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SOUTHERN AFRICA FEDERATION OF THE DISABLED

Regional Assessment of the Sendai Framework for Disaster Risk Reduction (2015–2030)

Disability-Inclusive Disaster Risk Reduction in Southern Africa

Case Studies of Zambia and Zimbabwe

REPORT

2026



REGIONAL REPORT

Regional Assessment of the Sendai Framework for Disaster Risk Reduction (2015–2030):

Disability-Inclusive Disaster Risk Reduction in Southern Africa

Case Studies of Zambia and Zimbabwe

Submitted to	Southern Africa Federation of the Disabled (SAFOD)
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GLOSSARY

ADRA: Adventist Development and Relief Agency.

AU: African Union.

BMZ: Federal Ministry for Economic Cooperation and Development, Germany.

CBM: Christian Blind Mission.

CRPD: Convention on the Rights of Persons with Disabilities.

CPU: Civil Protection Unit/Department of Civil Protection.

CSO: Civil Society Organisation.

DiDRR: Disability-Inclusive Disaster Risk Reduction.

DMMU: Disaster Management and Mitigation Unit (Zambia).

DRM: Disaster Risk Management.

DRMSAP: Disaster Risk Management Strategy and Action Plan.

DRR: Disaster Risk Reduction.

FODPZ: Federation of Organisations of Disabled People in Zimbabwe.

GDP: Gross Domestic Product.

HFA: Hyogo Framework for Action.

IEC: Information, Education, and Communication.

INFORM: Index for Risk Management.

JRC: Joint Research Centre (European Commission).

LLDCs: Landlocked Developing Countries.

MHEWS: Multi-Hazard Early Warning Systems.

MTR SF: Midterm Review of the Sendai Framework.

NEPAD: New Partnership for Africa's Development.

OPD: Organisation of Persons with Disabilities.

PoA: Programme of Action.

REPSSI: Regional Psychosocial Support Initiative.

SADC: Southern African Development Community.

SAFOD: Southern Africa Federation of the Disabled.

SFM: Sendai Framework Monitor.

SMS: Short Message Service.

UN: United Nations.

UNDRR: United Nations Office for Disaster Risk Reduction.

ZAFOD: Zambia Federation of Organisations of the Disabled.

ZIMSTAT: Zimbabwe National Statistics Agency.

EXECUTIVE SUMMARY

This regional report consolidates findings from two country case studies examining disability-inclusive disaster risk reduction (DiDRR) implementation in Zambia and Zimbabwe under the Sendai Framework for Disaster Risk Reduction 2015–2030. The assessment draws on field interviews with civil society organisations, organisations of persons with disabilities (OPDs), and government officials in both countries, focus group discussions with persons with disabilities, and triangulation with the 2023 SAFOD Baseline Study, regional framework analysis, and project knowledge documents.

The central finding is consistent across both countries: **strong policy frameworks have not translated into inclusive practice.** While Zambia and Zimbabwe have aligned national frameworks with the Sendai Framework and maintain institutional structures for disaster risk management, implementation remains uneven. Disability inclusion is inadequately operationalised. Persons with disabilities face systemic exclusion from disaster risk reduction planning, early warning systems are inaccessible, disability-disaggregated data is absent, and dedicated financing for inclusive approaches does not exist.

Regional Findings Across the Four Sendai Priorities

Priority 1 – Understanding Disaster Risk

Both countries have weak and fragmented disaster risk data systems. Disability-disaggregated data collection tools are methodologically limited and fail to capture the full spectrum of disabilities. Participation of persons with disabilities in risk assessment is minimal in Zambia (rated 3 out of 10 by OPD representatives) and is gradually improving but inconsistent in Zimbabwe (dependent on donor projects).

Early warning systems exist in both countries but are not accessible to persons with disabilities. Capacity constraints at sub-national levels are severe in both countries, which limits the translation of national commitments to local practice.

Priority 2 – Strengthening Disaster Risk Governance

Policy frameworks exist in both countries but implementation is weak. OPDs are included in advisory roles only, with no decision-making power. Women with disabilities are underrepresented in DRR structures in both countries. Coordination among government ministries exists but is stronger during emergencies than in planning phases. DRR is partially integrated into development planning and budgeting but not fully mainstreamed. Zimbabwe has a relatively stronger policy and legal base than Zambia, including the National Disability Policy 2021, which explicitly requires disability inclusion in DRR (Government of Zimbabwe, 2021).

Priority 3 – Investing in Disaster Risk Reduction for Resilience

Zambia allocated an estimated \$48.1 million for disaster risk management in 2024, but no specific allocation exists for disability-inclusive approaches. Zimbabwe similarly has no dedicated funding for DiDRR. Funding is largely reactive rather than preventive in both countries. All respondent categories in both countries confirmed that current investments are inadequate to address disability needs. The biggest financing gaps are in early warning systems, accessible infrastructure, and disability-specific programming. Both countries depend heavily on external funding for disaster response.

Priority 4 – Enhancing Disaster Preparedness and Build Back Better

Early warning systems in both countries rely on SMS and radio but are not available in sign language, Braille, or simplified formats. Warnings are not always timely for persons who need more time to evacuate. Persons with disabilities do not have individual preparedness plans in either country. Evacuation routes and shelters are not accessible. Build Back Better approaches are the weakest area in both countries, with no systematic disability accessibility requirements in recovery programming.

Cross-Cutting Regional Findings

Seven cross-cutting findings emerge across both countries:

- The disconnect between policy and practice is consistent. Both countries have normative frameworks that reference disability inclusion, but operationalisation through funded, institutional mechanisms at national and sub-national levels has not occurred.
- Limited meaningful participation of persons with disabilities. OPDs are consulted but have no decision-making power. In Zambia, persons with disabilities held 0% representation in DRR decision-making structures. In Zimbabwe, engagement is growing but remains dependent on individual officials and donor-funded projects.
- Absence of disaggregated data. Neither country collects disability-disaggregated disaster loss and damage data. This absence confirms that neither country meets the Sendai Framework's requirements for disaggregated monitoring.
- Weak capacity at sub-national levels. District and community-level structures lack the capacity, resources, and authority to implement inclusive DRR.
- Inadequate and reactive financing. Both countries allocate disaster budgets primarily for response, not prevention. Dedicated budget lines for DiDRR do not exist in either country.
- Accessibility barriers across all systems. Early warning systems, evacuation routes, shelters, IEC materials, and post-disaster relief programmes are not accessible to persons with disabilities in either country.
- The gender-disability intersection remains unaddressed. Women with disabilities face compounded exclusion in disaster contexts in both countries.

Summary Recommendations

- SADC to develop explicit DiDRR guidelines with binding indicators for member states.

- Governments to establish formal OPD representation in national and sub-national DRR decision-making structures.
- Governments to mandate disability-disaggregated data collection in all disaster loss reporting.
- Governments to allocate dedicated budget lines for DiDRR at national and sub-national levels.
- Governments to make early warning systems accessible through sign language interpretation, captions, audio formats, and simplified messaging.
- OPDs to strengthen capacity for DRR advocacy and technical engagement with government.

1.0 INTRODUCTION

1.1 Background and Purpose

This regional report synthesises findings from two country case studies examining disability-inclusive disaster risk reduction (DiDRR) implementation in Zambia and Zimbabwe under the Sendai Framework for Disaster Risk Reduction 2015–2030. It is the primary deliverable of a Regional Assessment commissioned by the Southern Africa Federation of the Disabled (SAFOD) in March 2025.

Southern Africa faces growing disaster risks. Floods, droughts, and cyclones affect millions of people each year. Climate change is making these events worse and more frequent. Persons with disabilities face even greater risks during disasters. They often cannot access early warnings. Evacuation centres may lack ramps or accessible toilets. Relief supplies do not reach them. Data show that disaster mortality rates for persons with disabilities are two to four times higher than for the general population. Yet most national disaster plans still ignore their needs.

The Sendai Framework requires disability-inclusive disaster risk reduction. It calls for disaggregated data, accessible early warning systems, and the participation of persons with disabilities in all planning. Ten years after Sendai was adopted, the gap between policy and practice remains wide. Most countries have national strategies on paper. Few have embedded inclusive approaches in actual operations at district and community levels.

SAFOD represents 16 national organisations of persons with disabilities across Southern Africa. In 2023, SAFOD conducted a baseline study on disability-inclusive DRR in Zambia, Zimbabwe, and Malawi. The study mapped existing laws, policies, and programmes besides identifying major gaps in implementation. This regional assessment builds on that work.

1.2 Objectives and Scope

The regional assessment had three core objectives:

- To assess progress in operationalising disability-inclusive and gender-responsive DRR in Zambia and Zimbabwe since the 2023 SAFOD Baseline Study.
- To evaluate alignment with the Sendai Framework's four priorities for action and seven global targets.
- To generate evidence-based recommendations for SAFOD's regional advocacy with governments, SADC, and development partners.

The assessment examined whether disability-inclusive and gender-responsive DRR has been embedded in practice at national and sub-national levels in both countries. The central questions

were: Are persons with disabilities consulted when disaster preparedness plans are developed? Do early warning systems reach people with hearing or visual impairments? Are evacuation centres accessible? Do post-disaster relief programmes consider disability needs?

1.3 Methodology

The assessment employed a qualitative research approach in three phases:

Phase 1: Desk Review

A comprehensive desk review established the baseline for global and regional policy frameworks governing disaster risk reduction. Documents reviewed included the Sendai Framework (UNDRR, 2015), the 2023 Midterm Review (UNDRR, 2023), the October 2025 SFM (UNDRR, 2025), the Scoping Study on CRPD Article 11 (UNDRR, 2022), the AU Programme of Action (African Union Commission, 2017), the Africa Regional Strategy (AU & NEPAD, 2004), the SADC DRMSAP 2022–2030 (SADC Secretariat, 2022), and the SAFOD 2023 Baseline Study (SAFOD & CBM, 2023). Country-level legislation, policies, and census data for Zambia and Zimbabwe were also reviewed.

Phase 2: Field Research

Field research was conducted in selected districts in Zambia and Zimbabwe using:

- Key informant interviews with representatives from civil society organisations, OPDs, and government disaster management officials.
- Focus group discussions with persons with disabilities representing diverse disability types.
- Document review of local disaster plans and budgets.

Phase 3: Synthesis and Triangulation

Findings from both country case studies were triangulated with the desk review and 2023 SAFOD Baseline Study to identify common patterns, divergences, and regional trends.

1.4 Report Structure

Section 2 provides regional context covering both countries. Sections 3–6 present comparative analysis across the four Sendai priorities for action. Section 7 synthesises cross-cutting findings. Section 8 distils lessons learned. Section 9 provides regional recommendations for governments, OPDs, and regional bodies. Section 10 concludes.

2.0 REGIONAL CONTEXT

2.1 Country Profiles

Zambia

Zambia is a landlocked developing country with high exposure to climate-related disasters, particularly drought, floods, and disease epidemics. The country has an INFORM Risk Index score of 4.3, with vulnerability rated at 5.7 out of 10 (European Commission, 2021), reflecting significant socioeconomic vulnerability. The 2022 Census shows disability prevalence varies significantly by province: Copperbelt (14.3%), Luapula (13.7%), and Eastern (8.2%).

Zambia's DRM framework is anchored in the Disaster Management Act (Cap. 13) and administered by the Disaster Management and Mitigation Unit (DMMU) in the Office of the Vice President. The Persons with Disabilities Act (No. 6 of 2012) provides for the rights and welfare of persons with disabilities, including in emergency situations.

Zimbabwe

Zimbabwe's DRM framework is anchored in the Civil Protection Act (Chapter 10:06) and administered by the Civil Protection Unit (CPU). The country has an INFORM Risk Index score of 5.1, with a vulnerability score of 6.1 (European Commission & JRC, 2021) — higher than Zambia's — reflecting both greater exposure and weaker coping capacity. The ZIMSTAT 2022 census reported approximately 2.6 million persons with disabilities (15% of the national population), with 73% living in rural areas.

Zimbabwe's National Disability Policy 2021 explicitly requires that disability inclusion be integrated into disaster risk reduction planning and training. It stipulates that disability-sensitive training must be incorporated within disaster risk management programmes and that all disaster preparedness and response measures must be accessible to persons with disabilities.

2.2 Shared Structural Challenges

Both countries share a set of structural challenges that shape DiDRR implementation:

- Both are landlocked developing countries with limited domestic DRR financing and high dependence on international support for disaster response.
- Both countries experience a common disaster profile: drought, floods, disease outbreaks, and the cascading impacts of climate variability.
- Both have normative commitments to inclusive DRR on paper — through Sendai Monitor submissions, SADC DRMSAP alignment, and national disability policies — but the 2023 SAFOD Baseline Study confirmed these commitments are not consistently translated into funded practice.

- Both countries have active OPD networks (ZAFOD in Zambia, FODPZ in Zimbabwe) but these face resource constraints that limit their ability to engage consistently in national DRR processes.
- In neither country do persons with disabilities sit on DRR decision-making committees. Disability inclusion in DRR is mediated through intermediary organisations rather than through direct OPD representation.
- In both countries, early warning systems are not accessible to persons with disabilities. IEC materials are not developed in consultation with OPDs. Attitudinal barriers remain a primary obstacle to inclusion.

2.3 Key Normative Frameworks

Both Zambia and Zimbabwe are parties to:

- The UN Convention on the Rights of Persons with Disabilities, particularly Article 11 on situations of risk and humanitarian emergencies.
- The Sendai Framework for Disaster Risk Reduction 2015–2030.
- The SADC Disaster Risk Management Strategy and Action Plan 2022–2030.

These instruments together establish binding obligations for disability-inclusive DRR. The problem is not the absence of frameworks; it is the consistent gap between framework and practice.

Table 1: Summary Comparison — Zambia and Zimbabwe on Disability-Inclusive DRR

Area of Comparison	Zambia	Zimbabwe
Disaster Risk Data Systems	Weak and fragmented systems; no disability-disaggregated disaster loss data.	Foundational systems exist, but disability data remains fragmented and donor-dependent.
Participation in Risk Assessment	Very limited participation; 0% representation in DRR structures for OPDs.	Participation gradually improving but inconsistent and project-dependent.
Early Warning Systems	SMS and radio-based systems not accessible in sign language, Braille, or simplified formats.	Systems remain inaccessible despite some awareness progress after Cyclone Idai.
Governance and Policy Framework	Weak implementation and no formal DiDRR mechanisms.	Stronger legal and policy framework through National Disability Policy 2021.
Funding for DiDRR	No dedicated disability-inclusive DRR budget; funding largely reactive.	No dedicated DiDRR funding; high dependence on donor-funded projects.
Preparedness and Build Back Better	Preparedness plans and recovery programmes are not disability-inclusive.	Some inclusive preparedness initiatives exist, but recovery remains inaccessible.

3.0 COMPARATIVE ANALYSIS: PRIORITY 1 Understanding Disaster Risk

3.1 Disaster Risk Data Systems

Both countries have weak and fragmented disaster risk data systems. Disability-disaggregated data collection tools are methodologically limited and fail to capture the full spectrum of disabilities.

Zambia

Disaster risk data systems in Zambia are weak and fragmented. Multiple government agencies collect disaster-related data, but there is no unified system. The DMMU maintains disaster loss databases, but these do not disaggregate by disability status. Census disability data exists at the provincial level but is not linked to disaster impact assessments. Persons with disabilities are neither counted nor disaggregated in disaster loss reporting.

Zimbabwe

Zimbabwe has established foundational systems for disaster risk understanding through CPU, but disability-disaggregated data is limited and fragmented across ministries. The 2022 census provides baseline disability prevalence data, but this is not integrated into disaster loss and damage reporting. Data collection depends on donor-funded projects rather than systematic government processes.

3.2 Participation of Persons with Disabilities in Risk Assessment

Participation of persons with disabilities in risk assessment is minimal in Zambia and gradually improving but inconsistent in Zimbabwe.

Zambia

Participation in risk assessment is minimal. OPD representatives rated their involvement at 3 out of 10. Inclusive risk assessments that consider the specific vulnerabilities and capacities of persons with disabilities are not conducted. All DRR decision-making structures had 0% representation of persons with disabilities at the time of the 2023 baseline study. This finding was confirmed by field research in 2026.

Zimbabwe

Participation is gradually improving but remains inconsistent. Engagement of persons with disabilities in risk assessment often depends on donor projects and active OPD presence at district level. FODPZ has gained recognition in policy dialogues, but participation in operational risk assessments is still limited.

3.3 Accessibility of Early Warning Systems

Zambia

Early warning systems rely on SMS and radio but are not available in sign language, Braille, or simplified formats. Warnings are not always timely for persons who need more time to evacuate. The 2023 SAFOD Baseline Study found that persons with disabilities face significant barriers to accessing DRR information and warning systems due to both physical and communication barriers. Field research in 2026 confirmed these findings remain accurate.

Zimbabwe

Early warning systems are not reliably accessible to persons with disabilities. While some progress has been made in awareness campaigns following Cyclone Idai and COVID-19, early warning dissemination remains primarily through SMS, radio, and TV without sign language interpretation, captioning, or simplified messaging.

3.4 Regional Finding: Priority 1

The regional finding for Priority 1 is clear: neither country meets the Sendai Framework's requirements for understanding disaster risk in ways that include persons with disabilities. Disability-disaggregated data is absent in disaster loss reporting in both countries. Participation of persons with disabilities in risk assessment is minimal or inconsistent in both countries. Early warning systems are not accessible in either country, representing a specific documented failure against Sendai Target G.

4.0 COMPARATIVE ANALYSIS: PRIORITY 2 Strengthening Disaster Risk Governance

4.1 Institutional Framework and Coordination

Zambia

Responsibilities for DRR and climate change adaptation in Zambia are divided among multiple government agencies at the national level, including the Ministry of Lands and Natural Resources, the Ministry of Water Development, Sanitation and Environmental Protection, and the DMMU in the Office of the Vice President. This fragmentation creates coordination challenges and accountability gaps for DiDRR. Coordination among government ministries exists but is stronger during emergencies than in planning phases.

Zimbabwe

The Civil Protection Unit (CPU)/Department of Civil Protection coordinates all disaster activities through national, provincial, district, and ward-level committees. At the district level, CPU was in the process of recruiting District Disability Officers at the time of the 2023 baseline study — a positive structural development that had not yet been fully implemented. Field research in 2026 found partial implementation, with some districts having officers in post but others still vacant.

4.2 National DRR Strategy and Policy Framework

Zambia

Policy frameworks exist but implementation is weak. The 2023 SAFOD Baseline Study found that there were no officially developed or documented DRR strategies and mechanisms specifically designed for or including persons with disabilities in Zambia. ZAFOD was in the process of facilitating training with the DMMU to enhance disability inclusion, but no formal mechanism existed. Field research in 2026 found that this situation has not substantially changed.

Zimbabwe

Zimbabwe has a relatively strong policy and legal base for DiDRR. The National Disability Policy 2021 explicitly requires that disability inclusion be integrated into DRR planning and training. However, implementation of these policy provisions remains uneven and depends heavily on individual officials and donor-funded projects rather than on systemic institutional change.

4.3 Inclusion of OPDs in Governance Structures

Zambia

OPDs are included in advisory roles only, with no decision-making power. At the time of the 2023 baseline study, all DRR decision-making structures had 0% representation of persons with

disabilities. The baseline study found that most stakeholders and the general public in Zambia consider persons with disabilities incapable of leadership — a deeply embedded attitudinal barrier that directly hinders meaningful inclusion. Field research in 2026 confirmed these findings remain accurate.

Zimbabwe

FODPZ has a well-recognised policy and legislative role and strong working relationships with government, including senior leaders who have served as Members of Parliament. The baseline study assessed that, if adequately resourced, FODPZ's national and subnational influence could be instrumental in realising the goals of DiDRR inclusion and advocacy. However, disability inclusion in DRR decision-making is still mediated through intermediary organisations rather than through direct OPD representation. Field research in 2026 found gradual improvement but confirmed that persons with disabilities are consulted but do not have decision-making power.

4.4 Regional Finding: Priority 2

Governance structures exist in both countries, but disability inclusion is not embedded in decision-making. Zimbabwe has stronger policy frameworks than Zambia, particularly through the National Disability Policy 2021. However, both countries share the same fundamental gap: OPDs are consulted but do not have formal representation in DRR decision-making committees. This participation without power is a consistent finding across both countries. Women with disabilities are underrepresented in DRR structures in both countries, and the gender-disability intersection is not addressed in governance mechanisms.

5.0 COMPARATIVE ANALYSIS: PRIORITY 3 Investing in Disaster Risk Reduction for Resilience

5.1 Overview of Public Funding for DRR

Zambia

An estimated \$48.1 million was allocated for disaster risk management in Zambia in 2024, but no specific allocation exists for disability-inclusive approaches. Funding is largely reactive rather than preventive. All respondent categories confirmed that current investments are inadequate to address disability needs. The biggest financing gaps are in early warning systems, accessible infrastructure, and disability-specific programming.

Zimbabwe

Zimbabwe has no dedicated funding for DiDRR. Disaster management funding is channelled through the CPU but is primarily allocated for response activities. Limited disability-specific funding exists through donor-funded projects. Dependence on external funding is high. Investment in accessible infrastructure is minimal, and disability needs are not systematically budgeted in recovery programming.

5.2 Regional Finding: Priority 3

Both countries lack dedicated budget lines for DiDRR at national or sub-national levels. Funding is reactive rather than preventive in both countries, with the vast majority of disaster budgets allocated for response activities rather than risk reduction. Respondents in both countries confirmed that current investments are inadequate to address disability needs. The biggest financing gaps in both countries are in early warning systems, accessible infrastructure, and disability-specific programming. Both countries depend heavily on external funding for disaster response, and donor-funded projects are the primary source of disability-specific interventions.

6.0 COMPARATIVE ANALYSIS: PRIORITY 4 Enhancing Disaster Preparedness and Build Back Better

6.1 Early Warning Systems and Accessibility

Zambia

Early warning systems exist but are not accessible to persons with disabilities. Warnings are not always timely for persons who need more time to evacuate. Persons with disabilities do not have individual preparedness plans. Evacuation routes and shelters are not accessible.

Zimbabwe

Early warning systems are not reliably accessible to persons with disabilities. Progress has been made in awareness campaigns following Cyclone Idai and COVID-19, but early warning dissemination remains primarily through SMS, radio, and TV without sign language interpretation, captioning, or simplified messaging.

6.2 Disaster Preparedness Planning

Zambia

Persons with disabilities do not have individual preparedness plans. Evacuation routes and shelters are not accessible. Community-based disaster preparedness initiatives exist in some districts but do not systematically include persons with disabilities.

Zimbabwe

Preparedness planning is gradually improving but remains inconsistent. Some districts have developed disability-inclusive preparedness materials with support from CBM and other partners, but these efforts are project-dependent and not institutionalised. Evacuation centres are not systematically accessible.

6.3 Build Back Better: The Weakest Area

Zambia

Build Back Better approaches are the weakest area in Zambia. There are no systematic disability accessibility requirements in recovery programming. Persons with disabilities are not included in post-disaster needs assessments. Recovery programmes do not address disability-related barriers, including access to assistive devices and accessible shelter.

Zimbabwe

Build Back Better is the weakest area in Zimbabwe. The 2023 baseline study confirmed that disability was not systematically considered in the Cyclone Idai response or recovery, despite the

scale of disability-related impact. Field research in 2026 found that recovery programming following Cyclone Idai did not include accessibility standards, and persons with disabilities were not systematically included in needs assessments.

6.4 Regional Finding: Priority 4

Preparedness and early warning systems exist in both countries but are not accessible to persons with disabilities. Build Back Better is the weakest area in both countries, with no systematic disability accessibility requirements in recovery programming. This represents a specific failure against the Sendai Framework's Priority 4 and a missed opportunity to reduce future disaster risk for persons with disabilities.

7.0 CROSS-CUTTING FINDINGS

7.1 The Policy-Practice Gap

The disconnect between policy and practice is the single most consistent finding across both countries. Both Zambia and Zimbabwe have normative frameworks that reference disability inclusion. Both are parties to the CRPD and the Sendai Framework. Zimbabwe has the National Disability Policy 2021 with explicit DiDRR provisions. Yet in both countries, these commitments have not translated into operational DiDRR systems with dedicated institutional mechanisms, budget allocations, or accountability measures. This is not a problem of absent frameworks. It is a problem of implementation.

7.2 Participation Without Power

OPDs in both countries are consulted but have no decision-making power. In Zambia, persons with disabilities held 0% representation in DRR decision-making structures. In Zimbabwe, engagement is growing but remains dependent on individual officials and donor-funded projects. Disability inclusion in DRR is mediated through intermediary organisations rather than through direct OPD representation in both countries. This participation without power means that the voices of persons with disabilities are heard but not acted upon.

7.3 The Data Gap

Neither country collects disability-disaggregated disaster loss and damage data. This absence is itself a finding: it confirms that neither country meets the Sendai Framework's requirements for disaggregated monitoring. Without data on how disasters affect persons with disabilities, it is impossible to measure progress, target interventions effectively, or hold governments accountable. Census disability data exists in both countries but is not integrated into disaster impact assessments or early warning systems.

7.4 Weak Capacity at Sub-National Levels

The gap between national policy and local practice is a consistent finding across both countries. District and community-level structures lack the capacity, resources, and authority to implement inclusive DRR. This is where disasters actually affect people, yet this is also where disability inclusion is weakest. National commitments do not reach the local level where persons with disabilities live and face disaster risks.

7.5 Inadequate and Reactive Financing

Both countries allocate disaster budgets primarily for response, not prevention. Dedicated budget lines for DiDRR do not exist in either country. Zambia allocated an estimated \$48.1 million for disaster risk management in 2024, but no specific allocation exists for disability-inclusive

approaches. Zimbabwe has no dedicated funding for DiDRR. Both countries depend heavily on external funding for disaster response, and donor-funded projects are the primary source of disability-specific interventions. This reactive financing model undermines long-term resilience-building.

7.6 Accessibility Barriers Across All Systems

Early warning systems, evacuation routes, shelters, IEC materials, and post-disaster relief programmes are not accessible to persons with disabilities in either country. Early warning systems rely on SMS and radio but are not available in sign language, Braille, or simplified formats. Evacuation routes and shelters are not accessible. IEC materials are not developed in consultation with OPDs. Build Back Better approaches do not include accessibility standards. These accessibility barriers cut across all four Sendai priorities and all stages of the disaster risk management cycle.

7.7 The Gender-Disability Intersection

Women with disabilities face compounded exclusion in disaster contexts in both countries. Women with disabilities are underrepresented in DRR structures. They face particular challenges in accessing early warning information, evacuation assistance, and post-disaster relief. Gender-responsive and disability-inclusive programming is absent in both countries. The gender-disability intersection is not addressed in governance mechanisms, data collection systems, or recovery programming.

8.0 LESSONS LEARNED

Ten regional lessons emerge from this assessment:

1. Strong policy frameworks do not automatically translate into inclusive practice. Both countries have normative commitments on paper, but implementation requires dedicated institutional mechanisms, sustained financing, and accountability measures.
2. Disability inclusion must move beyond consultation toward shared decision-making. OPDs must have formal representation in DRR decision-making structures, not just advisory roles.
3. Accessible early warning systems are central to inclusive DRR. Without accessible early warning, all other interventions are undermined. Early warning systems must be available in sign language, Braille, simplified formats, and vernacular languages.
4. Reactive disaster management continues to undermine long-term resilience. Both countries allocate budgets primarily for response, not prevention. This must shift toward preventive investment.
5. Financing remains a critical constraint to disability-inclusive DRR. Dedicated budget lines for DiDRR at national and sub-national levels are essential.
6. Community-level structures are essential for effective DRR implementation. National commitments must reach district and community levels where persons with disabilities live and face disaster risks.
7. Disasters expose and intensify existing social inequalities. Persons with disabilities face compounded risks in disaster contexts due to pre-existing exclusion, poverty, and discrimination.
8. Data systems must become more inclusive and disaggregated. Without disability-disaggregated disaster loss data, it is impossible to measure progress or target interventions effectively.
9. Donor support is important but cannot substitute state responsibility. Both countries depend heavily on donor-funded projects for disability-specific interventions. Governments must take primary responsibility for DiDRR.
10. Build Back Better requires accessibility to be embedded in recovery processes. Recovery programming is the weakest area in both countries. Accessibility standards must be systematically included in all recovery and reconstruction efforts.

9.0 REGIONAL RECOMMENDATIONS

This section presents evidence-based recommendations at policy and practice levels for national governments, OPDs, and SADC.

9.1 Recommendations for National Governments

Policy-Level Recommendations

- Establish formal OPD representation in national and sub-national DRR decision-making structures. Move beyond consultation toward shared decision-making.
- Mandate disability-disaggregated data collection in all disaster loss reporting. Integrate census disability data into disaster impact assessments and early warning systems.
- Allocate dedicated budget lines for DiDRR at national and sub-national levels. Shift from reactive disaster response budgets to preventive investment in inclusive risk reduction.
- Develop national DiDRR strategies with binding targets, indicators, and accountability mechanisms. These must be operationalised through funded institutional mechanisms at district and community levels.
- Integrate accessibility standards into all Build Back Better programming. Recovery and reconstruction efforts must systematically include disability accessibility requirements.

Practice-Level Recommendations

- Make early warning systems accessible through sign language interpretation, captions, audio formats, and simplified messaging. Ensure warnings are timely for persons who need more time to evacuate.
- Ensure evacuation routes and shelters are accessible. Conduct accessibility audits of existing evacuation infrastructure and retrofit where necessary.
- Develop IEC materials in consultation with OPDs. Ensure materials are available in accessible formats including sign language video, Braille, large print, and simplified text.
- Include persons with disabilities in all post-disaster needs assessments and recovery programming. Ensure relief supplies, assistive devices, and accessible shelter reach persons with disabilities.
- Strengthen capacity at district and community levels for disability-inclusive DRR. Provide training, resources, and authority for local structures to implement inclusive approaches.

9.2 Recommendations for OPDs

Policy-Level Recommendations

- Strengthen capacity for DRR advocacy and technical engagement with government. Build expertise within OPD networks on disaster risk reduction, the Sendai Framework, and inclusive

DRR best practices.

- Demand formal representation in national and sub-national DRR decision-making structures. Move beyond advisory roles toward shared decision-making power.
- Engage in regional advocacy through SAFOD and SADC mechanisms. Use the evidence from this assessment to advocate for explicit DiDRR guidelines and binding indicators at regional level.

Practice-Level Recommendations

- Document and share good practices in disability-inclusive DRR. Build an evidence base of what works in Southern African contexts.
- Strengthen partnerships with government disaster management agencies. Build relationships at national, provincial, and district levels.
- Develop community-based disaster preparedness initiatives that include persons with disabilities. Work at grassroots level to ensure persons with disabilities have individual preparedness plans and access to evacuation assistance.

9.3 Recommendations for SADC

- Develop explicit DiDRR guidelines with binding indicators for member states. The SADC DRMSAP 2022–2030 does not include disability-specific targets or indicators. This gap must be addressed.
- Establish a regional mechanism for monitoring and reporting on DiDRR implementation. This should include disability-disaggregated data collection and regular progress reviews.
- Support member states to develop national DiDRR strategies and allocate dedicated budgets. Provide technical assistance and resources for capacity-building at national and sub-national levels.
- Facilitate regional knowledge exchange on disability-inclusive DRR. Create platforms for sharing good practices, lessons learned, and evidence from across Southern Africa.

10.0 CONCLUSION

This regional assessment examined disability-inclusive disaster risk reduction implementation in Zambia and Zimbabwe under the Sendai Framework for Disaster Risk Reduction 2015–2030. The central finding is clear and consistent across both countries: **strong policy frameworks have not translated into inclusive practice.**

The normative framework for disability-inclusive, gender-responsive DRR is comprehensive and well-established — from the Sendai Framework and CRPD globally, through the AU Programme of Action and SADC DRMSAP regionally, to national DRM legislation and disability policies in Zambia and Zimbabwe. Both countries have made commitments on paper. Neither country has operationalised these commitments through funded, institutional mechanisms at national and sub-national levels.

The gap between policy and practice manifests across all four Sendai priorities. Disaster risk data systems are weak and fragmented in both countries. Disability-disaggregated data is absent. Participation of persons with disabilities in risk assessment is minimal or inconsistent. Early warning systems are not accessible. OPDs are consulted but have no decision-making power. Dedicated budget lines for DiDRR do not exist. Evacuation routes and shelters are not accessible. Build Back Better approaches do not include accessibility standards.

The 2023 SAFOD Baseline Study produced specific, country-level evidence of DiDRR failure. Field research in 2026 confirmed these findings remain largely accurate. Some pockets of progress exist — ZAFOD's engagement with the DMMU in Zambia, the National Disability Policy 2021 in Zimbabwe, FODPZ's policy influence — but these are project-dependent and not institutionalised. Progress depends on individual officials and donor funding, not on systemic change.

The human cost of this implementation gap is severe. Persons with disabilities face disaster mortality rates two to four times higher than the general population. They cannot access early warnings. They cannot evacuate safely. Relief supplies do not reach them. Recovery programmes exclude them. These are not welfare concerns. They are human rights violations under the CRPD and failures of state obligation under the Sendai Framework.

Change is possible. The evidence from both countries shows that when resources, political will, and technical capacity align, inclusive approaches can be implemented. The National Disability Policy 2021 in Zimbabwe provides a strong normative foundation. FODPZ has demonstrated the capacity of OPDs to engage effectively in policy dialogue. ZAFOD's training engagement with the DMMU shows potential for institutional change. These examples prove that the problem is not impossibility. The problem is priority.

The recommendations in this report are evidence-based and actionable. They are anchored in the Sendai Framework's targets and informed by lived experiences of persons with disabilities in Zambia and Zimbabwe. They require political will, sustained financing, and institutional change. They do not require new frameworks. They require implementation of existing commitments.

SAFOD's advocacy at regional and national levels must use this evidence to demand accountability. The 2023 baseline study's recommendations remain outstanding. This assessment confirms they are still relevant. Governments must establish formal OPD representation in DRR decision-making structures. They must mandate disability-disaggregated data collection. They must allocate dedicated budgets for DiDRR. They must make early warning systems accessible. They must integrate accessibility standards into Build Back Better programming.

SADC must develop explicit DiDRR guidelines with binding indicators for member states. The SADC DRMSAP 2022–2030 does not include disability-specific targets. This is a named gap that must be addressed. Regional frameworks that member states implement must provide binding DiDRR accountability mechanisms.

Ten years after the Sendai Framework was adopted, the gap between policy and practice remains wide. This assessment confirms that gap persists in Zambia and Zimbabwe. The next five years are critical. Without urgent action, persons with disabilities will continue to face disproportionate disaster risks and exclusion from disaster risk reduction systems that are meant to protect them.

The evidence is clear. The frameworks exist. The solutions are known. What is needed now is the intensification of the implementation.

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LIST OF ORGANISATIONS ENGAGED

ZAMBIA	ZIMBABWE
Green Living Movement	Right of Hope
Forestry Department	National Council of Disabled Persons of Zimbabwe (NCDPZ)
Albinism Foundation of Zambia	Center for Children with Disabilities (C4CD)
Zambia Federation of the Disabled (ZAFOD)	Zimbabwe National Association of the Deaf (ZIMNAD)
Ministry of Education	National Association of Societies for the Care of the Handicapped (NASCOH)
Ministry of Community Development	Epilepsy Support Foundation (ESF)
Disabilities and Wonders	Disability Network Goromonzi (DNG)
Red Cross Society	Federation of Organizations of Disabled People in Zimbabwe (FODPZ)
	Department of Civil Protection (DCP) / Civil Protection Unit (CPU)
	Bubi Rural District Council
	Local Government — Gwanda District
	Local Government — Beitbridge District
	Nkomwa Foundation Trust
	Matobo Rural District Council