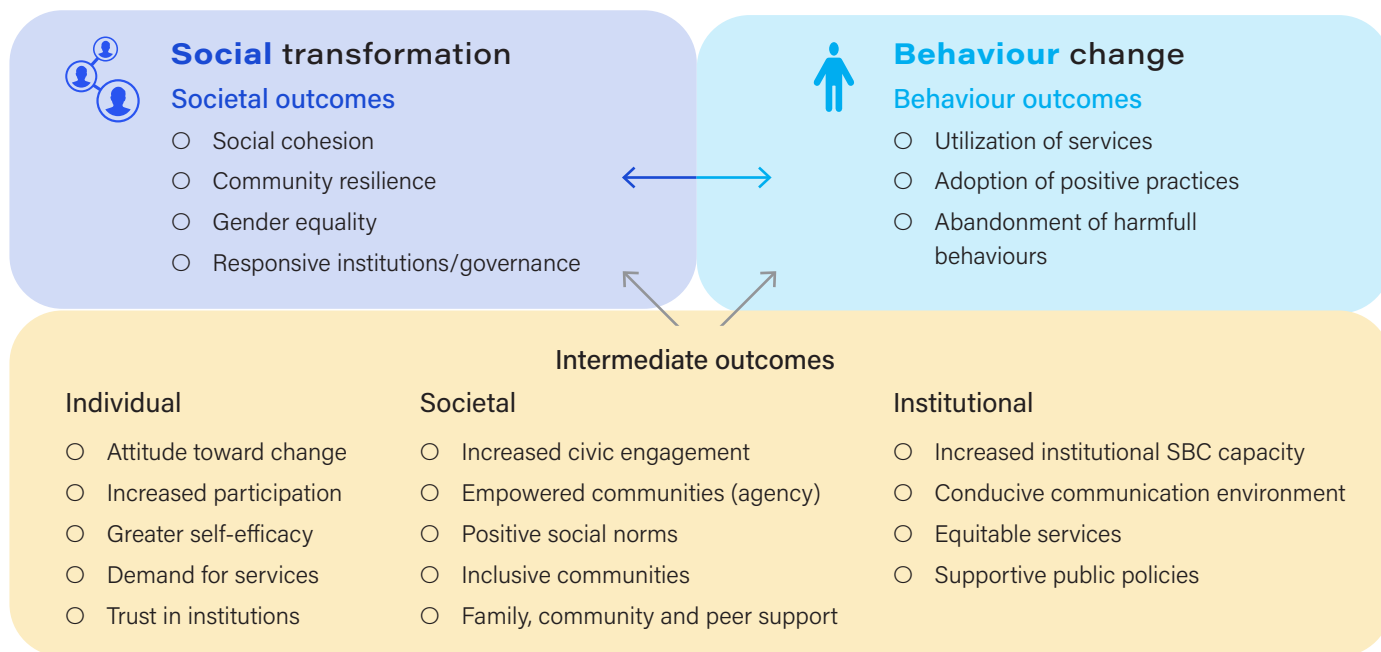




## Social and behaviour change key results



### Societal outcomes

#### Social cohesion

Strengthened relationships between citizens and the state, and between groups in society; societal relations support solidarity, identity, belonging and inclusion.

#### Community resilience

Individuals, communities, and institutions have the capabilities to prepare for and respond to crises

#### Gender equality

Improved women's and girls' agency, positive gender norms and socialization, and more equitable parenting roles

#### Responsive institutions/governance

Policies, services, relief actions are trusted, responsive and accountable to community demands and needs

### Behaviour outcomes

#### Utilization of services

Uptake and continued utilization of social and relief services

#### Adoption of positive practices

Adoption of protective / positive individual, parenting, and family practices

#### Abandonment of harmful behaviours

Abandonment of harmful normative behaviours and discriminatory practices

### Intermediate outcomes

#### → Individual

##### Attitude toward change

Awareness, interest, and positive attitude towards promoted behaviours

##### Increased participation

Uptake of participation / accountability / feedback mechanisms

##### Greater self-efficacy

Self-efficacy for promoted behaviours

##### Demand for services

Demand for existing services

##### Trust in institutions

Trust in authorities and service providers

#### → Social

##### Increased civic engagement

Increased civic engagement and empowerment of marginalized groups

##### Empowered community (agency)

Community ownership and collective efficacy towards development issues, shift in power relationships

##### Positive social norms

Social expectations among community / peers aligned with promoted behaviours

##### Family, community and peer support

Support from family, community and peers for promoted behaviours

##### Inclusive communities

Reduced acceptance of stigma and discrimination

### Intermediate outcomes

#### → Institutional

##### Increased institutional SBC capacity

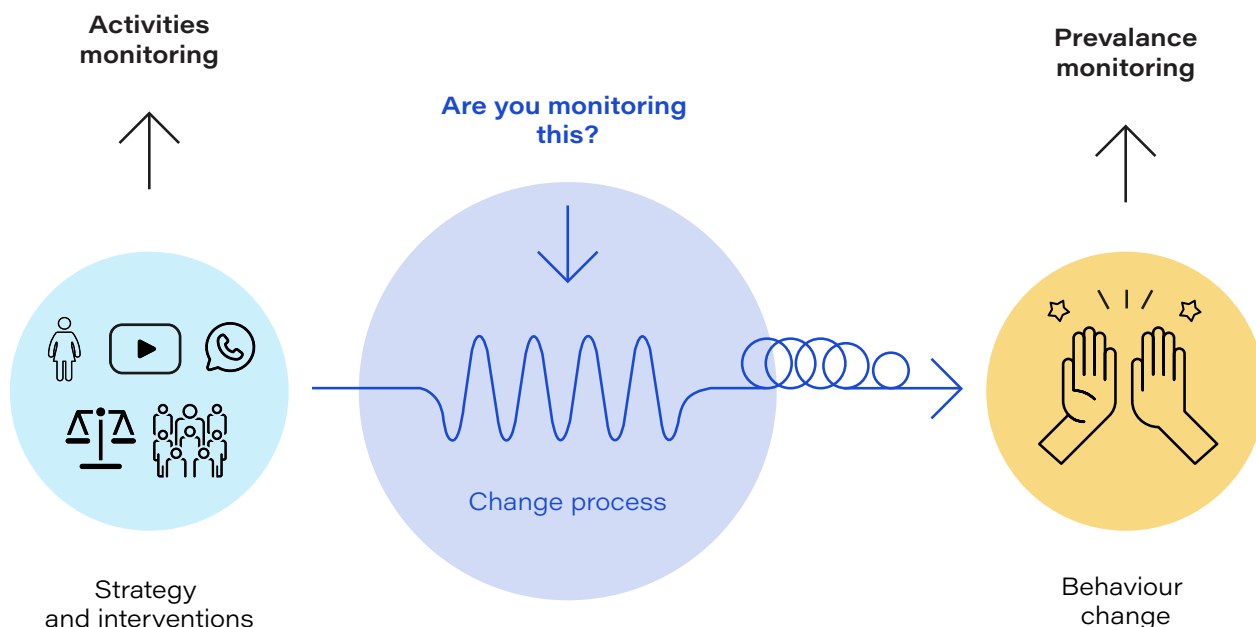
Government and partners' capacity strengthened for planning, budgeting, implementing, and monitoring SBC-CE

##### Conducive communication environment

Information environment (communication, media, public discourse) supportive of promoted social and behaviour changes

##### Equitable services

Social and relief programmes and services are systematically inclusive and accessible to understand groups



(intermediate outcomes). Examples of these lower level results are provided later in the guidance (see [results selection](#)).

To illustrate how these conceptual outcomes might look in practice, below are a few hypothetical results we hope to achieve when encouraging exclusive breastfeeding.

## Behavioural outcomes

- Children are exclusively breastfed during the first six months of their lives (adoption of positive practice)
- Parents regularly attend the infant nutrition counselling sessions (utilization of services)

## Intermediate outcomes

### Individual

- Parents think that breast milk is the best food for their newborns (attitude)
- Mothers have both the skills and confidence to exclusively breastfeed their babies for six months (self-efficacy)
- Parents perceive the value of nutrition counselling sessions (demand for services)
- Parents trust the doctors and nurses at their local health centre (trust)

### Societal

- Local women associations, mothers groups and religious leaders are engaged in promoting exclusive breastfeeding (empowered communities)
- Parents believe that most women in their communities practise exclusive breastfeeding (positive norms)
- Men approve of mothers breastfeeding in public/ collective settings when the breast and baby are covered (positive norms)
- Grandmothers are supportive of their daughters/ daughters-in-law practicing exclusive breastfeeding (family support)

### Institutional

- Nurses and doctors are trained in active listening and equipped to provide breastfeeding advice (institutional SBC capacity)
- Nutrition outreach sessions are organized and available for free in poor communities (equitable services)
- Marketing for breast milk substitutes is banned in the country (supporting public policies)
- Break time for breastfeeding mothers and dedicated breastfeeding spaces are included in national labour laws (supporting public policies)
- Women who breastfeed are positively depicted in movies and soap operas (conducive communication environment)

The field of SBC programming has long suffered from a monitoring and evaluation ‘black box,’ with SBC results only tracked and assessed against activities on one end and outcomes on the other end. In other words, data is often collected on processes and activities — such as conducting media campaigns, distributing information materials and engaging communities, recording results that may only include number of people reached, the number of social workers trained — or on the shift in prevalence/incidence of the target behaviours. But the right place for decision-makers, practitioners and communities to focus their attention is often exactly in between, analysing and measuring how the underlying drivers of behaviours evolve and how the barriers to change are lifted, as milestones on the way to changing the prevalence or incidence of a behaviour.

For many reasons, stemming from both the Behavioural Science perspective (how practices come to exist and be sustained) and the work processes in our industry (funding and programming cycles, and results that can be achieved in such timeframes), our monitoring attention needs to shift to determinants such as self-efficacy, social expectations, trust in institutions and access to services, as well as many other intermediate results.

To explore a larger set of possible behavioural results, take a look at the [The Behavioural Drivers Model](#).

For more information on how to incorporate SBC results into your Theory of Change see this [tool](#) on selecting SBC results.