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Evolution of Social & Behaviour Change (SBC) Space: Indonesia Marches Ahead

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Abstract

This essay deep-dives into the journey of Indonesia's SBC programmes, evolution of landscape from top-down models to the current strategies that are participatory and community-driven - taking into account the socio-ecological and human-centered design frameworks. Understanding Indonesia's SBC evolution requires recognising the social structures and power relations that shape how behavioural practices emerge, persist, or change. Drawing on Giddens' structuration theory, behaviour change is viewed as a dynamic interaction between community and the institutional environments - enabling or constraining action. Perspectives from Bourdieu illuminate how symbolic power-exercised through health systems, experts, and social hierarchies-influences whose knowledge is legitimised in SBC processes. Drawing on extensive desk research and wide range of literature review, along with the focused interactions with 135 experts, the authors analysed how SBC plays an important role in addressing child-rights issues, for eg. immunisation, and maternal health. The authors explored how Indonesia's SBC ecosystem is reshaping via digital technologies and global knowledge flows while assessing how modern technologies, social media platforms and international best-practices are adapted thus, strengthening outreach and engagement.

In spite of the progress, gaps remain in scientific monitoring and evaluation, capacity-building, and addressing issues like climate change, mental health, and gender equity.

Keywords: Social & Behaviour Change (SBC), Child-Centered Development, Indonesia, Evolving Paradigms, Public-Health Outreach.

Evolução do Espaço da Mudança Social e Comportamental (SBC): A Indonésia Avança a Bom Ritmo

Resumo

Este ensaio aprofunda o percurso dos programas de Mudança Social e Comportamental (SBC) na Indonésia, analisando a evolução do panorama desde modelos hierárquicos, de cima para baixo, até às estratégias actuais, de carácter participativo e orientadas para a comunidade, tendo em conta os enquadramentos socioecológicos e de design centrado no ser humano. Compreender a evolução da SBC na Indonésia implica reconhecer as estruturas sociais e as relações de poder que moldam a forma como as práticas comportamentais emergem, se mantêm ou se transformam. Com base na teoria da estruturação de Giddens, a mudança comportamental é entendida como uma interacção dinâmica entre a comunidade e os contextos institucionais, que podem possibilitar ou constranger a acção. As perspectivas de Bourdieu permitem esclarecer de que modo o poder simbólico, exercido através dos sistemas de saúde, dos especialistas e das hierarquias sociais, influencia quais os saberes que são legitimados nos processos de SBC. A partir de uma extensa pesquisa documental e de uma ampla revisão da literatura, complementadas por interacções focalizadas com 135 especialistas, os autores analisaram o papel relevante da SBC na abordagem de questões relacionadas com os direitos da criança, como a imunização, bem como com a saúde materna. O estudo explora ainda a forma como o ecossistema de SBC na Indonésia está a ser reconfigurado através das tecnologias digitais e dos fluxos globais de conhecimento, avaliando de que modo as tecnologias modernas, as plataformas de redes sociais e as boas práticas internacionais são adaptadas, reforçando assim o alcance e o envolvimento das populações.

Apesar dos progressos alcançados, persistem lacunas ao nível da monitorização e avaliação científicas, do reforço de capacidades e da resposta a problemáticas como as alterações climáticas, a saúde mental e a equidade de género.

Palavras-chave: Mudança Social e Comportamental (SBC), Desenvolvimento Centrado na Criança, Indonésia, Paradigmas em Evolução, Intervenção em Saúde Pública

BACKGROUND

Indonesia, situated in between the Pacific and Indian oceans in the Southeast region of Asia, also known as the Republic of Indonesia, is the 4th most populous country in the world. Indonesia concluded its G20 Presidency in November 2022 and has chaired ASEAN in 2023, demonstrating leadership in representing developing

nations' interests. It has more than 17000 islands, over 300 ethnic groups and is the largest archipelagic country in the world. A large fraction of this population consists of children and youngsters. Its diverse regions and population, which are culturally, linguistically and ethnically diverse, present distinct challenges and opportunities for growth. General development is a complex process for this country with its various islands each with their own challenges as well as opportunities. These are compounded by the socio-economic conditions of the country, geographical variations, and differences in the degree of infrastructural development which create additional challenges.

As of 2024, Indonesia's population is over 278 million (283,859,710), which is equivalent to 3.47% of the total world population. Its male and female population are 50.3% and 49.7% respectively and 59.0 % of the population is urban while 41.1% reside in the rural belts. Jakarta is its largest city and capital with a population of 8,540,121. It has a median age of 30.1 years. The country experiences a maternal mortality rate of 177 deaths per 100,000 live births and an under-five mortality rate of 19.9 deaths per 1,000 live births (Ananta et al., 2017). Indonesia has a total fertility rate of 2.3 children per woman, infant mortality rate of 16.6 infant deaths per 1000 live births and the life expectancy at birth for both sexes combined is 71.3 years with 73.4 and 69.2 years respectively for females and males (UNFPA, 2024). In 2023, the literacy rate among Indonesians between the ages 15 and 19 years old was 99.87%. The literacy rate in urban areas is higher across all age groups compared to the literacy rate in rural areas (Siahaan, 2024). The male literacy rate is 97.45%, whereas for females it is 94.55% as on 2020. Indonesia's poverty rates declined to under 10% in 2019, prior to the pandemic times.

These development indicators carry great implications for SBC programming: Indonesia's diversity and uneven development landscape require culturally rooted, equitable, locally adaptable and community driven SBC strategies, in order to achieve consistent behaviour, change outcomes across the whole province and ensuring that child centred interventions reach those who are most in need.

Indonesia's demographic diversity and uneven connectivity can be interpreted through Giddens' structuration lens, where local norms and institutional constraints shape the degree to which families and frontline actors can adopt new health behaviours, underscoring why SBC strategies must account for both structural limitations and community agency.

SOCIOECONOMIC CONTEXT

As a large and diverse country with numerous challenges, Indonesia has taken some major steps to address them. Decentralized governance sees a large share of public resources directly allocated to districts, each with autonomous decision-making structures, but often with weak fiscal and human capacity for planning and delivery of quality services (Nobles et al., 2008).

Indonesia has also diversified its economy so that it is not dominated by agriculture, and has enhanced industrialization and service sectors. The last ten years have seen a boom in the Indonesian economy with a gross domestic product (GDP) growth rate of 5.5 % per year on average. This is despite the fact that absolute poverty has come down to below 10 % and 13 % for children respectively. These achievements hide levels of inequality in different dimensions of child poverty. However, the variations in levels of poverty reduction, especially among children, exist in different regions. 55% of the population is urbanized, living in cities, causing disparities in education, healthcare, and WASH (Water, Sanitation, and Hygiene) services. The demographic dividend is expected to decline due to an aging population (Abadi et al., 2024).

Indonesia is presently in the last phase (the final and strongest pillar) of the 20-year development programme from 2005 to 2025, which aligns with the 2030 Agenda for Sustainable Development. The plan is divided into 5-year medium-term development plans called RPJMN *(Rencana Pembangunan Jangka Menengah Nasional)*, each with different priorities concerning developing activities. Indonesia wants to achieve a robust economy by strengthening its human capital and competitiveness in the global market *(World Bank/Indonesia)*.

Government of Indonesia, along with the development and public health partners, has integrated SBC in all its public health, development and humanitarian programmes. Most national programmes in Indonesia are thus, formulated to respond to the challenges, like high rates of stunting, relatively low levels of immunisation coverage, as well as poor access to quality education and health service delivery.

The implications for SBC programmes are clear: without the alignment, there will be limited impact of an otherwise well formulated national SBC policy.

CHALLENGES OF POVERTY IN INDONESIA

Poverty remains one of the most critical concerns around the world, especially in developing countries, which undermines development even in remote and rural areas. While Indonesia has made a great deal of progress in overcoming the challenges, quite a number of people still live below the poverty line. The root cause of economic inequality can be seen throughout the archipelago where urban areas, especially on the island of Java, are more developed and have better services and infrastructures compared to the rural areas. The issue of economic inequality is also associated with different capabilities of different regions in the country to construct various social amenity facilities. These shortcomings aggravate the challenges posed by poverty on the large number of infants and teenagers in Indonesia who are at a greater risk of poverty, malnutrition, and lack of essential services (Julia et al., 2004).

To address the challenges faced by the Indonesian communities, the Indonesian government has implemented various programmes, such as the Jaminan Kesehatan Nasional (JKN) which is the universal health coverage (UHC) scheme. However, in spite of such welfare schemes, disparities remain in accessing quality health care.

These patterns of inequality reflect what Bourdieu describes as the unequal distribution of economic, social, and symbolic capital, which directly influences whose voices shape programme design and which communities are structurally positioned to benefit from SBC initiatives.

For the SBC programmes, these not only limit the availability of these services but also influence the behavioural, social and environmental determinants of health seeking practices. This supports the need for SBC strategies that address the structural barriers, making space for tailored, community driven approaches.

SUMMARY OF DEVELOPMENT & HEALTH LANDSCAPE: INDONESIA

The government's emphasis on economic growth, human capital development, and urbanisation management is essential for sustainable development. Indonesia achieved notable success in reducing its stunting rate from 37% in 2013 to 21.6% in 2022 (Emawati et al., 2021). However, more work remains to be done to ensure strong and productive human capital development. Additionally, the country is highly vul-

nerable to climate-related natural disasters, requiring robust disaster risk reduction and climate resilience strategies.

Indonesia has the fourth-largest population of unvaccinated infants globally. In 2017, the coverage rate for the combined diphtheria-tetanus-pertussis vaccine was 77%, demonstrating that progress is low despite progress in routine immunisation. The malnutrition situation in Indonesia is multifaceted: stunting affects over 7 million children under five (31%), making it the fifth highest rate globally; 2 million children under five are wasted; nearly half of pregnant women are anaemic (49%); and 2 million children are overweight or obese. This poor nutritional status stems from insufficient diet quantity, quality, and diversity, along with high rates of infectious diseases due to poor environments and limited health services (Mulyanto et al., 2019).

The poverty rate was 9.36% in March 2023, down from 10.2% in September 2020, (BPS, 2024) indicating a recovery. However, access to basic healthcare remains challenging, especially in rural areas, where over 6% of sub districts lacked a health centre, and many existing ones lacked essential amenities.

Politically, the decentralization process has both empowered local governance and introduced new complexities in ensuring consistent and effective public service delivery across the archipelago, while culturally, Indonesia's diversity necessitates development approaches that are sensitive to local contexts and inclusive of community perspectives.

EVOLVING SPACE OF SOCIAL AND BEHAVIOUR CHANGE (SBC): INDONESIA

Significance of SBC in development and health is well recognized. SBC engages, empowers, informs, educates, and facilitates positive change in individuals, families and communities and influences policies and progressive legislative frameworks. In addressing varied development and health issues, especially the 'child-centric' developmental planning, more targeted SBC strategies are designed, making optimum use of available resources to achieve the planned results in a given context. Based upon research, i.e. the community-based study of risk-factors (studying behavioural insights) and the operational research, SBC theories and methodologies evolved and so did the strategies and practices for results-driven and human-centred design under the SBC.

THE FORMATIVE PERIOD

In the early 2000s, SBC models primarily followed a linear, transmission-based approach. This method was predicated on the belief that behavioural outcomes could be achieved through a straightforward process of message dissemination, where information flowed from a source to a receiver.

Information dissemination through 'extension approach', first for agriculture development and later for family planning, adapted and boosted through advertising and marketing frameworks, led to wide awareness about the methods and techniques but not the adoption at the same levels. Experience and research studies demonstrated that the mere 'awareness' was not adequate for fostering adoption of 'new' practices, instead it requires sustained investments in social and behaviour change processes (Gupta et al., 2021).

With its evolution from the agriculture extension work that was largely a field-based top-down publicity (info sharing) model, the field of SBC, especially under the development and health communication, has evolved over a period of last six decades.

As multiple studies demonstrate, much of the growth in the field of behavioural change *('communication')* was stimulated by the AIDS response that started in the 80s, when the only tool available was prevention through focused social and behaviour change. It is also noteworthy that the earlier gathered lessons from the field of behaviour change, especially experiences for improving child survival and for encouraging family planning underpinned these early HIV prevention strategies (Naugle et al., 2014).

THE TRANSITION PERIOD

Recognising the limitations of the linear approach, the field of SBC began to evolve, embracing more holistic, ecological models of behaviour change. Over the past decade, there has been a growing shift towards understanding behaviour within the broader social and environmental contexts in which it takes place. These models stress the importance of addressing structural factors like social norms, policies, and resource access, alongside changing individual attitudes and behaviours.

In Indonesia, this transition towards socio-ecological models has been especially relevant in tackling pressing issues related to child protection, maternal health, and

overall community well-being. The evolving SBC strategies in the country now feature multi-level interventions that target not only individuals but also families, communities, and policy environments. These efforts aim to create an enabling environment that supports long-lasting behavioural change. For example, programmes have started to integrate family dynamics, community support systems, and healthcare infrastructure to effectively address the various complexities involved in behaviour change. By broadening their scope to include community mobilization and support from key social structures, these interventions are better positioned to achieve impactful and enduring results.

INTEGRATION OF PARTICIPATORY APPROACHES

Another significant development in the design of SBC programmes has been the increased focus on participatory approaches. Previously, most of the earlier employed behaviour change communication (BCC), communication for development (C4D) and the erstwhile social and behaviour change communications (SBCC) initiatives were designed using a top-down approach, where experts crafted messages and interventions that were then delivered to target populations without engaging with them. This method often led to limited success, as it failed to account for the specific cultural contexts or the voices of the communities themselves. In the last decade, however, there has been a growing realisation of the importance of involving communities in the design and implementation of these programmes.

The shift toward participatory approaches echoes Freire's distinction between substantive and symbolic participation, raising critical questions about whether communities genuinely shape SBC interventions or are merely engaged for legitimisation.

By moving away from the simplistic, transmission-based models of the past and embracing ecological models and participatory methods, SBC programmes are better equipped to address the multifaceted nature of human behaviour. As a result, these programmes have a greater chance of creating meaningful, sustainable change in the communities they serve (Petit, 2019).

Two complementary (and sometimes overlapping) behaviour change and social norms theories are used in designing SBC interventions: explanatory or predictive theories, which examine why a particular behaviour occurs; and change theories, which focus on how behaviours can be changed (Schmidt, 2016).

In Indonesia, participatory approaches have been successfully integrated into SBC programmes addressing issues such as immunisation, nutrition, sanitation, and child protection. For example, community-based participatory research (CBPR) has been used to engage local communities in the design of interventions to improve maternal and child nutrition. By involving community members in the process, these programmes have been able to develop culturally appropriate strategies that address the distinctive needs and challenges of the target population.

THE ROLE OF TECHNOLOGY IN SBC

Another significant evolution in SBC design is the role of technology in enhancing better informed and inclusive strategies. The rapid advancement of digital technology and the widespread use of social media have transformed SBC approaches in East Asia, including Indonesia. Digital platforms have become essential tools for disseminating information, engaging target audiences, and promoting behaviour change. Social media, mobile applications, and online forums have broadened the reach of SBC programmes, facilitating real-time engagement with the hard-to-reach populations.

The adaptation of global SBC models through digital platforms reflects Escobar's argument that global development frameworks are continually reinterpreted within local cultural logics, producing both opportunities for innovation and tensions around cultural fit.

In Indonesia, digital media has proven particularly effective in connecting with young people, who are among the most active social media users. Campaigns on platforms such as Facebook, Instagram, and WhatsApp have been utilised to raise awareness on issues like sexual and reproductive health, mental health, and vaccination. Innovative methods such as digital storytelling, user-generated content, and interactive campaigns have been employed to create engaging content that resonates with the audience. For example, the #AyoImunisasi (Let's Get Vaccinated) campaign utilised social media influencers, celebrities, and online communities to promote vaccination among young parents. By harnessing the influence of social networks, the campaign successfully reached a broad audience, sparked discussions, and fostered positive attitudes towards immunisation.

THE IMPACT OF GLOBALISATION ON SOCIAL AND BEHAVIOUR CHANGE

Globalisation has profoundly influenced SBC by fostering cross-cultural learning and the adaptation of effective strategies across various regions. This knowledge exchange, best practices, and innovative approaches has been particularly impactful in East Asia, including Indonesia. Through globalisation, successful SBC models and strategies from different parts of the world have been tailored to fit local contexts. International organisations, especially UNICEF, donors, and development partners have played a crucial role in facilitating this exchange by providing global expertise and resources to support SBC efforts in these regions.

A notable example of this influence is the global movement to end female genital mutilation (FGM), lessons from which have significantly shaped SBC strategies in Indonesia.

However, globalisation also presents challenges for SBC programmes. The effectiveness of SBC interventions often hinges on their ability to balance international best practices with an understanding of local values and traditions.

Globalisation has also brought new health and development challenges to the forefront, necessitating an evolution in SBC strategies to address emerging issues. Among these challenges are the rise of non-communicable diseases (NCDs), mental health concerns, and the impact of climate change on health. For example, the growing burden of NCDs in Indonesia has led to the creation of SBC programmes focused on promoting healthy lifestyles. These programmes include campaigns aimed at reducing tobacco use, encouraging physical activity, and improving dietary habits. They often utilise mass media *(emphasis on 'awareness')*, social marketing, and community-based interventions to raise awareness and drive behaviour change.

Mental health has also emerged as a significant focus of SBC efforts in Indonesia. Programmes aimed at reducing stigma, promoting mental well-being, and providing support for individuals with mental health conditions have become more prevalent. The COVID-19 pandemic has underscored the importance of mental health, leading to the integration of mental health components into broader health and development programmes. This shift highlights the need for SBC strategies to adapt continuously in response to evolving global and local health challenges.

INTEGRATING GLOBAL LESSONS INTO LOCAL PRACTICES

Successful SBC strategies take into account the diverse local beliefs, values, and practices, ensuring that messages are not only understood but also embraced by the community. In a nation as culturally and religiously diverse as Indonesia, the ability to adapt communication strategies to fit local contexts is crucial for achieving impactful outcomes. For instance, messages related to family planning and sexual & reproductive health are often framed in ways that align with Islamic teachings and values. Engaging religious leaders and scholars as key stakeholders in the development and dissemination of these messages has been instrumental in building trust and credibility within the community. In rural areas, where oral traditions and storytelling hold significance, SBC interventions have utilised local folklore, proverbs, and traditional art forms such as Wayang (shadow puppetry) to effectively convey important public health messages.

COMMUNITY-LED INTERVENTIONS

The integration of local cultural contexts has also given rise to community-led SBC interventions in Indonesia. These interventions are designed and implemented by community members themselves, often with support from external facilitators or organisations. By leveraging local knowledge, resources, and networks, community-led SBC interventions address specific health and development challenges in culturally appropriate ways. For example, in regions where traditional birth attendants (TBAs) are trusted figures in maternal and child health, SBC programmes have focused on training and involving TBAs to promote safe delivery practices and connect pregnant women with formal healthcare services. This approach respects and builds upon existing cultural practices, leading to greater acceptance and impact.

Community-led interventions also highlight the importance of peer education and support. In many Indonesian communities, peer educators-individuals from within the community trained to provide information and support, play a vital role in influencing behaviour change. Peer-led SBC interventions have proven effective in addressing sensitive issues such as adolescent sexual and reproductive health, as young people are often more comfortable discussing these topics with their peers. By

fostering an environment of trust and mutual support, these community-driven efforts contribute to more sustainable and meaningful behaviour change.

MONITORING AND EVALUATION OF SBC PROGRAMMES

The landscape of monitoring and evaluation (M&E) for SBC programmes in Indonesia has been profoundly transformed by technological advancements. The introduction of real-time monitoring systems, enabled by mobile technology and digital platforms, has revolutionised the way programme managers track the progress of interventions. These systems facilitate the immediate collection of data on service utilisation and programme outcomes, allowing for timely adjustments and data-driven decision-making to enhance programme effectiveness. Foucault's notion of governmentality helps illuminate how real-time data systems and surveillance tools function not only as mechanisms of programme improvement but also as instruments through which the state guides and regulates population behaviour.

In Indonesia, mHealth platforms exemplify this shift by providing real-time data collection capabilities. For instance, the "mCare" programme utilizes mobile technology to monitor the health of pregnant women and newborns, enabling healthcare providers to quickly address emerging issues. This real-time feedback loop not only helps in refining SBC strategies but also in optimising resource allocation and ensuring that interventions are responsive to the evolving needs of the target population. However, the current SBC programme review has identified a missing-link that should connect tracking results under the SBC interventions and the overall programme outcomes. Therefore, a more focused approach is required in the field of SBC results tracking and in defining community-owned, community-driven indicators and the technical skills to gauge the intended change/evolution.

Alongside technological advancements, there has been a growing emphasis on participatory M&E approaches. These methods involve the active engagement of community members in the evaluation process, ensuring that their perspectives and insights are included in assessing programme outcomes. In Indonesia, such participatory approaches have been effectively applied in SBC interventions related to sanitation and hygiene. By involving community members in monitoring behaviour changes and infrastructure improvements at the village level, these programmes have fostered local ownership and accountability, leading to more sustainable outcomes.

Yet, the lack of appropriate indicators and the missing technical skills in 'tracking results for SBC' interventions are one area that require considerable investments by the relevant government departments and the leading development partners in the country.

COVID-19 PANDEMIC IMPACTING SBC

The COVID-19 pandemic significantly disrupted child welfare and development activities in Indonesia, including the implementation of SBC strategies. The pandemic's impact was profound, with essential services like healthcare, education, and nutrition programmes severely affected due to movement restrictions and healthcare system strain. Disruptions in routine vaccinations, maternal and child health services, and access to essential medications, resulted in increased health risks.

The economic hardships from pandemic lockdowns exacerbated vulnerabilities, especially for disadvantaged families. It led to higher rates of poverty, food insecurity, and even child labour. The closure of schools and community centers further hindered children's social interaction, learning, and psychosocial support, while remote learning initiatives struggled to reach those with limited access to technology.

The pandemic also forced adaptations in SBC strategies to address these emerging challenges. Communication and outreach efforts had to be reoriented to emphasize COVID-19 prevention, hygiene practices, and vaccination campaigns, often requiring innovative approaches to effectively reach diverse audiences *(Gupta, D, Interações/ Revista.)* [xiv.] Despite the formidable challenges posed by the pandemic, it highlighted the importance of resilience, adaptation, and collaborative efforts in safeguarding the well-being of children and communities during crises.

THE DYNAMIC SBC PROCESS

The evolution of SBC design models and programme strategies in Indonesia over the past decade reflects the dynamic nature of behaviour change processes. The transition from linear to ecological models, the incorporation of participatory methods, the utilisation of digital technology, and the influence of globalisation have all contributed to the development of more effective and contextually relevant SBC inter-

ventions. These changes have played a crucial role in addressing a broad spectrum of health and development challenges, from maternal and child health to nutrition, mental health, education, hygiene and non-communicable diseases.

The introduction of the SBC global theory of change in many development partners has further refined programming activities, outputs, and outcomes, leading to a greater emphasis on participatory and community-led approaches. The inclusion of global public goods, such as Community Engagement Minimum Standards and Indicators, has strengthened the capacity and quality of SBC programmes. These developments have established SBC as a core strategy within development partners' programme mandates, focusing on institutional capacity, governance, partnerships, and robust monitoring and evaluation frameworks.

Moreover, the human-centric design (HCD) approach to SBC programmes highlights the importance of understanding and addressing the specific needs and perspectives of individuals and communities. By integrating HCD and participatory methods, SBC programmes can develop solutions that resonate with their target audiences, ensuring that interventions are culturally appropriate and effective. Despite challenges such as limited resources and technical capacity, this approach strives to empower communities through active participation in planning and implementation, thus enhancing the sustainability and impact of SBC initiatives. The success of SBC programmes in Indonesia has depended on their ability to adapt to the local cultural context, engage communities, and leverage partnerships across sectors.

With a significant portion of the population being children, Indonesia's diverse demographic profile necessitates tailored SBC approaches, supported by the government, NGOs, and international organisations, to address issues like health, nutrition, education, early childhood education, child protection and adolescent health.

SBC APPROACH TO PUBLIC HEALTH

One of the key areas of focus for SBC programmes is health and nutrition, particularly addressing malnutrition among children under five. Initiatives like the National Strategy to Accelerate Stunting Prevention and community-based health services, such as Posyandu, aim to improve maternal and child nutrition. *Posyandu* is integrating implementation of community empowerment in health promotion strategies in Indonesia. The iPosyandu application (app) is one of the health informatics tools, in

which data quality should be considered before any *Posyandu* health interventions are made (Faza et al., 2022). Community-integrated health posts (Posyandu) are crucial for extending primary healthcare across diverse geographical and demographic landscapes in Indonesia (Hasanbasri et al., 2024)

Additionally, school feeding programmes work to enhance children's nutritional status and promote healthy eating habits. However, these programmes face challenges, including limited access to health services in remote areas, cultural barriers, and economic constraints, which hinder their full effectiveness.

Education-focused SBC programmes in Indonesia have made significant strides, particularly in increasing access to education. Early Childhood Education and Development (ECED) programmes aim to enhance cognitive and social development, while School-Based Management (SBM) empowers schools to involve parents and communities in decision-making processes. Inclusive education programmes also work to ensure children with disabilities receive quality education. However, challenges such as teacher quality, inadequate infrastructure, and socio-economic disparities continue to impact the effectiveness of these initiatives.

CHALLENGES TO THE SBC APPROACH

Despite progress, SBC programmes face ongoing challenges, including resource constraints, cultural diversity, and the need for better coordination among stakeholders. To enhance the effectiveness and sustainability of these programmes, future efforts should focus on strengthening community engagement, integrating technology, building capacity, promoting equity and inclusion, and sustaining political will. By addressing these challenges and leveraging Indonesia's distinct opportunities, child-centered SBC programmes can continue to improve the lives of children across the nation.

As the field of SBC continues to evolve, it is essential to build on the lessons learned over the past decade and continue to innovate in response to emerging challenges.

EVIDENCE GENERATION: DATA DRIVEN SBC DESIGN & MONITORING

Sustainable SBC programmes start with and are based on clear premises of evidence. It is propelled by data which transforms the programme into a data-driven, context-specific approach. For example, vaccination uptake and maternal health programmes are based on the household survey data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). This helps develop informed strategies that have brought about appreciable improvement in the programme impact *(Fabic, et.al DHS/MICS).*[xvii]

Data driven strategies help not only in terms of tracking the programme performance but also in resource allocation. With competing public health priorities, limited resources are a huge constraint. Therefore, data driven evidence-based programmes can help policymakers and programme managers to allocate appropriate resources where needed for the interventions.

During the COVID-19 pandemic, the real time data was a blessing for enabling rapid adaptation to the emerging challenges; for example, using real time data from UNICEF's U-Report to make informed strategic decisions. UNICEF programmes continue to use data from this report for its programmes and supporting government and civil society partners and young people themselves, informing and creating youth-friendly policies and programmes. These kind of examples showcase how very strongly data driven evidence sources have transformed SBC into an adaptive and results-oriented field.

INDONESIA REAPING BENEFITS FROM SBC

In recent years, development partners, especially UNICEF in Indonesia, have significantly advanced their approach to SBC programming. The transition from C4D to SBC has led to a more comprehensive and inclusive strategy. This transformation has involved a more systematic incorporation of evidence-based programming, with a strong emphasis on data collection and analysis to better understand social and behavioural drivers. The COVID-19 pandemic notably accelerated these changes, fostering a global focus on unified frameworks and collaborative efforts in monitoring and evaluating SBC initiatives. The increased funding during this period enabled a greater emphasis on community engagement and people-centered approaches,

highlighting the importance of being responsive and contextually relevant in SBC projects. The use of social research and theories of change has become more common, deepening the understanding of community needs and improving the quality of interventions.

The influx of humanitarian funding, particularly during emergencies like the COVID-19 pandemic, has bolstered SBC capacities, including evidence generation and community engagement. However, there are challenges in sustaining these initiatives post-emergency due to funding reductions. Despite these challenges, the shift to a more comprehensive approach to SBC funding and the increased focus on integrating SBC into regular programming have been crucial in maintaining the momentum of SBC efforts in Indonesia.

METHODOLOGY OF EXPLORATION

In order to deeply study the ongoing SBC space and the deployed strategies, particularly in the area of child-centered development in Indonesia, an exhaustive desk assessment and literature review was undertaken. It not only included the relevant (publicly accessible) policy and programme documents of the relevant Ministries under the Govt. of Indonesia, leading development partner organisations and others, but also included were the body of available published literature (SBC & public health) specifically focusing on Indonesia. Thereafter, over one hundred and thirty-five *(n^0 = 135)* practicing individual experts (health providers, social development cadres, programme managers, policy experts, health educators, SBC technical specialists and field-based faith leaders) were interacted with through an open-ended questionnaire. The analytical discussion showcases the outcomes of the desk-analysis, literature review and the engaging conversations held on the subject of SBC in Indonesia.

Similarly, the major findings, obtained through the desk analysis and the open-ended conversations, are summated below that have a significant bearing on the SBC space in the country.

SYNOPSIS OF OUTCOMES

SBC sectoral analysis in Indonesia highlights the government's commitment to promoting positive social norms and behaviours, leading to improved health, education, protection and overall well-being outcomes for children and their caregivers/ families.

Positive Reflections by Respondents:

i. **Effective SBC interventions:** Most experts with whom the open-ended conversations were held, opined that programmes are successfully addressing critical issues in the key spaces under survival, development and protection, such as: Immunisation, Child protection, Nutrition, WASH, and others.
ii. **Community engagement and emphasis on interpersonal communication (IPC):** Local ownership and participation is largely driving behavioural change, particularly through community-based initiatives. It is largely promoting IPC as an integral component of the SBC
iii. **Fostering Strategic partnerships:** Strong collaboration within government, civil society, and private sector stakeholders enhances programme impact and shall benefit SBC sector. Currently the partnerships with the respective counterparts are reaping productive outcomes; however, more efforts are required to be invested in striking proactive SBC collaborations with the private/corporate sector.
iv. **Digital platforms:** SBC interventions have included digital space and thus, leveraging social media, mobile apps, and online campaigns for an increased outreach and engagement. However, most strategic and innovative inclusion of digital platforms in fostering more substantial SBC outcomes can be harnessed through formulating an integrated and inter-sectoral National SBC strategy in the country that streamlines innovations through digital space further.
v. **Recognition to SBC- Playing Catalyst:** It is well reckoned that in order to bring about quality changes in their lives, people need to accept and practice positive behaviours. SBC serves as a lead change-agent, thus augmenting results for children.

SBC Challenges: Respondents' Synoptic Reflections

i. **Cultural and social barriers:** Addressing deeply ingrained norms requires sustained SBC efforts.
ii. **Limited resources:** Insufficient funding for SBC and capacity constraints hindered programme results and thus, restrict scale-up.
iii. **Monitoring and evaluation:** Enhancing data collection and analysis for informed decision-making. It is emphasized that a weak M&E or lack of 'tracking results' under SBC can jeopardise the future programming investments and directions.
iv. **SBC Skills and Knowledge Gaps:** Sustained efforts in upgrading technical skills in designing scientific SBC interventions (Behavioural Insights studies, Planning field interventions, Monitoring, Mentoring and Assessing Results/ Impact) in the implementing partners need immediate strengthening and capacity building.
v. **Respondents Flagged Emerging Key Issues That Merit Proactive SBC Role:** During the process of open-ended conversations, including as emanated through an exhaustive desk analysis, most respondents strongly recommended inclusion of a certain pertinent issues which will require a strong SBC guidance and programming under the upcoming country programme. These include: (i) Climate change and environmental degradation, its impact and role of children & adolescents; (ii) Mental health issues with children & adolescents; (iii) Tuberculosis, especially Paediatric TB; (iv) Gender equity & equality; (v) School-dropout cases in the country; (vi) Digital platforms-adolescent population and children

CONCLUSION

Strengthening Indonesia's SBC sector requires a phased and practical approach grounded in robust behavioural frameworks, focussed strategies, modern communication tools, and strong

M & E and coordination systems. SBC interventions need to be better integrated across service delivery platforms, more locally tailored through micro-planning, and supported by systematic capacity-building for frontline providers and district managers-particularly in the use of scientific and locally relevant M&E tools.

The analysis also highlights the urgency of strengthening planning and budgeting mechanisms for SBC, improving cross-ministerial governance, and enhancing coordination between Government and development partners to avoid fragmentation. Prioritising community engagement and improving last-mile accessibility are essential for equitable coverage across Indonesia's diverse regions.

This study is among the limited studies that traces Indonesia's transition from C4D to SBC with concrete operational gaps, particularly in micro-planning, evidence use, and field-level capacity. It clearly highlights how human-centred SBC design, when paired with stronger systems and localised monitoring ('tailor made M&E models'), can accelerate progress toward child-centred outcomes nationally. With these measures in place, Indonesia's SBC ecosystem is well positioned to deliver more consistent, equitable, and impactful change.

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