Supporting Caregivers from Hesitancy to Action Through Integrated Digital and Community-Based Immunization Support

Summary Evaluation Report

Center for Indonesia's Strategic Development Initiatives (CISDI)

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VaxSocial

The report provides a summary evaluation of Center for Indonesia's Strategic Development Initiatives' (CISDI) Keluarga Berimun project, funded by the VaxSocial initiative.

About VaxSocial

The VaxSocial Initiative is a $12 million initiative focused on demonstrating how social media can help build vaccine confidence funded by Gavi the Vaccine Alliance and Advancing Health Online (AHO) – a fiscally sponsored project of Global Impact.

The program supports country-driven projects that leverage social media and behavioral science to build confidence around routine immunizations and drive scale and replicability in approach across geographies. It has been implemented across India, Indonesia and Nigeria.

More information and further reading can be found at:

https://www.vaxsocial.com/

About CISDI's Keluarga Berimun Project

Keluarga Berimun was a demand-generation program designed to reach caregivers of children under five in Depok City and Bekasi Regency through the channels they actually use, including WhatsApp support group and social media to Posyandu visits and community health workers.

The project ran from November 2024 – November 2025 and combined:

- Target social media campaigns
- A WhatsApp support group, hotline, and chatbot
- The Keluarga Berimun website
- Community activation
- Training of healthcare workers to sustain delivery

This Summary Evaluation Report has been written by CISDI and prepared by Ipsos UK and M&C Saatchi World Services as part of the global evaluation of the VaxSocial initiative.

Guidance

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Introduction

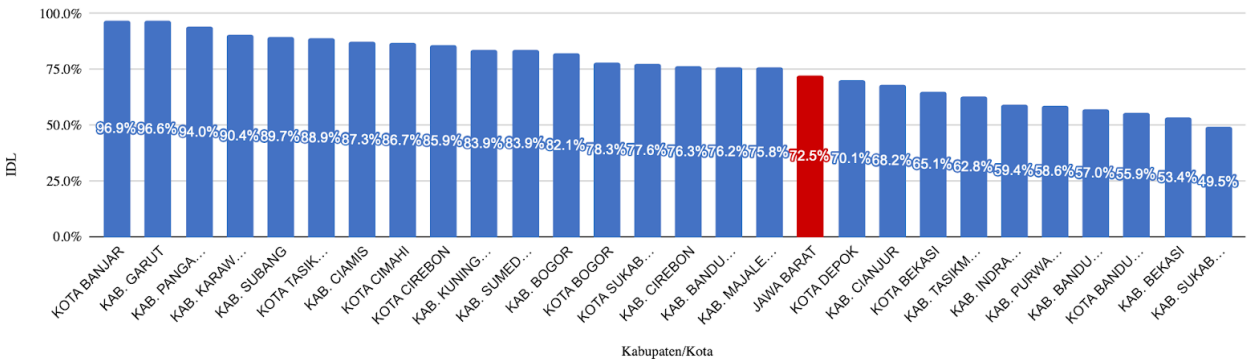
Background

Immunization is one of the most effective and efficient public health efforts to prevent infectious diseases, reduce morbidity and mortality, and promote the development of herd immunity. However, routine immunization coverage in Indonesia remains uneven. The challenges include disparities in access to health services, community perceptions and understanding of immunization, as well as the capacity of health services to reach target groups. These issues have been further exacerbated by the impact of the COVID-19 pandemic, which caused significant disruptions to routine immunization services, both in terms of demand and supply.

Official data from the Ministry of Health shows an increase in the number of zero-dose children from 372,965 children in 2023 to 973,378 children in 2024.[1] This trend was strongly reflected in West Java Province, which has the largest target population for child immunization in Indonesia. The number of children who had not received immunization in West Java rose from 81,637 children in 2021 to 102,942 children in 2024 as part of the pandemic's impact. Although in 2023 this number decreased to 5,530, it still indicates the need for continuous efforts to accelerate the recovery of immunization coverage[1].

This project commenced in November 2024 in two areas of West Java: Bekasi Regency and Depok City. These areas were chosen because the coverage of routine immunization in both remains below the provincial average. Data from the Directorate of Immunization Program Management of the Ministry of Health shows that the coverage of complete basic immunization in West Java Province in 2023 is 72.5%. Depok City has a coverage of 70.01%, and Bekasi Regency has an achievement of 53.4%, both of which are still below the coverage of West Java Province (72.5%).

Figure 1.1: Complete Basic Immunization Coverage in West Java in 2023



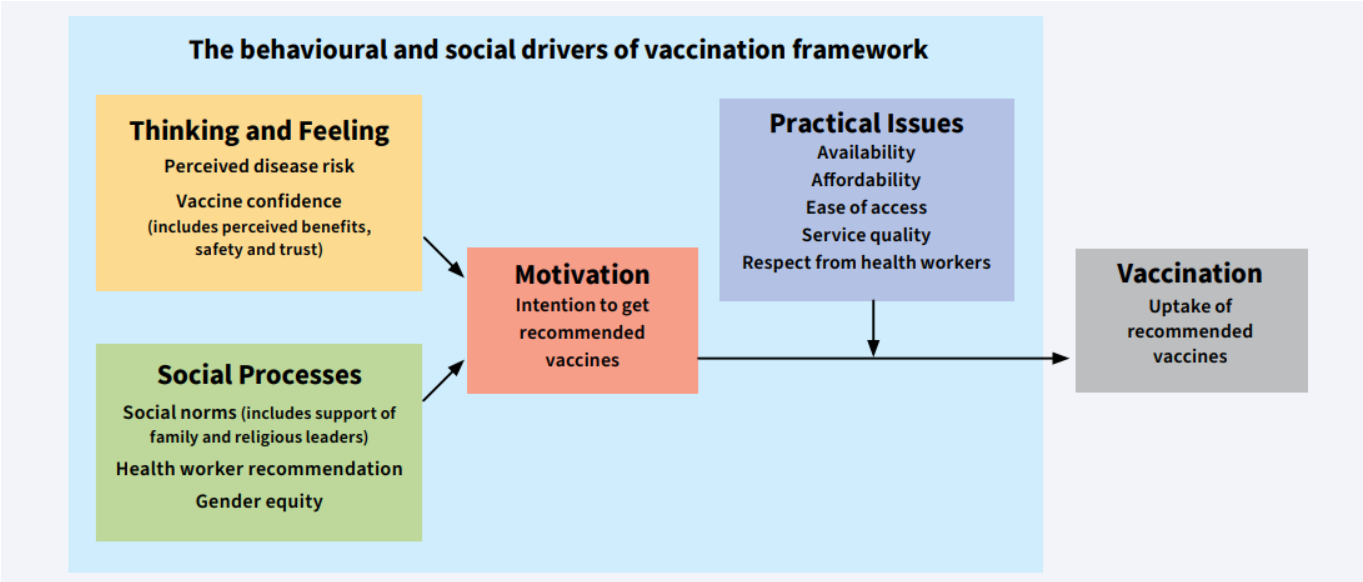
[1] Ministry of Health of Indonesia. (2025, May 20). Kebijakan Program Imunisasi Nasional dan Rencana Strategis Penjangkauan Anak Zero Dose Tahun 2025 [Presentation Slides]. Accessed in January, 2026.

Campaign Design and Delivery

Design

To affect behavior change, Keluarga Berimun set out to deliver repeated, well-timed contact across the channels people already trust. The program ran twelve months of structured communication across three phases, each mapped to a different stage of caregiver decision-making and aligned with the WHO Behavioral and Social Drivers (BeSD) framework.[2]

Figure 1.2: WHO Behavioral and Social Drivers framework



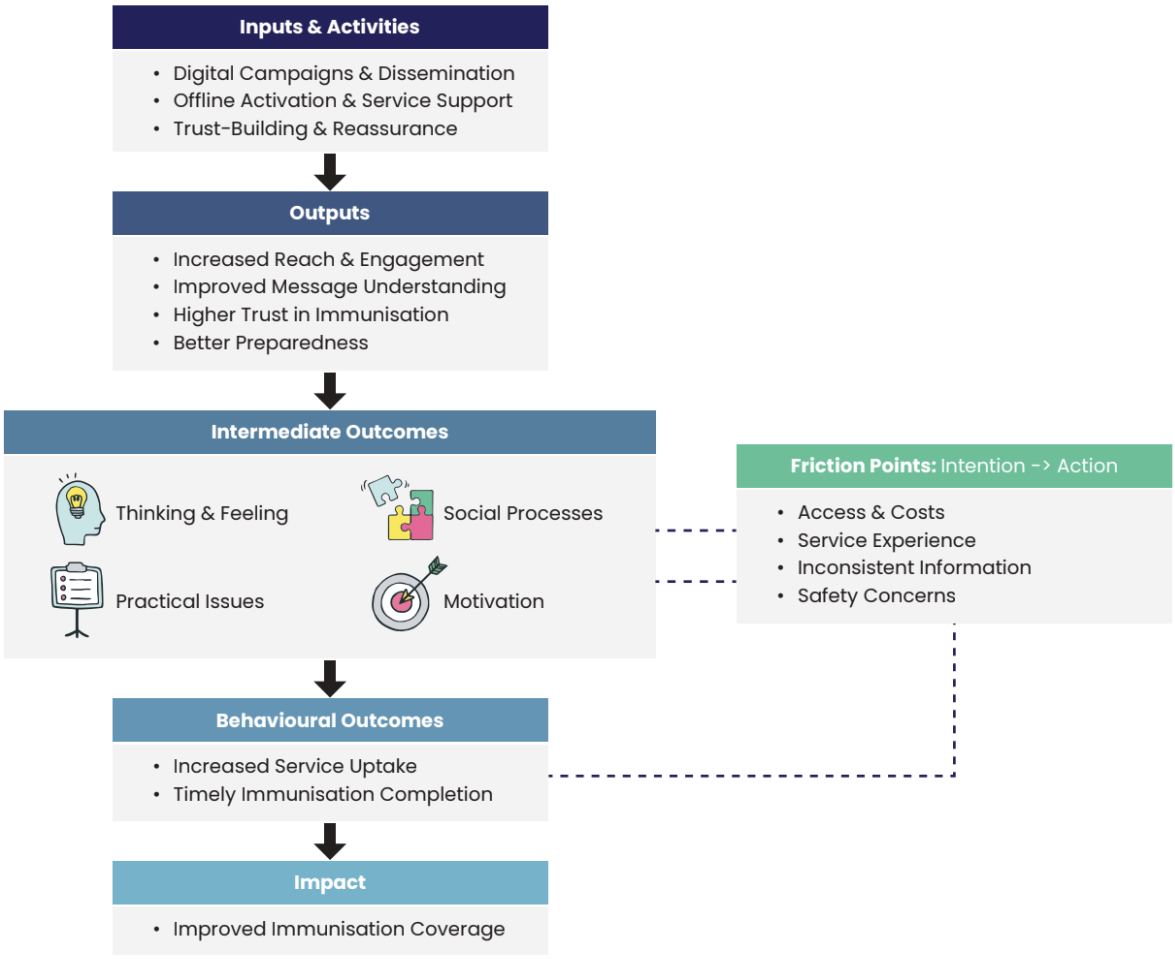
The program addressed four linked problems. **Thinking and feeling** interventions worked to reduce fear and build confidence through credible, empathetic, evidence-based messaging. **Social process** interventions worked to strengthen family and community support by using trusted messengers, WhatsApp support groups, Posyandu, Puskesmas, and community health workers (CHWs). **Motivation** interventions worked to shift caregivers from passive agreement to active intention by framing immunization as parental love and investment in a child's future. **Practical issues** interventions worked to help caregivers translate intention into action through reminders, navigation support, Hotline consultation, WhatsApp support group discussion, and referral to services.

Why the integrated model mattered

Even when caregivers trust immunization and intend to vaccinate, completion can still be interrupted by service access, costs, waiting times, stock-outs, inconsistent information, or unresolved safety concerns. The program's contribution was strongest when digital communication, trusted offline actors, and service-linked support work together.

[2] The BeSD framework was published by the World Health Organization in April 2022. Further information can be found here: https://www.who.int/publications/i/item/9789240049680. The diagram represents the works of the BeSD working group. Based on Brewer et al. Pyschol Sci Public Interest (2017)

Figure 1.3: BeSD-informed Theory of Change for Keluarga Berimun



The program ran from November 2024 to November 2025 (a 12-month intervention). It targeted caregivers (parents, grandparents, and other family members) who are hesitant about immunizing their children, but not anti-vaccine. The primary audience typically represents lower- to middle-income segments in Indonesia, with monthly household expenditures up to 5 million. The target audience also demonstrates interest in parenting, child development, as well as health and well-being.

Caregivers were expected to be exposed to Keluarga Berimun content distributed through influencers, Puskesmas, CHWs, and paid advertisements on social media, as well as via WhatsApp and health service visits. They could further deepen their knowledge and understanding of immunization through the Keluarga Berimun website, WhatsApp support group, and WhatsApp Hotline.

Figure 1.4: Keluarga Berimun Campaign Strategy Illustration



Location: Depok City and Bekasi Regency

Period: November 2024–November 2025

Target Audience: Caregivers of children aged 0-23 months who are hesitant about immunizing their children, but not anti-vaccine

Insights from formative research

CISDI conducted formative research through in-depth interviews with immunization program coordinators at Puskesmas, village midwives, CHWs, community and religious leaders, and caregivers. This research was used to refine the intervention design and implementation strategy and assess its feasibility and acceptability.

Formative insights from Depok and Bekasi identified meaningful variation in both the drivers of immunization decisions and the practical constraints shaping completion. Two distinctions were particularly important:

- **Un-immunized caregivers**, who often required trust-building and belief-shifting interventions before the intention to immunize could emerge.
- **Under-immunized caregivers**, who could already be motivated but faced practical frictions, such as uncertainty about follow-up, service access constraints and competing responsibilities, which increased the risk of drop-out.

Across these profiles, decision-making was shaped by a combination of the BeSD domains: thinking and feeling, social processes, motivation and practical issues. Mapping the different caregiver profiles helped identify which audiences required awareness and confidence-building and which required targeted reminders, navigation support and improvements to the service experience.

Interventions

In response to these insights, the intervention was adapted to the dominant barriers identified in each location.

- In **Depok**, under-immunized caregivers needed clear follow-up and catch-up guidance, simple reminders, and service navigation reinforced through trusted health workers and WhatsApp-friendly content. Un-immunized caregivers in Depok required trusted messengers, respectful responses to misinformation and safety concerns, and low-pressure entry points such as question-and-answer and myth-busting content linked to services.
- In **Bekasi**, under-immunized caregivers needed reassurance about adverse events following immunization, increased health worker and CHW outreach, and WhatsApp as a safe space for questions and navigation. For un-immunized caregivers, the response focused on short, practical messages, clearer access pathways, and combined offline touchpoints with WhatsApp support.

Based on formative research, the campaign developed Keluarga *Berimun* as its umbrella identity.

The campaign's hero message was: "Together, let's raise strong and healthy children by keeping their immunizations up to date and providing them with the love and support they need to grow and thrive." This positioned immunization not only as a health intervention, but as an expression of parental care and responsibility for a child's future. The campaign used the tagline "To Immunize is To Love" and the call to action "Show your love by taking your children to the nearest healthcare facility for immunization."

To ensure that communication did not only inform but also supported behavior change, the BeSD framework was integrated directly into content design and social media strategy. Communication was structured into three strategic phases:

- **Phase 1, Thinking and Feeling:** Build trust, reduce hesitancy, and strengthen positive perceptions of immunization through evidence-based educational content, emotional storytelling, and myth-busting and fact-checking.
- **Phase 2, Social Process:** Strengthen social norms and family support through parent and family testimonials, couple-focused content on shared decision-making, and community conversations through WhatsApp support groups.
- **Phase 3, Motivation:** Drive action and completion of full basic immunization through strong calls to action, messages reflecting parents' aspirations for their children, reinforcement of long-term health benefits, and direct referrals to Hotline and website services.

Formative research also informed adaptation across the program's channels. WhatsApp emerged as a dominant platform across caregiver profiles, while caregivers in Depok showed a stronger preference for Instagram and caregivers in Bekasi leaned more towards Facebook and TikTok. WhatsApp support groups were considered acceptable when moderated by health workers and framed to include broader child health topics. The website was positioned primarily as a hoax-clarification and reference platform, while the Hotline offered direct expert consultation. Promotion of these services through trusted intermediaries, particularly health workers and Community Health Workers (CHWs), was intended to strengthen credibility and reduce concerns about scams.

The intervention therefore combined targeted communication, trusted messengers, digital services and service-linked support. This reflected the program's emphasis on addressing both behavioural barriers, including safety concerns and misinformation, and practical barriers, including missed appointments, limited service hours, stock constraints and difficulties navigating services.

Evaluation Methodology

The evaluation consisted of:

- **Continuous monitoring & digital analytics**: Tracked reach, engagement, and channel performance in real time across the 12-month period, allowing content and channel adjustments along the way.
- **Monitoring, Evaluation and Learning (MEL) survey**: A mixed-mode (online and offline) instrument measuring exposure, engagement, and behavioral shifts such as knowledge, confidence, and intention.
- **Impact evaluation (midline & endline)**: A quasi-experimental design comparing intervention areas (Depok and Bekasi) against comparable control areas (Kendal and Semarang), combining caregiver surveys with government immunization records (ASIK[3]).
- **Implementation research**: Qualitative interviews and process tracing with caregivers and health workers to understand why and how the campaign influenced immunization decisions, not just whether it did.
- **Cost-effectiveness analysis**: Program-level value-for-money estimated relative to comparator areas, using a quasi-experimental design.
- **Channel cost-efficiency:** Cost per reach, engagement, and conversion calculated directly from platform advertising spend data, used to compare media performance across channels.

Findings across all sources were triangulated and interpreted with a contribution-oriented lens, since many factors beyond any single program shape a family's immunization decisions.

[3] ASIK (Aplikasi Sehat Indonesia Ku) is a digital health platform developed by the Indonesian Ministry of Health to digitize and manage individual health data records in primary care services like Puskesmas, Posyandu, and Posbindu.

Key delivery achievements

Over twelve months, Keluarga Berimun's content on Meta, TikTok, Google Ads, and the website was seen **121.5 million times** and **reached 64.3 million people**, showing up in the middle of people's everyday scroll. About **14.6 million engaged meaningfully**, and around **2.5 million clicked through for more with Click Through Rate (CTR) of 3.88%.** For context, the click-through rate for the healthcare industry typically ranges between 1.9% and 2.6%, suggesting that Keluarga Berimun's CTR of 3.88% outperformed the benchmark.[4]

But digital reach only tells part of the story. The quality of engagement matters as much as the volume, as shown through engagement from the WhatsApp support group and Hotline. **1,820 caregivers** joined the Support Group to ask questions, push back, and work through their concerns in real time. On average, **3,286 caregivers** contacted the Hotline every month, and **304 users** accessed the service more than once. These were parents actively seeking answers, which signals genuine intent. More than **500 healthcare and community health workers** completed training across the intervention areas, ensuring that when caregivers arrived at a Puskesmas or Posyandu, the human interaction they encountered reinforced everything the digital channels had built.

[4] Reach Effect (2026, April 24). Click through rate benchmarks by industry. https://reacheffect.com/blog/click-through-rate-benchmarks-by-industry/.

Key findings

Reach and engagement

Each social media platform plays a different role in reaching and engaging the audience. Meta Ads (Instagram and Facebook) lead on awareness at the lowest cost, influencers extend reach to new and unique audiences, and TikTok Ads take over by driving the most clicks through to the website. When it comes to turning interest into action, Meta Ads with Click-to-WhatsApp (CTWA) stands out as the strongest converter, connecting interested parents directly to the WhatsApp Hotline for personalized support.

Table 1.1: Key reach and engagement metrics

Awareness	**Meta Ads** are the most **effective** and **cost-efficient** for **reaching a wide audience** **Cost per Mille (CPM)** IDR 2,719 USD 0.16 with 70,648,928 impressions	Meta is the cheapest way to get your content seen by a large number of people.
	Influencers are the most **cost-efficient** at reaching **more unique people** **Cost per Reach (CPR)** IDR 122 USD 0.007 with 64,292,997 reach	Influencers are the most efficient at reaching new and different people (unique, not impressions).
Interest	**TikTok Ads** are the most **effective** and **cost-efficient** at driving **clicks and traffic to the Keluarga Berimun website** **Cost per Landing Page View (CPLPV)** IDR 154	TikTok is better at getting people curious enough to click and learn more on the website.

	USD 0.009 with Landing Page View Rate (LPVR): 77%	
Desire	**Meta Ads** through **Click-to-WhatsApp (CTWA)** are most **effective** at **driving direct conversations** through **the WhatsApp Hotline**. **Cost per Message Conversion (CPMC)** IDR 25,707 USD 1.56 with Conversion to WhatsApp Hotline: 717 and Conversion Rate (CVR): 10.81%	Meta through CTWA successfully converts interested parents into direct conversations, connecting them with the hotline for personalized support and information.

Behavioral outcomes

The independent impact evaluation found statistically significant improvements in attitudes and perceptions related to immunization. Caregivers in treatment areas were 14.5% more likely to believe immunization protects against disease, 10.7% more likely to consider it safe for their child, 12.3% more likely to view it as important for their child's health, and 9.1% more likely to trust health worker recommendations.

Among caregivers who recalled exposure to the program, nearly all felt more informed, more confident, and more prepared to act. Intention to complete the full immunization schedule at 18 months stood at 98.2%, and 89.8% of eligible respondents reported that their child had received at least one vaccination.

Looking more closely across subgroups, the campaign's strongest impact was among pregnant women. Independent impact evaluation data show that mothers reached by the campaign during pregnancy were 17 percentage points more likely to have a child who completed their full immunization schedule.

The program was associated with an estimated increase in basic immunization coverage in the intervention areas. At the vaccination outcome level, the program estimated an indicative 3.78 percentage point increase in basic immunization coverage among 36,803 surviving infants in Depok City and Bekasi Regency during delivery of VaxSocial. This corresponds to approximately 1,391 additional children completing basic immunization supported by the program.[5]

[5] This figure should be seen as an indicative estimate. It has calculated based on a comparison of before-after self-reported data from within the treatment area, and not been calculated by comparing treatment and control areas.

However, there were no statistically significant effects on behavioral hesitation indicators, including doubt or reluctance, refusal, reasons preventing immunization, concerns about side effects, or perceptions that vaccines cause harmful effects. Awareness-related outcomes also showed limited measurable change and highlighted persistent belief-related barriers.

Key learnings

A summary of the key learnings is included below.

1. **The best-performing content was fresh content that was family-focused and community-based, using emotional storytelling to address parental concerns:**

    - Family conversation formats consistently outperformed other approaches across nearly all platforms.
    - Problem-led hooks that surfaced a real caregiver concern in the first three seconds earned more attention than generic awareness messaging.
    - Emotional storytelling that followed a transformation from doubt to confidence or panic to calm resonated deeply.
    - Content addressing specific parental concerns, such as fever after vaccination, immunization certificates and schedules, attracted high attention.
    - Community-based, micro and mid-tier influencers outperformed larger accounts on save and share rates.
    - Reusing a high-performing creative unchanged in the following month produced a drop in view rates; execution needs to be refreshed.

2. **Interactive engagement outperforms broadcast communication:** Cost per person reached measures how efficiently a message found an audience. Changing passive exposure into an active decision to vaccinate requires a two-way conversation. The WhatsApp support group and Hotline reached caregivers at the specific moment when a decision was being made, or a doubt was forming, and responded in a way that felt empathetic, credible, and timely.

3. **Demand generation depends on service readiness:** Vaccine stock-outs, unpredictable service hours, long waiting times and inconsistent service quality meant that motivated caregivers encountered a system that was not always functioning reliably enough to complete the transaction. When service readiness is not addressed alongside demand generation, the ceiling on what communication can achieve is set by the reliability of the service waiting at the other end.

4. **Promotion needs a pathway to immunization:** A caregiver who clicks on a post, watches a video, or engages with a WhatsApp message has already cleared a significant motivational

hurdle. Without a mechanism to convert that moment into a booked appointment or directed referral, the program relies on the caregiver sustaining motivation through an unstructured gap and cannot reliably track which content, channel, or message led to completed immunization.

Cost-Effectiveness

The program's social media outreach reached over 64 million people at IDR 26 (USD 0.0015) per person, highlighting its value as a scalable, low-cost awareness platform.[6] Getting immunization information into the hands of a caregiver and ensuring they found it useful cost IDR 82,307 (USD 4.99) per person. Moving awareness into genuine intention cost IDR 112,562 (USD 6.82), while helping a caregiver who knew the schedule but had not acted cost IDR 156,958 (USD 9.52).

Once vaccines started being missed, the cost curve shifted sharply. Moving a caregiver who had already missed doses to intend to catch up cost IDR 1,036,945 (USD 62.87), nearly ten times the cost of reinforcing intent at the start. Sustaining perfect on-time adherence, never missing a scheduled dose, cost IDR 393,966 (USD 23.88) per person.

At the vaccination outcome level, the program estimates an indicative cost of IDR 1,223,996 (USD 74.18) per additional child completing basic immunization (IDL).

Table 1.2: Key cost-effectiveness metrics

Cost per Person Reached (CpPR)	Cost per Person Influenced (CpPI)	Cost per Attributable Outcome (CpAO)				Indicative Cost per Additional IDL Child
	Knowledge gained and found useful	Intent to immunize	Improving schedule awareness	Never missing a scheduled dose	Intending to catch up on missed vaccines	
IDR 26 USD 0.0015	IDR 82,307 USD 4.99	IDR 112,562 USD 6.82	IDR 156,958 USD 9.52	IDR 393,966 USD 23.88	IDR 1,036,945 USD 62.87	IDR 1,223,996 USD 74.18

Legacy and sustainability

Commitments from district, provincial, and national stakeholders provide a foundation for future sustainability and scale-up. External funding for Keluarga Berimun has ended, and the program is entering a test of whether it can function under routine government management. Both District Health

[6] This is based on a high estimate of reach based on the data available. It uses digital 'reach' metrics rather than as assessment of unique accounts or based on self-reported recall data from evaluation surveys. The cost per unique person reached will therefore be higher.

Offices in Depok City and Bekasi Regency have assumed operational ownership of the WhatsApp support group, with designated facilitators, jointly developed SOPs, and KPIs established through a structured phasing-over process conducted through April to May 2026. Nine out of twelve Puskesmas have committed to maintaining Keluarga Berimun content in active use through existing health facility channels. At the national level, the Ministry of Health has signaled programmatic alignment through its planned WhatsApp “Ibu Pandai" (“Smart Mother”) initiative. The West Java Provincial Health Office and Kuningan District Health Office have indicated interest in developing the WhatsApp Support Group.

While operational ownership is transitioning to government partners, CISDI will continue to play a technical support and learning role. Through joint learning forums that CISDI already facilitates across Puskesmas networks, there is a functioning channel to discuss facilitator challenges, refresh content strategy, and share what is working and what is not across adopting sites. Those forums keep institutional knowledge circulating between the Puskesmas, the District Health Offices, and CISDI as technical partners.

Conclusion and discussion

Keluarga Berimun set out to answer a practical question: can a multi-channel digital demand-generation program move Indonesian caregivers from hesitancy to action on childhood immunization, and can it do so at a cost and scale that makes it worth replicating? The evidence is encouraging, though the report is clear about where the gaps remain.

At the early stages of the caregiver journey, where awareness, attitudes, and intention are most responsive to well-sequenced communication, the program produced consistent and meaningful shifts. The cost-effectiveness data make a compelling case that this is also where investment produces the greatest return. Reaching a pregnant woman before hesitancy forms costs a fraction of what it takes to recover a caregiver who has already started missing doses. That finding alone should reshape how the next program allocates its earliest resources.

Whether the program moved the needle on actual vaccination coverage across the population is harder to demonstrate conclusively. For later-stage vaccines, where most dropout happens, the program does not yet have a clear enough answer on what works. That needs to be the next program's explicit mandate to find out.

While the foundation for sustainability already exists, scaling well requires a parallel investment in supply-side readiness. Through this, motivated caregivers find a functional service when they arrive and verified data infrastructure so that the next program can measure what it achieves with more confidence.

Recommendations

Strategic recommendations

The evaluation findings identified the following strategic recommendations, which are intended to guide future program design, replication, and scale-up.

- **Integrate into antenatal care from the start, and build for the full schedule from there.** The 17-percentage-point finding among pregnant women is the strongest impact signal in this evaluation. The next programme should embed immunization communication into antenatal contact systematically: key messages reflected in the Buku KIA (Buku Kesehatan Ibu dan Anak – the Maternal and Child Health 'pink book'), immunization modules integrated into every antenatal care touchpoint, and midwife/CHW communication briefs expanded to include immunization planning alongside birth planning. By the time a child is born, the groundwork for completing the full immunization schedule should already be in place.

- **Close the feedback loop between demand and service delivery.** The program's sustained engagement with caregivers created an asset that can provide real-time visibility into service delivery conditions. A light but systematic mechanism through which caregivers flag stock-outs, closures, or long waits, would generate facility-level feedback that district health authorities currently have limited capacity to collect between formal supervisory cycles.

- **Build the data infrastructure before the program begins**. The 54% ASIK match rate reflects a data infrastructure gap that limited the program's ability to verify impact. The next program should establish a program-level caregiver registry from first contact, aligned to ASIK's field definitions, underpinned by a formal data sharing agreement with the Ministry of Health and District Health Offices.

- **Scale what the evidence supports, and invest in learning what it does not yet answer.** The evidence is clearest at the earliest stages of the immunization journey, and that is where scaling should begin, using the integrated channel model of paid media, CHW/Puskesmas collaboration, and interactive digital support that the campaign generated clear evidence for across different channels and funnel stages. For later-stage vaccines, the evidence is thinner; the next investment should run structured pilots for later-stage completion with built-in learning cycles.

- **Build on the campaign's proven interactive engagement model.** The WhatsApp support group and Hotline emerged as the program's most impactful components as trusted consultation spaces where caregivers received timely, credible, and empathetic support throughout the immunization journey. The high satisfaction rates (WSG: 74.70%; Hotline: 81.54%), repeated usage patterns, and strong ASIK-confirmed immunization status among all verified platform users

consistently point to the same conclusion: interactive, responsive engagement is the mechanism through which the campaign most reliably converted awareness into action. Future program iterations should preserve and strengthen this interactive model as a central design feature, ensuring it receives adequate operational investment alongside content and paid media spending.

- **Sustain trust-based communication as the program's core mechanism, and embed it**. Across all data sources, caregivers consistently identified the quality of how information was delivered (empathetically, credibly, and responsively) as the primary reason they changed their attitudes and ultimately acted. Critically, the tone-of-voice analysis demonstrates that empathy alone is not sufficient: it must be paired with credibility and transparency, particularly when addressing AEFI concerns. This communication standard should be systematically embedded in facilitator training, content guidelines, and partner health worker orientation, ensuring the quality of communication is maintained across all channels, regions, and institutional partners as the model scales.

- **Leverage community diffusion as a deliberate strategy**, and increase program investment with confidence in demonstrated returns. These two forces, organic peer advocacy and continued financial commitment, function as amplifiers for the four core recommendations above rather than standalone strategies in their own right.

References

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Example social media content learnings

Meta

☑ On Meta, content that **led** with a **real caregiver concern**, **without signalling the health agenda** in the opening seconds, consistently outperformed promotional approaches across every campaign objective, whether the goal was awareness, engagement, or driving traffic to the website.

☑ Within that framing principle, format choices produced measurable differences by objective. **Direct-to-camera video dominated awareness** performance. For **engagement and interaction**, **video outperformed** carousel overall, though when the same message was tested across both formats, **carousel reached new audiences more efficiently** while **video drove stronger interaction with existing ones**, though results need further testing.

☑ For **website traffic**, **carousel** held a slight edge, and Meta delivered that result at 43% lower cost than TikTok for the same outcome. For content designed to move caregivers into the **WhatsApp** ecosystem, **short videos of around thirty seconds** featuring **real people**, **opening with a problem** and moving immediately to a **solution**, worked best. At that stage of the journey, format choice mattered less than content quality.



⛔ **Overly promotional hooks** and **studio-style** production underperformed regardless of format.

TikTok

☑ On TikTok, for awareness, authority drove performance. **Content featuring trusted figures**, doctors, religious leaders, and parents sharing their own experience **speaking directly to camera**, delivered the most cost-efficient reach of any format tested on the platform.

☑ For driving website visits, single-speaker direct-to-camera formats (the same approach that led on awareness) lost ground to **conversational dialogue between two or more people**. The exchange format, two people working through a concern together, a husband and wife, a mother and a CHW, matched the platform's native content environment more closely than a monologue.

☑ When the same message was tested across both video and carousel formats for website traffic, **carousel** consistently **outperformed video**, making it the more reliable choice when time or resources required a single format to carry the objective. The combination that produced the strongest and most consistent results across both engagement and traffic was **carousel paired with dialogue**, a format that delivered the conversational dynamic of the top-performing video content within a structure that drove click-through more reliably.



YouTube

☑ Content that **opens with a direct problem statement** in the first few seconds and keeps it **short** consistently achieves the highest view rates. A **natural storytelling** and **conversational** approach is a recurring pattern among top-performing content.



⛔ Openings that does not immediately address caregivers' pain points underperform.

Demand Gen

☑ **Relatable everyday scenarios** shot in **real locations**, a husband and wife talking at home, a mother and a CHW speaking in a garden, **opening with natural dialogue** rather than a scripted hook, dominated performance across the board.



⛔ **Static visuals**, **motion graphics**, **studio settings**, and **promotional framing** all registered to audiences as advertising, and audiences treated them accordingly.

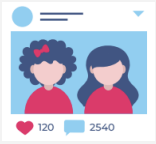
Google Display Network

☑ On Online Media Publishers ads, concept and narrative mattered less here than the precision of visual and linguistic choices within the creative itself. Content that **showed the full family unit** (father, mother, and child together) and addressed them with **warm, familiar language**, terms like "mom and dad" and "beloved child," performed better.

☑ **Culturally resonant timing** produced results that went beyond seasonal relevance. Lebaran and mudik themes appeared in four of the ten top-performing creatives across the entire campaign period. It reflects the value of entering a conversation that an audience is already having.



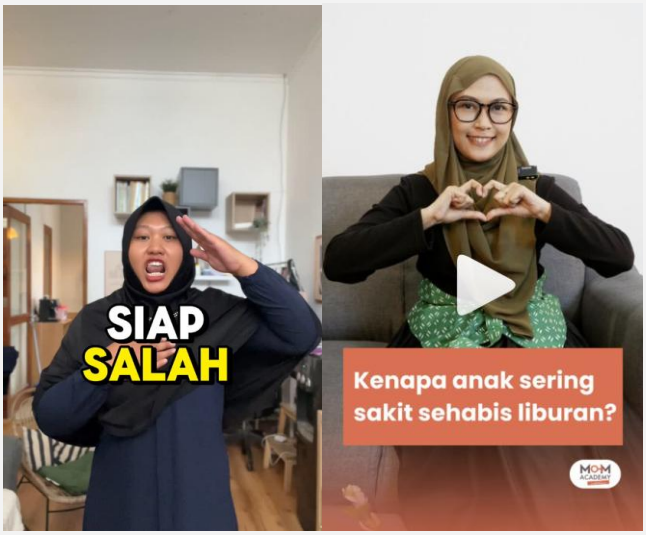
⛔ **Reusing a high-performing creative unchanged in the following month** consistently produced a drop in view rates. The instinct to re-run what worked is understandable given the production investment involved, but the data does not support it. Audiences on display placements habituate faster than campaign cycles typically account for. The solution is to **refresh its execution**. Keep the copy, change the talent. Keep the hook, change the setting.



Influencers

☑ **Community-based**, **micro**, and **mid-tier influencers** outperformed larger accounts on save and share rates. These influencers were **embedded in active networks** where their followers had an established habit of engaging with, saving, and redistributing **content they found relevant**.

☑ The content that drove the strongest influencer performance used **hooks** rooted in **everyday debates** and **recognisable parental tensions**. It opened with something a caregiver already cared about and let the health message follow from there



⛔ **Weak hooks** and content that **lacked a story or an emotional moment** worth staying for consistently underperformed. It wastes the relationship capital that made the channel worth investing in.

⛔ **News aggregator accounts who share only through Stories** operated as passive broadcast channels. Their audiences followed for information, not for relationship, and content reshared through Stories without context or personal framing produced low engagement figures. Community embeddedness, the degree to which an influencer's audience actively engages, is the variable that predicts influencer’s content performance.

Abbreviations

AEFI	Adverse Events Following Immunization
AHO	Advancing Health Online
AIDA	Awareness–Interest–Desire–Action
API	Application Programming Interface
ASIK	Aplikasi Sehat IndonesiaKu (Indonesia's digital immunization recording system)
BCG	Bacillus Calmette–Guérin (tuberculosis vaccine)
BeSD	Behavioural and Social Drivers (of Vaccination)
BPM	Budget per Month
CEA	Cost-Effectiveness Analysis
CHW	Community Health Worker
CI	Confidence Interval
CISDI	Center for Indonesia's Strategic Development Initiatives
CPA	Cost per Acquisition
CpAO	Cost per Attributed Outcome
CpAV	Cost per Additional Vaccine
CPE	Cost per Engagement
CPLPV	Cost per Landing Page View
CpPI	Cost per Person Influenced
CPM	Cost per Mille (Cost per 1,000 Impressions)
CPMC	Cost per Message Conversion

CPC	Cost per Click
CPR	Cost per Reach
CpPR	Cost per Person Reached
CTR	Click-Through Rate
CTA	Call-to-Action
CTWA	Click-to-WhatsApp
DD	Difference-in-Differences
DHO	District Health Office
DiD	Difference-in-Differences
DPT	Diphtheria, Pertussis, Tetanus (vaccine)
DQA	Data Quality Assurance
ERR	Engagement Rate by Reach
FAQ	Frequently Asked Questions
FEB	Fakultas Ekonomi dan Bisnis (Faculty of Economics and Business)
FGD	Focus Group Discussion
Gavi	Gavi, the Vaccine Alliance
GDN	Google Display Network
HBM	Health Belief Model
ICER	Incremental Cost-Effectiveness Ratio
IDI	In-Depth Interview
IDL	Imunisasi Dasar Lengkap (Complete Basic Immunization)

IDR	Indonesian Rupiah
IE	Impact Evaluation
IG	Instagram
IPV	Inactivated Polio Vaccine
IR	Implementation Research
IRB	Institutional Review Board
JE	Japanese Encephalitis (vaccine)
KAP	Knowledge, Attitudes, and Practices
KEQ	Key Evaluation Question
KIA	Kartu Ibu dan Anak (Mother and Child Health Book)
KIE	Komunikasi, Informasi, dan Edukasi (Communication, Information, and Education)
KULWAP	Kuliah WhatsApp (WhatsApp-based educational session)
LPEM	Lembaga Penyelidikan Ekonomi dan Masyarakat (Institute for Economic and Social Research, UI)
LPVR	Landing Page View Rate
MEL	Monitoring, Evaluation, and Learning
MR	Measles–Rubella (vaccine)
MUI	Majelis Ulama Indonesia (Indonesian Ulema Council)
NPS	Net Promoter Score
NU	Nahdlatul Ulama
OR	Odds Ratio

PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PKK	Pemberdayaan Kesejahteraan Keluarga (Family Welfare Empowerment)
PN-PRIMA	Program Nasional – Promosi Imunisasi (National Immunization Promotion Programme)
PPPE	Penelitian, Pengembangan, dan Pengabdian kepada Masyarakat (research ethics reference)
PSM	Propensity Score Matching
PSM-DiD	Propensity Score Matching Difference-in-Differences
RCT	Randomized Controlled Trial
RE-AIM	Reach, Effectiveness, Adoption, Implementation, and Maintenance (framework)
ROI	Return on Investment
RT	Rukun Tetangga (Neighbourhood Unit)
SBCC	Social and Behaviour Change Communication
SEM	Search Engine Marketing
SES	Socioeconomic Status
SK	Surat Keputusan (Official Decree)
SOP	Standard Operating Procedure
TB	Tuberculosis
ToC	Theory of Change
TTM	Transtheoretical Model
TWFE	Two-Way Fixed Effects

UGC	User-Generated Content
UI	Universitas Indonesia
UNICEF	United Nations Children's Fund
USD	United States Dollar
UTM	Urchin Tracking Module (digital tracking parameter)
UX	User Experience
VO	Voice-Over
VR	View-Through Rate
WA	WhatsApp
WHO	World Health Organization
WSG	WhatsApp support group