

Immunization Program Implementation as the Effort to Achieve Universal Child Immunization (UCI)

Fikri

Fakultas Kesehatan Masyarakat, Universitas Muhammadiyah Palu, Sulawesi Tengah, Indonesia

*Corresponding Author: E-mail: fikri1997@gmail.com

ARTICLE INFO

Received: 6 May 2023

Accepted: 17 October 2023

Volume: 3

Issue: 3

DOI: [10.56338/jphp.v3i3.4416](https://doi.org/10.56338/jphp.v3i3.4416)

KEYWORDS

Immunization;
Implementation;
UCI Management

ABSTRACT

Immunization is the government's promise to achieve Sustainable Development Goals (SDGs) specially to reduce the number of child deaths, where Universal Child Immunization (UCI) is an indicator of the success of complete basic immunization in infants to increase immunity to a disease. UCI coverage in Central Sulawesi Province was not achieved in 2021 by 77.1% causing uneven UCI achievement in all puskesmas. One of the reasons for the failure of UCI is the management process. So, this study aims to analyze the immunization management process in an effort to achieve UCI. This research is a qualitative study with a phenomenological approach. This research was conducted at the Kawatuna Health Center. The data collection method was through in-depth interviews with 3 informants, consisting of the head of the puskesmas, the holder of the immunization program and the implementing midwife. The results showed that the availability of resources was not optimal because the qualifications of officers were not in accordance with existing standards, training was only carried out by immunization program holders and inadequate facilities and infrastructure such as KMS supplies, facilities where immunization was carried out outside the building and the absence of official official vehicles. The implementation of the immunization program has also not gone well, namely the absence of counseling before immunization is held in the field, the lack of enthusiasm of the community in the implementation of immunization as well as ignorance and lack of cross-sectoral involvement in the implementation of immunization and the absence of direct monitoring by the Head of the Health Center for immunization activities outside the building. Based on these results, it is hoped that the Provincial Health Office of Central Sulawesi will conduct training for all immunization officers and provide official vehicle procurement. The Head of the Puskesmas is expected to carry out direct monitoring of immunization services outside the building and not only to monitor the results of the officer's report. For the Puskesmas, it is expected to hold counseling about the importance of immunization for target parents before Posyandu services. Cross-sectors are expected to support the implementation of immunization, play an active role and cooperate in the implementation of immunization.

INTRODUCTION

Program management is a program in achieving goals and benefits to obtain principles that are interrelated and coordinated with implementation, knowledge and skills (1). Program success is measured by the program's ability to ensure that program benefits are produced according to expectations for the organization with program efficiency and effectiveness in delivering benefits (2).

The management implementation function is a problem that often occurs in community health centers, where the community health center is the front part of a community health service group (3). Health management functions such as scheduling, regulation, implementation and monitoring must be implemented for

every health agenda, especially immunization, which is then called diseases that can be anticipated by immunization (4).

Indonesia is implementing a program which is a program stipulation from the World Health Organization (WHO), namely the Expanded Program on Immunization (EPI) or Immunization Development Program (PPI) in the context of preventing transmission of diseases that can be prevented by immunization (VPD), Indicators of the success of the implementation of this immunization are determined by the scope in the achievement of Universal Child Immunization (UCI) with the achievement of the complete basic immunization scope in children have reached the target of 80% of children evenly in all villages/ kelurahan (5).

In accordance with the World Health Organization (WHO) program, the Government requires five types of basic immunization for children, which are included in the Immunization Development Program (PPI). Basically, everything that is required means that it must be done without exception, especially children who live throughout Indonesia are required to receive five complete types of basic immunization. The five types of mandatory basic immunization programs established by the government are Bacillus Calmette Guerin (BCG), Diphtheria Pertussis Tetanus Hepatitis B (DPT-HB), Hepatitis B in newborns, Polio and Measles (IDAI, 2014) (6).

Immunization data in Indonesia by Basic Health Research (Riskesmas) in 2018 shows that complete basic immunization coverage in Indonesia for children aged 12-23 months only reached 58% of the target, namely 93%. In 2019, routine immunization coverage in Indonesia was still in the unsatisfactory category, where DPT3 and MR coverage in 2019 did not reach 90% of the target. In fact, the basic immunization program is provided free of charge by the government at Community Health Centers and Posyandu (7).

The United Nations Children's Fund (UNICEF) reported that in 2017, 110,000 people, mostly small children, died from measles, an increase of 22 percent compared to the previous year. Many deaths are actually from preventable diseases. WHO-UNICEF places Indonesia fourth in the world with the largest number of children who do not receive immunizations after India, China and Negeria. WHO said an estimated 19.9 million babies worldwide were not covered by basic immunization services such as three doses of the Diphtheria-Tetanus-Pertussis (DTP) vaccine in 2017. Approximately 60 percent of these children live in 10 countries: Afghanistan, Angola, Democratic Republic of Congo, Ethiopia, India, Indonesia, Iraq, Nigeria, Pakistan and South Africa. Immunization on average anticipates two to three million deaths per year. WHO annually commemorates World Immunization Week (PID) which aims to promote the use of vaccines to protect individuals of all ages from fighting disease. The campaign theme at PID 2018 is Protected Together to encourage greater action on immunization worldwide. Immunization protects millions of lives and is recognized as a successful and effective health intervention in the world (8).

One of the results of activities to be achieved from the National Medium Term Development Plan (RPJMN) for Health for the 2015-2019 period is that it is hoped that all villages will have received Universal Child Immunization (UCI) where UCI is an indicator of the success of the immunization program. The UCI achievement is a village/kelurahan sketch where at least 80 percent of the number of babies (0-11 months) have received Complete Basic Immunization (IDL) evenly. Until now, based on routine reports submitted from districts/cities, the percentage of UCI villages/sub-districts in Indonesia is still relatively low (Ministry of Health of the Republic of Indonesia (9).

UCI's village/sub-district coverage in Indonesia in 2017 was 80.34 percent. There are two provinces in Indonesia that have achieved 100 percent UCI, namely DKI Jakarta and DI Yogyakarta. However, the 2017 UCI coverage figure decreased compared to 2016, namely 81.82 percent. UCI's village/sub-district coverage in Indonesia in 2010-2017 never reached the Strategic Plan target. UCI village/sub-district coverage in North Sumatra Province in 2017 was 75.41 percent, an increase compared to 2016, namely 73.44 percent. In 2016 there were two areas whose villages had achieved 100 percent UCI, namely Medan City and Pakpak Bharat. UCI's village/sub-district coverage in North Sumatra has never reached the targets that have been determined due to access, service times that are not the same as community activities, lack of officers, lack of KIA books/immunization cards, lack of understanding about the uses, when to immunize, and the impact of immunization (10).

Based on the 2021 Central Sulawesi Province Health Profile, the achievement of Universal Child Immunization (UCI) based on immunization program reports from 13 districts/cities is 77.1%, out of a total of 2,042 villages/sub-districts in Central Sulawesi Province, as for districts/cities that have achieved Universal Child Immunization (UCI) 1,574 villages (77.1%) and that have not achieved Universal Child Immunization (UCI) are 468 villages (22.9%). This data is still below the target of reaching 92% of UCI villages. Thus, it can also be seen that there are 2 regencies/cities that achieved the target (92%), namely Morowali Regency (98.6%), and North Morowali Regency (95.2%).

Based on a preliminary survey in December 2021, it was found that immunization had not gone well, one of which was because immunization officers had received minimal training regarding procedures for administering appropriate immunization programs, the head of the community health center only monitors the midwife's notes so that problems in the field do not result in appropriate treatment. One of the obstacles in implementing immunization activities is that not all families choose immunization at community health centers and there is less than optimal recording and reporting from other parties so that immunization data is not recorded and causes the target not to be achieved, there is a prohibition from the family side in carrying out immunization which is the basis for the lack of community participation in immunization action.

The success of the immunization program depends on the immunization management process. The success of achieving UCI is influenced by the supervision of the immunization program carried out by the head of the community health center by observing the recording and reporting by officers and the existence of a strong commitment during the implementation of the immunization program.

Program implementation consists of three elements of program implementation, namely the program itself, program implementation, and program target groups which are interrelated. The performance of the program will not be successful if the final results are not as expected, the program is not compatible with the user, the program is not compatible with the implementing structure, and the group using it is not compatible with the implementing structure.

Community health center immunization implementers are a very important element in immunization services, they have a big responsibility in the success of the immunization program, namely achieving Universal Child Immunization (UCI) evenly at the village level.

Looking at the conditions described previously, what is highlighted in this research is the Analysis of the Implementation of Immunization Program Management in Efforts to Achieve Universal Child Immunization (UCI) at the Kawatuna Community Health Center.

METHOD

This research is qualitative research with a phenomenological approach. This type of research aims to explore the reality experienced or the behavior of individuals or groups as well as the aspects that underlie an event. This research aims to find out clearly and in more depth about the analysis of immunization program management in achieving Universal Child Immunization (UCI) coverage.

The types and sources of data used in this research are: 1) Primary data. Primary data was collected using in-depth interview techniques (Indept Interview) using interview guidelines. 2) Secondary data, secondary data is obtained from supporting data such as data from the Talise Health Center UPTD, especially regarding the Immunization Program.

RESULTS AND DISCUSSION

Resource Availability

Human Resources

Human Resources (HR) in this case is meant by health workers such as midwives and nurses, HR is a very important factor that cannot even be separated from an organization, both institutions and companies. By looking at the results of the interview, it is known that health workers in carrying out immunizations are sufficient and have gone through training carried out by the program holder.

Sources of funding

From the results of the interview it can be concluded that the source of funds for implementing immunization activities at the Kawatuna Community Health Center is obtained from central funds, namely from the APBN and also for the Community Health Center which has BOK funds for transportation of officers and house visits.

Facilities and infrastructure

Based on the results of the interview, it is known that regarding the implementation of the immunization program at the Kawatuna Community Health Center, the facilities and infrastructure are still inadequate. Facilities and infrastructure are inadequate, such as KMS supplies, facilities for places where immunizations can be carried out outside the building and supporting facilities, namely the absence of official vehicles for officers to carry out immunization services outside the building, especially in immunization sweeps.

Immunization Program Management

Planning

Immunization program planning has been carried out which includes determining the number of targets (already determined by the health service), determining coverage targets (the program holder calculates coverage targets based on data obtained by the Health Service) and planning vaccine needs and planning syringes, safety boxes and equipment needs cold chain (Immunization program holders fill in the required number of vaccines, syringes, safety boxes and cold chain equipment requirements that have been provided by the Health Service).

Implementation

The implementation of the immunization program has been carried out in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning Guidelines for Implementing Immunization including vaccine chain management, service, waste management as well as recording and reporting. The management of the vaccine chain that has been carried out so far is that when immunization is to be carried out, the immunization program holder or midwife at the community health center takes the vaccine using a vaccine carrier and then takes it to the posyandu. The services provided so far are in accordance with standards but there has not been community mobilization such as counseling parents about immunization, lack of community enthusiasm in implementing immunization and indifference in implementing immunization. Handling of waste in safety boxes is handed over to kesling and the Health Service has collaborated with PT waste disposal. Optimal recording and reporting such as reporting immunization results from the Community Health Center to the Central Sulawesi Provincial Health Service on time.

Monitoring and Evaluation

Monitoring and evaluation of the immunization program has not been carried out in accordance with the provisions in the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning Guidelines for Implementing Immunization. The Head of the Community Health Center does not monitor immunization activities and only monitors the Program Holder's reports. Evaluation has been carried out in the implementation of immunization through mini-workshop meetings at the Puskesmas which were attended by internal Puskesmas parties and monthly meetings at the Central Sulawesi Provincial Health Service.

Output

The output has not reached the set target, namely the UCI achievement indicator is 18.5 percent of babies who are IDL. The national UCI village/subdistrict achievement target is 92 percent, while the UCI achievement in the Central Sulawesi Provincial Health Service is still 77.1 percent.

CONCLUSION

This research concludes that monitoring and evaluation of the immunization program has not been carried out in accordance with the provisions in the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning Guidelines for Implementing Immunization. The Head of the Community Health Center does not monitor immunization activities and only monitors the Program Holder's reports. Evaluation has been carried out in the implementation of immunization through mini-workshop meetings at the Puskesmas which were attended by internal Puskesmas parties and monthly meetings at the Central Sulawesi Provincial Health Service.

The output has not reached the set target, namely the UCI achievement indicator is 18.5 percent of babies who are IDL. The national UCI village/subdistrict achievement target is 92 percent, while the UCI achievement in the Central Sulawesi Provincial Health Service is still 77.1 percent.

SUGGESTION

This research recommends that agencies are expected to further improve promotive and preventive services by including training on immunization, holding outreach on the importance of immunization for target parents before posyandu services.

For institutions, it is hoped that they can provide maximum guidance to students, with the hope that students will be able to apply the knowledge they have gained to the community in order to improve the level of public health as high as possible.

BIBLIOGRAPHY

1. Morris PWG. Implementing strategy through project management: The importance of managing the project front-end. In: Making essential choices with scant information: front-end decision making in major projects. Springer; 2009. p. 39–67.
2. Kerzner H. Project management: a systems approach to planning, scheduling, and controlling. John Wiley & Sons; 2017.
3. Sulaiman ES. Manajemen kesehatan: Teori dan praktik di puskesmas. Ugm Press; 2021.
4. Aini Z. Pemberdayaan masyarakat dalam meningkatkan kesehatan ibu dan anak oleh Kader Posyandu Kamboja Di Desa Pringgajurang Utara. UIN Mataram; 2023.
5. Safitri DM, Amir Y, Woferst R. Faktor-faktor yang berhubungan dengan rendahnya cakupan dalam pemberian imunisasi dasar lengkap pada anak. *J Ners Indones*. 2017;8(1):23–32.
6. Asri AMIP. STATUS IMUNISASI DASAR PADA BAYI (0-11),(15-35), DAN (36>) BULAN DI PUSKESMAS TABARINGAN MAKASSAR PERIODE NOVEMBER-DESEMBER 2018STATUS IMUNISASI DASAR PADA BAYI (0-11),(15-35), DAN (36>) BULAN DI PUSKESMAS TABARINGAN MAKASSAR PERIODE NOVEMBER-DESEMBER 2018. Universitas Hasanuddin; 2022.
7. Monika A, Simbolon D, Wahyu T. Hubungan Cakupan Imunisasi Dasar dan Asi Eksklusif dengan Status Gizi Balita di Indonesia (Analisis data Riskesdas 2018). *J Nutr Coll*. 2021;10(4):335–42.
8. Organization WH. WHO recommendations on intrapartum care for a positive childbirth experience. World Health Organization; 2018.
9. Berkas S, Kerjasama D, Penempatan VPD, Penempatan BN. Kementerian kesehatan republik indonesia. 2017;
10. Kemenkes RI. Buku saku pemantauan status gizi. Buku Saku. 2017;1–150.