



SAFOD REGIONAL GUIDELINES ON INCLUSIVE SOCIAL PROTECTION MECHANISMS FOR PERSONS WITH DISABILITIES IN SOUTHERN AFRICA

Prepared by:

Malatsi Seleka (PhD)

malatsis@gmail.com

Cell: +267 72988862

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LIST OF ABBREVIATIONS

Abbreviation	Full
ASRSP	Adaptive and Shock Responsive Social Protection
AU	African Union
CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Survey
DISP	Disability Inclusive Social protection
DPOs	Disabled Person's Organisations
DRR	Disaster Risk Reduction
GIS	Geographic Information System
ID	Identification Document
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organisations
OPDs	Organisations of Persons with Disabilities
SADC	Southern African Development Community
SAFOD	Southern Africa Federation of the Disabled
SDGs	Sustainable Development Goals
SMS	Short Message Service
SP	Social Protection
SRSP	Shock-Responsive Social Protection
UN	United Nations

GLOSSARY OF KEY TERMS

Term	Definition
Accessibility	The degree to which the physical environment, information, communication, or service is usable by all people, including persons with disabilities, without requiring adaptation or specialised design.
Adaptive Social Protection	A comprehensive and integrated approach to social protection that goes beyond traditional social protection by incorporating elements of Disaster Risk Reduction (DRR) and Climate Change Adaptation.
Barrier-Free Design	An approach that eliminates obstacles in the physical, social, and institutional environment that limits full participation of persons with disabilities.
Disability-Inclusive Social Protection	A comprehensive approach to risk management, composed of policies, programmes and initiatives, both formal and informal, that seek to remove barriers and protect all persons with disabilities from stress and shocks. ¹
Disability-Responsive Budgeting	The practice of allocating financial resources specifically to meet the needs and rights of persons with disabilities.
Disability-Disaggregated Data	Data that is separated by disability status, often alongside other intersecting factors such as age and gender, to allow for analysis of inclusion gaps, access disparities, and outcome differences.
Early Warning System	A system that provides timely and accessible information to help individuals and communities act quickly to avoid or reduce risk during disasters.
Equity	Fair treatment of individuals according to their specific needs and circumstances, ensuring that people who face disadvantage or 3pecialized3ion receive appropriate support.
Intersectionality	A framework 3pecialized how multiple social identities (e.g., disability, gender, age, poverty) intersect to create overlapping and compounded forms of disadvantage.
Mainstreaming	The process of integrating disability inclusion into all policies, programs, and systems rather than treating it as a separate or add-on issue.
Reasonable Accommodation	Necessary and appropriate modifications or adjustments to ensure persons with disabilities can enjoy rights and access services on an equal basis with others.
Shock-Responsive Social Protection (SRSP)	Social protection systems designed to expand, adapt, or scale up in response to shocks such as natural disasters, pandemics, or economic crises.
Universal Design	The design of products, environments, programs, and services to be usable by all people to the greatest extent possible, without the need for 3pecialized adaptation.

¹ CBM, DISP framing, 2024.

EXECUTIVE SUMMARY

In Southern Africa, persons with disabilities face systemic exclusion from formal and informal social protection systems. Despite regional and national commitments to inclusive development, including ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD), social protection mechanisms continue to underserve this population, particularly in times of crisis such as droughts, floods, and pandemics. Discriminatory eligibility criteria, inaccessible service points, fragmented coordination, and limited participation by Organisations of Persons with Disabilities (OPDs) have led to persistent gaps in both policy implementation and service delivery.

This report draws on a regional meta-analysis of three country studies; Malawi, Zambia, and Zimbabwe conducted to examine how disability inclusion is currently addressed across social protection and disaster risk reduction (DRR) systems. The findings reveal significant structural and institutional deficiencies, with most programs failing to account for the distinct risks and needs of persons with disabilities. Although policy frameworks in all three countries acknowledge disability rights, actual coverage remains limited, and the linkages between social protection and emergency response mechanisms are weak or absent. To address these challenges, this report presents a set of regional guidelines for advancing disability-inclusive social protection across Southern Africa. The guidelines aim to provide governments, OPDs, civil society actors, development agencies, and regional bodies with a practical and coherent framework to align policy, design, and implementation. Grounded in international legal commitments and regional realities, the guidelines articulate both normative principles and actionable entry points for reform.

Seven interrelated thematic action areas structure the recommendations. These include: (1) diversifying support mechanisms to ensure a mix of cash, in-kind, and community-based responses; (2) enhancing accessibility and inclusion by embedding universal design and reasonable accommodations across service delivery; (3) strengthening coordination between sectors and institutionalising the participation of OPDs in governance; (4) integrating DRR with social protection to ensure shock-responsive systems; (5) removing legal, administrative, financial, and social barriers to access; (6) promoting innovation and evidence-based learning through pilot initiatives and regional exchange; and (7) aligning national policies, legislation, and public budgets with international disability rights standards.

Effective implementation will require deliberate collaboration. National governments must lead legal and institutional reforms, finance accessible services, and coordinate across sectors. OPDs play a central role in design, outreach, and monitoring. Civil society and humanitarian actors contribute through informal mechanisms and innovation. Development partners are critical for providing technical assistance, funding, and cross-country learning platforms. These guidelines provide a roadmap for building disability-inclusive, resilient, and rights-based social protection systems. They call for a collective commitment to ensure that persons with disabilities are not left behind and are meaningfully included in Southern Africa's development and crisis response agendas.

1. BACKGROUND AND RATIONALE

An estimated 16% of the global population lives with some form of disability. In Southern Africa, persons with disabilities remain structurally excluded from mainstream social protection mechanisms. While governments across the region have articulated commitments to equitable service provision and inclusive development, these have not translated into adequate coverage or consistent access for persons with disabilities. The disconnect between normative commitments and programmatic realities reflects deeper institutional and design deficiencies, leading to the marginalisation of persons with disabilities in routine and crisis contexts.

A regional meta-analysis conducted by SAFOD and its partners, synthesising national studies from Malawi, Zambia, and Zimbabwe, revealed persistent gaps in how social protection mechanisms are conceptualised, financed, and operationalised. Although each country has adopted policies that recognise disability inclusion as a principle, the practical implementation of these policies remains fragmented. Inaccessible infrastructure, rigid administrative procedures, underrepresentation of Organisations of Persons with Disabilities (OPDs) in planning processes, and insufficient cross-sectoral coordination have consistently undermined the inclusivity and effectiveness of these mechanisms. The three country reports further demonstrates that persons with disabilities face heightened vulnerability during climate-related and socio-economic shocks, yet are rarely prioritised in disaster risk reduction strategies or emergency social protection responses. Mechanisms that are designed to build resilience frequently fail to anticipate or accommodate the distinct needs of persons with disabilities. Early warning systems are often inaccessible; distribution points for relief aid lack basic adaptations, and disaster preparedness plans do not consistently involve or reflect the perspectives of affected populations with disabilities.

In light of these challenges, the regional guidelines set out in this document seek to provide a coherent framework for embedding disability inclusion within social protection and disaster risk reduction systems in Southern Africa. They aim to bridge the persistent gap between policy and practice, drawing on empirical evidence from the three countries and informed by international human rights and development frameworks, including the Convention on the Rights of Persons with Disabilities (CRPD), the Sendai Framework for Disaster Risk Reduction, and the Sustainable Development Goals (SDGs). These guidelines propose a set of normative and operational standards designed to support governments, OPDs, and development and humanitarian partners in building disability-inclusive social protection systems. The guidelines provide a foundation for sustained regional dialogue, institutional reform, and equitable service delivery by articulating common principles, identifying actionable entry points, and promoting coordinated implementation across sectors. They aim to ensure that persons with disabilities are not left behind in local, national and regional efforts to strengthen social protection mechanisms, enhance climate resilience, and advance inclusive development.

2. TARGET AUDIENCE AND APPLICATION

These guidelines are intended for stakeholders involved in the planning, financing, delivering, and monitoring of social protection and disaster risk reduction programs. These include national and sub-national policymakers and technical officials. It is also intended for Organisations of Persons with Disabilities (OPDs), civil society actors, international NGOs, and development and humanitarian partners, including bilateral donors, UN agencies, and regional intergovernmental bodies. Each stakeholder group has a distinct and complementary role in advancing disability-inclusive social protection systems. For example, government ministries are expected to lead on policy reform, budget allocation, and service delivery; OPDs are central to consultation, community outreach, and accountability; and development and humanitarian partners play key roles in funding, capacity-building, and technical support. The document outlines clear responsibilities for each, thereby promoting harmonised, cross-sectoral action and accountability. In addition, regional networks may use the guidelines as a benchmarking tool to promote peer learning and track regional progress.

3. SCOPE AND FOCUS AREA

These guidelines provide a structured framework for designing, implementing, and evaluating disability-inclusive social protection mechanisms within the Southern African context. They address routine and shock-responsive systems, encompassing formal and informal social protection, disability-targeted and mainstream interventions, and the linkages between social protection and disaster risk reduction. The guidelines do not offer prescriptive, country-specific plans. Instead, they provide thematic guidance adaptable to various local, national and sub-national contexts. They apply to policymakers, programme designers, implementers, and monitoring actors operating at various levels of government and civil society. While the analytical basis is grounded in Malawi, Zambia, and Zimbabwe, the scope extends to any country with comparable institutional and socio-economic settings. The document is structured to support practical decision-making across sectors, providing evidence-informed recommendations and principles of inclusion. The guidelines are intended to complement existing national strategies and should be interpreted in alignment with domestic legal frameworks, international obligations, and evolving programmatic priorities.

4. UNDERSTANDING SOCIAL PROTECTION AND ITS PILLARS

A precise and coherent conceptualisation of social protection is fundamental to effectively applying the regional guidelines in this document. Establishing definitional clarity is critical for ensuring that the inclusion of persons with disabilities is not treated as an ancillary concern but is systematically embedded across policy frameworks, institutional arrangements, and programmatic interventions. This section provides an analytical definition of social protection, delineates its formal and informal dimensions, and expands on its three foundational pillars: social insurance, social assistance, and labour market interventions.

Social protection refers to the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis on vulnerable groups. Social protection operates through two principal domains: formal and informal mechanisms. Formal mechanisms are state-led or legally regulated systems, including pension schemes, health insurance, social transfers, and labour protections, typically financed through public funds or contributions. Informal mechanisms refer to community-based or familial support structures such as rotating savings groups, kinship networks, religious charity, and informal care arrangements, which often function in the absence of formal provision. A comprehensive social protection system is typically structured around three interdependent pillars.:

- **Social insurance:** Comprises contributory schemes such as pensions, health insurance, and unemployment benefits.
- **Social assistance:** includes non-contributory transfers and services such as disability grants, food aid, or school subsidies targeted at those experiencing poverty or vulnerability.
- **Labour market interventions** involve measures to promote employability and protect worker's rights, such as public works programs, skills training, and employment quotas.

This conceptual framework underpins the operational and policy recommendations outlined in these guidelines. It provides the analytical basis for identifying systemic gaps, clarifying institutional responsibilities, and designing disability-inclusive interventions that advance equitable outcomes for persons with disabilities in both routine service provision and crisis contexts.

5. PRINCIPLES FOR DISABILITY-INCLUSIVE SOCIAL PROTECTION

A clear set of guiding principles underpins the recommendations contained in these guidelines. These principles shape how stakeholders design, implement, and monitor disability-inclusive social protection mechanisms. They reflect international legal and policy commitments, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD)², the Sustainable Development Goals (SDGs),³ and the Sendai Framework for Disaster Risk Reduction⁴. These principles offer a practical foundation for decision-making, service delivery, and coordination. When consistently applied, they ensure that inclusive social protection goes beyond temporary relief, advancing systemic reforms that uphold dignity, equity, and resilience.

5.1 Rights-Based Approach

The Guidelines are grounded in the recognition that social protection is a fundamental human right. Article 28 of the CRPD affirms the right of persons with disabilities to an adequate standard of living and social protection without discrimination. This principle demands that all components of social protection mechanisms, whether in routine

² United Nations, CRPD, 2006

³ United Nations, Sustainable Development Goals, 2024.

⁴ UNISDR, Sendai Framework for Disaster Risk Reduction 2015-2030, 2015.

delivery or emergency response, be disability-inclusive by design. Programs must move beyond welfare and affirm the autonomy, dignity, and equal entitlements of persons with disabilities. National frameworks should reflect this shift through legal guarantees, institutional mandates, and grievance mechanisms that reinforce the accountability of duty-bearers.

5.2 Equity and Intersectionality

The Guidelines call for social protection systems that actively address the compounded disadvantages experienced by persons with disabilities.⁵ These include barriers linked to gender, age, impairment type, geographic location, and socio-economic status. Equity is not achieved by treating everyone the same, it requires specific attention to those most at risk of exclusion. Implementation should prioritise identifying underserved groups and ensure tailored interventions that respond to differentiated needs. This principle supports the achievement of SDG 1.3 (universal social protection) and SDG 10.2 (empowered inclusion of all, irrespective of disability or other status).

5.3 Participation and Accountability

In line with Article 4(3) of the CRPD, these Guidelines uphold the centrality of participation by persons with disabilities in all aspects of social protection governance. Disability-inclusive systems cannot be built without the voice and agency of those they are intended to serve. The Guidelines, therefore, call for the structured and resourced participation of OPDs in policy development, program design, implementation, monitoring, and evaluation. Equally important are mechanisms for accountability that ensure that programs are transparent and accessible. These include accessible complaint systems, public reporting on inclusion outcomes, and performance frameworks that integrate disability indicators.

5.4 Disaster and Climate Resilience

Recognising the growing exposure of Southern African populations to climate and disaster-related risks, these Guidelines integrate resilience as a core principle. Persons with disabilities are disproportionately affected by shocks due to pre-existing exclusions and system-level failures in preparedness. The Sendai Framework explicitly calls for disability-inclusive disaster risk reduction, which is echoed throughout the Guidelines. Social protection systems must be adapted to anticipate, absorb, and respond to shocks in ways that protect and empower persons with disabilities. This includes making early warning systems accessible, designing scalable cash transfers, and ensuring continuity of disability-related services during crises.

6. ACTION AREAS AND RECOMMENDATIONS

This section introduces the core thematic areas through which the principles of disability-inclusive social protection are operationalised. It sets practical recommendations across seven key domains, each addressing a specific entry point for strengthening inclusion. The guidelines outline concrete measures for every action area and assign roles to relevant stakeholders. These areas are not standalone, they are interlinked and should be

⁵ CBM, DISP framing, 3.

advanced together. Progress in one strengthens outcomes in others, reinforcing the need for a coordinated, system-wide approach to ensure persons with disabilities are adequately included in social protection mechanisms across Southern Africa. These principles align with international frameworks (CRPD, SDGs, Sendai). They form the foundation for the following action areas and recommendations.

6.1 Diversifying Social Protection Mechanisms

Rationale:

Persons with disabilities face distinct and intersecting vulnerabilities that are often overlooked in mainstream social protection systems. Formal mechanisms such as state-led cash transfers and public works frequently exclude them due to design and eligibility barriers. While necessary, informal support from NGOs and community actors remains fragmented and insufficient. A more diversified and inclusive approach is needed to ensure that social protection systems respond effectively to the varied risks and needs of persons with disabilities. A conceptual shift toward a diversified social protection system that reflects the intersecting risks and support needs of persons with disabilities is therefore essential. Such an approach improves responsiveness, enhances resilience, and lays the foundation for inclusive and equitable coverage across the life course.



Key Actions:

- Integrate diverse modalities:** Design social protection programs that offer a flexible mix of cash, in-kind, and service-based support to reflect the diverse and compounded needs of persons with disabilities. Standalone cash transfers are rarely sufficient programs and should be deliberately structured to bundle financial assistance with complementary services such as health insurance coverage, access to assistive technologies, or mobility support. These can also include targeted tax relief, such as exemptions on disability-related medical expenses, reduced VAT on assistive devices. Evidence from regional practice, such as inclusive school feeding initiatives that provided accessible meal sites and home delivery for children with disabilities in Malawi, demonstrates that combining modalities can significantly improve reach and effectiveness. Governments and partners should institutionalise such linkages to ensure that social protection mechanisms are disability-inclusive, responsive to the multidimensional realities faced by persons with disabilities, and anticipative to climate and disaster-related risks.
- Leverage Informal Networks:** Formal programs should be designed to link with and reinforce informal mechanisms. This includes referral systems where government

social workers connect beneficiaries to community support groups and vice versa, or public-private partnerships where local charities help identify and enroll eligible persons with disabilities into state programs.

Responsibilities:

Achieving a diversified system requires coordinated actions by various actors:

- **Governments** through social protection agencies and ministries of finance, should design and fund disability-inclusive programs that combine disability-specific support, such as grants or assistive device schemes, with mainstream protection systems. Policies must be flexible and enable community-based initiatives, including legal recognition of local groups and incentives that encourage inclusion.
- **Organisations of Persons with Disabilities (OPDs)** should contribute to program design to ensure relevance, identify eligible beneficiaries, and support outreach. At the local level, they can strengthen inclusive savings groups, provide training, promote successful practices for broader use, and support data collection efforts—such as identifying gaps in coverage, contributing to disability mapping, and validating social registries.
- **Development and humanitarian partners** should provide technical and financial support to pilots and evaluate inclusive approaches, such as disability-sensitive insurance or cash transfers. They can also help adapt the best global practices to local contexts to ensure inclusion is built into community-driven efforts.
- **Communities and traditional leaders** should actively include persons with disabilities in local social protection mechanisms and disaster response. Their support helps identify those in need, reduce stigma, and legitimise inclusive practices, improving trust and broader community participation.

Key Takeaway

A resilient and disability-inclusive social protection system requires a mix of formal and informal mechanisms. Both state and community actors, through cash, in-kind, and support networks, play critical roles in reaching persons with disabilities. Diversification ensures continuity when one source fails, and coordinated action strengthens impact.

6.2 Enhancing Accessibility and Inclusion

Rationale:

Accessibility and inclusion are fundamental to the effectiveness of any social protection system for persons with disabilities. Policies and programs, no matter how well-designed,



remain ineffective if individuals cannot physically access services, understand the information provided, or navigate application and enrolment procedures. Ensuring accessibility requires consistently applying universal design principles and providing reasonable accommodation across all stages of program delivery, from outreach and registration to benefit distribution. This approach ensures that persons with disabilities are not excluded or disadvantaged due to physical, sensory, cognitive, or communication barriers. The following actions outline how this priority can be operationalised.

Key Actions:

- **Audit and Upgrade Infrastructure:** Conduct accessibility audits for all social protection offices, health clinics, and service distribution points. Use the results to make concrete improvements: install ramps, widen doorways, add handrails, ensure accessible toilets, and provide transportation stipends if needed. Planning budgets should include line items for adaptive features such as signage, lifts, accessible vehicles, and inclusive shelter infrastructure for use during disasters.
- **Deliver Accessible Information:** All program outreach and documentation must be in multiple formats. These should include Braille, large-print pamphlets, sign-language videos, on-site interpreters, and plain-language instructions. Digital channels (SMS, social media) should also be designed with accessibility in mind (e.g. text-to-speech for visually impaired users).
- **Adapt Administrative Procedures:** Simplify enrollment procedures and offer reasonable accommodation. For instance, proxy registrants (with safeguards), mobile or home registration, extended office hours, and assistance for those with cognitive impairments should be allowed. Remove conditions that unfairly burden persons with disabilities (e.g. demanding distant medical exams as proof of disability).
- **Implement Universal Design:** Ensure all facilities and systems are built to universal design standards. This includes accessible digital platforms (compatible with screen readers), barrier-free event venues, disability-friendly service point sites, and marked, accessible evacuation routes that persons with diverse impairments can safely use during emergencies.
- **Collect Disability Disaggregated Data:** Incorporate disability identifiers in social registries and surveys. Knowing who the persons with disabilities are and where they live is essential. This data should be used to map service gaps (e.g., villages with many unreached persons with disabilities) with sensitivity to different disability populations (e.g., women).

Responsibilities:

- **Governments** must finance and enforce accessibility. National social protection agencies should allocate dedicated budgets for infrastructure upgrades and make accessibility standards legally binding. Ministries of Works/Infrastructure, with Social

Welfare, should conduct audits and publicise compliance requirements jointly. Local governments should partner with OPDs to identify persons with disabilities and ensure community enrolment outreach.

- **Organisations of Persons with Disabilities (OPDs)** are critical advisers and monitors. They should participate in every audit of facilities and be consulted on reasonable accommodations. For example, OPDs can co-develop accessible outreach campaigns and train frontline staff on disability etiquette. They should also operate accessible communication channels (e.g. sign-language radio spots). By gathering feedback from members, OPDs can highlight remaining gaps.
- **Civil Society and NGOs** play a critical role in enhancing accessibility and inclusion for persons with disabilities, especially in areas where government provision is limited. As part of informal social protection, they should support mobile registration, accessible communication, and community-based outreach. These efforts should be recognised, resourced, and, where appropriate, integrated into formal systems.
- **Development and Humanitarian Partners** should finance technical solutions for accessibility. For instance, donors can fund assistive-technology labs, provide tablets for digital registration with audio instructions, or support the creation of national disability-resource centers. They can also promote regional learning: e.g. a SADC-wide workshop on inclusive digital ID systems or cash transfer delivery.

Key Takeaway

True inclusion in social protection starts with accessibility. Governments, OPDs, NGOs, and development partners must work together to remove physical, communication, and procedural barriers at every stage of service delivery, ensuring that persons with disabilities can access benefits with dignity, equity, and independence.

6.3 Coordinating Institutions and Actors

Rationale:

Disability-inclusive social protection (DISP) spans multiple sectors, including health, education, employment, social development, and disaster management. When institutions operate in silos, persons with disabilities fall through the cracks. The meta-analysis underscored this fragmentation: although each country has disability policies and social welfare structures, "coordination among institutions is often fragmented," and OPDs



are typically not systematically integrated into decision-making. Therefore, formalising cross-sector coordination (e.g., joint committees) is essential to ensure services are streamlined and disability is mainstreamed across programs. The following are critical actions required to implement this priority effectively.

Key Actions:

- **Establish multi-sector platforms:** Form national and subnational coordination committees on disability-inclusive social protection and DRR. Each should include ministries of Social Welfare, Health, Education, Finance, Agriculture, and key stakeholders from OPDs and NGOs. These platforms should jointly develop plans, share data, and oversee implementation. For example, a disability-inclusive Social Protection Council chaired by the Deputy Minister of Community Development could meet quarterly to align budgets and programs.
- **Embed OPDs in governance:** OPDs should be supported by government to participate meaningfully in decision-making spaces such as social protection and disaster risk platforms. This includes involvement in consultations, planning, and oversight processes. Resources must be allocated for transport, interpretation, and other participation needs.
- **Harmonise data systems:** Create shared registries or referral directories. For instance, linking the social registry (for cash transfers) with the disability database (for grants) can prevent duplication or exclusion. Also, data-sharing agreements between welfare departments and statistical offices should be formalised.
- **Promote "one-stop" services:** At the district/community level, establish inclusive help desks or community social centres where persons with disabilities can apply for multiple benefits in one location. Staff these centres with a social welfare, health extension, and an OPD liaison, so a person can get guidance on cash assistance, medical referrals, and education support in a single visit.

Responsibilities:

- **Governments** should mandate inter-ministerial committees on disability and include disability metrics in ministerial performance frameworks. For example, the Ministry of Finance can require all sector plans to include a section on disability inclusion. Social welfare ministries should appoint dedicated disability focal points in key agencies.
- **OPDs** must leverage these platforms to inject ground-level evidence. They should organise joint field visits with officials to highlight whether coordination works or fails. By presenting unified policy positions (through OPD federations), they can keep disability on the agenda of donor coordination forums and cabinet meetings.
- **Development and Humanitarian Partners** should align their programs with national coordination structures rather than creating parallel initiatives. When funding projects (e.g. a cash transfer pilot), donors must ensure the government

convenes review meetings with all relevant line ministries and OPDs. They can also fund capacity-building workshops on inclusive governance.

Key Takeaway

Adequate disability-inclusive social protection requires strong, multi-sectoral coordination across all levels of government, with OPDs and development and humanitarian partners as active, empowered stakeholders. Aligning plans, data, and service delivery through shared platforms ensures holistic, accessible, and responsive support for persons with disabilities.

6.4 Integrating DRR and Social Protection

Rationale:

Integrating Disaster Risk Reduction (DRR) and social protection is essential to build inclusive resilience for persons with disabilities, who face heightened risks during crises. Adaptive Social Protection provides a framework to link risk reduction, climate adaptation, and social protection systems, enabling them to anticipate, absorb, and respond to shocks such as droughts, floods, or pandemics. This requires aligning early warning systems, beneficiary data, and delivery mechanisms to ensure that emergency responses are timely, accessible, and inclusive. Despite clear CRPD and Sendai Framework commitments, social protection and DRR often remain disconnected. Closing this gap is critical to ensure that persons with disabilities are not left behind in disaster preparedness, response, and recovery.

Key Actions:

- **Strengthen Adaptive and Shock-Responsive Mechanisms:** Develop adaptive social protection systems that are risk-informed and flexible. This includes establishing pre-arranged financing (e.g. contingency funds or crisis modifiers) and policy triggers that enable rapid scale-up of support to persons with disabilities during small and large-scale crises. Disability-inclusive crisis modifiers should be embedded within disaster risk management programs to activate immediate assistance, such as cash top-ups, transport aid, or service continuity when early warnings are issued.
- **Leverage Social Registries:** Use existing social protection beneficiary lists to identify persons with disabilities in an affected area and expedite aid. For example, if a district floods, the government can quickly disseminate aid (cash, food, shelter) through pre-mapped recipients, ensuring they are reached first. Develop formal protocols for social protection and disaster agencies to share data and coordinate distributions.
- **Ensure Disability-Inclusive Early Warning and Shelter Systems:** Design and disseminate early warnings using accessible formats (e.g. sign language interpretation, Braille messages, community relay systems). Emergency shelters, schools, and relief infrastructure must follow universal design principles, with clear evacuation plans and accessibility features such as ramps, handrails, and Braille signage.

- **Adapt Relief Delivery for Inclusion:** During emergency relief distributions, ensure accessibility is built into logistics such as barrier-free distribution points, on-site assistance, and transport support for beneficiaries with mobility limitations. Disability-related needs (e.g. personal aides, assistive devices, medication) should be integrated into rapid needs assessments and humanitarian protocols.
- **Support Resilient and Disability-Inclusive Livelihoods:** Invest in adaptive livelihood strategies tailored to persons with disabilities, such as accessible climate-smart agriculture, vocational training, and income diversification. Strengthen linkages to formal (microfinance institutions) and informal (community savings groups) financial services to improve resilience and access to risk-coping tools, including microinsurance and emergency credit schemes.

Responsibilities:

- **Government (Social Protection & Disaster Management Units)** must jointly develop shock-responsive social protection (SRSP) frameworks. This includes sharing hazard data and beneficiary data, running preparedness simulations that include persons with disabilities scenarios, and updating legal mandates to prioritise persons with disabilities in emergencies (as required by CRPD Art. 11). Laws or guidelines should explicitly state that persons with disabilities cannot lose benefits due to disaster conditions.
- **Local Authorities and Communities:** District disaster plans should maintain an up-to-date registry of persons with disabilities and outline support roles. Community Disaster Committees should integrate disability checklists into their standard operating procedures.
- **OPDs and Disabled Advocates:** These groups are critical during emergencies. OPDs can help quickly identify those who need special assistance (e.g. those without mobility) and relay that to authorities. They should participate in disaster planning meetings and lead community-based resilience training. OPD volunteers can monitor aid distribution during a crisis to ensure that persons with disabilities are reached. Their feedback (e.g. reports of exclusion) should be used to adjust ongoing relief efforts.

Key Takeaway

To protect persons with disabilities during crises and climate shocks, social protection systems must be made shock-responsive and disability-inclusive. This requires coordinated planning, flexible financing, accessible early warning systems, and active involvement of OPDs and communities to ensure no one is left behind in disaster preparedness, response, or recovery.

6.5 Overcoming Barriers

Rationale:

Despite the best-designed programs, a range of barriers can still prevent persons with disabilities from accessing or benefiting from social protection. This thematic area addresses the systematic removal of those barriers, whether they are policy barriers (gaps or inconsistencies in laws), administrative barriers (complex processes, lack of information), attitudinal barriers (stigma, discrimination), financial barriers (costs that make accessing programs difficult), or geographic barriers (remoteness with limited service coverage). A comprehensive, cross-cutting strategy is therefore required to remove these obstacles.

Key Actions:

- **Legal and Policy Reforms:** Review policies, laws, regulations, and eligibility rules/criteria to remove discrimination and ensure they reflect the real disability costs. For example, eliminate any clause that disadvantages persons with disabilities for failing to meet work requirements. Enact disability-act provisions mandating accessible services and include persons with disabilities in entitlement categories (e.g. make disability grants a right, not discretionary). Ensure social protection eligibility rules account for disability-related costs. For instance, allow higher benefit levels or higher income thresholds for households with severe disabilities, reflecting the extra expenses they incur. All DRR, climate adaptation, education, health, and welfare policies should be aligned to avoid contradictions (e.g., health subsidies should not exclude disability-related care).
- **Simplify Administration:** Administrative procedures should be designed with accessibility in mind to ensure that persons with disabilities can enrol in and remain within social protection programs without undue burden. This involves providing clear, easy-to-understand information in accessible formats, including plain-language forms that accommodate varying literacy and cognitive ability levels. Alternative registration methods should be available for those who cannot travel to central offices, such as through schools, clinics, or home visits. In addition, applicants should be offered support throughout the process, including during application, verification, and renewal stages, to ensure that disability-related barriers do not lead to exclusion from benefits.
- **Remove Financial Barriers:** Eliminate or waive any fees for disability assessments, documents, or program registration. Provide transportation stipends for persons with disabilities to reach offices (especially important in rural areas). If conditional cash transfers exist, consider exempting persons with disabilities from strict conditions when they cannot comply due to their impairments. Adjust payment schedules or advance disbursements if needed.
- **Combat Stigma and Attitudes:** Launch sustained public awareness campaigns that portray persons with disabilities as capable and deserving. Use media stories, school curricula, and community dialogues (led by respected leaders) to challenge misconceptions. Training for frontline staff must go beyond technical know-how to address attitudes. Staff who discriminate persons with disabilities should face accountability. Promote role models and celebrate "local heroes" with disabilities (in schools, radio spots) to change perceptions.

- **Strengthen Capacity:** Invest in training and resources for implementers. Every cash transfer office or school feeding centre should have at least one staff member trained in disability inclusion. Provide emergency stock of assistive devices and communication aids (Braille forms, hearing aid batteries) at district offices.

Responsibilities:

- **Government (Policymakers and Legislators)** should take the lead in reviewing and reforming laws and policies to eliminate barriers that prevent persons with disabilities from accessing social protection. This includes amending outdated legal provisions, issuing regulations that mandate accessibility and non-discrimination, and developing clear implementation guidelines. National budgets must allocate specific funding for barrier-removal measures, such as infrastructure upgrades and public awareness campaigns. Grievance and oversight bodies, including human rights institutions and disability councils, should be strengthened to monitor inclusion and address complaints.
- **Judiciary and Legal Aid Services** play a critical role in ensuring accountability. Legal aid institutions and ombudspersons should prioritise cases involving denial of benefits or discriminatory treatment, helping to enforce the right to social protection through accessible legal redress. OPDs and Disability Advocates should lead efforts to identify and challenge barriers by conducting community-based audits and using evidence-based advocacy. They can influence reforms by sharing real-life examples and engaging directly with policymakers. OPDs also help reduce stigma through public dialogues and media partnerships that highlight the lived experiences and contributions of persons with disabilities.
- **Community Leaders and Families** are essential in ensuring inclusive local practices. Families should be supported to help members with disabilities access services without fear or shame. Community leaders can promote fairness in community targeting processes. In contrast, traditional and religious leaders can use their platforms to shift attitudes by promoting inclusion and dignity in their messages and conflict resolution.
- **Development and Humanitarian Partners** should provide technical and financial assistance to strengthen disability-inclusive social protection. This support should extend to informal mechanisms, such as community-based initiatives and OPD-led outreach in underserved areas, which often play a central role where government systems are limited. Resources should also be directed toward awareness-raising efforts and adapting global tools and practices to suit local realities, ensuring that programming is context-specific and disability-inclusive.

Key Takeaway

Overcoming barriers to inclusive social protection requires coordinated legal, administrative, financial, and cultural reforms driven by government, OPDs, communities, and partners to ensure persons with disabilities can access and benefit from services equitably.

6.6 Supporting Innovation and Learning

Rationale:

Building disability inclusive social protection is not a one-time project but an evolving process that benefits from continuous innovation and learning. Disability inclusion in social protection is a dynamic field. What works today may be outdated tomorrow, and unforeseen challenges can arise. Hence, policies must encourage innovation and adapt through learning. This action area emphasises the importance of piloting new approaches, scaling up what works, documenting lessons, and fostering knowledge exchange across the region. Given that inclusion challenges are complex, innovation, whether technological, programmatic, or financial, can offer breakthroughs, and systematic learning ensures that successful models inform policy and practice widely.

Key Actions:

- **Create Innovation Funds or Labs:** Allocate small grants for OPDs and agencies to trial new approaches. This could finance a mobile app for remote registration, a trial of virtual case management, or a community-led mentorship program linking experienced disabled farmers with newcomers.
- **Establish Learning Platforms:** Build regional and national communities of practice.. Host annual conferences or virtual webinars to share success stories: e.g., Malawi could present its success in Braille information leaflets, Zambia its microinsurance pilot, and Zimbabwe its inclusive ward committees. Documentation (case studies, how-to guides) should be disseminated widely.
- **Research and Documentation:** Research should focus specifically on disability-inclusive social protection including evidence on the extra costs of disability and access barriers. This data is essential for informing policy and strengthening advocacy. National surveys should incorporate disability-related indicators to enable regular monitoring and analysis.
- **Adapt to Emerging Contexts:** To ensure systems remain relevant, there is a need to keep keep abreast of new technologies (digital ID, e-payments, GIS mapping) and crises (like pandemics). For example, the COVID-19 mobile cash responses taught many lessons about remote delivery. Apply those to future disasters by pre-issuing mobile tokens to persons with disabilities.

Responsibilities:

- **Governments** should allow flexibility in regulations to enable pilots. For instance, social welfare agencies could fast-track approval of experimental projects. They

should also commit to scaling up proven pilots and embedding successful innovations into official programs (with budgets).

- **OPDs and Civil Society** play a key role as informal social protection actors, especially where formal systems are limited. Their close connection to communities gives them practical insight into what works. They should lead and test innovative approaches, track outcomes, and partner with research institutions for evaluation. As trusted intermediaries, they also help facilitate knowledge exchange and peer learning across local networks.
- **Development and Humanitarian Partners** should fund innovation ecosystems. This includes providing grants for disability-inclusion research and development, sponsoring regional hackathons on accessible tech, and supporting policy labs. They can also translate international best practices into local contexts (e.g., guidelines on inclusive digital payments).
- **Regional Bodies (SADC, SAFOD)** can facilitate cross-country learning. They might curate or maintain a repository of case studies. They can also endorse performance benchmarks and issue soft regulations to encourage convergence.

Key Takeaway

Inclusive social protection requires continuous innovation, evidence-based learning, and regional knowledge exchange driven by government leadership, grassroots innovation from OPDs, support from partners, and coordination by regional bodies to scale what works and adapt to changing contexts.

6.7 Strengthening Policy and Legal Alignment

Rationale:

Ensuring that the entire policy and legal framework is aligned with principles of disability inclusion is fundamental for sustainability and accountability. While earlier sections touched on specific policy improvements and legal gaps, this action area zooms out to address the broader alignment of national laws, policies, strategies, and budgets with international standards and cross-sector coherence. Strengthening policy and legal alignment ensures that all the programmatic improvements recommended in prior sections are anchored in a supportive institutional framework. It moves inclusion from optional or project status into mandated, standard practice.

Key Actions:

- **Review and Reform Laws/Policies:** Conduct a comprehensive review of social protection and related policies across national, regional, and local levels. While national frameworks may reflect disability rights on paper, it is often at the district or community level where exclusion persists. Policy audits should examine whether local implementation guidelines, bylaws, and administrative practices align with national commitments. Social protection policies should be reviewed to ensure they do not

indirectly exclude persons with disabilities, and any legal gaps must be addressed—such as the absence of statutory disability entitlements. CRPD principles and Sendai priorities should be mainstreamed in national strategies and local disaster plans, education guidelines, and health protocols to ensure consistent and inclusive delivery.

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- **Budget Alignment:** Implement disability-responsive budgeting. This means allocating dedicated funds for all the measures above (accessibility upgrades, targeted allowances, OPD participation). Countries should set benchmarks (for instance, African Union guidelines on disability budgeting) and require line ministries to report on how much is spent on disability-inclusive social protection.
- **Formalise Coordination:** Enshrine multi-sector coordination mechanisms in law or policy. For example, a Disability Act or Social Protection Act could mandate a National Disability Council with cross-ministry membership and a requirement to publish annual inclusion reports. Mandate the inclusion of OPDs in government planning bodies. If committees exist only in practice, put them into formal regulation with clear terms of reference.
- **Monitoring and Enforcement:** Establish or strengthen institutions to oversee inclusion. This could be a national disability commission or a parliamentary committee. Such bodies should be tasked with compiling progress reports and hearing grievances. Ensure that national M&E frameworks for poverty and DRR include disability indicators (SDG reporting frameworks for 1.3 and 10.2 must include disability data. Publicise results to maintain political pressure.

Responsibilities:

- **Government:** Ministers and senior officials must lead reforms through inclusive task forces. They should publicly endorse international commitments (e.g. reaffirming CRPD ratification with implementation plans). Legislation to pass includes disability rights bills and amendments to existing social welfare laws.
- **OPDs and Civil Society:** Contribute practical expertise to reform processes. They can draft model clauses (e.g. standard non-discrimination language for laws) and conduct advocacy campaigns (such as public hearings or petitions) to build momentum for passage.
- **Development Partners:** Offer technical support for drafting laws and policies, share good practices from other countries, and tie funding to reform progress where possible. For example, donors might co-sponsor a disability inclusion audit of national SP legislation.

Key Takeaway

Achieving sustainable and accountable disability inclusion in social protection requires aligning national laws, policies, and budgets with international standards, embedding inclusion as a legal obligation rather than a temporary initiative.

7. IMPLEMENTATION AND MONITORING

The guidelines emphasise practical steps for operation, oversight, and adaptation. Attention to planning, data, and review processes will ensure inclusive policies are effectively translated into practice.

7.1 Operational Planning

Inclusive social protection must be fully integrated into planning processes, including annual budgets, workplans, and contingency plans. Planners and implementers should develop clear, actionable plans outlining specific tasks with defined responsibilities assigned to actors with realistic timelines. Joint planning among social protection, disaster risk, and disability stakeholders enables better coordination and efficient resource allocation. Budgets should account for accessibility needs, including costs for interpretation services, assistive devices, or infrastructure improvements. Implementation plans must clearly state who leads each activity, who provides support, and how coordination will be maintained. Tools such as a simplified implementation matrix can help clarify roles. For instance, a social welfare department may be tasked with budgeting for accessible infrastructure in district offices, while OPDs lead community awareness efforts. Embedding disability inclusion as a key performance indicator, such as tracking the number of persons with disabilities enrolled or the percentage of accessible enrollment centres strengthens accountability and ensures inclusion becomes a measurable outcome of program delivery.

7.2 Inclusive Monitoring and Evaluation

Monitoring and evaluation (M&E) must track the inclusion of persons with disabilities and the responsiveness of SP mechanisms to the needs of different persons with disabilities. Review and evaluation terms of reference should include disability-related questions. For example, an explicit query might ask: *"Were persons with disabilities included and able to benefit from this program? How? To what extent?"*. Regular performance reviews should report on outreach to persons with disabilities, accommodations provided, and any issues encountered. Participatory monitoring is critical. Persons with disabilities and their representative organisations should be involved in M&E design and implementation. Feedback and complaint mechanisms must be accessible (e.g. toll-free hotlines with sign-language video support, community information boards). As disability-inclusive social protection guidance recommends, agencies should directly consult persons with disabilities and their representative organisations to monitor and evaluate social protection programmes.

7.3 Data Disaggregation and Analysis

Effective, inclusive planning relies on data. All social protection and disaster relief databases and surveys should collect disability-disaggregated data using standardised tools. Reporting should show coverage and outcomes by disability status (as well as by sex, age and other relevant characteristics). This disaggregation reveals gaps in reach or benefit levels. For instance, if monitoring shows lower enrollment rates for households with disabled members, corrective action can be taken. Disaggregated data is also essential for CRPD reporting and SDG monitoring.

7.4 Adaptive Management

Disability-inclusive social protection should follow an adaptive management approach. This means regularly using monitoring, feedback and new information to adjust activities. For example, if women with disabilities underutilise a pilot cash program, planners should analyse why (e.g. timing or location issues) and modify the rollout. Organisational learning loops should be built, where lessons learned (positive or negative) are reviewed quarterly with all partners (government, OPDs, NGOs). Clear leadership is needed to act on findings. Adaptive management also implies building flexibility into programs: for instance, if a drought strikes unexpectedly, policymakers should be ready to expand transfers or waive conditionalities rapidly. Documenting what adaptations were made and their results is important for continuous improvement and sharing with other countries. Ultimately, the guidelines urge that implementation be viewed as iterative: corrective measures and innovations should be expected and supported, ensuring that inclusion improves over time rather than being a one-time checklist item.

8. CONCLUSION

These strengthened regional guidelines provide a strategic and actionable roadmap for making social protection systems inclusive of persons with disabilities in Southern Africa. Rooted in a meta-analysis of three country studies and aligned with international frameworks, the guidelines identify practical entry points to transform fragmented systems into inclusive, responsive, and resilient social protection mechanisms. By diversifying support, dismantling access barriers, and integrating disaster risk and climate considerations, governments and stakeholders can build systems that uphold dignity, equity, and autonomy. The focus must shift to implementation through committed leadership, inclusive planning, adequate resourcing, and rigorous accountability mechanisms. Disability-inclusive social protection is not just an ethical imperative but essential for achieving sustainable development, protecting the most at-risk populations, and fulfilling international commitments. Institutionalising these practices will ensure that persons with disabilities are no longer left behind, but rather placed at the centre of resilience-building efforts across the region.

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10. Annexes

Three concise tools are provided to assist implementation: an implementation action matrix, an accessibility checklist, and a readiness assessment framework. These are simplified aids (not exhaustive) to guide planning and review.

Annexe 1: Accessibility Checklist

Key accessibility requirements are summarised below. Program managers should verify that measures are in place across these dimensions:

- **Physical Environment:** Ensure all offices, payment points, and meeting spaces have barrier-free access (ramps, wide doors, handrails). Transportation support (e.g., travel stipends) should be available for rural persons with disabilities to access services.
- **Information and Communication:** Provide information on social protection mechanisms in multiple accessible formats. For instance, outreach messages and application forms should be available in Braille, large print, sign language videos or audio recordings. Toll-free hotlines or SMS alerts should accommodate visual or hearing impairments (using text-to-speech or text message alternatives).
- **Program Procedures:** Adapt enrollment and delivery processes to individual needs. Examples include allowing someone to designate an assistant to sign on their behalf, extending office hours, or permitting home visits for applicants who cannot travel. Avoid punitive conditions tied to disability (e.g. do not require health screenings in distant capitals). Implement special beneficiary criteria (higher transfer amounts to offset disability costs) as needed.
- **Staff Training:** All personnel interacting with beneficiaries must be trained in disability rights and accommodations. They should know how to communicate respectfully (avoiding stereotypes) and provide reasonable accommodations (such as sign-language interpreters or physical assistance).
- **Feedback and Safety:** Feedback mechanisms (suggestion boxes, hotlines) must be accessible. Monitoring should explicitly ask whether persons with disabilities can safely access and benefit from services. Grievance procedures should accommodate literacy and mobility differences.

Annexe 2: Readiness Assessment Framework

Before program rollout, stakeholders should assess system readiness along several dimensions. This helps identify gaps and prioritise action. A condensed framework is as follows:

- **Policy and Legal Environment:** Are national laws or policies explicitly mandating disability inclusion in social protection and disaster plans? (e.g. disability act, social protection strategy language). Is CRPD implementation reflected in sector policies?
- **Institutional Capacity:** Do relevant agencies have dedicated staff or units for disability issues? Is there an inter-agency coordination mechanism (such as a disability focal point in the DRR committee)? Are OPDs actively consulted in planning?
- **Data and Information Systems:** Does the country collect disability-disaggregated data in household surveys, censuses, and program registries? Are data management systems able to flag disability status?
- **Resources and Infrastructure:** Are budget lines allocated for inclusive measures (e.g. procurement of assistive devices, accessible office retrofits)? Is funding secured for training and outreach?
- **Awareness and Attitudes:** Is there documented awareness of disability issues among policymakers and implementers? Have sensitisation campaigns been conducted? Are communities receptive to inclusion efforts?
- **Emergency Preparedness:** Are early warning and response plans adapted to reach persons with disabilities (e.g. accessible shelters, alert systems)? Does the social protection system have trigger mechanisms for shocks?

For each dimension, rate readiness (e.g. "Advanced", "Partial", "Low") and note required actions. For example, if data systems are weak, priority should be given to include disability modules in the next national survey. This simple framework encourages self-assessment to identify where to focus capacity-building and resources.

In summary, these tools provide practical aids for operational planning. They should be adapted locally and updated over time. Combined with the principles and recommendations above, they enable a systematic, technical approach to making social protection mechanisms inclusive of persons with disabilities.