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Bohdan, 7 years old has received an eye-tracker from UNICEF, during the lesson at school with his teacher Halyna. Ukraine, 2023

MODULE 7

Monitoring, evaluating and measuring

Addressing stigma and discrimination toward children and youth with disabilities through social and behaviour change (SBC).

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FOREWORD

Fifteen per cent of the world's population – at least one billion people – have some form of disability, whether present at birth or acquired later in life. Nearly 240 million of them are children. One in every 10 children globally has a disability.

Inclusion starts with the understanding that disability is the result of interactions between inaccessible environments and a person who has long-term impairments. Inclusion can be achieved when people work to break down physical barriers, when services are accessible to everyone, when policies equally benefit all individuals, when communications reach every person, regardless of if they are blind, deaf or have low literacy. But acting to move the world further in this direction requires an inclusive mindset as foundation.

Unfortunately, many people in most societies across the world still have negative, pitying, patronizing attitudes toward people with disabilities. As a result, over one billion people continue to experience stigma and discrimination. This sometimes manifests in violence, institutionalization or exclusion from society, and sometimes in silence or overprotection. Breaking the stigma will require multilevel strategies co-developed with children and adults with disabilities. Governments and partners need to invest in integrated, evidence-based social and behaviour change (SBC) interventions to address the negative attitudes, beliefs and norms that fuel stigma and discrimination against children with disabilities, and to make services more accessible and inclusive. Service providers and communities need to be empowered to support the inclusion of children and adults with disabilities and to enable their access to services. Policies that address stigma and discrimination against children with disabilities and their families need to be put in place, with enough resources allocated to implement them. Drawing on various disciplines – sociology, psychology, communication and behavioural economics – SBC encompasses a broad set of strategies and interventions that influence drivers of change and support local action towards better societies. In every sector, UNICEF's SBC programmes bring together local knowledge with scientific insights to support the most vulnerable. Based on the reports, In 2023, over 100 UNICEF country offices are already implementing SBC interventions to promote disability inclusion. This toolkit will support them, and contribute to rallying additional country offices to further advance inclusive SBC interventions so that all children have equal opportunities.

This toolkit was developed through extensive consultation with UNICEF employees, organizations of persons with disabilities, SBC experts, government partners, academics, and youth with disabilities. It provides insights, tools and resources to help users understand barriers to the inclusion of children with disabilities. It offers practical support to help design and implement SBC programmes that engage and empower children with disabilities and their families to be agents of change in their communities, and to enjoy the same opportunities as their peers.

We hope you will enjoy diving into this toolkit as much as we enjoyed developing it with many of you.



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Addressing stigma and discrimination toward children and youth with disabilities through social and behaviour change (SBC).

The elections of the Junior Parliament were held in the Children's Parliament of Congo.

MODULE 0
Foundation Module

Daniela Mochales and Aislinn Zúñiga, Administrators of Inclusion, write and share. During the design, piloting and implementation of activities of the Administration of Inclusion program, Venezuela, 2021.

MODULE 1
Inclusive Evidence Generation for SBC

Children at an inclusive education activity promote children's rights of the benefit of severely disabled and protection against, water, hygiene, and sanitation, Venezuela, 2022.

MODULE 2
Empowering Children and Families

Children with autism from Jharkhand are engaged in the activities of the Blue Connect program, organized by UNICEF Bangladesh to mark the World Children's Day.

MODULE 3
Understanding and engaging communities

Mangalmani, Bihar, India, is a partner with disability, community health worker and president of the Independence community organization. He assists individuals during polio vaccination campaigns.

MODULE 4
Disability-inclusive services

The elections of the Junior Parliament were held in the Children's Parliament of Congo.

MODULE 5
Strengthening partnerships for advocacy

The damaged house of Mr. Dzung Van Ngien, 40 years old and his wife, Mrs. Thi Thu, collapsed during the flood. The couple have three children: the eldest daughter is 7 years old and the 2nd and 3rd children were born with visual impairment, Viet Nam.

MODULE 6
Disability-inclusive SBC in humanitarian settings

Bethelin, 7 years old has received an eye infection from COVID-19 during his lesson at school with his teacher Bethelin.

MODULE 7
Monitoring, evaluating and measuring

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Sarah's story, part 7

I do see progress, as more people know about disability, as more people become aware of their own biases, as rights are respected and not questioned, as we build services and policies that recognize that all of us are unique and equal. We need to better understand what tools to use to address ableism and how to measure our progress in dismantling disability stigma. I'm hopeful, though, that in the future we will focus on breaking through stigma to build a better world for everyone.



INTRODUCTION



About this toolkit

This toolkit was developed to help achieve a world where “all children, including those with disabilities, live in barrier free and inclusive communities, where persons with disabilities are embraced and supported, across the life cycle, to realise and defend their rights, and to achieve full and effective participation” (UNICEF Disability Inclusion Policy and Strategy, 2022-2030).

SBC programming has a critically important and urgent role to play in identifying and implementing solutions that empower children with disabilities and their families and support their social inclusion. We are therefore pleased to share this practical guide to understanding and tackling the social norms and behaviours that limit the inclusion of children with disabilities in their communities.

This toolkit aims to provide insights, tools and resources to help you understand the barriers to the inclusion of children with disabilities, with a focus on stigma and discrimination, and to offer practical support for designing, implementing, monitoring and evaluating social and behaviour change (SBC) interventions that include children with disabilities and their families and empower them to be included in their communities and enjoy the same opportunities as their peers.

A range of users can benefit from this toolkit – including SBC specialists, organizations of people with disabilities (OPDs), education specialists. Whatever your specialization, you are encouraged to approach this toolkit with your specific priority interventions in mind.

This toolkit is built to be both comprehensive and flexible, to accommodate a range of needs and circumstances. Its primary approach is to promote multi-layered interventions that comprehensively target disability stigma. Because resource constraints may not allow such multi-layered interventions in some cases, this toolkit offers a spectrum of options for you to choose from. Whether you are guiding practitioners through complete programme cycles or assisting in the thoughtful design of a specific, targeted intervention, you will find guidance here.

This toolkit comprises an introduction, a foundational module, seven thematic modules, a user guide and a PowerPoint presentation. The modules are as follows:

- Module 0: Foundation
- Module 1: Inclusive evidence generation
- Module 2: Empowering children and youth with disabilities and their families
- Module 3: Understanding and engaging communities
- Module 4: Building disability-inclusive services
- Module 5: Strengthening partnerships for advocacy
- Module 6: SBC for disability inclusion in humanitarian action
- Module 7: Monitoring, Evaluating and Measuring

Taken together, the modules describe the key elements of achieving sustainable social and behaviour change.

Sustainable social and behaviour change starts with a clear understanding of the stigma and barriers to inclusion experienced by children with disabilities and their families in a particular context (Module 0). Participatory research informs all interventions, so that they support an in-depth understanding of the communities they serve (Module 1).

The keys to effecting behaviour change are programmes that sustainably empower children with disabilities and their families (Module 2), create space for thoughtful community engagement (Module 3), design and implement inclusive services that are available to everyone in the community (Module 4), forge strong partnerships for advocacy (Module 5), respond to the needs of children with disabilities in humanitarian contexts (Module 6) and measure progress in clear and objective ways (Module 7).



“It’s not our differences that divide us. It is our inability to recognize, Accept and celebrate those differences”

Audre Lorde

Each module begins by explaining how its particular focus area contributes to the broader goals of improving SBC practice for children with disabilities. We have organized each module according to a simple framework that reflects the project cycle: **Ready?, Steady..., Set., Go!**. The intention is to provide you, the user, with the opportunity to engage with the content, wherever you are in your project or programming journey.

Whether you are an expert in disability inclusion or SBC, or if you're new to both fields, start with Module 0, which covers fundamental concepts related to disability and SBC. It's essential that you start with a solid grasp of the basics of these concepts. If you feel the need to delve deeper, you can explore additional resources in the 'Tools' section.

This toolkit is aligned with [UNICEF's SBC Programme Guidance](#) and [UNICEF's minimum quality standards and indicators for community engagement](#). It is intended as a tool for the implementation of the [UNICEF Disability Inclusion Policy and Strategy, 2022-2030 \(DIPAS\)](#).

● Children with disabilities and key barriers to inclusion

Fifteen per cent of the world's population – at least 1 billion people – have some form of disability, whether present at birth or acquired later in life. Nearly 240 million of them are children. Each has the right to be nurtured and supported through responsive care and education, to receive adequate nutrition and social protection, and to enjoy play and leisure time.

Too often, however, these rights are denied. The reasons vary: stigma, lack of accessible services, lack of access to assistive devices, physical barriers. When children with disabilities are excluded from society, their chances to survive and thrive are diminished, as are their prospects for a bright future. But this can and must change.

The Convention on the Rights of Persons with Disabilities defines disability as a long-term physical, mental, intellectual or sensory impairment that – in interaction with the environment – hinders one's participation in society on an equal basis with others. This means that as societies remove barriers, people experience fewer functional limitations.

impairment + barrier = disability
impairment + accessible environment = inclusion



On their own, impairments are not disabilities. Understanding the difference is the key to addressing barriers to inclusion.

Children and adolescents with disabilities are a highly diverse group with wide-ranging life experiences. They live in every community, and are born with or acquire distinct impairments that, in relation to their surroundings, lead to difficulties in functions like seeing, walking, communicating, caring for themselves or making friends. But the extent to which children with disabilities are able to function, participate and lead fulfilling lives depends on the extent to which society is inclusive.

Example: If a young girl from a village has low vision, but no access to glasses – an assistive device that is often taken for granted – we would say that her environment does not allow her to exercise the same rights as other children: to receive education, to learn and go to school. Unable to view learning materials in the classroom and to fully participate, she may not be able to keep up with other students, and may eventually drop out of school.

Children with disabilities face a range of barriers that limit their ability to function in daily life, access social services like education and health care, and engage in their communities. These include:

- **Physical barriers**, for example, buildings, transportation, toilets and playgrounds that cannot be accessed by wheelchair users.
- **Communication and information barriers**, such as textbooks unavailable in Braille, or public health announcements delivered without sign language interpretation.

- **Attitudinal and behavioural barriers** like stereotyping, low expectations, pity, condescension, harassment and bullying.
- **Policy barriers**, such as policies and laws that discriminate against people with disabilities, or the lack of legal frameworks for the fulfilment of equal rights.

Each of these barriers is rooted in stigma and discrimination that reflect negative perceptions associated with **ableism** – a system of beliefs, norms and practices that devalues people with disabilities. Because of ableism and the barriers that stem from it, children with disabilities are among the most marginalized people in every society.



UNDERSTANDING STIGMA

Stigma is one of biggest barrier to inclusion. There are two types of stigma: public stigma and self-stigma.

- **Public stigma** is a social process that contains three interdependent components: stereotypes, prejudice and discrimination.
- **Stereotypes** are collectively held beliefs that allow people to quickly generate impressions and expectations of individuals who belong to a particular social group – often at the price of distorting reality. One common stereotype is that people with disabilities are incompetent, unable to live and work successfully.²
- **Prejudices** are negative attitudes towards a group of people,³ resulting from endorsement of stereotypes that generate negative emotional reactions. An example of a negative attitude is that people with disabilities can't and shouldn't be included in society and services. When measuring attitudes, it is very important to measure implicit (unconscious) biases as well as explicit (conscious) ones, as they can significantly differ. See module 4 for more information on implicit biases.
- **Discrimination** is a behavioural response based on prejudice towards a group, which may result in harm towards members of that group.⁴ Examples of discriminatory behaviours include avoidance and segregation.
- **Self-stigma** – also referred to as internalized, experienced or anticipated stigma – occurs when people apply stereotypes to themselves, develop prejudices that are harmful to themselves and engage in self-discrimination.⁵ For

example, someone may hold the self-stereotyping belief, "I am incapable," which evokes a negative attitude – "I can't and shouldn't be included in society" – leading them to self-isolate.

example, someone may hold the self-stereotyping belief, "I am incapable," which evokes a negative attitude – "I can't and shouldn't be included in society" – leading them to self-isolate.⁶

Children who acquire disabilities early in life often contend with stigma throughout childhood. It is embedded in caregivers' paternalistic attitudes, overprotective parenting, low expectations, ableism in schools and the widespread neglect of the voices, needs and capacities of children with disabilities. Stigma is the root of such as school segregation, institutionalization and forced sterilization of children with disabilities.⁷ Due to ableist assumptions, children with disabilities are frequently seen as in need of 'fixing' and help, less able to contribute and participate, less worthy of attention and having less inherent value than others.

Addressing stigma and discrimination against children, adolescents and adults with disabilities require systematic, multi-level approaches. It entails addressing negative attitudes, harmful beliefs and norms, misconceptions and ableism in society – and empowering children and adults with disabilities, their families and OPDs to demand their rights and participate in processes aiming to make policies, services and communities more inclusive.

1 Corrigan, 2000. For full references, see the reference list in module 0.
 2 Pescosolido et al., 1999; Cohen and Struening, 1962; Kermode et al., 2009; Kobau et al., 2010; Pescosolido et al., 1996; Van 't Veer et al., 2006.
 3 Corrigan, 2000.

4 Crocker et al., 1998
 5 Corrigan et al., 2006.
 6 Corrigan et al., 2006.
 7 UNICEF, n.d.

PROPOSED THEORY OF CHANGE

Understanding and addressing social issues requires a thorough diagnosis, and effective Social and Behavior Change (SBC) strategies are grounded in a proper understanding of the problem. To design impactful programs, it is crucial to answer the fundamental question: "Why are people doing what they are doing?". In this case, the question is "why are people excluding people with disabilities?". Unraveling the 'why' is essential to inform the 'how'.

A theory of change (ToC) is the cornerstone of any evidence-based programme which answers this "why", serving as the blueprint for understanding and addressing the issue. Hence, this global toolkit features a thorough ToC that was carefully crafted through extensive research and insights from practice. It serves as a universal reference point for practitioners, offering a solid foundation to adapt and personalize their own strategies. Packed with comprehensive insights, it is an invaluable resource that includes everything practitioners need to contextualize their approaches effectively. It consists of two integral parts: a problem analysis and a solution analysis. The problem analysis identifies the drivers of stigma, while the solution analysis specifies the outputs and outcomes required to achieve the goal of reducing stigma.

The journey begins by defining stigma, particularly ableism, directed at people with disabilities. Stigma is dual-natured, divided into public stigma—a social process involving stereotypes, prejudice, and discrimination—and self-stigma, an internalized or anticipated form that varies among individuals within a stigmatized group.


When exploring the reasons behind disability stigma, the TOC points to three main drivers: psychological, sociological, and environmental. Within the psychological drivers, three crucial elements stand out—attitudes, self-efficacy, and interest. Sociological drivers cover social learning, social norms, and the impact of social movements. Environmental drivers include inclusive spaces, the communication environment, and moral development in schools. To provide development in schools. To provide practitioners with a thorough understanding, each of these drivers is further unpacked to reveal second and third-layer drivers. This detailed breakdown aims to offer practitioners a comprehensive insight into the root causes of each of the driver.


This ToC is both research-based and practice-oriented, functioning as a comprehensive global reference that blends practicality with evidence. It serves as a versatile guide for practitioners, designed to be adaptable to specific contexts. Practitioners from any country can refer to and customize it based on their contexts. Please see the [PowerPoint Presentation of proposed detailed TOC](#). The short version is available in Module 0.


THE PERSON-FIRST APPROACH


The toolkit introduces the person-first approach, which is not the same thing as person-first language. A person-first approach starts with the recognition that everyone is a person first. Everyone has multiple dimensions to their identity, and their impairment is only one component. A person-first approach hinges on a change in mindset, confronting the unconscious biases and legacies of ableist thinking that may influence individual decision-making and, ultimately, social and behaviour change.

The responsibility to take a person-first approach lies with each of us. To take a person-first approach means to internalize these changes and champion person-first ways of working. The shift in mindset facilitates a shift in the way programmes and services are delivered to children and youth with disabilities and their families, towards a focus on person-led or human-centred approaches. Programmes and services that take a person-first approach are:

 **Intersectional** – recognizing the compounding impact of multiple marginalizing barriers. People may experience marginalization on account of disability, gender, race, sexual identity, ethnicity, culture, rurality and other factors relating to identity – and multiple forms of marginalization intersect to multiply the challenges they experience. For instance, the experiences of a girl from a rural community are profoundly different from those of an adult man from a city, even if they have the same impairments.

 **Empathy-led** – understanding stakeholders' pain points, emotions and motivations enables us to build empathy. We avoid blaming or finger-pointing, and invite all stakeholders to embrace a new way of working that's premised on empathy and person-first thinking. This, in turn, is key to sustainability.

 **Trans-sectoral** (multidisciplinary) – every sector is responsible for ensuring inclusive services, instead of shifting the responsibility to disability services or experts. For instance, policymakers from the education, health and social sectors need to work together to enable children with disabilities to be able to access education.

 Based on a **twin-track approach** – recognizing that general interventions may need to be complemented with specific interventions to address current inequalities. For example, the success of an SBC strategy to decrease stigma experienced by youth with disabilities seeking sexual and reproductive health services may require programmes to empower youth as advocates for inclusion.

Participatory and representative – ensuring that initiatives engage children and youth with disabilities and their families, and are planned with representation in mind – especially representation of the people who are the focus of the initiatives. For instance, a programme seeking to tackle stigma and discrimination against children with disabilities is not participatory if it engages only parents of children with disabilities, or only people of one gender or with one type of impairment.

OVERVIEW



This module will introduce approaches and tools to measure progress and the effectiveness of social and behaviour change (SBC) activities and programmes to support the inclusion of children with disabilities. It builds on the theory of change for disability stigma presented in **module 0** and proposes a monitoring and evaluation framework, along with indicators, tools and means of verification.

Learning objectives

By the end of the module, you should be able to:

- Explain why SBC programming needs to be measured.
 - Describe the differences between monitoring and evaluation.
 - Develop useful indicators and objectives specific to children with disabilities and SBC.
 - Access and incorporate existing indicators related to inclusion, stigma and discrimination into your SBC programmes.
- Ready



WHY MEASURE SBC?

Measuring SBC can support a shared understanding among stakeholders, communities and other partners of how and why change occurs, and what we can do to trigger that change. Without measuring change, you are unable to track progress, make informed decisions about the distribution of resources, or effectively implement the kinds of change you hope to see in the world.

Monitoring and evaluation are key to ensuring the quality and appropriateness of programmes. Sustainable work requires a holistic M&E approach that recognizes the need for empowered and informed children and youth with disabilities, supported and knowledgeable parents and caregivers (module 2), an inclusive community (module 3), capacitated advocacy partners (module 5) and a greater understanding of disability-related discrimination, intersectionality and the trans-sectoral barriers among all stakeholders (module 0).



HOW MONITORING AND EVALUATION DIFFER

Monitoring measures your progress towards achieving your programme process objectives. It entails tracking your programme's activities and processes, as well as assessing whether the activities are working as intended. For example, you may wish to monitor the implementation of a messaging programme soon after its launch to determine how many people the messages are reaching and whether the messages are being received as you intended.

Questions for monitoring may include:

- What is your programme doing, where, when, and with whom?
- How many activities were implemented?
- How well were these activities implemented?
- To what extent were planned activities actually realized?

Evaluation, on the other hand, is the process of systematically investigating a programme's effectiveness in bringing about desired change in the community or target population. It requires **comparing two or more things and measuring change over time**.

With evaluation, you can answer such questions as:

- Did your efforts reduce barriers to social or behaviour change?
- Were these changes meaningful for your programme?
- How accurate is your theory of change?
- How realistic were the goals and objectives you set?
- Have you achieved your programme objectives?

Monitoring and evaluation are complementary processes, and both are needed. Without monitoring a programme's processes and outputs, you can't explain the results of an evaluation. Without evaluating outcomes, you can't measure the change associated with the programme.

CHALLENGES WITH MEASURING SBC

Social and behaviour change can be a gradual process, occurring over a timescale to which many programmes are not prepared or obligated to commit resources. Whether at the level of individuals, institutions, communities or entire societies, such change can be difficult to measure and quantify, and it's often specific to each social and cultural context. That makes it hard to generalize about the most appropriate activities that will lead to change across contexts, and the most appropriate indicators and approaches to measure such change.

Despite these challenges, SBC programmes focusing on addressing stigma and discrimination and building inclusive communities need a mechanism to measure progress and guide programming to effect changes. This toolkit's theory of change (see [module 0](#)) and monitoring framework (described in [Go!](#), below) provide a structured approach and a set of tools for assessing the extent to which your SBC interventions effectively address stigma and discrimination against children with disabilities. These tools can be used for formative research, programme monitoring and evaluation.

BEHAVIOUR CHANGE AND ITS SOCIOCULTURAL CONTEXT

Development programming has historically focused on metrics that capture the reach or scale of interventions, but these say little about what changes have actually occurred, to what extent and how.

Stigma is manifested through discriminatory behaviours, and sustained change in those behaviours depends on the sociocultural context in which they are exhibited. When you measure progress towards eliminating stigma and discrimination, then, you must take into account not only specific programme outputs, such as the number of people reached who can recall key messages, but also indicators of social change, such as shifts in social acceptability and normative expectations, and of individual change, such as shifts in self-efficacy.

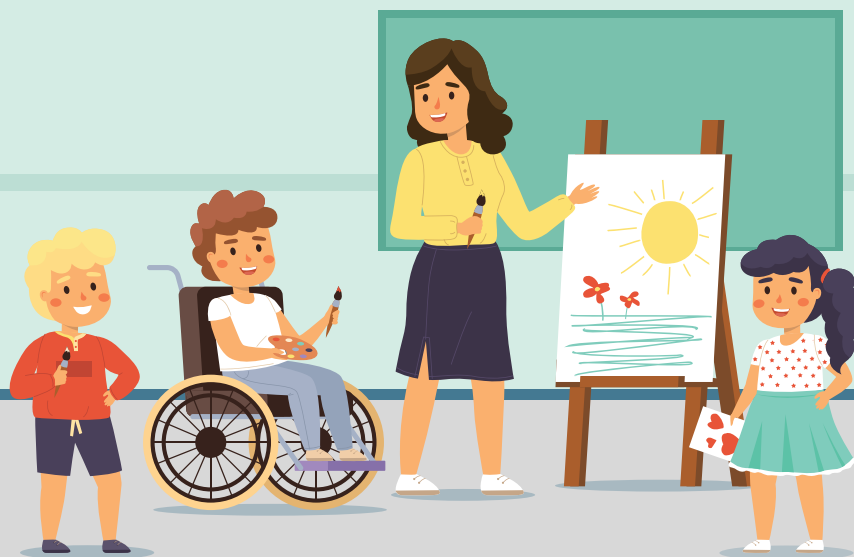
A comprehensive, mixed-methods approach is always recommended for monitoring and evaluating your SBC efforts. Such an approach allows for triangulation

of data across various conceptual elements of stigma and discrimination, including shifts in attitudes and motivations, normative behaviours and expectations, stigma and social exclusion. Gathering data on these constructs can help you to connect your SBC efforts to a reduction in discrimination and human rights violations against children with disabilities.



KEY TAKEAWAYS: READY

- Measuring the results of SBC activities is a critical part of effective SBC programming, because it enables you to track progress, plan your programme activities, allocate resources, understand the effects of your SBC work, adjust your programming as needed, and effectively implement the kinds of change you hope to see in the world.
- Monitoring tracks programme activities and processes so that you will be able to link future results to these activities and processes, while evaluation investigates a programme's effectiveness in effecting desired changes, by comparing two or more things and measuring change over time.
- To measure progress towards eliminating stigma and discrimination, you need to look at not only programme outputs, like the number of people reached, but also indicators of social and behavioural change at the individual, community and institutional levels, such as shifts in social acceptability, normative expectations and individual self-efficacy.




STEADY

USING A THEORY OF CHANGE

[UNICEF's SBC Programme Guidance](#) provides a clear example of an SBC results chain, which you can use to think through what you want to achieve – a set of shared goals at an outcome level – and how this might translate into a set of intermediate outcomes, outputs and activities. (These terms are explained below.) Organizing your expected SBC results in this way can help you begin to understand how your programme's immediate priorities are contributing to broader SBC goals.

As you create your SBC programme, you will want to develop a theory of change (ToC) that is specifically designed for your programme and the behavioural and social

outcomes you hope to see. This is an important early step in creating effective SBC programmes. Your ToC does not need to be complicated, but it should link your programme goals to behavioural and social outcomes and intermediary changes (intermediate outcomes) such as improvements to physical infrastructure, policies that support children with disabilities, community and societal norms that support inclusion, and changing perceptions of children with disabilities. These changes, in turn, should be connected to SBC programme activities.

Module 0 of this toolkit includes a comprehensive ToC for disability stigma, which you may incorporate in whole or in part into your SBC programme, depending on your focus and the resources available. You may need to create your own ToC from scratch in order to respond to elements of a country programme document (if you're with UNICEF) or other results frameworks. Below are some details on how to create a ToC that can help you plan for and measure the results of your SBC programmes.

► KEY COMPONENTS OF A THEORY OF CHANGE

There is no one right way to develop or use a ToC for SBC programmes. How you should do it depends on the scope and scale of your project, the results of your formative research, the inputs and participation of programme stakeholders, and the need for a simple or complex ToC. In addition, different organizations have developed different formats for ToCs, varying slightly from organization to organization.

What is important to remember is that the ToC is a way to connect your programme activities to the ultimate impact or goal you are seeking to attain. Your ToC should articulate how you propose to reach this goal, and how you expect your SBC activities to contribute to it. The basic components of a typical ToC are described below.

Goal or impact is the change that you seek to effect through your SBC programming. This may be a long-term goal that is not realized within the timescale of the programme, but toward which the programme can achieve important progress. In that case, the impact would be expressed through the achievement of key outcomes, including predictors of behaviour change.

Outcomes. In the case of behaviour change, outcome-level results and indicators often refer to the prevalence or incidence of behaviours, such as the adoption or abandonment of certain practices, or positive social transformations, such as increased community resilience. While successfully implemented SBC strategies and activities contribute to them, these outcomes cannot entirely be attributed to any particular intervention.

Intermediate outcomes are precursors to behavioural or programmatic outcomes, and can be thought of as milestones met on the way to the desired change. They include results at the individual level (e.g., self-efficacy, attitudes, beliefs), the collective level (community dynamics and social norms) and the institutional level (access to equitable services).

Outputs are the low-level results most directly linked to the SBC activities. They can be achieved and measured over a shorter period of time, can be attributed more closely to the programme, and are essential steps towards the intermediate outcomes. They include results at the individual level (e.g., knowledge), the collective level (ownership of the change effort) and the institutional level (more participation opportunities). They often also include reach and scope – key performance indicators (KPIs) such as the number of participants reached in a series of workshops, the number of peer group activities held, or the number of interactions on social media platforms like Facebook or Instagram.

Activities. SBC activities may be designed around the seven programmatic approaches described in the [SBC Programme Guidance](#). When designing a ToC, activities should have a clear connection to outputs and outcomes, usually through a theoretical framework that suggests the ways in which specific activities will lead to outputs and outcomes.

Inputs. The resources you have available to develop and implement SBC activities are referred to as project or programme inputs. While it is not always essential to include these in a ToC, it can be useful to articulate what you have available to support your work so that you can design activities that match your resources.

► LEARNING FROM YOUR TOC

While ToCs are often presented in a linear and causal fashion, this is understood as a simplification of the complex and non-linear change processes inherent to social systems.¹ Every ToC is a model, a representation of a change process that has been agreed upon but not proven – that’s why it’s called a ‘theory’. As your SBC programme progresses, consider the ToC as a ‘live’ document that can be revisited and revised from time to time. It does not need to be a perfect and comprehensive framework, but it does need to have a clear logic and set of assumptions underpinning it.

CREATING A RESULTS FRAMEWORK

A ToC is ultimately only as good as the results framework in which it is situated. A results framework is a tool that connects each element of the ToC to a key result, and each result to measurement tools that can help you determine whether you’ve

achieved the result. The results framework may also include the indicators and objectives linked to the changes you articulated in the ToC.

Here’s a way to think about the differences between a ToC and RF:

- Your ToC articulates or shows the relationship between your programme activities, outputs, outcomes, and impact.
- The RF focuses primarily on outcomes and how they are measured, and can also include the indicators and objectives that help you plan your activities.

For example, let’s say you have developed a ToC that suggests that community-based activities will lead to more inclusive services for children with disabilities. Your results framework would then include the indicators for that outcome (percentage of children receiving inclusive services), the objective or objectives that contribute to that outcome (by the end of the programme, there will be a 10% increase in the number of service providers who have adopted inclusive practices in their service provision) and a way to measure the indicator (using a survey of service



¹ Preskill, H., et al. (2014). ‘Evaluating complexity: Propositions for improving practice’. FSG

As summarized in the [UNICEF SBC Guidance](#), your results framework should:

- **Relate to the situation analysis.** For more information on how to conduct a disability-inclusive situation analysis, refer to the **module 4** on inclusive service delivery.
- **Provide clarity at every level.** Each level of the ToC must be reflected in the results framework. You'll need to think about inputs, activities, outputs, outcomes, and your desired impact or goals.
- **Present a coherent results chain.** Results should be connected through an underpinning logic. This means that your programme's activities lead to measurable outcomes based on the processes you implement.
- **Consider equity, human rights, gender, determinants and risks.**

► DEVELOPING INCLUSIVE INDICATORS

Indicators guide the development of SBC programme activities by highlighting what you are hoping to change. An example indicator for stigma and discrimination could be something like “the percentage of children with disabilities who report being treated negatively by a teacher” or “the percentage of parents who report being denied access to services based on their child’s disability.” Your SBC programme would (ideally) have evidence about the indicator’s current value, based on baseline research or other evidence, for example from DHS or MICS data.

Indicators can be used not only to capture outcomes, but also to monitor progress along the way. Inclusive output indicators – such as the number of participants reporting reasonable accommodation, or the number of people with disabilities engaged in service delivery improvement – can be an excellent way of tracking your SBC programme’s own progress toward a more inclusive way of working.

Because they are the means through which progress against the goals of the results framework are measured, indicators are often developed very early on in SBC projects. It can be helpful to think of indicators as a simple reframing of your programme’s goals, in measurable and specific terms. Because indicators are linked to your programme’s ToC through the results framework, they provide a way for you to understand what investments (in material and human resources for programmatic activities) are leading to real progress toward eliminating stigma and discrimination against children with disabilities.



In many cases, SBC programmers use standard indicators available on UNICEF's SharePoint site that are connected to country-level results frameworks. In other cases, indicators are developed specifically for smaller-scale SBC activities. You should work with your colleagues and partners to be sure that your indicators support your country programme and other indicators. In addition to the indicators included in this toolkit's ToC, you can choose from UNICEF's menu of indicators, available on the [SBC SharePoint site \(Internal UNICEF link\)](#), also available in Table 1. If you decide to develop your own indicators for an SBC programme to address stigma and discrimination, be sure to develop them with the meaningful participation of children with disabilities, their parents and caregivers, their communities and other key stakeholders.

▶ LINKING INDICATORS AND OBJECTIVES

Objectives are small, specific goals related to the indicators. They are the ways in which you describe the changes you hope (and expect) to see, at any level of the socioecological model. When you design SBC programmes, you use objectives to frame the desired changes in indicators. You may wish to see a certain amount of decrease in the above two indicators over the life of your programme, for example, or an increase in the availability of assistive devices or accommodations for children with disabilities.

▶ SMART AND SPICED OBJECTIVES

SBC programmers design objectives using two sets of criteria, each described by an acronym: SMART and SPICED.

Most SBC programmers are familiar with the SMART criteria for objectives. Making objectives SMART will help ensure that the work and effort invested in a ToC and results framework leads to measurable results.

SMART objectives are:

- **Specific:** Your objectives refer to the things that your project or programme is specifically seeking to influence, avoiding broad external factors. The easiest way to ensure that objectives are specific is to connect each objective to an indicator.
- **Measurable:** Your objectives are defined in a way that offers objective data that is comparable across groups and over time.
- **Achievable:** Your objectives are achievable given the resource constraints of your project or programme. They are designed to ensure that data collection is feasible within the given time and cost constraints.
- **Realistic:** The changes proposed in your objectives are realistic in the sense that change happens over time, and some changes are more difficult to influence than others.
- **Time-bound:** Your objectives are linked to a time frame describing when the changes are expected to occur.

Objectives should also be SPICED – ensuring that participants in an SBC programme can contribute to their design and implementation. **SPICED** objectives are:

- **Subjective:** Those participating in your project or programme are able to provide valuable data about their own experiences.
- **Participatory:** Your objectives are developed with those who are best placed to assess them – often, this means involving those who are closest to the problem space.
- **Interpreted** (and communicable): You can translate or explain locally defined objectives as needed, to make them accessible to wider audiences.
- **Cross-checked:** The validity of your objectives is cross-checked by different participants, methods and researchers.
- **Empowering:** The process of objective development and measurement is itself empowering. (See [module 2](#) to read about empowering children with disabilities and their families.)
- **Diverse and disaggregated:** You make a deliberate effort to develop your objectives through a highly inclusive process. You document this process in such a way that the nuances and differences can be assessed over time.

While the SMART criteria will support your team to develop sound objectives for a rigorous measurement practice, the SPICED criteria will support your team to develop objectives that are balanced and inclusive in nature.

Because it involves an examination of your programmatic goals, developing objectives is not a single-person task, but a collaborative process. Consider gathering a diverse group of stakeholders and relevant programme actors to unpack the goals of your programme. Further information about how to plan and manage meaningful engagement processes can be found in [Module 3](#) of this toolkit.

Example objectives based on the indicators mentioned earlier could include:

- “By the end of year 1 of the programme, there will be a 10% reduction in the number of children with disabilities who report being treated negatively by a teacher.”
- “By the end of year 2 of the programme, there will be a 20% reduction in the number of parents who report being denied access to services based on their child’s disability.”

Each of these objectives is Specific, Measurable, Achievable, Realistic, and Time-Bound. Whether they are SPICED depends on whether children with disabilities and their parents or caregivers were included in the process of their design and implementation.

AN INCLUSIVE AND PARTICIPATORY M&E PROCESS

Once you have established a results framework that includes indicators linked to SMART and SPICED objectives – developed in collaboration with members of the disability community – your SBC programme can begin collecting data that supports learning.

Monitoring and data collection, like every element of the project cycle, represents an opportunity to take a person-first approach that aligns to the goals of your SBC programme to eliminate stigma and discrimination against children with disabilities. For a truly inclusive and participatory process, it is important to include a diverse group of people, with a range of backgrounds, ages and impairments.

Consider how to involve children with disabilities and their families throughout the process – including designing and planning M&E activities, developing indicators, objectives and measurement tools, collecting and analyzing data, and communicating M&E findings to target audiences. Next, make sure that all stakeholders can feel comfortable and confident in using M&E tools to collect and analyze data and translate it into meaningful and actionable steps.

Guidance around ethical, respectful and meaningful participation of children with disabilities and their families is provided in [module 1](#) on inclusive research and evidence generation. For additional guidance around engaging children and adolescents, refer to [UNICEF's guidance on adolescent participation in M&E activities](#) and the [Engaged and Heard! Guidelines on Adolescent Participation and Civic Engagement](#).

When you engage children with disabilities, focus on their strengths and capabilities, and make a deliberate effort to build their capacities to constructively participate in M&E activities. Data collection tools may need to be adapted – for instance, to make them accessible to meet the needs of children with different impairments.

Working closely with OPDs can strengthen your efforts to identify, train and support children with disabilities and their families to meaningfully participate in an inclusive monitoring process. See [Module 2](#) for how to empower children and youth with disabilities and their families to participate in SBC programmes.

Here are some tips to ensure that the process is designed in an accessible, participatory way:

- **Build on children's strengths** – leverage their existing strengths and abilities when designing your data collection activities.
- **Encourage child-to-child activities, where possible** – this helps to break down barriers, supporting a sense of inclusion and safety for M&E participants.
- **Promote a 'speak up' culture among the M&E team** – nurture an open environment that can be adapted in response to new needs, preferences or concerns; encourage children to speak up if they feel uncomfortable, observe something that is exclusionary, etc.
- **Ensure that venues for data collection are child-friendly and accessible.**

Give children choices as much as possible – allow children to decide where in the venue they conduct their activities, how they take part, etc.

- **Obtain informed consent** – you may need to get creative with how consent is secured. For instance, a child will require an adult or guardian present who can consent to their participation, and you will then need to ensure that the child agrees to participate. This may be better done verbally or using visuals rather than captured via reading and signature.

ANALYZING DATA AND COMMUNICATING FINDINGS

Nuances about why stigma occurs or how discrimination can influence behaviour can be difficult to communicate in any SBC programmatic context. Particularly in the context of disability inclusion, data analysis must be conducted in a way that allows all participants to equally engage in the process of unpacking the complexity of these concepts.

Engaging children with disabilities in data analysis requires the same considerations as above, as well as some additional considerations. In line with the recommendations of [Toolkit for Monitoring and Evaluating Children's Participation \(Booklet 4\) from Save the Children](#), here are a few questions to consider when you're planning inclusive data analysis activities:

- How might you compare findings gathered from **different perspectives**? That is, how does a person's perspective (e.g., their role or positioning) influence their responses and experiences?
- How might you compare findings gathered using **different methods**? To what extent have the methods used during data collection generated various types of data for you to analyze?
- How might you assess **the quality of the evidence** you have uncovered? In all forms of data collection, there is an element of validation. Consider scoring the evidence based on its strength, and forming conclusions primarily based on the strongest pieces of evidence.²

² A star rating system can be found [in the toolkit](#) to support this process.

As raw findings are analyzed and translated into insights, consider how data might be presented in the most accessible way. For instance, rather than compiling all the data into a dense report, you might visualize or animate certain concepts – for instance, using a 'scale of change'. Consider which audiences the data will be communicated to, and how to best package and present the data for them.

► UNDERSTANDING HOW INDICATORS INTERACT

Many factors – including behaviours, attitudes, norms, infrastructure, educational curricula, media, policies and resources – contribute to the creation of an environment that is inclusive of people with disabilities. For example, work to create an inclusive communication environment – in which media present children with disabilities playing active roles in day-to-day life – can have a greater effect if it is supported by social norms work that encourages people to recognize, acknowledge and reward inclusive behaviours.

As mentioned earlier, the development of a ToC forms the basis for developing the monitoring framework, as it clearly articulates the changes or results you expect to contribute to. These are formulated as the outcomes, intermediate outcomes and outputs. The interaction between these constructs – each represented by an indicator – is more likely to contribute to change than a focus on a single indicator or objective.

The Go! section of this module presents a ToC and M&E framework for that you can adapt and use for your SBC programming to address stigma and discrimination against children with disabilities. While you may not need to adopt the entire ToC for your programme, be sure that you have a solid understanding of how the various indicators in it work together – and design from there.

 **STEADY
KEY TAKEAWAY**

- A **theory of change** (ToC) connects your programme activities to the impact or goal you are seeking to attain. With a clear logic underpinned by sound assumptions, it should articulate how you propose to reach this goal, and how you expect each of your programme activities to contribute to it.
- A **results framework** is a tool that articulates the outcomes in your ToC and links them to indicators, objectives and measurement tools.
- **Indicators** represent your programme's objectives in measurable, specific terms within your results framework, enabling you to track progress towards them. They are usually developed very early on in an SBC project.
- **Objectives** are specific goals that describe the change your programme aims to effect in the indicators you have chosen to work on. Use the SMART criteria to develop objectives suitable for a rigorous measurement practice, and the SPICED criteria to make sure your objectives are balanced and inclusive.
- Create an inclusive and participatory M&E process by involving children with disabilities and their families at every stage. Make sure that children with disabilities can feel comfortable and confident in contributing to the process by focusing on their strengths and capabilities, adapting tools as needed, and making a deliberate effort to build their capacities to participate.
- Many factors contribute to the creation of an environment that is inclusive of people with disabilities. Your work will focus on just some of them, but it is important to understand how they support each other, and that the interaction between them is more likely to contribute to change than a focus on a single indicator or objective.

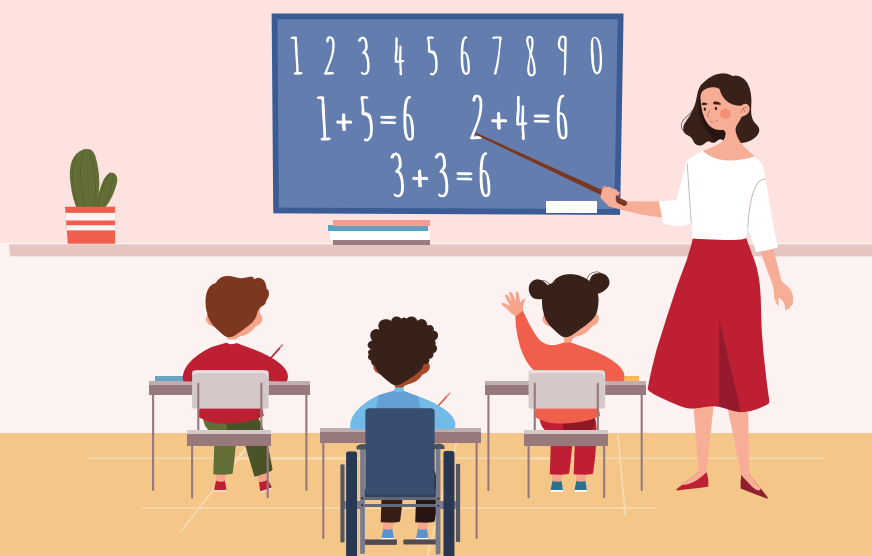


While there are few examples of evaluations of SBC interventions to address disability-related stigma, here are two evaluations of projects related to disability inclusion:

- [Formative and Summative Evaluation of UNICEF's Rights, Education and Protection \(REAP\) II](#). In 2011, UNICEF launched the Rights, Education and Protection (REAP) programme and partnership with Australia's Department of Foreign Affairs and Trade (DFAT). Its second phase (REAP II) had the overall vision to promote inclusive development approaches that fulfil the rights of children with disabilities, with a focus on Papua New Guinea, Viet Nam and the Pacific Island Countries and Territories

(PICTs). In 2020, UNICEF's regional office for East Asia and the Pacific conducted an independent summative and formative evaluation of REAP II to assess the achievement of outcomes and the constraints to achieve them. The evaluation aimed to identify lessons from the implementation of REAP II at the regional and country levels that could be used to shape future programming and inform the objectives and geographical focus of future disability-inclusive programming. It yielded four recommendations towards breaking down barriers to inclusion and fulfilling the rights of every child.

- [UNICEF Montenegro: Evaluation of the 'It's about Ability' strategy towards inclusion of children with disabilities.](#) UNICEF and the Government of Montenegro implemented the '[It's about Ability](#)' communication strategy, to challenge exclusionary practices and promote new, inclusive social norms for children with disability. Drawing on communication for development (C4D) principles and social norms theory, the 2010-2013 nationwide campaign mobilized OPDs, parents' associations, the media, and the private sector to stimulate inclusive attitudes and practices towards children with disabilities. The campaign contributed to measurable change: for example, the percentage of citizens who agreed that a child with a disability who has no parental care would be better off in a foster family than in an institution grew 15%.
- [See Every Color \(Georgia\).](#) This nationwide Communication for Social and Behaviour Change initiative was conducted by UNICEF with the support of USAID and the EU in 2017-2020. It involved a mix of interventions, including educating the population about disabilities and deconstructing prevailing myths and prejudices; illustrating models of attitudes and creating empathy towards children with disabilities. The campaign helped to reduce stigma and discrimination towards people with disabilities, increase public understanding of the importance of inclusion, and increase inclusive practices.





This section presents an M&E framework for inclusive SBC programming to address stigma and discrimination against children with disabilities.

Figure 1 is based on the ToC presented in [module 0](#). It shows the relationships between drivers of inclusive behaviours and the intermediate outcomes that can lead to more inclusive behaviours, communities and environments.

The monitoring framework in Table 1 links the outputs, intermediate outcomes, and outcomes, and provides a set of concepts related to disability stigma and discrimination that your team can adapt and use. In alignment with the Behavioral Drivers Model, it is divided into three sets of drivers and indicators – psychological, psychosocial and environmental. The table includes tools for monitoring and evaluating SBC programmes for stigma reduction and disability inclusion, as appropriate for each indicator.

Figure 1:
TOC AND MONITORING FRAMEWORK FOR DISABILITY INCLUSION IN SBC

PEOPLE PRACTISE DISABILITY-INCLUSIVE BEHAVIOURS

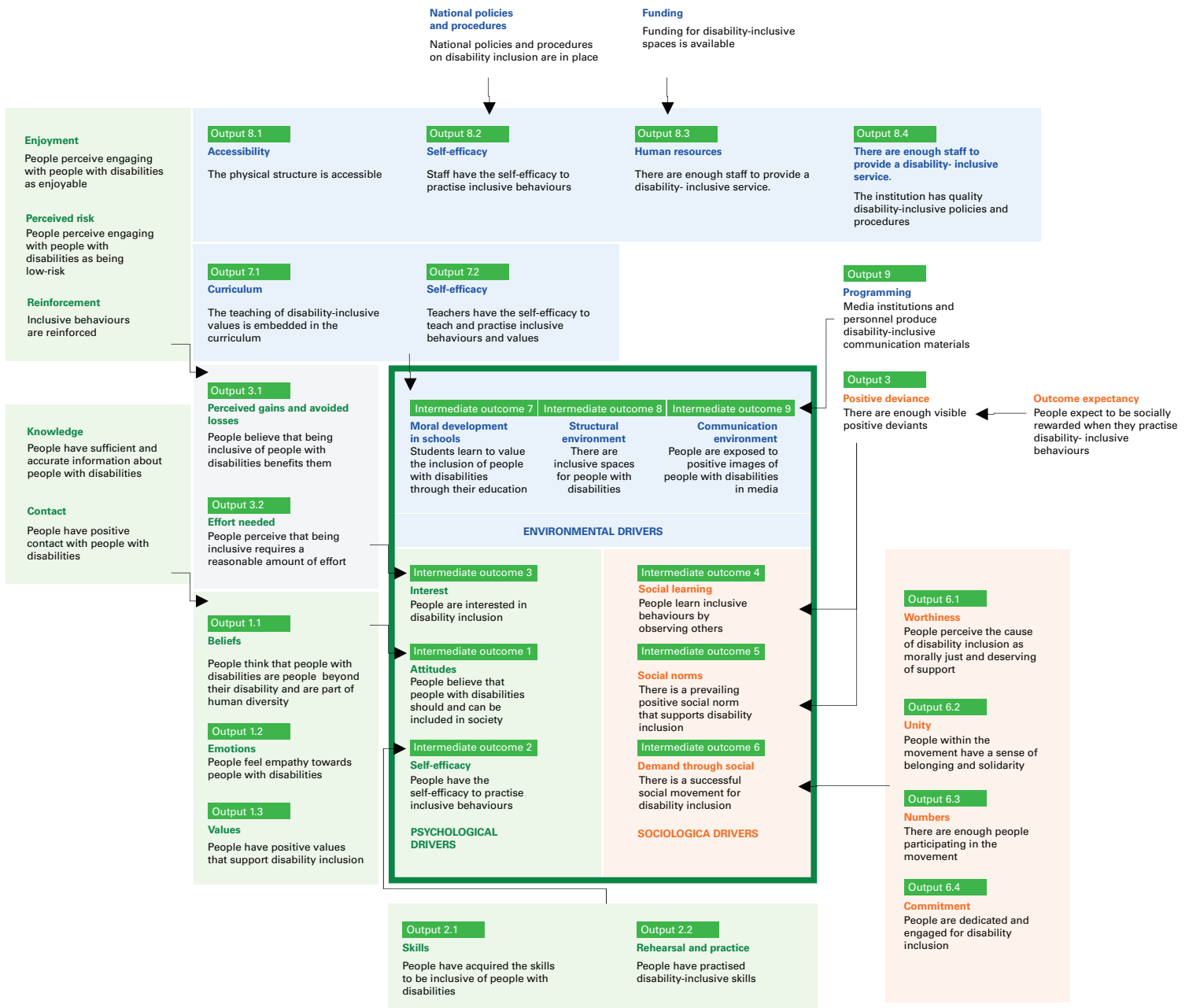


Table 1:

MONITORING FRAMEWORK FOR DISABILITY INCLUSION IN SBC

Result	Contract	Action	Indicator	Comments	Means of verification: Baseline and endline	Means of verification: Ongoing monitoring
Outcome	Behaviour	People practise disability-inclusive behaviours	% of people who practise disability-inclusive behaviours	Disability-inclusive behaviours include engaging with people with disabilities (e.g., playing with children with disabilities, conversating or initiating contact with people with disabilities), defending or standing up for people with disabilities.	Tools to measure disability-inclusive behaviours may be developed for each SBC context; a standardized tool may be developed by the SBC and Disability sections.	
1. Psychological drivers for including people with disabilities						
Intermediate Outcome 1	Attitudes	People believe that people with disabilities should and can be included in society	% of people who believe that people with disabilities should and can be included in society	Means of verification should as much as possible use vignettes, association tests or other methods that are better at detecting implicit biases.	Refer to the Operational Research Protocol to Measure Attitudes, Stigma and Social Norms towards Children with Disabilities OR Implicit Association Test.	See Sample Monitoring Tool for pre/post activities. (sample from Lebanon, English and Arabic)
Output 1.1	Beliefs	People think that people with disabilities are people beyond their disability and are part of human diversity	% of people who think that people with disabilities are people beyond their disability and are part of human diversity		There is no available standardized tool to measure disability stereotypes. One can be developed.	
Output 1.2	Emotions	People feel empathy towards people with disabilities	% of people who feel empathy towards people with disabilities		There is no available standardized tool to measure how people feel towards people with disabilities. One can be developed. Examples of existing measures of empathy include the Toronto Empathy Questionnaire .	
Output 1.3	Values	People have positive values that support disability inclusion	% of people who have positive values that support disability inclusion	Positive values include universalism (understanding, appreciation, tolerance, and protection for the welfare of all people and for nature); benevolence (preserving and enhancing the welfare of those with whom one is in frequent personal contact)	Portrait Values Questionnaire (PVQ) . This measures 10 values, including universalism and benevolence.	

Intermediate outcome 2	Self-efficacy	People have the self-efficacy to practise disability-inclusive behaviours	% of people who have the self-efficacy to practise disability-inclusive behaviours		No standardized scale exists to measure self-efficacy related to being disability-inclusive. Consider adapting existing scales such as Bandura's General Self-Efficacy Scale .	
Output 2.1	Skills	People have acquired the skills needed to practise disability-inclusive behaviours	% of people who have acquired the skills needed for interacting with people with disabilities	These are people who have received any form of capacity-building aiming to develop disability-inclusive skills.	No standardized scale exists to assess the skills of people on disability inclusion. It can be developed.	
Output 2.2	Rehearsal and practice	People have practised disability-inclusive skills	% of people who have positively interacted with people with disabilities	These are people who have put into practice their disability-inclusive skills, such as those who have participated in quality disability-inclusive activities during which they have engaged with people with disabilities. To better understand what 'quality disability-inclusive activities' entail, ensure that the criteria of 'Intergroup contact' elaborated on in the ToC in module 0 are met.	Count the people who have participated in quality disability-inclusive activities during which they have practised their skills.	
Intermediate outcome 3	Interest	People are interested in the topic of disability inclusion	% of people who are interested in disability inclusion		No standardized scale exists to measure interest in the topic of disability inclusion. A scale can be developed.	
Output 3.1	Perceived gains and avoided losses	People believe that being inclusive of people with disabilities benefits them	% of people who believe that engaging with people with disabilities benefits them personally	Three things to look for: enjoyment, perceived risk and reinforcement	Perceived gains and avoided losses are usually measured through experiments. A scale can be developed.	
Output 3.2	Effort needed	People perceive that being inclusive does not require extra effort	% of people who believe that behaving inclusively is feasible		No standardized scale exists on the topic. It can be developed.	

2. Sociological drivers for including people with disabilities

Intermediate outcome 4	Social learning	People learn inclusive behaviours and attitudes by seeing others performing and expressing them	% of people who have seen other people express disability-inclusive attitudes or perform disability-inclusive behaviours		Count people who are seeing other people express inclusive attitudes or who are behaving inclusively.	
Output 4	Positive deviance	There are enough visible positive deviants	# of positive deviants who express disability-inclusive attitudes and perform disability-inclusive behaviours	'Enough' depends on the country and programme context. This results emphasizes 'visible' positive deviants because visibility amplifies their impact by creating a ripple effect through social networks.	Count the positive deviants	
Intermediate outcome 5, option 1 or 2				This depends on whether the norm you found to exist is descriptive or injunctive.		
Intermediate outcome 5, option 1	Descriptive norms	People believe that members of their social networks or reference groups practise inclusive behaviours	% of people who believe that others are practising inclusive behaviors		Refer to the Operational Research Protocol to Measure Attitudes, Stigma and Social Norms towards Children with Disabilities .	
Intermediate outcome 5, option 2	Injunctive norms (normative expectations)	People believe that others they consider important expect them to act inclusively towards people with disabilities	% of people who report that others they look up to expect them to act inclusively			
Intermediate outcome 6	Demand through social movements (WUNC)	A social movement on disability inclusion exists	Yes/No			

Output 6.1	Worthiness	People within the movement perceive the cause of disability inclusion as being morally just and deserving of support	# of people in the movement who perceive the cause of disability inclusion as being morally just and deserving of support	For a social movement to be successful, movements need to demonstrate the worthiness, unity, numbers and commitment (WUNC) to external audiences to gain attention and engagement. Therefore, these same WUNC results and indicators can be modified to also measure how much the external audience perceives WUNC in the social movement. 'Enough' depends on the country and programme context.	No standardized scale exists to measure WUNC on the topic of disability inclusion. A scale can be developed.
Output 6.2	Unity	People within the movement have a sense of belonging and solidarity	# of people in the movement who have a sense of belonging and solidarity		
Output 6.3	Numbers	There are enough people participating in the movement	# of people in the movement		
Output 6.4	Commitment	People within the movement are dedicated and engaged for disability inclusion	# of people in the movement who are dedicated and engaged for disability inclusion		

3. Environmental drivers for including people with disabilities

Intermediate outcome 7	Inclusive values in education	Students value the inclusion of people with disabilities	% of students who value the inclusion of people with disabilities		Portrait Values Questionnaire (PVO) measures 10 values, including universalism and benevolence.
Output 7.1	Curriculum	The teaching of disability-inclusive values is embedded in the curriculum	% of schools that include at least one unit on disability inclusion and inclusive values in their curriculum	After providing support to teachers to incorporate values in their teaching, the schools that update their curricula to include units on inclusion would be counted under this outcome indicator. HACT monitoring visits may be used to ensure quality.	Count the schools.
Output 7.2	Self-efficacy	Teachers have the self-efficacy to teach disability-inclusive practices and values	% of teachers who have the self-efficacy to teach disability-inclusive practices and values		No standardized scale exists to measure self-efficacy related to being disability-inclusive. Consider adapting existing scales such as Bandura's General Self-Efficacy Scale .
Intermediate outcome 8	Structural environment	Disability-inclusive places exist	% of disability-inclusive places	Places include: - Service providers for health, education, protection, etc. - Community and recreational places: playgrounds, sports facilities, summer academies, etc.	Count the places that meet the criteria (outputs) below.

Output 8.1	Accessibility	The physical structure of the place is accessible to people with disabilities	% of places that are physically accessible to people with disabilities	Those that meet the physical accessibility criteria in the UNICEF Accessibility Toolkit and pass the programmatic quality check visits can be counted.	Count the places.	
Output 8.2	Self-efficacy	Employees of the place have the self-efficacy to be inclusive of people with disabilities	% of places where employees have the self-efficacy to be inclusive of people with disabilities		No standardized scale exists to measure self-efficacy related to being disability-inclusive. Consider adapting existing scales such as Bandura's General Self-Efficacy Scale .	
Output 8.3	Human resources	The place has enough human resources to provide a disability-inclusive service	% of places that have enough human resources to provide a disability-inclusive service	This depends on the service being provided. For example, a school would need more human resources to be disability-inclusive, compared to a public garden, which might not need any.	Count the places that have enough human resources to be inclusive of people with disabilities.	
Output 8.4	Policies and procedures	The place has quality disability-inclusive policies and procedures	% of places that have quality disability-inclusive policies and procedures	Ensure that policies and procedures are of high quality and are being respected and implemented.	Count the places that have quality disability-inclusive policies and procedures.	
Intermediate outcome 9	Communication environment	People are exposed to positive communication materials featuring people with disabilities through the media	% of people who are exposed to positive communication materials featuring people with disabilities through the media	Positive communication materials can include people expressing positive attitudes towards people with disabilities, practising disability-inclusive behaviours or advocating for disability inclusion. They can also include testimonials from people with disabilities.	Count the people who are exposed to positive communication materials featuring people with disabilities through the media.	
Output 9	Programming	Media institutions and personnel produce communication materials that are inclusive of people with disabilities	% of programming that supports or showcases the inclusion of people with disabilities	Representation of people with disabilities in programming (TV, radio, etc.) should be done in consultation with OPDs and other advocacy groups.	Count (track) the development and broadcast of programmes that include people with disabilities in inclusive or empowering roles.	

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