

Children with autism from Aprajeyo Bangla are enjoying the events at the Blue Concert program, organized by UNICEF Bangladesh to mark the World Children's Day.

MODULE 3

Understanding and engaging communities

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).

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The students of the Junior Secondary school sit in the Children's Parliament of Congo

MODULE 0

Foundation Module

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Daniela Machado and Azeite Zúñiga, Attorneys at Law, are smiling and sharing during the closing ceremony and presentation of certificates of the 'Inclusiones' of Inclusion program, Venezuela, 2021

MODULE 1

Inclusive Evidence Generation for SBC

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Children at an inclusive education activity promote children's rights of the benefit of newly identified and protection, water, hygiene, and sanitation, Venezuela, 2022

MODULE 2

Empowering Children and Families

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

MODULE 3

Understanding and engaging communities

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Mangochi, Brian, Region, is a partner with disability, community health worker and president of the Independence community group. He assesses inclusive during polio vaccination campaign.

MODULE 4

Disability-inclusive services

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The students of the Junior Secondary school sit in the Children's Parliament of Congo

MODULE 5

Strengthening partnerships for advocacy

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The damaged house of Mr. Dong Nien Ngien, 40 years old and his wife, Mrs. Thi Thi, 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

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Bethlen, 7 years old has received an eye suffer from cataract during his lesson at school with his teacher Hajkya

MODULE 7

Monitoring, evaluating and measuring

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Sarah's story, part 3

Then, there were the neighbors. I remember clearly being in the playground – and while other children were curious, their parents were careful. They did not necessarily want their kids to be around a child who walks funny and takes ages to speak. But the worst was the staring. Everywhere. Every time. Only after many years, having moved to a bigger city, having access to assistive devices, constantly engaging with people around me, did I feel that there was less staring – or maybe I just chose not to notice.



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.¹
- **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



In this module, you will learn about ways to engage with communities in order to influence changes in social norms and practices that impact children with disabilities and their caregivers. In previous modules, we discussed how to engage in participatory research and empower children with disabilities and their caregivers; now, we broaden our lens to communities.

After you have completed this module, you should be able to:

Explain the role of community engagement in SBC programming.

- Describe how community engagement processes fit within the social-ecological model and the behavioural drivers model.
- Differentiate between community engagement and individual- and interpersonal-level approaches to SBC research and programming.

- Choose an appropriate method for engaging with community members from a set of several possible methods.
- Develop your own methods for community engagement that maintain the position of children with disabilities and their families as essential players in processes that affect their lives.

Community engagement hinges on the idea that “communities should be listened to and have a meaningful role in processes and issues that affect them.”¹ In the context of a person-first approach, community engagement must be conducted in a responsible and skilled way, so as not to cause harm.

¹ UNICEF (2020). Minimum quality standards and indicators for community engagement. <https://www.unicef.org/mena/reports/community-engagement-standards>



UNDERSTANDING INCLUSIVE COMMUNITIES

“I did not realize how biased I was to the marginalized and socially excluded [people] in society until I looked at my own internal values. I now understand that my own internal ideology of superiority is a barrier to social inclusion, and I will work on shifting that. As a leader in my community, I will work to ensure that the marginalized and disabled are treated fairly and equally.”

Religious leader, Kenya. Source: Faith to Action Network

Discriminatory behaviours are felt and experienced on an individual level, but they are driven by norms, attitudes and beliefs held at a community level. To address stigma and discrimination in a holistic way that considers all the influences on individual behaviour and contributes to sustainable interventions, your SBC programming needs to work across all of these social-ecological levels, informed by a deep understanding of the core drivers of stigma and discrimination in your particular context, as facilitated by the behavioural drivers model. SBC strategies promote change within communities by addressing the social norms behind public stigma and leveraging the power of interpersonal communication, community dialogue and participation, mass media and digital platforms, as well as social networks and movements.

▶ PUBLIC STIGMA AND ITS EFFECTS

Public stigma refers to negative and discriminatory attitudes that affect children with disabilities and their families. It includes common beliefs that children with disabilities are incapable of participating in everyday activities, that they are dangerous or incompetent, or that they should be isolated. Public stigma leads to discrimination against children with disabilities and makes it difficult for them to participate in activities and receive services that contribute to their growth and development. See **Module 0** for an in-depth look at how public stigma works.

▶ WHAT DOES AN INCLUSIVE COMMUNITY LOOK LIKE?

An inclusive community is a place where public stigma does not exist. It is a community in which people with disabilities, including children with disabilities and their families, are included in everyday activities and are able and encouraged to take up roles alongside their peers. People with and without disabilities alike engage in social activities, use public resources like transportation and libraries, move about within the community, receive adequate services like education and health care, have relationships and enjoy other day-to-day activities. There are interactions among children with disabilities, children without disabilities, their families and other community members.

Creating inclusive communities requires strong community engagement to promote understanding of disability and disability stigma, so that community members can become informed allies, and to create support structures for children and youth with disabilities and their families. The

purpose of community engagement is to mobilize communities to address stigma and discrimination towards children and youth with disabilities and their families. In other words, community engagement seeks to create durable new behaviours that contribute to and reinforce inclusive social norms.

▶ HOW COMMUNITY ENGAGEMENT CAN FOSTER INCLUSION

Community engagement is a process of working with community members to design SBC interventions that can address stigma and discrimination and create more inclusive communities. When done correctly, it empowers communities to create their own solutions to stigma and discrimination and to implement them in the ways they believe will be most effective. Put another way, community engagement involves working with communities to ensure that the community itself can implement inclusive practices and programmes.

Understanding the intended outcome of community engagement can help you design effective activities. The potential objectives you can achieve through community engagement include:

- **Raising awareness about disability and stigma.**
- **Addressing barriers to inclusion.**
- **Creating support networks.**

Disability awareness and stigma
An inclusive community has a deep appreciation for how pervasive ableism is and the devastating effects it has on society.

Some of the biggest barriers to inclusion for people with disabilities are community perceptions, local culture and customary laws. For a community to be meaningfully engaged in tackling disability stigma and discrimination, its members must understand how ableism arises and persists.

Addressing barriers to inclusion

It is not enough for a community to simply be made aware of ableism and its effects, or simply understand why barriers exist. An inclusive community needs to be supported to actively seek ways to overcome barriers to full inclusion.

Through engagement, an inclusive community identifies barriers and seeks ways to address them. It also works to dismantle harmful belief systems and has the tools to identify and dispel common myths around disability – for instance, seeing disability as a ‘curse’. Communities can also examine policies to discern how they exclude people with disabilities, and where they can be altered to address barriers and better reflect inclusive values.

Affiliate stigma

Community members who are involved in engagement activities may be exposed to and adopt affiliate (associative) stigma - that is, they begin to develop their own **internalized stigma**. This can occur because they become more acutely aware of stigma against children with disabilities generally, or because of the prevalence of affiliate stigma.

To combat affiliate stigma, encourage participants to:

- Distill their concerns into only those that are actionable, and develop problem-solving plans to address them.
- Seek peer support, social activities and support networks that can help ensure their participation avoids harm of any kind and remains constructive for all.

“We need to ensure that our Church’s services enable every girl, boy, woman and man to reach out to us when they have experienced violence. Service providers and faith leaders must work together to ensure survivors get justice and care. Victim blaming must not happen. We can only do this if we join hands”

Islam, Mohammad and Naser are three brothers with disabilities from Badghis Province of Afghanistan.¹

² LWF (2021). Tanzania: Faith leaders highlight rights of people living with disabilities. <https://www.lutheranworld.org/news/tanzania-faith-leaders-highlight-rights-people-living-disabilities>

▶ CREATING SUPPORT NETWORKS

An engaged community that understands how ableism functions can work to address marginalization – for instance, by creating formal or informal support networks.

Support networks are groups of people who provide support to children with disabilities and their parents or caregivers. They may include extended family, such as aunts, uncles and grandparents; friends, teachers and community leaders; and service providers, such as organizations of people with disabilities (OPDs), health centres and clinics. These networks can be informal, as with friends and family, or formalized by establishing provider-client relationships, for instance, at a clinic or with an OPD.

Members of support networks can become advocates for a more inclusive future for their community, looking for ways to realize this shared vision with others. Through support networks, an inclusive community can become a powerful source of social protection, with benefits that can far outlast the cycle of any SBC programme.

ADDRESSING SOCIAL NORMS WITHIN A COMMUNITY

By addressing the social norms that support stigma and discrimination at the community level, SBC programmes can address stigma and discrimination and create opportunities for inclusion. When working to address social norms, you will need to gather evidence about the particular beliefs and behaviours relating to stigma and discrimination in the community you are working with. There are three main things to consider:

- **What do people think others are doing?** Our beliefs about what constitutes ‘normal’ behaviour exert a powerful influence on our own behaviours. But sometimes, these beliefs are not grounded in reality – and what we think are widespread behaviours are actually not so prevalent. Once you have gathered evidence to determine what people in the community think others are doing, you can address any such misunderstandings through communication activities that align their perceptions with reality.
- **What do people think others expect them to do?** Our perceptions of what other people expect of us – especially people we care about – can be strong motivators for our own actions. To identify and work on these perceptions in SBC, first identify the **reference groups** in the community – that is, who community members look up to, who has influence over their behaviour. These could be community leaders, parents, religious leaders or peer group members, for example. Once you know who they are, you can work to understand what they expect of others. Next, you can engage members of the reference groups in positive activities that reduce stigma and discrimination. Once influential community members change their own beliefs and behaviours, their influence can create a ripple effect throughout the community.



- **How are people punished or rewarded for their behaviours?** People's beliefs about the rewards or punishments associated with particular behaviours are called **outcome expectations**, and they affect their decisions to engage in those behaviours. You will need to gather evidence to determine what rewards or punishments are associated with particular behaviours in the community you're working with. The presence or absence of rewards and punishments can help you decide how to approach activities to promote social norms change. For example, if there are weak or minimal punishments for new behaviours, you might focus on changing people's perceptions of what others are doing. But if the rewards or punishments for those behaviours are very strong, you might instead advocate for laws that incentivize new behaviours.

An additional consideration when conducting social norms work is the concept of **positive deviance**. Positive deviants are people who go against existing norms in positive or pro-social ways. You can study how they act against prevailing norms, and identify pathways for others to adopt the same behaviours. You might look for people who confront discriminatory behaviours in their communities and seek to understand why and how they do it. Or, you may look for people who engage in inclusive actions toward children with disabilities. While it can be challenging to find positive deviants in a community, they can act as powerful examples of the benefits of behaviours that challenge existing norms.



KEY TAKEAWAYS: READY

- SBC promotes community-level change by addressing the social norms that drive public stigma and discrimination, through strategies that use interpersonal communication, community dialogues and participation, media, social networks and movements.
- Community engagement is a process of working with community members to design and implement their own solutions to counter stigma and discrimination and implement inclusive practices.
- Community engagement activities can create greater awareness of disability, stigma and discrimination; address barriers; and create support networks within the community.
- Addressing social norms begins with observing community members' beliefs about what others are doing, what others expect of them, and how they are rewarded or punished for certain behaviours.
- The Steady section will focus on some of the most important considerations when starting community engagement activities to support social and behavioural change that promotes inclusion, along with an overview of some commonly used SBC approaches.



STEADY

Before starting community engagement activities

Undertaking community engagement is not always as simple as setting up a workshop space or mobilizing people for a dialogue. Children with disabilities and their families are people first, and their experiences of stigma - including internalized and anticipated stigma - will differ from community to community.

In order for engagement to be productive, it may be worth undertaking activities that allow communities to open their thinking and consider shifting their behaviours before formally launching SBC activities. You can set up spaces where inequalities can be acknowledged and redressed, for example, or language can be more deeply appreciated prior to using it.

Such activities should be thought of as “setting the stage” for meaningful engagement and social and behavioural change.

To tackle stigma and discrimination at the community level, you will need to forge a deep level of understanding with the communities you’re working with, and build an intensive strategy around engagement. Communities need a thorough introduction to the objectives of a person-first approach, followed by an honest examination of the norms that drive stigma and discrimination in the community and the factors that, in turn, drive these norms.

KEY CONSIDERATIONS WHEN ENGAGING COMMUNITIES FOR INCLUSION

[UNICEF's Minimum Quality Standards and Indicators for Community Engagement](#) is an important resource for any team looking to design a set of community engagement activities with children with disabilities and their families. The criteria provide a clear starting point for ensuring that your community engagement activities will support empowerment and inclusion.

“Abuse is mostly coming from the belief system. If they believe it is from witchcraft, they lockup the child because they do not want the children to be seen by the community.”

(Namibia, Ministry of Health and Social Services)

► RECRUITING PARTICIPANTS

When you recruit for a community engagement activity, the considerations are similar to when you're recruiting for research or evaluation (for further details, refer to [module 1](#)).

To select participants for your dialogue or workshop, first develop selection criteria based on the goals of your programme, then use those criteria to determine which channels will be most inclusive and appropriate for recruiting. For instance, if your programme focuses on education, consider inviting a range of participants through school channels so that children with disabilities do not feel singled out or invited tokenistically. Make sure that you deliver information in age-appropriate and impairment-specific ways, and always secure consent or assent (agreement to take part by children and others legally unable to consent).

► ENGAGING KEY STAKEHOLDERS

In order to drive community engagement, you need to identify and engage people who have the power and influence to drive positive social change within their communities. These **gatekeepers** and **influencers** include people involved in governments or other local institutions, such as municipalities; religious leaders; community influencers; leaders of youth movements; leaders of informal community social networks; and social media influencers who are popular within the community you're working with.

OPDs and other local disability advocacy groups tend to have major databases and networks that you can draw on when thinking about mobilization. They can support your team to not only identify relevant stakeholders for engagement activities, but also help those stakeholders maintain their support for the outcomes of SBC programming.

▶ ENGAGING ADULTS WITH DISABILITIES AS ROLE MODELS

Engaging adults with disabilities in creating inclusive environments for children with disabilities can be very effective. As noted in *Take Us Seriously!*, adults with disabilities often have the greatest expertise in understanding the barriers that exist and how to overcome them.³ To avoid exacerbating internalized stigma, you can encourage adults with disabilities to approach their participation with an empathetic mindset – acknowledging and understanding their past experiences, while focusing on shifting current norms to benefit future generations.

▶ SELECTING A VENUE

Select a venue that is easy to find, central for all community members, quiet and suitable for the kind of activities you will be doing. For instance, you may need breakout spaces if you plan for participants to work in smaller groups. Make sure the venue is accessible for people with a range of disabilities, so that everyone can participate. This [venue selection checklist](#) covers key accessibility considerations.

▶ USING INCLUSIVE LANGUAGE

The language we use reflects our attitudes – making language itself a site for SBC intervention. Language can be exclusive and stigmatizing, or hopeful and inspirational. It can instill a sense of possibility that helps people achieve goals. Take care with the phrasing and terminology you use when discussing topics such as stigma and discrimination during your engagement activities. For a list of disability-inclusive language that complies with the person-first approach (with examples of recommended language and language to be avoided), refer to the [UN Disability-Inclusive Communication Guidelines, p. 16.](#)

▶ EMPATHETIC LISTENING AND ENGAGEMENT

You can only engage in critical dialogue to address stigmatizing behaviours after you have developed rapport – and to do so, you need to spend time listening to people's perspectives on their experiences, in venues where they are comfortable and willing to speak openly.

But even under the best conditions, confronting ableism is not easy. It requires being explicit about how ableism manifests and what discrimination looks like when it occurs in the community. This process can be sensitive and triggering. It requires skilled facilitation, with an empathetic approach and an activity schedule that progressively works toward critical dialogue and reflection about the effects of stigmatizing behaviours, what and who influences behaviours, how new behaviours can be encouraged, and the best ways to work with people with disabilities and their communities to create change.

Throughout the process, always keep in mind that inclusion is an empathy-led practice that sees all children holistically, as people first. As changes begin to occur at the community level, you need to ensure that community members see each child with a disability as a person first. When people suddenly become aware of the needs of children with disabilities, they may start treating them as special, different or needing protection. But the goal is to ensure that every child is seen as just who they are – a child, and a person with a unique identity, desires and needs that are intersectionally defined, rather than only in terms of their disability.

³ UNICEF (2013). *Take us seriously! Engaging children with disabilities in decisions affecting their lives*. New York. <https://www.unicef.org/media/126316/file/Take-Us-Seriously.pdf>

▶ SUSTAINING ENGAGEMENT

Community engagement activities are most effective when they occur among active participants who are invested in the outcome. When you mobilize participants, it is important to show that your activity is an opportunity to improve their current state. Your engagement activities are a chance to catalyze needed conversations, which you should commit to sustaining throughout the project period. Once your programme has concluded, participants should have the capacity to continue them on their own, if they so choose.

With the above in mind, let's discuss some strategies for using SBC to engage with communities.

SBS STRATEGIES FOR ENGAGING COMMUNITIES

SBC programming uses a number of approaches to tackle stigma and discrimination at the community level. According to a 2021 systematic literature review, these include:

- Education and training.
- Social contact between people with and without disabilities.
- Communication and persuasion activities.
- Alternative models of care and economic empowerment ⁴

A given intervention will often use a mix of these approaches. The remainder of this section outlines a number of approaches that may be applicable to community engagement work in your context.

⁴ UNICEF (2020). *Social and behavioural change interventions to strengthen disability-inclusive programming.*

▶ SOCIAL MOBILIZATION

Social mobilization refers to the process of identifying and mobilizing the resources available within a community, with the aim of challenging institutions, systems or social rules. It begins by mapping the network of existing resources, identifying existing power structures and finding starting points for action. Sometimes, social mobilization activities may lead to broader social movements, but often this isn't the case.

Social mobilization on its own can help create more inclusive communities, because community members take part in mapping the structures and resources available and then think about how these resources may be mobilized for change. For example, a community may decide to identify all the OPDs providing services to children with disabilities. Next, parents and caregivers who need services but are not receiving them may be mobilized to seek those services within the network of OPDs identified in the mapping process.

▶ COMMUNITY DIALOGUES AND WORKSHOPS

Community dialogues and workshops, as a category of community engagement activities, are a forum for critical reflection and meaningful dialogue. They can be generative – that is, used to explore questions – or evaluative, used to validate hypotheses. They can help reduce discrimination, increase understanding and build networks of local support and advocacy for non-ableist programming. Note that even though they may build support networks, community dialogues and workshops by themselves don't create social protection for children with disabilities and their families – while community support is a critical element of social protection, policies and programmes that reduce the adverse effects of poverty and other forms of disadvantage on children's well being are also required.

Within this toolkit, community dialogues and workshops are a fairly broad engagement modality. They can encompass focus group discussions (FGDs), in-depth interviews, intercept surveys and more. They can be used at various stages of the project cycle and adapted to a range of programmatic contexts. They are sometimes used in participatory research (see module 1) and can be used for empowerment activities (see module 2).

► COMMUNITY CAPACITY ENHANCEMENT

The Community Capacity Enhancement (CCE) methodology is an interactive and systemic approach using dialogue with and for communities, to address underlying causes of discriminatory behaviours, including power relations and stigma. Like all SBC methodologies, it is premised on the belief that communities have the capacity to identify and change harmful practices and social norms, if they can identify and explore concerns and reach consensus on how they can address these. CCE may also be used in research, participatory policymaking and social mobilization.

CCE convenes ‘community conversations’ during which participants discuss issues that affect them and agree on appropriate responses.⁵ These dialogues aim towards an in-depth understanding of the issues facing the community, while creating space for the community to reflect on their situation and examine individual and collective mindsets, socio-cultural beliefs and practices, and the institutions and structures in which these are embedded – to see how these contribute to the issues they have identified. With expert facilitation, communities can drive their own transformation processes. The development of skilled facilitators is critical to successful implementation of CCE.

► COMMUNITY MAPPING AND SERVICE MAPPING

Community mapping can be used to identify marginalized communities, the barriers they face and the enablers available to them. Mapping disability prevalence and inclusive services within the community helps to identify children with disabilities and their families, while showing where services or other forms of support are linked, and where there are gaps. Mapping also tends to reveal the community’s needs and plans to address gaps in services or support, which can then be addressed through other programmatic activities.

Mapping should be a collaborative, hands-on process that provokes conversation and reflection. To that end, it’s critical that participants are invested in it, seeing it as an opportunity to improve their current state. It also makes a difference who facilitates the conversation. When community mapping exercises (indeed, any research exercises) are facilitated by children with disabilities and their families, participants tend to talk more freely about their experiences. The mapping (or the data that emerges from research) tends to be more accurate and aligned to the shared experiences of people with disabilities living in these communities. Meanwhile, the children and families who facilitate become aware of their own capacity to drive change, which makes them more likely to take action in the future.

⁵ See M. Tadesse (2019), . ‘The role of community conversations in empowering communities to challenge FGM’, to read about how UNICEF has successfully used community conversations to transform harmful practices in Ethiopia.

▶ COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-based participatory research (CBPR) involves collective, reflective and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the process. All participatory research aims to learn, improve practice and bring about needed social change that can be collectively 'owned' by the people who are most affected by an issue. Its techniques and methods have been shown to have significant and sustainable success in increasing community support and uptake of behaviour change programming.⁶

Refer to **Module 1** for an in-depth look at tools, techniques and methods to promote the meaningful engagement of children with disabilities and their families in SBC research.

▶ USING THE MEDIA

Representation in the media deeply influences perceptions, attitudes and norms in a community. Unfortunately, it is not uncommon to see children with disabilities presented in a negative way in popular media – for instance, reduced to objects of charity. Most often, they are altogether absent. [Media Representation of Disabled People](#) is a good place to explore resources on the media's relationship with disability.

Promoting accurate portrayals of children with disabilities and their families is essential to eliminating stigma and discrimination against them – and the [CRPD](#) requires Member States to raise awareness about the rights of people with disabilities, and to do so accurately and constructively. Engaging children with disabilities and their families in processes that create media representations is an excellent way to

ensure accuracy, and it is itself a means of advocacy. Children with disabilities and their families can run newspapers, contribute to radio broadcasts and other forms of edutainment, develop social media campaigns and more.⁷

▶ ENTERTAINMENT EDUCATION

Entertainment education (EE), also known as edutainment, refers to interventions or activities that use community or mass media to tell stories that challenge established norms and conventions. Usually, EE means storytelling with a message, and includes characters who help audiences see and understand the benefits and risks of new behaviours or practices. The characters in EE programmes show audiences potential outcomes of the choices they make, and can serve as powerful role models.

In inclusive programming, EE programmes should always include children with disabilities, depicted in a way that challenges stereotypes and thereby disrupts the processes that drive stigma and discrimination.

▶ COMMUNITY MEDIA

Community media are traditional media (radio, television, newspapers and other periodicals) that are owned and controlled by communities themselves. They tend to be low-cost, and while they typically have much smaller reach than mass media, they have the benefit of reaching people on channels they are already familiar with, such as radio. Because community members control community media, they can influence content decisions – for instance, they can choose to include children with disabilities in stories, programming and other content.

6 B. Eldera & K. Odoyob (2018). [Multiple methodologies: Using community-based participatory research and decolonizing methodologies in Kenya](#). to read about how UNICEF has successfully used community conversations to transform harmful practices in Ethiopia.

7 UNICEF (2013). [Take Us Seriously! Engaging children with disabilities in decisions affecting their lives.](https://www.unicef.org/documents/take-us-seriously) <https://www.unicef.org/documents/take-us-seriously> .

Community radio is an essential communication channel in many communities. In the Global South, for example, radio campaigns, often in local languages, have been used to disseminate facts and share human interest stories and testimonials. Refer to the [Set section of this module](#) for inspiring case studies.

► SOCIAL MEDIA

Social media can be a powerful, cost-effective way to diffuse messaging rapidly. Successful social media campaigns have used formats like short video testimonials and human interest stories.

When children with disabilities and their families are directly engaged in social media campaigns, they can inform the imagery, messaging, tone, and use of hashtags and colloquialisms. They can also create access to new communities of practice for support, networking and action.

While social media opens up a realm of possibilities for compelling communication, it also comes with risks when used for engagement. Prior to launching social media campaigns to support community engagement activities, discuss risk mitigation strategies within your team. Consider risks such as security breaches, breaches of confidentiality, and exposure to harm (such as cyberbullying). UNICEF has a wealth of resources pertaining to [child safety online](#), including protection for children who are involved in online engagement. Before you get started with any online engagement activities, make sure to find an appropriate way to secure informed consent or assent from all participants.

Role model approaches for engaging communities

In all communities, there are people who employ uncommon yet successful strategies that enable them to find viable solutions to various challenges. These people function as positive role models and can be powerful agents for social and behavioural change.

SBC programming can make these role models visible in order to catalyze change. Digital media campaigns should take the opportunity to amplify role model families who promote the inclusion of children with disabilities.



▶ OTHER SBC APPROACHES FOR COMMUNITY-LEVEL WORK

The [SBC Programme Guidance](#) refers to seven programmatic approaches to promote change. Community engagement, as described in this section, is one of these approaches. Other approaches that may be applicable to community-level activities include:

You can learn more about these programmatic approaches on UNICEF's Agora learning platform. Search for "SBC Building Blocks" and enroll in the course to explore UNICEF's programmatic approaches.

- Service improvements
- Systems strengthening
- Social movements
- Social and behaviour change communication



STEADY KEY TAKEAWAY

- Before you begin any community engagement activity, have a plan to prioritize the inclusion of children with disabilities and their families.
- To drive community engagement, identify and engage gatekeepers and influencers – people who have the power and influence to drive positive social change within their communities.
- Empathetic listening, skilled facilitation, safe and accessible venues and use of inclusive language are critical elements of community engagement activities that tackle sensitive and triggering issues related to ableism, stigma and discrimination.
- Social mobilization can help create more inclusive communities by enabling community members to identify the resources available to them, the power structures in their community, and the starting points for action to create change.
- Community dialogues and workshops provide a forum for critical reflection and meaningful discussion, through which community members can pinpoint issues and propose solutions that help reduce discrimination, raise awareness of disability and build networks of local support and advocacy.
- The involvement of children with disabilities and their families in developing content for media, including community and social media, promotes accurate representations that help to address stereotypes, stigma and discrimination.



► COMMUNITY DIALOGUES

- [Addressing Disability Stigma through Community Dialogues](#). UNICEF Rwanda and the Umbrella of Organizations of Persons with Disabilities in the Fight against HIV & AIDS and for Health Promotion (UPHLS) are working together to organize community dialogues across the country, to speak up about stigma and social inclusion for children with disabilities and their families.
- [Let's Talk Disability](#). A facilitated conversation about disability, inclusion and the rights of people with disabilities, run by Shonaquip Social Enterprises.
- [Community Dialogues as a Strategy for Identifying and Addressing Child Protection Needs in Shinyanga, Tanzania](#) (A. Abubakar et al., 2018). While this case study from the Firelight Foundation does not have a disability focus, it clearly outlines the process of using community dialogues, and shows how information from these dialogues was used as part of a research process to assist in the drafting of community interventions.

► ENGAGING AND EMPOWERING CHILDREN AND YOUTH

- [The One Minutes Jr.](#) offers children aged 12-18, including those with disabilities, the opportunity to have their voices, ideas, anxieties and dreams heard by the world, by creating powerful 1-minute videos.
- [Take Us Seriously! Engaging children with disabilities in decisions affecting their lives](#) (UNICEF) is a set of guidelines to enhance the participation of children with disabilities in policies and interventions. The section on 'Building a participatory environment at the local and community level' (page 8) contains case studies of initiatives in Cape Town and Uganda.
- [My Story, Our Story](#). The Children's Performing Arts Workshop (CHIPAWO) Trust uses creativity to empower children with disabilities and to address negative social norms and perceptions towards them. The My Story, Our Story campaign, supported by UNICEF Zimbabwe, established awareness platforms to help communities, families and policymakers understand the hidden creative talents and potential of children with disabilities.

- [Activate Talks](#) are an initiative of UNICEF Rwanda aiming to end stigma and discrimination by supporting children and young people with disabilities to participate in public speaking. For most people, public speaking does not come naturally. But if you are a person with a disability – or speaking about a loved one with a disability – you might also feel the added pressure of real or perceived stigma. On the International Day of Persons with Disabilities in Rwanda in 2020, six speakers faced the camera to speak about their experiences with discrimination.
- ▶ **INCLUSIVE MASS MEDIA AND SOCIAL MEDIA CAMPAIGNS**
- [The Participatory Child Rights Media Network](#) in Mozambique provides a space for children, who comprise more than half the country's population, to come together and produce programmes that promote and discuss their rights and priorities and the issues that impact their lives. For community stations Radio Mozambique and TV Mozambique, around 1,400 children have produced peer-to-peer programmes that reach out to other children and engage adults in discussions of difficult issues, such as abuse in schools.
- [Find Another Dream](#), written and performed by Maysoon Zayid, tells the story of how she created her own path to stardom, as a Muslim Jersey girl with cerebral palsy. Zayid is an actress, comedian and passionate advocate, fighting against online bullying and for access to education for students with disabilities worldwide.
- [Sightsavers Equal World Campaign social media toolkit](#) includes suggested tweets (for posting on Twitter), a YouTube video (publicly accessible and easily shareable), GIFs (an animated image file for attaching to any social media post), a set of accessibility guidelines and more.
- [Top 10 Disability Excuses: Social media toolkit](#) (November 2021) from [Inclusive Futures](#), a [Sightsavers](#)-led disability inclusion programme. Developed as a tongue-in-cheek portrayal of common excuses given for why disability inclusion is avoided, minimized or seen as an afterthought. Includes a Top 10 Countdown video, suggested posts (for Instagram, Twitter, Facebook and LinkedIn) and other social media guidance.

[Ouro Negro](#) (Black Gold) is a Mozambican radio station that produces podcasts addressing stigma against people with disabilities through stories covering a broad range of topics. The following stories relate to the topics covered in this toolkit:

- [Story 137](#): Um por todos, todos por um (One for all, all for one)
- [Story 5](#): Os esquecidos (The forgotten)
- [Story 152](#): Escola para todos (School for all)

- [Amplifying Disabled Voices in the Media](#) (podcast from Leonard Cheshire). Disability rights activist Jazz Shaban and BBC Correspondent Gary O'Donoghue discuss how the media landscape and diversity within media have changed over time. They also reflect on what other shifts are still needed, and why authentic voices are so important in media storytelling.
- [Changing the Conversation around Disability](#) (Leonard Cheshire). Lidia Pretorius, Disability Inclusion Advisor for the Girls' Education South Sudan (GESS) project, shares her experiences working with journalists to change the conversation around girls with disabilities.
- [International Day of Persons with Disabilities 2021: Campaign on leadership and participation](#). Developed by the International Disability Alliance (IDA), this social media kit remains relevant today.
- [Kupenda](#) is a documentary about three teenagers with disabilities who challenge their community's long-held stigma and climb Africa's tallest mountain, Mount Kilimanjaro.





GO

UNICEF developed a [Community Engagement Resource Pack](#) that includes a Training of Trainers for facilitating a five-phase community engagement process that community members themselves prepare, assess, design, plan, implement, monitor and evaluate. This process has been applied to disability inclusion. The [Community Engagement Key Intervention Guidelines](#) provide implementing partners with the basic steps and standards of community engagement, and give UNICEF staff a sense of what to look for when conducting monitoring visits. Partners can use the [Community Engagement Report Template](#) to report on their progress in the community engagement process.

- [Check Yourself: What would you do?](#) is designed to help you check your implicit biases. It is a great tool for any practitioner who is starting to work on disability inclusion, and can be used by frontline workers in the field, in group sessions. Designed as a self-assessment followed by a plenary discussion, it asks participants to consider what they would do in certain scenarios, and helps to identify if their responses may be influenced by stereotypes and biases about people with disabilities, or whether they are based on objective facts, evidence and actual experience.
- [Basic Facilitation Skills](#) covers the required roles, skills and materials needed for good facilitation during community engagement.

- The [Plan International Disability Awareness Toolkit](#) offers resources that can be incorporated into community engagement. It is designed to reflect broad cultural contexts of Asia, Africa, the Arab world and Latin America, and includes tools that allow community members to:
 - Identify people with disabilities in their community.
 - Reflect on their own attitudes towards people with disabilities in the community.
 - Analyze the consequences and causes of their attitudes and behaviours. Come up with suggestions on how to improve the situation for people with disabilities in their community.
- [The Community Toolbox's Guide for Building Inclusive Communities](#) was designed to help create social cohesion between groups in conflict, but its [Community Engagement Checklist](#) can be used in every context, including for disability inclusion, while its [Creating Committees guide](#) was adapted specifically for disability inclusion. The purpose of Community Toolbox Guide is to stimulate further thinking about:
 - Establishing an advisory committee.
 - Planning the process for identifying the focus of your initiative and assessing needs and challenges related to valuing diversity.
 - Determining the process for adopting and adapting promising strategies to help your community value diversity.
- [The Ties That Bind: Building social cohesion in divided communities](#) was not developed to increase social cohesion between people with and without disabilities, but it offers modules and tools that can be used for this purpose. Practitioners can tweak and incorporate the following sessions in their community engagement process:
 - Discovering the best that lies in each of us
 - Viewing my relationship to the world in a different way
 - Building a shared vision of social cohesion
 - Opening up to other people
 - Dreaming together
- [The Adventures of Jad and Tala](#) is a series of story books published by UNICEF Lebanon in Arabic, designed to introduce important concepts related to child rights to children aged 4-9 years old. Two books talk about disability inclusion: [A Meeting in the Public Park](#) introduces Jad and Tala's new friend Bassem, who uses a wheelchair as they engage and play together. [In My School There's Ghina](#) is about a girl with a visual impairment who joins Jad and Tala's school. Each book is accompanied by a two-page guide for adults on how to articulate key messages on disability to children. These books have been used to train teachers, librarians and social workers. In a classroom setting, each child might take one of the books home for a couple of days, share it with their parents, siblings and friends, and then come back and tell their classmates about the experience of sharing the book. Ideally, this would not be a stand-alone activity, but part of a set of interventions for tackling public stigma.

The [Edutainment Toolkit](#), developed by UNICEF Lebanon, offers 16 ready-made tools to help frontliners:

- Engage the community on the topic of disability inclusion in a fun manner.
- Facilitate positive interactions between people with and without disabilities.
- Provide accurate information on disability inclusion.

The tools are available in Arabic and English and include murals, puppet play, community theater, snakes and ladders and much more.

- The last tool is a [set of five videos](#), each 6-9 minutes long (in Arabic, with English subtitles and sign language translation), in which people with different abilities share their stories of exclusion and inclusion. At the request of the participants with disabilities, the videos take a humorous tone, in order to break the association of disability with sadness and misery, while sharing meaningful stories that allow audiences to laugh and cry. These videos were designed to be used in community sessions followed by a facilitated discussion.

- Toolkit on [Disability for Africa: Culture, beliefs and disability](#). This module of a toolkit developed by the UN Division for Social Policy Development provides a great set of references for understanding and outlining the objectives of community engagement for disability inclusion. The resources align with a person-first approach for SBC.
- The UN [Disability-Inclusive Communications Guidelines](#) aim to help practitioners make communication about disability inclusive and accessible.
- UNICEF has developed an [Inclusive Communication Module](#) on Agora.
- [Everybody Wants to Belong](#) is a toolkit developed by UNICEF to help SBC practitioners use social norms programming to address norms at the community level.

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