
MONITORING AND EVALUATION
FRAMEWORK TO TRACK AND ASSESS THE
RESULTS OF INTERVENTIONS AIMED AT
CHANGING ATTITUDES AND SOCIAL
NORMS TOWARDS CHILDREN WITH
DISABILITIES IN EUROPE AND CENTRAL
ASIA

JUNE 2019

The Monitoring and Evaluation Framework was developed by Drexel University and the UNICEF Europe and Central Asia Regional Office. It is part of a package of materials developed between 2015-2019, including a systematic review, and operational research protocol and a monitoring and evaluation (M&E) framework developed to measure changes in discriminatory attitudes and social norms regarding children with disabilities in Europe and Central Asia (ECA).

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I. INTRODUCTION

In March 2019, Drexel University completed a validation study of tools designed to track and assess the results of interventions aimed at changing discriminatory attitudes and social norms towards children with disabilities. Drexel University undertook this study, engaged by UNICEF Europe and Central Asia Regional Office (ECARO), as a follow-on from a 2015 systematic review (also conducted by Drexel University). By examining research on discriminatory attitudes and social norms towards children with disabilities, the systematic review highlighted the need for more rigorous research protocols and data collection tools that could robustly measure the social norms and attitudes that lead to discrimination against children with disabilities.

To begin the 2018-2019 validation study, Drexel created a conceptual model (Figure 1) that links C4D approaches and activities to the human rights violations experienced by children with disabilities. Drexel University then created, pretested, pilot tested, and finalized a set of quantitative and qualitative tools to measure the core constructs of the conceptual model. An Operational Research Protocol report that provides the user with instructions on how to implement the developed tools accompanies this report. The current report outlines the development of a monitoring & evaluation (M&E) framework to complement the operational research protocol.

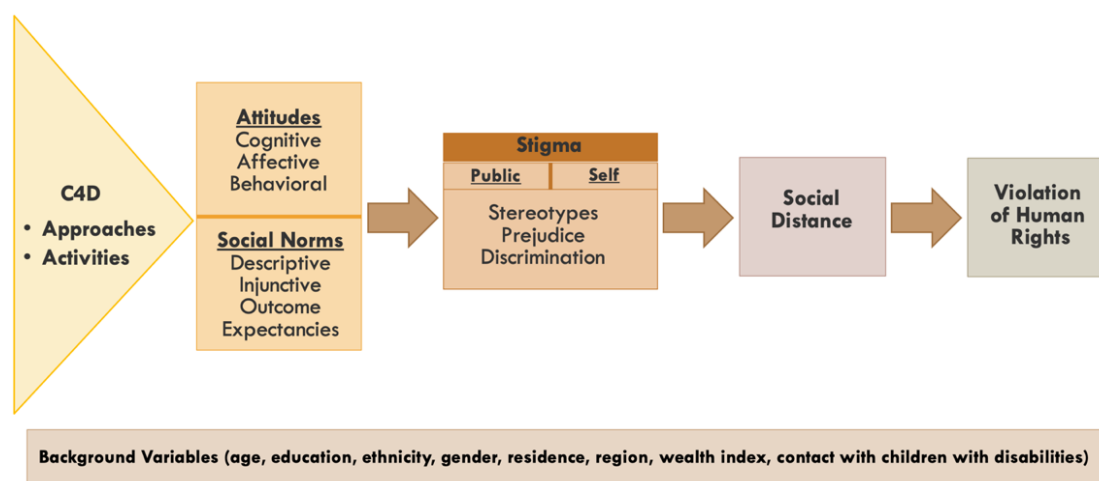


FIGURE 1: CONCEPTUAL MODEL ON DISCRIMINATORY ATTITUDES AND SOCIAL NORMS TOWARDS CHILDREN WITH DISABILITIES

CONCEPTUAL MODEL

Prior to creating the data collection tools, the Drexel team developed a conceptual model through which Communication for Development (C4D) activities can be linked to the human rights violations experienced by children with disabilities (Figure 1). The causal pathway shows that C4D approaches and activities can be used to affect positive changes in the attitudes and social norms that can lead to a reduction in both public and self-stigma. Together, these factors can contribute to a more inclusive society, in which children with disabilities experience the same human rights as their peers without disabilities. The research tools were then developed to capture data on the constructs in the model.

Table 1 below provides definitions that were used to operationalise each construct (attitudes, social norms, stigma, social distance, and human rights) and sub-construct (cognitive, affective, and behavioural attitudes; descriptive and injunction norms and outcome expectancies; stereotypes, prejudice, and discrimination; and dehumanization).

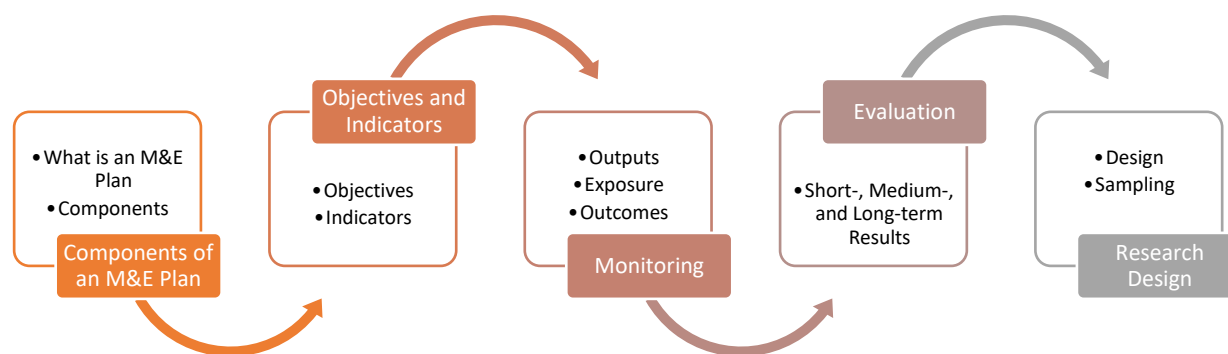
Table 1: Definitions of Key Constructs and Measurement Sub-constructs	
Construct	Definition
Attitudes	“An idea charged with emotions which predisposes a class of actions to a particular class of social situations” (Triandis, 1971, p.2)
Cognitive	People's beliefs and knowledge about others
Affective	People's feelings and emotional reactions to others
Behavioural	People's intended behaviour towards others
Social Norms	The unwritten rules that guide behaviour (Mackie, Moneti, Shakya, & Denny, 2015)
Descriptive	Beliefs about what others do
Injunctive	Beliefs about what others approve of or think people should do
Outcome Expectancies - Rewards	Beliefs about the perceived benefits or rewards to oneself or others as a result of complying with norms
Outcome Expectancies - Sanctions	Beliefs about the perceived sanctions or punishments from performing or not performing a behaviour
Stigma	A deeply discrediting attribute; “mark of shame”; “mark of oppression”; devalued social identity (Pescosolido & Martin, 2015, p. 92)
Public Stigma	Stereotypes, prejudice, and discrimination endorsed by the general population (Pescosolido & Martin, 2015, p. 92)
Self-stigma	Internalized acceptance of stereotypes and prejudice (Pescosolido & Martin, 2015)
Stereotypes	“Collectively held beliefs about the members of social groups” (Pescosolido & Martin, 2015, p. 92)
	Endorsement of stereotypes of the self. (Corrigan & Rao, 2012)
Prejudice	A negative emotional response towards a stereotyped group or an individual who is part of that group (Allport, 1954; Eagly & Chaiken, 1993)
	Negative emotional reactions based on internalization of negative stereotypes, Low self-esteem and poor self-efficacy are primary examples of these negative emotional reactions (Corrigan & Rao, 2012)

Discrimination	Unfair treatment based on personal characteristics or group membership (Williams, Yu, Jackson, & Anderson, 1997)
	Self-imposed isolation (Corrigan and Rao 2012)
Social Distance	The degree of willingness to engage in social interactions and relationships with a specific population (Wahl, 2012)
Human Rights: Dehumanization	"Psychological process through which others are derogatively likened to 'animal' and perceived as 'less human'" (Costello & Hodson, 2014, p.176)

It is important to note that the conceptual model is different from a programme theory of change. A theory of change will show how specific programmatic activities and approaches will lead to your programme goals, whereas this conceptual model has identified important constructs that should be measured and tracked by your programmes monitoring and evaluation efforts.

HOW TO USE THIS DOCUMENT

This document is intended for use by UNICEF staff and partners and in combination with the operational research protocol. While this document discusses development of an M&E plan for your team, the protocol contains the tools and accompanying information on actually conducting monitoring and



evaluation.

FIGURE 2: REPORT OUTLINE

This document is divided into five main sections (Figure 2): 1) Components of a Monitoring and Evaluation Plan, 2) Objectives and Indicators, 3) Monitoring, 4) Evaluation, and 5) Research Design. The first section briefly discusses what an M&E framework is as well as the components of an M&E plan. The second section reviews the development of objectives and indicators. The Monitoring section discusses outputs, exposure, and outcomes, while the Evaluation section looks at short-, medium-, and long-term results. Lastly, the Research Design section discusses considerations in design and sampling.

In each section, this document uses examples loosely based on the Communication Strategy to support inclusion of children with disabilities created by the UNICEF Republic of North Macedonia UNICEF Country Office (UNICEF, n.d.).

II. COMPONENTS OF A MONITORING AND EVALUATION PLAN

Development of an M&E framework is unique to the program of interest. As such, this report does not provide specifics for creating a plan. Instead, this report presents best practices for designing an M&E plan that can be adapted and adopted to suit your C4D efforts. When making choices regarding your M&E framework, you must consider your C4D efforts' objectives, programme, context, and resource limitations.

Figure 3 outlines the key components of an M&E plan. The sections that follow provide general recommendations on a selected subset of these key components.



FIGURE 3: M&E PLAN COMPONENTS

BACKGROUND

Your M&E framework should begin with a background discussion that identifies the overall vision, goals, objectives, and participant groups as outlined in your C4D strategy. For the sake of a continuous example, consider the following programme goal, taken from the Republic of North Macedonia Communication Strategy:

“By 2020 more children with disabilities and their families are empowered to realise their rights and enjoy a better quality of life and equitable access to basic services”.

An abridged outline of a theory of change that can accompany this goal is shown in Figure 4 below.

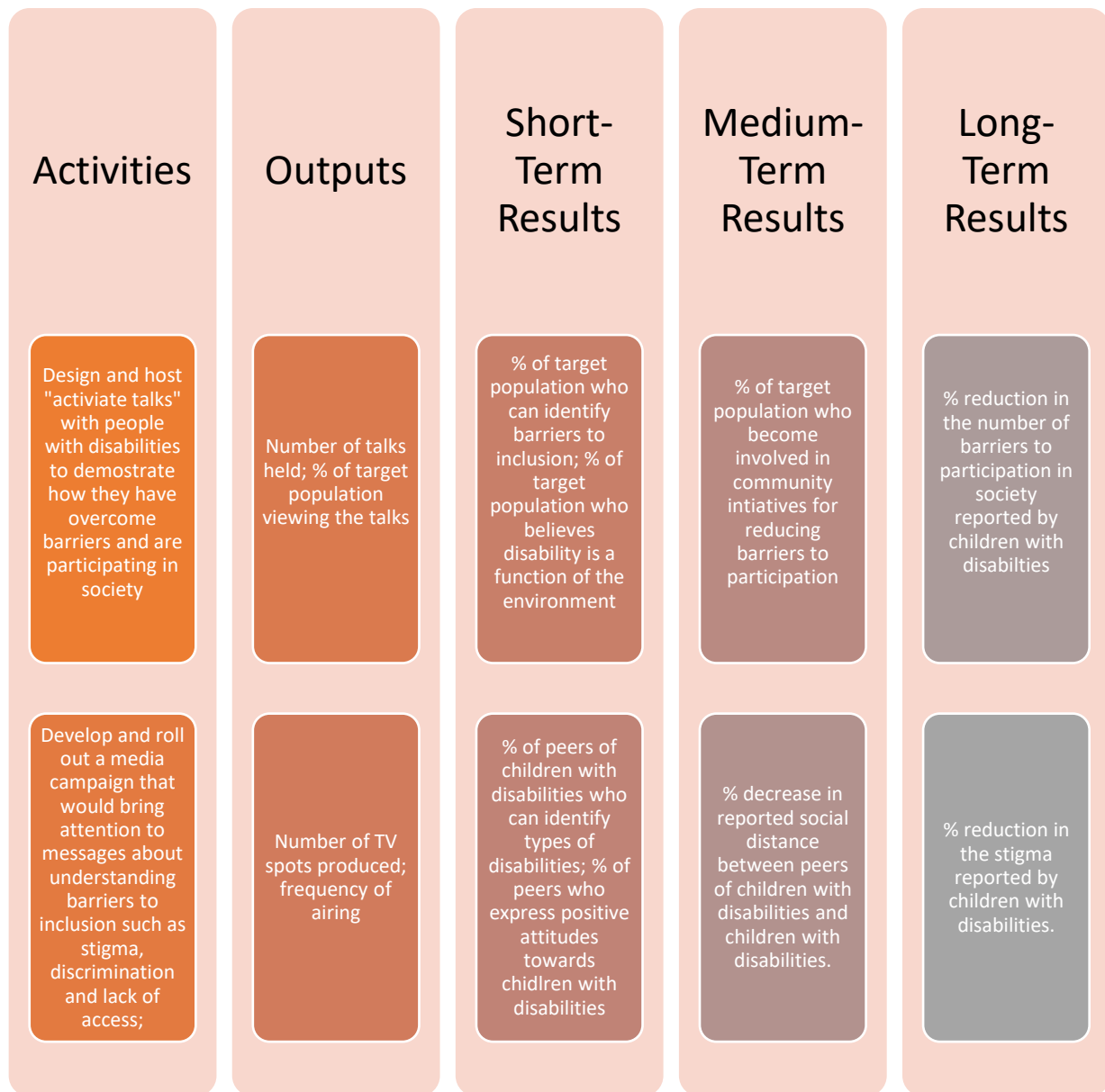


FIGURE 4: EXAMPLE THEORY OF CHANGE

MEASUREABLE OBJECTIVES AND INDICATORS

Communication Objectives are the things we want our audience to **know, feel, and do** as result of our C4D efforts. They are small, precise steps that bring us closer to our overall communication and programme goals. Communication objectives should connect back to the key constructs of your efforts' theory of change. Figure 5 provides example objectives based on the goal of empowering children with

disabilities and their families to realize their human rights and enjoy a better quality of life and equitable access to basic services. Figure 5 also provides examples of indicators linked to those communication objectives. Note that the communication objectives are the top row, the indicators are the middle row, and how the indicators will be determined is identified on the bottom row.

Indicators are the means through which communication objectives can be measured; they indicate whether behaviour or social change is taking place and the direction of the change. It may even be helpful to think of them as communication objectives re-written using measurable terms. Indicators may be associated with monitoring, or they may relate to evaluation. Monitoring (or process) indicators are the “progress markers” that let you know if you are on track to achieving your programme objectives. Evaluation indicators include short-, medium-, and long-term results reflecting behaviour and social change as a result of the programme.

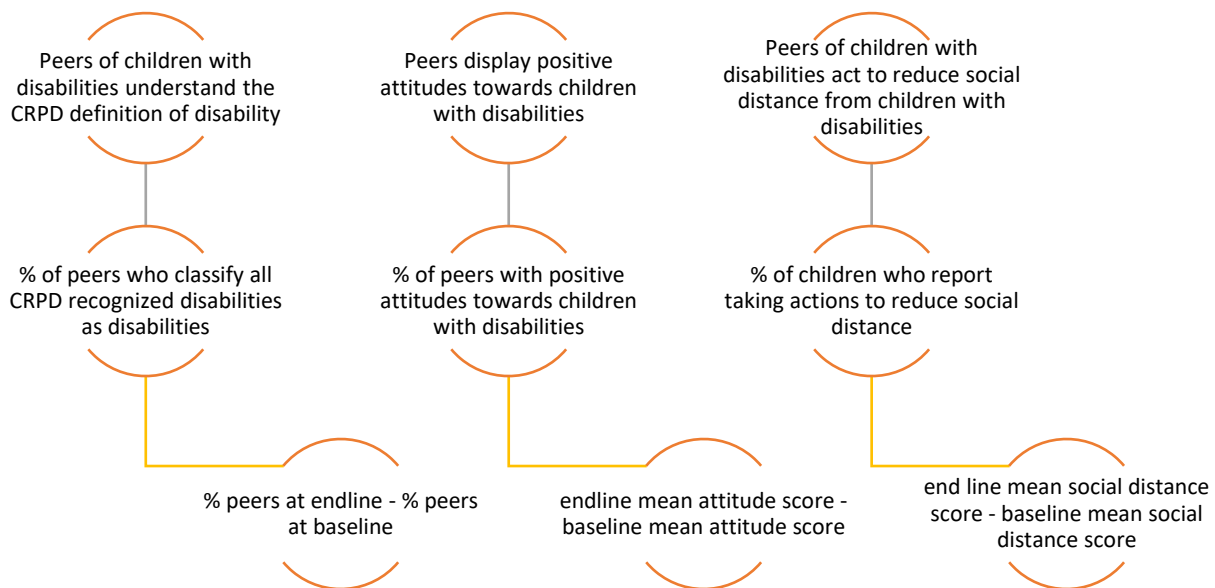


FIGURE 5: EXAMPLE OBJECTIVES AND INDICATORS

When writing indicators, make sure they adhere to SMART and SPICED criteria. SMART is a mnemonic for criteria used to set specific and quantifiable objectives and indicators. SMART stands for Specific, Measurable, Achievable, Realistic, and Time-phased (Issel, 2004). SPICED is another useful mnemonic focusing on criteria that can be used to develop more participatory and inclusive objectives and indicators (Roche, 1999). SPICED stands for Subjective, Participatory, Interpreted (and communicable),

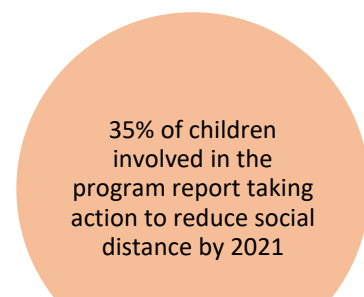


FIGURE 6: EXAMPLE OF A SMART AND SPICED INDICATOR

Cross-checked, Empowering, and Diverse (and disaggregated). To the left is an example of a SMART and SPICED indicator using one selected from Figure 5.

MONITORING

Monitoring is the process of collecting data on what a programme is doing. It is an ongoing and repeated process that can identify the degree to which a programme is being implemented according to plan (International Centre for Research on Women [ICRW], 2010).

The monitoring component of your M&E plan should be designed to answer the “who,” “what,” “where,” “when,” and “how” of your programme.

OUTPUTS

One important component of monitoring your program is outputs, which are the direct products of your C4D efforts. They are not the changes your C4D efforts hope to create (e.g. a decrease in social distance between children with and without disabilities) but rather what will lead to those changes. When describing outputs, be sure to include both the size and scope.

For example, one activity from the Republic of North Macedonia Community Strategy is to “Develop and roll out a media campaign with a focus on the messages around ‘we all have different abilities’ and ‘let’s remove the barriers and give all children a fair chance in life.’” The media campaign may involve TV spots that feature such messaging. Figure 7 shows some potential outputs that relate to that C4D program activity.

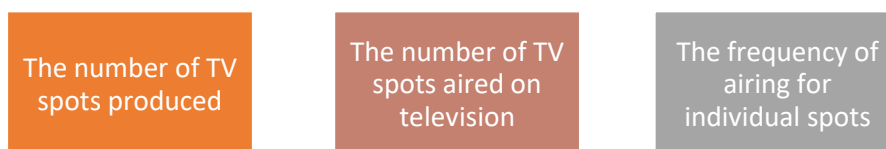


FIGURE 7: EXAMPLE OUTPUTS

Two potential techniques for measuring outputs include content analysis and fidelity monitoring. **Content analysis** is a set of techniques used to interpret information contained within communication messages and materials (Krippendorff, 2004). It examines both the story and message components of your C4D efforts. Depending on the type of communication activity, content analysis methods vary. For example, when analysing media, content analysis recommends looking at the scripts and final products for message elements contained in individual components. Figure 8 suggests additional techniques of content analysis for various types of C4D efforts.

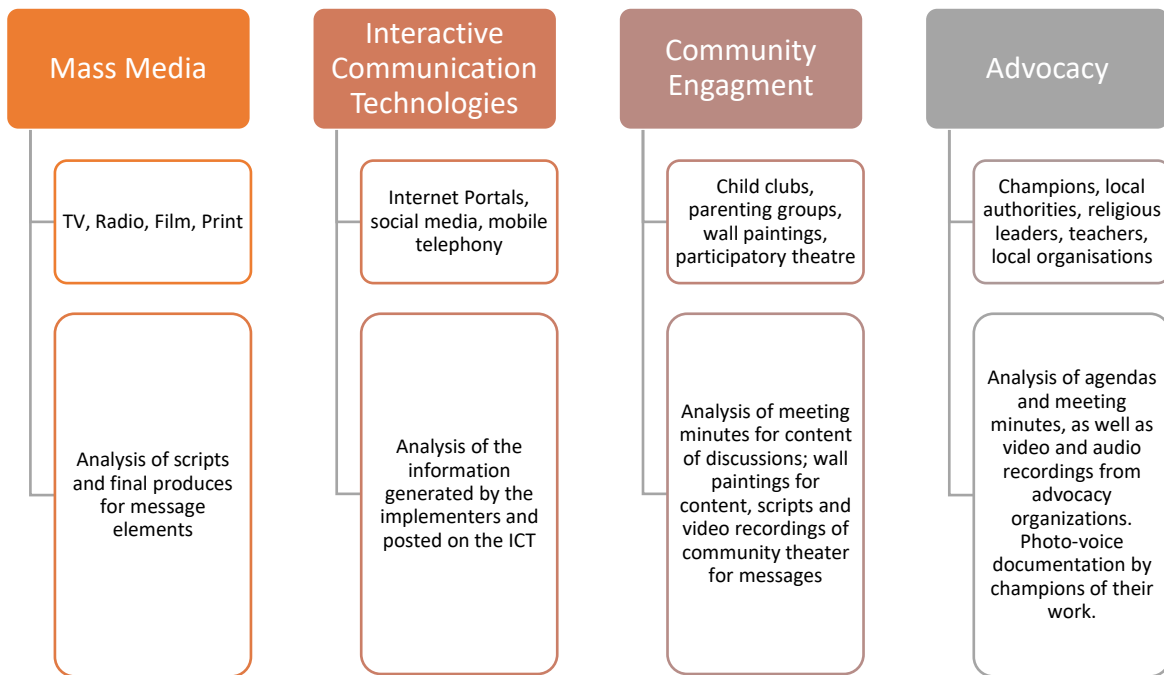
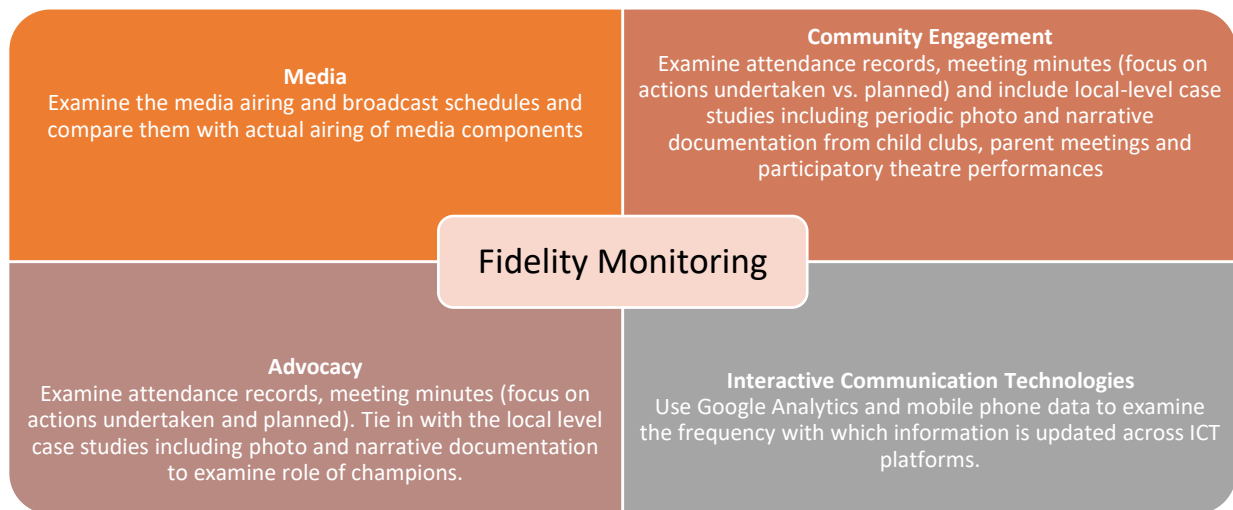


FIGURE 8: ADDITIONAL CONTENT ANALYSIS TECHNIQUES

Fidelity Monitoring looks at the extent to which C4D efforts are implemented according to plan. It is a



measure of quality and ensures that activities are meeting the quantity and quality benchmarks

established (Saunders, Evans, & Joshi, 2005). Figure 9 provides examples of fidelity monitoring for various C4D efforts.

FIGURE 9: FIDELITY MONITORING

EXPOSURE

Exposure is a measure of the amount of contact an audience has with the C4D messages or activities. Recall and engagement are two intervening variables of exposures. **Recall** is the audiences' ability to correctly understand and repeat information from the C4D messages, whereas **engagement** measures if the audiences think the information is correct and trustworthy. Together, they are an important component of monitoring your C4D efforts.

Tracking exposures depends on the type of media used. For example, if you are using mass media or ICT, national ratings could be a source of data. Rapid assessment surveys are another option. They are quick (15 minutes or less) surveys that are complimentary to program research and evaluation that can capture how communication messages are resonating with the audiences. Another suggestion is to embed your research questions in your C4D activities. For example, when using social media, you might ask followers to post a photo of what inclusive education means to them. While not representative method of data collection (it is purposive sampling since you are only looking at your followers), it is a participatory method that can provide data that might be otherwise unavailable.

Indicators for exposure can go beyond the monitoring stage into mid- and end-line evaluations.

OUTCOMES (MEDIUM-TERM RESULTS)

Outcomes express the results or benefits that will be achieved if the activities and approaches are implemented successfully. Including measurements for your outcomes in monitoring activities allows you to gain a sense of if your activities are working. Outcomes, such as changes in knowledge, can be measured using rapid assessment surveys. More information on outcomes (medium-term results) is provided below.

EVALUATION

While monitoring looks at the ongoing process of the C4D activities, evaluation aims to describe the extent to which our activities created the intended social and behaviour change. When done thoroughly, evaluation can relate the changes in behaviour to time and to our interventions (Weiss, 1998). Evaluations should capture information on exposure and on short-, medium-, and long-term results.

RESULTS

Measuring results answers the question: did our program activities have the effect we intended? They are the consequences of your C4D efforts and can be classified as short-, medium-, or long term (Figure 10).

Short-term results, or participation outputs, are the changes in learning that come from participation in or engagement with C4D activities and messages. They can be related to knowledge, attitudes, or skills, among other things. One example of a short-term result could be increased knowledge among caregivers of children without disabilities on what constitutes a disability. This could then be measured using the average number of impairments a caregiver correctly classifies as a disability.

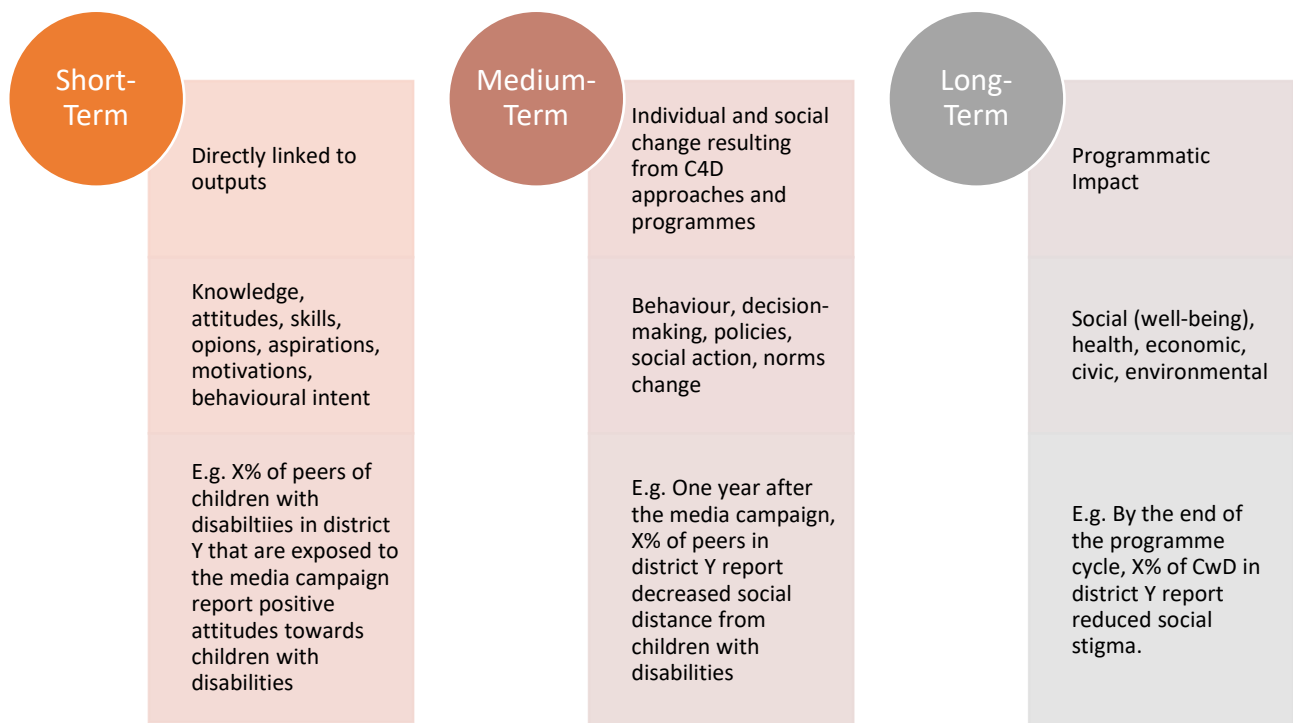


FIGURE 10: SHORT- MEDIUM- AND LONG-TERM OUTCOMES

Medium-term results, or outcomes, are the behaviour and social changes that directly result from the C4D approaches. They go beyond just cognitive and emotional changes to assess actual changes in behaviour or decision making. An example of a medium-term result would be the shift in a social norm that children with a disability should be kept at home, rather than institutionalized or placed with a foster family.

Long-term results, or impact, occur beyond the C4D implementation timeframe, and possibly even beyond the direct beneficiaries (or target audience), to look at the programme's effect as a whole. Long-term results are changes in the larger social frame and may reflect changes in social, economic, civic,

health, or environmental conditions. Long-term results are not directly attributable to C4D activities, but C4D activities are still expected to contribute to them. An example of a related long-term result could be the number of children with disabilities institutionalized in a country.

All examples presented in this section are linked to a set of questions on the quantitative tools. Table 2 below outlines the key construct, indicator, indicator description, and associated question numbers in the quantitative tool. Essentially, this table links the conceptual model constructs to the indicator topic that can be used by your team, after applying SMART and SPICED criteria, to develop indicators that will be used to assess short-, medium- and long-term results.

Construct of Conceptual Model	Indicator	Indicator Description ^{1,2,3}	Question numbers
C4D Approaches and Activities	Process indicators will vary by programme context. Examples are: <ul style="list-style-type: none"> • Number of flyers distributed • Number of sessions held • Number of viewers of media content 	Numbers can be reported directly or given as a proportion	TBD by local team, will vary based on individual needs and goals
Mediating Variable: Defining Disabilities	Ability to identify types of disabilities	Proportion of respondents who answer yes (3) to all questions and/or Mean total score across respondents (give each respondent a total score by summing their scores across all questions) Here a higher score indicates a greater ability to identify types of disability.	B1.1-B1.14
	Understanding of the CRPD definition of disability	Proportion of respondents who answer somewhat agree or strongly agree (4 or 5) to all questions	B2.1-B2.12 (all) B2.13-B2.21 (all)

		and/or After recoding the “negatively worded” questions to match the 1-5 coding of positively worded questions, find the mean total score across respondents, (give each respondent a total score by summing their scores across all questions). Here a greater score means a greater understanding of disability in the CRPD sense.	but children with disabilities)
	Difference in description of attributes between a child with and without disabilities.	Mean total score for both a child without disabilities and a child with disabilities.	B3.1-B3.7 B4.1-B4.7
Background Variable: Contact with Children with Disabilities	Amount of contact with children with Disabilities	Proportion who say they have contact with a child with a disability	C1.1-C1.4
	Frequency of contact with children with disabilities	Proportion who report each frequency of contact with a child with a disability (can choose which frequencies make the most sense to your program, or create a summative scale)	
	Description of contact with Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here, a higher score represents a more positive description of their contact with a child with a disability.	C2.1-C2.14
Attitudes	Attitudes Towards Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here, a higher score means a more positive attitude towards children with disabilities.	D1.1-D1.29

	Attitudes Towards Families with Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here, a higher score means a more positive attitude towards families of children with disabilities.	D2.1-D2.12
	Attitudes Towards Children with Disabilities and Inclusive Education	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here, a higher score means a more positive attitude towards inclusive education.	D3.1-D3.21
	Attitudes of Professional Groups Towards Inclusive Education	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here, a higher score means a more positive attitude towards inclusive education.	D4.1-D4.11
Social Norms	Indicators will vary by topic (abandonment/inclusive education/human rights) but each topic has a preidentified “ideal” response which is used as a place holder here.		
	Approval of the ideal response option	Proportion of respondents who said they approve of the ideal response option.	E1.1, E2.1 E3.1, E4.1 E5.1, E6.1
	Belief that other people whose opinions matter to them approve of the ideal response option.	Proportion of respondents who said their family, other people whose opinions matter to them, and society in general approve of the ideal response option.	E7.1, E8.1 E9.1, E10.1
	Willingness to actually enact the ideal response	Proportion of respondents who said they would choose the ideal response option.	E1.2, E2.2 E3.2, E4.2 E5.2, E6.2
	Belief that other people whose	Proportion of respondents who said their family, other people whose	

	opinions matter to them would be willing to actually enact the ideal response	opinions matter to them, and society in general would choose the ideal response option.	E7.2, E8.2 E9.2, E10.2
	Extent to which a person's decision is affected by what others expect them to do.	Mean total score (summing across the three sub questions) with a higher score indicating greater effect of others expectations and/or Proportion of respondents who said the expectations of their family/other people whose opinions matter to them/society in general affect their decision to a great extent or a completely.	E1.3, E2.3 E3.3, E4.3 E5.3, E6.3 E7.3, E8.3 E9.3, E10.3
	Perceived prevalence	Mean response for how many children out of 10 face the harmful social norm	E1.4, E2.4 E3.4, E4.4
	Perceived past prevalence	Proportion of each response category of interest for current versus past and future percentage of children facing the harmful social norm	E5.4, E6.4 E7.4, E8.4
	Perceived future prevalence	Mean score for past and future prevalence	E9.4, E10.4
Public-Stigma	Experience of stigma reported by Children with Disabilities and their Caregivers	Mean total score across all questions. Here, a higher score represents experiencing more stigma.	F1.1-F1.11
	Perception of stigma experienced by families of children with disabilities	Mean total score across all questions. Here, a higher total score represents that respondents think the family of a child with a disability experiences more stigma.	F2.1-F2.9
	Levels of self-stigma of caregivers of children with disabilities	Mean total score across all questions. Recode positively worded questions to match coding of negatively	F3.1-F3.5

		worded questions. Here, a higher total score represents a greater sense of self stigma.	
	Stigma Toward Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here a higher score represents less agreement with stigmatizing beliefs.	F4.1-F4.5
Self-Stigma	Opinion of Public Stigma Toward Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here a higher score represents less agreement with stigmatizing beliefs.	F5.1-F5.5
	Self-Stigma among Children with Disabilities	Mean total score across all questions (make sure to recode negatively worded questions to match positively worded questions). Here a higher score represents less agreement with stigmatizing beliefs.	F6.1-F6.5
Social Distance	Social distance from a child with a physical disability	Mean total score across all questions. Here, a higher score means less social distance.	G1.1-G1.16
	Social distance from a child with a physical disability	Mean total score across all questions. Here, a higher score means less social distance.	G2.1-G2.16

¹When entering and analyzing data, modify all Likert scales to have 0 as the starting point. For example, instead of 1 (strongly disagree) – 5 (strongly agree) enter/analyze data as 0 (strongly disagree) – 4 (strongly agree).

²Total scores should exclude ‘don’t know’ and ‘refused to answer’

³Data should be disaggregated and compared by stakeholder type, as well as other demographics of interest to your organization such as gender or age.

Note that while the above table applied to quantitative indicators, the qualitative tools provide nuanced data that informs the quantitative results. Your team is encouraged to further develop indicators using the quantitative and qualitative tools in combination.

RESEARCH DESIGN

There are myriad of research designs from which to choose, however when possible it is recommended to conduct a pre-post case-control design (Figure 11). In this design, baseline observations are taken with both the control group and the group receiving the intervention. Then the intervention is implemented with the case group only. After completion of the intervention, measurements are made in both the case and control groups again.

Design	Baseline	Intervention	End-line
Program Group	O ₁	X	O ₁
Control Group	O ₂	--	O ₂

FIGURE 11: PRE-POST CASE-CONTROL DESIGN

When a randomized control trial is not feasible, as is often the case with measuring C4D activities, this design allows for controlling most of the causal criteria and threats to validity. For example, with this design the control group can be matched to the program group along several demographic characteristics. These characteristics can then be controlled for during analysis, so that change can be attributed to the intervention rather than the characteristics controlled for. If the C4D efforts are being implemented over a period longer than two years, an additional measurement could be added as an end-line with the current end-line serving as a midline.

SAMPLING

Sampling is an important decision in evaluation design. The accompanying operational research protocol provides recommendations for participant selection and recruitment methods. Decisions about sampling frames will also rely on judgements about the scope and size of the C4D efforts themselves and the need for generating data from a sample that is representative of and generalizable to the population as a whole.

Another key consideration of sampling is the size. Calculations must be done to determine the appropriate number of respondents to include in order to have statistically significant results and to be able to disaggregate the results by key variables, such as type of residence or amount of contact with children with disabilities. The **differences method** can be used to calculate accurate sample sizes to determine whether a programme created a difference in indicators between baseline and end-line. Appendix 1 provide details of how to perform these calculations.

III. CONCLUSION

This document is meant to provide guidance and suggestions for developing an M&E framework to track and assess the results of C4D efforts aimed at changing discriminatory attitudes and social norms towards children with disabilities in ECARO. This framework report should be used in conjunction with the operational research protocol, which contains the quantitative and qualitative tools, along with recommendations on pretesting the tools, training data collectors, and collecting, entering, and analysing data.

A comprehensive, mixed-methods approach is recommended for monitoring and evaluating your C4D efforts. Such an approach allows for triangulation of data across constructs of the conceptual model, including attitudes, social norms, stigma, and social exclusion. Gathering data on these constructs can help you to connect your C4D efforts to a reduction in discrimination and human rights violations against children with disabilities. When used over time, your M&E framework will illustrate pathways to change that can be used in programmatic development. It is hoped that this research will ultimately serve to reduce harmful social norms, negative attitudes, stigma, and social distance, as well as the human rights violations resulting from these factors, for children with disabilities and their families.

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APPENDIX 1: EQUATIONS FOR SAMPLE SIZE CALCULATIONS

The differences method is designed to determine whether a program changed or created a difference between baseline and end-line. The sampling equation to be used for this purpose is:

$$n = \frac{2(z^2) pq}{d^2}$$

where:

n = Sample size needed

z = standard score for corresponding confidence intervals (1.96)

p = is estimated proportion of the variable of interest (behaviour).

q = 1- p

d= estimate of the expected difference.

For an example where the estimated proportion of the variable of interest (p) is 50% and the expected difference (d) is 10%, the sample size calculations yield the following:

$$n = \frac{2(1.96 \times 1.96) (.50) (.50)}{(.10)^2}$$

$$n = \frac{1.9208}{.01}$$

$$n = 192.08$$

This equation yields the minimum sampling unit required to measure change over time. Depending on the level of disaggregation, n will need to be multiplied. Say that the evaluation wants to look at changes over time by gender (2 categories) and socioeconomic status (3 categories) then n would need to be multiplied by 6 (2*3). In our example, the sample size would become 1152.48 (192.08*2*3). The original n, 192, would be the number of each category: i.e. 193 girls of low income, 193 girls of medium income, 193 girls of high income, 193 boys of low income, etc.

Because disaggregation quickly increases your sample size, if resources constrain your total population, only disaggregate by the variables most valuable to your program.