zambia, and Zimbabwe, implementation remains fragmented and inconsistent. Coordination challenges cut across all tiers of governance, manifesting in siloed operations, limited cross-sectoral planning, and weak stakeholder engagement. Three core dimensions of coordination were examined across the country studies: cross-sectoral integration, OPD involvement, and donor-NGO-government alignment.

3.2.1 Cross-Sectoral Integration

Cross-sectoral coordination is widely acknowledged as a starting point in delivering disability-inclusive social protection systems. All three countries recognise this principle in national policy frameworks, recognising the interdependence of sectors such as social welfare, health, education, agriculture, and disaster risk management. However, the synthesis reveals a consistent disconnect between policy intention and operational practice. In each context, institutional silos remain the norm. Ministries operate with limited collaboration, data sharing, or joint planning, resulting in fragmented service delivery. For example, disability assessments and social cash transfers are often administered independently, even when serving overlapping beneficiaries. National coordination structures, such as social protection steering committees or disability focal points, exist on paper but are frequently underutilised or lack operational capacity. Localised examples of effective cross-sectoral coordination exist but tend to be ad hoc and project-driven. In Zimbabwe, the establishment of District Inclusive Disaster Risk Reduction Committees (DIDRRCs) enabled coordinated beneficiary identification and service delivery by convening government officials and OPDs. However, these efforts were not institutionalised beyond the scope of donor-funded interventions. Malawi's MNSSP II offers a more strategic framework for multi-sectoral alignment, but implementation is uneven, with district-level actors citing procedural confusion, particularly around disability-linked eligibility transitions. Similarly, Zambia's formal mandates for collaboration between entities such as MCDSS, DMMU, and ZAPD were found to be inadequately operationalised, often excluding key stakeholders such as OPDs from planning processes.

A recurring pattern across all three countries is the lack of established protocols linking routine social protection systems with emergency and disaster response mechanisms. This disconnect undermines the responsiveness and continuity of support for persons with

disabilities, especially during shocks. Despite rhetorical commitments to integration, the absence of institutionalised mechanisms for joint planning, referral tracking, and data interoperability perpetuates service fragmentation.

3.2.2 OPD Involvement

The analysis finds that while the role of OPDs in social protection governance is formally acknowledged across Malawi, Zambia, and Zimbabwe, their practical involvement in decision-making and coordination remains limited and uneven. Across all three countries, OPDs are more commonly engaged at the project or consultation level than within institutional planning and oversight structures. In Zimbabwe, OPDs participate in localised structures such as Ward Disability Committees and Disability-Inclusive Disaster Risk Reduction Committees (DIDRRCs). Still, their influence at the national level is minimal, and the National Disability Board is absent from cross-sectoral social protection planning. In Malawi, district-level Disability Forums offer platforms for stakeholder engagement, yet they lack the formal mandate and resourcing necessary to influence programmatic decisions. OPDs in Malawi reported being consulted on targeting and implementation but noted limited influence over final decisions or resource allocation. In Zambia, the existence of the Zambia Agency for Persons with Disabilities (ZAPD) and the advocacy role of ZAFOD provide an institutional foundation. However, their influence is weakened by limited capacity and participation in key processes such as planning committees or budget processes. Despite policy commitments to inclusion, OPDs across the three countries consistently report that consultation processes are irregular and non-binding, leading to their perspectives being undervalued or ignored.

At the rural and district levels, the situation is even more fragmented. While Zimbabwe's report highlights the existence of OPDs in name at local levels, particularly through community mapping exercises in Muzarabani, most persons with disabilities surveyed were not affiliated with any local OPD and indicated minimal awareness of disability-related services. In Malawi, OPDs are rarely represented in Village Development Committees, DRR platforms, or health and education management committees, further distancing them from decision-making spaces. Zambia's report notes that community-level support is often left to informal structures, and that OPD presence in rural areas is weak to non-existent, with local officials unfamiliar with their roles or mandates. Even where OPDs exist, meaningful participation is constrained by a lack of accessible venues, transport, communication barriers, and funding or feedback mechanisms. This disconnect between national inclusion policies and local implementation arrangements significantly undermines the legitimacy and responsiveness of social protection systems. Addressing this requires institutional reforms that embed OPDs in governance structures at all levels, and resource their participation with training, accessible infrastructure, and consistent consultation frameworks.

3.2.3 Donor–NGO–Government Coordination

Donors and NGOs play a substantial role in shaping social protection and inclusive development across the region. The meta-analysis further reveals that donors and NGOs provide informal social protection and support formal mechanisms, particularly in rural and underserved areas with limited state reach. In Malawi, for example, NGOs facilitate informal social protection mechanisms such as village savings and loan associations (VSLAs), food assistance, and psychosocial services that operate parallel to government programs and are not systematically linked to the Social Cash Transfer Programme (SCTP). Across all three countries, they support program financing, implementation, and technical assistance for disability-inclusive initiatives. However, the meta-analysis highlights persistent coordination challenges that limit the sustainability and integration of these efforts. Donor–NGO initiatives are often implemented through short-term projects with a narrow geographic scope. While many demonstrate innovative approaches such as inclusive targeting models, integrated livelihoods, or community-based support systems, these efforts rarely translate into policy or systemic change. Donor-funded projects also often establish parallel coordination structures that operate independently of national systems. This undermines the coherence of institutional arrangements and exacerbates fragmentation, particularly when key government entities or OPDs are not fully engaged in program design or evaluation.

3.3 DRR and Social Protection Linkages

The meta-analysis reveals a growing policy awareness across Malawi, Zambia, and Zimbabwe of the intersection between climate change, disaster risk, and social vulnerability. However, this recognition has not translated into the systematic integration of social protection systems with disaster risk reduction (DRR) and climate adaptation strategies. Persons with disabilities remain excluded from the planning, implementation, and governance of these intersecting domains, despite being among the most disproportionately affected by climate-related hazards such as floods and droughts. A core theme emerging from the analysis is the institutional and operational separation between emergency response mechanisms and long-term social protection strategies. While each country maintains formal structures for disaster response, such as Malawi's Joint Emergency Food Assistance Programme (JEFAP), Zambia's Disaster Management and Mitigation Unit (DMMU), and Zimbabwe's Civil Protection structures, these operate primarily as reactive and event-triggered interventions, not as integrated components of an adaptive, anticipatory social protection framework.

This constrains the capacity of social protection systems to build resilience to climate shocks. For instance, while cash transfers or food assistance are occasionally mobilised after disasters, these are not designed to address the compound vulnerabilities experienced by persons with disabilities, such as inaccessible shelters, disrupted care networks, or the lack

of early warning systems in accessible formats. In Zimbabwe, traditional resilience mechanisms like *Zunde raMambo* (communal grain reserves) demonstrate the potential of community-based adaptation. However, such practices remain peripheral to national policy and receive minimal institutional support. The legislative frameworks governing disaster risk, such as Zimbabwe's Civil Protection Act, are outdated and fail to reflect contemporary risks or inclusive DRR standards. In Malawi, while emergency policies acknowledge disability inclusion, practical implementation is undermined by resource constraints, delayed rollouts, and insufficient coordination with social protection actors. Zambia's DMMU similarly faces challenges in operationalising inclusive preparedness, with limited institutional capacity to tailor emergency plans to diverse needs.

In all three countries, social protection mechanisms, while important in post-disaster response, are not structured to anticipate or adapt to increasingly frequent and severe climate events. Deficiencies in flexibility, shock-responsiveness, adaptive design, and disability-sensitive provisions constrain their capacity to function as instruments of resilience, instead reinforcing their use as reactive, short-term interventions. Another key finding is the systemic marginalisation of persons with disabilities and their representative organisations from climate and disaster governance structures. Despite ratification of global frameworks such as the Sendai Framework for DRR and the UN Convention on the Rights of Persons with Disabilities (CRPD), operationalisation at the national level remains limited and inconsistent.

Across the region, persons with disabilities are still widely positioned as passive recipients of emergency aid rather than as active stakeholders in disaster planning, preparedness, or monitoring. This exclusion undermines not only equity but also the effectiveness of DRR systems. Lived experience, local knowledge, and practical insight into accessibility and risk mitigation are systematically left out of decision-making processes, resulting in poorly tailored interventions. In Zimbabwe, pockets of innovation such as Disability-Inclusive DRR Committees (DIDRRCs) in selected districts provide promising models for participatory governance. However, these remain isolated initiatives, largely dependent on external funding and not institutionalised within national DRR frameworks. Malawi highlights inaccessible emergency infrastructure and minimal consultation with OPDs during DRR planning and evaluations. Zambia reflects a similar policy-practice gap, where inclusive language in official strategies is not accompanied by operational mechanisms or meaningful engagement of representative organisations.

Table 2. *Key Barriers to Disability-Inclusive Disaster Risk Reduction (DRR) and Climate Resilience*

Barrier Category	Description	Implications
Governance and Policy Gaps	Fragmented structures separate social protection, DRR, and climate adaptation; policy commitments lack coherent operationalisation.	Weak coordination, policy-practice disconnect, and siloed interventions.
Participation Deficits	Lack of meaningful inclusion of persons with disabilities and their representative organisations in DRR and resilience planning.	Plans often overlook the lived experiences and practical needs of persons with disabilities.
Data Limitations	Absence of disaggregated, spatially sensitive data on disability prevalence and needs.	Hinders evidence-based targeting, resource allocation, and monitoring.
Institutional Capacity	Inadequate human, technical, and financial capacity to design and implement disability-inclusive DRR measures.	Disability is deprioritised or poorly integrated into emergency preparedness and response plans.
Physical and Communication Barriers	Disaster infrastructure (e.g., evacuation centres, early warning systems) is not designed with universal accessibility.	Persons with different impairments face exclusion or a higher risk during disasters.

Collectively, these barriers reflect a broader systemic failure to reconceptualise social protection and DRR as interdependent pillars of climate resilience. Without deliberate integration, the potential for inclusive, anticipatory responses to growing climate risks will leave persons with disabilities disproportionately exposed and excluded.

3.4 Accessibility and Inclusion

The meta-analysis identifies six core domains shaping disability inclusive social protection across Malawi, Zambia, and Zimbabwe: physical, communication, digital, outreach, targeting, and institutional accessibility. While inclusion is increasingly acknowledged in policy discourse, implementation across these domains remains fragmented and underdeveloped. Physical accessibility constraints are reported across all three countries. Persons with disabilities face challenges in reaching distant registration centres, health clinics, and benefit distribution points, many of which lack ramps and signage. Zimbabwe and Malawi detail how such infrastructural barriers exclude mobility-impaired beneficiaries, particularly in rural districts. Communication accessibility is similarly limited. Across Malawi and Zimbabwe,

there is little to no use of Braille, sign language, simplified language, or easy-to-read formats in program outreach. As a result, persons with sensory or intellectual disabilities struggle to access critical program information. Zambia's analysis further highlights how traditional communication methods and the absence of alternative formats restrict engagement by affected populations. Digital inclusion is notably absent across all country studies. None of the reviewed systems mentions mobile, online, or assistive digital platforms designed with universal access in mind. As government programs increasingly digitise registration and payments, this gap may worsen exclusion for those with disabilities, particularly in rural areas without digital literacy or adaptive technology.

Outreach and awareness-raising mechanisms are also limited across Zambia and Zimbabwe. Persons with disabilities frequently remain unaware of the program's existence or eligibility pathways. Identification systems rarely include proactive, disability-sensitive tools, relying instead on passive or community-based referrals, which often overlook less visible or stigmatised members of the community. Targeting systems, while formally inclusive, frequently default to broad vulnerability criteria such as poverty that inadequately capture the disadvantages associated with disability. As a result, many persons with disabilities are systematically excluded from schemes like agricultural-based and public works programming. While examples such as Malawi's community-based targeting exist, these are neither scaled nor institutionalised. Institutional inclusion efforts, such as collaboration with OPDs or inclusion in working groups, are mainly donor-driven and project-specific. Local innovations are not embedded within national systems, resulting in uneven uptake and limited sustainability. Despite growing policy affirmation, the design and delivery of inclusive mechanisms remain inconsistent and insufficiently integrated into government-led social protection systems.

3.5 Barriers to Access

The meta-analysis identifies intersecting barriers that hinder access to social protection mechanisms for persons with disabilities. These fall into seven overlapping categories: legal-policy gaps, administrative procedures, attitudinal discrimination, economic constraints, geographic inaccessibility, information deficits, and institutional limitations.

3.5.1 Deficiencies in Legal and Policy Frameworks and Their Implementation

While all three countries have disability policies and have ratified the CRPD, many sectoral laws, exemplified by Zimbabwe's Civil Protection Act, lack enforceable inclusion clauses. Disability is often addressed through standalone programs rather than mainstreamed across all social protection measures. Even progressive policies suffer from poor enforcement, weak coordination, and minimal resource backing. Monitoring systems rarely include disability indicators, undermining accountability. In Malawi and Zambia, this leads to gaps between national disability policies and program-level operational guidelines.

3.5.2 Systemic Procedural and Administrative Barriers

Targeting systems across the three countries often exclude persons with disabilities due to unclear criteria (e.g., land ownership, physical work capacity). Community-based targeting, while participatory, is influenced by stigma and fails to identify hidden disabilities. Administrative processes such as registration, certification, or verification often involve inaccessible locations and complex steps, with no alternative channels for those unable to travel. Malawi's lack of proxy access and feedback responsiveness increases these barriers. Referral systems are weak, particularly in linking disability assessments with social protection eligibility.

3.5.3 Attitudinal and Societal Barriers

Across the three country studies, attitudinal and societal norms persist as foundational barriers that undermine the inclusion of persons with disabilities in the design and implementation of social protection systems. The meta-synthesis identifies a shared pattern of stigma, discriminatory norms, and low social expectations that collectively restrict participation and representation. In all settings, persons with disabilities are frequently marginalised due to pervasive stigma. Reports from Zambia note exclusion from informal community support systems, often rooted in perceptions of persons with disabilities as either burdensome or passive recipients of care. Similarly, the Zimbabwean country study highlights the influence of cultural beliefs that associate disability with supernatural causes, which can result in the concealment of affected individuals and their omission from household-level targeting.

A recurring theme across the country studies is the presumption of incapacity. Evidence from both Malawi and Zimbabwe shows that program implementers, particularly in public works and food-for-work schemes, often exclude persons with disabilities based on assumptions about their inability to contribute, rather than seeking reasonable accommodations or adapted roles. The studies also document attitudinal barriers within implementation structures. In Malawi, persons with disabilities were reportedly overlooked during beneficiary identification because they were "not considered important," suggesting that personal bias among frontline workers can override inclusion protocols, even where they exist. Additionally, internalised stigma and past experiences of exclusion contribute to low participation rates. In all three countries, the tendency for individuals or families to self-exclude was noted as a factor limiting engagement with available support services.

Isolated instances of abuse and exploitation were also recorded, particularly in Malawi, where individuals reported coercion and neglect by those responsible for aid delivery. While such cases were not universally reported, their presence highlights the vulnerability that attitudinal dynamics can compound. Overall, the evidence across the three country contexts indicates that attitudinal and societal barriers function as cross-cutting constraints. These

barriers intersect with and exacerbate structural and procedural exclusions, reinforcing the broader pattern of marginalisation experienced by persons with disabilities in social protection systems.

3.5.4 Financial Obstacles

The meta-analysis underscores the critical intersection between disability and economic vulnerability in shaping access to social protection mechanisms. Across all three countries, persons with disabilities face elevated financial burdens that significantly constrain their ability to access or benefit from support schemes. Evidence from Zimbabwe and Malawi highlights how direct and indirect costs, particularly transport expenses, pose significant barriers to participation. All three country reports provide clear indications, either directly or by implication, that expenses related to medical assessments and certification pose a barrier to accessing disability targeted social protection. Furthermore, Persons with disabilities in Zimbabwe struggle to afford travel to food aid distribution points, while in Malawi, long distances to AIP distribution sites create prohibitive access costs. The insufficiency of available benefits compounds these financial constraints. Malawi's SCTP transfers, for instance, often fall short of meeting the additional costs associated with disability, such as medical care or assistive devices. Underlying poverty further limits access to complementary programs and services. In Zambia, participation in the FISP is restricted by the inability of many persons with disabilities to afford required inputs, while in Malawi, the high cost of insurance excludes the majority of vulnerable households, including those with disabled members. Taken together, this points to a recurring pattern wherein the structural inadequacy of benefit levels, combined with uncompensated disability-related expenses and broader poverty, diminishes both access and impact for persons with disabilities.

3.5.5 Geographical Remoteness and Physical Inaccessibility

The meta-analysis identifies the physical environment, including distance to services and infrastructure design, as a recurring barrier to social protection mechanisms for persons with disabilities across Malawi, Zambia, and Zimbabwe. As mentioned earlier, physical inaccessibility is a direct and compounding constraint in all three contexts, particularly for those with mobility impairments. Long travel distances to service points, coupled with the absence of affordable and accessible transportation, are consistently reported as significant challenges. In Zambia, persons with disabilities face difficulties accessing agricultural inputs and healthcare due to distance and poor transport infrastructure. Similar issues are noted in Malawi, where remote AIP distribution points pose severe access limitations for individuals living in remote areas.

Infrastructural design further exacerbates exclusion. Across all three countries, service delivery points such as schools, health centres, and administrative buildings frequently lack

basic accessibility features. Malawi's findings are especially detailed, citing widespread absence of wheelchair ramps and accessible sanitation facilities at public buildings, including those used for school feeding programs. In Zambia, health facilities were also found to be physically inaccessible to many persons with disabilities. In Zimbabwe, terrain-related constraints, such as the distance to community garden water sources, present additional environmental barriers, particularly in rural areas.

The absence of formal outreach mechanisms, such as mobile services or home-based delivery for individuals unable to travel further limits access. This is most highlighted in Malawi, where the lack of targeted outreach for geographically isolated or severely mobility-impaired individuals was noted as a structural gap. The evidence suggests that geographic and physical barriers operate as logistical obstacles and structural determinants of exclusion. Without deliberate adaptations to infrastructure and service delivery models, social protection mechanisms will remain physically inaccessible to a large proportion of persons with disabilities in these settings.

3.5.6 Deficient Informational Access and Communication Barriers

Across the country studies, limited access to transparent, timely, and accessible information emerges as a critical barrier affecting the participation of persons with disabilities in social protection mechanisms. The meta-analysis finds consistent evidence that informational exclusion undermines awareness and engagement with available support mechanisms. Lack of awareness regarding program availability, eligibility criteria, and application procedures is widespread. In Zimbabwe, most persons with disabilities and their families were found to be unaware of the social protection mechanisms they qualify for.

Similar observations are made in Malawi, where inadequate knowledge of services such as the National Economic Empowerment Fund (NEEF) was reported among persons with disabilities. Another cross-cutting constraint is the absence of communication materials in accessible formats. No country reports indicated widespread use of Braille, sign language interpretation, simplified language, or easy-to-read formats in social protection communication strategies. Zambia's analysis explicitly highlights this gap and calls for the standardisation of accessible formats, particularly as information dissemination increasingly moves toward digital platforms that may not meet universal design or accessibility standards. The evidence also suggests that conventional communication strategies, such as public notices or community announcements, do not effectively reach persons with disabilities, especially in rural areas. For instance, the Malawi country study shows a limited understanding of insurance schemes among disabled rural populations, attributed to non-inclusive communication channels. These informational barriers reinforce exclusion by limiting the ability of persons with disabilities to make informed decisions, engage in application processes, or follow up on entitlements. They also contribute to persistent

misconceptions and underutilisation of existing programs. The consistency of these findings across all three countries points to the need for integrated, accessible, and disability-responsive communication strategies as a foundational component of inclusive social protection systems.

3.5.7 Overarching Institutional Capacity and Resource Constraints

The meta-synthesis identifies institutional capacity and resource limitations as consistent structural factors shaping the extent to which social protection mechanisms in Malawi, Zambia, and Zimbabwe accommodate persons with disabilities. Across all three countries, key constraints were observed in human resources, dedicated funding, infrastructure, and monitoring systems. A shared finding across contexts is the limited availability of trained personnel with disability-specific competencies. In Zambia, studies noted that healthcare professionals lack training in disability inclusion. At the same time, in Zimbabwe, the absence of local-level personnel with communication skills such as sign language and Braille literacy was highlighted. These findings suggest a general trend in which frontline implementers often lack the technical capacity to address disability-related access needs effectively.

Regarding resource allocation, the studies collectively point to insufficient budgetary provision for inclusion-related adjustments, such as accessible infrastructure, assistive services, or program adaptations. Malawi's country study, for instance, indicates that despite policy recognition of disability, implementation is frequently constrained by a lack of resources. Across the three settings, this constraint appears to restrict the systematic integration of disability considerations within routine programming. Another recurring observation is the absence of disability-disaggregated monitoring and evaluation systems. In Zambia, the lack of tracking mechanisms was specifically noted as a barrier to assessing program reach and equity in service delivery. The studies generally indicate that routine data systems do not adequately capture the participation of persons with disabilities, limiting institutional capacity to review, adapt, or improve practice. Overall, the synthesis reveals a pattern of constrained institutional readiness to implement inclusive social protection mechanisms. These constraints manifest as isolated deficiencies and recurrent structural characteristics across diverse programmatic and national contexts.

3.5 Policy Coherence and Gaps

Malawi, Zambia, and Zimbabwe's policy environments reveal a dynamic but uneven evolution of disability-related social protection frameworks. While there is evidence of increasing alignment with international norms such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), gaps in policy specificity, coherence, and implementation mechanisms persist across all three countries. The synthesis identifies

several recurring features that shape how policy frameworks support or fail to support the inclusion of persons with disabilities in social protection mechanisms.

- **Formal Alignment with International Norms:** Across the three countries, national policy commitments reflect a growing engagement with global disability inclusion frameworks. All three countries have ratified the CRPD, and Zimbabwe has adopted the African Disability Protocol (2024). Policy documents increasingly reference the SDGs, Sendai Framework, and rights-based inclusion principles. For example, Zimbabwe's National Disability Policy (2021) explicitly incorporates provisions on inclusive social protection in line with CRPD obligations.
- **Implementation Gaps and Disjuncture:** A consistent observation across all countries is the limited translation of policy objectives into operational practice. Policy frameworks frequently articulate inclusive principles but lack detailed implementation strategies, costed action plans, or accountability structures. For instance, Malawi's MNSSP II outlines disability inclusion but does not consistently influence targeting practices at the community level. In Zambia and Zimbabwe, similar disjunctures are evident between the provisions outlined in national policies and the functioning of delivery systems.
- **Variability in Legal and Sectoral Integration:** The synthesis identifies variability in the internal coherence of legal frameworks. While newer disability-specific policies are more detailed, many foundational laws, such as social welfare and disaster management, remain outdated or lack disability-relevant provisions. For example, Zimbabwe's Civil Protection Act and Malawi's Social Welfare Act do not consistently align with more recent disability policies. Coverage gaps are also observed concerning specific population groups or themes (e.g., psychosocial disabilities, climate resilience). At the sub-national level, the reports indicate that local policy implementation is often constrained by limited funding and institutional capacity. For instance, Ward Disability Committees in Zimbabwe and District Disability Forums in Malawi lack formal authority and dedicated budgets, limiting their ability to influence program delivery.
- **Inter-sectoral Coordination and Misalignment:** The analysis further reveals that disability inclusion is inconsistently addressed across related policy domains. Misalignment between education, health, and social protection frameworks results in fragmented service delivery. For instance, education policies may promote inclusive schooling, but corresponding social protection policies do not always provide complementary support (e.g., transport or assistive technologies), limiting the practical realisation of inclusion.
- **Accountability and Resourcing Mechanisms:** Monitoring and enforcement mechanisms are generally underdeveloped. Across all three countries, policy provisions mandating accessibility or inclusion often lack clear oversight structures or sanctions for non-compliance. Disability-disaggregated indicators are rarely integrated into national

development plans or routine M&E systems. Furthermore, while policies frequently call for inclusive approaches, few are accompanied by dedicated budgets or long-term financing frameworks. Zambia's experience with limited resource allocation to disability-responsive programming reflects this broader trend.

- **Country-Level Comparative Observations:** Zimbabwe has developed several updated policies, including the 2021 National Disability Policy and the 2016 National Social Protection Framework. However, older legislation, such as the Disabled Persons Act, remains misaligned, and implementation challenges persist despite progressive policy language. Malawi has an early Disability Act (2012) and inclusion-oriented social support frameworks. Nevertheless, limited implementation progress is noted in the country, partly due to resource constraints and limited enforcement. Zambia demonstrates formal alignment through the Persons with Disabilities Act (2012) and related social protection strategies. However, institutional arrangements remain siloed, with disability programming not fully integrated into mainstream services.

The cross-country analysis demonstrates a shared trajectory toward rights-based policy development and reveals persistent structural gaps. These include the lack of cross-sector coordination, outdated legislation, insufficient implementation mechanisms, and low investment in inclusive delivery systems. The evidence suggests that while normative commitments to inclusion have increased, the systems required to translate these into consistent, enforceable, and adequately resourced practice remain underdeveloped across all three settings.

3.6 Innovation and Best Practices

While much of the data from Malawi, Zambia, and Zimbabwe highlight persistent exclusionary patterns in disability-inclusive social protection systems, the meta-analysis also documents several innovative practices and localised adaptations that have shown promise in enhancing the inclusion of persons with disabilities. Though often implemented at a pilot scale or within specific programs, these examples offer insights into scalable models of good practice. The synthesis identified six broad categories of innovation.

- **Mainstreaming Disability in General Programming:** In all three countries, the inclusion of persons with disabilities within mainstream social protection programs reflects a shift toward integrated approaches. In Zimbabwe, for example, the Presidential Input Scheme incorporated disability-inclusive targeting within agricultural input distribution. Similarly, in Malawi, the application of the Joint Emergency Food Aid Programme (JEFAP) guidelines prioritised households with persons with disabilities in emergency response settings. These examples suggest a trend toward embedding disability considerations within mainstream programmatic structures.

- **Service Delivery Adaptations:** Service-level adaptations were observed in multiple contexts as mechanisms to reduce physical and procedural access barriers. In Malawi and Zambia, adjustments such as decentralising distribution points and creating dedicated service days for persons with disabilities were noted. Modifications to physical infrastructure, such as accessible seating in school feeding programs or the provision of adapted tools (e.g., farming implements), represent further examples of micro-level service adaptations to enhance usability. These efforts typically occurred within specific projects or pilot programs and were often linked to the presence of civil society actors.
- **Inclusive Financial Instruments:** Emerging practices related to financial inclusion were documented in both Malawi and Zambia. Micro-insurance pilots, designed to cover disability-related needs (e.g., assistive devices, medical costs), were implemented in partnership with NGOs and organisations of Persons with Disabilities (OPDs). Similarly, the facilitation of inclusive village savings and loan associations (VSLAs) was reported through forming or adapting new groups. These interventions reflect attempts to expand financial protection and resilience mechanisms for persons with disabilities through adapted financial products.
- **Community-Based Inclusion Mechanisms:** Community-driven models were also identified as sites of innovation. In Zimbabwe, the *Zunde raMambo* grain reserve initiative and community disability committees in districts such as Muzarabani were reported to provide locally embedded mechanisms for disability inclusion in social protection. These models leveraged traditional structures or local governance mechanisms to enhance representation and responsiveness at the grassroots level.
- **OPD Engagement in Program Design and Delivery:** Increased involvement of OPDs was noted as contributing to improved targeting and advocacy outcomes. In Malawi, for example, FEDOMA collaborated with local authorities to identify eligible beneficiaries for the Social Cash Transfer Programme. This work was supported at the sub-national level by District Disability Forums (DDFs), which function as operational structures for coordinating disability inclusion at the district level.. In Zambia, ZAFOD's advocacy contributed to policy-level adjustments, including the introduction of a disability allowance within cash transfer schemes. These instances illustrate how sustained national and district-level OPD engagement can influence program content and institutional practices.

- **Emerging Use of Technology:** Technology-enabled inclusion remains early, but was noted across the three countries in pilot or exploratory form. Examples include using mobile money transfers in Zambia to reduce physical access barriers to payments, early warning systems with visual and sign language components in Zimbabwe, and efforts to tag disability status in Malawi's national social registry for improved targeting across sectors. These innovations suggest gradually integrating digital tools into disability-responsive programming, though coverage remains limited.

4 KEY FINDINGS

Several key findings stand out in synthesising the evidence across Malawi, Zambia, and Zimbabwe. These include the most critical takeaways from the meta-analysis and provide a high-level summary of the challenges and opportunities identified:

- **Current social protection mechanisms underserve persons with Disabilities:** Despite being among the most vulnerable, persons with disabilities are not being adequately reached by existing formal social protection programs. They are under-represented among beneficiaries of cash transfers, input subsidies, public works, and other schemes due to barriers in access, exclusionary practices, and gaps in targeting. For example, surveys found that many people with disabilities in Zimbabwe were not benefiting from the majority of social protection mechanisms available, and similar patterns were observed in Malawi and Zambia, where inconsistent implementation and a lack of accommodations effectively left many eligible persons with disabilities out of assistance. This finding underscores a significant equity gap: those who arguably need the most support are often missing from the social protection programs.
- **Informal social protection mechanisms play a critical but insufficient role:** Families, kinship networks, and community-based groups are a primary source of support for persons with disabilities across all three countries. These informal mechanisms provide essential care and financial help, such as relatives pooling money or neighbours assisting with daily tasks, and they often fill gaps left by formal programs. However, informal mechanisms are strained and not wholly reliable. They operate without formal resources and can break down under widespread shocks (like droughts) or when stigma leads to neglect of persons with disabilities. The studies show that while informal systems are indispensable, they cannot meet all the needs of persons with disabilities, especially for expensive items (assistive devices, medical care) or during large-scale crises. This finding highlights the importance of community solidarity and the need to integrate these networks with formal support and protection.

- Barriers to inclusion are systemic and multifaceted:** The analysis identified interconnected barriers, physical, communicational, attitudinal, financial and procedural, that collectively impede persons with disabilities from accessing social protection mechanisms. No single barrier alone explains the exclusion; it is their cumulative effect. For instance, a person with a disability might be left out because the sign-up venue is physically inaccessible (physical barrier), they never heard about the program due to information not being in accessible formats (communication barrier), local officials did not think to include them (attitudinal barrier), and they couldn't afford the travel costs to the office (financial barrier). These barriers are deeply entrenched in how programs are delivered and societal attitudes. Key findings on barriers include: lack of disability-friendly infrastructure at service points, complexity of procedures without accommodations, stigmatising beliefs leading to neglect or abuse of persons with disabilities; and inadequate policy implementation and resource allocation to address these issues. The multifaceted nature of exclusion means that addressing only one aspect (say, building ramps) will not be enough. A comprehensive strategy is required to deal with the barrier network.
- Coordination and policy implementation are weak links:** The gap between policy intent and implementation is another key finding. All three countries have made commitments on paper through policies, laws, and ratified conventions to support persons with disabilities, but these are not consistently translated into action. Coordination among institutions is often fragmented. Ministries and agencies responsible for social protection, disability affairs, and disaster management frequently operate in silos, and OPDs are not systematically integrated into decision-making processes. For example, while national frameworks acknowledge the need for cross-sector collaboration, there is little information-sharing or joint planning. This results in missed opportunities to leverage resources and knowledge, contributing to inconsistent service delivery. The studies signalled that improved multi-sector coordination (government, NGOs, OPDs, donors) is vital to include persons with disabilities effectively. Furthermore, many well-intentioned policies (like accessibility standards or inclusive education mandates) are not enforced or funded, leading to continued accessibility gaps and service shortfalls.
- Inclusive best practices exist but need scaling up:** Encouragingly, the meta-analysis surfaced several innovative practices and local successes demonstrating feasible ways to improve inclusion. These include direct examples such as Zimbabwe's disability-specific cash transfers and loan schemes, Malawi's use of inclusive guidelines in emergency response, Zambia's incorporation of a disability allowance in social cash transfers, as well as process innovations like having sign language interpreters at community meetings,

adapting agricultural training for farmers with disabilities, and piloting micro-insurance for disability-related expenses. Community-driven solutions, like Zimbabwe's revival of the *Zunde raMambo* grain reserve to support vulnerable members, including those with disabilities and inclusive ward committees for disaster planning, also stand out as culturally appropriate and effective. These examples resulted in improved outcomes such as better access to inputs, greater food security for households with disabilities, or more equitable disaster relief distribution. The key finding is that these positive models are mostly isolated or pilot. They have not yet been scaled into nationwide programs. There is thus a significant opportunity and need to replicate and institutionalise these best practices more widely.

These key findings collectively point to a clear conclusion, while there is evidence of progress, significant gaps remain in ensuring persons with disabilities can equally access and benefit from social protection mechanisms in the three countries. The subsequent conclusion and recommendations sections will outline strategic and practical measures, informed by these findings, to move the region towards more inclusive and effective social protection mechanisms that leave no one behind.

5 CONCLUSION

This meta-analysis set out to bridge evidence gaps and provide a consolidated regional perspective on the accessibility and inclusivity of formal and informal social protection mechanisms for persons with disabilities in Malawi, Zambia, and Zimbabwe. Drawing from the synthesis of three national studies, the analysis offers a comparative understanding of how social protection and disaster relief systems have engaged with disability inclusion, what constraints persist, and where promising practices are emerging. The evidence affirms that persons with disabilities remain among the most marginalised in the region, facing persistent and intersecting barriers across institutional, infrastructural, communicational, and societal domains. These barriers are not isolated, they are interwoven across the design and delivery of social protection mechanisms, resulting in exclusion from programs even where rights and eligibility are formally recognised. Despite this, the analysis also reveals that inclusion is not beyond reach. Within each country, specific practices ranging from disability mainstreaming in national programs to service delivery adaptations and OPD engagement demonstrate that inclusive design is feasible, particularly when informed by context-sensitive approaches and supported by collaborative implementation structures.

The gap between policy aspiration and operational practice is a central theme emerging from the synthesis. While all three countries have aligned their legal and policy frameworks with international instruments such as the CRPD and the SDGs, there is limited evidence of these frameworks translating into consistent, effective, and accountable implementation.

Coordination across sectors remains weak, monitoring systems seldom track disability-specific outcomes, and financing for inclusive service delivery is often inadequate or inconsistent. The result is a landscape where well-articulated policies coexist with limited change in everyday practice. The analysis also underscores that the barriers that persons with disabilities face are multifaceted and require integrated responses. Challenges related to inaccessible infrastructure, fragmented communication strategies, limited institutional capacity, and social stigma cannot be addressed in isolation. The outcomes have become more promising when interventions have adopted a multi-dimensional approach, combining infrastructure adjustments, inclusive outreach, financial innovation, and grassroots mobilisation. Although such examples are currently limited in scope, they provide insight into what inclusive and effective systems might look like if institutionalised at scale.

Another important insight is that systems designed to be inclusive of persons with disabilities often yield broader benefits for other marginalised groups. Simplified registration processes, mobile service delivery, community-based mechanisms, and adaptive tools enhance accessibility and responsiveness for all. Conversely, systems that continue to exclude persons with disabilities not only perpetuate inequality but also undermine the efficiency and legitimacy of social protection as a whole. Persons with disabilities thus serve as an important indicator group, when social protection mechanisms function effectively for them, they are more likely to function effectively for everyone. The findings of this meta-analysis highlight both the systemic nature of exclusion and the opportunities for change. By learning from emergent practices, addressing structural constraints, and centering persons with disabilities in planning and implementation processes, there is a clear pathway to more inclusive and resilient social protection systems.

6 RECOMMENDATIONS

Building on the comprehensive meta-analysis above, this section presents actionable recommendations to strengthen formal and informal social protection mechanisms so that persons with disabilities are fully included and supported. The recommendations are organised by thematic area but are interrelated, reflecting the need for a holistic approach. These measures are aimed at governments, with support from development partners, civil society (especially OPDs), and communities.

- **Reform Policy Frameworks to Institutionalize Disability Inclusion:** National policies must go beyond general commitments to embed enforceable disability-specific provisions in social protection, development, and climate adaptation plans. This includes harmonising policies across sectors, domesticating international conventions (e.g., CRPD), and assigning measurable targets and budgetary allocations to track inclusion.

Legal instruments should mandate accessibility standards for public infrastructure, supported by regulatory oversight, and disability focal points should be operationalised within line ministries to mainstream inclusive programming.

- **Strengthen institutional coordination and participation of OPDs:** Inclusive governance requires the creation of cross-sector coordination platforms that involve Organisations of Persons with Disabilities (OPDs) at national, sub-national and local levels. Mechanisms should support joint planning, case management, and referrals across social welfare, health, education, and emergency services. Capacity-building initiatives should focus on interagency collaboration, inclusive simulation exercises, and formal roles for OPDs in oversight and program delivery. Financial and technical support can be directed to OPDs to ensure effective participation and influence.
- **Improve program accessibility and adapt design for functional diversity:** Program delivery should follow universal design principles, with physical, informational, and procedural accessibility systematically incorporated. Reasonable accommodations such as proxy enrolment, mobile outreach, and differentiated conditionalities should be codified in operational manuals. Eligibility criteria should be reviewed to account for disability-related costs and barriers. In emergencies, registries of persons with disabilities, accessible shelters, and adapted communication protocols should be standard. Communication materials should be disseminated in accessible formats, and frontline staff must receive targeted training in disability-sensitive service delivery.
- **Address economic barriers and enhance livelihood opportunities:** To mitigate the economic vulnerabilities faced by persons with disabilities, SSNs should provide disability-specific top-ups or supplements. Participation-related costs (transport, healthcare, school fees) should be waived or subsidised. Mainstream and specialised livelihood programs must adopt inclusive design, provide adapted vocational training, and facilitate access to credit and micro-insurance. Additionally, assistive and adaptive technologies such as mobility aids, accessible tools, and digital devices tailored to different impairments should be integrated into income-generation initiatives to support full participation. Safeguards must be established to ensure that benefits reach intended recipients, particularly in caregiving arrangements or contexts of financial exploitation.
- **Promote inclusive attitudes and challenge stigma:** Community sensitisation efforts should be expanded to challenge discriminatory beliefs and promote inclusive norms. Engagement with traditional, religious, and youth networks is vital for shifting perceptions and encouraging participation. Persons with disabilities should be visibly integrated into community structures and public life. Legal enforcement against discrimination should be strengthened, with public awareness of rights and available redress mechanisms systematically expanded.

- **Enhance Disability Data, Monitoring, and Accountability:** All SSN and DRR programs should incorporate disability-disaggregated data using standardised tools (e.g., Washington Group questions). Monitoring and evaluation systems must include inclusion indicators and be complemented by participatory mechanisms involving OPDs. Regional learning platforms and toolkits can support harmonisation and knowledge exchange. Inclusion audits and preparedness assessments should be conducted during annual DRR planning cycles to identify and close accessibility gaps in emergency response.

7 ANNEXES

Annexe 1: Meta-Synthesis Analytical Framework

Thematic Dimension	Sub-Domains / Indicators	Guiding Questions
1. Types of Social Protection Mechanisms	Formal (e.g., pensions, cash transfers); Informal (e.g., community savings, family support); Hybrid	What types of social protection mechanisms exist? Who provides them? How do persons with disabilities access them?
2. Accessibility and Inclusion	Physical access, communication, digital inclusion, outreach, targeting, inclusion strategies	Are services physically, economically, and socially accessible to persons with disabilities? Is information available in accessible formats? What barriers to access are reported?
3. Institutional Coordination	Cross-sectoral integration, OPD involvement, decentralisation, donor-NGO coordination	How well do institutions coordinate on disability-inclusive social protection mechanisms? What role do OPDs play?
4. DRR and Climate Adaptation Linkages	Integration in disaster planning, early warning, resilience-building	Are social protection mechanisms responsive to climate risks and disasters? Are persons with disabilities included in DRR planning and response systems?
5. Barriers to Access	Legal, procedural, attitudinal, financial, geographical, informational	What obstacles prevent persons with disabilities from benefiting from social protection mechanisms? How are these barriers described or framed?
6. Enablers and Facilitators	Political will, financing, capacity-building, inclusive technologies, social norms	What factors have contributed to successful implementation? What conditions facilitate inclusion?
7. Innovation and Best Practices	Inclusive design, local innovations, tech solutions, participation models	What innovative or best practice examples are documented? How are they contributing to improved access?
8. Policy Coherence and Gaps	CRPD alignment, national policy frameworks, implementation capacity, legal gaps	Do policies reflect international norms? What gaps exist in policy design or enforcement affecting persons with disabilities?