



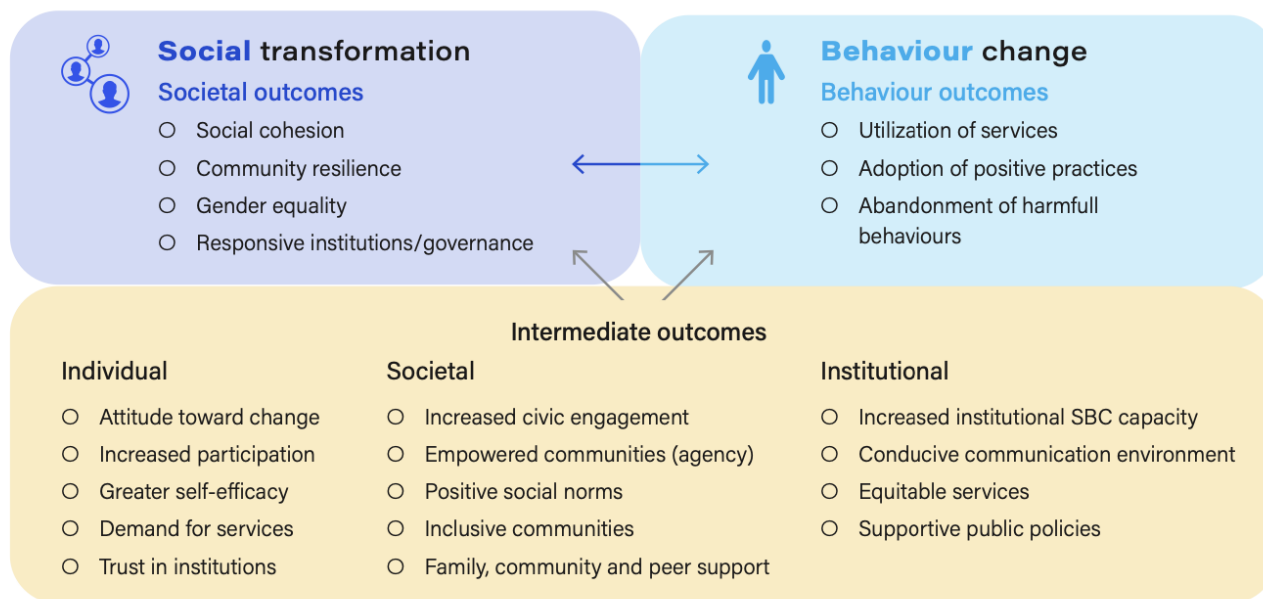
Key Results

Social and behaviour change outcomes

Social and Behaviour Change results are a universe of positive transformations: a hesitant mother decides to vaccinate her child; a father tries new ways of teaching his children; an adolescent works to improve her mental well-being; a community becomes less accepting of child marriage; local organizations mobilize for women's rights to be recognized; a society embraces children with disabilities through systems that include and prioritize their needs; a sector where decision-makers partner with the people they serve. All of these changes are the results of SBC, and contribute to achieving Child and Human Rights and Development Goals.

As mentioned in the [Vision for SBC](#), a lot of what UNICEF does is the promotion of healthy, preventive and protective behaviours for children. But behavioural and social results are inextricably linked. Sustained behaviour change often requires social change, as these practices frequently depend on their social acceptability, which depends on the dynamics, norms, stigmas and power relationships within a community. And more broadly, fulfilling the rights of children and their families' rests upon large-scale, positive transformation of communities and societies, beyond sectoral siloes, to promote change such as gender equality, community resilience, social cohesion and responsive governance. This obviously applies to all stakeholders and efforts, beyond UNICEF.

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

These generic results are the most common and important, in terms of both social change and behaviour change, across all goal areas.

A lower level of results or “outputs”, not displayed on the diagram, will contribute to the achievement of the intermediate outcomes. Awareness, knowledge and beliefs are examples of behavioural outputs which feed into and contribute to define someone’s attitude (intermediate outcomes). Examples of these lower level results are provided later in the guidance (see [Selecting Results](#)).

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)

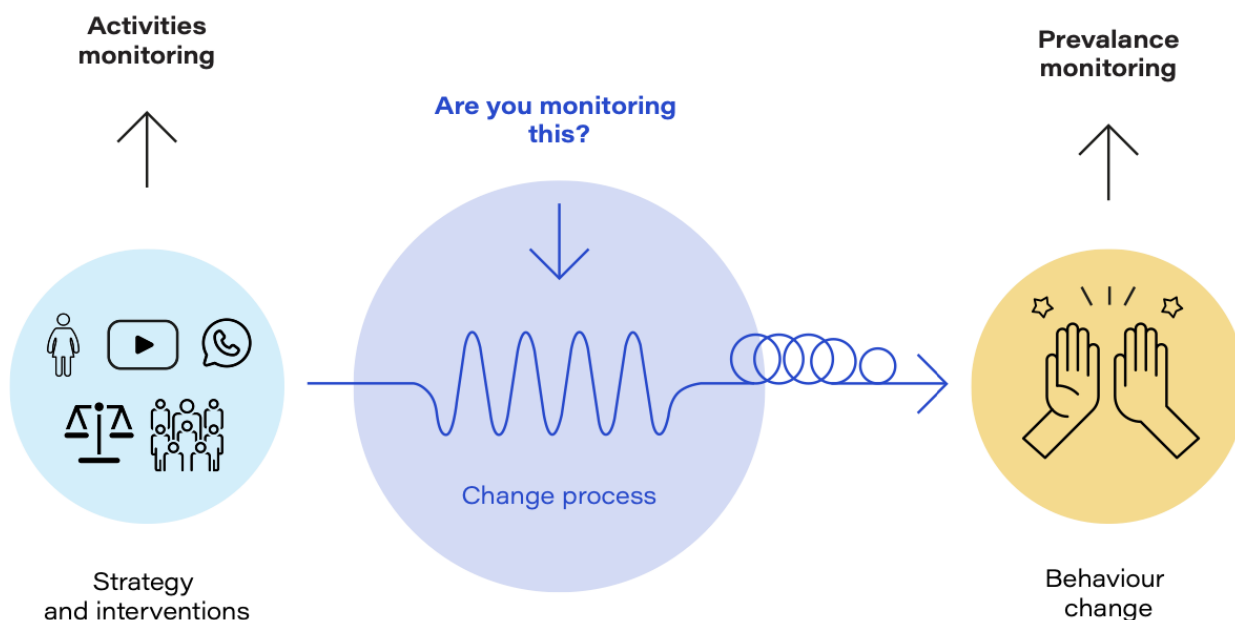
Institutional

- 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 Behavioural Drivers Model](#). For more information on how to incorporate SBC results into your Theory of Change see [Selecting SBC results](#) and the [menu of SBC indicators within and across sectors](#).