

The elections of the Junior Deputies who will sit in the Children's Parliament of Congo

# MODULE 5

## Strengthening partnerships for advocacy

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.



**Vincent Petit**  
Global Lead, Social and Behavior Change.  
UNICEF



**Gopal Mitra**  
Global Lead, Children with Disabilities  
UNICEF

# 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 Machado and Aislinn Zullo, Ambassadors of Inclusion, write and share. During the design, piloting and implementation of activities of the 'Ambassadors 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 Assam, Bangladesh, are participating 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

Mangochi, Swazi Region, Mozambique is a person with disability, community health worker and president of the Independence community group. He assists residents 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. Doung Van Ngien, 40 years old and his wife, Mrs. Thi Thanh, 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

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

**MODULE 7**  
Monitoring, evaluating and measuring

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### Sarah's story, part 5

Then there were many other advocates – people, friends – who supported me through the years. I learned about my rights through a workshop run by a local organization of people with disabilities. At the age of 12, I joined an online forum where another young person spoke about an application that helped convert text to speech. My school received tablets, and we were all trained on how to use them. On December 3, the International Day of Persons with Disabilities, we marched across town, carrying posters about our rights. A local newspaper and TV channel covered the story.

I hope that other children with disabilities see me as a good example of what is possible. Today, I'm a disability activist, and someone who understands that partnerships are super important in everything, including developing inclusive policies where everyone is valued. We can't make inclusion a reality unless we do it together with OPDs, governments, teachers, the private sectors and us – young people.



# 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.<sup>1</sup>
- **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.<sup>2</sup>
- **Prejudices** are negative attitudes towards a group of people,<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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.<sup>7</sup> 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 looks at engaging potential partners and allies – such as influencers, community leaders, youth groups and civil society organizations, including organizations of people with disabilities (OPDs) – to advocate for inclusive programmes and services and influence national and local policies, programmes and budgets to address disability-related stigma and discrimination.

- The **Ready** unit of this module provides an overview of the role of advocacy in SBC, the role of partnerships in advocacy, different types of partnerships, and potential partners and allies for advocacy to counter disability-related stigma and discrimination.
- The **Steady** unit provides practical considerations for identifying and engaging stakeholders for advocacy, along with some specific points on working with OPDs, using the CRPD and other legal frameworks, using data in advocacy, and monitoring and evaluating advocacy.

- The **Set** unit includes case studies to inspire the design of locally appropriate projects.
- The **Go!** unit offers tools for planning and delivery of advocacy activities.

Complementary SBC initiatives are addressed in other modules: Module 2: Empowering children and families, Module 3: Understanding and engaging communities and Module 4: Disability-inclusive and disability-sensitive services.

### After reading this module, you should be able to:

- Incorporate policy and systems-related advocacy into SBC programmes to increase inclusiveness and reduce stigma and discrimination.
- Describe how advocacy activities support SBC approaches such as supportive public policies.
- Select the right partners for your advocacy.




# READY

SBC programming involves the strategic use of advocacy, media, interpersonal communication, social mobilization and other approaches to accelerate change. It requires an understanding of the context within which behaviours occur. Which partners and allies you select and prioritize for your advocacy and social mobilization activities will depend on this context.

## ADVOCACY PLAYS A KEY ROLE IN SBC PROGRAMMATIC APPROACHES

Supportive public policies, systems strengthening and service improvements are three of the seven programmatic approaches that play a key role in achieving social and behaviour change (SBC) as well as sectoral programmatic goals, as covered in the [SBC Programme Guidance](#).

Advocacy is instrumental to the success of these approaches – for instance, ensuring that government agencies, community-based service providers and others develop and implement policies,

allocate resources and build capacities needed to support children with disabilities. This module focuses on advocacy's role in supportive public policies.

### ► WHAT IS ADVOCACY?

**Advocacy** aims to create an enabling environment for social, behaviour and policy change. It can target either decision-makers or those who influence them – for instance, policymakers and other decision-makers in the public and private sectors; particular groups of stakeholders, such as professionals working in specific sectors; segments of the public, such as parents and caregivers; or the general public at large.

Advocacy can be used to raise awareness of the situation, rights and needs of children with disabilities, to mobilize support for inclusive societies and create demand for inclusive policies, budgets, programming and services. Advocacy can be conducted at any level, including the community level.

**Policy advocacy** – ultimately targeting policymakers themselves – can be used to mobilize political will, leadership and commitment and overcome barriers to develop and implement supportive local, regional or national laws and policies. It can also be used to mobilize resources to fund the implementation of policies or programmes, and to encourage equitable resource allocation as well as capacity development to support children with disabilities.

“If we had the opportunity to be in the policy making procedure, the laws would have been more disability friendly.”

Ramesh P, Nepal, young disability advocate

### ▶ SOCIAL MOBILIZATION AND ITS RELATIONSHIP TO ADVOCACY

Social mobilization is the process of bringing together allies and stakeholders to deliver resources and services, strengthen community participation in decision-making processes and create demand for programmes. Social mobilization can strengthen the ability of communities to participate in processes that affect them and increase their self-reliance.<sup>1</sup>

Including social mobilization in SBC programmes increases the likelihood that OPDs have the opportunity to engage with processes on behalf of those they serve. Social mobilization can be a precursor to effective advocacy by helping programmers identify key allies and partners within their communities. [This resource](#) in the SBC programme guidance provides more information on how social mobilization functions to support SBC programmes.

### ▶ ADVOCACY FOR SUPPORTIVE PUBLIC POLICIES

Policy advocacy is one of the most important tools through which SBC programmers can support children with disabilities and their families, because public policies make a critical difference in their lives. As an SBC programmer, you need to know how to conduct advocacy that can positively influence the policy environment.

While most countries no longer have policies that actively promote discrimination against children with disabilities, the lack of policies that support people with disabilities and their access to products, services and public life can be just as damaging. Meanwhile, progressive public policies can contribute to gradually changing attitudes towards people with disabilities, as survey research from Kenya and Uganda has shown.<sup>2</sup> For more information, see the section on supportive public policies in the [UNICEF SBC Programme Guidance](#).

<sup>1</sup> World Health Organization (2008). *Implementing the WHO Stop TB Strategy: A Handbook for National Tuberculosis Control Programs*. Geneva.

<sup>2</sup> R. Aley (2016). *An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa*.



Advocacy for supportive public policies must be conducted in the context of a holistic SBC programme that also addresses behavioural determinants like social norms, negative attitudes and beliefs, the stigma that results from them (see [module 0](#)), and inclusive service provision (see [module 4](#)). It should be driven by people with disabilities and their families and representative organizations, supported by champions within civil society, government and international organizations.<sup>3</sup>

### ▶ THE ROLE OF GLOBAL LEGAL

Much of SBC advocacy revolves around ensuring that governments fulfill the promises they made when they signed and ratified international agreements such as the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC), or when they committed to the 2030 Agenda for Sustainable Development. These agreements support advocacy efforts by providing a framework for countries to develop and implement policies to support children with disabilities, and to hold countries and service providers accountable against their commitments. The [Steady](#) section of this module explores some ways to leverage the reporting functions of these frameworks for advocacy and policy change.

OPDs and other civil society organizations, which were indispensable to the development of international agreements like the CRPD, are now critical to their implementation. On a national level, all signatories to conventions are required to develop sector plans with some degree of civil society engagement, including that of OPDs. Formally recognized national coalitions on education, health and other

sectors are asked to give input and review strategies and policies. Similarly, donor groups organized around various sectors often provide technical support to governments of low- and middle-income countries. The collaboration and support of these groups are critical for influencing policies and strategies.

This is where SBC programming plays its critical role – ensuring that supportive public policies are developed, implemented and monitored with the active participation of civil society and communities. UNICEF’s relationships with partners in government, civil society and other actors in each country can help ensure that sector plans include children with disabilities and reflect the requirements of the CRPD, CRC and other conventions. It is also critical to advocate for social accountability frameworks to make sure that engagement with communities is not ad-hoc but institutionalized, enabling longer-term contributions and feedback from communities and service users.

### ▶ PARTNERSHIPS AND ALLIANCES ARE CRITICAL FOR ADVOCACY

Developing effective partnerships is a necessary first step in undertaking advocacy activities. Partnerships are key to the successful development and delivery of any SBC programme seeking to address stigma against children and youth with disabilities and their families. UNICEF is committed to building a network of alliances with [government, civil society, OPDs, the media, the private sector, the UN system and other key stakeholders](#) to create inclusive environments for people with disabilities.

<sup>3</sup> UNICEF (2022). [Disability Inclusion Policy and Strategy, 2022-2030](#).

Strategic partnerships with civil society and other stakeholders can help mobilize resources, amplify the impact of policy advocacy, strengthen the reach and impact of services and programmes, harmonize and integrate activities and ensure that results are sustainable. Diverse partnerships and alliances can help to:

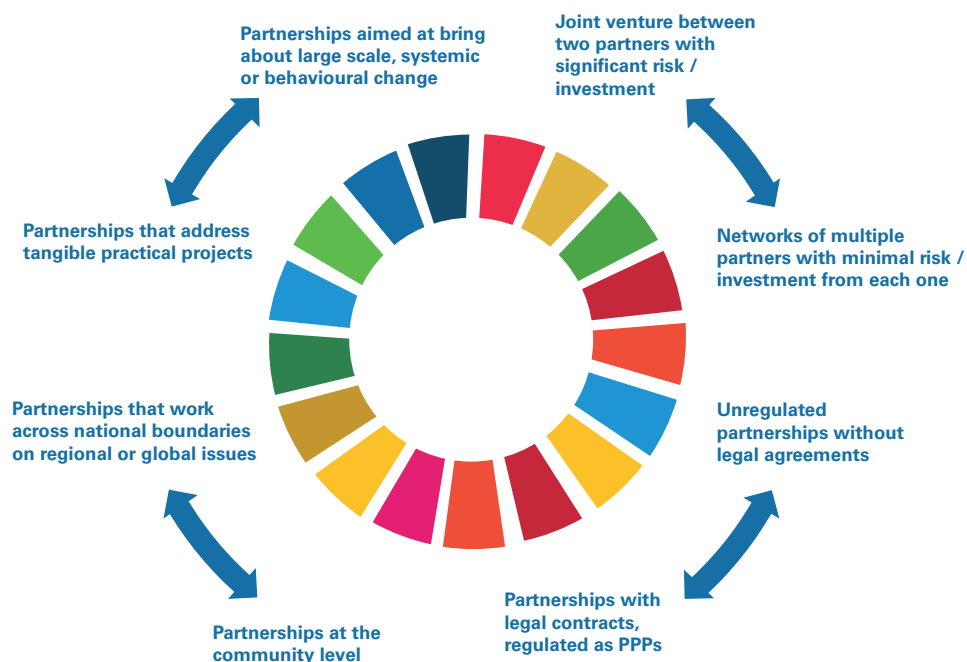
- **Influence decision-making** – by sharing lived experiences and bringing new considerations to the fore.
- **Design better programmes** – by identifying important issues, pitfalls and opportunities.
- **Increase acceptance and credibility** – by engaging influential groups as allies and advocates.
- **Sustain change** – by informing decisions and providing support for long-term sustainability and accountability.

### What are partnerships and alliances?

**Partnerships** are the foundation of effective policy advocacy. The United Nations defines them as “voluntary and collaborative relationships between various parties in which all participants agree to work together to achieve a common purpose or undertake a specific task.”<sup>4</sup>

Partnerships encompass many different forms of collaboration, with different modalities appropriate to different situations. [The UNICEF Principles of Partnerships provide a framework for formal or informal agreements.](#)<sup>5</sup> Figure 1 describes several ways in which partnerships can be created in support of SBC programmes and advocacy around supportive public policies. Social mobilization activities as described above can help you identify and activate potential partners in your community.

#### Range of partnerships for the SDGs



5. The UN System partnerships for the SDGs as: Partnerships for sustainable development are multi-stakeholder initiatives voluntarily undertaken by Governments, intergovernmental organisations, major groups and other stakeholders, which efforts are contributing to the implementation of inter-governmentally, agreed development goals and commitments. Many UN legislative documents have stated basically the same language, so many possible references, for example: <https://sustainabledevelopment.un.org/content/documents/2257Partnerships%20for%20SDGs%20-%20a%20review%20web.pdf>

3 UN GA Resolutions 68/234, 66/223, 64/223, 62/211, 60/215, 58/129, 56/76.  
 4 UNICEF procedure for programme implementation partnerships | UNICEF

A **strategic alliance** combines the complementary skill sets or assets of two or more partners. It is usually thought of as bringing together organizations working in different fields or disciplines – for example, OPDs and the media. The spirit of most alliances is to reimagine and recombine whatever the two partners are good at individually to address challenges and opportunities they couldn't tackle alone.

An **ally** is someone who supports the cause of a marginalized group and uses their privilege to learn from that group, amplify their voices and perspectives and take action alongside them<sup>6</sup>. Disability allies leverage their own privilege as non-disabled people to challenge ableism.<sup>7</sup> Given the significant diversity of disabilities and manifestations of ableism, disability allies may include people with disabilities working against forms of ableism that do not specifically affect them.<sup>8</sup> Anyone can become a disability ally and an active participant in advocacy campaigns.

### The importance of local partners

With their knowledge of the national, local and political contexts and social networks

and direct access to communities, local partners such as civil society organizations, influencers and community or youth groups have the potential to dramatically strengthen the reach and impact of SBC initiatives.<sup>9</sup> Development organizations can work with local partners to understand existing movements and strengthen community and civil society systems, empowering local stakeholders and building their capacities.

In order to achieve results at scale, it is important that capacity is localized – that is, that local partners lead the work, and that they have opportunities to build their capacities. It is also critical that all stakeholders and partners tackle their own subconscious discrimination and are supportive of SBC initiatives. For more information on how to create SBC expertise within civil society organizations (CSOs), governments and academic institutions, see the [UNICEF SBC Guidance on unit on Capacitation of Partners](#). For more information on addressing unconscious bias and misperceptions about disability, see [Modules 0 and 4](#).

“It has taken me a long time to learn that my disabilities are not the problem, rather it is the inaccessibility of society and its structure. ...We have to navigate a society that wasn't designed for us, services that are not accessible, we consistently have to advocate for our personal rights, and have to often do this while in burnout and/or in the middle of flare-ups.”

Em, 23-year-old disability advocate, Australia

<sup>6</sup> F. Kendall (n.d.). *How to be an ally if you're a person with privilege*; K. A. Myers et al. (2013). *Allies for inclusion: Disability and equity in higher education*. Jossey Bass. <https://doi.org/10.1002/aehe.20011>

<sup>7</sup> N. Adeye, (2013). *Being an ally versus being a nice person*; M. Peters, et al. (2010). *Recognizing ableist beliefs and practices and taking action as an ally*. In M. Adams et al. (Eds.), *Readings for diversity and social justice* (2nd ed., pp. 528-531). Routledge; Myers et al., 2013.

<sup>8</sup> E. Abes & M. Zahneis (2020). *A Duoethnographic Exploration of Disability Ally Development*, *Disability Studies Quarterly*, Vol. 40, No. 3 (2020): Summer 2020.

<sup>9</sup> Cable, C. (2014). *Partnerships, advocacy and communication for social change: Webinar 7* – Companion technical booklet. UNICEF.

## POTENTIAL PARTNERS AND ALLIES FOR DISABILITY ADVOCACY

Civil society organizations, parents' groups, OPDs and children and youth with disabilities are the cornerstones of all partnerships for disability advocacy, but a range of other key stakeholders can also play a key role.

Within its commitment to SBC as a methodology, UNICEF prioritizes partnering with **families** and **community leaders** to understand their needs and motivations, identify their strengths and lower barriers to positive change. Wherever the charity or medical models (see **Module 0**) still prevail, engaging and partnering with those who sustain them, including **religious leaders**, **medical professionals** and **economic policymakers**, can help address these

sources of stigma and discrimination. Partnerships with **influential mainstream organizations** and **celebrity influencers** can lend greater visibility to disability inclusion, as they can use their privilege, positions of power, skills and networks to amplify advocacy messaging and the voices of those who do not have as great a reach.

Below is an overview of potential partners and allies in advocacy for disability inclusion. The **Steady** section of this module will break down the steps of identifying stakeholders for your particular advocacy campaign. Who you select will depend on your context and the objectives of your advocacy and other SBC programming. Children with disabilities and their families should always be included in the process.

### Youth and inclusion

Youth with disabilities are commonly excluded from age-appropriate, trans-sectoral programmes, such as those aiming to improve access to education, sexual and reproductive health, and skills development, as well as from advocacy related to the challenges they experience as a result of their gender or other factors common to their peers without disabilities.

They are also often left out of programmes and policies for children with disabilities – as well as those targeting adults with disabilities.

As a result, their social, psychological, education and economic needs often go addressed.

Source: [UNICEF Fact Sheet: Children with disabilities](#), 2022.

## ● Children, adolescents and youth with disabilities

In any context, children, adolescents and youth with disabilities are your most critical partners. Article 12 of the CRC recognizes a child's right **participation** – that is, to be heard and express their views freely on all matters affecting them, to have their views considered seriously in decision-making and to have the Government ensure the realization of these rights. As children acquire greater maturity, they are able to take on greater responsibility, and their agency to exercise their rights increases.<sup>10</sup> **Adolescents and youth** can participate actively in a wider range of issues and in the public domain, and can and should be enabled to play a growing role in advocacy.

## ● Families of children with disabilities

Parents and caregivers are duty bearers for the rights of their children, and many parents and caregivers of children with disabilities become advocates for their child's rights 'every day, in every way', across their child's lifespan.<sup>11</sup> A study of parents and caregivers of children with intellectual disabilities has shown their central role in improving perceptions of people with disabilities and in the fight against negative attitudes and discrimination.<sup>12</sup> International experience has shown the value of parents' associations in changing perceptions within families and communities, providing information to counter ignorance and misrepresentation, and providing emotional and practical support.<sup>13</sup>

It is important to note that the advocacy of parents and caregivers may represent their

own agendas rather than those of their children. Furthermore, parents and caregivers may themselves be limited by internalized stigma, a medical-model perspective or a limited understanding of their child's potential for participation.<sup>14</sup>



**Inclusive policies are important to create an environment of belonging, not just to meet basic needs, as people with disabilities face severe isolation due to being in a highly inaccessible environment which does not give them a chance to interact with other people socially and may lead their mental health to deteriorate.**

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Maria Alexandrova, a 21-year-old Youth Disability Advocate, World Forgotten Children Union

## ● Organizations of people with disabilities

OPDs are organizations led and governed by people with disabilities to champion their rights. They are distinct from organizations that provide services for people with disabilities or advocate on their behalf. Most countries have OPDs who advocate with government agencies and other partners for the rights of all people with disabilities. They are empowered by the CRPD to hold state entities responsible for delivering on their commitments.<sup>15</sup> As such, OPDs play a significant role in building partnerships and a culture of allies.

10 G. Lansdown (2017). *Conceptual framework for measuring outcomes of adolescent participation*. UNICEF.

11 K. Krueger et al. (2019). Understanding the systems, contexts, behaviors, and strategies of parents advocating for their children with Down syndrome. *Intellectual and developmental disabilities*, 57(2):146-157.

12 S. Werner & K. Scior (2016). *Interventions Aimed at Tackling Intellectual Disability Stigma: What Works and What Still Needs to Be Done*. In K. Scior & S. Werner (eds.). *Intellectual Disability and Stigma: Stepping Out from the Margins*. Palgrave Macmillan, p. 132.

13 R. Aley (2016). *An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa*. Advantage Africa.

14 C. Allison et al. (2019). *Sometimes Allies: Parent-Led Disability Organizations and Social Movements*. *Disability Quarterly Studies*, Vol. 39, No. 1..

15 International Disability Alliance & Norad (2022) *Promoting Engagement of Organizations of Persons with Disabilities (OPDs) in Development and Humanitarian Action*. Global Disability Summit (GDS) Discussion Paper, 2022.

## ● National and local governments

The majority of countries have signed and ratified the CRPD, thereby committing to take measures to fulfil the treaty's objectives by integrating disability awareness and inclusive services into all public institutions, like schools, public health facilities and government departments.<sup>16</sup> As duty bearers for the rights of people with disabilities (and of all their citizens), national Governments are potential partners for advocacy. In some cases, national policies have been implemented at local levels – but if not, advocacy can promote their adoption at local levels.

## ● National sector ngo and donor coalitions

In most low- and lower-middle-income countries, each social service or human rights sector has a non-governmental organization (NGO) coalition – for instance, a National Education Coalition, a Health Coalition – and a complementary donor group. NGO coalitions are extremely influential groups in countries that rely on aid for social development. They often provide input into national development plans and, in many cases, are empowered to endorse national plans and strategies. As such, they can serve as influential partners when advocating for changes in programmes, services, policies and budgets.

These coalitions often have limited understanding of the rights and needs of children and adolescents with disabilities, and therefore do not consider them in their work. Engaging with them in your advocacy can help raise their awareness of disability, in order to then leverage their influence at the national and local levels.

## ● International and regional organizations and bilateral donors

International and regional organizations that are active on disability rights or who have policies on disability can lend support to advocacy initiatives to support inclusion at the national or local levels. Their input – including any case studies and methodologies that they may have – can be particularly helpful if you're working in a country without significant data related to the inclusion of children with disabilities.

These organizations can also convene diverse actors to address development challenges. This capacity can be a valuable resource for your advocacy, whether you are assembling multiple stakeholders in a joint mapping exercise, facilitating consultations around priorities or organizing opportunities for local actors to provide feedback on the performance of systems.<sup>17</sup>

## ● Human rights groups

Reporting and documenting abuses against people with disabilities is essential for raising awareness and informing advocacy strategies to counter entrenched ableism.<sup>18</sup> OPDs and human rights organizations at the global, national and local levels play a key role in highlighting rights violations resulting from stigma and discrimination.<sup>19</sup> For example, Human Rights Watch has worked with OPDs to report on the rights of people with disabilities globally<sup>20</sup>, while the United Nations Office of the High Commissioner for Human Rights (OHCHR) regularly releases countries' reports on the CRPD.<sup>21</sup> Human rights groups can also play a key role in mobilizing funding for advocacy on the part of children with disabilities and their families.

16 Mostert, M.P. (2016). *Stigma as a barrier to the implementation of the Convention on the Rights of Persons with Disabilities in Africa*. African Disability Rights Yearbook, 21, p. 21.

17 USAID (April 2014). *Local Systems: A Framework for Supporting Sustained Development*, p. 8.

18 Division for Social Policy and Development (DSPD) (2016). *Toolkit on Disability for Africa: Culture, Beliefs and Disability*. UN, p. 11

19 DSPD, 2016, p. 11.

20 Human Rights Watch (2017). *One billion forgotten: Protecting the rights of persons with disabilities*

21 OHCHR (2023). *Committee on the Rights of Persons with Disabilities opens twenty-ninth session*.

## ● Community and religious leaders

Community leaders, such as village chiefs, elders, traditional healers and religious leaders can serve as key allies for children and youth with disabilities and their families.<sup>22</sup> They can be especially important allies in communities that espouse the religious model of disability (which sees disability as an act of God or a curse) or the charity model of disability (which sees people with disabilities as burdens or dependent). In some communities, such beliefs lead to harmful and violent practices in attempts to ‘cure’ people with disabilities.<sup>23</sup>

Engaging traditional and religious leaders can help build their knowledge, so that they can help counter the myths, stereotypes and fears of disability in their communities and contribute to reducing stigma.<sup>24</sup> As partners, they can help tackle shame and restrictions on the participation of people with disabilities in community life.



Community leaders’ support can be crucial in removing discriminatory practices, such as school exclusions or charges levied by taxis for transporting people in wheelchairs.<sup>25</sup> Building personal relationships can be an effective means of gaining their support, and engaging leaders who have a relative with a disability can be especially fruitful.<sup>26</sup>

## ● Youth and sport groups

Acceptance within communities depends on the relationships people forge with their peers through participation in activities such as schooling, sport and religious observance.<sup>27</sup> Meanwhile, research has shown that children with and without disabilities gain from interacting with each other.<sup>28</sup> Youth and sport groups provide arenas for peer play and relationship building, and they can be used to build partnerships for advocacy and mobilization. For more information on using sport to empower children and youth with disabilities, see [Module 2](#).

## ● Self-help, advocacy and support groups

Self-help, advocacy and support groups have been shown to be a good resource for developing partnerships for advocacy and social mobilization. NGOs have reported success in reducing and eliminating stigma by offering information and support through self-help groups, peer support and training groups, and parent support and training groups.<sup>29</sup> Such groups can help dispel myths and offer people with disabilities and their families new hope and confidence.<sup>30</sup>

22 R. McConkey et al. (2016). Tackling Stigma in Developing Countries: The Key Role of Families. In K. Scior & S. Werner (eds.). *Intellectual Disability and Stigma: Stepping Out from the Margins*. Palgrave Macmillan, p. 189.

23 I. Inguanzo (2017). *The situation of indigenous children with disabilities*. Policy Department, Directorate-General for External Policies. European Union; DSPD, 2016, pp. 7, 11.

24 McConkey et al., 2016, p. 190; Mostert, 2016, pp. 21, 23-24; McConkey et al., 2016, p. 190.

25 McConkey et al., 2016, pp. 189-190.

26 McConkey et al., 2016, pp. 189-190.

27 McConkey et al., 2016, p. 190.

28 McConkey et al., 2016, p. 186.

29 Bond Disability and Development group (DDG) (2017). *Stigma, disability and development*. Bond, pp. 3, 5.

30 DDG, 2017, p. 5.; DSPD, 2016, p. 10.

“Before, we didn’t want Faluk to play with other children as we didn’t like what the neighbours said about him. They used to say he had no future. After the training, we realized that it was our role to educate the community and encourage our child to go out and play.”

Adam, father of six-year-old Faluk, who has a physical impairment, after attending Motivation’s Parent Carer Training in Malawi. Source: Bond, Stigma, disability and development.

### ● Academic institutions

Evidence on disability prevalence, the situation of children with disabilities and their families, and effective interventions is limited. Academic institutions can help drive advocacy efforts and enrich social mobilization by providing and validating evidence, and lending credibility to campaigns. Their staff, faculty and students can become key SBC practitioners – although since medical-model thinking remains prevalent, capacity-building may be required to ensure alignment with the rights-based and social model of disability. The buy-in of academic institutions promotes sustainability, as future health and education practitioners will be better prepared to champion inclusion. For more information on how to build SBC expertise within academic institutions, see the [UNICEF Guidance on Social and Behavior Change unit on Capacitation of Partners.](#)

### ● Media

Communication is a key component of SBC, and partnerships with media are an important component of advocacy. Journalists can play a role in investigating and publicizing abuses experienced by people with disabilities, and have benefited from disability awareness training in some countries.<sup>31</sup> More generally, the images and stories shown in the media influence public opinion and can play a significant role in raising awareness; countering myths, stigma and discrimination; presenting people with disabilities as individuals and as part of human diversity; and changing social norms to support the social inclusion of people with disabilities.<sup>32</sup>

Article 8 of the CRPD requires States to address stereotypes related to people with disabilities through awareness-raising, including by encouraging all media to portray them in a respectful manner. You can use it to put pressure on governments to include positive disability portraits in inclusive settings and other disability-related issues in state TV, radio and advertising.

<sup>31</sup> DSPD, 2016, p. 11.

<sup>32</sup> United Nations Department of Economic and Social Affairs, ‘Disability and the media’.



Mainstream and social media can be used strategically in advocacy for policy change and social justice. Techniques include edutainment, a process whereby SBC messaging is included in entertainment programming, such as soap operas (see [module 3](#) for more information on edutainment). For more information on how to engage media, see the section on media partnerships in the [UNICEF SBC Guidance](#).

You can also partner with media and advertising agencies to strengthen the quality of advocacy and social mobilization resources, and to enhance understanding of communication and messaging as SBC tools. These agencies may have Corporate Social Responsibility budgets that can supplement the limited funds of other stakeholders, such as parents' groups and OPDs.

There is limited research on partnerships between activists for disability inclusion and those representing other marginalized communities, such as LGBTQIA+ or minority ethnic communities. But with increasing understanding of intersectionality and the common causes of discrimination, there is growing potential for engagement to share expertise and form alliances for human rights and policy advocacy.



“Involving persons with disabilities in programmes from the beginning is key. [INGOs and programme managers] need them to be champions of the programme and reach out to others. OPDs can give advice regarding what is needed and how to go about it, and how to reach other [persons with disabilities]. But this takes consistent consultation.”

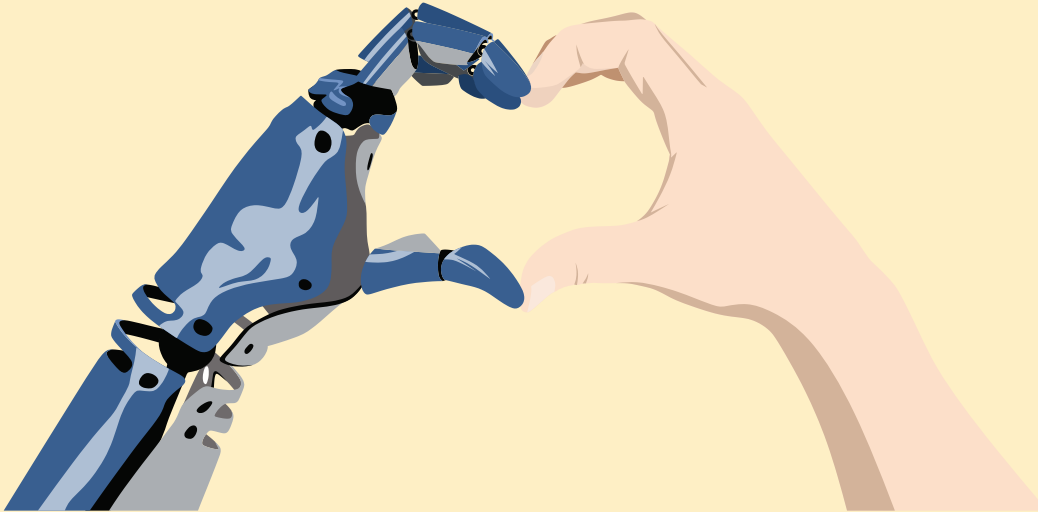
Victor A., South Sudan OPD. Source: Sexual and Reproductive Health and Rights for All: Disability Inclusion from Theory to Practice, 2022, Humanity for Inclusion



## KEY TAKEAWAYS: READY

- Public policies make a critical difference in the lives of children with disabilities and their families. As an SBC programmer, you need to know how to conduct advocacy that can positively influence the policy environment.
- Advocacy aims to create an enabling environment for social, behaviour and policy change by targeting decision-makers or those who influence them. It can be used to mobilize political will and funding to develop and implement supportive laws and policies and encourage equitable resource allocation to support children with disabilities.
- Social mobilization supports the identification of potential partners and allies for advocacy and the activation of partnerships for action.
- Strong partnerships and alliances are indispensable for advocacy. Diverse partnerships can strengthen the reach, credibility and impact of advocacy, help mobilize resources, share experiences and insights to influence decision-making, offer complementary skills and knowledge, and ensure that results are sustainable.
- You can find many potential partners and allies for your advocacy. The right ones will depend on the goals of your advocacy and the audiences you need to reach to achieve them.





## STEADY

Advocacy is not a one-time event, but a process that involves identifying key stakeholders, including partners, allies and target audiences; developing clear messaging and producing materials to get it out to audiences; meeting decision-makers; forming relationships with media and organizing campaign events.

Setting up for success requires thinking carefully through what to advocate for, who to engage and partner with, and how and when to conduct your advocacy.

### WORKING WITH RELEVANT STAKEHOLDERS IN YOUR ADVOCACY STEP BY STEP

The process of working with stakeholders in advocacy involves the following steps:

- Articulate the goals of your advocacy – your ‘ask’, or what you want to change.
- Identify the stakeholders who have power or influence over the issue or could respond to your ‘ask’.
- Visualize the relationships among them, to help identify key allies.
- Research what motivates each stakeholder.
- Prepare for challenges and opposition.
- Craft your approach for engaging stakeholders.

## STEP 1: ARTICULATING YOUR GOALS

Before you seek partners and allies for your advocacy, it is important to clarify its focus.

Many policies, strategies and practices within the education, health, economic development and other sectors need improvement in order to fulfil the rights of children with disabilities. Determining what to tackle, when and how can be a challenge, because the needs are so overwhelming. It is best to focus on specific aspects of each broad sector – for instance, instead of advocating for inclusive education in general, you might find more success advocating for something like procurement of accessible technology for education.

Within the specific issue you have selected, consider the following to further focus your advocacy:

- What policies are up for renewal or in the process of development? These can more easily be influenced.
- What data, research or good practices are available to provide compelling evidence to support your case for change?
- What are other mainstream actors concerned with? A disability slant on these issues could expand your reach and strengthen your impact.
- What resources (time, funds, etc.) do you have available?
- Who are possible allies and partners to advocate for the specific change needed?

Reviewing existing policies in the sector you're working in can help you identify 'low-hanging fruit' for your advocacy. Getting an issue on the policy agenda is harder than mainstreaming disability into a policy up for renewal, particularly in a country that has ratified the CRPD and has supportive policies on disability.

## STEP 2: IDENTIFYING RELEVANT STAKEHOLDERS

Identifying the right partners and allies is key to efficient and successful advocacy. The causes of disability stigma and the inequalities it creates are multifaceted – which means that there is a wide range of potential partners for advocacy. The [Ready](#) section covers the range of stakeholders you can partner with or otherwise engage in your advocacy or social mobilization activities.

The goals of your advocacy will determine who you should partner with and what roles they should play within your campaign – and these goals, in turn, will depend on the barriers and discrimination experienced by the community you're working with.

It's vital to identify stakeholders who are well positioned to address those specific barriers and discrimination within that community. For example, if youth with disabilities in the community experience high levels of gender-based violence (GBV), GBV-focused community-based organizations (CBOs), high-profile women within media, and relevant government ministries may serve as key partners for a successful advocacy campaign.

When you engage existing networks who are working on the target issues within the community, you increase the potential for sustainable change, both by strengthening these community actors and by ensuring that the advocacy is informed by a deep knowledge of the local context and the issues at stake.<sup>33</sup> Participatory research ([see module 1](#)) and [community engagement \(see module 3\)](#) can help you identify local manifestations of stigma and discrimination, as well as existing movements working to address them within the community – and, thus, the right partners for your campaign.

### IDENTIFY WHI HAS POWER OR INFLUENCE

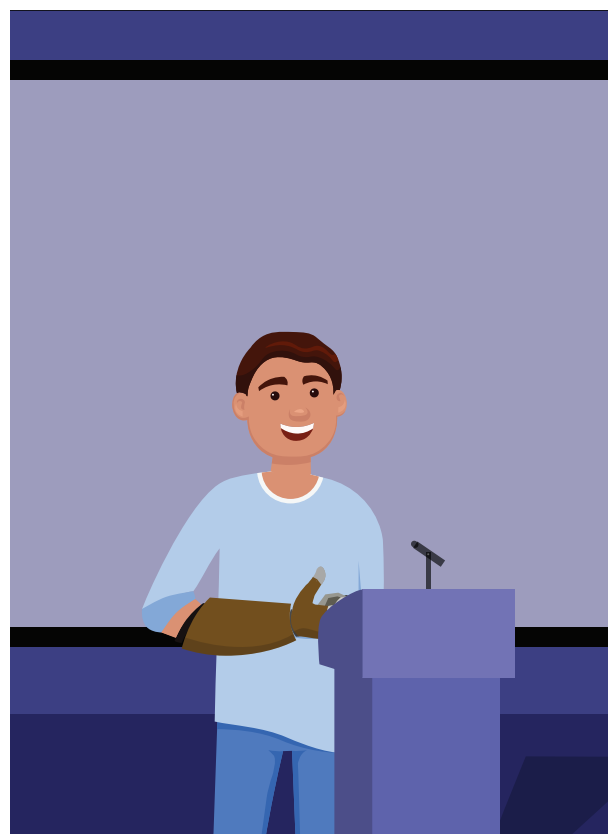
To identify stakeholders, you can draw on your previous experience, and brainstorm with your team. Consider experts and organizations in the sectors relevant to your advocacy goals (health, education, GBV, etc.). Note that units or staff who focus on disability are often marginalized within their organizations, so it can be helpful to enlist support at higher levels or with officials in other departments with more clout.

Try to go beyond the usual suspects. Businesses can be powerful allies and influencers, as can celebrities, parliamentarians and their advisors. It can take time to bring these stakeholders onboard and brief them, but it's worthwhile if they have social capital and influence.

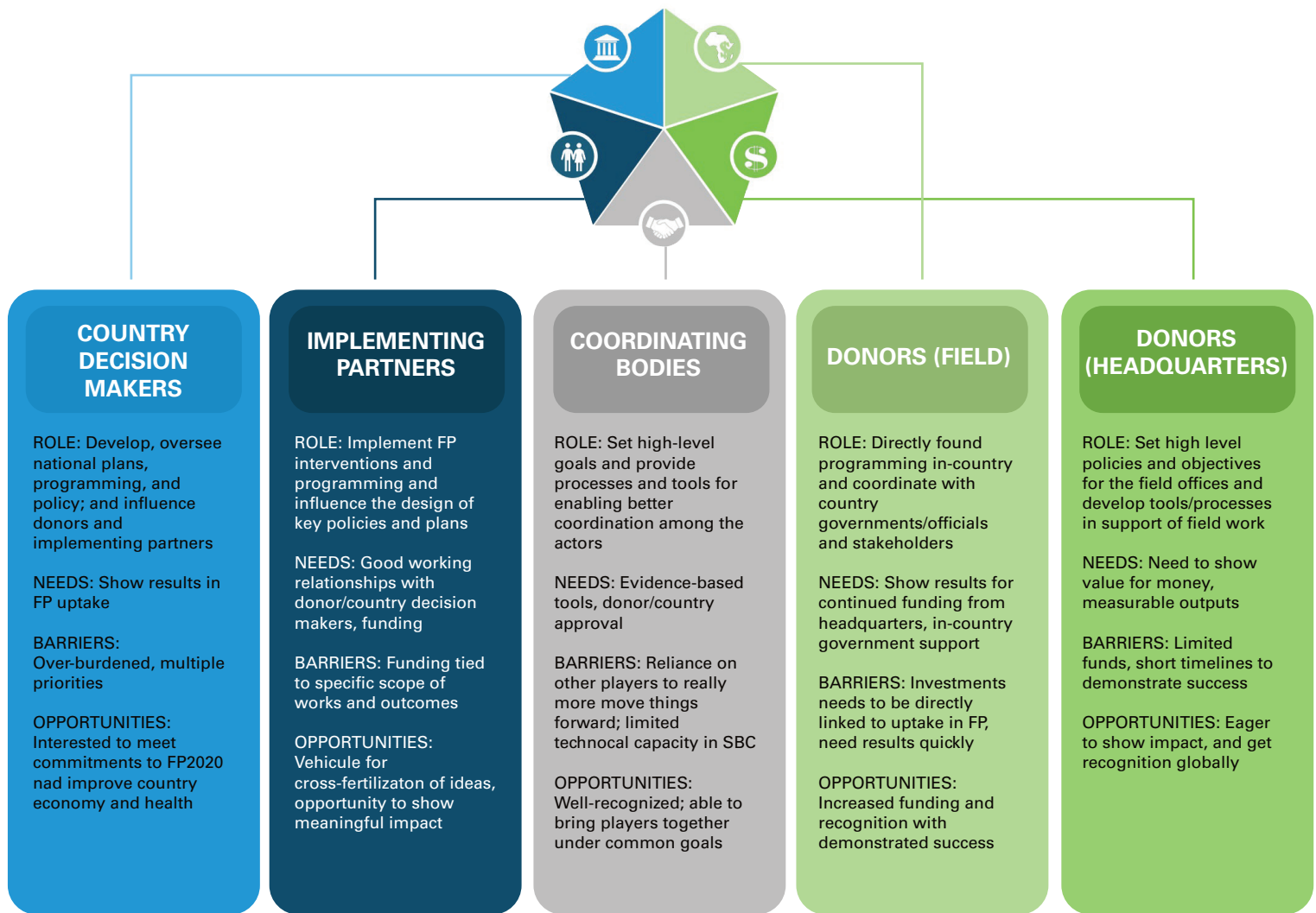
Be specific, and jot down the names of individuals as well as organizations and their leaders. Then, research them to create a profile of each one, to find useful information – for instance, do any of the stakeholders have family members with disabilities? They might be more sensitive to disability-related issues, and thus could be potential allies.

At a high level, there are five categories of actors, all with their own roles, needs, barriers and opportunities. These are country decision-makers, implementing partners, coordinating bodies, donors (both local and international or bilateral) and strategy/knowledge partners. For advocacy, decision-makers at the country and donor level are the highest priority in relation to power and influence; they have strong influence over priorities at the country level and make critical decisions about investments. Other actors, such as implementing partners and coordinating bodies, can play a pivotal role in influencing the decisions of donors and countries.

For the purposes of advocating for increased funds for SBC, Figure 2 illustrates profiles that focus on country- and donor-level decision-makers on a specific issue (in this case, family planning).



33 USAID (2014). *Local systems: A framework for supporting sustained development*.



Source: [Breakthrough Action: Advocating for SBC in Family Planning programmes: A Message Framework](#), p. 7

### STEP 3: CHART RELATIONSHIPS AMONG STAKEHOLDERS

The [Go!](#) unit of this module offers several tools you can use to map and analyze the stakeholders in your context – and the relationships among them – before deciding who to partner with and how to engage them. This is a key part of planning your advocacy and understanding how partnerships and alliances can contribute to its desired outcomes. The tools can help you identify where the power is in networks connected to the policies you’re trying to address.

### STEP 4: UNDERSTAND STAKEHOLDERS

Organizations have their own reasons for their positions and actions. Understanding stakeholders’ motivations and current commitment levels will help determine the types of engagements, communications and arguments that will be most persuasive.

For example, a leader of an organization who is pro-inclusion or has a strong willingness to learn and motivate others is very useful. Be mindful about the internal power dynamics and influencers within an organization. Inclusion agendas in schools led by school directors are far more effective than processes led by special needs educators who have lower status and are stigmatized.

## STAKEHOLDER MOTIVATION

Some of the factors that may motivate stakeholders to become partners, allies or otherwise become involved in advocacy campaigns include:

- **Moral and ethical values:** Does the stakeholder believe the project deserves social acceptance?
- **Rights:** What legal rights are affecting the stakeholder’s opinion or responsibilities?
- **Religious beliefs:** Are religious beliefs involved?
- **Political opinions:** Could political opinions be triggering support or opposition to the cause?
- **Knowledge:** How much does the stakeholder know about your cause?
- **Demographics:** Factors like age, income, education status and employment status can greatly affect attitudes about your campaign.
- **Environmental stewardship:** Is the environmental footprint of a cause bringing stakeholders on board, or driving them away? For example, using solar chargers to power devices to reach students with disabilities with EdTech could be alluring to environmental activists.
- **Value of ownership:** Does the stakeholder stand to gain or lose something of value?
- **Communication preferences:** Is the method of communication meaningful to them? Some stakeholders prefer online communications, while others may value face-to-face meetings.

## CURRENT ENGAGEMENT LEVEL SEGMENTATION

It is also useful to identify how currently engaged the stakeholders are in the issue. This will help identify what kind of communication they need in order to become engaged.

UNAWARE	SKEPTICAL	RESTRICTED	UNDER-RESOURCED
<p>Stakeholders are unaware of the importance of meaningful participation of children and youth with disabilities, their families and OPDs.</p>	<p>Stakeholders are skeptical of the meaningful participation of children and youth with disabilities, their families and OPDs, or do not believe it will be worth the cost.</p>	<p>Stakeholders have tight budgets and need to link funding to concrete outputs.</p>	<p>Stakeholders do not think they have the funds to ensure that children and youth with disabilities, their families and OPDs meaningfully participate and do it half-heartedly or not at all.</p>

## STEP 5: PREPARE FOR CHALLENGES AND OPPOSITION

In addition to building partnerships and alliances, much of the work in advocacy involves countering resistance from gatekeepers and stakeholders.

Knowing your stakeholders' motivations, current engagement levels and relationships will help to build a strategy to overcome challenges and opposition. Identifying potential hurdles before engaging partners will overcome resistance and improve the ability to respond. Construct arguments around what the partner could gain or lose by not joining the campaign or agreeing to the demands. The ability to turn negatives into positives is very powerful. The [Go!](#) unit of this module offer tools to counter resistance from stakeholders.

Remember that your victory is not complete until the opposition follows through with its promises, in terms of legislation and budgeting. Always express gratitude and publicly praise the efforts of your targets to ensure goodwill and accountability.

## STEP 6: CRAFT YOUR APPROACH FOR ENGAGING PARTNERS AND ALLIES

When designing your approach, do extensive research on the policy environment on which your advocacy campaign is focused. Is the focus general mainstreaming, increased financial commitment or human resources within inclusive education or health care? Researching the existing policy environment will strengthen the success of initiatives to engage partners. Consider evidence and data at both the national and international levels, drawing from UNICEF's databases and research done by NGOs, UN agencies and universities. Learn from the

successes of recent campaigns both in the disability sector and other sectors in the country.

Once you have identified and engaged with your partners and allies, the next step is to build the capacity you need to influence the policy environment in your context.

## PARTNERING WITH OPDS IN ADVOCACY WORK

OPDs have several important roles to play in creating a policy environment that is more inclusive of children with disabilities. It is important to nurture partnerships with them and build their capacities to conduct effective advocacy. UNICEF has many resources that can be adapted to help build advocacy capacity within implementing organizations and agencies.

Be flexible when working with civil society partners, including OPDs. Some are well established, while others may have fewer resources and be less structured, making it difficult to fulfill some administrative requirements for formal agreements – which require, for instance, that the partner organization provide an audit report. Whether or not an OPD has legal status or national accreditation in each country should not be a condition to consult or engage with it.<sup>34</sup> You can form partnerships with OPDs using modalities such as memoranda of understanding (MOUs) or Cooperation Agreements. See the [UNDIS Guidelines Consulting Persons with disabilities](#) for more information.

You should also recognize that not all OPDs represent the voices of or have insight into the specific needs or experiences of children and youth with disabilities and their families. Also, not all OPDs hold modern, rights-based positions on inclusion as opposed to institutionalization.

<sup>34</sup> UNDIS Guidelines on Indicator 5: Consulting persons with disabilities.



## HOLDING THE STATE ACCOUNTABLE

People with disabilities and their representative organizations can leverage the [CRPD](#), [CRC](#) and the [2030 Agenda for Sustainable Development](#) to hold the state accountable and initiate conversations on policy input. OPDs and other organizations can leverage the Conventions' built-in reporting mechanisms to influence implementation and reporting, including as follows:

- Use the conventions and their General Comments as benchmarks to assess laws, policies and activities of the Government and other actors to ensure compliance and progressive implementation.
- Use the conventions as benchmarks to record and report on the current enjoyment of rights by people with disabilities.
- Use the conventions as tools for advocacy. For example, use signing, ratification and reporting to Committees as media moments to attract attention to the situation of people with disabilities nationally.
- Use the conventions as objective and internationally recognized standards to alert States to their responsibilities towards people with disabilities, underlining the fact that disability rights are first and foremost the responsibility of States.
- Work with the Government to use the conventions to engage the private sector, international community, NGOs and other key stakeholders.
- Use the conventions as tools to ensure the establishment of adequate national promotion and monitoring mechanisms, as required under article 33 of the CRPD.

- Work with Governments to encourage timely reporting to appropriate Committees.
- Work with Governments to participate in drafting reports.
- Draft parallel (shadow) reports to Committees, to provide the fullest possible view of the situation of people with disabilities, including children, focusing efforts where recommendations are most needed and likely to be most effective.

Not all countries engage civil society in the reporting process, and individual organizations and coalitions can and do submit alternative reports to the committee. The [Go!](#) unit of this module offers tools for civil society reporting.

## IMPORTANCE OF DATA FOR ADVOCACY

Data serves as the key to identifying the challenges faced by people with disabilities, and enables the creation and modification of policies, programmes and investments that are inclusive and tailored to the needs and priorities of this vital demographic.

The lack of national data on people with disabilities affects planning and budgeting for reasonable accommodations, thus increasing marginalization and discrimination.<sup>35</sup> States parties are obligated to collect and disaggregate data in line with Articles 4 and 31 of the CRPD. Meanwhile, 193 countries committed to collect disaggregated data as part of the 2030 Agenda for Sustainable Development, to measure progress towards the SDGs.

<sup>35</sup> CBM (2020). [Disability Data Advocacy Toolkit](#), p. 5.

OPDs play a pivotal role in ensuring the availability of data on disability. Their contributions are twofold:

- Using data for evidence-based advocacy: Underpinning advocacy efforts with hard evidence allows OPDs to effectively push for their priorities and needs.
- Advocating for improved disability data at various levels of governance: This is vital for informing policies, directing investments and ensuring accountability for the rights and well-being of people with disabilities.<sup>36</sup>

The [Go!](#) unit of this module offers an important tool for disability data advocacy.

## ADVOCATING FOR DISABILITY-INCLUSIVE BUDGETING

Creating inclusive societies requires mobilizing and using public resources in ways that, at a minimum, are transparent and participatory, and benefit all people, including those with disabilities and others belonging to marginalized groups.

[CRPD-compliant budgeting](#), in line with CRPD Articles 3 and 4, sets an even higher standard. It ensures that the public finance management system, in all its aspects and activities, contributes to the realization of the rights of all people with disabilities. It also requires that public resources do not finance programmes and services – like residential institutions or segregated education – that contradict the principles of the CRPD and create or perpetuate barriers.

Public resources should be used to ensure universal access to effective national policies, programmes and services, and to scale up them up and develop new ones to overcome barriers to inclusion. Spending must support the needs of the most marginalized people with disabilities, and taxation must consider the extra costs of living with a disability.

Countries need to use the maximum available resources to support inclusion across every sector and level of government. Those that already have substantial spending on disability need to reallocate funding towards programmes and policies that are in line with the CRPD, such as family-based care and community-based services, while those with lower levels of spending on disability need to increase budget allocations across sectors.

In times of resource constraints, resources supporting people with disabilities should not be seen as dispensable when budget cuts are made. Whatever the size of a country's budget, making the most of available funding requires regulations to prevent discrimination and ensure accessibility in all investments across all sectors.

In advocating for disability-inclusive budgeting, remember that an estimated 10% of the world's children have disabilities – but their needs are diverse and vary from context to context. It is therefore crucial to engage people with disabilities in all advocacy and resource mobilization efforts.<sup>37</sup>

<sup>36</sup> International Disability Alliance (2023). [Disability Data Advocacy Workshop for OPDs](#)

<sup>37</sup> D. Mont (2018). [Disability-inclusive or CRPD-compliant budgeting?](#) Center for Inclusive Policy.

## MONITORING AND EVALUATING ADVOCACY

While monitoring and evaluation (M&E) are addressed in detail in **Module 7**, the following are some practical considerations to bear in mind when identifying and engaging potential partners and allies in advocacy and social mobilization.

Donors and partners in advocacy and social mobilization may require feedback on their investment of time and resources. Advocacy and social mobilization are long-term initiatives, often yielding results outside of the time frame of partnerships and donor relationships. Moreover,

evidence related to advocacy and social mobilization is often subjective and rarely definitive, with causality hard to pinpoint amidst multiple influencing factors, and frequent shifts in the responses of target audiences.

Your advocacy work, like all SBC initiatives, should create space for the meaningful participation of those affected by the issues. People with disabilities can and must play an important role in persuading decision-makers through their experiences with exclusive policies and environments.

### **STEADY KEY TAKEAWAY**

- It's important to narrow your focus on a particular policy environment prior to identifying partners and stakeholders. Policies can span many aspects of the daily lives of people with disabilities, and you will be more likely to be successful if your interventions are specific.
- To select and prioritize stakeholders for your advocacy, and determine where the power lies in the policy environments you're targeting, you can map the relationships between stakeholders working in those policy environments.
- Once you have engaged with the appropriate partners and stakeholders, you should work to build their capacity to conduct advocacy activities on their own. Good advocacy is an inclusive process, and supportive public policies can be influenced and created by many stakeholders.
- It's important to create opportunities for meaningful participation of people with disabilities in advocacy activities, as in other SBC programming.
- OPDs play a crucial role in advocacy, including in reporting on implementation of the CRPD, CRC and the 2030 Agenda for Sustainable Development; holding governments and other actors accountable; and advocating for the generation of evidence on the situation of people with disabilities.
- CRPD-compliant budgeting ensures that the public finance management system contributes to the realization of the rights of all people with disabilities, and that public resources do not finance programmes and services that create or perpetuate barriers.



- [The United Nations Partnership on the Rights of Persons with Disabilities \(UNPRPD\)](#)

The UNPRPD is a unique partnership that brings together UN entities, governments, OPDs and broader civil society to advance the rights of people with disabilities around the world. It was established by a subset of members of the IASG-CRPD in 2011, to foster collaboration between its members and complement their work on disability inclusion through UN joint programming. The partnership operates through a multi-partner trust fund (MPTF) established to channel resources to participating UN organizations (PUNOs) – ILO, ITU, OHCHR, UNDESA, UNDP, UNICEF, UNESCO, UNFPA, UN Women and WHO. Other UNPRPD members include the International

Disability Alliance, which has a permanent seat in the governing bodies, as well the International Disability and Development Consortium (IDDC). As of 2023, the fund's efforts have positively impacted the lives of more than 330 million people with disabilities across 87 countries.

- [Global Partnership for Assistive Technology \(ATscale\)](#)

ATscale was launched at the Global Disability Summit in July 2018, with UNICEF as a founding member with a key role in conceptualizing the partnership and its objectives. ATscale focuses on establishing a sustainable supply of low-cost, high-quality assistive technologies. The goal is to reach 500 million people with assistive technology by 2030.

- [Partnership with Tanzania Association of the Deaf \(CHAVITA\) to Promote COVID-19 Vaccine Demand among People with Special Needs](#)

UNICEF Tanzania co-led multi-partner engagement as co-convenor of Risk Communication and Community Engagement (RCCE) pillar of the COVID-19 response, in coordination with the service delivery and vaccine pillars. UNICEF Tanzania provided technical oversight and financial support to initiate the programme through a tripartite agreement among UNICEF, CHAVITA and the University of Dar-Es-Salaam (UDSM) and supported the Government of Tanzania to develop disability-sensitive and -inclusive RCCE Standard Operating Procedures (SOPs), Psychosocial Support Skills (PSS) tools, Accountability to Affected People (AAP) guidelines, as well as COVID-19 messaging. A remarkable positive change was shown in the deaf community. More than 4,500,000 people (52% female), including 6,745 deaf people, were reached with information on COVID-19 vaccination in the project target districts. 4,946 people with disabilities (including 2,753 young people) reached through direct community engagement were vaccinated on the spot. Through established feedback mechanisms, including CHAVITA chapters and community dialogues led by sign language interpreters, 750,000 people (49% female) shared concerns and asked questions and clarifications for available services to address their needs.

- [UNICEF Mozambique Cyclone recovery brings civil society and local government together to build inclusive society](#)

Through UNICEF's implementing partner Light for the World, a local disaster risk committee was established and trained on inclusive disaster risk preparedness, response and recovery. The committee includes both men and women and a local representative from the Forum of Mozambican Associations for Persons with Disabilities (FAMOD), the umbrella association of OPDs.

- [Special Olympics and UNICEF join efforts to protect the rights of children with disabilities in Latin America and the Caribbean](#)

The alliance aims to promote the rights of children with disabilities in the region, especially through the implementation of the Special Olympics Young Athletes programme, which offers children with and without intellectual disabilities opportunities to develop their fitness, socialize better with their peers, demonstrate courage, experience joy and share their skills with the community. Participants in the programme, which reaches more than 26,000 children in the region, have shown improvements in motor development of up to 7 months. The programme's impact extends beyond the participants, to their families and the community, serving as a catalyst for change and a mechanism to improve the social inclusion of people with disabilities.

- [Partnering with Youth Disability Networks to address ableism \(Latin America and the Caribbean region\)](#)

For more than a decade, the META Youth Network has been dedicated to combating ableism and addressing discrimination against children and adolescents with disabilities in the Latin America and the Caribbean region (LACRO). By employing participatory and innovative approaches to empower adolescents and mobilize social and behavior change, the network plays a pivotal role in nurturing a new generation of activists, both with and without disabilities, who are deeply committed to disability rights and inclusive development.



- [Learning About Meaningful Engagement with Organizations of Persons with Disabilities in Public Health Emergencies, including COVID-19](#)

This report was produced under a UNPRPD project to support countries in designing and implementing disability-inclusive response and recovery planning for COVID-19. Throughout the project, UNICEF documented examples of good practice and learnings from partnerships with OPDs in public health emergencies, including COVID-19. The initiative aimed to gain a better understanding of the factors that facilitate effective partnerships between humanitarian actors and local, regional and national OPDs, and the challenges to be addressed.

- [Joint work on menstrual hygiene health management by UNICEF and Plan International Philippines, with support from the Australian Government](#)

Oky is the world's first period tracker app co-created with and for girls, including girls with disabilities. Using a gamified approach, it provides a fun and engaging platform for adolescent girls to learn about menstruation and sexual and reproductive health and rights.



## IDENTIFYING AND WORKING WITH STAKEHOLDERS

- The [Power Process Guide for Power Mapping](#) developed by the Change Agency is a two-hour workshop guide to:

Help campaigners consider the social and political context within which they are developing strategy.

Creatively consider allies, targets and constituents prior to embarking on a campaign.

Serve as a reminder and framework for subsequently revising strategy.

- Practitioners can use the accompanying [Power Mapping Template](#) to map potential stakeholders for their advocacy activities.

- [Disability Stakeholder Analysis using Venn Diagram](#) provides an example of a stakeholder analysis conducted by a national OPD federation to decide who to work with in a disability mainstreaming process. Venn Diagrams help clarify the motivation between stakeholders as well as the existing relationships among potential partners or allies.
- Opposition can be subtle, and it is important to recognize it. The [Countering Resistance](#) tool helps practitioners recognize resistance from gatekeepers and stakeholders and formulate tactics in response.

- The [UNDIS Guidance on Consulting Persons with Disabilities](#) covers how to consult with and actively involve people with disabilities and their representative organizations in all disability-specific and general decision-making processes across the UN's work, as mandated in the UNDIS accountability framework and UNCT accountability scorecard, in order to enhance the participation of people with disabilities, reach programmatic and operational goals and leave no one behind. It provides guidance on how to make participation of people with disabilities meaningful.

## USING DATA FOR ADVOCACY

- [The Disability Data Advocacy Toolkit](#) is designed to help build the data capacity and knowledge of people with disabilities and their representative organizations to benefit all people with disabilities. It also provides a platform for OPDs to participate in the collection and use of data for advocacy and social mobilization campaigns.
- [Disability Data Advocacy Workshop for OPDs](#) is designed to equip participants with essential knowledge and skills to navigate the intricacies of disability data advocacy. It introduces the fundamental concepts and skills needed to engage with data effectively, and enables participants to understand best practices for disability data and related advocacy messages at different levels. Participants are not required to have prior experience with data, although recommended preparation materials are available to facilitate optimal learning and application during the workshop. The workshop was prepared by CBM Global's Inclusion Advisory Group in partnership with UNFPA Asia and the Pacific Regional Office, the Stakeholder Group of Persons with Disabilities for Sustainable

Development, the International Disability Alliance, Centre for Inclusive Policy and various regional and national OPDs, including the Pacific Disability Forum.

## CIVIL SOCIETY REPORTING ON THE CRPD, CRC AND 2030 AGENDA

- For more information on the CRPD and how to empower OPDs to use it to strengthen their relationship with the State, see [The Convention on the Rights of Persons with Disabilities: Training Guide](#).
- The United Nations has prepared a simple [Implementation Handbook](#) on how to prepare reports on the [Implementation and monitoring of the CRC](#).
- The United Nations has prepared [technical guidelines for civil society organizations](#) reporting on their contributions to the implementation of the 2030 Agenda for Sustainable Development. This allows for peer learning, coordination and solidarity within the global partnership for sustainable development and within country, thematic, and regional contexts.

## ADVOCACY FOR DISABILITY -INCLUSIVE BUDGETING

- [Policy Brief. Gender and Disability Inclusive Budgeting](#): issues and policy options by UN Women, 2023 provides set of recommendations for central and local government partners and civil society actors. Building on country examples, it identifies emerging practices on gender and disability-inclusive budgeting. These include the: collection, analysis and use of data and statistics on intersectional discrimination; integration of gender and disability inclusion in laws, policies, systems and institutional practice;



integration of gender and disability inclusion in the planning and budgeting cycle; and enhanced participation of women with disabilities in policy, planning and budgeting.

One pager by [MIUSA on Reasonable Accommodations and Budgeting](#) for Inclusion providers four key considerations.

- [Inclusive budgeting Tip Sheet by UNHCR](#) outlines recommendations to design budgets that are inclusive and accountable to persons with disabilities.
- Technical brief, [Budgeting and mobilizing resources for disability inclusion in humanitarian actions](#) is included in the [Disability Inclusive Humanitarian Toolkit](#), UNICEF 2023.

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